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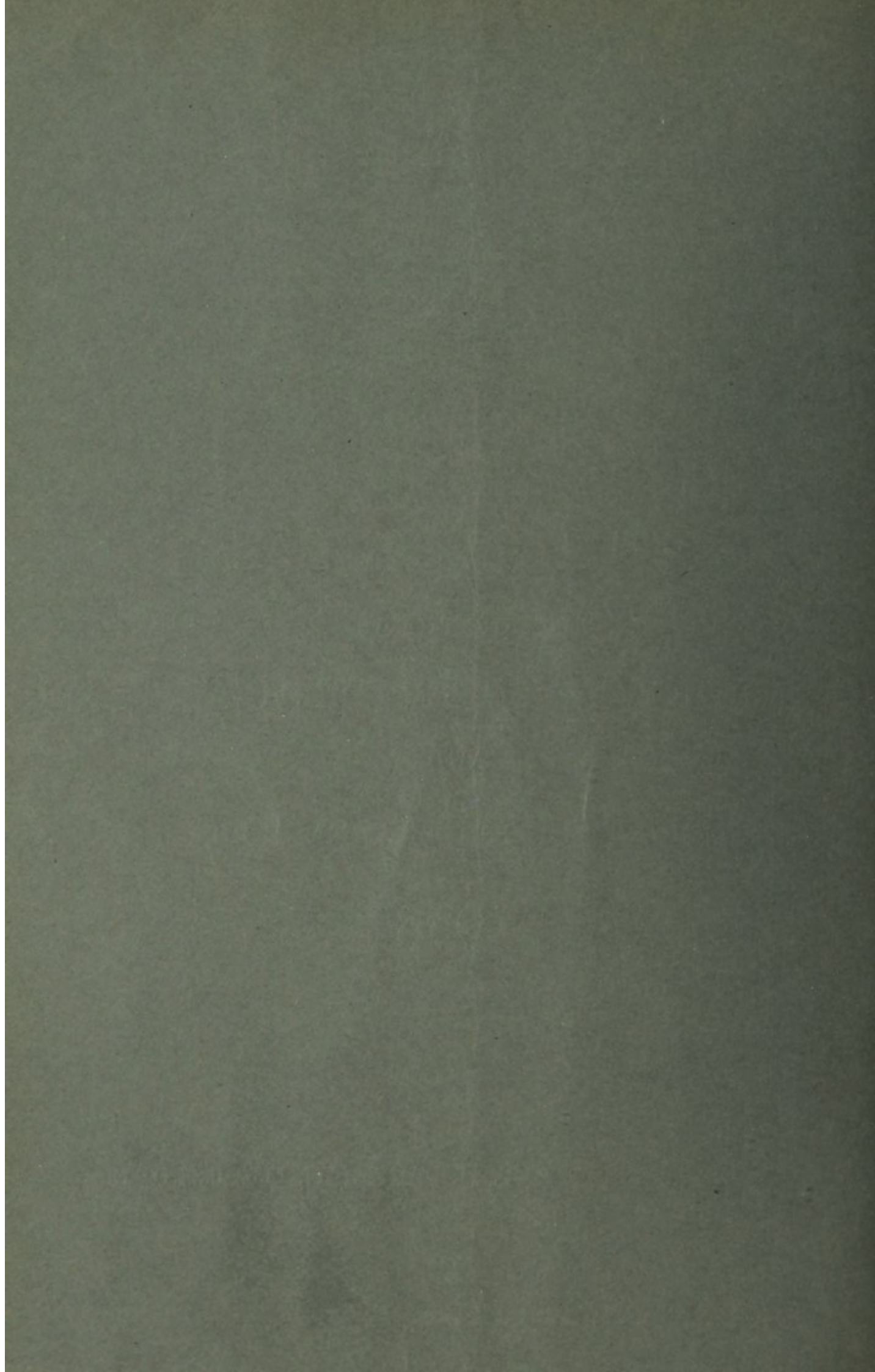
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COUNTY BOROUGH OF HASTINGS



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER
1953

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



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HEALTH DEPARTMENT,
44, WELLINGTON SQUARE,
HASTINGS.

July, 1954.

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 1953. The general lay-out of the report follows that adopted in recent years in style and sequence of the sections and in comparative tables covering the past 25 years in the vital statistics. To avoid repetition as far as possible and to reduce the size, abbreviated details of the administration of the Health Services are given, the full details having been described and commented on in the special survey 1952 report.

The estimated midyear population, 64,510, shows a further decline of 290 on the previous year. In view of the Council's interest in this matter and in the attraction of new residents to the borough, I have reproduced the findings of the 1951 Census as shown by the One Per Cent sample tables published by the Registrar General, and have commented upon the local population make-up at some length. The crux of the problem lies in increasing the number of local residents of working age and reproduction age, for only thus can the balance of age groups be restored and the town become really vital from a socio-economic point of view.

The death-rate, corrected by the Registrar's factor 0.67 to enable direct comparison with national figures for the whole population, was 11.12 per 1,000, rather higher than last year but still an improvement on 1950 and 1951. This compares with the national rate of 11.4. The number of deaths of residents, 1,074, exceeds the number of local live births, 741, by 333 for the whole year. The commonest cause of death continues to be diseases of the heart and circulatory system, with malignant neoplasms (cancers) the second cause numerically: in this connection it is interesting to note that there were 29 deaths from lung cancer, a disease known to be on the increase. Although this has been attributed to cigarette smoking, and much evidence has been produced to support this, it is generally thought that smoking is only one factor among others in its causation, and the real cause is not yet established beyond doubt.

The birth rate, 11.4 per 1,000 (corrected rate 12.5), continues the fall noted in the past few years, the number of live births being 741 (1952, 783: 1951, 807: 1950, 890). Illegitimate births, 39, and still births, 16, show a further decrease compared with last year.

I am glad to report a decrease in the Infant Mortality Rate at 21.6 per 1,000 live births, following the increase noted in the past two years (31.9 and 21.1). This compares with the national figure of 26.8. 16 deaths occurred in infants under 1 year of age, the main causes being again congenital malformations and prematurity. No maternal death was reported as a result of child-birth or pregnancy.

The Health Services provided by the Council under the National Health Service Act continued to meet the increased calls upon them with smoothness and efficiency. The home nursing service, provided by the Hastings and St. Leonards District Nursing and Maternity Association, dealt with an increased number of new cases and a record 48,530 visits were paid by the nurses: the

domiciliary midwifery service, however, again delivered fewer babies at home, and reference is made in the appropriate section of this report to the difficulties facing the midwife training school in meeting the requirements of the Central Midwives Board: it will indeed be an unfortunate day when the training school has to be closed for lack of cases and training facilities.

The calls on the Home Help service show a slight decrease compared with the previous year, and rather less helper-hours worked. The appointment of Miss Lippett as Organiser in June 1953 has helped considerably, and careful and frequent reassessment of the help needed in individual cases has enabled us to meet all urgent calls for help. The net cost of the service to the town is comparatively small, as a high percentage of the gross cost is recovered, and money spent on this service, especially in the case of elderly people, frequently obviates the alternative of admission to hospital or residential home, both much more expensive items to the community even though, in the case of hospital beds, paid for out of a different purse.

The Ambulance Service carried 796 more cases by ambulance (or ambulance and train) but the mileage decreased by 2,400 miles. 432 more sitting car cases were transported, mileage decreased by 539. This trend, noted last year, has been helped by the full-time appointment of the St. John Ambulance Brigade Corps Superintendent as Ambulance Officer, and it is hoped that the use of 6-seater utilicon type cars will further reduce the sitting case car mileages, as many of these journeys are purely local for purposes of hospital out-patient treatment. The local costs, shown in the Ministry figures in this report, again reflect the extreme economy achieved.

Provision of services for elderly people continues to take up a large amount of the department's resources; much care and work is involved which cannot be shown by prosaic figures in this report, but all concerned feel a real satisfaction nevertheless. Pine Hill, opened in May, 1953, has quickly settled down and is a lovely Home in every sense of the word. Plans for the next phase of the Council's scheme for residential accommodation are being actively pursued with the Ministry, and it is still hoped to make a start on "New Moreton" in the 1954/5 financial year. This scheme proposes accommodation for 49 old persons all on ground floor level, it being found that many cannot be catered for in the existing Homes because of inability to mount even a few stairs. Meanwhile we continue to use 23 beds at St. Helen's Hospital as a temporary measure.

At the time of writing this report, plans for the erection of two new clinics and a new Occupation Centre for mental defectives are in the final stages of negotiation with the Ministry, and once again it is hoped that the Hollington Clinic and the Occupation Centre may be started in the current year. Replacement of the Authority's two all-purpose clinics at Park View and Halton has been recognised by the Council for some time as long overdue, the premises being structurally defective and extremely inconvenient for clinic use.

Health education has been very prominent in the minds of the departments staff for some time, and the tempo of practical application of these ideas increases yearly. A short course held in Hastings at my invitation by the Central Council for Health Education was attended by the Health Visitors and Sanitary Inspectors as well as a considerable number from other authorities, and renewed interest and enthusiasm, as well as increased "know-how", has been reflected this year in the work of those dealing direct with members of the public. Constant education is needed to make the public conscious of the necessity of looking after their own health—to take one small example only, the urgent need for increasing numbers immunized against diphtheria and smallpox, for absence of these diseases creates an apathy about protection,

but without protection new epidemics are always possible. Similarly, much misery and even ill health are caused by faulty footwear—education as to correct footwear, not only size and shape, but the right type “for the job” could mitigate much of this misery, and “my feet are killing me” would cease to be an oft-heard complaint. Many are the health topics which require repeated and extensive propaganda, but which, if assimilated, pay rich dividends.

Public education on Clean Food, and in particular, education of food handlers, has continued unabated, and I am glad to report that no confirmed case of food poisoning was notified in 1952. It is important for the economy of the town that our reputation for this should continue untarnished, and great co-operation has been received from the hoteliers, shopkeepers and employees. We cannot rest on our laurels, however, and even bigger efforts have been made in this matter in 1954. In this connection, I must draw attention to the bacteriological survey of the local slaughterhouse which was carried out in 1953 and which immediately achieved quite spectacular results in improved meat hygiene. The organism known as heat resistant *Clostridium Welchii*, known to produce food poisoning outbreaks with meat as the vehicle of infection, was found rampant, but by the time the survey was completed and new methods of hygiene impressed on the slaughterhouse staff, the organism had disappeared and has not reappeared. This survey was the subject of a paper by the Chief Sanitary Inspector at a local conference of Sanitary Inspectors, and was well received.

The housing situation, although improving yearly, still gives rise to dissatisfaction. The number of structurally worn out houses, the decay often accelerated by lack of maintenance or repair, grows steadily: the whole problem of basement living conditions remains to be tackled: the poor conditions provided in many so-called “flats” in large houses, not self-contained and sharing sanitary and often kitchen accommodation, the number of cases of real overcrowding, all these things must in time be remedied, and purely from the health aspect, the time for action cannot be much longer delayed.

Mr. A. E. Hollox retired after many years faithful service as Chief Sanitary Inspector, unfortunately on grounds of ill-health, and we welcomed the promotion of his deputy, Mr. W. G. McDonald, to succeed him.

I have to thank you, Mr. Mayor, the Members of the Council and in particular the Chairmen of my Committees for your continued consideration and support: my professional colleagues both in general practice and in the hospitals, the officers of the Hospital Management Committee and Local Executive Council for their friendly help and co-operation, and my staff, in particular Dr. Weyman, my deputy, Mr. McDonald, the Chief Sanitary Inspector, and Miss Leahy, the Superintendent Health Visitor, for their loyalty and sustained effort throughout the year.

I have the honour to remain,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

T. H. PARKMAN,

*Medical Officer of Health.
Principal School Medical Officer.*

(The figures given in parenthesis throughout this report are those for 1952 for comparison).

CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES, 1953.

Public Hygiene Committee—ALDERMAN S. S. RIDDLE (Jan.—Apr.).
COUNCILLOR S. WITHERS (May—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. (Jan.-Apr.).
COUNCILLOR D. B. THEAKER (May-Dec.).

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, 1953.

NAME OF OFFICERS.	OFFICES HELD.
T. H. PARKMAN, M.B., B.S., D.P.H.	Medical Officer of Health; Principal School Medical Officer; Chief Welfare Officer.
P. WEYMAN, L.R.C.P., L.R.C.S. (ED.), D.P.H. ...	Deputy Medical Officer of Health; 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).
D. K. SMALL, L.R.C.P., L.R.C.S., D.P.M. ...	Psychiatrist, Child Guidance Clinic.
W. D. PENFOLD, L.D.S., R.C.S. (ENG). ...	School Dental Officer (Senior).
(Died June, 1953).	
R. STEELE, L.D.S.	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.	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.
(Resigned June, 1953)	
W. G. McDONALD (a) (b)	do. do.
(Appointed, July, 1953)	
A. BARNETT (a) (b)	Deputy Chief Sanitary Inspector, etc.
(Appointed October, 1953)	
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)	Superintendent Health Visitor & School Nurse.
MISS M. H. FLINT (c) (d) (f)	Deputy Superintendent 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.
(Resigned May, 1953)	do. do.

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1953

(Continued).

NAME OF OFFICERS.	OFFICES HELD.
MRS. G. ALSFORD (c) (d) (f)	Health Visitor and School Nurse.
MISS G. W. HODGSON (c) (d) (e) (f)	do. do.
MISS M. F. WHEELER (c) (d) (f)	do. do.
MRS. E. H. SPARSHOTT (c) (f)	do. do.
MRS. A. E. HALL (c) (d) (f)	do. do.
MISS N. J. EBBORN (c) (d) (f)	do. do.
(Appointed September, 1953)	
MISS N. K. CARRICK (d)	Municipal Midwife.
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. M. BOWEN	do. do.
(Appointed June, 1953)	
MISS J. COTTON	Shorthand-typist.
MISS K. M. LIPPETT	Home Help Organiser.
(Appointed June, 1953)	
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	do. do.
MRS. R. DE MAIO	Clerk, School Dental Service.
MISS S. FORSYTHE	do. do.

- (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 1953	64,510
Number of inhabited houses (end of 1953)	21,509
Rateable Value	£777,202
Sum represented by 1d. rate	£3,111
Live Births, 1953, Legitimate	702
„ Illegitimate	39
	<hr/>
	Total : 741
Birth Rate (per 1,000 of the estimated population (crude))	11.4
„ (corrected, factor of correction 1.10)	12.5
Still births	16
Rate per 1,000 total (live and still) births	21.1
Number of infant deaths (under 1 year)	16
Infant Mortality Rate (per 1,000 live births)	21.6
„ Legitimate (per 1,000 legitimate births)	21.3
„ Illegitimate (per 1,000 illegitimate births)	25.6
Deaths, 1953	1,074
Death rate per 1,000 resident population :	
(a) crude	16.6
+ (b) corrected	11.12
+ Factor of correction	0.67
Death rate (puerperal causes) (per 1,000 live and still births) :	
Puerperal sepsis	Nil
Other maternal causes	Nil
Death rate (tuberculosis) (per 1,000 population)	0.23
Death rate (notifiable infectious diseases) (per 1,000 population)	Nil
Death rate (cancer) (per 1,000 population)	2.55
Total hours sunshine, 1953	1817.7
Total inches rainfall, 1953	21.83

(b) Vital Statistics:

Population: Census, 1951	65,506
Estimated mid-year population, 1953	64,510
Estimated mid-year population, 1952	64,800

The Registrar-General's estimate of the mid-year population shows a further decrease of 290 on the previous year 1952, and the present figure stands 1,970 below the highest Hastings population figure recorded, 66,480, in 1939.

The current trend is illustrated by the following figures, all mid-year estimates used by the Registrar-General for statistical purposes :—

1947 .. 62,740	1951 .. 65,090
1948 .. 65,360	1952 .. 64,800
1949 .. 65,000	1953 .. 64,510
1950 .. 65,690	

Although full figures of the population make-up are still not yet available from the 1951 Census, certain deductions may be made from the One Per Cent Sample Tables published in 1952, provided that one realizes that such a small sample may not agree absolutely with the full figures when available.

The Tables indicate as follows :—

	MALES	FEMALES	TOTAL
TOTAL POPULATION	26,900	38,600	65,500
Age 0—4	2,900	2,500	5,400
5—14	3,900	3,700	7,600
15—24	2,500	4,000	6,500
25—34	3,300	4,600	7,900
35—44	3,700	4,400	8,100
45—54	3,700	5,600	9,300
55—64	2,800	4,900	7,700
65+	4,100	8,900	13,000

The following points are apparent.

1. The high proportion of people 65 years and over, 20% of the total population, with women predominating 2 to 1. (Nationally, between 10 and 11% of the population are aged 65 and over).
2. There is an unusually high proportion of females to males, approximately 3 to 2 at all ages.
3. The deficit of persons of "working age", particularly males, when compared with the National population make-up.

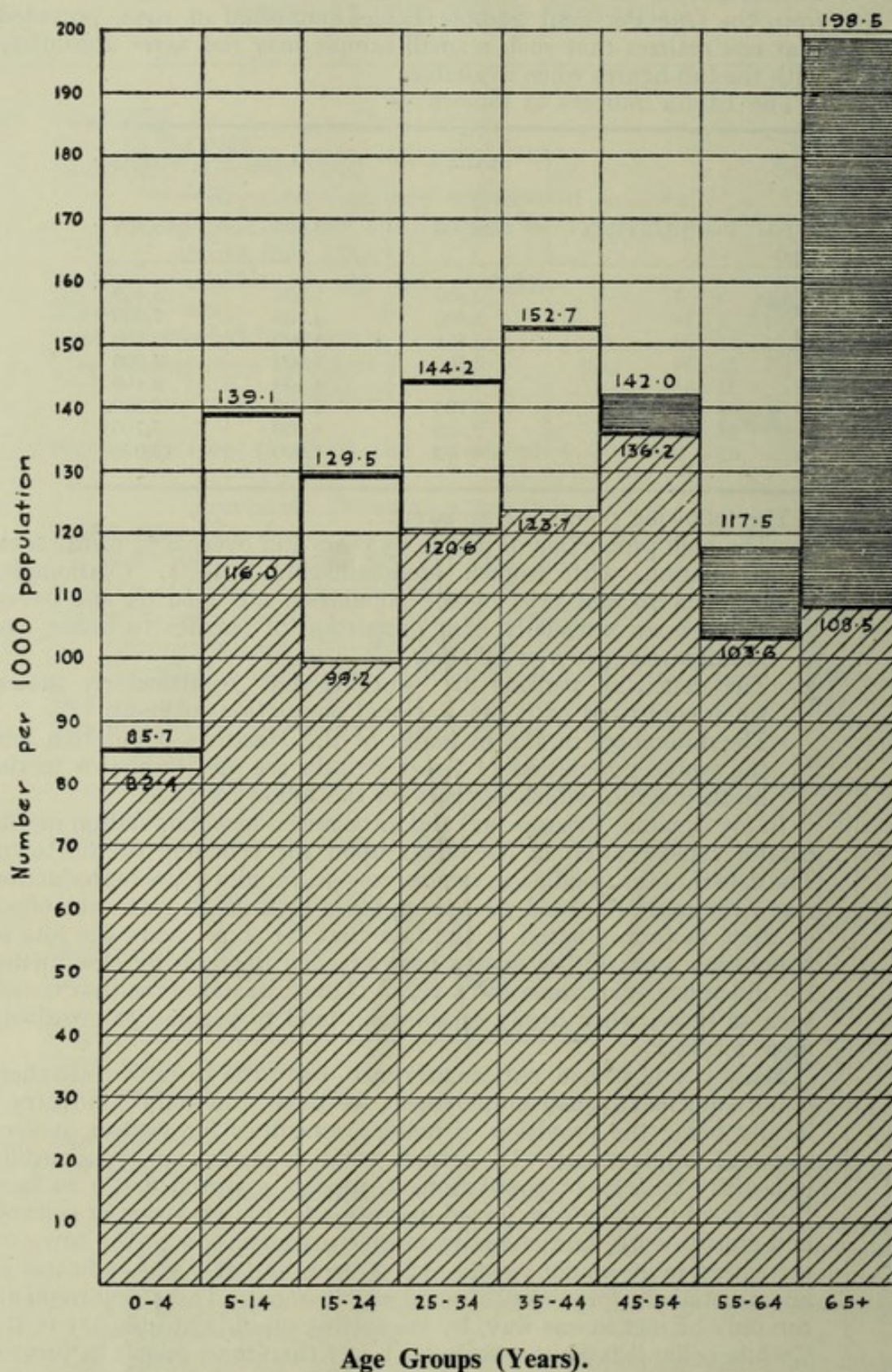
The differences in the make-up of the Hastings population and the whole population of Great Britain are clearly shown in the block diagram which appears on the following page.

In my opinion, this unusual and unbalanced local population merits careful consideration in its effects upon the economy of the town. The deficit in the middle age ranges, 20—50, implies a low reproduction rate; the number of old people implies a high death rate—the effect of these factors is noted in the fact that for some years the loss of population annually by deaths has exceeded the gain by new births, the difference being some 200 a year. It must be noted too that trends such as these, when firmly established, tend to become progressively more marked.

Many young people, particularly men, leave the town because there is not sufficient regular employment for them, the main "industry" locally being the provision of holiday amenities for visitors, a very seasonal employment. To correct what is really an economically unhealthy balance of population, it appears essential firstly to keep these young people from forced migration by the provision of suitable and steady work, and secondly to give a transfusion to the town by attracting more young people to live here, and this also indicates as an essential the provision of good employment. These requirements can only be met in one way, by the setting up of light industry of the "white-collar" type on a scale far larger than most people at present envisage. I do not wish to dwell on the difficulties in carrying out such a plan nor in the dearth of suitable building sites, but I believe that only in this way can Hastings be given new life.

Birth Rate: Total number of live births registered in Hastings (excluding county cases) for 1953 was 741, comprising 381 males and 360 females,

AGE STRUCTURE 1951



Age distribution of Hastings residents (shaded areas) compared with age distribution of population of the whole of Great Britain (thick lines). (Census 1951). White boxes show age group deficits, dark boxes show age group surpluses of local residents compared with the total population of Great Britain.

giving a birth rate of 11.4 per 1,000 estimated midyear population. Of the total live births, 39, 15 males and 24 females, were illegitimate, a percentage of 5.2 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 1953 occurring among the resident population of the borough was 1,074, 452 being males, 622 females. Not included were 363 deaths transferred to other districts (i.e., persons not normally resident in the town) : included were 35 deaths of Hastings residents occurring elsewhere. There were 45 Coroner's inquests. 59 deaths were certified by the Coroner without inquests : 4 deaths were uncertified.

The crude death rate per 1,000 population was therefore 16.6, which corrected for the peculiar age and sex constitution of the population by the registrar-general's factor of 0.67, gives a corrected death rate of 11.12 per 1,000, which figure can be compared with the national rates.

See also Tables II and III.

Age at Death: Of the 1,074 deaths of residents in 1953, 16 occurred in infants under 1 year of age and 2 from 1—5 years. 862 (80.2% of the total deaths) were of residents over 65 years, 601 (56% 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	581	54.1% of total.
(b) Cancer	165	15.3% „
(c) Respiratory diseases (other than tuberculosis and cancer)	88	8.2% „
(d) Death by violence	25	2.3% „

For complete analysis see Table IV.

Infant Mortality: The Infant Mortality rate in 1953 with 16 infant deaths in 741 live births was 21.6 per 1,000 births compared with a national rate for England and Wales of 26.8. This figure shows a welcome improvement, having suddenly and rather unexpectedly given cause for alarm in the previous year.

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 1953 was 16.

The Infant (legitimate) Mortality rate with 15 deaths 702 legitimate births was 21.3 per 1,000 : the rate for illegitimate children under 1 year was 25.6 per 1,000, there being 1 death of such a child in 39 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 nil, no such death having occurred.

Further detail and comparative figures for the previous 25 years are given in Table VI, and the Hastings rate compares with a National rate of 0.72.

Puerperal Pyrexia Regulations, 1939-51:

The total number of cases of puerperal pyrexia notified in 1953 was 27, with no deaths. 25 of these cases occurred in hospital confinement, 2 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.	
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
1953	64,510	381	360	741	11.4	702	39	5.2	16

Comparative Table II.

DEATHS AT ALL AGES AND INFANT MORTALITY.

Year.	Est. Mid-Year population.	Total Deaths registered in Hastings.	Transferable Deaths *		NET HASTINGS DEATHS				
			In	Out	All Ages.			Under 1 yr.	
					Total.	Crude Rate.	Corrected Rate †	Total.	Rate per 1,000 Births.
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
1953	64,510	1,402	35	363	1,074	16.6	11.12	16	21.6

†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
 1951-53 — 0.67

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

Comparative Table III.

BIRTH RATES, DEATH RATES, AND ANALYSIS OF MORTALITY DURING THE YEAR 1953.

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

	Birth-rate per 1,000 Total Population.		Annual Death-Rate per 1,000 Population.								Rate per 1,000 Live Births.		
	Live Births.	Still Births.	All Causes.	Typhoid and Paratyphoid fevers.	Smallpox.	Tuberculosis.	Acute Poliomyelitis including Polioencephalitis.	Whooping Cough.	Diphtheria.	Influenza.	Pneumonia.	Diarrhoea and Enteritis under 2 years.	Total Deaths under 1 year.
England and Wales	15.5	0.35	11.4	0.00	0.00	0.20	0.01	0.01	0.00	0.16	0.55	1.1	26.8
160 County Boroughs and Great Towns, including London	17.0	0.43	12.2	0.00	0.00	0.24	0.01	0.01	0.00	0.15	0.59	1.3	30.8
160 Smaller Towns (Resident Populations, 25,000—50,000 at Census 1951)	15.7	0.34	11.3	—	00.0	0.19	0.01	0.00	0.00	0.17	0.52	0.9	24.3
London	17.5	0.38	12.5	—	—	0.24	0.01	0.00	—	0.15	0.64	1.1	24.8
Hastings	11.4 (a) 12.5 (b)	0.24	16.6 (c) 11.12(d)	—	—	0.24	—	—	—	0.09	0.44	—	21.6

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

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

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

England and Wales	0.10	0.66	0.76
Hastings	—	—	—

Table IV. CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1953.

Net Deaths at the subjoined ages of Residents, whether occurring within or without the District																																										
CAUSES OF DEATH.	MALES.														FEMALES.													TOTAL DEATHS.														
	0 to 11 year.							15-25 yrs.							25-45 yrs.							45-65 yrs.							65-75 yrs.							75+						
	0 to 11 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+	Total.	0 to 11 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+	Total.	0 to 11 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+	All ages.															
All Causes { Certified Uncertified ...	6	2	2	3	12	86	120	218	449	10	...	2	3	14	71	140	381	621	16	2	4	6	26	157	260	599	1070															
Tuberculosis, respiratory	6	...	1	7	...	...	...	...	1	...	1	3	5	...	...	...	...	1	6	1	4	12							
Tuberculosis, other	1	...	...	...	1	...	2	...	...	...	...	...	1	...	...	1	...	...	1	...	...	1	1	...	3		
Syphilitic disease	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2							
Diphtheria															
Whooping Cough															
Meningococcal infections															
Acute poliomyelitis															
Measles															
Other infective and parasitic diseases	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...								
Malignant neoplasm, stomach...	1	4	3	8	...	...	...	...	...	3	3	5	11	...	...	...	...	...	...	...	...	1					
" " lung, bronchus...	1	9	9	3	22	...	...	...	...	...	4	1	2	7	...	...	...	...	1	13	10	5	29						
" " breast	5	4	3	14	...	...	...	...	2	5	4	3	14														
" " uterus	5	1	6	...	...	...	...	...	...	...	...	6															
Other malignant and lymphatic neoplasms	4	11	16	17	48	1	...	...	...	3	11	14	20	49	1	...	...	...	7	22	30	37	97									
Leukaemia, aleukaemia	1	...	2	1	4	...	...	1	...	...	2	1	...	4	...	...	1	...	1	2	3	1	8									
Diabetes	5	15	31	52	...	...	...	...	...	14	31	72	117	...	...	...	...	...	1	19	46	103					
Vascular lesions of nervous system	14	13	29	56	...	...	...	...	...	6	11	30	47	...	...	...	...	...	20	24	59	103					
Coronary disease, angina	6	9	12	27	...	...	...	...	...	2	5	10	17	...	...	...	...	...	8	14	22	44					
Hypertension with heart disease	3	4	19	38	...	...	...	1	...	5	22	86	115	...	...	1	1	4	9	41	124	180										
Other heart disease	...	1	...	...	...	2	10	16	28	...	...	...	...	...	2	14	41	57	...	...	...	...	...	4	24	57	85		
Other circulatory disease	1	1	2	...	...	...	...	...	1	...	3	4	...	...	...	...	...	1	1	4	6						
Influenza	2	1	3	8	14	1	...	...	...	...	...	4	15	21	...	...	...	...	3	1	6	18	29						
Pneumonia	5	6	10	21	...	...	...	...	2	...	...	...	...	1	...	...	...	2	5	10	25	42					
Bronchitis...	4	...	4	9	...	...	...	...	...	...	1	1	2	...	...	...	...	...	4	1	5	11					
Other diseases of respiratory system	1	...	...	...	...	3	2	3	8	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3	2	4	9
Ulcer of stomach and duodenum															
Gastritis, enteritis and diarrhoea	1	...	2	2	2	7	...	...	...	...	...	1	2	2	5	...	...	...	...	...	1	2	2	5					
Nephritis and nephrosis	2	2	2	7	...	...	...	...	...	1	1	3	5	...	...	...	...	...	3	3	5	12					
Hyperplasia of prostate...	1	7	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	7	8						
Pregnancy, childbirth, abortion															
Congenital malformations	2	...	...	...	...	...	...	...	...	5	...	...	...	1	...	...	...	7	...	...	...	...	...	...	...	...	9
Other defined and ill-defined diseases...	3	1	...	2	...	7	6	28	47	3	...	1	...	2	7	11	57	81	6	...	...	...	...	...	...	...	128								
Motor vehicle accidents...	1	...	1	2	...	...	...	...	...	...	1	2	4	...	...	...	...	...	...	...	...	6					
All other accidents	1	...	3	4	...	...	...	...	...	...	1	14	15	...	...	...	...	...	...	...	...	19					
Suicide	4	1	...	5	...	...	...	...	...	...	3	...	9	...	...	...	...	1	9	4	...	14					
Homicide and operations of war	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1				
Totals	6	2	2	3	13	86	121	219	452	10	...	2	3	14	71	140	382	622	16	2	4	6	27	157	261	601	1074															

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.	
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
1953	757	...	...	...	...	...	...

SECTION II

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

GENERAL

Administration:

The Health Committee of the Council is responsible for the provision of Health Services under the National Health Service Act and the National Assistance Act, the latter being dealt with in detail by the Welfare and Old Peoples Sub-Committee.

The Welfare Services, together with the Health Services, are administered by the Medical Officer of Health and the Health Department, thus ensuring complete co-ordination of policy and effort.

The results continue to show that this unified and simple administrative pattern is ideally suited to the needs of the county borough and is in addition the most financially economic way.

Co-ordination and Co-operation:

The satisfactory state of affairs recorded in my survey last year between the three "legs of the tripod" of the Health Services to the community continues, and little or no work at all was brought before the official co-ordinating committee, the Joint Advisory Committee.

Most cordial relations exist between the Health Department, general practitioners and hospital staffs and managements, there is a free interchange of information where dictated by the interests of the patient, and the general atmosphere is exceptionally good.

I am still sure that more use could be made, with advantage, of the services of the health visitors by both general practitioners and hospitals, and in 1954 it has been possible to bring the family doctor and health visitor closer together as a result of British Medical Association's pronouncement of their policy advocating this. A personal letter was sent to all doctors and I am hopeful that they will call on the health visitors' services even more in future.

Increased use of the health visitors' intimate knowledge of homes and families could be made by hospital consultants and almoners in particular, and it is widely felt that only in exceptional circumstances should hospital almoners carry out home visits. Closer liaison between almoners and health visitors would avoid duplication of visiting, and would enable the almoners to devote more time to work with the patient in the hospitals.

Administration, co-operation, joint use of staff and the place of the Voluntary Organisations were referred to in detail in the special survey incorporated in the 1952 report.

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.

Marked difficulties are encountered in the running of infant welfare sessions owing to the unsuitability of most of the premises. The two local authority owned centres, Park View and Hope Clinics, are inadequate, have small rooms and narrow, steep stairways, and considerable structural defects—the Council are awaiting final Ministry approval to the new all-purpose clinic at Hollington to replace Park View, and it is hoped to commence work during 1954/5. Similarly, Ministry approval is expected for the new Ore Clinic to replace Halton during 1955/6.

The remaining clinics are held in church halls of various sizes and shapes, nearly all of which lack the necessary facilities, making it difficult to give privacy for consultation between mother and doctor or mother and nurse, and making efforts at Health Education difficult in the extreme.

Each clinic session is attended by two health visitors, and work would be impossible were it not for the wonderful help provided voluntarily by the ladies of the Service of Help for Motherhood and Infancy. My thanks and great appreciation of this work are extended both to the helpers in the clinics and to the Committee of the Service, which in the past three years has provided extra amenities, curtains, chairs, film projector, hired films, etc., to the extent of some £300 or more.

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.

In spite of the difficult conditions, the health visitors have shown great keenness in building up a programme of health education topics in these clinics, and during the year 15 Cookery Demonstrations, 2 Laundry Demonstrations, 5 demonstrations of foods suitable for weaning, 21 health film shows and 2 Camera talks were staged for the mothers. Posters on health topics were exhibited, including original posters designed and made by the health visitors themselves to illustrate teaching points.

The most satisfactory means of teaching is either by film shows or by group discussion of topics by mothers under the guidance of a health visitor. Unfortunately, this latter is in general not practicable owing to the structural hall-type nature of the clinic premises.

My sincere thanks are given to the various commercial enterprises who provided some of the demonstrations and films, which were highly appreciated by the mothers attending.

Attendances at Centres in 1953 were :—

CLINIC	FIRST ATTENDANCES				SUBSEQUENT ATTENDANCES			Total Attendances	Average per Session
	Age 0-1 year	Born in 1953	Born in 1952	Born in 1951-48	Age 0-1 year	Age 1-2 years	Age 2-5 years		
Grove Road ...	62	59	70	111	860	290	414	1,804	37
Halton Clinic:									
(Tuesday) ...	86	80	47	65	1191	300	389	2,072	41
(Wednesday) ...	42	35	33	106	601	149	224	1,148	22
Priory Street ...	130	106	90	140	1697	661	691	3,385	34
London Road ...	132	111	102	116	1742	764	580	3,415	35
Bexhill Road ...	20	21	25	25	280	144	214	709	28
Park View ...	90	88	60	86	1084	269	291	1,878	35
Hollington ...	83	80	63	145	904	333	439	1,964	40
TOTAL	645	580	490	794	8359	2910	3242	16,375	—

Distribution of Welfare Foods

The average number of tins of National Dried Milk issued was 692 per week. A sample week in December showed an issue of 486 bottles of orange juice and 226 of cod liver oil.

Vitamins A and D capsules 67 tins per month.

(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.

	Ante-Natal	Post-Natal
Total attendances were :		
No. women attended ..	94	13
No. attendances made ..	318	14
	<hr/>	<hr/>
	412	27
	<hr/>	<hr/>

(c) Contraceptive Clinic.

New cases ..	44
Old cases ..	76
	<hr/>
	120
	<hr/>

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.

The Senior Dental Officer reports as follows :—

During 1953 no treatment was done at the clinics for nursing and expectant mothers. There has only been one dental officer available and it was found to be impracticable to devote any sessions to this type of work owing to the arrears of work to be done for school children.

Dental Care of Children under 5 years of age.

Whenever it has been possible, pre-school children have had dental treatment provided at the clinics ; all children who were examined were given treatment as invariably the treatment required was to relieve pain.

Once the shortage of staff is overcome, more time will be devoted to this type of work as until the regular and frequent inspection of children under school age is carried out the amount of treatment necessary on the younger school children will always be great. Inspection of the initial intakes of school children invariably shows that few of the children have ever had previous dental treatment. This often means that the child's first visit is to have extractions and I do not think that it is psychologically good for further visits.

Treatment for the year 1953 is as shown in the following tables :—

(i) Numbers Provided with Dental Care:

	Examined	Needing treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers ...	...	..	...	...
Children under 5 years ...	51	51	51	40

(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 ...	46	...	21	71	...	12	19	...	...	...

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. 186 packs were issued in 1953.

(g) Other Services available for Children under 5:

(i) In conjunction with the School Health Services, 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 draught-proof 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 1953

Premature babies born at home 5.

% survival 100.

Weight at birth.	No.	Transferred to hospital.	Deaths	Remaining at home.	Deaths.
3 lbs. 4 ozs. or less	—	—	—	—	—
3 lbs. 4 ozs. — 4 lbs. 6 ozs.	—	—	—	—	—
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)

40. % survival 92.5.

Weight at birth.	No.	Deaths.
3 lbs. 4 ozs. or less	3	1
3 lbs. 4 ozs. — 4 lbs. 6 ozs.	8	1
4 lbs. 6 ozs. — 4 lbs. 15 ozs.	6	1
4 lbs. 15 ozs. — 5 lbs. 8 ozs.	23	—

SECTION 23

(a) Domiciliary Midwifery:

This service, fully detailed in the 1952 report, continues to be carried out most satisfactorily by the Hastings and St. Leonards District Nursing and Maternity Association with one municipal midwife working in close collaboration with them.

MIDWIVES ACT 1936—DOMICILIARY MIDWIFERY

Service	District Nursing Association	Municipal Midwife	Total
*1. Ante Natal visits ...	1,906	307	2,213
2. Confinements conducted			
(a) as midwives ...	121	27	148
(b) as midwifery nurses ...	20	8	28
(c) Total confinements	141	35	176
*3. Post natal visits ...	2,894	644	3,538
4. Gas and Air Analgesia	123	34	157

* 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.

A further decline in the number of confinements conducted at home by the midwives accentuates the difficulties being experienced in finding sufficient cases for the training of pupil midwives in the District Nursing Association training school. With over 75% of cases confined in hospital (71%) or maternity homes (5%) some new arrangement must be reached with the hospital authorities or the training school will eventually cease to operate.

Confinement in maternity wards in hospital is not generally accepted as being medically desirable, but it is easy to understand the desire of most mothers for hospital admission as it is far cheaper to the family than home

confinement and less disrupting to the household, especially as so many young families are housed in inadequate circumstances.

Every case requesting hospital admission on social grounds, where there is no evidence of obstetric necessity, is investigated by the Health Department, but as long as the present number of hospital beds is available in the town and the average housing conditions remain as they are, it is difficult to insist on home confinement in more than the odd isolated case.

Gas and air analgesia is a greatly appreciated service and was used in 89% 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 1953 was 31, including 19 in hospital practice (St. Helen's and Fernbank) and 11 in domiciliary practice: all the latter were employed in the Health Authority's Domiciliary Service.

Total domiciliary midwives on register

as at 31.12.53 :

.. 9

No. of visits by Inspector :

.. 64

(including 16 midwife inspections at Fernbank Maternity Home).

Midwives notifications :

(a) Medical aid

.. 45

(b) Other

.. 52

(c) Place of Confinement:

Analysis of 764 notified confinements of Hastings residents during 1953 shows that 23.2% of births occur at home and 76.8% in institutions.

Place of Confinement	No. of Cases	Comparable Percentages						
		1953	1952	1951	1950	1949	1948	1947
1. Home	177	23	24	27	27	26	24	26
2. Private Maternity Nursing Home ...	43	5	9	10	14	16	16	18
3. Institutional :								
(a) St. Helen's Hospital ...	321	42	42	66	58	56	58	54
(b) Fernbank Maternity Home ...	223	29	24					
		71						
Total	764							

SECTION 24

Health Visiting:

The staff of Health Visitors is as follows :—

- (a) 1 Superintendent 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.

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 gives 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 and is being strongly encouraged.

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 in-patient cases.

A short three-day course for Health Visitors and Sanitary Inspectors was held during 1953 in Hastings by the Central Council for Health Education : the theme of this concentrated effort was the practical side of Health Education, and many valuable hints were given by Dr. Emrys Davies in his own inimitable and enthusiastic style on the ways of putting over material to the public. Great interest was shown in poster designing and manufacture, preparation of various types of visual aid, the conducting of group discussions and how and how not to speak in public, and the ideas so presented have been put to good use by the staff in their health education programme.

The following table shows briefly the work carried out by health visitors in the homes of the people as opposed to clinic sessions. I am convinced that work done in the homes is extremely valuable, and generally far more effective than clinic work as regards health advice and education : the health visitors are encouraged to work along these lines as much as possible, although their present case load is heavy and prevents individual attention being given as often as is desirable. Some selectivity in visiting has to be sought, but this is not necessarily a bad thing. Increasing attention is being given to old people in their own homes from the health visiting angle, and is much appreciated generally.

Work of Health Visitors:

1.	First visits under 1 year	..	766	
2.	Subsequent visits under 1 year		4333	
3.	Visits 1—2 years	.. ..	2852	
4.	„ 2—5 years	.. ..	5937	
5.	Visits to Expectant mothers		293	
6.	Care and After-Care	} National Health Service Act	809	
	Home Helps		184	
7.	Handicapped persons, etc. (National Assistance Act)	..	73	
8.	All other visits	.. ..	368	
9.	Tuberculosis Health Visitor's visits .. .. .	.. .. .	1807	
			<hr/> 17,422 (17,752)	Actual Households 11,836

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, although the demand continues to increase.

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 wellbeing of the patient has frequently been commented on favourably.

The Service is closely co-ordinated with the other health services of the authority by the Health Department.

HOME NURSING, 1953

	Medical	Surgical	Total
Cases on Register 1/1/1953	147	150	297
New cases during year	779	839	1,618
Cases on Register 1/1/1954	163	183	346
<hr/>			
No. of nursing visits	48,530 (44,923)		
<hr/>			
Articles loaned during the year	238 (263)		

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

	1948	1949	1950	1951	1952	1953
New cases during year ...	743	1,346	1,438	1,517	1,551	1,618
Total attendances ...	17,839	41,652	41,371	42,211	44,923	48,530

Staff as at 31st December, 1953:

Superintendent.
 Assistant Superintendent.
 10 Full-time Nurses.
 3 Part-time Nurses.

SECTION 26

Vaccination and Immunisation:

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

Vaccination Return, 1953

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 ...	337	20	29	37	46	469
Number re-Vaccinated...	—	—	13	57	189	259

In 728 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, was 45.5%

Diphtheria Immunisation, 1953:

Primary Immunisations (a) 0—5 years	..	553
(b) 5—15 years	..	66
Reinforcing Injections ("boosters")	..	581

Immunisation in Relation to Child Population :

Number of Children at 31st December, 1953, who had completed a course of **Immunisation at any time before that date** (i.e., at any time since 1st January, 1939).

Age at 31.12.53 i.e., Born in year	Under 1 1953	1-4 1952-1949	5-9 1948-1944	10-14 1943-1939	Under 15 TOTAL
Last complete course of injections (whether primary or booster)	35	1,980	2,165	606	4,786
A. 1949-1953					
B. 1948 or earlier	—	—	1,378	1,828	3,206
C. Estimated mid- year child population	730	3,270	8,700		12,700
Immunity Index 100 A/C	4.8%	60.5%	68.7%		62.9%

Although diphtheria remains a comparatively rare disease nowadays in the country, and indeed, no case has occurred in Hastings since 1949, it is essential that parents realize the continued necessity for having their children protected, and the percentage figures given above can hardly be considered satisfactory. Efforts are being made to step up the education of mothers in this matter with a target of at least 75% immunity index over the whole child population. Only then need there be no fears of a sudden and perhaps severe diphtheria epidemic arising.

SECTION 27

Ambulance Service:

The Ambulance Service continues to be run by the Hastings Corps of the St. John Ambulance Brigade, and the year shows a still further increase in cases carried both by ambulance and by sitting case car.

The Corps Superintendent, previously employed part-time as Ambulance Officer, was granted full-time employment, and this has resulted in still more efficient administration. Although more cases have been carried, relatively fewer ambulance journeys were needed and actually fewer car journeys. Both types of vehicle carried out the increased carriage of patients on a smaller mileage than in the previous year. These attainments were aided by the arrival of the first Hightop Utilicon type car at the close of the year and by the increased use of train journeys where long distance cases could travel satisfactorily in that way. A second "Utilicon" car is budgetted for in 1954-5, and it is hoped as the existing cars wear out to replace them all by these handy and economical vehicles. Full details of the service were given in the 1952 report, to which reference can be made.

Total cases carried during the year:

		No. of vehicles at 31st December 1953	Total No. of Journeys during the year	Total No. of patients carried during the year	Total mileage during the year
Agency Service	Ambs.	6	4,635	9,782	56,672
	Cars	4	2,841	8,295	59,573

Staff at 31.12.53:

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

ANALYSIS OF CASES CARRIED MONTHLY.

1953	AMBULANCES		SITTING CASE CARS	
	No. of cases	Mileage	No. of cases	Mileage
January ...	817	5,172	864	4,561
February ...	728	4,719	662	4,783
March ...	757	4,037	663	4,619
April ...	759	4,387	586	4,683
May ...	935	4,834	633	4,964
June ...	850	4,914	776	5,692
July ...	850	4,618	766	5,004
August ...	807	4,938	698	5,615
September ...	819	5,360	727	4,966
October ...	875	4,610	721	4,964
November ...	854	4,865	612	4,734
December ...	731	4,218	587	4,988
	9,782	56,672	8,295	59,573

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
1953	9,782	8,295	56,672	59,573	Nil	Nil

*From the 5th July, 1948.

Cost of Ambulance Service, 1952-1953, year ending 31st March, 1953.

The following costs for the Ambulance Service were published by the Ministry of Health in Circular 20/54, and the Hastings figures, supplied by the Borough Treasurer, 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)...	7.6	17 2	2 7	254
Group II. All other Counties ...	12.2	15 10	1 9	203
Group III. Five largest County Boroughs ...	5.2	12 8	2 8	171
Group IV. Twelve next largest C.Bs. ...	5.0	12 0	2 9	177
Group V. All other C.Bs. ...	5.4	13 10	2 8	174
ALL AUTHORITIES	7.6	15 4	2 4	216
Middlesex ...	6.4	15 6	-	271
London ...	5.9	15 2	3 5	235
HASTINGS ...	6.9	10 10	1 7	135

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 was made in 1952 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 Superintendent 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.

Finance is a limiting factor to the full expansion of the service, but by heavy cutting of help to an absolute minimum it has been possible to give some help to all those whose applications fell within the terms of the service.

A Home Help Organiser, Miss K. M. Lippett, was appointed in June, 1953, and although hard pressed, the service has worked very smoothly since then.

She reports as follows :—

During the year 273 applications for domestic assistance were received, and of these 230 were found to be eligible to receive help. The remainder of these applicants either found the cost of the service too high, or had relatives or other persons available to assist them, or there were no medical grounds for help.

Each applicant for help received a prompt visit by the organiser to assess the need, and all cases were kept in constant review regarding the continuation of the help, the increasing or decreasing of the number of hours of help provided, and any change in the applicant's financial circumstances.

The service has been able to help all needy cases and this was achieved by giving a little help to many people, rather than much help to few.

The majority of the cases assisted were aged and infirm, and of these at least 90% received payment for their domestic help from the National Assistance Board.

No training was available for Home Helps, but their work throughout the year was very satisfactory. Helpers became genuinely interested in their particular cases, and visits were made during their own time to offer their assistance in various ways to their old people.

HOME HELP, 1953

No. of cases carried forward from 1952	...	78 (85)
No. of applications received during 1953	...	273 (274)
No. of applications actually dealt with	...	230 (259)
No. of cases carried forward to 1954	... ..	98 (78)

No. of Home Helps employed as at 31.12.53 :—3 Full-time, 17 Part-time, the total equivalent of 14 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		—
1948		—
1949	165	7,622
1950	171	15,409
1951	339	27,261
1952	259	31,877
1953	230	29,764

SECTIONS 49—51

Mental Health Services:

I. Administration

(a) Responsible Committee:

The Health Committee of the Council deals directly with this work.

(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.

The Voluntary Association retains its interest in the running of the Occupation Centre in Athelstan Road and in the provision of Home Teaching for those defectives unable to attend the classes, the Health Committee being the responsible body and financing the work.

Some 27 defectives attend and a most happy atmosphere exists. The training provided covers a wide range of activities, and some excellent hand-work is produced and finds a ready sale.

Further deterioration of the premises was noted and in 1954 it was decided to replace the existing centre which has been in use very many years. After investigation of the possibilities of purchasing and adapting existing buildings had been carried out and found costly and unsatisfactory, approval was given to the demolition of the existing centre and the building of a new one on the same site. At the time of writing this report, negotiations are in hand with the Ministry on plans, and it is hoped to commence work before the end of the 1954/5 financial year.

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 ")	..	54
(2)	" " " " " Section 16 (" Summary reception orders ")	..	81
	(includes cases under item 1)	..	—
(3)	Cases dealt with under Section 16 (" Police Cases ")	..	6
(4)	" " " " " Section 11 (" Urgency Orders ")	..	Nil
(5)	" " " " " Sections 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	..	Nil
	TOTAL NUMBER OF CASES :		87
	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	..	23
	TOTAL NUMBER OF PATIENTS REMOVED TO THE MENTAL HOSPITAL, HELLINGLY	..	64

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

Number of patients admitted to Hellingly Mental Hospital for treatment	..	142
Number of patients admitted to other Mental Hospitals for treatment	..	12

(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	} 226	Total new patients	..	226
Female		Subsequent Attendances	..	633
		Total Attendances :	..	859

Summary of Diagnosis of New Patients:

Psychoneuroses				Psychoses			
Anxiety State	..	46		Melancholia and Depressive States	..	72	
Hysteria	..	9		Schizophrenia	..	16	
Obsessional State	..	1		Delusional Psychosis	..	4	
Adolescent Instability	..	7		Confusional State	..	4	
Psychopathic State	..	4		Manic-depressive Psychosis	..	5	
Hypochondriases	..	4		Senile Dementia	..	8	
Total:	..	71					
Epilepsy	..	5					
Mental Deficiency	..	3					
Various Conditions	..	18		Total:		109	

New Clinic Patients admitted to Hellingly Hospital :—

Voluntary Patients	67
Certified Patients	4

(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 1953.

Mental Deficiency.

Mental Defectives on the register of the local authority, December, 1953 :

(a) In various Institutions	..	..	..	87
(b) Under Guardianship	..	..	..	28
(c) Under Statutory Supervision	..	..	..	67
(d) Under Friendly Supervision	..	..	..	23
Total :				205

No. of defectives awaiting institutional vacancies at 31.12.53	..	..	..	4
(a) Home Visits : cases under Guardianship	..	..	..	48
(b) " " " " Statutory Supervision	}	..	..	534
Friendly Supervision				
(c) " " " on licence from Institutions or Guardianship	..	..	..	79
(d) Home reports at request of Institutions or other local authorities	..	..	..	47
(e) Miscellaneous visits	..	..	..	223
(f) Mental After-care Visits	..	..	..	96
Total :				1,027

Number of cases dealt with for Certification under Mental Deficiency Acts,

for Institution or Guardianship	..	..	..	14
Number of Mental Defectives transferred to Institutions	..	..	..	8
Number of cases dealt with for Renewal Orders	..	..	..	3

SECTION III

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

SECTION 21

(a) Accommodation for Aged and Infirm:

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

Moreton and Little Moreton, opened in 1951/2, provide accommodation for 61 old people, 36 ladies and 25 men respectively. Apart from intermittent staffing difficulty, the Home runs very smoothly and well, and it is gratifying to see the marked improvement in the demeanour of these old people, most of whom had been inmates at St. Helen's for many years.

Pine Hill came into use in May, 1953, and provides for 43 old people: it also has proved a great success, quickly getting over its small teething troubles, and again, one is struck by the happy and tranquil atmosphere.

It is still necessary to maintain a number of beds at St. Helen's, 14 male and 9 female, 23 in all, and from time to time application has to be made for extra beds to accommodate emergency cases. Nearly all these cases are "ground floor only," the old people being immobile with rheumatism, heart conditions or plain old age. Although some admissions direct from their own homes have been made to Moreton and Pine Hill in really urgent cases, it has not yet been possible to accommodate many of the known cases where Part III accommodation is both desired and indicated: as much attention and help as is possible to keep them going at home has been given by the Home Help service and other agencies, but the need is pressing.

As mentioned in last year's report, the Council were investigating the possibilities of new building in the grounds at Moreton, and at the time of writing we are on the verge of obtaining final Ministry approval to the scheme, which it is hoped to commence in 1954/5. A "New Moreton" is envisaged, a bungalow type building for 49 people, with a housemother of deputy matron status in full charge of the residents, with communal use of stores, gardens and kitchens with their appropriate staffs. Such a building would meet the need of the crippled aged, the "ground floor" cases, and with the right spirit among the staff there should be no fear of a "colony" atmosphere developing. Provision is also made in the new building for old married couples, who should be kept together at all costs in their declining years.

After this provision, a pause is indicated: it may be necessary in future years to provide further accommodation either in Homes or by other means such as groups of flatlets with communal restaurant facilities, for the population, already an old one in Hastings, shows signs of growing older still. Therefore further provision may have to be considered even though the number of old people accommodated in various ways by voluntary agencies steadily increases—such provision already covers some 300—400 persons. In this connection the figures quoted in the earlier section on the make-up of the local population are of real interest.

In addition to the wide variety of accommodation for old people provided by the Voluntary Agencies, fine work is done by them in visiting, general assistance, meals on wheels, Darby and Joan Clubs, etc., and one organisation is known to be investigating the possibility of a central old folks club with restaurant facilities.

(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	..	29
No. of Homes for Disabled Persons registered	..	3
No. of beds	..	446

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, my previous comment upon the rather dubious standard of comfort and care in some of the smaller ones still stands. It is not easy to raise standards of space, attendance and general comfort without increasing charges, which are in most cases moderate, an increase which would worsen the situation for the old people mainly concerned.

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 1953 was 309, 95 men and 214 women, and 23 partially sighted persons. The following information is given as requested in Ministry Circular 1/54 :—

- (i) Number of persons newly registered as blind during 1953 .. 36
- (ii) " " " " partially sighted, 1953 .. 5
- (iii) Retrolental fibroplasia, a cause of blindness in infants and young children associated with oxygen treatment of prematurity, is a disease which has appeared in considerable degree in the past decade ; as soon as its origin (treatment in oxygen apparatus) was recognized, the incidence has fallen markedly. No case of this disease occurred in Hastings in 1953.
- (iv) Ophthalmia Neonatorum, an infective eye condition of new born babies, which used to be a frequent source of early blindness, has been virtually eradicated by venereal disease control, improved ante-natal care and treatment of the new born baby's eyes. No case occurred in 1953.
- (v) Follow up of Registered Blind Persons (1953).

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
1. No. of cases registered in 1953 in respect of which para. 7 (c) of B.D.8. recommends	14	5	—	19
(a) no treatment	8	—	—	15
(b) treatment (med. surg. or optical)	6	5	—	4
2. No. of cases at 1 (b) above which on follow-up action have received treatment ...	1	2	—	3

N.B. The number of cases recommended and not recommended for treatment exceeds by 2 the number registered blind as two cases were suffering from both glaucoma and cataract.

Follow up of Partially Sighted Persons, 1953:

2 cataracts not recommended for treatment, one of which also had glaucoma.

4 "other causes" recommended for treatment, only one of which appears to have received same during the year.

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 1953 was 33, of Deaf and Blind 15.

The social club for the Deaf and Hard of Hearing started under voluntary auspices early in 1952 has continued to do excellent work.

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.

4. Epileptics and Spastics:

The true incidence of epilepsy and cerebral palsy in adults in the town is not known, as the department only can assist those who seek its help or who are referred by other organizations. School children suffering from either of these complaints are known to us through the School Health Service, and the health visitors give early information in the case of still younger children.

8 children of school age are known to suffer from epilepsy, but none severely enough to be classified as "Handicapped" on this account alone.

8 school age children are known as spastics : one is in a residential special school, one is awaiting a vacancy, one is at present out of this country abroad, and five are able to attend an ordinary school without distress.

Information was given by another organization respecting 2 adult epileptics and 13 cripples : 3 epileptic adults are visited by health visitors, 5 by the mental health worker, these being associated with general mental ill health : 4 mental defectives in addition are known to have epilepsy. Advice and general help is given to them and efforts have been made to find employment for several—any assistance needed from welfare services is available, but here the services suffer from lack of an occupational therapist.

The Council, in 1951, approved welfare schemes covering all classes of handicapped persons. It has been possible for the health visitors and mental health worker to contact a number of these and to give them help mainly by advice and putting them in touch with various voluntary agencies. It has not been possible to carry out the full scheme as originally envisaged owing to the very considerable calls on the time of the staff, and particularly it is regretted that finance is not yet available to engage an occupational therapist to work in the homes of these unfortunates. The Mental Health Worker has assisted a number of mentally handicapped people after discharge from hospital treatment, and dealt with several epileptics.

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 it was necessary to seek a Court Order in respect of one case, a lady of 68 living in incredibly filthy conditions, very neglected and obviously a sick woman. She was admitted to St. Helen's Hospital and died eight days later from an advanced cancer.

SECTION 50

Burial or Cremation of the Dead:

Funeral arrangements were made by the department at the expense of the Local Authority during 1953 for six deceased old people between the ages of 71 and 85 years, where it was apparent that no arrangements for the disposal of the body were being made by other persons.

SECTION IV

INFECTIOUS DISEASES

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1953.

NOTIFIABLE DISEASES.	1952	NUMBER OF CASES NOTIFIED.															Deaths.	Total cases removed to Hospital.
		At all ages.	At ages—Years.															
			0	1	2	3	4	5	10	15	20	35	45	65 & upds.				
Small Pox	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera, Plague	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	(11)	19	...	...	...	...	...	1	...	...	...	2	10	6	...	...	...	1
Scarlet Fever	(204)	106	1	3	3	8	14	66	6	3	...	2	...	...	...	...	...	9
Typhus Fever	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	(...)	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Relapsing Fever	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	(29)	27	...	...	...	...	...	...	...	5	18	4	...	...	...	...	...	...
Cerebro Spinal Meningitis	(3)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	(7)	3	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	2
Ophthalmia Neonatorum	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Polio-encephalitis	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Primary Pneumonia	(25)	46	1	1	...	1	...	5	3	1	2	2	15	15	2	...	...	2
Influenzal Pneumonia	(9)	6	...	...	...	...	1	...	...	...	1	...	2	2	...	...	...	...
Malaria	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	(5)	2	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
Trench Fever	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning	(18)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	(1260)	637	10	57	76	79	83	271	32	10	14	2	3	...	...	...	...	12
Whooping Cough	(252)	119	7	9	11	17	16	52	5	1	...	1	...	...	...	...	...	3
Totals	(1823)	966	19	70	91	106	114	397	46	20	36	14	30	23	...	...	...	29

Remarks:

- (a) **Scarlet Fever:** 106 cases of scarlet fever, all of mild type, were notified during the year, 9 being admitted to hospital mainly on the ground of poor home conditions. The disease continues to be mild in form with few complications.

- (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	1953
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 immunisation campaign, a real tribute to preventive medicine.

- (c) **Anterior Poliomyelitis:** Three cases of polio were notified during the year, two of which were admitted to the Isolation Hospital. All cases were mild in type and complete recovery ensued.

Five other cases suspected of being polio were also admitted to hospital, but the diagnosis was in no case substantiated.

- (d) **Measles:** 637 cases of measles were notified as compared with 1,260 in 1952. Twelve cases were admitted to hospital, two being misdiagnosed as scarlet fever.

- (e) No case of enteric fever or small pox was notified.

- (f) **Food Poisoning:** No confirmed case of food poisoning was notified during the year.

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	4,747	(5,993)	No. of individuals cleansed	
Rooms, etc.			for scabies	Nil (Nil)
disinfested	557	(516)	No. of baths for	
No. of individuals			scabies	Nil (Nil)
cleansed for vermin	Nil	(Nil)	Sets of clothing disinfected	
			(Scabies)	Nil (Nil)

Disinfestation of Council Houses and other Properties:

Council Houses	..	..	3	(1)
Other premises	..	..	69	(71)

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 visitors who develop infectious diseases further increase the problem.

During the year 98 cases of notifiable and non-notifiable diseases were admitted, 54 being Hastings residents or visitors, 44 from the East Sussex area.

Tuberculosis:

(a) At the end of 1953, the tuberculosis register contained 561 names.

Total Cases	Pulmonary			Non-Pulmonary		
	Males	Females	Total	Males	Females	Total
561	314	195	509	20	32	52

(b) New Cases and Mortality:

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

Age Period	New Cases Notified				Deaths of cases notified			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0— 1 year ...	...	...	...	...	...	...	...	...
1— 2 years ...	...	...	...	...	...	...	...	...
2— 5 " ...	...	1	...	...	...	...	...	...
5—10 " ...	1	...	1	...	...	...	...	...
10—15 " ...	1	1	...	...	...	...	1	...
15—20 " ...	2	4	1	...	...	...	...	...
20—25 " ...	2	3	...	...	...	...	...	...
25—35 " ...	4	3	...	...	...	...	...	...
35—45 " ...	3	1	...	...	...	...	...	...
45—55 " ...	5	2	...	...	3	...	...	1
55—65 " ...	4	3	...	...	3	1	...	...
65—75 " ...	2	...	...	...	...	...	1	...
75 upwards ...	1	...	...	...	1	4	...	...
Totals ...	25	18	2	...	7	5	2	1
Grand Totals	45		(50)		12		(3)	

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
1953	12	3	15	.23

(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 cases seen for investigation	
(Males 70 : Females 131 : Children 125)	.. 326
No. of contacts examined	
(Males 24 : Females 35 : Children 95)	.. 154
Total attendances .. .. .	.. 3,300

(d) **Prevention of Tuberculosis:**

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

B.C.G. protective vaccination against tuberculosis of Mantoux negative contacts of known cases and members of nursing staffs was continued.

Contacts 0—5 years (Males 10 : Females 12)	.. 22
5—15 „ (Males 21 : Females 13)	.. 34
Adult nurses .. .. .	.. 12
Other adults .. .. .	.. 8
	—
Total :	76
	—

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

The East Sussex Mass X-ray Unit visited Hastings in May and June, 1953. Dr. Rigden, the Unit Director, reports as follows :—

A.	Male	Female	Total
1. Total X-rayed during survey ..	3,224	3,780	7,004
2. Total Hastings residents included in (1)	3,005	3,765	6,770
3. Total recalled for large film X-ray ..	181	233	414
4. Total Hastings residents included in (3)	171	232	403

B. Active and Inactive Tuberculosis—Hastings residents only.

1. Active Tuberculosis	Age Group	Male	Female	Total
	15—25	Nil	5	5
	26—40	2	5	7
	41—60	3	3	6
	60 +	Nil	2	2
				—
				20
				—
2. Inactive Tuberculosis				
	15—25	6	11	17
	26—40	10	17	27
	41—60	25	36	61
	60 +	8	7	15
				—
				120
				—

C. Other abnormalities found:

1. Abnormalities of bony thorax and lungs	8	12	20
2. Chronic bronchitis and emphysema ..	15	5	20
3. Non-tubercular broncho pneumonia	4	—	4
4. Consolidation of unknown cause ..	1	2	3
5. Bronchiectasis	5	1	6
6. Pulmonary fibrosis	5	2	7
7. Basal fibrosis	6	7	13
8. Pleural thickening	10	15	25
9. Pleural effusion (non-tubercular) ..	1	—	1
10. Intrathoracic tumours :			
(a) Retrosternal goitres ..	2	5	7
(b) Bronchial carcinoma ..	1	1	2
(c) Neuro fibroma	—	1	1
11. Cardio-vascular lesions—congenital ..	—	3	3
12. Cardio-vascular lesions—acquired ..	7	18	25
13. Miscellaneous	7	13	20
	—	—	—
	72	85	157
	—	—	—

The services of the Unit are provided free of cost to the Council by the Regional Hospital Board, the Health Committee providing the premises, light and heat, and through the Health Department dealing with the necessary publicity arrangements.

The finding of 20 cases of active tuberculosis, a rather higher proportion to the total numbers X-rayed than in the previous visit, is proof of the value of the Unit's work, and is a great help in prevention of spread, as several cases were infective to other people. A further visit is arranged for September and October, 1954.

(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	4
New cases of gonorrhœa	10
Other conditions	45
Total	59

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 Superintendent Health Visitor also visits to advise the Medical Officer of Health on the nursing standards provided.

No. of Nursing Homes registered	..	..	20
Beds available—Maternity	..	..	10
General	..	..	276
<hr/>			
Total beds	..	..	286
<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	..	..	92
Adoption examinations	..	..	15
Staff medical examinations	..	..	44
Teachers examined	..	..	77
Firemen examined	..	..	Nil
Other medical examinations (retirement, etc.)	..	..	21
<hr/>			
Total :			249 (246)
<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 Water Engineer, Mr. D. J. Walker, reports as follows :—

" The main sources of supply are surface water impounded at Darwell and Powdermill Reservoirs, and underground sources of supply derived from deep wells and boreholes in the Ashdown sand, the latter now providing a valuable reserve to meet demands during exceptionally dry periods.

During the year the whole supply was obtained from the impounding reservoirs, and the total volume of treated water pumped into supply for domestic purposes amounted to 860 million gallons.

All water from the surface sources of supply receives treatment in the rapid gravity filtration plant at the Brede Valley Works. The raw water entering the plant is treated by the addition of chemicals and passed through precipitation tanks designed to promote the settlement of suspended matter. The outgoing water passes through batteries of rapid gravity filters and the filtered water is sterilised by the addition of chlorine before being pumped to supply.

The character of the treated water is as follows :—

SUPPLY	HARDNESS (parts per million)		
	Temporary	Permanent	Total
Surface water sources	60	65	125

Information incorporated below in connection with the queries of the Ministry of Health.

- (a) The Undertaking's supply has been maintained at the usual high standard of purity during the period 1952-53, and in addition there has been no shortage of water at any period of the year.
- (b) All supplies are piped. Routine samples for both bacteriological and chemical examinations of the raw water have 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 at sampling points throughout the area of supply. Chemical analysis of treated water has also been carried out during the year. Typical bacteriological and chemical analyses of treated water are as follows :—

REPORTS ON THE BACTERIOLOGICAL AND CHEMICAL EXAMINATION OF SAMPLES OF WATER

Labelled : Tap on outlet main, Baldslow Reservoir.

Date : 28.10.53. 1.20 p.m.

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

1 day at 37° C. 2 days at 37° C. 3 days at 20° C.

No. of colonies developing on

Agar	..	..	0 per ml. <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.

Labelled : Tap on rising service, 37, Wellington Square (Treated water from Brede Pumping Station).

Date : 19.10.53. 10.30 a.m.

Appearance : Very faint opalescence with a few mineral particles.

Turbidity : Less than 3. Colour : 8. Odour : Nil. pH : 7.3.

Free Carbon Dioxide : 4. Electric Conductivity : 295.

Total solids : 200. Chlorine present as Chloride : 25.

Alkalinity as Calcium Carbonate : 60. Hardness : Total 125.

Carbonate : 60. Non-Carbonate : 65. Nitrate Nitrogen : 0.8.

Nitrite Nitrogen : Absent. Ammoniacal Nitrogen : *0.000.

Oxygen absorbed : 0.80. Albuminoid Nitrogen : *0.077.

Residual chlorine : Absent. Metals : Iron 0.12. Other Metals absent.

*To convert to Ammonia multiply by 1.21.

- (c) The waters are not liable to plumbo-solvent action, being of very moderate hardness.
- (d) 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 immediately investigated and the condition rectified without delay and further samples taken as necessary.
- (e) 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 21,519. In addition, approximately 1,048 houses outside the Borough of Hastings have piped supplies. Houses are not supplied from standpipes except in cases of breakdown or frozen pipes."

(B) Baths.

There are three swimming pools.

- (a) Bathing Pool, West Marina (open-air).

Length 330 ft., width 90 ft., capacity 1 million gallons.

- (b) White Rock, large bath (covered).

Length 165 ft., width 36½ ft., capacity 200,000 gallons.

- (c) White Rock, small bath (covered).

Length 75 ft., width 30 ft., capacity 65,000 gallons.

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

Regular samples are taken for bacteriological examinations monthly from all these pools at shallow and deep ends and middle. The results of such examination were satisfactory during the year. 51 samples : 2 unsatisfactory.

(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 1953. Further lengths of soil and surface water sewers were laid on the Corporation Housing Estates at Hollington and Harley Shute, and on the Industrial Estate at Ponswood together with a few short extensions to serve private development.

The condition of some of the older sewers in the town has given rise to concern, and a number of lengths have been relaid and in one case diverted.

The most important work of my Department during the year has been the completion of the calculations, plans, estimates and report in connection with the Main Drainage Scheme for the Ore and St. Helen's District, the total estimate for which is £200,000. These have been submitted to the Ministry, and it is hoped to put the first stages of the scheme in hand in the early part of 1954.

The outfalls are as set out in the report for 1950. Repairs to the Clarification Works outfall were carried out during the year, and the condition of all of them needs to be kept under constant observation.

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

(D) Scavenging:

Collection and disposal by means of controlled tipping at Pebsham Farm are carried out under the direction of the Borough Engineer. The Health Department co-operates in the replacement of defective dustbins and in the investigation of any nuisance or complaints received.

(E) Pest Control.

(1) Rodent Destruction.

General. In April the work was reorganized. For economy reasons the staff was reduced from four operators to three. Previously, work was allocated to each operator weekly, but following reorganisation the town was divided into three areas, each operator being responsible for control measures necessary in that area. This provided for continuity in control, and regular inspections of vacant land, bombed sites, embankments and other likely breeding grounds became an essential part of the control programme which at the same time maintained the interest of the operator.

This policy, with the continued wide use of Warfarin poison, has paid large dividends for by the end of the year the number of complaints had been again reduced by approximately 20%. Reduction in the number of complaints by attacking breeding grounds of course markedly reduces the damage to property and foodstuffs which would have ensued on the movement of rodents. It must, however, be pointed out that if this state of affairs is to be maintained, continual vigorous action is necessary. The absence of control for only a short period might well increase the rodent population with serious results.

Sewer Treatment. Disinfestation was carried out in February and July, a total of 175 manholes being baited. Approximately 45% of manholes show evidence of infestation and this figure remains fairly constant from year to year.

Surveys and Complaints. 753 (930) complaints of infestation were received and the necessary measures taken. 122 surveys of various sites were made and disinfestation carried out where necessary. 47 block treatments, involving 119 properties, were carried out.

Business Premises. Work is carried out on these premises at an inclusive charge of 6/- per hour. 67 business premises and 27 premises owned by the local authority receive regular treatment service.

Summary.

	Local Authority	Private Dwellings	Business Premises	Agricultural Premises	Total
Premises	116	571	143	50	880
Visits	364	3120	751	85	4320
Estimated Kill		<i>Rats</i> 1692	<i>Mice</i> 2249		<i>Total</i> 3941

Prevention of Damage by Pests Act, 1949.

	<i>Treatment</i>	<i>Works</i>	<i>Total</i>
Notices served	Nil	Nil	Nil

(2) Other Pests.

Disinfestation 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.

Disinfestation was carried out on 148 (134) premises.

Charges. Charges made totalled £162—14—3 compared with £211—18—6 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		
		Inspec- tions	Written notices	Occupiers prosecut- ed
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	59	69	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	185	305	25	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	33	36	—	—
TOTAL	277	410	28	—

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) ...	7	3	1	2	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	1	—	—
Inadequate ventilation (S.4) ...	1	1	1	—	—
Ineffective drainage of floors (S.6)	2	1	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ...	2	1	—	1	—
(b) Unsuitable or defective	21	14	—	8	—
(c) Not separate for sexes ...	3	2	—	1	—
Other offences against the Act (not including offences relating to Outwork) ..	1	1	—	—	—
TOTAL ...	37	23	3	12	—

PART VIII OUTWORK

No. of visits 38 (33)

The revision of the factories register commenced in the latter part of 1952 was completed during the year. This resulted in a reduction of the total number of premises registered to 277. 410 (102) inspections were carried out, but the number of contraventions of the various legal provisions was found to be no higher than the previous years. The great majority of factory premises are small and include such trades as laundries, printers, builders, upholsterers, timber merchants, motor repairers, etc.

Under the Act, the Department is responsible for ensuring 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) ..	671
(b) Number of inspections made for the purpose ..	1845
(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 ..	7
(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	9
(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 ..	266

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 ..	255
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3. ACTION UNDER STATUTORY POWERS DURING 1953:—

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	30
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners	20
(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	4
(b) By Local Authority in default of owners	5

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	2
(2) Number of dwelling-houses undertakings demolished in pursuance of Demolition Orders	2

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	7
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	1
Sec. 10 (1) L.G. (Misc. Prov.) Act, 1953	3

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	60
(c)	(i)	Number of cases of overcrowding relieved	44
	(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	148

Housing Inspection.

The Chief Sanitary Inspector, Mr. W. G. McDonald, comments on the work done and present difficulties, as follows:—

The number of complaints (702) shows a continuing decline from previous years, which may give some indication of improvement in conditions accruing from the war and immediate postwar years with absence of necessary maintenance. To a great extent this immediate impression is false, for the nature of housing defects encountered is changing. Instead of minor defects to roofs, sanitary fittings, etc., arising, the scope of schedules of dilapidations on individual properties is increasing, the fabric now requiring major works consequent on age and decay. This raises some difficulty in applying the provisions of the Housing Acts and defining what is a "reasonable cost" with the present controlled uneconomic rental. It remains to be seen what improvement can be effected when the new Rents Bill passes to the statute book. The majority of houses in the area are now some 80—120 years old, and are reaching the stage of major disrepair together. Unless therefore vigorous action is taken to resuscitate this class of property, the general standard of dwelling in the town centre will seriously deteriorate, eventually to such an extent that they will not be economically repairable. The diverse standards met with in identical properties in the same terrace and of the same age is proof of this point. A third of statutory notices served were completed in default by the local authority, giving some indication of the economic side of the question.

There are a large number of commodious houses of three and four stories built in an age of less bustle and more affluence, which have now ceased to function in their original purpose. Now divided horizontally by floors (including basements originally intended for use as kitchens and store rooms) they are now occupied as "flats," often with sanitary facilities and bathrooms shared, with perhaps a sink and cooker installed on landings.

For this type of accommodation there is much scope for modernisation and improvement, and it is hoped that implementation of the provisions of the Housing Act 1949 will gain impetus and achieve the object of reclaiming property to modern standards.

During the latter part of the year a preliminary survey was undertaken with a view to estimating the number of individual houses which may require action under Section II of the Housing Act 1936 (for closure or demolition). As a result it was estimated that some 150 properties will require replacement within five years.

Whilst some included under this heading may be included in Slum Clearance Areas, when this scheme gets under way, no doubt others will come to be included on grounds of unreasonable cost when detailed surveys are possible.

Individual properties are being dealt with at the rate of two per month, the provision of new housing of necessity setting the pace.

The following table gives details of action taken :—

Closing Orders (Section 12, Housing Act 1936)	
Part of a building	7
Closing Orders (Local Government [Miscellaneous Provisions] Act, Section 10b)	3
Closing Orders (Local Government [Miscellaneous Provisions] Acts, Section 11 (2)) (conversion from demolition order)	3
Undertaking (Section II Housing Act 1936)	1
Demolition Order (Section II Housing Act 1936)	1

The Local Government (Miscellaneous Provisions) Act came into operation on the 1st October. This provided that Closing Orders could be made on unfit dwelling houses instead of demolition orders. As a result it has been possible to achieve restoration of suitable properties without demolition, thereby saving valuable housing units.

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

No. of complaints received and investigated	702	(864)
No. of informal notices served	488	(824)
No. of informal notices complied with	388	(614)
No. of statutory notices served under Public Health or Housing Acts	45	(43)
No. of statutory notices complied with	44	(24)

During the year 132 (121) reports were furnished to the Housing Department by the Medical Officer of Health or the Chief Sanitary Inspector. Of these 60 (42) related to overcrowding ; 3 (6) to living conditions of tuberculous families ; 13 (27) to families having a member or members suffering from ill-health or physical defects, and 26 (30) to unsuitable living conditions, and 30 relating to other conditions.

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
1953	44	21

Sanitary Inspection of District.

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

A.—Inspections (Other than those referring to Housing):—			Total				Total
1.	Premises on complaint	...	702	5.	Rain-water pipes disconnected from drains		3
2.	Re-drainage work	...	277	6.	Inspection chambers provided or repaired		30
3.	Works in connection with notices		1,761	7.	Cesspools emptied and cleansed		4
4.	Bakehouses	...	132	8.	Cesspools abolished and drains connected to sewer		—
5.	Infectious disease enquiries	...	158	9.	New W.C. pedestal pans fixed		34
6.	Camps, Caravans, etc.	...	18	10.	W.C. pans repaired	...	9
7.	Fried fish premises	...	27	11.	New W.C. flushing cisterns provided		26
8.	Restaurant kitchens, cafes and retail food premises		1,298	12.	W.C. flushing cisterns repaired		29
9.	Fish at Fishmarket	...	275	13.	New W.C.'s erected	...	22
10.	Outworkers' premises	...	38	14.	New urinals erected	...	13
11.	Houses under increase of Rent, etc.	—	—	15.	Glazed stoneware sinks provided, with properly trapped waste pipes		21
12.	Common Lodging Houses	...	—	16.	Yards and passages paved or repaved		22
13.	Smoke Nuisances	...	21	17.	Samples of drinking water from private wells		2
14.	Slaughterhouse and Knackers Yard		444	18.	Polluted wells closed and domestic water supplied from main		—
15.	Offensive Trade Premises	...	42	19.	Roofs stripped or repaired	...	176
16.	Water Supplies	...	30	20.	Ventilated food stores provided		9
17.	Disinfestation work	...	61	21.	Rooms, etc., cleansed and distempered, etc.		127
18.	Rats and Mice destruction work	—	—	22.	Miscellaneous repairs to houses (walls, ceilings, stoves, washing accommodation, handrail, lighting, ventilation, sash cords, etc.)		430
19.	Ice Cream premises—			23.	Sanitary ash-bins provided and/or ash pits abolished		39
	(a) Manufacturers		196	24.	Accumulations of manure and other refuse removed		22
	(b) Dealers and Retailers	...	47	25.	Nuisances abated from animals improperly kept		1
20.	Pet Shops	...	15	26.	Nuisances abated from chimneys emitting smoke		11
21.	Schools—Local Education Authority		38				
B.—Work carried out:—							
1.	Drains test applied	...	109				
2.	Houses and premises provided with new drains, properly intercepted and ventilated		30				
3.	Drains cleared and/or repaired		100				
4.	New soil and ventilation pipes fixed		17				

SECTION VIII

FOOD INSPECTION AND HYGIENE

(A) MILK

(a) Milk and Dairy Regulations, 1949.

Dairymen and Distributors on Register 27 (28)

The general standard of milk supplies in the area continued to be very satisfactory, and except during the summer season the surrounding agricultural area is able to meet the requirements of the urban population. Owing to various economic factors, such as the high cost of plant and building, more of the smaller dairies are becoming distribution depots only, the milk being pasteurised for these by the larger dairy plants in the town. The move in this direction will be accelerated in October next when provisions under the Milk Regulations come into force which will make it illegal for milk to be bottled on any premises other than where it is pasteurised. The amount of undesignated raw milk retailed is extremely small, being confined to two or three producer/retailers with local rounds in the outskirts.

During the year new machinery was installed to duplicate the pasteurising plant at one of the large dairies.

(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 197

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 F.B. ...	57	42	15	Not	applicable.
T.T. Pasteurised ...	24	24	—	24	—
Pasteurised ...	*173	166	7	171	2

*Reports on 7 samples of pasteurised milk were not received owing to overnight temperature exceeding 65° F.

Tuberculin-tested: The number of samples taken was 57 (60), and 15 samples concerning six 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, 197 (199) being taken for examination. Seven failures to satisfy the methylene blue test concerning two processors were reported, these all occurring during the months of July and August. Necessary action was taken, all subsequent samples proving satisfactory. Constant attention was paid to milk supplied to schools, from which 79 (79) samples were taken, 5 unsatisfactory. Investigations followed and steps taken to correct faults in pasteurising or bottle washing. 15 samples were also taken from school kitchen supplies.

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 71 (69) samples were taken.

No.	T.B. Test		Brucella Ring Test	
	Positive	Negative	Positive	Negative
71	—	61	10	51

N.B. : 2 samples broken in transit. 8 no result : guinea pigs died.

(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 continued 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 bacteriological survey was carried out over a period of twelve months, the results of which showed a high degree of pathogenic contamination. With the detailed information obtained from the survey, it has been possible to effect improvements in the standard of hygiene, to inaugurate a systematic routine for sterilisation of equipment. Almost immediate effects have been a reduction in the number of food poisoning cases where meat has been suspect, and a marked reduction in the quantity of meat becoming unfit by "heating" or "taint".

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
1953	3,272	574	1,820	9,003	7,579

All carcasses of animals slaughtered were examined at or soon after slaughter by a Sanitary Inspector, the examination being conducted in accordance with Memo. 3 (Meat).

Cysticercus Bovis, a parasite transmissible to man, continues to occur, 20 (26) cases being found during the year, cold storage treatment for 21 days being carried out. In 1 case the disease was found to be generalised and the whole carcase had to be rejected.

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

From the following table it will be seen that there is a slight general decline in the number of animals found to be diseased. The incidence of tuberculosis amongst cattle, particularly cows, is still very high.

The number of cases of "heated" or "tainted" meat found in butchers shops was drastically reduced and this is considered almost entirely due to improved standards of hygiene in the slaughterhouse. Further improvements can be and are being effected and research work in this field will be continued.

CARCASES INSPECTED AND CONDEMNED DURING 1953.

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs
No. killed	3,272 (2,880)	574 (599)	1,820 (2,580)	9,003 (8,746)	7,579 (8,866)
No. inspected	3,272 (2,880)	574 (599)	1,820 (2,580)	9,003 (8,746)	7,579 (8,866)
All diseases except Tuberculosis					
Whole carcases condemned ...	7 (7)	7 (11)	2 (1)	44 (64)	41 (38)
Carcases of which some part or organ condemned	1,014 (921)	207 (237)	4 (2)	476 (553)	245 (305)
Percentage of the number affect- ed with disease other than tuberculosis	31.20 (32.22)	37.28 (41.40)	0.33 (0.12)	5.33 (7.05)	3.77 (3.87)
Tuberculosis only					
Whole carcases condemned ...	11 (11)	6 (19)	— (—)	— (—)	21 (16)
Carcases of which some part or organ condemned	278 (298)	114 (96)	— (—)	— (—)	81 (128)
Percentage of the number affect- ed with tuberculosis... ..	8.83 (10.38)	20.87 (19.19)	— (—)	— (—)	1.34 (1.62)

(C) ICE-CREAM

Manufacturer's premises on register	11	(11)
Retailer's premises on register	268	(246)
Samples taken for bacteriological examination	67	(65)
Samples taken for chemical analysis	66	(57)

All local ice cream manufacturers are equipped with modern plant and the bacteriological standard of the product has continued to improve. Compared with the previous year the number of samples reaching the bacteriological standard increased by 15%, the number of unsatisfactory samples showing a corresponding decrease.

On analysis, the food value of ice cream was also found to be raised, indicated by fat and sugar content. For example, 63% of all samples taken were

found to have a fat content of 9% and above. Only two samples failed to comply with the statutory standard of 5% and "follow up" action had the desired effect.

An increasing number of retailers went over to selling wrapped ice cream only, a method which simplified handling in the shop and a sound safeguard from the public health point of view.

The following table summarises the reports received:—

Methylene Blue Test

Grade.	No. of samples.	Percentage.	Remarks.
I.	18 (22)	27.8	Satisfactory. do.
II.	33 (19)	50.7	
		78.5	
III.	10 (15)	15.3	Indicates defects of manufacture/handling do.
IV.	4 (9)	6.2	
		21.5	

(D) FOOD AND DRUGS ACT, 1938

During the year 335 samples (including 66 ice cream samples) were taken and submitted to the Borough Analyst at the Laboratory, Lewes. Of these 15 samples were reported on adversely.

The following 320 samples were all genuine:—Jam, 9; Marmalade, 2; Sweets, 23; Iced Lollies, 21; Ice cream, 66; Sago, 2; Rice, 10; Tapioca, 5; Semolina, 2; Ground Rice, 1; Flour, 1; Macaroni, 1; Cake Mixture, 1; Golden Breadcrumbs, 1; Baking Powder, 5; Cornflour, 2; Sponge Mixture, 1; Meat Paste, 15; Fish Paste, 6; Cheese and Tomato Paste, 1; Lentils, 1; Soup, 2; Mincemeat, 2; Sandwich Spread, 2; Honeycomb Mould, 1; Welsh Rarebit, 1; Blancmange Powder, 1; Meat Pasty, 1; Sauce, 6; Ketchup, 2; Chutney, 2; Pickle, 2; Pickled Walnuts, 1; Tea, 11; Bev, 1; Coffee and Chicory, 3; Custard Powder, 4; Mint, 1; Ginger, 1; Junket, 1; Spice, 1; Pepper, 1; Mustard, 4; Cream, 3; Jelly, 5; Bicarb. Soda, 1; Flavouring, 1; Aspirin, 1; Aspro, 2; Milk, 80.

Particulars of unsatisfactory samples during 1953:—

Sample No.	Article	Result of Analysis	Remarks
3217	Milk	Deft. S.N.F. 3.6%	Formal samples followed by "appeal to cow" samples which proved milk to be genuine.
3218	do.	Deft. S.N.F. 0.5%	
3284	Bread	Unsightly patches in bread consist of farinaceous matter heavily contaminated with oil, most of which is mineral oil and discoloured with iron. I am of opinion that a piece of dough probably became entangled in the mixing machinery and subsequently fell into the remainder of the mix.	Taken up with bakery firm.

<i>Sample No.</i>	<i>Article</i>			<i>Result of Analysis</i>	<i>Remarks</i>
3287	Channel Island Milk			Deft. Fat 2.75% Fat content 3.89%	Formal samples, below standard for Channel Island milk (4%) but not below F. & D. standard (3.0%). Ministry of Food notified and investigation on farm by Milk Advisory Service.
3289	do.	..	..	Deft. Fat 7.75% Fat content 3.69%	
3291	do.	..	..	Def. Fat 4.5% Fat content 3.82%	
3292	Milk	..	..	Deft. S.N.F. 2.7%	Chemical tests failed to reveal presence of added water. Genuine milk.
3297	do.	..	..	Deft. S.N.F. 0.2%	
3243	Luncheon Meat		..	Foreign matter consists of cotton fibres possibly derived from the cotton material in which carcasses are sometimes wrapped. The presence of this cotton material does not render remainder of contents of tin unfit for human consumption.	Dutch imported meat. Investigated at importers and observation received from manufacturer. Warning letter sent.
3424	Bread	..	..	Discoloured portions of bread. Pink portions dyed with harmless red colouring matter and greenish yellow portions contain appreciable amounts of organic phosphorus, a constituent of eggs. These foreign colouring matters are derived from ingredients normally used in bakehouse.	Investigated at Bakery; manufacturer's attention drawn to importance of preventing access of extraneous matter.
3604	Bicarbonate of Soda			Conforms to tests for absence of impurities as laid down in the B.P. Contains starch and vegetable fibres (possibly from sacking).	Informal sample. Taken up with manufacturer.
3613	Sago Pudding	..		Sample had an acidity of 0.2% (expressed as lactic acid).	Informal sample taken from kitchen to investigate cause of curdling.
3614	Dried Milk Powder	..		Sample had an acidity (expressed as lactic acid) of 2.7%. Acidity of dried milk is usually below 1.0% and if above 1.5% the powder tastes sour.	Milk powder found to be old stock and replaced.
3337	Milk	..	..	Sediment in sample consists of unorganised organic debris, vegetable fibres and grit. These findings are consistent with the deposit being manure, but I cannot certify that it is in fact such contamination. Whatever its source it is extraneous matter which should not be present in milk.	Tuberculin tested (farm bottled) milk. Warning letter to producer.
3355	do.	..	..	Deft. Fat 23.6% Fat content 2.29%	Informal sample one of batch of seven. Sealed bottles, all with varying fat content (average 3.8%). Investigated and found due to lack of agitation on filling machine. Warning to dairy firm.

In addition to this work, special investigations were carried out in some twelve cases where legal proceedings were not taken. These were in relation to foodstuffs under the following headings:—Milk below standard (Channel Island) ; foreign matter in milk ; extraneous substances in bread, cake, sausages, tinned meat, acidity in milk powder.

(E) FERTILISERS AND FEEDING STUFFS.

During the year twelve (formal) samples were taken for analysis by the Agricultural Analyst. One sample was found falsely marked, but was certified by the Analyst as not to the prejudice of the purchaser. The manufacturer's attention was drawn to the necessity for correct marking.

Liaison is maintained with the Ministry of Agriculture.

(F) PHARMACY AND POISONS ACTS, 1852-1941.

The duties devolving upon the Department are mainly those connected with the sale of poisons in Part II of the Poisons List, and, so far as local shop-keepers are concerned, include such liquids as household ammonia, carbolic disinfectants, insecticides, horticultural sprays and the like. Sellers of such are required to be entered in the Council's list, certain precautions having to be taken regarding labelling, storage, etc. For convenience the necessary inspections were co-ordinated with those under the Shops Act, 40 (93) visits being made. 18 (45) notices were served in respect of minor contraventions, and these were either complied with, or receiving attention, at the end of the year.

(G) MERCHANDISE MARKS ACT, 1887 - 1926.

39 (62) inspections were made, and 16 (28) notices (relating principally to the labelling of tomatoes) were served and complied with.

(H) 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 :—

478	(639) shops inspected and recorded.
239	(453) shops re-visited.
275	(421) contraventions found and notices issued ; of these 83 (163) were outstanding at the end of year.
5	(9) premises were provided with heating facilities.
5	(5) premises provided with washing facilities.
4	(7) premises had additional ventilation provided.
28	(39) shops were re-painted and re-decorated.
1	(3) 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.

(I) 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	1,298	(1,706)
Premises provided with constant hot water supply	12	(26)
Premises re-designed and structurally altered	19	(20)
Premises repainted and redecorated	41	(50)
Premises provided with additional sinks and ablution facilities	15	(21)
Premises in which ventilation has been improved	8	(13)
Premises in which lighting has been improved	4	(9)
Premises in which food storage facilities have been improved	10	(21)
Premises in which structural repairs were carried out	16	

(J) CLEAN FOOD CAMPAIGN.

The demand for lectures and informal talks on food hygiene continues to increase and work on this subject is carried out through various associations throughout the year. No opportunity is lost to drive home the positive approach to effect improvement in food handling. Regular courses of lectures continue to be given at the hotel and catering school and valuable work is carried out in the course of day to day inspection of food premises.

There is every indication that the public is becoming more clean food conscious, as witnessed by the number of cases requiring investigation and subsequent action by the local authority.

Food Premises:

The number of food premises is as follows :—

Preparation and cooking :—

Hotels and boarding houses	400
Private houses taking boarders	200
Restaurants, cafes and eating houses	175
School kitchens and W.V.S. kitchen	12
Bakehouses	32
Fried fish premises	30
	<hr/>
	849

Retail :—

Grocers	298
Fish shops	41
Bakers—retail	61
Butchers	60
Confectioners	294
Fruiterers	219
Licensed premises	133
	<hr/>
	1106

Total : 1955

Registered Food Premises:—

	<i>No. of Premises</i>	<i>Visits</i>
Section 14, Food and Drugs Act 1938.		
Ice Cream Manufacturers	11	196
Section 96, Hastings Corporation (General Powers) Act 1937.		
Ice Cream Retailers	268	58
Pressed and preserved meats	56	
Milk and Dairies Regulations 1949 Dairies (Pasteurising plants)	3	214
Distributors	23	
	<hr/> 361	<hr/> 468

Inspection of Food Premises:—

Bakehouses	132
Fried fish shops	27
Restaurant kitchens, cafes and premises where food is prepared or exposed for sale	1298
Fishmarket	275
Slaughterhouse and Knackers Yard	444
Offensive trade	42
Ice Cream premises	196
	<hr/> 2414

Disposal of Condemned Foods:

Meat. During the course of the year the method of disposal of condemned meat from the slaughterhouse was changed by the Ministry of Food to a system of monthly auction. This left much to be desired and after strong protests the method was amended to give some safeguards to the disposal of this often dangerous material.

Canned and other Foods. After certification as unfit, foodstuffs are collected from food premises by the cleansing department and disposed of by immediate burial at the Corporation's controlled tipping site. Cans are punctured before burial. Diseased meat considered dangerous is buried in quick lime.

(K) LICENSED (PUBLIC) HOUSES.

The programme of inspection of these premises commenced two years ago was continued throughout the year. By the end of December major works had been carried out at 20 licensed premises. An analysis of works completed is given hereunder.

Hot water supply provided	4
Premises redesigned and structurally altered	14
Premises repainted and redecorated	17
Premises provided with additional sink and ablution facilities	7
Ventilation improved	5
Lighting improved	1
Food storage facilities improved	3

Washing and Sterilising of Glasses, etc. After experimental work, fitting to wash-up sink of an entirely automatic dispenser containing a colourless and tasteless detergent having germicidal properties, was commenced. There is no doubt that this is a big advance and further improvements in this direction will follow.

THE SCHOOL HEALTH SERVICE
Report of the
SCHOOL MEDICAL OFFICER
for the Year 1953

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 1953.

The number of schoolchildren on the registers, 7,919, shows a further increase of some 200 over last year, the increase being almost entirely in the numbers attending primary schools. The general standard of physique and health of the children continues to be satisfactory, although a good deal of minor illness, especially respiratory complaints, occurred in the late months of the year. Measles and whooping cough continued to be the main notifiable diseases occurring, although only to the extent of a half the numbers in the previous year, whilst scarlet fever cases showed a similar decline. A considerable number of cases, probably running into three figures, of infective hepatitis (jaundice) occurred, affecting one or two schools in particular: whilst this is not a notifiable disease, informal information from general practitioners and returns from headteachers showed the extent of the outbreak. In this respect, the willing and voluntary co-operation of doctors in the town and teachers was most helpful to us and was greatly appreciated.

The school medical service continued in general the routine which it has built up over the past years so successfully. No striking new innovations can be recorded, although considerable preliminary thought was put into the problems of tuberculin testing the school children for the ascertainment of random cases of tuberculosis: recently the Committee, in conjunction with the Health Committee, have accepted a scheme for testing and B.C.G. vaccination of 13+ leavers on the lines laid down by the Ministry of Health, and it is hoped to commence operations after the 1954 summer recess.

The Foot Health scheme continues to make progress, both in the ascertainment and treatment of minor foot defects and in the over all survey of school children's foot and footwear conditions.

The School Dental Service received a further setback when following the death of Mr. Penfold in June, 1953, it was not found possible to fill the vacancy before the end of the year. Part-time help by local dental practitioners working in the clinics on a sessional basis was organised towards the end of the year, but I am glad to say that the vacancy was filled at the beginning of 1954.

The Orthodontic Clinic goes from strength to strength, and further sessions are planned during 1954 to cope with the work.

The Child Guidance Clinic has not functioned as satisfactorily as one would have wished, as the Regional Hospital Board were unable to fill the appointment of psychiatrist. Most really urgent cases were dealt with, however, largely owing to Dr. Small's enthusiasm.

The Committee's building programme for new schools makes steady headway—already the beneficial effects of the modern type of school building are being reflected in the greatly reduced numbers who require education at the open air schools.

Once again, there has been the closest and most friendly co-operation between general practitioners, hospital consultants and the School Health Service staff, to the benefit of the children concerned.

I have to express anew my most sincere thanks and appreciation to the Chairmen of the Education Committee and the Special Services Sub-Committee with their members, for their support and enthusiasm, and 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, who is mainly responsible for this report, and the staff of the School Health Service for their loyal and willing hard work during the year.

I have the honour to remain, Ladies and Gentlemen,

Your obedient servant,

T. H. PARKMAN,

Principal School Medical Officer.

July, 1954.

(Throughout the report, figures in parenthesis are those for 1952 for purposes of comparison).

STATISTICAL SUMMARY FOR 1953

TOTAL number of children on school registers, 1953 ..	7,919	(7,708)
at Primary schools	5,027	(4,799)
at Secondary schools including Grammar schools	2,749	(2,746)
at Schools for Handicapped children	143	(163)
ROUTINE medical inspections—total number inspected ..	2,323	(2,844)
special inspections and re-inspections ..	2,253	(2,085)
Minor ailments treated	613	(606)
DENTAL inspections—total number inspected ..	4,380	(7,743)
" " treated	2,634	(3,389)
Receiving orthodontic treatment ..	130	(131)
DEFECTIVE VISION —total number referred for examination	695	(801)
spectacles prescribed for ..	254	(369)
CLEANLINESS INSPECTIONS by school nurses at schools	22,416	(20,548)
number found defective in cleanliness ..	114	(130)
HOME VISITS by school nurses	1,484	(1,485)
DEATHS OF SCHOOLCHILDREN: I have to report that during 1953 two deaths occurred in the child population aged 5—15 years, the causes being tuberculous meningitis in a girl of 14 and acute rheumatic carditis in a boy of 9.		

SECTION A

MEDICAL INSPECTION AND WORK OF CLINICS

Periodic (Routine) Medical Inspections.

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

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

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

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

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

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

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

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

(This return refers to a complete calendar year)

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups

Entrants	941	(1,079)
Second Age Group	635	(1,054)
Third Age Group	747	(711)
Total ...	2,323	(2,844)

Number of other Periodic Inspections — —

Grand Total ... 2,323 (2,844)

B.—OTHER INSPECTIONS

Number of Special Inspections	1,055	(993)
Number of Re-Inspections	1,198	(1,092)
Total ...	2,253	(2,085)

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	46	211	241
Second Age Group ...	41	99	139
Third Age Group... ..	130	73	195
Total (prescribed groups)	217	383	575
Other Periodic Inspections	—	—	—
Grand Total	217	383	575

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1953.

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	51	19	386	1
5.	Eyes— <i>a.</i> Vision	217	43	83	10
	<i>b.</i> Squint	29	12	22	—
	<i>c.</i> Other	27	15	109	2
6.	Ears— <i>a.</i> Hearing	12	23	10	2
	<i>b.</i> Otitis Media	6	7	11	2
	<i>c.</i> Other	10	8	33	3
7.	Nose or Throat	43	58	64	7
8.	Speech	11	10	25	6
9.	Cervical Glands	5	11	12	3
10.	Heart and Circulation	3	8	6	3
11.	Lungs	20	39	46	6
12.	Developmental—				
	<i>a.</i> Hernia	2	2	—	—
	<i>b.</i> Other	5	5	2	2
13.	Orthopaedic—				
	<i>a.</i> Posture	10	13	9	3
	<i>b.</i> Flat foot	47	52	4	4
	<i>c.</i> Other	56	58	60	7
14.	Nervous system—				
	<i>a.</i> Epilepsy	—	—	3	2
	<i>b.</i> Other	2	10	7	3
15.	Psychological—				
	<i>a.</i> Development	4	2	—	—
	<i>b.</i> Stability	3	2	8	1
16.	Other	37	22	241	21

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	941	151	16.0	769	81.7	19	2.0
Second Age Group	635	169	26.6	467	73.5	1	0.1
Third Age Group	747	230	30.8	510	68.2	7	0.9
Other Periodic Inspections	—	—	—	—	—	—	—
Total	2,323	550	23.6	1,746	75.1	27	1.1

At the commencement of 1951, a revaluation of the criteria for classifying "general condition" was adopted: this resulted in a wider range in the (B) "fair" group to include all normal children, with a consequent contraction of the (A) "good" group, which now indicates only those children whose general condition, physique and vitality, raise them well above the average normal range. The subnormal group (C) "poor" shows a decrease this year. This group was already small and the further decrease may indicate the result of the extra care and attention given to this group. These figures only apply to the children examined during the year and do not include children already at the open air schools.

Both my deputy and myself, as inspecting officers agree that the standard of health and development of the schoolchildren has been well maintained during 1953.

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	22,416	(20,548)
(ii)	Number of individual children found unclean	114	(130)
(iii)	Number of children in respect of whom cleansing notices were issued (Education Act, 1944, Sec. 54 (2))	24	(50)
(iv)	Number of children in respect of whom cleansing orders were issued (Education Act, 1944, Sec. 54 (3))	Nil	(Nil)

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

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

Cases of infestation with the body louse remain a rarity.

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

Work of School Nurses.

Visits to homes:—

By direct instructions of School Medical Officer	814	(605)
At request of School Enquiry Officer	4	(65)
Following up of cases of uncleanliness	137	(173)
General cases, following up	529	(642)
	<hr/>	<hr/>
	1,484	(1,485)
School visits—miscellaneous	482	(407)
	<hr/>	<hr/>
Total:	1,966	(1,892)

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. Both are structurally defective.

The premises are used for ante-natal, immunisation, baby welfare and dental clinics. In addition, Park View Clinic is used for eye and birth control clinics.

The facilities for medical and dental work in both clinics are quite inadequate, most inconvenient and to say the least, substandard.

The Council has appreciated representations that both clinics are worn-out and has purchased a site in Battle Road for a new clinic to replace Park View Clinic and the use of St. John's Hall as Hollington Welfare Centre. The plans for the new clinic have been completed and are awaiting Ministry approval. It is hoped to commence building this clinic in the present financial year.

A site has been reserved at Ore for a similar new clinic to replace Halton Clinic and the Grove Road Welfare Clinic. It is hoped to start work on this clinic in 1955—56.

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 are seen as frequently as considered necessary.

Analysis of work done at the Clinics.

Total number of children examined	..	..	1,050	(1,023)
Total attendances made	..	..	2,256	(2,135)
Total number found to require treatment	..	..	1,029	(985)

Minor Ailments treated:

Disease—

Ringworm (body)	..	..	..	—	(1)
„ (scalp)	..	..	..	—	(—)
Scabies	..	..	..	—	(—)
Impetigo	..	..	..	18	(22)
Miscellaneous (minor injuries, burns, scalds, sores, abscesses, etc.)	..	..	..	134	(142)
Ear, nose and throat	..	..	..	118	(121)
Eye diseases (external)	..	..	..	109	(85)
Plantar Warts	..	..	..	62	(64)
Other skin diseases	..	..	..	172	(171)
				<hr/> 613	<hr/> (606)

Exclusions from School.

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

Infectious diseases (including rheumatism and influenza)	—	(7)
Diseases of the skin (including ringworm and scabies)	2	(4)
Inflammatory conditions of the throat (tonsilitis, adenitis, etc.)	—	(4)
Nervous condition (including chorea, epilepsy, etc.)	—	(—)
Diseases of the digestive system	1	(1)
Bronchial catarrh and colds, etc.	8	(7)
Heart disease	—	(—)
Injuries	1	(1)
Diseases of the ear	2	(—)
Diseases of the eye	1	(5)
Nits and vermin and uncleanliness	4	(9)
	—	—
	20	(42)
	—	—

Infectious Diseases.

The numbers of cases of infectious diseases notified by general practitioners for the year 1953, occurring in school children, are :

Pneumonia ..	8	(3)	Measles	303	(728)
Scarlet fever	72	(143)	Whooping Cough ..	57	(90)
Erysipelas ..	1	(—)	Diphtheria ..	—	(—)
Poliomyelitis	1	(4)	Cerebro-spinal		
Enteric Fever	1	(—)	Meningitis	—	(—)

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.

Of particular interest was an outbreak of infective hepatitis. The department heard of the first cases from a practitioner in the Hollington area, and later from other practitioners as the disease became more generalised. This excellent liaison helped us to follow the outbreak. From summer onward cases continued to be reported until the following summer. The peak appeared to be the three months before and after Christmas, 1953. One school reported the following figures :—

Infants	23 cases out of 163 pupils.
Juniors	42 " " 259 "
Seniors	2 " " 300 "

Control of this disease is extremely difficult, as the most infectious period occurs before jaundice or other symptoms warranting exclusion from school.

At the time of writing no further new cases had been reported for some time.

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.
SCARLET FEVER	1—7	1—2	7 days after discharge from hospital or from home isolation (unless "cold in the head," dis- charge from the nose or ear, sore throat, or "septic spots" be present.)	7 days after removal of patient to hospital or the beginning of his isolation at home.
DIPHTHERIA	2—7	—	Until pronounced by a medical practitioner to be free from infection.	7 days after the removal of the patient to hos- pital, or the beginning of his isolation at home. If there be any suspic- ious signs the child should be excluded fur- ther until pronounced by a medical practit- ioner to be free from infection.
MEASLES	7—14	3—4	14 days after the appear- ance of the rash if the child appears well.	Infants who have not had the disease should be excluded for 14 days from the date of appear- ance of the rash in the last case in the house. Other contacts can at- tend school. Any con- tacts suffering from a cough, cold, chill or red eyes should be immedi- ately excluded.
GERMAN MEASLES	5—21	0—2	7 days from the appear- ance of the rash.	None.
WHOOPING COUGH	6—18	—	28 days from the begin- ning of the character- istic cough.	Infants who have not had the disease should be excluded for 21 days from the date of onset of the disease in the last case in the house.
MUMPS	12—28	—	14 days from the onset of the disease or 7 days from the subsidence of all swelling.	None.
CHICKEN POX	11—21	0—2	14 days from the date of appearance of the rash.	None.
*SMALL POX	10—21	3	Until the patient is pro- nounced by a medical practitioner to be free from infection.	21 days unless recently successfully vaccinated when exclusion is un- necessary.

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

Tuberculosis.

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

Considerable 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. 34 children aged 5—15 were so-protected.

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	64	442	506	(669)
Girls	61	465	526	(439)
			<hr/>	<hr/>	<hr/>	<hr/>
			125	907	1,032	(1,108)

Anti-Diphtheria Immunisation.

It is estimated that 50.4% of children 0—5 years and 68.7% 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 1953 a total of 148 children were medically examined for employment under the provisions of the Children and Young Persons Act, 1933.

Employment cards were issued as follows:—

Errands	.. ..	62
Delivery of newspapers	.. ..	38
Assisting in shops	.. ..	38
„ on farms	.. ..	3
„ milk and bread roundsmen	.. ..	1
Trainees—miscellaneous	.. ..	6
		148

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.

The Chief Education Officer reports as follows :—

"The Schools Meals Service has continued to operate efficiently and the quality of the dinners has been maintained. The Service provided 767,600 dinners during the year to Maintained and Independent Schools.

The average number of meals provided each day was 3,800 during school terms and 330 during school holidays.

There were on the average 625 children receiving free dinners each day and 80 receiving them at a reduced rate.

There were no changes in the number of Kitchens, Kitchen Dining Rooms or dining centres during the year."

Milk in Schools Scheme.

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

				<i>No. of Children in School</i>	<i>No. of Children taking Milk</i>
October, 1953	..	..	..	7,399	6,083
October, 1952	..	..	..	7,164	5,877

Special Clinics

Ophthalmic Clinic.

The school refraction clinics were held by Mr. A. Hollingsworth, Mr. Mason and Dr. Goodwin. On Mr. Mason's death early in 1953 Mr. W. G. Bridges, Clinical Assistant to the Eye Department, Royal East Sussex Hospital, was appointed to succeed him.

The clinics continue to be held in the very cramped and unsuitable accommodation at Park View Clinic.

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

Care of the children's eyes commences soon after birth with observation by the Health Visitors. Babies needing investigation are referred either to the general practitioner, or the doctor at the Welfare Clinics. If necessary, they are then referred to the Eye Department at the Royal East Sussex Hospital.

This observation continues right through school life, generally by the same Health Visitor.

The vision of every schoolchild is tested at age five. Where any doubt exists the test is repeated after a suitable interval. Children not knowing their letters are tested on a "ship" eye card. All children are again tested at age eight and again at time of routine medical examinations at 10+ and in the school leaving group. As a result of this service many more children are entering school with their eye defects already under treatment. It is very interesting to meet and advise mothers of babies of one year+ who are training their children to wear glasses.

Quite a number of eye defects are found to arise after measles and Health Visitors, where possible, check these children's vision again.

School leavers and children at the 10+ examination are 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. The result of these tests is passed on to the parents, teachers and youth employment officer.

In all cases the colour vision defect occurred in boys. In age group 10—11 635 boys and girls were examined and 3 found to have some defect of colour vision (0.5%). In age group 14—15 747 were examined and 6 found to have some defect (0.8%). These figures are not comparable with the previous years figures; the numbers examined were fewer and more girls were seen.

Mr. Hollingsworth comments on the Orthoptist's work :—

" 99 cases remain on treatment or under supervision. Of cases discharged, 23 were seen for occlusion only. These were older children referred by Mr. Bridges who found they had one partially amblyopic eye. He felt it was worth referring them for occlusion and a number of them have improved quite considerably, in some cases almost up to normal, though this is unusual in children above the age of 7."

Treatment of Eye diseases, defective vision and squint, 1953.

	<i>By Authority Service</i>		<i>Otherwise</i>	
External and other, excluding errors of refractions and squint	109	(85)	105	(93)
Errors of refraction (including squint)	695	(801)	66	(80)
Total	804	(886)	171	(173)
Number of pupils for whom spectacles were				
(a) prescribed	254	(369)	54	(54)
(b) obtained	254	(358)	43	(53)

Child Guidance Clinic.

This clinic is held at 33, Cambridge Road, Hastings. The full staff consists of a psychiatrist, educational psychologist, psychological social worker and a clerk. The premises are provided by the local Education Authority, the staff by the East Sussex County Council under the Joint Child Guidance scheme. The clinic 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 priority may be given to any case of extreme urgency and the cases integrated with the School Health Service as a whole. The Education Authority permits the investigation and treatment at this clinic of schoolchildren attending private schools at the discretion of the Principal School Medical Officer, child guidance facilities not being available through any other source. The number of children so attending is small.

The following is a summary of the work done in the clinic for the year ending 31st December, 1953 :

	Hastings Cases	East Sussex County Council Cases
Number of new cases referred in 1953 ..	75	27
Referred by:		
School Medical Officers	51	19
Private doctors	7	3
Schools	1	—
Hospitals	—	1
Juvenile Courts	3	—
Probation Officers	3	—
Children's Officer	4	2
Other sources	6	2
	75	27

Problems :

Personality problems and nervous disorders	6	6
Habit disorders	8	10
Behaviour disorders	28	6
Educational and vocational guidance ..	30	3
Special exams. and Juvenile Courts and placement	3 75	2 27

How dealt with :

Advice	21	10
Psychiatric treatment	11	3
Coaching	3	—
Periodic supervision	6	3
Withdrawn before completion	3	1
Awaiting diagnosis	19	8
Intelligence tests only	11	1
Social History	1 75	1 27

During the year 1953 42 Hastings children and 27 East Sussex County Council cases were receiving psychiatric treatment, coaching and supervision, including those taken on before 1st January, 1953.

Analysis of treatment:

Recovered	—	—
Improved	—	5
Not improved	1	—
Discharged after advice	2	2
Still receiving treatment, coaching, or supervision	14	17
Transferred to schools for maladjusted children	—	—
Condition physical	1	—
Treatment interrupted	—	2
Admitted to hospital	—	1

Psychiatrist:

Diagnostic interviews	20	13
Treatment interviews	69	37

Psychologist:

Vocational guidance	2	2
School visits	1	2
Interviews for intelligence, etc.	52	10
Coaching interviews	159	76
Supervision	—	1

Analysis of Coaching:

Un-cooperative	1	—
Still receiving coaching	10	3
Discharged improved	5	1
Still receiving supervision	8	7
Discharged to hospital	—	1

Psychiatric Social Worker:

Interviews in clinic	166	112
School visits	13	19
Home and other visits	215	214
Conference at Marle Place	—	—

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. The children are referred through the school medical officer to the clinic whatever their source of origin. This enables some causes of speech defect to be eliminated or treated,

e.g., deafness, enlarged tonsils and adenoids, etc. The clinic sessions are held at 33, Cambridge Road by appointment.

Miss A. Knight, Speech Therapist, comments:—

“ It is of the greatest importance that speech defects should be treated as early as possible, even a minor defect may become difficult for a child to overcome when he or she has reached junior school age. This is even more important in children who may be below average intelligence.

Full use has been made of the tape recording machine purchased during the year. Recordings are made when the child first attends and at regular intervals throughout treatment. They give a good guide as to progress and the hearing of the recordings provides much stimulation and encouragement for the child and its mother.”

Visits were made to schools to see children, in particular Hollington E.S.N. School and Elphinstone and Mount Pleasant Infants Schools to see children who were unable to attend the clinic.

Some home visits were made to give advice and note progress of a few pre-school children.

Number of cases on register 1.1.53	43
Number of new cases admitted during year ..	24
Number of patients discharged during year	30
Number remaining on register 31.12.53 ..	37
Total number of patients who received treatment during 1953	67
Analysis of cases treated:	
Stammering	16
Dyslalia	33
Sigmatism	4
Cleft palate	5
Retarded speech	5
Partially deaf	2
Spastic speech	2
	—
	67
Discharged :	
Dyslalia—clear speech	18
little response to treatment ..	3
Stammering—speech much improved ..	5
Cleft palate—speech much improved ..	2
Treatment unfinished—left district ..	2
	—
	30

Foot Health Clinic.

The clinic continues to do excellent work, mainly dealing with plantar warts. Other minor foot defects are also seen and treated. As foot education continues more requests come in for treatment and cases come much earlier. They attend the school minor ailment clinic and are given their first appointment for the foot clinic.

The qualified chiropodist and the school nurse work together with consequent increased turnover. The school nurse may see some of the cases at the minor ailment clinic to change dressings, etc.

The chiropodist also visits the schools to carry on the foot survey and the opportunity is used to give some foot health education.

During the year 108 new cases were treated at Park View foot clinic, making a total of 897 attendances.

In the survey of foot defects among schoolchildren, 1,454 children were examined.

SECTION B

SCHOOL DENTAL SERVICE

Number of school children attending local Education Authority Schools	7,919	(7,708)
Number of school dental officers employed (establishment 2).	1	

Since the death of Mr. Penfold, the Principal School Dental Officer, at the beginning of the year there has been a vacancy for a full time Dental Officer which has not yet been filled. However, we are hoping to employ another Dental Officer in the near future and in the meantime we have obtained the services of a part-time Dental Officer who did two sessions a week in December. (The vacancy for a full-time dental officer was filled in January, 1954).

A specialist orthodontic clinic is held by Dr. Chisholm at Halton Clinic consisting of six sessions per month. It has been proposed to increase these sessions to eight per month.

The clinics at Halton and Park View are inadequate, the one at Park View being especially cramped. The accommodation for dental patients who are waiting for treatment when other clinics are taking place is very unsatisfactory.

22 sessions were devoted to inspections at schools, 3,225 children being examined. Of these 58% were found to require treatment and 47% of these were referred for treatment.

The shortage of staff has had an unfortunate effect on routine inspections as at the beginning of the year some schools were being inspected approximately one year after their previous inspection. Then with only one full time dental officer working the number of requests for casual appointments gradually increased and the routine inspections of schools became less frequent with the consequent vicious circle of more casual cases having to be treated and less routine work being done.

535 sessions were devoted to treatment, the total attendances being 4,544.

1,080 permanent fillings were done on 1,062 permanent teeth and 941 fillings were done on 912 temporary teeth. The number of fillings done on temporary teeth is rather high in relation to the number of fillings done on permanent teeth. While it is essential to retain temporary teeth if possible until the permanent teeth are due to erupt, in order to minimise the possibility of irregularities occurring to individual permanent teeth or the dental arches, the conservation of the permanent teeth themselves is more important.

281 permanent teeth were extracted and 1,873 temporary teeth were extracted. The number of permanent teeth extracted includes the number of carious teeth extracted and the number extracted for regulation purposes.

1,044 general anaesthetics were administered during the year and 171 local anaesthetics were given.

716 other operations were done on permanent teeth and 426 other operations were done on temporary teeth. Other operations consisted of such items as scalings, dressings, gum treatment, silver nitrate treatment.

8 dentures were fitted during the year.

The following table shows the work done during the year, the figures in brackets being the figures for 1952.

1.	Number of children inspected by the Dentist:				
	(a) periodic age groups	..	3,225	(6,693)	
	(b) specials	..	1,155	(1,050)	
	Total	..			4,380 (7,743)
2.	Number of children found to require treatment	..			3,535 (5,192)
3.	Number referred for treatment	..			3,341 (5,020)
4.	Number actually treated	..			2,634 (3,389)
5.	Attendances made by children for treatment	..			4,544 (6,170)
6.	Half-days devoted to:				
	(a) Inspection	..	22	(52)	
	(b) Treatment	..	535	(753)	
	Total	..			557 (805)
7.	Fillings:				
	Permanent Teeth	..	1,080	(1,790)	
	Temporary Teeth	..	941	(1,597)	
	Total	..			2,021 (3,387)
8.	Number of teeth filled:				
	Permanent teeth	..	1,062	(1,752)	
	Temporary Teeth	..	912	(1,567)	
	Total	..			1,974 (3,319)
9.	Extractions:				
	Permanent teeth	..	281	(337)	
	Temporary teeth	..	1,873	(3,429)	
	Total	..			2,154 (3,776)
10.	Administration of general anaesthetics for extraction	..			1,044 (1,795)
11.	Other operations:				
	Permanent Teeth	..	716	(644)	
	Temporary Teeth	..	426	(251)	
	Total	..			1,142 (895)

Orthodontic Clinic.

Number of sessions held in 1953	..	62	(46)
Number of attendances at these sessions		703	(515)
Number of children treated	..	130	(131)
Number of new cases	..	52	(37)
Number of cases completed	..	20	(34)
Number of cases under treatment	..	122	(—)

The specialist orthodontic clinic was held by Dr. Chisholm at Halton Clinic once weekly until the end of May, 1953, when an extra clinic was held on alternate Fridays. An extra session was considered necessary in an attempt to prevent the waiting list from becoming longer. It is proposed to hold the clinics next year twice weekly.

When one notes the number of cases under active treatment it is realised how much of the session time is taken up in checking the appliances and therefore how little time is left to take on new cases and complete cases quickly.

The co-operation of the patients and their parents improves on its already good standard due to the wider knowledge of what orthodontic treatment is and what it can do for children if treatment is not too long delayed.

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 1953 is as follows:—

	<i>Hollington</i>	<i>Robert Mitchell</i>
Number on register 1st January, 1953	.. 25	57
Number of admissions during the year	.. 4	20
Number of discharges during the year	.. 9	30
Number on register 31st December, 1953	.. 20*	47

* 1 East Sussex County Council case.

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	—	4
Rheumatic heart disease	—	2
Asthma	1	5
Recurrent bronchitis and bronchiectasis	2	9
Rheumatism including chorea ..	1	—
Debility and/or subnormal nutrition ..	15	35
T.B. glands, neck	1	2
T.B. bone	—	—
T.B. contacts, primary lesions, hilar glands, etc.	3	7
Spastic paraplegia	1	2
Other crippling conditions	—	2
Epilepsy	1	1
Chronic nephritis	—	1
Other conditions	4	7

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 1953:

	<i>Hollington</i>	<i>Robert Mitchell</i>
Transferred to ordinary school system	9	25
Transferred to other special institutions or schools	—	—
Transferred to Robert Mitchell Open Air School	—	—
Left district	—	1
Left on attaining school leaving age ..	—	2
To Private School	—	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, 1953	77
No. of admissions and re-admissions during year	*19
No. of school leavers (15 and 16)	9
No. of transfers to ordinary schools	4
No. left district	5
No. to private school	1
No. ineducable	1
No. in attendance December, 1953	76

* including 2 East Sussex County Council cases.

This school provides excellent specialised teaching for "E.S.N." children, whose intelligence is too poor to remain in the normal schools with any benefit. The I.Q.'s of these boys and girls varies between 65 and 85 per cent. on the Terman-Merrill scale. 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 1953	..	..	30
No. of children ascertained as E.S.N. during 1953	..	..	14
No. of children re-tested	..	..	1
No. of Intelligence tests carried out by the School Medical Officer for Juvenile Courts	..	..	8
No. of children reported to Local Authority: Sec. 57(3)	..	..	5
	Sec. 57(5)	..	—

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 1953 was:

blind, 2; deaf, 5; cripples, 4; maladjusted, 5; coeliac disease, 1; diabetic, 1; E.S.N., 1;

a total in all of 19 children.

Hospital Treatment.

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

Contact is maintained with these hospital clinics, especially the chest clinic, diabetic clinic and orthopaedic clinic, both directly and through the health visitors. The school nurse follows up orthopaedic cases and attends the hospital orthopaedic clinic and diabetic clinic, thus being able to follow up necessary treatments in home or school and to pursue defaulters.

