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COUNTY BOROUGH OF HASTINGS



# ANNUAL REPORT

OF THE

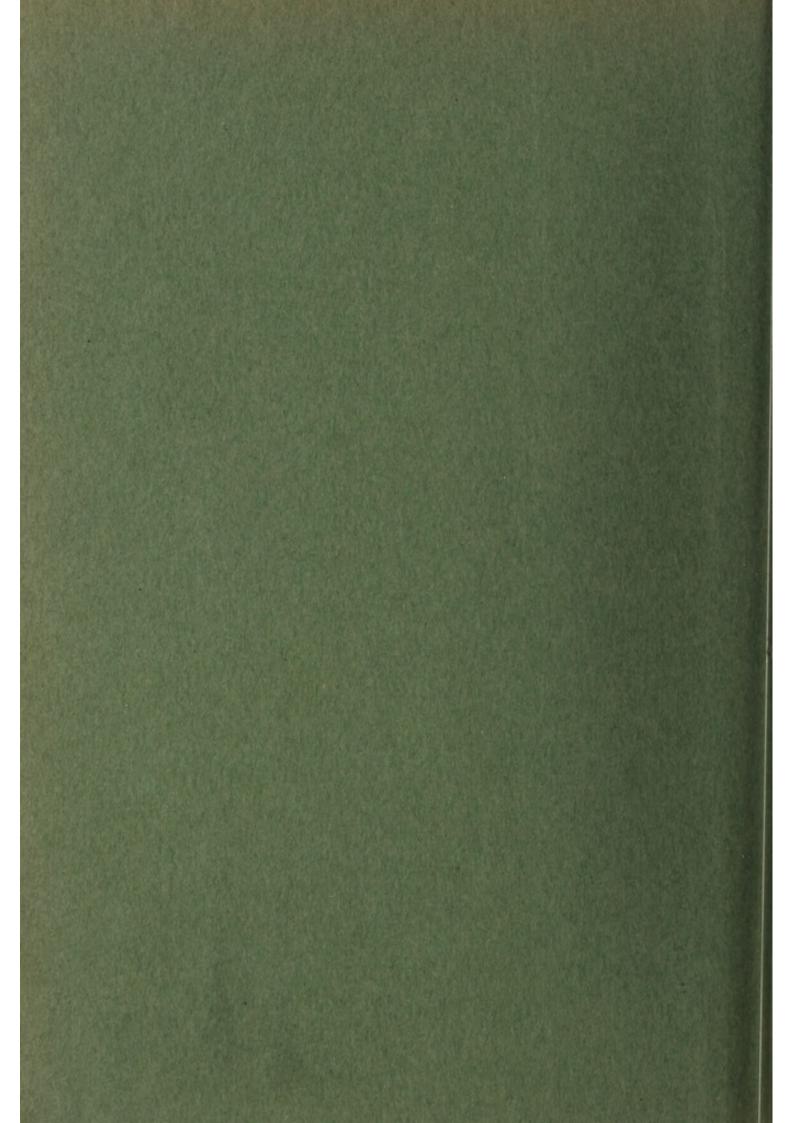
MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

1955

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





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#### HEALTH DEPARTMENT, 44, WELLINGTON SQUARE,

Hastings. August, 1956.

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 Principal School Medical Officer for the year 1955. It follows in general layout the form adopted in recent years in an endeavour to give as simply as possible a picture of the general health of our community during the year and through the comparative tables a quick resumé of the trends of health

events in the past 25 years.

The estimated mid-year population, 64,770, shows a decrease of 30 on the previous year, the present figure being 1,710 below the highest recorded Hastings population, 66,480, in 1939. The makeup of this community continues to show a large proportion of old people, 20% of residents being 65 or over, a predominence of females to males (3 to 2) and a marked deficit of the "middle" age groups, 20—50 years, particularly of males. The efforts made to attract light industry to the town, although bearing fruit, have as yet not made any significant difference to the population makeup, either in the direction of an overall increase in numbers or in correcting the imbalance of age or sex. Apart from population movements, with only 722 live births and 1,118 resident deaths, there is a rather larger natural decrease in residents than in the preceding years.

The death rate, corrected by the Registrar-General's factor 0.61 to enable direct comparison of local figures with those for the country as a whole, was 10.4 per 1,000 as against 10.06 for 1954. Cancer and diseases of the heart and circulatory system continue to be the most common causes of death, far out-

numbering all other causes put together.

The birth rate, II.I per 1,000 (corrected rate 12.9) shows a further fall compared with last year, when a temporary halt in the continuing drop since 1946 gave rise to hopes that some measure of stability had been reached. This figure is disappointing, and equals the lowest birthrate previously recorded in 1938, a year of much crisis. Unless some means of attracting new residents of "reproductive age" is found, or at least more of our relatively few younger people can be retained in the town, one can only foresee a further decrease in this figure in the future, with consequent progressive diminution of the local population. This is quite inevitable with the unbalanced aged population of the present time, and deserves very serious thought indeed if Hastings is to be assured of a place in the sun in the years to come. The only obvious answer is the provision of attractive employment for the younger man and woman, and although present plans for light industry are tackling the problem in some degree, I feel that a really drastic reappraisal of the needs of the town for the future cannot be long delayed.

The number of live births 722 comprised 685 legitimate and 37 illegitimate births: still births, 21, are the highest in number since 1949, an unwelcome

fact.

The number of deaths of infants under one year of age, 16, shows a decrease of 2 compared with 1954, the infant mortality rate falling from 24.1 to 22.1 per 1,000 births, the figure for the country as a whole being 24.9. The main causes of infant death are again prematurity and congenital malformations. The maternal mortality rate, i.e. the number of deaths due to pregnancy or childbearing per 1,000 total births was 1.34, one such death having occurred from myocardial failure due to anaemia and post-partum haemorrhage.

The services provided by the Council under the National Health Service Act and National Assistance Act continued to be in great demand during the year, and although at times stretched so severely that in some cases only selective help was available, it was possible to deal adequately with all important cases whilst covering the less urgent to some extent.

The Home Nursing Service provided by the Hastings and St. Leonards District Nursing and Maternity Association set up a further new record in the number of visits paid by the nurses and in the number of new nursing cases dealt with for the first time, 56,435 and 1,663 respectively. This service is a most important one and is highly valued by the public: the sick person appreciates to the full the kindly and efficient attention given by the staff of nurses, whom I cannot praise and thank highly enough. The visitor to Hastings benefits from this service as well as the resident and many are the requests made on behalf of visitors to the town for the giving of injections whilst on holiday. The service is of value to the hardpressed practitioners also, as is evidenced by the fact that nearly 25,000 injections of insulin, penicillin and other drugs were given by the nurses during the year. The domiciliary midwives and maternity nurses attended once again some 24% of all the confinements in the borough, and it is still difficult to find enough cases for the proper training of pupil midwives in the training school. I share the current opinion of many that it is not necessary or even advisable for such a large proportion of deliveries as 76% to be carried out in hospital, particularly when the psychiatrists constantly emphasise the importance to the mental health of mother, baby and in fact, other members of the family in having babies at home and not away from home unless there is some obstetric difficulty anticipated which makes hospital confinement desirable, or the home living conditions are not good enough.

The Home Help Service was very hardpressed at times to meet all the requests made for home help in cases of illness, confinement or to enable old people to continue to live in their own homes instead of going into hospital or residential accommodation. 299 applications for help were received, of whom 222 were actually dealt with by the service: in all, a total of 352 cases was assisted during the year, and 40,105 hours of service were given, a record figure for the borough. A high proportion of the cost is recovered and the comparatively small charge to the Rates represents in effect a cash saving to the community in view of the high cost of residential or hospital maintenance, quite apart from the emotional upset often associated with such admissions.

The Ambulance Service dealt with a new all time high number of cases, both by ambulance, 9,961, and by sitting case car 9,136. Requests for ambulance transport show a much more stable trend, although increasing, than do those for sitting case cars. The latter demand is mainly for outpatient cases at the hospitals in the group and at Hellingly, and for inter-hospital transport consequent on the Group plan of reorganization and specialization. Although ambulance mileage increased to 58,722 miles, sitting case car mileage showed a slight fall to 59,712 miles in spite of the increase in cases carried, this being partly due to the increasing turnover from cars to 6-seater utilicon type vehicles which are admirable for most of this type of work. Severe manpower difficulties arise at peak pressure times, and in 1956, prior to writing this preface, they have been discussed by the Council and adjustments made to the establishment. Many discussions were held with hospital officers and committee members to streamline the administration of the service by improvements on both sides, but whilst all urgent cases continue to be dealt with expeditiously, there will from time to time be delay in transporting non-urgent sitting car cases from hospital outpatients to their homes, and this must be accepted, although every effort is made to minimize such delays.

The preventive and educative work carried out in the Infant Welfare Centres continues unabated, and it is pleasing to see that some 84% of mothers of newly born babies attend the sessions. The opening of the Arthur Blackman Clinic in Hollington in April, 1956, was a great incentive to both staff and mothers, and the clinic is a greatly appreciated acquisition to Hastings. It was possible to start on a small scale a dental service for mothers and young children in 1955, and the vastly improved accommodation at the new clinic should see a considerable expansion in this much needed work. The twin new clinic at Ore is well under way and is expected to be completed by the end of

In regard to protection against disease by artificial means, Vaccination or Immunisation, I have to report a further disturbing decrease in the numbers protected against smallpox and diphtheria. The absence of these diseases has resulted in a "head in the sand" attitude by parents—very misguided, as shown by several small outbreaks of diphtheria elsewhere during the year with some deaths. "Diphtheria is deadly" cannot be repeated often enough. Immunisation against whooping cough, with an anticipated efficiency of around 80%, commenced during the year: this antigen is often given in combination with the diphtheria antigen. Vaccination of the 13 year + school children against tuberculosis was also commenced in the autumn of 1955, and an excellent response has been obtained. It is known that this B.C.G. vaccination gives a measure of increased resistance to tuberculosis during the adolescent years of stress and protects well against tuberculous meningitis.

The work of the Health Visitors becomes yearly more diffuse in scope. Excellent co-operation is being attained with the general practitioners who are beginning to realize the full capabilities of these highly qualified nurses: unfortunately, the enormous case load carried by the health visitors limits severely their availability for such co-operative work, a fact to which I refer

in more detail in the body of this report.

The pupil nurses in the local Hospital group training school have again been given lectures on the Social Aspects of Medicine by the Superintendent Health Visitor and myself, and have been given limited practical instruction.

with the health visitors on their daily round of duties.

I must refer to developments in the field of mental health and welfare. The old Occupation Centre in Athelstan Road, a disused school, was demolished in the autumn and a most excellent new building specially designed for the requirements of mentally handicapped children was built on the same site and opened at Easter 1956. These unfortunate children (and adults) need the best possible surroundings and equipment if training is to achieve its object, and now this need is fulfilled most adequately. My thanks are due to the Hastings and Bexhill Society for Mentally Handicapped Children and to the Hastings Rotary Club for the interest they show in this most deserving work and the generous help they give.

During the year, a part-time Occupational Therapist commenced duties, giving companionship and instruction in various handicrafts to all types of handicapped persons, including the mentally sick: the remainder of her time is spent in the same work with mentally defective children who are unable for various reasons to attend the Occupation Centre. This is surely most laudable

work and is bound to pay dividends in the long run.

The needs of the old folk have not been forgotten, and much of the time of the department is spent in helping and advising them. The teamwork of Home Nurses, Home Helps, Health Visitors and Welfare Officer, together with the general practitioner and voluntary bodies enables a considerable number of old people to continue to enjoy life at home. Where this is not possible, the accommodation at Moreton, Little Moreton and Pine Hill provides a home in the best sense of the word. The need for a bungalow type home such as is envisaged

for New Moreton is as great as ever, there being a considerable number of aged people who cannot negotiate stairs for a variety of reasons—it is hoped that the credit squeeze will not delay further this provision which is most urgently needed. Plans have been approved by both Council and Ministry, and only the financial hurdle remains.

A considerable amount of work was carried out in connection with housing in the borough. In addition to Improvement Grant applications and Certificates of Disrepair under the Housing Repairs and Rents Act, the normal quota of individual Closing or Demolition Orders, the service of numerous informal or formal notices to remedy defects, the Sanitary Inspectorate was fully occupied in connection with the Slum Clearance scheme for the borough and with the requirements of the new Food Hygiene Regulations. Clearance areas involving nearly 1,000 houses were considered by the Council and apportioned into schemes for the first five and ten years. In July 1956, the Minister's Public Enquiry had been held into the proposals for Halton 1/1 and 1/2 areas and results are awaited. In view of the scarcity of building land on the periphery of the town and the increasing cost of fares to work, it is imperative that areas of old worn-out property, no longer fit by modern standards for habitation. should be cleared out and redeveloped. Only thus can the heart of the town be prevented from rotting away and be made healthy again. The effect of individual closing orders, especially in the Old Town, can be seen in relation to old property of character which can be rebuilt or repaired at a price and so maintain the atmosphere of the ages past.

We have been fortunate in that we have escaped any large outbreak of food poisoning. As the Chief Sanitary Inspector points out in the relevant part of this report, this is partly due to luck, which cannot be tried too hard. The ever increasing burden of work on the Sanitary Inspectors now makes it impossible to cope with the whole work imposed by new legislations, and I regret to see in his report that some food premises were not inspected at all during the year. The new Food Hygiene Regulations give added power to ensure clean food production, but unless sufficient personnel are available to carry out the necessary work, then it will remain a question of "trusting to luck".

The year was notable as regards Infectious Disease for a large and brisk outbreak of measles, 1,238 cases being notified, the highest number for some years. Several cases of poliomyelitis were diagnosed, all fairly mild and making excellent recoveries.

I have to thank you, Mr. Mayor, the Members of the Council and the Chairmen of my Committees in particular for your continued encouragement and support: my professional colleagues in general practice and hospitals for their willing help and co-operation and for the friendly feelings which exist, the Officers of the Hospital Management Committee and Local Executive Council for their ever-ready help, and my staff for their loyalty and enthusiasm through the year: particularly Dr. Weyman, my Deputy, Mr. McDonald, the Chief Sanitary Inspector, Miss Leahy, Superintendent Health Visitor, and my Chief Clerk, Mr. Wheatley.

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 are those for 1954 for comparison).

## CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES, 1955.

Public Hygiene Committee—Councillor S. Withers.

Education Committee—Councillor C. Barfoot.

Housing Committee—Councillor W. J. Veness.

Health Services Committee—Councillor Mrs. V. M. Jones.

Children Committee—Councillor Mrs. V. M. Jones.

### STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1955.

Name of Offi	ICERS.		Livid Supple	OFFICES HELD
T. H. PARKMAN, M.B., B.S., D.	.Р.Н.			Medical Officer of Health;
			11177	Principal School Medical Officer;
O Wanner	(F-)	D D !!		Chief Welfare Officer.  Deputy Medical Officer of Health;
P. WEYMAN, L.R.C.P., L.R.C.S.	(E.D).,	D.Р.н.		School Medical Officer.
I. M. FITZGERALD, M.B., B.CE	ł.			Part-time Assistant Medical Officer of Health and School Medical Officer.
M. J. CUTLER, M.B., B.S. LONI L.R.C.P. LOND. D.C.H.	D. M.R.	c.s. E	NG.	
E. Franks, L.R.C.P. & S. Edi C. M. Carr, M.B., B.CH.	N. L.R.F	P.P.S. (	iLAS.	Medical Officers Infant Welfare Centres (Part-time).
T. S. GOODWIN, M.D. M. F. BEATTIE, M.B., B.A.O., E	CH P	PU		
I. G. B. DRYBROUGH SMITH,			C P	Medical Officer Ante-Natal Clinics
. G. D. DRIBROUGH-SMITH,	M. K. C. S	to Lo.K.	.C. P.	(Part-time).
C. N. WOOD, M.A., M.B., B.CH. L.R.C.P. LOND.	, M.R.C.	s. En	G.,	Medical Officer, Contraceptive Clinic (Part-time).
I. M. CHISHOLM, L. R.C. P. & S.,			EDIN.	Orthodontic Surgeon (Part-time).
D. K. SMALL, L.R.C.P., L.R.C.: R. STEELE, L.D.S.				Psychiatrist, Child Guidance Clinic. Principal School Dental Officer.
P. W. MATHIEU, L.D.S., R.C.S.	***		***	School Dental Officer.
MRS. P. HESLOP				Psychiatric Social Worker.
Miss M. S. Logg, B.A., DIP.PS	вусн.			Educational Psychologist, Child Guidance Clinic.
MISS D. SMITH				Clinic Secretary, Child Guidance Clinic,
MISS A. EVERY, L.C.S.T. W. G. McDonald (a) (b)				Speech Therapist. Chief Sanitary Inspector; also Chief Inspecto
W. C. MCDONALD (C)		***	***	under Shops Acts, Food and Drugs Act Housing Acts, Prevention of Damage by Pests Act.
A. BARNETT (a) (b)				Deputy Chief Sanitary Inspector, etc.
(Resigned 30.9.55).	***	***		, , , , , , , , , , , , , , , , , , , ,
G. F. SMART (a) (b)				Assistant Sanitary Inspector.
E. H. SHINGLER (a) (b)	***	***		do. do.
J. A. SADLER (a) (b) E. G. C. WELCH (a) (b)	***			do. do. do.
E. G. C. WEDER (a) (b)			***	and Shops Act Inspector.
A. MERCER (a) (b)	***			Meat Inspector.
MISS E. LEAHY (c) (d) (f)			***	Superintendent Health Visitor & School Nurse
Miss D. Dixon (c) (d) (f) (g)	***	***	***	Deputy Superintendent Health Visitor and School Nurse and Tuberculosis Visitor.
MISS M. H. FLINT (c) (d) (f)				School Nurse.
MISS E. M. GILES (c) (d) (f) MRS. G. ALSFORD (c) (d) (f)				Health Visitor and School Nurse.
	***		***	do, do.

## STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1955

(Continued).

Name of Of	FICERS.			Offices Held.
	BATE S	9 0 3	-	market at the second
Miss B. E. Keen (c) (d) (f) (Appointed 6 6.55).		100 1		Health Visitor and School Nurse.
MRS. B. PRICE (c) (d) (e) (f				do. do.
(Appointed 3.1.55).				do.
MISS M. I. C. MUNFORD (c)	(d) (f)			do. do.
MISS E. G. COSTER (c) (d)				do. do.
(Resigned 6.8.55).	())			do.
MISS N. K. CARRICK (d)				Municipal Midwife.
(Retired 31.7.55).	***			
A. E. CHRISTMAS				Duly Authorised Officer and Welfare Officer
1 M II	***			Mental Health Worker.
MISS K. F. FINCH-WHITE	***		***	Supervisor, Occupation Centre.
Ana I E Waren			***	Assistant, Occupation Centre.
Mrs. G. M. Lewendon	***		11	Occupational Therapist and Home Teacher.
THE Development		***		Warden, Old Persons' Homes.
3 T 111	***	1 11	***	Chief Clerk.
I D II A sure war			***	Clerk, Sanitary Inspector's Office and Dul
H. R. H. ASHLEY	***	3.0	***	Authorised Officer.
R. FREEMAN				Clerk, General Office.
Mrs. G. M. Waghorn		***	***	Clerk, Maternity and Child Welfare,
IRS. G. M. WAGHORN		***	1000	Tuberculosis, and School Health Service.
MISS S. B. GRAY				do. do.
		***	***	do. do.
(Appointed 26,9.55).				Shorthand Tuniet
Mrs. J. M. Beaney Miss K. M. Lippett			1994	Shorthand Typist.
				Home Help Organiser.
(Resigned 26.3.55).				do. do.
MRS. R. W. WALLACE			***	do. do.
(Appointed 25.4.55).				Lunior Clark Canaral Office
A. HARRIS				Junior Clerk, General Office.
H. WIGGLESWORTH, M.C.S.P	., м.сн	.5.		Chiropodist (Part-time).
MISS M. DALE	***	***	Out The	Clerk, School Health Service.
MRS. B. J. HAZELL		***	+ ***	do. do.
(Resigned 10.9.55).				do do
Mrs. J. M. Cheek	***			do. do.
MRS. R. DE MAIO				Clerk, School Dental Service.
MISS S. FORSYTHE				do. do.
Miss F. A. URRY				Welfare Foods.
MRS. H. MOSSMAN			***	do. do.
(Resigned 31.3.55).				

- (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.
- \*Transferred to School Health Service, September, 1955.

## SECTION I

## GENERAL AND VITAL STATISTICS

orbits.	distance the second of the course of training parisons	and the second	2 11
(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 Sta-		
	tistics mid-1955	64,770	
	Number of inhabited houses (end of 1955)	21,708	
	Rateable Value	(mgm +6a	
	Sum represented by id. rate	60 76 7	
	Live Births, 1955, Legitimate 6	585	*
	T11 12 12 12 12 12 12 12 12 12 12 12 12 1	37	niest.
		— Total: 722	
	Birth Rate (per 1,000 of the estimated population	1	
	(crude)	II.I	
	(corrected, factor of correction 1.17)	12.9	
	Still births	. 21	
	Rate per 1,000 total (live and still) births	28.2	
	Number of infant deaths (under I year)	16	
	Infant Mortality Rate (per 1,000 live births)	22.I	
	Legitimate (per 1,000 legitimate births)	20.4	
	Illegitimate (per 1,000 illegitimate births)	54.0	
	Deaths, 1955	1,118	
	Death rate per 1,000 resident population:		
	(a) crude	17.2	
	* (b) corrected		
	* Factor of correction	0.61	
	Death rate (puerperal causes) (per 1,000 live and still births):	ROLL PROPERTY	
	Puerperal cancie	. Nil	aria A
	Other maternal causes	1.34	
	Death rate (tuberculosis) (per 1,000 population)	0.04	
	Death rate (cancer) (per 1,000 population)	2.00	
	Total hours sunshine, 1955	T825 0	
	Total inches rainfall, 1955	30.00	
(b)	Vital Statistics:		
	Population: Census, 1951	65,506	
	Estimated mid-year population, 1955		
	Estimated mid-year population, 1954		
	The Registrar-General's estimate of the mid-ye	ear population s	shows
	a decrease of 30 on the previous year and the	present figure s	tands
	1,710 below the highest Hastings population fig	ure recorded, 6	6,480
	in 1939.		
	The current trend is illustrated by the follow		
	year estimates used by the Registrar-General for s	tatistical purpos	ses:—
	1947 62,740 1951	65,090	
	1948 65,360 1952	64,800	
	1949 65,000 1953	4 6	
	1950 65,690 1954	64,800	
	1955 64,770	27 W. 12 2.000	

The significant features in the make-up of our resident population have been discussed in detail in previous reports. The main features stand as before, that our proportion of old people is high (20% are 65 years or over), that females predominate (approximately 3 to 2 males at all ages) and that there is a marked deficit of persons of "working age", particularly males.

Birth Rate: Total number of live births registered in Hastings (excluding county cases) for 1955 was 722, comprising 365 males and 357 females, giving a birth rate of 11.1 per 1,000 estimated midyear population. Of the total live births, 37, 15 males and 22 females, were illegitimate, a percentage of 5.1 of all births. Comparative figures for the past 25 years are given in Table I, which shows a renewed decline in the birthrate in 1955 to 11.1 per 1,000, equalling the lowest rate previously recorded, in 1938.

Death Rate: Total number of deaths registered in 1955 occurring among the resident population of the borough was 1,118, 495 being males, 623 females. Not included were 390 deaths transferred to other districts (i.e. persons not normally resident in the town): included were 36 deaths of Hastings residents occurring elsewhere. There were 26 Coroner's inquests. 96 deaths were certified by the Coroner without inquests.

The crude death rate per 1,000 population was therefore 17.2, which corrected for the peculiar age and sex constitution of the population by the registrar-general's factor of 0.61 gives a corrected death rate of 10.4 per 1,000, which figure can be compared with the national rates.

See also Tables II and III.

Age at Death: Of the 1,118 deaths of residents in 1955, 16 occurred in infants under 1 year of age and 2 from 1—5 years. 915 (81.8% of the total deaths) were of residents over 65 years, 643, (57.5% of all deaths) being over 75 years of age.

Further details are given in Table IV.

#### Main Causes of Death:

(a) Disease of heart and circulate	ory system	m	658	58.8% of	total
(b) Cancer			189	16.9%	,,
(c) Respiratory diseases (other th	nan			110232111	
tuberculosis and cancer)			130	11.6%	,,
(d) Death by violence			18	1.6%	"

Deaths from heart and circulatory system diseases and from cancer are responsible for 76% of all deaths, and these causes account for a steadily increasing proportion year by year.

For complete analysis see Table IV.

Infant Mortality: The Infant Mortality rate in 1955 with 16 infant deaths in 722 live births was 22.1 per 1,000 births compared with a national rate for England and Wales of 24.9. This figure shows a slight improvement on the previous year's figure. Too much attention should not be paid to the fluctuations noted in this rate over the past few years, as small variations in the number of such deaths cause wide variations in the rate where the numbers concerned are so small. The general trend, however, is one of steady improvement since the turn of the century or before.

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 1955 was 21, the highest recorded since 1949.

The Infant (legitimate) Mortality rate with 14 deaths 685 legitimate births was 20.4 per 1,000: the rate for illegitimate children under 1 year was 54.0 per 1,000, there being 2 deaths of such a child in 37 illegitimate births.

Maternal Mortality: The Maternal Mortality rate, i.e. the number of deaths due to pregnancy or childbearing, per 1,000 total births was 1.34, one such death having occurred, being attributed to myocardial failure due to anaemia and post-partum hæmorrhage.

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 0.64.

Puerperal Pyrexia Regulations, 1939-51: The total number of cases of puerperal pyrexia notified in 1955 was 16, with no deaths. 15 of these cases occurred in hospital confinements, 1 in home confinements. 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.

					LIVE BIR	THS			
Year.	Popn.		Tot	al Live Bi	rths.	Legiti- mate.	Illegi	timate.	STILL- BIRTHS
	100 H	M	F	Total.	Birth rate per 1,000 population.	Total.	Total.	% of all Births.	Total,
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
1954 1955	64,800 64,770	381 365	365 357	746 722	11.5	702 685	44 37	5·8 4·9	11 21

## Comparative Table II.

DEATHS AT ALL AGES AND INFANT MORTALITY.

	and the same	in the same	2000	ferable	N	NET HA	STINGS D	EATH	S
Year.	Est. Mid- Year	Total Deaths registered	-	ths *	OF PE	All Age	es.	Unde	r 1 yr.
	population.	in Hastings.	In	Out	Total.	Crude Rate.	Corrected Rate †	Total.	Rate per 1,000 Births.
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	10.28	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 1944	37,100	953 887	60 65	128	885 822	23.8	15 <sup>.</sup> 9 14 <sup>.</sup> 34	21 20	34:2
1944	38,350 48,820	1,012	44	168	888	18.1	12.12	34	46.5
1946	59,160	1,012	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
1954	64,800	1,376	37	345	1,068	16.5	10.06	18	24.1
1955	64,770	1,472	36	390	1,118	17.2	10.4	16	22.1

("Comparability

1954 - 0.61 - 0'61 1955

\* "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.

<sup>#</sup>Factor for correction 1925-33 — 0.718 1934-39 — 0.67 "Comparability 1940 — 0.70 factor") 1941-48 — 0.67 assumed 1949-50 — 0.68 1951-53 — 0.67

## Comparative Table III.

BIRTH, DEATH, INFANT MORTALITY AND OTHER RATES FOR THE YEAR 1955.

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

	Birth Rate. Live births per 1,000 population.	Still-birth Rate. Per 1,000 Total births.	Infant Mortality Rate per 1,000 live births.	Neonatal Mortality Rate per 1,000 live births.	Maternal Mortality Rate per 1,000 Total births.	Death Rate (all causes) per 1,000 population.	Death Rate (Tuberculosis) per 1,000 population.	Death Rate (Cancer) per 1,000 population.
England and Wales	15.0	23.1	24.9	17:3	0.64	11:7	0.146	2.056
Hastings	12.9	28-2	22.1	16.6	1:34	10.4	0.24	2.92

<sup>+</sup> Factor of correction 1.17

<sup>\*</sup> Factor of correction 0.61

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1955. Net Deaths from Stated Causes at various ages under 1 year of age.

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Table VI.

## MATERNAL MORTALITY.

Year.	No. of live	Puerpe	ral Sepsis.	Conne	cted with ancy and dbirth.	Total.	Rate per 1,000
	still births.	No.	Rate per 1000 total births.	No.	Rate per 1000 total births.	No.	total births
1931	794			3	4:1	3	4.1
1932	780 -	1	1.3	3	3.8	4	5.1
1933	742	1	13	4	5.5		6.8
1934	831	1	1.2	2	2.4	3	3.6
1935	811	2	2.4	1	1.2	5 3 3	3.6
1936	809	1	1.2	3	3.9	4	5.1
1937	730	2	2.7			12	2.7
1938	748	1	1.3	2	2.6	3	4.0
1939	766	3	3.5	2	2.3	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	2444		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	***		***		***	
1954	757			1	1 32	1	1:32
1955	743	***		1	1.34	1	1.34

#### SECTION II

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

#### GENERAL

#### Administration:

The Health Services Committee of the Council is responsible for the provision of Health and Welfare Services under the National Health Service and National Assistance Acts.

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:

Close and friendly relations exist between the Health Department, Hospital and General Practitioner services. The Medical Officer of Health attends the Hospital Group Management Committee and the Local Executive Council meetings as well as the Group Medical and Local Medical Committees, making a close tie between the services at Committee, officer and professional colleague levels. This link ensures good relations, free interchange of information where indicated in the best interests of patients and the early ironing out of incipient difficulties. In consequence, it is rarely necessary to call a meeting of the Joint Health Advisory Committee set up by the three services to consider problems of mutual interest.

Contact between general practitioners and health visitors and the Mental Health Worker continues to increase slowly, and is at present limited only by the small staff of Health Visitors. Similarly, excellent contacts have been established with the specialist hospital clinics.

#### 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
Hope Clinic, Halton Place, Hastings
Central Clinic, Priory Street, Hastings

Monday, 2 p.m.
Tuesday and Wednesday, 2 p.m.
Friday, 2 p.m.
(Tuesday 2 p.m. weighing only)

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.

.. Friday, 2 p.m.

Marked difficulties are encountered in the running of infant welfare sessions owing to the unsuitability of most of the premises. Many 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.

The new all-purpose clinic at Hollington, the Arthur Blackman Clinic, the building of which was commenced in 1955, was completed and brought into use at the end of April 1956, being formally opened by His Grace the Duke of Norfolk on 29th May 1956. The transfer from such inadequate and depressing premises to such a fine new building has resulted in a great stimulation of both staff and parents attending, to the benefit of all concerned.

The twin clinic at Ore is well on the way to completion at the time of writing this report, and it is expected to be ready for use at the end of the year.

Each clinic session is attended by two health visitors, and the voluntary work carried out by the ladies of the Service of Help for Motherhood and Infancy in assisting with the running of the clinic sessions is greatly appreciated.

Most of these clinics are staffed from the medical point of view by interested general practitioners. 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.

Health Education in the Welfare Centres is very much to the fore, and the Health Visitors take a special interest in this. Films on health subjects, demonstrations of cookery, clothing and laundry, displays of posters and other teaching matter are all used to impress important Health topics into the minds of the mothers. This work must necessarily vary from clinic to clinic, depending on the facilities available, but ever increasing attention is being paid to this most useful weapon in the armoury of preventive medicine.

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 1955 were:-

	FIRST ATTENDANCES			SUBSEQUENT ATTENDANCES			ALC TH		
CLINIC	Age 0-1 year	Born in 1955	Born in 1954	Born in 1953-50	Age 0-1 year	Age 1-2 years	Age 2-5 years	Total Attend- ances	Average per Session
Grove Road Halton:	52	45	39	103	532	290	300	1,309	27
(Tuesdays)	75	73	40	58	891	191	331	1,584	31
(Wednesdays)	28	27	49	53	455	151	210	945	19
Priory Street:		130	18				1		
(Tuesdays)	40	36	21	28	511	113	98	807	17
(Fridays)	88	87	52	59	1145	283	304	1,930	39
London Road:		-	1	-					
(Mondays)	76	73	51	23	992	382	158	1,679	35
(Fridays)	70	69	50	73	808	300	322	1,622	32
Bexhill Road	21	21	26	23	372	161	274	877	33
Park View	80	76	55	93	921	275	345	1,765	34
Hollington	80	73	53	116	798	356	450	1,846	37
TOTALS	610	580	436	629	7425	2502	2792	14,364	-

It speaks well for both the reputation of the welfare clinics and for the keenness of the health visitors that some 84.8% of mothers of new born babies bring them to the welfare sessions.

(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	63	27
No. attendances made	271	27

The small size of these clinics reflects the high proportion of confinements booked in the hospital maternity service.

(c) Contraceptive Clinic.

New cases Old cases	 30 43	
	73	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 Principal Dental Officer reports as follows:-

"The final figures for the year ending 1955 do not show much improvement in the amount of treatment done for the year. Many people were unaware that treatment was available at the Local Authority Clinics as this service has been discontinued for some years owing to shortage of staff, inadequate clinics and the arrears of work in the School Dental Service.

Therefore, in order to improve this essential service it has been arranged for a Health Visitor to be present when the Ante-natal clinics take place at St. Helen's Hospital on the days when new cases are seen. The expectant mothers are given some notes which have been prepared and also leaflets on diet and the importance of dental treatment during pregnancy. Anyone requiring dental treatment at the authority clinics can make a dental appointment through the health visitor at the hospital. In this way it is hoped that any mother desiring treatment can commence it early and continue treatment until the end of the nursing period.

Dental Care of Children under 5 Years of Age.

Through the co-operation of the health visitors the opportunity for young children under five years of age to have dental treatment at the clinics is becoming more widely known. The response at the Hastings side of the town has not been so good as there were only 35 requests for examination as against 134 at the St. Leonards clinic. During 1955 89 fillings were done against 59 the previous year and 62 teeth were treated with silver nitrate treatment and 47 teeth were extracted."

Treatment for the year 1955 is as shown in the following tables:-

#### (i) Numbers Provided with Dental Care:

	Examined	Needing treatment	Treated	Made Dentally fit	
Expectant and Nursing Mothers	4	4	4	4	
Children under 5 years	169	157	152	98	

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

	gum		ate	Inlays	ns	_ is	950000	tures vided	sho
	Scalings and treatmen	Fillings	Silver Nitrate treatment	Crowns or I	· Extractions	General	Full Upper or Lower	Partial Upper or Lower	Radiographs
Expectant and Nursing Mothers	2	2			8	1	2	2	
Children under 5	***	89	62		47	20			

Facilities for X-ray examination are provided at the Royal East Sussex 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 antenatal 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. 155 packs were issued in 1955.

#### (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 various hospital special schools.

(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 suggestion of the same circular in regard to transport of premature infants.

PREMATURITY 1955
Premature babies born at home 7. % survival 100.

		Transferred		Remaining	
Weight at birth.	No.	to hospital.	Deaths	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.	6	1	-	5	-

Premature babies born in Institutions (Hospitals and Nursing Homes) 35. % survival 82.9.

Weight at birth.	No.	Deaths.
3 lbs. 4 ozs. or less	3	3
3 lbs. 4 ozs. — 4 lbs. 6 ozs.	7	-
4 lbs. 6 ozs. — 4 lbs. 15 ozs.	8	-
4 lbs. 15 ozs. — 5 lbs. 8 ozs.	17	3

#### (i) Distribution of Welfare Foods.

The local Health Authority welfare food office at 25 Wellington Square is the main depot for the sale of welfare foods: these foods are also obtainable from all the Infant Welfare Centres.

The weekly average of the amount distributed during each quarter since January 1955 is as follows:—

National Dried Milk	1st quarter	571 tins
	2nd "	548 ,,
	3rd ,,	549 ,,
	4th ,,	539 ,,,
Orange Juice	A 100 M	797 bottles
	2nd ,,	1002 ,,
	3rd ,,	1135 ,,
	4th ,,	893 ,,

Codliver Oil	1st quarter	158 ,,
	2nd ,,	128 ,,
	3rd "	117 ,,
	4th ,,	161 ,,
Vitamin A and D Tablets	1st quarter	50 packets
	2nd "	53 ,,
	3rd ,,	57 ,,
	4th ,,	54 ,,

#### 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. Miss Carrick, the Municipal Midwife, retired in July 1955, and was not replaced, her work being taken over by the Association which now carries out the whole of the domiciliary midwifery in the borough. An additional car was provided to help meet this increased case load.

#### MIDWIVES ACT 1936—DOMICILIARY MIDWIFERY

Service	District Nursing Association	Municipal Midwife	Total	
*1. Ante Natal visits 2. Confinments	2,029	129	2,158	
conducted (a) as midwives (b) as midwifery	133	10	143	
nurses (c) Total confinements	24 157	14	28 171	
*3. Post natal visits	2,855	281	3,136	
4. Gas and Air Analgesia	138	13	151	
5. Pethidine Admin	93	9	102	

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.

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

#### (b) Inspection of Midwives:

The Superintendent of the Hastings and St. Leonards District Nursing and Maternity Association acts as non-medical Supervisor of Midwives. Inspection is carried out quarterly as a routine, and more frequently if desired, and a comprehensive report is made to the Medical Officer of Health. The standard of work achieved, the record keeping and general standard of cleanliness were very satisfactory, and no adverse report was received during the year. The midwives attend approved refresher courses organised by the College of Midwives at 5-year intervals in each case.

The number of midwives notifying their intention to practice in the area during 1955 was 32, including 21 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	midwiv	es on re	gister		The present nimeth on th
as at 31.12.55				IO	
No. of visits by In	spector		1	56	(including 18 midwife in-
No. of visits to Ma	ternity	Homes	100	8	spections at Fernbank Ma-
Midwives notificat	ions:				ternity Home).
(a) Medical aid			11.1	47	a might self seems too all,
(b) Other				72	time weedshed a destribution

#### (c) Place of Confinement:

Analysis of 739 notified confinements of Hastings residents during 1955 shows that 23.6% of births occur at home and 76.4% in institutions.

Place of Confinement	No. of	Comparable Percentages							
	Cases	1955	1954	1953	1952	1951	1950	1949	
1. Home	174	23	24	23	24	27	27	26	
2. Private Maternity Nursing Home	15	2	2	5	9	10	14	16	
3. Institutional: (a) St. Helen's Hospital (b) Fernbank Maternity Home (c) Buchanan Hospital	300 249 1	40 33 73	42 73 31 73	42 29 71	42 24 66	62	58	56	
Total	739				A118				

## SECTION 24 Health Visiting:

The staff of Health Visitors is as follows:-

1 Superintendent Health Visitor

7 Combined Health Visitors and School Nurses

I for school clinics and school health service

I for tuberculosis work.

The Health Visitors carry out all duties required by the National Health Service Act and the National Assistance Act, welfare being an integral part of the health department. This, in addition to work in the School Health service, means that there is a minimum of visitors to individual families and a continuity of observation of all members of the family group. The Health Visitor had direct access within the same department to the Home Help Organizer, the Welfare Officer, the Mental Health Worker and the Sanitary Inspector: she had direct contact with the hospital almoners and the town's voluntary organizations, and with many of the hospital special clinics. There is thus every opportunity for integrated and efficient help to any of the families on her district with a minimum of correspondence and difficulty. Her liaison with general practitioners is steadily improving on both sides, and as the medical community realize more and more the value of a keen health visitor in assisting with the many problems in general practice, the demand on her services will steadily rise. Unfortunately, new duties are ever being imposed on the existing staff, as for example the recent immunization schemes for poliomyelitis and tuberculosis, and her work becomes progressively less routine and more selective. Only limited co-operation can therefore, and most unfortunately, be given to general practitioners, and this will remain so until more health visitors are available and the establishment is increased.

The present accent on the prevention of family difficulties by early attention to the signs of emotional stress, and preventive mental welfare can pay considerable dividends in this modern life where "stress syndromes" or psychosomatic illness is so prevalent. It is accepted generally that more than half the total sickness encountered by doctors is due to psychological factors rather than physical causes. But again, this work implies full routine visiting of all families on a district, a task now impossible to carry out even with the heavy case load shouldered by each health visitor. Including the superintendent and the health visitors attached to the tuberculosis and school health services, the ratio of health visitors to population is at present 1 to 6,500. The Health Visitors working party report, published in 1956, estimates that, on average, a ratio of 1 to 4,300 is advisable.

The health visitors role in the care and maintenance of aged people in their own homes, and the importance of home visiting as opposed to clinic work I have stressed in recent annual reports: liaison with hospital special clinics is excellent, a health visitor attending the Diabetic, Orthopaedic, Paediatric and Chest Clinics, as well as the hospital Ante-natal Clinic. The Mental Health Worker attends the Psychiatric Outpatient clinic.

#### Work of Health Visitors:

I.	First visits under 1 year				728	
2.	Subsequent visits under 1	year			3,979	
3.	Visits 1—2 years				2,633	
4.	,, 2—5 years		05		4,834	
5.	Visits to expectant mothe	rs			193	
6.	Care and After-Care \ Nat		Health S	ervice	1,451	
	Home Helps	ct			II	
7.	Handicapped persons, etc.	(Nat	ional Ass	istance		
	Act)				115	
8.	All other visits			17.	317	
9.	Tuberculosis Health Visito	or's vi	isits		1,545	
					15,806	(16,995)
	Actual	house	eholds		11,570	(11,922)

#### **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, 1955

	Medical	Surgical	Total
Cases on Register 1/1/1955	261	133	394
New cases during year	909	754	1,663
Cases on Register 1/1/1956	280	139	389
No. of nursing visits	1	56,435	(53,336)

The growing number of attendances is shown by the following figures:

	1950	1951	1952	1953	1954	1955
New cases during year	1,438	1,517	1,551	1,618	1,607	1,663
Total attendances	41,371	42,211	44,923	48,530	53,336	56,435

The number of visits paid by the nurses makes new records every year, and this year is no exception. All types of nursing care and procedure are provided, but I would comment on the following points as requested in Ministry Circular 17/55.

Sick Children: One or two towns have set up very successful schemes for providing "children-trained" nurses to nurse sick children at home instead of admitting them to hospital. No special provision is made in Hastings for this, neither has there been any demand by the general practitioners. In the year, the nurses attended 23 children under 5 and paid 225 visits to them.

Medical and surgical cases: Of the 2,057 cases attended in 1955, 1,106 were "medical", 863 "surgical", the remainder largely comprising infectious diseases.

Injections: It is estimated that in 1955, some 24,600 visits out of the total of 56,435 were for purposes of giving an injection: these mainly consist of penicillin and allied antibiotic preparations, and insulin. A number are given to visitors to the town in the summer who are under treatment at home with these preparations.

In general, there is, as is inevitable, a tendency for an increase in the number of new cases and visits to people of age over 65, a reflection of the increasing number of old people in the town and of the success in keeping them going in their own homes rather than by admission to hospital or residential accommodation.

#### Staff as at 31st December, 1955:

Superintendent.
Assistant Superintendent.
12 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, 1955

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	279	20	22	22	40	383
Number re-Vaccinated	-	_	4	60	184	248

In 631 people vaccinated or re-vaccinated, no case of generalised vaccinia occurred.

The percentage of infants under I year vaccinated was 38.6%

## Diphtheria Immunisation, 1955:

Primary Immunisations (a) o-5 years	 453
(b) 5—15 years	 91
Reinforcing Injections ("boosters")	 320

Immunisation in Relation to Child Population:

Number of Children at 31st December, 1955, who had completed a course of Immunisation at any time before that date (i.e., at any time since 1st January, 1941).

Age at 31.12.54 i.e., Born in year	Under 1 1955	1-4 1951-1954	5-9 1946-1950	10-14 1941-1945	Under 15 TOTAL
Last complete course of injections (whether primary or booster) A. 1950-1954	26	1,895	2,469	825	5,215
B. 1949 or earlier	- 112	m 1 <del>-</del> 300	997	1,381	2,378
C. Estimated mid- year child population	680	3,020	9,0	000	12,700
Immunity Index A/C 100	3'8%	62.7%	36.6	5%	41.1%

It is most disappointing to find that in spite of all efforts in the clinics, schools and homes, the number of children immunized against diphtheria slowly but steadily drops. The absence of diphtheria from Hastings since 1949 and its virtual disappearance from the country in the same time has bred a stonewall apathy among parents, the breaking through of which calls for great perseverance and persuasive powers. The occasional localized diphtheria outbreaks which have occurred recently show that this disease is still with us waiting for an opportunity to strike, and that the germ has lost none of its deadliness in the taking of young lives. If the disease is to be kept "on the run", the number of children immunized must be considerably increased: it is mere foolhardiness for parents to bury their heads in the sand like the proverbial ostrich where such a killer is concerned.

#### B.C.G. Vaccination:

The routine Mantoux testing of schoolchildren of 13 + years of age was commenced in the autumn of 1955, the negative reactors being offered vaccination with B.C.G. to diminish their chances of infection with tuberculosis. Further details are given in the section on Infectious Diseases, page 42.

#### SECTION 27

#### Ambulance Service:

The Hastings Corps of St. John Ambulance Brigade continues to provide the ambulance service of the borough as agents of the Council. It has been possible, in spite of increased demands on the service, to deal at once with all requests for emergency, accident or "urgent" cases: there have been considerable delays on occasion in dealing with "non-urgent" cases, particularly the return of outpatient sitting cases from hospital outpatients to their own homes. These delays are regretted but are inevitable from time to time and several meetings were held at officer and committee level with the hospital authorities to analyse the cause of these delays and to improve operational control on both sides.

The demand for transport shows a further small increase, ambulance cases at 9,961 and sitting car cases at 9,136 for the year both being slightly up. It is noted that despite the increase in cases, the sitting car mileage showed a small decrease on the previous year, a result of the policy of replacement of normal cars by 6-seater "utilicon" type dual purpose vehicles. The increased demand for sitting car transport is a reflection of the increased requests for inter-hospital transport, the specialization of hospitals in the group, and increased transport for outpatient treatment at the Hellingly Mental Hospital. Experience of other ambulance authorities shows that this is a general trend throughout the hospital services of the country.

## Total cases carried during the year:

1955		No. of vehicles at 31st December 1955	Total No. of Journeys during the year	Total No. of patients carried during the year	Total mileage during the year	
Agency	Ambs.	6	5,076	9,961	58,722	
Service	Cars	4	3,275	9,136	59,712	

These figures do not include work carried out for the East Sussex County Council within the terms of the agreement between the two authorities: to show the complete work carried out with the ambulances, cars and personnel

shown in this report, the following figures of work done for the East Sussex County Council should be added to the figures shown above and below.

997 cases. Mileage 14,081.

#### Staff at 31.12.55:

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

## Analysis of Cases carried monthly.

1955		AMBULA	ANCES	SITTING CASE CARS		
		No. of cases	Mileage	No. of cases	Mileage	
January	0.00	884	5,160	541	3,754	
February		794	4,133	621	3,749	
March		010	4,954	861	6,323	
April		732	4,468	688	5,644	
May		938	5,069	855	4,963	
June		776	4,618	766	5,233	
July		834	4,706	753	5,345	
August		1,004	5,699	743	4,498	
September		836	5,400	802	4,707	
October		796	5.142	824	5,439	
November		768	4,975	824	5,254	
December		787	4,398	858	4,803	
		9,961	58,722	9.136	59,712	

#### COMPARATIVE FIGURES ARE AS FOLLOWS:-

	AC	GENCY	SERVIC	SUPPLEMEN	NTARY SERVICE		
Year	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	
1954	9,471	8,588	55,954	60,205	Nil	Nil	
1955	9,961	9,136	58,722	59,712	Nil	Nil	

\*From the 5th July, 1948.

#### 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.

A 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) Paediatric.

A Health Visitor attends the hospital outpatient clinic held by the Consultant Paediatrician and is able to provide a useful means of liaison with the general health services of the Council and the School Health Service.

(e) 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 continue to develop for the benefit of the community, and are only limited by the size of the health visitor present establishment.

#### 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.

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.

#### The Home Help Organiser reports as follows:-

#### HOME HELP, 1955

No. of cases brought forward from 1954	130
No. of applications received during 1955	299
No. of new applications actually dealt with	222
Total No. of cases provided with help during 1955	352
No. of cases carried forward to 1956	147

No. of Home Helps employed as at 31.12.55: 2 Full-time, 14 Part-time, 5 Emergency, the total equivalent of 16 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	Total No. of Home Help hours worked
1949	7,622
1950	15,409
1951	27,261
1952	31.877
1953	29,764
1954	37,223
1955	40,105

"During the year 299 new applications were received, all of which were investigated. Of these, 222 were given help and of the remainder some were admitted to hospital, others to old folks homes; quite a number refused the service due to cost and a few preferred to continue with own arrangements or relatives were persuaded to help.

Once again the service was used primarily by the aged and chronic sick and, although hours of attendance have been cut to a minimum, most of the patients have had the help as and when it was most beneficial to them. Help was given in several homes where a mother had been admitted to hospital for a short period. In this way the family has been kept as one unit and any younger children have readily accepted the Home Help as temporary "Mother". The Home Helps have a remarkable understanding of their work and at all times aim to do their best for the sick and aged, reporting immediately if they are unable to cope with a difficult situation so that other branches of the social services may be brought into action."

#### SECTIONS 49-51

Mental Health Services:

I. Administration

(a) Responsible Committee:

The Health Services 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. Lewendon, Home Teacher.

Mrs. D. E. Shears, Guide.

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

(d) Hastings Voluntary Association for Mental Welfare.

The chief work of the Voluntary Association had been the setting up of an Occupation Centre in 1927 in conjunction with the Hastings Council, and enormous effort had been put into the establishment and successful running of this Centre. The effect of the National Health Service Act was to place the administration of the Centre more and more in the hands of the Health Services Committee of the Council, until in the past few years it was being carried out entirely by the Council.

Reviewing the situation in the autumn of 1955, the Association felt itself unable to reorganize its endeavours to cover other urgent and wide fields of mental welfare, and accordingly it dissolved as an Association. It is always sad when a voluntary organization ceases to exist, particularly when, as in this case, such fine pioneer work had been carried out—the Association will be

greatly missed in the town.

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 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.

There is no doubt that the Mental Health Worker can do enormous good to these "mentally handicapped" people, particularly those returning from hospital to live by themselves, or in an unsympathetic home atmosphere, by her encouragement during friendly visits, by helping suitable cases to obtain suitable work, by general help and advice towards easing stress problems in the patient's mind, these often being molehills although taking on the appearance of mountains to the individual in an unstable mental condition. Similarly occupational therapy at home, contact with social clubs, anything which will give the patient an interest and provide an alternative way of passing the time to sitting brooding over real or imaginary misfortunes must go a long way to preventing relapses.

Apart from cases which are known because they have broken down, a vast amount of both mental and physical ill health is known by general practitioners and health visitors to exist in the general community. Psycho-somatic disorders form a considerable percentage of the cases seen in the doctors' surgery. The G.P. and the health visitor are in an ideal position to notice the first signs of mental illhealth, often a change of attitude to the family by a harassed mother or some other unspectacular and insidious change, and they, with their experience and training, are best suited to counter the causative stresses and strains by timely intervention, preventive work at its best. One deplores the lack of suitable training courses on this subject for health visitors who trained some years ago, when little or no attention was paid to it, but it is encouraging to note that more and more "refresher courses" now pay it the attention it deserves, in a miniature way.

This work has been greatly helped by the appointment of a part-time home teacher, giving half of her time to the teaching and supervision of hand-crafts and other handwork in the patients' own homes. Her appointment commenced in September 1955, and her activities in this sphere cover all groups of handicapped persons including those with mental ill health. Whilst it will take some time to see the results of this work, it undoubtedly will pay dividends to the community and it is an example of preventive work at its best.

#### (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")	79
(2)	Cases dealt with under Section 16 ("Summary reception orders") (including cases under item 1)	98
(3)	Cases dealt with under Section 16 ("Police Cases")	- 6
(4)	" " " Section II ("Urgency Orders")	5
(5)	" " Sections 4, 5 and 6 ("Orders on petition")	-
(6)	Cases dealt with under Criminal Justice Act, 1948, Section 24	-
(7)	Cases dealt with under Section 5 ("Temporary Patient")	I
111	(Mental Treatment Act, 1930)	
(8)	Number of non-residents dealt with under Section 16	I
	TOTAL NUMBER OF CASES:	III

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	
TOTAL NUMBER OF PATIENTS REMOVED TO THE MENTAL HOSPITAL,	
HELLINGLY	87
Section 1-Mental Treatment Act, 1930 (Voluntary Patients).	
Number of patients admitted to H	
Number of patients admitted to	other Mental Hespitals for
treatment	· · · · · 5
(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:	Assistant Physician in Charge:
Dr. R. M. Ellison, M.D., D.P.M.	Dr. J. F. Collard, B.M., B.Ch.
Social Worker:	
Miss D. Greenfield.	
New Patients: Male 220	
Male Female 220	Total new patients 220
The second secon	Old patients (Attendances) 646
	Total attendances: 866
Summary of Diagnosis of New Patients:	
Psychoneuroses	Psychoses
Anxiety State 39	Melancholia and Depressive
Hysteria 21	States 74
Obsessional State 2	Schizophrenia 20
Adolescent Instability 5	Delusional Psychosis 4
Psychopathic States 6	Confusional State 3
Hypochondriases 4	Manic-depressive Psychosis 3
Total: 77	Senile Dementia 10
Epilepsy 4	
Mental Deficiency Behaviour Disorders in Children	
Behaviour Disorders in Children 3 Various Conditions 15	Total: 114
	Total: II4 linic by the Army Medical Board for
psychiatric opinion.	nine by the Army Medical Board for
(d) Mental Deficiency Acts, 1913-1938.	terms to our made that I would not
(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 ascer-	
tainment of possible defectives amongst the younger groups, commencing with	

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.

Some 27 mental defectives of varying ages attend the Occupation Centre in Athelstan Road, where training covers a wide field of activities. A ready sale is found for most of the handwork produced at the Centre. The Centre is administered by the Health Services Committee of the Council, and great interest is shown and much help given by the Hastings and Bexhill Society for Mentally Handicapped Children, who hold a number of their meetings there.

The building was unsuitable and badly affected by woodworm. In the autumn of 1955, it was demolished and a new and modern centre has been erected on the same site, giving far superior facilities. The classes were held in temporary premises in Holy Trinity Church Hall until Easter 1956, when the new building was ready for occupation.

A part-time Home Teacher is provided for the training in their own homes of defectives who because of physical or behaviour disorders are unable to attend the Centre. Some ten defectives are helped in this way. Every effort is made to include these defectives in the social activities at the Centre, such as outings generously arranged by the Hastings and Bexhill Society for Mentally Handicapped Children and the Hastings Rotary Club.

The Brighton Guardianship Society has its own Occupation Centre and has arrangements for the training of farmworkers in the country.

#### Summary of work of Mental Health Worker for 1955. Mental Deficiency.

Mental Defectives on the register of the local authority, December, 1955  (a) In various Institutions	5:
No. of defectives awaiting institutional vacancies at 31.12.55	Nil
(a) Home Visits: cases under Guardianship	17
(b) ,, ,, Statutory Supervision \	479
Friendly Supervision	1/5
(c) ,, ,, on licence from Institutions or	
Guardianship	61
(d) Home reports at request of Institutions or other local authorities	53
(e) Miscellaneous visits	310
(f) Mental After-care Visits	215
	-
Total:	1,135
Number of cases dealt with for Certification under Mental Deficiency Acts	
for Institution or Guardianship	10
Number of Mental Defectives transferred to Institutions	5
Number of cases dealt with for Renewal Orders	4

#### 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 and Pine Hill, opened in 1953, provides for a further 42 old people. These homes, apart from occasional staffing difficulties, run most smoothly and happily. One cannot fail to be impressed by the cheerfulness of the residents and the zest with which they live, especially if one knows in some cases of their condition of life and their outlook prior to admission. Much of the credit for this happy state of affairs must be given to the Matrons of the two Homes, and to the staff working under them. Every effort is made to give these old people an interest in life, be it some form of small scale occupational therapy, social clubs, whist drives or garden parties, television or radio or films. The chiropody service provided helps a great deal towards their wellbeing. The atmosphere is definitely one "of home" rather than "of a Home", and although on rare occasions an unsocial character may cause distress to other residents, this is as a rule purely a temporary inconvenience.

It has been necessary to retain a number of beds at St. Helen's Hospital for Part III cases, these being mainly occupied by cases difficult to fit into the Council's Homes or awaiting ground floor accommodation. These beds numbered 14 male and 9 female at the end of the year, but early in 1956 it was possible to reduce them to 10 male and 10 female beds. There seems to be a slackening of demand for male beds, and it is found that there is more movement in and out of the Homes of males than of females, who tend to settle

down permanently in their new quarters.

The pressure on "ground-floor" beds for elderly and incapacitated people continues as strongly as ever. Plans for "New Moreton", a bungalow type building all on one floor level, were finally agreed with the Ministry after prolonged negotiation, but although approved by the Finance Committee as an essential project, the Chancellor's limitation of Capital schemes made it impossible to proceed with the building during 1956. It is very much hoped that

this most urgent requirement can be fulfilled in 1957.

In addition to these direct provisions for the residential care of the elderly, the Council are responsible for the balance of maintenance payments for some 70 old people in voluntary homes in and outside the town. Voluntary Homes in the borough provide a further large number of beds, and these, together with Old People's flatlets and bungalows and the privately owned residential homes registered with the Council cater for over 700 old people who require help with their housing and care.

The efforts of the Voluntary Organizations dealing with the care of old people are outstanding and of tremendous value to the town where there are so

many people of advanced age.

(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.

The housing of evicted families always presents a considerable problem, and my thanks are extended to the Housing Manager and his department for the able way in which they have tackled it. With the limited accommodation available in the substandard houses acquired for this purpose, thought must be given towards acquisition of further similar properties or some different scheme devised: the alternative is the splitting up of the family, an undesirable thing, and their accommodation in comparatively expensive Homes.

#### (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 Per	rsons Ho	omes reg	istere	ed	23
No. of Homes t	for Disab	oled Perso	ons r	egistered	2
No. of Homes	for Old	Persons	and	Disabled	Persons
registered					2
No. of beds					451

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.

On the whole, however, the general standard of the smaller homes tends to improve with time and some of the less satisfactory ones have closed down.

#### 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.

#### I. 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 1955 was 304, 93 men and 211 women, and 41 partially sighted persons. The following information is given as requested in Ministry Circular 1/54:—

- (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 1955.

(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 veneral disease control, improved ante-natal care and treatment of the new born baby's eyes. No case occurred in 1955.

(v) Follow up of Registered Blind Persons (1955).

			CAUSE OF D	ISABILITY	
		Cataract	Glaucoma	Retrolental fibroplasia	Others
1.	No. of cases registered in 1955 in respect of which para. 7 (c) of B.D.8. recommends	10	2		14
	(a) no treatment	2	_	-	9
	(b) treatment (med. surg. or optical)	8	2	_	5
2.	No. of cases at 1 (b) above which on follow-up action have received treatment	3	2	_	4

Follow up of Partially Sighted Persons, 1955:

4 cataracts (2 also Glaucoma), 5 being recommended for treatment, 3 of whom received same.

4 "other causes" recommended for treatment, 2 of whom 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 missioner where a full club service is given, together with religious meetings. Home visiting is carried out where necessary and many club outings arranged. The missioner accompanied deaf and dumb people to interviews with doctors, solicitors, employers, hospital, etc.

The services are provided by the Association acting as agents for the

Council, payment being made on a per capita basis.

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 1955 was

37, of Deaf and Blind 12.

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.

Epileptics: 16 adult epileptics are known to the department through the health visitors and mental health worker. 2 children of school age are maintained at epileptic colonies or institutions by the Education Authority: 4 children attend normal schools, 3 others attend the day open air school, and 4 epileptics are also ascertained educationally subnormal and attend the Wishing Tree Day Special School. 5 mental defectives are known who suffer from epilepsy.

Spastics: 5 spastic adults are known to the department: 3 children of school age are maintained in special residential schools for spastics by the Education Authority: 4 children with minor incapacity attend ordinary schools, 2 attend the open air day school and one child of school age is at home. 4 spastic children of under 5 years of age are known, one of whom has been helped by the provision of a relaxation chair.

Advice is given by the health visitors, mental health worker and where indicated by the medical officers, and efforts are made where appropriate to secure suitable employment for adult epileptics and spastics.

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, but the services of a part-time Occupational Therapist have been available to them since September, 1955. Materials and equipment are provided on loan to start the patient off, and the results so far have been extremely encouraging. 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 or voluntary organizations enlisted to ameliorate bad home neglect with good results.

#### **SECTION 48**

### Duty of Council to provide Temporary Protection for Property of Persons admitted to Hospitals, etc.

During the past year it has been necessary to take steps under this Section for the protection of property, etc., in 2 cases.

#### SECTION 50

#### Burial or Cremation of the Dead:

Funeral arrangements were made by the department at the expense of the Local Authority during 1955 for 7 deceased old people between the ages of 75 and 89 years, where it was apparent that no arrangements for the disposal of the body were being made by other persons.

## SECTION IV INFECTIOUS DISEASES

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INFECTIOUS		1954	Car	(")	-	()	(33)	3	::			(13)	(2)	(:::)		(100)	(67)	3	(10)	<u></u>	<del>(</del> †)	(224)	(354) 1486
CASES OF INPE	NAME OF THE PARTY	NOTIFIABLE DISEASES.	and and	Small Pox	Cholera, Plague		Erysipelas	Typhus Fever		Relapsing Fever	Continued Fever	Meningococcal Infections			Acute Polio-encephalitis	Encephalitis Lethargica	Acute Frimary Friedmonia	Malaria		Trench Fever	Food Poisoning	Whooping Cough	Totals

#### Remarks:

- (a) Scarlet Fever: 18 cases of scarlet fever, all of mild type, were notified during the year, 5 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:—

Year	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1921	1952	1953	1954	1955
Cases	49	28	6	7	13	13	11	4	5	1	3						
Deaths	1	1															

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

(c) Anterior Poliomyelitis: 7 cases of polio were notified during the year, all being admitted to the Isolation Hospital: all cases were mild and made good recoveries.

5 other cases suspected of being polio were also admitted, but the diagnosis was not confirmed after investigation, the illnesses being due to a variety of causes other than polio.

- (d) Measles: 1,238 cases of measles were notified as compared with 28 in 1954. 14 cases were admitted to hospital. 1955 was a severe measles year.
- (e) No case of enteric fever or smallpox was notified.
- (f) Food Poisoning: 11 cases of food poisoning were notified during the year.

  One outbreak involved 7 persons and was due to heat resistant
  Clostridium Welchii infection conveyed through reheated meat.

  A second outbreak concerned 3 persons and was found to be due to
  brawn contaminated with a coagulase negative Staphylococcus
  Albus. All these cases recovered quickly.

The final case concerned a man who died in three days with positive findings of salmonella typhimurium infection. No vehicle for this infection was found and the cause remains unknown.

#### 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	2,647	(3,952)	No. of individuals clea		
Rooms, etc. disinfested	612	(612)	for scabies No. of baths for	Nil	(Nil)
No. of individuals			scabies		(Nil)
cleansed for vermin	Nil	(Nil)	Sets of clothing disinfo (Scabies)	Nil	(Nil)

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

Council Houses	 	4	(2)
Other premises	 	73	(87)

Isolation Hospital:

Mount Pleasant Hospital (Infectious Diseases) 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 86 cases of notifiable and non-notifiable diseases were admitted, 57 being Hastings residents or visitors, 29 from the East Sussex area.

#### Tuberculosis:

(a) At the end of 1955, the tuberculosis register contained 648 names.

Total	***	Pulmonary		Non-Pulmonary					
Cases	Males	Females	Total	Males	Females	Total			
648	359	236	595	21	32	53			

#### (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:—

The same	Ne	w Cas	es Notif	ied	Dea	ths of c	ases no	tified
Age Period	Pulmonary		Pulmo	on- onary	Pulm	onary	Pulm	on- onary
PRINT	M	F	M	F	M	F	M	F
0— 1 year								
1- 2 years	1						1000	
2-5			***					
5-10	1		***	1				
10-15 ,,	3			1				
15-20 ,	2	6		711		180		
20-25	2 3	5	***	1	***		***	
25-35 ,,	4	5			2			
35-45 ,,	6 7	2 4	***	***	1			
45-55 ,,	7	4	1	1	2	***	***	***
55-65 ,,	11	5			***	3		
55-75 ,,	3	***	1		3	1		
75 upwards	1	2	1300		. 1	1	1	1
Totals	42	26	2	4	. 9	5	1	1
Grand Totals	7		(53			6	(1:	

For purposes of comparison, the following table shows the Deaths and death rate per 1,000 population for the past 45 years:—

Ye	Year		Pulmonary	No. of deaths Non- pulmonary Tuberculosis	Total	Death rate from Tuberculosis per 1,000
1910-1914)			62	23	85	1.4
1915-1919	111111	1977	73	18	91	1.7
1920-1924	1117	1000	60	15	75	1.25
1925-1929	A	4004	57	10	67	1.1
1930-1934	Ave	rage	43	6	49	-79
1935-1939	7		48	4	52	-81
1940-1944	7 7		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
1954		44	9	2	11	17
1955			14	2	16	24

#### (c) Treatment of Tuberculosis:

The Regional Hospital Board are responsible for treatment of the disease. The Chest Clinic held at the Eversfield Chest Hospital is 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 Mount Pleasant 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		1,433
(Males 545: Females 571: Children 31	7)	
No. of contacts examined		198
(Males 35: Females 70: Children 93)		
Total attendances		3,718

#### (d) Prevention of Tuberculosis:

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

Contacts o-5 y					28
	" (Mal	les 17: Fe	emales 7)		24
Adult nurses					3
Other adults					5
					-
				Tota	1: 60

B.C.G. vaccination of Mantoux negative school children of ages 13+ was started in the autumn of 1955.

Children whose parents accept the invitation are Mantoux tested in the schools: the negative reactors are vaccinated two days later. Positive reactors are offered a full examination and chest X-ray by the Chest Consultant, and all members of the family are also invited to attend. It is hoped that these procedures will lead to the discovery of hitherto unknown cases of tuberculosis in the families concerned: figures are not yet available of the results but will be given when the scheme has been running for at least a year.

#### (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 New cases of gonorrhœa	 	 Nil 1
Other conditions	 	 29
Total	 	 30

#### 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

#### 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 standard provided.

No. of Nursin	-		tered	 21
Beds availabl				 10
	Gene	eral		 301
Total beds				 311

#### 2. Nurseries 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.

One day nursery for the care of 12 children and 2 day minders, each for 3 children, were registered during the year and constitute the total registration.

#### 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			122	
Adoption examinations			19	
Staff medical examinations			40	
Teachers examined			83	
Firemen examined			7	
Other medical examinations (re-	tiremen	it, etc.)	15	
		Total:	286	(254)
			The same of the sa	

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

The work of the Children's Welfare Committee in connection with problem families continued throughout the year, and considerable progress was possible in some cases. The main difficulty encountered is in the rehousing of these cases, particularly the real "problem families", although it is widely appreciated that housing conditions are often the key point in their rehabilitation.

This committee comprises all the officers dealing with children or problem families and was set up in accordance with Circular 78/50 under the chairman-ship of the Medical Officer of Health. Its aims and working were discussed fully in the 1951 Annual Report.

Circular 27/54 requested the Local Health Authority to take steps as far as possible to prevent the break-up of families and stressed the necessity for keeping the family together during the illness of the mother, and the role of the health visitor in spotting the early signs of mental stress in families which if neglected may lead to a break-up. The health visitors have paid attention to this preventive problem and have free and direct access to the Home Help Organiser, the Mental Health Worker and through the Medical Officer of Health to the Housing Manager. They also are in direct touch with the many voluntary organizations in the town which can assist in alleviating material difficulties in families and particularly "problem families". A "night sitter" service is available through the Central Aid Council. It is not often necessary to deal with these problems other than by direct action, but where concerted effort is needed, the Children's Welfare Committee, which had already concerned its main energies with problem families, considers the case and takes appropriate action. Once again, the work is limited in this specialised sphere by the lack of in-service training for health visitors in the basic signs and symptoms of incipient mental ill health and by the limited staff available: rearrangement of duties helps to a point, but cannot cope with the ever-widening work placed on the shoulders of the present establishment of health visitors.

#### SECTION VI

#### GENERAL SANITARY ADMINISTRATION

#### (A) Water Supply:

The Water Engineer, Mr. D. J. Walker, reports as follows:-

#### I. Area of Supply:

The Water Undertaking Statutory area of supply comprises the County Borough of Hastings and the Parishes of Westfield, Brede, Udimore, East Guldeford, Broomhill, St. Thomas the Apostle, Icklesham, Guestling, Pett, Fairlight and Ore in the Rural District of Battle, covering in all an area of approximately 62 square miles, with an estimated population of 72,000.

#### 2. Sources of Supply:

The Council's main sources of supply are surface water impounded at Darwell and Powdermill Reservoirs, and underground sources of supply derived from deep wells in the Ashdown Sand, the latter now being maintained as reserve supplies.

During the past year the whole of the supply was obtained from the impounding reservoirs and the total volume of treated water pumped into supply for domestic purposes amounted to 883 million gallons.

#### 3. Quality of Water:

All raw water from the impounding reservoirs receives chemical treatment, sedimentation, and filtration at the Brede Valley Works, and as an additional safeguard the water is sterilised by the addition of chlorine before being pumped to supply.

Chemical and bacteriological examinations of the water are made at frequent intervals, the results consistently indicating that the water is fairly soft in character, contains no excess of salinity or mineral constituents and is of excellent organic and bacterial purity.

Information incorporated below in connection with the queries of the Ministry of Housing and Local Government.

- (a) The Undertaking's supply has been maintained at the usual high standard of purity during the period 1954-55 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. Weekly 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

Bacteriological Examination of a sample of water:— Labelled: Tap on outlet main—Newgate Reservoir. I day at 37° C. 2 days at 37° C. 3 days at 20° C.

No. of Colonies devel	oping	, ,,	, ,,	
on Agar		o per ml. Present in	o per ml. Absent from	o per ml. Probable Number
Presumptive Coliaero	genes			
reaction		— ml.	100 ml.	o per 100 ml.
BactColi (Type I)		— ml.	100 ml.	o 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 indicative of a wholesome water suitable for public supply purposes.

10th March, 1955.

#### Chemical and Mineral Analysis of a sample of water:

Results in parts per million.

Labelled: Tap on Baldslow Main-treated water, Brede Valley Pumping Station.

Appearance: Bright with very few mineral particles.

Turbidity: Less than 3. Colour: 5. Odour: Slight chlorinous.

Taste: Normal. pH 7.3. Free Carbon Dioxide: 4. Electric Conductivity: 260. Alkalinity as Ca Co3: 35. Hardness: Total 95. Carbonates: 35. Non-Carbonate: 60.

Nitrate Nitrogen: 1.4. Nitrite Nitrogen: Absent. Ammoniacal Nitrogen: 0.000. Oxygen absorbed: 1.4. Albuminoid Nitrogen: 0.10. Residual chlorine: Absent.

Metals: Iron 0.16. Other metals: Absent.

Fluoride: 0.07.

#### Mineral Analysis on filtered sample:

Ca	Mg	Na	CO3	SO4	C1	NO3	S102	Hypothetical Combinations	
30	5.2	13	21	43	28	6	5	in the second se	
14	-	1000	21					Calcium Carbonate	35
16				38				Calcium Sulphate	54
	1.3			5				Magnesium Sulphate	6
	3.9				11	1000	1 10.9	Magnesium Chloride	15
	100	11			17		Tom i	Sodium Chloride	28
		2		P P		6		Sodium Nitrate	8
				100			5	Silica	5
		F 10	The second					Difference	14

Total solid constituents at 180°C ... ... 165

This sample is practically clear and bright in appearance, neutral in reaction and free from metals apart from a minute trace of iron. The water is fairly soft in character and it contains no excess of salinity or mineral constituents in solution. It is of satisfactory organic and bacterial purity and is considered wholesome in character and suitable for public supply purposes. 8th February, 1955.

- (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 number of dwellings (houses, bungalows, flats and part houses) supplied within the Borough of Hastings is 21,780. In addition approximately 1,400 houses outside the Borough now 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 I million gallons.

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

Length 165 ft., width 361 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. 42 samples: 6 unsatisfactory.

#### (C) Drainage and Sewerage:

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

"Work on the Ore Valley Main Drainage Scheme was commenced in 1955 but unfortunately the curtailment of Capital Expenditure has caused a postponement of certain sections, it is therefore not possible to forecast when the difficulty caused by the overloading of the trunk sewer will be overcome.

The completion of Stage 1A of the scheme has opened up sites for building development in St. Helen's Down, Pilot Road, Dunclutha Road and Oakwood Park: and the culverting of the stream near Elphinstone School (Stage 1B) has stopped flooding at the rear of Elphinstone Avenue; Stage 2 is planned to be carried out in 1957.

Other drainage works have included sewer extensions to drain The Slides housing scheme, and a new sewer at the south end of Harley Shute Road to drain 14 houses which had cesspool drainage.

The 1954 report stated that the conditions of some of the older sewers in the town continues to give rise to concern and I must again repeat that statement. During 1955 major repairs costing £2,400 were carried out, following the collapse of the sewers in Southwater Road and Bexhill Road, these sewers are between 60 and 70 years old. Regular inspection, de-ratting, and maintenance repairs are carried out.

There are no proposals in hand to alter the present system of discharging untreated sewage into the sea. The outfalls received no storm damage during 1955, but those at Bopeep and Bulverhythe have to be under regular inspection because of the constant corrosion of the steel and cast iron mains, and decay of timber piles."

#### (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:

#### (I) Rodent Destruction.

The system of regular routine inspection and survey of all vacant sites, embankments by the three operators continues to prove its value. Each operator being responsible for covering a given area of the town not only provides for continuity of control, but also that each man knows every geographical and other detail of all potential breeding grounds.

708 premises were inspected on notification of the occupier. 712 surveys of various sites and properties were carried out and 240 premises were otherwise inspected. As a result of these inspections and surveys 776 treatments (including re-treatments) were carried out. 44 block treatments were also done.

The treatment of sewers was carried out twice during the year, i.e., in April and October when 101 manholes were baited. The results were satisfactory and show that the rat population is effectively controlled by the methods adopted. Defective drains allowing access of rats to houses were repaired in four cases.

The scheme for rodent control on business premises, whereby disinfestation treatment is carried out at an inclusive charge of 6/- per hour, continues to be widely used by traders. Over 100 business premises are receiving regular treatment.

#### Summary:

Au	Local thority operties	Private Dwellings	Business Premises	Agricultural Premises	Total
Properties Inspected					
Notification of Occupier	31	548	120	9	708
Surveys	117	429	141	25	712
Otherwise	100	240	_	_	240
Total Inspections			1000		
(including re-inspections)	510	4324	1276	144	6254
Properties Infested		-			
Rats	10	307	40	8	365
Mice	17	206	76	1	300
Infested Properties	32			The state of the s	
Treated	27	513	116	9	665
Total Treatments			1.00	Balletin Barre	
(including re-treatments)	38	587	142	9	776
Block Treatments	-	44	_	1001_	44

#### (2) Other Pests:

Advice is given on eradication of all pests, but practical disinfestation work carried out by the Department is limited to those pests with some public health significance, i.e., cockroaches, silverfish on food premises and bugs, fleas in houses, etc.

All cinemas and theatres were sprayed quarterly and this system of routine treatment seems to work well and have beneficial results.

Complaints of insect infestation of foodstuffs are few, but one case of particular concern arose at a large grocery establishment. Over a period of weeks complaints were received of infested foodstuffs from various purchasers. After detailed investigation and with the help of the Infestation Control Division of the Ministry, an endemic infestation on the premises was proved, insects being identified as Australian Spider Beetle (Ptinus tectus), Larder Beetle (Dermestes lardirius) and Cacao Moth (Ephestia elutella). Old fashioned wall shelving and counter fitments did not lend themselves to a high standard of hygiene. Over a period, the shop premises continuing in use, comprehensive disinfestation and removal of all dirt traps and provision of modern fitments was carried out and infestation of foodstuffs ceased.

Charges. Charges totalled £218—18—6, including £92—0—0 for rodent destruction on business premises, compared with £207—16—6 during 1954 and £162 in 1953.

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

#### PART I OF THE ACT

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

		Number of			
Premises.	Number on Register	Inspec- tions	Written notices	Occupiers prosecut- ed	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be en- forced by Local Authorities	44	60	2	11410	
(ii) Factories not included in (i) in which Section 7 is en- forced by the Local Authority	191	157	7	10-0	
(iii) Other Premises in which Section 7 is enforced by the Local Authority (exclud- ing out-workers' premises)	26	6	-2100		
тотаі	261	223	9		

#### 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")

	Numl	Number			
Particulars			Refe	erred	of cases in which
	Found	Remedied	To H.M. Inspector		prosecu- tions were instituted
Want of cleanliness (S.1)	5	6	_	_	_
Overcrowding (S.2)		-	-		_
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	1	-	-	-	-
Ineffective drainage of floors (S.6) Sanitary Conveniences (S.7)	1	1	-	-	-
(a) insufficient	-		-	-	_
(b) Unsuitable or defective	7	11	-	_	-
(c) Not separate for sexes Other offences against the Act	-	-	-	-	-
(not including offences relating to					THE REAL PROPERTY.
Outwork)	-	-	-	-	-
TOTAL	14	18	_	237	1011

# PART VIII OUTWORKERS

No. of visits .. .. 141 (84)

The general standard of premises registered as factories is satisfactory. Contraventions were found in one factory for every 16 visited, and these were either lack of cleanliness or defective sanitary accommodation.

#### SECTION VII

#### HOUSING AND SANITARY INSPECTION

1.	INS	PECTION OF DWELLING HOUSES	
	(1)	(a) Total number of dwelling houses inspected for housing	
		defects (under Public Health or Housing Acts)	1413
	(-)	(b) Number of inspections made for the purpose	4248
	(2)	(a) Number of dwelling houses (including sub-head (1) above) which were inspected and recorded	- 84
		(b) Number of inspections made for the purpose	554
	(3)	Number of dwelling houses found to be unfit for human	334
		habitation	23
	(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	303
2.	REN	MEDY OF DEFECTS DURING 1955 WITHOUT SERVICE OF NOTICES:—	FORMAL
	Nur	nber of defective dwelling houses rendered fit in consequence	
		of informal action by the Local Authority or their Officers	271
3.	ACT	ION UNDER STATUTORY POWERS DURING 1955:-	
77	00000	roceedings under Sections 9, 10, 11 and 16 of the Housing Ac	t 1936:—
	(1)	Number of dwelling houses in respect of which notices were	
	(-)	served requiring repairs	I
	(2)	Number of dwelling houses which were rendered fit after service of formal notices—	
		(a) By owners	I
-40		(b) By Local Authority in default of owners	-
F	3.—P	roceedings under Public Health Acts:—	
	(1)	Number of dwelling houses in respect of which notices were	HARD PARTY
	(-)	served requiring defects to be remedied	28
	(2)	Number of dwelling houses in which defects were remedied after service of formal notices—	
		(a) By owners	15
		(b) By Local Authority in default of owners	9
0	.—Pr	oceedings under Sections 11 and 13 of the Housing Act 193	36:
	(1)	Number of dwelling houses in respect of which demolition	9
	(2)	Number of dwelling houses demolished in pursuance of	,
	11	Demolition Orders	8
I	).—P	roceedings under Section 12 of the Housing Act 1936:—	
	(1)	Number of separate tenements or underground rooms in	
	(2)	respect of which Closing Orders were made  Number of separate tenements or underground rooms in	7
	(2)	respect of which Closing Orders were determined, the	
		tenement or room having been rendered fit	- 6
	, .	Sec. 10 (1) L.G. (Misc. Prov.) Act 1953	The same
	(3)	Closing Orders made	13
	(4)	Undertakings (not to use for habitation)	I

#### 4.—OVERCROWDING

(a	(i) Number of dwellings overcrowded		24
	(ii) Number of families dwelling therein		27
	(iii) Number of persons dwelling therein		III
(1	Number of new cases of overcrowding reported		24
(	(i) Number of cases of overcrowding relieved		II
	(ii) Number of persons concerned in such cases		54
(0	Particulars of any cases in which dwelling houses in res of which the Local Authority have taken steps fo abatement of overcrowding have again become of	rthe	1 - 15 m
	crowded		-
(€	Number of inspections made for the above menti	oned	
	purposes		181

Housing Inspection.

Following the report concerning preliminary surveys of the previous year, 1955 was of some moment when considering the housing problem. After detailed and considerable discussion the following assessment and programme was formulated.

The total problem. It was estimated that there were approximately one thousand unfit houses to be dealt with and that this would take a period of twelve years.

**Five year programme.** The programme accepted and submitted by the Local Authority envisaged that approximately 400 of the total in 9 main areas would be dealt with in the period.

First year programme. The proposals for the first year included 146 houses in clearance areas and 24 individual unfit houses by Demolition and Closing Orders.

Representations. The first two clearance areas (Halton I/I and I/2) comprising 97 houses were represented in November and Compulsory Purchase Order procedure was subsequently adopted. At the time of preparation of this report (July 1956) the public enquiry had been held and the Minister's decision is awaited.

Individual unfit houses. 23 houses were represented as unfit under the Housing Acts and as a result 9 demolition, 13 closing orders were made and 1 undertaking

was accepted.

During the year 8 houses were demolished and in 6 cases closing orders were determined following comprehensive works to render the properties fit for habitation. The policy of dealing with unfit dwellings by means of closing orders is proving to be of great value, particularly in the old town and when properties of architectural merit are involved, the rate of complete restoration and improvement being dependent only on the rate of rehousing of the tenants.

Certificates of Disrepair. There has been a marked falling off in the use by owners and tenants of provisions of the Housing Repairs and Rents Act 1954. In the first 4 months of operation of the Act 28 applications for certificates of disrepair were made; in the following 12 months ending 31st December 1955, 27. The total summary at the end of the year was as follows:—

	SeptDec.	Whole year	Total
No. certificates of disrepair applied for	 28	27	55
Granted	 26	20	46
Refused	 2	7	9
No. revocation certificates applied for	 4	10	14
Granted	 3	8	II
Refused	 I	2	3

Disrepair. 697 (749) complaints by tenants were investigated. 303 (366) notices were served requiring repairs. 271 houses were rendered fit after informal action.

Improvement and Acquisition. Advice on condition of properties was given on 81 (9 unsuitable) in respect of improvement grants and 403 in respect of purchase under the Small Dwellings Acquisition Acts.

Rehousing applications. Investigations and reports to the Housing Department were made in respect of 176 families, where special conditions were involved, i.e., overcrowding and other unsuitable living conditions, physical defects or ill health.

Summary. During the year 4,802 inspections relating to housing were carried out by the inspectorial staff, again it must be stressed with the same number of inspectors available for district work as established 20 years ago. Bearing in mind the number of other duties placed upon the Department by statute, the difficulties of maintaining the service become more and more acute and one is conscious that every case cannot have the amount of time devoted to it which the individual case may warrant.

	No. of families re-housed.				
Year.	Overcrowding, &c.	Tuberculosis and other Medical reasons.			
1946	35	8			
1947	70	11			
1948	71	8			
1949	31	6			
1950	61	21			
1951	67	42			
1952	41	18			
1953	44	21			
1954	24	20			
1955	11	4			

#### Caravan Sites:

Five caravan camping sites are licensed under Section 269 of the Public Health Act 1936 to operate from 1st March to 31st October. All are in the outskirts of the borough in rural surroundings but provided with main sewerage and water supply. Sanitary accommodation and washing facilities are provided in permanent buildings to the following scale:

Caravan density .. 25 to the acre.

Sanitary accommodation . . 5% of population (estimated 3 per

caravan)

Wash basins .. .. 10%,

Dustbins .. . I bin for 4 caravans.

Stand-pipes for drinking water are provided throughout the site.

The five licensed sites cover a total of 18.16 acres with 419 caravans, providing accommodation for over 1,200 people. During the year 56 inspections of sites were carried out.

The following tables summarise under various heading the miscellaneous public health matters dealt with by the inspectorate.

Inspections:-		Walls and ceilings cleansed and
Keeping of animals	26	redecorated 38
Rat or mice infestation	233	Firegrates and stoves repaired or
Smoke nuisance	54	renewed 52
Verminous premises	80	Floors repaired or renewed 71
Infectious diseases	76	Staircases repaired 11
Food poisoning	50	Doors repaired or renewed 34
Pet Animals Act	40	Windows repaired or renewed 64
Moveable dwellings—Caravan sites	56	Sash-cords renewed 81
Offensive trades	5	Ventilation improved 9
Knackers yards	14	Water supply improved 1
Theatres and Cinemas	18	New sinks provided 14
Out workers	141	Waste-pipes repaired or renewed 36
Other Visits	100	Yards and passages repaired 26
Interviews respecting properties	622	New W.C.s erected
Smoke tests to drains	122	W.C. basins renewed 16
Water tests to drains	104	Flushing cisterns repaired or
Fertiliser and Feeding Stuffs Act	24	renewed 35
Swimming Baths	17	Drains repaired or reconstructed 61
		Drains cleansed 72
Total:	1782	Inspection chambers constructed or repaired 45
Works Carried Out:-		Soil and Vent-pipes repaired or
Roofs repaired and made weatherproo	of oa	renewed 18
Stacks rebuilt or repaired (including	- 24	Gully traps fitted 19
new pots)	21	Sanitary dustbins provided 33
External walls repaired or repointed	54	Miscellaneous repairs 143
Gutters and R.W.D. repaired,	37	Food Premises—Cleanliness
renewed, or cleaned out	65	effected 35
Dampness remedied	72	Miscellaneous works of improve-
Int. walls and ceilings repaired	96	ment 30
and complex throat		

# SECTION VIII FOOD INSPECTION AND HYGIENE

#### (A) MILK

#### Milk and Dairies Regulations 1949-54.

At the beginning of the year there were 2 registered dairies, i.e., operating bottling plant, and 13 other premises handling bottled milk only. By the end of the year the number of dairies was reduced to 1. A new plant was built outside the borough, the existing premises being used as a distributing depot only.

243 visits were paid during the year to premises where milk is bottled, stored or sold.

#### Milk (Special Designations-Raw Milk) Regulations, 1949.

No. of dealers' licenses—T.T.

Tuberculin tested (farm bottled) milk is retailed by licensed dealers, supplies coming from five different farms. Details of sampling are given in the table below from which it will be noted that 16% of the samples taken of this grade of milk failed to pass the test. This failure occurred mainly in the hot weather, but nevertheless the position is not satisfactory. It is considered that a farm is not the best place for bottling milk and though the milk may be free from tubercle it can carry the germs of typhoid, undulant fever. Pasteurisation remains the only complete safeguard at the present time.

#### 

An Order made by the Minister and coming into force on 21st March, 1955, included the borough in Area No. 5 in a list of specified areas in which only designated milk may be sold.

Altogether 278 samples of designated milk were taken during the year and the following table provides detailed information.

	amples	Methylene	Blue test.	Phospha	tase test.
Designation.	Samples	Passed.	Failed.	Passed.	Failed.
Tuberculin Tested F.B T.T. Pasteurised	67 *46	59 39	8	Not 40	applicable
Pasteurised	†165	158	4	162	_

<sup>\*</sup>Reports on 6 samples of T.T. Pasteurised milk were not received owing to overnight temperature exceeding 65° F.

Tuberculin-tested: The number of samples taken was 67 (70), and 8 (3) samples concerning 3 (1) 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 paid to milks consigned to local distributing depots and bottled at places of production.

<sup>†</sup>Reports on 3 samples of Pasteurised milk were not received owing to overnight temperatures exceeding 65° F.

Pasteurised: Sampling work was well maintained during the year, 211 (214) being taken for examination. Five failures to satisfy the methylene blue test concerning three processors were reported, these occurring during the months of June to August. These were followed up, subsequent samples proving satisfactory. Constant attention was paid to milk supplied to schools, from which 62 (87) samples were taken, 2 unsatisfactory. Investigations were carried out and steps taken to correct faults in pasteurising or bottle washing. 26 samples were also taken from school kitchen supplies.

Raw: The control work for detection of milk infected with tubercle and brucella abortus (undulant fever) was continued. 72 samples were taken, 11 of which were found infected (brucella abortus) as detailed in the following table. In these cases investigations are carried out on the farms by Veterinary Officers of the Animal Health Division, Ministry of Agriculture.

No.	T.B. Test		Brucella	Ring Test
	Positive	Negative	Positive	Negative
72	-	71	11	60

N.B.: 1 no result; guinea pig died.

#### (B) MEAT

TABLE I
MEAT INSPECTION COMPARATIVE TABLE

Year	Cattle (excluding cows)	Cows	Calves	Sheep	Pigs
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
1954	2,866	509	1,329	8,323	8,597
1955	1,346	445	1,232	2,946	9,701

The unsatisfactory slaughterhouse in London Road leased by the local authority with a contractor, continued as a private slaughterhouse to serve the four areas of Bexhill Municipal Borough, Rye Borough, Battle Rural District and Hastings County Borough. The present building has nothing to commend it and with a view to closure at the earliest opportunity the local authority is engaged in a search for a suitable site for a new abattoir.

100% meat inspection was maintained and constant attendance by an inspector throughout the day assists materially in maintaining a high standard in the production of clean meat under difficult conditions.

The lower price of imported beef and mutton is reflected in the fall in output of beef units which was half the 1954 figure and in the drop in sheep carcases. The output of pork carcases was, however, the highest it has ever been, one thousand higher than the previous record.

On a study of the figures given in Table II it would at first appear that the incidence of tuberculosis is on the increase. This, however, is considered a false impression as with the stepping up of the Ministry of Agriculture scheme for the elimination of the disease, more suspected animals are coming in for slaughter. Not only are the numbers of animals affected considered to be less, but the extent of the disease in each animal is also less.

16 tons of meat were rejected as unfit for consumption,  $6\frac{1}{2}$  tons being affected with tuberculosis and  $9\frac{1}{2}$  tons by other diseases. 8 carcases were detected as suffering from tape worm (C. bovis) but these were released for consumption after suitable refrigeration treatment for 21 days.

## TABLE II CARCASES INSPECTED AND CONDEMNED DURING 1955

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs
No. killed	1,346 (2,866)	445 (509)	1,232 (1,329)	2,946 (8,323)	9,701 (8,597)
No. inspected	1,346 (2,866)	445 (509)	1,232 (1,329)	2,946 (8,323)	9,701 (8,597)
All diseases except Tuberculosis					
Whole carcases condemned	1 (2)	5 (5)	15 (5)	23 (44)	20 (41)
Carcases of which some part or organ condemned	531 (805)	164 (152)	8 (4)	443 (690)	1,183 (650)
-ed with disease other than tuberculosis	39·52 (27·80)	37·97 (30·84)	1.86 (0.67)	15·82 (8·56)	12·40 (7·88)
Tuberculosis only				-	
Whole carcases condemned	(10)	8 (3)	3 (3)	(-)	6 (3)
Carcases of which some part or organ condemned	83 (245)	98 (125)	1 (—)	(-)	71 (65)
Percentage of the number affect- ed with tuberculosis	6·31 (8·90)	23·82 (25·14)	0·32 (0·22)	(-)	0·79 (0·78)
Cysticercosis					
Carcases of which some part or organ condemned	8	-		-	-
Carcases submitted to treatment by refrigeration	8	-	-	-	_
Generalised and totally condemned	-	-	_	-	-
			1		the way

## TABLE III TOTAL WEIGHT CONDEMNED FOR TUBERCULOSIS

				Ton	Cret.	Otrs.	Lbs.
Carcase Meat	Beef			2	13	I	9
	Pork			-	13	I	7
	Mutton			-		-	_
	Veal	>	**	-	2	_	13
			Total	3	8	3	I
Offal	Beef	'		2	16	2	7
	Pork			-	3	2	8
	Mutton			-	_	-	_
	Veal					2	II
			Total	3		2	26

## TOTAL WEIGHT CONDEMNED FOR DISEASES OTHER THAN TUBERCULOSIS

Carcase Meat	Beef Pork Mutton Veal		Ton	Cwt. 9 18 10 4	Qtrs	Lbs. 41 I 8 24
		Total	3	2	I	91
Offal	Beef Pork Mutton Veal		4 I —	12 6 13 1	1 2 1 3	1 19 3½ 4
		Total	6	13	3	271

## PARTS OR ORGANS CONDEMNED FOR TUBERCULOSIS

Fore		5	Liver	22
Hind		 3	Mesentery	3
Head and	Tongue	 137	Plucks	14
Heart		 I	Skirts	3
Lungs		 154	Spleen	I
		1 1500	Other organ	ns 32

## DISEASES (OTHER THAN TUBERCULOSIS) FOR WHICH MEAT WAS CONDEMNED

Abscesses	86	Fever	2
Actinomycosis	13	Immaturity	7
Broken Limbs	4	Johnnes Disease	I
Bovis Cysticerco	sis 4 8	Melanosis	I
Bruising	6	Necrosis	I
Cavernous Angio	ma 45	Nephritis	30
Cirrhosis	6	Pneumonia or	
Congestion	42	Pleurisy	723
Cysts		Pericarditis	145
Distoma	977	Peritonitis	43
Emaciation	13	Pyaemia	2
Erysipelas	I	Other conditions	348

#### (C) ICE CREAM

Registered	Premises:—Manufacturers	 II
	Retailers	 311

During the year 25 new registrations were made and a total of 464 inspections of premises carried out.

Up to 1953 the bacteriological standard of all the samples of ice cream which were tested was improving each year. In that year 78.5% of all samples passed the test, 21.5% failed. The standard has since deteriorated each year until in 1955 only 59% were satisfactory. This lowering of the standard of cleanliness in manufacture can only be viewed with dismay. There has been a general trend for ice cream which was previously Grade I to be now Grade II and for Grade II to be now Grade III, which means that fewer samples pass the required test.

60

The consistently high grade of production by some manufacturers proves that it is possible to maintain high standards of hygiene throughout the year and from year to year, if care and cleanliness are constantly and scrupulously observed at all times.

So far as the fat content standard is concerned, 8 out of every 10 samples contain over 8% fat, some as much as 13% fat and it is considered that this quality compares favourably with any other area.

The following tables summarise the reports received:-

#### **Bacteriological Examination**

Grade.	No. of samples.	Percentage.	Remarks.
I. II.	16 14	32 27 } 59	} Satisfactory.
III.	14 7	27 14 } 41	Indicates defects of manufacture/handling

#### Analysis

No. of Samples,	Satisfactory	Not satisfactory
51	51	-

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

During the year 348 samples were taken for analysis. Details are as follows:—

Formal samples		24	
Informal samples		106	
School Kitchens)		- <u>1000</u> 100	130
Formal samples		23	
Informal samples		144	
			167
Formal samples		-	
		51	
		_	51
			348
	Informal samples (including 22 from School Kitchens) Formal samples	Informal samples (including 22 from School Kitchens) Formal samples Informal samples Formal samples	Informal samples 106 (including 22 from School Kitchens) — Formal samples 23 Informal samples 144 Formal samples —

Samples found satisfactory on analysis numbered 325 and these are listed below:—

2010111					
Arrowroot	I	Fish Paste	4	Nutmeg	I
Aspirin	I	Frying Oil	I	Orange Squash	2
Baking Powder	I	Flour	I	Ointment	I
Back & Kidney		Gravy Browning	I	Orange Colouring	I
mixture	I	Ground Rice	2	Pork Sausages	8
Beef Sausages	9	Glace Cherries	I	Pineapple Juice	I
Beef Suet	2	Ground Ginger	2	Pickling Spice	I
Beef Dripping	I	Golden Syrup	I	Pastry Mix	I
Barley Water	I	Gelatine	I	Prunes & Syrup	I
Blanc Mange	2	Glucose	I	Picalilli	I
Bicarb. Soda	3	Honey	I	Pilchards	I
Bovril	I	Health Salts	I	Peaches	I
Crab Paste	I	Horse Radish		Pudding	I
Caramele	I	Sauce	I	Raising Powder	2
Camphorated Oil	I	Ice Cream	51	Raspberryade	
Cherryade	I	Jam	3	Powder	I
Chocolate Spread	I	Jelly	3	Sweets	6
Cake Mix	2	Lemon Curd	2	Sauce	2
Cough Linctus	I	Lentils	I	Salad Cream	2
Cornflour	2	Lemon Juice	2	Soup	4
Chicken Paste	I	Lard	I	Semolina	I
Cinnamon	I	Lollies	5	Sago	I
Cloves	I	Lime Juice	I	S.R. Flour	2
Cooking Fat	5	Lemonade Pdr.	I	Saccharin	I
Coffee Chicory	3	Meat Paste	2	Sponge Mixture	2
Curry Pdr	I	Marmite	I	Stuffing	I
Cream	I	Mincemeat	2	Tomato Ketchup	2
Custard Pdr	2	Marmalade	3	Tapioca	2
Dessicated		Mixed Spice	2	Tomato Juice	I
Cocoanut	2	Milk	III	Tinned Fish	I
Dressed Crab	I	Macaroni	I	Vegetable Fat	3
Dried Apricots	I	Mineral Salts	I	Vinegar	2
Dried Peas	I	Milk Powder	I	White Pepper	2
Egg Custard	I				

Unsatisfactory analytical reports were given on 23 samples.

Particulars of these unsatisfactory samples and on the action in each case follow:—

Sample No.	Article	Report	Action taken
3507	Milk (informal)	Def. S.N.F. 3.1%	Repeat sample No. 3521 genuine milk.
3508	Milk (informal)	Def. S.N.F. 0.8%	Repeat sample No. 3518 genuine milk.
3509	Milk (informal)	Def. S.N.F. 1.8%	Repeat sample No. 3522 genuine milk.
*3526	Milk (informal)	Def. S.N.F. 4.0%	Repeat sample No. 3537 genuine milk.
3525	Milk (informal)	Def. Fat 3.0%	Repeat sample No. 3538 genuine milk. Notified Milk Advisory Officer with a view to improving quality.

<sup>\*</sup> Investigated at dairy. Found to be due to lack of agitation in filler tank. Other samples taken in same batch found to be above average quality.

Sample			Analystic Dahast	Remarks and
No.	Milk (a.m.) Formal		Analyst's Report Deficient Fat 5.6%	Part of batch of 7
3551	mir (a.m.) Pormar		Pencient Pat 3.0%	samples. P.M. milk satisfactory.
3552	Milk (a.m.) Formal		Deficient Fat 12.6%	
3560	Milk (a.m.) Formal Appeal to cow.		Deficient Fat 3.0%	Part of batch of seven samples.
3561	Milk (a.m.) Formal			Area Milk Officer notified
	Appeal to cow.			and offending animals
				identified with view to improvement. No offence
3985	Milk (Informal)		Consisted of mould	Taken up with dairy—
I pint bot	ttle-determination		hyphae. Specks of	technique of bottle
of dark	spots inside bottle		sour milk became mouldy. Sterilised and	washing and pre- soaking to be improved
			charred by heating	southing to be improved
			causing specks to	
3567	Milk (Informal)		adhere to glass. Def. in fat 3%	Follow up by sample
3301	Table (Streetman)		201. 22 200 376	3581 (3.6% fat—
				genuine).
				3582 (2.8% fat). 3583 (4.7% fat).
3580	Milk (Informal)		Def. S.N.F. 1.5%	Follow up 3591 & 3592
3582	Milk (Informal)		Def. fat 6.7%	Genuine milk. Part of batch of 3 sam-
3502	Mik (Informat)		Del. 1at 0.7/6	ples—Genuine in bulk.
3587	Milk (Informal)		Def. S.N.F. 2.8%	Bulk sample—pasteur-
				ised. Other samples satisfactory. Plant
				checked.
3589	C.I. Milk (Informal)		Def. in fat 5%	Fat content 3.8%. Satis-
				factory by F. & D. standard.
3991	Onions (glass jar) For	rmal	Corroded state of cap	Stock cleared.
			due to prolonged stor- age. Not harmful but	
			unfit for sale.	
4009	Brandy (Informal)		20 p.p.m. iron. Corroded	In stock I month. Sub-
			and rusty cap.	mitted by licensee following complaint of
				discolouration.
0	Broad (Informal)		Foreign matter:	Advised.
3998	Bread (Informal)		Foreign matter:— (a) Fragments of large	Investigation and report to Town Clerk.
			insect.	Warning letter sent.
			(b) 4 pieces of brown	
	STATE OF THE PARTY		paper. (c) 1 piece straw.	
			(d) 2 tufts of cotton fibre.	
3776	Milk (Informal)		Def. S.N.F. 0.9%	Followed up by formal sample (3782). Satis-
				factory.
3792	Milk (Informal)		,, 1.7%	Dairy notified 19.11.55.
3803	Milk (Informal)		,, 3.1%	Follow up satisfactory. Follow up sample (No. 7)
3-33	- (martinar)	1000	" 3.1 %	satisfactory. Milk Ad-
	Mills (Informal)		2.70/	visory Officer notified.
4060	Milk (Informal) Horlicks Tablets		In stock considerable	Freezing point genuine. Remaining stock exam-
10000	(Informal)		time, causing caramel-	ined—I tin only re-
			isation and darkening.	maining of this consign-
			Although not injurious to health, not passed	ment. Surrendered as unfit. Certificate issued
			as satisfactory.	1027

Special Investigations					40
	vestigations were carried of	ut in r	relation	to fo	odstuffs
during the year:—  1. Bananas	Over-ripe condition	Dispos	sal th	rough	normal
The Court of the C			channe		
2. Cake	Suspected mice con- tamination	Not co	ontami	nated	
3. Cream Sponge	Foreign body—piece of metal	Warni		er fron	n Town
4. Pigs (2)	Depositing for sale meat unfit for human con- sumption			Fined ;	£50 and
5. Pies	Staleness and mould		y inspe	ected.	No
6. Mint Humbug	Foreign body—piece of metal	Factor			Advice
7. Milk Bottle	Suspected dirty bottle	Analys	st report	orted o	dark aked on process
8. Sausages (cooked)	Black spots			nentatio	
9. Bread Loaf	Dirty crust and fly on outside			th bak	
10. Tinned Meat	Extraneous matter	Dispos	al th	rough	normal
(Australian)	(meat wrapping)	trade	channel	ls	
II. Bread Loaf				th bake	
12. Bread Loaf	Foreign body—piece of				n Town
D 1 . D 11 1	wire				plant)
13. Packet Rolled	Maggots and webbing				il pre- on car-
Oats	- Statement on the			d fixtu	
	and frage and the second	moder		1 HALU	105
14. Walnuts	Maggots and webbing			ected a	and not
	The Paris Land				affected
			conden		
15. Bread Loaf	Insect attached to crust			h bake	ry. No
(E) OTHER FOORS	need to show the factor	eviden	ce .		
(E) OTHER FOODS	ne following foodstuffs were	conde	nned a	+ Whol	acalore'
and Retailers' Premise		conde	inicu a	t willon	csalers
and recurred a remov		Ton	Cwt.	Otrs.	Lbs.
Meat:					
Fresh			2	I	II
Imported		-	19	I	181
Cured		- 0		. 2	91
Canned	tables	THE REAL PROPERTY.	12	I	34
Canned with Vege					9½ 6
Compounded Foods:		10765			0
Sausage and Sausa	ige Meat		-	I	III.
Brawn, etc.		_	-	_	7
Meat and Fish Pas	stes	-	-	-	21/2
Canned Soups		-	-	3	174
Fish:					

64	-	
04		

 $26\frac{1}{2}$ 

IO

7 13

Fish:

Fresh Cured Canned

Poultry and Game		 	-	-	I	24
Shell Fish:						
Fresh		 	-	8	3	8
Canned		 	_	-	I	194
			Ton	Cwt.	Qtrs.	Lbs.
Milk:						
Fresh		 	-	-	-	-
Canned		 		3	3	II
Dried		 	777	I	I	I
Fruit:						
Fresh		 	-	-	I	20
Canned		 	_	12	_	-
Dried		 	_	_	-	5
Vegetables:						
Fresh		 	-	_	_	
Canned		 	-	16	3	63
Dried		 	-	-	-	9
Groceries:						
Biscuits	Mad .	 	-	-	I	134
Butter and Marg	garine	 	_	-	-	3
Cereals		 	_	-	3	173
Cheese	**	 	_	4		23
Cake Mixtures		 	-	-	2	$6\frac{1}{2}$
Flour		 		_	_	
Jam Lards and Fats		 		I	I	I
Sauces, etc		 			-	223
Sugar		 			3	-221
Eggs-Frozen		 	_	3	I	I
T C				3	-	
		 				2
Sweets, etc		 	-	-	-	61
Miscellaneous		 	-	8	-	211
		Total	7	6	-	41/2

# (F) INSPECTION OF RESTAURANTS, CAFES AND OTHER PREMISES where food is prepared or exposed for sale.

#### Food Premises

The number of food premises is as follows:-

#### Table A

#### Food Premises:

Preparation and cooking:-			o proces	
Hotels and boarding hou	ises		 398	
Private houses taking bo			 206	
Restaurants, cafes and e			 182	
School kitchens and W.V	7.S. kit	tchen	 II	
Bakehouses			 30	
Fried fish premises			 14	
Food factories			 6	
Mineral Water factories			 2	
			-	849

]	Retail:—						
	Grocers					299	
	Fish shops					23	
	Bakers—retail					65	
	Butchers					60	
	Confectioners					294	
	Fruiterers					219	
	Licensed premises						
	Dicensed premises	**				135	1095
							1095
						Total:	1944
						Total.	1944
						No	o. of
Res	gistered Food Premises:-						mises
	Food and Drugs Act 1938. I	ce Cream	Manufa	cturers		1 /6/	II
	Hastings Corporation (General						11
	Ice Cream Retailers	ai I Owers,	- 10	5/.			277
	Pressed and preserved meat						311
			ctouricir	Dlanta)			66
	Milk and Dairies Regulations			ig Flants)			I
	(Distributors)						23
						1311	
							412
T	and and Panel Barriage					-	
ins	pection of Food Premises:—					7	
	Dalahanaa					0-011-00	ections
	Bakehouses						159
	Butchers						210
	Cafes, Restaurants, etc.						476
	Dairies and Milkshops						243
	Fish Shops						.35
	Fishmarket						298
	Hawkers						8
	Hotels and licensed premises						76
	Ice Cream premises						464
	Preserved Meat shops						87
	Slaughterhouse	**					906
	Other food premises						805
						13/12/2	-
						3:	767
						-	-
Noti	ces Served:—						
	Written notices served (Food	and Drug	s Act I	938 and F	ood		
	Handling Byelaws)						170
	Completed	A. Milel					141
11/-	des Cossied Out:						Dong
WOI	ks Carried Out:—						
	Miscellaneous repairs, etc. ca					1	102
	Structural improvements car	ried out					39
100	CLEAN FOOD CAMBAICN						

#### (G) CLEAN FOOD CAMPAIGN

Catering being the main industry of a holiday resort, must of necessity call for emphasis on food hygiene so far as the Department is concerned and this is reflected in the statistics quoted above.

Impressive as the number of inspections may appear, the average is less than 2 visits per food premises a year and some have not been inspected at all. Without the staff to do it, more cannot be done and to have reached the end of

the year without the calamity of a major outbreak of food poisoning may be due to good luck as much as good hygiene. The standard of many establishments is commendably high but on the other hand some conditions found are little short of appalling.

42 lectures and talks, using films, photographs and visual aids, were given during the year to students, trade and local organisations, a total audience of 1310 people. At the same time publicity in the cause of clean food is to the fore as every inspection is carried out and the new Food Hygiene Regulations have provided further power to the elbow.

#### (H) FERTILISERS AND FEEDING STUFFS

Inspections carried out of wholesale and retail premises under the Act numbered 24. 12 formal samples for analysis (5 of feeding stuffs and 7 of fertilisers) were taken during the year.

One sample was found on analysis to be unsatisfactory as follows:—
Sample No. 4139 Intensive Layers 1% excess Oil Report to Public (formal) 30.12.55 Ration Hygiene Committee 23.1.56. Warning letter sent

#### (I) PHARMACY AND POISONS ACT 1852-1941

The duties carried out by the department under Part II of the Act relating to the labelling, storage and precautions in handling of household ammonia, disinfectants, insecticides, etc. are co-ordinated with work under the Shops Act 1950.

32 visits other than routine shop inspections were made and 8 notices were served in respect of contraventions. Verbal warning is usually sufficient to correct minor infringements.

#### (J) MERCHANDISE MARKS ACTS 1897-1926.

37 inspections were made and 10 notices served, 8 being complied with. Verbal warnings were also given and the attention of retailers drawn to the requirements, mainly in relation to imported fruit, vegetables and meat.

#### (K) SHOPS ACT 1950.

During the year two local Orders were made:-

- (a) Order under section 43 suspending the general closing hour during the period 12th-24th December.
- (b) Order under section I (4) suspending half-day closing from 15th June to 28th September and from 14th to 21st December.

Two talks were given to trade and employees associations on the provisions' of the Shops Act.

The following table summarises the work carried out:-

1	I. No. of	inspect re-insp						366 262
2.	No. of co	ontraver	ntions f	ound and not	ices issu	ied		342
3.	Premises	s provide	ed with	heating facil				5
	"	"	"	washing facil	lities			23
	,,	,,	,,,	facilities for	meals			_
	,,	,,	,,	improved ve				5 8
	**	"	22	additional sa		accommo	dation	8
	,,	,,	,,	improved lig	hting			_
	"	structu	irally re	epaired, decor	rated, e	tc		26

An increasing number of traders are opening for Sunday trading and enforcement of the statutory provisions and restrictions, particularly those peculiar to health resorts, is a growing problem. Fine weather during April, May and early June or again during October entices certain shopkeepers to cater for early and late visitors, particularly on Sundays and Wednesday afternoons. That this subject is not peculiar to Hastings was evident from the various reports of similar difficulties discussed at the Annual Conference of the Institute of Shops Acts Administration in the White Rock Pavilion during September and to safeguard interests of all concerned the problems could usefully be reviewed by one of the representative bodies concerned with municipal administration.

#### (L) PET ANIMALS ACT 1951.

This Act provides for the registration and licensing of pet shops and sets down conditions relating to accommodation, temperature, lighting, ventilation and cleanliness, food and drink, prevention of infectious diseases and means of escape from fire.

During the year 40 inspections were carried out of the 10 licensed pets shops in the borough. The only infringements noted were in respect of lack of cleanliness and in two instances warnings had to be given.

# THE SCHOOL HEALTH SERVICE Report of the PRINCIPAL SCHOOL MEDICAL OFFICER for the Year 1955

# 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 Principal School Medical Officer on the work of the School Health Service for the year 1955.

The number of children on the school registers, 8,188, shows yet again an increase over the previous year, this time of 170. Primary registers show an increase of 85, secondary 100, and special schools for handicapped children a decrease of 15, this last a welcome item. The general standard of health and well being of the children continued to be very satisfactory, and it is a pleasant fact that the present day schoolboy or girl is taller, heavier and decidedly more fit and free from defects than his prewar predecessors. One would wish to see a greater improvement in the average child's posture, however: far too often he or she slouches round with head forward, shoulders rounded, chest flat and abdominal muscles relaxed. Fortunately there is usually no permanent ill effect, and a general smartening up occurs after school leaving. A major epidemic of measles occurred in 1955, the largest for some years past, and naturally enough affected a good number of the infant school population: although complete recovery was universal, it was noted that in some cases a prolonged period of debility followed the illness and the child was unable to benefit fully either physically or educationally from his school activities for a time—it is possible that this occurred on occasion due to a too rapid return to school instead of convalescing adequately. Scarlet fever for the second year in succession was at a very low level. As streptococcal sore throat is the same disease as scarlet fever minus the rash, it is important that parents of children who develop sore throats should keep them away from school until the danger of spreading the disease amongst the other school children is passed: this advice applies equally forcefully to influenza when an epidemic occurs.

My comments last year on the marked influence of the new school buildings recently provided on the physical and mental health of the staff and children in attendance have been even more solidly confirmed in the past year, and the number of children who require special schooling as delicate shows a further gratifying fall. The Open Air class at the Hollington Special School (now the Wishing Tree School) was closed in January 1955 and the remaining pupils transferred to the Robert Mitchell Open Air School at Ore. This has given opportunity for an expansion of the facilities available for E.S.N. pupils at the Wishing Tree School, and I think the town can be proud of the excellent results now being obtained there by Mr. Fishburn. Considerable attention has been paid by Headteachers to the problems of the child who does not make progress educationally, and I must thank them for the careful preliminary sorting which they carry out, resulting in an increasingly high percentage of those children referred for full investigation being found to be Educationally Sub-Normal or borderline. Many of the secondary schools have in the last few years gradually developed special group or individual tuition for backward children who are borderline E.S.N., and the results already look very promising. The employment of teachers who are experienced in work with this type of child cannot fail to be of benefit. The special school is filled to capacity, and

it is better in many ways to deal with the child who has an I.Q. of around 80—85 and is two or three years educationally retarded in special groups in the normal schools wherever possible.

The B.C.G. vaccination scheme for the routine Mantoux testing and vaccination where indicated against tuberculosis of the 13 plus age group commenced in the autumn by arrangement between the Education and Health Committees, and a good acceptance rate has been noted. Much is hoped for from this vaccine, and the results of the carefully controlled trial by the Medical Research Council, recently published, confirm that it is safe and gives a good added measure of resistance to the disease in the period of stress associated with adolescence, whilst protecting more absolutely against tuberculous meningitis. It is interesting to note that 70% of the children Mantoux tested were negative at 13 years and over: this is a considerable change for the better. as it used to be found that the majority of children were Mantoux positive by school leaving age, showing that they had been infected with tubercle. The lower rate of infection now observed here as well as nationally is due to the earlier diagnosis and much more effective treatment of adult cases nowadays. It cannot be forgotten that tuberculosis is a straight forward infectious disease, much more infective than previously thought, and that it can be conquered in time by the rigid application of the rules for the prevention of spread of any infectious disease, aided by such adjuncts as Mass Radiography for finding the unsuspected case and B.C.G. vaccination to improve resistance.

The school dental service has had another encouraging year, and the advent of the new clinics with modern dental suites should further encourage the use of this service and enable new inroads to be made upon the arrears of work accumulated since the war. The Child Guidance Clinic, by the energetic efforts of Dr. Doris Small, the Consultant Psychiatrist, and the appointment of a psychiatric social worker to fill a long vacancy, caught up with their arrears, and the full and settled team now under the leadership of Dr. Davys should be able to give a much smoother and adequate service than we have enjoyed for some years past.

Again I have to report the closest co-operation and most friendly help in the interests of the children from my medical colleagues in the town, both in practice and in the hospitals, and I am indeed grateful to them.

My sincere thanks also is extended to the Chairman and Members of the Education Committee, the Special Services Sub-Committee and the Chief Education Officer and his staff for their support, consideration and assistance throughout the year; to the headteachers and their staffs for their co-operation and help, to my Deputy, Dr. Weyman, who has carried out most of this work during the year and who is responsible for the preparation of this report, and to the staff of my department for their loyalty and hard work throughout.

I have the honour to remain, Ladies and Gentlemen,

Your obedient servant,

T. H. PARKMAN,
Principal School Medical Officer.

August, 1956.

(Throughout the report, figures in parenthesis are those for 1954 for purposes of comparison).

# STATISTICAL SUMMARY FOR 1955

TOTAL number of children at Primary Schools at Secondary School at Schools for Har	ols including Grammar schools	8,188 (8,018) 5,131 (5,046) 2,942 (2,842) 115 (130)					
ROUTINE medical inspection special inspection Minor ailments to	ns and re-inspections	2,485 (2,290) 1,831 (2,013) 620 (639)					
DENTAL inspections—total Receiv	number inspected , treated ing orthodontic treatment	6,327 (5,102) 4,300 (2,496) 121 (144)					
	number referred for examinatacles prescribed for	tion 643 (606) 213 (223)					
HEALTH INSPECTIONS by number found defe	school nurses at schools	21,217 (20,304) 69 (110)					
HOME VISITS by school n	urses	1,674 (1,385)					
DEATHS OF SCHOOLCHILDREN: I have to report that during 1955 three deaths occurred in the child population aged 5—15 years.							
Age Sex Male	Cause of Death (1a) Operative shock. (b) Removal of a Wils	ms Tumor left kidnev					
II Male	(1a) Adeno carcinoma and Metastas	of Transverse Colon ses.					
12 Male	(1a) Acute Laryngo-T	racheo Bronchiolitis.					

#### 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, parent or doctor.

Parents are notified in advance of the examination and are asked to attend at stated times to avoid undue waiting. Attendance of parents is good, particularly with the first age group: 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.

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

Second Age Group		 781 732	(847) (608)
Third Age Group	7444	 573	(650)
	Total	 2,086	(2,105)
Number of other Periodic Inspections	·	 399	185
Grand	Total	 2,485	(2,290)

## B.—OTHER INSPECTIONS

Number of Special Inspections Number of Re-Inspections	 	 930 901	(922) (1,091)
	Total	 1,831	(2,013)

# 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.	Total individual pupils. (4)
Entrants	27	153	156
Second Age Group	43	132	165
Third Age Group	68	81	145
Total (prescribed groups)	138	366	466
Other Periodic Inspections	61	85	134
Grand Total	199	451	600

#### TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR

ENDED 31ST DECEMBER, 1955.

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.

	petalberial of all of	Periodic	Inspections	Special I	nspections		
	and receive or by	No. of defects			No. of defects		
Defect Code No.	Defect or Disease	Requiring treatment	Requiring to be kept under observation, but not requiring treatment. (3)	Requiring treatment	Requiring to be kept under observation, but not requiring treatment. (5)		
4.	Skin	64	22	441	7		
5.	Eyes—a. Vision	199	53	78	4		
	b. Squint	30	19	9	4		
	6. Other	40	23	100	2		
6.	Ears-a. Hearing	5	15	9	2 2		
-	b. Otitis Media	3	9	2	-		
	c. Other		12	32	1		
7.	Nose or Throat	35	95	36			
8.	Speech	22	31	52	3		
9.	Cervical Glands	7	20	5	2		
10.	Heart and Circulation	5	30	3	8 3 2 2 6		
11.	Lungs	18	59	18	6		
12.	Developmental-				P. HERRIN		
	a. Hernia	-	1	-	-		
	b. Other	9	15		-		
13.	Orthopædic—						
	a. Posture	26	51	3	1		
	b. Flat foot	49	76	12	9		
100	c. Other	51	86	48	7		
14.	Nervous system -	-	0				
	a. Epilepsy	5	2	-	1		
45	b. Other	6	21	3	-		
15.	Psychological—	=	7	0	0		
	a. Development	5 7		9	2 2		
16	b. Stability		36	9			
16.	Other	84	20	239	14		

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

Age Groups	Number of Pupils	A. (Good)		B. (Fair)		C. (Poor)	
	Inspected	No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants Second Age Group Third Age Group Other Periodic Inspections	781 732 573 399	252 204 168 103	32·3 27·9 29·3 25·8	521 524 404 282	66·7 71·6 70·5 70·7	8 4 1 14	1.0 0.5 0.2 3.5
Total	2,485	727	29.2	1,731	69.6	27	1.1

The subnormal group of children (C group) continues to show a slow decrease 1% being found amongst the school entrant group, decreasing to nil at the final examination on leaving school. It is unlikely that this group will completely disappear. In spite of all efforts it is possible for a child—by reason of disease, parental incapacity or a new resident to the town—to reach school age without being known to the Health Visitors and so not receiving attention. At present the only way in which all children can be brought for medical examination is on reaching school age.

Health Visitors and parents are encouraged to arrange for pre-school children to be seen at welfare centres or sometimes at school clinics or by the family doctor, where there is any doubt about satisfactory progress.

The combination of modern medical treatment, general care of children, better homes, etc., tends to prevent more and more the occurrence of debilitated children who used to be a constant source of worry.

There is no doubt that a number of families would benefit in health and outlook if they could be moved into better accommodation. A number of children from individual families still have to spend time at the open air school before being fit for normal school life. The drive on slum clearance will prevent these houses being used for bringing up more subnormal children.

The standard of health and development of school children has been well maintained during 1955.

#### 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.

#### Health Inspections.

These are the development of the old cleanliness inspections. The accent is now more on health and as general hygiene has improved the "unclean children" become fewer.

Included under this heading comment might be made of the improvement in foot hygiene. Monthly foot inspections were necessary at one school as a result of occurrence of plantar warts. The children are now very foot conscious. This is largely the result of happy co-operation between Head teacher and Health Visitor.

The organisation of such an inspection without very considerable disturbance would have been extremely difficult in the old premises used by this school, but has proved simple and easy in the new spacious surroundings.

These are the numbers of inspections carried out by the school nurses:-

(i)	Total number of examinations of children in the schools	21,217	(20,304)
(ii)	Number of individual children found unclean	69	(110)
(iii)	Number of children in respect of whom cleansing notices were issued (Education Act, 1944, Sec. 54 (2)	46	(L. 1953)
(iv)	Number of children in respect of whom cleansing orders were issued (Education Act, 1944, Sec. 54 (3)	Nil	(Nil)

#### Work of School Nurses.

fficer	621	(559)
	25	(11)
	74	(103)
in the	954	(712)
Anno et al	1,674 785	1,385 (508)
Total:	2,459	(1,893)
		25 74 954 785

#### School Clinics.

The former minor ailment clinics are used more and more for consultation

and advice, much in the way that welfare clinics are used.

Behaviour problems, truancy, lack of progress in school work, enuresis and handicapped children form most of the cases as opposed to the boils, impetigo, running ears, etc. of years ago. The tendency is to see cases by appointment so that more time can be spent on any particular problem.

No change occurred at the clinics during the year. They were held at:

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.

At the time of writing the Park View Clinic has been transferred to the Arthur Blackman Clinic in Battle Road. The times of sessions remain the same.

Considerable work was needed in the latter part of 1955 to arrange for fitting and equipping this clinic.

Work on the new clinic at Ore to replace the Hope Clinic-an ex-public

house—was started and completion is hoped by Christmas, 1956.

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 outpatient 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.
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indigoto or mora done at the cities					
Total number of children exam	ined			982	(937)
Total attendances made				1,841	(2,028)
Total number found to require	treatme	ent		1,108	(1,003)
Minor Ailments treated:					, , , , ,
Disease—					
Ringworm (body)				_	(1)
,, (scalp)				_	()
Scabies				_	()
Impetigo				12	(6)
Miscellaneous (minor injuries	, burns,	scalds,	sores,		
-1				86	(133)
Ear, nose and throat				79	(67)
Eve diseases (external)				100	(106)
Plantar Warts				99	(95)
Other skin diseases				244	(231)
				620	(639)

#### Exclusions from School.

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

Diseases of the skin	5	(-)				
Infectious diseases (i	3	(-)				
Enlarged cervical gla		(I)				
Nervous condition (i	ncludin	g chorea,	epilepsy,	etc.)	_	(-)
Diseases of the diges	tive sys	tem			I	(-)
Bronchial catarrh ar	nd colds	, etc.			8	(4)
Debility					I	(2)
Injuries					2	(2)
Diseases of the ear					I	(-)
Diseases of the eye					I	()
Nits and vermin and	l unclea	nliness			6	(11)
				A PERSONAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COL	28	(20)
Nits and vermin and	unciea	nuness		A PER SERVICE	28	(20)

#### Infectious Diseases.

The number of cases of infectious diseases notified by general practitioners for the year 1955 occurring in school children, are:

Pneumonia	 1	Measles	1.1.	746
Scarlet fever	 II	Whooping cough		77
Erysipelas	 1	Diphtheria	19.00	_
Poliomyelitis	 2	Meningococcal		
Enteric fever	 1112	Infection		2

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.

Measles was of frequent occurrence this year and it was noted again that the time taken to return to normal health was generally longer than is usually appreciated. These days of mothers going out to work mean that children go back to school at the earliest possible moment.

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

279. 12 Tain G L

# MINISTRY OF HEALTH AND EDUCATION RECOMMENDATIONS FOR EXCLUSION FROM SCHOOL IN CERTAIN INFECTIOUS DISEASES.

			KIAIN INFECTIOUS D			
	Usual	Interval between	Period of	exclusion		
	Incubation period (days)	onset and appearance of rash (days)	Patients	Contacts, i.e., the other members of the family or household living to- gether as a family, that is, in one tenement.		
SCARLET FEVER (and strepto- coccal sore throat)	2—5	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.)	Children—no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certi- fies that they may re- sume work.		
DIPHTHERIA	2—5	-	Until pronounced by a medical practitioner to be fit and free from infection.	At least 7 days. Return to school should not be permitted until bacteri- ological examination has proved negative.		
MEASLES	10—15	3-4	10 days after the appearance of the rash if the child appears well.	Children under 5 years of age should be excluded for 14 days from date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.		
GERMAN MEASLES	14—21	0—2	7 days from the appearance of the rash.	None.		
WHOOPING	7—10	_	28 days from the begin- ning of the character- istic cough.	Children under 7 years of age should be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded.		
MUMPS	12-28	-	7 days from the subsidence of all swelling.	None.		
CHICKEN	11—21	0—2	14 days from the date of appearance of the rash.	None.		
POLIOMYE- LITIS	7—14	-				
ENCEPHAL- ITIS	4—30	-	At least 6 weeks. Will usually require a much longer period for re-	At least 21 days.		
MENINGO- COCCAL INFECTION	2—10	AND THE PERSON NAMED IN	covery.	or well-me and be		

#### Tuberculosis.

An important development during this year was the commencement of the B.C.G. immunisation scheme during the autumn term, when the first to be dealt with were the senior boys' schools.

On receiving the parents' consent the children in the 13 year old age group are given a skin test in school. This is read 48 hours later and the Mantoux negative children given the B.C.G. immunisation.

The Mantoux positive cases are given a letter to take home advising a further check by X-ray to make sure that there is no active disease.

Of 534 boys 370 consents were obtained—the scheme was offered but not urged on parents in any way.

113 children were mantoux positive and 256 mantoux negative. 256 children were immunised. This gives a figure of 70% negative and 30% positive in the boys' schools. There was little or no variation from school to school.

No particular difficulties were encountered apart from the fact that record keeping and checking is the most time consuming part of the operation.

Thanks to the excellent co-operation of the headteachers concerned disturbance to school routine has been kept to a minimum.

Families who have children who are Mantoux positive are persuaded to attend the Chest Clinic for check up on the grounds that the child's infection must have come from somewhere. To date this check up has revealed very few cases of active tuberculosis in the associated adults.

Where a child is reported to have active tuberculosis and has been attending school it is now customary to Mantoux test all the classmates and X-ray any positives. Friends and close intimates are also checked. Parents generally have been extremely co-operative, but it has been difficult to avoid undue worry in many cases over what after all is merely a check up. As more of this work is done no doubt it will be accepted more readily for what it is—a precautionary measure.

The Chest Physician and his staff are extremely helpful and co-operative and a close liaison is maintained between the Chest Clinic and the Health Department.

# Anti-Diphtheria Immunisation.

It is estimated that 51.9% of children o—5 years and 63.0% 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. See comment in earlier page of report.

#### Employment of Children.

During the year 1955 a total of 165 children were medically examined f a employment under the provisions of the Children and Young Persons Act, 1933.

Employment cards were issued as follows:-

Errands	62 29	(64) (22)
Assisting in shops	57	(57)
,, on farms	I	(2)
,, milk and bread roundsmen	2	(4) (5)
Miscellaneous	13	(5)
	164	(154)

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. No child was turned down on medical grounds.

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 School Meals Service has continued to operate efficiently and the quality of dinners has been maintained. The Service provided 741,120 dinners during the year to Maintained and Independent Schools.

The average number of meals provided daily during term was 3,494 and

during holidays 206.

There was an average of 449 free meals served and 49 part-free meals served daily.

During the year the following changes took place:-

- 1. 10th October, 1955—St. Mary Star-of-the-Sea R.C. School Kitchen Dining Room at the new school, Magdalen Road, opened for cooking and serving meals.
- 2. 12th December, 1955—Wishing Tree School Dining Room opened.
- 3. 21st December, 1955—Silverhill Central Kitchen and St. Mary's Hall (Dining Room for R.C. School, High Street) closed."

#### Milk in Schools Schemes.

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

		No. of Children	No. of Children
October, 1954	 	in School 7,587	taking milk
October, 1955	 	7,647	6,284

Special Clinics: Ophthalmic Clinic.

The school refraction clinics were held by Mr. A. Hollingsworth and Mr.

W. G. Bridges.

Mr. Hollingsworth comments:—"Fewer cases of squint were found among children of school age in 1955 than in former years as they are nearly all detected before the age of 5 and referred to the hospital.

Work should be easier and more pleasant in the new school clinic."

The service works smoothly and excellent co-operation is maintained on all cases. The school medical staff are grateful for the help and advice given on difficult cases.

The service continues as described in the last annual report. Routine colour vision testing continues with Ishihara colour test plates.

Treatment of Eye diseases, defective vision and squint, 1955.

		uthority		
	Se	rvice	Othe	rwise
External and other, excluding errors of				
refractions and squint	100	(106)	128	(69)
Errors of refraction (including squint)	643	(606)	69	(62)
Total	743	(712)	197	(131)
Number of pupils for whom spectacles wer	e			
(a) prescribed	213	(223)	62	(54)
(b) obtained	213	(223)	59	(46)

#### 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.

Owing to the energetic work of Dr. Small, the Consultant Psychiatrist, the waiting list almost disappeared early in 1956. Her excellent work has got this clinic on its feet again. Unfortunately changing staff have made it impossible to develop this service further. It is hoped that next year the staff at the clinic will be able to give some time to talk to school health and maternity and child welfare staff to try and develop the preventive angle more fully.

The following is a summary of the work done in the clinic for the year

ending 31st December, 1955:—					
					Sussex
			Hastings		Council
			Cases	Ca	ses
Number of new cases referred in 1	955		59	2	7
Referred by:					
School Medical Officers			45	I	8
Private doctors			-	-	-
Schools			I		2
Hospitals			-	-	-
Juvenile Courts			2		2
Probation Officers			_	-	-
Children's Officer			9		-
Other sources			2		5
			59	2	
Problems:					
Personality problems and nerv	vous disc	orders	I		4
Habit disorders			6		I
Behaviour disorders			34	I	9
Educational and vocational gu	iidance		18		3
Special exams, and Juvenile	Courts	and			
placement			_	59 -	- 27
How dealt with:					
Advice			4		3
Psychiatric treatment			25	I	
Coaching			2	100	School Services
Periodic supervision			I		I
Withdrawn before completion			3		I
Awaiting diagnosis			3		5
Intelligence tests only			21		_
Social History				59 -	- 27
Analysis of treatment:					1000
Recovered			*	1 2 ,	7 -
			14	I	
Improved			14	4	

				East Sussex
			Hastings	County Council
			Cases	Cases
Not improved			I	2
Discharged after advice			13	I
Still receiving treatment,	coaching,	or	The state of	
supervision			29	13
Transferred			4	3
Condition physical			_	
Treatment interrupted			_	_
Admitted to hospital			I	-
Closed			7	4
Psychiatrist:				and the second
Diagnostic interviews			47	27
Treatment interviews			379	210
Psychologist:				
Vocational guidance			I	_
School visits			6	4
Interviews for intelligence tes	sting, etc.		56	19
Coaching interviews			107	21
Supervision			I	_
Analysis of Coaching:				
Un-cooperative			_	_
Still receiving coaching			9	_
Discharged improved			5	
Still receiving supervision			I	-
Transferred			-	_
Psychiatric Social Worker:				
Interviews in clinic			350	155
School visits			4	5
Home and other visits	**		116	36
Conference at Marle Place	**			-
Speech Therapy Clinic.				
	1	7 .	the state of the s	

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 Every, Speech Therapist, reports as follows:-

"The average age of the children attending for speech therapy has dropped since last year. During the year, 7 pre-school children and over 30 five and

six-year olds have attended regularly for treatment.

The ideal time for referral of the children with minor speech defects would seem to be during the child's second term at school. He has then become accustomed to school life, but the bad speech habit is not so long established that it is difficult to break.

Only the Open Air and Wishing Tree schools have been visited regularly this term. It has been found more satisfactory for the children to come to the

clinic whenever possible."

No. of cases on register 1.1.55	51
No. of new cases admitted during year	72
No. of patients discharged during year	36
No. remaining on register 31.12.55	87
Total number of patients who received	
treatment during 1955	123

Analysis o	f cases treated:					
Single of	Stammering					24
	Dyslalia (exclud	ing Sigma	tism only	7)		52
	Stammering and			·		5
	Dysarthria		200			I
	Cleft palate					3
	Partially deaf		****			-
			***			4
	Sigmatism only	**				31
	Alalia	**				3
						-
						123
						-
Discharge	1:					
	Dyslalia-Norm	al speech				20
		change				3
		improver	ment			6
		listrict	icirc			I
					100	
	Stammering—M					3
		o change				I
	Cleft palate—No					I
	Dysarthria—Son	ne improv	vement			I
						-
						36
						30

#### Foot Health Clinic.

A fully qualified chiropodist is employed on a sessional basis and at present does two sessions a week throughout the year. He is kept fully occupied.

Most of his work consists of treating plantar warts. During the year it has been found that incidence of plantar warts remains below 2% in junior schools and about 6% in senior schools—except in one senior girls school—when, in view of the numbers found, monthly foot inspections were instituted. This outbreak seems to be coming under control at the time of writing.

It will be interesting to see if the general low incidence of this condition drops during the next few years—as a result of knowledge of the condition, better foot hygiene and more foot inspections.

With progress in foot health education, done by the long, slow method and not by "flash in the pan" propaganda methods, children come themselves (or persuade their mothers to bring them) to seek advice and treatment at an early stage.

During the year 225 new cases were treated at Park View foot clinic, making a total of 694 attendances.

#### SECTION B

#### SCHOOL DENTAL SERVICE

Number of school children at	tending le	ocal Educ	cation		
Authority Schools				8,188	(8,018)
Number of school dental office	ers emplo	ved	100	2	(2)

In addition to the normal routine clinics at Halton and Park View there is a specialist orthodontic clinic twice weekly at Halton.

The appointment last year of the two part-time medically-qualified anaesthetists has proved to be very satisfactory especially when the condition of children has necessitated any medical examination. This examination has been done immediately instead of the patient having to make an appointment and then having to return for extractions at some later date.

At routine school inspections 5,290 children were examined, 1,355 more than last year. Each school in the St. Leonards part of the town was visited during the year but as there was an arrears of work at the Hastings side it was not possible to inspect every school this year. Of course treatment is delayed at Halton clinic owing to the clinic being used by the orthodontic specialist, however this lack of essential accommodation should be overcome when the new clinic buildings are completed. Of the numbers examined 67.9% of children were found to require treatment and of the total examined 65.7% were referred for treatment at the clinics. 94.4% of the children referred were actually treated at the clinics during the year. The following table indicates the different age groups and the numbers inspected in each group.

Age Group	4	5	6	7	8	9	10	11	12	13	14	15	Over 15	Total
Number Inspected	59	350	275	431	558	514	457	545	573	537	468	287	236	5290

A fairly high standard of oral hygiene was evident at the school inspections. The lack of facilities in schools for children to clean teeth after school dinners makes inspections in the afternoon session a little difficult. If some facilities were provided it would at least ensure that the few children who never clean their teeth would do them once a day. In the few cases where the oral hygiene was bad it was arranged that school nurses should visit their homes to try and point out the dangers of dental neglect and to try and persuade the parents to accept the offer of dental treatment.

812½ sessions were devoted to routine dental treatment and the total attendances not including the special orthodontic clinic were 6,297.

3,264 fillings were done, 2,633 on permanent teeth and 631 on temporary teeth.

507 permanent teeth were extracted, 133 of these being for regulation treatment and 2,235 temporary teeth were extracted.

There were 1,167 administrations of general anaesthetics.

42 cases were referred to the Royal East Sussex Hospital for radiographs and 21 dentures were fitted during the year.

1,045 other operations were done on permanent teeth, and 755 other operations were done on temporary teeth. These other operations consisted mainly of dressings, scalings and silver nitrate treatment.

In addition to the work done for the Local Authority Schools arrangements were made with the London County Council for the children attending the George Rainey School to have dental inspection and treatment. Most children attend the school for one term only. 109 of these children were inspected and of these 61 required treatment, all of whom were treated. A summary of treatment given follows:—

George Rainey School:		-
deorge Ramey School.	NOSESTI III	
No. inspected 33 35	41	109
No. of attendances 17 20	24	61
Fillings—Permanent teeth 5 3	3	II
Temporary teeth 2 7	7	16
Dressings—Permanent teeth — 2	3	5
Temporary teeth — I	2	3
Extractions—Permanent teeth 18 1	-	19
Temporary teeth 18 12	33	63
Anaesthetics—Local 2	2	4
General II 7	II	29
Silver Nitrate treatment 2 2	6	10

The following table shows the work done at the Local Authority Schools during the year, the corresponding figures for 1954 being in brackets:—

durii	ng the year, the corresponding n	igures 101	1954 D	eing in bra	ckets:-	
I.	Number of children inspected b	y the De	ntist:			
	(a) periodic age groups		5,290	(3,935)		
	(b) specials		1,037	(1,167)		
	Total				6,327	(5,102)
2.	Number of children found to re	equire				
	treatment				5,582	(3,794)
3.	Number referred for treatment				4,513	(3,505)
4.	Number actually treated				4,300	(2,496)
5.	Attendances made by children	for				
.000	treatment				6,967	(6,115)
6.	Half-days devoted to:					
	(a) Inspection		351	$(32\frac{1}{2})$		
	(b) Treatment		8121	$(795\frac{1}{2})$		
	Total		OCCUPATION.	ods stem	848	(828)
7.	Fillings:					
-	Permanent Teeth		2,633	(1,935)		
	Temporary Teeth		631	(454)		
	Total		a Gam	In the state of	3,264	(2,389)
8.	Number of teeth filled:					
	Permanent teeth	1.0	2,509	(1,777)		
	Temporary teeth		591	(439)		
	Total				3,100	(2,216)
9.	Extractions:					
	Permanent teeth		507	(482)		
	Temporary teeth		2,235	(2,510)		
	Total				2,742	(2,992)
IO.	Administration of general anaes	sthetics				
	for extraction				1,167	(1,374)
II.	Other operations:				POTAL	
	Permanent teeth		1,045	(1,052)		
	Temporary teeth		755	(680)		
	Total		- No Park	matter Trans	1,800	(1,732)

#### Orthodontic Clinic.

Number of sessions held in 1955		77	(88)
Number of attendances at these ses	sions	670	(810)
Number of children treated		187	(197)
Number of new cases		56	(80)
Number of cases completed		25	(58)
Number of cases under treatment		121	(144)

The specialist orthodontic clinic was held by Dr. Chisholm whose comments on the year's work are as follows:—

"The School Orthodontic Clinic has completed another year of satisfactory work. The two sessions a week in 1954 were so successful in cutting down the waiting list that three sessions a fortnight in 1955 were enough to cope with the new cases.

"The co-operation of the Heads of the schools in making the children keep their appointments is much appreciated. One looks forward to working in the new clinics this year."

#### 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) physi-

cally 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

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 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.

#### School for Delicate Children.

The Education Authority maintains one school for delicate and physically

handicapped children. There are a total of 60 places.

The numbers of pupils remain low, as stated in the previous report due to continued improvement in treatment and especially to earlier treatment of conditions.

The school has to deal with an age range from 5 to 16 years. The number in each age group of the pupils are as follows:—5-7, 14; 8-10, 12; 11-12, 6; 13-16; 3.

Teaching is difficult in spite of small numbers. Many of the children are very backward in their work. In addition to having a physical defect and falling behind by reason of absence from school, there is sometimes some basic mental subnormality. The school is used in many ways. Sometimes epileptics not yet stabilised are admitted for a term—occasionally pupils who might be partially sighted or partially deaf are admitted pending observation on progress with more individual tuition or awaiting placement in a special school.

An analysis of the numbers attending during 1955 follows:-

		Robert Mitchell
Number on register 1st January, 1955	:	 36
Number of admissions during the year		 27
Number of discharges during the year		 28
Transferred to E.S.N. School		 -
Number on register 31st December, 1955		 35

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 the school 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 the Robert Mitchell

School during the year were suffering are as follows:-

The state of the s	0				
Congenital heart disease			 	3	(3)
Rheumatic heart disease			 	_	(1)
Asthma			 	5	(2)
Recurrent bronchitis and	bronchiectasis		 	6	(9)
Rheumatism including cl	norea		 	2	(1)
Debility and/or subnorm	al nutrition		 	23	(22)
T.B. glands, neck			 	I	()
T.B. contacts, primary le	sions, hilar gla	nds, etc.		2	(5)
Spastic paraplegia			 	2	(1)
Other crippling condition	s		 	6	(3)
Epilepsy			 	4	(1)
Other conditions			 	9	(4)

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

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

Children discharged during 1955.

Transferred to ordinary school system			 22	(25)
Transferred to other special institutions	s or	schools	 I	()
Transferred to E.S.N. School			 _	()
Left district			 4	(1)
Left on attaining school leaving age			 -	(2)
Home Tuition			 I	()

#### Educationally Subnormal Children.

The Wishing Tree Special 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.Os of these boys and girls varies between 50 and 85 on the Terman

Merrill scale.

A number of children are admitted who with remedial teaching should

be able to return to the ordinary schools after a year or two.

It is a great pleasure to note the provision of more special classes in the ordinary schools. More important still teachers with special training and experience in dealing with backward children are also employed.

In connection with backward children, some parents if given instruction on the right lines can give their children the individual coaching at home

they are unable to get at school.

Before a child is ascertained as educationally sub-normal careful mental and physical examinations are carried out. The results of these, the teachers' reports, and the parents feelings in the matter are carefully weighed up. In some difficult cases decision is postponed for a further period. Again, if the parent is not willing to agree to the child's transfer immediately, discussion of child's progress a term later combined with the excellent backing from respective headmasters produces a willing parent. A co-operative parent is most essential to the child's progress and well being.

# Wishing Tree School.

No. in attendance January, 1955		79†
No. of admissions and re-admissions during the year		17*
No. of school leavers (15 and 16)		5*
No. returned to ordinary school		6*
No. admitted to residential school for spastics		I
No. admitted to reception centre		I
No. left district		I
No. ineducable		2
No. in attendance December, 1955		80
* includes I East Sussex County Council case. † includ	ing I	
No. of children examined? E.S.N. during 1955		20
No. of children ascertained as E.S.N. during 1955		13
No. of children re-tested		-3 I
No. of medical reports made by the School Medical Officer	rfor	I I I I I I I I I I I I I I I I I I I
Juvenile Courts		10
No. of children reported to Local Authority: Sec. 57 (3)		4
Sec. 57 (5)	1000	2
500. 37 (3)	0.45	

## Defective Hearing.

Arrangements for dealing with children with defective hearing are as follows:—

All children have routine hearing tests at routine medical examinations. In addition, any child referred by health visitor, teacher or parent is tested.

Any cases requiring investigation and treatment are referred to the audiology unit at the local hospital, which is in charge of a Consultant. Further audiometric testing is carried out and treatment and hearing aids provided as necessary.

Instruction in lip reading routine is also given and, in addition, the services

of the local authority speech therapist may be used.

Cases are few in number and it has been found that provision of a hearing aid in some of them enables the child to attend the ordinary school quite satisfactorily, so that the numbers requiring special school treatment become progressively smaller.

5 children wear hearing aids.

Epilepsy.

A majority of children seem to respond to treatment and continue in the ordinary school under suitable treatment. Difficulties occur with those who do not respond to treatment. It is necessary to see first of all that a child is in fact being given the prescribed treatment. Many errors are found—commonly "he seemed alright so I stopped the tablets", "I don't like keep giving him drugs". Most of these settle after explanations with further treatment.

A few cases go to the school for delicate children during the period of stabilisation. Life is quieter and easier. Treatment if required can be given during school hours. Once all is satisfactory the child returns to the ordinary

school.

Some, however, do not respond satisfactorily to treatment and cannot be kept in school because of behaviour or frequency of attacks. They may go to a special school for epileptics or return to school in due course.

The paediatrician gives excellent co-operation and children are fully

investigated.

As with other disabilities parents are welcomed at the school clinics and their problems discussed. Every effort is made to back up advice given by the child's own doctor and the consultant. This is easy when everyone is kept fully informed.

13 children are known to have epilepsy.

## 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 establishments outside the Borough. These include children who are blind or partially sighted, epileptic or maladjusted.

It continues to be difficult to obtain places for maladjusted or educationally sub-normal pupils.

The total number of children in various institutions at the end of 1955 was: blind, 4; deaf, 4; cripples, 8; maladjusted, 8; coeliac disease, 1; epileptic, 1; E.S.N., 2;

a total in all of 28 children.

#### Home Tuition.

Children who are in hospital or incapacitated so as to be unable to attend school for two months or more may be provided with a home teacher. 13 were helped in this way.

# 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, orthopaedic clinic and paediatric clinic, both directly and through the health visitors. Health visitors follow up cases and attend the clinics mentioned, thus being able to follow up necessary treatments in home or school and to pursue defaulters.

# Holiday Camps.

It is very beneficial for children with disabilities to meet other children with similar disabilities. Like adults, they no longer feel the odd man out.

The authority has sent three or four children to a diabetic holiday camp each year. They come back fit and happy realising there are many like themselves. They go on testing their urine, giving their own injections and being careful with their diet.

A similar scheme is available for epileptics.