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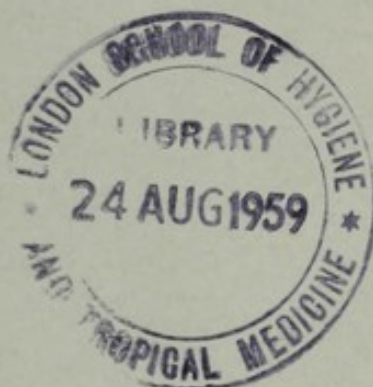
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COUNTY BOROUGH OF HASTINGS



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

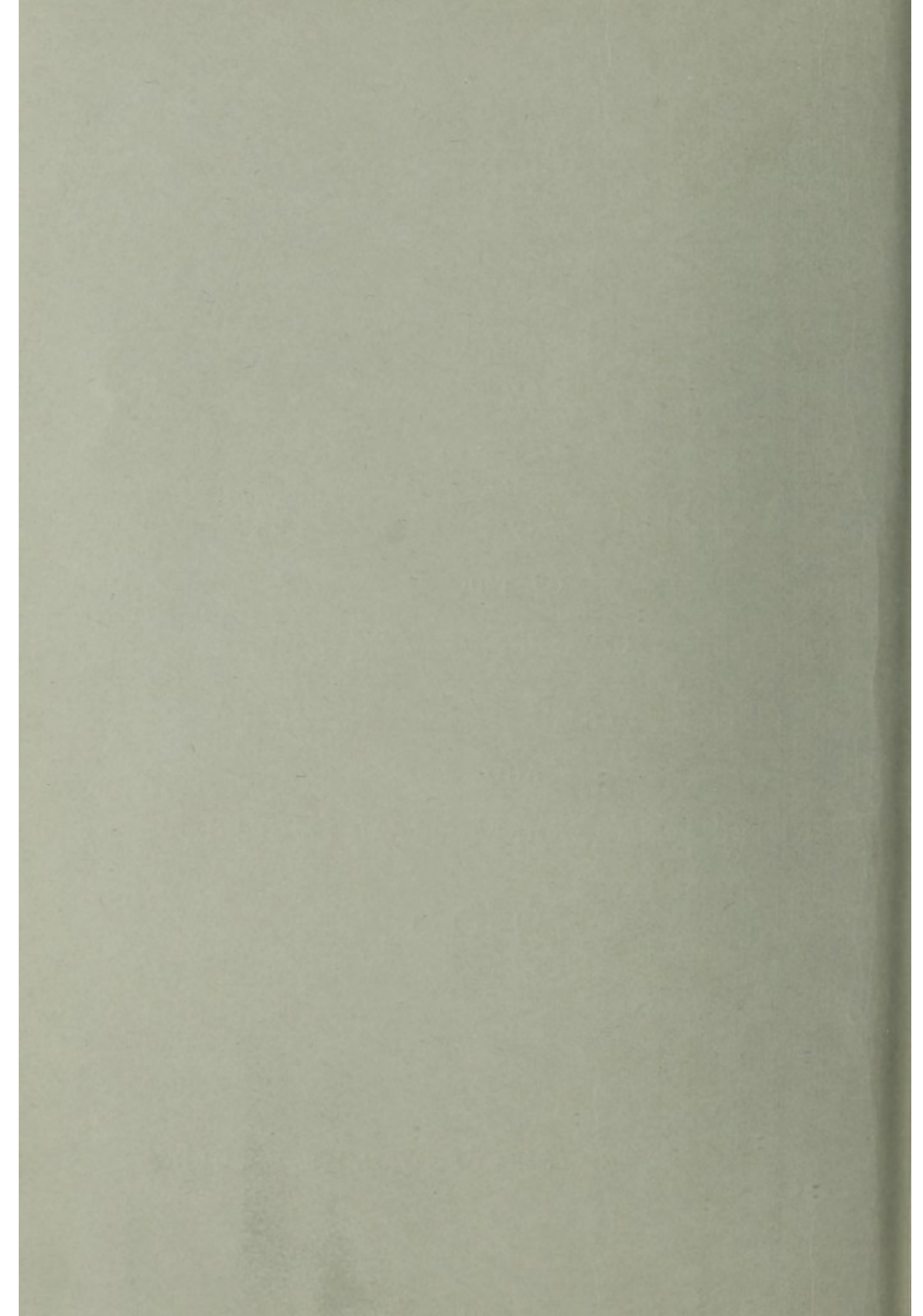
CHIEF WELFARE OFFICER,

AND

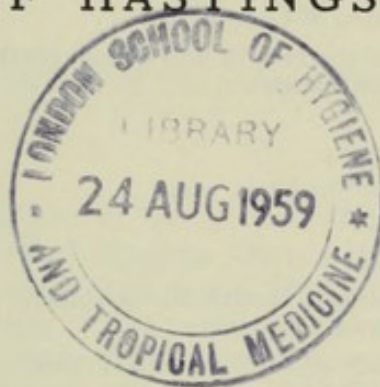
PRINCIPAL SCHOOL MEDICAL OFFICER,

1956

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



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MEDICAL OFFICER OF HEALTH,
CHIEF WELFARE OFFICER,
AND
PRINCIPAL SCHOOL MEDICAL OFFICER,
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HEALTH DEPARTMENT,

44, WELLINGTON SQUARE,

HASTINGS.

July, 1957.

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, Chief Welfare Officer and Principal School Medical Officer, for the year 1956. It follows the general pattern of the reports of recent years, aiming to give as simply as possible the essential details of the major work of the department, the year's picture of the general health of the community and a measure of comparison with the past, in order to illustrate the trends of community health.

The estimated midyear population, 64,550, shows a further most regrettable fall of 220 residents compared with the previous year, some 1,930 below the immediate prewar population figure. With 698 births and 1,218 deaths of residents in 1956, this means that population movements brought in 300 new residents from outside the borough during the year. This influx is insufficient by nearly 50% to balance out the great excess of deaths over births, reflecting thus the resident make-up surplus of old people and deficit in the child bearing age groups. Further light industry of suitable type must be regarded as a basic essential if Hastings is to prosper, industry to give employment to young people and most particularly our young males. The natural (birth/death) decrease, 520, was even larger than in previous years, figures for 1955/4/3/2/1 being 396, 322, 333, 217, 357 respectively—a general trend of widening the gap which is a pointer to the urgency of the problem.

The death rate, corrected by the Registrar-General's factor of 0.64, to enable direct comparison with national figures, was 12.0, a considerable increase on the previous year's figure of 10.4. The 1956 rate for England and Wales was 11.7. Once again, more than half the resident deaths (55.3%) occurred in people aged 75 and over. By far the commonest causes were heart and circulatory diseases and cancer, the cancer rate increasing still further to 3.4 per 1,000 population. Much has been written of the connection between cigarette smoking and the vast increase in cases of cancer of the lung, but it is still far from certain that the statistics available disclose the whole story, and atmospheric pollution can by no means be held blameless in this respect. I think that in our present state of knowledge, there is no valid reason for considering panic measures to persuade the adult population to stop smoking; each responsible person must make the decision for himself or herself, weighing up the available evidence against the habit on the one hand and balancing it against the pleasures and perhaps psychological benefits of the addiction on the other. I do think, however, that every parent, teacher, doctor, nurse, and any person who deals with young children should do all in their power to try and persuade them *not to start the habit*, stressing particularly the adverse effect it is likely to have on their "wind" and stamina in their athletics. Children understand this appeal and being eminently sensible beings are likely to heed it, whereas they are unmoved by threats of a horrible death later in life or similar types of propaganda.

The birth rate, 10.8 (corrected rate 12.6, national rate 15.6) sets a new and undesired record as the lowest recorded for Hastings this century. I have

already mentioned this as a factor in the steady population decline which is going on in the borough, but it is worth repeating to draw attention to the disastrous effect it is going to have on the town in the not too distant future unless it can be tackled in a big way. The number of live births, 698, comprised 661 legitimate and 37 illegitimate births: still births, 14, return to about our average figure after being so depressingly high in 1955.

The number of deaths of infants under one year of age, 15, shows a further slight decrease, the infant mortality rate falling to 21.5 per 1,000 births, comparing with 23.8 nationally. 13 of these deaths occurred in the first month of life, giving a neonatal death rate of 18.6: congenital abnormalities and prematurity again account for the vast majority. The maternal mortality rate was nil, no death having occurred which was ascribed to pregnancy or childbearing.

The services provided by the Council under the National Health Service and National Assistance Acts continued in great demand and were hard pressed to meet all requirements. Nevertheless, by strict selection and priorities, most demands have been met in some measure, and all urgent ones adequately.

The Home Nursing and Midwifery Service, provided by the Hastings and St. Leonards District Nursing and Maternity Association as agents for the Council, continued the pattern of previous years in attaining new records of service on the District Nursing side. Although slightly fewer cases asked for assistance (1,527) the number of actual visits made by the nurses reached the enormous figure of 56,918. Doctors are making great use of the service for carrying out nursing procedures, dressings and injections, and as usual a number of visitors to the town who required daily injections or other treatment were treated. The number of home confinements continued to diminish, to the detriment of the training school for pupil midwives. Great difficulty is now being experienced by the Association in obtaining replacements of suitably qualified staff of all types, and under the difficult circumstances and in face of the ever increasing work, the standard of nursing and midwifery has been maintained exceedingly well. If staffing difficulties become even more accentuated, as it seems to be doing in all branches of the nursing profession, it may be necessary to consider dilution of the fully trained staff with assistant nurses or even unqualified helpers to deal with certain aspects of the work which do not always require the skill of a qualified state registered nurse—I refer to many of the tasks concerned with the nursing and maintenance of old people in their own homes, and less highly trained staff under proper supervision could surely deal in safety with such items as blanket bathing and bedmaking, general care of pressure areas and similar forms of attention.

The Home Help Service, provided to help families over periods of illness, confinements, or to enable old people to continue to live in their own homes, again had a busy year and at times it was necessary to "ration" the help given. Essentially it is an emergency service, except in the case of old people, but the occasional applicant finds it difficult to understand that it is not a domestic agency providing a maid to clean the silver. The Helps employed do a magnificent job of work, and to my knowledge they often carry out extra work and visits to some of their patients out of hours and at weekends, this entirely of their own volition and unpaid. 287 applications for help were received, of whom 214 were actually assisted: the balance were in the main able to make other arrangements or were unwilling to meet the cost of the service as assessed on the Council's scale. Including the cases already on the books at the commencement of the year, 361 cases received help from this service during 1956.

The Ambulance Service, provided by the Hastings Corps of the St. John Ambulance Brigade, as agents for the Council, had to deal with slightly fewer

ambulance cases in the year, 9,353 patients being carried in 5,073 journeys compared with 9,964 in 5,076 the previous year. Sitting car cases, however, continued their upward demand of recent years and reached a new all-time high, 9,493 cases being carried in 3,646 journeys: most of this demand is to and from hospital, mainly outpatient departments. Distance cases are wherever possible sent by train, being conveyed at each end of the rail journey by ambulance or car, as is necessary. This saves considerable vehicle costs, but rail fares are not cheap and have to be met by the Service: such travel has the added merit of being in nearly all cases much more comfortable to the patient than travel by road over long distances.

The Infant Welfare Centres have continued their excellent work among mothers and babies, and 1956 was indeed a red-letter year in their history, two very fine new clinics being opened. The Arthur Blackman Clinic in Hollington was formally opened by His Grace the Duke of Norfolk in May, and the twin clinic at Ore was opened for use at Christmas. These fine new buildings, which were so badly needed, house all the clinic facilities for mothers, infants and school children in the two areas. The clean design and layout, the free use of colour in decoration and furnishing have proved most stimulating to both the staff who work in them and to the visiting mothers and children. They also accentuate the drawbacks and difficulties of the remaining welfare centres which perforce have to be held in institutes or church hall. In particular, the dental services provided for expectant and nursing mothers and toddlers already show much increased use, as the Senior Dental Officer points out, and this habit of getting used to going to the dentist at an early age should produce long term dividends in the future dental health of the community. The other long term preventative, fluoridation of the borough's water supply, for Hastings is a low fluoride area and the effects of lack of fluorine on dental health have been well proven, remains in abeyance for the time being, the Ministry of Health preferring to conduct controlled trials in a few selected areas.

Turning now to other procedures for the prevention of disease by artificial means, I am glad to be able to report marked extension of protection against whooping cough. The present day vaccine is very effective, with a protection rate probably better than 80%; as the disease is most damaging and often fatal in very young babies, it is important that mothers should seek this protection for their babies when they are about three months old. Diphtheria immunization continues to be sadly neglected by parents in the absence of any local outbreak of the disease in recent years, this in spite of continuous education on this subject by the health visitors. The B.C.G. vaccination scheme for 13+ school children had a very successful first full year, the acceptance rate being excellent—this protection although not giving full immunity to all types of tuberculosis, does give an added general resistance during the adolescent and young adult years and protects well against tuberculous meningitis. It is certainly well worth doing, being one of the major formations in the assault on tuberculosis. Like any other infectious disease, the pathology and epidemiology of which we have acquired sufficient knowledge, tuberculosis can be wiped out, but only with the co-operation and understanding of the whole community. Finally, vaccine protective against poliomyelitis was made available for the first time in this country during 1956. The initial registration for this immunization was received throughout the whole country with mixed feelings, and with memories of the Salk vaccine tragedy in America fresh in their minds, parents of children in the selected age groups were faced with a tremendous decision. The acceptance rate for the first registration was 25% roughly, a reflection of the difficulty. Supplies of vaccine have been very limited, and it is unlikely that all those registered in the Spring of 1956 will have been immunized before September or so in 1957. The second registration

in the summer of 1957 has proved that the vaccine has been accepted by most parents as safe, and the acceptance rate has increased quite abruptly.

The infectious diseases of yesterday were mainly bacterial and in the main these are no longer any problem at all in the community: I am thinking of such diseases as typhoid fever, cerebro spinal fever, diphtheria and the old severe form of scarlet fever rarely seen nowadays. The virus diseases, measles, influenza and chicken pox, joined more recently by poliomyelitis present still an unconquered problem. Even in the last twelve months many outbreaks of disease have been found to have been due to new viruses, and virologists have discovered and cultured whole new groups, such as the adeno virus group which causes various upper respiratory diseases and the echo virus group causing symptoms of meningitis and often resembling polio. Much remains to be learned about them before prophylactic measures can be taken, but the advent of vaccines effective against poliomyelitis and influenza give hopes of an early protection against many other virus illnesses.

The care of mentally handicapped children has been greatly stimulated by the opening of the lovely new Occupation Centre in Athelstan Road, where colour and new equipment are having a profound effect on the training of these unfortunate children. The new Centre came into use at Easter 1956, and has since been informally opened by His Worship the Mayor. This, with the Home Teaching service for those who cannot attend the Centre, influences the lives of both the children and parents a great deal, and I have again to thank the Hastings and Bexhill Society for Mentally Handicapped Children and the Rotary Club for their interest and material help.

The work amongst other handicapped people has continued, and I find it impossible to show on paper the full benefit that the assistance given, particularly occupational therapy, brings to these people.

The problems connected with old people grow ever larger, and their number does certainly not diminish. The homes at Moreton and Pine Hill run smoothly in spite of occasional staff shortages and difficulties. The problem of keeping old people going in their own homes is being tackled very successfully with the Home Help, Health Visitor, Home nurses and Welfare Officer, aided most wholeheartedly by voluntary organizations. The residential needs now have changed in pattern, for no longer is there an overwhelming demand for old people's flatlets, neither is the pressure of *normal* old people needing residential accommodation quite so severe. The new problem is in catering for the crippled, the senile, the unsocial ones who unfortunately do exist, and the incontinent: an officer level committee was set up in 1957 to study this problem and to size it up, as it is obvious that new country must be covered to deal with these misfits in the existing setup.

A considerable proportion of the time of the Public Health Inspectors section of the Department continued to be spent on housing matters, as the housing position in the town is still very far from being satisfactory. Representations were made by the Council to the Minister on three clearance areas, Halton 1, High Bank and Bexhill Road, involving 127 houses. The rather protracted public enquiry into Halton 1 area resulted in the Minister's confirmation with remarkably few adjustments. The original total scheme, covering approximately 1,000 unfit houses in a twelve year period may well have to be modified in view of the greatly changed financial position facing the country at present. As the Chief Public Health Inspector points out in his remarks in this report, the failure of the 1954 Housing Repairs and Rents Act coupled with the high cost of repairs has resulted in a continued decline in the standards of repair of large numbers of houses at present considered fit for human habitation, a problem which if not solved soon will result in the number of unfit houses in the borough becoming even greater in the near future. The policy of dealing with individual unfit houses, wherever possible by means of a

Closing Order, has resulted in a good proportion of them being rehabilitated: nowhere is this better seen than in All Saints Street, where a number of almost complete internal rebuilds have produced good accommodation by modern standards and yet have restored the charm of that street as it must have been in its heyday. It must be faced squarely that there are considerable numbers of families still living in overcrowded conditions or grossly unfit houses, and where these properties do not come within clearance areas to be dealt with in the near future, the prospects of early rehousing are poor indeed. The rapid run down in building new houses for general list cases is bound to render their rehousing an almost impossible task, subsidies on new housing being reserved now by Government decree for clearance area and Closing Order cases.

The building of a new abattoir remains at present a hope for the future. Much work has been done by the Council and its Committees, jointly with our neighbouring authorities, to try to find a solution to the many difficulties which arise; we have also to wait for the findings of the Ministry following the recent national review of existing slaughterhouse facilities. Meanwhile the financial position of the country and of local government in particular does not give rise to any undue optimism as to the immediate future in building a new abattoir. The public can only be reassured that the Council is most alive to the deficiencies and shortcomings of the London Road Slaughterhouse and are pressing for a new site and buildings as strongly as is humanly possible.

A review of hotels and boarding houses was commenced in October and completed in May, 1957, a total of 412 premises being visited. Many were found to fall short of the requirements of the Food Hygiene Regulations, 1955 standards, 103 lacking suitable and sufficient wash hand basins in or near food preparation rooms. Overpressure on the inspectorate does not permit of the follow-up or extension of these findings as thoroughly as one would wish, although hygienic food handling is obviously extremely important in a holiday resort if it wishes to retain its good name. Extensive food hygiene education was continued, 1,400 people attending various talks and film demonstrations. The new Fishmarket building was formally opened during the year and is a major advance in food hygiene, as was the covering of itinerant fish hawkers, barrows.

I have tried in this preface to highlight the more important vital statistics and happenings of the year and to offer my comments on them as constructively and impartially as I can. I have to thank you, Mr. Mayor, the members of the Council and Committees, especially the Chairmen for the continuous support, interest, help and encouragement you give me: my professional colleagues both in general practice and hospital service for their ever willing co-operation and active help: to the Officers of the Hospital Management Committee and Local Executive Council for invariably nipping any incipient difficulties in the bud and finally my own departmental staff, a fine team of real workers, always enthusiastic and loyal, particularly Dr. Weyman, who left us early in 1957 after nearly 7 years as my Deputy, Mr. McDonald, Chief Public Health 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,

Chief Welfare Officer, and

Principal School Medical Officer.

(Figures in parenthesis throughout this report are those for the previous year, 1955, for comparison).

CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES, 1956.

Public Hygiene Committee—COUNCILLOR G. H. TANNER, B.E.M.

Education Committee—ALDERMAN 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, 1956.

NAME OF OFFICERS	OFFICES HELD
T. H. PARKMAN, M.B., B.S., D.P.H.	Medical Officer of Health; Principal School Medical Officer; Chief Welfare Officer.
P. WEYMAN, L.R.C.P., L.R.C.S. (ED.), D.P.H.	Deputy Medical Officer of Health; School Medical Officer.
I. M. FITZGERALD, M.B., B.CH.	Part-time Assistant Medical Officer of Health and School Medical Officer.
M. J. CUTLER, M.B., B.S. LOND., M.R.C.S. ENG., L.R.C.P. LOND., D.C.H.	Medical Officers Infant Welfare Centres (Part-time).
E. FRANKS, L.R.C.P. & S. EDIN., L.R.F.P.S., GLAS.	
C. M. CARR, M.B., B.CH.	
T. S. GOODWIN, M.D.	
M. F. BEATTIE, M.B., B.A.O., B.CH., D.P.H.	
I. G. B. DRYBROUGH-SMITH, M.R.C.S., L.R.C.P.	Medical Officer Ante-Natal Clinics (Part-time)
C. N. WOOD, M.A., M.B., B.CH., M.R.C.S. ENG., L.R.C.P., LOND.	Medical Officer, Contraceptive Clinic (Part-time)
I. M. CHISHOLM, L.R.C.P. & S., L.D.S., R.C.S. EDIN.	Orthodontic Surgeon (Part-time).
D. K. SMALL, L.R.C.P., L.R.C.S., D.P.M.	Psychiatrist, Child Guidance Clinic.
R. STEELE, L.D.S.	Principal School Dental Officer.
P. W. MATHIEU, L.D.S., R.C.S.	School Dental Officer.
(Resigned 30.6.56)	
R. T. HAMILTON, L.D.S., R.C.S.	do. do.
(Appointed 10.9.56)	
MRS. P. HESLOP	Psychiatric Social Worker.
MISS M. S. LOGG, B.A., DIP.PSYCH.	Educational Psychologist, Child Guidance Clinic.
MISS D. SMITH	Clinic Secretary, Child Guidance Clinic.
MISS A. EVERY, L.C.S.T.	Speech Therapist.
(Resigned 26.3.56)	
MISS P. A. BAKER, L.C.S.T.	do.
(Appointed 24.9.56)	
W. G. McDONALD (a) (b)	Chief Public Health Inspector; also Chief Inspector under Shops Acts, Food and Drugs Act, Housing Acts, Prevention of Damage by Pests Act.
E. JACKSON (a) (b)	Deputy Chief Public Health Inspector, etc.
G. F. SMART (a) (b)	Public Health Inspector.
E. H. SHINGLER (a) (b)	do. do.
J. A. SADLER (a) (b)	do. do.
E. G. C. WELCH (a) (b)	do. do.
A. MERCER (a) (b)	and Shops Act Inspector.
(Resigned 26.3.56)	Meat Inspector.
E. E. ROUGHTON (a) (b)	do. do.
(Appointed 18.5.56)	
D. FUNNELL	Pupil Public Health Inspector.

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1956

(Continued).

NAME OF OFFICERS	OFFICES HELD
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)	Health Visitor and School Nurse.
MRS. G. ALSFORD (c) (d) (f)	do. do.
MISS G. W. HODGSON (c) (d) (e) (f)	do. do.
MISS B. E. KEEN (c) (d) (f)	Health Visitor and School Nurse.
MRS. B. PRICE (c) (d) (e) (f)	do. do.
MISS M. I. C. MUNFORD (c) (d) (f)	do. do.
MISS A. J. LEACH (c) (d) (f)	do. do.
(Appointed 18.6.56)	
A. E. CHRISTMAS	Duly Authorised Officer and Welfare Officer.
MRS. M. HUNTER	Mental Health Worker.
MISS K. F. FINCH-WHITE	Supervisor, Occupation Centre.
MRS. J. E. WHITE	Assistant, Occupation Centre.
MRS. G. M. LEWENDON	Occupational Therapist and Home Teacher.
G. W. PRIESTLEY	Warden, Old Persons' Homes.
C. L. WHEATLEY	Chief Clerk.
H. R. H. ASHLEY	Clerk, Public Health Inspector's Office and Duly Authorised Officer.
R. FREEMAN	Clerk, General Office.
MRS. G. M. WAGHORN	Clerk, Maternity and Child Welfare. Tuberculosis, and School Health Service.
MISS S. B. GRAY	do. do.
MRS. J. M. BEANEY	Shorthand Typist.
MRS. R. W. WALLACE	Home Help Organiser.
A. HARRIS (Resigned 28.1.56)	Junior Clerk, General Office.
MISS P. PEACOCK (Appointed 23.7.56)	do. do.
H. WIGGLESWORTH, M.C.S.P., M.CH.S.	Chiropodist (Part-time).
MISS M. DALE	Clerk, School Health Service.
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.

(a) Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board.

(b) Certificate, Royal Sanitary Institute. Inspector of Meat and other Foods.

(c) Fully trained General Nurse.

(d) Certificate of Central Midwives Board. (C.M.B.)

(e) Certificate, Fever Training.

(f) Health Visitor's Certificate.

(g) Tuberculosis Certificate.

SECTION I

GENERAL AND VITAL STATISTICS

(a) Summary:

Area of Borough	..	..	..	7,770 acres
Population—Census, 1951	..	..	..	65,506
„ —Registrar-General's estimate of resident population for the purpose of Vital Statistics mid-1956	..	..	..	64,550
Number of inhabited houses (end of 1956)	..	..	..	21,989
Rateable Value	..	..	..	£1,120,723
Sum represented by 1d. rate	..	..	..	£4,300
Live Births, 1956, Legitimate	..	..	661	
Illegitimate	..	..	37	Total: 698
Birth Rate (per 1,000 of the estimated population (crude))	..	..	..	10.8
(corrected, factor of correction 1.17)	..	..	..	12.6
Still births	..	..	..	14
Rate per 1,000 total (live and still) births	..	..	..	11.0
Number of infant deaths (under 1 year)	..	..	..	15
Infant Mortality Rate (per 1,000 live births)	..	..	..	21.5
Legitimate (per 1,000 legitimate births)	..	..	..	21.2
Illegitimate (per 1,000 illegitimate births)	..	..	..	27.0
Deaths, 1956	..	..	..	1,218
Death rate per 1,000 resident population:				
(a) crude	..	..	..	18.8
* (b) corrected	..	..	..	12.0
* factor of correction	..	..	..	0.64
Death rate (puerperal causes) (per 1,000 live and still births):				
Puerperal sepsis	..	..	..	Nil
Other maternal causes	..	..	..	Nil
Death rate (tuberculosis) (per 1,000 population)	..	..	..	0.24
Death rate (cancer) (per 1,000 population)	..	..	..	3.39
Total hours sunshine, 1956	..	..	..	1679.4
Total inches rainfall, 1956	..	..	..	24.61

(b) Vital Statistics:

Population: Census, 1951	..	..	..	65,506
Estimated mid-year population, 1956	..	..	..	64,550
Estimated mid-year population, 1955	..	..	..	64,770

The Registrar-General's estimate of the mid-year population shows a decrease of 220 on the previous year and the present figure stands 1,930 below the highest Hastings population figure recorded, 66,480 in 1939.

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

1947	..	62,740	1952	..	64,800
1948	..	65,360	1953	..	64,510
1949	..	65,000	1954	..	64,800
1950	..	65,690	1955	..	64,770
1951	..	65,090	1956	..	64,550

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 1956 was 698, comprising 365 males and 333 females, giving a birth rate of 10.8 per 1,000 estimated midyear population. Of the total live births, 37, 20 males and 17 females, were illegitimate, a percentage of 5.3. Comparative figures for the past 25 years are given in Table I, which shows a renewed decline in the birthrate in 1956 to 10.8 per 1,000, thus being the lowest rate ever recorded since 1932.

Death Rate: Total number of deaths registered in 1956 occurring among the resident population of the borough was 1,218, 521 being males, 697 females. Not included were 415 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 36 Coroner's inquests. 88 deaths were certified by the Coroner without inquests.

The crude death rate per 1,000 population was therefore 18.8, which corrected for the peculiar age and sex constitution of the population by the registrar-general's factor of 0.64 gives a corrected death rate of 12.0 per 1,000, which figure can be compared with the national rates.

See also Tables II and III.

Age at Death: Of the 1,218 deaths of residents in 1956, 15 occurred in infants under 1 year of age and 1 from 1—5 years. 989 (81.2% of the total deaths) were of residents over 65 years, 673 (55.3% of all deaths) being over 75 years of age.

Further details are given in Table IV.

Main Causes of Death:

(a) Disease of heart and circulatory system	721	59.2% of total
(b) Cancer	219	17.9% ..
(c) Respiratory diseases (other than tuberculosis and cancer)	113	9.3% ..
(d) Death by violence	27	2.2% ..

Deaths from heart and circulatory system diseases and from cancer are responsible for 77.2% 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 1956 with 15 infant deaths in 698 live births was 21.5 per 1,000 births compared with a national rate for England and Wales of 23.8. This figure shows a further improvement. 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 1956 was 14, a welcome reduction on the previous year's total.

The Infant (legitimate) Mortality rate with 15 deaths 661 legitimate births was 21.2 per 1,000: the rate for illegitimate children under 1 year was 27.0 per 1,000, there being 1 death 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 nil, no such death having occurred.

Further detail and comparative figures for the previous 25 years are given in Table VI, and the Hastings rate compares with a national rate of 0.64.

Puerperal Pyrexia Regulations, 1939-51: The total number of cases of puerperal pyrexia notified in 1956 was 33, with no deaths. 32 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.

Year.	Popn.	LIVE BIRTHS							STILL- BIRTHS Total.
		Total Live Births.				Legiti- mate.	Illegitimate.		
		M	F	Total.	Birth rate per 1,000 population.	Total.	Total.	% of all Births.	
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	64,800	381	365	746	11.5	702	44	5.8	11
1955	64,770	365	357	722	11.1	685	37	5.1	21
1956	64,550	365	333	698	10.8	661	37	5.3	14

Comparative Table II.

DEATHS AT ALL AGES AND INFANT MORTALITY.

Year.	Est. Mid-Year population.	Total Deaths registered in Hastings.	Transferable Deaths *		NET HASTINGS DEATHS				
					All Ages.			Under 1 yr.	
			In	Out	Total.	Crude Rate.	Corrected Rate †	Total.	Rate per 1,000 Births.
1932	63,160	1,126	59	192	993	15.73	11.29	33	44
1933	63,490	1,130	46	150	1,026	16.16	11.60	33	46
1934	63,750	1,138	47	177	1,008	15.8	10.58	29	36
1935	64,100	1,162	49	181	1,030	16.07	10.76	43	55.3
1936	64,190	1,152	56	155	1,053	16.4	10.98	33	42.1
1937	63,450	1,154	62	157	1,059	16.6	11.12	34	47.6
1938	64,318	1,104	47	159	992	15.4	10.31	32	44.4
1939	66,480	1,229	88	189	1,128	16.9	11.3	22	27.0
1940	58,040	1,228	110	156	1,182	20.3	14.21	25	39.8
1941	36,670	776	65	95	746	20.3	14.21	14	34.2
1942	38,940	900	67	133	834	21.4	16.26	27	41.9
1943	37,100	953	60	128	885	23.8	15.9	21	34.2
1944	38,350	887	65	130	822	21.4	14.34	20	32.7
1945	48,820	1,012	44	168	888	18.1	12.12	34	46.5
1946	59,160	1,054	64	142	976	16.4	10.98	35	30.3
1947	62,740	1,170	50	215	1,005	16.0	10.72	32	26.6
1948	65,360	1,129	63	218	974	14.9	9.98	35	35.0
1949	65,000	1,264	75	237	1,102	16.9	11.49	25	27.7
1950	65,690	1,303	92	259	1,136	17.3	11.76	14	15.7
1951	65,090	1,362	71	269	1,164	17.9	11.99	17	21.1
1952	64,800	1,222	94	316	1,000	15.4	10.31	25	31.9
1953	64,510	1,402	35	363	1,074	16.6	11.12	16	21.6
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
1956	64,550	1,597	36	415	1,218	18.8	12.0	15	21.5

† Factor for correction 1925-33 — 0.718

("Comparability factor")

1934-39 — 0.67
 1940 — 0.70
 1941-48 — 0.67 *assumed*
 1949-50 — 0.68
 1951-53 — 0.67
 1954 — 0.61
 1955 — 0.61
 1956 — 0.64

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

Comparative Table III.

BIRTH, DEATH, INFANT MORTALITY AND OTHER RATES FOR THE YEAR 1956.

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	15.6	23.0	23.8	16.9	0.56	11.7	0.121	2.075
Hastings	12.6 +	19.6	21.5	18.6	0.00	12.0 ★	0.24	3.4

+ Factor of correction
1.17

★ Factor of correction
0.64

Table IV. CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1956.

CAUSES OF DEATH.	Net Deaths at the subjoined ages of Residents, whether occurring within or without the District																																			
	MALES.												FEMALES.												TOTAL DEATHS.											
	0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	To- tal.	0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	To- tal.	0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	All ages.									
All Causes { Certified { Uncertified	8	1	1	3	21	98	153	235	520	7	...	...	2	7	80	163	437	696	15	1	1	5	28	178	316	672	1216							
Tuberculosis, respiratory	1	4	4	...	9	...	...	...	...	...	2	...	4	6	...	...	...	...	1	6	4	4	15				
Tuberculosis, other	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1				
Syphilitic disease									
Diphtheria									
Whooping Cough									
Meningococcal infections									
Acute poliomyelitis									
Measles									
Other infective and parasitic diseases	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malignant neoplasm, stomach	4	6	2	12	...	...	...	...	1	2	3	8	14	...	...	...	...	1	6	9	10	26					
" lung, bronchus...	2	15	10	8	35	...	...	...	...	...	2	1	2	5	...	...	...	...	2	17	11	10	40				
" breast	7	8	9	26	...	...	...	...	2	7	8	9	26									
" uterus	4	3	4	11	...	...	...	...	...	4	3	4	11									
Other malignant and lymphatic neoplasms	2	11	16	16	45	...	...	...	1	...	22	23	25	71	...	...	...	1	2	33	39	41	116				
Leukæmia, aleukæmia	1	...	1	...	2	...	...	...	...	...	...	1	...	1	...	...	...	...	1	...	2	...	3				
Diabetes	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2						
Vascular lesions of nervous system	11	22	38	71	...	...	...	...	...	14	37	80	131	...	...	...	...	...	25	59	118	202					
Coronary disease, angina	2	21	35	25	83	...	...	...	...	...	5	15	37	57	...	...	...	...	2	26	50	62	140				
Hypertension with heart disease	1	5	7	13	...	...	...	...	...	1	6	17	24	...	...	...	...	...	2	11	24	37					
Other heart disease	1	...	6	10	70	87	1	5	14	138	158	1	1	11	24	208	245								
Other circulatory disease	1	5	8	23	37	...	...	...	...	...	5	17	38	60	...	...	...	...	1	10	25	61	97				
Influenza	1	...	1	...	...	...	...	...	...	1	2	3	...	...	...	...	...	...	2	2	4						
Pneumonia	1	3	2	11	17	...	...	...	...	...	3	6	16	26	...	...	...	...	1	6	8	27	43				
Bronchitis	1	...	...	...	3	8	12	...	...	...	...	...	1	5	13	19	...	...	...	...	1	1	8	21	31		
Other diseases of respiratory system	1	1	5	11	7	25	...	...	...	...	...	...	6	4	10	...	...	...	...	1	5	17	11	35			
Ulcer of stomach and duodenum	4	3	4	11	...	...	...	...	...	1	...	3	4	...	...	...	...	...	5	3	7	15					
Gastritis, enteritis and diarrhœa	2	2	9	2	2	4	14								
Nephritis and nephrosis	1	1	3	5	...	...	...	...	1	1	6	1	...	...	...	...	...	1	2	7	4	14					
Hyperplasia of prostate...	3	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	6						
Pregnancy, childbirth, abortion									
Congenital malformations	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	
Other defined and ill-defined diseases	6	...	...	1	4	3	6	5	25	...	...	...	1	2	2	9	26	45	...	...	...	2	6	5	15	31	70	
Motor vehicle accidents	1	...	2	1	1	1	6	...	...	...	...	...	...	...	...	...	...	...	1	...	2	1	1	1	6		
All other accidents	2	1	1	2	7	...	...	...	...	...	1	2	11	14	...	...	...	...	2	2	3	13	21				
Suicide	1	2	2	...	5	...	...	...	...	...	...	...	...	2	...	...	...	...	1	4	2	...	7				
Homicide and operations of war									
Totals	8	1	1	3	21	98	153	235	520	7	...	...	2	7	81	163	438	698	15	1	1	5	28	179	316	673	1218							

Table V.

INFANT MORTALITY.

1956. Net Deaths from Stated Causes at various ages under 1 year of age.

[illegible]

Net Births in the Year.	Net Deaths in the Year.	Net Deaths in (legitimate { illegitimate	Neonatal Deaths (under 1 month)	Infant Deaths (1 year)	Rate per 1000 live births
661	37	14 1	13	15	18·6 21·5

Table VI.

MATERNAL MORTALITY.

Year.	No. of live and still births.	Puerperal Sepsis.		Other causes connected with Pregnancy and Childbirth.		Total.	Rate per 1,000 total births
		No.	Rate per 1000 total births.	No.	Rate per 1000 total births.	No.	
1932	780	1	1.3	3	3.8	4	5.1
1933	742	1	1.3	4	5.5	5	6.8
1934	831	1	1.2	2	2.4	3	3.6
1935	811	2	2.4	1	1.2	3	3.6
1936	809	1	1.2	3	3.9	4	5.1
1937	730	2	2.7	...	...	2	2.7
1938	748	1	1.3	2	2.6	3	4.0
1939	766	3	3.5	2	2.3	5	5.9
1940	686	1	1.5	2	3.0	3	4.6
1941	506	...	...	2	4.7	2	4.7
1942	664	...	...	...	...	...	...
1943	597	...	...	1	1.6	1	1.6
1944	662	...	...	...	...	...	...
1945	754	...	...	1	1.33	1	1.33
1946	1,186	...	...	2	1.68	2	1.68
1947	1,239	...	...	...	...	...	...
1948	1,022	...	...	...	...	...	...
1949	924	...	...	1	1.08	1	1.08
1950	907	...	...	1	1.10	1	1.10
1951	814	1	1.24	...	...	1	1.24
1952	802	...	...	1	1.24	1	1.24
1953	757	...	...	...	...	...	...
1954	757	...	...	1	1.32	1	1.32
1955	743	...	...	1	1.34	1	1.34
1956	712	...	...	...	...	...	...

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.

SECTION 22

Care of Mothers and Young Children:

(a) Infant Welfare Centres.

Welfare clinics are held weekly at 5 centres scattered throughout the borough, as follows:

Arthur Blackman Clinic, Battle Road, St. Leonards-on-Sea .. .. .	..	Mondays and Thursdays, 2 p.m.
Central Clinic, Priory Street, Hastings ..	..	Friday, 2 p.m. (Tuesday 2 p.m. weighing only)
London Road Congregational Church Hall, St. Leonards-on-Sea .. .. .	..	Monday, 2 p.m. (Friday, 2 p.m. weighing only)
St. Ethelburga's Mission Hall, Bexhill Road, St. Leonards-on-Sea .. .. .	..	Alternate Tuesdays, 2 p.m.
Ore Clinic, Old London Road, Hastings ..	..	Tuesdays and Thursdays, 2 p.m.

The Arthur Blackman Clinic at Hollington was opened formally by His Grace the Duke of Norfolk on 29th May, 1956, having been completed and brought into use at the end of April: the twin clinic at Ore was similarly brought into use at Christmas 1956. These two fine new buildings, which cater for all branches of the clinical work both of the Health Department and School Health Service replace the authority's two ancient premises at Park View and Halton place, and also two weekly infant welfare sessions held in church hall premises.

The modern design, the free use of bright colour and the good amenities provided in these new clinics are a great stimulus to all those using them, both staff and patients, and lead one to hope that the high standard of services provided in the past will be raised still higher. Certainly, running infant welfare sessions in these new buildings throws into even greater contrast the difficulties of all sorts which are encountered in those run in various church halls and similar premises, as are our remaining welfare centres. In spite of these difficulties, however, these latter centres do excellent work and are much appreciated by the mothers.

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 1956 were:—

CLINIC	First Attendance Children under 1 year	First attendance in year children born in			Subsequent attendances			Total Attendances	Average per Session	No. Medical Consultations
		1956	1955	1954-51	Under 1	1-2	2-5			
Grove Road (Closed down 17.12.56)	46	37	31	49	749	194	333	1393	28	338
Halton (Closed down 12.12.56)	51	44	49	66	727	173	229	1288	26	433
(Tuesdays)	46	39	23	51	589	120	202	1024	20	269
(Wednesdays)										
Ore (Opened 27.12.56)	6	6	—	1	14	3	9	33	—	12
(Thursday)										
Priory Street:	47	45	29	18	794	141	128	1155	23	—
(Tuesdays)	87	86	69	52	1224	392	296	2119	42	516
(Fridays)										
London Road:	69	66	30	34	1092	297	208	1727	35	415
(Mondays)	68	57	68	86	831	292	318	1652	33	—
(Fridays)										
Bexhill Road	20	17	18	34	313	167	323	872	33	139
Park View (Closed down April 1956)	22	15	49	54	173	31	51	373	26	96
St. John's, Hollington (do.)	18	14	48	65	106	59	72	364	28	65
Arthur Blackman (opened April 1956):	42	40	4	14	485	128	226	897	25	204
(Mondays)	57	54	7	16	928	248	425	1678	45	365
(Thursdays)										
	579	520	425	540	8025	2245	2820	14575	—	2852

It speaks well for both the reputation of the welfare clinics and for the keenness of the health visitors that over 75% 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:

Arthur Blackman Clinic, Battle Road, St. Leonards.

Ore Clinic, Old London Road, 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	13
No. attendances made	247	13

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

(c) Contraceptive Clinic.

New cases	..	34
Old cases	..	35

69 — 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:—

"In previous years due to inadequate accommodation and shortage of staff the treatment of Nursing and Expectant Mothers was difficult to carry out. Despite the arrears of treatment required by schoolchildren it was necessary to try and restart treatment for Mothers and young children.

Last year it was decided to have a Health Visitor in attendance at the Ante-Natal Clinics at St. Helen's Hospital in order to give new patients some literature and notes about dental care during and after pregnancy and also stressing the importance of diet during this time. Patients were informed that advice and treatment were available at the Local Authority Clinics if they wished to make use of these facilities.

During the year 55 patients were examined of whom 50 needed treatment requiring 68 attendances, this compares with 4 patients who were examined and treated in the previous year. This increase is most encouraging and is no doubt due to the more congenial surroundings of the new Clinics at Ore and Hollington as well as the co-operation of the Health Visitors.

Dental Care of Children under 5 years of age.

The numbers of pre-school children who were examined and treated again showed an increase over the previous year, 232 were examined compared with

169 last year. Since the removal to the new Clinics one afternoon session a week has been commenced so that it takes place at the same time as the Infant Welfare Clinic. In this way it is hoped that it will be more convenient for the parents to attend and enable their children to have dental treatment regularly at an early age as the child invariably becomes a good patient if they are seen before too much dental trouble has occurred."

Treatment for the year 1956 is as shown in the following tables:—

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

	Examined	Needing treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers ...	55	50	49	41
Children under 5 years ...	232	209	196	126

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

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers ...	12	37	12	...	14	3	3	1	...
Children under 5 years	4	137	76	...	53	30	...	...	...

Facilities for X-ray examination are available in the dental clinics.
Arrangements for the construction of dentures have been made at a local laboratory.

(e) **Care of Unmarried Mothers and their Babies:**

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

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

All illegitimate children are under special review and reports by the appropriate Health Visitor at three months and one year old. It is gratifying that the reports are generally satisfactory as regards care by the mother, grandmother or foster parent, attendance at Infant Welfare Centres, and, in fact, care generally.

(f) Provision of Free Maternity Outfits:

The Local Health Authority supply free of cost maternity packs containing all the necessary pads, dressings and etceteras for confinement: these are issued on request to all mothers for home confinements, not to cases booked for hospitals or private nursing homes. 146 packs were issued in 1956.

(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 1956

Premature babies born at home 7. % survival 86.

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

Premature babies born in Institutions (Hospitals and Nursing Homes)
34. % survival 88.3.

Weight at birth.	No.	Deaths.
3 lbs. 4 ozs. or less ...	5	2
3 lbs. 4 ozs. — 4 lbs. 6 ozs.	7	1
4 lbs. 6 ozs. — 4 lbs. 15 ozs.	6	—
4 lbs. 15 ozs. — 5 lbs. 8 ozs.	16	1

(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 total distribution of welfare foods during 1956 was:—

National Dried Milk	..	..	25426 tins
Orange Juice	..	..	51460 bottles
Codliver Oil	..	..	6265 bottles
Vitamin A and D Tablets	..	..	3029 packets

SECTION 23

(a) Domiciliary Midwifery:

This service, fully detailed in previous reports, continues to be carried out most satisfactorily by the Hastings and St. Leonards District Nursing and Maternity Association.

MIDWIVES ACT 1936—DOMICILIARY MIDWIFERY

Service	District Nursing Association
*1. Ante Natal visits	1,824
2. Confinements conducted—	
(a) as midwives	133
(b) as midwifery nurses	19
(c) Total confinements	152
*3. Post natal visits	2,920
4. Gas and Air Analgesia	130
5. Trilene	14
6. Pethidine Admin.	83

* 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 midwives employed have received full training in the use of gas and air analgesia apparatus, and any mother who wishes can receive this treatment.

Apparatus for the administration of trilene was purchased and the midwives were trained, and its use instead of gas and air as an analgesic was started during the year.

It is becoming more and more difficult to obtain the services of wholtime nurses, either midwives or trained general nurses, to fill gaps in the D.N.A. establishment. Whilst increased mechanization and the employment of part-time non-resident staff go some way towards overcoming this, it is increasingly difficult to maintain a high standard of service. This problem yearly becomes more acute and may well become critical before long.

(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 1956 was 33, including 23 in hospital practice (St. Helen's and Fernbank) and 10 in domiciliary practice: all the latter, except one, were employed in the Health Authority's Domiciliary Service.

Total domiciliary midwives on register

as at 31.12.56	9	(including 22 midwife inspections at Fernbank Maternity Home).
No. of visits by Inspector	58	
No. of visits to Maternity Homes ..	8	
Midwives notifications:		
(a) Medical aid	56	
(b) Other	74	

(c) Place of Confinement:

Analysis of 714 notified confinements of Hastings residents during 1956 shows that 22% of births occur at home and 78% in institutions.

Place of Confinement	No. of Cases	Comparable Percentages						
		1956	1955	1954	1953	1952	1951	1950
1. Home	157	22	23	24	23	24	27	27
2. Private Maternity Nursing Home ..	12	1.6	2	2	5	9	10	14
3. Institutional:								
(a) St. Helen's Hospital ...	281	39	40	42	42	42	66	58
(b) Fernbank Maternity Home ...	264	37	33	31	29	24		
(c) Buchanan Hospital	—	—	—	—	—	—		
Total	714							

SECTION 24

Health Visiting:

The staff of Health Visitors is as follows:—

- 1 Superintendent Health Visitor
- 7 Combined Health Visitors and School Nurses
- 1 for school clinics and school health service
- 1 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 Public Health 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.

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:

1. First visits under 1 year	..	..	..	699	
2. Subsequent visits under 1 year	..	..	..	3,597	
3. Visits 1—2 years	..	..	..	2,398	
4. „ 2—5 years	..	..	..	4,720	
5. Visits to expectant mothers	..	..	..	228	
6. Care and After-Care—National Health Service Act				1,242	
7. Handicapped persons, etc. (National Assistance Act)	..	..	..	80	
8. All other visits	..	..	..	165	
9. Tuberculosis Health Visitor's visits	..	..	..	2,151	
				<hr/> 15,280	(15,806)
Actual households	..	..	..	10,470	(11,570)

SECTION 25

Home Nursing:

This service is provided by the Hastings and St. Leonards District Nursing and Maternity Association as agents of the Local Health Authority. 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, 1956

	Medical	Surgical	Total
Cases on Register 1/1/1956	250	139	389
New cases during year	823	704	1,527
Cases on Register 1/1/1957	247	159	406
No. of nursing visits	56,918 (56,435)		
Articles loaned during the year	346 (256)		

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

	1951	1952	1953	1954	1955	1956
New cases during year ...	1,517	1,551	1,618	1,607	1,663	1,527
Total attendances ...	42,211	44,923	48,530	53,336	56,435	56,918

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 21 children under 5 and paid 121 visits to them.

Medical and surgical cases: Of the 1916 cases attended in 1956, 1035 were "medical", 806 "surgical", the remainder largely comprising infectious diseases.

Injections: It is estimated that in 1956 some 12523 visits out of the total of 56918 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, 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, 1956:

Superintendent.
Assistant Superintendent.
11 Full-time Nurses.
5 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, 1956

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 ...	351	34	14	20	31	450
Number re-Vaccinated...	—	—	5	50	181	236

In 686 people vaccinated or re-vaccinated, no case of generalised vaccinia occurred.

The percentage of infants under 1 year vaccinated was 50.3%

Diphtheria Immunisation, 1956:

Primary Immunisations (a) 0—5 years	..	607
(b) 5—15 years	..	34
Reinforcing Injections ("boosters") ..	..	438

Immunisation in Relation to Child Population:

Number of Children at 31st December, 1956, who had completed a course of **Immunisation at any time before that date** (i.e., at any time since 1st January, 1942).

Age at 31.12.56 i.e., Born in year	Under 1 1956	1-4 1952-1955	5-9 1947-1951	10-14 1942-1946	Under 15 TOTAL
Last complete course of injections (whether primary or booster)	116	2,094	2,249	837	5,296
A. 1952-1956					
B. 1951 or earlier	—	—	1,055	1,701	2,756
C. Estimated mid- year child population	700	2,900	9,000		12,600
Immunity Index A/C 100	16.6	72.2	34.3		42.0

The difficulty of persuading parents of the need to keep diphtheria at bay by having their children immunized remains as great as ever. This apathy, compared with their enthusiasm over polio vaccination following the initial hesitancy, makes one recall that the morbidity and mortality of diphtheria used to be far higher than in any polio outbreak we have yet seen in this country.

B.C.G. Vaccination:

The routine Mantoux testing of schoolchildren of 13+ years of age was continued, 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 43.

Poliomyelitis Vaccination:

Vaccine which gives a protection against poliomyelitis became available for the first time in this country during 1956. Parents of children born in the years 1947—54 were given the chance of registering them, and vaccine was available in May and June, inoculations ceasing in the summer and autumn months owing to the risk of "insertion paralysis". Memories of the American disaster with Salk vaccine caused much heartsearching amongst those called to make the decision, and in the upshot 1,675 children in the prescribed age groups were registered (885 boys, 790 girls), an acceptance rate of roughly 25%.

The extremely short period allowed for the injections and the very limited supply of vaccine determined the fact that of those registered only 148 received the full course of vaccine during 1956. February 1957 brought about a much larger flow of vaccine, and the immunizations are proceeding apace in the current year.

Whooping Cough Vaccination:

The Council having agreed to add whooping cough vaccination to their armament of protective procedures, vaccination was carried out both in the authority's clinics and by the general practitioners, using in some cases plain whooping cough vaccine and in others combined whooping cough and diphtheria antigen. The number of children of all ages protected during 1956 against whooping cough was:

Age.	Under 1	1- 4	5- 14	Total
No. completed immunizations ...	374	219	32	625
No. of booster doses	—	34	152	186

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.

The demand for transport by ambulance showed a small decrease after the ever mounting figures of recent years, 9,353 patients were carried in 5,073 journeys compared with 9,964 in 5,076 the previous year. More sitting cases were carried than ever before, 9,493 cases in 3,646 journeys.

Total cases carried during the year:

1956		No. of vehicles at 31st December 1956	Total No. of Journeys during the year	Total No. of patients carried during the year	Total mileage during the year
Agency Service	Ambs.	6	5,073	9,353	57,857
	Cars	4	3,646	9,493	56,528

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.

975 cases. Mileage 12,630.

Staff at 31.12.56:

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

ANALYSIS OF CASES CARRIED MONTHLY.

1956	AMBULANCES		SITTING CASE CARS	
	No. of cases	Mileage	No. of cases	Mileage
January ...	880	5,427	929	4,590
February ...	682	4,068	708	3,449
March ...	831	4,939	884	4,891
April ...	763	4,845	834	4,762
May ...	829	5,108	855	5,442
June ...	757	4,628	797	5,322
July ...	775	4,632	807	5,075
August ...	765	5,159	768	4,633
September ...	721	4,309	672	4,218
October ...	806	5,157	905	5,066
November ...	823	4,899	740	4,804
December ...	721	4,686	594	4,276
	9,353	57,857	9,493	56,528

COMPARATIVE FIGURES ARE AS FOLLOWS:—

Year	AGENCY SERVICE				SUPPLEMENTARY SERVICE	
	Cases by		Mileage by		(Car)	
	Amb.	Car	Amb.	Car	Cases	Mileage
*1948	1,559	270	22,716	9,828	774	12,517
1949	4,334	2,914	50,873	48,532	1,040	Not available
1950	5,420	3,839	56,472	60,665	566	10,096
1951	7,689	6,144	62,998	62,308	Nil	Nil
1952	8,986	7,863	59,072	60,112	Nil	Nil
1953	9,782	8,295	56,672	59,573	Nil	Nil
1954	9,471	8,588	55,954	60,205	Nil	Nil
1955	9,961	9,136	58,722	59,712	Nil	Nil
1956	9,353	9,493	57,857	56,528	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 present size of the health visitor 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, 1956

No. of cases brought forward from 1955	...	147
No. of applications received during 1956	...	287
No. of new applications actually dealt with	...	214
Total No. of cases provided with help during 1956	... ..	361
No. of cases carried forward to 1957	... ..	176

No. of Home Helps employed as at 31.12.56: 2 Full-time, 16 Part-time, 2 Emergency, the total equivalent of 16½ 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
1956	36,882

“The outstanding factor of the past year is the decrease in the number of hours worked. This can be explained by the introduction of a new scale of charges as from 1.7.56. In some cases patients preferred to make their own arrangements and others reduced help to an absolute minimum.

There is an ever increasing demand for help for the aged involving daily attention. The latter make up the bulk of the figure which is carried forward from year to year and although the total number of hours work has decreased, the number of cases carried forward to the new year has increased considerably. It does appear that once Home Help commences for the aged it becomes impossible to withdraw as the need increases rather than diminishes as the years go on.

There is now a need for the Home Help in the homes of the mentally ill—not only the senile patients but young mothers who for some reason or another are receiving psychiatric treatment.

The Home Helps have worked well through the year taking everything in their stride and appreciation of their work has been reported to me by the voluntary organisations in the borough.”

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.

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.

I wrote at some length last year on the enormous amount of good which an active and interested Mental Health Worker can do among the mentally afflicted and handicapped, and also how occupational therapy can play a very

real part in the rehabilitation of these unfortunate people. Each year that passes strengthens my opinion in these respects, and I am glad to report that the work of the Occupational Therapist and Home Teacher, who devotes half of her time to physically handicapped and mentally ill people, has been greatly appreciated and of real value. In her first full year of work, she was able to assist 19 people in their homes (making a total of 351 visits), teaching them handwork and crafts from which some of them have derived not only relaxation and pleasure but a welcome supplementation of income.

(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")	..	85
(2) Cases dealt with under Section 16 ("Summary reception orders") (including cases under item 1)	.. ..	102
(3) Cases dealt with under Section 16 ("Police Cases")	.. ..	5
(4) " " " " Section 11 ("Urgency Orders")	.. ..	14
(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") (Mental Treatment Act, 1930)	.. ..	3
(8) Number of non-residents dealt with under Section 16	.. ..	2

TOTAL NUMBER OF CASES: 126

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 .. 36

TOTAL NUMBER OF PATIENTS REMOVED TO THE MENTAL HOSPITAL, HELLINGLY .. 90

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

Number of patients admitted to Hellingly Mental Hospital for treatment	.. ..	155
Number of patients admitted to other Mental Hospitals for treatment	.. ..	3

(c) Hastings Clinic for Nervous Disorders.

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

Physician in Charge:

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

Assistant Physician in Charge:

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

Social Worker:

Miss D. Greenfield.

(d) Mental Deficiency Acts, 1913-1938.

(i) Ascertainment.

As regards ascertainment, while every effort is made to investigate, classify and help the older groups, special attention is given to the preliminary ascertainment of possible defectives amongst the younger groups, commencing with toddlers through the Health Visitors and in the Infant Welfare Clinics, and school children through the school clinics, teachers, and the Child Guidance Clinic. Every effort is made to obtain a definite decision as to the mental grade and to take steps, where necessary, to secure appropriate training and supervision. At this stage, in young children, the final report is often delayed for a year or two in the hope that the child may be classified as educable in the ordinary or special school, or otherwise.

(ii) **Guardianship.**

Guardianship has for many years been very satisfactorily employed, either by relations, generally the mother, in the defectives own homes, or by the Brighton Guardianship Society. In Hastings supervision is carried out by the Mental Health worker, and the medical staff of the local authority. The Brighton Guardianship Society has its own staff of experienced social visitors, as well as visiting medical officers. Where financial assistance is obtained from the National Assistance Board, the local authority continues to exercise home care and supervision as before.

(iii) **Training.**

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 fine new building on the site of the old Centre was completed and brought into use at Easter. The good light, the airiness, the general standard of amenity, and above all the modern use of colour makes this a most cheerful and stimulating place, much admired by all who see it. If ever there was a good investment of a comparatively small sum of money, this surely is it.

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 kindly arranged by the Hastings and Bexhill Society for Mentally Handicapped Children and the Hastings Rotary Club. The former have been most interested and generous friends to the Centre, having provided it with a radiogram system, many additional construction toys and all manner of benefits to the children there.

Summary of work of Mental Health Worker for 1956.

Mental Deficiency.

Mental Defectives on the register of the local authority, December, 1956:

(a) In various Institutions	..	..	..	86
(b) Under Guardianship	..	..	..	22
(c) Under Statutory Supervision	..	..	..	70
(d) Under Friendly Supervision	..	..	..	34

Total: 212

No. of defectives awaiting institutional vacancies at 31.12.56	..	I
(a) Home Visits: cases under Guardianship	..	12
(b) " " " " Statutory Supervision	}	339
Friendly Supervision		
(c) " " " on licence from Institutions or Guardianship		82
(d) Home reports at request of Institutions or other local authorities		43
(e) Miscellaneous visits	..	202
(f) Mental After-care Visits	..	270
Total:		948

Number of cases dealt with for Certification under Mental Deficiency

Acts, for Institution or Guardianship	..	..	5
Number of Mental Defectives transferred to Institutions	..	..	3
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 previous 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 1957/8.

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.

(c) **Registration of Old Persons Homes:**

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

No. of Old Persons Homes registered	..	24
No. of Homes for Disabled Persons registered..		1
No. of Homes for Old Persons and Disabled Persons registered	.. .. .	3
No. of beds	.. .. .	485

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.

1. The Blind:

The Hastings Voluntary Association for the Blind act as the sole agent for the care of blind persons. A register is maintained, a complete welfare scheme operates including home teacher, 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 1956 was 308, 95 men and 213 women, and 39 partially sighted persons. The following information is given as requested in Ministry Circular 1/54:—

- (i) No. of persons newly registered as blind during 1956 32
- (ii) No. of persons newly registered as partially sighted, 1956 11
- (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 1956.
- (iv) Ophthalmia Neonatorum, an infective eye condition of new born babies, which used to be a frequent source of early blindness, has been virtually eradicated by venereal disease control, improved ante-natal care and treatment of the new born baby's eyes. No case occurred in 1956.
- (v) Follow up of Registered Blind Persons (1956).

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
1. No. of cases registered in 1956 in respect of which para. 7 (c) of B.D.8. recommends	6	8	—	19
(a) no treatment	1	2	—	14
(b) treatment (med. surg. or optical)	5	6	—	5
2. No. of cases at 1 (b) above which on follow-up action have received treatment ...	2	5	—	2

Follow up of Partially Sighted Persons, 1956:

4 cataracts, 3 being recommended for treatment, 1 of whom received same.

1 glaucoma recommended for treatment which was received.

6 "other causes", 3 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 missionary where a full club service is given, together with religious meetings. Home visiting is carried out where necessary and many club outings arranged. The missionary accompanied deaf and dumb people to interviews with doctors, solicitors, employers, hospital, etc.

The 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 1956 was 40, of Deaf and Blind 10.

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: 11 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: 5 children

attend normal schools, 1 other attends the day open air school, and 5 epileptics are also ascertained educationally subnormal and attend the Wishing Tree Day Special School. 5 mental defectives are known who suffer from epilepsy.

Spastics: 8 spastic adults are known to the department: 3 children of school age are maintained in special residential schools for spastics by the Education Authority: 3 children with minor incapacity attend ordinary schools, 1 attends the open air day school and one child of school age is at home. 5 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 4 cases.

SECTION 50

Burial or Cremation of the Dead:

Funeral arrangements were made by the department at the expense of the Local Authority during 1956 for 9 deceased old people between the ages of 70 and 90 ages and 1 still-born child, where it was apparent that no arrangements for the disposal of the body were being made by other persons.

SECTION IV INFECTIOUS DISEASES

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1956.

NOTIFIABLE DISEASES.	1955	NUMBER OF CASES NOTIFIED.															Deaths.	Total cases removed to Hospital.
		At all ages.	At ages—Years.															
			0	1	2	3	4	5	10	15	20	35	45	65 & urds.				
Small Pox	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera, Plague	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	(7)	20	...	...	...	...	...	...	...	...	1	1	9	9	...	1	2	5
Scarlet Fever	(18)	13	...	1	2	1	2	6	1	...	...	...	...	...	...	...	...	...
Typhus Fever	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	(16)	33	...	...	...	...	...	...	...	...	5	25	3	...	...	...	1	2
Meningococcal Infections	(4)	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Poliomyelitis	(7)	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Polio-encephalitis	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Primary Pneumonia	(42)	26	...	...	1	2	2	2	...	...	4	4	7	4	...	2	1	...
Influenzal Pneumonia	(3)	9	1	...	...	...	1	...	...	...	2	2	...	3	...	...	...	...
Malaria	(1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	(1)	147	7	3	9	8	6	49	37	4	11	9	3	1	...	...	3	...
Trench Fever	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning	(11)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	(1238)	67	1	7	9	4	12	29	3	1	...	...	...	...	...	1	1	...
Whooping Cough	(138)	178	8	12	15	18	23	80	16	3	2	2	...	...	...	...	...	...
Totals	(1486)	496	17	23	36	34	46	166	57	13	45	23	19	17	3	16	...	...

Remarks:

- (a) **Scarlet Fever:** 13 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	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Cases	28	6	7	13	13	11	4	5	1	3	...	...	...	...	...	...	...
Deaths	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

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

- (c) **Anterior Poliomyelitis:** 2 cases of polio were notified during the year, both being admitted to the Isolation Hospital: both cases were mild and made good recoveries.

1 other case suspected of being polio was also admitted, but the diagnosis was not confirmed after investigation.

- (d) **Measles:** 67 cases of measles were notified as compared with 1,238 in 1955. 1 case was admitted to hospital.

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

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

Disinfection and Disinfestation:

No case of scabies occurred in school children. School children are treated at the school clinics, adults at the Halton Baths.

Body Vermin (pediculosis corporis) are equally rarely found. Disinfestation of clothing and articles, together with the bulk of disinfection in connection with notifiable infectious diseases, is carried out at the steam disinfector at St. Helen's Hospital by arrangement with the Hospital Management Committee, the Corporation providing the services of the operator.

Articles disinfected	2,772	No. of individuals cleansed	
Rooms, etc.		for scabies	Nil
disinfected	160	No. of baths for scabies	Nil
No. of individuals		Sets of clothing disinfected	
cleansed for		(Scabies)	Nil
vermin	Nil		

Disinfestation of Council Houses and other Properties:

Council Houses	..	6	(33 rooms)
Other premises	..	61	(188 rooms)

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 difficult.

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 43 cases of notifiable and non-notifiable diseases were admitted, 29 being Hastings residents or visitors, 14 from the East Sussex area.

Tuberculosis:

- (a) At the end of 1956, the tuberculosis register contained 562 names.

Total Cases	Pulmonary			Non-Pulmonary		
	Males	Females	Total	Males	Females	Total
562	305	217	522	17	23	40

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

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

Age Period	New Cases Notified				Deaths of cases notified			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0— 1 year ...	...	...	...	...	...	...	...	...
1— 2 years ...	...	1	1	...	...	...	...	...
2— 5 „ ...	1	1	1	...	...	...	...	...
5—10 „ ...	...	...	1	...	...	...	...	...
10—15 „ ...	2	...	...	...	...	...	...	...
15—20 „ ...	3	4	1	...	...	...	...	...
20—25 „ ...	2	6	...	...	...	...	...	...
25—35 „ ...	3	6	...	...	...	...	1	...
35—45 „ ...	7	1	...	...	1	...	...	...
45—55 „ ...	4	1	...	...	1	2	...	...
55—65 „ ...	6	1	1	...	3	...	...	...
65—75 „ ...	2	1	...	...	3	1	...	...
75 upwards ...	1	1	...	...	1	3	...	...
Totals ...	31	23	5	...	9	6	1	...
Grand Totals	59		(74)		16		(16)	

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

Year	No. of deaths Pulmonary Tuberculosis	No. of deaths Non- pulmonary Tuberculosis	Total	Death rate from Tuberculosis per 1,000
1910-1914	62	23	85	1.4
1915-1919	73	18	91	1.7
1920-1924	60	15	75	1.25
1925-1929	57	10	67	1.1
1930-1934	43	6	49	.79
1935-1939	48	4	52	.81
1940-1944	38	4	42	1.04
1945-1949	29	2	31	.51
1950	20	1	21	.31
1951	17	...	17	.26
1952	10	1	11	.17
1953	12	3	15	.23
1954	9	2	11	.17
1955	14	2	16	.24
1956	15	1	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	..	1,730
(Males 578, Females 663, Children 489)		
No. of contacts examined	.. ..	191
(Males 31, Females 58, Children 102)		
Total attendances	.. ..	6,542

(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 0—5 years (Males 11: Females 13)	..	24
5—15 „ (Males 11: Females 10)	..	21
Adult nurses	.. ..	1
Other adults	.. ..	4
		—
		*50
		—

* Includes 5 out of Borough cases.

B.C.G. vaccination of Mantoux negative school children of ages 13+, started in the autumn of 1955, continued in 1956.

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.

	No. of children Mantoux tested	%Acceptance of testing	No. Mantoux negative	%Mantoux negative	No. B.C.G. vaccinated
(Part) 1955	369	69.2	256	69.3	256
1956	994	73.8	602	60.5	602

It was hoped that this procedure might uncover previously undiagnosed cases of adult tuberculosis in families: the Chest Physician, however, assures me that so far, in 15 months working, only one such case has been found, a very unexpected result. Acceptance of the offer of Mantoux testing and B.C.G. vaccination has been very good indeed, and it is pleasing also to note the comparatively small number of children found to be Mantoux positive at 13+, a proof that they are much less exposed to tuberculosis infection than in the not so distant past.

(e) Mass X-ray:

The East Sussex Mass Radiography Unit paid another of its periodic visits to Hastings from 23rd April to 21st June, 1956.

	Male	Female	Total
No. of persons X-rayed	3535	4483	8018
No. recalled for large films	241	273	514
No. found to have abnormal large films ..	155	185	340
Analysis of abnormal large films:			
(a) Active pulmonary tuberculosis ..	3	4	7
(b) Inactive pulmonary tuberculosis ..	58	71	129
(c) Malignant disease	3	1	4
(d) Other diseases of lung or pleura ..	49	43	92
(e) Cardio-vascular diseases	20	27	47
No. (per 1,000 persons X-rayed) with Active Pulmonary Tuberculosis: .87.			

The "yield of new cases" was small indeed, as not all the 7 cases found were already undiagnosed. It is a national finding that much the same people attend each time the unit comes so that the yield becomes progressively diminishing. This problem, how to use these units to the best possible advantage, has been widely discussed, and it is apparent that the old appointment system is out of date: the unit must be taken to the people and "sold" to those who so far have not been attracted. New techniques are being worked out and will apply to Hastings on the occasion of the Unit's next visit in the Spring of 1958.

(f) 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	...	...	...	Nil
New cases of gonorrhœa	...	...	...	3
Other conditions	...	...	...	26
				—
Total	...	...	...	29
				—

PUBLIC HEALTH BACTERIOLOGICAL WORK

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

SECTION V

MISCELLANEOUS

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

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

No. of Nursing Homes registered	..	21
Beds available—Maternity	.. ..	10
General	.. ..	308
Total beds	.. ..	<u>318</u>

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.

The one day nursery previously registered closed down, as did one of the 2 day minders. These registrations were cancelled, leaving only 1 day minder for 3 children on the register. There were no new registrations.

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	.. ..	136
Adoption examinations	.. ..	15
Staff medical examinations	.. ..	49
Teachers examined	.. ..	83
Firemen examined	.. ..	4
Other medical examinations (retirement, etc.)		<u>5</u>
Total:		292 (286)

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 chairmanship 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: re-arrangement 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:—

1. 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 Undertaking's main sources of supply are surface water impounded at Darwell and Powdermill Reservoirs, and underground sources of supply derived from deep wells and boreholes in the Ashdown sand, the latter now 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 864 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 1956, 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 Baldslow Main, Brede Pumping Station.

Residual chlorine 0.6 parts per million.

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

No. of Colonies developing on Agar	0 per ml. <i>Present in</i>	0 per ml. <i>Absent from</i>	0 per ml. <i>Probable No.</i>
Presumptive Coli aerogenes reaction	— ml.	100 ml.	0 per 100 ml.
Bact. coli (Type I) ..	— ml.	100 ml.	0 per 100 ml.
Cl. Welchii reaction ..	— ml.	100 ml.	—

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

14th November 1956.

Chemical Results in parts per million—

Labelled—Tap in Yard, Corporation Depot, Silverhill.

Appearance: Clear and bright with very slight flocculent deposit.

Turbidity: Less than 3. Colour 10. Odour Nil. pH. 7.2.

Free Carbon Dioxide 4. Electric Conductivity 270.

Total solids 180. Chlorine present as Chloride 29.

Alkalinity as Calcium Carbonate 45. Hardness total 100.

Carbonate 45. Non-Carbonate 55. Nitrate Nitrogen 0.8.

Nitrite Nitrogen Absent. Ammoniacal Nitrogen 0.023.

Oxygen absorbed 0.95. Albuminoid Nitrogen 0.069.

Residual Chlorine absent. Metals: Iron 0.20. Manganese 0.07.

Other metals absent.

This sample is clear and bright in appearance, the water is neutral in reaction, has very moderate hardness, contains no excess of salinity or mineral constituents in solution and it is free from metals apart from a trace of iron and manganese. It is free from appreciable colour and of satisfactory organic quality.

From the aspect of the chemical analysis the water is considered pure and wholesome in character and suitable for drinking and domestic purposes.

18th May 1956.

- (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 (including hereditaments having living accommodation) supplied within the Borough of Hastings is 21,989. In addition approximately 1,503 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 1 million gallons.

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

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

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

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

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

Regular samples are taken for bacteriological examinations monthly from all these pools at shallow and deep ends and middle. The results of such examination were satisfactory during the year. 59 samples: 5 unsatisfactory.

(C) Drainage and Sewerage:

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

“The general position with regard to this service remains much the same as last year, and the many renewals and improvements which should be done, do not keep pace with the increasing use of the sewers following the development of Council and Private Estates, new private houses and Light Industry.

The Ore Valley Main Drainage Scheme State III remains in abeyance due to the restrictions on capital expenditure, and therefore nothing can be done to relieve the occasional flooding of premises in Fearon Road and the risk of collapse of the brick barrel forming the Ore Sewer.

Late in the year loan sanction was received for Stage II of the Scheme, which is designed to relieve the St. Helen's Road sewer. The work is now in hand and is the only capital works on Main Drainage in progress during the financial year 1956-57.

New works carried out include the sewerage of the Down Farm Housing Scheme and the Private Estate Filsham Park. The sewer in Godwin Road has been partially diverted to prevent flooding of private property which has been the source of complaint for a number of years.

Constant inspections and maintenance repairs are carried out on the older sewers and it is gratifying to note that no major collapse occurred during 1956 except at the Bulverhythe Outfall. It was necessary to renew timber piles and bearers, and repair the pipe at this outfall.

Attention has been strongly focussed on the Western Outfall Scheme following a breakdown of the Bexhill Road Ejector System, further flooding of basements at Marina, and the regular complaint of fouling of the foreshore. The Council has now authorised the start of design for a new scheme incorporating sewage treatment, pumping, a new ejector system, and to do away with the Bo-Peep Outfall. The scheme is of some magnitude and progress of the preparation depends on staff being available.”

(D) Scavenging :

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

(E) Pest Control:

(1) Rodent Destruction.

The local authority employed 3 operators on this work, each being responsible for disinfestation and survey work on a given area of the borough.

The rat population, brought down over the past decade, now appears to be static and calls for continued vigilance to maintain the position. There was a slight fall in the number of complaints from occupiers, 674 as compared with 708 in the previous year, but with the emphasis on inspection and survey work, the number of treatments carried out showed a slight increase, 795 from 776.

Treatment of sewers, where 127 manholes were baited, was carried out at six monthly intervals and this is shown to be an effective method of control. This is of special importance in older parts of the town where the condition of sewers may lend themselves to forming a breeding ground from which migrations will follow to other areas.

The number of inspections of business premises, particularly food trades, was increased, consequent treatment being carried out before infestation had reached serious proportions.

Apart from the public health aspect the value of this service economically to a community must be enormous, when the loss, spoilage and damage caused even twenty years ago is considered.

Summary:

	Local Authority Properties	Private Dwellings	Business Premises	Agricultural Premises	Total
Properties Inspected					
Notification of Occupier	25	503	130	16	674
Surveys	55	533	482	37	1'07
Otherwise	—	224	2521	—	2745
Total Inspections (including re-inspections)					
	452	4382	5376	200	10410
Properties Infested					
Rats	11	248	29	16	304
Mice	14	241	99	—	354
Infested Properties Treated					
	25	489	128	16	658
Total Treatments (including re-treatments)					
	36	571	172	16	795
Block Treatments					
	—	39	—	—	39

(2) Other Pests:

67 verminous houses, including 6 Council houses, were dealt with during the year. Commercial premises, including food premises, dealt with totalled 136 rooms in 72 premises.

Treatments carried out include disinfestation against cockroaches and silver fish and other insects on food premises, in addition to dealing with such household pests as bugs and fleas.

All cinemas and theatres were given precautionary disinfestation, each building being treated four times in the year with a residual insecticide, a total of 48 treatments. The treatment of large buildings by use of the modern equipment operated by the Department ensures efficient and speedy treatment, with a large saving in labour costs.

Charges. Receipts for disinfestation work carried out totalled £216 19s. 9d. including £102 13s. 6d. for rodent control on business premises, compared with £218 18s. 6d. during 1955 and £207 in 1954.

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

PART I OF THE ACT

2.—**INSPECTIONS** for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises.	Number on Register	Number of		
		Inspec- tions	Written notices	Occupiers prosecut- ed
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	42	57	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	196	108	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	26	—	—	—
TOTAL	264	165	2	—

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

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

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

PART VII

OUTWORKERS

No. of visits 74 (141)

The condition of factories is generally satisfactory, infringements being of a minor character. Much advisory work before conversion or alteration is carried out in the planning stage to ensure that faults do not occur. To this end close liaison is maintained with the Borough Engineer's Department in approval of new plans.

SECTION VII

HOUSING AND SANITARY INSPECTION

1. INSPECTION OF DWELLING HOUSES

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) ..	1110
(b) Number of inspections made for the purpose ..	2702
(2) (a) Number of dwelling houses (including sub-head (1) above) which were inspected and recorded ..	178
(b) Number of inspections made for the purpose ..	668
(3) Number of dwelling houses found to be unfit for human habitation	141
(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 ..	376

2. REMEDY OF DEFECTS DURING 1956 WITHOUT SERVICE OF FORMAL NOTICES:—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	278
---	-----

3. ACTION UNDER STATUTORY POWERS DURING 1956:—

A.—Proceedings under Sections 9, 10, 11 and 16 of the Housing Act 1936:—

(1) Number of dwelling houses in respect of which notices were served requiring repairs	3
(2) Number of dwelling houses which were rendered fit after service of formal notices—	
(a) By owners	2
(b) By Local Authority in default of owners	1

B.—Proceedings under Public Health Acts:—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	22
(2) Number of dwelling houses in which defects were remedied after service of formal notices—	
(a) By owners	11
(b) By Local Authority in default of owners	20
(3) Sec. 24 Notices served	17

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

(1) Number of dwelling houses in respect of which demolition orders were made	8
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	8

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

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	2
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	1
Sec. 10 (1) L.G. (Misc. Prov.) Act 1953	
(3) Closing Orders made	10
(4) Undertakings (not to use for habitation)	4

4.—OVERCROWDING

(a)	(i)	Number of dwellings overcrowded	..	..	23
	(ii)	Number of families dwelling therein	..	..	25
	(iii)	Number of persons dwelling therein	..	..	109
(b)		Number of new cases of overcrowding reported..	..	..	23
(c)	(i)	Number of cases of overcrowding relieved..	..	..	8
	(ii)	Number of persons concerned in such cases..	..	..	38
(d)		Particulars of any cases in which dwelling houses in respect of which the Local Authority have taken steps for the abatement of overcrowding have again become overcrowded	..	..	—
(e)		Number of inspections made for the above mentioned purposes	..	..	164

Housing Inspections.

Clearance of Unfit Houses.

Total problem: Approximately 1000 unfit houses to be dealt with in 12 years.

Five year programme 1955-1959—400 unfit houses.

First year programme, October 1955—September 1956.

During the year under review the following representations of Clearance Areas were made.

Area	Number of houses families		adults	child	total	Clearance or Compulsory Purchase Order	Confirmation
Halton 1/1 1/2	96	97	203	89	292	C.P.O.	Confirmed by Minister 24.11.56
Old London Rd. (High Bank) 3/3	26	23	50	32	82	C.P.O.	Confirmation awaited
Bexhill Road 29/4	5	6	12	1	13	Clearance Order	Confirmation awaited
Total	127	126	265	122	387		

Individual unfit houses. 20 houses were represented as unfit under the Housing Acts and as a result 8 Demolition Orders, and 12 Closing Orders were made. 8 houses were demolished and 5 Closing Orders were determined following the completion of works to specification to render the houses fit for habitation. At the end of the year restoration work was in progress on 6 properties of architectural merit, following rehousing of the tenants. In this way, present day legislation is of double value, not only getting rid of bad housing conditions, but by careful treatment restoring parts of the Old Town to its original beauty. The removal of stucco rendering and internal match boarding, etc. is continuing to uncover many old timbered buildings which are basically sound in structure.

Certificates of Disrepair. With a continued falling off in the use by owners and tenants of the provisions of the Housing Repairs and Rents Act 1954, it becomes more and more apparent that this Act has failed completely in its purpose, i.e. the prevention of further deterioration in the standard of housing in ageing properties. The summary given below of the working of this Act since its inception tells its own story.

		Sept.-Dec.		Whole year	
		1954	1955	1956	
No. certificates of disrepair applied for	..	28	27	6	
Granted	.. ..	26	20	5	
Refused	.. ..	2	7	1	
No. revocation certificates applied for	..	4	10	5	
Granted	.. ..	3	8	5	
Refused	.. ..	1	2	—	

Disrepair. 735 (697) complaints were investigated. 326 (303) notices were served requiring repairs. 278 (271) notices calling for necessary works under Housing and Public Health Acts were complied with.

Improvement and Acquisition. Inspections and reports were made in 73 cases of applications for improvement grants, which continue mainly from owner/occupiers and 147 in respect of applications for loans under the Small Dwellings Acquisition Acts.

The standard adopted is that laid down in section 9 of the Housing Repairs and Rents Act 1954.

Rehousing applications. 192 cases were investigated and reported to the Housing Department to enable priority to be given under the Points Scheme to those families where housing conditions are particularly bad, with specific reference to overcrowding or other unsuitable conditions, tuberculosis, bronchial conditions or other medical aspects. In addition, each case was followed up to alleviate where possible the poor conditions during the period of waiting for alternative accommodation and to take action to deal with the property before it was relet to other tenants.

Summary. So far as housing is concerned, it continues to require as much attention as all other branches of the Health Inspector's work put together, 4,714 inspections being carried out in the year. With other sections of the work being also of vital import, particularly in a health resort, it is difficult to know where to strike a balance or how best to deploy the limited resources available. Of necessity, re-inspections are prone to suffer. The brake of rising costs, coupled with standard rents, and the "reasonable cost" clause of section 9 of the Housing Act 1936, are not conducive to good maintenance. In fact the standard of repair of dwellings which may be basically sound in structure, continues to decline, and unless drastic measures are adopted to halt this process, many of these houses will in a very few years deteriorate to the level of the unfit.

Year.	No. of families re-housed.		
	Overcrowding, &c.	Tuberculosis and other Medical reasons.	Closing and Demolition Orders.
1951	67	42	—
1952	41	18	—
1953	44	21	—
1954	24	20	—
1955	11	4	—
1956	12	21	11

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	.. ..	1 bin for 4 caravans.
Stand-pipes for drinking water are provided throughout the site.		

The five licensed sites cover a total of 17.94 acres with 446 caravans, providing accommodation for over 1,300 people. During the year 104 inspections of sites were carried out.

At the end of the year, two additional parks were under construction, providing accommodation for a further 539 caravans.

Removal and disposal of refuse presents a serious problem during the height of the season and a completely satisfactory solution has not yet been found.

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

Inspections:—

Keeping of animals	.. ..	48
Rat or mice infestation	.. ..	224
Smoke nuisance	.. ..	23
Verminous premises	.. ..	48
Infectious diseases	.. ..	48
Food poisoning	.. ..	30
Pet Animals Act	.. ..	20
Moveable dwellings—Caravan sites	.. ..	104
Offensive trades	.. ..	8
Knackers yards	.. ..	22
Theatres and Cinemas	.. ..	9
Out workers	.. ..	74
Other Visits	.. ..	13
Interviews respecting properties	.. ..	570
Smoke tests to drains	.. ..	115
Water tests to drains	.. ..	101
Fertiliser and Feeding Stuffs Act..	.. ..	10
Swimming Baths	.. ..	21
Schools	.. ..	4

Total: 1,492

Works Carried Out:—

Roofs repaired and made weatherproof	52
Stacks rebuilt or repaired (including new pots)	12
External walls repaired or repointed	23
Gutters and R.W.D. repaired, renewed, or cleaned out	51
Dampness remedied	43
Int. walls and ceilings repaired	42

Walls and ceilings cleansed and redecorated	18
Firegrates and stoves repaired or renewed	31
Floors repaired or renewed	41
Staircases repaired	2
Doors repaired or renewed	29
Windows repaired or renewed	27
Sash-cords renewed	71
Ventilation improved	1
Water supply improved..	9
New sinks provided	12
Waste-pipes repaired or renewed..	21
Yards and passages repaired	7
New W.C.s erected	4
W.C. basins renewed	7
Flushing cisterns repaired or renewed	30
Drains repaired or reconstructed..	62
Drains cleansed	53
Inspection chambers constructed or repaired	22
Soil and Vent-pipes repaired or renewed	10
Gully traps fitted	19
Sanitary dustbins provided	21
Miscellaneous repairs	115
Food Premises—Cleanliness effected	56
Miscellaneous works of improvement	37

SECTION VIII

FOOD INSPECTION AND HYGIENE

(A) MILK

Milk and Dairies Regulations 1949-1954.

There is one milk processing plant in the town, other wholesale supplies coming from outside the area already bottled. There are 19 registered retail distributors of milk in the area. During the year 204 inspections of dairy premises were carried out.

Milk (Special Designations—Raw Milk) Regulations 1949.

No. of dealers' licences—tuberculin tested milk—15.

Tuberculin tested (farm bottled) milk, produced and bottled at 6 different farms, is retailed by these licensed dealers. Of 43 samples of this grade of milk, 6 (or 14%) failed to reach the required standard. The test applied is a stringent one and an imperfectly sterilised bottle or milking pail would lead to failure on test. Though the results over the year may be considered reasonably satisfactory, there continues to be room for improvement.

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

Pasteuriser's licences 1

Dealers' Licences—Pasteurised 18

By an Order made by the Minister of Agriculture, Fisheries and Food in 1955, designated milk only is permitted to be sold in the borough.

A total of 257 samples of designated milks were taken, detailed results of tests being given in the table below. Apart from the farm bottled grade of milk on which comment has already been made, the hygiene quality of all other milk retailed in the borough is very satisfactory indeed. This calls for constant and meticulous care, and the dairy trade locally is to be congratulated on the high standards achieved. Long may it continue so.

Designation.	Samples taken	Methylene Blue test.		Phosphatase test.	
		Passed.	Failed.	Passed.	Failed.
Tuberculin Tested F.B. ...	43	37	6	Not	applicable.
T.T. Pasteurised ...	52	52	—	52	—
Pasteurised ...	†162	158	1	162	—

†Reports on 3 samples of Pasteurised milk (meth. blue test) were declared void owing to overnight temperatures exceeding 65° F.

Tuberculin-tested: (Pasteurised) 52 samples taken all passed the required tests.

Pasteurised: A total of 214 (211) samples were examined at the pathological laboratory, of which only one failed to satisfy the methylene blue test. Milk supplied to schools and kitchens received regular check during the year 58 from schools and 24 samples from kitchens all proved satisfactory.

Raw: Biological examination of raw milk supplies for the detection of bovine tuberculosis and brucella abortus (undulant fever) was continued. 72 samples were taken and the results given in the following table are practically identical with those of 1955. In all instances where results are positive, close liaison with the Veterinary Officers of the Ministry of Agriculture enables that department to follow up on the farms and encourage farmers not already participating to enter the calf inoculation scheme.

No.	T.B. Test		Brucella Ring Test	
	Positive	Negative	Positive	Negative
72	—	72	11	58

N.B.: 3 no result; guinea pigs died.

(B) **MEAT**

TABLE I
MEAT INSPECTION COMPARATIVE TABLE

Year	Cattle (excluding cows)	Cows	Calves	Sheep	Pigs
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
1956	1,956	259	1,795	7,515	9,138

Yet another year has passed with the very unsatisfactory central slaughterhouse buildings still in use. Badly sited, badly planned and structurally worn out, it is called upon to fill a need for which it was never intended when newly built some hundred years ago. Any regrets following its closure will not be for its passing, but for the delay to bring about this demise.

The constant attendance of a meat inspector is not only necessary to ensure inspection of all meat before it is passed to the consumer, but to maintain a high standard of hygiene, both in production and transport, a far from easy task in very poor conditions. In this respect the contractor and his employees make the best of a bad job.

In addition to satisfying the requirements of four local authority areas with a total population of 124,000, the slaughterhouse provided meat for an export trade which developed during the year. A total of 1010 quarters of beef and 3468 carcasses of mutton totalling 139 tons, were exported under this scheme. All of this meat required to be stamped and certified free from disease.

It is to be regretted that the meat marking scheme sponsored by the Council has not developed to any degree, and it is felt that the public is not yet educated to looking on this stamp mark as a sign of quality. Production in an attractive building under obvious hygienic conditions would no doubt considerably assist in this aim.

So far as new abattoir is concerned, the local authority have continued the search for a suitable site, not an easy task to fill all the requirements for this type of building. Joint meetings of representatives from the local authority districts concerned have been held and a review commenced of existing facilities pending the publication of new Regulations.

During the year 14 tons of meat were rejected as unfit for consumption, 5 tons being affected with tuberculosis and 9 tons by other diseases. There are indications of a welcome fall in the rate of tubercular infection in cattle, following the campaign of the Ministry of Agriculture to eliminate this disease, but it is still too high and the above figures amplify the necessity of maintaining a hundred per cent inspection service. 16 carcasses were found infected with *cysticercus bovis* (tape worm) and were treated by refrigeration for 21 days before being released.

TABLE II
CARCASES INSPECTED AND CONDEMNED DURING 1956
 (Figures for 1955 in brackets)

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs
No. killed	1956 (1346)	259 (445)	1795 (1232)	7515 (2946)	9138 (9701)
No. inspected	1956 (1346)	259 (445)	1795 (1232)	7515 (2946)	9138 (9701)
All diseases except Tuberculosis					
Whole carcasses condemned	3 (1)	2 (5)	9 (15)	11 (23)	11 (20)
Carcasses of which some part or organ condemned	747 (531)	79 (164)	10 (8)	499 (443)	612 (1183)
Percentage of the number affect- ed with disease other than tuberculosis	38.34 (39.52)	31.27 (37.97)	1.05 (1.86)	(6.78) 15.82	6.81 (12.40)
Tuberculosis only					
Whole carcasses condemned	1 (2)	3 (8)	2 (3)	— (—)	9 (6)
Carcasses of which some part or organ condemned	114 (83)	50 (98)	1 (1)	— (—)	102 (71)
Percentage of the number affect- ed with tuberculosis... . .	5.87 (6.31)	20.46 (23.82)	0.16 (0.32)	— (—)	1.21 (0.79)
Cysticercosis					
Carcasses of which some part or organ condemned	16 (8)	— (—)	— (—)	— (—)	— (—)
Carcasses submitted to treatment by refrigeration	16 (8)	— (—)	— (—)	— (—)	— (—)
Generalised and totally condemned	— (—)	— (—)	— (—)	— (—)	— (—)

TABLE III
TOTAL WEIGHT CONDEMNED FOR TUBERCULOSIS

				<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Carcase Meat	Beef . . . . .	..	..	2	—	1	—
	Pork . . . . .	..	..	—	19	3	26
	Mutton . . . . .	..	..	—	—	—	—
	Veal . . . . .	..	..	—	2	2	10
Total				3	2	3	8

Offal	Beef	..	..	2	1	1	9
	Pork	..	..	—	2	3	15
	Mutton	..	..	—	—	—	—
	Veal	..	..	—	—	—	17
	Total			2	4	1	13

TOTAL WEIGHT CONDEMNED FOR DISEASES OTHER THAN TUBERCULOSIS

				<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Carcase Meat	Beef	..	..	1	10	3	2
	Pork	..	..	—	17	3	26
	Mutton	..	..	—	3	—	4
	Veal	..	..	—	2	—	17
	Total			2	13	3	21
Offal	Beef	..	..	4	10	1	14
	Pork	..	..	1	1	—	14½
	Mutton	..	..	—	12	1	5
	Veal	..	..	—	1	2	8
	Total			6	4	1	13½

TABLE IV PARTS OR ORGANS CONDEMNED FOR TUBERCULOSIS

Fore	8	Liver	42
Hind	2	Mesentery ..	3
Brisket ..	1	Plucks ..	19
Other Parts ..	3	Skirts ..	6
Head and Tongue	165	Spleen ..	8
Heart	6	Other Organs ..	16
Lungs	127		

DISEASES (OTHER THAN TUBERCULOSIS) FOR WHICH MEAT WAS CONDEMNED

Abscesses ..	92	Immaturity ..	2
Actinomycosis ..	15	Johnnes Disease	4
Bovis Cysticercosis	16	Melanosia ..	1
Bruising ..	10	Nephritis ..	15
Cavernous Angioma	15	Pneumonia or	
Cirrhosis ..	45	Pleurisy ..	311
Congestion ..	8	Pericarditis ..	27
Cysts	223	Peritonitis ..	21
Distoma	1069	Pyaemia ..	2
Emaciation ..	6	Septicaemia ..	3
Fever	2	Other conditions	200

(C) ICE CREAM

There are 11 manufacturers in the town, one being a wholesale factor of hard cream, the other ten being producer/retailers of the soft Italian cream.

In addition, there are 322 retailers of the wrapped product.

During the year, 11 new registrations were made, and a total of 266 inspections were carried out.

There was a very marked improvement in the bacteriological standard, 76% of all the samples taken passing the methylene blue test. No doubt the consistently high standard of production of some manufacturers will act as a spur to those producers in whose product there is still scope for improvement.

So far as fat content is concerned, all samples taken in 1956 passed the required test. Of every hundred samples taken, 64 contained more than 8% fat, 48 higher than 10% and 20 more than 12% fat. Altogether, a record of the year's working which should bear comparison anywhere.

It would be wrong to omit to mention the happy relations which exist locally between the trade and the Health Department, both sides working to the same end, i.e. a pure, quality product. The ice cream trade has probably made a greater advance, both in hygiene and quality value, than any other food trade in recent years, and local producers have certainly not lagged behind in this respect.

The following tables summarise the reports received:—

Bacteriological Examination

Grade.	No. of samples.	Percentage.	Remarks.
I.	24	48 } 76 (59)	} Satisfactory.
II.	14		
III.	8	16 } 24 (41)	} Indicates defects of manufacture/handling
IV.	4		

Analysis

No. of Samples.	Satisfactory	Not satisfactory
50	50	—

(D) FOOD AND DRUGS ACT 1955

During the year 273 samples were taken for analysis. Details are as follows:—

Milk	Formal samples	..	10	
	Informal samples	..	85	
	(including 22 from School Kitchens)		—	95
Sundries:	Formal samples	..	11	
	Informal samples	..	123	
			—	134
Ice Cream:	Formal samples	..	—	
	Informal samples	..	50	
			—	50
				279

Samples found satisfactory on analysis numbered 266 and these are listed below:—

Aspirin ..	1	Horlicks ..	1	Raisins ..	1
Beans in		Honey ..	2	Rock ..	1
Tomato Sauce	2	Herbs ..	1	Raising Powder	1
Blackcurrant Syrup	2	Jam ..	3	Sauce ..	2
Buttered Ginger	1	Jelly ..	4	Sausages, pork	1
Butter Beans ..	1	Junket ..	1	Sal Volatile ..	1
Blackcurrant Linctus	1	Lemon Juice	2	Stewed Steak	2
Bread and Butter	1	Lard ..	2	Sugar tinted	
Blancmange Powder	1	Lemon Curd ..	2	Crystals ..	1
Coconut Ice ..	1	Lentils ..	1	Salad Cream ..	2
Cheese Spread	2	Milk ..	88	Soup ..	3
Cough Mixture	1	Ice Cream ..	50	Spice ..	2
Creamed Rice	1	Margarine ..	3	Sweets ..	4
Cherryade ..	1	Marmalade ..	2	Sandwich Spread	1
Corned Beef ..	1	Mustard Pickle	1	Sardines ..	1
Custard Powder	2	Marzipan ..	1	Suet ..	1
Coffee Essence	4	Meat Paste ..	2	Saccharine ..	1
Cooking Fat ..	2	Marmite ..	2	Sponge Mixture	1
Curry Powder ..	2	Minced Turkey	1	Sausages, beef	3
Cake Mixture ..	1	Mint Sauce ..	1	Sage and Onion	1
Dripping ..	1	Mustard ..	1	Semolina ..	1
Dessicated Coconut	1	Nerve Food ..	1	Tea ..	2
Dried Milk ..	1	Oranges (tinned)	1	Tomato Sauce	1
Fish Paste ..	4	Orange Juice ..	1	Tonic Phosphates	1
Flour ..	1	Pudding Mixture	1	Tomato Chutney	1
Fish (tinned) ..	1	Pepper compound	1	Tapioca ..	1
Ground Rice ..	1	Peas (tinned)	2	Vinegar ..	2
Glycerine & Lemon	1	Pickle ..	2	Yeast ..	1
Glaze Cherries	1	Peel ..	1		
Gravy Browning	2	Plums (tinned)	1		
Horseradish Sauce	1	Pepper ..	1		

Unsatisfactory analytical reports were given on 13 samples.

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

<i>Sample No.</i>	<i>Article</i>	<i>Report</i>	<i>Action taken</i>
29	Milk (informal)	.. Def. Fat 8.0% ..	Repeat sample No. 38
		Def. S.N.F. 0.4% ..	genuine milk
36	Milk (informal)	.. Def. Fat 17.3% ..	Repeat sample No. 39
		Def. S.N.F. 2.8% ..	
39	Milk (formal)	.. Def. S.N.F. 5.4% ..	Milk Advisory Officer
		Freezing point genuine	notified 12/3/56
37	Milk (formal)	.. Def. S.N.F. 5.1% ..	Do.
		Freezing point genuine	
156	Bread & Butter (formal)	Mixture of margarine and butter	Prosecution.
155	Groats (informal)	.. This sample had been in stock a long time and had become unfit for use.	Fine £5
			Remainder of stock surrendered as unfit—destroyed.
153/154	Dried Milk (informal)	.. Both samples had a distinct odour of sacking. The moisture content was slightly higher than the generally accepted maximum and the acidity of sample 154 exceeded the maximum figure.	Storage stale. Consignment surrendered and destroyed.

<i>Sample No.</i>	<i>Article</i>	<i>Report</i>	<i>Action taken</i>
170	Bread (informal)	.. Result of contamination with pieces of dough soiled by a machine	Verbal warning
	Bread Roll	.. Piece of charred material from an oven which had fallen into the dough	Warning letter
206	Milk (informal)	.. Def. Fat 4%	.. Followed up by Sample No. 210
207	Milk (informal)	.. Def. S.N.F. 1.4%	.. Followed up by Sample No. 211
88	Milk (informal)	.. Def. S.N.F. 5.7% Freezine point genuine	

Special Investigations

The following investigations were carried out in relation to foodstuffs during the year:—

1. Imported Sausage Meat	..	Bacteriological contamination (food poisoning organism <i>Salmonella aert.</i>)	Consignment surrendered and destroyed
2. Chocolate Teacake	..	Foreign body (metal washer)	Warning letter from Town Clerk. Metal detector installed in factory
3. Popcorn	..	Foreign matter (tobacco shreds)	Warning letter from Town Clerk
4. Bread Roll	..	Foreign Matter (black substance)	Analyst report "charred material, not rodent origin." Warning letter. Internal surface of ovens overhauled
5. Milk Bottle Caps	..	Dirty internal surface to caps	Investigated at plant. No oil leak on machinery—aluminium strip contaminated with oil before delivery
6. Pork Pie	..	Foreign body (metal ring embedded in meat)	Warning letter from Town Clerk. Metal detectors installed in factory
7. Dried Milk	..	Unpleasant odour	Storage stale. Consignment surrendered and destroyed
8. Bread and Butter	..	Suspected Margarine	Prosecution. Fine £5 and £8-8-0 costs
9. Bread	..	Foreign matter (black substance)	Starch discoloured with iron, probably dough soiled by machinery. Verbal warning
10. Cut Lump Salt	..	Foreign matter	Pan scale from processing embedded in finished block

(E) OTHER FOODS

During the year the following foodstuffs were condemned at Wholesalers' and Retailers' Premises, and disposed of by the local authority at the controlled refuse tip:—

					<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Meat:								
Fresh	..	..	..	..	—	4	I	—
Imported	..	..	..	..	I	I	2	23 $\frac{1}{4}$
Cured	..	..	..	..	—	—	I	I2
Canned	..	..	..	..	—	I4	I	4 $\frac{3}{4}$
Canned with Vegetables	..	..	..	..	—	—	—	2
Cooked	..	..	..	..	—	—	—	I2
Compounded Foods:								
Sausage and Sausage Meat	..	..	..	..	—	—	—	II $\frac{3}{4}$
Brawn, etc	..	..	..	..	—	—	—	$\frac{1}{4}$
Meat and Fish Pastes	..	..	..	..	—	—	—	I $\frac{1}{2}$
Canned Soups	..	..	..	..	—	I	I	17 $\frac{1}{2}$
Fish:								
Fresh	..	..	..	..	I	I3	—	2I
Cured	..	..	..	..	—	9	I	$\frac{1}{2}$
Canned	..	..	..	..	—	—	I	26 $\frac{1}{2}$
Poultry and Game								
Shell Fish:	..	..	..	..	—	—	—	27
Fresh	..	..	..	..	—	I	I	15 $\frac{1}{2}$
Canned	..	..	..	..	—	—	3	22 $\frac{1}{2}$
Milk:								
Fresh	..	..	..	..	—	—	—	—
Canned	..	..	..	..	—	2	—	19 $\frac{3}{4}$
Dried	..	..	..	..	—	—	—	—
Fruit:								
Fresh	..	..	..	..	—	—	—	—
Canned	..	..	..	..	—	I4	—	14 $\frac{1}{2}$
Dried	..	..	..	..	—	—	3	19
Vegetables:								
Fresh	..	..	..	..	—	—	—	2 $\frac{1}{2}$
Canned	..	..	..	..	—	9	3	13 $\frac{3}{4}$
Dried	..	..	..	..	—	—	—	I $\frac{1}{2}$
Groceries:								
Biscuits	..	..	..	..	—	—	—	23 $\frac{3}{4}$
Butter and Margarine	..	..	..	..	—	—	—	14 $\frac{1}{2}$
Cereals	..	..	..	..	—	—	—	17
Cheese	..	..	..	..	—	—	—	15 $\frac{1}{2}$
Cake Mixtures	..	..	..	..	—	—	—	6
Flour	..	..	..	..	—	—	—	20
Jam	..	..	..	..	—	I	—	—
Lards and Fats	..	..	..	..	—	—	—	—
Sauces, etc.	..	..	..	..	—	—	—	3 $\frac{1}{4}$
Sugar	..	..	..	..	—	—	—	3
Eggs—Frozen	..	..	..	..	—	4	3	26 $\frac{1}{2}$
Ice Cream								
Sweets, etc.	..	..	..	..	—	—	—	24 $\frac{3}{4}$
Miscellaneous	..	..	..	..	—	—	3	16 $\frac{1}{2}$
Total					6	2	3	19 $\frac{3}{4}$

(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:—

Hotels and boarding houses	370
Private houses taking boarders	220
Restaurants, cafes and eating houses ..	194
School kitchens and W.V.S. kitchen ..	11
Bakehouses	30
Fried fish premises	15
Food factories	6
Mineral water factories	1
	<hr/>
	847

Retail:—

Grocers	299
Fish shops	23
Bakers—retail	65
Butchers	60
Confectioners	294
Fruiterers	219
Licensed premises	135
	<hr/>
	1095

Total:

1942

Registered Food Premises:—

	<i>No. of Premises</i>
Food and Drugs Act 1955. Ice Cream Manufacturers ..	11
Hastings Corporation (General Powers) Act 1937.	
Ice Cream Retailers	322
Pressed and preserved meats	73
Milk and Dairies Regulations 1949 (Pasteurising Plants)	1
(Distributors)	23
	<hr/>
	430

Inspection of Food Premises:—

	<i>Inspections</i>
Bakehouses	123
Butchers	257
Cafes, Restaurants, etc.	445
Dairies and Milkshops	204
Fish Shops	41
Fishmarket	311
Hawkers	77
Hotels and licensed premises	140
Ice Cream premises	266
Preserved Meat shops	62
Slaughterhouse	738
Other food premises	857
	<hr/>
	3521

Food Hygiene Regulations 1955.

Review of hotels and boarding houses.

A review of these establishments was commenced in October 1956, and completed in May 1957. As a preliminary, a talk was given to the local branch of the Hotels and Boarding Houses Association to explain the aims and requirements of the Regulations and this was followed with another talk midway during the review.

A total of 412 premises were visited, 42 establishments were vacant or the business discontinued. Of the remaining 370, a total of 201 premises were found to be satisfactory. 191 were equipped with refrigerated storage. Premises which did not comply with all the requirements of the regulations number 169. Details of the instances where these fell short of the standard required are given below.

Reg. 14	Lack of intervening ventilated space between W.C. and food rooms	32
	"Wash hands" notices not exhibited	24
Reg. 16	Lack of suitable and sufficient wash hand basins in or near food preparation rooms	103
	Lack of supply of hot water to existing wash hand basins ..	4
Reg. 17	Lack of suitable first aid kit	10
Reg. 19	Lack of suitable facilities for washing food and equipment	8
	Lack of supply of hot water to sinks at suitably controlled temperature	14
Reg. 20	Inadequate lighting	1
Reg. 21	Inadequate ventilation	5
Reg. 23	Defective condition or lack of cleanliness of walls, floors and ceilings	49
Reg. 25	Inadequate or unsuitable storage for cooked meat, prepared foods, etc.	24

In each instance where a deficiency was noted, a letter was sent to the proprietor drawing attention to the requirements.

Notices Served:—

Written notices served (Food and Drugs Act 1955 and Food Hygiene Regs. 1955	229
Completed	74

Works Carried Out:—

Miscellaneous repairs, etc., carried out	93
Structural improvements carried out	37

(G) CLEAN FOOD CAMPAIGN

A fall of 250 inspections of food premises as compared with the previous year is regrettable, for it is in the routine visiting of food businesses that the education in hygiene of personnel is so important. With the limitation of staff, however, this is unavoidable as the demands of other urgent work continue to increase.

Food hygiene is essentially a question of education, both from the point of view of the consumer and the food handler. Educational facilities have not therefore been curtailed. A total of 58 lectures and talks and film shows, as compared with 42 in 1955, were given to trade associations, students and local organisations. A total of 1,400 people attended. A new course in food hygiene sponsored by the Royal Society of Health was run at the Catering School, with successful results. Lectures by Health Inspectors to students on various courses were increased to cover a full afternoon session in addition to evening lectures.

The implementation of the new Food Hygiene Regulations has progressed in various ways. In this first year it has been the department's aim to advise how existing premises and methods can best be adapted to meet the required standards, but only regular re-inspection can ensure compliance with all the requirements.

A new Fishmarket was opened early in the year and after various teething troubles proved to be a major advance in the cause of food hygiene. This was followed with improvement in the retail handling of fish on hawkers' barrows and the covered display barrow made its appearance.

A high standard in food hygiene is important anywhere—the public demands it, but it is of vital importance in a holiday resort. If a primarily catering town is to progress it must be seen to be better in standards and recognition of this fact would be good business. Clean cafes and food are as important as amenities.

(H) FERTILISERS AND FEEDING STUFFS

Inspections carried out of wholesale and retail premises under the Act numbered 10, 10 formal samples for analysis (6 of feeding stuffs and 4 of fertilisers) were taken during the year.

Two samples were found on analysis to be unsatisfactory as follows:—

Sample No. 4144 (formal) 25.6.56	Hop Manure	Deficient in nitrogen soluble acid and potash	Area Inspector covering place of manufacture notified
Sample No. 4146 (formal) 9. 11.56	Growers Ration	1.5% excess Oil	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.

37 visits other than routine shop inspections were made and 9 notices were served in respect of contraventions. Verbal warning is usually sufficient to correct minor infringements.

(J) MERCHANDISE MARKS ACTS 1897-1926.

58 inspections were made and 18 notices served, 18 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) 12 June 1956. A permanent Order under section 1 (4) suspending the half holiday closing on one day in each week from the second Wednesday in June to the penultimate Wednesday in September (inclusive) and on two Wednesdays prior to Christmas Day in each year.
- (b) 23rd November 1956. Order under section 43 extending the general closing hours for shops to 9 p.m. on the 14th, 17th to 21st and 24th December.

24 cases of infringements in relation to Sunday trading were reported and warning letters authorised.

The Chamber of Commerce were requested to draw attention to the restrictions in force in relation to Sunday trading and the General Purposes

and Law Committee made representations to the Association of Municipal Corporations as to the desirability of securing amendment to the law to permit shops in holiday resorts being open for trading on more than 18 Sundays in each year.

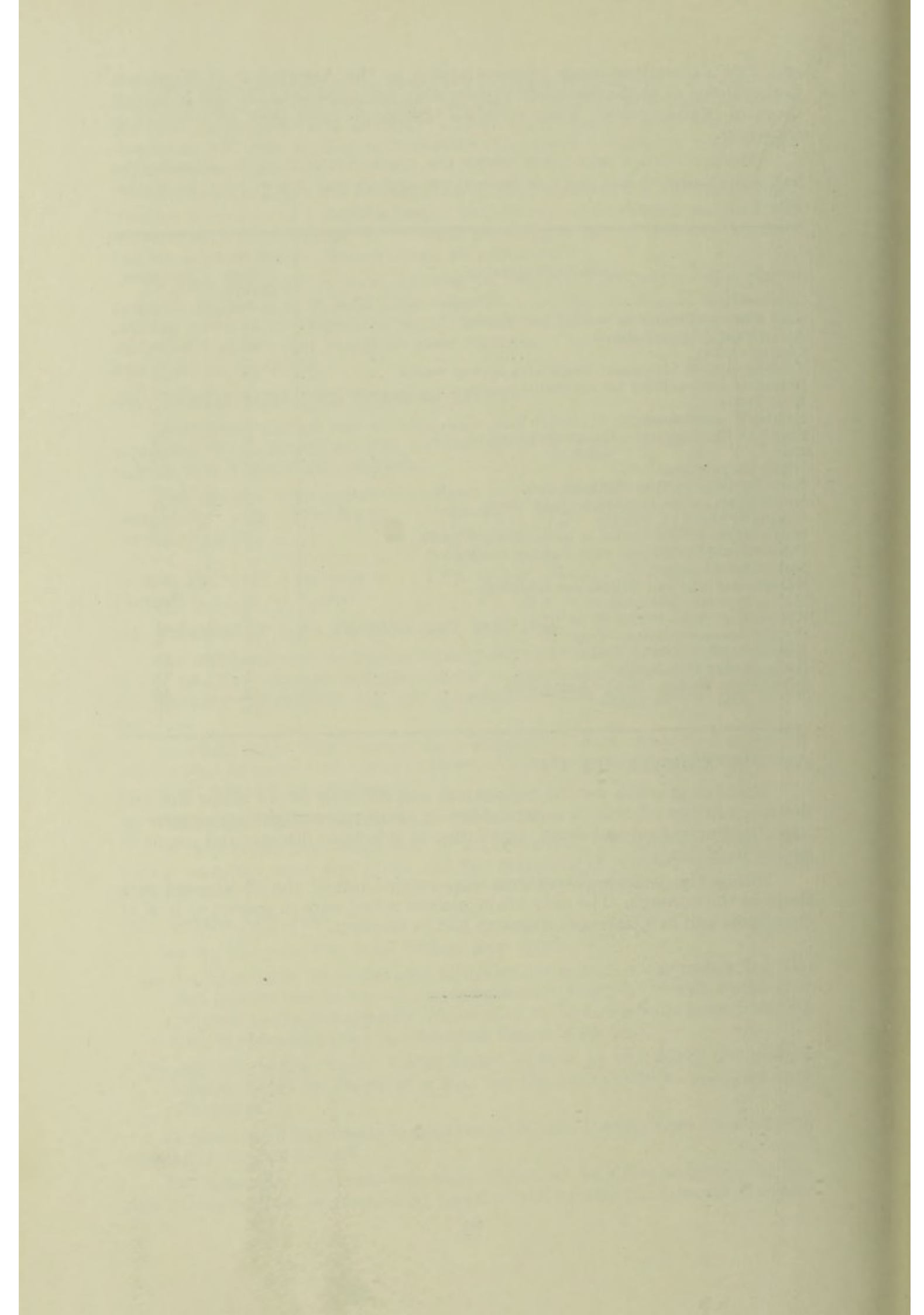
One prosecution was taken under the provisions relating to sales on the half day closing. A fine of £1 on each of two counts was imposed by the Magistrates.

Contraventions	Informal Notices Served	Remedied
S.1 Closing of Shops on weekly half-holiday	43	43
S2. General Closing Hours	36	34
Closing Orders	—	—
Trading outside Shops and Shops with several trades	47	45
Statutory Half-holiday for Assistants	9	9
Meal Times	1	1
Sunday Employment	15	15
Hours of Employment—Persons between 16—18	6	6
Do. do. under 16	5	3
Night Employment	—	—
Seats for Female Shop Workers	—	—
Sanitary and other arrangements in shops	40	20
Closing of Shops on Sunday	25	25
Shops where several trades or businesses are carried on	25	22
Other offences connected with Sunday trading	—	—
Any other offences	—	—
Records not kept and Notices not exhibited:		
Young Persons—Forms E. or F. & G.	23	18
Abstracts of Act—Forms H. or J.	12	11
Seating Accommodation—Form K	18	8
Assistants Half-holiday Notice	19	12
Early Closing Day Notice	25	21
Mixed Shop Notice—Early Closing Day	23	18
Do. —Sunday	32	19

(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 20 inspections were carried out of the 10 licensed pet shops in the borough. The only infringements noted were in respect of lack of cleanliness and in 3 instances warnings had to be given.



THE SCHOOL HEALTH SERVICE
Report of the
PRINCIPAL SCHOOL MEDICAL OFFICER
for the Year 1956

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 1956.

The number of children on the school registers, 8,318, shows an increase of 130 on the previous year: this increase is due entirely to the increase of 149 of Secondary school age, the number of primary age having decreased slightly. These figures illustrate the progress of the immediate postwar "bulge" in the birthrate and the subsequent drop. The general standard of physique and health of the children remains at a high level, to the gratification of all concerned, the building programme of new modern school buildings contributing its quota to the factors concerned in this satisfactory state of affairs.

The year was not noteworthy for any large epidemic of infectious disease, and preventive procedures such as B.C.G. vaccination, diphtheria and whooping cough immunization and poliomyelitis vaccination were continued.

The advent of the two new clinics at Hollington and Ore has helped enormously in the efficient running of the service, and they are greatly appreciated by children, parents and staff. These are buildings of which Hastings may well be proud.

The school dental service has done much good work in the year, although the number of inspections showed a considerable drop on the year before, attributed by Mr. Steele to the staff vacancy for three months of the year. Fortunately a much smaller relative drop occurred in the numbers of fillings, extractions and other treatments. It is disturbing to find that over 70% of the children inspected require some form of treatment, although the general dental hygiene standard is improving yearly; this indicates that we have still a long way to go with our preventive work and in education of youngsters and parents as to the importance of regular prophylactic visits to see their dentists. The orthodontic clinic seems to have disposed of the back lag of cases which flooded it when Mr. Chisholm first started sessions and has now reached a steady maintenance level: it has been possible to reduce these sessions to one a week from three per fortnight.

The Child Guidance Clinic, part of the joint scheme with Eastbourne and East Sussex County Council has had for the first time for some years a settled staff team at full strength, and progress has been made in overtaking some of the arrears of work.

My medical colleagues in both hospital and general practice have once again given us unstinted help and co-operation in dealing with the many problems which arise in the course of dealing with so many children, and I am grateful to them for this and for their confidence in the Service.

Dr. Weyman, who resigned his appointment as my deputy at the beginning of 1957 after serving so faithfully and ably since 1950, will I am sure take with him to his new appointment the best wishes of the Committee, who have already welcomed Dr. Gorrie, his successor, who has helped me in the compiling of this report. My sincere thanks are extended to both of them, and to you Mr. Chairman and your Members for the unfailing support and encouragement which you always give so freely to the School Health Service. My thanks also go just as sincerely to the Headteachers and their staffs, the Chief Education Officer and his staff, and to my own staff for their continuing loyal support and unremitting interest in the work.

I have the honour to remain, Ladies and Gentlemen,

Your obedient servant,

T. H. PARKMAN,
Principal School Medical Officer.

August 1957.

(Throughout the report, figures in parenthesis are those for 1955 for comparison).

STATISTICAL SUMMARY FOR 1956

TOTAL number of children on school registers, 1956	8,318	(8,188)
at Primary Schools	5,116	(5,131)
at Secondary Schools including Grammar Schools	3,091	(2,942)
at Schools for Handicapped children ..	111	(115)
ROUTINE medical inspections—total number inspected	2,374	(2,485)
special inspections and re-inspections ..	1,652	(1,831)
Minor ailments treated	574	(620)
DENTAL inspections—total number inspected ..	3,933	(6,327)
" " treated ..	2,192	(4,300)
Receiving orthodontic treatment	131	(121)
DEFECTIVE VISION —total number referred for examination	502	(643)
spectacles prescribed for ..	184	(213)
HEALTH INSPECTIONS by school nurses at schools ..	20,435	(21,217)
number found defective in cleanliness ..	27	(69)
HOME VISITS by school nurses	1,299	(1,674)

DEATHS OF SCHOOLCHILDREN: I have to report that during 1956 no death occurred in the resident child population aged 5—15 years.

A French boy who was to have attended a Hastings school was killed in a road accident.

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.

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

(This return refers to a complete calendar year)

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups

Entrants	835	(781)
Second Age Group	728	(732)
Third Age Group	588	(573)
Total ...	2,151	(2,086)

Number of other Periodic Inspections 223 (399)

Grand Total ... 2,374 (2,485)

B.—OTHER INSPECTIONS

Number of Special Inspections	709	(930)
Number of Re-Inspections	943	(901)

Total ... 1,652 (1,831)

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 A. (3)	Total individual pupils. (4)
Entrants	18	108	115
Second Age Group	52	82	126
Third Age Group... ..	54	75	123
Total (prescribed groups)	124	265	364
Other Periodic Inspections	17	70	67
Grand Total	141	335	431

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

Age Groups (1)	Number of Pupils Inspected (2)	Satisfactory		Un-satisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
Entrants	835	829	99.2	6	0.7
Second Age Group	728	728	100.0	—	—
Third Age Group	588	587	99.9	1	0.1
Other Periodic Inspections ..	223	194	87.0	29	13.0
Total ..	2,374	2,338	98.4	36	1.5

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1956

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

Defect Code No.	Defect or Disease (2)	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers			
		Requiring Treatment (3)	Requiring Observation (4)	Requiring Treatment (5)	Requiring Observation (6)	Requiring Treatment (7)	Requiring Observation (8)
4	Skin	14	10	17	4	52	34
5	Eyes: <i>a.</i> Vision	18	41	36	6	141	81
6	<i>b.</i> Squint	10	10	3	—	28	20
	<i>c.</i> Other	6	3	—	11	9	17
	Ears: <i>a.</i> Hearing	1	11	1	2	12	19
7	<i>b.</i> Otitis Media	2	3	—	—	3	5
	<i>c.</i> Other	—	1	2	1	2	4
	Nose and Throat	19	49	3	3	32	79
8	Speech	9	13	1	1	26	21
9	Lymphatic Glands	—	10	—	—	1	18
10	Heart	1	5	—	3	6	19
11	Lungs	1	38	3	10	18	92
12	Developmental: <i>a.</i> Hernia	1	1	—	—	2	4
13	<i>b.</i> Other	2	6	2	3	6	20
	Orthopaedic: <i>a.</i> Posture	2	12	3	8	10	56
	<i>b.</i> Feet	15	15	5	1	33	49
14	<i>c.</i> Other	6	20	10	9	24	55
	Nervous System: <i>a.</i> Epilepsy	—	1	—	—	4	3
	<i>b.</i> Other	—	2	—	—	1	4
15	Psychological: <i>a.</i> Development	—	5	—	2	4	13
16	<i>b.</i> Stability	—	6	3	2	6	13
	Abdomen	—	1	—	—	—	1
	Other	19	15	11	3	59	27

B.—SPECIAL INSPECTIONS

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

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4.	Skin	444	11
5.	Eyes: <i>a.</i> Vision	53	14
	<i>b.</i> Squint	8	—
	<i>c.</i> Other	87	—
6.	Ears: <i>a.</i> Hearing	1	4
	<i>b.</i> Otitis Media	2	—
	<i>c.</i> Other	24	2
7.	Nose and Throat	16	5
8.	Speech	24	4
9.	Lymphatic Glands	6	2
10.	Heart	—	—
11.	Lungs	10	1
12.	Development—		
	<i>a.</i> Hernia	1	—
	<i>b.</i> Other	1	—
13.	Orthopaedic—		
	<i>a.</i> Posture	2	3
	<i>b.</i> Feet	30	6
	<i>c.</i> Other	28	6
14.	Nervous system—		
	<i>a.</i> Epilepsy	2	1
	<i>b.</i> Other	2	—
15.	Psychological—		
	<i>a.</i> Development	1	3
	<i>b.</i> Stability	6	2
16.	Abdomen	1	3
17.	Other	156	5

General Condition of Children.

The classification of the general condition of children in use in previous years has been given up. Instead of the old classification into the three categories A (good), B (fair) and C (poor), the Ministry have substituted two categories only, satisfactory and unsatisfactory. The alteration is a sensible and practical one, for it eliminates many of the difficulties which rendered the old classification open to question.

The grading is carried out not only on nutritional grounds but includes criteria such as mental and physical alertness, susceptibility to minor infections and ill health, stamina and vitality. It is, in short, an assessment of positive health or lack of it.

There has been a progressive decrease in the numbers of children of unsatisfactory general condition for very many years, and the foregoing table shows that by and large only 1.5 per cent are now so classified. This figure includes *all* those children at present attending the special open air school, and from the table it can be seen that well under 1% of children in all the other schools can be classed as "unsatisfactory". The difference from the "inter-war period" days is quite remarkable, for it was then by no means uncommon to see many pale, apathetic, catarrhal and adenoidal children, often rickety or undernourished into the bargain. Improved social conditions, better feeding and housing, and widespread health education in the care and upbringing of children very largely account for this improvement.

Treatment of Defects Found.

According to the severity of any defect found it is either observed or treated.

In the first instance, the child would be seen again in 3, 6 or 12 months, either at the school clinic or at the school during another inspection. Where treatment is thought advisable, the child is referred to the family doctor, to hospital or to the school clinic.

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.

The following Table—"Infestation with Vermin", shows the numbers of inspections carried out by the School Nurses.

(i) Total number of examinations of children in the schools	20,435	(21,217)
(ii) Number of individual children found unclean ..	27	(69)
(iii) Number of children in respect of whom cleansing notices were issued (Education Act, 1944, Sect. 54 (2)	5	(46)
(iv) Number of children in respect of whom cleansing orders were issued (Education Act, 1944, Sect. 54 (3)	Nil	(Nil)

It is extremely gratifying to note from the foregoing table the excellent improvement with regard to (ii). There was a fall of 61% from the previous year in the number of individual children found unclean.

Work of School Nurses.

Visits to homes:—

By direct instructions of School Medical Officer ..	611	(621)
At request of School Enquiry Officer ..	8	(25)
Following up of cases of uncleanliness ..	75	(71)
General cases, following up	605	(954)
	<hr/>	<hr/>
	1,299	(1,674)
School visits—miscellaneous	670	(785)
	<hr/>	<hr/>
Total:	1,969	(2,459)

School Clinics.

The minor ailments clinics continue to deal with problems far beyond the scope of their original intention, and advice is continually sought with regard to behaviour problems, truancy, lack of progress in school work, enuresis and the handicapped. As these consultations often require some considerable time, appointments are generally made for them after the minor ailments have been seen.

The new clinic at Ore, opened in December, fills a long needed want in that district. It is identical to the Arthur Blackman Clinic, which opened in April, 1956, and in possessing two such modern and well equipped clinics the Borough has every reason to feel proud.

Clinics were held at:

Arthur Blackman Clinic, Battle Road,
St. Leonards-on-Sea
Ore Clinic, Old London Road,
Hastings

Mondays & Thursdays at 9.30 a.m.

Tuesdays & Fridays at 9.30 a.m.

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.

Total number of children examined	..	..	904	(982)
Total attendances made	..	..	1,601	(1,841)
Total number found to require treatment	..	..	879	(1,108)

Minor Ailments treated:

Disease—

Ringworm (body)	..	..	..	..	—	(—)
(scalp)	..	..	..	..	—	(—)
Scabies	..	..	..	..	—	(—)
Impetigo	..	..	..	..	10	(12)
Miscellaneous (minor injuries, burns, scalds, sores, abscesses, etc.)	..	..	..	..	86	(86)
Ear, nose and throat	..	..	..	..	43	(79)
Eye diseases (external)	..	..	..	..	87	(100)
Plantar Warts	..	..	..	..	123	(99)
Other skin diseases	..	..	..	..	225	(244)
					<hr/> 574	<hr/> (620)

Exclusions from School.

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

Diseases of the skin (including ringworm and scabies)	4	(5)
Infectious diseases (including rheumatism and influenza)	1	(3)
Diseases of the digestive system	—	(1)
Bronchial catarrh and colds, etc.	4	(8)
Debility	—	(1)
Injuries	1	(2)
Diseases of the ear	—	(1)
Diseases of the eye	—	(1)
Nits and vermin and uncleanliness	1	(6)
	<hr/> 11	<hr/> (28)

Infectious Diseases.

The number of cases of infectious diseases notified by general practitioners for the year 1956 occurring in school children, are:

Pneumonia	2	Measles	32
Scarlet fever	7	Whooping cough	96
Erysipelas	—	Diphtheria	—
Poliomyelitis	—	Meningococcal	—
Dysentery	86	Infection	—

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

The usual biennial decrease in the numbers of cases of measles notified again occurred.

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

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

	Usual Incubation period (days)	Interval between onset and appearance of rash (days)	Period of exclusion	
			Patients	Contacts, i.e., the other members of the family or household living to- gether as a family, that is, in one tenement.
SCARLET FEVER (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 appear- ance 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 immedi- ately 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 appear- ance of the rash.	None.
WHOOPING COUGH	7—10	—	28 days from the begin- ning of the character- istic cough.	Children under 7 years of age should be ex- cluded 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 subsid- ence of all swelling.	None.
CHICKEN POX	11—21	0—2	14 days from the date of appearance of the rash.	None.
POLIOMYE- LITIS	7—14	—	At least 6 weeks. Will usually require a much longer period for re- covery.	At least 21 days.
ENCEPHAL- ITIS	4—30	—		
MENINGO- COCCAL INFECTION	2—10	—		

Tuberculosis.

The B.C.G. immunisation scheme commenced in 1955, was continued this year.

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 1,390 children 1,025 consents were obtained—the scheme was offered but not urged on parents in any way.

377 children were Mantoux positive and 602 Mantoux negative. 602 children were immunised. This gives a figure of 60% negative and 40% positive in the 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 61.4% of children 0—5 years and 64.9% of children 5—15 years are protected against diphtheria.

The fact that there were no cases of diphtheria during the year should not imbue us with false confidence.

For the prevention of an epidemic of diphtheria, it is estimated that 75% of the child population in a community should be immunised. That these figures are not being obtained is due to apathy induced by the extremely low incidence of the disease in the country. Efforts must be redoubled to persuade the parents to have their children immunised.

Employment of Children.

During the year 1956 a total of 171 children were medically examined for employment under the provisions of the Children and Young Persons Act, 1933.

Employment cards were issued as follows:—

Errands	51	(62)
Delivery of newspapers ..	41	(29)
Assisting in shops	65	(57)
„ on farms	—	(1)
„ milk and bread roundsmen	—	(2)
Miscellaneous	14	(13)
	<hr/> 171	<hr/> (164)

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 687,274 dinners during the year to maintained and independent schools.

The average number of meals provided daily during term was 3,600 and during holidays 203.

There was an average of 460 free meals and 48 part-free meals served daily.

During the year the following changes took place:—

- (1) 10th January, 1956—The Grove Kitchen Dining Room was opened.
- (2) 2nd July, 1956—Sandown Dining Hall was opened."

Milk in Schools Schemes.

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

		<i>No. of Children in</i>		<i>No. of Children taking milk</i>	
		<i>County and</i>		<i>County and</i>	
		<i>Voluntary</i>	<i>Independent</i>	<i>Voluntary</i>	<i>Independent</i>
		<i>Schools.</i>	<i>Schools.</i>	<i>Schools.</i>	<i>Schools.</i>
October, 1955	..	7647	—	6284	—
October, 1956	..	7757	1940	6664	1673

Special Clinics:

Ophthalmic Clinic.

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

Mr. Hollingsworth comments:—"There is very little to report this year. The Clinics are working smoothly and all children being seen without delay. Working conditions are much pleasanter in the Arthur Blackman Clinic. Liaison between the School Clinics and the Hospital Out-patient department is better than it was. Cases of squint who require Orthoptic supervision and possibly operation are really better dealt with at the Hospital and latterly Mr. Bridges and I have tended to transfer them for all treatment including refraction to the Hospital."

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 1954 annual report. Routine colour vision testing continues with Ishihara colour test plates.

Treatment of Eye diseases, defective vision and squint, 1956.

	<i>By Authority Service</i>		<i>Otherwise</i>	
External and other, excluding errors of refraction and squint ..	87	(100)	113	(128)
Errors of refraction (including squint)	502	(643)	30	(69)
Total	589	(743)	143	(197)
Number of pupils for whom spectacles were prescribed	184	(213)	26	(62)

Child Guidance Clinic.

This clinic is held at 33 Cambridge Road, Hastings. The full staff consists of a psychiatrist, educational psychologist, psychological social worker and a clerk. The premises are provided by the local Education Authority, the staff by the East Sussex County Council under the Joint Child Guidance scheme. The clinic deals with all Hastings cases and a number of East Sussex County Council cases from the surrounding country area.

All local cases pass through the hands of the School Medical Officer whatever the initial source of reference, so priority may be given to any case of extreme urgency and the cases integrated with the School Health Service as a whole. The Education Authority permits the investigation and treatment at this clinic of schoolchildren attending private schools at the discretion of the Principal School Medical Officer, child guidance facilities not being available through any other source. The number of children so attending is small.

The Clinic continued to do excellent work, but it is unfortunate that there is still a waiting list owing to cases being referred at a rate much in excess of that desired for the institution of speedy recovery.

The following is a summary of the work done in the clinic for the year ending 31st December, 1956:—

	Hastings Cases	East Sussex County Council Cases	
Number of new cases referred in 1956 ..	62	43	
Referred by:			
School Medical Officers ..	43	31	
Private doctors	2	8	
Schools	—	1	
Hospitals	2	—	
Juvenile Courts	1	—	
Probation Officers	2	—	
Children's Officer	—	3	
Other sources	12	62	43
Problems:			
Personality problems and nervous disorders	3	6	
Habit disorders	2	10	
Behaviour disorders	24	18	
Educational and vocational guidance	9	4	
Special exams. and Juvenile Courts and placement	3	5	
I.Q. Testing only	21	62	43

			Hastings Cases	East Sussex County Council Cases	
How dealt with-					
Advice .. .. .	..	..	9	16	
Psychiatric treatment	..	..	14	8	
Coaching .. .. .	..	..	6	1	
Periodic supervision	..	..	3	4	
Withdrawn before completion	..	..	4	3	
Awaiting diagnosis	..	..	10	11	
Intelligence tests only	..	..	16	—	43
Analysis of treatment:					
Recovered .. .. .	..	..	—	1	
Improved .. .. .	..	..	4	1	
Not improved .. .. .	..	..	1	—	
Discharged after advice	..	..	3	—	
Still receiving treatment, coaching, or supervision	..	..	34	21	
Transferred .. .. .	..	..	1	2	
Condition physical .. .. .	..	..	—	—
Treatment interrupted	..	..	—	—
Admitted to hospital	..	..	—	—
Closed .. .. .	..	..	—	5	
Transferred to schools for maladjusted children	..	..	—	2	
Psychiatrist:					
Diagnostic interviews	..	..	29	26	
Treatment interviews	..	..	258	148	
Psychologist:					
Vocational guidance	..	..	—	—
School visits .. .. .	..	..	25	22	
Interviews for intelligence testing, etc.	..	..	67	23	
Coaching interviews	..	..	277	—	
Treatment interviews	..	..	—	6	
Tests in schools .. .. .	..	..	—	3	
Analysis of Coaching:					
Un-cooperative .. .. .	..	..	2	—	
Still receiving coaching	..	..	8	—	
Discharged improved	..	..	3	—	
Still receiving supervision	..	..	—	—
Transferred .. .. .	..	..	2	—	
Psychiatric Social Worker:					
Interviews in clinic	..	..	411	179	
School visits .. .. .	..	..	1	—	
Home and other visits	..	..	119	51	
Social Histories .. .. .	..	..	35	26	

Speech Therapy Clinic.

A full time speech therapist is employed in carrying out treatment of disorders of speech in children of school and pre-school age. The children are referred through the school medical officer to the clinic whatever their source of origin. This enables some causes of speech defect to be eliminated or treated, e.g. deafness, enlarged tonsils and adenoids, etc. The clinic sessions are held at 33 Cambridge Road by appointment.

No. of cases on register 1.1.56	87
No. of new cases admitted during year ..	59
No. of patients discharged during year ..	31
No. remaining on register 31.12.56 ..	115
Total number of patients who received treatment during 1956	146

Analysis of cases treated:

Stammering	24
Dyslalia (excluding Sigmatism only) ..	52
Dyslalia, due to low I.Q.	11
Stammering and Dyslalia	6
Dysarthria	1
Cleft palate	2
Partially deaf	6
Sigmatism only	22
Congenital Aphasia	1
Dyslalia and Dysphonia	1
	<hr/>
	126

Discharged:

Dyslalia—Normal speech	9
Speech nearly normal	7
Much improvement	4
Left district	1
Left school	2
Parent unco-operative	1
Stammering—Much improvement	2
Refuse treatment	1
Parents unco-operative	2
Cleft palate—Left school	1
Partially Deaf—Left district	1
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	31
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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 is below 1% in junior schools and 3% in senior schools.

During the year 312 new cases were treated at the foot clinic, making a total of 816 attendances.

Foot Inspections by Chiropodist 1956:—

	<i>No. Inspected</i>	<i>No. Verrucae</i>	<i>% Infected</i>
Senior Schools	1328	37	2.8
Junior „	2201	16	0.7
Infants „	511	2	0.4

SECTION B

SCHOOL DENTAL SERVICE

The Senior Dental Officer, Mr. R. T. Steele, reports as follows:—

Number of school children attending Local Authority
 Schools 8,318 (8,188)
 Number of School Dental Officers employed 2 (2)

In addition to the normal routine clinics at Hollington and Ore there is a specialist orthodontic clinic each week at Hollington.

In 1956 we moved into the new clinics and we now find working conditions most satisfactory through having good equipment and adequate accommodation.

During the year we had a change of staff, Mr. A. P. Mathieu resigned and left on 23rd June and Mr. R. T. Hamilton was appointed and commenced on 10th September 1956.

As we were without an assistant dental officer during these months and also due to the removal to the new clinics the number of children inspected at schools was only 3,136. Of the children inspected 71.5% were found to require treatment and of the total examined 62.1% were referred for treatment at the clinics and 89.7% of these were actually treated.

The following table indicates the different age groups inspected 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	41	243	428	451	455	495	521	273	142	26	29	15	17	3136

It is pleasing to note at the routine inspections that the number of neglected mouths is very small and the oral hygiene is of a high standard in most cases, the only exceptions being those who refuse treatment either at clinics or privately. Most of the Senior Schools have shown some Dental Board films at various times. They appear to have been of great interest and it is surprising how many requests for appointments follow these film shows especially requests from the senior girls.

776½ sessions were devoted to routine treatment and there were 5,793 attendances for treatment other than for orthodontic treatment.

3,426 fillings were done, 2,564 of these were on permanent teeth and 862 were on temporary teeth.

462 permanent teeth were extracted, 146 of these being for orthodontic purposes and 2,019 temporary teeth were extracted.

1,269 other operations were done on permanent teeth and 804 other operations were done on temporary teeth. Various operations such as scalings, dressings, silver nitrate applications, radiographs, etc. are combined under this heading.

Since the new X-ray apparatus was installed 55 X-rays were taken. The X-ray apparatus which is an essential item in the modern surgery will be of immense value in the future not only in diagnosis but as a time saver for parents and also the children as less time will be wasted in journeys to the hospital where the X-rays were done formerly.

In addition to the Local Authority schools children who attend the London County Council George Rainey School are examined and treated each term. Most of these children only attend the school for one term, some few continuing for another term. A summary of treatments for this school is as follows:—

	Spring Term	Summer Term	Autumn Term	Totals
Number inspected	41	48	42	131
Number of attendances at the Clinic ..	23	3	20	46
Fillings: { Permanent Teeth	9	—	3	12
{ Temporary Teeth	1	—	1	2
Dressings: { Permanent Teeth	3	—	1	4
{ Temporary Teeth	2	—	—	2
Extractions: { Permanent Teeth	1	—	2	3
{ Temporary Teeth	16	8	21	45
Anaesthetics: { Local	1	—	5	6
{ General	8	3	10	21
Silver Nitrate treatment	15	—	8	23

The following table shows the work done for the Local Authority Schools during the year, the corresponding figures for 1955 being in brackets.

(1) Number of pupils inspected by the Authority's Dental Officers:				
(a) at Periodic Inspections ..	3,136	(5,290)		
(b) as Specials	797	(1,037)		
Total (1)			3,933	(6,327)
(2) Number found to require treatment			2,814	(5,582)
(3) Number offered treatment ..			2,444	(4,513)
(4) Number actually treated ..			2,192	(4,300)
(5) Number of attendances made by pupils, including those recorded at heading 11 (h) below			6,595	(6,967)
(6) Half-days devoted to:				
Periodic (School) Inspection ..	18½	(35½)		
Treatment	776½	(812½)		
Total (6)			795	(848)
(7) Fillings: Permanent Teeth ..	2,564	(2,633)		
Temporary Teeth	862	(631)		
Total (7)			3,426	(3,264)
(8) Number of teeth filled:				
Permanent Teeth	2,425	(2,509)		
Temporary Teeth	846	(591)		
Total (8)			3,271	(3,100)
(9) Extractions: Permanent Teeth ..	462	(507)		
Temporary Teeth	1,557	(2,235)		
Total (9)			2,019	(2,742)
(10) Administration of general anaesthetics for extraction			939	(1,167)

Orthodontic Clinic

(11)	(a)	Cases commenced during the year	75	(56)
	(b)	Cases carried forward from previous year	56	(121)
	(c)	Cases completed during the year	50	(25)
	(d)	Cases discontinued during the year	13	
	(e)	Pupils treated with appliances	53	
	(f)	Removable appliances fitted	53	
	(g)	Fixed appliances fitted ..	Nil	
	(h)	Total attendances	802	(670)
(12)		Number of pupils fitted with artificial dentures	14	(21)
(13)		Other Operations:		
		Permanent Teeth	1,269	(1,045)
		Temporary Teeth	804	(755)
		Total (13)	2,073	(1,800)

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

"The orthodontic clinic continues to run smoothly with the co-operation of the Dental Officer and the Heads of the various schools. One stresses this co-operation because the treatment so often requires numerous visits at regular intervals.

The number of cases has probably reached the normal level now, but may decrease in the coming years, when the better facilities of the new Clinics are available and the younger age groups are being treated sooner, before the malformations and habits have become established."

SECTION C

HANDICAPPED CHILDREN

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

The following categories of Handicapped Pupils are recognised:—
(a) blind; (b) partially sighted; (c) deaf; (d) partially deaf; (e) delicate; (f) diabetic; (g) educationally subnormal; (h) epileptic; (i) maladjusted; (j) physically handicapped; (k) pupils suffering from speech defect.

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

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

In many cases, the requisite care and special schooling can be obtained by transfer to 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, 12; 8-10, 12; 11-12, 3; 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 1956 follows:—

Robert Mitchell

Number on register 1st January, 1956	..	..	35
Number of admissions during the year	..	..	15
Number of discharges during the year	..	..	19
Transferred to E.S.N. School	..	..	1
Number on register 31st December, 1956	..	..	*30

* Includes 2 E.S.C.C. cases.

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:—

Congenital heart disease	..	..	..	..	4	(3)
Rheumatic heart disease	..	..	..	..	1	(—)
Asthma	..	..	..	..	7	(5)
Recurrent bronchitis and bronchiectasis	..	..	..	..	3	(6)
Rheumatism including chorea	..	..	..	..	—	(2)
Debility and/or subnormal nutrition	..	..	..	..	14	(23)
T.B. glands, neck	..	..	..	..	—	(1)
T.B. contacts, primary lesions, hilar glands, etc	..	..	..	..	2	(2)
Spastic paraplegia	..	..	..	..	2	(2)
Other crippling conditions	..	..	..	..	3	(6)
Epilepsy	..	..	..	..	3	(4)
Other conditions	..	..	..	..	11	(9)

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 1956.

Transferred to ordinary school system	..	..	14	(22)
Transferred to other special institutions or schools	..	..	2	(1)
Transferred to E.S.N. School	..	..	1	(—)
Left district	..	..	2	(4)
Left on attaining school leaving age	..	..	1	(—)
Home Tuition	..	..	—	(1)

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.Qs 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.

No. of children examined. ?E.S.N. during 1956	16
No. of children ascertained as E.S.N. during 1956	12
No. of children re-tested	3
No. of medical reports made by the School Medical Officer for Juvenile Courts	23
No. of children reported to Local Authority: Sec. 57 (3) ..	1
Sec. 57 (5) ..	—

Wishing Tree School.

No. in attendance January, 1956	80
No. of admissions and re-admissions during the year ..	21
No. of school leavers (15 and 16)	10
No. returned to ordinary school	6
No. admitted to residential school for spastics	—
No. admitted to hospital	1
No. left district	4
No. ineducable	—
No. in attendance December, 1955	*80

* includes 5 East Sussex County Council cases.

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 the 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.

7 children wear hearing aids.

Epilepsy.

A majority of children seem to respond to treatment and continue in the ordinary school under suitable 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 mal-adjusted.

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 1956 was: blind, 3; deaf, 4; cripples, 6; maladjusted, 6; epileptic, 2; E.S.N., 2; a total in all of 23 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. 11 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 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.

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