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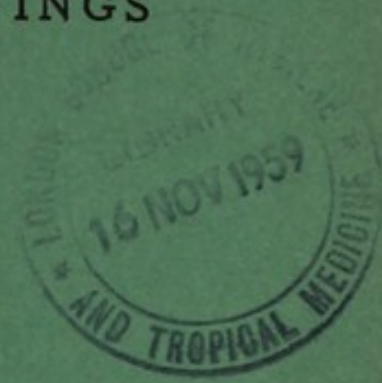


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COUNTY BOROUGH OF HASTINGS



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

CHIEF WELFARE OFFICER,

AND

PRINCIPAL SCHOOL MEDICAL OFFICER,

1957

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



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HEALTH DEPARTMENT,

44 WELLINGTON SQUARE,

HASTINGS.

July 1958.

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 1957. This report covers the main essentials of the department's work as far as they can be recorded in cold figures, but it will be realized that a great deal of work involving personal contact and community service can never be committed to print and yet is among the most valuable and worthwhile things done. Further, the field of interest of a modern health department is indeed protean, for there can be few things happening in a community which do not in some way or other affect the physical or mental health of the individuals comprising that community. The ever increasing stresses and strains of life show their effects in the increasing number of people suffering from coronary artery disease and mental illnesses, to take two prominent examples, and it is therefore right that the public health team, having subjugated infectious diseases to a minor role, should devote at least some of its efforts toward elucidating the epidemiology and prevention of non-infective disease.

The vital statistics of the County Borough for the year are most satisfactory. The estimated midyear population, 64,600 shows an increase of 50 over the previous year: the death-rate, corrected by the Registrar-General's comparability factor, was 10.8 comparing with the national figure 11.5. The actual number of deaths was 1,093 comparing with 1,218 in 1956: 56.5% of these were in residents aged 75 and over. Diseases of the heart and circulatory system caused 61.7% of all deaths, an increased percentage over last year, cancer caused 16.6%, a small decrease. These two groups of diseases together were responsible for 78 out of every 100 deaths. It is interesting to note that whereas the national cancer death rate rose from 2.075 per thousand population to 2.093, the local rate dropped from 3.4 to 2.80: the high local figure reflects the comparative agedness of the residents in Hastings, cancer deaths by and large increasing with advancing years. Of 181 deaths attributed primarily to cancerous disease, 41 were due to cancer of the lung or bronchus: whilst this figure steadily increases, one notes with pleasure the slowly but steadily decreasing rates from cancers of the breast and uterus.

The birth rate, 10.9 (corrected rate 12.7, national rate 16.1) was fractionally higher than in 1956, although the Hastings increase was disproportionately small compared with the national birth rate increase. The number of live births, 703, comprised 658 legitimate and 45 illegitimate births: still births, 11, are fewer than in most recent years.

The number of deaths of infants under one year of age, 12, is the lowest ever recorded in Hastings in any one year, and the infant mortality rate at 17.0 sets a new low record as well. This compares with a national rate of 23.0. The neonatal mortality rate, i.e., the number of deaths in the first month of life per thousand live births, was 12.8 against the national 16.5: the local figure

compares with 18.6 the previous year. The maternal mortality rate was again nil, no death occurring from causes directly due to the carrying and delivery of babies.

The statistics for tuberculosis make interesting reading: 43 new cases of lung tubercle as against 59 the previous year, 8 deaths (6 lung, 2 non-pulmonary) against 16 (15 and 1), and death rate from all forms of tuberculosis 0.12 per thousand population against 0.24. The steady downward trend suggests that tuberculosis as an infectious disease is on the run: the factors leading up to this are many, improved housing standards, less overcrowding, better socio-economic conditions generally, the heat treatment of milk and the tuberculin testing of dairy herds, improved surgical and chemotherapy treatment, more intense contact tracing and general preventive measures, and more recently mass X-ray and B.C.G. vaccination. Several decades with an ever-expanding attack armament have been needed to produce the result to date, and satisfactory though it is, the pressure must be sustained in all directions if not only further improvement is to come about but also relapse prevented.

From Portuguese Men o' War to Asian 'Flu—thus runs the tide of events in a health department's year. In the autumn, the world pandemic of influenza reached this country and Hastings. Despite sensationalism in the national press and gloomy prognostications, which gave rise to a good deal of fear and apprehension in the public mind, the outbreak was in fact no more severe than any other Type A influenza wave in recent years. Although affecting large numbers, the mortality was small and the illness itself not particularly remarkable from a medical point of view. The threatened second wave later in the winter failed to materialise and accordingly the dreaded "Asian" passed quietly away into oblivion.

For the eighth consecutive year, no case of diphtheria was notified in the town. The percentage of infants brought for immunization against this disease showed a further decline in 1957 reflecting the public apathy engendered by the absence of cases. It is difficult to persuade parents against being lulled into a false sense of security, but it remains fact that immunization is still a necessary insurance against an enemy which still lurks around the corner. It is only common sense that with the facilities now available every child should have the maximum possible protection against smallpox, diphtheria, whooping cough, poliomyelitis and, at the appropriate time, tuberculosis. Tears and remorse will not restore a maimed child to full health, nor bring back life to the dead.

The various services run by the Council under the National Health Service and National Assistance Acts continue to give much appreciated help to the community in spite of periods of intense pressure.

The Home Nursing and Midwifery Service, through the agency of the Hastings and St. Leonards District Nursing Association, preserves its enviable record of community service. The number of new cases dealt with and the number of individual visits made by the Home Nurses (1,385 and 56,115 respectively) show for the first time in years a decrease on the previous year. Their work with old people in particular eases the burden on hospital beds which are in a somewhat critical position through shortage of staff. The number of midwifery cases, at 140 attended as midwives and 9 as midwifery nurses, remains almost the same as last year.

The Home Help Service assisted 368 cases in the year, 192 of which were new applications. This number is much the same as the year before, 361, but

the number of Home Help hours worked increased nearly 5,000 to 41,643. This work is as valuable as ever, is an essentially humanitarian service, and with the Home Nursing service it contributes much to the relief of the hard pressed hospital system.

The Ambulance Service, provided through the agency of the Hastings Corps of the St. John Ambulance Brigade, carried more cases both by ambulance and by sitting case car than in the previous year (9,511 and 9,732 respectively): respective mileages at 61,157 and 51,149 show an increase of some 3,000 for ambulances and a decrease of 5,000 for cars. I feel sure that the St. John personnel have enhanced during the year the already very high esteem in which they are regarded alike by the public and the medical profession: I would note for your appreciation that voluntary personnel, mainly acting during night shift, contributed 2,392 hours of duty to the Service, whilst the "Brigade wives", if I may so respectfully refer to them, continued to provide a faultless and quite voluntary night communication system. This "backroom" work is unknown to many whom they help, and Council and public alike owe them profound gratitude.

The Infant Welfare Service, the Mental Health Service, the Welfare Service for aged and handicapped people and many other branches of our work to which I have referred in detail in previous Reports continue to go from strength to strength, often quietly and unsung but all the same carrying out invaluable work. Because this year I leave their individual reports to speak for themselves in no way belittles their achievements to date and their designs for the future.

The Public Health Inspector's section of the department has laboured under ever-increasing work with staff shortage, and much work which should have been done has had to be neglected. Once again, housing forms one of the most important parts of their duties: reconsideration of the original slum clearance programme, the Minister's enquiry into the High Bank clearance area, Closing Orders, house repairs and the Rents Act operation have all added their quota: the Chief Inspector's sectional reports show in detail how much is involved to trying to improve conditions which must inevitably arise by the lapse of time in the older parts of the town. Large though the general clearance programme is, the basement problem will in its due turn become an outsized headache which will have to be faced.

Caravan Camp sites, with the number of vans increasing steadily year by year, raise a number of knotty health problems special to themselves and at the height of the season demand more supervision than can be arranged within the confines of the existing staff. Similarly, the multiplicity of food shops, cafes, restaurants and boarding houses render application of the Food Hygiene Regulations a rather slower process than desirable in view of their importance.

National interest in the problem of sewage contamination of bathing beaches was sharply increased in 1957 by both press and television commentary, and locally this interest was even more crystallised by other drainage considerations which arose. The result is that the Council have given this matter very serious and prolonged attention, and at the date of writing, the first steps of a far-reaching scheme are in hand. Hastings may well prove to be a leader in this much-debated field.

With these comments, Mr. Mayor, I have to report that Hastings, in many health respects, is more than holding its own. I must thank you, Sir, the Members of the Council and Committees and my brother Chief Officers for your unfailing consideration and deep interest in all that affects the health

of the town: your support and encouragement give heart to all concerned to tackle problems old and new with renewed zest. I have also to thank my professional colleagues for their ever ready help, the Officers of the Hospital Management Committee and Local Executive Council and the representatives of the many voluntary Organizations who are always willing and anxious to co-operate in every way.

Finally my sincere thanks to the whole of the health team, professional and clerical for their loyal and enthusiastic interest in what we are all trying to do, improve the health and wellbeing of all in Hastings.

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.

(The figures given in parenthesis throughout this report are those for 1956 for comparison).

CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES, 1957.

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

Education Committee—ALDERMAN C. BARFOOT.

Housing Committee—ALDERMAN E. A. TESTER.

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

Children Committee—COUNCILLOR MRS. V. M. JONES.

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1957.

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. (Resigned 26-1-57)	Deputy Medical Officer of Health; School Medical Officer.
G. M. GORRIE, M.B., CH.B., D.P.H. (Appointed 11.3.57)	.. .. do.
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)
M. DAVYS, B.M., B.CH., D.P.M.	.. .. Psychiatrist, Child Guidance Clinic.
R. STEELE, L.D.S.	.. .. Principal School Dental Officer.
R. T. HAMILTON, L.D.S., R.C.S.	.. .. School Dental Officer.
MRS. P. HESLOP	.. .. Psychiatric Social Worker, Child Guidance Clinic.
MISS M. S. LOGG, B.A., DIP.PSYCH.	.. .. Educational Psychologist, Child Guidance Clinic
MISS D. SMITH (Resigned 28.II.57)	.. .. Clinic Secretary, Child Guidance Clinic.
MRS. J. C. BARRON (Appointed 25.II.57)	.. .. do. do.
MISS P. A. BAKER, L.C.S.T.	.. .. Speech Therapist
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) (Resigned 29.I0-.57)	.. .. do. do.
E. G. C. WELCH (a) (b)	.. .. do. do. and Shops Act Inspector.
E. E. ROUGHTON (a) (b)	.. .. Meat Inspector.
D. FUNNELL	.. .. Pupil Public Health Inspector.

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1957.

(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) (Resigned 1.1.57)	do. do.
MISS G. W. HODGSON (c) (d) (e) (f)	do. do.
MISS B. E. KEEN (c) (d) (f)	do. do.
(Resigned 10.6.57)	
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.
(Resigned 30.6.57)	
MISS A. B. APPLETON (c) (d) (e) (f)	do. do.
(Appointed 26.8.57)	
MISS V. M. McDUGALL (c) (d) (f)	do. do.
(Appointed 13.5.57)	
MRS. M. MASTERS (c) (d) (f)	do. do.
(Appointed 30.9.57)	
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 (Resigned 2.8.57)	Shorthand Typist.
MISS A. REID (Appointed 12.8.57)	do. do.
MRS. R. W. WALLACE	Home Help Organiser.
MISS P. PEACOCK	Junior Clerk, General Office.
H. WIGGLESWORTH, M.C.S.P., M.CH.S.	Chiropodist (Part-time).
MISS M. DALE	Clerk, School Health Service.
MRS. J. M. CHEEK (Resigned 15.3.57)	do. do.
MISS C. M. ADAMS (Appointed 15.4.57)	do. do.
MRS. R. DE MAIO	Clerk, School Dental Service.
MISS S. FORSYTHE (Mrs. Enoch)	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-1957	64,600
Number of inhabited houses, as at 1.4.57	22,152
Rateable Value	£1,041,011
Sum represented by 1d. rate	£4,050
Live Births, 1957, Legitimate 658	
Illegitimate 45	Total: 703
Birth Rate (per 1,000 of the estimated population (crude)	10.9
(corrected, factor of correction 1.17)	12.7
Still births	11
Rate per 1,000 total (live and still) births	15.4
Number of infant deaths (under 1 year)	12
Infant Mortality Rate (per 1,000 live births)	17.0
Legitimate (per 1,000 legitimate births)	16.7
Illegitimate (per 1,000 illegitimate births)	22.2
Deaths, 1957	1,093
Death rate per 1,000 resident population:	
(a) crude	16.9
* (b) corrected	10.8
* 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)	0.12
Death rate (cancer) (per 1,000 population)	2.80
Total hours sunshine, 1957	1,786.5
Total inches rainfall, 1957	26.01

(b) **Vital Statistics:**

Population: Census, 1951	65,506
Estimated mid-year population, 1957	64,600
Estimated mid-year population, 1956	64,770

The Registrar-General's estimate of the mid-year population at 64,600 shows a small increase of 50 on the previous year.

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
1947 .. 65,000	1954 .. 64,800
1950 .. 65,690	1955 .. 64,770
1951 .. 65,090	1956 .. 64,550
	1957 .. 64,600

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 1957 was 703, comprising 324 males and 379 females, giving a birth rate of 10.9 per 1,000 estimated midyear population. Of the total live births, 45, 21 males and 24 females, were illegitimate, a percentage of 6.4. Comparative figures for the past 25 years are given in Table I.

Death Rate: Total number of deaths registered in 1957 occurring among the resident population of the borough was 1,093, 453 being males, 640 females. Not included were 393 deaths transferred to other districts (i.e. persons not normally resident in the town): included were 39 deaths of Hastings residents occurring elsewhere. There were 25 Coroner's inquests. 83 deaths were certified by the Coroner without inquests.

The crude death rate per 1,000 population was therefore 16.9, 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 10.8 per 1,000, which figure can be compared with the national rates.

See also Tables II and III.

Age at Death: Of the 1,093 deaths of residents in 1957, 12 occurred in infants under 1 year of age and 2 from 1—5 years. 906 (82.9% of the total deaths) were of residents over 65 years, 618 (56.5% of all deaths) being over 75 years of age.

Further details are given in Table IV.

Main Causes of Death:

(a) Disease of heart and circulatory system	675	61.7% of total
(b) Cancer	181	16.6% ..
(c) Respiratory diseases (other than tuberculosis and cancer) ..	98	8.9% ..
(d) Death by violence	20	1.8% ..

Deaths from heart and circulatory system diseases and from cancer are responsible for 78.3% 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 1957 with 12 infant deaths in 703 live births was 17.0 per 1,000 births compared with a national rate for England and Wales of 23.0. 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, continues to be one of steady improvement.

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 1957 was 11, a reduction of 3 on the previous year's total.

The Infant (legitimate) Mortality rate with 11 deaths in 658 legitimate births was 16.7 per 1,000: the rate for illegitimate children under 1 year was 22.2 per 1,000, there being 1 death of such a child in 45 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 0.47.

Puerperal Pyrexia Regulations, 1939-51: The total number of cases of puerperal pyrexia notified in 1957 was 7, with no deaths. 6 of these cases occurred in hospital confinements, 1 in home confinements. The majority of the cases notified are due to intercurrent infections, cold, 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.	
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
1957	64,600	324	379	703	10.9	658	45	6.4	11

Comparative Table II.

DEATHS AT ALL AGES AND INFANT MORTALITY.

Year.	Est. Mid-Year population.	Total Deaths registered in Hastings.	Transferable Deaths *		NET HASTINGS DEATHS				
			In	Out	All Ages.			Under 1 yr.	
					Total.	Crude Rate.	Corrected Rate †	Total.	Rate per 1,000 Births.
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
1957	64,600	1,447	39	393	1,093	16.9	10.8	12	17.0

†Factor for correction 1957 — 0.64
("Comparability factor")

* "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 1957.

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	16.1	22.4	23.0	16.5	0.47	11.5	0.107	2.093
Hastings	12.7 +	15.4	17.0	12.8	0.00	10.8 *	0.12	2.80

+ Factor of correction
1.17

* Factor of correction
0.64

Table IV. CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1957.

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.			
All Causes (Certified / Uncertified)	4	2	5	1	8	81	143	209	453	12	2	8	2	17	146	288	618	1093			
Tuberculosis, respiratory	4	...	4	...	...	...	...	1	1	4	...	6			
Tuberculosis, other	1	...	1	...	...	...	...	1	1	1	...	2			
Syphilitic disease			
Diphtheria			
Whooping Cough			
Meningococcal infections			
Acute poliomyelitis			
Measles			
Other infective and parasitic diseases	3	7	4	14	...	...	...	...	...	...	...	...	22			
Malignant neoplasm, stomach	17	11	7	35	...	...	...	...	...	...	...	...	41			
" " lung, bronchus	24			
" " breast	11			
" " uterus	4			
Other malignant and lymphatic neoplasms	8			
Leukæmia, aleukæmia	8	18	20	46	...	...	...	...	...	...	...	...	32			
Diabetes	1	...	...	...	...	...	...	...	...	4			
Vascular lesions of nervous system	6			
Coronary disease, angina	11	20	42	73	...	...	...	...	...	...	...	...	131			
Hypertension with heart disease	13	19	25	58	...	...	...	...	...	...	...	...	204			
Other heart disease	1	3	5	9	...	...	...	...	...	...	...	...	113			
Other circulatory disease	1	8	41	73	...	...	...	...	...	...	...	...	33			
Influenza	5	3	24	32	...	...	...	...	...	...	...	...	210			
Pneumonia	115			
Bronchitis	2	7	9	20	...	...	...	...	...	...	...	...	44			
Other diseases of respiratory system	44			
Ulcer of stomach and duodenum	1	4	8	21	...	...	...	...	...	...	...	...	30			
Gastritis, enteritis and diarrhœa	3	7	6	17	...	...	...	...	...	...	...	...	20			
Nephritis and nephrosis	1	3	4	...	...	...	...	...	...	...	...	9			
Hyperplasia of prostate	2			
Pregnancy, childbirth, abortion	9			
Congenital malformations	4			
Other defined and ill-defined diseases	3	...	...	...	2	...	3	6	10	...	...	...	...	...	...	...	...	3
Motor vehicle accidents	1	...	...	...	2	...	...	...	...	...	...	...	...	3			
All other accidents	...	1	...	...	...	1	...	...	6	...	...	...	...	...	...	...	...	17
Suicide	1	...	...	...	4	...	...	...	...	...	...	...	...	4			
Homicide and operations of war			
Totals	4	2	5	1	8	81	143	209	453	12	2	8	2	17	146	288	618	1093			

INFANT MORTALITY.

Table V.

1957. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.	Total under 1 Year.													Rate per 1000 live births											
	0-1 Day.	1-2 Days.	2-3 Days.	3-4 Days.	4-5 Days.	5-6 Days.	6-7 Days.	7-14 Days.	14-21 Days.	21-28 Days.	Total under 4 weeks.	28 Days - 2 Months.	2-3 Months.		3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.		
All Causes { Certified ... { Uncertified	4	2					2	1			9	1		1					1					12	
Small Pox																									
Chicken Pox																									
Measles																									
Scarlet Fever																									
Diphtheria and Croup																									
Whooping Cough																									
Diarrhoea																									
Enteritis																									
Tuberculous Meningitis																									
Abdominal Tuberculosis																									
Other Tuberculous diseases																									
Other Tuberculous diseases																									
Congenital Malformation																									
Premature Birth	3	2					1				5													2	5
Atrophy, Debility and Marasmus																									
Atelectasis																									
Injury at birth																									
Erysipelas																									
Syphilis																									
Rickets																									
Meningitis																									
Convulsions																									
Gastritis																									
Laryngitis																									
Bronchitis																									
Pneumonia (all forms)																									
Suffocation (overlying)																									
Other causes	1										2	1													3
Totals	4	2					2	1			9	1		1					1					12	

Net Births in the Year. { legitimate 658
 { illegitimate 45

Net Deaths in the Year. { legitimate 11
 { illegitimate 1

Neonatal Deaths (under 1 month) 9

Infant Deaths (" " 1 year) 12

Rate per 1000 live births 12.8

" " " " 17.0

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.	
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	...	...	...	...	...	...
1957	714	...	...	...	...	...	...

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 two new clinics at Hollington and Ore have proved entirely satisfactory and are greatly appreciated by staff and patients alike. The only criticism which can be levelled at either is the smallness of the "weighing" and "treatment" rooms which causes some little congestion during busy infant welfare or immunization sessions. This restriction in size in the planning of these two vital rooms is no fault of the Council, but was imposed by higher authority in spite of the protestations of the Council's representatives. Otherwise they are perfect for their designed purpose.

The remaining infant welfare Centres, held in rented premises, leave much to be desired, but excellent work is done in them despite the lack of facilities.

Two health visitors attend each clinic session, advising and helping the mothers, but their task would be impossible were it not for the wonderful work

carried out by the ladies of the Service of Help for Motherhood and Infancy, a voluntary body with a record of achievement going back to the opening of the first welfare centre of all in the town. A doctor, in most cases a general practitioner with special interest in infant welfare, attends the sessions and is available to help any mother with any problem concerning her children.

Welfare foods, both of Government sponsorship and otherwise, are distributed in the Centres, a service much appreciated by the mothers.

Health Education on a variety of appropriate subjects is carried out by display, poster, demonstration or film, and it is hoped to increase the scope of this project.

One notes with pleasure that over 5 out of every seven babies born in the town attend one or other of the Centres at least once during the first year of life, which seems to show how much the help given is appreciated by mothers.

Attendances at Centres in 1957 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.
		1957	1956	1955-52	Under 1	1—2	2—5			
Ore: (Tuesdays) (Thursdays)	103 65	90 62	49 50	92 74	1272 1095	272 378	482 367	2257 2026	40 43	611 453
Priory Street: (Tuesdays) (Fridays) ...	51 84	46 71	49 56	28 64	861 1378	115 234	79 253	1178 2056	23 41	— 546
London Road: (Mondays) (Fridays) ...	61 57	53 47	65 53	60 97	1117 860	277 308	361 294	1933 1659	38 33	390 —
Bexhill Road ...	35	32	27	35	359	193	280	926	34	160
Arthur Blackman: (Mondays) (Thursdays)	68 64	59 59	40 67	105 107	818 1175	176 341	259 368	1457 2117	30 41	286 415
	588	519	456	662	8935	2294	2743	15609	—	2861

(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	93	28
No. attendances made	226	31
	—	—

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

(c) **Contraceptive Clinic.**

New cases .. 27

Old cases .. 43

—

70

—

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:—

Most patients examined during the year were referred from the Ante-Natal Clinics at the Buchanan Hospital. A health visitor is in attendance at these clinics and each new patient attending the Hospital Clinic is given literature and leaflets about dental care and diet during pregnancy. Very few mothers seem to realise the extent of development of teeth at birth, the dissemination of this knowledge might help to encourage proper ante-natal diet.

It appears that the majority of mothers already have their treatment done privately but others are informed that treatment and advice is available at the Local Authority Clinics if they wish to make use of the facilities offered.

During 1957 it was decided to have an experimental session each Wednesday evening. Unfortunately the attendances were not very good as only 55% of appointments for mothers were kept, so it was decided to discontinue the experiment.

74 patients were examined of whom 69 needed treatment. There were 179 attendances for treatment. A Summary of the work done is shown in the Tables on page 21.

Dental Care of Children under 5 years of age.

The number of children under school age who were examined and treated again showed an increase. The requests by parents for treatment of pre-school children is most encouraging and even more treatment could be done for this class if more staff was available to do this type of work. It is a pity that there

is not much more time available as children at this age can become very good patients if they are treated regularly as they look upon dental treatment as part of an ordinary routine. During the year 265 children were examined and of these 248 needed treatment. 241 children were treated and there were 381 attendances for treatment.

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

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

	Examined	Needing treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers ...	74	69	68	64
Children under 5 years ...	265	248	241	142

(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 ...	10	69	3	...	94	12	10	12	2
Children under 5 years ...	1	177	131	...	78	48	...	...	3

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 on these children show almost invariably a satisfactory standard of care.

(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. 156 packs were issued in 1957.

(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 1957

Premature babies born at home 2. % survival 100.

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

Premature babies born in Institutions (Hospitals and Nursing Homes)

32. % survival 84.4.

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

(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 1957 was:—

National Dried Milk	.. ..	19203 tins
Orange Juice	.. ..	52579 bottles
Codliver Oil	.. ..	5364 bottles
Vitamin A and D Tablets	.. ..	2630 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	2,350
2. Confinements conducted—	
(a) as midwives	140
(b) as midwifery nurses	9
(c) Total confinements	149
*3. Post natal visits	2,729
4. Gas and Air Analgesia	148
5. Trilene	15
6. Pethidine Admin.	138

* 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 99% 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. Trilene anaesthesia is also available where indicated.

(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 1957 was 37, including 27 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 31.12.57 .. .. .	..	..	..	7
No. of visits by Inspector .. .. .	..	..	..	43
No. of visits to Maternity Homes .. .. .	..	..	..	8
Midwives notifications:				
(a) Medical aid .. .. .	..	..	..	50
(b) Other .. .. .	..	..	..	95

(including 21 midwife inspections at Fernbank Maternity Home).

(c) Place of Confinement:

Analysis of 701 notified confinements of Hastings residents during 1957 shows that 21% of births occur at home and 78% in institutions.

Place of Confinement	No. of Cases	Comparable Percentages						
		1957	1956	1955	1954	1953	1952	1951
1. Home	149	21	22	23	24	23	24	27
2. Private Maternity Nursing Home ...	7	1	1.6	2	2	5	9	10
3. Institutional:								
(a) St. Helen's Hospital ...	205	29	39	40	42	42	42	66
(b) Fernbank Maternity Home...	252	36	37	33	31	29	24	
(c) Buchanan Hospital	86	12	—	—	—	—	—	
(d) Mount Pleasant Hospital	1	—	—	—	—	—	—	
4. Un-notified birth ...	1	—	—	—	—	—	—	—
Total	701							

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 has direct access within the same department to the Home Help Organizer, the Welfare Officer, the Mental Health Worker and the Public Health Inspector: she has 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	727	
2. Subsequent visits under 1 year	3,385	
3. Visits 1—2 years	2,133	
4. „ 2—5 years	5,094	
5. Visits to expectant mothers	265	
6. Care and After-care—National Health Service Act	1,344	
7. Handicapped persons, etc. (National Assistance Act)	99	
8. All other visits	188	
9. Tuberculosis Health Visitor's visits	1,910	
	<hr/>	
	15,145	(15,280)
	<hr/>	
Actual households	10,913	(10,470)

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, 1957

	Medical	Surgical	Total
Cases on Register 1/1/1957	247	159	406
New cases during year	786	599	1,385
Cases on Register 1/1/1958	266	157	423
No. of nursing visits	56,115		(56,918)
Articles loaned during the year	230		(346)

The number of attendances is shown by the following figures:

	1951	1952	1953	1954	1955	1956	1957
New cases during year ...	1,517	1,551	1,618	1,607	1,663	1,527	1,385
Total attendances ...	42,211	44,923	48,530	53,336	56,435	56,918	56,115

For the first time in years, the number of visits paid by district nurses to their patients does not show an increase and there is a marked fall in the number of new cases dealt with. The present shortage of hospital beds for sick aged people, particularly in the winter months, frequently results in acute medical conditions having to be treated at home by the general practitioner with the aid of a visiting nurse when full hospital treatment was desirable. In chronic sickness among old people, a system of priorities for admission to hospital is in being, and it is possible to make many of these cases comfortable at home with the help of district nurses and home helps. In a town with so many old people as Hastings has, this type of work forms a considerable fraction of the home nurse's duties, and provided there is adequate consultation and co-operation between hospital and local authority services, it can ensure the most effective use of the limited number of hospital beds and at the same time provide reasonable care for the patients.

Staff as at 31st December, 1957:

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.

Smallpox Vaccination Return, 1957

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 ...	355	20	23	37	40	475
Number re-Vaccinated...	—	—	—	69	105	174

In 649 people vaccinated or re-vaccinated, no case of generalised vaccinia occurred.

The percentage of infants under 1 year vaccinated was 50.5%

Diphtheria Immunisation, 1957:

Primary Immunisations (a) 0—5 years .. 446
 (b) 5—15 years .. 41
 Reinforcing Injections ("boosters") .. 320

Immunisation in Relation to Child Population:

Number of Children at 31st December, 1957, who had completed a course of Immunisation at any time before that date (i.e., at any time since 1st January, 1943.)

Age at 31.12.57 i.e., Born in year	Under 1 1957	1-4 1953-1956	5-9 1948-1952	10-14 1943-1947	Under 15 TOTAL
Last complete course of injections (whether primary or booster)					
A. 1953-1957	77	1,910	2,109	818	4,914
B. 1952 or earlier	—	—	907	2,146	3,053
C. Estimated mid- year child population	710	2,890	8,900		12,500
Immunity Index A/C 100	10.8	66	32.9		39.3

The proportion of infants immunized against diphtheria showed a further drop in 1957. The absence of diphtheria as an epidemic disease for so many years has caused a state of apathy concerning protection against it which each year gets more and more difficult to overcome. Last year, one or two localised outbreaks in other parts of the country provided a salutary reminder that this disease is still not obliterated, but is waiting on the sidelines to join the field of battle as the protective shield is gradually lowered.

Scientific reasoning and sentimental pleas are unable to break down the present resistance of parents to the protection of their offspring: does this mean that only an outbreak of diphtheria with its toll of lives can shake them into renewed action?

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:

May and June, 1956, marked the introduction of polio vaccination as a local authority service, children born between 1947 and 1954 being eligible for registration. 148 completed the full course in 1956, the remainder awaiting supplies of vaccine in 1957. In May 1957, the age groups were extended by circular 6/57 to include children born in 1955 and 56. A further circular 16/57 in November made further extensions, but the actual registration was not opened until the beginning of 1958.

The supply of vaccine during 1957 was small and not very regular: the resulting position at the end of the year was that 1438 completed courses of vaccination had been done, with 62 partially completed, whilst 1774 registered persons were still awaiting their first dose.

Whooping Cough Vaccination:

Protection against whooping cough, which is one of the most troublesome and dangerous of childhood diseases, continued with both single antigen and in combination with diphtheria prophylactic given both by general practitioners and in the authority's clinics. The number of children of all ages protected during 1957 against whooping cough was:

Age.	Under 1	1—4	5—14	Total
No. completed immunizations ...	323	336	36	695
No. of booster doses	—	8	194	202

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.

Ambulance cases, after showing a decrease last year, increased again in 1957 to 9,511 in 5,575 journeys, compared with 9,353 in 5,073, the total mileage run increasing to 61,157 from 57,857. Sitting cases showed a continued rise from 9,493 in 3,646 journeys to 9,732 in 3,898, although the mileage dropped from 56,528 to 51,149.

Total cases carried during the year:

1957		No. of vehicles at 31st December 1957	Total No. of Journeys during the year	Total No. of patients carried during the year	Total mileage during the year
Agency Service	Ambs.	6	5,575	9,511	61,157
	Cars	4	3,898	9,732	51,149

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.

896 cases. No. of journeys 776. Mileage 11,969.

Staff at 31.12.57:

- 1 Administrator
- 1 Supervisor
- 2 Clerks
- 8 Drivers and Attendants
- 1 Mechanic
- 1 Driver Mechanic
- 3 Temporary Attendants (part-time).

ANALYSIS OF CASES CARRIED MONTHLY.

1957	AMBULANCES		SITTING CASE CARS	
	No. of cases	Mileage	No. of cases	Mileage
January	652	4,126	798	5,001
February	702	4,747	759	4,399
March	793	5,049	778	4,184
April	745	4,540	734	4,472
May	884	5,129	854	4,519
June	780	4,945	816	4,361
July	897	5,883	830	4,565
August	927	6,212	800	4,388
September	781	5,128	700	3,778
October	793	5,505	890	3,816
November	790	4,966	916	4,299
December	767	4,927	857	3,367
	9,511	61,157	9,732	51,149

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
1957	9,511	9,732	61,157	51,149	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, 1957

No. of cases brought forward from 1956 ...	176
No. of applications received during 1957 ...	262
No. of new applications actually dealt with ...	192
Total No. of cases provided with help during 1957	368
No. of cases carried forward to 1958	188

No. of Home Helps employed as at 31.12.57: 19 Part-time, 4 Emergency, the total equivalent of 18 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
1957	41,643

Although the total number of cases attended this year does not show a marked increase, the total number of hours worked by the Home Helps has gone up considerably. This is accounted for by the fact that many of the patients who received help in the past years are now deteriorating, therefore requiring more service and acute conditions of some new patients requiring constant attention.

One point which emerges is the fact that in quite a number of cases the Home Helps have to undertake simple nursing duties, similar to those required of hospital nursing auxiliaries. This entails careful selection of Home Help personnel who are prepared to undertake both the care of the home and the patient.

The Home helps show a considerable amount of tact and patience in coping with these duties and the increasing number of expressions of appreciation from patients and their relatives has been most gratifying.”

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.
G. M. Gorrie, M.B., Ch.B., 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.
Mrs. M. Hunter, Mental Health Worker.

(iv) OCCUPATION CENTRE, ATHELSTAN ROAD:

Miss K. Finch-White, Supervisor.
Mrs. J. White, Assistant 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.

The most valuable work done by the Mental Health Worker and Occupational Therapist, on which I commented in detail in the past two years, has continued and is greatly appreciated. The latter assisted 21 people in their homes, making 700 visits in all.

(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")	90
(2) Cases dealt with under Section 16 ("Summary reception orders") (including cases under item 1)	93
(3) Cases dealt with under Section 16 ("Police Cases")	5
(4) " " " " Section 11 ("Urgency Orders")	15
(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)	4
(8) Number of non-residents dealt with under Section 16	1
TOTAL NUMBER OF CASES:	
118	
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	39
TOTAL NUMBER OF PATIENTS REMOVED TO THE MENTAL HOSPITAL, HELLINGLY	79

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

Number of patients admitted to Hellingly Mental Hospital for treatment	182
Number of patients admitted to other Mental Hospitals for treatment	4

(c) Hastings Clinic for Nervous Disorders.

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

(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.

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.

Summary of work of Mental Health Worker for 1957.

Mental Deficiency.

Mental Defectives on the register of the local authority, December 1957:

(a) In various Institutions	..	..	88
(b) Under Guardianship	..	..	21
(c) Under Statutory Supervision	..	..	70
(d) Under Friendly Supervision	..	..	29
			<hr/>
		Total:	208

No. of defectives awaiting institutional vacancies at 31.12.57	..	3
		<hr/>
(a) Home Visits: cases under Guardianship	..	7
(b) " " " " Statutory Supervision	..	350
" " " " Friendly Supervision	..	
(c) " " " on licence from Institutions or Guardianship	..	19
(d) Home reports at request of Institutions or other local authorities	..	28
(e) Miscellaneous visits	..	244
(f) Mental After-care Visits	..	429
		<hr/>
	Total:	1077

Number of cases dealt with for Certification under Mental Deficiency

Acts, for Institution or Guardianship	..	..	5
Number of Mental Defectives transferred to Institutions..	..	..	2
Number of cases dealt with for Renewal Orders..	..	..	1

SECTION III

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

SECTION 21

(a) Accommodation for Aged and Infirm:

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

Moreton and Little Moreton, 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 a purely 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 number 10 male and 10 female. 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 need for "ground floor" beds for elderly and incapacitated people continues to pose many problems, and the projected bungalow-type 50-bed unit "New Moreton" still remains on paper only. Many further difficulties arise in the care of the senile confused or incontinent case, and although at long last the position regarding responsibility for their care has been cleared up by Ministry Circular 14/57 much planning and reorganization will be needed on the hospital service side before they can undertake their full duty in these types of case. The projected appointment of a Consultant Geriatrician may assist greatly in this matter.

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	..	25
No. of Homes for Disabled Persons registered	..	1
No. of Homes for Old Persons and Disabled Persons registered	.. .. .	3
No. of beds	.. .. .	537

These Homes are inspected at regular intervals by the Medical Officer of Health and the Old People's Warden. Although the larger Homes are on the whole very satisfactory, my previous comment upon the rather dubious standard of comfort and care in some of the smaller ones still stands. It is not easy to raise standards of space, attendance and general comfort without increasing charges, which are in most cases moderate, an increase which would worsen the situation for the old people mainly concerned.

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

SECTION 29

Welfare Services:

The authority have had in operation for some time schemes for the welfare of the various classes of handicapped persons in the town, such as the blind, deaf, dumb, crippled persons, etc.

The schemes are carried out in co-operation with various Voluntary Societies.

I. The Blind:

The Hastings Voluntary Association for the Blind act as the sole agent for the care of blind persons. A register is maintained, a complete welfare scheme operates including home 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 1957 was 296, 93 men and 203 women, and 43 partially sighted persons. The following information is given as requested in Ministry Circular 1/54:—

- (i) No. of persons newly registered as blind during 1957 28
- (ii) No. of persons newly registered as partially sighted, 1957 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 1957.

- (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 1957.
- (v) Follow up of Registered Blind Persons (1957).

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
1. No. of cases registered in 1957 in respect of which para. 7 (c) of B.D.8. recommends	5	8	—	15
(a) no treatment	1	5	—	8
(b) treatment (med. surg. or optical)	4	3	—	7
2. No. of cases at 1 (b) above which on follow-up action have received treatment ...	—	—	—	2

Follow up of Partially Sighted Persons, 1957:

6 cataracts, 5 being recommended for treatment.
 5 "other causes", 1 recommended for treatment.

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 1957 was 38, 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: 9 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: 6 children attend normal schools, 4 others attend the day open air school, and 4 epileptics are also ascertained educationally subnormal and attend the Wishing Tree Day Special School. 5 mental defectives are known who suffer from epilepsy.

Spastics: 6 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 girl of school age is at home. 1 spastic child of under 5 years of age is known.

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

The Council, in 1951, approved welfare schemes covering all classes of handicapped persons. It has been possible for the health visitors and mental health worker to contact a number of these and to give them help mainly by advice and putting them in touch with various voluntary agencies. It has not been possible to carry out the full scheme as originally envisaged owing to the very considerable calls on the time of the staff, but the services of a part-time Occupational Therapist have been available to them since September, 1955. Materials and equipment are provided on loan to start the patient off, and the results so far have been extremely encouraging. The Mental Health Worker has assisted a number of mentally handicapped people after discharge from hospital treatment, and dealt with several epileptics.

SECTION 47

Removal to suitable premises of persons in need of care and attention:

This section provides that on the representation of the Medical Officer of Health to the Local Health Authority, and from them to the Court of Summary Jurisdiction, any person who is found to be suffering from:

- (a) grave chronic disease, or being aged, infirm or physically incapacitated, is living in insanitary conditions, and
- (b) is unable to devote to himself and is not receiving from others proper care and attention,

the person may be removed by an Order of the Court to a suitable hospital.

Several cases suitable for action under this section were persuaded to enter hospital voluntarily, or the aid of relatives or voluntary organizations enlisted to ameliorate bad home neglect with good results.

SECTION 48

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

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

SECTION 50

Burial or Cremation of the Dead:

Funeral arrangements were made by the department at the expense of the Local Authority during 1957 for 5 deceased old people between the ages of 66 and 92 years, where it was apparent that no arrangements for the disposal of the body were being made by other persons.

SECTION IV
INFECTIOUS DISEASES

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1957.

NOTIFIABLE DISEASES.	1956	NUMBER OF CASES NOTIFIED.																Total cases removed to Hospital.	
		At all ages.	At ages—Years.																Deaths.
			0	1	2	3	4	5	10	15	20	35	45	65 & upds.					
Small Pox	(...)																	...	
Cholera, Plague	(...)																	...	
Diphtheria (including Mem- branous Croup)	(...)																	...	
Erysipelas	(20)	14													1	6	6	1	
Scarlet Fever	(13)	12	1			6									1	1	1	1	
Typhus Fever	(...)																	...	
Typhoid Fever	(...)																	...	
Relapsing Fever	(...)																	...	
Paratyphoid Fever	(...)	1																1	
Puerperal Pyrexia	(33)	7							1	1				5	1			2	
Meningococcal Infections	(1)	2																2	
Poliomyelitis	(2)	9												2	1			9	
Ophthalmia Neonatorum	(...)																	...	
Acute Encephalitis	(...)	1																1	
Acute Primary Pneumonia	(26)	31			2						5			4	3	5	8	5	
Influenzal Pneumonia	(9)	15									1			4	2	5	2	3	
Malaria	(...)																	...	
Dysentery	(147)																	...	
Food Poisoning	(...)	4														2		...	
Measles	(67)	313	3	15	24	40	36	175	19	1								...	
Whooping Cough	(178)	25	2	3	3	4	5	5	2							1		...	
Totals	(496)	434	5	19	32	49	44	194	24	5	16	12	18	16			2	23	

Remarks:

- (a) **Scarlet Fever:** 12 cases of scarlet fever, all of mild type, were notified during the year, 1 being admitted to hospital. The disease continues to be mild in form with few complications.
- (b) **Diphtheria:** For the eighth consecutive year no case of diphtheria occurred in the town.

- (c) **Anterior Poliomyelitis:** 9 cases of polio were notified during the year, 5 paralytic and 1 non-paralytic being admitted to Mount Pleasant Hospital and 3 elsewhere: none of the cases were severe and all have made or are expected to make a complete recovery to normal.
- (d) **Measles:** 313 cases were notified against 67 in 1956: no death occurred.
- (e) 4 mild cases of food poisoning and one of paratyphoid fever were notified.
- (f) **Influenza:** The epidemic of Type A virus influenza ("Asian Flu") affected Hastings in the autumn of the year having spread throughout the world. In spite of sensationalism in the National Press, which gave rise to a certain amount of fear in the public mind, the outbreak in the event followed the usual pattern of recent influenza waves and gave rise to no particular special anxiety. Special wards were opened for the treatment of severe or complicated cases at Mount Pleasant and St. Helens Hospitals for females and males respectively. 28 females (18 Hastings, 10 County) were admitted, with 4 deaths, and rather more males at St. Helens. These deaths were due to either intense viraemia or to a resistant staphylococcal pneumonia. Amongst the thousands of cases treated at home, only 15 influenzal pneumonias were notified, and only 4 deaths among Hastings residents were ascribed to influenza in the whole 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	3,630	No. of individuals cleansed	
Rooms, etc.		for scabies	Nil
disinfected	268	No. of baths for scabies	Nil
No. of individuals		Sets of clothing disinfected	
cleansed for vermin	Nil	(Scabies)	Nil

Disinfestation of Council Houses and other Properties:

Council Houses	..	..	2	(5 rooms)
Other premises	..	..	84	(361 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 87 cases of notifiable and non-notifiable disease were admitted, 51 being Hastings residents or visitors, 36 from Bexhill or East Sussex areas.

Tuberculosis:

(a) At the end of 1957, the tuberculosis register contained 546 names.

Total Cases	Pulmonary			Non-Pulmonary		
	Males	Females	Total	Males	Females	Total
546	317	206	523	12	11	23

(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	...	...	...	...	...	...	...
1—2 years ...	...	...	...	...	...	...	...	...
2—5 " ...	...	...	...	...	...	...	...	...
5—10 " ...	...	1	...	...	...	...	...	...
10—15 " ...	...	...	...	...	...	...	...	...
15—20 " ...	1	5	...	...	...	...	...	...
20—25 " ...	1	2	1	1	...	...	...	...
25—35 " ...	2	1	...	1	...	1	...	...
35—45 " ...	1	1	...	...	...	...	1	...
45—55 " ...	2	1	1	...	...	...	...	...
55—65 " ...	8	1	...	...	...	1	...	...
65—75 " ...	8	1	...	...	4	...	...	1
75 upwards ...	2	...	...	...	...	...	...	...
Totals ...	26	13	2	2	4	2	1	1
Grand Totals	43		(59)		8		(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
1957	6	2	8	0.12

(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 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	..	87
(Males 47, Females 30, Children 10)		
No. of contacts examined	..	125
(Males 30, Females 45, Children 50)		
Total attendances of all cases	..	3,826

(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 17: Females 16)	..	33
5—15 ,, (Males 20: Females 23)	..	43
Adult nurses	..	5
Other adults	..	9

*90

* Includes 10 out of Borough cases.

B.C.G. vaccination of Mantoux negative school children of ages 13+, started in the autumn of 1955 has become an established procedure.

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
1957	770	71.3	638	82.6	636

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) **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	...	...	...	2
New cases of gonorrhœa	...	...	...	—
Other conditions	...	...	...	28
Total	...	...	...	30

PUBLIC HEALTH BACTERIOLOGICAL WORK

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

SECTION V
MISCELLANEOUS

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	..	..	20
Beds available—Maternity	..	..	Nil
General	..	..	346
			346
Total beds	..	..	346

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.

Only 1 day minder for 3 children is 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	..	..	81
Adoption examinations	..	..	11
Staff medical examinations	..	..	37
Teachers etc. examined	..	..	80
Firemen examined	..	..	5
Other medical examinations (retirement, etc.)			Nil
			Total: 214 (292)

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.

SECTION VI
GENERAL SANITARY ADMINISTRATION

(A) Water Supply:

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

1. Area of Supply:

The statutory area of supply is approximately 62 square miles, comprising the whole of the County Borough of Hastings and parts of the Rural District of Battle, which includes a large rural area extending beyond Rye to the east, and Broad Oak to the north.

The population of the area served is 72,000 in winter, increasing to about 115,000 in the summer. The average daily consumption of water is 2.5 million gallons a day, with a maximum daily consumption of 3.5 million gallons during the summer season.

2. Sources of Supply:

The Water Undertaking derives its supplies from two reservoired catchment areas at Darwell and Powdermill, and also from deep wells and boreholes in the Ashdown Sand, the latter now being maintained as reserve supplies.

The largest impounding reservoir situated at Darwell, near Mountfield, has a capacity of 1,000 million gallons, and impounds water from a drainage area of 2,382 acres. Powdermill impounding reservoir at Great Sanders, Sedlescombe, with a drainage area of 1,213 acres, has a capacity of 188.5 million gallons.

During the past year the whole of the supply was obtained from these impounding reservoirs and the total volume of treated water pumped into supply for domestic and trade purposes amounted to 915 million gallons.

3. Quality of Water:

All raw water from the impounding reservoirs is conveyed by pipeline to the Brede Valley Pumping Station, where it receives chemical treatment, sedimentation and filtration, 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 1957, 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 analysis 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 Fairlight Main. Brede Pumping Station.

Residual chlorine: 0.6 part per million.

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

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

This is a very satisfactory sample. It is clear and bright in appearance and of the highest standard of bacterial purity indicative of a wholesome water suitable for public supply purposes. 17th October 1957.

Chemical Results in parts per million—

Labelled: Tap on outlet main, Fairlight Service Reservoir.

Appearance: Clear and bright with very slight deposit.

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

Free Carbon Dioxide 7. Electric conductivity 295.

Dissolved Solids 190. Chlorine present as Chloride 30.

Alkalinity as Calcium Carbonate 50. Hardness—total 110.

Carbonate 50. Non-carbonate 60. Nitrate Nitrogen 0.3.

Nitrite Nitrogen: absent. Ammoniacal Nitrogen 0.013.

Oxygen absorbed 0.75. Albuminoid Nitrogen 0.049.

Residual chlorine 0.26. Metals: Iron 0.10. Manganese 0.03.

Other metals absent.

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

These results are indicative of a pure and wholesome water suitable for public supply purposes. 4th December 1957.

- (c) The waters are not liable to plumbo-solvent action, being of 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 22,172. In addition, approximately 2,159 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 42 such examinations were satisfactory during the year.

(C) Drainage and Sewerage:

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

During 1957 the Council made two important decisions which should speed up progress on Main Drainage Schemes which have been in abeyance because of the restriction on capital expenditure. They resolved to get in tenders with a view to starting Stage III (the key section) of Ore Valley Main Drainage Scheme in 1958, and they implemented the 1956 resolution on the Western Area Drainage Scheme by the appointment of additional staff to prepare the scheme. These decisions followed a series of breakdowns and collapse of sewers in the town, culminating in the serious sewer burst on the Ore Valley Sewer at the rear of Beaconsfield Road. The latter incident was an emergency of some magnitude and an acknowledgment has been made of the work carried out by the direct labour section, the Water Department, and the Fire Brigade.

The replacement of the sewer completed a section of Stage V of the scheme in advance of the original programme, and other new work was the completion of Stage II. This Stage diverts the sewage of east Silverhill away from the St. Helen's Road sewer, which has been surcharged and in a bad condition for many years. No other major works were programmed, but during the year the labour force on drainage work was fully occupied in dealing with sewer breakdowns at Nelson Road, St. Mary's Terrace, Upper Park Road, Shepherd Street, Cross Street, Richmond Hill, Gurth Road, Hollington Park, and the ejector main in Bulverhythe Road. In previous reports anxiety has been expressed about the condition of the "older sewers" meaning those constructed in the eighteen sixties and seventies, but some of the above-mentioned roads were sewered later and sewers constructed before 1900 must now be considered old and suspect. Within the financial limits allowed, constant inspection and repairs are carried out and everything done to maintain the efficiency of the Borough's drainage system.

New Estates connected to the public sewers in 1957 were the Downs Estate (Pilot Road), Oakwood Park North (Dunclutha Road) and the Old People's Bungalows at Silverhill.

The untreated sewage is discharged into the sea at Rock-a-Nore, Bopeep and Bulverhythe and again there have been many complaints of fouling of the beach at the west end of the Borough. These complaints and medical opinion were taken into account when an interim report was submitted and approved by the Council on the proposed pattern for the design of the Western Area Drainage Scheme. It has been decided that the scheme shall include screening and partial treatment work which will render the effluent discharged to sea innocuous and practically unnoticeable. In the interim, which may extend over three or four years, nothing can be done to alter the present system.

(D) **Scavenging:**

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

(E) **Pest Control:**

(I) **Rodent Destruction.**

Three operators continued to be employed on this work, the accent being on inspection and survey work, a policy which again proved very satisfactory. The number of complaints received from occupiers remained fairly static (684 as compared with 674 in the previous year).

A total of 761 premises were disinfested during the year.

Treatment of sewers, where 128 manholes were baited, was carried out at six-monthly intervals. It has been recognised for some time that the method of treatment did not entirely eradicate all the rats in the system and that some colonies were able to exist between manholes. The Ministry of Agriculture, through its Research and Technical Officers, after much experimental work, evolved a system of extended prebaiting by using a mould inhibitor such as parantrophenol which prevents the spoilage of damp baits in sewers.

Test baiting on these lines was followed by poison treatment, using the anti-coagulant Warfarin in an oatmeal, oil and sugar mixture, which proved very successful. "Takes" at 32 manholes in the first treatment were reduced at the second to 22.

The great majority of sewer infestations occur in a few sections in the older parts of the town and the future policy will be to treat these more often, with a twelve monthly check on the rest of the system.

Summary:

	Local Authority Properties	Private Dwellings	Business Premises	Agricultural Premises	Total
Properties Inspected					
Notification of Occupier	24	525	108	27	684
Surveys	50	541	555	53	1'999
Otherwise	—	394	2914	—	3308
Total Inspections (including re-inspections)					
	450	4653	4800	352	10255
Properties Infested					
Rats	6	295	37	25	363
Mice	15	215	65	2	297
Infested Properties Treated					
	21	510	102	27	660
Total Treatments (including re-treatments)					
	29	573	132	27	761
Block Treatments ...	—	55	—	—	55

(2) **Other Pests:**

86 (67) verminous houses, including 2 Council houses, a total of 366 rooms, were dealt with during the year. Commercial premises, including food premises, dealt with totalled 166 rooms in 78 premises.

Treatments carried out include disinfection 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 disinfection, each building being treated four times in the year with a residual insecticide, a total of 33 treatments.

Charges. Receipts for disinfection work carried out totalled £215 5s. 6d. (including £90 3s. od. for rodent control on business premises), compared with £216 19s. 9d. during 1956 and £218 18s. 6d. in 1955.

(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		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	44	63	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	197	145	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	20	3	—	—
TOTAL	261	211	8	—

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) ...	4	2	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ...	1	—	—	—	—
(b) Unsuitable or defective	3	1	—	1	—
(c) Not separate for sexes ...	1	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	—	—	—	—	—
TOTAL ...	9	3	—	1	—

Few contraventions of a minor nature were found under the Factories Acts and Sanitary Accommodation Regulations 1938 in the premises inspected. Close liaison was maintained with H.M. Inspector of Factories, and with the Borough Engineer in connection with plans for new buildings and alterations to existing factories.

PART VII OUTWORKERS

Wearing Apparel—making, etc.	5
Lace, Lace Curtains and Nets	1
Artificial Flowers	51
Stuffed Toys	1
No. of visits	55 (74)

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) ..	1001
	(b)	Number of inspections made for the purpose ..	3666
(2)	(a)	Number of dwelling houses (including sub-head (1) above) which were inspected and recorded ..	195
	(b)	Number of inspections made for the purpose ..	765
(3)		Number of dwelling houses found to be unfit for human habitation ..	93
(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 ..	243

2. REMEDY OF DEFECTS DURING 1957 WITHOUT SERVICE OF FORMAL NOTICES:—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers		173
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3. ACTION UNDER STATUTORY POWERS DURING 1957:—

A.—Proceedings under Sections 9, 10, 11 and 16 of the Housing Act 1936 and 1957:—

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

B.—Proceedings under Public Health Acts:—

(1)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied ..		10
(2)	Number of dwelling houses in which defects were remedied after service of formal notices—		
	(a) By owners ..		7
	(b) By Local Authority in default of owners ..		3
(3)	Sec. 24 Notices served ..		2

C.—Proceedings under Sections 11 and 13 of the Housing Act 1936 and Sec. 17 Housing Act 1957:—

(1)	Number of dwelling houses in respect of which demolition orders were made ..		7
(2)	Number of dwelling houses demolished in pursuance of Demolition Orders ..		8

D.—Proceedings under Section 12 of the Housing Act 1936 and Sec. 18 Housing Act 1957:—

(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made ..		6
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ..		—

(3) Closing Orders made (Sec. 10. (1) L.G. (Misc. Prov.) Act 1953)	8
(4) Undertakings (not to use for habitation)	2
(5) Closing Orders determined	12

4.—OVERCROWDING

(a) (i) Number of dwellings overcrowded	26
(ii) Number of families dwelling therein	26
(iii) Number of persons dwelling therein	148
(b) Number of new cases of overcrowding reported.. .. .	26
(c) (i) Number of cases of overcrowding relieved.. .. .	10
(ii) Number of persons concerned in such cases	60
(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	172

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.

Area	Number of		adults	child- ren	total	Clearance or Compulsory Purchase Order	Confirmation
	houses	families					
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	Confirmed by Minister 16.8.57
Total	127	126	265	122	387		

In the period under review, 18 families were rehoused from the first clearance area.

During the year October 1956—September 1957, detailed surveys were carried out in two further proposed clearance areas, comprising 160 properties, but owing to the likely delay in redevelopment, caused by the economic situation, action was deferred for the time being. When this work is recommenced, it will call for concentrated effort if the five year programme is to be completed on time, some 246 properties requiring to be surveyed and represented before 1960.

Individual unfit houses. 23 houses were represented as unfit and as a result, 7 Demolition Orders, 14 Closing Orders were made, and 2 Undertakings not to use for human habitation were accepted. Following restoration and improvement, Closing Orders in respect of 12 houses were determined. By this method, steady, if-unspectacular progress, is being made to deal with some of the worst housing

conditions in individual houses. Since the inception of this scheme some 40 houses have now been saved from demolition and restored to an improved standard to provide housing accommodation for several years. The speed of restoration is determined solely by the rate of rehousing of the tenants after the Closing Orders are made.

Certificates of Disrepair. The Rent Act of 1957 came into operation on 6th July, and for the first few weeks the department answered many hundreds of enquiries. The working of the Act is complicated and statutory forms are specified by regulation, a fact that is still not understood by many landlords and tenants.

So far as the improvement of housing standards is concerned, this is dependent to some extent on a tenant's interpretation of what constitutes an item of disrepair. On the one hand trivial defects have been listed, whilst on the other, there is the case of one old lady who included as the total disrepair, one sash cord and a door sill. The house on inspection was found to be almost falling down.

As a general rule, however, agreement between landlord and tenant on necessary repairs has been made with consequent improvement in maintenance.

Housing Repairs and Rents Act 1954

	<i>Up to 5th July 1957</i>	<i>Total for 1954—1957</i>
Certificates of Disrepair applied for	Nil	61
Granted	—	51
Refused	—	10
Revocation Certificates applied for	4	23
Granted	4	20
Refused	Nil	3

Rent Act 1957—from 6th July to 31st December, 1957

No. of applications by tenant for certificates of disrepair (Form I) ..	36
Notice by local authority of proposal to issue certificates of disrepair (Form J)	35
Undertaking by landlord to remedy defects (Form K)	*14
Certificates of Disrepair issued (Form L)	20
Applications by landlord for cancellation of certificate (Form M) ..	Nil
Notice by local authority of proposal to cancel certificate of disrepair (Form N)	Nil
Applications for certificates as to remedying of defects (Form O) ..	Nil
Certificates as to remedying of defects (Form P)	Nil

N.B.: One application on Form I returned to tenant as Form G did not give specific details.

* In one instance, works of repair completed without service of Form K. Certificate therefore not issued.

Disrepair. 652 (735) complaints were investigated. 270 (326) notices were served requiring repairs, 175 (278) notices calling for necessary works under Housing and Public Health Acts were complied with without recourse to formal action.

Improvement and Acquisition. Inspections and reports were made in 84 cases of applications for improvement grants, which continue mainly from owner/occupiers, and 204 in respect of applications for loans under the Small Dwellings Acquisition Acts.

The standard adopted is that laid down in section 4 of the Housing Act 1957.

Rehousing applications. 102 cases were investigated and recommendations made to the Housing Department. With the cessation of building new houses for general need, the number of priority applications continues to build up. As an example, 26 families consisting of 148 persons (67 adults and 81 children) were found to be new cases of overcrowding during the year. Only ten families (19 adults and 41 children) were rehoused for reasons of overcrowding in the same period.

As applications are placed on the approved list pending suitable vacancies, the department is notified and subsequently action is taken under the Housing Act to bring about improvement in the old accommodation before it is re-occupied.

Summary. During the year a total of 4,887 inspections and revisits were made in relation to housing matters.

One aspect of the housing problem which must in the future receive more attention if a satisfactory solution is to be found, must be mentioned. As in many contemporary towns, there are a large number of basements (approximately 1400) the majority used as separate dwellings, a use which was hardly contemplated one hundred years ago. Most lack the first essentials of air and light. Is it unreasonable to suggest that a limited life should be placed on such dwellings, or that similar legislation to the provisions prohibiting underground bakehouses should be in force? i.e. that a certificate of fitness should be required as a condition of use.

Much effort went into the major work of dealing with bad housing conditions as outlined in the preceding paragraphs, but with the limitations of resources, both in manpower and finance, it becomes apparent that though working in the right direction, we are but scratching at the surface of the problem.

Year.	No. of families re-housed.			
	Overcrowding, &c.	Tuberculosis and other Medical reasons.	Individual unfit houses. Closing and Demolition Orders.	Clearance Areas.
1951	67	42	—	—
1952	41	18	—	—
1953	44	21	—	—
1954	24	20	—	—
1955	11	4	—	—
1956	12	21	11	—
1957	10	9	23	18

Caravan Sites:

Seven recreational caravan parks were licensed under section 269 of the Public Health Act 1936, to operate from 1st March to 31st October, providing facilities for 985 caravans on 40 acres of land. All sites are provided with main drainage and water supply, with sanitary accommodation and washing facilities in permanent buildings.

Following an appeal to the Courts, the local authority reduced its scale for the provision of wash basins and the standard requirements are now as follows—

Caravan density	25 to the acre.
Sanitary accommodation	5% of population (estimated 3 per caravan).
	Reduced to 4% for large sites.
Wash basins	1 per 10 caravans.
Dustbins	1 per 4 caravans.
Standpipes for drinking water	1 per 12 caravans.

Removal and disposal of waste remains a problem requiring constant attention. One method adopted with some success on suitable sites has been incineration of dry refuse to reduce the bulk for ultimate collection and disposal on the local authority refuse tip.

During 1957, 114 inspections of sites were carried out.

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

Inspections:—			Walls and ceilings cleansed and redecorated		
Keeping of animals	31		redecorated	19	
Rat or mice infestation	394		Firegrates and stoves repaired or renewed	14	
Smoke nuisance	10		Floors repaired or renewed	28	
Verminous premises	42		Staircases repaired	1	
Infectious diseases	10		Doors repaired or renewed	8	
Food poisoning	28		Windows repaired or renewed	20	
Pet Animals Act	23		Sash-cords renewed	37	
Moveable dwellings—caravan sites	114		Ventilation improved	1	
Offensive trades	2		Water supply improved	8	
Knackers yards	27		New sinks provided	5	
Theatres and Cinemas	2		Waste-pipes repaired or renewed	10	
Out workers	55		Yards and passages repaired	3	
Other Visits	157		New W.C.s erected	4	
Interviews respecting properties	607		W.C. basins renewed	6	
Smoke tests to drains	134		Flushing cisterns repaired or renewed	23	
Water tests to drains	269		Drains repaired or reconstructed	53	
Fertiliser and Feeding Stuffs Act	31		Drains cleansed	53	
Swimming Baths	56		Inspection chambers constructed or repaired	29	
	Total: 1,992		Soil and Vent-pipes repaired or renewed	9	
Works Carried Out:—			Gully traps fitted	10	
Roofs repaired and made weatherproof	23		Sanitary dustbins provided	20	
Stacks rebuilt or repaired (including new pots)	3		Miscellaneous repairs	80	
External walls repaired or repointed	6		Food Premises—Cleanliness effected	44	
Gutters and R.W.D. repaired, renewed, or cleaned out	28		Miscellaneous works of improvement	69	
Dampness remedied	12				
Int. walls and ceilings repaired	27				

SECTION VIII
FOOD INSPECTION AND HYGIENE

(A) MILK

Milk supplies to the area come from three main pasteurising plants, one in the County Borough and two from outside districts. Delivery to the consumer is by 19 retail distributors. A total of 262 visits were paid to milk premises during the year.

Milk (Special Designations—Raw Milk) Regulations 1949.

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

These dealers retail tuberculin tested (farm bottled) milk produced and bottled on 7 farms situated in Sussex and Kent. 10 (or 19%) of the total of 53 samples of this grade of milk failed to reach the required standard. Information on samples which fail to comply with the prescribed standards is forwarded to the Ministry of Agriculture and action is taken to deal with unsatisfactory conditions in relation to production and bottling.

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

Pasteuriser's licences 1
Dealers' licences—Pasteurised 18

The borough is in an area in which only designated milk may be sold.

264 samples of designated milk, including 50 from schools and 20 from school kitchens, were taken for bacteriological examination during the year, results of tests being given in the table below.

Designation.	Samples taken	Methylene Blue test.		Phosphatase test.	
		Passed.	Failed.	Passed.	Failed.
Tuberculin Tested F.B. ...	53	43	10	Not applicable.	
T.T. Pasteurised ...	†62	59	—	62	—
Pasteurised ...	†149	145	—	149	—

†Reports on meth. blue test were declared void owing to overnight temperatures exceeding 65°F.

Biological examination for the presence of tuberculosis and brucella abortus of milk samples as delivered from the farms and before processing, was carried out by the Public Health Laboratory service.

75 samples were taken. No cases of tubercular infected milk were found and the number of positive samples on brucella ring test were the same as in the previous year. All positive results were notified to the Area Veterinary Officer of the Ministry of Agriculture for investigation on the farm.

No.	T.B. Test		Brucella Ring Test	
	Positive	Negative	Positive	Negative
75	—	73	14	59

N.B.: 2 no result; guinea pigs died.

The Ministry of Agriculture, Fisheries and Food scheme for the eradication of bovine tuberculosis is now within sight of its goal and at the time of preparation of this report compulsory tuberculin testing of all cattle not previously covered by the voluntary scheme is proceeding. Animals found to give positive reaction on test are compulsorily slaughtered and the extent of this work is reflected in Table II in the section on meat.

General. The department continued to enjoy the fullest co-operation of the dairy trade to maintain and improve where possible the high hygienic standard of milk delivered to the consumer.

It is regrettable, however, that the consumer does not always co-operate. The condition of some milk bottles returned to the dairy in this day and age has to be seen to be believed. Cleansing and sterilising before re-use is rendered extremely difficult, if not impossible. Even after soaking for 24 hours in a caustic soda solution, many bottles have to be destroyed. Surely it is not too much to ask that bottles should be cold water rinsed and returned to the roundsman on his next call.

(B) MEAT

TABLE I

MEAT INSPECTION COMPARATIVE TABLE

Year	Cattle (excluding cows)	Cows	Calves	Sheep	Pigs
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
1957	1,790	1,037	1,941	3,261	8,386

The scheme for the early replacement of the very unsatisfactory slaughterhouse in London Road received a major setback, it is to be hoped of only temporary duration, by the rise in the Bank Rate. The four local authorities having a direct interest in the proposals, i.e. Bexhill M.B., Rye M.B., Battle R.D.C., and Hastings C.B., continued in their efforts to formulate a scheme through their joint committee, designating a site for the new building and seeking clarification of various matters of policy with the Ministry of Agriculture, Fisheries and Food.

Constant attendance by an inspector during the hours of slaughter is a heavy commitment with a small staff, as the building is in use until late in the evening, on Sundays and Bank Holidays. This branch of the work, however, is given priority, with a result that not only is 100% meat inspection carried out, but a high standard of hygiene in meat production is maintained, despite the grave deficiencies of the premises.

In addition to providing for local requirements, 1971 hindquarters and 522 forequarters of beef, totalling 166½ tons were exported.

During the year 13 tons of meat were rejected as unfit for consumption, 4 tons being affected with tuberculosis and 9 tons by other diseases.

10 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 1957
 (Figures for 1956 in brackets)

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs
No. killed	1790 (1956)	1037 (259)	1941 (1795)	3261 (7515)	8386 (9138)
No. inspected	1790 (1956)	1037 (259)	1941 (1795)	3261 (7515)	8386 (9138)
All diseases except Tuberculosis					
Whole carcasses condemned ...	2 (3)	1 (2)	11 (9)	6 (11)	21 (11)
Carcasses of which some part or organ condemned	662 (747)	137 (79)	4 (10)	288 (499)	631 (612)
Percentage of the number affect- ed with disease other than tuberculosis	38·21 (38·34)	13·30 (31·27)	0·77 (1·05)	9·01 (6·78)	7·77 (12·40)
Tuberculosis only					
Whole carcasses condemned ...	1 (1)	5 (3)	— (2)	— (—)	3 (9)
Carcasses of which some part or organ condemned	95 (114)	228 (50)	2 (1)	— (—)	85 (102)
Percentage of the number affect- ed with tuberculosis... ..	5·36 (5·87)	22·46 (20·46)	0·10 (0·16)	— (—)	1·04 (1·21)
Cysticercosis					
Carcasses of which some part or organ condemned	10 (16)	— (—)	— (—)	— (—)	— (—)
Carcasses submitted to treatment by refrigeration	10 (16)	— (—)	— (—)	— (—)	— (—)
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	12	1	15
	Pork	—	10	—	5
	Mutton	—	—	—	—
	Veal	—	—	—	—
Total		3	2	1	20

			<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Offal	Beef .. ..	..	3	15	1	—
	Pork .. ..	..	—	—	2	26
	Mutton .. ..	..	—	—	—	—
	Veal .. ..	..	—	—	1	2
Total			3	16	1	—

TOTAL WEIGHT CONDEMNED FOR DISEASES OTHER THAN TUBERCULOSIS

			<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Carcase Meat	Beef .. ..	..	1	—	1	14
	Pork .. ..	..	1	5	1	—
	Mutton .. ..	..	—	4	—	24
	Veal .. ..	..	—	2	3	8
Total			2	12	2	18
Offal	Beef .. ..	..	7	14	1	8
	Pork .. ..	..	1	5	2	26
	Mutton .. ..	..	—	5	3	11
	Veal .. ..	..	—	—	3	27
Total			9	6	3	16

**TABLE IV
PARTS OR ORGANS CONDEMNED FOR TUBERCULOSIS**

Fore	19	Liver	55
Hind	2	Mesentery ..	—
Brisket	8	Plucks	4
Other Parts ..	3	Skirts	22
Head and Tongue	219	Spleen	4
Heart	4	Other Organs ..	35
Lungs	256		

DISEASES (OTHER THAN TUBERCULOSIS) FOR WHICH MEAT WAS CONDEMNED

Abcesses	181	Fever	3
Actinomycosis ..	15	Immaturity ..	9
Bovis Cysticercosis	10	Jaundice	1
Bruising	30	Johnnes Disease	3
Cavernous Angioma	69	Necrosis	2
Cirrhosis	114	Nephritis	44
Congestion	12	Pneumonia or	
Cysts	123	Pleurisy	356
Decomposition ..	1	Pericarditis ..	37
Distoma	1144	Peritonitis ..	65
Dropsy	2	Pyæmia	4
Emaciation	7	Septicæmia ..	1
Erysipelas	1	Other conditions	278

(C) ICE CREAM

There are 11 registered manufacturers of ice cream, including 1 wholesale factory and 10 producer/retailers. There are also 337 premises registered for the storage and retail sale of ice cream.

During the year 15 new registrations were made and a total of 238 inspections were carried out.

The bacteriological standard of samples taken during the season can be said to be reasonably satisfactory, though there continues to be room for improvement. Although 37% of samples failed to pass the required test, this figure was adversely affected by the failure of a batch of samples taken on one day during the month of August and it is considered that weather conditions may have had some bearing on the results. The overall picture of the standard of hygiene in manufacture, from the practical point of view, can be taken as more satisfactory than the sampling statistics would indicate.

On analysis only one sample was found to be unsatisfactory, being 27% deficient in sugar content. Following investigation, this was found to be a proprietary complete mix and there was no fault on the part of the producer/retailer of the ice cream. Follow up formal sampling gave satisfactory results.

The following tables summarise the reports received:—

Bacteriological Examination

Grade.	No. of samples.	Percentage.	Remarks.
I.	19	46	} Satisfactory.
II.	7	17	
III.	9	22	} Indicates defects of manufacture/handling
IV.	6	15	

Analysis

No. of Samples.	Satisfactory	Not satisfactory
41	40	1 deft. in sugar (27%)

(D) FOOD AND DRUGS ACT 1955

During the year 250 (273) samples were taken for analysis. Details are as follows:—

Milk:	Formal samples ..	1	106
	Informal samples	105	
	(including 22 from School Kitchens)		
Sundries:	Formal samples ..	18	103
	Informal samples	85	
Ice Cream:	Formal samples ..	1	41
	Informal samples	40	
			250

Samples found satisfactory on analysis numbered 236 and these are listed below:—

Baking Powder	3	Ground Ginger	1	Pepper ..	1
Bicarb. Soda	1	Honey ..	1	Pickle ..	1
Bisto ..	2	Jam ..	1	Pilchards ..	1
Bovril ..	1	Jelly ..	4	Pork Brawn	1
Butter ..	3	Lard ..	1	Pork and Beans	1
Cheese Spread	3	Lemon Curd	1	Quinine Tabs.	1
Cocoanut ..	1	Lemon Juice	1	Sage and Onion	1
Cooking Fat	2	Lentils ..	1	Salmon ..	1
Corned Beef	1	Linctus ..	2	Sausages, Beef	4
Crab ..	1	Margarine ..	3	Soup ..	1
Cream ..	1	Marmalade	1	Sponge Mixture	3
Currants ..	1	Marmite ..	1	Sauce ..	5
Curry Powder	2	Meat Paste	4	Steak & Kidney	1
Custard Powder	1	Milk ..	96	Sugar ..	1
Dried Milk	1	Milk Powder	1	Sunny Spread	1
Evap. Milk ..	1	Minced Beef Loaf	1	Sweets ..	6
Fish Paste ..	3	Minced Turkey	1	Tea ..	2
Flour ..	2	Mincemeat ..	1	Tomatoes, peeled	1
French Dressing	1	Mixed Fruit	1	Vinegar ..	2
Frig. Ice ..	1	Mixed Spice	1	Ice Cream ..	40
Glace Cherries	1	Nutmeg ..	2		
Gravy Browning	1	Peas ..	1		

Unsatisfactory analytical reports were received on 14 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>
220	Milk (informal)	.. Def. S.N.F. 4.4%	.. Freezing point (Hortvet) genuine. Followed up by samples 223, 229 and 234 (F). Satisfactory.
223	Milk (informal)	.. Def. S.N.F. 3.7%	.. Freezing point (Hortvet) genuine.
225	Milk (informal)	.. Def. S.N.F. 2.0%	.. Freezing point (Hortvet) genuine. Followed up by sample 233—satisfactory.
228	Milk (informal)	.. Def. S.N.F. 3.4% Def. Fat 5.6%	.. Freezing point (Hortvet) genuine. Followed up by sample 232—satisfactory.
229	Milk (informal)	.. Def. S.N.F. 1.4%	.. Freezing point (Hortvet) genuine.
328	Sliced Bread (informal)	Discolouration—rust. Presumably caused by knife of slicing machine	Reported to Public Hygiene Committee 25/3/57. Warning letter sent by Town Clerk.
336	Condensed Milk (inf.)	Discolouration due to too long storage ..	Consignment withdrawn from sale.
356	Bread (informal)	.. Foreign matter; particle of rust derived from machinery or baking tin ..	Bakery notified. Warning letter sent.
272	Milk T.T. (informal)	.. Def. S.N.F. 11.3% Freezing point genuine..	Producer and Milk Advisory Officer notified. Resample 275.

<i>Sample No.</i>	<i>Article</i>	<i>Report</i>	<i>Action taken</i>
482	Ice Cream (proprietary mix) (inf.) ..	27% def. in sugar ..	Followed up by formal sample 491. Satisfactory.
275	Milk (informal) ..	Def. S.N.F. 3.5% Freezing point genuine	Referred to Milk Advisory Officer, Min. of Agr. for investigation.
277	Milk (informal) ..	Def. S.N.F. 1.1% Freezing point genuine	Milk Advisory Officer notified. Resample 286.
278	Milk (informal) ..	Def. S.N.F. 5.1% Freezing point genuine	Milk Advisory Officer notified.
286	Milk (informal) ..	Def. S.N.F. 0.8% Freezing point genuine	Action to improve quality taken by Min. of Agr.

Special Investigations

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

1. Dried Full Cream Milk	..	Curdling on reconstitution ..	Analysis satisfactory
2. Blancmange Powder	..	Foreign body—glass splinter ..	Glass found to be from sugar bowl in complainant's house
3. Fish Hawker's Barrow	..	Contravention of Food Hygiene Regs. 1955 (Regs. 10, 26, 27, 32 and 33) ..	Prosecution. Fined 10/- on each of four counts
4. Bread (sliced wrapped)	..	Foreign matter (iron) Discolouration ..	Caused by knife of slicing machine. Warning letter from Town Clerk
5. Potatoes	..	Dyed ..	Suitable animal feeding only. Warning letter. Taken off sale.
6. Pork Pie	..	Mould ..	Prosecution. Fine £2 plus £7-7-0 costs.
7. Bread (sliced wrapped)	..	Foreign matter (cloth) ..	Portion of cloth used for greasing dough machine bowls with edible oil. Warning letter from Town Clerk
8. Fish Hawker's Barrow	..	Contravention of Food Hygiene Regs. 1955 (Regs. 27, 32 and 33) ..	Prosecution. Fine £1
9. Fish Hawker's Barrow	..	Contravention of Food Hygiene Regs. 1955. (Regs. 26 and 27) ..	Warning letter from Town Clerk
10. Fish Hawker's Barrow	..	Contravention of Food Hygiene Regs. 1955 (Regs. 26, 27, 32 and 33) ..	Prosecution. Found guilty on all 3 charges. Given absolute discharge
11. Condensed Machine Skimmed Milk	..	Discolouration (storage stale) ..	All stocks withdrawn from sale
12. Canned Sliced Runner Beans	..	Foreign body (earth worm) ..	Considered deliberate act by factory employee. Warning letter and interview by Town Clerk

13. Cheese	..	Foreign body (glass splinter)	..	Cheese and foreign body not produced. No ac- tion possible
14. Bread	..	Foreign matter (iron rust). Discolouration	..	Rust from mixing ma- chine or baking tin. Warning letter
15. Bread (sliced wrapped)	..	Foreign body (live cockroach)	..	Prosecution. Fine £10 plus £15-15-0 costs
16. Fish Hawker's Barrow	..	Contravention of Food Hygiene Regs. 1955. (Regs. 26, 27, 32 and 33)	..	Prosecution (3 charges). Fine 5/-, 10/-, 10/-
17. Butcher	..	Contravention of Food Hygiene Regs. 1955. (Regs. 9, 32 and 33). Smoking while handl- ing open food	..	Prosecution. Fine £5
18. Skimmed Milk Powder (imported)	..	Foreign matter (brush bristles)	..	Taken up with Importers and Dairy Products control in country of origin. Stock surren- dered
19. Milk	..	Glass splinter in bottle (from rim of bottle)	..	Investigation and warn- ing at farm and dairy plant

(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	..	..	..	..	—	2	—	3
Imported	..	..	..	..	—	5	—	6 $\frac{3}{4}$
Cured	..	..	..	..	—	—	—	—
Canned	..	..	..	..	—	19	3	20 $\frac{1}{2}$
Canned with Vegetables	..	..	..	..	—	—	—	1 $\frac{1}{4}$
Cooked	..	..	..	..	—	—	—	—
Compounded Foods:								
Sausage and Sausage Meat	..	..	..	..	—	—	3	$\frac{1}{4}$
Brawn, etc.	..	..	..	..	—	—	—	—
Meat and Fish Pastes	..	..	..	..	—	—	—	2 $\frac{1}{2}$
Canned Soups	..	..	..	..	—	1	—	12 $\frac{1}{4}$
Fish:								
Fresh	..	..	..	..	1	—	2	10 $\frac{1}{2}$
Cured	..	..	..	..	—	3	2	14
Canned	..	..	..	..	—	—	1	20
Poultry and Game	..	..	..	..	—	—	1	22
Shell Fish:								
Fresh	..	..	..	..	—	1	3	23
Canned	..	..	..	..	—	—	—	20 $\frac{3}{4}$
Milk:								
Fresh	..	..	..	..	—	—	—	—
Canned	..	..	..	..	—	4	—	10 $\frac{1}{4}$
Dried	..	..	..	..	—	1	—	—

					Ton	Cwt.	Qtrs.	Lbs.
Fruit:								
Fresh	..	..	..	..	—	—	—	—
Canned	..	..	..	..	—	12	2	19 $\frac{3}{4}$
Dried	..	..	..	..	—	—	—	—
Vegetables:								
Fresh	..	..	..	..	—	—	—	—
Canned	..	..	..	..	—	11	—	13
Dried	..	..	..	..	—	—	—	—
Groceries:								
Bread	..	..	..	..	—	—	3	6
Butter and Margarine	..	..	..	..	—	—	—	7
Cereals	..	..	..	..	—	—	3	3 $\frac{3}{4}$
Cheese	..	..	..	..	—	—	1	8 $\frac{1}{4}$
Cake Mixtures	..	..	..	..	—	—	1	10
Flour	..	..	..	..	—	—	—	3
Jam	..	..	..	..	—	1	—	8 $\frac{1}{4}$
Lards and Fats	..	..	..	..	—	—	—	—
Sauces, etc.	..	..	..	..	—	—	1	3 $\frac{3}{4}$
Sugar	..	..	..	..	—	—	—	—
Eggs—Dried	..	..	..	..	—	2	1	6
Ice Cream	..	..	..	..	—	—	—	—
Sweets, etc.	..	..	..	..	—	—	1	5 $\frac{1}{4}$
Miscellaneous	..	..	..	..	—	—	—	9 $\frac{3}{4}$
Total					5	1	1	15$\frac{3}{4}$

(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	..	..	..	..	357	
Private houses taking boarders	..	..	..	..	220	
Restaurants, cafes and eating houses	..	..	..	..	196	
School kitchens and W.V.S. kitchen	..	..	..	..	11	
Bakehouses	..	..	..	..	29	
Fried Fish premises	..	..	..	..	15	
Food factories	..	..	..	..	6	
Mineral water factories	..	..	..	..	1	
						835

Retail:—

Grocers	..	..	..	..	299	
Fish shops	..	..	..	..	24	
Bakers—retail	..	..	..	..	68	
Butchers	..	..	..	..	55	
Confectioners	..	..	..	..	294	
Fruiterers	..	..	..	..	219	
Licensed premises	..	..	..	..	135	
						1094

Total: 1929

Registered Food Premises:—	<i>No. of Premises</i>
Hastings Corporation (General Powers) Act 1937.	
Ice Cream Manufacturers	11
Ice Cream Retailers	337
Pressed and preserved meats	77
Fish Hawkers	21
Milk and Dairies Regulations 1949.	
(Pasteurising Plants)	1
(Distributors)	23
	<hr/>
	470

Inspection of Food Premises:—	<i>Inspections</i>
Bakehouses	127
Butchers	352
Cafes, Restaurants, etc	411
Dairies and Milkshops	262
Fish Shops	31
Fishmarket	286
Hawkers	52
Hotels and licensed premises	221
Boarding and Guest houses	475
Ice Cream premises	238
Preserved Meat shops	42
Slaughterhouse	723
Other food premises	697
	<hr/>
	3917

Food Hygiene Regulations 1955.

These regulations, which came into operation on 1st January 1956, set out specific requirements relating to food premises and the handling of food, and it is regretted that owing to staff shortage and the pressure of other work, more time is not available for this important feature of health work in a health resort. The large number of food premises as set out on the preceding page render it a task of some magnitude and limited resources make the problem even more acute.

Following the initial survey of hotels and boarding houses carried out in 1956 and 1957, when some 229 notices of deficiencies under the provisions of the regulations were served, it has not yet been possible to complete the follow-up inspections necessary to those particular premises.

As a result of re-inspections which were possible, details of improvements carried out are set out below—

Hotels and Boarding Houses

Provision of ventilated lobbies between W.C. and food rooms	15
“Wash Hands” notices provided	6
Provision of wash basins with hot and cold water	26
Provision of hot water to existing wash basins	2
Provision of first aid kits	5
Provision of new sinks	5
Provision of hot water to existing sinks	1
Redecoration, cleansing of walls, floors, ceilings, including impervious wall and floor surfaces	18 premises
Provision of refrigerated storage	8

Butchers' Shops.

The 55 butchers' shops in the town were inspected regularly and following a policy of implementing the regulations by education and persuasion, a number of worth-while improvements were carried out by the owners at the request of the Department.

Separate hand washing facilities, apart from the general purpose sink, were provided in 20 butchers' shops and all such premises now have a constant supply of hot water available to sinks and basins.

Improvements to cutting and preparation rooms include the fitting of 5 sinks and the provision of laminated plastic tops to work benches and counters, thus giving a most pleasing appearance in addition to improving hygiene.

Undesirable conditions created by open shop fronts were obviated when fixed plate glass windows were provided to 4 shops and glass screens to protect meat from contamination have been fitted in many premises.

Although many butchers' businesses are sited in old and badly planned premises, the greater majority of traders maintain a very satisfactory standard of hygiene.

(G) CLEAN FOOD CAMPAIGN

The programme of talks and filmshows to voluntary Associations had unfortunately to be curtailed owing to the demands of other work, 8 lectures being given during the year.

Instructional work to hotel and catering students at the Technical College was, however, maintained, lectures being given covering a full afternoon session and two evening sessions each week. It has been impossible to expand this work owing to limitations of staff, despite an increasing demand for extension of facilities.

This work is of outstanding importance, providing as it does a sound basic understanding of hygiene principles and practice to students who will in future be in charge of catering establishments, and failure to accept responsibilities in this direction cannot but seriously affect the future standard of hygiene in food handling.

(H) FERTILISERS AND FEEDING STUFFS ACT 1926

Inspections carried out of wholesale and retail premises under the Act numbered 12. 12 formal samples (6 of feeding stuffs and 6 of fertilisers) were taken for analysis during the year.

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

	<i>Article</i>	<i>Report</i>	<i>Action taken</i>
Sample No. 4152 (formal) 29.3.57	Growers Ration Pellets	1.25% excess oil. (In favour of purchaser)	Whole range of analyses declarations reviewed. Min. of Agr. notified.
Sample No. 4153 (formal) 27.6.57	Bone Meal	24.5% def. in phosphoric acid (Genuine bone meal)	Statutory statement by manufacturer given as 4.5% ammonia, 45% phosphates. Statement altered to comply with First Schedule to declare amounts of nitrogen and phosphoric acid.

	<i>Article</i>	<i>Report</i>	<i>Action taken</i>
Sample No. 4155 (formal) 23.9.57	Organic Base Fertiliser	1.9% excess nitro- gen. 2% excess insoluble phosphor- ic acid. 3.9% def. in soluble phos- phoric acid	Area Inspector at place of manufacture notified. Clerical error in noting manufacturer's declar- ation. Literature amended.

(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.

31 visits other than routine shop inspections were made and 5 notices were served in respect of contraventions. Verbal warning is usually sufficient to correct minor infringements.

(J) **MERCHANDISE MARKS ACTS 1897-1926**

79 inspections were made and 52 notices served, 52 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 in operation.

(a) 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) 18th October 1957. Order under section 43 extending the general closing hours for shops to 9 p.m. on the 16th-20th and 23rd and 24th December.

The work carried out under this Act is summarised in the following table. No legal proceedings were taken, but many warnings were given relating to the opening of shops on Wednesday afternoons and Sundays.

Contraventions	Informal Notices Served	Remedied
S.1 Closing of Shops on weekly half-holiday	50	48
S.2 General Closing Hours	18	16
Closing Orders	—	—
Trading outside Shops and Shops with several trades	60	52
Statutory Half-holiday for Assistants	33	32
Meal Times	4	4
Sunday Employment	12	10
Hours of Employment—Persons between 16—18	8	8
Do. do under 16	4	4
Night Employment	—	—
Seats for Female Shop Workers	5	4
Sanitary and other arrangements in shops	32	23
Closing of Shops on Sunday	43	39
Shops where several trades or businesses are carried on	20	15
Other offences connected with Sunday trading	4	4
Any other offences	—	—
Records not kept and Notices not exhibited:		
Young Persons—Forms E. or F. & G.	12	12
Abstracts of Act—Forms H. or J.	9	9
Seating Accommodation—Form K	13	12
Assistants Half-holiday Notice	14	12
Early Closing Day Notice	2	—
Mixed Shop Notice—Early Closing Day	22	15
Do. —Sunday	11	8

(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 23 inspections were carried out of 8 licensed pet shops in the borough. Infringements noted were in respect of lack of cleanliness and ventilation in one shop. Following service of an informal notice, the necessary works were carried out.



THE SCHOOL HEALTH SERVICE

Report of the

PRINCIPAL SCHOOL MEDICAL OFFICER

for the Year 1957

THE SCHOOL HEALTH SERVICE
Report of the
Principal School Medical Officer
for the Year 1957

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 1957.

The number of children on the school registers 8,354, shows a very small increase of 36 on the previous year: Primary schools with 4,989 against 5,116 show a decrease of 127, whilst Secondary schools show an increase of 166 to 3,257 from 3,091. The general standard of health and physique of the children is excellent, they are in the main obviously well dressed and looked after, and it is a great satisfaction to be unable to find any adverse point worthy of comment.

The programme of new school building has slowed right down, as was almost inevitable after the first spate, but the good effects on health continue to make themselves more and more apparent, and many minor improvement works quietly continue. For all this, there is still more to be done when the economic situation permits before it can be said that every child, whatever its age, is being educated in really good surroundings.

Infectious disease has not raised many problems during the year except for the outbreak of Asian 'Flu in the early winter—many children and staff were affected, but in most instances a quick and uneventful recovery ensured a quick return to school. I am sorry to record the deaths of eight local school-children, two with malignant disease, the remainder from either violence or congenital abnormalities. This number compares very unfavourably with most recent years.

Periodic medical inspections at 2,318 compare with 2,374 the previous year, whilst special and re-inspections show 1,811 as against 1,652. Poliomyelitis vaccination, which called for more time in 1957, did not make any appreciable inroads into other school health service work, but the greatly increased scope and tempo of this vaccination in 1958 has undoubtedly made some difference.

My sincere thanks are extended to you, Mr. Chairman, and your Members for your support and encouragement: to the Chief Education Officer, his staff and the Headteachers for their help and co-operation, and to my deputy Dr. Gorrie and my own staff for their continuing enthusiasm and loyal hard work.

I have the honour to remain, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

T. H. PARKMAN,
Principal School Medical Officer.

(Throughout the report, figures in parenthesis are those for 1956 for comparison.)

STATISTICAL SUMMARY FOR 1957

TOTAL number of children on school registers, 1957 ..	8,354	(8,318)
at Primary Schools	4,989	(5,116)
at Secondary Schools including Grammar Schools	3,257	(3,091)
at Schools for Handicapped children ..	108	(111)
ROUTINE medical inspections—total number inspected	2,318	(2,374)
special inspections and re-inspections ..	1,811	(1,652)
Minor ailments treated	653	(574)
DENTAL inspections—total number inspected ..	8,573	(3,933)
,, ,, treated ..	3,178	(2,192)
Receiving orthodontic treatment	188	(131)
DEFECTIVE VISION —total number referred for examination	562	(502)
spectacles prescribed for ..	193	(184)
HEALTH INSPECTIONS by school nurses at schools ..	19,170	(20,435)
number found defective in cleanliness ..	67	(27)
HOME VISITS by school nurses	1,281	(1,299)

DEATHS OF SCHOOLCHILDREN: I have to report that during 1957 8 deaths occurred in the resident child population aged 5—15 years.

- (1) Teratoma of pituitary gland.
- (2) (a) Acute anaemia; (b) Acute leukaemia.
- (3) (a) Congestive cardiac failure; (b) Bronchiectasis.
 II Fibrocystic disease of pancreas.
- (4) Heart failure due to fibrosis and deficiency of myocardium due to congenital abnormalities of coronary arteries.
- (5) Accidental death from injuries caused by being struck by a motor car.
- (6) Cerebral oedema and haemorrhage due to fracture of skull. (Bicycle collided with a motor car).
- (7) Vagal arrest of the heart due to hanging in association with a small degree of asphyxia.
- (8) (a) Convulsions; (b) Cerebral cortical defect, haemorrhage due to birth injury.

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 subsequent and thorough examination by the medical officer, 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	...	...	557 (835)
Second Age Group	...	...	805 (728)
Third Age Group	...	...	817 (588)
		Total	2,179 (2,151)
Number of other Periodic Inspections 139 (223)			
		Grand Total	2,318 (2,374)

B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	894 (709)
Number of Re-Inspections	...	...	917 (943)
		Total	1,811 (1,652)

It will be noted, in A and B in the foregoing tables, there is a slight decrease from last year in the total numbers inspected. It is most satisfactory that this decrease has been kept so low, bearing in mind the pressure of work brought upon the School Health Service, by the intensive immunisation campaign against poliomyelitis.

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	15	80	92
Second Age Group ...	38	50	87
Third Age Group	88	91	172
Total (prescribed groups)	141	221	351
Other Periodic Inspections	13	22	33
Grand Total	154	243	384

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

Age Groups	Number of Pupils Inspected	Satisfactory		Un- satisfactory	
		No. of	% Col. (2)	No. of	% Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	557	557	100.0	—	—
Second Age Group	805	802	99.7	3	0.4
Third Age Group	817	817	100.0	—	—
Other Periodic Inspections ..	139	127	91.4	12	8.6
Total ..	2,318	2,303	99.3	15	0.6

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1957

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 (7)	Requiring Observation (8)
		Requiring Treatment (3)	Requiring Observation (4)	Requiring Treatment (5)	Requiring Observation (6)				
4	Skin	6	7	49	9	67	26		
5	Eyes: a. Vision	15	22	88	20	154	81		
	b. Squint	10	2	2	1	17	9		
	c. Other	—	2	13	10	13	14		
6	Ears: a. Hearing	1	5	1	1	4	7		
	b. Otitis Media	—	—	1	—	2	—		
	c. Other	1	—	2	—	4	3		
7	Nose and Throat	22	38	—	5	25	68		
8	Speech	10	17	1	2	19	28		
9	Lymphatic Glands	—	9	—	1	—	13		
10	Heart	—	4	—	5	3	16		
11	Lungs	7	13	3	12	14	41		
12	Developmental: a. Hernia	2	1	—	1	2	2		
	b. Other	2	11	1	4	5	44		
13	Orthopaedic: a. Posture	1	9	—	6	1	32		
	b. Feet	1	12	4	5	12	21		
	c. Other	8	15	6	13	23	55		
14	Nervous System: a. Epilepsy	2	—	—	1	3	5		
	b. Other	—	—	1	—	1	4		
15	Psychological: a. Development	—	—	1	1	2	3		
	b. Stability	—	4	1	—	1	11		
16	Abdomen	—	—	—	—	—	1		
17	Other	7	6	6	2	25	12		

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	489	3
5.	Eyes: a. Vision	88	3
	b. Squint	8	—
	c. Other	104	9
6.	Ears: a. Hearing	7	1
	b. Otitis Media	1	—
	c. Other	21	1
7.	Nose and Throat	31	1
8.	Speech	24	3
9.	Lymphatic Glands	5	1
10.	Heart	1	1
11.	Lungs	6	1
12.	Development—		
	a. Hernia	—	—
	b. Other	—	—
13.	Orthopaedic—		
	a. Posture	—	1
	b. Feet	17	7
	c. Other	39	9
14.	Nervous system—		
	a. Epilepsy	1	—
	b. Other	5	—
15.	Psychological—		
	a. Development	6	—
	b. Stability	2	6
16.	Abdomen	—	—
17.	Other	156	11

General Condition of Children.

In last year's report it was stated that the classification of the general condition of children had been given up. The substitution of the two categories only, satisfactory and unsatisfactory, has indeed proved a practicable and sensible one, and has been most valuable in the production of more accurate classification.

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 this decrease has been well maintained. Indeed there has been a decrease of more than 50% from last year, the number of children being so classified amounting to a mere 0.6%—and this number includes *all* those children at present attending the Open Air School.

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	19,170	(20,435)
(ii) Number of individual children found unclean	67	(27)
(iii) Number of children in respect of whom cleansing notices were issued (Education Act, 1944, Sect. 54 (2)	27	(5)
(iv) Number of children in respect of whom cleansing orders were issued (Education Act, 1944, Sect. 54 (3)	Nil	(—)

It will be noted that there was an increase in the number of children found unclean. The number of children so classified depends to a large extent on the number of problem families in the borough, and our own "hard core" of such families is added to by newcomers, in varying numbers from year to year.

Work of School Nurses.

Visits to homes:—

By direct instructions of School Medical Officer	466	(611)
At request of School Enquiry Officer ..	10	(8)
Following up of cases of uncleanliness ..	99	(75)
General cases, following up	706	(605)
	<hr/>	<hr/>
	1,281	(1,299)
School visits—miscellaneous	586	(670)
	<hr/>	<hr/>
Total:	1,867	(1,969)

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 modernity of our two new clinics continues to be much admired and it is gratifying to observe that there has been a substantial increase in the number of total attendances at the clinics. It is also interesting to note that while there

has been this increase in the number of attendances there has been a decrease in the number found to require treatment. This is indeed encouraging, considering that our aim is prevention rather than cure, and gives reason to believe that the public on the whole are becoming more "prevention minded".

Despite the fact that increased numbers attended for advice at the Child Welfare and Minor Ailment Clinics, these two activities of the clinics had to share time and place with sessions for immunisation against poliomyelitis. The programme for a campaign of immunisation was hampered by many unforeseen difficulties, but despite these the campaign has gone well.

Clinics were held at:

Arthur Blackman Clinic, Battle Road, St. Leonards-on-Sea	Mondays & Thursdays at 9.30 a.m.
Ore Clinic, Old London Road, Hastings	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	..	..	954	(904)
Total attendances made	..	..	1,858	(1,601)
Total number found to require treatment	..	..	712	(879)

Minor Ailments treated:

Disease—

Ringworm (body)	..	..	..	1	(—)
" (scalp)	..	..	..	—	(—)
Scabies	..	..	..	1	(—)
Impetigo	..	..	..	12	(10)
Miscellaneous (minor injuries, burns, scalds, sores, abscesses, etc.)	..	..	..	72	(86)
Ear, nose and throat	..	..	..	60	(43)
Eye diseases (external)	..	..	..	104	(87)
Plantar Warts	..	..	..	136	(123)
Other skin diseases	..	..	..	267	(225)
				<hr/>	<hr/>
				653	(574)
				<hr/>	<hr/>

Exclusions from School.

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

Diseases of the skin (including ringworm and scabies)	3	(4)
Infectious diseases (including rheumatism and influenza)	—	(1)
Bronchial catarrh and colds, etc	2	(4)
Injuries	—	(1)
Diseases of the eye	5	(—)
Nits and vermin and uncleanliness	—	(1)
	<hr/>	<hr/>
	10	(11)
	<hr/>	<hr/>

Infectious Diseases.

The number of cases of infectious diseases notified by general practitioners for the year 1957 occurring in school children, are:

Pneumonia ..	5	Whooping cough ..	7
Scarlet fever ..	7	Meningococcal	
Poliomyelitis ..	3	Infection ..	2
Measles ..	194	Pulmonary Tuberculosis	1

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

The following table, in general use, gives guidance as to the exclusion of both cases and 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>i.e.</i> , the other members of the family or household living together as a family; that is, in one tenement.
SCARLET FEVER (and streptococcal sore throat)	2—5	1—2	7 days after discharge from hospital or from home isolation (unless "cold in the head," discharge 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 certifies that they may resume 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 bacteriological examination has proved negative.
MEASLES	10—15	3—4	10 days after the appearance of the rash if the child appears well.	Children under 5 years of age should be excluded for 14 days from date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.
GERMAN MEASLES	14—21	0—2	7 days from the appearance of the rash.	None.
WHOOPING COUGH	7—10	—	28 days from the beginning of the characteristic cough.	Children under 7 years of age should be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded.
MUMPS	12—28	—	7 days from the subsidence of all swelling.	None.
CHICKEN POX	11—21	0—2	14 days from the date of appearance of the rash.	None.
POLIOMYELITIS	7—14	—	At least 6 weeks. Will usually require a much longer period for recovery.	At least 21 days.
ENCEPHALITIS	4—30	—		
MENINGOCOCCAL 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 1,131 children 807 consents were obtained—the scheme was offered but not urged on parents in any way.

112 children were positive and 638 negative. 636 children were immunised. This gives a figure of 85% negative and 15% 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.

Though publicity with regard to anti-diphtheria immunisation is maintained at its usual high standard, there is still a gradual decrease in the percentage of children being protected against diphtheria. This state of affairs is not confined to the borough, but is country wide.

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 1957 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	47	(51)
Delivery of newspapers ..	31	(41)
Assisting in shops	74	(65)
„ on farms	—	(—)
„ milk and bread roundsmen	—	(—)
Miscellaneous	19	(14)

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 690,667 dinners during the year to maintained and independent schools.

The average number of meals provided daily during term-time was 3,420 and during main holidays 144. Meals were not provided on occasional holidays. An average of 525 free meals and 21 part-cost meals were served daily.

The Priory Road Central Kitchen closed at Easter and re-opened in September after being converted into a Kitchen-Dining Room. The separate dining room for the Hastings Secondary School was discontinued at Easter, the buildings being converted for school use."

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>	
	County and Voluntary Schools.	Independent Schools.	County and Voluntary Schools.	Independent Schools.
October, 1956 ..	7757	1940	6664	1673
October, 1957 ..	7348	1905	6482	1687

Special Clinics:

Ophthalmic Clinic.

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

Mr. Hollingsworth comments:—"There is really very little to report. This went smoothly in 1957 and no special difficulties arose. Mr. Bridges and I tended to transfer children with squints entirely to the hospital to save confusion to the parents, and duplication of records. Unfortunately Mr. Bridges resigned from the hospital staff on 31.12.57, and liaison this year is bound to suffer."

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.

Routine colour vision testing continues with Ishihara colour test plates.

Treatment of Eye diseases, defective vision and squint, 1957.

	<i>By Authority Service</i>		<i>Otherwise</i>	
External and other, excluding errors of refraction and squint	104	(87)	71	(113)
Errors of refraction (including squint) ..	562	(502)	35	(30)
Total	666	(589)	106	(143)
Number of pupils for whom spectacles were prescribed	193	(184)	25	(26)

Child Guidance Clinic.

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

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

The following is a summary of the work done in the clinic for the year ending 31st December, 1957:—

	Hastings Cases	East Sussex County Council Cases
Number of new cases referred in 1957 ..	50	35
Referred by:		
School Medical Officers	21	12
Private doctors	8	5
Schools	2	6
Hospitals	3	3
Juvenile Courts	—	—
Probation Officers	3	2
Children's Officer	7	3
Other sources	6	4
	50	35
Problems:		
Personality problems and nervous disorders	7	14
Habit disorders	3	1
Behaviour disorders	22	14
Educational and vocational guidance	4	6
Special exams. and Juvenile Courts and placement	5	—
I.Q. Testing only	9	—
	50	35

	Hastings Cases	East Sussex County Council Cases
How dealt with:		
Advice	6	5
Psychiatric treatment	20	7
Coaching	1	2
Periodic supervision	4	9
Withdrawn before completion	4	5
Awaiting diagnosis	7	7
Intelligence tests only	8	—
	50	35
Analysis of treatment:		
Recovered	—	—
Improved	9	4
Not improved	—	—
Discharged after advice	11	—
Still receiving treatment, coaching or supervision	34	23
Transferred	7	2
Condition physical	—	—
Treatment interrupted	—	—
Admitted to hospital	—	—
Closed	—	4
Transferred to schools for maladjusted children	—	—
Unco-operative	3	—
Psychiatrist:		
Diagnostic interviews	33	26
Treatment interviews	291	152
Psychologist:		
Vocational guidance	6	—
Home and School visits	48	31
Interviews for intelligence testing, etc.	59	26
Coaching interviews	309	—
Treatment interviews	—	34
Tests in schools	—	1
Supervision	4	—
Analysis of Coaching:		
Unco-operative	2	—
Still receiving coaching	8	—
Discharged improved	3	—
Still receiving supervision	4	—
Transferred	—	—
Psychiatric Social Worker:		
Interviews in clinic	308	116
School visits	—	1
Home and other visits	123	48
Social Histories	20	14
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 1.1.57	115
No. of new cases admitted during year ..	44
No. of patients discharged during year ..	34
No. remaining on register 31.12.57	125
Total number of patients who received treatment during 1957	159

Analysis of cases treated:

Stammering	33
Dyslalia (excluding Signatism only) ..	61
Dyslalia, due to low I.Q.	16
Stammering and Dyslalia	3
Dysarthria	2
Cleft palate	1
Partially deaf	6
Signatism only	25
Congenital Aphasia	1
Dyslalia and Dysphonia	5
Stammering and Low I.Q.	4
Undeveloped speech	2

Discharged:

Dyslalia—Normal speech	5
Speech nearly normal	5
Much improvement	4
Left district	2
Not taken on for treatment	1
Parent unco-operative	1
Stammering and Dyslalia } Much improvement	4
Left district	3
Signatism—Normal speech	6
Left district	2
Dysphonia—Normal voice	1

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 2% in senior schools.

During the year 358 new cases were treated at the foot clinic, making a total of 1095 attendances.

Foot Inspections by Chiropodist 1957:—

	<i>No. Inspected</i>	<i>No. Verrucae</i>	<i>% Infected</i>
Senior Schools	1683	22	1.3
Junior „	1602	10	0.6
Infants „	482	—	—

SECTION B
SCHOOL DENTAL SERVICE

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

Number of children attending Local Authority Schools	8,354	(8,318)
Number of School Dental Officers employed	2	(2)

In addition to the normal routine clinics held at Hollington and Ore there is a specialist Orthodontic clinic. This orthodontic clinic was usually held weekly at Hollington Clinic but owing to the difficulty encountered by parents and children who live in the Ore district with regard to the time and expense involved in travelling it was agreed with Dr. Chisholm to have the orthodontic clinic at Hollington and Ore on alternate weeks.

We were able to do more routine inspections this year, 7,480 children were examined compared with 3,136 in the previous year. Of the children inspected 71.3% were found to require some form of treatment and of the total examined 62.5% were referred to the clinics for treatment and 68% 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	83	421	528	716	701	766	877	852	618	685	605	413	215	7480

The Senior Schools at various times during the year showed films about dental care and hygiene.

During the year 859½ sessions were devoted to routine treatment and there were 6,277 attendances for treatment other than orthodontic treatment.

3,247 fillings were done, 2,319 were on permanent teeth and 928 were on temporary teeth.

597 permanent teeth were extracted, of these 158 were for orthodontic purposes, and 1,716 Temporary Teeth were extracted.

Under the heading of Other Operations which includes such operations as scalings, dressings and silver nitrate applications, 1,439 operations were done on permanent teeth and 632 on temporary teeth.

126 radiographs were taken during the year. The facilities of having our own X-ray machines have been most invaluable especially with school children who seem to have a most unfortunate habit of breaking front teeth through various reasons.

In addition to the Local Authority Schools children who attend the L.C.C. George Rainey School are examined and treated each term. A summary of treatments for this school is as follows:—

	Spring Term	Summer Term	Autumn Term	Totals
Number Inspected	42	41	30	113
Number of Attendances at Clinic	17	14	15	46
Fillings { Permanent Teeth	1	—	2	3
{ Temporary Teeth	3	3	1	7
Dressings { Permanent Teeth	3	—	2	5
{ Temporary Teeth	3	—	—	3
Extractions { Permanent Teeth	2	—	3	5
{ Temporary Teeth	4	20	12	36
Anaesthetics { Local	3	—	2	5
{ General	3	12	7	22
Silver Nitrate Treatment	14	2	2	18

The following table shows the work done for the Local Authority Schools during the year, the corresponding figures for 1956 being in brackets.

(1) Number of pupils inspected by the Authority's Dental Officers:				
(a) at Periodic Inspections	7,480	(3,136)		
(b) as Specials	1,093	(797)		
Total (1)			8,573	(3,933)
(2) Number found to require treatment			5,232	(2,814)
(3) Number offered treatment			4,672	(2,444)
(4) Number actually treated			3,178	(2,192)
(5) Number of attendances made by pupils including those recorded at heading 11 (h) below			7,026	(6,595)
(6) Half days devoted to:				
Periodic (School) Inspection	48½	(18½)		
Treatment	859½	(776½)		
Total (6)			908	(795)
(7) Fillings: Permanent Teeth	2,319	(2,564)		
Temporary Teeth	928	(862)		
Total (7)			3,247	(3,426)
(8) Number of teeth filled:				
Permanent Teeth	2,158	(2,425)		
Temporary Teeth	906	(846)		
Total (8)			3,064	(3,271)
(9) Extractions: Permanent Teeth	597	(462)		
Temporary Teeth	1,716	(1,557)		
Total (9)			2,313	(2,019)
(10) Administrations of general anaesthetics for extraction			1,114	(939)

Orthodontic Clinic

(11) (a) Cases commenced during the year			102	(75)
(b) Cases carried forward from previous year			86	(56)
(c) Cases completed during the year			50	(50)
(d) Cases discontinued during the year			8	(13)
(e) Pupils treated with appliances			55	(53)
(f) Removable appliances fitted			55	(53)
(g) Fixed appliances fitted			Nil	(Nil)
(h) Total attendances			749	(802)
(12) Number of pupils fitted with artificial dentures			17	(14)

(13) Other Operations:

Permanent Teeth	..	1,439	(1,269)	
Temporary Teeth	..	632	(804)	
Total (13)	..			2,071 (2,073)

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

"Ten years ago, one of the the first school orthodontic clinics in the country, was started by the Hastings Education Committee.

The figures, alone, of cases treated throughout the years, prove that it was a wise decision and the benefit to hundreds of Hastings children, both from a dental and psychological point of view, must be very widespread.

The clinic has now 'grown up', from sharing most inadequate rooms and equipment, with the dental officers, to a fully equipped clinic, on it's own, at the new Blackman and Ore Clinics. The long waiting list has disappeared and one session a week only, can now deal with the treatments.

New Cases	..	..	..	71
Cases treated (A 5)	..	..	..	177
Completed	..	..	..	39
Discontinued	..	..	..	6
Appliances fitted	..	..	..	38
Attendances	..	..	..	541
Sessions	..	..	..	46"

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, 13; 8-10, 15; 11-12, 6; 13-16, 1.

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 1957 follows:—

Robert Mitchell

Number on register 1st January, 1957	..	..	30
Number of admissions during the year	..	..	21
Number of discharges during the year	..	..	15
Transferred to E.S.N. School	..	..	1
Number on register 31st December, 1957	..	..	35

Special medical examinations are carried out on each pupil once each term: in addition, the School Medical Officers visit frequently to note the progress of the pupils and make any adjustment necessary in the school activities of the individual pupils.

Children are left at the school until it is considered that they will be able to stand up to the strain of ordinary school life. Their stay may be measured in months or years depending entirely on individual requirements, the average stay being 18 months.

The conditions from which the children attending the Robert Mitchell School during the year were suffering are as follows:—

Congenital heart disease	..	..	..	4	(4)
Rheumatic heart disease	..	..	..	1	(1)
Asthma	..	..	..	5	(7)
Recurrent bronchitis and bronchiectasis	..	..	..	8	(3)
Rheumatism including chorea	..	..	..	—	(—)
Debility and/or subnormal nutrition	..	..	..	12	(14)
T.B. glands, neck	..	..	..	—	(—)
T.B. contacts, primary lesions, hilar glands, etc.	..	..	..	2	(2)
Spastic paraplegia	..	..	..	2	(2)
Other crippling conditions	..	..	..	3	(3)
Epilepsy	..	..	..	3	(3)
Other conditions (includes 3 partially deaf)	..	..	..	11	(11)

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 1957.

Transferred to ordinary school system	..	..	7	(14)
Transferred to other special institutions or schools	..	..	3	(2)
Transferred to E.S.N. School	..	..	1	(1)
Left district	..	..	4	(2)
Left on attaining school leaving age	..	..	1	(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 wellbeing.

No of children examined. ?E.S.N. during 1957	24
No. of children ascertained as E.S.N. during 1957	4
No. of children re-tested	7
No. of medical reports made by the School Medical Officer for Juvenile Courts	11
No. of children reported to Local Authority: Sec. 57 (3)	2
Sec. 57 (5)	—

Wishing Tree School.

No. in attendance January 1957	80
No. of admissions and re-admissions during the year	10
No. of school leavers (15 and 16)	6
No. returned to ordinary school	4
No. admitted to residential school for spastics	—
No. admitted to hospital	—
No. left district	6
No. ineducable	2
No. in attendance December, 1957	*72

* 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.

6 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 maladjusted.

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

The total number of children in various institutions at the end of 1957 was: blind, 3; deaf, 5; cripples, 3; maladjusted, 6; epileptic, 2; E.S.N., 2; spastics, 3; a total in all of 24 children.

Home Tuition.

Children who are in hospital or incapacitated so as to be unable to attend school may be provided with a home teacher. 21 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 children to a diabetic holiday camp each year, 4 being sent this 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.

The first part of the report deals with the general situation of the children in the institution and the results of the various tests.

The second part of the report deals with the results of the various tests and the conclusions drawn from them.

The third part of the report deals with the results of the various tests and the conclusions drawn from them.

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