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COUNTY BOROUGH OF HASTINGS



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

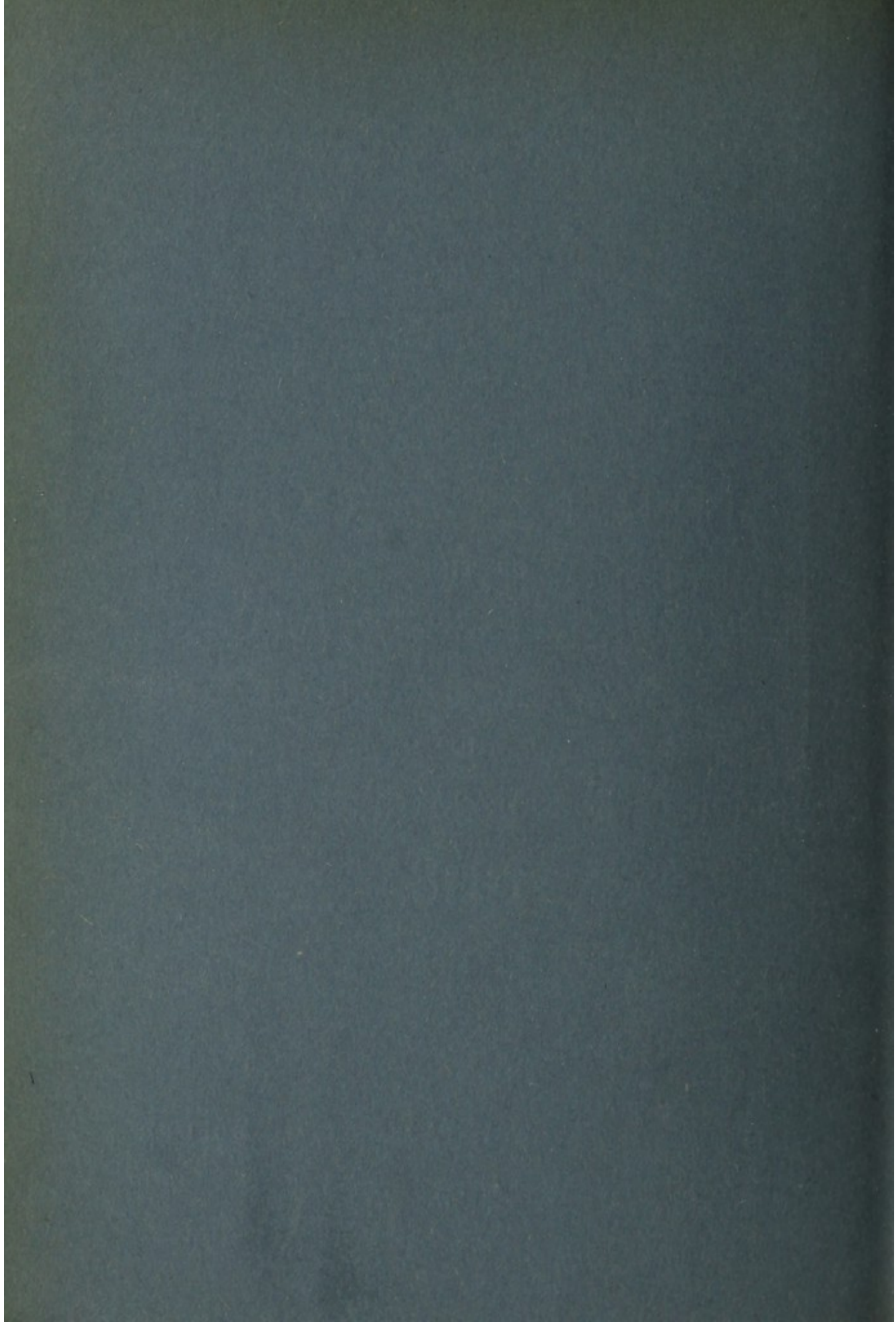
CHIEF WELFARE OFFICER,

AND

PRINCIPAL SCHOOL MEDICAL OFFICER,

1958

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



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HEALTH DEPARTMENT,
44 WELLINGTON SQUARE,
HASTINGS.

July 1959.

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 1958. The Report follows the accepted pattern of recent years in describing briefly the main activities of the department and commenting on them where necessary, and in the presentation of the statistics and figures required by the various Ministries of Central Government. From these at times dry facts and figures can be built up a general picture of the health of Hastings as a community, a picture which for the year 1958 is by no means depressing to view.

The vital statistics of the County Borough for the year are in the main satisfactory. The estimated midyear population at 64,220 shows a decrease of 380 on the previous year and is the lowest figure estimated since 1947: there is evidence that migration to and from the town tends to be rather unbalanced, the emigrants being largely younger people and immigrants predominantly elderly and although newcomers in total exceed the outgoers, the net gain is insufficient to balance the deficit of local births over deaths. The light industries developed in the town in the past few years, and so very welcome, are as yet not sufficient in total to keep all our youngsters from having to seek employment farther afield, thereby speeding the vicious circle of declining population which must come about in the next two decades if the balance is not reversed. New building projects may alter some of the present circumstances, but it is evident that every possible effort must be made to attract younger people with growing families to the town and hold them here by providing settled good employment, housing and all the amenities and attractions which the present generation demand.

The death rate corrected by the Registrar-General's comparability factor of 0.63 was 12.09 per thousand comparing with the national figure of 11.7. The actual number of deaths was 1,236 (1,093 in 1957), 83.5% being at age 65 or over and 59.8% over 75 years of age. The birth rate 11.5 (corrected rate 13.4, national rate 16.4) was higher than in 1957 (12.7 corrected rate), and proportionately shows a closer approximation to the national rate of increase than in the previous year, a hopeful sign from the local point of view. The number of live births 743, 697 legitimate and 46 illegitimate show an illegitimate percentage rate of all live births of 6.2. The stillbirths at 14, stillbirth rate 18.5 per thousand, remained average for recent years (national rate 21.6). The number of deaths of infants under one year of age, 14, with an infant mortality rate of 17.5 approximates very closely to the record low figures of 13 and 17.0 respectively achieved in 1957: the national Infant Mortality Rate was 22.5. The neonatal mortality rate, i.e. the number of deaths in the first month of life per thousand live births was 10.7 against the national rate 16.2. The maternal mortality rate was again nil, no death occurring from causes directly due to the carrying and delivery of babies.

Last year I commented on the factors which have played a part in reducing the mortality from tuberculosis to a tenth of what it was thirty years ago, and

the possibility of eradication of the disease in the near future. I am glad to report that the mortality rate of 0.12 per thousand population has been maintained in 1958, the number of such deaths remaining at 8, whilst the new cases notified also remained at 43: one might have expected an increase in new cases found in view of the mass x-ray survey in the Spring.

For the ninth consecutive year no case of diphtheria occurred. The protection rate fell still further to 37%, although there was a welcome increase in immunization against diphtheria of infants under one year of age. One case only of poliomyelitis was notified in January, a mild case making a complete recovery, and no case has occurred in the eighteen months following. It is too early to say how much of this is fortuitous and how much due to the massive inoculation programme undertaken during 1958. In spite of many difficulties, mentioned in the report, 28,000 "polio jabs" were given during the year, mostly in the authority's clinics, and 7,520 children completed their primary course of injections. The excellent protection rate of 77% has been attained in children of preschool and school age at the time of writing this preface: during 1958 the response of teenagers was extremely poor and it needed the death of a well-known professional footballer early in 1959 to start them in a scramble for protection. Reverting to the tuberculosis problem, the East Sussex Mass miniature radiography unit visited Hastings again in the Spring of 1958. In view of the declining "catch" of recent years, the Health Services Committee wholeheartedly supported the mounting of a multiple unit all-out survey with considerable expenditure of money on publicity. The results, described briefly elsewhere in this report can only be described as disappointing, as the target figure of 40,000 was nowhere near reached; the 16,479 people attending were however roughly twice as many as totals previously reached, and over 50% visited a mass x-ray unit for the first time. Dr. Rigden, the Unit Director, comments that short of employing very costly forms of publicity on the Glasgow "saturation" model, no attempt on "total" mass x-ray is likely to succeed unless extensive house to house canvassing is carried out before and during the campaign. Extra expenditure on this might have uncovered another twenty or thirty cases of significant tuberculosis to the benefit of both the victims themselves and those to whom they will now remain to transmit their infection: such spending would show a financial bargain to the community, as the treatment of one case alone and the support of the family may well run into four figures.

The various services provided under the National Health Service and National Assistance Acts continued to work well and efficiently although under great pressure at times.

The Maternity and Child Welfare service has again given good support to the community through all its various ramifications, and I am pleased to note that a considerable majority of newly born babies attend welfare centres at least once during their first year of life. Much help and guidance can be given to mothers in their problems by those with specialised training and experience.

The Hastings and St. Leonards District Nursing Association, as agents of the Local Health Authority, have again provided a really first class domiciliary nursing and midwifery service. The total number of visits at 60,396 sets a new high record, whilst the number of new cases 1,448 shows a small increase over last year. These figures reflect the increasing numbers of aged and infirm elderly whom they attend, as most of this type of case, once taken on are long term. Residents and visitors alike have paid tribute to the kindly and efficient service provided.

The Ambulance Service, run by the Hastings Corps of the St. John

Ambulance Brigade, had a busier year than ever before, figures for both cases carried by ambulance and car and the ambulance mileage reaching new records. 10,898 cases by ambulance, 10,209 by car, with mileages of 67,411 and 54,393 respectively are evidence of the pressure under which the service works. This has only been attained by considerable overtime working and lack of routine maintenance of vehicles. As reliability in both men and vehicles is a most essential requirement of an ambulance service, this state of affairs cannot be allowed to continue indefinitely, and it seems unlikely that demand will drop. On the contrary, the reorganization of the hospital geriatric service must inevitably lead to still further demands for transport.

The Home Help service has reached a new high record of 42,760 Home Help hours provided. The town is served well by this first class team of enthusiasts who frequently do extra work and errands for their patients in their own time and at weekends without claiming payment. Great credit is due to them, particularly as many cases are most trying to cope with. With so many old people in the population here, the number of Helps increases steadily over the years without any relief of pressure, and this trend is likely to go on: in fact, some acceleration is likely to be needed in view of the geriatric "new look".

The Welfare Service for aged and handicapped people has again done excellent work and integration with the hospital services has become even closer. Moreton and Pine Hill have weathered minor storms and the residents seem to be very happy: they do not however grow younger with the passing years, and it was found necessary to engage a night attendant at Pine Hill as more night care was needed than could be provided by the resident day staff. Moreton will undoubtedly need similar provision very shortly. At long last, progress has been possible with New Moreton, and at mid 1959, the building operation is well in hand.

I am glad to be able to report the demolition of Halton No. 1 Area, the first tangible result of the comprehensive Clearance Area programme adopted by the Council, and the Compulsory Purchase of the larger part of Halton No. 2 Area. Many problems remain, but progress is likely to continue according to schedule. Rehabilitation of older property by the help of Improvement Grants has been disappointing on the whole, most of the work being on small houses: the larger type of house is in such poor general repair that necessary work falling outside the scope of the grant, particularly where a really modern conversion is aimed at, is so costly as to render the proposition uneconomic.

The Minister of Health, in Circular 22/58, asks that the Medical Officer of Health should comment briefly in this year's report on how the local health services have functioned in the ten years of the National Health Service in the wider setting of that service. As regards the individual services themselves, there has been a gradual and steady evolution, with the development of the social welfare and mental health services predominant: the care of the aged in the community, made possible by the expansion of the Home Help and Home Nursing service and by ever closer integration with the hospital geriatric scheme, has reached a stage which was beyond conception ten or fifteen years ago, this being particularly noticeable here because of the unusually high proportion of elderly people in the local population. Very close links have been forged with the hospital system in many specialities, there is free co-operation and exchange of information to the patients benefit and a most cordial atmosphere exists. Relations with general practitioners are equally good and helpful. Tripartite schemes frequently fall and are inefficient, but the ties between the hospitals, the domiciliary medical services and the public health service in

Hastings are so close not only at officer level and among professional working colleagues but at Committee member level also that fair judgement indicates a very successful first ten years of the whole service to the community. Integration tends all round to get still more marked as time goes by and the service evolves. One can only hope that the "era of community care" which is rapidly being reached, in the concept that treatment within the home wherever practicable is the ideal, will see a considerably increased proportion of the national health budget devoted to the preventive and domiciliary services.

With these comments, Mr. Mayor, I submit my annual report for 1958 to you. I thank you, Sir, with the Members of the Council and Committees, for the sympathetic consideration and interested encouragement which you invariably extend to me and my staff. My thanks also to my brother Chief Officers, to the Officers of the Hospital Management Committee and the Local Executive Council for their never-failing help; to my professional colleagues both in hospitals and general practice, without whose co-operation, interest and advice my task would be impossible; and finally to my own staff who all pull as one man in a grand spirit of teamwork and for whose loyalty and support I am ever grateful.

I have the honour to remain,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

T. H. PARKMAN,

Medical Officer of Health.

Chief Welfare Officer, and

Principal School Medical Officer.

(Figures in parenthesis throughout this report are those for 1957 for comparison)

CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES, 1958.

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

Education Committee—COUNCILLOR H. C. WHITE.

Housing Committee—ALDERMAN E. A. TESTER.

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

Children Committee—COUNCILLOR D. L. SCHOFIELD.

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1958.

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.
G. M. GORRIE, M.B., CH.B., D.P.H.	.. Deputy Medical Officer of Health; School Medical Officer.
I. M. FITZGERALD, M.B., B.CH.	.. Part-time Assistant Medical Officer of Health and School Medical Officer.
M. J. CUTLER, M.B., B.S., LOND., M.R.C.S. ENG., L.R.C.P. LOND., D.C.H.	} Medical Officers Infant Welfare Centres (Part-time)
E. FRANKS, L.R.C.P. & S. EDIN., L.R.F.P.S., GLAS.	
C. M. CARR, M.B., B.CH.	
T. S. GOODWIN, M.D.	
M. F. BEATTIE, M.B., B.A.O., B.CH., D.P.H.	
I. G. B. DRYBROUGH-SMITH, M.R.C.S., L.R.C.P.	Medical Officer Ante-Natal Clinics (Part-time)
C. N. WOOD, M.A., M.B., B.CH., M.R.C.S. ENG., L.R.C.P., LOND.	Medical Officer, Contraceptive Clinic (Part-time)
I. M. CHISHOLM, L.R.C.P. & S., L.D.S., R.C.S. EDIN.	Orthodontic Surgeon (Part-time)
M. DAVYS, B.M., B.CH., D.P.M.	Psychiatrist, Child Guidance Clinic.
R. STEELE, L.D.S. (Resigned 31.8.58)	Principal School Dental Officer.
MISS E. M. YOUNG, L.D.S. (Appointed 1.9.58)	do. do.
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.
MRS. J. C. BARRON	Clinic Secretary, Child Guidance Clinic.
MISS. P. A. BAKER, L.C.S.T. (Resigned 31.8.58)	Speech Therapist.
MISS P. M. OLIVER, L.C.S.T. (Appointed 1.9.58)	do.
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.
D. H. POOLE (a) (b) (Appointed 24-11-58)	do. do.
E. G. C. WELCH (a) (b) (Died 23.12.58)	do. do.
E. E. ROUGHTON (a) (b)	and Shops Act Inspector.
D. FUNNELL	Meat Inspector.
	Pupil Public Health Inspector.

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1958

(Continued).

NAME OF OFFICERS	OFFICES HELD
MISS E. LEAHY (c) (d) (f) (Resigned 25-2-58)	Superintendent Health Visitor & School Nurse.
MISS N. B. BATLEY (c)(f)(h) (Appointed 5.8.58)	do. do.
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
MISS G. W. HODGSON (c) (d) (e) (f)	do. do.
MRS. B. PRICE (c) (d) (e) (f)	do. do.
MISS M. I. C. MUNFORD (c) (d) (f)	do. do.
MISS A. B. APPLETON (c) (d) (e) (f)	do. do.
MISS V. M. McDougall (c) (d) (f)	do. do.
MRS. M. MASTERS (c) (d) (f)	do. do.
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 (Resigned 31.1.58)	do. do.
MISS P. PEACOCK	do. do.
MISS A. REID	Shorthand Typist.
MRS. R. W. WALLACE	Home Help Organiser.
MISS J. KENT (Appointed 3.2.58)	Junior Clerk General Office.
H. WIGGLESWORTH, M.C.S.P., M.CH.S.	Chiropodist (Part-time)
MISS M. DALE (Mrs. Corke)	Clerk, School Health Service.
MISS C. M. ADAMS	do. do.
MRS. R. DE MAIO	Clerk, School Dental Service.
MRS. S. ENOCH (Resigned 31.10.58)	do. do.
MISS J. R. J. KING (Appointed 31.10.58)	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.
- (h) Health Visitor's Tutor's 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-1958	..	..	..	64,220
Number of inhabited houses, as at 1.4.58	..	..	..	22,269
Rateable Value	..	..	..	£1,045,180
Sum represented by 1d. rate	..	..	..	£4,125
Live Births, 1958, Legitimate	..	..	697	
„ Illegitimate	..	..	46	Total: 743
Live Birth rate per 1,000 population				
(a) crude	..	..	..	11.5
*(b) corrected	..	..	..	13.4
*factor of correction	..	..	..	1.17
Still Births	..	..	..	14
Still Births rate per 1,000 live and still births	..	..	..	18.5
Total live and still births	..	..	..	757
Infant Deaths	..	..	..	13
Infant Mortality rate per 1,000 live births—total	..	..	..	17.5
„ „ „ —legitimate	..	..	..	17.2
„ „ „ —illegitimate	..	..	..	21.7
Neo Natal	..	..	..	10.7
(first four weeks)				
Illegitimate live births per cent of total live births	..	..	..	6.2
Maternal deaths (including abortion)	..	..	..	Nil
Maternal Mortality rate per 1,000 live and still-births	..	..	..	Nil
Deaths, 1958	..	..	..	1,236
Death rate per 1,000 population:				
(a) crude	..	..	..	19.2
* (b) corrected	..	..	..	12.09
* factor of correction	..	..	..	0.63
Death rate (tuberculosis) per 1,000 population	..	..	..	0.12
Death rate (cancer) per 1,000 population	..	..	..	3.4
Total hours sunshine 1958	..	..	..	1,508.4
Total inches rainfall 1958	..	..	..	33.28

(b) Vital Statistics:

Population: Census, 1951	..	..	..	65,506
Estimated midyear population 1958	..	..	..	64,220
Estimated mid-year population 1957	..	..	..	64,600

The Registrar-General's estimate of the mid-year population at 64,220 shows a reduction of 380 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	1953	..	64,510
1948	..	65,360	1954	..	64,800
1949	..	65,000	1955	..	64,770
1950	..	65,690	1956	..	64,550
1951	..	65,090	1957	..	64,600
1952	..	64,800	1958	..	64,220

There is no reason to assume any change in the make-up of our resident population, the main features being a high proportion of elderly people (over 20% are 65 years or over), a predominance of females (approximately 3 to 2 males at all ages) and a deficit in the number of persons, particularly males, of "working" and "reproductory" ages.

Birth Rate: Total number of live births registered in Hastings (excluding county cases) for 1958 was 743, comprising 378 males and 365 females, giving a birth rate of 11.5 per 1,000 estimated midyear population. Of the total live births, 46, 31 males and 15 females, were illegitimate, a percentage of 6.2. Comparative figures for the past 25 years are given in Table I.

It is a pleasure to note an increase of 40 live births to Hastings residents during the year, with a consequent increase to 11.5 in the birthrate.

Death Rate: Total number of deaths registered in 1958 occurring among the resident population of the borough was 1,236, 482 being males, 754 females. Not included were 398 deaths transferred to other districts (i.e. persons not normally resident in the town): included were 52 deaths of Hastings residents occurring elsewhere. There were 42 Coroner's inquests. 95 deaths were certified by the Coroner without inquests.

The crude death rate per 1,000 population was therefore 19.2, which corrected for the peculiar age and sex constitution of the population by the registrar-general's factor of 0.63 gives a corrected death rate of 12.09 per 1,000, which figure can be compared with the national rates.

See also Tables II and III.

Age at Death: of the 1,236 deaths of residents in 1958, 13 occurred in infants under 1 year of age and 2 from 1—5 years. 1,032 (83.5% of the total deaths) were of residents over 65 years, 740 (59.8% 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	753	60.9% of total
(b) Cancer	216	17.4% ..
(c) Respiratory diseases (other than tuberculosis and cancer)	108	8.7% ..
(d) death by violence	29	2.3% ..

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 1958 with 13 infant deaths in 743 live births was 17.5 per 1,000 births compared with a national rate for England and Wales of 22.5. 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 1958 was 14, an increase of 3 on the previous year's total.

The Infant (legitimate) Mortality rate with 12 deaths in 697 legitimate births was 17.2 per 1,000: the rate for illegitimate children under 1 year was 21.7 per 1,000, there being 1 death of such a child in 46 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 details and comparative figures for the previous 25 years are given in Table VI, and the Hastings rate compares with a national rate of 0.43.

Puerperal Pyrexia Regulations, 1939-51: The total number of cases of puerperal pyrexia notified in 1958 was 64, with no deaths. 62 of these cases occurred in hospital confinements, 2 in home confinements. The majority of the cases notified are due to intercurrent infection, 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.	
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
1958	64,220	378	365	743	11.5	697	46	6.2	14

Comparative Table II.

DEATHS AT ALL AGES AND INFANT MORTALITY

Year.	Est. Mid-Year population.	Total Deaths registered in Hastings.	Transferable Deaths *		NET HASTINGS DEATHS				
			In	Out	All Ages.			Under 1 yr.	
					Total.	Crude Rate.	Corrected Rate †	Total.	Rate per 1,000 Births.
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
1958	64,220	1,582	52	398	1,236	19.2	12.09	13	17.5

† Factor for correction 1957 — 0.64
 ("Comparability factor") 1958 — 0.63

* "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 1958.

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	16.4	21.6	22.5	16.2	0.43	11.7	0.100	2.124
Hastings	13.4 +	18.5	17.5	10.7	0.00	12.09 *	0.12	3.4

+ Factor of correction
1.17

* Factor of correction
0.63

Table IV. CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1958.

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.	All ages.										
All Causes { Certified { Uncertified	4	...	3	3	8	94	135	238	482	9	2	...	2	9	73	155	501	751	13	2	3	5	17	164	290	739	1233		
Tuberculosis, respiratory	...	...	...	...	1	1	2	...	4	...	...	...	...	...	1	1	1	1	3	...	...	...	...	1	2	3	1	7
Tuberculosis, other	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1
Syphilitic disease	...	...	...	...	...	1	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Other infective and parasitic diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malignant neoplasm, stomach...	...	...	...	...	1	5	3	5	14	...	...	...	...	...	2	5	9	16	...	...	...	...	...	1	7	8	14	30
" " lung, bronchus...	...	...	...	...	...	16	10	5	31	...	...	...	...	...	3	2	...	5	...	...	...	...	...	1	19	12	5	36
" " breast	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	6	10	21	...	...	...	...	...	2	6	3	10	21
" " uterus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	1	7	...	...	...	...	...	2	4	...	1	7
Other malignant and lymphatic neoplasms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leukæmia, aleukæmia	...	...	...	...	...	9	14	25	49	...	...	...	...	2	17	22	32	73	...	...	...	...	1	2	26	36	57	122
Diabetes	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	1	...	3	...	...	...	1	...	...	1	1	...	4
Vascular lesions of nervous system	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...
Coronary disease, angina	...	...	...	...	...	8	22	34	64	...	...	...	...	...	12	39	114	166	...	...	...	...	...	...	20	61	148	230
Hypertension with heart disease	...	...	...	...	...	16	29	24	69	...	...	...	...	...	4	15	39	58	...	...	...	...	...	...	20	44	63	127
Other heart disease	...	...	...	...	...	4	3	13	20	...	...	...	...	...	2	6	18	26	...	...	...	...	...	...	6	9	31	46
Other circulatory disease	...	...	...	...	...	7	19	59	87	...	...	...	...	...	10	22	143	175	...	...	...	...	...	1	17	41	202	262
Influenza	...	...	...	...	...	2	5	17	25	...	...	...	...	...	2	14	47	63	...	...	...	...	...	1	4	19	64	88
Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...	...	...	...	1	1	...	2
Bronchitis...	...	...	...	...	...	...	7	12	19	...	...	...	...	...	3	11	20	36	...	...	...	...	...	...	3	18	32	55
Other diseases of respiratory system	...	...	...	...	...	2	3	7	12	...	...	...	...	...	...	3	12	15	...	...	...	...	...	...	2	6	19	27
Ulcer of stomach and duodenum	...	...	...	...	...	1	5	6	21	...	...	...	...	...	...	1	2	3	...	...	...	...	...	...	1	9	6	24
Gastritis, enteritis and diarrhoea	...	...	...	...	...	...	2	6	8	...	...	...	...	...	1	1	2	4	...	...	...	...	...	...	1	3	8	12
Nephritis and nephrosis	1	3	6	1	1	2	2	2	2
Hyperplasia of prostate...	...	...	...	...	...	2	1	3	6	...	...	...	...	...	...	1	2	3	...	...	...	...	...	...	2	2	5	9
Pregnancy, childbirth, abortion	...	...	...	...	...	...	2	6	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	6	8
Congenital malformations	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other defined and ill-defined diseases	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...
Motor vehicle accidents...	...	...	...	...	...	1	2	4	7	...	...	...	...	...	1	2	6	36	52	...	...	...	...	...	4	10	43	66
All other accidents	1	...	...	...	...	1	1	...	3	...	...	...	...	...	1	...	1	2	...	...	...	...	...	1	2	...	1	5
Suicide	...	...	...	...	...	1	4	1	5	...	...	...	...	...	...	1	2	7	12	...	...	...	...	...	1	4	3	12
Homicide and operations of war	...	...	...	...	...	1	2	3	7	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1	1	3	3
Totals	4	...	3	3	8	91	135	238	482	9	2	...	2	9	73	157	502	754	13	2	3	5	17	164	292	740	1236		

INFANT MORTALITY.

Table V.

1958. 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 10 7 " " " " 17 5									
		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	5	1	2	..	..	..	..	..	..	..	8	..	..	3	1	..	..	1	..	..	..	..	13
Small Pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chicken Pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Croup ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhoea ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteritis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Abdominal Tuberculosis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Congenital Malformation ..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	3
Premature Birth ..	2	1	2	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	5
Atrophy, Debility and Marasmus ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Atelectasis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Injury at birth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Rickets ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Convulsions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gastritis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Laryngitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia (all forms) ..	1	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	2
Suffocation (overlying) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other causes ..	1	..	..	..	..	..	..	..	..	..	1	..	..	2	..	..	..	..	..	..	..	..	3
Totals ..	5	1	2	..	..	..	..	..	..	..	8	..	..	3	1	..	..	1	..	..	..	..	13

Net Births in the Year. { legitimate 697
 { illegitimate 46

Net Deaths in the Year. { legitimate 12
 { illegitimate 1

Neonatal Deaths (under 1 month) 8

Infant Deaths (" " 1 year) 13

Rate per 1000 live births 10.7

" " " 17.5

Table VI.

MATERNAL MORTALITY.

Year.	No. of live and still births.	Puerperal Sepsis.		Other causes connected with Pregnancy and Childbirth.		Total.	Rate per 1,000 total births
		No.	Rate per 1000 total births.	No.	Rate per 1000 total births.	No.	
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	...	...	...	...	...	...
1958	757	...	...	...	...	...	...

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 financially the most 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 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 1958 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.
		1958	1957	1956-53	Under 1	1—2	2—5			
Ore : (Tuesdays) (Thursdays)	102 73	92 95	88 27	91 64	1540 1161	417 298	415 381	2643 2026	50 40	735 498
Priory Street : (Tuesdays) (Fridays) ...	56 105	58 90	26 64	19 64	826 1266	78 242	51 312	1058 2038	21 41	— 553
London Road : (Mondays) (Fridays) ...	55 52	52 65	68 25	73 51	939 608	253 233	265 248	1650 1230	34 24	417 —
Bexhill Road (Alternate Tuesdays)	22	20	22	22	277	194	186	721	28	116
Arthur Blackman : (Mondays) (Thursdays)	79 58	49 55	43 57	89 83	848 1202	198 352	155 311	1382 2060	28 40	255 364
	602	576	420	556	8667	2265	2324	14808	—	2938

(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	86	19
No. attendances made	225	20

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

(c) Contraceptive Clinic.

New cases	..	23
Old cases	..	44

77 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, and Children under 5.

The Principal Dental Officer reports as follows:—

I have grouped these together as in both sections the advice on diet and oral hygiene given by the health visitors is a very important part of the service.

At the Buchanan Hospital each patient at the Ante-Natal Clinic is advised to have a dental examination. The gradually increasing interest in dental health is shown by the larger percentage who regularly attend their own dentist.

In the pre-school section the generally good condition of the children is reflected in their teeth but in far too many cases they—the teeth—soon suffer from misplaced kindness.

Excessive consumption of sweets, sweetened drinks and biscuits leads to premature loss of temporary teeth so that the permanent dentition is at a disadvantage from the outset.

These facts the health visitors explain to the parents at the Infant Welfare Clinics. Any parent who wishes an examination for her child is seen by the dental surgeon and arrangements made to do any treatment that may be required.

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 ...	60	58	58	33
Children under 5 years ...	117	111	108	93

(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 ...	13	37	8	...	89	12	14	5	3
Children under 5 years ...	1	152	58	...	60	31	...	...	1

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.

Mrs. Flanagan retired after many years of service as the local worker in Hastings of the Association, and Miss Dowling took over from her. Much fine work goes on in this field, and those who are aware of it are greatly appreciative of the quiet Christian help given to these girls who need it.

(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. 177 packs were issued in 1958.

(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 1958

Premature babies born at home 4. % 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.	4	—	—	4	—

Premature babies born in Institutions (Hospitals and Nursing Homes)

28. % survival 82.9.

Weight at birth.	No.	Deaths.
3 lbs. 4 ozs. or less	6	3
3 lbs. 4 ozs. — 4 lbs. 6 ozs.	6	—
4 lbs. 6 ozs. — 4 lbs. 15 ozs.	5	1
4 lbs. 15 ozs. — 5 lbs. 8 ozs.	11	1

(i) Distribution of Welfare Foods.

The Local Health Authority welfare food office at 25 Wellington Square, transferred in April 1959 to 43 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 1958 was:—

National Dried Milk	..	..	15499 tins
Orange Juice	..	..	29717 bottles
Codliver Oil	..	..	2988 bottles
Vitamin A and D Tablets	..	..	2577 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	2,365
2. Confinements conducted—	
(a) as midwives	145
(b) as midwifery nurses	16
(c) Total confinements	161
*3. Post natal visits	2,132
4. Gas and Air Analgesia	90
5. Trilene	60
6. Pethidine Admin.	70

* 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.

All midwives employed have received full training in the use of gas and air analgesia as well as trilene. Increasing use is being made of the latter and less of gas. Any mother who wishes receives analgesia at the birth, and as the figures above show, it is given in practically every case.

(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 1958 was 30, including 22 in hospital practice (St. Helen's and Fernbank) and 8 in domiciliary practice: all the latter were employed in the Health Authority's Domiciliary Service.

Total domiciliary midwives on register	
as at 31.12.58	7
No. of visits by Inspector	40
No. of visits to Maternity Homes	4
Midwives notifications:	
(a) Medical aid	59
(b) Other	129

(c) **Place of Confinement:**

Analysis of 757 notified confinements of Hastings residents during 1958 shows that 21% of births occur at home and 78% in institutions.

Place of Confinement	No. of Cases	Comparable Percentages						
		1958	1957	1956	1955	1954	1953	1952
1. Home	161	21	21	22	23	24	23	24
2. Private Maternity Nursing Home ...	—	—	—	—	—	—	—	—
3. Institutional:								
(a) St. Helen's Hospital ...	—	—	29	39	40	42	42	42
(b) Fernbank Maternity Home...	263	34	36	37	33	31	29	24
(c) Buchanan Hospital	332	44	12	—	—	—	—	—
4. Un-notified birth ...	1	—	—	—	—	—	—	—
Total	757							

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.

Miss Batley, Superintendent Health Visitor, comments:—

The Health Visitor has been described as the 'General Practitioner of Social Medicine' and her functions as those of 'Health Education and Social Advice'. To her traditional duties in the Maternity and Child Welfare Service, the School Health Service and the Tuberculosis Service have been added in recent years after-care and care of the elderly.

While there have been no innovations during the past year, it is noted that these services must be in a constant state of evolution to meet developments in medical research and the changing social pattern. For example, to the original prophylactic measures against smallpox have been added others against diphtheria, whooping cough, tuberculosis and poliomyelitis. Credit must be given to the Health Visitor for "selling the idea" of prophylaxis to the public.

Behind the statistics of Home Visits lies another story of the prevention of disease. The Health Visitor, trained to regard health as a state of mental, physical and social well-being is often the first to notice the missing health factor in an individual's environment. For example, the toddler, whose parents are devoting attention to the new baby and is beginning to show signs of feeling rejected; the school boy, whose teeth are in constant contact with sticky sweets and never with a toothbrush and the old lady who is retreating into the sad seclusion of her bed-sitting room away from all social contacts.

Health Education and Social Advice is seldom dramatic and does not carry with it the obvious rewards of curative medicine. Nevertheless the constant vigilance of the Health Visiting Service throughout the years has undoubtedly made a contribution to the improving standard of health in the population of this borough.

The closest possible liaison continues between health visitors and other members of the Health team, Welfare and Mental Health Officers, Home Help Organiser and Public Health Inspectors. They also attend the Paediatric, Orthopaedic, Ante-natal, Diabetic and Chest clinics of the local hospital service, widening their own sphere of interest as well as benefitting the families in their care.

Work of Health Visitors:

1. First visits under 1 year	751	
2. Subsequent visits under 1 year	3,981	
3. Visits 1—2 years	2,241	
4. „ 2—5 years	4,973	
5. Visits to expectant mothers	314	
6. Care and After-care—National Health Service Act	1,716	
7. Handicapped persons, etc. (National Assistance Act)	119	
8. All other visits	218	
9. Tuberculosis Health Visitor's visits	1,898	
	<hr/>	
	16,211	(15,145)
	<hr/>	
Actual households ..	11,651	(10,913)

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, 1958

	Medical	Surgical	Total
Cases on Register 1/1/1958	266	157	423
New cases during year	1,300	148	1,448
Cases on Register 1/1/1959	488	52	540
No. of nursing visits	60,396 (56,115)		
Articles loaned during the year	229 (230)		

The number of attendances is shown by the following figures:

	1952	1953	1954	1955	1956	1957	1958
New cases during year ...	1,551	1,618	1,607	1,663	1,527	1,385	1,448
Total attendances ...	44,923	48,530	53,336	56,435	56,918	56,115	60,396

The total number of attendances made by the District Nurses reaches a new high at 60,396, although the number of new cases, whilst showing a small rise does not reach the figures recorded between 1951 and 1956. Reference was made last year to the pressure on hospital beds and the part the district nursing service plays in looking after sick elderly people at home: the new geriatric "look" of quick-in, quick-out will ease the admission state in time, but in itself throws an additional burden on the domiciliary services including nursing. The staff situation at December, with 20 full time and 2 part time nurses, as compared with 11 and 5 respectively for some while past, reflects increased filling of long vacant posts within the establishment, I am informed by the Superintendent. This relief will come as a most welcome thing to the nurses, who have worked flat-out for years, and should enable them to cope a little less hectically with the ever increasing number of "old people cases" which need so much time per visit if a really worthwhile job is to be done.

Staff as at 31st December, 1958:

Superintendent.
Assistant Superintendent.
20 Full-time Nurses.
2 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 and poliomyelitis was, on the other hand, mainly carried out at the clinics of the local authority.

Smallpox Vaccination, 1958

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 ...	357	20	10	8	24	419
Number re-Vaccinated...	—	—	2	29	74	105

In 524 people vaccinated or re-vaccinated, no case of generalised vaccinia occurred.

The percentage of infants under 1 year vaccinated was 48.04%

Diphtheria Immunisation, 1958:

Primary Immunisations (a) 0—5 years .. 527
(b) 5—15 years .. 27
Reinforcing Injections ("boosters") .. 312

Immunisation in Relation to Child Population:

Number of Children at 31st December, 1958, who had completed a course of **Immunisation** at any time between 1st January 1944 and 31st December, 1958.

Age at 31.12.58 i.e., Born in year	Under 1 1958	1-4 1954-1957	5-9 1949-1953	10-14 1944-1948	Under 15 TOTAL
Last complete course of injections (whether primary or booster)					
A. 1954-1958	126	1,813	1,944	714	4,597
B. 1953 or earlier	—	—	1,064	2,473	3,537
C. Estimated mid- year child population	690	2,810	8,900		12,400
Immunity Index A/C 100	18.2	64.5	29.8		37.0

The proportion of infants immunized against diphtheria showed a small but welcome increase in 1958. Repeated pleas to parents not to neglect this simple precaution of protecting their children against a deadly disease fall on deaf ears and will continue to do so whilst diphtheria is locally absent as it has been for years. One sympathises with them in their desire not to turn baby "into a pin cushion", but this is surely better than the frequent consequences of the infection. Would that even a small part of the wild enthusiasm given by parents to polio immunization could be devoted to renewed knowledge and action in respect of diphtheria and its prevention.

B.C.G. Vaccination:

The routine tuberculin testing, using the Heaf Multiple Puncture method, of school children 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 Disease, page 43.

Poliomyelitis Vaccination:

A tremendous amount of time and energy were devoted during the year to prophylactic injections against poliomyelitis. In spite of all the difficulties caused by extension of age groups and adult priorities, the variable supplies of vaccine and other uncertainties, practically all those who registered in the year and those waiting from the previous year were immunized with two shots of vaccine.

Completed two injections during 1958				One injection as at 31.12.58
	Health Authority Clinics	Private doctors	Total	
Children born 1943-57	6295	587	6882	389
Children born 1933-42	97	77	174	26
Expectant mothers	159	55	214	4
Other priority groups	25	225	250	44
Totals	6576	944	7520	463

A booster injection was sanctioned later in the year at an interval of at least seven months from the primary course.

Booster (third) injections 1958 (all groups):

Health Authority clinics	..	..	2,407
Private doctors	..	..	40
Total			2,447

Number on register (all groups) at 31.12.58: 300.

These figures show the following points:—

1. With those who had received a primary course of two injections prior to the beginning of 1958, 8,468 children born in the years 1943—57 have been so immunized.
2. Owing to storage difficulties (the vaccine must be stored at a low temperature) and other administrative snags, the majority of general practitioners have not so far taken part in the scheme, most of the immunization being done in consequence at the health authority's clinics.
3. Very nearly 28,000 injections were given during the year under this scheme alone.

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 1958 against whooping cough was:

Age.	0-4	5-14	Total
No. completed immunizations	508	23	531

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, although further increases

in the numbers carried by both ambulances and sitting cars over previous years have meant more overtime and less vehicle maintenance, a position which cannot continue for long.

Cases carried by ambulance reached a new high figure of 10,898 in 5,658 journeys with a mileage of 67,411, compared with 9,511, 5,575 and 61,157 respectively in 1957. Cases by sitting case cars also topped the 10,000 for the first time, being 10,209 in 3,598 journeys over 54,393 miles, compared with 9,752, 3,898 and 51,149 respectively.

1958		No. of vehicles at 31st December 1958	Total No. of Journeys during the year	Total No. of patients carried during the year	Total mileage during the year
Agency Service	Ambs.	6	5,658	10,898	67,411
	Cars	4	3,598	10,209	54,393

Total cases carried during the year:

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.

891 cases. No. of journeys 749. Mileage 9,875.

Staff at 31.12.58:

- 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.

1958	AMBULANCES		SITTING CASE CARS	
	No. of cases	Mileage	No. of cases	Mileage
January ...	936	5,872	1,069	10,630
February ...	761	4,221	874	4,221
March ...	763	5,120	890	4,199
April ...	847	5,011	879	4,235
May ...	879	5,974	828	4,966
June ...	884	6,381	863	3,673
July ...	908	5,791	879	4,541
August ...	917	5,686	691	3,905
September ...	957	5,673	741	3,939
October ...	901	5,215	825	3,476
November ...	1,069	6,272	840	3,550
December ...	1,076	6,195	830	3,258
	10,898	67,411	10,209	54,393

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	8,293	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
1958	10,898	10,209	67,411	54,393	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 was reorganized during the year and its scope increased to cover all chest diseases. Although its resources are small and requests for help beyond that which can be given by statute are infrequent, extra milk, assistance with fares and loan of shelters are granted when needed. In one case in 1958, the new Hastings Care Committee (Chest Diseases), paid for a course of driving tuition, with test fee and licence, to enable a man with chest disease to earn a living as a light van driver, a worthwhile and practical piece of help.

(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 intended 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, 1958

No. of cases brought forward from 1957	...	188
No. of applications received during 1958	...	260
No. of new applications actually dealt with	...	173
Total No. of cases provided with help during 1958	... ..	361
No. of cases carried forward to 1959	... ..	200

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
1958	42,750

No. of Home Helps employed as at 31.12.58: 16 Part-time, 7 Emergency, the total equivalent of 20 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:—

“As in previous years the case load at the end of the year is steadily increasing. It does seem that once an elderly person is recommended for help by their doctor it is extremely difficult to withdraw. Where an aged person is in receipt of a grant to cover the cost the Home Help Service becomes, in their estimation, part of their entitlements and as such takes it for granted that it will continue.

More than ever before aged people, who can afford to pay the full cost, are calling on the service, the main reason being that the Home Help has proved her reliability and tolerance.

Perhaps the most difficult part of this year's work has been coping with the mentally ill patients. The aged senile patients have always been accepted by the Home Help but when they have to attend a person who, on the face of it, is as fit (in some cases perhaps fitter) than herself, it is very difficult to get across to the Home Help why her services are needed. However, as more of this type of case will undoubtedly be receiving Home Help in the future so will the Home Helps become educated in their need for such help.

The Home Helps have worked hard throughout the year and in many cases co-operated with the Health Visitors to the benefit of the patients and proved how well the services work as a team.”

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 24 people in their homes, making 761 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")	..	59
(2)	Cases dealt with under Section 16 ("Summary reception orders")		—
	(including cases under item 1)	.. .. .	64

(3)	Cases dealt with under Section 16 ("Police Cases")	3
(4)	" " " " Section 11 ("Urgency Orders")	17
(5)	" " " " Sections 4, 5 and 6 ("Orders on petition")	1
(6)	Cases dealt with under Criminal Justice Act, 1948, Section 24	1
(7)	Cases dealt with under Section 5 ("Temporary Patient") (Mental Treatment Act, 1930)	2
(8)	Number of non-residents dealt with under Section 16.. ..	4
TOTAL NUMBER OF CASES:		92
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.. ..		50
TOTAL NUMBER OF PATIENTS REMOVED TO THE MENTAL HOSPITAL, HELLINGLY		42

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

Number of patients admitted to Hellingly Mental Hospital for treatment	171
Number of patients admitted to other Mental Hospitals for treatment	2

(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.

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.

There is a gradual and definite change in the requirements of our Homes: those remaining of the original residents are now naturally older and need more attention: newcomers tend also to contain an increasing proportion who by physical or mental limitations require more care both by day and night. It has been necessary to start a night attendant at Pine Hill rather than as previously relying on calling one of the resident staff, and it is expected that a similar provision will have to be made at Moreton during 1959.

The demand for ground floor beds for elderly incapacitated people steadily increases, and at mid-1959 one is pleased to note that the long projected scheme for New Moreton, a 50-bed bungalow unit, is in process of building and should be ready by the Summer of 1960.

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	..	28
No. of Homes for Disabled Persons registered		1
No. of Homes for Old Persons and Disabled Persons registered	.. .. .	3
No. of beds	.. .. .	565

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 teachers, 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 1958 was 303, 105 men and 198 women, and 42 partially sighted persons. The following information is given as requested in Ministry Circular 1/54:—

(i) No. of persons newly registered as blind during 1958	..	34
(ii) No. of persons newly registered as partially sighted, 1958	..	8

- (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 1958.
- (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 1958.
- (v) Follow up of Registered Blind Persons (1958).

	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	7	—	22
(a) no treatment	1	2	—	13
(b) treatment (med. surg. or optical)	3	6	—	7
2. No. of cases at 1 (b) above which on follow-up action have received treatment ...	—	—	—	2

Follow up of Partially Sighted Persons, 1958:

1 cataract, 1 being recommended for treatment.
7 "other causes", 4 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, hospitals, 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 1958 was 37, of Deaf and Blind 6.

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: 8 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, 5 others attend the day open air school, and 5 epileptics are also ascertained educationally subnormal and attend the Wishing Tree Day Special School.

Spastics: 8 spastic adults are known to the department: 1 child of school age is maintained in a special residential school for spastics by the Education Authority: 2 children with minor incapacity attend ordinary schools, 3 attend the open air day school and one boy of school age is at home.

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 1958 for 10 deceased people between the ages of under 1 and 91 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, 1958.

NOTIFIABLE DISEASES.		1957	NUMBER OF CASES NOTIFIED.																Deaths.	Total cases removed to Hospital.	
			At all ages.	At ages—Years.																	
				0	1	2	3	4	5	10	15	20	35	45	65 & up ds.						
Small Pox	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera, Plague	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	(14)	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	(12)	21	...	1	...	2	1	16	1	...	...	...	...	...	...	...	...	...	...	...	...
Typhus Fever	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhoid Fever	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paratyphoid Fever	(1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	(7)	64	...	...	...	...	...	...	...	9	47	8	...	...	...	...	...	...	...	...	...
Meningococcal Infections	(2)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Polio-myelitis	(9)	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Encephalitis	(1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Primary Pneumonia	(31)	36	...	...	2	1	...	5	1	1	2	4	7	13	...	...	...	...	...	...	...
Influenzal Pneumonia	(15)	7	...	...	1	...	...	...	...	...	2	...	2	2	...	...	...	...	...	...	...
Malaria	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	(...)	36	...	...	2	...	1	21	5	...	2	...	1	4	...	...	...	...	...	...	...
Food Poisoning	(4)	2	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
Measles	(313)	406	7	29	32	35	68	229	5	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	(25)	96	8	4	8	9	13	47	6	1	...	...	...	...	...	...	...	...	...	...	...
Totals	434	680	15	34	45	47	83	318	19	12	55	14	13	25	1	...	...	...	...	...	8

Remarks:

- Scarlet Fever:** 21 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.
- Diphtheria:** For the ninth consecutive year no case of diphtheria occurred in the town.

(c) **Anterior Poliomyelitis:**

One case only of polio occurred in 1958 during January, a mild case making a complete recovery. It is too early to assess what effects on the incidence of polio the vaccination scheme of recent years will have, but fortunately no case has been notified between January 1958 and June 1959.

(d) **Measles:** 406 cases were notified against 313 in 1957: 1 death occurred.

(e) 2 mild cases of food poisoning were notified.

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	1,662	No. of individuals cleansed	
Rooms, etc.		for scabies	Nil
disinfected	340	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	..	..	4	(14 rooms)
Other premises	..	..	80	(442 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 42 cases of notifiable and non-notifiable disease were admitted, 27 being Hastings residents or visitors, 15 from Bexhill or East Sussex areas.

Tuberculosis:

(a) At the end of 1958, the tuberculosis register contained 572 names.

Total Cases	Pulmonary			Non-Pulmonary		
	Males	Females	Total	Males	Females	Total
572	325	223	548	13	11	24

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

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

Age Period	New Cases Notified				Deaths of cases notified			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1 year ...	...	...	...	...	...	...	...	...
1—2 years ...	...	...	...	...	...	...	...	...
2—5 „ ...	...	...	...	...	...	...	...	...
5—10 „ ...	...	...	...	...	...	...	...	...
10—15 „ ...	1	...	...	...	...	...	...	...
15—20 „ ...	3	1	1	...	...	...	...	...
20—25 „ ...	...	7	...	...	...	...	...	...
25—35 „ ...	1	2	...	...	1	...	...	...
35—45 „ ...	3	3	...	...	...	...	...	...
45—55 „ ...	3	...	...	...	...	...	1	...
55—65 „ ...	3	2	...	1	1	1	...	...
65—75 „ ...	5	2	...	...	2	1	...	...
75 upwards ...	1	4	...	...	...	1	...	...
Totals ...	20	21	1	1	4	3	1	...
Grand Totals	43		(43)		8		(8)	

For purposes of comparison, the following table shows the Deaths and death rate per 1,000 population for the past 48 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
1958 ...	7	1	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	..	253
(Males 134, Females 97, Children 22)		
No. of contacts examined	..	97
(Males 16, Females 31, Children 50)		
Total attendances of all cases	..	5,331

(d) **Mass X-ray Survey:**

A multi-unit mass radiography campaign was mounted in Hastings in 1958, the East Sussex Unit serving from 23rd May to 26th June and two mid-Kent Units supplementing for special tasks for a shorter period. Intensive publicity was undertaken and some £700 was spent. A total of 16,479 persons attended for miniature x-ray examination, this number being just over double the previous highest total for such a survey in Hastings. Approximately 55% of those attending had not previously visited a mass x-ray unit. In addition, 724 persons were re-called for large scale radiography. Twenty-two persons were found to have pulmonary tuberculosis requiring treatment or supervision, the youngest being 15 and oldest 83. It is noteworthy that a relatively high number of these cases fell into the age group 60 and over, the percentage being nearly four times higher than the average of all the other age groups. Fifty-five persons were found to have x-ray shadows which required only occasional supervision. Apart from pulmonary tuberculosis, 11 cases of malignant intra-thoracic disease, 10 cases of non-malignant tumours and 4 of sarcoid disease, 4 congenital heart conditions and 46 cases of acquired cardiovascular disorder were discovered.

Provision had been made for a target of 40,000 examinations and the figure of 16,479 was naturally disappointing. The Director of the East Sussex Unit, analysing the results, suggests that short of employing very costly forms of publicity on the Glasgow "saturation" model, no attempt on "total" mass x-ray of a town's population is likely to succeed unless extensive house to house canvassing is carried out. He further comments that it is disquieting to realise that had the hoped for target been reached, something like another thirty cases of significant tuberculous disease would most probably have come to light and more so to think that these persons are left undiscovered to disseminate the disease in the town.

(e) **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 13: Females 12)	25
5—15 „ (Males 10: Females 16)	26
Adult nurses	4
Other adults	7

*62

* Includes 14 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
1958	476	74.3	410	86.1	410

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.

(f) After-care of Tuberculosis Cases:

The Hastings Voluntary Tuberculosis Care Committee, formed in 1918, is comprised of voluntary workers, with Council members, under the Chairmanship of the Medical Officer of Health, and is subsidised by the Local Health Authority. Previous reference has been made to its reorganization and new title, Hastings Care Committee (Chest Diseases).

VENEREAL DISEASE

I am indebted to the Medical Officer in charge of the Venereal Disease Clinic at the Royal East Sussex Hospital for the following figures of cases treated during the year. (Hastings cases only).

New cases of syphilis	...	...	...	Nil
New cases of gonorrhœa	...	...	...	Nil
Other conditions	...	...	...	18
Total	...	...	...	18

PUBLIC HEALTH BACTERIOLOGICAL WORK

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

SECTION V

MISCELLANEOUS

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

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

No. of Nursing Homes registered	..	..	21
Beds available—Maternity	..	..	Nil
General	..	..	356
<hr/>			
Total beds	..	..	356
<hr/>			

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	..	..	99
Adoption examinations	..	..	6
Staff medical examinations	..	..	49
Teachers etc. examined	..	..	84
Firemen examined	..	..	5
Other medical examinations (retirement, etc.)			1
<hr/>			

Total: 244 (214)

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 supply was obtained from these impounding reservoirs and the total volume of treated water pumped into supply for domestic and trade purposes amounted to 904 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 1958, 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 raw and 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 Baldslow Main, Brede Pumping Station.

Residual chlorine: 0.6 part per million.

No. of Colonies developing on Agar	1 day at 37°C	2 days at 37°C	3 days at 20°C
	0 per ml.	0 per ml.	0 per ml.
Presumptive Coli aerogenes reaction	<i>Present in</i> — ml.	<i>Absent from</i> 100 ml.	<i>Probable No.</i> 0 per 100 ml.
Bact. coli (Type I)	— ml.	100 ml.	0 per 100 ml.
Cl. welchii reaction	— ml.	100 ml.	

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

27th November 1958.

Chemical results in parts per million:—

Labelled: Filtrate, Clear Water Tank, Brede Pumping Station.

Appearance: Clear and bright with very slight deposit.

Turbidity: Less than 3. Colour 5. Odour Nil pH 7.2.

Free Carbon Dioxide 8. Electric conductivity 295. Dissolved Solids 182.

Chlorine present as Chloride 30. Alkalinity as Calcium Carbonate 49.

Hardness—total 103. Carbonate 49. Non-carbonate 54. Nitrate Nitrogen 0.3.

Nitrate 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.

10th July 1958.

- (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 22,485. In addition, approximately 2,389 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 46 such examinations were satisfactory during the year.

(C) Drainage and Sewerage:

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

The past twelve months has seen the completion of the design of Stage III of the Ore Valley Main Drainage Scheme and the letting of a contract to Messrs. C. V. Buchan & Co. Ltd. for this £105,000 project. Work will commence in March 1959 and it is anticipated that this, the most important section of the scheme, will be finished by August 1960.

It is with regret that I have to record that a continuing difficulty in securing suitably qualified Engineering Assistants to fill long standing vacancies in my Department has further delayed a resumption of design work for the Western Area Main Drainage Scheme, and it may well be that a return to consideration of this priority scheme will not be possible before the end of 1959.

Maintenance of the "older sewers" has continued to give employment to a large proportion of the direct labour force throughout the year, and repairs have been carried out to fractures at Anglesea Terrace and Ashburnham, Braybrooke (two), Church, Emmanuel, Filsham, Gurth and Upper Park Roads. The general condition of that in Upper Park Road is such as to merit complete renewal from Clarence Road to Lower Park Road, and the Public Hygiene Committee have accordingly authorised the work to be undertaken in sections; the first phase, at an estimated cost of £7,500, to be carried out by contract during the financial year 1959/60.

Following a fracture to a 12 inch diameter sewer running through the grounds of Westerleigh School, it was found necessary to relay this sewer from the school playing fields to its junction with the Hollington Valley sewer, a distance of 363 yards, and the work was carried out by direct labour.

The sea outfalls at Bopeep and Bulverhythe have continued to give trouble and repairs have again been carried out to both these pipes.

Part of the roof to the underground sewage retention tanks at Bulverhythe Depot collapsed in December. Following clearance of the debris and demolition of adjacent weakened sections of the roof a detailed examination was carried out, and it is evident that the whole roof structure is suspect and further collapses may occur at any time.

New work carried out by the direct labour force included the extension of the sewer in Grange Road to Park Wood Road, via The Ridge. This has enabled ten houses in Park Wood Road, previously on cesspools, to be connected to

the public sewerage system, and, after negotiation with Battle Rural District Council, provision has been made for a further two premises in the rural district area to be connected to this sewer.

To prevent local surcharging the sewer serving 46-60 Bohemia Road was diverted. A defective section in Church Wood Road was relaid.

A further 92 housing units at the Down Farm Housing Estate were connected to the main drainage system, and during the same period 163 new units on private estates and infilling sites were also connected. Private development was mainly concentrated in Westminster Crescent, Pilot Road, Collinswood Drive, Duncutha Road and Ochiltree Close. Private enterprise also included 24 shop units at Queen's Parade, 4 units in Castle Street and 2 units in Queen's Road, all of which have been connected to the public sewers.

(D) Collection and disposal of domestic refuse:

A total of just over 50,000 cubic yards of domestic refuse was collected, transported to, and disposed of by controlled tipping at Pebsham Farm. As a result, a further area of some six acres of low-lying land was raised by an average of $4\frac{1}{2}$ feet.

Sale of 784 tons of salvaged paper, metals, rags, etc. continues to show a satisfactory return; the gross revenue from this source amounting to £6,124 (offset by expenditure incurred in collection and sorting of about half this amount).

(E) Street Cleansing:

With the coming into force of the Litter Act in early August it was a regrettable fact that no significant reduction in the quantity of litter dropped was noticeable during the latter part of the summer season, and only a limited improvement during the winter months despite the provision of additional litter baskets.

The street cleansing plant was reinforced by the introduction of two more electric street orderly trucks, making a total of four now in use.

(F) Pest Control:

(1) Rodent Destruction.

A satisfactory control service has been maintained.

The number of complaints received from occupiers was 566 (684), a reduction of 118 as compared with the previous year, and an indication of the benefit of a policy of regular external survey of all potential breeding grounds throughout the area.

A total of 548 premises were disinfested during the year.

A total of 104 sewer manholes were treated, routine survey and baiting of the sewerage system being carried out every six months. Of the 28 manholes showing evidence of infestation, the majority continue to occur in the same sections of the system.

Warfarin (anti coagulant) in an oatmeal base continued to give satisfactory results for general use and for sewer treatment a mix was used containing sugar, oil and paranitrophenol as a mould inhibitor.

	Local Authority Properties	Private Dwellings	Business Premises	Agricultural Premises	Total
Properties Inspected					
Notification of Occupier	22	414	106	24	566
Surveys	51	623	577	51	1302
Otherwise	—	347	2092	—	2439
Total Inspections (including re-inspections)					
	466	3980	4839	321	9606
Properties Infested					
Rats	8	216	35	23	282
Mice	14	183	68	1	266
Infested Properties Treated					
	22	399	103	24	548
Total Treatments (including re treatments)					
	28	456	145	24	653
Block Treatments					
	—	36	—	—	36

Summary:

(2) Other Pests:

84 (86) verminous houses, including 4 Council houses, a total of 456 (366) rooms, were dealt with during the year. Commercial premises, including food premises, dealt with totalled 289 rooms in 149 premises.

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

7 cinemas and theatres were given preventive treatment quarterly with a residual insecticide, a total of 28 treatments.

Charges. Receipts for disinfestation work carried out totalled £253 7s. 6d. (including £103 16s. 0d. for rodent control on business premises), compared with £215 5s. 6d. during 1957 and £216 19s. 9d. in 1956.

(G) 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	35	35	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	207	84	12	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	18	9	—	—
TOTAL	260	128	14	—

2.—CASES IN WHICH DEFECTS WERE FOUND

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

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	7	2	2	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	5	1	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	5	—	—	—	—
(b) Unsuitable or defective	5	—	—	—	—
(c) Not separate for sexes ...	3	2	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	25	5	2	—	—

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.	..	..	7
Artificial Flowers	..	..	52
Stuffed Toys	..	..	I
No. of visits	..	..	67 (55)

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) ..	847
(b) Number of inspections made for the purpose ..	2678
(2) (a) Number of dwelling houses (including sub-head (1) above) which were inspected and recorded ..	137
(b) Number of inspections made for the purpose ..	815
(3) Number of dwelling houses found to be unfit for human habitation	121
(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 ..	299

2. REMEDY OF DEFECTS DURING 1958 WITHOUT SERVICE OF FORMAL NOTICES:—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	197
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3. ACTION UNDER STATUTORY POWERS DURING 1958:—

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	5
(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	1

B.—Proceedings under Public Health Acts:—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	12
(2) Number of dwelling houses in which defects were remedied after service of formal notices—	
(a) By owners	8
(b) By Local Authority in default of owners	2
(3) Sec. 24 Notices served	3

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	3
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	3

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	14
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	1
(3) Closing Orders made (Sec. 17. H.A. 1957)	5
(4) Undertakings (not to use for habitation)	3
(5) Closing Orders determined	2

4.—OVERCROWDING

(a)	(i)	Number of dwellings overcrowded	..	..	25
	(ii)	Number of families dwelling therein	..	..	25
	(iii)	Number of persons dwelling therein	..	..	125
(b)		Number of new cases of overcrowding reported	..	..	25
(c)	(i)	Number of cases of overcrowding relieved	..	..	10
	(ii)	Number of persons concerned in such cases	..	..	54
(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	..	..	136

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.

Area	Number of		adults	child- ren	total	Clearance or Compulsory Purchase Order	Confirmation
	houses	families					
Total brought forward	127	126	265	122	387		Confirmed
1958. Halton 2/6 2/7 2/8	94	89	174	79	253	C.P.O./C.O.	Inquiry pending
Total	221	215	439	201	640		

Clearance Areas. In the period under review, 181 persons, comprising 58 families, were rehoused from clearance areas and 71 houses were demolished.

The second part of the Halton Scheme comprised three areas (Nos. 2/6, 2/7, and 2/8) which were represented under the Housing Act 1957 and defined clearance areas.

A Compulsory Purchase Order was subsequently made in respect of the larger area (No. 2/6) consisting of 70 houses and Clearance Orders in respect of Areas 2/7 and 2/8 consisting of 19 houses.

Individual Unfit Houses. 27 dwellings were represented as unfit and as a result 3 Demolition Orders, 19 Closing Orders were made and 3 Undertakings not to use for human habitation were accepted. Following restoration and improvement, Closing Orders in respect of 3 houses were determined.

24 families (93 persons) were rehoused from individual unfit houses in respect of which demolition or closing orders had been made.

During the year, 7 premises which were the subject of closing orders or undertakings, were restored by private owners to an improved standard and rendered fit for habitation. To date a total of 47 dwellings have been dealt with in this way. The benefit of this method is twofold, providing as it does much needed housing of a type for which there is a great demand, and preventing total dereliction in central areas.

There is an increasing need for this type of work, but the number for which can be dealt with is dependent on the allocation of new housing which the local authority is able to make available for displaced tenants.

With the passage of time there is an increasing number of houses in blocks of streets erected some 50 to 70 years ago which are falling into a condition where the cost of repair is unreasonable. A repair bill of £400-£500 is consequently a great deterring factor and is reflected in the small number of applications for improvement grants in respect of this type of tenanted property.

Rent Act 1957.

No. of applications by tenant for certificates of disrepair (Form I) ..	49
Notice by local authority of proposal to issue certificates of disrepair (Form J)	49
Undertaking by landlord to remedy defects (Form K)	*17
Certificates of Disrepair issued (Form L)	26
Applications by landlord for cancellation of certificate (Form M) ..	6
Notice by local authority of proposal to cancel certificate of disrepair (Form N)	6
Applications for certificates as to remedying of defects (Form O) ..	3
Certificates as to remedying of defects (Form P)	3

N.B.: One application void (premises vacated).

* In 5 instances works of repair completed without service of Form K. Certificates therefore not issued.

Disrepair. 734 (652) complaints were investigated. 275 (270) notices were served requiring repairs, 197 (175) 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 61 cases of applications for improvement grants, which continue mainly from owner/occupiers, and 294 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.

Unfortunately, very few applications for grant relate to comprehensive conversion schemes to provide modern amenity flats to let. There is enormous scope for this work as there are so many large older type properties capable of conversion.

At the present time, however, control of these properties under the Rent Act means that such schemes are not financially attractive. When at the same time large schedules of repairs which are outside the scope of "improvements" have to be undertaken without financial assistance, a further brake on progress is applied.

More of this work should be undertaken by the local authority.

Rehousing applications. 117 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, 25 families consisting of 125 persons (49 adults and 76 children) were found to be new cases of overcrowding during the year. Only ten families 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 3,950 inspections and revisits were made in relation to housing matters. This figure was 937 less than the previous year, due to the fact that for the whole year the section operated without a full complement of inspectors. Despite almost continuous advertisement a replacement for an inspector who left the employment of the local authority was not made until the end of the year and staffing difficulties have since continued.

Although the proportionate amount of work devoted to housing as compared with other duties continues to be high, the position is far from satisfactory.

It is still impossible to carry out routine house-to-house inspection, the need for which is becoming more and more apparent and this work should proceed in parallel with the slum clearance programme.

So far as basement dwellings are concerned, 11 were the subject of closing orders and a fair amount of repair work was carried out in others. Basements may be classified as "fair", "bad" or "shocking" and because of the numbers involved it will take up to 80 years to deal with this problem, unless staff can be provided to carry out this work to a planned programme.

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
1958	10	13	24	58

Caravan Sites:

There are no residential sites in the borough. Seven holiday parks licensed annually to operate from 1st March to 31st October continued in operation. Following various extensions, the total number of caravans which can be accommodated was increased to 1351 (985), 55 acres of land being used for the purpose.

The very heavy rainfall throughout the season demonstrated the vital necessity of the provision of access paths and surface water drainage, together with the siting of toilet facilities and means of disposal of waste water in reasonably accessible positions. On the holiday type site, only the population changes, the caravans remaining in permanent positions throughout the season.

Under existing legislation the same difficulties arise on unlicensed camping and caravan sites without real power of control except that the period of operation is curtailed.

The standard of the day-to-day running of sites varies greatly with the interest of the operator and the type of occupant and unfortunately complaints of various deficiencies continue to be received.

SECTION VIII

FOOD INSPECTION AND HYGIENE

(A) MILK

Milk supplies to the area come from four main pasteurising plants, one in the County Borough and three from outside districts. Delivery to the consumer is by 30 retail distributors. A total of 251 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 5 farms situated in Sussex and Kent. 8 (or 20%) of the total of 41 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 29

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

247 samples of designated milk, including 48 from schools and 18 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. ...	41	33	8	Not	applicable.
T.T. Pasteurised ...	59	59	—	59	—
Pasteurised ...	†147	146	—	147	—

†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.

72 samples were taken. No cases of tubercular infected milk were found and the number of positive samples on brucella ring test were 14 and in 2 cases Brucella Abortus was isolated. 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
72	—	72	14	58

The systematic compulsory tuberculin testing of dairy cattle now being carried out by the Animal Health Division of the Ministry of Agriculture, is markedly reducing the number of infected cattle. The department has a close liaison with the Area Veterinary Officers and during the year 92 reactor cattle were slaughtered at the London Road Slaughterhouse, post mortem examination reports being sent to the Veterinary Officer concerned. 65% of these cattle were found to have visible lesions of tuberculosis on post mortem examination.

(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
1958	1,340	1,618	1,483	3,444	9,901

In addition to providing for local requirements, 1861 hindquarters of beef totalling 132½ tons were exported.

During the year 16 tons of meat and offal were rejected as unfit for consumption, 5 tons being affected with tuberculosis and 11 tons by other diseases.

3 carcasses were found infected with cysticercus bovis (tape worm) and were treated by refrigeration for 21 days before being released.

It is with regret that it must be reported that the existing very unsatisfactory slaughtering facilities continued in use for yet another year. The provision of a modern abattoir where meat can be produced in accordance with the demands of the present day is long overdue. It is to be hoped that with the Slaughterhouse (Hygiene) Regulations 1958 now in operation the provision of a new abattoir will be dealt with expeditiously.

One hundred per cent. meat inspection was maintained as a priority, in spite of staff shortage. 17,786 animals were slaughtered during the year, and meat inspection necessitated attendance on 540 hours outside normal working hours, including Sundays and Bank Holidays.

Both the slaughtering contractor and inspectors are to be congratulated on maintaining the standards achieved under very difficult conditions.

TABLE II
CARCASES INSPECTED AND CONDEMNED DURING 1958
 (Figures for 1957 in brackets)

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs
No. killed	1340 (1790)	1618 (1037)	1483 (1941)	3444 (3261)	9901 (8386)
No. inspected	1340 (1790)	1618 (1037)	1483 (1941)	3444 (3261)	9901 (8386)
All diseases except Tuberculosis					
Whole carcasses condemned ...	1 (2)	3 (1)	12 (11)	36 (6)	15 (21)
Carcasses of which some part or organ condemned	417 (662)	704 (137)	14 (4)	337 (288)	725 (631)
Percentage of the number affect- ed with disease other than tuberculosis	31.19 (38.21)	43.69 (13.30)	1.75 (0.77)	10.82 (9.01)	7.47 (7.77)
Tuberculosis only					
Whole carcasses condemned ...	1 (1)	4 (5)	— (—)	— (—)	7 (3)
Carcasses of which some part or organ condemned	34 (95)	118 (228)	— (2)	— (—)	113 (85)
Percentage of the number affect- ed with tuberculosis... ..	2.61 (5.36)	7.54 (22.46)	— (0.10)	— (—)	1.21 (1.04)
Cysticercosis					
Carcasses of which some part or organ condemned	3 (10)	— (—)	— (—)	— (—)	— (—)
Carcasses submitted to treatment by refrigeration	3 (10)	— (—)	— (—)	— (—)	— (—)
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	2	17	1	1
Offal	2	2	2	17

**TOTAL WEIGHT CONDEMNED FOR DISEASES OTHER THAN
TUBERCULOSIS**

	<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Carcase Meat	3	1	3	21
Offal	8	3	2	22

(C) ICE CREAM

There are 10 registered manufacturers of ice cream, including 1 wholesale factory and 9 producer/retailers. There are also 364 premises registered for the storage and retail sale of ice cream.

During the year 27 new registrations were made and a total of 255 inspections were carried out.

There was a marked improvement in the bacteriological standard, 83% of all samples passing the rather stringent tests, as compared with 63% in the previous year. The standard of hygiene maintained in manufacture is high.

All samples (68) taken for analysis were found to be satisfactory, the sugar and fat content being much higher on average than the standard required.

The following tables summarise the reports received:—

Bacteriological Examination

Grade.	No. of samples.	Percentage.	Remarks.
I. II.	38 20	54 } 29 } 83	} Satisfactory.
III. . IV.	9 4	12 } 5 } 17	
			} Indicates defects of } manufacture/handling

Analysis

No. of Samples.	Satisfactory	Not satisfactory
68	68	1 deft. in sugar (27%)

(D) FOOD AND DRUGS ACT 1955

During the year 288 (250) samples were taken for analysis. Details are as follows:—

Milk:	Formal samples	..	8	
	Informal samples	..	100	
	(including 18 from School Kitchens)		—	108
Sundries:	Formal samples	..	44	
	Informal samples	..	68	
			—	112
Ice Cream	Formal Samples	..	—	
	Informal samples	..	68	
			—	68
				288

Samples found satisfactory on analysis numbered 269.

Unsatisfactory analytical reports were received on 19 samples.

Particulars of these unsatisfactory samples and of the action taken in each case follows:—

<i>No.</i>	<i>Article</i>	<i>Analyst's Report</i>	<i>Action taken</i>
	Bap (inf.) ..	Discolouration on bottom due to slight overheating in contact with iron tray	Taken up with Bakery.
533	Brown Bread (informal) ..	Foreign matter. Consists of wheat starch and other vegetable fragments normal to whole meal bread discoloured with a heavy trace of iron	Letter to bakery re examination of equipment and removal of rusty components, tins, etc.
534	Margarine (10% butter) Formal ..	Slight excess of moisture Limit 16% Found 16.1%	Taken up with manufacturer
455	Milk (formal)	Freezing point—0.509° C. Added water from freezing point 2.9%. Deft. in S.N.F. 0.2%	Investigated on farm "Appeal to cow" samples taken Nos 460-462. Leaking joint found on "in churn" cooler. New cooler installed. Reported to Public Hygiene Committee. Warning letter from Town Clerk
456	Milk (formal)	Freezing point -0.513° C Added water from freezing point 3.2%	
457	Milk (formal)	Freezing point -0.495° C. Added water from freezing point 6.6%. Deft. in S.N.F. 4.0%	
458	Milk (formal)	Freezing point -0.501° C. Added water from freezing point 5.4%	
459	Milk (formal)	Freezing point -0.502° C Added water from freezing point 5.2%. Deft. in S.N.F. 1.0%	
451	Milk (inf.)	Freezing point -0.512° C. Added water from freezing point 3.4%. Deft. in S.N.F. 1.4%	
453	Milk (inf.)	Freezing point -0.532° C. Freezing point could be that of genuine milk. Deft. in S.N.F. 2.1%	Notified to County Council Sampling Officer for investigation on farm
465	T.T. Milk (informal)	Freezing point -0.524° C. The freezing point indicates the presence of at least 1.1% added water	Follow up samples of No. 453. Notified to County Council Sampling Officer for investigation on farm
466	T.T. Milk (informal)	Freezing point -0.539° C. The freezing point did not indicate added water The milk is naturally def. in S.N.F. to the extent of 0.7%	

<i>No.</i>	<i>Article</i>	<i>Report</i>	<i>Action taken</i>
480	Milk (informal)	Deft. in fat 16.6%	Milk Advisory Officer, Min. of Agr. Fish and Food notified. Improvement in quality noted on follow up
		Deft. S.N.F. 2.9%	
477	Milk (informal)	Freezing point genuine Deft. in fat 3.3%	
482	Milk (informal)	Foreign matter found to consist of algal threads discoloured with iron, which is found in certain water supplies. Particles derived from deposit in water main	Investigations carried out at dairy plant, farm and water mains serving farm area
584	Sponge Cakes (informal)	Discolouration due to (1) worn baking tins; (2) small mould growth arising from humidity and denseness of cello- phane pack	Reported to Public Hygiene Committee 22.9.58. Warning letter from Town Clerk. New type of wrapper brought into use
585	Swiss Roll (informal)	Rancidity Free fatty acid content (oleic acid 5.8%)	Reported to Public Hygiene Committee 22.9.58. Warning letter from Town Clerk
637	Bismag (inf.) (bitter taste)	Found to contain 5 grains Quinine Sulphate in full bottle. Not harmful	Taken up with manu- facturer. Consignment withdrawn from sale
594	Bread (inf.) (extraneous matter)	Grease discoloured with iron. Not injurious	Taken up with manu- facturer

Special investigations.

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

- | | | | | | |
|----|--------------|----|---|----|--|
| 1. | Baps | .. | Dirty underneath | .. | Discolouration due to
overheating and iron
mould. |
| 2. | Milk Powder | .. | Poor constitution | .. | Storage stale: stocks
withdrawn |
| 3. | Fish Shop | .. | Food Hygiene Regula-
tions 9, 14, 16, 17, 19, 23 | | Summons withdrawn
owing to death of de-
fendant. Premises closed
down |
| 4. | Almond Tart | .. | Suspected not to be
almond | | Analysis satisfactory |
| 5. | Brown Bread | .. | Foreign matter | .. | Contained wheat starch
and vegetable matter |
| 6. | Simnel Cake | .. | Foreign matter | .. | Stones from dried fruit.
Warning letter from
Town Clerk |
| 7. | Sheep Kidney | .. | Pulpy | .. | Condition due to thawing
out. Sound |

<i>No.</i>	<i>Article.</i>	<i>Report.</i>	<i>Action taken.</i>
8.	Meat (Cold Pork)	Discolouration .. (Red pigmentation) ..	Due to presence of chromo-bacterium prodigiosum. Kitchen utensils sterilised
9.	Beef Skinless Sausage ..	Mould and decomposition	Prosecution. Fine £10. Food and Drugs Act, Sec. 8 (1)
10.	Milk (T.T. F.B. Jersey)	Extraneous matter ..	Algal threads discoloured with iron (from water). Investigated at farm and dairy
11.	Milk (Pasteurised)	Extraneous matter ..	(Paint stain). Taken up with dairy
12.	Currants (Australian)	Maggot infestation ..	Other stock examined
13.	Fish Hawker ..	Barrow not covered or provided with receptacles for waste trimmings. (Food Hygiene Regs.) 26, 27	Prosecution. Fined 10/- on each offence
14.	Fish Hawker ..	Barrow not covered or bearing name and address. (Food Hygiene Regs.) 26, 27	Prosecution. Fined 10/- and 5/- respectively
15.	Fish Hawker ..	Vehicle not covered (Food Hygiene Regs.), 27	Prosecution. Fine 10/-
16.	Fish Hawker ..	Not bearing name and address, barrow not covered; failed to ensure clean equipment. (Food Hygiene Regs.), 5, 6, 26, 27	Prosecution. Fine 5/- on first count and 10/- on each of others
17.	Fish Hawker ..	Barrow not bearing name and address and not covered. (Food Hygiene Regs.), 26, 27	Prosecution. Fined 5/- and 10/- respectively
18.	Fish Hawker ..	Barrow not covered (Food Hygiene Regs.), 27	Fined 10/-
19.	Fish Hawker ..	Bicycle not suitably covered and not bearing name and address. (Food Hygiene Regs.) 26, 27	Fine 10/- and 5/- respectively
20.	Sponge Cakes (wrapped) ..	Mould ..	Due to packing before cooling complete. New wrapper adopted to reduce condensation. Warning letter from Town Clerk.
21.	Fudge ..	Extraneous matter ($\frac{1}{4}$ in. brass screw) ..	Screw from plant thermometer. Warning letter from Town Clerk
22.	Chocolate Swiss Roll	Rancidity ..	Warning letter from Town Clerk. Due to fat in sponge mix

<i>No.</i>	<i>Article.</i>	<i>Report.</i>	<i>Action taken.</i>
23.	Bacon ..	Alum cured ..	No action. Found to be fit for consumption
24.	Bismag (Bisurated Magnesia)	Bitter to taste ..	Analyst reported excess of quinine sulphate. Harmless. Taken up with manufacturer. Stocks withdrawn
25.	Sugar ..	Blackness and dampness	No further action. Sugar fit for use
26.	Confectionery ..	Maggot infestation ..	Old stock. Manufacturer warned re packing. Warning letter from Town Clerk
27.	Bread ..	Containing black substance ..	Analyst report: vegetable oil discoloured with iron. Not injurious
28.	Tinned Tuna ..	Suspected glass particles	Ammonium crystals (soluble). Harmless. Formed naturally in can
29.	Bread (wrapped)	Contained used match ..	Warning letter from Town Clerk

(E) OTHER FOODS

During the year the following foodstuffs were found unfit and rejected 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	I	2	I	17 $\frac{1}{4}$
Compounded Foods	—	3	3	13 $\frac{3}{4}$
Fish	I	10	2	24 $\frac{3}{4}$
Poultry and Game.. ..	—	2	2	9 $\frac{1}{2}$
Shell Fish	—	—	3	20
Milk	—	I	—	I
Fruit	—	8	2	20 $\frac{1}{2}$
Vegetables	I	—	—	22
Groceries	—	5	I	20 $\frac{1}{4}$
Ice Cream	—	—	—	—
Sweets, etc.	—	—	I	9
Miscellaneous	—	—	—	23 $\frac{1}{4}$
Total	4	16	I	131$\frac{1}{4}$

(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

Preparation and cooking:—

Hotels and Boarding Houses	360
Private houses taking boarders	211
Restaurants, cafes and eating houses	110
School kitchens and W.V.S. kitchen	12
Bakehouses	29
Fried Fish premises	15
Food factories	6
Mineral water factories	1
	<hr/>
	744

Retail:—

Grocers	297
Fish shops	23
Bakers—retail	68
Butchers	55
Confectioners	294
Fruiterers	219
Licensed premises	135
	<hr/>
	1091

Total: 1835

*No. of
Premises*

Registered Food Premises:—

Hastings Corporation (General Powers) Act 1937.

Ice Cream Manufacturers	11
Ice cream Retailers	363
Pressed and preserved meats	80
Fish Hawkers	22

Milk and Dairies Regulations 1949.

(Pasteurising Plants)	1
(Distributors)	30

507

Inspection of Food Premises:—*Inspections*

Bakehouses	112
Butchers	291
Cafes, Restaurants, etc.	349
Dairies and Milkshops	251
Fish Shops	30
Fishmarket	256
Hawkers	44
Hotels and licensed premises	256
Boarding and Guest houses	345
Ice Cream premises	255
Preserved Meat shops	38
Slaughterhouse	716
Other food premises	633
	<hr/>
	3,576
	<hr/>

Food Hygiene Regulations 1955.

Details of prosecutions are given under "Special investigations".

Routine inspection of food premises has been maintained at as high a level as possible and so far as man power will permit and the amount of time devoted to this work was second only in priority to housing work. Again, because of staff deficiency, the number of visits to food premises was 360 less than in the previous year.

It has not been possible to revisit all hotels and boarding houses where deficiencies had been previously noted, and it may be possible that more improvements have been actually carried out than those listed below.

291 visits were paid to 55 butchers' shops and alterations and improvements to premises and equipment have now been completed in the great majority of premises.

All plans for new premises and alterations to existing premises were examined to ensure that the best possible hygiene standards are adopted in compliance with the requirements of the Regulations.

The importance of this work, particularly in a holiday resort, cannot be over emphasised and of the numerous methods of dealing with the various problems, nothing can replace the personal "on the spot" approach.

Hotels and Boarding Houses

Provision of ventilated lobbies between W.C. and food rooms	2
"Wash Hands" notices provided	3
Provision of wash basins with hot and cold water	7
Provision of hot water to existing wash basins	2
Provision of first aid kits	3
Provision of new sinks	5
Provision of hot water to existing sinks	2
Redecoration, cleansing of walls, floors, ceilings, including impervious wall and floor surfaces	26
Provision of refrigerated storage	7

(G) CLEAN FOOD CAMPAIGN

Owing to pressure of other work, an organised programme of lectures to voluntary associations, the demand for which had been growing over the past few years, had to be closed. Two lectures of this type were given during the year. The demand continues and should be met. Responsibility falls squarely on local authorities and this should be accepted as part of the campaign to check the rise in outbreaks of food poisoning, which continues up and down the country.

46 lectures were given in food hygiene at approved vocational courses at the Catering Department of the Technical College and the training facilities available are worthy of more support from the food trades, providing as they do a sound basic training in the hygienic handling of food.

(H) FERTILISERS AND FEEDING STUFFS ACT 1926

Inspections carried out of wholesale and retail premises under the Act numbered 27. 12 formal samples (6 of feeding stuffs and 6 of fertilisers) were taken for analysis during the year.

One sample was found on analysis to be unsatisfactory as follows:—

	<i>Article</i>	<i>Report</i>	<i>Action taken</i>
No. 4166	"Seamus" Seaweed, etc. Plant Food	Sample contained 2.1% excess nitrogen and 4.3% excess potash	Taken up with manu- facturer and Area In- spector at place of manufacture

(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.

66 visits other than routine shop inspections were made and 19 notices were served in respect of contraventions. Verbal warning is usually sufficient to correct minor infringements.

(J) MERCHANDISE MARKS ACTS 1897-1926

77 inspections were made and 26 notices served, 26 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 local Orders were in operation, as follows:—

- (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) **Early Closing:**

Watchmakers, Jewellers and Gold and Silver

Plate Dealers' Half Holiday Order 1913

Butchers and Meat Retailers Half Holiday Order 1923

Hairdressers Half Holiday Order 1913

} Fix Wednesday
as Early Closing
Day with option
of Saturday.

Stationers and Booksellers
Exemption Order

Exempts stationers and booksellers
from necessity of observing half day.

(c) **Sunday Trading:**

The Shops Sunday Trading Restriction (Hastings) Order 1938.

(On 18 Sundays (including Easter and Whit Sundays and the 16 Sundays from first Sunday in June) shops may open for sale of bathing and fishing requisites, photographic requisites, toys and souvenirs and fancy goods, books, stationery and postcards and any article of food).

(d) **Temporary Orders:**

Order under section 42 extending the general closing hour to 9 p.m. in respect of a Trade Fair 15th-22nd November.

Order under section 43 extending the general closing hour to 9 p.m. for the period 16-19th and 22nd-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	..	..	26	26
S.2	General Closing Hours	..	..	43	38
	Closing Orders	..	..	7	7
	Trading outside Shops and Shops with several trades	..	..	25	24
	Statutory Half-holiday for Assistants	..	..	10	10
	Meal Times	..	..	—	—
	Sunday Employment	..	..	5	5
	Hours of Employment—Persons between 16—18	..	..	8	8
	Do. do. under 16	..	..	7	7
	Night Employment	..	..	1	1
	Seats for Female Shop Workers	..	..	13	9
	Sanitary and other arrangements in shops	..	..	36	26
	Closing of Shops on Sunday	..	..	7	5
	Shops where several trades or businesses are carried on	..	..	32	31
	Other offences connected with Sunday trading	..	..	1	1
	Any other offences	..	..	—	—
Records not kept and Notices not exhibited:					
	Young Persons—Forms E. or F. & G.	..	..	17	17
	Abstracts of Act—Forms H. or J.	..	..	12	12
	Seating Accommodation—Form K	..	..	7	5
	Assistants Half-holiday Notice	..	..	12	7
	Early Closing Day Notice	..	..	9	9
	Mixed Shop Notice—Early Closing Day	..	..	9	7
	Do. —Sunday	..	..	15	14

(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 26 inspections were carried out of 8 licensed pets shops in the borough.

With one exception all licensed premises were maintained in a very satisfactory manner and in this case, as a result of continuing informal action, the premises were taken over by new proprietors who carried out extensive works and brought the premises up to a very satisfactory standard.

THE SCHOOL HEALTH SERVICE

Report of the

PRINCIPAL SCHOOL MEDICAL OFFICER

for the Year 1958

THE SCHOOL HEALTH SERVICE

Report of the

Principal School Medical Officer

for the Year 1958

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 1958.

The total number of children on the school registers showed a decrease of 14 from the previous year from 8,354 to the present figure 8,340. This is due entirely to the decrease in the number of children of primary age from 4,989 to 4,640, there having been an increase of 324 of secondary school age and an increase of 11 in the number attending schools for Handicapped Children. The general standard of health and physique of the children continues to be excellent, a matter of great satisfaction to all concerned.

As was the case last year, the programme of new school building has slowed but the results of what has been done are now becoming evident and will prove an incentive for further improvement when the economic situation permits.

I am happy to record that there was no large epidemic of infectious disease and that the preventive procedures of B.C.G., poliomyelitis vaccination, diphtheria and whooping cough immunization were continued satisfactorily.

There was a considerable drop in the number of dental inspections carried out but to a very large extent this was due to the fact that in 1957 the large number of 85% of school children were inspected, leaving a very considerable number to be treated in 1958. Mr. R. Steele, our Principal School Dental Officer, left us with our best wishes for his future, at the end of August and we welcomed his successor, Miss E. M. Young, on September 1st.

Periodic medical inspections showed an increase of 15 from 2,318 to 2,325 while special inspections and reinspections decreased from 1,811 to 1,752. There were 605 minor ailments treated as against the figure of 653 in 1957.

Once again, I am happy to express my appreciation of the help and co-operation so willingly given by general practitioners and hospital staffs.

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 the 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 1957 for comparison).

STATISTICAL SUMMARY FOR 1958

TOTAL number of children on school registers, 1958 ..	8,340	(8,354)
at Primary Schools	4,640	(4,989)
at Secondary Schools including Grammar Schools	3,581	(3,251)
at Schools for Handicapped children ..	119	(108)
ROUTINE medical inspections—total number inspected	2,325	(2,318)
special inspections and re-inspections ..	1,752	(1,811)
Minor ailments treated	605	(653)
DENTAL inspections—total number inspected ..	3,387	(8,573)
" " treated ..	2,447	(3,178)
Receiving orthodontic treatment	208	(188)
DEFECTIVE VISION —total number referred for examination	800	(562)
spectacles prescribed for ..	230	(193)
HEALTH INSPECTIONS by school nurses at schools ..	17,794	(19,170)
number found defective in cleanliness ..	87	(67)
HOME VISITS by school nurses	1,265	(1,281)

DEATHS OF SCHOOLCHILDREN: I have to report that during 1958 3 deaths occurred in the resident child population aged 5—15 years.

- (1) Acute lymphatic leukaemia.
- (2) Contusion of brain due to fracture of base of skull.
- (3) Asphyxia following drowning—deceased fell off pleasure cruiser into water. Misadventure.

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.

The above regulations are under review and it is possible that in the near future there may be changes in that there will be no requirement of rigid adherence to the three set medical examinations during school life.

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

In order to encourage the presence of parents at the examinations, they are given adequate notice and special times of appearance in order to obviate 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 Ministry of Education in a recent directive to Local Education Authorities require the above information to be detailed in a new Form 8 M, Parts (i), (ii), (iii) and (iv) and in the following pages the new tables have been incorporated for the first time.

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

A.—PERIODIC MEDICAL INSPECTIONS

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

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Satisfactory		Un- satisfactory	
		No. of	% Col. (2)	No. of	% Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	36	36	100	—	—
1953	228	217	95.2	11	4.8
1952	354	332	93.8	22	6.2
1951	43	42	97.7	1	2.3
1950	21	19	90.5	2	9.5
1949	28	27	96.4	1	3.6
1948	14	14	100	—	—
1947	844	804	95.3	40	4.7
1946	148	142	95.9	6	4.1
1945	27	27	100	—	—
1944	4	3	75	1	25
1943 and earlier	578	561	96.8	17	3.2
Total	2325	2224	95.1	101	4.3

B.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment
(excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table A. (3)	Total individual pupils. (4)
1954 and later	1	—	1
1953	3	15	18
1952	15	21	34
1951	3	4	6
1950	1	—	1
1949	1	4	5
1948	2	—	2
1947	45	57	101
1946	3	5	8
1945	3	3	6
1944	—	—	—
1943 and earlier	35	34	66
Total	112	143	248

C.—OTHER INSPECTIONS

Number of Special Inspections	..	..	905	(894)
Number of Re-Inspections	..	..	847	(917)
Total	..	..	1,752	(1,811)

D.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER 1958

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	
		ENTRANTS		LEAVERS		OTHERS					
		Requiring Treat- ment (3)	Requiring Obser- vation (4)	Treat- ment (5)	Requiring Obser- vation (6)	Treat- ment (7)	Requiring Obser- vation (8)	Treat- ment (9)	Requiring Obser- vation (10)		
(1)											
4	Skin	5	6	10	6	19	9	34	21		
5	Eyes: <i>a.</i> Vision	22	19	35	17	55	49	112	85		
	<i>b.</i> Squint	3	6	1	2	4	5	8	13		
	<i>c.</i> Other	—	2	2	4	3	2	5	8		
6	Ears: <i>a.</i> Hearing	1	1	—	—	6	4	6	5		
	<i>b.</i> Otitis Media	—	2	—	—	—	2	—	4		
	<i>c.</i> Other	1	3	1	—	—	1	2	4		
7	Nose and Throat	10	17	3	2	3	14	16	33		
8	Speech	3	8	—	1	5	9	8	18		
9	Lymphatic Glands	—	5	—	1	—	—	—	6		
10	Heart	1	2	—	4	1	7	2	13		
11	Lungs	2	4	4	13	6	11	12	28		
12	Developmental: <i>a.</i> Hernia	—	1	1	—	—	2	1	3		
	<i>b.</i> Other	—	7	1	5	2	35	3	47		
13	Orthopaedic: <i>a.</i> Posture	2	4	—	7	4	22	6	33		
	<i>b.</i> Feet	4	3	2	5	2	5	8	13		
	<i>c.</i> Other	6	11	5	5	7	18	18	34		
14	Nervous System: <i>a.</i> Epilepsy	1	3	1	—	1	3	3	6		
	<i>b.</i> Other	—	—	—	1	—	1	—	2		
15	Psychological: <i>a.</i> Development	—	4	—	—	1	2	1	6		
	<i>b.</i> Stability	—	4	—	—	—	5	—	10		
16	Abdomen	—	—	—	—	—	—	—	—		
17	Other	1	—	3	6	6	3	10	9		

E.—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	359	1
5.	Eyes: <i>a.</i> Vision	99	12
	<i>b.</i> Squint	8	1
	<i>c.</i> Other	89	3
6.	Ears: <i>a.</i> Hearing	4	—
	<i>b.</i> Otitis Media	3	—
	<i>c.</i> Other	26	—
7.	Nose and Throat	22	3
8.	Speech	38	7
9.	Lymphatic Glands	—	—
10.	Heart	2	—
11.	Lungs	12	2
12.	Development—		
	<i>a.</i> Hernia	1	—
	<i>b.</i> Other	6	2
13.	Orthopaedic—		
	<i>a.</i> Posture	1	—
	<i>b.</i> Feet	11	1
	<i>c.</i> Other	40	8
14.	Nervous system—		
	<i>a.</i> Epilepsy	4	3
	<i>b.</i> Other	3	—
15.	Psychological—		
	<i>a.</i> Development	5	1
	<i>b.</i> Stability	12	—
16.	Abdomen	—	1
17.	Other	247	5

General Condition of Children.

The use of the two categories, satisfactory and unsatisfactory, continues to be eminently practicable and as was considered at the time of the change, produces more accurate classification of the general condition of children.

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.

The number of children classed as unsatisfactory this year showed a considerable increase, but this was due to the higher standards of all round health demanded and to the new classification system getting really under way.

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	17,794	(19,170)
(ii) Number of individual children found unclean	87	(67)
(iii) Number of children in respect of whom cleansing notices were issued (Education Act, 1944, Sect. 54 (2)	49	(27)
(iv) Number of children in respect of whom cleansing orders were issued (Education Act, 1944, Sect. 54 (3)	—	(—)

It is most disappointing to have to record a further increase in the number of children found unclean and in this connection it is only right to emphasise that the number of children so classified depends to a great extent on the "load case" of problem families living in the borough.

Work of School Nurses.

Visits to homes:—

By direct instructions of School Medical Officer	390	(466)
At request of School Enquiry Officer ..	78	(10)
Following up of cases of uncleanliness ..	101	(99)
General cases, following up	696	(706)
	<hr/>	<hr/>
	1,265	(1,281)
School visits—miscellaneous	600	(586)
	<hr/>	<hr/>
Total:	1,865	(1,867)

School Clinics.

The range of problems dealt with at the minor ailment clinics was again wide and varied and it is most satisfactory to report a further substantial increase in the number of total attendances at the clinics. There was an increase in the total number requiring treatment but to a large extent, this was due to advice being sought by teachers on problems major rather than minor and to parents bringing their children to the clinic before any "real trouble" starts. The public on the whole continues to become more "prevention minded". In addition to helping head teachers with behaviour problems, truancy and lack of progress, immediate advice is available in the event of accidents occurring at school.

The Child Welfare and Minor Ailment Clinics had again to share time and place with sessions for immunization against Poliomyelitis, the campaign for which 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	..	..	1,022	(954)
Total attendances made	..	..	1,902	(1,858)
Total number found to require treatment	..	..	801	(712)

Minor Ailments treated:

Disease—				
Ringworm (body)	..	..	..	— (1)
„ (scalp)	..	..	..	— (—)
Scabies	..	..	..	2 (1)
Impetigo	..	..	..	23 (12)
Miscellaneous (minor injuries, burns, scalds, sores, abscesses, etc.)	..	..	..	105 (72)
Ear, nose and throat	..	..	..	53 (60)
Eye diseases (external)	..	..	..	88 (104)
Plantar Warts	..	..	..	89 (136)
Other skin diseases	..	..	..	245 (267)
			<hr/>	<hr/>
			605	(653)

Exclusions from School.

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

Diseases of the skin (including ringworm and scabies)	4	(3)
Infectious diseases (including rheumatism and influenza)	—	(—)
Bronchial catarrh and colds, etc.	2	(2)
Injuries	—	(—)
Diseases of the eye	9	(5)
Nits and vermin and uncleanliness	1	(—)
	<hr/>	<hr/>
	16	(10)

Infectious Diseases.

The number of cases of infectious diseases notified by general practitioners for the year 1958 occurring in school children, are:

Pneumonia	..	6	Dysentery	..	26
Scarlet fever	..	18	Whooping cough	..	48
Measles	..	234	Pulmonary Tuberculosis	..	2

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

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 to- gether as a family, that is, in one tenement.
SCARLET FEVER (and strepto- coccal sore throat)	2—5	1—2	7 days after discharge from hospital or from home isolation (unless "cold in the head," dis- charge from the nose or ear, sore throat, or "septic spots" be present.)	Children—no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certi- fies that they may re- sume work.
DIPHTHERIA	2—5	—	Until pronounced by a medical practitioner to be fit and free from infection.	At least 7 days. Return to school should not be permitted until bacteri- ological examination has proved negative.
MEASLES	10—15	3—4	10 days after the appear- ance of the rash if the child appears well.	Children under 5 years of age should be excluded for 14 days from date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immedi- ately excluded. A child who is known with certainty to have had the disease need not be excluded.
GERMAN MEASLES	14—21	0—2	7 days from the appear- ance of the rash.	None.
WHOOPING COUGH	7—10	—	28 days from the begin- ning of the character- istic cough.	Children under 7 years of age should be ex- cluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded.
MUMPS	12—28	—	7 days from the subsid- ence of all swelling.	None.
CHICKEN POX	11—21	0—2	14 days from the date of appearance of the rash.	None.
POLIOMYE- LITIS	7—14	—	At least 6 weeks. Will usually require a much longer period for re- covery.	At least 21 days.
ENCEPHAL- ITIS	4—30	—		
MENINGO- COCCAL INFECTION	2—10	—		

Tuberculosis.

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

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

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

Of 700 children 520 consents were obtained and 476 actually attended—and the scheme was offered but not urged on parents in any way.

38 children were positive and 410 negative. 410 children were immunised. This gives a figure of 86% negative and 8% 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 1958 a total of 149 children were medically examined for employment under the provisions of the Children and Young Persons Act, 1933.

Employment cards were issued as follows:—

Errands	27	(47)
Delivery of newspapers	37	(31)
Assisting in shops	48	(74)
Miscellaneous	37	(19)

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 Chief Education Officer reports as follows:—

"The year 1958 was marked by the departure of the School Meals Organiser, Miss Byers, who left at the end of September to take up an appointment in Sunderland. Her successor, Mrs. A. Morgan, commenced her duties on 1st January, 1959.

During the year the Service provided 726,380 meals to children attending maintained and independent schools in the borough. The average number of meals provided daily during this time was 3,310. The average number of meals provided daily during school holidays was 149. An average of 493 free meals and 13 part-free meals were served daily.

No changes were made in school kitchens or dining rooms.

Milk in Schools Schemes.

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

	<i>No. of Children in</i>		<i>No. of Children taking milk</i>	
	<i>County and</i>	<i>Independent</i>	<i>County and</i>	<i>Independent</i>
	<i>Voluntary</i>	<i>Schools.</i>	<i>Voluntary</i>	<i>Schools.</i>
October, 1957 ..	7,348	1,905	6,482	1,687
October, 1958 ..	7,735	1,946	6,691	1,688

Special Clinics:

Ophthalmic Clinic.

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

Mr. Hollingsworth comments:—The work of the School Refraction Clinics has proceeded satisfactorily during 1958. There is no delay in seeing new cases and all re-examinations are being carried out at the scheduled intervals. There is good liaison with the Hospital Service and all children having squints or imperfect muscle balance are referred to the Orthoptist.

Treatment of Eye diseases, defective vision and squint, 1958.

	<i>By Authority</i>		<i>Otherwise</i>	
	<i>Service</i>			
External and other, excluding errors of refraction and squint	88	(104)	69	(71)
Errors of refraction (including squint) ..	800	(562)	19	(35)
Total	888	(666)	88	(106)
Number of pupils for whom spectacles were prescribed	230	(193)	15	(25)

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, 1958:—

	Hastings Cases	East Sussex County Council Cases
Number of new cases referred in 1958	79	30
Referred by:		
School Medical Officers	43	18
Private doctors	6	5
Schools	7	1
Hospitals	4	4
Juvenile Courts	1	—
Probation Officers	2	—
Children's Officer	5	1
Other sources	11	1
	79	30
Problems:		
Personality problems and nervous disorders	9	8
Habit disorders	6	3
Behaviour disorders	30	16
Educational and vocational guidance	3	3
Special exams. and Juvenile Courts and placement	1	—
I.Q. Testing only	30	—
	79	30
How dealt with:		
Advice	5	4
Psychiatric treatment	18	6
Coaching	7	—
Periodic supervision	17	14
Withdrawn before completion	1	5
Awaiting diagnosis	9	1
Intelligence tests only	22	—
	79	30

				Hastings Cases	East Sussex County Council Cases
Analysis of treatment:					
Recovered	..	..	..	—	—
Improved	..	..	..	15	5
Not improved	..	..	..	1	—
Discharged after advice	..	..	..	2	—
Still receiving treatment, coaching or supervision	..	..	..	—	46
Transferred	..	..	..	4	—
Condition physical	..	..	..	—	—
Treatment interrupted	..	..	..	—	—
Admitted to hospital	..	..	..	—	—
Closed	..	..	..	—	4
Transferred to schools for maladjusted children	..	..	..	—	—
Unco-operative	..	..	..	4	—
Psychiatrist:					
Diagnostic interviews	..	..	..	40	25
Treatment interviews	..	..	..	296	131
Psychologist:					
Vocational guidance	..	..	..	5	—
Home and school visits	..	..	..	63	32
Interviews for intelligence testing, etc.	..	..	..	88	29
Coaching interviews	..	..	..	168	7
Treatment interviews	..	..	..	—	31
Tests in schools	..	..	..	—	1
Supervision	..	..	..	9	—
Analysis of Coaching:					
Unco-operative	..	..	..	1	—
Still receiving coaching	..	..	..	4	—
Discharged improved	..	..	..	4	—
Still receiving supervision	..	..	..	7	—
Transferred	..	..	..	2	—
Psychiatric Social Worker:					
Interviews in clinic	..	..	..	152	40
School visits	..	..	..	—	—
Home and other visits	..	..	..	226	118
Social Histories	..	..	..	34	24

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 1.1.58	..	..	128
No. of new cases admitted during year	..	..	68
No. of patients discharged during year	..	..	52
No. remaining on register 31.12.58	..	..	144
Total number of patients who received treatment during 1958	..	..	193

Analysis of cases treated:

Stammering	..	..	37
Dyslalia	..	..	83
Dyslalia, due to low I.Q.	..	..	26
Stammering and Dyslalia	..	..	2
Dysarthria	..	..	3
Cleft palate	..	..	—
Partially deaf	..	..	6
Sigmatism only	..	..	24
Congenital Aphasia	..	..	1
Dyslalia and Dysphonia	..	..	86
Stammering and Low I.Q.	..	..	3
Undeveloped speech	..	..	5

Discharged:

Dyslalia—Normal Speech	..	..	13
Speech nearly normal	..	..	7
Much improved	..	..	7
Left the district	..	..	7
Not taken on for treatment	..	..	1
Parents refused treatment	..	..	1
Home unable to bring them	..	..	4
Stammering—Much improved	..	..	2
Left the district	..	..	2
Parents unco-operative	..	..	1
Left school	..	..	1
Sigmatism—Normal	..	..	4
Much improved	..	..	1
Partially deaf—Now attends residential school for the deaf	..	..	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 243 new cases were treated at the foot clinic, making a total of 675 attendances.

Foot Inspections by Chiropodist 1958:—

			<i>No. Inspected</i>	<i>No. Verrucae</i>	<i>% Infected</i>
Senior Schools	..	..	2674	38	2.4
Junior	..	..	928	3	0.3
Infants	..	..	1048	—	—

SECTION B

SCHOOL DENTAL SERVICE

The Principal School Dental Officer, Miss E. M. Young, reports as follows:—

Number of children attending Local Authority Schools	8,340	(8,354)
Number of School Dental Officers employed	2	(2)

Dental treatment is provided at two well equipped modern clinics, the Arthur Blackman Clinic, Hollington, St. Leonards, and Ore Clinic, Old London Road, Hastings.

The whole time staff consists of two dental officers and two dental clerks. In addition Dr. Chisholm does one orthodontic session weekly and two medical practitioners give general anaesthetics as required.

There are 8,221 children attending the Local Authority schools. They are inspected in rotation as frequently as can be arranged but the ideal of once every 6—9 months is not yet possible due to the pressure of work.

Fewer were inspected in 1958 as 85% had been examined in 1957 leaving a considerable number to be treated in 1958. In addition the resignation of Mr. R. T. Steele at the end of August caused an interruption but the figures for treatment given throughout the year shows the very good foundation he had laid.

Although the number of children with defective teeth at routine examinations is high the majority receive treatment at the clinics or privately. The number who persistently refuse treatment is comparatively small.

There is an increasing desire on the part of parents and children to look after their teeth, but too often short cuts are sought in preference to controlled carbohydrate intake and the forming of a regular oral hygiene routine.

Throughout the year we have received the full co-operation of the teachers and health visitors which is necessary for the smooth working of a school dental service.

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	—	40	75	108	99	123	159	398	415	277	318	199	166	2377

In addition to the children attending the Local Authority Schools the pupils attending the George Rainey School (L.C.C.) receive any treatment they may require while in Hastings.

A summary of the work done during the year follows:—

	Spring Term	Summer Term	Autumn Term	Totals
Number Inspected	38	41	43	122
Number of Attendances at Clinic ..	8	8	45	61
Fillings { Permanent Teeth	—	—	36	36
{ Temporary Teeth	—	—	2	2
Dressings { Permanent Teeth	—	—	—	—
{ Temporary Teeth	—	—	—	—
Extractions { Permanent Teeth	3	2	11	16
{ Temporary Teeth	8	9	68	85
Anaesthetics { Local	—	—	6	6
{ General	7	8	21	36
Other Operations	1	—	1	2

The following table shows the work done for the Local Authority Schools during the year, the corresponding figures for 1957 being in brackets.

(1) Number of pupils inspected by the Authority's Dental Officers:				
(a) at Periodic Inspections	2,377	(7,480)		
(b) as Specials	1,010	(1,093)		
Total (1)			3,387	(8,573)
(2) Number found to require treatment			2,308	(5,232)
(3) Number offered treatment			2,128	(4,672)
(4) Number actually treated			2,447	(3,178)
(5) Number of attendances made by pupils including those recorded at heading 13 (4) below			5,501	(7,026)
(6) Half days devoted to:				
Periodic (School) Inspection	19	(48½)		
Treatment	790	(859½)		
Total (6)			809	(908)
(7) Fillings: Permanent Teeth	2,856	(2,319)		
Temporary Teeth	664	(928)		
Total (7)			3,520	(3,247)
(8) Number of teeth filled:				
Permanent Teeth	2,346	(2,158)		
Temporary Teeth	617	(906)		
Total (8)			2,963	(3,064)
(9) Extractions: Permanent Teeth	911	(597)		
Temporary Teeth	1,831	(1,716)		
Total (9)			2,742	(2,313)
(10) Administration of general anaesthetics for extraction			1,127	(1,114)
Orthodontics:				
(11) Number of pupils fitted with artificial dentures			19	(17)
(12) Other Operations:				
Permanent Teeth	1,783	(1,439)		
Temporary Teeth	1,084	(632)		
Total (13)			2,867	(2,071)

(13)	(a)	Cases commenced during the year	..	..	105	(102)
	(b)	Cases carried forward from previous year	..	..	103	(86)
	(c)	Cases completed during the year	..	..	48	(50)
	(d)	Cases discontinued during the year	..	..	11	(8)
	(e)	Pupils treated with appliances	..	..	40	(55)
	(f)	Removable appliances fitted	..	..	40	(55)
	(g)	Fixed appliances fitted	..	..	Nil	Nil
	(h)	Total attendances	..	..	626	(749)

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

There is little to comment upon the Orthodontic Clinic—it is well established, now, and running smoothly, with the good co-operation of all concerned.

The drop in the figures, compared with last year, is due to fewer clinics being held, owing to sickness.

New Cases	..	..	..	..	74
Cases treated (A 5)	..	..	..	..	103
Completed	..	..	..	..	33
Discontinued	..	..	..	..	10
Appliances fitted	..	..	..	..	35
Attendances	..	..	..	..	490
Sessions	..	..	..	..	41

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, 19; 8-10, 13; 11-12, 4; 13-16, 5.

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 1958 follows:—

Robert Mitchell

Number on register 1st January, 1958	35
Number of admissions during the year	19
Number of discharges during the year	11
Transferred to E.S.N. School	2
Number on register 31st December, 1958	41

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	2	(4)
Rheumatic heart disease	—	(1)
Asthma	9	(5)
Recurrent bronchitis and bronchiectasis	6	(8)
Rheumatism including chorea	—	(—)
Debility and/or subnormal nutrition	12	(12)
T.B. glands, neck	—	(—)
T.B. contacts, primary lesions, hilar glands, etc.	2	(2)
Spastic paraplegia	1	(2)
Other crippling conditions	3	(3)
Epilepsy	5	(3)
Other conditions (includes 3 partially deaf)	14	(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 1958.

Transferred to ordinary school system	10	(7)
Transferred to other special institutions or schools	—	(3)
Transferred to E.S.N. School	2	(1)
Left district	1	(4)
Left on attaining school leaving age	—	(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 1958	30
No. of children ascertained as E.S.N. during 1958	19
No. of children re-tested	13
No. of medical reports made by the School Medical Officer for Juvenile Courts	26
No. of children reported to Local Authority: Sec. 57 (3)	3
Sec. 57 (5)	1

Wishing Tree School.

No. of attendances January 1958	72
No. of admissions and re-admissions during the year	20*
No. of school leavers (15 and 16)	7
No. returned to ordinary school	4
No. admitted to residential school for spastics	—
No. admitted to hospital	—
No. left district	3
No. ineducable	—
No. in attendance December, 1958	78*

* includes 2 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.

9 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.

18 children are known to have epilepsy.

Residential Special Education.

Children, relatively few in number, who require special treatment and education which cannot be provided by the Authority's special schools are sent by arrangement to other educational establishments outside the Borough. These include children who are blind or partially sighted, epileptic or mal-adjusted.

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

The total number of children in various institutions at the end of 1958 was: partially blind, 1; deaf, 4; cripples, 2; maladjusted, 5; epileptic, 2; E.S.N., 2; spastics, 1; a total in all of 17 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. 24 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.

1. The first part of the paper is devoted to a general discussion of the problem of the origin of life. It is shown that the problem is one of the most important and most difficult in the history of science.

2. The second part of the paper is devoted to a discussion of the various theories of the origin of life. It is shown that the most plausible theory is that of spontaneous generation.

3. The third part of the paper is devoted to a discussion of the evidence in favor of spontaneous generation. It is shown that the evidence is very strong and conclusive.

4. The fourth part of the paper is devoted to a discussion of the objections to spontaneous generation. It is shown that the objections are all unavailing.

5. The fifth part of the paper is devoted to a discussion of the implications of the theory of spontaneous generation. It is shown that the theory has far-reaching implications for the history of life on earth.

6. The sixth part of the paper is devoted to a discussion of the conclusions of the paper. It is shown that the theory of spontaneous generation is the most plausible theory of the origin of life.

7. The seventh part of the paper is devoted to a discussion of the future of the study of the origin of life. It is shown that the study is still in its infancy and that much more work is needed.

8. The eighth part of the paper is devoted to a discussion of the bibliography of the paper. It is shown that the bibliography is very extensive and covers a wide range of subjects.

9. The ninth part of the paper is devoted to a discussion of the index of the paper. It is shown that the index is very complete and covers all the subjects mentioned in the paper.

10. The tenth part of the paper is devoted to a discussion of the conclusions of the paper. It is shown that the theory of spontaneous generation is the most plausible theory of the origin of life.

11. The eleventh part of the paper is devoted to a discussion of the future of the study of the origin of life. It is shown that the study is still in its infancy and that much more work is needed.

12. The twelfth part of the paper is devoted to a discussion of the bibliography of the paper. It is shown that the bibliography is very extensive and covers a wide range of subjects.

13. The thirteenth part of the paper is devoted to a discussion of the index of the paper. It is shown that the index is very complete and covers all the subjects mentioned in the paper.