**[Report 1962] / Medical Officer of Health, Hastings County Borough.**




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COUNTY BOROUGH OF HASTINGS



# ANNUAL REPORT

OF THE

## Medical Officer of Health,
## Chief Welfare Officer,

AND

## Principal School Medical Officer

## 1962

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

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HEALTH DEPARTMENT,
44 WELLINGTON SQUARE,
HASTINGS.

*July*, 1963.

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 1962. The Report presents the main vital statistics for the County Borough and comments briefly on the various services run by the Council through the Health Department.

The year's statistics show that the general health of the resident population continues to be in every way satisfactory. The general Census taken in April 1961 showed in its final analysis an enumerated population of 66,478, comprised of 28,109 males and 38,369 females: this compares with the 1951 Census total of 65,522. The Registrar-General's mid-year population estimate for 1962 was 66,640. The Census breakdown into age groups by sexes is not available at the time of preparation of this report, but there is no reason to believe that the above average ratio of females to males or percentage of sixty-fives and over previously noted have varied significantly.

The death rate corrected by the Register General's comparability factor of 0.61 was 12.32 per thousand comparing with 12.28 locally in 1961 and with a national rate of 11.9 for 1962. The actual number of deaths was 1,351 (1,285 in 1961), 557 males and 749 females, 81.6% being over 65 years of age and 59.5% over 75. The main causes of death were disease of the heart and circulatory system 57.4%, cancer 16.1% and respiratory diseases (other than cancer or tuberculosis) 12.5%. Figures are given for deaths certified as being due to lung cancer during the last thirteen years which indicate roughly a doubled mortality in that time.

The birth rate 12.7 (corrected rate 14.8, national rate 18.0) showed a small increase compared with 1961, 11.9 (corrected rate 13.9). The number of live births 851 includes 76 illegitimate births, an illegitimacy rate of 8.9, the highest since the wartime years. Stillbirths at 14, stillbirth rate 16.1 per thousand total births, were slightly up, but the rate still compares favourably with the national one of 18.1.

The infant mortality rate 17.6 (15 deaths under 1 year of age) compares badly with last year's 15.1, but is average when the past five years are considered: the national rate is 20.7 per thousand live births. The neonatal death rate was markedly reduced at 10.5 deaths under four weeks of age per thousand live births, national rate 15.1; the perinatal mortality rate (No. of stillbirths and deaths under 1 week of age per thousand total live and stillbirths) increased from 19.9 to 24.2. The maternal mortality rate (deaths of mothers due to child bearing and childbirth) was nil, no death so attributable having occurred.

The various services run by the Local Health Authority are dealt with in detail in the main body of this report. In general, they continued to provide a reasonably satisfactory service although working under unremitting pressure,

and increasing demand. The Infant Welfare Sessions are most extensively used, and numbers attending at certain Clinics are so large that ways must be found of evening out the load; the introduction of routine "birthday examinations" of toddlers on lines similar to those of the school childrens' periodic inspections, has added to the work but is proving well worthwhile.

The Home Nursing Service provided a new high record of attendances on patients, and because more and more requests are for the care of elderly people, the average time spent on each attendance is longer; Home Midwifery on the other hand was less in demand, only 15% of Hastings births taking place at home.

The Home Help service provided assistance to more cases in 1962 than previously, and the number of hours of service given rose by over 20% on the previous year, this in spite of severe rationing of help. The Ambulance Service had to deal with nearly 15% more cases than in 1961, and in spite of an increase in establishment of a vehicle and three men, pressure remains so severe that it is always a possibility that the Service may break down. That the load is shouldered so nobly is a tribute to the staffs' loyalty both to the Ambulance Service and to their parent body the St. John Ambulance Brigade. I have felt it both desirable and necessary to point out in the report the bad conditions under which these men work, and the absolute need for an urgent reconsideration for the provision of a new Ambulance Headquarters.

The welfare service is expanding fast, and will inevitably continue to do so in view of the large numbers of old people in the town; the Registrar-General's projection estimates that there will probably be a rise in the number of 65s and over from 14,400 in 1960 to 18,500 by 1975, a 28% increase. This projection underlines the need for a definite plan of extension of existing services, particularly in the provision of further beds in residential accommodation suited to the very special needs of many of the old people who need care and attention through physical or mental disability, and in the ancillary domiciliary services, particularly home helps and health visitors.

The closing days of 1962 and the first two months of 1963 brought on us the worse winter weather we have experienced for many a long year. The "deep-freeze" conditions made the work of the field workers, already hard pressed, much more difficult and it is a matter of sincere congratulation to the people concerned that the Ambulance, Home Help, Home Nursing and Health Visiting Services, in particular, contrived not only to keep going to meet the normal demands on them, but at the same time to do numerous extra acts of help of all kinds to people in dire need. This severe weather undoubtedly brought a great deal of hardship and suffering to many of the old and physically handicapped people in the town; deprived of an internal water supply and in consequence of adequate sanitation facilities; sometimes unable to get out for water or food supplies, lacking heating devices adequate to cope with the abnormal cold or the necessary fuel to use in such devices as were available, it was not surprising that there were a number of deaths among them attributable directly or indirectly, to hypothermia, excessively low body temperature. Things would undoubtedly have been much worse had it not been for the Good Samaritan action of neighbours, voluntary association workers and the Council staff. The Old Peoples' Committee, embodying officers from all the organisations concerned with the care of old people, is to "analyse" the deep-freeze episode in order to ascertain the most efficient way of utilizing the available resources in a coherent plan should such a situation recur.

Considerably more work is being done to help the younger physically disabled people in order to make them more independent in day to day living, and as with most welfare problems the more that is done, the wider is the field of useful opportunities which opens up. £15 or £20 spent in ramps, widening doorways, chainpulls and handrails and other gagetry may make a wealth of difference to someone who is chairbound but otherwise active.

By far the most interesting and important statements of Governmental policy in the Health and Welfare Services during the year, were the publication of the Command Paper 1604 "A Hospital Plan for England and Wales", which set out the long term plan for the development of the Hospitals over the next decade, and Circular 2/62 "Development of Local Authority Health and Welfare Services", which called for a Ten Year Plan of their development. Much has been said and written in the pase decade of the importance of adequate community health and welfare services, and the Mental Health Act of 1959 placed a considerable onus on Local Health Authorities to play their part in the new look reorientation of care and treatment of mental illness in the community and away from the hospital. The hospital plan reaffirms this attitude with the plain statement that "care at home and in the community rather than in hospital, should always be the aim except where there is a need for diagnosis, treatment, and care of a type which only a hospital can provide", and applies this "Whether an illness or disability is physical or mental". The plan is based on the expectation that Local Health Authorities will provide the necessary expanded services to dovetail with the changed hospital set up, and it is underlined in Circular 2/62 that the two Plans, Hospital and Local Authority, are complementary, and further, that in the assessment of the Hospital provision, a continued expansion of the community services has been assumed.

I have therefore thought it appropriate to include as Appendix A to this Annual Report, certain relevant excerpts from Ministry of Health circulars and memoranda associated with them which emphasise the imperative need for action, in that they expound the official policy, underline the dependence of the two services on each other and illustrate how both hospitals and general practitioners have been made aware of the important part the health and welfare community services have to play.

As Appendix B I have reproduced the Report made to, and accepted in principle, by the Council, which reviews the community services and shows the minimum needs for development over the next ten years. The resultant plan has to be reviewed annually for the Ministry.

I have dealt in some detail with this subject as I believe that the rapid expansion of these services is imperative: there are many difficulties, not the least being finance, but I respectfully submit that the money must be made available if the Local Authority is to fulfil its obligations and play its proper and full part in the scheme of things.

I am glad to report that no case of diphtheria occurred for the thirteenth consecutive year, and that there has been no case of poliomyelitis diagnosed in the Borough since 1958. The strenuous efforts made to sustain the immunisation programme have certainly paid handsome dividends: plentiful supplies of Sabin type poliomyelitis vaccine have been available since early in the year, and the sugar lump technique is time and labour saving as compared with the "polio jab" injection method required by the previous Salk type vaccine, as well as being

much more acceptable to both children and their parents. Small wonder then that the oral vaccine has already almost completely ousted demand for the injection variety.

In regard to smallpox vaccination, it has been felt desirable to make some comment in this report. In these days of rapid intercontinental air travel, there is always the chance of a smallpox importation and we must face this as a fact. Control of an epidemic is best achieved by the "ring" technique, that is the vaccination and strict surveillance of all known and likely contacts, and not by mass public vaccination. Panic demand for mass vaccination is unnecessary, it diverts supplies of vaccine from the area where it is most needed, the epidemic area, and makes excessive demands on a health department at a time when it can least afford to stand the added strain. The public must recognise sooner or later that the time to consider smallpox vaccination is in the quiet periods when there is no smallpox rather than in the "panic periods".

The "thalidomide babies" episode thoroughly shocked the nation during the year. The one good effect of this tragedy is that it stimulated thought on our present knowledge of congenital abnormalities and its deficiencies as well as highlighting the need for much more stringent testing of new drugs before their release for general use. Further, it has been known for a long time that many congenital defects, particularly in relation to hearing and sight, tend to occur more frequently than normal where certain antenatal illnesses or incidents occur or where their is a familial history. In consequence attention is being given to collection of more detailed information on congenital abnormalities and to the compilation of a register of "at risk" children, who can be followed up much more frequently and regularly than the mass of normal children. It is proposed to start an "at risk" register during 1963.

As regards environmental hygiene, comment was made last year on the increasing number of misleading labelling cases over the past few years. As a result of the vigilance of public health inspectorates nationally in bringing such bad practices to the notice of manufacturers, it is pleasing to note that this year there have been fewer cases of misrepresentation, overstatement and omission on descriptive wrappers.

The report contains some instructive comments from the Chief Public Health Inspector on the problems arising from prepacking and frozen food cabinet storage, most of the faults arising through carelessness or ignorance in the operation and maintenance of this type of apparatus. The report on ice cream, showing how unsatisfactory samples of locally manufactured product were investigated and the faults put right, underlines the need for constant vigilance in food hygiene matters, and this cannot be given adequately with present staffing conditions. It is indeed disturbing to note the increase in 1962 and the first half of 1963 in the number of complaints regarding affected foodstuffs. These fall mainly into two categories, faults in manufacture, i.e. cigarette ends in bread loaves, nails in cakes etc., and carelessness by retailers in failing to secure a steady turnover system, i.e. mouldy sausage rolls, pies etc. There is no valid excuse for this sort of failure in this day and age: if educational methods fail, recourse must be had to more severe warning and prosecution methods. The solution of this problem lies largely in the hands of the consumer, and it is a matter for congratulation that more and more of these offending samples are being brought into the Health Department by members of the public at the earliest possible moment after discovery of the defect.

With these comments, Mr. Mayor, I submit to you my Annual Report for 1962. My sincere thanks are due to you, Sir, and to the Aldermen and Members of your Council, to the Chairman and members of the Committees concerned for all the continuing help and interest given to health and welfare matters. I also thank my brother Chief Officers and their staffs for the willing co-operation and help always extended, my professional colleagues in hospitals and general practice, and the Officers of the Hospital Management Committee and Local Executive Council: finally my own staff throughout the department for their loyalty and efficient work during the year. To all of them my most sincere thanks for making my task possible.

I have the honour to remain,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

T. H. PARKMAN,

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

## CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH AND WELFARE SERVICES AS AT 31.12.62.

*Health Services Committee*—Councillor Mrs. V. Alexander
*Public Hygiene Committee*—Councillor G. H. Tanner, B.E.M.
*Housing Committee*—Councillor L. E. J. Haines
*Children Committee*—Councillor Mrs. D. I. Gilbert
*Education Committee*—Councillor R. H. Bryant

## STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1962.

*(Including Welfare and School Health Service)*

| Office Held | Name of Officer |
|---|---|
| Medical Officer of Health .. .. Principal School Medical Officer; Chief Welfare Officer | T. H. Parkman, M.B., B.S., D.P.H. |
| Deputy Medical Officer of Health; School Medical Officer .. | G. M. Gorrie, M.B., Ch.B., D.P.H. |
| Assistant Medical Officer; School Medical Officer .. .. | I. M. FitzGerald, M.B., B.Ch. |
| Medical Officers (Part-time) .. .. | M. F. Beattie, M.B., B.A.O., B.Ch., D.P.H. |
| Infant Welfare Centres .. .. .. | C. M. Carr, M.B., B.Ch.<br>M. J. Cutler, M.B., B.S., Lond., M.R.C.S., Eng., L.R.C.P. Lond., D.C.H.<br>E. Franks, L.R.C.P. & S. Edin., L.R.F.P.S. Glas.<br>T. S. Goodwin, M.D. |
| Principal School Dental Officer .. .. | Miss E. M. Young, L.D.S., R.C.S. |
| School Dental Officers .. .. .. (Part-time) | Mrs. P. LeCouteur, B.D.S., L.D.S.<br>L. B. Osborne, L.D.S., R.C.S., F.D.S., C.B. |
| Chief Public Health Inspector .. .. | W. G. McDonald (*a*) (*b*) (*i*) (*l*) (*m*) |
| Deputy Chief Public Health Inspector .. | E. Jackson (*a*) (*b*) |
| Public Health Inspectors .. .. | D. Funnell (*k*)<br>K. J. Hadler (*a*) (*b*) (*n*)<br>B. J. Naylor (*a*) (*b*)<br>E. H. Shingler (*a*) (*b*)<br>G. F. Smart (*a*) (*b*) |
| Pupil Public Health Inspector .. .. | A. Tanner |
| Superintendent Health Visitor/School Nurse | Miss N. B. Batley (*c*) (*f*) (*h*) (*i*) |
| Deputy Superintendent Health Visitor/ School Nurse .. | Mrs. M. Masters (*c*) (*d*) (*f*) |
| Health Visitor/School Nurses .. .. | Miss A. B. Appleton (*c*) (*d*) (*e*) (*f*)<br>Miss M. N. Chattell (*c*) (*d*) (*f*)<br>Miss V. J. Fletcher (*c*) (*d*) (*f*)<br>Miss M. H. Flint (*c*) (*d*) (*f*)<br>Miss E. M. Giles (*c*) (*d*) (*f*)<br>Miss G. W. Hodgson (*c*) (*d*) (*e*) (*f*)<br>Miss V. M. McDougall (*c*) (*d*) (*f*)<br>Miss M. I. Munford (*c*) (*d*) (*f*)<br>Mrs. B. Price (*c*) (*d*) (*e*) (*f*)<br>1 *vacancy* |
| School Clinic Nurse .. .. .. | Mrs. S. George(*c*) (Temporary)<br>Mrs. B. A. Davies (*c*) (*d*) (Seconded for Health Visitor Training) |

## STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1962

*(Continued)*

| Office Held | Name of Officer |
|---|---|
| Superintendent Home Nursing and Midwifery Service .. .. | Miss D. Norman (*c*) (*d*) (*f*) (*j*) |
| Deputy Superintendent, Home Nursing and Midwifery Service .. | Miss F. Pitcher (*c*) (*d*) (*j*) |
| Mental Welfare Officer/Welfare Officers .. | H. R. H. Ashley<br>Mrs. M. Hunter<br>J. N. Tibballs |
| Occupational Therapist/Home Teacher .. | Mrs. G. M. Lewendon |
| Home Teachers for the Blind .. .. | Mrs. M. Collins<br>Miss S. C. Hammond<br>E. C. Harris |
| Speech Therapist .. .. .. | Miss A. Ward, L.C.S.T. |
| Home Help Organiser .. .. .. | Mrs. R. W. Wallace |
| Warden, Old Persons' Homes .. .. | R. G. Thompson |
| Almoner, Moreton and New Moreton .. | Miss K. Greenwood |
| Matron, Moreton .. .. .. | Mrs. D. Burton |
| Matron, New Moreton .. .. .. | Mrs. D. L. Harrison (*c*) |
| Matron, Pine Hill .. .. .. | Mrs. M. Tollady |
| Clerk/Storekeepers .. .. .. | Mrs. G. J. Spencer<br>Mrs. A. S. Rule |
| Chiropodist (Part-time) .. .. .. | C. R. M. Gallini |
| Psychiatrist .. .. .. .. | H. V. W. Elwell, M.A., M.R.C.S., L.R.C.P., D.P.M. |
| Educational Psychologist .. .. | Miss M. S. Logg, B.A., Dip. Psych. |
| Social Worker .. .. .. .. | Miss S. D. Lea |
| Clinic Secretary .. .. .. | Miss C. M. Lister |
| Chief Clerk .. .. .. .. | R. Freeman |
| Deputy Chief Clerk .. .. .. | I. L. Shaw |
| Senior Clerks .. .. .. .. | B. S. E. Ashton<br>Mrs. G. M. Waghorn |
| Clerks .. .. .. .. | Mrs. P. Capon<br>Miss J. Kent<br>Miss F. A. Urry |
| Shorthand/Typists .. .. .. | Miss M. Leach<br>Mrs. J. Smith |
| School Clinic Clerks .. .. .. | Mrs. M. Corke<br>Miss M. Hall |
| Dental Surgery Assistants .. .. | Miss S. Cruttenden<br>Mrs. R. De Maio |

(*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 Tutor's Certificate.
(*i*) Member of the Royal Society of Health (M.R.S.H.).
(*j*) Queen's Nurse.
(*k*) Certificate of the Public Health Inspectors Examination Board.
(*l*) Diploma in Sanitary Science.
(*m*) Associate Membership Examination of Institution of Public Health Engineers.
(*n*) Smoke Inspector's Certificate.

## SECTION I
## GENERAL AND VITAL STATISTICS

(a) **Summary:**

| | | | |
|---|---|---|---|
| Area of Borough | | | 7,770 acres |
| Population—Census 1961 | | | 66,478 |
| ,, Registrar-General's estimate of resident population for the purpose of Vital Statistics mid-1962 | | | 66,640 |
| Number of inhabited houses, as at 1.4.62 | | | 23,410 |
| Rateable Value | | | £1,138,911 |
| Product of 1d. rate | | | £4,675 |
| Live Births, 1962, Legitimate | 775 | | |
| Illegitimate | 76 | Total | 851 |
| Live Birth rate per 1,000 population | | | |
| (a) Crude | | | 12.7 |
| *(b) corrected | | | 14.8 |
| *factor or correction | | | 1.17 |
| Still Births | | | 14 |
| Still Births rate per 1,000 total live and still births | | | 16.1 |
| Total Live and Still Births | | | 865 |
| Infant Deaths (deaths under one year) | | | 15 |
| Infant Mortality Rates: | | | |
| Total Infant Deaths per 1,000 total live births | | | 17.6 |
| Legitimate ,, ,, ,, legitimate live births | | | 16.7 |
| Illegitimate ,, ,, ,, illegitimate ,, ,, | | | 26.3 |
| Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) | | | 10.5 |
| Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births) | | | 8.2 |
| Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births) | | | 24.2 |
| Maternal Mortality (including abortion): | | | |
| Number of deaths | | | Nil |
| Rate per 1000 total live and still births | | | Nil |
| Illegitimate live births per cent of total live births | | | 8.9 |
| Deaths 1962 | | | 1,351 |
| Death rate per 1,000 population: | | | |
| (a) crude | | | 20.2 |
| *(b) corrected | | | 12.32 |
| *factor of correction | | | 0.61 |
| Death rate (tuberculosis) per 1,000 population | | | 0.10 |
| Death rate (cancer) per 1,000 population | | | 3.2 |
| Total hours sunshine 1962 | | | 1,720.7 |
| Total inches rainfall 1962 | | | 26.8 |

(b) **Vital Statistics:**

| | |
|---|---|
| **Population:** Census 1961 | 66,478 |
| Estimated midyear population 1962 | 66,640 |
| Estimated midyear population 1961 | 66,180 |

The Registrar-General's estimate of the mid-year population at 66,640 shows an increase of 460 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:—

| | | | | | |
|---|---|---|---|---|---|
| 1949 | .. | 65,000 | 1956 | .. | 64,550 |
| 1950 | .. | 65,690 | 1957 | .. | 64,600 |
| 1951 | .. | 65,090 | 1958 | .. | 64,220 |
| 1952 | .. | 64,800 | 1959 | .. | 63,900 |
| 1953 | .. | 64,510 | 1960 | .. | 65,130 |
| 1954 | .. | 64,800 | 1961 | .. | 66,180 |
| 1955 | .. | 64,770 | 1962 | .. | 66,640 |

The Registrar's most recent estimate of the number of residents aged 65 and over is 14,400, 21.6% of the local population, which is one of the highest old-age ratios in the country. There is still a predominance of females over males in this age range compared with the average national population make-up.

**Birth Rate:** Total number of live births registered in Hastings (excluding county cases) for 1962 was 851, comprising 426 males and 425 females, giving a birth rate of 12.7 per 1,000 estimated midyear population. Of the total live births, 76, 35 males and 41 females, were illegitimate, a percentage of 8.2. Comparative figures for the past 25 years are given in Table I.

**Death Rate:** Total number of deaths registered in 1962 occurring among the resident population of the borough was 1,351, 557 being males, 794 females. Not included were 471 deaths transferred to other districts (i.e persons not normally resident in the town): included were 85 deaths of Hastings residents occurring elsewhere. There were 53 Coroner's inquests. 174 deaths were certified by the Coroner without inquests.

The crude death rate per 1,000 population was therefore 20.2, which corrected for the peculiar age and sex constitution of the population by the Registrar-General's factor of 0.61 gives a corrected death rate of 12.32 per 1,000, which figure can be compared with the national rates.

See also Tables II and III.

**Age at Death:** Of the 1,351 deaths of residents in 1962, 15 occurred in infants under 1 year of age and 2 from 1—5 years. 1,103 (81.6% of the total deaths) were of residents over 65 years, 804 (59.5% of all deaths) being over 75 years of age.

Further details are given in Table IV.

**Main Causes of Death:**

| | | | |
|---|---|---|---|
| (a) | Disease of heart and circulatory system | 775 | 57.4% of total |
| (b) | Cancer .. .. .. | 218 | 16.1% ,, |
| (c) | Respiratory diseases (other than tuberculosis and cancer) .. | 170 | 12.5% ,, |
| (d) | death by violence .. .. | 38 | 2.0% ,, |

Deaths from heart and circulatory system diseases and from cancer are responsible for 73.5% of all deaths.

Deaths from lung cancer:—

| 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | 23 | 26 | 29 | 20 | 37 | 40 | 41 | 36 | 48 | 42 | 35 | 55 |

For complete analysis see Table IV.

**Infant Mortality:** The Infant Mortality rate in 1962 with 15 infant deaths in 851 live births was 17.6 per 1,000 births compared with a national rate for England and Wales of 20.7. 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 1962 was 14, an increase of 4 on the previous year's total.

The Infant (legitimate) Mortality rate with 13 deaths in 775 legitimate births was 16.7 per 1,000: the rate for illegitimate children under 1 year was 26.3 per 1,000, there being 2 deaths of such children in 76 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.

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 0.35.

**Puerperal Pyrexia Regulations, 1939-51:** The total number of cases of puerperal pyrexia notified in 1962 was 19, with no deaths. The majority of the cases notificed 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 Live Births. | | | | Legitimate. | Illegitimate. | | |
| | | M | F | Total. | Birth rate per 1,000 population. | Total. | Total. | % of all Births. | Total. |
| 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 |
| 1959 | 63,900 | 390 | 377 | 767 | 12·0 | 722 | 45 | 5·8 | 22 |
| 1960 | 65,130 | 407 | 381 | 788 | 12.1 | 724 | 64 | 8.1 | 17 |
| 1961 | 66,180 | 425 | 366 | 791 | 11·9 | 731 | 60 | 7·6 | 10 |
| 1962 | 66,640 | 426 | 425 | 851 | 12·7 | 775 | 76 | 8·9 | 14 |

## Comparative Table II.

DEATHS AT ALL AGES AND INFANT MORTALITY

| Year. | Est. Mid-Year population. | Total Deaths registered in Hastings. | Transferable Deaths * | | NET HASTINGS DEATHS | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | All Ages. | | | Under 1 yr. | |
| | | | In | Out | Total. | Crude Rate. | Corrected Rate † | Total. | Rate per 1,000 Births. |
| 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 |
| 1959 | 63,900 | 1,594 | 55 | 389 | 1,260 | 19·7 | 12·41 | 15 | 19·5 |
| 1960 | 65,130 | 1,592 | 54 | 406 | 1,240 | 19·0 | 11·97 | 21 | 26·6 |
| 1961 | 66,180 | 1,706 | 62 | 483 | 1,285 | 19·5 | 12·28 | 12 | 15·1 |
| 1962 | 66,640 | 1,737 | 85 | 471 | 1,351 | 20·2 | 12·32 | 15 | 17·6 |

†Factor for correction ("Comparability factor") 1962 — 0·61

* "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 1962.

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 ... ... | 18·0 | 18·1 | 20·7 | 15·1 | 0·35 | 11·9 | 0·066 | 2·177 |
| **Hastings** ... ... ... | 14·8 + | 16·1 | 17·6 | 10·5 | — | 12·32 ★ | 0·10 | 3·2 |

\+ Factor of correction 1·17

★ Factor of correction 0·61

## Table IV. Causes of, and Ages at, Death During Year, 1962.

| CAUSES OF DEATH. | Net Deaths at the subjoined ages of Residents, whether occurring within or without the District | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | MALES. | | | | | | | | | FEMALES. | | | | | | | | | TOTAL DEATHS. | | | | | | | | |
| | 0 to 1 year. | 1 to 5 yrs. | 5-15 yrs. | 15-25 yrs. | 25-45 yrs. | 45-65 yrs. | 65-75 yrs. | 75+ yrs. | To-tal. | 0 to 1 year. | 1 to 5 yrs. | 5-15 yrs. | 15-25 yrs. | 25-45 yrs. | 45-65 yrs. | 65-75 yrs. | 75+ yrs. | To-tal. | 0 to 1 year. | 1 to 5 yrs. | 5-15 yrs. | 15-25 yrs. | 25-45 yrs. | 45-65 yrs. | 65-75 yrs. | 75+ yrs. | All ages. |
| All Causes { Certified | 8 | 2 | 1 | 7 | 8 | 111 | 152 | 268 | 557 | 7 | — | 2 | 1 | 22 | 79 | 147 | 536 | 794 | 15 | 2 | 3 | 8 | 30 | 190 | 299 | 804 | 1351 |
| All Causes { Uncertified | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | .. | ... | ... | ... | ... | ... | ... |
| Tuberculosis, respiratory | ... | ... | ... | ... | ... | 3 | ... | 2 | 5 | ... | ... | ... | ... | ... | ... | 1 | ... | 1 | ... | ... | ... | ... | ... | 3 | 1 | 2 | 6 |
| Tuberculosis, other | ... | ... | 1 | ... | ... | ... | ... | .. | 1 | ... | ... | ... | ... | 1 | ... | ... | ... | 1 | ... | ... | 1 | ... | 1 | ... | ... | ... | 2 |
| Syphilitic disease | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Diphtheria | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Whooping Cough | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Meningococcal infections | ... | 1 | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | 1 |
| Acute poliomyelitis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Measles | ... | .. | ... | .. | ... | ... | ... | . | ... | .. | ... | .. | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Other infective and parasitic diseases | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | 1 |
| Malignant neoplasm, stomach | ... | ... | .. | ... | ... | 2 | 2 | 3 | 7 | ... | ... | ... | ... | ... | ... | 3 | 3 | 6 | ... | ... | .. | ... | ... | 2 | 5 | 6 | 13 |
| " " lung, bronchus | ... | ... | ... | ... | ... | 19 | 20 | 7 | 46 | ... | ... | ... | ... | 1 | 3 | 2 | 3 | 9 | ... | ... | ... | ... | 1 | 22 | 22 | 10 | 55 |
| " " breast | .. | ... | .. | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2 | 9 | 8 | 7 | 26 | ... | .. | ... | ... | 2 | 9 | 8 | 7 | 26 |
| " " uterus | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | | 1 | 2 | 6 | 1 | 10 | ... | ... | ... | ... | 1 | 2 | 6 | 1 | 10 |
| Other malignant and lymphatic neoplasms | ... | 1 | ... | .. | 4 | 12 | 14 | 23 | 54 | ... | ... | 1 | 1 | 5 | 20 | 17 | 16 | 60 | ... | 1 | 1 | 1 | 9 | 32 | 31 | 39 | 114 |
| Leukæmia, aleukæmia | ... | ... | ... | ... | 1 | ... | ... | ... | 1 | ... | ... | ... | ... | 1 | 2 | ... | 1 | 4 | ... | ... | ... | ... | 2 | 2 | ... | 1 | 5 |
| Diabetes | ... | ... | ... | ... | ... | ... | 2 | 2 | 4 | .. | ... | ... | ... | ... | 1 | ... | ... | 1 | ... | ... | ... | ... | ... | 1 | 2 | 2 | 5 |
| Vascular lesions of nervous system | ... | ... | . | ... | ... | 10 | 20 | 47 | 77 | ... | ... | ... | ... | ... | 10 | 31 | 137 | 178 | ... | ... | ... | ... | ... | 20 | 51 | 184 | 255 |
| Coronary disease, angina | ... | ... | ... | ... | ... | 26 | 39 | 48 | 113 | ... | ... | ... | ... | 1 | 9 | 23 | 64 | 97 | ... | | ... | ... | 1 | 35 | 62 | 112 | 210 |
| Hypertension with heart disease | ... | ... | ... | ... | ... | 2 | 5 | 5 | 12 | ... | ... | . | ... | ... | ... | 5 | 10 | 15 | ... | ... | ... | ... | ... | 2 | 10 | 15 | 27 |
| Other heart disease | ... | .. | ... | ... | ... | 5 | 9 | 41 | 55 | ... | ... | ... | ... | 1 | 7 | 22 | 131 | 161 | ... | ... | ... | ... | 1 | 12 | 31 | 172 | 216 |
| Other circulatory disease | ... | ... | ... | ... | ... | 5 | 6 | 17 | 28 | ... | ... | ... | ... | 1 | 3 | 7 | 28 | 39 | ... | ... | ... | ... | 1 | 8 | 13 | 45 | 67 |
| Influenza | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | 1 | 2 | ... | ... | ... | ... | ... | 1 | ... | 1 | 2 |
| Pneumonia | 2 | ... | ... | ... | . | 8 | 9 | 22 | 41 | 1 | ... | ... | ... | 1 | 1 | 5 | 56 | 64 | 3 | ... | ... | ... | 1 | 9 | 14 | 78 | 105 |
| Bronchitis | ... | ... | ... | ... | 1 | 10 | 11 | 15 | 37 | ... | ... | ... | ... | ... | ... | 3 | 17 | 20 | ... | ... | ... | ... | 1 | 10 | 14 | 32 | 57 |
| Other diseases of respiratory system | 1 | ... | ... | ... | ... | ... | ... | 1 | 2 | ... | ... | ... | ... | ... | 2 | 1 | 1 | 4 | 1 | ... | ... | ... | ... | 2 | 1 | 2 | 6 |
| Ulcer of stomach and duodenum | ... | ... | ... | ... | ... | 2 | 2 | 3 | 7 | ... | ... | ... | ... | ... | 2 | 1 | 2 | 5 | ... | ... | ... | ... | ... | 4 | 3 | 5 | 12 |
| Gastritis, enteritis and diarrhœa | ... | ... | ... | ... | ... | ... | ... | 2 | 2 | ... | ... | ... | ... | ... | ... | 1 | 2 | 3 | ... | ... | ... | ... | ... | ... | 1 | 4 | 5 |
| Nephritis and nephrosis | ... | ... | ... | .. | ... | 1 | ... | 1 | 2 | ... | ... | ... | ... | ... | 1 | 1 | 2 | 4 | ... | ... | ... | ... | ... | 2 | 1 | 3 | 6 |
| Hyperplasia of prostate | ... | ... | ... | ... | ... | ... | 1 | 6 | 7 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | 6 | 7 |
| Pregnancy, childbirth, abortion | .. | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | .. |
| Congenital malformations | 2 | ... | ... | ... | ... | 2 | ... | ... | 4 | 1 | .. | 1 | ... | ... | ... | 1 | ... | 3 | 3 | ... | 1 | ... | ... | 2 | 1 | ... | 7 |
| Other defined and ill-defined diseases | 3 | | ... | 1 | ... | 2 | 9 | 18 | 33 | 5 | ... | ... | ... | 3 | 4 | 7 | 34 | 53 | 8 | ... | ... | 1 | 3 | 6 | 16 | 52 | 86 |
| Motor vehicle accidents | ... | ... | ... | 4 | 2 | 1 | 1 | ... | 8 | ... | ... | ... | ... | ... | 1 | 1 | 2 | 4 | ... | ... | ... | 4 | 2 | 2 | 2 | 2 | 12 |
| All other accidents | ... | ... | .. | 1 | ... | 1 | 2 | 2 | 6 | ... | .. | ... | ... | 2 | ... | 1 | 17 | 20 | ... | ... | ... | 1 | 2 | 1 | 3 | 19 | 26 |
| Suicide | ... | ... | ... | 1 | ... | ... | ... | 2 | 3 | ... | ... | ... | ... | 2 | 1 | ... | 1 | 4 | ... | ... | ... | 1 | 2 | 1 | ... | 3 | 7 |
| Homicide and operations of war | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | .. | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Totals | 8 | 2 | 1 | 7 | 8 | 111 | 152 | 268 | 557 | 7 | — | 2 | 1 | 22 | 79 | 147 | 536 | 794 | 15 | 2 | 3 | 8 | 30 | 190 | 299 | 804 | 1351 |

1962. Net Deaths from Stated Causes at various ages under 1 year of age.

| CAUSES OF DEATHS. | 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. | Total under 1 Year. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| All Causes { Certified | 5 | 1 | ... | 1 | ... | ... | ... | ... | 1 | 1 | 9 | 4 | ... | ... | 1 | 1 | ... | ... | ... | ... | ... | ... | 15 |
| All Causes { Uncertified | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Small Pox | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Chicken Pox | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Measles | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Scarlet Fever | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Diphtheria and Croup | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Whooping Cough | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Diarrhœa | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Enteritis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Tuberculous Meningitis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Abdominal Tuberculosis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Other Tuberculous diseases | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Congenital Malformation | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | 1 | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3 |
| Premature Birth | ... | 1 | 1 | ... | ... | ... | ... | ... | ... | ... | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2 |
| Atrophy, Debility and Marasmus | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Atelectasis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Injury at birth | ... | 2 | ... | ... | 1 | ... | ... | ... | ... | ... | 3 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3 |
| Erysipelas | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Syphilis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Rickets | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Meningitis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Convulsions | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Gastritis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Laryngitis | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | 1 | ... | ... | 1 | ... | ... | ... | ... | ... | ... | ... | 3 |
| Bronchitis | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Pneumonia (all forms) | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Suffocation (overlying) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Other causes | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | ... | ... | ... | 1 | ... | ... | ... | ... | ... | ... | 3 |
| Totals | 5 | 1 | ... | 1 | ... | ... | ... | ... | 1 | 1 | 9 | 4 | ... | ... | 1 | 1 | ... | ... | ... | ... | ... | ... | 15 |

Net Births in the Year: legitimate 775, illegitimate 76

Net Deaths in the Year: legitimate 13, illegitimate 2

Neonatal Deaths (under 1 month) 9

Infant Deaths ( „ 1 year) 15

Rate per 1000 live births 10·5

„ „ „ 17·6

**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. | |
| 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 | ... | ... | ... | . | ... | ... |
| 1959 | 789 | ... | ... | ... | ... | ... | ... |
| 1960 | 784 | ... | ... | ... | ... | ... | ... |
| 1961 | 801 | ... | ... | 1 | 1·26 | 1 | 1·26 |
| 1962 | 865 | ... | ... | ... | ... | ... | ... |

## SECTION II

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

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### 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 6 centres scattered throughout the borough as follows:

| | |
|---|---|
| Arthur Blackman Clinic, Battle Road, St. Leonards-on-Sea .. .. | Mondays and Thursdays, 2 p.m. |
| London Road Congregational Church Hall, St. Leonards-on-Sea .. .. .. | Mondays, 2 p.m. |
| St. Ethelburga's Church Hall, St. Saviour's Road, St. Leonards-on-Sea | Thursdays, 2 p.m. |
| Ore Clinic, Old London Road, Hastings .. | Tuesdays and Fridays, 2 p.m. |
| Holy Trinity Parish Hall, Braybrooke Terrace, Hastings .. .. .. | Tuesdays, 2 p.m. |
| Wesley Church Rooms, Bourne Road, Hastings .. .. .. .. | Fridays, 2 p.m. |

The Council's two main purpose-built clinics, Ore and Arthur Blackman, provide excellent facilities for both staff and mothers alike, and although rather crowded at peak periods of infant welfare sessions, are most popular. The remainder of the centres are held in Church rooms rented by the session, and although accommodation standards are comparatively poor and colourless in most cases, it is surprising to note how large the attendances are in every case: coverage of the town by the present situation of the centres would seem adequate and justified by the use made of them by mothers and children. Individual clinic figures are given in the appended table, from which it is also gratifying to note the high proportion of infants who are brought to the centres, considering an annual birth number averaging around 800.

No changes of centre were made during the year: it was however necessary to alter the second session at Ore Clinic from Thursday to Friday afternoons. A scheme of toddlers "birthday" examinations was initiated in May 1962,

whereby parents of children approaching their first to fifth birthdays, receive a letter pointing out the value of periodic routine physical examinations, and inviting attendance at their usual welfare centre for this purpose or to the special toddlers' clinic at Ore on Wednesday mornings. After a slow beginning the scheme seems to have taken on satisfactorily and has in addition, made a small contribution towards easing the pressure on the normal Ore clinic sessions because of the large attendances there.

A small administrative change was made towards the end of the year, whereby the voluntary helpers were relieved of the ordering, stockkeeping, sale of and accounting for welfare foods in the clinics, this considerable responsibility being taken over by the department's staff.

The work of the centres is primarily preventive and educational: each session is attended by two health visitors to advise and help the mothers, and at most a doctor is also in attendance, usually a general practitioner with a special interest in infant welfare. Voluntary helpers of the Service of Help for Motherhood and Infancy give absolutely invaluable assistance with records tea making and sale of baby clothes, childminding and the many chores which go towards the successful running of a welfare clinic.

A full range of welfare foods and vitamin supplements is available on sale at each centre, a service much used and appreciated.

Health Education on a variety of suitable topics is planned and carried out by the Health Visitors.

Attendances at Centres in 1962 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. |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 1962 | 1961 | 1960-57 | Under 1 | 1—2 | 2—5 | | | |
| Ore : | | | | | | | | | | |
| (Tuesdays) ... ... ... | 138 | 129 | 105 | 90 | 2231 | 535 | 817 | 3907 | 76 | 1052 |
| (Wednesdays from 9.5.62) Toddler Clinic ... ... ... | 3 | 3 | 2 | 122 | 5 | 36 | 82 | 250 | 7 | 239 |
| (Thursdays) (discontinued 29.11.62) / (Fridays) (from 7.12.62) ... | 95 | 86 | 64 | 61 | 1586 | 503 | 614 | 2914 | 56 | 747 |
| London Road : | | | | | | | | | | |
| (Mondays) ... ... ... | 162 | 148 | 99 | 89 | 1818 | 341 | 242 | 2737 | 56 | 677 |
| St. Saviour's Road: | | | | | | | | | | |
| (Thursdays) ... ... ... | 42 | 41 | 28 | 36 | 555 | 175 | 238 | 1073 | 20 | 158 |
| Arthur Blackman : | | | | | | | | | | |
| (Mondays) ... ... ... | 72 | 69 | 69 | 113 | 1068 | 186 | 158 | 1663 | 34 | 498 |
| (Thursdays) ... ... ... | 93 | 84 | 62 | 118 | 1225 | 293 | 239 | 2021 | 39 | 563 |
| Holy Trinity : | | | | | | | | | | |
| (Tuesdays) ... ... ... | 126 | 115 | 103 | 88 | 1748 | 319 | 250 | 2623 | 51 | 690 |
| Bourne Road : | | | | | | | | | | |
| (Fridays) ... ... ... | 67 | 61 | 43 | 70 | 1096 | 385 | 326 | 1981 | 39 | 620 |
| | 798 | 736 | 575 | 787 | 11332 | 2773 | 2966 | 19169 | — | 5244 |

(b) **Ante-Natal and Post-Natal Clinics.**

In view of the high numbers (over 80%) of local mothers admitted to hospital for their confinement, ante-natal and post-natal care being given at the unit's own clinic, the Local Health Authority have not run a clinic of this type since 1961. No difficulties have been encountered, satisfactory ante-natal care being given in the case of mothers booked for domiciliary delivery by the general practitioner obstretician and domiciliary midwife concerned.

The scheme of health education and parentcraft teaching agreed with the Local Maternity Liaison Committee by which the combined resources of the hospital obstretric unit and the Authority enable all mothers to attend if they wish at either the Buchanan Hospital or in the two major clinics has steadily grown and is proving worthwhile.

(c) **Family Planning Clinic.**

As reported last year, negotiations with the Family Planning Association that they should open a clinic in Hastings were successfully concluded, and the new arrangement came into being in April 1962. The clinic is held in local authority premises at the Arthur Blackman Clinic, and has already proved itself to the extent where plans for additional sessions are under discussion.

The F.P.A. service offers advice and help to a much wider range of people than could the special clinic which the Authority had run itself for many years where advice was limited to married women to whom further pregnancy was undesirable on medical grounds: this debarred young couples from seeking advice on purely family planning grounds.

| **Contraceptive Clinic** to 4.4.62 | |
|---|---|
| New cases | 4 |
| Old cases | 10 |

| **F.P.A. Clinic** from 4.4.62 | |
|---|---|
| New patients | 133 |
| Transfers from other clinics | 65 |
| Total individuals seeking advice | 198 |
| *Advice required* | |
| Birth control | 182 |
| Premarital | 10 |
| Subfertility | 3 |
| Marital difficulties | 3 |

(d) **Dental Care of Nursing and Expectant Mothers, and Children under 5.**

The Principal Dental Officer reports as follows:—

Most of the cases examined and treated under the Maternity and Child Welfare Services are the children under school age, and they fall into two distinct groups.

The very small minority that are resistant to all attempts to alter their habits and so present the tragic picture of the toothless toddler. These however are rare and the majority of parents are anxious to do their best when it is fully explained to them that the temporary dentition has a definite use up to the age of ten or eleven.

The birthday recall system is in operation at the toddler clinics but the response is very patchy. However both at the clinics and on home visits the Health Visitors encourage the mothers to have the children examined around their third birthday, some accompanying older children to the dental clinic are seen earlier.

On the whole these seen at three years have good dentitions and well shaped arches, unfortunately by the time they are four to five years old a high proportion have developed caries between their molars. Frequently eight teeth are involved, this in spite of reasonably good diet and oral hygiene, pointing to enamel of low caries resistance.

It is in the prevention of this early caries I feel that the fluoridation of the water supply would be so advantageous. Instead of trying to do eight or more fillings around four years the temporary molars would be retained in good condition until around eight years when the question of introducing a child to conservative dentistry would be a very different proposition.

This could have a far reaching effect on the whole wellbeing of the child as he would progress naturally from infant to adult diet, masticating his food properly and in comfort. In turn this would lead to less digestive troubles and far less orthodontic treatment.

The permanent teeth having the double advantage of the fluoridated water supply and growing in a healthy mouth would be very much stronger and so more caries resistant. At a conservative estimate the time spent in the dental surgery could be halved with its attendant advantages in time and money plus a mechanically better dentition.

All mothers attending the ante-natal clinics, in hospital and otherwise, are advised to have a dental check-up, the advantages to themselves and the baby of a sound dentition being fully explained to them. The majority do attend more or less regularly a family dental surgeon and cases of gross neglect are becoming steadily fewer.

Details of treatment given at the clinics to children and mothers are given below.

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

| | Examined | Needing treatment | Treated | Made Dentally fit |
|---|---|---|---|---|
| Expectant & Nursing Mothers ... ... | 28 | 28 | 28 | 17 |
| Children under 5 years | 225 | 136 | 136 | 136 |

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

| | Scalings and gum treatment | Fillings | Silver Nitrate treatment | Crowns or Inlays | Extractions | General Anæsthetics | Dentures provided | | Radiographs |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Full Upper or Lower | Partial Upper or Lower | |
| Expectant and Nursing Mothers ... ... | 17 | 49 | — | — | 35 | 7 | 10 | 2 | 3 |
| Children under 5 years... | — | 314 | 6 | — | 193 | 57 | — | — | 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:**

Although illegitimacy has increased sharply on a national basis over the past decade, local figures as shown in Comparative Table I give no real cause for alarm. A considerable proportion of unmarried mothers continue to live at home, receive antenatal care from general practitioner or hospital clinic, and are ultimately confined in hospital.

Where it is not possible for the girl to remain at home, arrangements are made through the local worker of the Chichester Diocesan Moral Welfare Association for any necessary help to be given. The Authority undertakes responsibility for payment of the balance of fees charged for the girl to enter a home for unmarried mothers, usually six weeks before confinement and afterwards for a period of six to eight weeks, until the mother is rehabilitated and the child's future decided. Close liaison is kept between the Association's worker and the Health Department, and if the child is kept by the mother, special supervision is carried out by the health visitors.

(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. 137 packs were issued in 1962.

(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 for the Home Nurses and Midwives 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 1962**

**Premature babies born at home** 5 % survival 80.

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

**Premature babies born in Institutions** (Hospitals and Nursing Homes)

35. % survival 91.5.

| Weight at birth. | No. | Deaths. |
|---|---|---|
| 3 lbs. 4 ozs. or less ... ... | 4 | 2 |
| 3 lbs. 4 ozs.—4 lbs. 6 ozs. ... | 8 | 1 |
| 4 lbs. 6 ozs.—4 lbs. 15 ozs.... | 4 | — |
| 4 lbs. 15 ozs.— 5 lbs. 8 ozs. ... | 19 | — |

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

The Local Health Authority welfare food office at 44 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 1962 was:—

| | | |
|---|---|---|
| National Dried Milk .. .. | 8795 | (9613) tins |
| Orange juice .. .. .. | 10959 | (17542) bottles |
| Codliver Oil .. .. .. | 1189 | (2210) bottles |
| Vitamin A and D Tablets .. | 1351 | (2045) packets |

**SECTION 23**

(a) **Domiciliary Midwifery:**

The Authority provide a directly run service of midwives for the confinement of mothers who wish to have their baby at home, in conjuction with the Home Nursing Service. There are two district midwives and three district nurse midwives under the control of the Superintendent of the Nursing Service and her deputy. All midwives employed have received full training in the use of gas and air analgesia as well as trilene as required by the Central Midwives' Board.

Details of the work carried out during the year are as follows:—

| | |
|---|---|
| Ante Natal visits ... ... ... ... ... | 1,557 |
| Confinements conducted ... ... ... | 129 |
| Post natal visits (including by pupil midwives) | 2,168 |
| Gas and Air Analgesia ... ... ... ... | 17 |
| Trilene ... ... ... ... ... ... | 83 |
| Pethidine Administrations ... ... ... | 54 |

(b) **Inspection of Midwives:**

The Superintendent of the Home Nursing and Midwifery Service 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 1962 was 45, including 38 in hospital practice (Buchanan Hospital and Fernbank) and 7 in domiciliary practice: all the latter were employed in the Health Authority's Domiciliary Service.

The total domiciliary midwives on register as at 31.12.62 7

Midwives notifications:

(a) Medical aid .. .. .. .. 7
(b) Other .. .. .. .. .. 4

(c) **Place of Confinement:**

Analysis of 875 notified confinements of Hastings residents during 1962 shows that 15% of births occur at home and 85% in institutions.

| Place of Confinement | No. of Cases | Comparable Percentages | | | | |
|---|---|---|---|---|---|---|
| | | 1962 | 1961 | 1960 | 1959 | 1958 |
| 1. Home ... ... ... | 129 | 15 | 18 | 20 | 20 | 21 |
| 2. Private Maternity Nursing Home .. | — | — | — | — | — | — |
| 3. Institutional: | | | | | | |
| (*a*) Fernbank Maternity Hosp.... | 263 | 30 | 29 | 31 | 33 | 34 |
| (*b*) Buchanan Hospital | 483 | 55 | 53 | 49 | 47 | 44 |
| Total | 875 | | | | | |

**SECTION 24**

**Health Visiting:**

The establishment of Health Visitors as at 31.12.62 was as follows:—

1 Superintendent Health Visitor
11 Health Visitors/School Nurses
1 Clinic Nurse (not qualified Health Visitor)
1 Trainee Health Visitor.

The health visitors all hold joint appointments as school nurse as part of the integration of the school health service with the health service: each is in charge of a district and carries out a full range of duties, including important functions under the Mental Health Act and National Assistance Act in the care of old people. Many also attend hospital departments (paediatric, orthopaedic, diabetic, antenatal etc.) to form an effective liaison between hospital and community services. One is responsible for home care, contact tracing etc. in tuberculosis and attends certain sessions at the Chest Clinic with the Consultant Chest Physician, under whose direction this part of the work is carried out.

In 1961, the Health Committee gave approval for an experiment to be carried out by the attachment of a health visitor to a firm of general practitioners, with a view to a rapid expansion of the scheme if the trial proved mutually acceptable: the Local Medical Committee approved the principle.

It was unfortunately not possible to start this attachment during the year owing to the existing heavy pressure on the health visitors' section, but it is hoped that staff commitments will allow this trial to be started in the autumn of 1963.

Apart from direct attachment, many general practitioners are tending to make use of health visitors and other officers of the Authority increasingly, but the tempo must necessarily be set by the G.P.s themselves.

Close liaison is kept between the health visitors and other sections of the department, Welfare and Mental Health Officers, Home Help Organiser and Public Health Inspectors.

Routine tests for phenylketonuria continue to be carried out on over 95% of babies born in the town, no positive case was reported in the year.

Every fifth year each health visitor attends a refresher course, usually of two weeks, more often than not the subject matter being designed around a specific theme or recent developments affecting health visiting. In addition to the value of the set course, much useful exchange of view, experiences and ideas takes place with colleagues and as a net result, the other health visitors on the staff receive considerable stimulus when the distillate of this knowledge is discussed between them at their regular section meetings.

**Work of Health Visitors:**

| | | | |
|---|---|---|---|
| 1. | First visits under 1 year .. .. | 825 | (758) |
| 2. | Subsequent visits under 1 year .. .. | 5085 | (4679) |
| 3. | Visits 1—2 years .. .. .. | 2842 | (2767) |
| 4. | ,, 2—5 years .. .. .. | 5597 | (5683) |
| 5. | Visits to expectant mothers .. .. | 388 | (478) |
| 6. | Care and After-care—National Health Service Act | 2419 | (2420) |
| 7. | Handicapped Persons, etc.— National Assistance Act .. .. | 77 | (84) |
| 8. | All other visits .. .. .. | 57 | (136) |
| | | 17290 | (17005) |
| | Actual Households | 13922 | (12749) |
| 9. | Tuberculous Households .. .. .. | 713 | (1084) |

Mrs. M. Masters, who succeeded Miss Batley as Superintendent Health Visitor in February 1963, comments as follows:—

"The work of the Health Visitor requires to be adapted from time to time in an attempt to meet the needs of a changing social scene. It is of interest therefore to observe that with minor adjustments the Infant Welfare Clinics continue to be popular and useful, we remain grateful for the valuable help given in so many ways by the voluntary workers of the Service of Help for Motherhood and Infancy.

There has been a good response to the Birthday Letter which invites children aged two to five years to have a yearly medical examination at the clinic. In May a special session for "Toddlers" was opened at Ore Clinic.

Several evening meetings for expectant parents have been held. A colour film showing the birth of a baby followed by refreshment, discussion and questions has been well attended and found to be helpful to the couples concerned. In all parentcraft activities the Health Visitors have worked in co-operation with the District Midwives and the staff of the Buchanan Hospital.

Individual teaching on health matters which is constantly carried out during home visiting of all age groups remains an important facet of the Health Visitor's work.

There are an increasing number of requests received from various organisations for talks by the Health Visiting staff on topics of special interest to their members. In this way the Health Visitors function of health education is extended. Particular interest has been aroused in "Home Safety" following the evening meetings "Safety Begins at Home" at the Town Hall in October. Organisations in the town were invited to send representatives to these meetings.

This year a group of students from the London School of Hygiene and Tropical Medicine who were studying child health in preparation for a Diploma in Public Health visited the Arthur Blackman Clinic. In addition to the practical aspect of their visit they heard about the work done in Hastings to improve the health and welfare of mothers and children from members of the Health Department staff.

Our Clinic Nurse appointed at the beginning of the year has been seconded to the Health Visitors Training Course at Brighton. In view of the varied and increasing work of the Health Visitor amongst all members of the community, particularly the elderly, a group whose needs are still not adequately met, we welcome a step towards keeping our establishment at full strength".

It is worthy of note that 1962 was the centenary of health visiting. During that time, enormous strides have been made in preventive medicine and the more recently introduced social medicine and welfare. Much of the vast improvement in the nations' physical and mental health has been due to the unflagging efforts of the health visitor in her daily work of professional help and advice to those on her district. A good health visitor comes to know the families in her area so well that she is ideally placed not only to teach them from her experience, but to spot early deviations from the normal physically, mentally and emotionally: she is accepted by the family as friend and mentor not only in regard to the children but to all members of the group, and in consequence to this almost unique situation, she has truly become the spearhead of the health team in its total effort to improve community health.

**SECTION 25**

**Home Nursing:**

The Council provide a directly run nursing service for those people who require any form of nursing attention in their own homes. The administration, and to a point, the staffing, is conjoint with the scheme for provision of facilities for domiciliary midwifery. The whole service is affiliated to the Queen's Institute of District Nursing.

The staff as at 31.12.62 was as follows:—

Superintendent
Deputy Superintendent
2 Midwives
3 Home Nurse/Midwives
14 Home Nurses (S.R.N.) full time
2 Home Nurses (S.E.N.) full time
1 Home Nurse (S.E.N.) part time.

Six cars are provided by the Council for the nurses use, and many of the staff use their own cars, bubble cars or scooters with a lump sum car allowance, to the extent that adequate transport is available for all who are able to drive.

Several nurses have taken advantage of the car loan scheme run by the Council to purchase new cars.

**Work Undertaken:**

| | Medical | Surgical | Total |
|---|---|---|---|
| Cases on Register 1/1/1962 | 518 | 47 | 565 |
| New cases during year | 953 | 137 | 1,090 |
| Cases on Register 1/1/1963 | 503 | 51 | 554 |
| No. of nursing visits | | 61,963 | (61,388) |
| Articles loaned during the year | | 243 | (310) |

The number of attendances is shewn by the following figures:

| | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 |
|---|---|---|---|---|---|---|---|
| New cases during year... | 1,527 | 1,385 | 1,448 | 1,287 | 1,268 | 1,231 | 1,090 |
| Total attendances ... | 56,918 | 56,115 | 60,396 | 60,524 | 59,091 | 61,388 | 61,963 |

The number of new cases treated again showed a small decrease on the previous year, although the total number of attendances again increased to a new high level. This repetition of pattern is directly attributable to the increasing number of long term cases of elderly people requiring attention: the elderly and infirm need not only more visits over a longer period than do more acute medical or surgical cases, but the semi-nursing care they need tends to lengthen the time spent during each visit as well. Much of this type of work does not require the skills of a trained S.R.N., but can adequately be carried out by State Enrolled nurses or even unqualified attendants as used in Old People's Homes.

As previously noted, many of the longterm aged infirm cases also prove to be welfare problems, requiring the full use of the supporting services such as home helps, meals-on-wheels and visiting by health visitors or welfare officers, involving also other statutory bodies such as the National Assistance Board or voluntary bodies such as W.V.S. or the Old People's Welfare Committee. The policy must be to prop up these old people at home by every conceivable means as long as possible, this not only being humane and in keeping with the wishes of the vast majority of the aged, but the most economic value to the community in terms of hard cash.

The service is backed up by a good range of nursing requisites such as Dunlopillo mattresses, back rests and air rings etc., which are loaned out free or for a small charge as circumstances dictate: this can be supplemented by other equipment from the welfare section as necessary.

## 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, largely carried out at the clinics of the local authority, although practitioners are tending to do more than in the past.

### Smallpox Vaccinations, 1962:

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 | 474 | 91 | 157 | 616 | 950 | 2,288 |
| Number re-Vaccinated | --- | 5 | 64 | 873 | 3,440 | 4,382 |

In 6670 people vaccinated or re-vaccinated, no case of generalised vaccinia occurred.

The percentage of infants under 1 year vaccinated was 56.2%, under 2 years 72%.

The year was remarkable for the more than tenfold increase in the number of persons vaccinated. This unfortunately does not denote in any way a welcome change of thought on the part of the community in accepting the proven value of prophyllaxis against disease, rather it stemmed from panic or the necessity to produce a valid international vaccination certificate for overseas travel. The cause was the importation of smallpox into this country from India and Pakistan with the subsequent outbreaks at Bradford and in Wales: no case occurred in the whole county of Sussex, yet fear resulted in this highly unusual demand for vaccination.

One cannot stress too strongly to the general public that mass vaccination is no longer the modern means of control of a smallpox outbreak. The "ring" technique, whereby the local health organisation works rather like a medical C.I.D. to ferret out all possible contacts or likely contacts and then to vaccinate them and supervise them, has proved totally adequate in the past few years to control and cut short all outbreaks of a disease even as highly infectious as smallpox. If a case does occur, the whole energies of the local health organisation are needed twenty-four hours a day on this job, and panic demands for mass vaccination only succeed in thoroughly disturbing the plans for dealing with the emergency. I stress again that the time to be vaccinated is when there is no panic on.

**Diphtheria Immunisation, 1962:**

The following table gives the number of children in the Local Health Authority area on 31st December, 1962, who have completed a course of diphtheria immunisation at any time between 1st January, 1948, and 31st December, 1962.

| Age on 31.12.62 i.e., Born in year | Under 1 1962 | 1-4 1958-1961 | 5-9 1953-1957 | 10-14 1948-1952 | Under 15 TOTAL |
|---|---|---|---|---|---|
| A. Number of children whose last course (primary or booster) was completed in the period 1958-1962 | 340 | 2,677 | 1,760 | 660 | 5,437 |
| B. Number of children whose last course (primary or booster) was completed in the period 1957 or earlier ... | — | — | 940 | 2,189 | 3,129 |

The estimated percentage of children immunized against diphtheria locally is 79 under 1 year of age and 42 ages 0—14.

The following table gives the number of children who have completed a full course of Primary Immunisation, or have received a 'Booster' Injection during 1962.

| | Children born in years : | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|
| | 1962 | 1961 | 1960 | 1959 | 1958 | 1953 -57 | 1948 -52 | |
| A. Number of children who completed a full course of Primary Immunisation in the Authority's Area (including temporary residents) during 1962 | 340 | 321 | 56 | 7 | 14 | 36 | 13 | 787 |
| B. Number of children who received a secondary (Reinforcing) injection (i.e., subsequently to primary immunisation at an earlier age) during 1962 ... ... | — | 78 | 41 | 5 | 30 | 162 | 62 | 378 |

**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 1962 against whooping cough was:

| Age. | 0—4 | 5—14 | Total |
|---|---|---|---|
| No. completed immunizations ... | 701 | 57 | 758 |

**Primary Immunization:**

In December 1960, the Council agreed to extend their immunization programme to include protection against tetanus ("lock-jaw").

During 1962 therefore triple antigen, which simultaneously protects against diphtheria, whooping cough and tetanus, came into use in the authority's clinics as the standard immunizing agent for the primary protection of all children under five. In the year, 758 children completed their full course of primary immunization, 471 at our clinics and 287 by general practitioners. These figures are included in the tables for diphtheria immunization and whooping cough vaccination given above.

Booster injections to the over fives are given at present with single or double antigens as whooping cough vaccine tends to cause local reactions in the older schoolchild; in any case, the severe effects of whooping cough itself are maximal in the first four years of life and tail off quite sharply during schooldays.

**Poliomyelitis Vaccination:**

Some criticism has been expressed in previous reports because of the difficulties which arose from the time of the introduction of the Salk type (injection) polio vaccine in 1956 due to the start-stop nature of supplies, changes in types of vaccine and in frequency of doses and many other factors which caused the polio protection programme to vary madly between whirl-wind activity and juddering halts. One must however, say that all the headaches were well worth while, for the result has been not only the halting of this very distressing disease rapid post-war progress but a forced retreat to the extent that polio is now relatively an uncommon illness.

The introduction of oral vaccine (Sabin) at the beginning of 1962 has proved a godsend all round: supplies have been readily available, mothers prefer the sugar lump or spoonful of syrup technique to the "polio jabs" of the injection type, it is infinitely quicker and easier on staff requirements. It is little wonder that in the first few months of its availability, it has completely replaced the Salk type in public demand.

The numbers who received polio protection were as follows:—

| | Completed Oral Course | Oral Re-Inforcing Dose after Salk Injections | | Completed 2 Salk Injections | Completed 3 Injections Salk after 7 Months' Interval | Completed 4 Injections Salk (Ages 5-11+ years) |
|---|---|---|---|---|---|---|
| | 3 Doses | 3rd | 4th | | | |
| Clinics ... ... | 554 | 848 | 808 | 337 | 503 | 14 |
| Private Doctors | 142 | 151 | 66 | 191 | 285 | 77 |
| Hospitals ... | 44 | — | — | — | — | — |
| TOTAL ... ... | 740 | 999 | 874 | 528 | 788 | 91 |

It is estimated that the percentage of children and young persons immunised locally against poliomyelitis is 83.

**B.C.G. Vaccination:**

The routine tuberculin testing, using the Heaf Multiple Puncture method, of school children of 13 plus 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 51.

**SECTION 27**

**Ambulance Service:**

The Ambulance Service is carried out by the Hastings Corps of the St. John Ambulance Brigade as agents of the Council. As the demand from the hospitals continues to rise steeply the service operates under severe pressure, to the extent that there is much interference with staff mealtimes and they do not get an adequate break, vehicle maintenance suffers, and some delays in transporting non-urgent cases become inevitable. "Packaging" sitting car cases and the radiotelephone have helped to ease what would otherwise have become an intolerable burden, and discussions have been held with the hospitals to tighten up procedures to avoid wasted journeys as much as possible, but even so, the service cannot keep pace with the demand and is in a constant state of overwork, in spite of an increase of establishment of one vehicle and three men.

The total number of patients carried in the year rose from 32,727 in 1961 to 37,527 in 1962, a rise of nearly 15%. These figures exclude cases carried for the East Sussex County Council.

The Council's policy is to standardise the ambulance fleet on Bedford chasis, the smaller high-top sitting case vehicles being gradually replaced with Lever Lancastrian bodies, a most useful dual-purpose vehicle.

Rail facilities are used wherever possible both for sitting and stretcher cases who have to be transported over long distances.

Before detailing the statistics for the year, I must refer to the now complete inadequacy and total unsuitability of the existing ambulance Headquarters at Phoenix Hall. The control room is its only redeeming feature, and this is too small for the work it has to do: there are no facilities at all for ambulance crews

to change or relax in comfort or to prepare meals: there is no garaging under cover except for one vehicle in the cramped and inadequate workshop: all cleaning and general minor servicing of vehicles and their parking have to be carried out on a busy narrow and dangerous part of a public highway, except in so far as the cleared house site opposite now provides hardstandings for three vehicles in the open and unfenced from the public.

That the staff provide the service they do under extreme pressure under such truly bad conditions, is a tribute to their devotion to the work and to the St. John Ambulance Brigade. In my considered view, a new ambulance Headquarters should be considered as a matter of urgency and not left to wait until the widening of Castle Hill Road forces the issue.

**Cases carried during 1962:**

| 1962 | No. of vehicles at 31st December 1962 | Total No. of Journeys during the year | Total No. of patients carried during the year | Total mileage during the year |
|---|---|---|---|---|
| Ambs. (major) ... | 5 | 6,043 | 9,570 | 79,274 |
| Ambs. (minor) ... | 4 | 4,354 | 27,957 | 81,454 |
| Cars (s/c) ... | 2 | | | |
| Total ... | 11 | 10,397 | 37,527 | 160,728 |

**Work done for East Sussex County Council.**

| 1962 | AMBULANCES | | | SITTING CASE CARS | | |
|---|---|---|---|---|---|---|
| | No. of cases | Journeys | Mileage | No. of cases | Journeys | Mileage |
| January ... | 72 | 58 | 893 | 23 | 20 | 287 |
| February | 63 | 58 | 773 | 22 | 17 | 252 |
| March ... | 50 | 47 | 633 | 44 | 33 | 531 |
| April ... | 52 | 43 | 615 | 41 | 36 | 479 |
| May ... | 41 | 32 | 424 | 45 | 41 | 567 |
| June ... | 32 | 26 | 431 | 33 | 30 | 641 |
| July ... | 32 | 24 | 406 | 68 | 57 | 904 |
| August ... | 37 | 36 | 465 | 31 | 27 | 230 |
| September | 47 | 41 | 394 | 31 | 27 | 345 |
| October ... | 69 | 61 | 895 | 36 | 34 | 527 |
| November | 35 | 30 | 447 | 46 | 36 | 658 |
| December | 30 | 27 | 417 | 24 | 21 | 320 |
| | 560 | 483 | 6,793 | 444 | 379 | 5,741 |

**Staff at 31.12.62:**

1 Ambulance Officer
1 Deputy Ambulance Officer
2 Clerk/Telephonists
12 Driver/Attendants
1 Mechanic
1 Driver/Mechanic
2 Ambulance Attendants

ANALYSIS OF CASES CARRIED MONTHLY.

| 1962 | AMBULANCES | | | SITTING CASE CARS | | |
|---|---|---|---|---|---|---|
| | No. of cases | Journeys | Mileage | No. of cases | Journeys | Mileage |
| January ... | 706 | 413 | 5,341 | 2,120 | 790 | 6,026 |
| February | 608 | 354 | 4,462 | 2,099 | 283 | 5,944 |
| March ... | 746 | 472 | 6,079 | 2,312 | 316 | 6,564 |
| April ... | 639 | 443 | 5,838 | 2,307 | 256 | 5,973 |
| May ... | 658 | 468 | 6,111 | 2,657 | 329 | 7,180 |
| June ... | 686 | 469 | 6,611 | 2,184 | 295 | 5,449 |
| July ... | 880 | 505 | 6,652 | 2,376 | 296 | 6,797 |
| August ... | 784 | 509 | 6,167 | 2,495 | 322 | 6,736 |
| September | 751 | 458 | 6,265 | 2,105 | 288 | 6,130 |
| October ... | 893 | 507 | 7,096 | 2,459 | 289 | 6,670 |
| November | 804 | 468 | 5,899 | 2,463 | 293 | 6,669 |
| December | 855 | 494 | 5,960 | 1,936 | 218 | 5,595 |
| | 9,010 | 5,560 | 72,481 | 27,513 | 3,975 | 75,713 |

COMPARATIVE FIGURES ARE AS FOLLOWS:—

| Year | Cases by | | Mileage by | |
|---|---|---|---|---|
| | Amb. | Car | Amb. | Car |
| 1952 | 8,986 | 7,863 | 59,072 | 60,112 |
| 1953 | 9,782 | 8,295 | 56,672 | 59,573 |
| 1954 | 9,471 | 8,588 | 55,954 | 60,205 |
| 1955 | 9,961 | 9,136 | 58,722 | 59,712 |
| 1956 | 9,353 | 9,493 | 57,857 | 56,528 |
| 1957 | 9,511 | 9,732 | 61,157 | 51,149 |
| 1958 | 10,898 | 10,209 | 67,411 | 54,393 |
| 1959 | 12,675 | 10,773 | 72,425 | 51,595 |
| 1960 | 10,271 | 16,485 | 82,187 | 57,274 |
| 1961 | 9,051 | 23,676 | 78,001 | 71,979 |
| 1962 | 9,010 | 27,513 | 72,481 | 75,713 |

**SECTION 28**

**Prevention of Illness, Care and After-care:**

(a) **Tuberculosis:**

Measures taken in the prevention of spread of tuberculosis, e.g. Mass X-ray, contact tracing, B.C.G. vaccination, are dealt with in the sub-section on this disease in Section 5, Infectious Diseases. One health visitor attends sessions with the Consultant Chest Physician at the Chest Clinic, carries out on his instructions any necessary supervision of home treatment, traces contacts and arranges for their examination and so on. Some cases of chronic non-infective tubercle are supervised by the remaining district health visitors to spread the load.

Most necessities for the tubercular patient are available to them from various statutory bodies, in particular through the supplements granted by the National Assistance Board; the Hastings Care Committee (Chest Diseases) is occasionally able to help cases in ways outside the authority of statutory schemes.

(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.**

A Health Visitor 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) **Health Education.**

A considerable amount of time is spent on health education of the public on a wide range of subjects, both in the authorities clinics and outside. The health visitors arrange displays of materials and posters, hold group discussions, give talks, sometimes aided by film or film strip: outside the clinics, health visitors, public health inspectors and the medical staff have accepted many invitations from voluntary associations, guilds and clubs to talk on or discuss health topics.

It is particularly pleasing that an increasing number of schools are asking for single talks or a planned series from the school nurses, and it would seem that the subject matter has expanded from personal hygiene to cover now the whole field of adolescent problems produced by growing up.

A series of three special public meetings was arranged at the Town Hall during the 1962 Home Safety Training Month, to which representatives of most of the town's clubs and associations were invited. A great deal of staff time was spent in organising the series and Dr. G. Nesbitt-Wood gave his valuable time to talk about Home Accidents from the General Practitioners' viewpoint. An average attendance of 20 resulted. Small wonder with apathy on this scale that preventable home accidents kill more people each year than are killed on the roads! It did however result in several requests for follow-up talks on the same subject to individual clubs who were represented.

(f) **General.**

Many people in need of help or advice with their particular problems make contact with various members of the departments staff on their own initiative, many more are referred by general practitioners, hospital almoners and other statutory and voluntary agencies, or by other members of the health service and welfare team, for example the home help or home nurse uncovering a problem in the course of routine work in the home. In each case, the appropriate

officer, if necessary after case consultation with other staff members involved, makes the necessary investigations into the needs of the person concerned, and the ways in which they can best be met. Often these needs can be met from the services provided by the Council as part of its Health and Welfare functions, sometimes reference is made to voluntary bodies as the Central Aid Council, Old Peoples' Welfare Committee, British Red Cross, etc., or to statutory agencies as the National Assistance Board. There is close co-operation between all the bodies concerned at all levels, and in practice it is rarely necessary to convene a full case conference to achieve results.

**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.

The Service works under extreme pressure all the year round in spite of the fact that help in every case is the minimum possible: at peak periods, especially in the winter months, help has to be further reduced in order to provide at least a token amount of assistance to new cases, to the extent that some old cases suffer temporarily withdrawal of all help. When it is appreciated that in every case accepted help is really necessary, and there is no relative or friend to provide it, the hardship inevitably caused by such reduction or withdrawal can be most severe. New levels of demand occurred in 1962 and the rising trend will surely continue as the population "get older" and its numbers increase: the expected increase in the number of old people has been taken into account in devising the Ten Year Plan, and envisages almost doubling the numbers of home helps in that period. Even so, the number of helps employed in Hastings taken with the number of resident population over 65, shows one of the lowest ratios in the whole country. This service must be recognised as one of the keystones of community care.

**HOME HELP, 1962**

| | |
|---|---|
| No. of cases brought forward from 1961 ... | 243 |
| No. of applications received during 1962 ... | 337 |
| No. of new applications actually dealt with | 257 |
| Total No. of cases provided with help during 1962 ... ... ... ... ... | 500 |
| No. of cases carried forward to 1963 ... | 279 |

No. of Home Helps employed as at 31.12.62: 28 Part-time, 9 Emergency, the total equivalent of 30 full-time helpers.

The majority of part-time helpers are willing to give up to full-time service when required.

The following figures illustrate the growth of the Home Help Service in recent years:—

| Year | Total No. of Home Help hours worked |
|---|---|
| 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 |
| 1959 | 44,890 |
| 1960 | 45,700 |
| 1961 | 50,557 |
| 1962 | 61,823 |

The Home Help Organiser reports as follows:—

The year has shown a considerable increase in the number of hours worked, and Home Helps employed.

Although recent surveys made of this Service throughout the country show that Hastings has fewer Home Helps than towns of comparable size, it must be remembered that post-war building and conversion of larger houses into flatlets has only in recent years got into its stride. As more housing units have become available, so the Service has had to be increased.

Due to the small accommodation that so many of the patients occupy, it is preferable to give a frequent service of shorter hours duration, especially to the housebound, hence the reason why the Home Helps can serve so many cases.

The method of payment increases the difficulties of administration.

As the Home Help collects the money for the service (assessed cost or otherwise), the patients are under the impression that they are employing the Home Help, and should be able to decide who they are going to have and at what time.

It is very difficult to explain to patients that the cost of the service far exceeds the amount charged, nor are they interested in the numbers that have to be covered, naturally enough they are concerned only with their own problems.

As Organiser, it is now more important than ever to take care in the selection of staff. I am most fortunate in the type of woman I am able to recruit to the Service, all of whom deal with these problems to the best of their ability.

## SECTION III

## SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY UNDER THE MENTAL HEALTH ACT, 1959

### ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

(a) **Care and After-care for Mental Cases:**

The main centre for inpatient treatment of mental illness continues to be at Hellingly Hospital, some cases passing through St. Helen's Hospital en route. Outpatient facilities are provided at the Royal East Sussex Hospital. The integration of the Council's mental welfare officers with the hospital service and their role in the care of patients in the community were described in the 1960 Report: the Occupational Therapist assists in suitable cases at home and during the year paid 919 visits to 24 individual patients, both mentally disordered and generally handicapped persons.

During 1962, of the 116 new cases referred to this Department, 98 were referred by general practitioners, the National Assistance Board, Health Department Officers, Almoners, Voluntary Social Agencies and the Medical Staffs of Hellingly Hospital and the Royal East Sussex Hospital Out-Patient Psychiatric Clinic.

In addition, patients and their families are increasingly coming for help in their problems and members of the public are learning that assistance in psychiatric difficulties is available by coming to the Department to consult the Mental Health Workers or by requesting a visit from them at home.

This has caused an increase in office interviews in cases of special difficulty, but as a result, in many instances medical investigation has been sought much earlier than might otherwise have been the case.

A Mental Health Worker continues to attend the Psychiatric Out-Patient Clinic every Wednesday, the Co-ordinating Meetings at Hellingly Hospital twice monthly, and visit the hospital wards weekly.

(b) **Mental Illness:**

| | | |
|---|---|---|
| Admissions during year:—To St. Helen's Hospital (Section 29) | | 59 |
| | To Hellingly Hospital (Compulsory Admissions) . . . . | 19 |
| | | 78 |

of the 59 patients admitted to St. Helens

| | | |
|---|---|---|
| 34 | were transferred to | Hellingly |
| 2 | ,, ,, | to other Psychiatric Hospitals |
| 7 | ,, ,, | to the Geriatric Ward |
| 4 | ,, discharged | to Old Persons' Homes |
| 12 | ,, ,, | home |

During the year, a further 116 patients were referred to this Department for care and after-care.

(c) **Mental Subnormality:**

During the year 16 new cases were referred to the Local Authority from various sources

" " " 2 cases were admitted to hospital for Sub-Normals

" " " 1 case died

" " " 1 " was discharged from Order

" " " 3 " moved from district

There are now:—

| | |
|---|---|
| Under Statutory Supervision .. .. | 6 |
| " Friendly Supervision .. .. | 101 |

Of these 107 cases:—

| | |
|---|---|
| Attend the Training Centre .. .. | 32 |
| Receive visits from Home Teachers .. | 9 |
| Visited by Brighton Guardianship Society | 11 |
| Boarded out in other Local Authorities area | 3 |

**Home Visits:**

| | |
|---|---|
| To patients supervised by Hastings County Borough .. | 334 |
| Miscellaneous .. .. .. .. .. | 40 |

(d) **Psychiatric Cases:**

| | |
|---|---|
| Psychiatric cases referred during 1962 (from mental hospitals, general practitioners, psychiatric out-patient clinic and other sources) .. .. .. .. .. | 116 |

**Record of Home Visits:**

| | |
|---|---|
| Mental after-care visits .. .. .. .. .. | 357 |
| Miscellaneous visits .. .. .. .. .. | 192 |

**Guardianship:**

Guardianship continues to be by parents or relations, by the authority's mental welfare officers or arranged through the Brighton Guardianship Society, supervision being carried out by the medical and lay staff of the department in the former cases. National Assistance helps some of these cases, some are supplemented by the authority. With reclassification under the new Act, most certified cases have been de-ascertained, with friendly supervision continuing.

**Training:**

The Council's Occupation Centre in Athelstan Road covers a wide field of training and practical work, and an average of 30 subnormal and severely subnormal cases attend regularly.

The activities for older patients are limited by the size of the building and the fact that such a wide age range is catered for: this difficulty can only be overcome as outlined in the Council's proposals for the future, by making the Centre one for juniors only, with seniors attending elsewhere in a more industrialised location. The Centre is a very happy one, thanks largely to the staff, and the weekly evening "club night" is well attended.

The help and support given by the Hastings and Bexhill branch of the Society for Mentally Handicapped Children is greatly appreciated and welcomed: the parents hold their meetings at the Centre and an excellent relationship is enjoyed. The minibus donated by them in 1959 is a further great asset and solves many problems especially in inclement weather. During the year this vehicle made 366 journeys, with a total mileage of 9,894 miles.

A part time Home Teacher visits children who, for one reason or another, are not suitable for attendance at the Centre, and gives them training in elementary handicrafts. Once again, the children all enjoyed the outings arranged for them by the Society.

**Homes for Mentally Disordered Persons**

| | |
|---|---|
| No. of homes registered .. .. .. | 5 |
| No. of patients for which registered .. .. | 71 |

Four homes are registered for female patients only, and are restricted to the categories, sub-normal or severely sub-normal.

**Mental Nursing Homes**

| | |
|---|---|
| No. of homes registered .. .. .. | 1 |
| No. of beds .. .. .. .. | 10 |

## SECTION IV

## 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, Pine Hill opened in 1953, provides for a further 42 old people. New Moreton, a 50-place bungalow-type unit designed for the care of the more crippled and infirm old person, was opened in May, 1960, and quickly got into the stride with a minimum of teething troubles. The Homes run smoothly and efficiently, thanks to the Warden, Matrons and staff who are untiring in their efforts. The majority of residents are happy and content, although the occasional aggressive or antisocial character can cause much trouble and distress to others. They look forward to the outings, garden parties, film shows and other events provided for them, and in their absence there is always the radio or television. Organised occupational therapy has however proved to be an abysmal failure, meeting a stubborn wall of resistance and apathy.

Night attendants are now provided in all the Homes, as the residents tend to need more care and attention through increasing physical and mental limitations.

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 1,000 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.

Despite all the provision made for the care of old people, there is continual pressure which indicates that it is insufficient to meet the total need, and this position will undoubtedly deteriorate further as the number of old people in the town rises: the population projection indicates that the over 65s will increase by 28% on the present figure of 14,400 (1960) by mid 1975, i.e. to 18,500. Further, the still increasing life span of the individual results in more physical and mental handicap, needing more specialised care and attention.

The present shortage of hospital geriatric beds, especially for long term care, results in difficulties of admission of sick old people and in the case of both Council and Voluntary Homes an exchange system has to be operated. This is not entirely satisfactory, as it tends to result in unsuitable cases being admitted to the Homes.

The Ten Year Plan attempts to meet the problem with a further proposed 60 bed bungalow type unit in 1965 and with a small special unit of 20-24 beds

for the senile confused, wanderers and those socially unacceptable in normal Homes during 1963/64. Little progress has been possible on this latter, largely because the Ministry's view that this should be a totally separate unit conflicts basically with the Council's view that this should be a part of the Moreton group to permit of easy interchange, continuity of staff care and economy.

The Council's housing programme not only continues to provide a number of old peoples' flatlets and bungalows on its new estates, but proposes two schemes for flatlet units, one of 50 plus with warden, certain communal facilities, resident home help and other general amenities. A similar scheme by the Old Peoples' Welfare Committee is planned, and this type of accommodation should be a valuable asset indeed.

(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 .. | 30 |
| No. of Homes for Disabled Persons registered | 1 |
| No. of Homes for Old Persons and Disabled Persons registered .. .. .. | 4 |
| No. of beds .. .. .. .. | 679 |

These Homes are inspected at regular intervals by the Medical Officer of Health and the Old People's Warden.

(d) **General Services for the Aged:**

Considerable attention is paid to the problems of old people in their own homes by both health visitors on their districts, and by the welfare officers. There is a good liaison with the Old People's Welfare Committee of the Central Aid Council, and with the hospital almoners. The task of developing a comprehensive scheme for routine observation is enormous in view of the numbers involved, but the Old People's Committee, an officer level committee under the chairmanship of the Medical Officer of Health, is considering ways and means of providing for this, and how a much more complete integration of all those engaged in old people's work can be achieved, perhaps by setting up a central information exchange.

Home helps and home nurses play an important part in caring for the aged in their own homes, and here the contact is a close one. The W.V.S. supply a meals-on-wheels service three times a week, receiving a grant from the Council towards the cost, but the much needed expansion of this scheme, both in numbers served and in frequency is now in the planning stage.

(e) **Chiropody Services:**

For some years the Council has provided a chiropody service for the residents in its own Old People's Homes. For the aged and handicapped in the community, an excellent service both at a central clinic and in their own

homes where necessary has been run by the Central Aid Council through its Old People's Welfare Committee, a grant being made by the Council towards the cost of the scheme.

**SECTION 29**

**Welfare Services:**

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

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

1. **The Blind:**

The Hastings Voluntary Association for the Blind act as the sole agent for the care of blind persons. A register is maintained, a complete welfare scheme operates including home teachers, Braille and Moon lessons, library services, handicraft classes, 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 1962 was 315, 105 men and 210 women, and 61 partially sighted persons. The following information is given as requested in Ministry Circular 1/54:—

(i) No. of persons newly registered as blind during 1962 . . . . . 34

(ii) No. of persons newly registered as partially sighted, 1962 . . 17

(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 1962.

(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 1962.

(v) Follow up of Registered Blind Persons (1962).

| | CAUSE OF DISABILITY | | | |
|---|---|---|---|---|
| | Cataract | Glaucoma | Retrolental fibroplasia | Others |
| 1. No. of cases registered in 1962 in respect of which para. 7 (c) of B. D. 8. recommends ... ... | 9 | 7 | — | 18 |
| (a) no treatment ... | 2 | 1 | — | 5 |
| (b) treatment (med. surg. or optical) ... ... | 7 | 6 | — | 13 |
| 2. No. of cases at 1 (b) above which on follow-up action have received treatment | 4 | 3 | — | 8 |

**Follow up of Partially Sighted Persons, 1962:**

8 cataract, 1 glaucoma, 5 being recommended for treatment.
8 "other causes", 2 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 missioner where a full club service is given, together with religious meetings. Home visiting is carried out where necessary and many club outings arranged. The missioner accompanied deaf and dumb people to interviews with doctors, solicitors, employers, 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 1962 was 38, of Deaf and Blind 8.

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

3. **Cripples and other Handicapped Persons:**

The Hastings Voluntary Committee 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. The Spastics and the Multiple Sclerotics have their own local organizations.

In recent years, it has been possible to assist handicapped people more and more by the provision of ramps for wheelchairs, widened doorways, hydraulic and "pull" type hoists, and other forms of gadgetry so as to afford the patient considerably more independence in the home, and this type of work is rapidly expanding, as is the requirement to support handicapped people in specialised residential homes or hostels. This is carried out by the Health Services Committee in the discharge of its welfare functions: the Housing Committee during the year agreed to provide for the handicapped as necessary by arranging the necessary ramping, door widening, garage space etc. in new Council houses or ground floor flats during course of erection.

4. **Epileptics and Spastics:**

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

**Epileptics:** 9 adult epileptics are known to the department through the health visitors and mental health worker. 18 children attend normal schools, 2 others attend the day open air school, 4 epileptics are also ascertained educationally subnormal and attend the Wishing Tree Day Special School, and 2 are under school age.

**Spastics:** 12 spastic adults are known to the department: 6 children of school age are maintained in a special residential school for spastics by the Education Authority: 3 children with minor incapacity attend ordinary schools, 3 attend the open air day school, 2 attend the Wishing Tree School, and 1 is under school age.

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.

It was not necessary to obtain a Court Order during 1962.

**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 19 cases.

**SECTION 50**

**Burial or Cremation of the Dead:**

Funeral arrangements were made by the department at the expense of the Local Authority during 1962 for 12 deceased aged people, where it was apparent that no arrangements for the disposal of the body were being made by other persons.

## SECTION V
## INFECTIOUS DISEASES

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1962.

| NOTIFIABLE DISEASES. | 1961 | NUMBER OF CASES NOTIFIED. At ages—Years. | | | | | | | | | | | | | | Deaths. | Total cases removed to Hospital. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | At all ages. | 0 — 1 | 1 — 2 | 2 — 3 | 3 — 4 | 4 — 5 | 5 — 10 | 10 — 15 | 15 — 20 | 20 — 35 | 35 — 45 | 45 — 65 | 65 & upds. | | |
| Small Pox ... ... | (...) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Cholera, Plague ... ... | (...) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Diphtheria (including Membranous Croup) ... | (...) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Erysipelas ... ... | ( 8) | 7 | ... | .. | ... | ... | ... | ... | 1 | 1 | ... | ... | 4 | 1 | ... | ... | ... |
| Scarlet Fever ... ... | ( 4) | 5 | ... | ... | ... | ... | 1 | 3 | 1 | ... | ... | ... | ... | ... | ... | ... | ... |
| Typhus Fever ... ... | (...) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Typhoid Fever ... ... | ( 1) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Relapsing Fever ... ... | (...) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Paratyphoid Fever ... ... | (...) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Puerperal Pyrexia ... | ( 3) | 19 | ... | ... | ... | ... | ... | ... | ... | 2 | 15 | 2 | ... | ... | ... | ... | ... |
| Meningococcal Infections ... | (...) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Poliomyelitis ... ... | (...) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Ophthalmia Neonatorum ... | (...) | - | ... | .. | .. | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Acute Encephalitis ... | (...) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Acute Primary Pneumonia ... | (25) | 20 | ... | ... | ... | ... | 1 | 2 | ... | 1 | 1 | 1 | 5 | 9 | ... | 1 | 1 |
| Influenzal Pneumonia ... | (38) | 2 | ... | ... | ... | ... | ... | ... | ... | ... | ... | .. | 2 | ... | ... | 1 | 1 |
| Malaria ... ... ... | (...) | ... | .. | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Dysentery ... ... ... | ( 5) | 7 | ... | ... | ... | ... | 1 | 3 | ... | ... | 1 | ... | ... | 2 | ... | 4 | 4 |
| Food Poisoning ... ... | ( 1) | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... | 1 | 1 |
| Measles ... ... ... | (289) | 90 | 2 | 6 | 11 | 12 | 8 | 49 | 1 | 1 | ... | .. | ... | ... | ... | 1 | 1 |
| Whooping Cough ... .. | (19) | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Totals ... ... | (393) | 151 | 2 | 6 | 11 | 12 | 11 | 57 | 3 | 5 | 17 | 3 | 11 | 13 | — | 8 | 8 |

**Remarks:**

(a) **Scarlet Fever:** 5 cases of scarlet fever, all of a mild type, were notified during the year, none being admitted to hospital. The disease continues to be mild in form with few complications.

(b) **Diphtheria:** For the thirteenth consecutive year no case of diphtheria occurred in the town.

(c) **Anterior Poliomyelitis:**

No case of polio occurred in 1962, and the national incidence was also low. The changing picture of the incidence of this disease in the last two or three years appears to indicate fairly definitely that the efforts put into the polio vaccination campaign and its acceptance by the public have played a major part in this: if these efforts can be continued, it may soon be possible to claim beyond doubt another sweeping victory for immunology, the science of artificial protection.

(d) **Measles:** 90 cases were notified against 289 in 1961.

(e) 1 mild case of food poisoning was notified.

(f) **Winter Vomiting:**

The end of 1962 and early months of 1963 produced in the whole of South East England a great increase in diarrhoea cases, and many general practitioners and the school clinic staff commented on this. There would appear to have been at least two distinct infections going simultaneously, some cases undoubtedly being due to the virus of "winter vomiting" and others more dysenteric in nature, but also probably of virus origin. Although discomfort and inconvenience were caused to sufferers, there were no dire consequences.

**Disinfection and Disinfestation:**

No cases of scabies occurred in school children, and the infestation is becoming a rarity. Arrangements are available to bath and treat both children and adults at the two main clinics if so requested by a general practitioner.

Body Vermin (pediculosis corporis) are occasionally found. Disinfestation of clothing and articles, together with the bulk of disinfection in connection with notifiable infectious disease, 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 | 1,863 | No. of individuals cleansed for Scabies | Nil |
| Rooms, etc. disinfected | 516 | No. of baths for scabies | Nil |
| No. of individuals cleansed for vermin | Nil | Sets of clothing disinfected (Scabies) | Nil |

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

| | | | |
|---|---|---|---|
| Council Houses | .. .. | 4 | (22 rooms) |
| Other premises | .. .. | 60 | (211 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.

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 66 cases of notifiable and non-notifiable disease were admitted.

**Tuberculosis:**

(a) At the end of 1962, the tuberculosis register contained 603 names.

| Total Cases | Pulmonary | | | Non-Pulmonary | | |
|---|---|---|---|---|---|---|
| | Males | Females | Total | Males | Females | Total |
| 603 | 333 | 243 | 576 | 8 | 19 | 27 |

(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 from Tuberculosis | | | |
|---|---|---|---|---|---|---|---|---|
| | Pulmonary | | Non-Pulmonary | | Pulmonary | | Non-Pulmonary | |
| | M | F | M | F | M | F | M | F |
| 0— 1 year ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 1— 2 years ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 2— 5 ,, ... | 1 | ... | ... | ... | ... | ... | ... | ... |
| 5—10 ,, ... | ... | ... | 1 | ... | ... | ... | 1 | ... |
| 10—15 ,, ... | ... | 3 | ... | ... | ... | ... | ... | ... |
| 15—20 ,, ... | 1 | 1 | ... | 1 | ... | ... | ... | ... |
| 20—25 ,, ... | ... | ... | ... | ... | ... | ... | ... | ... |
| 25—35 ,, ... | 3 | 2 | ... | 1 | ... | ... | ... | 1 |
| 35—45 ,, ... | 3 | 2 | ... | ... | ... | ... | ... | ... |
| 45—55 ,, ... | 4 | 1 | ... | ... | ... | ... | ... | ... |
| 55—65 ,, ... | 5 | 4 | ... | 1 | 2 | ... | ... | ... |
| 65—75 ,, ... | ... | 3 | ... | .... | 1 | 1 | ... | ... |
| 75 upwards ... | 2 | 1 | ... | 1 | 2 | ... | ... | ... |
| Totals .. | 19 | 17 | 1 | 4 | 5 | 1 | 1 | 1 |
| Grand Totals | 41 | | (28) | | 8 | | (7) | |

For the purposes of comparison, the following table shows the Deaths and death rate per 1,000 population for the past 52 years:—

| Year | No of deaths Pulmonary Tuberculosis | No. of deaths Non-pulmonary Tuberculosis | Total | Death rate from Tuberculosis per 1,000 |
|---|---|---|---|---|
| 1910-1914 (Average) | 62 | 23 | 85 | 1·4 |
| 1915-1919 (Average) | 73 | 18 | 91 | 1·7 |
| 1920-1924 (Average) | 60 | 15 | 75 | 1·25 |
| 1925-1929 (Average) | 57 | 10 | 67 | 1·1 |
| 1930-1934 (Average) | 43 | 6 | 49 | ·79 |
| 1935-1939 (Average) | 48 | 4 | 52 | ·81 |
| 1940-1944 (Average) | 38 | 4 | 42 | 1·04 |
| 1945-1949 (Average) | 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 | ·12 |
| 1958 | 7 | 1 | 8 | ·12 |
| 1959 | 7 | 1 | 8 | ·12 |
| 1960 | 8 | ... | 8 | ·12 |
| 1961 | 7 | ... | 7 | ·10 |
| 1962 | 6 | 2 | 8 | ·10 |

(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.

Close liaison exists between the Health Department and the Chest Clinic: the department provides a health visitor to be present at the clinic sessions and to carry out all the tuberculosis home visiting and ascertainment and follow-up of contacts.

I am indebted to the Chest Physician for the following figures:—

| | |
|---|---|
| No. of new cases seen for investigation .. .. (Males 226, Females 168, Children 28) | 422 |
| No. of contacts examined .. .. .. (Males 35, Females 57, Children 124) | 216 |
| Total attendances of all cases .. .. .. | 4,590 |

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

The East Sussex Mass Radiography unit paid one of its periodic visits to Hastings from 25th September to 9th November, 1962, and examined a total of 13,167 people. The main result was the finding of 31 cases of tuberculosis requiring treatment or close clinical supervision.

I am grateful to the Unit Director, Dr. B. G. Rigden, for the following figures:—

**Attendances:**

| Age | Male | Female | Total |
|---|---|---|---|
| 15 & under | 91 | 191 | 281 |
| 16—25 ... | 814 | 1,195 | 2,009 |
| 26—35 ... | 897 | 1,100 | 1,997 |
| 36—45 ... | 1,036 | 1,315 | 2,351 |
| 46—59 ... | 1,481 | 2,102 | 3,583 |
| 60 + ... | 1,131 | 1,815 | 2,946 |
| Total .. | 5,450 | 7,717 | 13,167 |

**Abnormal Films:**

| Disease | Male | Female | Total |
|---|---|---|---|
| Tuberculosis requiring treatment or close clinical supervision ... ... | 17 | 14 | 31 |
| Tuberculosis requiring occasional clinical supervision ... ... ... | 25 | 15 | 40 |
| Malignant disease (bronchial carcinoma) ... ... | 7 | 3 | 10 |
| Non malignant neoplasms ... | 6 | 6 | 12 |
| Sarcoidosis ... ... | 3 | 6 | 9 |
| Pneumoconiosis ... ... | 1 | — | 1 |
| Cardio-vascular lesions-congenital ... | 2 | 9 | 11 |
| Cardio-vascular lesions acquired ... | 110 | 172 | 282 |
| Total ... | 171 | 225 | 396 |

(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 20, Females 23) .. | 43 |
| 5—15 ,, (Males 17, Females 10) .. | 27 |
| Adult nurses .. .. .. .. | 11 |
| Other adults .. .. .. .. | 22 |
| Re-vaccination (Males —, Females 1) .. .. | 1 |
| New-born babies not Mantoux tested .. .. | 10 |
| | 114 |

B.C.G. vaccination of Mantoux negative school children of ages 13 plus, 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 |
|---|---|---|---|---|---|
| 1962 | 648 | 82·2 | 580 | 89·5 | 577 |

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 plus, 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 ... ... ... | 3 |
| New cases of gonorrhœa ... ... | 4 |
| Other conditions ... ... ... | 26 |
| Total ... ... | 33 |

## 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.

## SECTION VI
## 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 .. .. | 16 |
| Beds available—Maternity .. .. .. | Nil |
| General .. .. .. | 326 |

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.

3 day minders for 86 children are on the register. There were two new registrations during the year, and one re-registration for increase in numbers.

3. **Medical Examinations:**

The following medical examinations were carried out by the Medical Staff of the Department during the year:—

| | | |
|---|---|---|
| Sick Pay Scheme examinations .. .. | 139 | |
| Staff medical examinations (including x-ray) | 98 | |
| Teachers, etc., examined ( ,, ,, ) | 96 | |
| Firemen examined .. .. .. | 6 | |
| Total: | 339 | (366) |
| X-Ray examinations only .. .. | 89 | |

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.

## APPENDIX A

### Excerpt from Ministry of Health Circular 2/62

#### Development of Local Authority Health and Welfare Services

1. "I am directed by the Minister of Health to enclose for your Council's information a copy of a Command Paper entitled "A Hospital Plan for England and Wales" which sets out a long term plan for the development of the hospitals over the next decade, within the framework of the National Health Service as a whole."

2. "It will be seen that it includes a section on care in the community which deals with the local authority services. This emphasises that where illness or disability cannot be forestalled by preventive measures, care at home and in the community, rather than in hospital, should always be the aim except where there is a need for diagnosis, treatment and care of a type which only a hospital can provide. This is true throughout the whole range of the health and welfare services, from antenatal care to the provision made for old age; and it applies whether an illness or disability is physical or mental. The plan for the development of the hospital service is therefore complementary to the expected development of the services for prevention and for care in the community and a continued expansion of these services has been assumed in the assessment of the hospital provision to be aimed at."

3. "It follows therefore that the local authority services need to be planned for the same period ahead as the hospital service. The Minister, therefore, now asks the Council to review its health and welfare services and to draw up a plan for developing them over the next ten years."

### Excerpt from Ministry of Health Circular 15/62 and memorandum associated

#### Admission to Hospital, Hospital Waiting Lists and the Role of the Community Services

2. "The Minister asks all authorities to study carefully the principles outlined in the memorandum and to consider how best they can be applied in practice."

3. "The Minister is confident that local authorities will join in these arrangements; and that they will do everything they can to ensure that the appropriate services are provided for patients who do not need the treatment, investigation or nursing care which only a hospital can give."

Memo para. 1. "The aim should be to care in the community for all patients who do not require treatment of a kind which can only be given in hospital."

2. "Admission to hospital may be unnecessary for some patients, particularly the elderly or those with certain types of chronic illness or mental disorder, if the domiciliary services of the local authority are effectively mobilised. The support of these services will often also be needed while a patient is on a hospital waiting list. The services concerned include the home nurse, health visitor, social worker or welfare officer and home help. For elderly people who are infirm rather than sick, admission to an old persons home is preferable to admission to hospital."

3. "The general practitioner can therefore be expected to have considered, before approaching the hospital, whether his patient could be properly cared for outside hospital if local authority services could be provided."

**Excerpts from Ministry of Health Circular 3/63 and memorandum associated Discharge of Patients from Hospital and Arrangements for After-Care**

2. "The memorandum emphasises the importance of arrangements for after-care and describes how local authorities can help to ensure that these arrangements are effectively made."

Memo para. 2. "The full benefit of hospital treatment may well be lost if arrangements for after-care are inadequate. The object is to enable all patients after discharge to feel secure and, as far as possible, to be self-reliant; but certain groups are likely to need special help or care on their return home—people living alone, the elderly, the disabled, maternity patients discharged early, and many (but not all) of those who have had extended psychiatric treatment. It is important that in all cases, and especially where the patient belongs to one of these groups, full account should be taken of social as well as medical considerations when arranging discharge from hospital. The patient's home circumstances—for instance, whether he has relatives or friends who can look after him—are a big factor in determining what after-care he needs."

**APPENDIX B**

Report by the Medical Officer of Health and Chief Welfare Officer to the Health Services Committee:

Presented to Committee 25th May 1962.

Accepted in principle by Council 12th June 1962.

**Ministry of Health Circular 2/62**

**Development of Local Authority Health and Welfare Services**

Members of the Committee have already each received a copy of this important circular which is complementary to the "hospital plan for England and Wales" setting out the development plan for the hospital service over the next decade: the Council are requested to submit their plans for the development of the health and welfare service to cover the next ten years, broken into two five yearly periods, to deal with all their services, and to include information about estimated cost, buildings and staff, both from a capital expenditure angle as well as current annual costs. (para 22).

The Minister further requests that he should receive summaries of the plan by 31st October, 1962, and thereafter an annual review.

In view of the large amount of work involved in estimating detailed costs for every item, I feel sure the Committee would first wish to consider in general terms the main points of its future policy in the development of its services, leaving the detailed work to be carried out when basic requirements have been finalised.

I therefore submit for your consideration my considered views on the likely requirements of the next ten years, based on the experience of the past fourteen years of the National Health service, a realization of the strong and weak points of the present set-up, an intelligent guess at certain future trends differing from present practice and consultation with my heads of sections in the department, and with colleagues outside.

After one or two general observations which affect more than one service, I have dealt with the services section by section: I am sure it will be appreciated that the various services are largely interdependent and cannot each be regarded in isolation.

## GENERAL FACTORS TO BE CONSIDERED

(a) **Increase of community services** already envisaged by the Minister in the next ten years and taken into account in his planning of the Hospital Services: this particularly concerns care of mentally subnormal and mentally ill, care of elderly persons and the almost certain accelerated discharge of mothers after childbirth.

"Where illness or disability occurs, the aim will be to provide care at home and in the community for all who do not require the special types of diagnosis and treatment, which only a hospital can provide." (para 31 H.P.)

There is a trend for the General Practitioner to enter more and more into the preventive and supporting domiciliary services of the Local Health Authority, and it is likely that this will be progressive to a point, but at the General Practitioners' own pace: it is not easy to see the future clearly yet, but for example it may eventuate that infant welfare clinics as now known, will change their pattern radically, infant care clinics being held by general practitioners in Local Health Authority clinics, or in their own surgeries with Local Health Authority staff support for children up to 1 or perhaps 2 years of age, with an extension downwards agewise in the school health services to cover children in the 2-5 year group in the same way that schoolchildren are now covered.

There will be need for expansion of the domiciliary services especially home helps, home nurses and midwives, health visitors and welfare officers. There will be a general need for further accommodation for old people especially those with special needs, either in Homes under the Local Health Authority, or by housing schemes of the Housing Authority. Also for hostels for mentally subnormal or ill persons.

(b) **The ageing population**

The Registrar General's most recent estimate of the population over 65 years of age shows 14,400 in the County Borough. Preliminary population projections estimate this age group will in England and Wales, rise by mid 1970 by 17% over the 1960 level, and 28% by mid 1975. On these figures, the over 65s may well increase to 16,750 by mid 1970 and to 18,500 by mid 1975.

These figures should be taken as a minimum for assessing service requirements as no account is taken of (1) "This increase will, it is believed . . . be

greater in coastal and rural areas to which the population tend to move on retirement, and less in the highly urban areas from which they tend to move" (Ministry of Health letter 15.3.62). (2) Possible expansion of Hastings through development, redevelopment or increased amount of industry. (3) Adjustment of local government boundaries.

(c) **Care of Old People**

It has been realised for some time that there is a gap in the Council's existing services where old people are concerned, due to lack of systematic investigation into their whereabouts and their needs, so that on the whole only cases which ask for help in some way are known. Recent pilot surveys have shown the very real need for some systematic case finding and assessment scheme. The spearhead of this problem is the availability of health visitors: as the number increases, much more attention can be given to old peoples' needs and the present gap filled. This needs to be phased in with the increase for certain other home services, as it is not very useful to tackle a problem of ascertainment of need unless the means of fulfilling the need so discovered are available, e.g. home help, home nursing and meals-on-wheels services adequate for the occasion.

## HEALTH VISITING

The staff as at 1961/62 consists of one superintendent health visitor, ten health visitors and one non-health visitor, S.R.N. as clinic nurse. The case load on the health visitors is severe, and for some years past the Council have accepted the policy of gradually increasing the number of health visitors in the light of the Ministry's recommendations, following the report of the Working Party on health visitors, and the added new role they have to play under the Mental Health Act. At present it is still necessary to do selective visiting rather than routine, and the gap in the services to the elderly, referred to elsewhere in this memo, accentuates the pressing need to increase more rapidly this section of the staff. There is excellent liaison with hospital departments and we are now introducing the policy of health visitors working direct in general practitioners' practices as strongly advocated by the Minister.

To run these increasing services efficiently, it is essential to have a flexible and sufficient staff number to enable a return to be made to proper case finding, rather than to deal with "on demand" cases only. It should be remembered that a significant proportion of their time is devoted to the school health service in their dual capacity as health visitor/school nurse.

The future requirements of the service are as follows:—

| | |
|---|---|
| 1962/3 (already authorised) | 1 additional health visitor |
| 1963/4 | 2 ,, ,, ,, |
| 1964/5 | 2 ,, ,, ,, |
| 1965/6 | 1 ,, ,, ,, |
| 1966/72* | — |

Total by 1972—18 health visitors including superintendent and clinic nurse.

*No provision has been made for 1966/72: dependent on the growth of other services, it may or may not be necessary to add one more health visitor at some point during this period. For the years 1963/66, the basic principle of integrating the increased health visitor establishment with that of the supporting home services must be followed, so that the figures quoted are a guide only as regards timing and may need retiming in the light of existing circumstances at any given point of time.

## HOME HELP SERVICE

The strength of the Home Help Service at 31.3.61 is one Organiser and the equivalent of 26½ full time home helps. Clerical assistance and relief for the organiser is provided from the clerical staff of the department as a whole.

The present strength is inadequate to provide even the necessary basic service to those in need: at all times many cases are cut below the hours deemed necessary by the organiser for minimum need, taking on new cases is frequently only possible by further cutting of hours worked for existing cases: further, there is no satisfactory way of dealing with cases at peak periods of demand, e.g. in the winter months, or when illness reduces the number of helps available, other than by further cutting or withdrawal of all help from cases where help is essential. The health of the helps, their willingness to continue in the service and their recruiting is being affected by the pressure under which they work.

The forecast is for a greatly increased demand on the service, particularly in view of the increased domestic care of aged people called for in the community and the increased numbers to be dealt with in the next ten years, (see general note b). The prospect of greatly increased early discharges after confinement (para 12, circ. 2/62) will add much to the work demanded, as such cases require many hours help each day and often full time help for a while.

Bearing in mind that cases who are helped have no other people to do the necessary work, and that getting a meal is important for old people, it is apparent that some form of weekend service must be started sooner or later, as in many cases effective help is needed on Saturdays and Sundays as much as on weekdays.

The future requirements of the service are then as follows:—

| | |
|---|---|
| 1962/3 (already authorised) | 2 Additional helps |
| 1963/4 | 6 ,, ,, |
| 1964/5 | 5 ,, ,, |
| | 1 Assistant Organiser |
| 1965/6 | 4 Additional helps |
| 1966/7 | 2½ ,, ,, |
| 1967/8 | 2 ,, ,, |
| 1968/9 | 2 ,, ,, |
| 1969/70 | 2 ,, ,, |
| 1970/71 | 2 ,, ,, |
| 1971/72 | 2 ,, ,, |

Total by 1972—56 equivalent full time home helps.

**Equipment:** 2 vacuum cleaners held centrally: because of transport and recovery difficulties, it is only possible to use them for initial cleaning up of really dirty premises, with occasional repeats. Consideration should be given to supplying each help with a portable electric cleaner of the Dustette type, equipping the whole staff being carried out over a two year period and thereafter as the establishment increases yearly.

**Transport:** The principle of granting scooter allowances to a limited number of helps should be considered. From experience, we already know that the annual cost would closely approximate that of a help's bus fares, and the time saving is appreciable, especially in dealing with cases on the periphery of the town, so that it becomes an economic proposition.

## HOME NURSING AND MIDWIFERY SERVICE

There appear to be two factors which will dictate the future trend of the home nursing and midwifery service. Firstly, the hospital plan which envisages probable increased early discharges after confinements on the third or fourth day, requiring the home services to provide maternity nursing for mother and baby until at least the 10th day: it is also likely to lead to accelerated discharges of acute medical and surgical cases, needing dressings, injections and other treatment during convalescence at home. Both these trends have already been apparent in the increased number of early discharges from hospital over the last year or so. (Circ. 2/62, para 12). Secondly, the increasing number of old people (see general note B) and the further accent on their home care in the community will call for much more semi-nursing procedures which can ideally be provided by State Enrolled nurses.

The present establishment of the home and midwifery service, approved by the Council in April, 1962, is 1 Superintendent, 1 deputy, 2 district midwives, 4 district nurse/midwives, 13 district nurses and equivalent full time 3½ State enrolled nurses. This establishment is a minimal one which leaves no room for expansion over the present level of work, adjustments will be necessary not only to cope with altering trends already outlined above, but also to remedy present existing deficiencies in the service of care for old people in their own homes (see general note C).

Increased maternity nursing requirements are best met by increasing the number of dually qualified nurse midwives, so that when not engaged in midwifery as relief midwives or in maternity nursing of accelerated discharges, they can be used for normal home nursing purposes: the idea of part time midwives, probably married women, makes a service inflexible, wasteful and they may not be obtainable when needed. The increased geriatric semi-nursing is best carried out by S.E.N.s to preserve S.R.N.s for nursing procedures requiring their full skills. By increasing the two classes of nurse as suggested, the load on district nurses (S.R.N.) will be lightened and increased numbers are not envisaged at this stage: in fact, they should be able to cope adequately with increases of work due to accelerated surgical and medical discharges.

The increases in establishment envisaged are as follows:—

| | | | |
|---|---|---|---|
| 1963/4 | Additional | nurse/midwife | 1 |
| | ,, | S.E.N. | 1½ |
| 1964/5 | | | — |
| 1965/6 | Additional | S.E.N. | 1 |
| 1966/7 | ,, | nurse/midwife | 1 |
| 1967/8 | ,, | S.E.N. | 1 |
| 1968/9 | | | — |
| 1969/70 | | | — |
| 1970/71 | ,, | S.E.N. | 1 |
| 1971/72 | | | — |

By 1972 the staff would be 1 superintendent, 1 deputy, 2 midwives, 6 nurse/midwives, 13 nurses and 8 State enrolled nurses. Clerical assistance is provided from the clerical staff of the department as a whole.

## WELFARE: CARE OF OLD PEOPLE

### CARE IN THEIR OWN HOMES:

Two of the three mental welfare officers are concerned with the care of old people in their own homes, visiting them when occasion demands and advising and helping in numerous ways: in practice, much of their work is concentrated on assessment of need for admission to hospital or old peoples' homes as a result of information received from a variety of sources. The health visitors on their districts comes across a number of lonely old people who are in need of help and do much useful work in visiting and advising them, liaising with voluntary bodies in respect of meals-on-wheels, clothing, bedding, etc., arranging for home help or home nursing, assistance through the public health inspectors section with rehousing or housing defects etc.; more intricate problems are transferred to the welfare officers. As has been pointed out elsewhere (general note C) an *organised* case finding service is urgently needed as at present only the surface is being scratched. This yearly becomes more and more urgent, and the problem will increase as time goes by, and the number of old people in the community increases (general note B). It cannot be gainsaid that by and large the old person in Hastings is poor and lonely and needs an undue proportion of care and use of the local authority services as compared with the elderly retired in many other seaside resorts such as Bournemouth, Eastbourne or Torquay: the problem is a qualitative one as well as quantitative.

It cannot be emphasised too strongly that old people should be maintained in their own homes or rooms with the aid of local authority domiciliary services for as long as humanly possible, before admission to residential homes or a chronic sick hospital bed is considered. This policy is humane and economic, so that the Local Authority should encourage its fulfilment by all possible means.

The future requirements of this service have partly been dealt with in other sections of this report (e.g. health visitors, home helps, home nursing), but certain other points remain to be considered:—

(a) **Meals-on-Wheels Service**

The present W.V.S. service has recently been increased from twice to three times a week: it can only cope with a limited number of meals on each occasion, partly through the cramped and inaccessible kitchen premises and partly because of the lack of voluntary helpers and transport. This service is quite inadequate for the needs of the many old people living alone who need proper meals.

Circular 7/62 "Co-operation with Voluntary Organisations", April 1962, indicates that if the local authority makes its needs known to the organisations "They are confident that an increased number of able and reliable voluntary workers can be forthcoming." In my view the meals-on-wheels service should operate at least 5 days per week to be fully effective: consideration will have to be given as to suitable kitchen premises if the daily output is to be much increased, as it should be, either by assisting the W.V.S. with larger premises or by taking the opportunity to combine the meals-on-wheels kitchen with other premises.

(b) **Provision of suitable housing**

Although considerable provision has been made for old people by the Housing Committee of the Council in the way of old peoples' flats and bungalows, and by voluntary organisations, notably the Old Peoples' Welfare Committee, by flatlet houses with a caretaker, there remains a gap between this

type of accommodation which is only really suitable for active and fit people, and residential accommodation providing total care services. The Committee should consider jointly with the Housing Committee the need for provision of special flatlet units, with bed-sitters plus minor cooking facilities, a warden in charge to supervise with wife to "home help" where necessary, with communal sitting rooms, washing room etc., and kitchen/dining rooms to provide hot meals for the residents. Such a project might well link in with the requirements for a new old peoples' club and meals-on-wheels kitchen.

(c) **Chiropody Service**

Demand will undoubtedly continue to increase: provision should be made for this on a mounting basis with the alternative of the Council taking this service over as a direct one in combination with its present scheme in its old peoples' homes.

(d) **Provision of sheltered employment**

The trend more and more is to provide sheltered employment for retired people who are physically and mentally capable as well as for handicapped persons. It is difficult to foresee any such scheme in a town where so little industry exists.

## CARE IN RESIDENTIAL ACCOMMODATION

The Council at present provide 153 beds in its own residential homes: voluntary organisations, charities and private registered homes, altogether provide around 700 places for old people in need of care. The development of the hospital geriatric service is partly dependent upon a free interchange between hospital, chronic sick annexes and local authority homes, which latter must be willing to accept a proportion of severely disabled old people. It is already evident that further Part III accommodation will be necessary in the immediate future, and it is urged that provision be made in 1964/5 for a new 60 bed bungalow type unit on the lines of New Moreton, at an approximate capital cost of £60,000.

The Hospital Plan for England and Wales (Cmnd 1604) January 1962, shows the same number of geriatric beds for Hastings and district on the completion of the scheme in 1975 as at the present. Some confusion still exists as to the respective responsibilities of the local health authority and the Regional Hospital Board in the care of elderly chronic sick or mentally confused cases, but it is not clear what provision is made for "long stay annexes" for this type of case in the Hospital Plan: it is suggested that consultation should take place between the Council and the Regional Hospital Board to to clarify the points at issue.

See also Mental Health Section: Mentally Ill, para. 3.

## PROVISION OF GERIATRIC CLINICS

The trend is towards the establishment of geriatric clinics by local authorities rather on the lines of Infant Welfare Clinics with prevention of incapacity as a prime view: such clinics contain a medical element, i.e. periodic health checks with reference of incipient defects discovered to general practitioner or hospital geriatric unit, a preventive element which may include provision of occupational therapy, chiropody, mental and physical exercises to maintain mental and physical mobility, and thirdly a social element to combat loneliness and made discussion of problems with social experts easy and encouraged. Such a service is bound to be expensive to set up and run

*de novo*: the local hospital geriatric scheme envisages a geriatric day hospital and psycho-geriatric clinic at St. Helens: such a scheme must inevitably duplicate much of the Local Authority provision which will be needed, and it seems sensible to discuss with the Regional Hospital Board the possibility of joint planning to cover both services. However the scheme is planned, joint staffing with the hospital geriatric team and the Local Authority welfare team is an obvious "must". One can foresee a central geriatric department at St. Helens with "outrider clinics" at Ore and Arthur Blackman Clinics with general staff pooling. Such a scheme would inevitably also lead to a lightening of pressures on residential homes for the aged, and would greatly ease interchanges between community and hospital by partial integration of the two services into one effective working unit, apart from the dividends to be gained from an effective preventative service.

## MENTAL HEALTH

The Council's proposals under the Mental Health Act were formulated some three years ago, and are sufficiently recent to warrant only brief reference: in essence, apart from reorganisation of the staff of mental welfare officers and their integration with welfare, they consist of a plan to limit the present Occupation Centre to become a Junior Training Centre for subnormals and severely subnormals both from Hastings and the surrounding County districts: to provide a residential hostel for juniors from the same sources: for East Sussex to make a reciprocal arrangement for a Training Centre and Hostel for Seniors, and for Hastings to provide a "supportive care" hostel for psychiatric cases as a buffer between hospital and community.

The Junior subnormal hostel is in the capital programme of the Council for 1963/4, the supportive care hostel for 1962/3.

After a lapse of time and experience of how the Act is operating, it is now possible to be somewhat clearer on the requirements for the immediate future.

### SUBNORMALS AND SEVERELY SUBNORMALS

(1) **Juniors** (up to 16 years of age)

(a) **Training Centre.** It appears likely that the Centre will receive about 15 juniors from Hastings plus another 15 from the County. (These are round number estimates and may vary slightly in either direction). The Centre as at present will be adequate for this task, but when all the attenders are juniors more supervision will certainly be needed up to a maximum of 2 trained teachers plus 2 untrained helpers when the full thirty mark is approached.

(b) **Hostel.** To provide for approximately 12-15 County cases (their estimate) plus short term care local cases, plus local cases suitable for community life who in the past have been admitted to institutions but which will be refused such in the future under the hospital plan.

A hostel of some 20 places will be needed with probably a staff of 4 timed to coincide with East Sussex County Council plans for the Senior Centre and Hostel, at present thought likely in 1964/5 or 1965/6.

(2) **Seniors** (16 plus years)

Those who are suitable, 8-15 in number, will attend East Sussex County Council Centre and Hostel. Provision of sheltered employment locally for the few suitable is unlikely and would almost certainly be an uneconomic proposition.

A further problem may arise in the next 2/5 years which concerns senior subnormals who have been for some time in institutions. It is known that the hospital institutions are reviewing the cases in their care with a view to returning as many to the community as can be considered suitable, even though many have been institutionalised for many years: the numbers are not known as yet, but may well be in the region of 30—40, mostly middle-aged and elderly subnormals. Suitability for community care must, if possible, be agreed jointly between the Local Authority and hospital before discharge. There is also the problem of similar types of subnormals who suddenly require care apart from their homes because of the death or ageing of parent; these cases perhaps average 10 over 10 years and will not be admissible to hospitals in the future as they have been in the past.

The need for hostel provision may well come on us suddenly and urgently and will be difficult to meet: the most economic solution when the time comes, may be to arrange with a voluntary organisation such as the Mental After Care Association, to provide a hostel locally and run it, the cases admitted by the Local Authority being subsidised as required.

**MENTALLY ILL**

(1) **The supportive care hostel** as at present planned will probably not be required for another two or three years: it should therefore be taken out of the Capital programme (1962/3) and re-inserted in 1964/5, to provide about 20 places. Dependent upon whether or not a suitable large old property can be found and adapted, the capital cost is estimated at £9,000—£20,000; staff required probably 2 only: arrangements would need to be made with the Regional Hospital Board to allow the use of a psychiatric consultant from the hospital service to advise and guide on medical matters in conjunction with Local Authority mental welfare staff.

(2) **Senile mentally confused**—the Local Authority must expect to accommodate small numbers of "elderly people with a mild degree of mental disorder" (para. 17) in residential homes, either in welfare homes or accommodation provided under the Mental Health Act powers. The additional residential home requested under "care of the elderly" should provide sufficient beds to accommodate small numbers of such patients without undue difficulty.

(3) There remain three other classes of mentally infirm who will not fit into normal residential homes provided by the Local Authority, but for whom provision must be made, preferably under National Assistance Act powers.

1. Elderly mentally infirm living in the community who have to be taken into care but who are unacceptable to residents and staff as a newcomer (Appx. A. Type 2b).
2. "Closed door" cases which the hospitals propose discharging into the community, i.e. who need no active medical or nursing treatment, but who are "wanderers" or for some other reason require close supervision of their movements.
3. Those in hospital who are suitable for community care but are unacceptable to others because of noxious habits etc.—this class links up with 1. above.

It is obviously not practical politics to plan two additional new types of residential accommodation to cater in one instance for 1. and 3. above, and in the other for 2. Neither is it reasonable to give a forecast of numbers involved, but they may be small.

Some compromise is needed together with flexibility in planning, so that when the time comes, the main emphasis of the home can be biased in the direction most expedient at the time. Provisional reservation should therefore be considered for 1963/4 for a 20 bed special home for these types of case. Dependant on whether a suitable old large house could be acquired or whether new building is necessary, cost might vary between £9,000 and £20,000. Staff ratios would certainly be higher than in the normal type of home, and should include mental trained nurses. The present need for this is already pressing.

**ADMINISTRATIVE STAFF**

The section at present consists of three mental welfare officers who also function as welfare officers in varying degrees, plus the authorised establishment of a trainee for whom repeated advertisement has proved abortive. The increase over the past two years in casework connected with increasing in-and-out patient care and accelerated discharges from hospital of mentally ill people, and the imminent considerable increase of community care of such people and of subnormals and severely subnormals, make the appointment of a fourth member of the section an urgent need, and at the same time fully justify translation of the grade from trainee to an experienced officer. This appointment should be made at the beginning of the year 1963/4.

In view of the specialist knowledge required in psychiatric case work from at least one member of the team, working in collaboration with the mental hospital staff, it is also urged that on Mrs. Hunter's retirement in 1965/6, a qualified psychological social worker be appointed in the vacancy. The increase in staff and work makes the provision of adequate clerical assistance from the already small general office pool impossible, and it is considered essential to engage a full time clerk/typist to this section in 1963/4.

## WELFARE OF HANDICAPPED PERSONS

**Blind**

The present premises and staff devoted to the welfare of the blind should prove adequate unless the numbers involved increase unduly sharply.

There is however, a shortage of places in residential homes for blind persons and it is understood that the Hastings Voluntary Association for the Blind have in hand plans for an extension to Healey House at a possible cost of around £10,000.

The Council should consider what financial help they are able to give to the Association in the carrying out of this capital project and make provision in 1963/4.

**Deaf**

Adequate provision is at present made through a voluntary organisation which maintains a headquarters club, church and missioner in Hastings. It is not anticipated that numbers will vary widely from the present level.

**Other Categories**

There is a multiplicity of small local branches of national associations dealing with spastics, multiple sclerotics, epileptics, etc. These largely work in a circumscribed way, not always to the fullest possible assistance of their members and certainly without much liaison with the welfare authority.

It would be of great benefit if closer liaison could be established, but present staff limitations do not allow of this: the solution can be found in the appointment of a liaison officer (part-time) who would discuss all handi-

capped person cases as they arose with the appropriate organisation, with a view to obtaining agreed joint action in providing the essential needs for the patient. He or she could also be trained to advise expertly on all the modern forms of "gadgetry" which make a home life easier for elderly or handicapped people.

**General**

Occasionally it is possible to place a handicapped person in local employment through the D.R.O., but the limited industrial scene in Hastings makes any prospect of sheltered employment or workshop seem remote.

## HEALTH EDUCATION

The past decade has seen the development of health education to a considerable degree, and authorities are devoting more and more resources to it each year. Whilst the health visitors, public health inspectors and other staff members have received some in-service training in health education methods, and carry out a good deal of work in this field, there is need for a single trained person to correlate and direct the present individualist practice into an organised co-ordinate scheme, to direct the production of visual aids and other teaching material, and to keep an eye on new methods and media which from time to time are produced elsewhere. There is a need also to teach on health matters of various kinds in the schools, in collaboration with the Education Committee.

This work could well be done by a health visitor or other social worker with special health education method training, and would require about half of full time. It could well be amalgamated with the part-time liaison officer appointment recommended in the section on handicapped persons, to make a full time job which would fill a marked gap in the services. Such an appointment is suggested in 1963/4 or 1964/5.

## OCCUPATIONAL THERAPY

One occupational therapist/home teacher is employed at present, whose duties are divided between home teaching of subnormals and occupational therepy for elderly and/or handicapped persons.

There will be a much more increased need for occupational therapy amongst housebound geriatric cases, the mentally ill and others, who will in future be looked after in the community as well as for senior subnormals who are unable to travel to or work in a senior training hostel or centre, whose parents are not willing for them to do so. Further, the new suggested Homes and Hostels will require a visiting therapist.

It is therefore recommended that a second occupational therapist be appointed in 1963/4 or 1964/5 at the latest.

## OTHER SERVICES

It is not easy to foresee any significant changes in the remaining health services, and a "no-change" forecase is submitted at this stage.

**Health Centres** did not meet with favour among local general practitioners in the early stages of N.H.S. planning, and only a few experimental centres have so far been opened in this country: there seems no reason to surmise any change of heart in the next ten years.

**Vaccination and Immunisation** procedures are constantly being added to and changed as new antigenic preparations become available. As no forecast has

been issued by the Ministry or by the "backroom boys" as to developments in the next decade, except possibly that an effective protection against measles may become available, it seems wise to leave this item to take care of itself: it is not thought likely that future developments will require any significant change in finance or staff arrangements.

**Maternity and Child Welfare Clinics**

The recent closure of the authority's antenatal clinics has raised no problems: antenatal health education has got off to a slow start, but the expected increase can be absorbed by the present staff and arrangements. The possibility of infant welfare sessions as we now know them changing has already been referred to, but should they become limited to the care of 0—2 year olds, should they be run even more by general practitioners or should the 2—5 year olds be embraced by the school health service, from a practical angle, it will make little difference financially or from a staffing angle other than re-allocation between Health and Education Committees, health visitors and school nurses, etc., so no additional provision is advocated.

**Central Clinic**

Should a new town hall be erected, it would be very desirable to include in it a central clinic to cover Maternity and Child Welfare, dental service, school health service, speech therapy and child guidance, thus enabling some of the present church halls and other inadequate premises to be discontinued for these purposes.

As no information is available as to this possibility, no timing or financial provision is suggested.

## AMBULANCE SERVICE

At 31.3.62 the service has 11 vehicles (5 large ambulances, 5 dual-purpose and 1 car); staff—1 Ambulance Officer, 1 Supervisor, 2 clerk/telephonists, 12 driver/attendants, 1 mechanic, 2 attendants. It also operates the bus for the Training Centre.

Pressure on the service is severe and progressive, and the following additions to establishment have already been authorised by the Council:—

Vehicles—1 minor ambulance in 1962/3
1 large ambulance in 1963/4.

Driver attendants—1 in 1962/3.

Each vehicle with equipment and radiotelephone.

**The forecast** is for further demand on the service especially when the geriatric day hospital is opened at St. Helens: the date for this requires a specific enquiry from the Regional Hospital Board, but in the interim is placed in 1965/6. Projected increases in establishment are additional vehicles in 1965/6, 2 minor ambulances, and in driver/attendants 3 in 1963/4, 1 in 1964/5, 2 in 1965/6, 1 in 1966/7, and 1 in 1967/8.

Control room staff are already fully stretched and any increase in demand will stretch them further beyond their present capacity. In the event, there is physically no room for additional staff in the present control room, but when new Headquarters are provided, a further clerk-telephonist will be essential placed in 1965/6.

**Ambulance Headquarters.** The present one is inadequate and dangerous in its siting, and offers very poor facilities. The widening of Castle Hill Road projected for 1965/6 will entail the demolition of the present Headquarters at Phoenix Hall, so provision is made for a new Ambulance Headquarters with full modern facilities in 1965/6, building commencing in 1964/5 to be ready in time: estimated cost around £60,000.

The staff figures assume that the present degree of co-operation needed from drivers' wives in operating the "on call" system and the availability of volunteer bearers continue, although the present trend is strong decline in both. Any need to organise 24 hour paid cover would obviously increase staff establishment and costs greatly.

## APPENDIX C

### Ministry of Health Circular 1/63

### Annual Report of the Medical Officer of Health for 1962

This circular requests that information on certain specific matters be included in the 1962 annual report.

(a) **Vital Statistics.** The statistics required are included in the Summary of General and Vital statistics in Section 1.

(b) **Water Supply.** The required information is included in Section VII, sub.-section A.

(c) **Sewerage and Sewage Disposal.** Yearly changes are referred to in the Borough Engineer and Surveyor's report in Section VII, sub-section C.

(d) **Inspection of registered common lodging houses.** No common lodging house is registered in the County Borough.

(e) **Health Visitors.** Arrangements to work with particular general medical practitioners or groups of practitioners.

Referred to in Section II (Section 24, Health Visiting). The pilot experiment had to be postponed until 1963 owing to staff shortages, but is hoped to start attachment of one Health Visitor to a complex of four doctors in July 1963.

(f) **Follow-up by Health Visitors of patients discharged from hospital.** All requests for follow-up of cases discharged, whether received through almoners or consultants or through routine contacts with the hospital departments, were fulfilled. There is quite a close contact with many hospital departments as outlined in Section II (Section 28, Care and After Care) and with general practitioners.

(g) **Health Education.** Reference is made to general methods of health education in Section II. It is anticipated that a health visitor will be seconded to the London University Course for the Diploma in Health Education in the academic year 1963/64, to be eventually followed by the appointment of a part-time Health Educator. Propaganda against smoking in view of its connection with lung cancer was mainly confined to school children in the schools, although anti-smoking posters were displayed in clinics and other places and the subject was discussed at a number of meetings with clubs and social organisations.

(h) **Progress in Provision of Mental Health Services.**
Referred to in Section III.

(i) **Progress in Provision of a Chiropody Service.** An extensive service is run by the Old People's Welfare Committee to which the Council makes a grant. Direct chiropody is provided for the old people in the Council's own Homes. See Section IV (Sec. 21 e).

(j) **Factories Act 1961.** The required information is contained in Section VII (g).

## SECTION VII
## 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 3.1 million gallons a day with a maximum daily consumption of 4.5 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.

The total consumption of water during the past year was 1,149,216,000 gallons, of which 1,052,583,000 gallons was supplied from the impounding reservoirs and 96,633,000 gallons from the underground sources of supply.

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 additon 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 of 1962, and in addition there has been no shortage of water at any period of the year.

(b) All supplies are piped. Routine samples for both bacteriological and chemical examinations of the raw water have been made at irregular intervals. All water in domestic use was adequately treated and chlorinated.

Monthly bacteriological examinations are made of all treated water entering the distribution system at sampling points throughout the area of supply.

Chemical analysis of raw and treated water has also been carried out during the year. Typical bacteriological and chemical analyses of treated water are as follows:—

**Report on the Bacteriological and Chemical Examinations of Samples of Water**

Bacteriological Examination of a sample of water.

Labelled: Tap on Baldslow Pumping Main, Brede Pumping Station.
Residual chlorine 0.4 p.p.m.

| | | | |
|---|---|---|---|
| No. of Colonies developing on Agar | 1 day at 37°C<br>0 per ml. | 2 days at 37°C<br>0 per ml. | 3 days at 20°C<br>0 per ml. |
| Presumptive Coli aerogenes reaction | Present in — ml. | Absent from 100 ml. | Probable No. 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.

21st June 1962.

Typical chemical analysis of sample of water from County Borough of Hastings Water Undertaking.

**Chemical Results in parts per million**

Labelled: Tap off distribution main from Baldslow Reservoir.
Appearance: Bright with a few particles.
Turbidity less than 3. Colour 7. Odour Nil. pH 7.4. Free Carbon Dioxide 6.
Electric Conductivity 235. Dissolved Solids dried at 180°C 155.
Chlorine present as Chloride 25. Alkalinity as Calcium Carbonate 40.
Hardness total 90. Carbonate 40. Non-carbonate 50.
Nitrate Nitrogen 0.4. Nitrite Nitrogen Absent.
Ammoniacal Nitrogen* 0.000. Oxygen absorbed 0.70.
Albuminoid Nitrogen* 0.041. Residual chlorine Absent.
Metals: Iron 0.10. Other metals absent.

*To convert to Ammonia multiply by 1.21.

This sample is clear and bright in appearance, neutral in reaction and free from metals apart from minute traces of iron. The water is fairly soft in character 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.

(Sgd.) GORDON MILES.

31st January 1962.

(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 27,407. In addition, approximately 3,077 houses outside the Borough now have piped supplies. Houses are not supplied from standpipes, except in cases of breakdown or frozen pipes.

(B) **Public Swimming Baths:**

There are four swimming baths and pools as follows:—

**White Rock Baths.** Large Bath—200,000 galls. Seawater—heated.
Small Bath—65,000 galls. Seawater—heated.

**Bathing Pool:** 1,200,000 galls. Seawater—unheated.

**Combe Haven:** 50,000 galls. Fresh water—unheated.

Filtration and chlorination plant is installed in each case. Continuous circulation and adjustment of the chlorine dosage during periods of peak load, maintained water to satisfactory standards. In addition to routine checks on residual chlorine, 36 samples were taken for bacteriological examination. All were found to be satisfactory, and 32 were found to contain less than 1 of coliform bacilli per 100 millilitre, a very satisfactory record.

The accompanying table gives details of the results of bacteriological tests.

| Plate Count 1 Day at 37° C per Ml. | Less than 1 | 1-5 | 6-10 | 11-15 | 16-20 | 21-30 | 31-40 | 41-50 | Over 50 |
|---|---|---|---|---|---|---|---|---|---|
| Large Bath | 5 | 5 | — | — | 1 | 1 | — | — | — |
| Small Bath | 4 | 2 | 2 | 3 | — | 1 | — | — | — |
| Bathing Pool | — | 6 | — | — | — | — | — | — | — |
| Combe Haven | 2 | 3 | 1 | — | — | — | — | — | — |
| Total | 11 | 16 | 3 | 3 | 1 | 2 | — | — | — |

| Probable Number of Coliform Bacilli per 100 Ml. | Less than 1 | 1—5 | Over 5 |
|---|---|---|---|
| Large Bath | 11 | 1 | — |
| Small Bath | 11 | 1 | — |
| Bathing Pool | 4 | 2 | — |
| Combe Haven | 6 | — | — |
| Total | 32 | 4 | — |

(C) **Drainage and Sewerage:**

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

This year has been a time of considerable activity so far as main drainage is concerned. Major projects in hand or about to be commenced include:—

(a) Ore Valley Main Drainage Scheme—Stage 4 (by contract) involving substantial work in heading and open cut in the vicinity of Fearon Road and Elphinstone Road. This stage is likely to be completed during the summer of 1963.

(b) The extension of sea outfalls at Harold Place and Denmark Place (by contract). These are also likely to be finished during 1963.

(c) In order to avoid disturbance of part of the new length of Rye Road (A259) now under construction, a section of the proposed Bachelor's Bump Main Drainage Scheme has been implemented, between the Borough Boundary (north end of Mill Lane) and Lidham Farm, in readiness for extensions to link up with the existing sewers in the Rock Lane area and residences to be drained in the Mill Lane/Martineau Road area. Detailing of the remainder of this gravity drainage system is in hand, and a general start on this project is anticipated in late 1963.

(d) Preparatory work involving hydrographical and geological surveys has continued under the guidance of Messrs. Balfour, the Consulting Engineers appointed for the design of the proposed long sea outfall forming part of the projected Western Area Main Drainage Scheme.

(e) In connection with the ultimate use of Pebsham Farm as an airfield, culverting of an existing brook course has been executed by contract. Completion of this culvert will enable controlled tipping to be continued on the axis of one of the proposed runways. This culvert, 5 ft. in diameter and about 300 yards long, has been designed to the requirements of the East Sussex River Board, and in accordance with Ministry of Aviation loading.

(f) Reconstruction of approximately 1,000 yards, by contract, of the 80 year old sewer in Old Roar Gill has been carried out in the vicinity of Buckshole Reservoir following numerous collapses which caused pollution of the ponds and streams in the Alexandra Park.

(g) Inspection of five lengths of sewer, having an aggregate length of about 2,000 yards, has been carried out by closed circuit television (by specialist contractors). The size of pipe sewers examined ranged from 9 in. to 18 in. diam., together with a length of 18 in. by 30in brick construction. This type of inspection adequately revealed defects which included joints out of alignment, numerous chipped and cracked pipes and faults at the junction of individual connections to the sewers. Twenty-nine partial and two total collapses were also recorded. These inspections showed that reconstruction of sewers in Church Road and Castle Hill Road could safely be deferred for a time, whilst that in Elphinstone Road (Park Gates to Quarry Road) was in a reasonable condition.

(h) Resulting from these inspections, the sewer in Queen's Road between Portland Place and Stone Street was found to be in need of immediate reconstruction. This work has been completed by the Direct Labour force. The sewer in St. Mary's Terrace was also found to be in a totally unsatisfactory condition. This sewer, built prior to 1880 had, until six years ago, no manholes throughout its length. Application to the Ministry for loan sanction has been made, (estimated cost of reconstruction and provision of further manholes being £11,000) and work is likely to begin in the Autumn of 1963 by Direct Labour.

Throughout the year under review, Direct Labour dealt with all routine maintenance and repair of day to day defects in public sewers. Remedial works included repairing fractured sewers in Alexandra Road, Archery Road (two short lengths), Battle Road, Berlin Road, Kings Road (at rear of premises, and necessitated realignment of a short length of sewer), Mount Pleasant Road, Old London Road (and clearance of blocked length), Sedlescombe Road North (near Post Office Telephones Depot) and Warrior Square (near Grand Parade). Minor repairs and improvements to the surface water drainage of roads were carried out in Berlin Road, Bexhill Road (construction of new outfall to Combe Haven), Essenden Road, Hollington Park Road, Prospect Place, St. Helen's Road, Sedlescombe Road North, Southwater Road and Station Road.

New works by Direct Labour included the extension of the 9 in. soil sewer in Battle Road to the Petrol Filling Station south of the bus turning area. Reconstruction, with additional manholes, of the sewer between Pelham Street and Carlisle Parade. The connection of Nos. 57-71 Beaconsfield Road to the new Ore Valley trunk sewer; and reconstruction to a new line of the surface water sewer located between Filsham Road and the railway embankment adjacent to the disused tennis courts. Repairs of the main tidal valve at Rock-a-Nore storage tanks were also effected (damaged by a timber baulk).

Clearance of blocked private connections or making good defects under Notice from the Chief Public Health Inspector were also undertaken as required.

During 1962, 301 new properties (by private enterprise) were connected to public sewers, and where gravity main drainage was not available two new dwellings were connected to septic tanks. In the same period, 167 units constructed by the Housing Committee were connected to main drainage. These were mainly in the Halton and Broomgrove ("Tin Town") Redevelopment Areas. Housing Committee development schemes in hand include 143 dwellings at Hoads Wood (started in August), 19 Rent-Purchase dwellings at Scutes Farm (started in October), whilst preparation of a scheme for about 600 units at the Broomgrove/Pine Avenue site is well advanced and work is likely to start during the Summer of 1963.

**Collection and Disposal of Domestic Refuse:**

The quantity of refuse collected, transported to, and disposed of by controlled tipping at Pebsham Farm continues to rise, and a total of between 60—65,000 cubic yards was deposited in an area of about 5¾ acres resulting in the finished ground level being raised 6—7 feet.

**Street Cleansing:**

This routine service was maintained throughout the year.

The Institute of Public Cleansing held its Annual Conference in Hastings during which time an exhibition of the latest domestic refuse collection and street cleansing vehicles and plant was mounted at the Oval, and earth moving plant at Pebsham Farm.

(F) **PEST CONTROL**

(1) **Rodent Destruction:**

The number of infestations reported by occupiers showed a slight decrease; 547 as compared with 605 in the previous year. Only 10 major infestations were found, again originating in defective drains and sewers. Preventive work, by survey of potential breeding grounds was maintained at a high level, a total of 6,200 properties being inspected.

Sewer survey and disinfestation was carried out twice during the year.

In May, the new poison Fluoroacetamide was used for the first time in two areas of persistent infestation and one of recent origin. 80 manholes were treated, and in 29, partial "takes" were noted. In the two areas of persistent infestation there was a reduction of rat population as compared with the previous year. A second treatment covering old sewers known to be reservoirs of infestation was carried out in September when 52 manholes were treated.

The use of the television camera for inspection of old small bore sewers has proved extremely valuable. In one such sewer many defects were discovered which necessitated complete renewal. Surface infestation in the area which had persisted for a number of years subsequently ceased.

It is of interest to note that the rate of sewer infestation has been reduced by 9% over the past ten years, while surface infestation has been reduced by 28%.

Modern scientific methods can be considered an efficient means of "control", but a break-through to achieve total eradication has not yet been reached.

| | Local Authority Properties. | Private Dwellings. | Business Premises. | Agricultural Premises. | Total. |
|---|---|---|---|---|---|
| **Properties Inspected** | | | | | |
| Notification of Occupier | 25 | 410 | 97 | 15 | 547 |
| Surveys ... ... ... | 20 | 505 | 397 | 53 | 975 |
| Otherwise ... ... | — | 1816 | 2862 | — | 4678 |
| **Total Inspections** (including re-inspections) | 453 | 6955 | 4679 | 196 | 12283 |
| **Properties Infested** | | | | | |
| Rats ... ... ... | 10 | 267 | 35 | 15 | 327 |
| Mice ... ... ... | 14 | 136 | 62 | — | 212 |
| **Infested Properties Treated** ... ... | 24 | 403 | 97 | 15 | 539 |
| **Total Treatments** (including re treatments) | 45 | 474 | 131 | 15 | 665 |
| **Block Treatments** ... | — | 29 | — | — | 29 |

(2) **Other Pests:**

Disinfestation work carried out by the department is limited to insect pests having a public health significance, although an advisory service is maintained to assist in dealing with ants, wasps, etc.

The bed bug, once commonly found in many old cottage premises, is seldom met with and seems to have passed into history.

The flea however remains a contemporary problem, particularly in rooms occupied by old people, when a lowering of standards of cleanliness is often found, and cross infestation becomes a hazard of old peoples' welfare. Routine personal use of 5% DDT in talcum powder continues to prove invaluable in dealing with this particular problem.

In catering premises the most common pest remains the cockroach whose normal life cycle and habitat affords him protection to a large extent. Infestation particularly in old buildings is frequently persistent and although control can be achieved, total eradication is almost impossible.

During the year 233 rooms in 64 houses were disinfested for fleas, and 93 rooms in 59 premises for cockroach infestation. Cinemas were treated with insecticidal mist quarterly as a preventive measure, a total of 20 treatments being given.

Charges for disinfestation work were revised with effect from 1st April, as follows:—

| | | |
|---|---|---|
| Rats and mice | (business premises): | 10s. 0d. per hour. |
| | (dwellings), | no charge. |
| Insects | (business premises): | Liquid spray: 21s. 6d. or 27s. 3d. per gall. of material used. |
| | (dwellings) | 5s. for first room and 2s. 6d. for each additional room. |
| | (all premises) | Powder treatment: 6s. 5d. per lb. of material used. |

All charges have been calculated to include the cost of labour, transport etc.

Receipts for disinfestation work totalled £249 17s. 10d. (including £112 16s. 3d. for rodent control on business premises) compared with £236 4s. 2d. in 1961.

## (G) FACTORIES ACTS 1937-48

### PART I OF THE ACT

(1) **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 | 22 | — | — |
| (ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ... ... | 192 | 114 | 1 | — |
| (iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) | 18 | 18 | 1 | — |
| TOTAL ... ... | 245 | 154 | 2 | — |

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

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

| Particulars | Number of cases in which defects were found | | | | Number of cases in which prosecutions were instituted |
|---|---|---|---|---|---|
| | Found | Remedied | Referred To H.M. Inspector | Referred By H.M. Inspector | |
| Want of cleanliness (S.1) ... | — | — | — | — | — |
| Overcrowding (S.2) ... ... | — | — | — | — | — |
| Unreasonable temperature (S.3) | — | — | — | — | — |
| Inadequate ventilation (S.4) ... | — | — | — | — | — |
| Ineffective drainage of floors (S.6) | — | — | — | — | — |
| Sanitary Conveniences (S.7) | | | | | |
| (*a*) insufficient ... ... | — | 2 | — | — | — |
| (*b*) Unsuitable or defective | 8 | 2 | — | — | — |
| (*c*) Not separate for sexes... | 1 | — | — | — | — |
| Other offences against the Act (not including offences relating to Outwork) .. ... ... ... | 3 | 4 | — | — | — |
| TOTAL ... ... | 12 | 8 | — | — | — |

154 inspections of factories were carried out, defects being found in 12 premises. Once again it is regretted that all factories were not inspected owing to pressure of other work. More frequent routine inspection, particularly of old buildings, is necessary to ensure satisfactory hygiene standards.

Close liaison with the Borough Surveyor's Department was maintained and plans for new buildings examined, to ensure provision of satisfactory facilities. In many instances adjustment at the planning stage can save endless difficulties later, and technical advice can effect improvement at no additional cost and in some cases even at less cost.

## PART VII
## OUTWORKERS

| | | |
|---|---|---|
| Wearing Apparel—making, etc. .. .. | 6 | |
| Artificial Flowers .. .. .. | 26 | |
| Glove Making .. .. .. .. | 1 | |
| No. of visits .. .. .. .. | 4 | (36) |

## SECTION VIII
## 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) .. | 625 |
| | (b) Number of inspections made for the purpose .. | 2,072 |
| (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 .. | 619 |
| (3) | Number of dwelling houses found to be unfit for human habitation .. .. .. .. .. | 69 |
| (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.. .. | 170 |

### 2. REMEDY OF DEFECTS DURING 1962 WITHOUT SERVICE OF FORMAL NOTICES:—

| | |
|---|---|
| Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers | 187 |

### 3. ACTION UNDER STATUTORY POWERS DURING 1962:—

**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 . .. .. .. | 3 |
| (2) | Number of dwelling houses which were rendered fit after service of formal notices— | |
| | (a) By owners .. .. .. .. .. | — |
| | (b) By Local Authority in default of owners .. .. | 3 |

**B.—Proceedings under Public Health Acts:—**

| | | |
|---|---|---|
| (1) | Number of dwelling houses in respect of which notices were served requiring defects to be remedied .. .. | 11 |
| (2) | Number of dwelling houses in which defects were remedied after service of formal notices— | |
| | (a) By owners .. .. .. .. .. | 11 |
| | (b) By Local Authority in default of owners .. .. | 1 |
| (3) | Sec. 24 Notices served .. .. .. .. | 7 |

**C.—Proceedings under Sec. 17 Housing Act 1957:—**

| | | |
|---|---|---|
| (1) | Number of dwelling houses in respect of which demolition orders were made .. .. .. .. | 4 |
| (2) | Number of dwelling houses demolished in pursuance of Demolition Orders .. .. .. .. | — |

**D.—Proceedings under Sec. 18 Housing Act 1957:—**

| | | |
|---|---|---|
| (1) | Number of separate tenements or underground rooms in respect of which Closing Orders were made.. .. | 7 |
| (2) | Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit.. .. | — |
| (3) | Closing Orders made (Sec. 17. H.A. 1957) .. .. | 5 |
| (4) | Undertakings (not used for habitation) .. .. | 3 |
| (5) | Closing Orders determined .. .. .. .. | 2 |

## 4.—OVERCROWDING

| | | |
|---|---|---|
| (a) | (i) Number of dwellings overcrowded . . . . . | 9 |
| | (ii) Number of families dwelling therein . . . . | 9 |
| | (iii) Number of persons dwelling therein . . . . | 46 |
| (b) | Number of new cases of overcrowding reported . . | 9 |
| (c) | (i) Number of cases of overcrowding relieved . . . . | 4 |
| | (ii) Number of persons concerned in such cases . . | 25 |
| (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 . . . . . | 76 |

**Housing Inspections.**

**Clearance of Unfit Houses.**

Total problem: Approximately 1000 unfit houses to be dealt with in 12 years, (400 in first five years).

| Area | Number of houses | Number of families | adults | children | total | Clearance or Compulsory Purchase Order | Confirmation |
|---|---|---|---|---|---|---|---|
| Total brought forward 1962 | 398 | 390 | 800 | 311 | 1111 | | — |
| Hollington 10/23-24 .. | 51 | 54 | 104 | 54 | 158 | C.P.O. Inquiry 2.7.63 | - |
| Total | 449 | 444 | 904 | 365 | 1269 | — | — |

**Clearance Areas.**

During the year under review one clearance area of 51 houses was represented as unfit, and a compulsory Purchase Order made. At the time of writing this report (July 1963) the Public Inquiry had only very recently been held and some months will elapse before ministerial confirmation, and rehousing and redevelopment can take place.

At the beginning of the year, some 350 families in confirmed clearance areas were still awaiting rehousing. During the year 110 families (305 persons) were found new accommodation. 10 houses were demolished.

As previously reported the building of new houses and flats had fallen far behind requirements to keep pace with the clearance programme, the deficiency in the worst phase reaching 3½ years output of the programme.

The year saw vigorous action by the Housing Committee resulting in a comprehensive building programme for the next three years, which will more than make up the leeway, and allowing the representation of unfit areas to be stepped up.

MAY 1956

JULY 1963

After the difficulties and frustrations of the past two or three years, it is very encouraging to look forward to completion of the current clearance programme, possibly before the original target date (1967).

**Individual Unfit Houses.**

19 dwellings were represented as unfit, resulting in 4 demolition and 12 Closing Orders being made. 3 formal undertakings not to use for human habitation were accepted.

8 local authority owned houses which had been certified unfit, were demolished—4 families (25 persons) were rehoused.

12 families (37 persons) living in unfit dwellings on which Closing Orders were operative, were found new accommodation during the year, but in December, 36 families, most of whom living in deplorable conditions, were still waiting, as they had been, for periods of up to three years. This sorry state of affairs must not be allowed to continue for a day longer than necessary. Again, there are indications that a solution to this problem may be in sight.

2 Closing Orders were determined in respect of houses which had been rendered fit and improved to modern standards. A total of 76 dwellings have now been restored in this manner, giving the properties a new lease of life, and providing satisfactory housing accommodation with modern amenities for the occupants.

**Rent Act 1957.**

| | |
|---|---|
| No. of applications by tenant for certificates of disrepair (Form I) .. | 3 |
| Notice by local authority of proposal to issue certificates of disrepair (Form J) .. .. .. .. .. .. | 3 |
| Undertaking by landlord to remedy defects (Form K) .. .. | 2 |
| Certificates of Disrepair issued (Form L) .. .. .. | 1 |
| Applications by landlord for cancellation of certificate (Form M) .. | 1 |
| Notice by local authority of proposal to cancel certificate of disrepair (Form N) .. .. .. .. .. .. | 1 |
| Applications for certificates as to remedying of defects (Form O) .. | 1 |
| Certificates as to the remedying of defects (Form P) .. .. | 1 |

**Disrepair.** 652 (887) complaints were investigated. 163 (243) notices were served requiring repairs, 187 (256) notices calling for necessary works under Housing and Public Health Acts were complied with without recourse to formal action.

**Improvement and Acquisition.**

262 inspections of houses relating to applications for improvement grants were carried out, 34 more than in the previous year. This small increase was disappointing. The raising of the permitted rent increase on the owner's outlay from 8 to 12½% has not proved to be the necessary stimulus to raise the standard of amenity in the bulk of tenanted properties, and the conclusion is that only compulsory powers will bring about modernisation coupled with proper maintenance.

Far too many houses have no bath, no hot water, and one sink for personal washing, household laundry and food preparation.

397 enquiries were handled relating to house purchase loans under the Small Dwellings Acquisition Acts.

**Rehousing Applications.**

Reports and recommendations were made after investigation of home conditions of 76 families on the waiting list.

9 were found to be living in very overcrowded conditions, and for medical and social reasons, at least 60 were considered to be in urgent need.

Any possible action was taken to bring about improvement pending their removal to more satisfactory conditions.

**Summary.**

A total of 3080 visits were made in relation to housing work. Most of this effort was devoted to maintenance and repair work; only a small proportion (70 houses) to routine survey, and that in connection with the clearance of unfit houses.

Drainage work continued to increase, requiring 2177 inspections, 300 more than in the previous year. In four years this has increased by 100%, denoting more rapid deterioration due to age.

Unfortunately, with limited staff, an enforced increase in coverage in one direction merely widens the gap in other vitally important sections.

Running parallel with the clearance programme, there remain the sizeable problems of basement dwellings, the number of older large houses in multi-occupation, and the maintenance and improvement of sub-standard dwellings to reasonable modern standards.

These can only satisfactorily be met by comprehensive routine survey street by street. The need for comprehensive treatment is great and must be met, if continuing clearance programmes are to be avoided.

| Year. | No of families re-housed. | | | | |
|---|---|---|---|---|---|
| | Overcrowding, &c. | Tuberculosis and other Medical reasons. | Individual unfit houses. Closing and Demolition Orders. | Clearance Areas. | Unfit Houses owned by L.A. |
| 1953 | 44 | 21 | — | — | — |
| 1954 | 24 | 20 | — | — | — |
| 1955 | 11 | 4 | — | — | — |
| 1956 | 12 | 21 | 11 | — | — |
| 1957 | 10 | 9 | 23 | 18 | — |
| 1958 | 10 | 13 | 24 | 58 | — |
| 1959 | 11 | 12 | 20 | — | — |
| 1960 | 11 | 11 | 16 | 9 | 10 |
| 1961 | 4 | 10 | 12 | 17 | 26 |
| 1962 | 4 | 6 | 16 | 114 | 2 |

**Noise Abatement Act 1960.**

Three per cent of all complaints received related to noise. 20 such complaints were investigated, and these fell into three main categories.

(1) Neighbour noise, including dogs, cockerels, radios, banging doors, etc.
(2) Entertainment noise, including amplifiers and loudspeakers, juke boxes, jazz bands, and vocal noises.
(3) Industrial noise, including engine sheds, outdoor compressors, drills, saws, tractors and other heavy plant used on construction sites.

The first type can be extremely annoying though in most instances it would be very difficult to prove nuisance by decibel measurement. Generally, discussion, persuasion and co-operation solve most of these problems, but sufferers have direct appeal to the Magistrates if these fail.

So far as entertainment noise is concerned, volume control and/or insulation can very often succeed in reducing noise below nuisance level, but this can entail a good deal of time in investigation and experimentation to achieve success.

Industrial noise is now receiving much publicity and attention, and it is to be hoped that following the investigations now in progress by the British Standards Institute it will be possible to set statutory standards for plant, in a similar way as will be applicable to motor vehicles.

**Caravan Sites.**

There are no residential sites within the borough, but some 65 acres of land, containing 1612 caravans on nine sites are licensed as holiday sites, to operate from 1st March to 31st October. 114 inspections of sites were carried out.

The year was one of much constructional activity, to provide the additional facilities required by the conditions attached to site licences, and by the end of the year most of the works were completed or nearing completion on the majority of sites.

The facilities include flush toilets and wash basins, showers and laundries with hot and cold piped water supply, car parking and recreation space. Most site operators have elected to provide hard standing for caravans to avoid the necessity of moving caravans off for winter storage.

Most sites are very well run indeed, but the habits of some caravanners call for constant supervision to maintain sites to high standards, which means that operators must "live on the job".

Caravans themselves seem to get bigger each year, and as it is illegal to tow a caravan longer than 24 ft. it means that they are transported to a selected site, where they stay for some years until replaced. Except for movement within the site, they have therefore ceased to be mobile. As semi-permanent holiday accommodation prefabricated chalets could be designed to more pleasing and convenient shape.

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

| | |
|---|---|
| **Inspections:**— | |
| Keeping of animals | 67 |
| Rat or mice infestation | 183 |
| Smoke nuisance | 132 |
| Verminous premises | 45 |
| Infectious diseases | 60 |
| Food poisoning | 39 |
| Pet Animals Act | 9 |
| Moveable dwellings—caravan sites | 114 |
| Offensive trades | 20 |
| Knackers yards | 16 |
| Theatres and Cinemas | 2 |
| Out workers | 4 |
| **Other Visits** | 1,156 |
| Interviews respecting properties | 893 |
| Smoke tests to drains | 60 |
| Water tests to drains | 82 |
| Fertiliser and Feeding Stuffs Act | 22 |
| Swimming Baths | 39 |
| Total: | 2,943 |

| | |
|---|---|
| **Works Carried Out:**— | |
| Roofs repaired and made weatherproof | 42 |
| Stacks rebuilt or repaired (including new pots) | 8 |
| External walls repaired or repointed | 16 |
| Gutters and R.W.D. repaired, renewed, or cleaned out | 19 |
| Dampness remedied | 63 |
| Int. walls and ceilings repaired | 133 |
| Walls and ceilings cleansed and redecorated | 86 |
| Firegrates and stoves repaired or renewed | 8 |
| Floors repaired or renewed | 41 |
| Staircases repaired | 9 |
| Doors repaired or renewed | 9 |
| Windows repaired or renewed | 32 |
| Sash-cords renewed | 37 |
| Ventilation improved | 5 |
| Water supply improved | 14 |
| New sinks provided | 4 |
| Waste-pipes repaired or renewed | 8 |
| Yards and passages repaired | 7 |
| New W.C.s erected | 2 |
| W.C basins renewed | 7 |
| Flushing cisterns repaired or renewed | 12 |
| Drains repaired or reconstructed | 67 |
| Drains cleansed | 83 |
| Inspection chambers constructed or repaired | 34 |
| Soil and Vent-pipes repaired or renewed | 6 |
| Gully traps fitted | 8 |
| Sanitary dustbins provided | 17 |
| Miscellaneous repairs | 75 |
| **Food Premises**—Cleanliness effected | 62 |
| Miscellaneous works of improvement | 111 |
| Total: | 1,025 |

## SECTION IX
## FOOD INSPECTION AND HYGIENE

### (A) MILK

Milk supplies in the area come from four main pasteurising plants, one being situated within the borough, and four producers bottling T.T. milk on farms. There are 68 registered distributors retailing bottled milk, 18 of these being new registrations during the year.

A total of 317 visits for all purposes were made to milk premises.

On dealing with applications for registration, a check is made to ensure that the premises comply with the requirements of the Food Hygiene Regulations, and particular attention is paid to the method, place, and temperature of storage.

**Milk (Special Designation) Regulations, 1960:**

| | |
|---|---|
| No. of dealers' (Pasteurisers') Licences .. .. .. | 1 |
| No. of dealers' (Tuberculin Tested) Licences .. .. .. | 6 |
| No. of Dealers' (Pre-Packed Milk) Licences: | |
| Sterilised .. .. .. .. .. .. | 9 |
| Tuberculin Tested .. .. .. .. .. | 34 |
| Pasteurised .. .. .. .. .. | 65 |

**Sampling:**

247 samples of designated milk, including 54 from schools were taken for bacteriological examination.

**Pasteurised Milk:**

Of 208 samples from all sources, laboratory tests showed that all had been efficiently pasteurised (Phosphatase test).

Only 3 (1.4%) failed the methylene blue test, which is indicative of deficiencies in bottle cleansing and sterilising. Bottle cleansing plants are generally extremely efficient pieces of equipment, capable of dealing with most conditions in returned bottles, but some have been seen where a 24 hour soak in caustic soda solution has failed to remove visible dirt.

Dumps of bottles still come to light during the year, in cellars, back yards, on waste land and building sites, and with this misuse, cleansing is to say the least, extremely difficult, if not impossible.

To the consumer "rinse and return" should be a must, and it is to be hoped that the recent publicity campaign will remove this unnecessary hazard to public health.

**Tuberculin Tested Milk:**

39 samples of T.T. (farm bottled) milk were subjected to Laboratory examination. 36 were found to be satisfactory, and three failed the prescribed test, indicating deficiencies in hygiene. Subsequent action was taken by the area milk officer to effect improvement and follow-up samples taken by the department proved satisfactory.

A summary of sampling is given in the following table:—

| Designation. | Samples taken | Methylene Blue test. | | Phosphatase test. | |
|---|---|---|---|---|---|
| | | Passed. | Failed. | Passed. | Failed. |
| Tuberculin Tested F.B. ... | 39 | 36 | 3 | Not | applicable. |
| T.T. Pasteurised ... ... | 60 | 59 | 1 | 60 | — |
| Pasteurised ... ... | 148 | 146 | 2 | 148 | — |

**Biological Examination of Milk:**

68 samples for examination for the presence of tuberculosis, and the organism causing undulant fever (Brucella abortus in cattle) were submitted to the Public Health Laboratory, the samples being taken on delivery from farms.

No cases of tubercular infected milk were found.

11 samples were found to be positive on initial (brucella ring) test and in three of these brucella abortus was isolated. Steps were taken to ensure that this milk was pasteurised and not consumed raw.

At the same time, investigation on the affected farms was carried out by the Area Veterinary Officer.

| No. | T.B. Test | | Brucella Ring Test | |
|---|---|---|---|---|
| | Positive | Negative | Positive | Negative |
| 68 | — | 60 | 11 | 49 |

N.B.: 8 no result; guinea pigs died.

(B) **MEAT**

**TABLE I**

**Slaughterhouse Output - Comparative Table**

| Year | Cattle (excluding cows) | Cows | Calves | Sheep | Pigs |
|---|---|---|---|---|---|
| 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 |
| 1959 | 1,118 | 491 | 1,423 | 6,588 | 9,828 |
| 1960 | 1,364 | 165 | 1,189 | 4,009 | 9,062 |
| 1961 | 1,930 | 146 | 1,226 | 4,504 | 8,966 |
| 1962 | 1,933 | 207 | 1,081 | 4,083 | 9,635 |

Output at the London Road slaughterhouse increased for the second consecutive year, by 3.4% (266 cattle units) in 1962 and by 8.4% (611 cattle units) in 1961. As the very limited facilities have been under pressure for a

considerable time, this was achieved only by extending the operating week to include Friday mornings as well as Sundays. The Local Authority inspectors were required to work for 454 hours outside normal hours.

A total of 8,135 cattle units (16,939 animals) were dealt with during the year, and one hundred per cent meat inspection was maintained as top priority, irrespective of deficiencies in other sections of the work.

For the first time, no tuberculosis was found in bovines throughout the year, a major achievement which crowns the success of the tuberculosis eradication scheme. In the past decade the infection rate has fallen from 10% in bullocks and 20% in cows to nil.

In pigs also the infection rate is now only one seventh of what it was ten years ago due to better housing and compulsory boiling of swill.

No Cysticercus Bovis (tape worm) infection was found.

A total of 5 tons $14\frac{3}{4}$ cwt. of meat and offal was rejected as unfit for consumption, $2\frac{1}{2}$ cwt. affected with tuberculosis and 5 tons $12\frac{1}{4}$ cwt. with other diseases.

So far as the present building is concerned, it is structurally unsound and completely worn out, and fit only for demolition. It is most unsuitable for food production, working conditions are bad in the extreme, and the maintenance of hygiene extremely difficult.

As to the new abattoir, the project has been bedevilled by one difficulty after another, and it is impossible for building to commence before the latter end of 1963. The appointed date, already deferred for twelve months, will not be met.

A local enquiry was held on 29th and 30th January, 1963: planning permission was granted and the Compulsory Purchase Order for the site was confirmed, on 22.4.63.

From the public health point of view, the completion and operation of the new building and the closing down of the old is a matter of vital importance and extreme urgency.

## TABLE II

## CARCASES INSPECTED AND CONDEMNED DURING 1962

(Figures for 1961 in brackets)

| | Cattle (excluding cows) | Cows | Calves | Sheep and Lambs | Pigs |
|---|---|---|---|---|---|
| No. killed ... ... ... | 1933 (1930) | 207 (146) | 1081 (1226) | 4083 (4504) | 9635 (8966) |
| No. inspected ... ... ... | 1933 (1930) | 207 (146) | 1081 (1226) | 4083 (4504) | 9635 (8966) |
| **All diseases except Tuberculosis** | | | | | |
| Whole carcases condemned ... | 1 (3) | 5 (4) | 10 (3) | 10 (15) | 19 (10) |
| Carcases of which some part or organ condemned .. | 540 (688) | 67 (24) | 5 (3) | 65 (127) | 532 (632) |
| Percentage of the number affected with disease other than tuberculosis ... ... | 27·99 (35·8) | 34·78 (19·17) | 1·39 (0·48) | 1·84 (3·15) | 5·72 (7·16) |
| **Tuberculosis only** | | | | | |
| Whole carcases condemned ... | — (—) | — (—) | — (—) | — (—) | — (1) |
| Carcases of which some part or organ condemned ... | — (2) | — (—) | — (—) | — (—) | 21 (21) |
| Percentage of the number affected with tuberculosis | — (0·103) | — (—) | — (—) | — (—) | 0·22 (0·24) |
| **Cysticercosis** | | | | | |
| Carcases of which some part or organ condemned .. | — (1) | — (—) | — (—) | — (—) | — (—) |
| Carcases submitted to treatment by refrigeration ... | — (1) | — (—) | — (—) | — (—) | — (—) |
| Generalised and totally condemned ... ... ... | — (—) | — (—) | — (—) | — (—) | — (—) |

## TABLE III

## TOTAL WEIGHT CONDEMNED FOR TUBERCULOSIS

| | *Ton* | *Cwt.* | *Qtrs.* | *Lbs.* |
|---|---|---|---|---|
| Carcase Meat .. .. .. | — | 2 | — | 18 |
| Offal .. .. .. .. | — | — | 1 | 7 |

## TOTAL WEIGHT CONDEMNED FOR DISEASES OTHER THAN TUBERCULOSIS

| | *Ton* | *Cwt.* | *Qtrs.* | *Lbs.* |
|---|---|---|---|---|
| Carcase Meat .. .. .. | 2 | 2 | 3 | — |
| Offal .. .. .. .. | 3 | 9 | 1 | 22 |

## (C) ICE CREAM

There are 9 registered manufacturers, including 8 producer/retailers, and 427 premises are registered for the storage and sale of ice cream.

400 inspections were carried out.

During 1961 there had been noted a falling off in bacteriological standards, only 58% of samples passing the prescribed test for a satisfactory product. It was therefore considered imperative that this matter should receive detailed investigation.

From March to September therefore 114 samples were taken for examination at the Public Health Laboratory. Of 88 spot samples, 78 were found to be satisfactory (66 Grade I and 12 Grade II).

10 unsatisfactory samples (6 Grade III and 4 Grade IV) were of local manufacture from 5 producer/retailers. On receipt of an unsatisfactory laboratory report, immediate follow-up action was taken and samples taken at different stages of manufacture. In each case it was possible to locate the fault, which varied from carelessness in mixing in the cold mix type, to inadequate cooling or storage temperatures. On remedying the faults in manufacture, retake samples proved to be satisfactory.

Because of pressure of other work, the priority given to this special operation was maintained only under difficulty, but the effort proved worthwhile in that the overall standard of satisfactory samples was raised from 58% to 90%.

87 samples taken for analysis and assessment of fat and total solids, all proved satisfactory, and from additional figures given by the Analyst, the general standard and nutritional quality of ice cream is high.

The following tables summarise the reports received:—

**Bacteriological Examination**

| Grade. | No. of samples. | Percentage. | Remarks. |
|---|---|---|---|
| I.<br>II. | 76<br>27 | 66·66<br>23·68 } 90·34 | } Satisfactory. |
| III.<br>IV. | 7<br>4 | 6·14<br>3·50 } 9·64 | } Indicates defects of manufacture/handling |

**Analysis**

| No. of Samples. | Satisfactory | Not satisfactory |
|---|---|---|
| 87 | 87 | — |

## (D) FOOD AND DRUGS ACT 1955

During the year 273 (228) samples were taken for analysis. Details are as follows:—

| | | | |
|---|---|---|---|
| Milk: | Formal samples .. | 5 | |
| | Informal samples .. | 83 | |
| | | | 88 |
| Sundries: | Formal samples .. | 25 | |
| | Informal samples | 73 | |
| | | | 98 |
| Ice Cream: | Formal samples .. | — | |
| | Informal samples | 87 | |
| | | | 87 |
| | | | 273 |

Samples found satisfactory on analysis numbered 256.

Unsatisfactory analytical reports were received on 17 samples.

The provisions relating to the composition of food and drugs require assessment on analysis under four main headings.

1. The addition of any ingredient or abstraction of any constituent, or process to render food injurious to health.
2. The sale to the prejudice of the purchaser of food not of the nature, substance or quality demanded.
3. The use of prohibited substances, colouring matters, preservatives etc.
4. The false description by labelling or advertising, or marking which is calculated to mislead the consumer.

In reviewing the results of analyses, certain aspects are highlighted.

So far as milk is concerned, improvement in quality continues, and only in a fifth of all samples taken is the fat content less than 4%. Twenty-three per cent of samples tested contained over 5% milk fat.

Only one case of added water in milk was discovered and this was proved to be due to a leaking "in churn" cooler used on the farm. This was satisfactorily and immediately dealt with.

It is pleasing to report that food manufacturers are now taking greater care in the labelling of foodstuffs and there have been fewer cases of misrepresentation, overstatement and omission in descriptive wrappers. In only two instances was it necessary to raise objection to labelling.

Certain types of canned imported meat were considered to be of poor quality. This was taken up with importers and manufacturers, and the position will continue to be watched.

Particulars of unsatisfactory samples and the action taken follow:—

| *No.* | *Item* | *Analyst's report* | *Action taken* |
|---|---|---|---|
| 89 | Casserole Steak (informal) | Meat including fat 62%— Water 35%. | Taken up with importers. |
| 97 | Dried Apricots (informal) | Excess sulphur dioxide— 2400 P.P.M. | To take formal sample. |
| 100 | Beef steak with gravy (informal) | Meat including fat 60%. | To take formal sample. |

| *No.* | *Item* | *Analyst's report* | *Action taken* |
|---|---|---|---|
| 260 | Channel Island Milk (informal) | Fat 3.6% average.<br>S.N.F. No reading. | To take formal sample. |
| 261 | Channel Island Milk (formal) | Fat 3.82%.<br>S.N.F. 7.76%.<br>Added water 7%.<br>Freezing point—0.485°C. | To take "appeal to cow" samples. |
| 262 | Ditto | Fat 5.65 %.<br>S.N.F. 8.2%.<br>Genuine.<br>Freezing point—0.533°C. | Unsatisfactory results found to be due to a leaking "in churn" cooler and incorrect feeding. |
| 263 | Ditto | Fat 5.45%.<br>S.N.F. 7.94%.<br>Added water 2%.<br>Freezing point—0.515°C. | Representative of Milk Marketing Board to visit farm to give advice. |
| 264 | Ditto | Fat 5.55%.<br>S.N.F. 8.46%<br>Genuine.<br>Freezing point—0.542°C. | Cooler not to be used until repaired. |
| 303 | Dried Apricots (formal) | $SO_2$—2150 P.P.M. | Stock withdrawn from sale (follow up sample from No. 97). |
| 304 | Beef steak with gravy (formal) | Meat including fat 61%. | Suppliers notified (follow up sample from No. 100). |
| 341 | Pure natural honey (informal) | Heat treated and filtered.<br>? whether entitled to the word "Natural". | Disagreement with manufacturer but labelling not of such a type that action could be taken. (See Special Investigation No. 14). |
| 340 | Beef steak with gravy (informal) | Total meat content 62% | Suppliers notified—(see also samples No. 100 and 304, and Special Investigation No. 15). |
| 374 | Chicken supreme with added vegetables (informal) | Meat content 30%. | Recipe altered to give minimum of 35% of meat. |
| 344 | Swedish Milk Diet (informal) | Unsatisfactory labelling.<br>Misprints in booklet. | All stocks withdrawn as far as practicable and re-labelled with satisfactory labels. Booklet to be revised and reprinted. |
| 350 | Beef Sausages (formal) | Sulphur dioxide 100 P.P.M. by weight. | Warning letter from Department. |
| 353 | Beef Sausages with preservative (formal) | No preservative detected. | Warning letter from Department. |
| 354 | Pork Sausage-meat with preservative (formal) | No preservative detected | Warning letter from Depart- |

## SPECIAL INVESTIGATIONS

35 consumer complaints relating to various foodstuffs were investigated. In two cases, relating to the sale of meat pies and sausage rolls affected by mould, prosecutions followed. Warning letters were sent in twelve cases.

A certain proportion of complaints are of a very minor nature, some unjustified, and some as a result of persecution mania, but in any case requiring no serious action.

There have been revolutionary changes in food manufacture in the past few years. Much is produced and prepacked under factory conditions where high standards of hygiene are maintained, but this in itself is not the complete answer and tends to give rise to other hazards before food reaches the consumer. The importance of the retailer's part in food handling cannot be over emphasised, particularly in regard to perishable foods, with a limited storage life.

The absence of an efficient system of rotation of stock in many retail premises is giving rise to serious concern, and complaints due to this cause of unsoundness in food are increasing.

Similarly it is now common to find a frozen food cabinet installed in most general food stores, but unfortunately many retailers have little or no idea on maintenance of the appliance which is necessary if it is to function efficiently. Overloading and irregular defrosting are common faults. Thick layers of ice are pointed out as proof of efficiency, when the reverse is the case. Ice is indicative of neglect. Although there is a British Standard specification for this equipment many continue to be installed without the load line being marked and without thermometers.

Moulds will grow at very low temperatures, and thorough cleaning and defrosting is necessary weekly. There is much need for education in this field, and with this end in view a code of practice has been published by the department. This is issued and explained when deficiencies are found on inspection.

| | | | |
|---|---|---|---|
| 1 | Milk Bottle .. | Cracked neck .. | Taken up with Dairy. |
| 2 | Coconut Iced Cake .. | Embedded finger nail paring .. | Warning letter from Department. |
| 3 | Loaf (Fruit Bread) .. | Contained wad of paper | Warning letter from Town Clerk. |
| 4 | Mixed Fudge | Nuts in the fudge of poor quality | Stock returned to Supplier. |
| 5 | Golden Raising Powder .. | Tin contained beetle .. | Warning letter from Town Clerk. |
| 6 | Lard .. | Slight rancidity .. | Taken up with suppliers. |
| 7 | Apricot Pie .. | Stale—cause of gastro enteritis? | Satisfactory. |
| 8 | Jar of Pickled Onions | Discoloured .. | Taken up with suppliers. |
| 9 | 'Vienna' Loaf .. | Black specks in substance (found to be due to rust—mechanical fault) | Warning letter from Town Clerk. |
| 10 | Bottle of Orangeade .. | Containing glass fragments .. | Warning letter from Town Clerk. |
| 11 | 3 Steak Pies .. | Affected by mould .. | Fined £10-0-0d. plus £3-3-0d. costs. |

| | | | |
|---|---|---|---|
| 12 | Imported Cheddar Cheese .. | Embedded glass .. | Warning letter from Department. |
| 13 | 2 Sausage Rolls | Affected by mould .. | Fined £5-0-0d. plus £3-3-0d. costs. |
| 14 | Portion of Chicken | Affected by "red things" | Satisfactory. |
| 15 | Pure Natural Honey .. | Taste of added Molasses | Satisfactory—(see Sample No. 341). |
| 16 | Tin of Beef Steak with gravy (imported) | Contained part of a ticket marked "Ewe Mutton" | Warning letter from Department. |
| 17 | Loaf of Bread .. | Containing dead winged insect .. | Warning letter from Town Clerk. |
| 18 | Baby Cereal .. | Smell when hot milk added | Satisfactory. |
| 19 | Meat .. | Possible contamination due to method of delivery (uncovered) | Warning letter from Department. |
| 20 | Jellied Eels .. | Dead flies in the jelly in the display container in shop window | Remainder of stock condemned. |
| 21 | Fruit stripe 5 flavors Chewing Gum—imported | Cause of stomach upset, (Gum contains Butylated Hydroxytoluene) | Satisfactory. Extra ingredient not present in British gum. |
| 22 | Cut-lump salt | Contains metal objects | Pan scale—satisfactory. |
| 23 | Lemon Squash.. | Old stock. ? cause of stomach upset .. | Not unfit but remainder of stock withdrawn from sale. |
| 24 | Tinned Meat .. | Unfit? .. | Satisfactory. |
| 25 | Steak and kidney pie .. | Mould on meat .. | Warning letter from Town Clerk. |
| 26 | Thin sliced Bread | Black marks on side .. | Warning letter from Town Clerk. |
| 27 | Fruit Cocktail .. | Containing a bee .. | Taken up with suppliers. |
| 28 | Thin sliced Bread | Affected by mould .. | Warning letter from Town Clerk. |
| 29 | Loaf of Bread .. | Presence of one larva and excrement? | A soil centipede. No action possible. |
| 30 | Breadcrumbs .. | Mouldy .. | Remainder of stock withdrawn from sale. |

(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—

| | *Ton* | *Cwt.* | *Qtrs.* | *Lbs.* |
|---|---|---|---|---|
| Meat .. .. .. .. | 2 | 3 | 3 | $22\frac{1}{4}$ |
| Compounded Foods .. .. | — | 1 | 3 | $2\frac{1}{4}$ |
| Fish .. .. .. .. | 1 | 4 | — | $7\frac{1}{4}$ |
| Poultry and Game .. .. .. | — | 2 | 1 | $15\frac{3}{4}$ |
| Shell Fish .. .. .. | — | — | 3 | $6\frac{3}{4}$ |
| Milk .. .. .. .. | — | 2 | 2 | 24 |
| Fruit .. .. .. .. | — | 11 | 2 | $17\frac{1}{4}$ |
| Vegetables .. .. .. | — | 17 | 1 | $20\frac{1}{2}$ |

| | *Ton* | *Cwt.* | *Qtrs.* | *Lbs.* |
|---|---|---|---|---|
| Groceries .. .. .. | — | 11 | 3 | 5 |
| Ice Cream.. .. .. .. | — | — | — | $7\frac{1}{2}$ |
| Sweets, etc. .. .. .. | — | 1 | 3 | $3\frac{1}{2}$ |
| Miscellaneous .. .. .. | — | 1 | 3 | 6 |
| | 6 | — | — | 26 |

## (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 .. .. | 401 | |
| Private houses taking boarders .. .. | 226 | |
| Restaurants, cafes and eating houses .. | 116 | |
| School kitchens and W.V.S. kitchen .. | 12 | |
| Bakehouses .. .. .. .. | 24 | |
| Fried Fish premises .. .. .. | 18 | |
| Food factories .. .. .. | 8 | |
| Mineral water factories .. .. | 1 | |
| | —— | 806 |
| Retail:— | | |
| Grocers .. .. .. .. | 188 | |
| Fish shops .. .. .. .. | 29 | |
| Bakers—retail .. .. .. | 66 | |
| Butchers .. .. .. .. | 56 | |
| Confectioners .. .. .. .. | 96 | |
| Fruiterers .. .. .. .. | 87 | |
| Licensed premises .. .. .. | 137 | |
| | —— | 659 |
| | Total: | 1465 |

**Registered Food Premises:—**

| | *No. of Premises* |
|---|---|
| Hastings Corporation (General Powers) Act 1937. | |
| Ice Cream Manufacturers .. .. | 9 |
| Ice Cream Retailers .. .. .. .. | 427 |
| Pressed and preserved meats .. .. .. | 88 |
| Fish Hawkers .. .. .. .. | 23 |
| Milk and Dairies Regulations, 1959. | |
| Pasteurising Plants .. .. .. .. | 1 |
| Distributors .. .. .. .. .. | 68 |
| | 616 |

| **Inspection of Food Premises:—** | *Inspections* |
|---|---|
| Bakehouses | 37 |
| Butchers | 340 |
| Cafes, Restaurants, etc. | 308 |
| Dairies and Milkshops | 317 |
| Fish Shops | 23 |
| Fishmarket | 299 |
| Hawkers | 54 |
| Hotels and licensed premises | 81 |
| Boarding and Guest Houses | 144 |
| Ice Cream premises | 400 |
| Preserved Meat Shops | 62 |
| Slaughterhouse | 378 |
| Other food premises | 1032 |
| | 3,475 |

**General:**

Routine work in relation to the chain of production, distribution, storage, retailing, preparation and delivery to the consumer was maintained at the maximum possible level so far as staff limitation would allow, and a total of 751 samples of food and drink were taken for bacteriological or analytical examination.

The number of inspections (3475) to food premises, was 501 more than in the previous year. Improvements to 73 food premises were carried out. Some of the slack in this direction was taken up at the expense of housing work, but with present staffing, this is only a temporary improvement, and is still not nearly enough. As an example, there are 764 hotels, boarding houses and licensed premises, but only 225 inspections of this type catering premises were made throughout the year. In addition, little progress has been made in action to ensure the provision of toilet and washing facilities for public use in catering establishments.

Much therefore remains to be done if a high standard of hygiene is to be attained, a matter of vital importance in a catering community.

## (G) FOOD HYGIENE—EDUCATION

So much is dependent on the human element even in this era of the machine, that the personal approach to food hygiene is paramount. It is of the utmost importance that food handlers should know what they are about, and the dangers that can lurk in a pair of hands, to flare up into a catastrophic outbreak of food poisoning. Here again there is a wide demand for further effort, as a policy of insurance and prevention.

During the year 33 lectures were given to catering students at the College of Further Education, and 22 students were successful in obtaining a nationally recognised Diploma in Food Hygiene. This is work that could and should be expanded, given the necessary facilities.

## (H) FERTILISERS AND FEEDING STUFFS ACT 1926.

10 formal samples (5 feeding stuffs and 5 fertilisers) were taken for analysis and 22 inspections of wholesale and retail premises carried out.

Two samples were reported upon adversely by the agricultural analyst, and details of these samples are given on the next page.

| *Sample No.* | *Item* | *Analyst's report* | *Action taken* |
|---|---|---|---|
| 108 | Hoof and Horn Meal | Contained 1.5% excess of nitrogen. | Taken up with manufacturer; not to prejudice of purchaser. |
| 110 | National Growmore Fertiliser | Deficient in nitrogen 1.5% Phosphoric acid insoluble 1.71%. Excess of phosphoric acid soluble 4.31%, Potash 5.0% | Taken up with manufacturer; wrong fertiliser packed in National Growmore bags. Reported to Ministry, who were of the opinion that it was not a case for prosecution. Consignment taken off sale. Investigated by Authority in area of manufacture and steps taken to prevent recurrence. |

## (I) MERCHANDISE MARKS ACTS 1877 - 1926

This legislation is designed to protect the public from misleading statements and misrepresentation, and requires imported foods to be marked when displayed for sale. Infringements were found to be of omission rather than direct misrepresentation, and related to imported fruit, vegetables (particularly tomatoes) and meat.

286 check inspections were made, and 56 notices issued in respect of contraventions.

## (J) 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<br>Butchers and Meat Retailers Half Holiday Order 1923 | Fix Wednesday as Early Closing Day |
| 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 43 extending the general closing hour to 9 p.m. for the period 17-21st and 24th December.

Order under Section 42 extending general closing hour to 9.30 p.m. for purposes of a Trade Fair, 30th June to 7th July 1962 (excluding Sunday, 1.7.62).

19 contraventions were dealt with relating to the closing of shops on Sundays and on the weekly half day. Warning was given in each case.

The Sunday opening of shops, particularly in seasonal trades, continues to raise difficulties. A fine Sunday in May or October, when shops must remain closed, will bring a large influx of visitors, whilst shopkeepers complain that on a Sunday when they can legally open, bad weather can kill trading. At a time when holiday resorts are seeking to extend the season as far as possible, it seems irrational that shopping facilities for visitors should not be available if the demand exists, from April to October.

So far as welfare provisions are concerned a reasonable standard is generally maintained, but heating of shops, particularly the semi-open food shop presents a seasonal problem. Improvements in heating were made in six premises following representations by the Department.

Throughout the year, 449 inspections of shop premises were carried out, a not very satisfactory picture bearing in mind the large number of retail shops in the borough, but again an effort controlled by limitation of staff.

| Contraventions | Informal Notices Served | Remedied |
|---|---|---|
| S.1 Closing of Shops on weekly half-holiday | 13 | 12 |
| S.2 General Closing Hours | — | — |
| Closing Orders | — | — |
| Trading outside Shops and Shops with several trades | 1 | 1 |
| Statutory Half-holiday for Assistants | — | 1 |
| Meal Times | — | — |
| Sunday Employment | — | — |
| Hours of Employment—Persons between 16—18 | — | — |
| Do. do. —under 16 | — | — |
| Night Employment | — | — |
| Seats for Female Shop Workers | 5 | 6 |
| Sanitary and other arrangements in shops | 8 | 16 |
| Closing of Shops on Sunday | 6 | 6 |
| Shops where several trades or businesses are carried on | 5 | 7 |
| Other offences connected with Sunday trading | — | — |
| Any other offences | — | — |
| **Records not kept and Notices not exhibited :** | | |
| Young Persons—Forms E. or F. & G. | 6 | 10 |
| Abstracts of Act—Forms H. or J. | 4 | 7 |
| Seating Accommodation—Form K | 13 | 15 |
| Assistants Half-holiday Notice | 11 | 17 |
| Early Closing Day Notice | 5 | 11 |
| Mixed Shop Notice—Early Closing Day | 5 | 4 |
| Do. —Sunday | 6 | 7 |

## (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.

6 pet shops in the borough were licensed.

During routine observation throughout the year, all were found to be satisfactorily run. 9 inspections of these premises were carried out.

# THE SCHOOL HEALTH SERVICE

## REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1962

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 1962.

The total number of school children on the registers again showed a decrease, there being 236 fewer than in the previous year (7,853 as against 8,089). There were 85 fewer children registered at Primary Schools, 151 fewer at Secondary Schools, whilst 4 more children were in attendance at Special Day Schools for the Handicapped. There were 367 more Routine Medical Inspections (2,770 as against 2,403) and special inspections and re-inspections showed an increase of 158. There was a decrease in both the number of dental inspections and the number treated, the decrease being 688 in the former case, and 272 in the latter. There are three reasons for this decrease. One, the quarterly "check ups" given to keep children dentally fit are not included, and of course eat into the time formerly allocated to general inspection and treatment. The Principal School Dental Officer reports that the number of children attending these "check ups" is steadily increasing, which is most gratifying. Two, a further session per week is lost to general inspections because the dental officers work in close collaboration with Mr. Plint the Consultant Orthodontic Specialist on each of his weekly sessional visits to the clinics, and lastly, though there were no dental staff changes, a more than usual amount of time was lost through minor illnesses.

Out of a total of 2,770 children medically examined, 85 were classified as "unsatisfactory". Though this number shows a slight increase on the previous year, the general standard of health and physique of children continued to be very satisfactory.

Proposed changes in the system of routine medical inspections were discussed at length, in the first place among the staff of the Health Department, and subsequently with Head Teachers, the result being that the modified scheme mentioned in last year's report was brought into force during the autumn term of the year. It has worked well, and proved time saving both from the Medical and Teaching points of view. A timely health questionnaire to parents has meant less time being spent on normal children and allowed more time to be devoted to those children with physical or mental problems.

Work in connection with early detection of defects of hearing continued throughout the year, and the audiometric testing of selected children was increased. A full audiogram was carried out on all children referred for speech therapy, on all those referred by the Educational Psychologist for assessment on form 3 H.P., and on all children referred for behaviour problems to the Psychiatric Clinic. The full extent of the problem has not yet been ascertained, but measures have been planned to cope with it.

My sincere thanks are due to you, Mr. Chairman, and to your members for their continued encouragement and support given to me; to the Chief Education Officer and his staff for their unfailing help and guidance; to the Head Teachers who give us such helpful co-operation, and finally to my own staff for their sustained and loyal hard work.

With these brief comments I beg to submit the 1962 report, and have the honour to remain, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

T. H. PARKMAN,

*Principal School Medical Officer.*

## STATISTICAL SUMMARY FOR 1962

| | | |
|---|---|---|
| **TOTAL** number of children on school registers, 1962 | 7,853 | (8,089) |
| at Primary Schools .. .. | 4,229 | (4,314) |
| at Secondary Schools including Grammar Schools | 3,624 | (3,775) |
| at Schools for Handicapped children .. | 123 | (119) |
| **ROUTINE** medical inspections—total number inspected | 2,770 | (2,403) |
| special inspections and re-inspections .. | 1,282 | (1,124) |
| Minor ailments treated .. .. | 463 | (405) |
| **DENTAL** inspections—total number inspected .. | 5,941 | (6,629) |
| ,, ,, treated .. | 1,743 | (2,015) |
| Receiving orthodontic treatment | 214 | (236) |
| **DEFECTIVE VISION**—total number referred for examination | 793 | (623) |
| spectacles prescribed for .. | 204 | (155) |
| **HEALTH INSPECTIONS** by school nurses at schools | 14,056 | (16,890) |
| number found defective in cleanliness .. | 44 | (82) |
| **HOME VISITS** by school nurses .. .. | 915 | (1,073) |

**DEATHS OF SCHOOLCHILDREN:** I have to report that during 1962 3 deaths occurred in the resident child population aged 5—15 years.

| | |
|---|---|
| Cancer .. .. .. | 1 |
| Congenital Malformations .. | 1 |
| Tuberculous Meningitis .. | 1 |

## SECTION A
## MEDICAL INSPECTION AND WORK OF CLINICS

**Periodic (Routine) Medical Inspections.**

The original Ministry of Education regulations, whereby three periodic examinations were carried out during a child's school life, have been altered.

It will be remembered that in last year's Annual Report, it was mentioned that the Ministry of Education were urging Education Authorities to experiment with the regime of periodic inspections. Much thought was given the proposed changes before the new plan was adopted, and brought into force in the Autumn Term of 1962. The shape of the final scheme was influenced by the results of previous discussions on periodic medical examinations which showed that the entrance examination at age five is considered to be by far the most important, with perhaps the "leavers" at 14 plus the second important. It was decided that these should be supplemented by a suitable scheme of vision testing, medical visits to schools by doctors and school nurses, and timely health questionnaires to parents. The scheme as put into force in our schools in the Autumn Term, is described below in tabular form with explanatory notes.

Although the questionnaires eliminate to a great extent the need for parents to be present at examinations, it is particularly desirable in the initial 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 the inspection. With regard to the "leavers", a discussion of the child's future employment in the light of his or her medical condition may necessitate the parents' presence at the examination.

"Special" examinations will be unaltered by the new scheme, and continue to present many difficulties. Because of the time involved in such investigation, especially where there are behaviour problems, it has been considered impossible to do them thoroughly during a school examination, and accordingly a special appointment is made at the clinic.

The preliminary "preparation" of the child by the school nurse includes weighing and measuring, sight testing, 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.

Testing of colour vision is carried out in the second and third groups of boys only, as "colour blindness" like haemophilia is a defect carried on by the female sex but not exhibited by them. Where extreme colour blindness is found in boys, advice is given to the parents with regard to post-school employment of their children. Many jobs require normal colour vision and these jobs are quite definitely barred to boys with colour blindness.

Thanks to the excellent co-operation from Head Teachers and parents, the scheme has worked smoothly from the beginning, and has been remarkably clear of the teething troubles often associated with a new project. It has proved time saving both from the view point of the school medical service, and from that of the school teachers.

## PROGRAMME OF MEDICAL INSPECTION THROUGH SCHOOL LIFE

| Age | Routine Inspection | Selection Conference | Eye Test | Audiogram | Questionnaire | Other |
|---|---|---|---|---|---|---|
| INFANTS 5 | + Full medical insp. 12 per session | | + | | + | |
| 6 | | | + | + | | |
| JUNIOR 7 | | + | + | | | |
| 8 | | + | + | | | |
| 9 | | + | + | + | | |
| 10 | | | + | | + | |
| SENIOR 11 | | + | + | | | |
| 12 | | + | | | | |
| 13 | | + | + | | | |
| 14 | + Selective modified leavers examn. | | | | + | Completion of a Youth Employment form for leavers. |
| 15–18 | + Selective modified leavers examn. | | | | | Completion of a Youth Employment form for leavers in last year at school. |

(i) It will be seen that the present 5 plus examination is retained, although it is proposed to devote more time to each child in view of the importance attached to this particular inspection.

It is hoped to visit each infant school once per term to enable entrants to be examined in their *second* term at school: exceptional, the examination can be in the *first* term if it appears desirable to the Head Teacher in any particular case.

(ii) The 14 plus examination is retained in modified form: all leavers are interviewed and each child's health during school life is reviewed, the records being available; enquiry into his proposed occupation in relation to any disability he may have; he can comment on any worries he has about his health; the Head Teachers' comments (ascertained beforehand) should be available; the child is actually medically examined in part or whole as there appears need to do so, or not at all if no need is apparent.

(iii) A similar selective modified leavers examination is suggested in the last year at school for those who remain beyond age 15.

At the appropriate leavers' inspection, the youth employment "suitability" form can be completed for every child.

(iv) Eye tests are proposed each year from ages 5 to 11 inclusive and again at 13.

(v) Routine audiometry is proposed at ages 6 and 9. An abbreviated form of test will be used to screen the children in school, any doubtful cases being investigated with full frequency range tests by appointment at the school clinics.

(vi) Questionnaire to parents. It is proposed to send a simple but extensive questionnaire to parents of all children enquiring into the previous medical history, with particular reference to certain symptoms in the previous year. This will be sent at ages 5 and 14 to tie in with the periodic inspections at those ages, and at age 10 as an intermediate source of information.

Accompanying the first questionnaire at age 5 will be a short letter telling parents of the medical arrangements made for the child throughout its school life.

(vii) The ascertainment of defects which appear for the first time after 5 and which do not come to light from any other source (hospital reports, school nurse, "specials", etc.) hinges on Selection Conferences held at ages 7-9 and 11-13 inclusive. Each child would in each of these years be the subject of a "conference" held at the school: conferences would be held either yearly or preferably termly if convenience and resources permit, so that new arrivals or absentees can be picked up. Each "conference" would involve Head Teacher, School Medical Officer and school nurse, and if necessary in a particular case, the form teacher. Their combined knowledge of the child, plus attendance records, medical records and the questionnaires referred to in (vi) above, plus if possible a quick look at the children in class, perferably a P.T. session, should enable a fairly good selection to be made of those children (probably comparatively few) who need a partial or complete medical inspection as to physical defects or reference to the educational psychologist as to educational problems or to the child guidance team as to psychiatric or behaviour problems. Children selected for medical examination would be seen later in a session held either at the school or school clinic as convenient. Special attention to be given at the 7 plus selection conference to child's mental ability, educational and general progress: each conference to review specially any backward child.

Every child on the school attendance register would be reviewed at the conference: newcomers to Hastings schools, whatever their age, would therefore automatically be seen during the first year after transfer, whatever his age, and would probably be selected for complete medical examination.

## 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 | | Unsatisfactory | |
|---|---|---|---|---|---|
| | | No. of Col. (2) | % | No. of Col. (2) | % |
| (1) | (2) | (3) | (4) | (5) | (6) |
| 1958 and later | — | — | — | — | — |
| 1957 | 313 | 312 | 99.7 | 1 | .3 |
| 1956 | 410 | 407 | 99.3 | 3 | .7 |
| 1955 | 72 | 71 | 98.6 | 1 | 1.4 |
| 1954 | 35 | 34 | 97.1 | 1 | 2.9 |
| 1953 | 25 | 25 | 100 | — | — |
| 1952 | 38 | 37 | 97.4 | 1 | 2.6 |
| 1951 | 624 | 616 | 98.7 | 8 | 1.3 |
| 1950 | 254 | 247 | 97.2 | 7 | 2.8 |
| 1949 | 48 | 46 | 95.8 | 2 | 4.2 |
| 1948 | 22 | 22 | 100 | — | — |
| 1947 and earlier | 929 | 868 | 93.4 | 61 | 6.6 |
| Total | 2770 | 2685 | 96.9 | 85 | 3.1 |

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) |
|---|---|---|---|
| 1958 and later | — | — | — |
| 1957 | 9 | 58 | 60 |
| 1956 | 7 | 43 | 46 |
| 1955 | 4 | 10 | 13 |
| 1954 | 2 | 3 | 5 |
| 1953 | 4 | 4 | 8 |
| 1952 | 3 | 7 | 8 |
| 1951 | 29 | 41 | 66 |
| 1950 | 25 | 28 | 52 |
| 1949 | 3 | 4 | 7 |
| 1948 | 1 | 1 | 2 |
| 1947 and earlier | 70 | 54 | 120 |
| Total | 157 | 253 | 387 |

C.—Other Inspections.

| | | |
|---|---|---|
| Number of Special Inspections ... ... ... | 735 | (737) |
| Number of Re-Inspections ... ... ... | 547 | (387) |
| Total | 1282 | (1124) |

## D.—Return of Defects found by Medical Inspection in the Year ended 31st December 1962

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 inspection.

| Defect Code No. | Defect or Disease | Periodic Inspections | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|---|
| | | Entrants | | Leavers | | Others | | | |
| | | Requiring | | Requiring | | Requiring | | Requiring | |
| | | Treatment | Observation | Treatment | Observation | Treatment | Observation | Treatment | Observation |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 4 | Skin .. .. .. | 1 | 8 | 25 | 7 | 13 | 7 | 39 | 22 |
| 5 | Eyes: *a.* Vision .. | 16 | 39 | 99 | 44 | 42 | 38 | 157 | 121 |
| | *b.* Squint .. | 13 | 19 | 6 | 5 | 6 | 8 | 25 | 32 |
| | *c.* Other .. | 2 | — | 3 | 2 | — | — | 5 | 2 |
| 6 | Ears: *a.* Hearing .. | 17 | 21 | 5 | 3 | 5 | 5 | 27 | 29 |
| | *b.* Otitis Media .. | 2 | 12 | — | 1 | 1 | 2 | 3 | 15 |
| | *c.* Other .. | — | 1 | — | 1 | — | 1 | — | 3 |
| 7 | Nose and Throat .. | 17 | 34 | 6 | 4 | 4 | 8 | 27 | 46 |
| 8 | Speech .. .. | 24 | 30 | 2 | 7 | 2 | 13 | 28 | 50 |
| 9 | Lymphatic Glands .. | — | 5 | 1 | 1 | 1 | 1 | 2 | 7 |
| 10 | Heart .. .. | 3 | 2 | 4 | 6 | 6 | 6 | 13 | 14 |
| 11 | Lungs .. .. | 5 | 26 | 5 | 21 | 6 | 18 | 16 | 65 |
| 12 | Developmental: *a.* Hernia | 1 | 1 | 1 | — | — | 1 | 2 | 2 |
| | *b.* Other | 4 | 20 | 5 | 25 | 7 | 37 | 16 | 82 |
| 13 | Orthopaedic: *a.* Posture | — | 7 | 5 | 7 | 2 | 9 | 7 | 23 |
| | *b.* Feet .. | 3 | 4 | 2 | 2 | 1 | 1 | 6 | 7 |
| | *c.* Other .. | 6 | 4 | 13 | 12 | 7 | 13 | 26 | 29 |
| 14 | Nervous System: *a.* Epilepsy | 1 | — | 1 | 3 | — | 5 | 2 | 8 |
| | *b.* Other | — | 1 | — | 2 | — | 3 | — | 6 |
| 15 | Psychological: *a.* Development | — | 19 | 1 | 9 | 1 | 17 | 2 | 45 |
| | *b.* Stability | — | 9 | — | 7 | 1 | 5 | 1 | 21 |
| 16 | Abdomen .. .. | — | 1 | — | — | — | 1 | — | 2 |
| 17 | Other .. .. | 2 | 1 | 1 | 3 | 2 | — | 5 | 4 |

## 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 .. .. .. .. | 299 | 6 |
| 5. | Eyes: *a.* Vision .. .. | 73 | 9 |
| | *b.* Squint .. .. | 7 | — |
| | *c.* Other .. .. | 52 | 5 |
| 6. | Ears: *a.* Hearing .. .. | 5 | 2 |
| | *b.* Otitis Media .. .. | 1 | — |
| | *c.* Other .. .. | 16 | — |
| 7. | Nose and Throat .. .. | 14 | 6 |
| 8. | Speech .. .. .. .. | 12 | 3 |
| 9. | Lymphatic Glands .. .. | — | 1 |
| 10. | Heart .. .. .. .. | 2 | 2 |
| 11. | Lungs .. .. .. .. | 8 | 6 |
| 12. | Development— | | |
| | *a.* Hernia .. .. | — | — |
| | *b.* Other .. .. | 5 | 7 |
| 13. | Orthopaedic— | | |
| | *a.* Posture .. .. | 1 | 3 |
| | *b.* Feet .. .. | 7 | 5 |
| | *c.* Other .. .. | 17 | 1 |
| 14. | Nervous system— | | |
| | *a.* Epilepsy .. .. | — | 3 |
| | *b.* Other .. .. | 1 | 1 |
| 15. | Psychological— | | |
| | *a.* Development .. | 2 | 1 |
| | *b.* Stability .. .. | 3 | 4 |
| 16. | Abdomen .. .. .. | — | — |
| 17. | Other .. .. .. .. | 132 | 8 |

**General Condition of Children.**

The new classification system of grading into categories "satisfactory" and "unsatisfactory" is now established. It givea a true assessment of positive health or lack of it by including criteria such as mental and physical alertness, susceptibility to minor infections and ill health, stamina and vitality in addition to assessment on nutritional grounds.

**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 .. .. .. | 14,056 | (16,890) |
| (ii) | Number of individual children found unclean | 44 | (82) |
| (iii) | Number of children in respect of whom cleansing notices were issued (Education Act 1944, Sect. 54 (2) .. .. | 10 | (27) |
| (iv) | Number of children in respect of whom cleansing orders were issued (Education Act 1944, Sect. 54 (3) .. .. | — | (—) |

There has been a substantial decrease in the number of children found to be unclean, almost half of last year's total. The number of Cleansing Notices issued was almost two-thirds less than the previous year's total.

**Work of School Nurses.**

| | | |
|---|---|---|
| Visits to homes:— | | |
| By direct instructions of School Medical Officer | 428 | (311) |
| At request of School Enquiry Officer .. | 6 | (23) |
| Following up of cases of uncleanliness .. | 81 | (208) |
| General cases, following up .. .. .. | 400 | (531) |
| | 915 | (531) |
| School visits—miscellaneous .. .. | 523 | (509) |
| Total: | 1,438 | (1,582) |

With regard to the figures in the previous paragraph, it is gratifying to note the decrease in the number of visits required to follow up cases of uncleanliness.

**School Clinics:**

The range of problems dealt with at the minor ailment clinics was again wide and varied. It was noted in last year's report that there had been a further falling off in total attendances made, and a decrease in the total number found to require treatment. This trend, indicating as it does a sustained improvement in the general health of school children, has been maintained this year, though only to a slight extent.

The Child Welfare and Minor Ailments Clinic had again to share time and place with sessions for immunisation 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 invesitgation at the school clinic and are seen as frequently as considered necessary.

**Analysis of work done at the Clinics.**

| | | |
|---|---|---|
| Total number of children examined .. .. | 720 | (768) |
| Total attendances made .. .. .. | 1,206 | (1,219) |
| Total number found to require treatment .. | 469 | (472) |

**Minor Ailments treated:**

| **Disease—** | | |
|---|---|---|
| Ringworm (body) .. .. .. | — | (2) |
| ,, (scalp) .. .. .. | — | (1) |
| Scabies .. .. .. .. | 8 | (—) |
| Impetigo .. .. .. .. | 14 | (20) |
| Miscellaneous (minor injuries, burns, scalds, sores, abscesses, etc.) .. .. .. .. | 79 | (64) |
| Ear, nose and throat .. .. .. | 34 | (25) |
| Eye diseases (external) .. .. .. | 51 | (45) |
| Verrucae (Plantar Warts) .. .. .. | 99 | (36) |
| Other skin diseases .. .. .. | 178 | (212) |
| | 463 | (405) |

**Exclusions from School.**

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

| | | |
|---|---|---|
| Diseases of the skin (including ringworm, scabies and impetigo) .. .. .. .. .. | 21 | (5) |
| Infectious diseases (including rheumatism and influenza) | — | (1) |
| Bronchial catarrh and colds, etc. .. .. | 1 | (—) |
| Nervous system .. .. .. .. | — | (—) |
| Diseases of the eye .. .. .. .. | 10 | (1) |
| Nits and vermin and uncleanliness .. .. | 9 | (6) |
| Inflammatory conditions of the throat .. .. | 1 | (—) |
| Diseases of the digestive system .. .. | — | (—) |
| Others .. .. .. .. .. | 4 | (—) |
| | 46 | (13) |

**Infectious Diseases.**

The number of cases of infectious diseases notified by general practitioners for the year 1962 occurring in school children, are:

| | | | |
|---|---|---|---|
| Pneumonia .. | 2 | Erysipelas .. | 1 |
| Scarlet Fever .. | 4 | Tuberculosis .. | 4 |
| Measles .. | 50 | Dysentry .. | 3 |

Any case of infectious disease coming to the notice of a head teacher, school nurse of 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.e.*, the other members of the family or household living together as a family, that is, in one tenement. |
| **SCARLET FEVER** (and streptococcal sore throat) | 2—5 | 1—2 | 7 days after discharge from hospital or from home isolation (unless "cold in the head," discharge from the nose or ear, sore throat, or "septic spots" be present.) | Children—no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certifies that they may resume work. |
| **DIPHTHERIA** | 2—5 | — | Until pronounced by a medical practitioner to be fit and free from infection. | At least 7 days. Return to school should not be permitted until bacteriological examination has proved negative. |
| **MEASLES** | 10—15 | 3—4 | 10 days after the appearance of the rash if the child appears well. | Children under 5 years of age should be excluded for 14 days from date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded. A child who is known with certainty to have had the disease need not be excluded. |
| **GERMAN MEASLES** | 14—21 | 0—2 | 7 days from the appearance of the rash. | None. |
| **WHOOPING COUGH** | 7—10 | — | 28 days from the beginning of the characteristic cough. | Children under 7 years of age should be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded. |
| **MUMPS** | 12—28 | — | 7 days from the subsidence of all swelling. | None. |
| **CHICKEN POX** | 11—21 | 0—2 | 14 days from the date of appearance of the rash. | None. |
| **POLIOMYELITIS** | 7—14 | — | At least 6 weeks. Will usually require a much longer period for recovery. | At least 21 days. |
| **ENCEPHALITIS** | 4—30 | — | | |
| **MENINGOCOCCAL INFECTION** | 2—10 | — | | |

**Tuberculosis.**

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

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

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

Of 842 children 692 consents were obtained and 648 actually attended—and the scheme was offered but not urged on parents in any way.

68 children were positive and 580 negative. 577 children were immunised. This gives a figure of 89.5% negative and 10.5% 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 head teachers 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 class mates 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.**

The danger of the continued decrease in the percentage of children being protected against diphtheria cannot be over emphasised, or too often repeated. This gradual decrease continues and is country-wide and not confined to the Borough.

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 1962 a total of 177 children were medically examined for employment under the provisions of the Children and Young Persons Act, 1933.

Employment cards were issued as follows:—

| | | |
|---|---|---|
| Errands .. .. .. | 28 | (33) |
| Delivery of newspapers .. .. | 48 | (44) |
| Assisting in shops .. .. | 66 | (93) |
| Other employments .. .. | 35 | (51) |

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.

**Provision of Meals in Schools.**

The Chief Education Officer reports as follows:—

During the year, the Schools Meals Service provided 781,083 meals to maintained and independent schools in the Borough. The average number of meals provided daily was 3,944 of which 359 were provided free. As in previous years, the service to children with special dietary needs was maintained.

Since the last annual report, there have been two further developments in the School Meals Service staff training scheme—

(*a*) In September, a Cadet Training Scheme for school leavers was introduced. This covers a period of three years and is run on a day release basis combining practical work in a School Meals kitchen with attendance on one day per week at the Catering Department of the College of Further Education, where the Cadets study for City and Guilds Courses 150/151.

(*b*) During the summer holidays, a short training film was produced dealing with Kitchen Hygiene and Washing and Sterilising of dining equipment. This film was in the nature of an experiment. It received commendation from the Chief Public Health Inspector and as a training medium proved such a success that in the New Year a review of the School Meals Staff Training Scheme will be carried out.

**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.

**Milk in Schools Schemes.**

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

| | *No. of Children in* | | *No. of Children taking milk* | |
|---|---|---|---|---|
| | County and Voluntary Schools | Independent Schools | County and Voluntary Schools | Independent Schools |
| October, 1961 | 7,612 | 1,927 | 6,469 | 1,660 |
| October, 1962 | 7,226 | 1,853 | 6,030 | 1,532 |

**Special Clinics:**

**Ophthalmic Clinic.**

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

Mr. Hollingsworth comments:—The work is well up to date and children are seen quite quickly.

More young children are referred to hospital before they become of school age, so the numbers at the school clinics tend to decline.

Any child with a squint is transferred to the hospital service where they can be dealt with more adequately.

**Treatment of Eye diseases, defective vision and squint, 1962.**

| | *By Authority Service* | | *Otherwise* | |
|---|---|---|---|---|
| External and other, excluding errors of refraction and squint .. .. | 52 | (45) | — | (—) |
| Errors of refraction (including squint) .. | 793 | (623) | — | (—) |
| Total .. .. .. | 845 | (668) | — | (—) |
| Number of pupils for whom spectacles were prescribed .. ..... | 204 | (155) | — | (—) |

**Child Guidance Clinic.**

This clinic is held at 33 Cambridge Road, Hastings. The full staff consists of a psychiatrist, educational psychologist, social worker and a clerk.

The new scheme of a shared service with Eastbourne County Borough continues to be satisfactory, and the work during the year was carried out efficiently and harmoniously. Under the scheme the two Authorities share equally the services of the psychiatric social worker, the educational psychologist and the clerk, whilst the Regional Hospital Board continue to provide a psychiatrist on a sessional basis.

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 school children 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, 1962:—

| | Hastings Cases | |
|---|---|---|
| Number of new cases referred in 1962 .. .. | 102 | |
| Number of cases re-referred in 1962 .. .. .. | 8 | 110 |
| Referred by: | | |
| School Medical Officers .. .. .. | 19 | |
| Schools .. .. .. .. .. | 37 | |
| Private Doctors .. .. .. .. | 23 | |
| Hospitals .. .. .. .. .. | 7 | |
| Juvenile Courts .. .. .. .. | — | |
| Probation Officers .. .. .. .. | 1 | |
| Children's Officer .. .. .. .. | 14 | |
| Parents and other sources .. .. .. | 9 | 110 |
| Problems: | | |
| Personality and nervous disorders .. .. | 20 | |
| Habit disorders .. .. .. .. | 2 | |
| Behaviour disorders .. .. .. | 31 | |
| Educational and vocational guidance .. .. | 56 | |
| Special examination for Juvenile Court or placement | 1 | 110 |

| | | |
|---|---|---|
| How dealt with: | | |
| Psychiatric treatment | 16 | |
| Remedial teaching | 2 | |
| Periodic supervision | 57 | |
| Advice | 7 | |
| Intelligence tests (and closed) | 3 | |
| Withdrawn before diagnostic interview | 3 | |
| Awaiting (diagnostic, or intelligence tests) | 22 | 110 |
| Analysis of Treatment. Cases closed during current year: (i.e. old and new cases seen by Psychiatrist in 1962 and previous years and discharged during 1962 according to the following categories)— | | |
| Discharged—Improved | 2 | |
| Not improved | — | |
| After advice | 6 | |
| Transferred | 2 | |
| Unco-operative | 1 | |
| Psychiatrist: | | |
| Diagnostic interviews | 60 | |
| Treatment interviews | 226 | |
| Psychologist: | | |
| Interviews for tests (including school tests) | 117 | |
| School visits | 52 | |
| Home and Miscellaneous visits | 56 | |
| Remedial teaching interviews | 196 | |
| Supervision interviews | 16 | |
| Clinic interviews with parents, etc. | 57 | |
| Analysis of remedial teaching: | | |
| Discharged—Improved | 2 | |
| Unco-operative | 1 | |
| Transferred to Special School or class | — | |
| Moved from district | 2 | |
| Still receiving remedial teaching | 7 | |
| Still under supervision | 1 | |
| Psychiatric Social Worker: | | |
| Interviews in Clinic | 253 | |
| Home and other visits | 200 | |
| Social histories | 42 | |

**Educational Psychology:**

The scheme for education psychology in the schools continued during the year and once more it was found possible to increase the number of school visits. The psychologist is able to make more contact with headmasters and test or advise on backward children, and others presenting educational problems, informally and directly. Although there has been a further increase in this work, the need for a full time psychologist is still there and it is planned that the Authority will eventually have one.

This will open up all sorts of possibilities which are under exploration by the Education Officer and the Principal School Medical Officer, not least of which should be early reference and advice, with perhaps eventually all educationally sub-normal cases being found through this channel rather than awaiting the formal request for ascertainment as at present.

**Speech Therapy Clinic:**

A full time speech therapist has been working throughout the year in Hastings. In May the staff was increased by the appointment of an assistant therapist working two sessions per week during school term time. This has resulted in a reduction of the time lag between referral and treatment and a general extension of the work.

Regular weekly visits have been made to even more schools this year. These include the Robert Mitchell Open Air School, Red Lake, and Mount Pleasant Infant Schools, Sandown and Elphinstone Junior Schools, the Wishing Tree School and the Occupation Centre. A weekly session at the Arthur Blackman Clinic continues to serve the Hollington schools. In addition sixteen home visits have been made and 266 parents have been interviewed.

There has been an increase in the number of pre-school children referred to the clinic this year, a great advantage as this often obviates the necessity of missing school to attend for Speech Therapy. Most of the cases are referred through the School Medical Officer.

| | | |
|---|---|---|
| No. of cases on register 1.1.62 | 116 | |
| No. of new cases admitted during year | 106 | |
| No. of patients discharged during year | 88 | |
| No. remaining on register 31.12.62 | 134 | |
| Total number of patients who received treatment during 1962 | 222 | |
| Analysis of cases treated: | | |
| Stammering | 28 | |
| Dyslalia | 100 | |
| Dyslalia, due to low I.Q. | 19 | |
| Alalia | 4 | |
| Dysarthria | 7 | |
| Dysphonia | 2 | |
| Distorted vowels | 3 | |
| Sigmatism only | 43 | |
| Slow speech development | 12 | |
| Cleft Palate | 2 | |
| Dysenia | 2 | 222 |
| Discharged: | | |
| Dyslalia—Normal Speech | 30 | |
| Much improved | 9 | |
| Continually failed to attend | 2 | |
| Transferred to other clinics | 1 | |
| Treatment unnecessary or refused | 2 | |
| Stammering—Normal speech | 3 | |
| Much improved | 6 | |
| Left school | 1 | |
| Sigmatism—Normal speech | 8 | |
| Much improved | 9 | |
| Left the district | 1 | |
| Continually failed to attend | 2 | |
| Dysenia—Handed on to Teacher of Deaf | 1 | |
| Dyslalia due to low I.Q.—Speech normal | 1 | |
| Much improved | 4 | |

| | | |
|---|---|---|
| Slow speech development—Speech normal | .. | 2 |
| Much improved | .. | 1 |
| Transferred to other Clinics | .. | 1 |
| Dysarthria—Speech normal .. .. .. .. | | 1 |
| Left the country .. .. .. | | 1 |
| Deceased .. .. .. .. | | 1 |
| Cleft Palate—Transferred to Bexhill .. .. .. | | 1 |

**Foot Health Clinic:**

A fully qualified chiropodist is employed on a sessional basis and at present does three 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 1.4% in junior schools, 2.3% in seniors schools and 0.5% in infant schools.

During the year 481 new cases were treated at the foot clinic, making a total of 1,522 attendances.

Foot inspections by Chiropodist 1962:—

| | *No. Inspected* | *No. Verrucae* | *% Infected* |
|---|---|---|---|
| Senior Schools .. | 3,508 | 81 | 2.3 |
| Junior ,, .. | 2,461 | 34 | 1.4 |
| Infants ,, .. | 1,032 | 5 | .5 |

Mr. C. R. M. Gallini, the School Chiropodist, reports as follows:—

**School Inspections:**

All schools were inspected during the year with the exception of two infants' schools. These will be inspected early in 1963. Hastings Secondary Modern Girls' School was inspected twice.

**Verrucae** The figures for Verruca treatment are given below:

| | 1958 | 1959 | 1960 | 1961 | 1962 |
|---|---|---|---|---|---|
| New cases .. | 131 | 166 | 208 | 228 | 262 |
| Average number of attendances per case | — | — | 4.9 | 4.8 | 4.3 |

**Other Conditions:** ..

All conditions treated by chiropodists in the adult foot are seen to be latent in the foot of the school child. Treatment and advice are directed towards minimising the effect of the condition in later life.

In some cases, curly or burrowing toes are noted. Treatment of these has been much helped by the marketing of soft plastic foam in small-sized tubes. A piece of tubing is cut and fitted over the toe, having the immediate effect of separating it from its fellows. In the action of walking the tube and toe tend to be pushed into the proper space, thus having a straightening effect. Results to date have been encouraging.

## SECTION B
## SCHOOL DENTAL SERVICE

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

At the end of each year it is customary to review what has been accomplished during that year, but occasionally it is interesting to compare the position with that of ten or fifteen years before.

During that period we find that the number of permanent teeth filled has increased and the number of permanent teeth extracted for caries has decreased, but the greatest change is in the attitude of the mothers towards dental treatment.

The parents of the younger children nowadays, have always had the opportunity of full dental treatment under the National Health Service, or the School Dental Service. The majority, by their increasing use of these services have come to appreciate that there is more to dentistry than extractions following toothache.

Preventive medicine has made many advances during this period. All parents are conversant with the various means whereby poliomyelitis, diphtheria and whooping cough can be prevented, or its worst effects minimised. But what is the picture when they look at one of the most widespread diseases of the school child of all ages—dental caries.

There have been improvements in preparing and filling decayed teeth. Many more children have not known toothache because their parents bring them for regular 3—4 monthly checks, thus the cavities have been treated while still small. It is well known that good oral hygiene cuts down dental decay, but present day diet is not a help, in fact rather a hindrance.

In 1922, it was noted that in certain areas the children had conspicuously better teeth than the rest of the country. After various investigations it was found that the water in these areas contained slightly higher traces of fluorine than the rest of the country. Since then very extensive studies have been made both in this country and abroad. In each case it has been established that a slight increase of fluoride where it is too low, has definite advantages in the formation of a healthy dentition.

This will not prevent dental caries entirely, but it will give the children who keep their mouths clean a sporting chance of reaching an adult age with a sound dentition instead of being lucky if they have six to eight teeth without fillings.

Comparing 1952 and 1962, I should say the parents now appreciate the advantages of keeping one's own teeth, but a mouth full of patched up teeth is a far cry from a sound dentition.

During 1962, the dental staff increased the time spent on instructing the children on the care of their teeth, as we appear to be fighting a losing battle against the ravages caused by the increased consumption of sweetstuffs without following this up by thorough cleansing of the teeth.

Through the year we were fortunate in having no staff changes, and both clinics were fully staffed except for short periods due to illness. Pressure of work unfortunately once again defeated our hopes of inspecting each school annually, but the number of children kept dentally fit by quarterly "check-ups" is steadily increasing.

Mr. Plint, the Orthodontist, continues to visit the clinics one session per week. Working in close co-operation with the dental officer has helped with the selection of cases and he is available for consultation on borderline cases.

Under an arrangement with the L.C.C., we have continued to give dental treatment to the boys attending the George Rainey School for delicate children.

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

| | Spring Term | Summer Term | Autumn Term | Totals |
|---|---|---|---|---|
| Number Inspected .. .. | 37 | 34 | 34 | 105 |
| Number of Attendances at Clinic .. | 32 | 44 | 57 | 133 |
| Fillings { Permanent Teeth .. | 32 | 46 | 31 | 109 |
| Fillings { Temporary Teeth .. | 1 | 5 | 8 | 14 |
| Dressings { Permanent Teeth .. | 1 | — | 5 | 6 |
| Dressings { Temporary Teeth .. | — | 1 | 10 | 11 |
| Extractions { Permanent Teeth .. | 3 | 9 | — | 12 |
| Extractions { Temporary Teeth .. | 16 | 9 | 18 | 43 |
| Anaesthetics { Local .. .. | 3 | 3 | 6 | 12 |
| Anaesthetics { General .. .. | 7 | 6 | 5 | 18 |
| Other Operations .. .. .. | 6 | 8 | 13 | 27 |

I should like once again to thank the staffs of the schools and the Health Visitors, whose continued interest and assistance make the smooth working of the clinics possible.

Below are details of the work done during the year for the Local Authority's schools, the corresponding figures for 1961 are given in brackets.

| | | | | | |
|---|---|---|---|---|---|
| (1) | Number of pupils inspected by the Authority's Dental Officers: | | | | |
| | (a) at Periodic Inspections .. | 5,025 | (5,443) | | |
| | (b) as Specials .. .. .. | 916 | (1,186) | | |
| | Total (1) .. .. | | | 5,941 | (6,629) |
| (2) | Number found to require treatment | | | 3,889 | (4,490) |
| (3) | Number offered treatment .. .. | | | 3,889 | (4,484) |
| (4) | Number actually treated .. .. | | | 1,743 | (2,015) |
| (5) | Number of attendances made by pupils including those recorded at heading 13 (h) below .. | | | 6,823 | (6,569) |
| (6) | Half days devoted to: | | | | |
| | Periodic (School) Inspection .. | 26 | (23½) | | |
| | Treatment .. .. .. | 765 | (761½) | | |
| | Total (6) .. .. | | | 791 | (785) |
| (7) | Fillings: Permanent Teeth .. | 4,934 | (5,396) | | |
| | Temporary Teeth .. | 1,064 | (1,065) | | |
| | Total (7) .. .. | | | 5,998 | (6,461) |
| (8) | Number of teeth filled: | | | | |
| | Permanent Teeth .. .. | 4,118 | (4,502) | | |
| | Temporary Teeth .. .. | 952 | (949) | | |
| | Total (8) .. .. | | | 5,070 | (5,451) |
| (9) | Extractions: Permanent Teeth .. | 692 | (759) | | |
| | Temporary Teeth .. | 1,594 | (1,412) | | |
| | Total (9) .. .. | | | 2,286 | (2,171) |

| | | | | | |
|---|---|---|---|---|---|
| (10) | Administration of general anaesthetics for extraction .. .. .. | | | 737 | (793) |

**Orthodontics:**

| | | | | | |
|---|---|---|---|---|---|
| (11) | Number of pupils fitted with artificial dentures | | | 21 | (15) |
| (12) | Other Operations: | | | | |
| | Permanent Teeth .. .. | 2,586 | (2,080) | | |
| | Temporary Teeth .. .. | 199 | (190) | | |
| | Total (12) .. | | | 2,785 | (2,270) |
| (13) | (a) Cases commenced during the year .. .. | | | 86 | (108) |
| | (b) Cases carried forward from previous year .. | | | 128 | (128) |
| | (c) Cases completed during the year .. .. | | | 34 | (55) |
| | (d) Cases discontinued during the year .. .. | | | 26 | (25) |
| | (e) Pupils treated with appliances .. .. .. | | | 83 | (67) |
| | (f) Removable appliances fitted .. .. .. | | | 80 | (67) |
| | (g) Fixed appliances fitted .. .. .. | | | 3 | (Nil) |
| | (h) Total attendances .. .. .. .. | | | 1,073 | (876) |

Mr. D. A. Plint, Orthodontist, reports:—

Towards the end of 1961 the Hospital Service took over the responsibility of providing orthodontic treatment of children under the care of the School Clinics in Hastings. This arrangement is functioning well, due to the excellent co-operation of the School Dental Officers.

As Miss Young mentioned in her report of 1961, the dental situation in Hastings (and this includes the orthodontic section) presents a picture that is both encouraging and depressing: encouraging in that not all children require orthodontic treatment, and also in some of those that do, the mal-alignment of the teeth can be improved by fairly simple and straightforward methods: depressing because much of the treatment has to be of a compromise nature, owing to premature loss of teeth, despite the care and attention of the Dental Officers.

It must therefore be emphasized that good general dental health is important if an adequate orthodontic result is to be achieved. The answer to obtaining a sound dentition is not a simple one, but we must take advantage of known deterrents—a detergent diet, good oral hygiene, regular dental attention and other proven preventive measures.

On this sound dentition we can practice, where necessary, good orthodontics, both active and preventative.

**Orthodontic Clinic:**

| | | |
|---|---|---|
| No. of Sessions .. .. .. .. .. | 45 | (50) |
| Attendances at these Sessions .. .. .. | 821 | (613) |
| New Cases .. .. .. .. .. | 68 | (85) |
| Completed cases .. .. .. .. .. | 21 | (40) |
| Cases carried forward from previous year .. .. | 114 | (199) |
| *Cases discontinued .. .. .. .. .. | 21 | (19) |
| Removable appliances fitted .. .. .. | 70 | |
| Fixed appliances fitted .. .. .. .. | 3 | |
| Appliances fitted .. .. .. .. .. | 73 | (41) |

* Includes those who have left the district or school as well as failed to co-operate in the treatment.

## 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 50 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. Throughout the year the number in each age group of the pupils were as follows:—5-7, 18; 8-10, 20; 11-12, 11; 13-16, 4.

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 1962 follows:—

| | *Robert Mitchell* |
|---|---|
| Number on register 1st January 1962 | 34 |
| Number of admissions during the year | 19 |
| Number of discharges during the year | 15 |
| Transferred to E.S.N. School | 1 |
| Number on register 31st December, 1962 | 37 |

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:—

| | | |
|---|---|---|
| Asthma | 11 | (10) |
| Recurrent bronchitis and bronchiectasis | 8 | (7) |
| Rheumatism including chorea | — | (—) |
| Debility and/or subnormal nutrition | 8 | (11) |
| T.B. glands, neck | — | (—) |
| T.B. contacts, primary lesions, hilar glands, etc. | — | (—) |
| Spastic conditions | 3 | (4) |
| Other crippling conditions | 4 | (3) |
| Epilepsy | 3 | (2) |
| Other conditions | 16 | (12) |

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 1962.**

| | | |
|---|---|---|
| Transferred to ordinary school system | 12 | (8) |
| Transferred to other special institutions or schools | 1 | (1) |
| Transferred to E.S.N. School | 1 | (3) |
| Left district | 1 | (2) |
| Ineducable | — | (1) |
| Exclusions | 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 to 90 on the Terman Merril 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.

**Wishing Tree School.**

| | |
|---|---|
| No. in attendance January, 1962 .. .. .. | 85 |
| No. of admissions and re-admissions during the year .. | 15 |
| No. of school leavers (15 and 16) .. .. .. | 8 |
| No. returned to ordinary school .. .. .. | 4 |
| No. left district .. .. .. .. .. | 1 |
| Transferred to Residential School .. .. .. | — |
| Ineducable .. .. .. .. .. .. | — |
| Deceased .. .. .. .. .. .. | 1 |
| No. in attendance December, 1962 .. .. .. | *86 |

* includes 13 from other Authorities.

**Children found unsuitable for education at school.**

| | |
|---|---|
| No. of children who were the subject of new decisions recorded under Section 57 (4) of the Education Act, 1944 .. .. | Nil |
| No. of reviews carried out under the provisions of Section 57A of the Education Act, 1944 .. .. .. .. | 2 |
| No. of decisions cancelled under Section 57A (2) of the Education Act, 1944 .. .. .. .. .. .. | Nil |

**Defective Hearing.**

Conscious of the importance of early detection of defects of hearing, we continued our efforts in this field during the year.

It was felt desirable that all those directly concerned with the problem of deafness should have an opportunity of discussing the various difficulties that arise in diagnosis, interpretation, treatment and education of the child with defective hearing.

With this in view, meetings were arranged during the year at the Health Department, which were attended by the Otologist Mr. Day, and the Audiometrician from the Royal East Sussex Hospital, the Speech Therapist, the Educational Psychologist, Teacher for the Deaf and the School Medical Officer. Much fruitful discussion took place, and team work among the various services was fostered.

It is our aim that teachers, parents and all those responsible for the welfare of children should be alive to the problem of deafness. This was stressed during the year at a meeting of Head Teachers, called by the Chief Education Officer to

discuss new proposals in the School Health Service. The teachers response has been encouraging. Many children have been referred to the School Clinic for investigation. A full audiogram is carried out on each child referred.

Since speech defects, backwardness and behaviour problems can all be symptons of deafness, a full audiogram is carried out on:—

1. All children referred for speech therapy.
2. All children referred on form 3 H.P. for assessment by the Educational Psychologist.
3. All children referred for behaviour problems to the Psychiatric Clinic, as well as each child admitted to the Wishing Tree School for Educationally Sub-normal Children.

Our next step will be routine audiometry of all school children at two selected age groups, namely soon after entry to school at 6 years, and again in the junior school at 9 years. This will consist of a simplified audiometric test carried out by the Health Visitor. Children who fail this test will have another full range audiogram carried out by the Medical Officer to decide if further investigation is necessary. Cases requiring such an investigation and treatment are referred to the Consultant at the audiology unit of the local hospital, with the co-operation of the family doctor.

A special record card is kept for each child under investigation for deafness, this enables follow-up examinations to be more efficient.

At present there are 32 recorded under investigation and follow-up.

Fifteen children have been referred to the Consultant at the Audiology Unit.

Thirteen school 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.

23 children are known to have epilepsy.

**Residential Special Education.**

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

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

The total number of children in various institutions at the end of 1962 was: partially blind, 1; deaf, 3; cripples, 2; maladjusted, 7; physically handicapped, 1; spastics, 6; E.S.N., 3; a total in all of 23 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. 12 were helped in this way.

**Hospital Treatment.**

Special arrangements for the attendance of children suffering from diabetes continues 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.

**Medical Reports—Juvenile Court.**

28 medical reports were made by the School Medical Officers during 1962, in respect of children appearing before the Juvenile Court.

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