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COUNTY BOROUGH OF HASTINGS



ANNUAL REPORT

OF THE

Medical Officer of Health,

Chief Welfare Officer,

AND

Principal School Medical Officer

1963



T. H. PARKMAN, S.B.St.J., M.B., B.S., D.P.H., F.R.S.H.



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HEALTH DEPARTMENT,
44 WELLINGTON SQUARE,
HASTINGS.

August, 1964.

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 1963. The report presents a brief outline of the work carried out during the year by the department and indicates the main vital statistics for the County Borough.

The statistics show that the general health of the community continues to be in every way satisfactory. The Registrar-General's estimate of the mid-year resident population remains at 66,640, the same as the previous year. The detailed figures of the 1961 Census have now become available and certain of them are included in the section on Vital Statistics: these show that there were, in 1961, 16,127 residents aged 65 and over, 10,882 females and 5,245 males, and that this age-group forms 24.2% of the whole population locally. They also show that the proportion of females to males over the whole age range is 4 to 3, whilst in the 65 and over group, it is 2 to 1.

The death rate corrected by the Registrar-General's comparability factor of 0.55 was 11.7 per thousand comparing with 12.32 locally in 1962 and with a national 1963 rate of 12.2. The actual number of deaths was 1,424 (1,351 in 1962), 599 males and 825 females, 83.4% being over 65 years of age and 59.6% being over 75. The main causes of death were disease of the heart and circulatory system 56.2%, cancer (all sites) 16.0% and respiratory diseases (other than cancer or tuberculosis) 15.1%. Deaths certified as due to lung cancer again increased to a new high level 60.

The birth rate (crude rate 13.6, corrected rate 17.3, national rate 18.2) showed a further small increase on 1962 (12.7, 14.8, 18.0 respectively). The number of live births 910 includes 83 illegitimate births, an illegitimacy rate of 9.1, slightly higher than last year. Stillbirths at 17, stillbirth rate 18.3, also were an increase over 1962, passing the national stillbirth rate of 17.3.

The infant mortality rate 15.3 (14 deaths under one year of age) showed a welcome decrease (17.6) and compares with a national rate of 20.9 per thousand live births. It is of interest that the infant mortality rate amongst illegitimate babies was as low as 12.0 per thousand. The neonatal death rate (deaths under four weeks of age per thousand live births) was 9.8 (national 14.2): the perinatal mortality rate (number of stillbirths and deaths under one week of age per thousand total live and stillbirths) was 25.8. The maternal mortality rate (deaths of mothers due to childbearing and childbirth) was nil.

The work of the many services provided by the Local Health Authority is dealt with section by section in the body of the report. The general picture remains the same, a satisfactory service being given despite continuing and unremitting pressure of demand. The Infant Welfare Centres again were extensively used, and the toddlers' sessions with the "birthday examination"

scheme on the lines of the school child's periodic medical inspection continued to grow, a second session becoming necessary. 802 children made an attendance at the Centres during their first year of life, with a total attendance of over 20,000.

The Home Nursing and Midwifery service, with 129 home confinements and over 57,000 home nursing attendances suffered slightly from difficulty in recruitment of suitable trained staff. As an ever-increasing part of their work is among elderly people, sometimes unable to wash and dress themselves properly and sometimes incontinent into the bargain, the need for amendment of the establishment by the gradual replacement of trained staff as they leave the service by untrained auxiliaries on the same lines as the attendants we have in our old peoples' homes must be considered seriously. Discussions were entered upon with the Hospital Management Committee regarding the transfer of the Part Two midwife training school to the Buchanan Hospital, and this is scheduled to take place in December, 1964.

The pressure on the Home Help Services has become so severe that it has already been necessary to accelerate the expansion proposed in the Council's original Ten Year Plan, even so it is impossible at present to meet all needs throughout the year. 544 people were helped and nearly 73,000 home help hours were worked. The administrative strain should be eased by the appointment of an Assistant Organiser in August, 1964. I have already paid tribute to the wonderful work done by the Home Helps, and for that matter the ambulance crews and other services, during the terrible weather conditions at the start of the year.

Concerning Health Visiting, it was possible during the year to start the experimental attachment of a health visitor to a group of general practitioners. At the time of writing, the one year period of this experiment has terminated and there is no shadow of doubt that it has been extremely successful: both the general practitioners and the health visitor concerned have found the new condition of working most satisfying, the doctors have found how greatly "their own health visitor" can help their work, and patients have fully approved. A more detailed report is included as Appendix A. It is to be hoped that this scheme can gradually be extended as the staff position permits to those other general practitioners who wish it.

The increasing importance of a fully organized expert health education scheme was underlined heavily in the summer of 1964 by the Aberdeen typhoid outbreak, where the excellent health education set-up played a major part in containing the outbreak and preventing any spread after the initial explosion of 400 cases. I was more glad than ever that the Council had agreed to send a health visitor to take the London University Diploma in Health Education last September so that she can bring expert guidance to our present efforts and can co-ordinate them.

The Ambulance Service has again had to deal with the highest yet number of cases and there was a considerable increase in mileage covered. A new ambulance station is scheduled in the Capital Works programme for 1965/6 and is badly needed: I draw attention to the Ambulance Officer's report and particularly to the warning that a wholetime around the clock service operated from a Central Station will have to be considered as a replacement for the present standby service and call-out system at nights and weekends.

As regards infectious diseases, 1963 was a "measles year", 909 cases being notified with no deaths: for the fourteenth successive year no case of diphtheria occurred, and for the fifth year running no case of polio.

The Mental Health service had a full but somewhat uneventful year, except inasmuch as it became evident that the Council's original scheme for the care and treatment of the mentally subnormal would require some revision of a fairly drastic nature. As experience of their handling and capabilities builds up, trends of thought have changed considerably over the past year, and consultations with colleagues in neighbouring authorities and with the Committee of the local branch of the Society for Mentally Handicapped Children have confirmed the need for rethinking our present proposals: it is hoped to submit a report in the autumn.

The highlights of the year were undoubtedly the preliminary steps taken in improvements to the services available for the welfare of the elderly and of physically handicapped people of all ages.

Firstly, the negotiations and discussions with the W.V.S. and the drawing up of plans for a new All-day Club for the Elderly and a modern meals-on-wheels service kitchen with a much larger output potential. Their termination later in Miss Isobel Blackman's extraordinarily generous offer to finance the whole project is described in the Welfare section of this report and it is hoped that the Club will come into use in the spring or early summer of 1965. Apart from the club facilities, this will allow a much needed increase in the number of hot meals available to old people through the meals-on-wheels service and I hope a five days a week service.

Secondly, the discussions and planning leading up to the town-wide survey of elderly people and their needs, together with the setting up of a central bureau of information to correlate demands for help with the resources known to be available. I have written at some length in the report about this; and as at the time of completing this preface a fuller account of the project has materialised I am including the latter as Appendix B to this report: it is concerned mainly with the survey and does not attempt to analyse yet the functions of the "bureau" in providing help: this will be submitted to you at a later date. What has been achieved could not possibly have been done without the ready and generous help given in all manner of ways by the Old People's Welfare Committee, the W.V.S. and the Council of Churches: it has resulted in drawing the bands of unity and co-operation between the voluntary bodies concerned with the care of the elderly and the statutory bodies similarly concerned closer than ever before, and the consequent interest in the setting up of Voluntary Aid Groups promises well for the future.

Thirdly, the secondment to the department from April 1963 to February 1964 of Mrs. P. Ackroyd, a Development Officer of the Central Council for the Disabled, resulted in the compilation of a comprehensive register of the physically handicapped in our town and in the formation in November, 1963 of the Hastings Association for the Disabled, which immediately started up social clubs for the disabled and the necessary transport and which since is progressing from strength to strength. This also I have dealt with more fully in the body of the report. The welfare services of a town depend very largely on the voluntary effort put into them and I am quite sure that the Association will prove an acquisition well worth having.

Turning to environmental hygiene, four clearance areas comprising 92 houses were represented during the year and three compulsory purchase orders made. Acceleration of the building programme has enabled the backlog of rehousing from clearance areas and closing orders to be cleared: the Council decided to accelerate the clearance programme also to a 330 house per year target, and for this purpose appointed a Senior Public Health Inspector (Housing). To date the revised schedule is running to time. Caravan camp sites (9 sites with 1,612 vans) continue to require much time in supervision and some tend to produce difficulties at holiday peak periods. In fairness to site owners it should be said that these are often due to misuse by the campers of the facilities provided.

The main contract for the building of a new central abattoir was let in the autumn and site works started in February 1964, the completion date being June 1965. The erection of bricks and mortar, concrete and steel, at the Harrow heartens one in the thought that the days of the London Road slaughterhouse are now strictly numbered.

Last year comment was made on the increasing number of complaints made to the department concerning affected foodstuffs: a total of 55 complaints were received this year which is higher than ever. Many relate to mould growth and are evidence of faulty storage or turnover methods. Only public opinion can educate the food trade to sell clean, wholesome food consistently and prepacked or wrapped food needs as much care as unwrapped. Again, members of the public are urged to bring affected articles to the Health Department as soon as possible after purchase: if they must be kept for a period first, it should be in a refrigerator. I am glad to note the Chief Public Health Inspector's comment that certain reorganisation of work within his section following the granting of car allowances in June has enabled the inspection of food premises to be improved, but we have a long way to go yet in this respect. The appointment of an additional Public Health Inspector and an additional student Public Health Inspector in 1964 may help a little more but new legislation such as the Shops, Offices and Railway Premises Act 1963 brings further heavy commitments on the staff of this section.

With these comments, Mr. Mayor, I submit to you my Annual Report for 1963. My sincere thanks are due to you, Sir, to the Aldermen and Members of your Council, to the Chairman and members of the Committees concerned for their constant and helpful support and encouragement to me: to the Chief Officers and their staffs for their help and forbearance: to my professional colleagues in hospital and general practice, to the Officers of the Hospital Management Committee and Local Executive Council and to the officers of the many statutory and voluntary bodies who work so closely with us, thanks for their friendly co-operation and advice; and finally to the staff of my own department, my sincere thanks for their loyalty and support during the year.

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 31.12.63.

Health Services Committee—COUNCILLOR MRS. D. I. GILBERT
Public Hygiene Committee—COUNCILLOR D. F. ALLEN, D.F.C. G.M., B.E.M.
Housing Committee—COUNCILLOR L. E. J. HAINES
Children Committee—COUNCILLOR MRS. D. I. GILBERT
Education Committee—COUNCILLOR C. J. W. LOCOCK, J.P.

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1963.

(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, S.B.ST.J., M.B., B.S., D.P.H., F.R.S.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) Infant Welfare Centres	M. F. BEATTIE, M.B., B.A.O., B.CH., D.P.H. C. M. CARR, M.B., B.CH. M. J. CUTLER, M.B., B.S., LOND., M.R.C.S., ENG., L.R.C.P., LOND., D.C.H. E. FRANKS, L.R.C.P. & S. EDIN., L.R.F.P.S. GLAS. T. S. GOODWIN, M.D.
Principal School Dental Officer	Miss E. M. YOUNG, L.D.S., R.C.S.
School Dental Officers (Part-time)	L. B. OSBORNE, L.D.S., R.C.S., F.D.S., C.B. Miss G. M. ROGERS, L.D.S., R.C.S. A. G. WINCHESTER, B.D.S., L.D.S., R.C.S.
Chief Public Health Inspector	W. G. McDONALD (a) (b) (i) (l) (m)
Deputy Chief Public Health Inspector	E. JACKSON (a) (b)
Senior Public Health Inspector (Housing)	K. C. DAVIS (a) (b)
Public Health Inspectors	D. FUNNELL (k) K. J. HADLER (a) (b) (n) B. J. NAYLOR (a) (b) E. H. SHINGLER (a) (b) G. F. SMART (a) (b)
Pupil Public Health Inspector	A. TANNER
Superintendent Health Visitor/School Nurse	Mrs. M. MASTERS (c) (d) (f)
Deputy Superintendent Health Visitor/ School Nurse	Miss M. LIVESEY (c) (d) (f) (j)
Health Visitor/School Nurses	Miss A. B. APPLETON (c) (d) (e) (f) Miss M. N. CHATTELL (c) (d) (f) Mrs. B. A. DAVIES (c) (d) (f) Miss V. J. FLETCHER (c) (d) (f) Miss M. H. FLINT (c) (d) (f) Miss K. M. FRYER (c) (f) Miss E. M. GILES (c) (d) (f) Miss G. W. HODGSON (c) (d) (e) (f) Miss M. I. MUNFORD (c) (d) (f) Mrs. B. PRICE (c) (d) (e) (f) 1 vacancy
Student Health Visitor	Miss M. E. EATON (c)
School Clinic Nurse	Mrs. S. GEORGE (c)

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1963

(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 M. F. ROBINSON (c) (d) (f) (j)
Mental Welfare Officer/Welfare Officers ...	H. R. H. ASHLEY Mrs. M. HUNTER J. N. TIBBALLS 1 vacancy
Welfare Liaison Officer ...	Mrs. G. LEWIS
Occupational Therapist/Home Teacher ...	Mrs. G. M. LEWENDON
Home Teachers for the Blind ...	Mrs. M. COLLINS E. C. HARRIS 1 vacancy
Speech Therapist ...	1 vacancy
Assistant Speech Therapist (Part-time) ...	1 vacancy
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 Miss J. BIKER
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 ...	1 vacancy
Chief Clerk ...	R. FREEMAN
Deputy Chief Clerk ...	I. L. SHAW
Senior Clerks ...	B. S. E. ASHTON Mrs. G. M. WAGHORN
Clerks ...	Miss A. GRAHAM Miss J. KENT Miss F. A. URRY Miss N. WOODRUFFE
Shorthand/Typists ...	Miss M. LEACH Mrs. J. SMITH
School Clinic Clerks ...	Miss L. KING Miss A. MULDOON
Dental Surgery Assistants ...	Miss S. CRUTTENDEN 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-1963	66,640	
Number of inhabited houses, as at 1.4.63	24,297	
Rateable Value	£2,637,571	
Product of Id. rate	£10,599	
Live Births, 1963, Legitimate	827	
„ Illegitimate	83	Total 910
Live Birth rate per 1,000 population		
(a) Crude	13.6	
*(b) corrected	17.3	
*factor of correction	1.27	
Still Births	17	
Still Births rate per 1,000 total live and still births	18.3	
Total Live and Still Births	927	
Infant Deaths (deaths under one year)	14	
Infant Mortality Rates:		
Total Infant Deaths per 1,000 total live births	15.3	
Legitimate „ „ „ legitimate live births	15.7	
Illegitimate „ „ „ illegitimate „ „	12.0	
Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	9.8	
Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births)	7.6	
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	25.8	
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	9.1	
Deaths 1963	1,424	
Death rate per 1,000 population:		
(a) crude	21.3	
*(b) corrected	11.7	
*factor of correction	0.55	
Death rate (tuberculosis) per 1,000 population	0.16	
Death rate (cancer) per 1,000 population	3.4	
Total hours sunshine 1963	1,645.2	
Total inches rainfall 1963	29.85	

(b) Vital Statistics:

Population: Census 1961	66,478
Estimated midyear population 1963	66,640
Estimated midyear population 1962	66,640

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

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
1956	..	64,550	1963	..	66,640

The detailed 1961 Census figures have now become available and show the following resident population make-up by five-year age groups.

1961 Census

Age Group	Males	Females	Total
0-4	1859	1782	3641
5-9	1886	1787	3673
10-14	2387	2357	4744
15-19	1846	2058	3904
20-24	1334	1651	2985
25-29	1404	1506	2910
30-34	1390	1673	3063
35-39	1540	1882	3422
40-44	1635	1991	3626
45-49	1859	2427	4286
50-54	2040	2693	4733
55-59	1971	2753	4724
60-64	1713	2927	4640
65-69	1821	3048	4869
70-74	1458	2907	4365
75-79	1048	2401	3449
80-84	604	1501	2105
85-89	251	730	981
90-94	56	253	309
95+	7	42	49
TOTAL	28109	38369	66478

These figures indicate that 24.2% of the resident population is aged 65 or over and in the same age range the proportion of females to males is almost exactly 2 to 1.

Birth Rate: Total number of live births registered in Hastings (excluding county cases) for 1963 was 910, comprising 469 males and 441 females, giving a birth rate of 13.6 per 1,000 estimated midyear population. Of the total live births, 83 (41 males and 42 females) were illegitimate, a percentage of 9.1. Comparative figures for the past 25 years are given in Table I.

Death Rate: Total number of deaths registered in 1963 occurring among the resident population of the borough was 1,424, 599 being males, 825 females. Not included were 488 deaths transferred to other districts (i.e. persons not normally resident in the town): included were 72 deaths of Hastings residents occurring elsewhere. There were 68 Coroner's inquests. 169 deaths were certified by the Coroner without inquests.

The crude death rate per 1,000 population was therefore 21.3, which corrected for the peculiar age and sex constitution of the population by the Registrar-General's factor of 0.55 gives a corrected death rate of 11.7 per 1,000, which figure can be compared with the national rates.

See also Tables II and III.

Age at Death: Of the 1,424 deaths of residents in 1963, 14 occurred in infants under 1 year of age and 3 from 1—5 years. 1,187 (83.4% of the total deaths) were of residents over 65 years, 849 (59.6% 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	801	56.2% of total
(b) Cancer	228	16.0% „
(c) Respiratory diseases (other than tuberculosis and cancer)	215	15.1% „
(d) death by violence	40	2.8% „

Deaths from heart and circulatory system diseases and from cancer are responsible for 72.2% of all deaths.

Deaths from lung cancer:—

1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
23	26	29	20	37	40	41	36	48	42	35	55	60

For complete analysis see Table IV.

Infant Mortality: The Infant Mortality rate in 1963 with 14 infant deaths in 910 live births was 15.3 per 1,000 births compared with a national rate for England and Wales of 20.9. The general trend 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 1963 was 17, an increase of 3 on the previous year's total.

The Infant (legitimate) Mortality rate with 13 deaths in 827 legitimate births was 15.7 per 1,000; the rate for illegitimate children under 1 year was 12.0 per 1,000, there being 1 death of such children in 83 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 0.28.

Puerperal Pyrexia Regulations, 1939-51: The total number of cases of puerperal pyrexia notified in 1963 was 16, with no deaths. The majority of the cases notified are due to intercurrent infection, cold, etc., and extremely few to potentially dangerous conditions.

Comparative Table I.

BIRTHS AND STILLBIRTHS.

Year.	Popn.	LIVE BIRTHS							STILL-BIRTHS Total.
		Total Live Births.				Legitimate. Total.	Illegitimate.		
		M	F	Total.	Birth rate per 1,000 population.		Total.	% of all Births.	
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
1963	66,640	469	441	910	13.6	827	83	9.1	17

Comparative Table II.

DEATHS AT ALL AGES AND INFANT MORTALITY

Year.	Est. Mid-Year population.	Total Deaths registered in Hastings.	Transferable Deaths *		NET HASTINGS DEATHS				
			In	Out	All Ages.			Under 1 yr.	
					Total.	Crude Rate.	Corrected Rate †	Total.	Rate per 1,000 Births.
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
1963	66,640	1,840	72	488	1,424	21.3	11.7	14	15.3

†Factor for correction
("Comparability
factor")

1963 — 0.55

* "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 1963.
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	18.2	17.3	20.9	14.2	0.28	12.2	0.063	2.177
Hastings	17.3 +	18.3	15.8	9.8	—	11.7 *	0.16	3.4

+ Factor of correction
1.27

* Factor of correction
0.55

Table IV. CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1963.

CAUSES OF DEATH.	Net Deaths at the subjoined ages of Residents, whether occurring within or without the District																										
	MALES.							FEMALES.							TOTAL DEATHS.												
	0 to 4 year.	5 to 14 yrs.	15-24 yrs.	25-44 yrs.	45-64 yrs.	65-74 yrs.	75+ yrs.	To-tal.	0 to 4 year.	5 to 14 yrs.	15-24 yrs.	25-44 yrs.	45-64 yrs.	65-74 yrs.	75+ yrs.	To-tal.	0 to 4 year.	5 to 14 yrs.	15-24 yrs.	25-44 yrs.	45-64 yrs.	65-74 yrs.	75+ yrs.	All ages.			
All Causes (Certified)	7	3	6	3	12	101	168	299	599	7	—	1	2	10	85	170	550	825	14	3	7	5	22	186	338	849	1424
(Uncertified)
Tuberculosis, respiratory	1	1	1	3	2	7	...	...	...	1	...	...	1	1	3	...	...	...	2	1	4	3	10	
Tuberculosis, other
Syphilitic disease
Diphtheria
Whooping Cough
Meningococcal infections
Acute poliomyelitis
Measles
Other infective and parasitic diseases
Malignant neoplasm, stomach	1	1	1	6	5	13	...	...	...	...	2	5	8	15	...	...	...	1	3	11	13	28	...	
lung, bronchus	6	6	3	15	...	...	...	...	20	23	17	60	...	
breast	2	10	5	13	30	...	...	...	2	10	5	13	30	...	
uterus	1	4	2	2	9	...	...	...	1	4	2	2	9	...	
Other malignant and lymphatic neoplasms	1	1	1	6	18	21	48	...	...	...	1	14	15	23	53	...	...	1	2	20	33	44	101	
Leukæmia, aleukæmia
Diabetes
Vascular lesions of nervous system
Coronary disease, angina	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hypertension with heart disease
Other heart disease
Other circulatory disease
Influenza
Pneumonia	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	1	1	2	1	1	6	14	15	41	68	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other diseases of respiratory system
Ulcer of stomach and duodenum
Gastritis, enteritis and diarrhoea
Nephritis and nephrosis
Hyperplasia of prostate
Pregnancy, childbirth, abortion
Congenital malformations
Other defined and ill-defined diseases	2	...	...	1	2	4	6	10	25	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Motor vehicle accidents	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
All other accidents	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suicide	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Homicide and operations of war
Totals	7	3	6	3	12	101	168	299	599	7	—	1	2	10	85	170	550	825	14	3	7	5	22	186	338	849	1424

INFANT MORTALITY.

Table V.

1965. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.	Age Group																						
	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	4	3						2			9	1	1					1	1			1	14
{ Certified
{ Uncertified
Small Pox
Chicken Pox
Measles
Scarlet Fever
Diphtheria and Croup
Whooping Cough
Diarrhea
Enteritis
Tuberculous Meningitis
Abdominal Tuberculosis
Other Tuberculous diseases
Congenital Malformation
Premature Birth	5	1	...	...	...	...	...	...	...	...	4	1	...	...	...	...	...	...	...	...	...	...	2
Atrophy, Debility and Marasmus
Atelectasis
Injury at birth
Erysipelas
Syphilis
Rickets
Meningitis
Convulsions
Gastritis
Laryngitis
Bronchitis
Pneumonia (all forms)
Suffocation (overlying)
Other causes
Totals	4	3	...	...	...	...	...	2	...	...	9	1	1	...	...	...	...	1	1	...	...	1	14

Net Births in Legitimate 827 Net Deaths in Legitimate 15 Neonatal Deaths (under 1 month) 9 Rate per 1000 live births 9.8
 the Year. Illegitimate 85 the Year. Illegitimate 1 Infant Deaths (" 1 year) 14 " " " " " " " " " " " 153

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.	
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	...	...	...	...	...	...
1963	927	...	...	...	...	...	...

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

GENERAL

Administration:

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

The Welfare Services, together with the Health Services, are administered by the Medical Officer of Health and the Health Department, thus ensuring complete co-ordination of policy and effort.

The results continue to show that this unified and simple administrative pattern is ideally suited to the needs of the county borough and is in addition financially the most economic way.

SECTION 22

Care of Mothers and Young Children:

(a) Infant Welfare Centres.

Welfare clinics are held weekly at 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, The Bourne, 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 around 900.

No changes of centre were made during the year: the toddlers "birthday" examination clinic held on Wednesday mornings at the Ore Clinic continued to be well used, and a second similar session was instituted at the Arthur Blackman Clinic on Tuesday mornings as from May 1963.

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 1963 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.
		1963	1962	1958-61	Born '63	Born '62	Born '58-61			
Ore : (Tuesdays) Toddler Clinic (Wednesdays) ... (Fridays)...	151 4 99	131 4 89	123 17 60	124 258 62	1648 4 892	1022 19 760	845 104 756	3893 406 2619	75 8 51	1100 366 752
London Road : (Mondays)	144	139	123	114	1144	762	240	2522	52	729
St. Saviour's Road : (Thursdays)	66	62	39	27	822	382	482	1814	35	276
Arthur Blackman : (Mondays) ... (Tuesdays) Toddler Clinic commenced 4.6.63 (Thursdays)	67 — 90	64 — 85	83 3 67	120 91 117	756 — 908	742 8 511	224 71 284	1989 173 1972	40 6 39	585 150 488
Holy Trinity : (Tuesdays)	111	96	113	129	996	956	594	2885	56	669
The Bourne : (Fridays)	70	67	69	95	740	540	267	1778	35	679
	802	737	697	1137	7910	5703	3867	20051	—	5644

(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 obstetrician 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 obstetric 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.

The Family Planning Association clinic held in the Authority's Arthur Blackman Clinic attracted increased attendances and provided an excellent service.

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.

F.P.A. Clinic

New patients	..	..	..	171
Transfers from other clinics	..	..	..	69
				<hr/>
Total individuals seeking advice	..	..	..	240
<i>Advice required:</i>				
Birth control	..	..	..	209
Premarital	..	..	..	22
Subfertility	..	..	..	6
Marital difficulties	..	..	..	3

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

The Principal Dental Officer reports as follows:—

There are two dental clinics situated at opposite sides of the town near two large housing estates.

The clinics are well equipped and fully staffed so that both mothers and children can have the treatment necessary for dental fitness.

The health visitors encourage dental health, giving advice on oral hygiene at home visits and in the clinics. In addition the Health Visitor attending the hospital ante-natal clinics and the midwives give the appropriate instruction regarding dental care and arrange for appointments if desired.

Hastings is fortunate in having more dental surgeons for its total population than some parts of the country, so the number of mothers actually treated at the clinic is small but the instruction given is generally taken. It is better that they are encouraged to have regular treatment and not only at special times.

The Birthday recall scheme is in operation at the infant welfare centres. The children when they attend are then advised to have a dental inspection at the same time. This is an opportunity to advise the mothers how to maintain the health of the temporary dentition by establishing good habits and explaining the damage that can be done by giving too many tit-bits between meals.

Below is a table of the work done for these groups of dental patients.

(i) Numbers provided with Dental Care:

	Examined	Commenced treatment during year	Treatment completed
Expectant & Nursing Mothers	26	26	21
Children under 5 years	317	220	184

(ii) Forms of Dental Treatment provided:

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	15	46	—	—	25	2	1	3	14
Children under 5 years...	—	394	9	—	84	36	—	—	3

Facilities for X-ray examination are available in the dental clinics.

Arrangements for the construction of dentures have been made at a local laboratory.

(c) 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. 159 packs were issued in 1963.

(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 1963

Premature babies born at home 4 % survival 100.

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

Premature babies born in Institutions (Hospitals and Nursing Homes)
42. % survival 92.9.

Weight at birth.	No.	Deaths.
2 lbs. 3 ozs. or less ...	2	2
2 lbs. 3 ozs.—3 lbs. 4 ozs.	1	—
3 lbs. 4 ozs.—4 lbs. 6 ozs. ...	1	1
4 lbs. 6 ozs.—4 lbs. 15 ozs....	12	—
4 lbs. 15 ozs.—5 lbs. 8 ozs. ...	26	—

(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 1963 was:—

National Dried Milk	..	..	7872	(8795) tins
Orange juice	..	..	12783	(10959) bottles
Codliver Oil	..	..	956	(1189) bottles
Vitamin A and D Tablets	..	..	1557	(1351) 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 conjunction 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	1,501
Confinements conducted	129
Post natal visits (including by pupil midwives)	2,578
Gas and Air Analgesia	19
Trilene	67
Pethidine Administrations	51

(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 1963 was 48, including 40 in hospital practice (Buchanan Hospital and Fernbank) and 8 in domiciliary practice: all the latter were employed in the Health Authority's Domiciliary Service. Two left during the year.

The total domiciliary midwives on register as at 31.12.63 6

Midwives notifications:

(a) Medical aid	..	..	..	18
(b) Other	..	..	..	5

(c) Place of Confinement:

Analysis of 895 notified confinements of Hastings residents during 1963 shows that 14% of births occur at home and 86% in institutions.

Place of Confinement	No. of Cases	Comparable Percentages					
		1963	1962	1961	1960	1959	1958
1. Home	130	14	15	18	20	20	21
2. Private Maternity Nursing Home ...	—	—	—	—	—	—	—
3. Institutional:							
(a) Fernbank Maternity Hosp....	239	27	30	29	31	33	34
(b) Buchanan Hospital	526	59	55	53	49	47	44
Total	895						

SECTION 24

Health Visiting:

The establishment of Health Visitors as at 31.12.63 was as follows:—

- 1 Superintendent Health Visitor
- 1 Deputy Superintendent Health Visitor
- 11 Health Visitor/School Nurses
- 1 Clinic Nurse, S.R.N.
- 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.

Close liaison is kept between the health visitors and other sections of the department, Welfare and Mental Health Officers, Home Help Organiser, Home Nursing Superintendent and Public Health Inspectors, whilst constant contact is maintained with the officers of the many local voluntary organisations concerned with health and welfare.

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.

It was found possible in July to start the experimental attachment of a health visitor to a firm of general practitioners as agreed by the Council and the Local Medical Committee. The first six months indicated that this policy

pays considerable dividends alike to the health visitor, the practitioner and the patient, and there is little doubt that when the results are considered in detail at the end of the one year period they will indicate a total success. Already enquiries have been received from other practitioners asking if they also can have a health visitor attached to their practices. There has always been a close link between most of the general practitioners and the health visitors working in their districts, but practice attachments of the type tried out will surely prove much more beneficial in many ways not previously considered.

Work of Health Visitors:

1. First visits under 1 year	867	(825)
2. Subsequent visits under 1 year	3184	(5085)
3. Visits 1—2 years	3404	(2842)
4. „ 2—5 years	6457	(5597)
5. Visits to expectant mothers	380	(388)
6. Care and After-care—National Health Service Act	2862	(2419)
7. Handicapped Persons, etc.— National Assistance Act	173	(77)
8. All other visits	176	(57)
	17,503	(17,290)
9. Tuberculous Households	873	(713)

Mrs. M. Masters, Superintendent Health Visitor, comments as follows:—

This year has seen a continued extension of the Health Visitors' work with various age groups and among some sections of the community which have not in the past had as much help as they need. As the scope of the work widens it becomes necessary to use staff without the full health visitor training to carry out some of the duties in order that the existing Health Visitors can devote the necessary time to work needing their specialised knowledge and skill.

The new pattern of school medical inspections provides for more frequent testing of vision and with the use of an audiometer a regular and accurate assessment of the child's hearing. Although this work takes up more of the Health Visitors' time it is of the greatest importance to a child's adjustment to life and educational progress that these defects of sight and hearing should be discovered as early as possible.

Children from the age of eight months in the "at risk" group also have a hearing test which is repeated at intervals. This is now a routine procedure for these children and before carrying out tests for children under five years it is necessary for the Health Visitor to make a study of this special technique.

A test for phenylketonuria was carried out by the Health Visitors on 94% of the babies born and living in the borough during their fourth week of life: no case of this disease was detected.

Another Toddlers' Clinic was started at Arthur Blackman Clinic in June, at these special sessions the doctor and Health Visitor are able to give their full attention to the toddlers' health and to discuss the problems of this age group fully with the mother. If foundations of good health and management can be laid at this age later problems so often found in the older child may be avoided.

In July one Health Visitor began work with a group of General Practitioners, the doctors' patients becoming the Health Visitor's 'district'. In these early months it has been possible to see that this close attachment to a family

doctor enables the Health Visitor to give a better service to all in need of social counselling and health teaching. It has extended her work amongst the middle aged who are often in need of the Health Visitors' special knowledge and have not previously been an easy group to reach. The well established activities of school work, hospital liaison and local authority clinics blend in with this new scheme.

All the Health Visitors have been concerned in the Health Department Survey to compile a register of old people. In many cases the voluntary visitor has reported possible difficulties, medical or social, the Health Visitor has then called on the old person concerned to advise and assess their needs and recommend the necessary statutory or voluntary help required.

The Health Visitors' opinion has been sought for some of the cases on the disabled register. Many of these people were unknown to the Health Visitors previously but have now benefitted by the co-operation of the workers concerned with their welfare.

In February a very successful In Service Training Course was held for one day at Ore Clinic, the theme being "Rehabilitation Through the Ages of Man". This was attended by the Health Visitors, other members of the Health Department staff and we were pleased to welcome hospital staff and colleagues from East Sussex. This gave us all an opportunity to meet other workers and to discuss points of mutual interest. We were grateful for the interesting lectures kindly given by Dr. R. E. Irvine, Dr. L. G. Scott and Dr. P. H. Davy. These stimulated discussion and gave us new ideas to carry with us in our work.

Our Health Education activities continued to extend, talks on various topics of health and welfare have been given to women's groups. Courses on Parentcraft and Home Safety have been arranged for senior girls from various types of schools. Groups of senior girls have received instruction in the services provided for mothers and children, followed by observation visits to clinics. Talks, demonstrations, films and group discussions have been arranged at the clinics for mothers.

Another Student Health Visitor was appointed in September as our previous Student had successfully completed her course and has filled a vacancy on our staff.

In addition to Student Health Visitors and Student Nurses who regularly visit the Department to observe the work of the Health Visitors, we have had a number of other students who wish to know more about the Health Visitors' work and their place in the health team.

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 31.12.63 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 1/1/1963	503	51	554
New cases during year	954	156	1,110
Cases on Register 1/1/1964	523	49	572
No. of nursing visits	57,581		(61,963)
Articles loaned during the year	266		(245)

The number of attendances is shewn by the following figures:

	1957	1958	1959	1960	1961	1962	1963
New cases during year ...	1,385	1,448	1,287	1,268	1,231	1,090	1,110
Total attendances ...	56,115	60,396	60,524	59,091	61,388	61,963	57,581

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 also 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, 1963:

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	60	61	14	7	26	168
Number re-Vaccinated	—	—	5	32	118	155

In 323 people vaccinated or re-vaccinated, no case of generalised vaccinia occurred.

The percentage of infants under 1 year vaccinated was 6.6%, this figure is remarkably low when compared with recent years in the fifty—sixty percentage range, but is largely accounted for by the Ministry of Health's advice that vaccination against smallpox should be carried out in the second year of life instead of the first.

The number of vaccinations at all other ages also showed a big decrease as might be expected following the abnormal panic year of 1962. I must emphasise again the desirability of people being vaccinated at the due time during all clear periods rather than waiting until cases occur and a "panic" is on.

Diphtheria Immunisation, 1963:

The following table gives the number of children in the Local Health Authority area on 31st December, 1963, who have completed a course of diphtheria immunisation at any time between 1st January, 1949, and 31st December, 1963.

Age on 31.12.63 i.e., Born in year	Under 1 1963	1-4 1959-1962	5-9 1954-1958	10-14 1949-1953	Under 15 TOTAL.
A. Number of children whose last course (primary or booster) was completed in the period 1959-1963	369	3,083	1,727	623	5,802
B. Number of children whose last course (primary or booster) was completed in the period 1958 or earlier ...	—	—	1,094	2,164	3,258

The percentage of children immunized against diphtheria locally is 76.

The following table gives the number of children who have completed a full course of Primary Immunisation, or have received a 'Booster' Injection during 1963.

	Children born in years :							Total
	1963	1962	1961	1960	1959	1954 -58	1949 -53	
A. Number of children who completed a full course of Primary Immunisation in the Authority's Area (including temporary residents) during 1963	369	320	27	7	1	10	2	736
B. Number of children who received a secondary (Reinforcing) injection (i.e., subsequently to primary immunisation at an earlier age) during 1963 ...	—	127	174	26	22	159	17	525

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 1963 against whooping cough was:

Age.	0—4	5—14	Total
No. completed immunizations	730	7	737

Primary Immunization:

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

During 1962 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, 736 children completed their full course of primary immunization, 508 at our clinics and 228 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:

As will be seen from the attached table, the administration of oral vaccine almost completely replaced vaccine by injection. The Ministry recommended that all children previously fully immunised should receive a booster dose of oral vaccine when entering school for the first time; and that children who had previously only had two doses for Salk vaccine should receive two further doses of the oral type before entry.

The numbers who received polio protection during 1963 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)	Completed 4th Oral after 3rd Oral Dose	Completed 4th Oral after 2 Salk + 1 Oral
		3rd	4th					
...	3 Doses							
...	629	34	481	6	14	1	29	417
... Doctors	181	31	89	18	37	15	7	68
... GPs	26	3	49	—	—	—	34	6
...	841	68	619	24	51	16	70	491

It is estimated that the percentage of children and young persons immunised locally against poliomyelitis is 56.

B.C.G. Vaccination:

The routine tuberculin testing 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 53.

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, covering the borough area and by arrangement with the East Sussex County Council a part of the country immediately around Hastings.

Mr. G. Plummer, Corps Superintendent and Ambulance Officer, reports as follows:—

“This year’s figures show a considerable increase in both the number of cases carried and mileage covered over the previous year. There has also been a substantial increase in the volume of accident and emergency calls at nights and weekends which has in turn thrown a very heavy strain on the drivers dealing with this after a normal day’s work. This is reflected in the increase of sickness among members of the staff, and of course a much heavier burden and responsibility has been placed upon the No. 1 Duty Driver’s wife when manning the telephone during these periods, and this has resulted in my receiving a request from the members of the staff that the wives should be relieved of this responsibility as early as practicable.

In view of the foregoing I would recommend that serious and sympathetic consideration be given to the desirability of operating the Service from a Control Station around the clock. This will mean of course a considerable increase in the number of staff required and improved facilities for members of the staff at the Station. The cost of these changes could be partially offset by various economies which could be made, and whilst dealing with this question, thought should be given to the Government’s Plan for South East England, when an increase in population for the Borough, of 30,000 is envisaged, and this will inevitably mean a substantial demand being made upon the Service.

With the ever-increasing volume of traffic upon the roads the old audible warning bell is becoming inadequate even in Hastings, and I would recommend that an amplifier system for existing vehicles be adopted as early as possible, and all future new vehicles be fitted with the amplified bell.

I am pleased to report that once again the Radio Telephone has enabled us to respond to accident and emergency calls with greater speed and efficiency, and has undoubtedly made a considerable saving on wasted mileage when dealing with some of the more routine work.

Some training in Control Room duties to 5 members of the staff has been possible, and I am pleased to report that this has resulted in our finding at least two very good potential Control Room Officers to meet future requirements.

It has not been possible to give Civil Defence training to members of the full-time staff owing to the request for a grant to cover the cost of overtime payment being disallowed, and as this type of training can only be given after normal working day hours, I would request that further consideration be given to this matter, particularly as members of the staff should be potential officer-material in the event of a major international crisis calling for an expansion of the Ambulance Service.

Much thought and comment has been made regarding the desirability of some form of advanced or specialised training for ambulance crews in dealing with the ever increasing accidents both on the roads and in factories and in the home. This is at present being studied among other items, by a Working Party set up by the Ministry of Health, and we shall no doubt be receiving their recommendations in due course. Meanwhile a few of the larger Authorities throughout the country have already established Training Schools for both recruits and for refresher training of their members. It is thought by Senior Officers of the Ambulance Services that something in the nature of Regional or Area Training Schools should be established where the smaller Authorities could send trainees at a reasonable cost, wherever this is necessary, and I feel that something of this nature is desirable and will probably be forthcoming as a result of the Study already mentioned.

The Annual Conference of the National Association of Ambulance Officers was held in the White Rock Pavilion, on 19th and 20th September, 1963, and I would like to express my sincere thanks and appreciation for the help and co-operation received from the Mayor, Councillor D. W. Wilshin, M.B.E., J.P. The Chairman and members of the Health Services Committee, and your good self, Sir, enabled me (with the invaluable aid of our Publicity and Public Relations Officer, Mr. Vint, and our Director of Entertainments, Mr. John Burton), to handle much of the local arrangements in connection with this event.

Sincere thanks are due to members of my staff and their wives whose loyalty and efficient work have enabled us to surmount the many difficulties with which we have been confronted during the past year."

Cases carried during 1963:

1963	No. of vehicles at 31st December 1963	Total No. of Journeys during the year	Total No. of patients carried during the year	Total mileage during the year
Ambs. (major) ...	5	9,883	41,446	175,526
Ambs. (minor) ...	5			
Cars (s/c) ...	1			
Saloon Car ...	1			
M.H.C. Vehicle	1			

ANALYSIS OF CASES CARRIED MONTHLY.

1963	AMBULANCES			SITTING CASE CARS		
	No. of cases	Journeys	Mileage	No. of cases	Journeys	Mileage
January ...	940	477	6,728	2,240	271	6,225
February	845	390	5,876	2,196	239	6,001
March ...	948	485	5,855	2,288	219	6,334
April ...	884	454	5,839	2,545	269	7,061
May ...	927	505	6,450	2,672	294	7,708
June ...	900	482	5,221	2,136	256	7,100
July ...	1,134	527	7,245	2,779	293	8,607
August ...	1,057	518	6,446	2,423	272	8,373
September	1,024	511	6,084	2,077	269	6,978
October ...	1,027	502	5,938	2,520	286	7,948
November	983	479	5,939	2,630	269	8,150
December	895	468	6,330	2,333	276	7,109
	11,564	5,798	73,951	28,839	3,213	87,594

COMPARATIVE FIGURES ARE AS FOLLOWS:—

Year	Cases by		Mileage by	
	Amb.	Car	Amb.	Car
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
1963	11,564	28,839	73,951	87,594

Work done for East Sussex County Council.

1963	AMBULANCES			SITTING CASE CARS		
	No. of cases	Journeys	Mileage	No. of cases	Journeys	Mileage
January ...	44	40	515	25	20	391
February	41	39	328	20	19	283
March ...	43	36	510	46	34	898
April ...	69	57	869	28	18	295
May ...	54	47	790	19	16	308
June ...	43	38	617	25	16	355
July ...	32	28	429	43	33	583
August ...	76	69	1054	34	26	510
September	59	44	570	40	31	693
October ...	50	48	632	50	41	571
November	44	40	603	52	42	653
December	60	53	758	46	37	566
	615	539	7,875	428	333	6,106

Staff at 31.12.63:

1 Ambulance Officer	1 Deputy Ambulance Officer
2 Clerk/Telephonists	15 Driver/Attendants
1 Mechanic	1 Driver/Mechanic
2 Ambulance Attendants	

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. Extremely close contact has been established between the Department and the newly formed Hastings Association for the Disabled: further comment is made in Section IV.

(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.

Over the last ten years, considerable effort has been put into Health Education by a number of staff members, with some commendable results: their individual efforts have shown great initiative but have suffered from lack of central co-ordination by an expert in the subject. The Council are to be congratulated on their foresight in this matter when in the autumn of 1963 they seconded a health visitor to attend the London University course for the Diploma in Health Education.

(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.

Although the Ten Year Plan allowed for a considerable increase in Home Help numbers, it has already been necessary to accelerate progress owing to the quite relentless pressure on this service. The establishment was increased during the year from a total equivalent of 30 full timers to 34½, without making any noticeable impression on the problem. The fact is simply that we have in the town a large number of old people, many of whom need help, and that they nearly all form long term cases: with the existing staff, only minimal help can be provided for the most needy cases, so further rapid expansion is called for. It is noted that the nett rate expenditure on this service is smaller than that of the majority of Local Health Authorities.

HOME HELP, 1963

No. of cases brought forward from 1962 ..	279
No. of applications received during 1963 ...	357
No. of new applications actually dealt with	265
Total No. of cases provided with help during 1963	544
No. of cases carried forward to 1964 ...	293

No. of Home Helps employed as at 31.12.63: total equivalent of 34½ full-time helpers.

The majority are part-time helpers 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
1963	72,800

The Home Help Organiser, Mrs. R. W. Wallace, reports as follows:—

“This year will of course be remembered for the severe weather conditions during the winter of 1962/63.

Water supply was a constant worry but frozen outside toilets were, I think, one of the worst obstacles yet we have had to overcome.

Heating became a problem when coal deliveries were held up but with the co-operation of our own Welfare Officers and Voluntary Organisations those in dire distress had fuel taken to them.

Strangely enough there did not seem to be the amount of illness usually experienced during the winter months amongst the patients receiving Home Help. A lesson here is obvious that all old or sick people living alone should know who to contact if they are in any distress so that the necessary help can be given during the crucial period.

The Service continues to expand and with the envisaged greatly increased population it will be necessary to plan well in advance so that help will be available for the demands that will undoubtedly be made on it.

The Home Helps as usual have worked hard throughout the year. A letter was sent to each one by the Chairman of the Health Committee thanking them for their endeavours during the winter period which was very much appreciated by the Home Helps. They go quietly on with their many and varied duties and accept any emergency as a challenge to be accepted and overcome.”

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 878 visits to 26 individual patients, both mentally disordered and generally handicapped persons.

During 1963, 116 new cases were referred to this Department 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 (Sections 25a, 29)	56
To Hellingly Hospital (Compulsory Admissions)	37
	93
	—

of the 56 patients admitted to St. Helens
 26 were transferred to Hellingly
 5 " " to other Psychiatric Hospitals
 3 " " to the Geriatric Ward
 9 " discharged to Old Persons' Homes
 13 " " home

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

(c) Mental Subnormality:

During the year 15 new cases were referred to the Local Authority from various sources

"	"	"	6 cases were admitted to hospital for Sub-Normals
"	"	"	1 case died
"	"	"	6 cases moved from district

There are now:—

Under Statutory Supervision	6
„ Friendly Supervision	103

Of these 109 cases:—

Attend the Training Centre	35
Receive visits from Home Teachers	8
Visited by Brighton Guardianship Society	11
Boarded out in other Local Authorities area	3

Home Visits:

To patients supervised by Hastings County Borough	358
Miscellaneous	31

(d) Psychiatric Cases:

Psychiatric cases referred during 1963 (from mental hospitals general practitioners, psychiatric out-patient and other sources)	116
---	-----

Record of Home Visits:

Mental after-care visits	483
Miscellaneous visits	170

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 35 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. There has been a considerable change of thought during the last year as to the training and occupation of senior subnormal people, experience pointing to the fact that if given proper training, supervision and facilities, many more than previously thought are capable of employment either in open industry or in sheltered workshops: the role of the senior training centre is tending more to one of assessment and preliminary industrial training for a limited period rather than as a permanent "occupation" holding unit. It will undoubtedly be necessary in 1964 to reconsider the Council's plans as they are at present and to modify them considerably.

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 did a total mileage of 10,653 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	..	..	..	6
No. of patients for which registered	..	..	..	72

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. 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.

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.

Although this provision in the town for its elderly people may on the surface appear fairly extensive, it is in fact quite inadequate for two main reasons. Firstly there are a great number of old people in the borough, of a type who call heavily on the social and welfare services, and this number is increasing rather than decreasing, secondly the geriatric provisions made by the South East Metropolitan Regional Hospital Board are far from adequate at present and its Hospital Plan for the next fifteen years shows no evidence of the ability to provide any increased hospital facilities. This dearth of long stay accommodation for really infirm old people results in them being placed out in the homes run by the Council and by Voluntary bodies quite unsuitably in order to free the limited number of hospital beds for "geriatrics", turning them into semi-institutions instead of the homely homes which the better preserved old person deserves in the eve of his life.

It is difficult for these to live in a home of which a considerable proportion of the residents are bedridden, doubly incontinent or in the terminal

stages of cancer. There seems at the present to be a rather lopsided shouldering of responsibility between the Hospital service and Local Health Authorities in this respect.

Under the circumstances as they exist, it is a good thing that the Council's policy of support at home as long as possible is being supplemented during 1964 by the building of a comprehensive scheme of flatlets for the more spritely elderly with certain communal facilities, a resident warden and home help, and other amenities, and by similar provision for the Old People's Welfare Committee of the Central Aid Council. For the more handicapped old person, be it physically or mentally, further accommodation has become really urgent and the Mount Denys scheme for a new 50-bed unit adjoining Pine Hill, approved in 1964/65 capital programme, will give some relief to this situation, particularly in its provision for the senile mentally confused cases.

(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	...	...	685

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. 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 remains in the planning stage.

The foundations of two of the most important schemes for the welfare of the elderly in the town were well and truly laid in 1963.

ALL DAY CLUB

The land was acquired in South Street, St. Leonards, a very central position, for a new purpose-built all day club for elderly people and a new meals-on-wheels kitchen for the W.V.S. to replace the entirely inadequate facilities at Havelock Road, and the project was included in the 1964/65 capital programme. After most enlightening and helpful consultations with the W.V.S., both local and regional, a plan was prepared of a centre which would be a great asset to the welfare service. The original suggestion of the W.V.S. that they would erect a prefabricated type of permanent building as a prototype for national W.V.S. use was not proceeded with as it did not provide all the facilities considered necessary, and was replaced by the generous offer of a grant towards the eventual cost of an ad-hoc building. The total cost, however, exceeded expectations and in spite of offers of help further by W.V.S. and the Hastings and St. Leonards Rotary Clubs, it appeared as if much pruning of the full scheme was inevitable.

The extraordinary generosity of Miss Isobel Blackman solved the difficulty in her offer to build and equip the centre up to £25,000: it is hoped that the club and kitchen, which can cope with up to 350 meals in the club and for the "on-wheels" scheme daily, will be ready for use in the spring of 1965. I feel quite sure that many people in the future will remember her generosity with gratitude and thanksgiving.

SURVEY OF OLD PEOPLE'S NEEDS

In 1961, health visitors carried out a pilot survey of old people in five typical streets of the town, finding that 7% required immediate help, 13% appeared to have potential difficulties likely to need attention soon, and 20% would need further visits in the near future. Apart from failing physical or mental health, many of the problems uncovered had a social background.

The appalling "deep freeze" weather conditions which characterised the first two months of 1963 turned the spotlight on to the great suffering caused among certain sections of the population, particularly the elderly, in combating circumstances where water supplies were frozen up, toilet arrangements unusable, unable to get out and shop for food, lack of heating appliances and fuel, resulting in much misery and a crop of deaths from hypothermia.

The officers who constitute the Old People's Committee met on many occasions to analyse the situation and came to certain conclusions, namely:—

- (a) that it was necessary to know the whereabouts and probable needs of as many old people as possible, needs both in normal times and under emergency conditions;
- (b) it was equally necessary to know the whereabouts and capacity to help of the very many people known to be willing to do so;
- (c) to know where stocks of commodities (fuel in bags, paraffin, clothes, blankets, etc., and transport to distribute them) where and who to contact.

To put this into operation, it was decided that two things were essential:
(i) that a central bureau must be established to collate all the information

fed to it from both voluntary and statutory services, to record not only the probable needs of old people but the available resources as well, both manpower and material. This bureau was to be established in the health and welfare department and all the appropriate bodies offered willing co-operation.

In normal times it would function in close touch with the welfare officers and voluntary organisations to provide help as available for old people, i.e. help with shopping, changing library books, cleaning up the garden, taking the dog for a walk, even occasionally decorating a room. In the event, all these things are being done, but more important still, volunteers have "adopted" a number of old people to call on for a chat and a cup of tea or a ride out in the car. These contributions towards relieving that cardinal enemy of the solitary old person, loneliness, have been quite outstanding.

In times of emergency, the bureau would act as the focal point, the "ops room" of local help to those in need. It has even been promised a priority call on plumbers!

(ii) that a townwide house by house survey must be made to establish the whereabouts and probable needs of elderly people.

Once these decisions had been taken, time was of the essence, for winter was upon us, and it was obviously desirable to organise as quickly as possible in case 1964 presented a really severe winter. An immediate start was made possible by the generosity of the Old People's Welfare Committee of the Central Aid Council, who financed the appointment of a part-time organiser for a period of eight weeks, provided office accommodation and much other help. With the aid of the voluntary associations concerned, the Central Council of Churches and the Civil Defence Corps, the survey was launched.

Meantime the Council had agreed the appointment of a full-time officer, the Welfare Liaison Officer, to take over this work, both the survey and control bureau and the post was filled at the beginning of 1964.

The analysis of the survey is not yet completed, but right from the earliest days the number of problems, medical and social, which have come to light have been surprising—equally so the offers of voluntary service which have been made. It has been possible to mate up the demand and the help in many cases. Fortunately the bureau did not have to cope with any emergency conditions to date. Personally I am convinced that this new extension of work in the care of the elderly, ancillary to the normal welfare scheme, will prove of utmost value, doubly so because of the close-co-operation of the voluntary local organisations, who work ever more closely with us on this and other problems.

One result so far has been the formation, with the encouragement of the Council of Churches, of voluntary aid groups in two or three areas of the town: based on a group of Churches of all denominations and covering a defined geographical area, the Aid Group sets out to cover its territory by an organised system of helpers broken down to "street captain" level, with the object not only of keeping an eye on those who need it but doing

voluntary "good turns" of the type previously mentioned and continuing friendly visiting to relieve loneliness. Any social problems are referred to the Welfare Department for solution. I am hopeful that eventually the whole town may be covered in this way.

(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 28 blind persons. A much needed extension of eight beds was added and opened during the year.

The total number of blind persons on the register at the end of 1963 was 306, 102 men and 204 women, and 67 partially sighted persons. The following information is given as requested in Ministry Circular 1/54:—

- | | | | |
|---|-----|-----|----|
| (i) No. of persons newly registered as blind during 1963 | ... | ... | 31 |
| (ii) No. of persons newly registered as partially sighted, 1963 | ... | ... | 12 |
- (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 1963.
- (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 1963.
- (v) Follow up of Registered Blind Persons (1963).

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
1. No. of cases registered in 1963 in respect of which para. 7 (c) of B. D. 8. recommends	3	3	—	25
(a) no treatment	1	1	—	9
(b) treatment (med. surg. or optical)	2	2	—	16
2. No. of cases at 1 (b) above which on follow-up action have received treatment	1	—	—	5

Follow up of Partially Sighted Persons, 1963:

5 cataract, 1 glaucoma, 5 being recommended for treatment.

6 "other causes", 3 recommended for treatment.

2. Deaf and Dumb:

The Sussex Diocesan Association for the Deaf and Dumb provides a social centre at Stockleigh Road under the care of a local missionary where a full club service is given, together with religious meetings. Home visiting is carried out where necessary and many club outings arranged. The missionary accompanied deaf and dumb people to interviews with doctors, solicitors, employers, hospitals, etc.

The services are provided by the Association acting as agents for the Council, payment being made on a per capita basis.

The Association also looks after a number of Deaf persons and Deaf and Blind persons.

The number of Deaf and Dumb persons registered at the end of 1963 was 34, of Deaf and Blind 9.

The social club for the 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 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 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.

Formation of New Association:

I have several times in the past written of my strong conviction that although the voluntary organizations in the town concerned specifically with the welfare of selective types of physical handicap do valuable work for their members, each one on its own is not large enough to undertake a complete service, for example, setting up social clubs, sheltered work or providing the specialised transport needed, so that in consequence there was need for a larger organisation or amalgamation which would be in a position to do these things.

Early in the year, the Central Council for the Care of Cripples, now the Central Council for the Disabled, made an approach to help in this problem which was accepted wholeheartedly by the Council. As a result, Mrs. P. Ackroyd, one of the Central Council's Development Officers, an absolute dynamo of energy, was seconded to the Health Department and spent ten months with us, having as her terms of reference (1) to seek out physically handicapped people and compile a register, (2) to ascertain their needs, and (3) to see how best these needs could be met. Her task was well and truly carried out, ending with a series of public meetings at which the Hastings Association for the Disabled was formed to act as an "umbrella" organization devoted to the care of all types of physically handicapped residents; the existing smaller welfare bodies are all represented in the new association but retain their own identity. The association have a strong and active Committee, and made a most successful start by the setting up of social clubs for the disabled, the local health authority co-operating by allowing the use of their clinic premises for these and by making a monetary grant. Their other targets were the provision of specialised transport, some form of vehicle to take wheelchairs loaded on by a hydraulic lift, and eventually sheltered work for those who are capable. This is already proving a most worthwhile project, and sincere thanks are due to the Central Council for the Disabled for the part they played in its formation, the financial help they provided and for their continuing interest and support of the venture.

4. Epileptics and Spastics:

The true incidence of epilepsy and cerebral palsy in adults in the town is not known, as the department can only 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: 4 adult epileptics are known to the department through the health visitors and mental health worker. 18 children attend normal schools, 4 others attend the day open air school, 3 epileptics are also ascertained educationally subnormal and attend the Wishing Tree Day Special School, and 1 is under school age.

Spastics: 8 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. 2 children with minor incapacity attend ordinary schools, 1 attends the open air day school, 3 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. The services of a part-time Occupational Therapist have been available 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.

Action was taken under section 47 during the year in the case of an aged lady, practically blind, arthritic and with a septic foot condition, who refused to receive adequate domiciliary services and in consequence was living in most unsatisfactory conditions. She was removed to hospital and died within two weeks.

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 21 cases.

SECTION 50

Burial or Cremation of the Dead:

Funeral arrangements were made by the Department at the expense of the Local Authority during 1963 for 11 deceased persons, mainly aged but including one baby and the body of a young male person washed up on the foreshore.

**SECTION V
INFECTIOUS DISEASES**

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1963.

NOTIFIABLE DISEASES.	1962	NUMBER OF CASES NOTIFIED.																	Deaths.	Total cases removed to Hospital.	
		At all ages.																			
		0	1	2	3	4	5	10	15	20	25	35	45	65 & upds.							
Small Pox ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera, Plague ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup) ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	(7)	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	(5)	6	...	...	...	...	...	...	1	...	3	1	...	...	...	...	...	...	...	...	...
Typhus Fever ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhoid Fever ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paratyphoid Fever ...	(...)	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia ...	(19)	16	...	...	...	...	...	...	...	...	...	...	1	10	5	...	...	...	...	...	...
Meningococcal Infections ...	(...)	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2
Poliomyelitis ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Encephalitis ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Primary Pneumonia ...	(20)	17	...	...	...	...	...	...	...	...	...	...	2	1	2	...	...	...	...	...	...
Influenzal Pneumonia ...	(2)	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery ...	(7)	25	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning ...	(1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	(90)	909	20	73	101	92	109	468	34	4	...	...	3	4	...	...	...	...	...	...	...
Whooping Cough ...	(...)	36	...	1	...	...	1	12	18	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	(151)	1025	21	74	101	97	115	493	55	8	21	12	13	15	3	6	...	...	...	...	...

Remarks:

(a) **Scarlet Fever:** 6 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 fourteenth consecutive year no case of diphtheria occurred in the town.

(c) **Anterior Poliomyelitis:**

No case of polio occurred in 1963, and the national incidence was also low.

(d) **Measles:** 909 cases were notified against 90 in 1962.

(e) **Dysentery:** 23 cases were notified.

Disinfection and Disinfestation:

3 families were cleansed for scabies. 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	1,273	No. of individuals cleansed	
Rooms, etc., disinfected	442	for vermin	Nil

Disinfestation of Council Houses and other Properties:

Council Houses	...	...	4	(10 rooms)
Other premises	...	...	36	(106 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.

One block providing a maximum of 18 beds is 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 56 cases of notifiable and non-notifiable disease were admitted.

TUBERCULOSIS

(a) **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 following table :—

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 " ...	...	...	...	...	...	...	...	...
5-10 " ...	1	...	...	...	...	...	...	...
10-15 " ...	...	...	...	...	...	...	...	...
15-20 " ...	...	...	...	...	...	...	...	...
20-25 " ...	...	...	1	...	...	...	...	...
25-35 " ...	1	2	...	...	...	1	...	...
35-45 " ...	...	2	1	1	1	...	...	...
45-55 " ...	2	...	...	...	1	...	...	...
55-65 " ...	1	3	...	...	...	...	...	...
65-75 " ...	2	1	...	...	2	1	...	...
75 upwards ...	2	...	...	...	3	1	...	1
Totals ...	9	8	2	1	7	3	..	1
Grand Totals	20		(41)		11		(8)	

For the purposes of comparison, the following table shows the Deaths and death rate per 1,000 population for the past 53 years:—

Year	No. of deaths Pulmonary Tuberculosis	No. of deaths Non-pulmonary Tuberculosis	Total	Death rate from Tuberculosis per 1,000
1910-1914	62	23	85	1.4
1915-1919	73	18	91	1.7
1920-1924	60	15	75	1.25
1925-1929	57	10	67	1.1
1930-1934	43	6	49	.79
1935-1939	48	4	52	.81
1940-1944	38	4	42	1.04
1945-1949	29	2	31	.51
1950 ...	20	1	21	.31
1951 ...	17	...	17	.26
1952 ...	10	1	11	.17
1953 ...	12	3	15	.23
1954 ...	9	2	11	.17
1955 ...	14	2	16	.24
1956 ...	15	1	16	.24
1957 ...	6	2	8	.12
1958 ...	7	1	8	.12
1959 ...	7	1	8	.12
1960 ...	8	...	8	.12
1961 ...	7	...	7	.10
1962 ...	6	2	8	.10
1963 ...	10	1	11	.16

(b) 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	...	285
(Males 138, Females 106, Children 41)		
No. of contacts examined	...	142
(Males 21, Females 41, Children 80)		
Total attendances of all cases	...	4,341

(c) 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 27, Females 25)	...	52
5—15 ; (Males 14, Females 10)	...	24
Adult nurses	...	7
Other adults	...	18
Re-vaccination (Males —, Females 2)	...	2
New-born babies not Mantoux tested	...	7

110

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
1963	845	89.3	735	87.0	717

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.

(d) 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	1
New cases of gonorrhœa	2
Other conditions	27
	—
Total	30
	—

PUBLIC HEALTH BACTERIOLOGICAL WORK

All Public Health specimens, in particular, samples of milk, ice cream, water and swimming bath water, are dealt with at the branch laboratory of the Central Public Health Laboratory at Brighton.

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	...	...	...	17
Beds available—Maternity	...	...	...	Nil
General	...	...	...	342

The Conduct of Nursing Homes Regulations, 1963, made under the Nursing Homes Act, 1963, came into force in August and prescribe a standard of staffing, accommodation, equipment and running. Defaults can now be dealt with by the local Health Authority by notice followed if necessary by prosecution, whereas previously the only remedy open was cancellation of registration.

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 76 children are on the register. There was one new registration during the year, and one re-registration for increase in numbers. One daily minder cancelled her registration during the year.

3. Medical Examinations:

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

Sick Pay Scheme examinations	...	...	...	124
Staff medical examinations (including x-ray)				95
Teachers, etc., examined (" ")				101
Firemen examined	...	...	...	21
			Total:	341 (339)
X-Ray examinations only	...	...	...	83

4. Children's Welfare Committee:

The Children's Welfare Committee, set up under the Chairmanship of the Medical Officer of Health in 1951 in accordance with Circular 78/50, met as necessary to discuss ways and means of helping problem families: several cases were dealt with and some progress made.

**REPORT ON HEALTH VISITOR ATTACHMENT TO GROUP
GENERAL PRACTICE**

For the past twelve months, a health visitor has been attached to a group practice of four general practitioners working in two partnerships of two doctors each. It was agreed at initio that the health visitor should carry out all the appropriate work relative to health visiting for the patients of the practice and that she should work directly with the doctors concerned: it was also agreed that she would not be used for non-health visitor duties such as for example might be expected of a surgery nurse or home nurse. It was decided that she should give approximately half-time service to the practice and the other half time to local authority controlled duties. This has now extended to two thirds of her time for the doctors.

The practice holds a morning surgery on each weekday, and the doctors aim to be clear at 11.0 a.m. to go out on their visits. The health visitor calls at the surgery daily around 10.30 a.m., sees the doctors, discusses results of previous day's visits and hears of new cases, then goes out herself visiting.

In what ways can the health visitor assist the general practitioner in his work? Some of the many concern:—

- Ante-natal mothers: Health Education generally, especially vitamin supplements, diet need for dental advice, clothing, etc. Preparation of layette. Chasing up appointment breakers.
- Post-natal mothers: Social support of the mother: need for post-natal examination.
- Unmarried mothers: Personal advice on the social problems and support. Contact with local Moral Welfare Association worker at early date.
- Babies: The normal functions of a health visitor, particularly management, feeding, clothing, etc.
Dealing with feeding difficulties saves much general practitioner time!
Visiting by "our health visitor" on birth registration "brings it into the practice" at once instead of perhaps child not being seen till ill—early visit much appreciated by parents. The health visitor soon learns the idiosyncracies of the individual doctors and the giving of conflicting advice is avoided.
Repeated advice on immunization can save general practitioner time.
- School children: Liaison with School Health Service particularly with educational problems, backwardness or ill health: link with hospital service.
Immunization and B.C.G. scheme.

- Elderly people : Often a marked social angle to their acute or chronic illnesses. Health visitor advice re diet, cooking, etc. : link with other services as Home Help, Home Nurse, meals-on-wheels, National Assistance, procuring a walking aid or commode, Cancer Relief and all other statutory and voluntary welfare services.
- Terminal illness : Support of relatives, general advice and liaison with other services.
Sources of help and extra finance.
- Mental illness : Support and liaison with mental health service.
Doctor's comment: "of great use now there is more home treatment".
Illustrative case—"mother completely rejects baby and sits doing nothing—health visitor has spent hours bolstering up her self-esteem and getting her to take more rational view".
- Social aspects of General Practitioner : Day to day help with social aspects of general practice —"often able to help with seemingly insoluble problems". "Even when unsuccessful, often of great help and comfort to patient".
- Hospital discharges : Where necessary, early visiting and laying on of services.
- Infectious disease control : Home nursing advice and support of mother.
Reinforcement of preventive advice.
Health visitor quotes "I see cases before the spots are gone".
- Middle-age Problems : "Useful source of information, a shoulder to cry on and in any case a neutral referee".

Comments of the doctors include the following:

"The personal interchange of information between health visitor and doctor is of great value".

"We have used the services of unattached health visitors for years, but the relationship of doctor, health visitor and patient is remarkably improved when 'our health visitor' works together with us as 'one of the practice'".

"The health visitor has opened up for us new aspects of the welfare provisions available".

"It is a considerable aid in my work. Where social aspects are concerned, I can leave them to the health visitor and have more time to devote to the medical side. In many cases, patients have a better service than I could give them single-handed".

"Her help saves me a considerable number of visits".

Comments of the health visitor:

"The day to day personal contact with the doctors and the patient's attitude to me as 'one of the practice' make the work most satisfying".

"The family unit appreciates being visited by 'the doctor's health visitor' and the doctor is most helpful in briefing the family on the health visitor's numerous functions".

"Having access to surgery records, particularly in adult cases, is very helpful".

"The district health visitor as compared with a group practice health visitor is a 'lone wolf', lacking the information and support brought about by personal contact".

"The exchange of information at field level, which is essential, is only fully achieved in such a scheme".

Summing up, we feel that the experiment has been extremely successful. The health visitor's geographical district is replaced by the doctor's patients, the basic work of the health visitor therefore remains unchanged, but the attached health visitor can make a positive contribution to general practice and save both domiciliary visits and time for the doctors, especially where welfare or social problems are involved, and help them to provide a fuller service to their patients. From the health visitor's point of view, the work is more satisfying and efficient. The patients also have welcomed the idea. A final point, the health visitor must be as mobile as the practice doctors, which means that an adequate car allowance is an essential.

Dr. G. NESBITT-WOOD	}	Group General Practitioners.
Dr. A. EASTON		
Dr. G. CLIFF		
Dr. VAUGHAN PARRY		

Mrs. MASTERS, Superintendent Health Visitor.

Miss FLINT, Health Visitor.

Dr. T. H. PARKMAN, Medical Officer of Health.

August, 1964.

REPORT OF THE SURVEY OF ELDERLY RESIDENTS 1963/64

INTRODUCTION

The survey of elderly residents was instigated primarily as a result of the winter 1962/63 during which many old people, hitherto unknown to the statutory authority, were found to be in great difficulty. Eleven deaths of aged persons from hypothermia were recorded in the Borough. At the same time, a great many offers of help from volunteers were received by the Medical Officer of Health, but no machinery existed to co-ordinate need with assistance. The setting-up of this machinery was therefore to be allied to the survey.

The statutory authority had been conscious for some years that there were many old people living in single rooms, having little or no contact with neighbours, friends or the Welfare Services. A pilot survey carried out in 1960-61, by a team of health visitors proved that this was so and cases of need were discovered and dealt with. The problem of loneliness and the need for friendly visiting to prevent a solitary person becoming recluse was very apparent.

In September, 1963, the Medical Officer of Health's Special Committee for the Care of Old People, composed of Officers from Statutory Bodies and representatives from all Voluntary Organisations dealing with the elderly, discussed ways and means of discovering:—

- (1) the whereabouts of old people,
- (2) their immediate problems, and
- (3) co-ordination of effort on their behalf.

It was decided that:—

- (1) a house-to-house survey should be carried out by volunteers,
- (2) follow-up visits should be made by trained or experienced visitors, and
- (3) a register of Old People should be compiled to be used as a means of liaison.

It was also agreed that this should not be a register of all old people, but only of those in actual need of help or with potential problems.

A team of 200 volunteers was raised, 142 from the Council of Churches, 48 members of the W.V.S., and 10 from Old People's Welfare. In addition, Old People's Welfare offered to finance the start of the venture and made office premises available.

PREPARATION

A small questionnaire was formulated to be completed at each visit. This was arranged in two parts, the first asking for factual details, name, address, age, name of Doctor, name and address of next of kin, and name and address of local friend with whom the elderly person was regularly in touch. The second and confidential part of the form asked for details of financial status, religious affiliations, an assessment of physical state and special circumstances and conditions noticed by the caller. A letter of instruction to surveyors, giving suggestions on questions to be asked and

a small printed "Emergency" card giving the telephone number and address of the Welfare Officer were also drawn up. A "street card" for each of the 569 Roads/Streets in the Borough was made from copies of the Electoral Roll.

Lists were provided initially by:

- Health Visitors** —Old people supervised by them.
Home Help Organiser—Recipients of Home Help Service.
Old People's Welfare—Recipients of financial aid, clothing, visits, Christmas parcels, etc.
Old People's Welfare Social Activities —Old people taken on outings, to entertainments and parties.
Old People's Welfare Chiropody Service —People visited by chiropodist or attending the clinic.
W.V.S. —Recipients of Meals-on-Wheels, clothing, visits, outings or attending Darby and Joan Clubs.
South Eastern Gas Board —Elderly people living alone discovered by inspectors in the course of their duties.

These lists gave us an initial index of 1,024 elderly people, of these:—

- 830 were known to one organization only.
- 157 were known to two organizations only.
- 27 were known to three organizations only.
- 8 were known to four organizations only.
- 2 were known to five organizations only.

Where overlapping occurred, the most common combination was that of Home Help and Meals-on-Wheels. The two cases involving five services were of housebound old people being completely maintained.

In addition to this, health visitors had compiled a list of houses throughout 295 roads in which no old people were living.

The "Street Cards" were marked from these lists indicating that the caller need not call at these addresses.

SURVEY AND REGISTRATION

Each volunteer surveyor was given:—

- (a) A street/road (or cards for shorter roads).
- (b) A supply of "Emergency" cards.
- (c) A copy of "Instructions to callers".
- (d) A supply of "Record of Elderly Residents", the survey proforma.

Two "briefing" meetings were called and the survey commenced on 9.12.63. Surveyors were asked to submit returns as they were completed in batches of a dozen or so, and not to wait until a road was finished. Upon return, the procedure was as follows:—

Forms were scanned and any urgent action deemed necessary was taken.

Cases requiring further investigation were noted.

The name and address of the elderly person was then marked off in a copy of the Electoral Roll, entered on a card and placed in an alphabetical index.

The returned form was placed in a "Street" folder (blue for Hastings, buff for St. Leonards) again in alphabetical order.

In this way, rapid identification of any one old person or of a number living in one area is possible. The aim will be to give a complete picture of the resident immediately upon a telephone enquiry.

The cases noted for further action were dealt with at the end of each day in three ways. Where the problem was loneliness, lack of social activity, an experienced visitor was asked to assess. Financial worry if temporary was investigated by Old People's Welfare, if long term the National Assistance Board were asked to call. Where much wider help appeared to be needed a health visitor was asked to visit. A message form, drawn up by the Superintendent Health Visitor, gave details of the survey report and asked for the problem to be categorised in the following manner:—

- (1) No help needed.
- (2) Help with odd jobs, gardening, taking dog out, etc.
- (3) A visitor for a chat—perhaps a young person.
- (4) A more experienced friendly visitor.
- (5) Those with problems, in need of services and future supervision.

CASES TO ILLUSTRATE THESE POINTS

Mr. and Mrs. M. (aged 73 and 76) moved to Hastings six years previously. Mrs. M. became ill the day after moving in and had not been out except for an odd taxi ride. Had made no friends, family living at a distance and did not visit very often, and they were both deteriorating. Another couple volunteering for "friendly visiting" were put in touch with them. Mr. and Mrs. M. have, through this couple, made other friends and life has taken on another aspect for them. It is significant too that as they have become happier they have received more regular visits from their own family.

Mr. and Mrs. C. (aged 71 and 66) wife mentally ill, the husband had been looking after her for six years. Both were very upset that they had had to have their television cut off because of financial worry. Investigation revealed that a married daughter was heavily in debt and borrowed money every week from them. Central Aid Council paid for new television licence, helped daughter and obtained agreement from her that she would not borrow from them again.

Miss R. (aged 90) living in very dirty basement flat, looked ill and neglected. Surveyor reported that other tenants were very worried about her but she refused to accept help. The Health Visitor investigating reported that a friend called every day, does her shopping, collects her pension. Although Meals-on-Wheels and Home Help were needed they were not accepted but this health visitor continues to supervise with a view to persuading her.

One urgent case only was found by a member of the W.V.S. team. Unable to obtain an answer she enquired of other tenants in the house who said that they had not seen Mrs. J. for some time. The Police were notified and she was found to be on the floor dazed and in need of nourishment and subsequently removed to a Nursing Home.

It must be emphasized that many of the apparent problems assessed by the voluntary surveyors were occasioned by different standards and lack of comparison and these, when viewed by a trained mind and eye, were found to be far less pressing.

ARISING DIRECTLY FROM SURVEY RETURNS

The health visitors assessed 114 cases, of these:—

- 72 were retained for further action (category 5)
- 22 were returned "for friendly visiting" (category 4)
- 20 were returned "no help needed" (category 1).

Experienced visitors assessed 42 cases, of these 3 required financial aid.

INFORMATION AND HELP WERE GIVEN CONCERNING

- Chiropody.
- Rating and Ground Rent enquiries.
- Checking transport for out-patient appointments.
- Putting a prospective patient in touch with the hospital Almoner.
- Querying a gas bill wrongly submitted.
- Night Sitter Service.
- Telephoning a solicitor.
- Going to Clubs.
- Obtaining a Stocking Aid.
- Providing an extra blanket.
- Obtaining clothing.
- Repairing a radio.
- 4 cases were passed to the National Assistance Board.
- 1 case was investigated by the Public Health Inspector.

PROBLEMS DEALT WITH BY THE ORGANISING OFFICER covered checking with Medical Executive where old people had forgotten which doctor's list they were on.

Arranging for lost medical cards to be replaced.

Registering elderly people who had read of the survey, and decided to call or write to ensure their inclusion.

The question of a hand rail for a steep footpath was taken up with the Borough Engineer at the request of residents.

Listing odd jobs, requests for future bad weather help and for friendly visiting to be dealt with as the register became established.

An analysis of the first 2,500 returns (excluding the 1,024 known cases) shows the predominance of single women (widows).

Women Registered	Men Registered	Couples Registered
1,470	196	417
		(i.e. 834 individuals)

In age Groups

Ages	Women	Men	Couples	
60-69	298	57	89	i.e. 178 individuals
70-79	642	48	212	" 424
80-89	382	45	88	" 176
90+	49	2	2	" 4
Not known	99	44	26	" 52
Total	1470	196	417	" 834

This proportion of "lone" women representing 58.8% of the 2,500 analysed gives a clear indication that surveyors were in the main selective and that the greatest need does lie with single women and widows.

AGE GROUP 60-69

The women in this age group were mainly active but asked to be included in case of future need. The feeling of "being known" would appear to be very necessary.

AGE-GROUP 70-79

The majority of requests for social activity, visits, bad weather help came from this group. Accommodation problems became more evident, odd jobs such as finding someone to take the dog out, carry up the coal, get a pension, were very much in evidence—various reasons for increasing loneliness became evident. One recurring frequently was the onset of deafness, even with the help of hearing aids, many old people preferred not to go to Church or Clubs any more. Failing sight did not present the same problem, there was constant contact with the "Association for the Blind". Another reason given for failure to go out was the state of the road or footpath. Elderly people living in unadopted roads, at this age, preferred to go out if transport from door to door could be arranged. The start of friendly visiting in this age group is clearly of prime importance.

AGE GROUP 80-89

In this group the majority of "problem" old ladies were found. Unsuitable flats, one with 40 stone steps, many with water and coal to be carried up, rubbish to be carried down. Many instances of bad weather help needed, e.g. sisters aged 86 and 80, one blind, one arthritic, who had had difficulty in clearing snow and carrying water, another aged 80 who could not carry her oil, her only means of heating, in icy weather. These are the people who will need constant vigilance, or a "watchful eye".

AGE GROUP 90 PLUS

Old ladies in this age group were mostly in contact with other people. We found one of 93 being cared for by a son of over 70 in a top floor flat, needing immediate help. In the main however, registration was mainly by virtue of extreme age or at the request of friends and neighbours. Although any form of help was refused by rather "difficult" old ladies we are able to supervise.

Men in each age group presented few problems. Most of them living alone, were frequently visited by family or were proud of their ability to cope. There were however, few instances of men living alone refusing information, most were pleased to be visited and given a card. There was no great demand for friendly visits, a "watchful eye" would seem to be the answer and few seemed to be without this. Inability to keep the garden in a reasonable state was a problem to men living alone in houses.

Married couples in the 60-69 age group visited were often recent arrivals in the town who needed more social contact. Surveyors reported that many couples refused to give any information but were willing to accept an "emergency" card.

In the 70-79 age group a large proportion of couples felt that no help was needed at present but they would like to be registered. Social isolation occurs in this group when deterioration in one partner results in the other being confined to the house. This is a problem that calls for voluntary "sitters in".

In the 80/89 age group, the problems again are bad weather help and unsuitable accommodation. It becomes apparent too that here the need for friendly visitors and immediate help following the death of one partner is very great. The death of four people in this age group on the register were followed in less than two months by the death of the remaining partner.

86 deaths have occurred among the elderly residents registered in the course of six months, and the present list is composed of 4,254 persons.

MAINTENANCE OF THE REGISTER

The Register will be maintained in four ways.

- (1) The gathering and exchange of information from statutory sources.
- (2) By the co-operation of Voluntary Associations.
- (3) With the aid of volunteers working as "Aid" Groups.
- (4) By elderly residents themselves.

(1) The weekly death list is checked against the register and Electoral Roll and entries deleted. The deaths of all residents over 65 not known are then checked against the Electoral Roll and the name of the remaining partner noted for a future visit. Health Visitors and Welfare Officers are asked to notify any change they may find in their routine visiting or new cases referred to them from other sources. The Home Help Organiser to be asked for a six monthly list of cases receiving the service. The Housing Department "letting" lists to be checked for changes of address.

(2) A constant exchange of information is taking place with the Hastings Voluntary Association for the Disabled and for the Blind, the Old Peoples' Welfare, Visitors, Committees and Chiropody Service. The W.V.S. have already supplied the first lists, to be continued at six monthly intervals, of recipients of Meals-on-Wheels and of people visited by them.

(3) Volunteers throughout the town will be asked to "monitor" or act as street wardens. Given the names of the elderly residents they will be required to keep a "watchful eye" and notify need or movement in their area.

(4) During the survey many elderly people refused to be "registered" but accepted an emergency card. It is unfortunate that surveyors were not asked to note this when it happened as we are unable to estimate numbers. Twelve cases have been brought to us by these elderly people who subsequently needed some help, and it is expected that more will come in this way. In one case, the caretaker of a block of flats was asked by a resident to bring her card to us.

ENROLMENT OF VOLUNTEERS

The compilation of the names of elderly residents and the establishment of the register is only the preparation of what is to be done.

The purpose of the survey was to find the sort of problem or small worry that arises in the life of elderly people and the object is to match need with help.

It is quite obvious that many of the problems cannot be covered by statutory help, all that is needed is a "good neighbour" or a friendly visitor.

Emergency help in very bad weather such as the winter of 1962/63 is clearly the province of young people, while older volunteers with time to spare are often willing to visit or "sit in".

Therefore in December, 1963, two circular letters were sent to all Youth Organizations and to Churches asking for volunteers for social service. A form had been prepared, asking for the sort of help that could be given and the amount of time available. A home or telephone business number which could be used was asked for to enable help to be mustered as speedily as possible. The immediate response was 300 individual offers of help from young people and offers of Group Help from local organisations.

It has rapidly become apparent that if we are to ask for local help and knowledge to maintain or gain contact with our elderly residents we can also ask for help in utilizing goodwill on a local basis. This is already happening with "Aid" Group organized by three churches. Information about elderly residents is passed between the Health Department and the Group Organizers, requests for help from both directions are passed to the appropriate person. Gardening, shopping, erecting clothes posts, walking dogs and small decorating jobs are all being carried out, and it is hoped to extend into similar groups throughout the town. It is most important that at no time should contact be lost between the statutory authority and the voluntary worker, and that their appeals and offers of help should always be considered.

CONCLUSION

The first object of the Survey, to discover the whereabouts of elderly people who may need future help, has provided us with a considerable fund of information. While the quality of this information varied, the result indicates that great care was taken in selection. Of the 569 roads in the Borough, files have been opened on all but 119. (In two of these roads the death has occurred of an elderly resident and the remaining partner has been noted for a visit.) A scrutiny of roads reveals an expected result. Shopping areas (Grand Parade), small roads of one or two houses (Pinders Walk), roads or new private estate in a higher income bracket (Branksome Road, Ironlatch Close), Council estates of young couples and carefully surveyed roads in which the elderly are well cared for by families. The "emergency" card has given us a basis for further checks at any time, while the interest aroused in the Churches, in surveyors and by publicity continues to bring in information and offers of help. We have had five new names by "recommendation" from one elderly resident to another.

A continuing Survey, in a modified form, with the help of volunteers, is necessary.

The second object to deal with problems as they arise will continue as new cases are brought to our notice. Along with this goes their prevention by establishing "friendly visits" before the need arises, by giving the elderly information about Clubs, by arranging transport to Clubs for the elderly disabled. This is particularly necessary for those living alone, who are discharged from a rehabilitation unit.

The elderly remaining partner of a marriage should be regarded as "at risk" following the death of a spouse. A routine visit, perhaps a month later, would give us valuable information, would prevent continuing social isolation and deterioration. This is not suitable visiting for volunteers initially. At present we have noted 124 names.

The "sorting out" of problems may also incorporate the use of volunteers. The W.V.S. working under extreme pressure in a very small kitchen are unable to take on all Meals-on-Wheels applicants immediately. In cases of illness, "good neighbours" can be asked to help in the waiting period. Similarly with the Home Help Service which must cover every branch of the community, a volunteer can be asked to fill in for a short space of time.

The problem of accommodation is very large. Many people were found to be on Housing lists or Old People's Welfare flatlets lists. Unfortunately, rehousing while mitigating this, raised the question of loneliness again. On one new housing estate, elderly people are at the moment isolated from shops, clubs and have very little social contact. There is also the problem of the "back garden" which is maintained by the tenant, although the front is dealt with by the Corporation. Groups of young people are helping here but the requests are very numerous.

Finally the Register should not be regarded as a list of names. It can be used as a reference for any problem relating to the elderly and lonely. Further information is constantly being compiled: in bad weather we should not have to wait for appeals for help, this will be immediately available. Names have been forwarded to Old People's Welfare Social Activities Committee, to W.V.S. visitors who have increased their team, to Church visitors, to volunteer "friendly visitors" and lately to the Round Table who wish to do an "Odd Job Week for the Elderly". With the size of the problems we have and which we know will increase, the Register must be the means of co-ordinating the activities for the aged and invoking the goodwill of the community in help with their care.

G. M. LEWIS, Welfare Liaison Officer.

T. H. PARKMAN, Chief Welfare Officer.

August, 1964.



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 3.38 million gallons a day with a maximum daily consumption of 4.27 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 1,233,846,000 gallons, of which 1,084,088,000 gallons was supplied from the impounding reservoirs and 149,758,000 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 addition of chlorine before being pumped to supply.

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

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

(a) The Undertaking's supply has been maintained at the usual high standard of purity during the period of 1963, 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 Examination of Samples of Water

Bacteriological Examination of a sample of water.

Labelled: Fairlight Service Reservoir, tap on Outlet Main.

Residual chlorine 0.2.

	1 day at 37° C	2 days at 37° C	3 days at 20° C
No. of Colonies developing on Agar	0 per ml.	0 per ml.	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 sample is clear and bright in appearance and of very satisfactory bacterial purity indicative of a wholesome water suitable for public supply purposes.

23rd July 1963.

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

Chemical Results in parts per million

Labelled: Tap on outlet main, Fairlight Reservoir.

Appearance: Bright with a few particles.

Turbidity less than 3. Colour: 5. Odour: Slight chlorinous. pH 7.2.

Free Carbon Dioxide: 7. Electric conductivity: 295. Dissolved solids dried at 180°C: 190.

Chlorine present as Chloride: 30. Alkalinity as Calcium Carbonate: 50.

Hardness: Total 110. Carbonate: 50. Non-Carbonate: 60.

Nitrate Nitrogen: 0.3. Nitrite Nitrogen: Absent.

Ammoniacal Nitrogen* 0.013. Oxygen absorbed: 0.75.

Albuminoid Nitrogen* 0.049. Residual chlorine: 0.26.

Metals: Iron 0.10. Manganese 0.03. Other metals absent.

*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 and manganese. The water is of very moderate hardness and it contains no excess of salinity or mineral constituents in solution, it is free from noticeable colour, of very satisfactory organic quality and of the highest standard of bacterial purity.

The results are indicative of a pure and wholesome water suitable for public supply purposes.

(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—heated.

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

Plate Count 1 Day at 37° C per Mil.	Less than 1	1-5	6-10	11-15	16-20	21-30	31-40	41-50	Over 50
Large Bath	—	2	1	2	—	—	1	—	—
Small Bath	—	—	—	—	—	1	—	—	5 } $\begin{matrix} 98,106 \\ 157,171 \\ 402 \end{matrix}$
Bathing Pool	3	3	—	—	—	—	—	—	—
Combe Haven	5	1	—	—	—	—	—	—	—
Total	8	6	1	2	—	1	1	—	5
Probable Number of Coliform Bacilli per 100 ML.	Less than 1		1—5				Over 5		
Large Bath	3		1 Sample—3 (3 Faecal)				2 Samples— 17 (less than 1 Faecal) 35 (13 Faecal)		
Small Bath	3		2				1 Sample—13		
Bathing Pool	6		—				—		
Combe Haven	6		—				—		
Total	18		3				3		

Water purification is carried out by continuous filtration and chlorination. Routine on the spot checks are made on residual chlorine, and 24 samples were taken for bacteriological examination at the Public Health Laboratory. 18 samples were found to have less than 1 of coliform bacilli per 100 millilitre.

The indoor seawater baths, owned and operated by the Council, showed the poorest bacteriological results. As these are both heated, they are of course very popular, and poor weather conditions which prevent sea bathing, cause a rapid increase in the number of bathers, with periodic heavy loading of the plant. Chlorine dosage is increased during peak periods (to give a residual chlorine of 0.7 ppm), but while the baths are in use there is a maximum dosage which cannot be exceeded without producing discomfort in the form of irritation to the eyes, especially among children.

Investigation showed that on the particular dates in question, weather conditions prevented sea bathing and that over 1,000 people used the baths daily, 70% being children.

Whilst the baths are closed, chlorine dosage is stepped up very considerably, and during opening hours, routine checks on residual chlorine are now made four times a day and the dosage rate increased according to the number using the baths.

A survey is now in progress to assess the efficacy of these measures.

(C) Drainage and Sewerage:

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

During 1963 preparation of major capital works schemes continued for the main drainage of the Western Area of the Borough and the Long Sea Outfall, together with the provision of main drainage in the vicinity of Rye Road and Mill Lane. The contract for the latter scheme has been let to Messrs. Thomas Carey & Sons at an estimated cost of £35,000, and a start is anticipated during the summer of 1964. The following capital works have been completed:

Extensions of sea outfalls at Harold Place and Denmark Place.

Ore Valley Main Drainage Stage IV, and the reconstruction of part of the Old Roar Gill sewer.

Reconstruction of the combined sewer in St. Mary's Terrace was put in hand by Direct Labour: progress was slow at first due to the presence of gas and water mains running close to, and parallel with, the line of the old sewer.

The Direct Labour force also dealt with routine maintenance and repair of day to day defects in public sewers. These remedial works included making good fractured sewers at Albany Road, Archery Road, Church Road, Filsham Road, Hughenden Road, Maze Hill, Mildenhall Drive (two sites), Ore Valley (near railway tunnel, and included the construction of a new manhole), Perth Road, Pilot Field (two sites at rear of grand stand), Robertson Hill, Stanley Road, and the West Hill (rear of Coburg Place). Replacement of defective brick gullies with concrete gully pots and the provision of additional gullies was carried out at the junction of Baldslow Road and Fearon Road (including provision of a new manhole), Ellenslea Road, Frederick Road, Harley Shute Road, Linton Crescent, Maplehurst Road, St. John's Road, The Ridge (at junction with Harrow Lane) and Undercliff. A crater in the carriageway at Edmund Road was investigated and filled, but no defect of the public sewer nor public utility mains was found.

Defects in private and combined drains were repaired, or blockages cleared, under Notice by the Health Department and on a rechargeable basis at Braybrooke Road, Croft Road, Earl Street, Fearon Road, Grosvenor Gardens, Old London Road, Priory Road, St. Mary's Terrace and West Hill Road (two sites).

In the 12-month period under review 202 new dwelling units under construction for the Housing Committee were connected to main drainage. The new public convenience at East Parade was completed. In the same period 229 dwelling units built by private enterprise were connected to main drainage, three new properties were connected to septic tanks and two to cesspools in areas where there are no main drainage facilities.

Collection and Disposal of Domestic Refuse

The fleet of refuse collection vehicles consists of 10 freighters, including one Bulk Loader, and two 50 cubic yard capacity "Pakamatic" continuous loading type vehicles. The use of bulk containers continues to expand. Paper salvage collections are now made with a pantechnican having a 40 cubic yard body. Salvaged paper amounted to just over 612 tons and produced an income of £3,980, whilst about 30½ tons of other salvage produced £310.

The service is maintained by about 64 operatives, but the Cleansing Superintendent reports increasing difficulty in recruiting satisfactory replacements.

Controlled tipping continued on the main north/south runway at Pebsham, and excavation of 22,000 cubic yards of the cliff blocking the west wing of this proposed runway was carried out. Part of this material was used to form the centre strip of the runway and the remainder used as cover to tipped refuse.

The total quantity of refuse collected, transported to and deposited at Pebsham, amounted to about 66,500 cubic yards. This resulted in an area of about 7¼ acres being raised between 4 and 7 ft.

Street Cleansing

This routine service was maintained throughout the year.

(F) PEST CONTROL

(1) Rodent Destruction:

The number of infestations reported by occupiers showed a slight decrease; 510 as compared with 547 in the previous year. Preventive work, by survey of potential breeding grounds was maintained at a high level, a total of 6,897 properties being inspected.

No major infestations were found, most being of a minor nature. The operation of a free service to private dwellinghouses is now so well known that occupiers very promptly report the first signs of any rats or mice. This, together with regular surveys of vacant sites, allotments, streams and public gardens as well as food premises, keeps infestation down to minimal limits.

Two sewer treatments were carried out during April and September, the former being preceded by a test baiting of 100 manholes throughout the town including 29 in "persistent" trouble spots, of which 13 proved to be still infested. The remainder of the sewers showed only light sporadic infestations, and all were treated by poisoning with Fluorocetamide.

Several rat infestations in newly occupied properties occurred, generally due to stoppers from drain clearing eyes being "temporarily" removed during building operations, the rats then gaining access through uncompleted soil connections. It is very disconcerting for a new owner to take possession of his house or bungalow and find he has rats in the roof space. The Borough Surveyor sent out an advisory letter on the subject to all firms engaged on site developments.

One Rodent Operator is specially detailed for the work of testing drainage systems where defects are suspected, under the supervision of the District Public Health Inspectors.

	Local Authority Properties.	Private Dwellings.	Business Premises.	Agricultural Premises.	Total.
Properties Inspected					
Notification of Occupier	12	393	98	7	510
Surveys	35	424	344	12	815
Otherwise	—	2304	3268	—	5572
Total Inspections (including re-inspections)	240	7199	4754	86	12279
Properties Infested					
Rats	6	283	39	7	335
Mice	4	106	59	—	169
Infested Properties Treated	10	389	98	7	504
Total Treatments (including re-treatments)	19	441	124	7	591
Block Treatments ...	—	19	4	—	23

(2) Other Pests:

There are no new developments to report on disinfection work against insect pests having a public health significance. It is mainly confined to fleas in dwellinghouses and to cockroaches and occasional fly infestations in food premises.

There is no doubt that feral pigeons have become a serious problem in several parts of the town, causing considerable damage to buildings by their droppings blocking up gutters and defacing walls and projections.

The Department carried out early morning trapping, together with destruction of eggs in known breeding places. These measures barely kept pace with the natural increase amongst the birds and other action will have to be employed in order drastically to reduce their numbers.

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 116 rooms in 40 houses were disinfested for fleas, and 42 rooms in 17 premises for cockroach infestation. Cinemas were treated with insecticidal mist quarterly as a preventive measure, a total of 20 treatments being given, and preventive work in food premises amounted to 130 treatments during the year.

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 £212 8s. 1d. (including £97 5s. 0d. for rodent control on business premises) compared with £249 17s. 10d. in 1962.

(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	11	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	195	94	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	18	2	—	—
TOTAL.	248	107	3	—

2.—CASES IN WHICH DEFECTS WERE FOUND

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

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	—	—	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ...	1	—	—	—	—
(b) Unsuitable or defective	6	3	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	3	3	—	—	—
TOTAL ...	10	6	—	—	—

107 inspections of factories were carried out, defects being found in 10 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. ..	..	..	10
Artificial Flowers ..	..	..	18
Glove Making ..	..	..	—
No. of visits ..	..	..	2 (4)

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) ..	951
(b) Number of inspections made for the purpose ..	2,788
(2) (a) Number of dwelling houses (including sub-head (1) above) which were inspected and recorded ..	206
(b) Number of inspections made for the purpose ..	1,164
(3) Number of dwelling houses found to be unfit for human habitation ..	156
(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..	306

A.—Houses Demolished :—	Houses Demolished	Displaced	
		Persons	Families
(1) In clearance areas— Housing Act, 1957			
Houses unfit for human habitation	236	164	54
Included by reason of bad arrangement	8	—	—
On land acquired under Section 43(2)	2	3	1
(2) Not in clearance areas—			
As a result of formal or informal procedure under Section 17(1)... ..	15	1	1
L.A owned houses certified unfit by the Medical Officer of Health	—	—	—
	Number	Displaced	
		Persons	Families
B.—Unfit Houses Closed :			
Under Sections 16(4), 17(1), 35(1)	9	49	14
Under Sections 17(3) and 26	—	—	—
Parts of Buildings Closed under Section 18 ...	10	51	13
C.—Unfit Houses Made Fit and Houses in which Defects were remedied :—	By Owner	By Local Authority	
After informal action by L.A.	235	—	—
Under formal notice under Public Health Act... ..	5	3	—
After formal notice under Section 9(6) H.A.	—	—	—
Under Section 24, Housing Act, 1957	—	—	—

D.—Proceedings under Sec. 17 Housing Act 1957:—

(1) Number of dwelling houses in respect of which demolition orders were made ..	3
--	---

E.—Proceedings under Sec. 18 Housing Act 1957:—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made..	8
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit..	8
(3) Closing Orders made (Sec. 17, H.A. 1957) ..	11
(4) Undertakings (not used for habitation) ..	2
(5) Closing Orders determined ..	7

4.—OVERCROWDING

(a) (i) Number of dwellings overcrowded	..	..	16
(ii) Number of families dwelling therein	..	..	20
(iii) Number of persons dwelling therein	..	..	91
(b) Number of new cases of overcrowding reported	..	..	16
(c) (i) Number of cases of overcrowding relieved	..	..	8
(ii) Number of persons concerned in such cases	..	..	37
(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	..	..	135

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		adults	child- ren	total	Clearance or Compulsory Purchase Order	Confirmation
	houses	families					
Total brought forward 1963	449	444	904	365	1269		
Caves Road 24/25-26	49	49	102	31	133	C.P.O.	Not yet confirmed
Battle Road (Greenleaf Terrace) 35/27	11	22	37	11	48	C.P.O.	Enquiry 29/10/63 not yet confirmed
Duke Road 8/28	32	30	69	20	89	C.P.O.	Not yet confirmed
Total	541	545	1112	427	1539	—	

Clearance Areas.

During the year under review, four clearance areas comprising a total of 92 houses were represented and three compulsory purchase orders made. Two public inquiries were held, one on an order made in 1962 (Hollington 10/23-24) which has now been confirmed by the Minister with modifications, and the other on the Battle Road (Greenleaf Terrace) 35/27 which still awaits confirmation by the Minister.

Due to the greatly accelerated building programme, the back-log of rehousing from clearance areas has now been cleared and at the end of the year, only one family remained to be rehoused from confirmed orders, although there are 155 families to be rehoused from areas for which orders have been made but not yet confirmed.

During the year, 61 families were rehoused from clearance areas and 134 houses demolished.

Individual Unfit Houses

23 dwellings were represented as unfit, resulting in 3 demolition and 18 Closing Orders being made. 2 formal undertakings not to use for human habitation were accepted.

27 families (107 persons) living in unfit dwellings on which Closing Orders were operative, were found new accommodation during the year.

It is good to be able to record that due to the acceleration of the Council's housing programme, the back log of families awaiting rehousing has practically been cleared. Suitable alternative accommodation for displaced families is now more quickly available.

15 Closing Orders were determined in respect of houses which had been rendered fit and improved to modern standards. A total of 91 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) ..	1
Notice by local authority of proposal to issue certificates of disrepair (Form J)	1
Undertaking by landlord to remedy defects (Form K)	—
Certificates of Disrepair issued (Form L)	1
Applications by landlord for cancellation of certificate (Form M) ..	—
Notice by local authority of proposal to cancel certificate of disrepair (Form N)	—
Applications for certificates as to remedying of defects (Form O) ..	1
Certificates as to the remedying of defects (Form P)	1

Disrepair. 815 (652) complaints were investigated. 240 (163) notices were served requiring repairs, 235 (187) notices calling for necessary works under Housing and Public Health Acts were complied with without recourse to formal action.

Improvement Grants.

277 inspections of houses relating to applications for improvement grants were carried out, 15 more than in the previous year.

The number of grants approved during the year, namely 139 discretionary, and 26 standard, continues to be somewhat disappointing, and at the present rate of progress, it will be many years before every family has the amenities of indoor sanitation, bathroom and hot water system.

I have previously referred to the question of compulsory powers to require improvements, and it is hoped legislation will soon be passed to bring this into effect where the tenant is willing to pay the additional rent, or on a change of tenancy, also to provide the owner with a loan, if required, to meet his share of the cost.

Small Dwellings Acquisition Acts.

770 enquiries were handled relating to house purchase loans through the Corporation.

Rehousing Applications.

Reports and recommendations were made after investigation of home conditions of 135 families on the waiting list.

16 were found to be living in very overcrowded conditions, and for medical and social reasons, at least 56 were considered to be in urgent need.

Summary.

A total of 4,034 visits were made in relation to housing work. Most of these were concerned with repairs and maintenance, the supervision of works in progress and meeting owners and builders on the properties concerned. The general position was greatly helped by the appointment in October of a Senior Housing Inspector whose duties are principally concerned with clearance areas.

The number of visits by Inspectors to drainage works was reduced by more than half due to a staff reorganization whereby many of the routine complaints were first inspected by an experienced assistant, a Rodent Operator, who has had many years with the Inspectors on this work.

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
1963	8	14	24	59	2

Noise Abatement Act 1960.

The number of complaints was considerably less than last year, 8 against 22, and concerned such diverse matters as noise from concrete block manufacturing, juke box, shoe repairing machinery, barking dogs and an amusement arcade. Informal action requiring sound proofing or reduction in volume effected considerable improvement in most cases. Residents affected by noisy animals were advised as to the procedure for taking private remedial action.

Caravan Sites.

51 inspections were carried out to nine licensed holiday sites, containing a total of 1,612 caravans and covering a total area of 65 acres. Sites vary in size from 22 caravans to 900.

Conditions attached to site licences issued under the Caravan Sites (Control of Development) Act 1960 are based on the Model Standards issued by the Ministry with the following modification:—

Showers or baths: 2 per 40 caravans.

Dustbins: 7 per 2 caravans.

Maximum distance to toilet facilities: 100 yards.

Sites with existing roads are exempt from the condition prohibiting the siting of caravans within 10ft. of any carriageway.

Constructional works to provide additional facilities required under the conditions of licence have been completed on all but two of the sites, and on these the work is well under way.

On six sites, hard standings for caravans have been provided, and it is anticipated that the three remaining sites will follow suit in 1964. There is no doubt that provision of hard standing is a sound practical decision from the operator's point of view with appreciable saving in labour. This avoids the necessity of moving all caravans twice a year, at a time when the ground is soft, with consequent serious damage to turf and natural drainage. From the general hygiene point of view the hard standing is a definite asset, encouraging cleanliness and tidiness on the part of occupiers of caravans.

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

Inspections:—		Firegrates and stoves repaired or renewed	6
Keeping of animals	63	Floors repaired or renewed	22
Rat or mice infestation	107	Staircases repaired	—
Smoke nuisance	131	Doors repaired or renewed	6
Vermineous premises	33	Windows repaired or renewed	16
Infectious diseases	188	Sash-cords renewed	21
Food poisoning	38	Ventilation improved	2
Pet Animals Act	13	Water supply improved	17
Moveable dwellings—caravan sites	51	New sinks provided	6
Offensive trades	12	Waste-pipes repaired or renewed	10
Knackers yards	5	Yards and passages repaired	3
Theatres and Cinemas	3	New W.C.s erected	1
Out workers	2	W.C. basins renewed	7
Other Visits	1,141	Flushing cisterns repaired or renewed	14
Interviews respecting properties	1,188	Drains repaired or reconstructed	51
Smoke tests to drains	88	Drains cleansed	115
Water tests to drains	76	Inspection chambers constructed or repaired	16
Fertiliser and Feeding Stuffs Act	11	Soil and Vent-pipes repaired or renewed	6
Swimming Baths	24	Gully traps fitted	9
	Total: 3,174	Sanitary dustbins provided	5
Works Carried Out:—		Miscellaneous repairs	61
Roofs repaired and made weatherproof	49	Food Premises—Cleanliness	
Stacks rebuilt or repaired (including new pots)	4	effected	51
External walls repaired or repointed	20	Miscellaneous works of improvement	43
Gutters and R.W.D. repaired, renewed, or cleaned out	37		
Dampness remedied	63		
Int. walls and ceilings repaired	52		
Walls and ceilings cleansed and redecorated	44		
		Total: 757	

SECTION IX
FOOD INSPECTION AND HYGIENE

(A) MILK

The routine sampling of both pasteurised and raw milk continued throughout the year from retail shops, wholesale depots, schools and from the pasteurising plant at Silverhill.

The number of dealers rose once more and there are now 80 registered distributors.

A total of 283 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	..	..	..	..	..	..	15
Tuberculin Tested	..	..	..	..	..	..	41
Pasteurised	..	..	..	..	..	..	78

Sampling:

A total of 223 samples of designated milks were taken and the laboratory tests showed that the normally high standard of heat treatment has been maintained.

Pasteurised Milk:

Of 197 samples from all sources, laboratory tests showed that three (1.5%) failed Phosphatase test.

Only 4 (2.0%) 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.

The milk bottle being a "returnable container" subject to almost criminal misuse continues to present to both the department and the dairy industry a problem of the first order. Recent publicity seems to have brought about a general improvement in this respect, but constant vigilance by all concerned must be maintained at all times.

Tuberculin Tested Milk:

26 samples of T.T. (farm bottled) milk were subjected to Laboratory examination. 24 were found to be satisfactory, and two 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. ...	26	24	2	Not	applicable.
T.T. Pasteurised ...	56	56	—	56	—
Pasteurised ...	141	137	4	138	3

Biological Examination of Milk:

Regular samples of raw milk are taken from the churns awaiting pasteurisation at the processing plant at Silverhill. These are examined for the presence of the organisms which cause tuberculosis and undulant fever.

No cases of tubercular infected milk were found.

14 samples were found to be positive on initial (Brucella ring) test and in 11 of these, brucella abortus was isolated. These figures further break down as follows:—

7—Crystal-Violet Resistant Strain of Brucella Abortus Isolated.

1—Crystal-Violet Sensitive Strain of Brucella Abortus Isolated.

1—Brucella Abortus Isolated.

1—Brucella Abortus Type I Isolated.

1—Brucella Abortus Type II Isolated.

Investigation on the affected farms was carried out by the Area Veterinary Officer.

No.	T.B. Test		Brucella Ring Test	
	Positive	Negative	Positive	Negative
66	—	66	14	52

N.B.: 6 no result; guinea pigs died.

(B) MEAT

TABLE I
Slaughterhouse Output - Comparative Table

Year	Cattle (excluding cows)	Cows	Calves	Sheep	Pigs
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
1963	2,052	139	913	3,247	9,089

Output at the London Road slaughterhouse, 15,440 animals, equivalent to 7,689 cattle units was less than the previous year, but showed an overall increase of 6% as compared with four years ago.

A hundred per cent meat inspection service was maintained, which necessitated working by inspectors in the evenings, on Sundays and Bank holidays, this additional work totalling 338 hours. New Meat Inspection Regulations came into operation on 1st October, which increased responsibilities and required the stamping of all meat carcasses passed as fit for consumption. Limitation of space and other factors necessitates constant attention to ensure satisfactory implementation of requirements, but despite these practical difficulties the system has worked well.

No bovine carcasses were rejected for tuberculosis and in only 1 case (a reactor following tuberculin testing) was localised tubercular infection found.

The infection rate in pigs continued to be very low (.22%) and all affected were localised.

No *Cysticercus Bovis* (tape worm) was found.

A total of 5 tons 18½ cwt. of meat and offal was rejected as unfit for human consumption, 5½ cwt. affected with tuberculosis and 5 tons 13 cwt. with other diseases. No significant change as compared with the previous year was noted.

The most unsatisfactory existing slaughterhouse buildings continued to be used as an area slaughterhouse serving a population of more than 130,000 in the Boroughs of Bexhill, Rye and Hastings and the Battle Rural District. It is now in its 10th year of operation since decontrol and during the whole of this period consideration of its replacement has been uppermost in the minds of those directly concerned. Throughout it has been a case of "make do and little mend", and it is regrettable that a project so urgently necessary has taken so long to launch.

The main contract for the construction of a new central abattoir was let in the autumn and though practical work on the site was not commenced by the end of the year, site works started in February 1964 and construction is now under way. Completion is scheduled for June 1965. The provision of modern facilities of a high order for meat production will represent a major advance both from public health and commercial view points, over a wide area of East Sussex.

TABLE II
CARCASES INSPECTED AND CONDEMNED DURING 1963
 (Figures for 1962 in brackets)

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs
No. killed	2052 (1933)	139 (207)	913 (1081)	3247 (4083)	9089 (9635)
No. inspected	2052 (1933)	139 (207)	913 (1081)	3247 (4083)	9089 (9635)
All diseases except Tuberculosis					
Whole carcasses condemned ..	3 (1)	3 (5)	7 (10)	5 (10)	29 (19)
Carcasses of which some part or organ condemned ..	459 (540)	57 (67)	2 (5)	68 (65)	421 (532)
Percentage of the number affected with disease other than tuberculosis	22.51 (27.99)	43.17 (54.78)	0.99 (1.39)	2.25 (1.84)	4.95 (5.72)
Tuberculosis only					
Whole carcasses condemned ...	— (—)	— (—)	— (—)	— (—)	— (—)
Carcasses of which some part or organ condemned ...	1 (—)	— (—)	— (—)	— (—)	20 (21)
Percentage of the number affected with tuberculosis	0.05 (—)	— (—)	— (—)	— (—)	0.22 (0.22)
Cysticercosis					
Carcasses of which some part or organ condemned ..	— (—)	— (—)	— (—)	— (—)	— (—)
Carcasses submitted to treat- ment by refrigeration ...	— (—)	— (—)	— (—)	— (—)	— (—)
Generalised and totally condemned	— (—)	— (—)	— (—)	— (—)	— (—)

TABLE III
TOTAL WEIGHT CONDEMNED FOR TUBERCULOSIS

	<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Carcase Meat	—	5	—	—
Offal	—	—	2	7

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

	<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Carcase Meat	2	6	3	17
Offal	3	5	3	25

(C) ICE CREAM

There are 11 registered manufacturers, including 10 producer/retailers, and 536 premises are registered for the storage and sale of ice cream.

490 inspections were carried out.

The sampling of ice cream during the period April to September, 1963, was again given much attention and although the overall picture of bacteriological results is poor, a break down of this shows that the standard of manufacture generally is good but constant vigilance is necessary in order to maintain the standard. The introduction of a new type of soft ice cream machine into premises has created a new problem and poor bacteriological results have been obtained from these machines. A Code of Practice has been produced and it is hoped that close attention to this will give improved results next season. Two manufacturers were affected by the gas explosion in the eastern quarter of the town and a large quantity of ice cream was voluntarily surrendered. One of these manufacturers resumed production again at the end of the season, and good bacteriological results were obtained. Poor gradings were found to be due to defects in handling and temporary breakdowns in plant.

49 informal samples were submitted to the Public Analyst under the Food and Drugs Act. This number is considerably smaller than last year as it is felt that intermittent sampling was quite adequate as results generally were well above legal minimums. All results were satisfactory.

The following tables summarise the reports received:—

Bacteriological Examination

Grade.	No. of samples.	Percentage.	Remarks.
I. II.	45 15	54.22 } 18.07 } 72.29	} Satisfactory.
III. IV.	12 11	14.46 } 13.25 } 27.71	

Analysis

No. of Samples.	Satisfactory	Not satisfactory
49	49	—

(D) FOOD AND DRUGS ACT 1955

During the year 207 (273) samples were taken for analysis. Details are as follows:—

Milk:	Formal samples ..	—	
	Informal samples ..	73	
		—	73
Sundries:	Formal samples ..	40	
	Informal samples ..	45	
		—	85
Ice Cream:	Formal samples ..	—	
	Informal samples ..	49	
		—	49
			—
			207
			—

Samples found satisfactory on analysis numbered 193.

Unsatisfactory analytical reports were received on 14 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.

The quality of milk generally continues to remain high and of 73 samples taken, only 5 were found to have a fat content below the legal requirement. In every case immediate follow up samples gave satisfactory results. It is pleasing to note that no cases of added water were discovered, and it would seem that the deliberate adulteration of milk by this method has now ceased.

During the latter part of the year, some 40 samples of sausages were taken from local butchers. Six samples were found to be unsatisfactory. In 5 cases, the sausages contained preservative which was not declared, and in one case, preservative declared was not in fact present. Warning letters were sent to the butchers concerned. The standard of meat content was found to be very good, ranging from 52% to 80% in the case of beef sausages and 65% to 85% in respect of pork sausages. Local butchers are to be congratulated on this high standard which they have maintained in the face of fierce national competition.

Other samples were unsatisfactory due to incorrect description and excessive preservative content, and these points were taken up with the manufacturers concerned.

Particulars of unsatisfactory samples and the action taken follows:—

<i>No.</i>	<i>Item</i>	<i>Analyst's report</i>	<i>Action taken</i>
380	Onions in wine vinegar (informal)	(1) Contained excessive amount of sulphur dioxide. (110 parts per million as compared with permitted amount of 100 parts per million). (2) Preservative not declared.	Taken up with importer and manufacturer.
395	Instant coffee—decaffeinated (informal)	Incorrectly labelled as "100% pure coffee" when it contained only soluble solids of coffee	Taken up with importer and manufacturer
502	Casserole meat (informal)	(1) Deficient in meat. (2) Description unsatisfactory.	Taken up with importer and manufacturer.
522	Bread (informal)	Contaminated with mould growth.	Investigated at bakery. Warning letter.
524	Sausages (beef) (formal)	Contained 275 parts per million sulphur dioxide (preservative not declared)	Taken up with manufacturer/retailer.
540	Sausages (beef) (formal)	Contained 305 parts per million sulphur dioxide (preservative not declared)	Taken up with manufacturer/retailer.
542	Sausages (beef) (formal)	Contained 330 parts per million sulphur dioxide (preservative not declared).	Taken up with manufacturer/retailer.
544	Sausages (beef) (formal)	Contained 160 parts per million sulphur dioxide (preservative not declared).	Taken up with manufacturer/retailer.
539	Sausages (pork) (formal)	Contained 352 parts per million sulphur dioxide (preservative not declared).	Taken up with manufacturer/retailer.
423	Channel Island Milk (informal)	Fat 3.8% S.N.F. 9.5%	Follow-up sample taken—satisfactory.
437	Channel Island Milk (informal)	Fat 3.3% S.N.F. 8.8%	Ditto
450	Channel Island Milk (informal)	Fat 3.5% S.N.F. 9.5%	Ditto
453	Channel Island Milk (informal)	Fat 3.7% S.N.F. 7.8%	Ditto
454	Channel Island Milk (informal)	Fat 3.1% S.N.F. 7.8%	Ditto

SPECIAL INVESTIGATIONS

The total of 55 complaints from members of the public relating to various foods were investigated. This represents an increase of 20 on the 1962 figure and reflects the current interest shown in food production, on the part of the consumer.

A small proportion of complaints are of a very minor nature and in some cases are unjustified. These are not included in the list below, but unfortunately considerable time can be spent on such complaints with no action possible at the conclusion of the investigation, but it is felt that such time is well spent on the grounds of good public relations and health education.

Warning letters were sent in 10 cases and in 9 cases concerning, a cigarette end in a bun, a mouldy apple tart, a mouldy filled horn, mouldy sausage rolls, a mouldy pork pie, mouldy sponge case and three cases of mouldy sausages, prosecutions were successfully taken. It is interesting to note that 6 of the above cases relate to the bakery and confectionery trade. The trend here is to the large bakery producing immense quantities of bread and cakes which are distributed over a large area by road transport. 5 out of the 6 cases concerned mould, and once again the inefficiency of the method of stock rotation both in the bakery and at the retail outlet were the predominant factor.

The 3 cases of mouldy sausages related to the pre-packed variety and reference to manufacturers' codings proved that the fault here was the retailers. Constant advice is given to retailers to adopt a system of stock rotation or coding, but in many cases, this meets with little response. A code of practice has been issued by the department on the storing of meat pies.

It is not fully realised that moulds will develop at low temperatures, and given optimum temperatures will grow very quickly. The code of practice issued by the department for the operation of frozen food cabinets has been in great demand, and a general improvement in this field has been achieved during the year.

1	Strawberry Flavoured Milk Drink	Sour	..	Warning letter from Town Clerk.
2	Dairy Cream Puff	..	Affected by mould	.. Taken up with bakery.
3	Currant Bun	..	Contained cigarette end	Fined £50-0-0d., plus £8-8-0d. costs.
4	Roasted Peanuts	..	Rancid	.. Remainder of stock (12lbs.) surrendered.
5	Apple Tart	..	Mouldy	.. Fined £25-0-0d. plus £3-3-0d. costs.
6	Thin sliced bread	..	Cigarette end embedded in surface	Taken into consideration when Case 3 was dealt with by the Court.
7	Lolly	..	Contained spots	.. Taken up with manufacturers.
8	Filled Horn	..	Mouldy	.. Fined £25-0-0d. plus £5-5-0d. costs.
9	Steak and Kidney Pie	..	Contained piece of metal	.. Taken up with manufacturers.

10	Sausage rolls	..	Mouldy	..	Fined £10-0-0d. plus £5-5-0d. costs.
11	Filled Iced Sponge Cake	..	Nail in sponge	..	Warning letter from Town Clerk.
12	Liquid Paraffin	..	Contained 'red liquid'	..	Taken up with manu- facturers.
13	Skinless sausages	..	Mouldy	..	Fined £5-0-0d. plus £5-5-0d. costs.
14	Pork Pie	..	Mouldy	..	Found guilty, given ab- solute discharge and ordered to pay £10-10-0d. costs and £8-10-0d. witness's expenses.
15	Pork Pie	..	Hard spine present (Nylon bristle)	..	Warning letter from Town Clerk.
16	Loaf of bread	..	Mouldy	..	Warning letter from Town Clerk.
17	Grosvenor Pie	..	Mouldy	..	Warning letter from Town Clerk.
18	Skinless Beef Sausages	..	Mouldy	..	Fined £10-0-0d.
19	Pork Pie	..	Mouldy	..	Warning letter from Town Clerk
20	Large Medium Sliced loaf	..	Extraneous matter	..	Warning letter from Town Clerk.
21	Chewing Gum	..	Infested with ants	..	Remainder of stock withdrawn.
22	Cornish Pasty	..	Maggot infested	..	Taken up with bakers.
23	Farmhouse loaf	..	Beetle present	..	Warning letter from Town Clerk.
24	Pork (hand)	..	Unfit	..	Taken up with butcher.
25	Sponge cakes	..	Mouldy	..	Fined £10-0-0d. plus £5-5-0d. costs.
26	Cod fillets	..	Contained worms	..	Parasitic worms— filoria bicola—taken up with Hawker.
27	Corned Beef	..	Mouldy	..	Taken up with Representative.
28	Large wrapped sliced loaf	..	Damaged by vermin	..	Damage by birds— taken up with bakery.
29	Strawberry Delight	..	Contained portion of wasp	..	Warning letter from Department.
30	Loaf of bread	..	Contained string	..	Taken up with bakers.
31	Cheddar Cheese	..	Mouldy	..	Taken up with store, stock examined.
32	Cerea loaf of bread	..	Contained coke	..	Warning letter from Town Clerk.
33	Peanut Butter	..	Contained glass	..	Taken up with store.
34	Pork Chipolata Sausages	..	Mouldy	..	Fined £10-0-0d.
35	Piece of rolled pork	..	Infested with fly larvae	..	Taken up with butcher.
36	Walnut Gateau	..	Filling rancid	..	Taken up with bakers.

37	Scone	..	Contained staple	..	Taken up with baker.
38	Tin of Garden Peas		Contained foreign body	..	Taken up with manufacturers.
39	Half pig's head	..	Unfit	..	Taken up with butcher.
40	Stewed Steak	..	Extraneous matter	..	Taken up with canners.
41	Pasteurised milk (carton)	..	Sour	..	Taken up with dairy.
42	Tongue (canned)	..	Unfit	..	Taken up with canners.

(E) OTHER FOODS

During the year the following foodstuffs were found unfit and rejected at Wholesalers' and Retailers' premises, and disposed of by the local authority at the controlled refuse tip—

				<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Meat	..	..	..	3	1	3	11 $\frac{1}{4}$
Compounded Foods	..	..	..	—	1	—	11 $\frac{1}{4}$
Fish	..	..	..	—	15	—	19
Poultry and Game	..	..	..	—	3	2	5 $\frac{3}{4}$
Shell Fish	..	..	..	—	2	1	15
Milk	..	..	..	—	3	2	18 $\frac{3}{4}$
Fruit	..	..	..	—	19	3	14 $\frac{3}{4}$
Vegetables	..	..	..	1	10	2	4 $\frac{1}{4}$
Groceries	..	..	..	2	8	2	2 $\frac{1}{4}$
Ice Cream	..	..	..	2	6	2	11
Sweets, etc.	..	..	..	—	6	2	12 $\frac{1}{4}$
Miscellaneous	..	..	..	—	18	—	1
				12	17	3	14 $\frac{1}{2}$

The increase on the 1962 figure (6 tons 26 lbs.) is mostly accounted for by the large quantity of food voluntarily surrendered by shops and cafes affected by the gas explosion at Marine Parade in July, contamination by glass being the chief cause of unfitness. (4 $\frac{1}{2}$ tons of foodstuffs were rejected as unfit after this accident).

(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	..	..	208
Private houses taking boarders	..	..	78
Restaurants, cafes and eating houses	..	..	142
School kitchens and W.V.S. kitchen	..	..	12
Bakehouses	..	..	21
Fried Fish premises	..	..	19
Food factories	..	..	8
Mineral water factories	..	..	1

— 489

Retail:—						
Grocers	..	..	..	..	206	
Fish shops	..	..	..	..	21	
Bakers—retail	..	..	..	..	53	
Butchers	..	..	..	..	56	
Confectioners	..	..	..	..	109	
Fruiterers	..	..	..	..	91	
Licensed premises	..	..	..	..	121	
					<hr/>	657
					Total:	<hr/> 1146

Registered Food Premises:—

Hastings Corporation (General Powers) Act 1937.						<i>No. of Premises</i>
Ice Cream Manufacturers	..	..	..	..	11	
Ice Cream Retailers	..	..	..	..	536	
Pressed and Preserved meats	..	..	..	..	89	
Fish Hawkers	..	..	..	..	15	
Milk and Dairies Regulations, 1959.						
Pasteurising Plants	..	..	..	..	1	
Distributors	..	..	..	..	80	
					<hr/>	732

Inspection of Food Premises:—

						<i>Inspections</i>
Bakehouses	...	...	...	...	...	65
Butchers	...	...	...	...	...	333
Cafes, Restaurants, etc.	...	...	...	...	...	456
Dairies and Milkshops	...	...	...	...	...	283
Fish Shops	...	...	...	...	...	22
Fishmarket	...	...	...	...	...	265
Hawkers	...	...	...	...	...	5
Hotels and licensed premises	...	...	...	...	...	117
Boarding and Guest Houses	...	...	...	...	...	213
Ice Cream premises	...	...	...	...	...	490
Preserved Meat Shops	...	...	...	...	...	124
Slaughterhouse	...	...	...	...	...	338
Other food premises	...	...	...	...	...	1,066
						<hr/> 3,777

General:

The provision of car allowances for the inspectorate in June and subsequent internal reorganization thus made possible, allowed the inspection of food premises to be much improved, but the neglect of the past years has made its mark, and many premises require considerable attention before they will comply with the Food Hygiene Regulations. 3,777 inspections of food premises were made during the year compared with 3,475 in 1962, and improvements in 60 premises were carried out. Particular attention was given to the inspection of hotels and guest houses, and on

the whole, the standard maintained is good despite the fact that in most cases no inspection had been made since 1957. The problem of the unlisted guest houses still remains, and it is hoped that some inspection of these premises will be possible in 1964, although with the Offices, Shops and Railway Premises Act, 1963, becoming a reality, commitments may be too great.

Running parallel with this routine work, machinery exists for checking plans for new buildings and alterations to existing ones used as food premises through the Borough Surveyor, and approval in the case of applications for licences to the Magistrates. It is hoped to introduce a similar arrangement with the publicity department for premises to be included in the holiday brochure.

Some progress has been made in insuring the provision of toilet and washing facilities for public use in catering establishments, but many problems arise here especially in the older part of the town.

Much has been done to raise standards generally this year, but if the high standard of hygiene necessary in a catering community is to be attained, an immense amount of work lies ahead.

(G) FOOD HYGIENE—EDUCATION

The programme of lectures on Food Hygiene to students at the Catering Department of the College of Further Education, which has now been operating for a number of years, was maintained at its previous level, but unfortunately could not be expanded. 33 lectures were given in preparation for a diploma examination in Food Hygiene and for City and Guilds catering examinations.

It is considered that the time must come soon when all employees in the food trades will be required to be trained and qualified in food hygiene before being employed in handling food, a practice which has been adopted by a few enlightened food firms for some years.

More effort on this education project is very necessary.

(H) FERTILISERS AND FEEDING STUFFS ACT 1926

7 formal samples (3 feeding stuffs and 4 fertilisers) were taken for analysis and 11 inspections of wholesale and retail premises carried out.

No samples were reported upon adversely by the agricultural analyst.

(I) MERCHANDISE MARKS ACT 1926

Regular observations were carried out to ensure that shopkeepers complied with the requirements of the Act relating to the marking of certain imported foodstuffs when exposed for sale. There has been a definite improvement on the whole, particularly with tomatoes and apples which in the past have been the cause of most contraventions.

273 check inspections were made and 53 notices issued.

(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	} Fix Wednesday as Early Closing Day with option of Saturday
Butchers and Meat Retailers Half Holiday Order 1923	
Hairdressers Half Holiday Order 1913	

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 9.0 p.m. for the period 16th, 17th, 18th, 19th, 20th, 23rd and 24th December, 1963.

11 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 section of the Act dealing with weekly half day closing and Sunday trading are the most difficult to enforce effectively in a holiday resort owing to the number of loopholes in the legislation.

The report of the Crathorne Committee on Sunday observance, in so far as it affects the opening of shops, is awaited with interest, although it is too much to hope that any subsequent legislation will properly clarify all the issues involved.

A total of 542 inspections were made and the welfare provisions were generally observed satisfactorily. The Offices, Shops and Railway Premises Act, 1963, extends these provisions, and will need a concentrated effort, and an increase in the Inspectorate when it comes into operation on 1st May, 1964.

Contraventions	Informal Notices Served	Remedied
S.1 Closing of Shops on weekly half-holiday	8	8
S.2 General Closing Hours	—	—
Closing Orders	—	—
Trading outside Shops and Shops with several trades	—	—
Statutory Half-holiday for Assistants	—	—
Meal Times	—	—
Sunday Employment	—	—
Hours of Employment—Persons between 16—18	—	—
Do. do. —under 16	—	—
Night Employment	—	—
Seats for Female Shop Workers	2	2
Sanitary and other arrangements in shops	5	4
Closing of Shops on Sunday	3	3
Shops where several trades or businesses are carried on	2	2
Other offences connected with Sunday trading	—	—
Any other offences	7	3
Records not kept and Notices not exhibited :		
Young Persons—Forms E. or F. & G.	4	3
Abstracts of Act—Forms H. or J.	4	3
Seating Accommodation—Form K	7	6
Assistants Half-holiday Notice	8	6
Early Closing Day Notice	2	—
Mixed Shop Notice—Early Closing Day	10	7
Do. —Sunday	5	5

(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. 13 inspections of these premises were carried out.

THE SCHOOL HEALTH SERVICE

REPORT OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1963

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 1963.

The total number of children on the registers was 7,832 as against 7,976 the previous year, a decrease of 144. There were 200 fewer children registered at Secondary Schools, but there were 52 more children registered at Primary Schools, whilst four more children were in attendance at Special Day Schools for the Handicapped. There were 925 routine medical inspections as against the formidable number of 2,770 the previous year. This decrease was of course due to the changes in the system of routine medical inspection which, brought into being in the autumn of last year, really got into full swing this year. From the marked decrease in numbers, it can be seen that the 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. Special inspections and reinspections showed an increase of 92 and there were 100 fewer minor ailments treated. There was a decrease of 557 in the number of dental inspections (5,390 as against 5,941) and there was an increase of 119 in the number treated (1,862 as against 1,743). There are three reasons for the decrease in the number of inspections made.

One—the quarterly “check-ups” given to keep children dentally fit are not included and 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 still increasing, which is most gratifying.

Two—a further session per week is lost to general inspections because the dental officers work in close co-operation with Mr. Plint the Consultant Orthodontic Specialist on each of his weekly sessional visits to the clinics.

Three—and of the highest importance, the increase of 119 in the number treated does not give a proper picture of the treatment given or the number of such treatments to each child. More and more sessions are being devoted to the work of conservation and this admirable project of saving teeth requires time and patience if it is to be done efficiently.

Out of the total of 925 children medically examined, seven were classified as unsatisfactory. This shows a percentage decrease of 2.3 (.8 as against 3.1) the general standard of health and physique of children being very satisfactory.

Work in connection with early detection of defects of hearing continued throughout the year, and the audiometric testing of selected children was further 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. Although great progress has been made,

the full extent of the problem has still not been ascertained. The measures adopted to cope with the problem are however progressing as planned and from this emerges the detection of many other defects of hearing.

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 1963 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 1963

TOTAL number of children on school registers, 1963	7,832	(7,976)
at Primary Schools	4,281	(4,229)
at Secondary Schools, including Grammar Schools	3,424	(3,624)
at Schools for Handicapped children	127	(123)
ROUTINE medical inspections—total number inspected	925	(2,770)
special inspections and re-inspections	1,374	(1,282)
Minor ailments treated	363	(463)
DENTAL inspections—total number inspected	5,390	(5,941)
" " treated	1,862	(1,743)
Receiving orthodontic treatment	265	(214)
DEFECTIVE VISION —total number referred for examination	699	(793)
spectacles prescribed for	161	(204)
HEALTH INSPECTIONS by school nurses at schools	12,191	(14,056)
number found defective in cleanliness	55	(44)
HOME VISITS by school nurses	1,024	(915)
DEATHS OF SCHOOLCHILDREN: I have to report that during 1963		
7 deaths occurred in the resident child population aged 5—15 years.		
Cancer	1	
Meningococcal Infection	1	
Leukaemia	1	
Bronchitis	2	
Accidents	2	

SECTION A

MEDICAL INSPECTION AND WORK OF CLINICS

Periodic (Routine) Medical Inspections:

The proposed changes in the system of routine medical inspections, which was introduced in 1962 was put fully into action in 1963. These changes have afforded many benefits to the School Health Service. At the entrance examination, the number at each medical inspection is now reduced to 12, which gives the parents and doctor the opportunity of an unhurried interview. This facilitates a careful history taking of the child's health from which problems and anxieties, which may not have otherwise been mentioned, can be solved.

The interview in addition gives the doctor an opportunity to introduce various aspects of Health Education. At the junior school age, the routine medical inspection has been replaced by "The Selective Conference". This has also proved of considerable value. Contacts with the form teachers and their comments on each child discussed was of great value. Much time is saved by eliminating needless examinations of fit and healthy children, and this time can fully be devoted to the children requiring special examinations.

"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 continue 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, preferably 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		Un-satisfactory	
		No. of Col. (2)	% (2)	No. of Col. (2)	% (2)
(1)	(2)	(3)	(4)	(5)	(6)
1959 and later	—	—	—	—	—
1958	310	308	99.4	2	.6
1957	311	307	98.7	4	1.3
1956	26	26	100	—	—
1955	13	13	100	—	—
1954	32	32	100	—	—
1953	8	8	100	—	—
1952	10	10	100	—	—
1951	35	35	100	—	—
1950	12	12	100	—	—
1949	14	14	100	—	—
1948 and earlier	154	153	99.4	1	.6
Total	925	918	99.2	7	.8

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)	For defective vision (excluding squint)	For any of the other conditions recorded in Table A	Total individual pupils
(1)	(2)	(3)	(4)
1959 and later	—	—	—
1958	3	28	30
1957	13	35	44
1956	2	10	12
1955	1	7	8
1954	2	11	10
1953	1	12	9
1952	—	10	7
1951	—	5	5
1950	2	3	4
1949	—	1	1
1948 and earlier	17	11	27
Total	41	133	157

C.—Other Inspections.

Number of Special Inspections	...	...	...	846	(735)
Number of Re-Inspections	...	...	...	528	(547)
			Total	1374	(1282)

D.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER 1963

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 (2)	PERIODIC INSPECTIONS										TOTAL			
		ENTRANTS					LEAVERS					OTHERS		Requiring	Observation (10)
		Requiring		Requiring			Requiring		Requiring			Treatment (9)	Observation (8)		
		Treatment (3)	Observation (4)	Treatment (5)	Observation (6)	Treatment (7)	Observation (8)	Treatment (9)	Observation (10)						
4	Skin ..	6	4	—	—	2	—	—	—	—	4	8	8		
5	Eyes: <i>a.</i> Vision ..	16	25	19	4	6	4	—	—	—	7	41	36		
	<i>b.</i> Squint ..	10	12	—	—	6	—	—	—	—	3	16	15		
	<i>c.</i> Other ..	—	2	1	—	1	—	—	—	—	—	2	2		
6	Ears: <i>a.</i> Hearing ..	5	12	3	2	6	2	—	—	—	1	14	15		
	<i>b.</i> Otitis Media ..	—	2	—	1	—	1	—	—	—	—	—	3		
	<i>c.</i> Other ..	—	1	—	—	—	—	—	—	—	—	—	1		
7	Nose and Throat ..	12	14	1	1	1	1	—	—	—	4	14	19		
8	Speech ..	9	12	—	—	1	—	—	—	—	5	10	17		
9	Lymphatic Glands ..	—	7	—	—	—	—	—	—	—	—	—	7		
10	Heart ..	2	2	2	1	1	1	—	—	—	2	5	5		
11	Lungs ..	2	19	3	5	12	5	—	—	—	6	17	30		
12	Developmental: <i>a.</i> Hernia ..	—	3	—	—	—	—	—	—	—	—	—	3		
	<i>b.</i> Other ..	4	22	3	4	8	4	—	—	—	6	15	32		
13	Orthopaedic: <i>a.</i> Posture ..	1	4	4	1	1	1	—	—	—	1	6	6		
	<i>b.</i> Feet ..	3	5	2	—	—	—	—	—	—	—	5	6		
	<i>c.</i> Other ..	6	14	—	—	6	2	—	—	—	2	12	16		
14	Nervous System: <i>a.</i> Epilepsy ..	3	1	—	5	2	1	—	—	—	1	5	7		
	<i>b.</i> Other ..	—	3	—	—	—	—	—	—	—	—	—	3		
15	Psychological: <i>a.</i> Development ..	—	27	1	3	—	3	—	—	—	—	1	33		
	<i>b.</i> Stability ..	—	8	—	—	—	—	—	—	—	3	—	13		
16	Abdomen ..	—	—	—	—	—	—	—	—	—	—	—	—		
17	Other ..	—	2	—	—	3	—	—	—	—	—	3	2		

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.	Defect or Disease	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
(1)	(2)		
4.	Skin	233	9
5.	Eyes: a. Vision	65	9
	b. Squint	3	2
	c. Other	38	1
6.	Ears: a. Hearing	5	1
	b. Otitis Media	—	—
	c. Other	14	—
7.	Nose and Throat	13	3
8.	Speech	4	—
9.	Lymphatic Glands	—	—
10.	Heart	—	—
11.	Lungs	1	1
12.	Development—		
	a. Hernia	1	1
	b. Other	6	6
13.	Orthopaedic—		
	a. Posture	1	1
	b. Feet	9	—
	c. Other	16	4
14.	Nervous system—		
	a. Epilepsy	1	—
	b. Other	3	—
15.	Psychological—		
	a. Development	—	5
	b. Stability	2	2
16.	Abdomen	—	—
17.	Other	96	5

General Condition of Children:

The new classification system of grading into categories "satisfactory" and "unsatisfactory" is now established. It gives 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	12,191	(14,056)
(ii) Number of individual children found unclean	55	(44)
(iii) Number of children in respect of whom cleansing notices were issued (Education Act 1944, Sect. 54 (2)	19	(10)
(iv) Number of children in respect of whom cleansing orders were issued (Education Act 1944, Sect. 54 (3)	—	(—)

The increase of 11 was due entirely to a sudden infestation in November in two adjacent schools whose pupils play together outside school hours. The usual Autumn inspection of these schools revealed only one case, but, when in November a mother found her child infested, an immediate inspection by the School Nurse found 15 children infested. But for this occurrence, there would have been a still further decrease in the number of those infested compared with last year.

Work of School Nurses:

Visits to homes:—

(a) For School Medical Officer and School Enquiry Officer	169	(434)
(b) Uncleanliness—follow up	80	(81)
(c) B.C.G. School Children	177	(—)
(d) Others	598	(400)
	<hr/>	<hr/>
	1,024	(915)
School Visits—miscellaneous	724	(523)
	<hr/>	<hr/>
TOTAL	1,748	(1,438)

Despite the increase in the number of children found to be unclean, it is gratifying to note that there was no increase 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. Once more, there was a very slight decrease in both the total attendances made, and in the total number found to require treatment. This trend, indicating as it does a sustained improvement in the general health of school children, was therefore again 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, Mondays & Thursdays at 9.30 a.m.
St. Leonards-on-Sea

Ore Clinic, Old London Road, Tuesdays & Fridays at 9.30 a.m.
Hastings

Any school child attending a local authority school may attend either school clinic with the parent or with parental consent. Treatment and/or advice is given. The child may be treated at the clinic, referred to its own

private doctor, hospital or special clinic. The school clinic aims only at the treatment of minor ailments and defects, not of the sick child requiring home or outpatient treatment. Children referred from routine medical inspection or from other sources can receive more detailed examination and investigation at the school clinic and are seen as frequently as considered necessary.

Analysis of Work done at the Clinics:

Total number of children examined	...	...	744	(720)
Total attendances made	...	...	1,142	(1,206)
Total number found to require treatment	...	...	401	(469)

Minor Ailments Treated:

Disease—

Ringworm (body)	...	...	—	(—)
.. (scalp)	...	...	—	(—)
Scabies	...	...	4	(8)
Impetigo	...	...	9	(14)
Miscellaneous (minor injuries, burns, scalds, sores, abscesses, etc.)	...	...	60	(79)
Ear, nose and throat	...	...	32	(34)
Eye diseases (external)	...	...	38	(51)
Verrucae (Plantar Warts)	...	...	68	(99)
Other skin diseases	...	...	152	(178)
			<hr/>	<hr/>
			363	(463)

Exclusions from School:

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

(1) Diseases of the skin (including ringworm, scabies and impetigo)	...	...	13	(21)
(2) Infectious diseases (including rheumatism and influenza)	...	...	—	(—)
(3) Bronchial catarrh and colds, etc.	...	...	—	(1)
(4) Nervous system	...	...	—	(—)
(5) Diseases of the Eye	...	...	3	(10)
(6) Diseases of the Ear	...	...	1	(—)
(7) Nits and vermin and uncleanliness	...	...	9	(9)
(8) Inflammatory conditions of the throat	...	...	1	(1)
(9) Diseases of the digestive system	...	...	—	(—)
(10) Others	...	...	2	(4)
			<hr/>	<hr/>
			29	(46)

Infectious Diseases:

The number of cases of infectious diseases notified by general practitioners for the year 1963 occurring in school children, are:

Meningococcal Infections	1	Whooping Cough	...	30	
Scarlet Fever	...	4	Tuberculosis	...	1
Measles	...	502	Dysentery	...	11

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

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

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

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

Tuberculosis:

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

On receiving the parents' consent the children in the 13 year old age group are given a skin test in school. This is read 72 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 952 children, 850 consents were obtained and 845 actually attended for Mantoux testing. 97 children were positive and 735 negative, the remaining 13 being unable to attend for test reading. This gives a figure of 11.5 per cent. positive and 87.0 per cent. negative in the schools. 717 children were immunised.

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 1963 a total of 209 children were medically examined for employment under the provisions of the Children and Young Persons Act, 1933.

Employment cards were issued as follows:—

Errands	...	...	29	(28)
Delivery of newspapers	...	...	93	(48)
Assisting in shops	...	...	58	(66)
Other employments	...	...	29	(35)

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:

During the year, the School Meals Service provided 787,785 meals to maintained and independent schools in the Borough. The average number of meals provided daily was 3,880 of which 330 were provided free; these figures were adversely affected by the weather conditions prevailing in the Spring Term 1963, and a more accurate daily average for the remainder of the year would be approximately 4,000 meals.

As in previous years, the service to children with special dietary needs was maintained.

Staff Training to ensure highest possible standards of hygiene and nutrition has continued particularly by means of the Cadet Scheme and further training films.

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:—

	<i>No. of Children in</i>		<i>No. of Children taking milk</i>	
	County and Voluntary Schools	Independent Schools	County and Voluntary Schools	Independent Schools
October, 1962	7,226	1,853	6,030	1,532
October, 1963	7,145	1,656	5,929	1,450

Special Clinics:

Ophthalmic Clinic.

The school refraction clinics were held by Mr. 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, 1963:

	<i>By Authority Service</i>		<i>Otherwise</i>	
External and other, excluding errors of refraction and squint	38	(52)	—	(—)
Errors of refraction (including squint) ...	699	(793)	—	(—)
	<hr/>	<hr/>	<hr/>	<hr/>
Total	737	(845)	—	(—)
Number of pupils for whom spectacles were prescribed	161	(204)	—	(—)

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, 1963:—

HASTINGS CHILD GUIDANCE CLINIC AND SCHOOL PSYCHOLOGICAL SERVICE ANNUAL REPORT, 1963

(A) Hastings Child Guidance Clinic:

Number of cases carried forward from 1962				25
Number of new cases referred in 1963			61	
Number of new cases re-referred in 1963			8	
			<hr/>	69
Referred by:				
School Medical Officers			8	
Schools			8	
Private Doctors			19	
Hospitals			4	
Juvenile Courts			2	
Probation Officers			7	
Parents and other services			16	
Children's Officer			5	
			<hr/>	69

Problems:				
Personality and Nervous Disorders	...	...	...	18
Habit Disorders	...	...	...	5
Behaviour Disorders	...	...	...	36
Educational and Vocational	...	...	...	—
Special Examination for Juvenile Court Placement				10
				—
				69
How dealt with:				
Psychiatric Treatment	...	...	...	22
Periodic Supervision	...	...	...	13
Advice	...	...	...	21
Withdrawn before Diagnostic Interview	...	...	...	5
Awaiting Diagnostic Interview	...	...	...	8
				—
				69
The following summary gives an indication of the amount of work involved in dealing with all cases:—				
Psychiatrist:				
Diagnostic Interviews	...	...	...	54
Treatment Interviews	...	...	...	356
Psychologist:				
Interviews for Tests	...	...	...	50
Interviews with Parents	...	...	...	10
Remedial Teaching Interviews	...	...	...	26
School and other Visits	...	...	...	18
Psychiatric Social Worker:				
Interviews in Clinic	...	...	...	287
Home and other Visits	...	...	...	159
Social Histories	...	...	...	54
Analysis of Treatment. Cases Closed during Current Year: (i.e. old and new cases seen by Psychiatrist in 1963 and previous years and discharged during 1963 according to the following categories):				
Discharged—Improved	...	...	...	18
Not Improved	...	...	...	—
After Advice	...	...	...	12
Transferred	...	...	...	8
Unco-operative	...	...	...	10

(B) School Psychological Service:

Number of cases referred during 1963	...	...		63
Source of referral:				
School Medical Officers	...	...	...	8
Schools	...	...	...	47
G.P. or Hospital	...	...	...	4
Children's Officer	...	...	...	2
Parents	...	...	...	2
Problems:				
Educational guidance	...	...	...	57
Behaviour difficulties	...	...	...	4
Other difficulties	...	...	...	2

Number of new cases seen during 1963	...	...	65
How dealt with:			
Advice only	...	...	8
Placement in E.S.N. School recommended	...	...	18
Placement in J.T.C. recommended	...	...	2
Other placement recommended	...	...	12
Remedial teaching undertaken	...	...	2
Kept under supervision	...	...	19
Referred to Child Guidance Clinic	...	...	4
Summary of work carried out:			
Interviews for tests	...	...	81
Interviews with parents	...	...	23
Remedial teaching interviews	...	...	162
School visits	...	...	53
Home and other visits	...	...	50
Analysis of remedial teaching cases:			
Number of children in attendance during 1963	...	...	13
Number of children discharged improved	...	...	4
No of children discharged unchanged	...	...	1
Number of children transferred to Special School	...	...	1
Number of children referred to Child Guidance Clinic	...	...	1

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:

We were unfortunate to lose both our Full Time and Part Time Speech Therapists during the year. Both left in June and neither has been replaced despite frequent advertising. There is an acute shortage of qualified speech therapists in the country as a whole and the prospect of making an early appointment is not bright. In the meantime a great endeavour is being made to keep the waiting list within reasonable limits.

No. of cases on register 1.1.63	...	...	134
No. of new cases admitted during year to June, 1963	...	...	23
No. of patients discharged during year to June, 1963	...	...	25
No. remaining on register as at June, 1963	...	...	132
Total number of patients who received treatment up to June, 1963	...	...	157

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 2.0% in junior schools, 2.2% in senior schools and .3% in infant schools.

During the year 488 new cases were treated at the foot clinic, making a total of 1,398 attendances.

Foot inspections by Chiropodist 1963:—

			<i>No. Inspected</i>	<i>No. Verrucae</i>	<i>% Infected</i>
Senior Schools	...	...	2,880	63	2.2
Junior	..	...	2,307	45	2.0
Infants	..	...	1,175	4	.3

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

CHIROPODY FOR SCHOOLS, 1963

School Inspections:

All senior schools were inspected in 1963 and all other schools with the exception of three. These will be seen early in 1964.

Verrucae:

The figures for new cases of verruca are given below:—

1958	1959	1960	1961	1962	1963
131	166	208	228	262	243

Average Number of Attendances per Case:

As in previous years, the average number of attendances per case was around four (1963—3.9) which may now be taken as normal for the chiropody method. The usual case is of four visits, which means, in practice, two treatments: as follows. First visit, first treatment. Second visit, second treatment. Third visit, treatments seen to be, presumably, successful. At this stage the skin is macerated and the position obscure. Fourth visit, after a month or so, area seen to be clear.

Exceptions are small verrucae on the toes which often yield to a single application of Carbon Dioxide Snow, and, at the other end of the scale, the larger plantar verrucae which may require three or more treatments.

Other Cases:

A normal year.

SECTION B
DENTAL REPORT—SCHOOL CHILDREN, 1963

During 1963 the number of permanent teeth extracted for caries continued to fall. This is an improvement but if it is to continue there will have to be an increase in staff as the incidence of caries is not decreasing—rather the reverse. Conservative treatment of teeth takes very much longer than extraction. Associated with increasing requests for treatment it has led to longer intervals between school inspections.

The inspections are an important feature of the school dental service as it is at these sessions the thoughtless may be urged to have something done and others reminded that an appointment should be made and kept.

The majority of parents in the area are anxious that their children should have healthy mouths and an increasing number realise that periodic “check ups” at the dentist are an important step in that direction. Unfortunately there is still little appreciation that eating habits and oral hygiene are governing factors in the condition of the teeth and gums.

It is rare to meet a child who cannot have the basic requirements of a good diet but the majority have so much refined carbohydrate that they literally have no room for the very necessary protein. Another prevalent fault is nibbling between meals. This is bad on two counts, the mouth is never clean and the appetite for the proper meal is faded. If eating was confined to three meals a day—finishing each meal with a natural cleanser or rinsing with cold water—there would be a considerable fall in the incidence of caries.

In those areas where traces of fluoride are found in the water supplies there is more caries resistance and the general appearance of health in the children's mouths is quite striking.

While diet and habit are so antagonistic to healthy teeth and gums fluoridation of the water supplies appears to be a method of tackling the increasing scourge of caries by making its onset more difficult.

Any means that could cut the very considerable time spent by the average child in the dental surgery or the discomfort and ill health caused by carious teeth should receive early and serious consideration. fluoridation of the water supplies is a known effective agent which is being put into practice in many parts of the world, resulting in a dramatic fall in the incidence of caries in school children without giving rise to any side effects.

Good oral hygiene would still be necessary to maintain a healthy mouth but during the present unequal fight against a high caries incidence it is doubly necessary to obey the basic rules for good oral hygiene, cut out eating between meals and finish each meal with some form of cleaning agent.

I should like to thank the teachers and the health visitors for their unfailing help and understanding in the day to day running of the clinic.

During 1963 we were fortunate in continuing to have Mr. Plint for a weekly orthodontic session. He is the orthodontist for the Regional Hospital Board and the close liaison is most helpful in many ways.

His report is below, also tables showing the work done during the year. As in previous years on behalf of the London County Council, the

boys attending the George Rainey School were treated in addition to the children attending all schools under the authority of the Local Education Committee.

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	35	32	104
Number Referred	18	18	22	58
Number of Attendances at Clinic ..	43	42	46	131
Fillings { Permanent Teeth	29	43	43	115
{ Temporary Teeth	—	2	5	7
Dressings { Permanent Teeth	—	3	—	3
{ Temporary Teeth	1	—	—	1
Extractions { Permanent Teeth	—	—	5	5
{ Temporary Teeth	17	11	12	40
Anaesthetics { Local	4	2	1	7
{ General	4	3	3	10
Other Operations	20	12	15	47

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 1962 are given in brackets.

(1) Number of pupils inspected by the Authority's Dental Officers:				
(a) at Periodic Inspections	4,603	(5,025)		
(b) as Specials	787	(916)		
Total (1)			5,390	(5,941)
(2) Number found to require treatment			3,497	(3,889)
(3) Number offered treatment			3,497	(3,889)
(4) Number actually treated			1,862	(1,743)
(5) Number of attendances made by pupils including those recorded at heading 13 (h) below			6,974	(6,823)
(6) Half days devoted to:				
Periodic (School) Inspection	25	(26)		
Treatment	740	(739)		
Total (6)			765	(765)
(7) Fillings: Permanent Teeth	4,895	(4,934)		
Temporary Teeth	1,356	(1,064)		
Total (7)			6,251	(5,998)

(8) Number of teeth filled:				
Permanent Teeth	...	...	4,279	(4,118)
Temporary Teeth	...	...	1,229	(952)
Total (8)	...	...		5,508 (5,070)
(9) Extractions: Permanent Teeth	...	...	456	(692)
Temporary Teeth	...	...	1,160	(1,594)
Total (9)	...	...		1,616 (2,286)
(10) Administration of general anaesthetics for extraction	...	...		562 (737)

Orthodontics:

(11) Number of pupils fitted with artificial dentures	...	...	...	17	(21)
(12) Other Operations:					
(i) Crowns	...	...	...	18	
(ii) Inlays	...	...	...	—
(iii) Other treatment	...	...	2,530		
Total (12)	...	...		2,548	(2,785)
(13) (a) Cases commenced during the year	...	...	...	84	(86)
(b) Cases carried forward from previous year	...	...	...	181	(128)
(c) Cases completed during the year	...	...	...	63	(34)
(d) Cases discontinued during the year	...	...	...	19	(26)
(e) Pupils treated with appliances	...	...	...	85	(83)
(f) Removable appliances fitted	...	...	...	79	(80)
(g) Fixed appliances fitted	...	...	...	6	(3)
(h) Total attendances	...	...	...	1,294	(1,073)

Orthodontic Clinic:

No. of Sessions	...	...	...	45	(45)
Attendances at these Sessions	...	...	...	1,031	(821)
New Cases	...	...	...	60	(68)
Completed Cases	...	...	...	44	(21)
Cases carried forward from previous year	...	...	...	171	(114)
*Cases discontinued	...	...	...	16	(21)
Removable appliances fitted	...	...	...	65	(70)
Fixed appliances fitted	...	...	...	6	(3)
No of pupils treated by means of appliances	...	...	...	71	(73)

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

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

The splendid co-operation between the School Dental Officers and the Regional Hospital Orthodontist continues.

The existing service is now working to its full capacity, and it is obvious that if we hope to keep up with the demand, and perhaps extend the service, additional sessions will have to be allocated to the school clinics.

The Review body of Medical and Dental Staffing is at this time considering evidence for changes in the dental staffing in the hospital service. The Hastings Hospital Management Committee has agreed to recommend

a shared appointment with the Eastbourne Hospital Management Committee in the new grade of Dental Orthodontic Assistant. Thus further sessions may be available in the not too distant future.

If an assistant is appointed, it will enable us to pursue more actively a plan of orthodontic diagnosis and dental planning on more and more young children.

A small start has been made in this direction, and it is hoped that the results of this small pilot study will prove the combined effort worthwhile.



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, 15; 8-10, 22; 11-12, 13; 13-16, 2.

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 1963 follows:—

	<i>Robert Mitchell</i>
Number on register 1st January, 1963	37
Number of admissions during the year	15
Number of discharges during the year	13
Transferred to E.S.N. School	4
Number on register 31st December, 1963	35

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

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

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

Asthma	8	(11)
Recurrent bronchitis and bronchiectasis	9	(8)
Rheumatism including chorea	—	(—)
Debility and/or subnormal nutrition	6	(8)
T.B. glands, neck	—	(—)
T.B. contacts, primary lesions, hilar glands, etc.	—	(—)
Spastic conditions	3	(3)
Other crippling conditions	3	(4)
Epilepsy	5	(3)
Other conditions	18	(16)

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 1963:

Transferred to ordinary school system	13	(12)
Transferred to other special institutions or schools	—	(1)
Transferred to E.S.N. School	4	(1)
Left district	—	(1)
Ineducable	—	(—)
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 Merrill scale.

A number of children are admitted who with remedial teaching should be able to return to the ordinary schools after a year or two.

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

In connection with backward children, some parents if given instruction on the right lines can give their children the individual coaching at home they are unable to get at school.

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

Wishing Tree School:

No. in attendance January, 1963	...	...	...	86
No. of admissions and re-admissions during the year	...	...	...	22
No. of school leavers (15 and 16)	...	...	...	9
No. returned to ordinary school	...	...	...	4
No. left district	...	...	...	3
Transferred to Residential School	...	...	...	—
Ineducable	...	...	...	—
No. in attendance December, 1963	...	...	...	*92

*Includes 9 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	...	...	...	3
No. of reviews carried out under the provisions of Section 57A of the Education Act, 1944	...	...	...	Nil
No. of decisions cancelled under Section 57A (2) of the Education Act, 1944	...	...	...	Nil

Defective Hearing:

Work in this field continued during the year with our efforts directed towards early detection of defects.

The routine audiometry of the 6 and 9 year olds is now well established, and has proved a worthwhile investigation, especially in the younger age group.

The testing of the pre-school child has also been established, and it is hoped that this will help to discover many hearing defects before school age. As this is the important stage of language development, much can be done for the child if the defect is known. In selecting cases for early testing, the AT RISK REGISTER is of special value.

It is encouraging that teachers and parents are alive to the problems of deafness. During the year, both have requested investigations of children's hearing because of behaviour difficulties or poor educational progress.

We were fortunate to secure the services of a peripatetic teacher for the deaf, who, working on a sessional basis with selected children, has been of enormous help.

We continued to have the full co-operation of the audiology unit at the Royal East Sussex Hospital where cases are referred for investigation.

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 38 recorded under investigation and follow-up.

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

Ten 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.

24 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 1963 was: deaf, 2; cripples 3; maladjusted, 6; physically handicapped, 2; spastics, 5 E.S.N., 1; diabetic, 1; a total in all of 20 children.

Home Tuition:

Children who are in hospital or incapacitated so as to be unable to attend school may be provided with a home teacher. 24 were helped in this way.

Hospital Treatment:

Special arrangements for the attendance of children suffering from diabetes 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:

35 medical reports were made by the School Medical Officers during 1963, in respect of children appearing before the Juvenile Court.

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