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COUNTY BOROUGH OF HASTINGS



ANNUAL REPORT

OF THE

Medical Officer of Health,

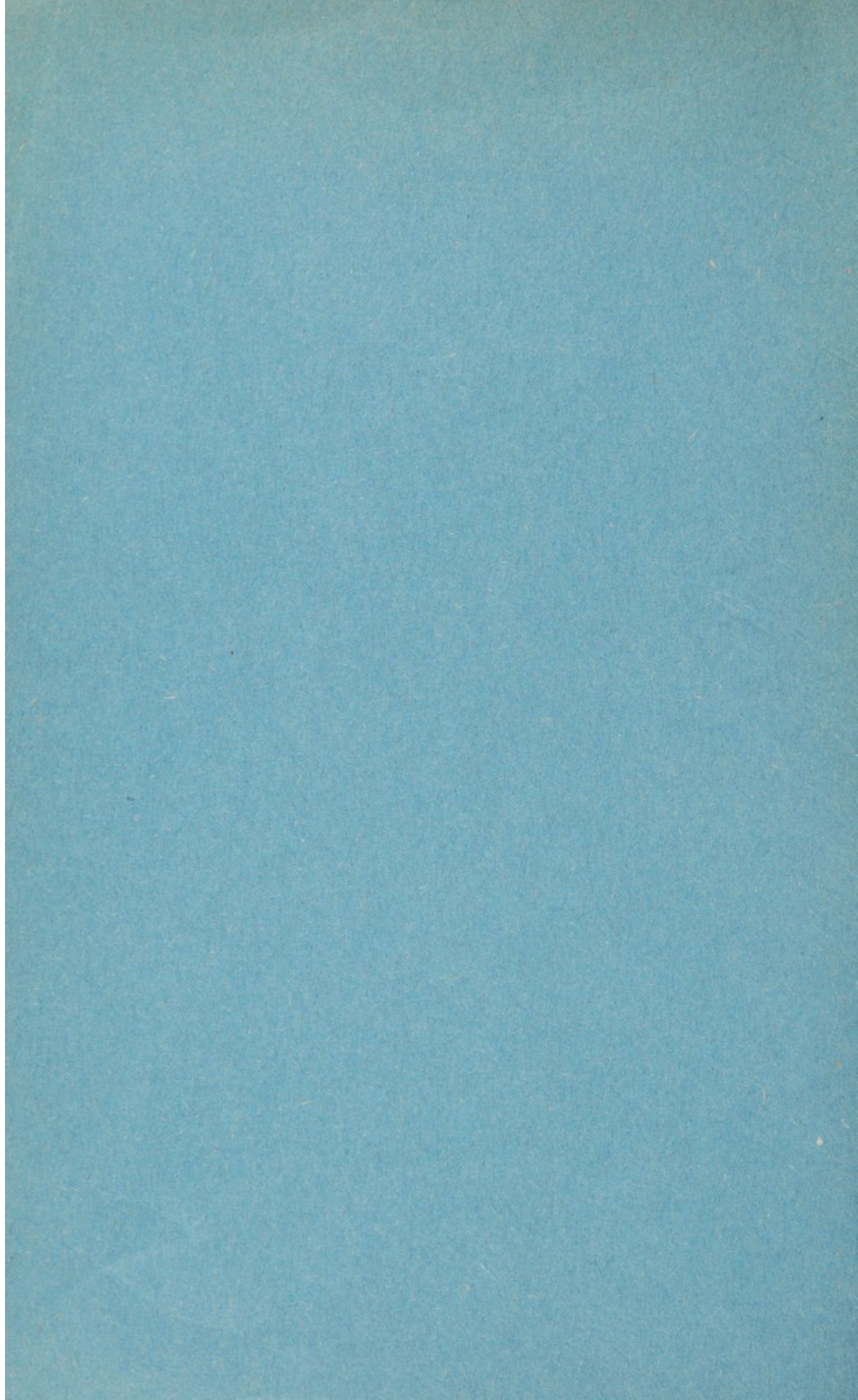
Chief Welfare Officer,

AND

Principal School Medical Officer

1964

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.

July, 1965.

To His Worship the Mayor, Aldermen and Councillors of the County Borough of Hastings.

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 1964. The report outlines the work carried out by the department during the year, with, where appropriate, comments on changing situations, and indicates the main vital statistics for the County Borough.

The conclusions to be drawn are that the health of our community continues to be in every way satisfactory. The Registrar-General's estimate of the mid-year resident population 66,690 is an increase of 50 on the previous year: the percentage aged 65 and over is almost exactly 25.

The death rate corrected by the Registrar-General's comparability factor of 0.55 was 11.0 per thousand, comparing with a 1964 national rate of 11.3 and a 1963 local rate of 11.7. The actual number of deaths from all causes was 1,339 (1,424 in 1963) 548 males, 791 females, 81.6% being over 65 years and 57.8% over 75. The main causes of death were once again disease of the heart and circulatory system, 56.2%, cancer 16.5% and respiratory diseases (other than cancer or tuberculosis) 12.6%. Deaths certified as due to lung cancer fell from 60 to 37.

The birth rate (crude rate 13.5, corrected rate 17.1, national rate 18.4) decreased slightly on 1963 (13.6, 17.3, 18.2 respectively). The number of live births 900 includes 100 illegitimate births, an illegitimacy rate of 11.1%. This somewhat shocking figure is the worst since the war years and compares with the 1964 national rate of 7.2%. Stillbirths at 13, stillbirth rate 14.2, were lower than the previous year 17 and 18.3 respectively (national rate 16.3).

The infant mortality rate 14.4 (13 deaths under one year of age) decreased from 15.3 and is the lowest rate recorded in Hastings (national rate 20.0 per thousand live births). The infant mortality rate amongst illegitimate babies was as low as 10.0 per thousand. The neonatal death rate (deaths under four weeks of age per thousand live births was 10.0 (national 13.8): the perinatal mortality rate (number of stillbirths and deaths under one week of age per thousand total live and stillbirths) was 21.9. The maternal mortality rate (deaths of mothers due to childbearing and childbirth) was again nil.

The various services provided by the Local Health Authority have continued to work under severe pressure. The need in some instances for an increased establishment of staff remains unrelieved because of the progressive increase in demand in the services: the position is however much worsened by the ever-increasing difficulty in obtaining either experienced and qualified staff or suitable trainees. This is by no means always due to salary grading problems but equally reflects a national shortage in recruits and training facilities, especially in the case of health visitors, mental welfare officers and public health inspectors. The shortage of this type of key staff is bound to have a serious impact on the work of the department and the first such signs are imminent. The solution may be the setting up of a joint training scheme with neighbouring health authorities, as has been done in the New London Boroughs, to assure a steady and progressive flow of trained staff.

The Infant Welfare Centres had another busy and successful year, 845 children making an attendance in the first year of life, with a total attendance of 22,331. Increasing attention is being paid to development and psychological make-up of the children as well as to their physical condition.

The Home Midwives conducted 132 confinements and paid 3,801 visits: the Home Nurses dealt with 1,586 cases during the year, including 1,014 new cases, and made 57,557 total visits. Here again there are vacancies in the established staff which have proved impossible to fill, and the Council approved a dilution scheme for the appointment of unqualified "geriatric attendants" for implementation in 1965 to relieve the trained staff of some of the work amongst old people which does not call for the exercise of a trained nurse's skill.

The Home Help Service was called upon to meet even greater demands, working a record total of 82,044 hours on 530 cases. The Organizer makes some interesting comments and suggestions in her report which I hope may stimulate further discussion on the future of this service.

I have referred again to the very successful experimental attachment of a health visitor to a group of general practitioners and of the desire of the Council, the department and the health visitors themselves, to see the extension of this scheme as rapidly as possible. Despite increasingly interested approaches by more general practitioners, the shortage of staff mentioned above must inevitably slow down progress on this desirable project. Health Education, in all its innumerable facets, has always been a keen interest of the department and the services of the trained Health Education Officer, available half-time from August onwards and full-time from April 1965, have already resulted in a more polished and coherent product: plans for a much wider and more co-ordinated programme are well under way.

The Ambulance Service again was stretched to the limit, the demand for outpatient treatment transport increasing yet again. It is interesting to note that whereas the cases conveyed by the larger ambulances, i.e. "stretcher" cases, have remained reasonably stable over the past ten years, the demand for "sitting" cases has in the same time increased from 9 to 29 thousand. The night control system remains under active discussion but a satisfactory solution must soon be found.

Infectious diseases provided no real problems, although the previous years measles outbreak continued and 553 cases were notified. For the fifteenth consecutive year no case of diphtheria occurred, and for the sixth year no case of polio. Needless to say, protective immunisation is continuing to be pressed as hard as possible.

I referred last year to the need for revision of the plan for the training of the mentally subnormal in view of changing thought in this respect; much progress was made in consultation with the local branch of the Society for Mentally Handicapped Children and the final revised scheme was accepted by the Council in the summer of 1965—details are given briefly in the appropriate section of this report.

The scheme for the friendly care and visiting of elderly people has been consolidated and expanded during the year and proves the high degree of co-operation established between the Welfare Liaison Officer and the voluntary bodies of the town. With the enthusiastic help of the Council of Churches, the formation of Voluntary Aid Groups is progressing well, and the groups already

formed have done a most praiseworthy job. The Central Information Bureau has also consolidated, but fortunately the comparatively mild winter weather at each end of the year did not produce any large scale problems.

The welfare of the physically handicapped has been looked after on a much wider scale, the department dealing with more requests for adaptations, gadgets, etc., and the Association for the Disabled certainly fulfilling all its early promise.

Building of the new Central Abattoir commenced in February 1964, and in spite of material delivery delays excellent progress has been made and it is now certain that it will come into operation at the beginning of October 1965. Enquiries from the trade suggest that the build up of business will be much more rapid than originally envisaged.

Eight clearance areas, representing 137 houses, were represented and four compulsory purchase orders and one clearance order made. Five public enquiries were held by the Ministry. The fruits of the greatly expanded new building programme are now being felt and contribute to the more rapid rehousing of those families living in condemned or grossly substandard property. Representation of the Old Town area was withheld pending the receipt of the report on the Old Town as a whole commissioned from Lord Holford.

The number of improvement grants to improve substandard houses with a reasonably long life expectation fell again to a total of 102. Quite obviously such improvements are vitally necessary to prevent decay into future unfitness, and the new legislation enabling the Council to designate compulsory improvement areas was most welcome; preliminary survey was started of a pilot scheme area for representation in 1965.

With these comments Mr. Mayor, I submit to you this annual report for 1964. My sincere thanks are due to you, Sir, your Aldermen and Councillors, in particular the Chairman and members of the concerned committees, for the constant support and encouragement given to me and to the department; to my fellow Chief Officers and their staffs for their patient help; to my professional colleagues in Hospital and general practice who are invariably most helpful and co-operative; to the Officers of the Group Management Committee and Local Executive Council and the Officers of the many statutory and voluntary bodies in the town who work so closely with us; finally to the staff of my department, who although often working under extreme difficulties, are ever loyal and dutiful in their work.

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 31.12.64.

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—ALDERMAN S. S. RIDDLE, M.B.E.
Education Committee—COUNCILLOR C. J. W. LOCOCK, J.P.

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1964.

(Including Welfare and School Health Service)

OFFICE HELD		NAME OF OFFICER
Medical Officer of Health ...	...	T. H. PARKMAN, S.B.ST.J., M.B., B.S., D.P.H., F.R.S.H.
Principal School Medical Officer; Chief Welfare Officer		
Deputy Medical Officer of Health; School Medical Officer	...	G. M. GORRIE, M.B., CH.B., D.P.H.
Assistant Medical Officer; School Medical Officer	...	I. M. FITZGERALD, M.B., B.CH.
Medical Officers (Part-time)	...	M. F. BEATTIE, M.B., B.A.O., B.CH., D.P.H.
Infant Welfare Centres		C. M. CARR, M.B., B.CH. 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 Officer ...	...	M. S. HINTON, B.D.S., L.D.S., R.C.S.
School Dental Officer (Part-time)	...	L. B. OSBORNE, L.D.S., R.C.S., F.D.S., C.B.
Chief Public Health Inspector ...	...	W. G. McDONALD (a) (b) (i) (l) (m)
Deputy Chief Public Health Inspector	...	E. JACKSON (a) (b)
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) A. TANNER (k)
Pupil Public Health Inspector ...	...	P. BAVERSTOCK 1 vacancy
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 M. E. EATON (c) (f) Mrs. C. A. EVANS (c) (d) (f) Miss V. J. FLETCHER (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 B. M. KING (c) (f) Miss M. I. MUNFORD (c) (d) (f) 1 vacancy
Student Health Visitor ...	...	1 vacancy
School Clinic Nurse ...	...	Mrs. A. F. HYAMS (c) (d) Mrs. D. JONES (c)

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1964

(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)
Senior Mental Welfare Officer	...	...	Mrs. M. HUNTER
Mental Welfare Officer	...	...	B. S. E. ASHTON
Welfare Officers	...	...	H. R. H. ASHLEY
			L. NORLEY
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
			Mrs. K. SULLIVAN
Speech Therapist	...	...	Miss J. K. AUSTIN, L.C.S.T.
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
			Mrs. E. A. SPOONER
Chiropodist (Part-time)	...	...	C. R. M. GALLINI
Psychiatrist	...	...	H. V. W. ELWELL, M.A., M.R.C.S., L.R.C.P., D.P.M.
Educational Psychologist	...	...	Miss M. S. LOGG, B.A., DIP. PSYCH.
Social Worker	...	...	Miss S. D. LEA
Clinic Secretary	...	...	Miss P. ANDERSON
Chief Clerk	...	...	R. FREEMAN
Deputy Chief Clerk	...	...	I. L. SHAW
Senior Clerks	...	...	R. SARGENT
			Mrs. G. M. WAGHORN
Clerks	...	...	Miss A. GRAHAM
			Miss J. KENT
			Miss C. SCOTCHER
			Miss F. A. URRY
Shorthand/Typists	...	...	Miss M. LEACH
			Mrs. J. SMITH
School Clinic Clerks	...	...	Miss L. KING
			Miss V. BOURNER
Dental Surgery Assistants	...	...	Miss S. CRUTTENDEN
			Mrs. R. DE MAIO
			Miss J. WENHAM

(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-1964	66,690	
Number of inhabited houses, as at 1.4.64	24,400	
Rateable Value	£2,669,557	
Product of 1d rate	£10,730	
Live Births, 1964, Legitimate	800	
„ Illegitimate	100	Total 900
Live Birth rate per 1,000 population		
(a) Crude	13.5	
*(b) corrected	17.1	
*factor of correction	1.27	
Still Births	13	
Still Births rate per 1,000 total live and still births	14.2	
Total Live and Still Births	913	
Infant Deaths (deaths under one year)	13	
Infant Mortality Rates:		
Total Infant Deaths per 1,000 total live births	14.4	
Legitimate „ „ „ legitimate live births	15.0	
Illegitimate „ „ „ illegitimate „ „	10.0	
Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	10.0	
Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births)	7.7	
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	21.9	
Maternal Mortality (including abortion):		
Number of deaths	Nil	
Rate per 1,000 total live and still births	Nil	
Illegitimate live births per cent of total live births	11.1	
Deaths 1964	1,339	
Death rate per 1,000 population:		
(a) Crude	20.1	
*(b) corrected	11.0	
*factor of correction	0.55	
Death rate (tuberculosis) per 1,000 population	0.059	
Death rate (cancer) per 1,000 population	3.3	
Total hours sunshine 1964	1,716.4	
Total inches rainfall 1964	27.72	

(b) Vital Statistics:

Population: Census 1961	66,478
Estimated midyear population 1964	66,690
Estimated midyear population 1963	66,640

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

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
1957	..	64,600	1964	..	66,690

1961 Census

(Resident Population by Five-year Groups)

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 1964 was 900, comprising 473 males and 427 females, giving a birth rate of 13.5 per 1,000 estimated midyear population. Of the total live births, 100 (48 males and 52 females) were illegitimate, a percentage of 11.1. Comparative figures for the past 25 years are given in Table I.

Death Rate: Total number of deaths registered in 1964 occurring among the resident population of the borough was 1,339, 548 being males, 791 females. Not included were 510 deaths transferred to other districts (i.e. persons not normally resident in the town): included were 93 deaths of Hastings residents occurring elsewhere. There were 72 Coroner's inquests. 216 deaths were certified by the Coroner without inquests.

The crude death rate per 1,000 population was therefore 20.1, 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 11.0 per 1,000, which figure can be compared with the national rates.

See also Tables II and III.

Age at Death: Of the 1,339 deaths of residents in 1964, 13 occurred in infants under 1 year of age. 1,093 (81.6% of the total deaths) were of residents over 65 years, 775 (57.8% of all deaths) being over 75 years of age.

Further details are given in Table IV.

Main Causes of Death:

(a) Disease of heart and circulatory system	753	56.2% of total
(b) Cancer	222	16.5% ..
(c) Respiratory diseases (other than tuberculosis and cancer)	169	12.6% ..
(d) death by violence	37	2.7% ..

Deaths from heart and circulatory system diseases and from cancer are responsible for 72.7% of all deaths.

Deaths from lung cancer:—

1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
26	29	20	37	40	41	36	48	42	35	55	60	37

For complete analysis see Table IV.

Infant Mortality: The Infant Mortality rate in 1964 with 13 infant deaths in 900 live births was 14.4 per 1,000 births compared with a national rate for England and Wales of 20.0. 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 1964 was 13, a decrease of 4 on the previous year's total.

The Infant (legitimate) Mortality rate with 12 deaths in 800 legitimate births was 15.0 per 1,000: the rate for illegitimate children under 1 year was 10.0 per 1,000, there being 1 death of such children in 100 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 0.25.

Puerperal Pyrexia Regulations, 1939-51: There were no cases of puerperal pyrexia notified in 1964.

Comparative Table I.

BIRTHS AND STILLBIRTHS.

Year.	Popn.	LIVE BIRTHS							STILL- BIRTHS Total.
		Total Live Births.				Legiti- mate.	Illegitimate.		
		M	F	Total.	Birth rate per 1,000 population.	Total.	Total.	% of all Births.	
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
1964	66,690	473	427	900	13.5	800	100	11.1	13

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.
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
1964	66,690	1,756	93	510	1,339	20.1	11.0	13	14.4

†Factor for correction
("Comparability
factor")

1964 — 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 1964.

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	...	...	...	18.4	16.3	20.0	13.8	0.25	11.3	0.053	2.209
Hastings	...	...	...	17.1 +	14.2	14.4	10.0	—	11.0 *	0.059	3.3

+ Factor of correction
1.27

* Factor of correction
0.55

Table IV. CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1964.

CAUSES OF DEATH.		Net Deaths at the subjoined ages of Residents, whether occurring within or without the District																											
		MALES.									FEMALES.									TOTAL DEATHS.									
		0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	To- tal.	0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	To- tal.	0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	All ages.	
All Causes {	Certified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis, respiratory	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis, other	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilitic disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other infective and parasitic diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malignant neoplasm, stomach...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" lung, bronchus...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" breast	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" uterus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other malignant and lymphatic neoplasms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leukemia, aleukemia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diabetes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Vascular lesions of nervous system	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coronary disease, angina	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hypertension with heart disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other heart disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other circulatory disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
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...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Motor vehicle accidents...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
All other accidents	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suicide	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Homicide and operations of war	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Table V.

INFANT MORTALITY.

1964. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.	Net Deaths in the Year.														Net Deaths in (legitimate (illegitimate		Neonatal Deaths (under 1 month) 1 year)		Rate per 1000 live births 10-0					
	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	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total under 1 Year.	
All Causes { Certified ... { Uncertified	6	1	...	...	...	...	...	1	...	1	9	2	...	1	...	...	...	...	...	1	...	...	...	13
Small Pox
Chicken Pox
Measles
Scarlet Fever
Diphtheria and Croup
Whooping Cough
Diarrhoea
Enteritis
Tuberculous Meningitis
Abdominal Tuberculosis
Other Tuberculous diseases
Congenital Malformation
Premature Birth	4	1	...	...	...	...	...	1	...	1	6	1	...	...	...	...	...	...	...	...	...	...	...	2
Atrophy, Debility and Marasmus
Atelectasis	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at birth	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas
Syphilis
Rickets
Meningitis
Convulsions
Gastritis
Laryngitis
Bronchitis
Pneumonia (all forms)
Suffocation (overlying)
Other causes	1	...	...	...	...	...	...	...	...	...	...	...	3
Totals	6	1	...	...	...	...	...	1	...	1	9	2	...	1	...	...	...	...	...	1	...	...	...	13

Net Births in the Year. 800
 Net Deaths in the Year. 12
 Net Deaths in (legitimate 12 illegitimate 1)
 Neonatal Deaths (under 1 month) 9
 Infant Deaths (" 1 year) 13
 Rate per 1000 live births 10.0
 " " " 14.4

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.	
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	...	...	...	...	...	...
1964	913	...	...	...	...	...	...

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.

No changes were made during the year in times and venue of these centres: the toddlers' "birthday" examination sessions held on Wednesday mornings at the Ore Clinic and on Tuesday mornings at the Arthur Blackman Clinic are well attended and provide a full session's work for the doctor. The examination is on the lines of the routine medical inspection received by children at school and attention is given to development and psychological make-up as well as to the physical condition.

The infant welfare sessions are very well used and appreciated by the mothers, both in the Council's own purpose built clinics at Ore and Hollington, where the facilities available are bright and cheerful, and in the rented Church room premises elsewhere, which although drab and colourless seem to do equally good work. The figures given in the appended table speak for themselves as to their use and popularity, especially that 845 first attendances of babies under one year of age were registered when the total of live births was 900.

Work in the clinics continues to be carried out by the health visitors and the doctors for the most part are interested general practitioners: its objective remains preventative and educational. Health education on a variety of suitable topics is carried out by the health visitors. A full range of baby welfare foods and vitamin supplements is on sale at each centre for the convenience of the mothers.

Voluntary helpers of the Service of Help for Motherhood and Infancy provide the backbone of these clinics, helping in every conceivable way to ensure their smooth running, and their assistance is literally quite invaluable.

Attendances at Centres in 1964 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.
		1964	1963	1959-62	Born '64	Born '63	Born '59-62			
Arthur Blackman : (Mondays) ... (Tuesdays) Toddler Clinic (Thursdays) ...	106 — 110	101 11 100	68 25 81	90 226 76	970 — 914	756 9 1083	329 27 415	2314 298 2669	48 6 51	599 295 497
London Road : (Mondays) ...	126	113	133	76	1212	1394	192	3120	65	711
Holy Trinity : (Tuesdays) ...	115	106	76	119	1147	934	554	2936	56	577
Ore : (Tuesdays) ... (Wednesdays) Toddler Clinic (Fridays) ...	157 — 109	149 1 97	92 43 88	105 280 76	1455 7 903	1114 34 848	711 108 767	3626 473 2779	70 9 55	920 401 776
St. Saviour's Road : (Thursdays) ...	53	51	36	15	672	928	484	2186	42	268
The Bourne : (Fridays) ...	69	68	62	79	682	720	319	1930	38	622
	845	797	704	1142	7962	7820	3906	22331	—	5666

(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 at the Ore Clinic has continued with a degree of success.

(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	..	..	219
Transfers from other clinics	..	..	77
			<hr/>
Total individuals seeking advice	..	..	296
<i>Advice required:</i>			
Birth control	..	..	195
Premarital	..	..	15
Subfertility	..	..	7
Marital difficulties	..	..	2

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

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

During 1964 there was a steady increase in the number of preschool children seen at the dental clinics. There are two clinics, one at the Arthur Blackman Clinic, Battle Road, and the other at Ore Clinic, Old London Road.

The children seen, fall into two distinct groups. The larger consists of children brought at intervals of 3-4 months from about 2½ years. These are contacted through the Birthday recall scheme which is operated at infant welfare centres.

Once contact has been established mothers are encouraged to arrange for check-up appointments for all their children under eleven on the same date. This saves the mother making separate journeys to the clinic and further appointments can be arranged to suit her. In addition, points the dental surgeon wishes to explain to the mother can be demonstrated on one or other of the children and so be more easily understood.

The other section—fortunately smaller but still too large and very distressing—are children under school age with rampant caries. The cause is usually thoughtlessness and misplaced kindness.

The majority of mothers now know sweets are bad for teeth but do not act on this knowledge. In a vain hope to make up for these lapses vitamin supplements are given oftener and undiluted. These are usually of a syrupy and sticky nature and if not given correctly they cause very severe damage to the immature enamel.

Hence the sad picture of toddlers with missing or very unsightly front teeth. Of greater significance, the child will probably have to have orthodontic treatment at a later date due to lack of balanced growth. Certainly from the onset of decay they suffer from impaired mastication so is at a disadvantage in the utilisation of the food he is given.

Expectant and nursing mothers can receive all their dental treatment at the clinic but the majority now have more or less regular treatment under the general dental service with the private practitioners.

Instruction in the care of their own and the children's teeth are given at the ante-natal and infant welfare clinics also by the health visitors on their home visits.

On the whole the children are very fit. It is usually dietetic faults which lead to dental decay. This can be counteracted to a great extent by remembering two rules.

1. Eat nourishing and well-balanced meals.
2. Cut out snacks and sweet drinks between meals.

Teeth do matter. Guard them well. Below is a table of visits and work done.

(i) Numbers provided with Dental Care:

	Examined	Commenced treatment during year	Treatment completed
Expectant & Nursing Mothers	12	12	12
Children under 5 years	408	310	253

(ii) Forms of Dental Treatment provided:

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	11	29	—	—	8	2	1	3	2
Children under 5 years...	—	775	17	—	28	11	—	—	3

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

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

(e) Care of Unmarried Mothers and their Babies:

The national increase in illegitimacy is reflected in the Hastings figures, for this year one in every nine children born alive was illegitimate, 11.1% compared with the national rate of 7.2%. This figure is the highest recorded since the wartime years.

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. 134 packs were issued in 1964.

(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 1964

Premature babies born at home 12. % survival 75.

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

**Premature babies born in Institutions (Hospitals and Nursing Homes)
50. % survival 94.**

Weight at birth.	No.	Deaths.
2 lbs. 3 ozs. or less ...	—	—
2 lbs. 3 ozs.—3 lbs. 4 ozs.	3	2
3 lbs. 4 ozs.—4 lbs. 6 ozs. ...	8	1
4 lbs. 6 ozs.—4 lbs. 15 ozs....	16	—
4 lbs. 15 ozs.—5 lbs. 8 ozs. ...	23	—

(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 1964 was:—

National Dried Milk	7063	(7872) tins
Orange juice	14629	(12783) bottles
Codliver Oil	926	(956) bottles
Vitamin A. and D Tablets ..	1536	(1557) 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 two 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	1,426
Confinements conducted	132
Post natal visits (including by pupil midwives)	2,375
Gas and Air Analgesia	27
Trilene	61
Pethidine Administrations	60

(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 1964 was 42, including 36 in hospital practice (Buchanan Hospital and Fernbank) and 6 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 31.12.64 6

Midwives notifications:

(a) Medical aid	10
(b) Other	2

(c) Place of Confinement:

Analysis of 890 notified confinements of Hastings residents during 1964 shows that 15% of births occur at home and 84% in institutions.

Place of Confinement	No. of Cases	Comparable Percentages					
		1964	1963	1962	1961	1960	1959
1. Home	134	15	14	15	18	20	20
2. Private Maternity Nursing Home ..	—	—	—	—	—	—	—
3. Institutional:							
(a) Fernbank Maternity Hosp....	291	32	27	30	29	31	33
(b) Buchanan Hospital	465	52	59	55	53	49	47
Total	890						

SECTION 24

Health Visiting:

The establishment of Health Visitors as at 31.12.64 was as follows:—

- 1 Superintendent Health Visitor
- 1 Deputy Superintendent Health Visitor
- 11 Health Visitor/School Nurses
- 2 Clinic Nurses, S.R.N.
- 1 Trainee Health Visitor (*not filled*)

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 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, geriatric, 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.

The experimental attachment of a health visitor to a group of general practitioners in July 1963 has proved a great success, and that attachment continues: a further attachment has been made during the early part of 1965 to two "single-handed" general practitioners. Local doctors are most interested in the scheme, but difficulty in keeping the approved establishment filled has curtailed its speed of expansion. I remain convinced that our target should be 100% attachment. A full report of the doctors' and health visitors' comments after a year's working was published in August 1964, and was included in the Annual Report of 1963. Typical comments were "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". From the health visitors angle, "The day to day personal contact with the doctors and the patients' attitude to me as 'one of the practice' make the work most satisfying". "The exchange of information at field level, which is essential, is only fully achieved in such a scheme."

Work of Health Visitors:

1. First visits under 1 year	.. ..	890	(867)
2. Subsequent visits under 1 year	.. ..	3621	(3184)
3. Visits 1—2 years	.. ..	3261	(3404)
4. „ 2—5 years	.. ..	7156	(6457)
5. Visits to expectant mothers	.. ..	372	(380)
6. Care and After-care—National Health Service Act		3401	(2862)
7. Handicapped Persons, etc.— National Assistance Act	.. ..	171	(173)
8. All other visits	.. ..	207	(176)
		<hr/>	<hr/>
		19,079	(17,503)
9. Tuberculous Households	.. ..	388	(873)

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

The essential part of the Health Visitors' work in the homes of people of all age groups continues to expand and to become more widely known. An increasing number of requests for special visits are received from general practitioners, hospitals, other workers for statutory and voluntary bodies and from members of the public who may be in need of help themselves, or who may be anxious about a relative. Special visits in response to a particular request are often lengthy, requiring assessment of the situation, advice and if applicable action, the visit may be prolonged when the person concerned is ill, very anxious or confused. Selective home visiting allows for more frequent visits to families and individuals with problems, but the Health Visitors' basic work of prevention is not neglected.

Mothers of young children continue to show tremendous interest in the health and welfare of their families by their regular attendance at the Child Welfare Sessions, at the clinics the emphasis is on individual health teaching.

The attachment of one health visitor to a group of general practitioners reported last year continues to be successful, an extension of this scheme is envisaged.

During the year another Clinic Nurse was added to our establishment, there is now a Clinic Nurse based at Ore Clinic and at Arthur Blackman Clinic. In addition to work in the school clinic, they assist the Health Visitors with the school medical programme but the responsibility for the school remains with the Health Visitor concerned.

A Health Visitor now attends the follow-up clinic for geriatric patients at St. Helens Hospital. A number of these patients have been discharged from hospital some time, and their health and home circumstances may have altered, the training of the Health Visitor enables her to detect a social problem, to give some on the spot advice and arrange for home visiting and any necessary domiciliary services, we hope this will prove to be a useful liaison.

Other Health Visitors continue to attend the Diabetic Clinic, Children's Orthopaedic Clinic, Paediatric Clinics and the Ante-Natal Clinics at the Buchanan Hospital, at all hospitals the friendly co-operation of the staff is much appreciated.

Health talks have been given to various groups throughout the year, the Health Visitors part in the series of parentcraft classes at the Buchanan Hospital and Ore Clinic continues. A basic "Child Care" course was started at the Woodlands Secondary School, each course lasts one term, talks are given weekly on the normal development and management of children under five years old. Lectures have been given to Student Nurses, Pupil Midwives and to students at the Catering School.

In October we welcomed speakers from the Central Council for Health Education at a one-day course on "Human Relations", the Health Department Staff were joined on their study day by hospital staff and representatives of voluntary and statutory bodies in the town.

A number of students have attended clinics and observed the various aspects of the Health Visitors work. In May we again arranged a programme giving a brief outline of the health services available to children of all ages for a group of students for the London School of Hygiene and Tropical Medicine who visited the Arthur Blackman Clinic.

M. MASTERS,
Superintendent Health Visitor.

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 31.12.64 was as follows:—

Superintendent

Deputy Superintendent

2 Midwives

2 Home Nurse/Midwives

13 Home Nurses (S.R.N.) full time

2 Home Nurses (S.E.N.) full time

2 Home Nurses (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. Where necessary, a course of driving tuition is provided by the Council.

Work Undertaken:

	Medical	Surgical	Total
Cases on Register 1/1/1964	523	49	572
New cases during year	892	122	1,014
Cases on Register 1/1/1965	517	41	558
No. of nursing visits	(57,557)		
Articles loaned during the year	(288)		

The number of attendances is shown by the following figures:

	1958	1959	1960	1961	1962	1963	1964
New cases during year...	1,448	1,287	1,268	1,231	1,090	1,110	1,014
Total attendances ...	60,396	60,524	59,091	61,388	61,963	57,581	57,557

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. The establishment was amended so as to provide a number of unqualified geriatric attendants during 1965 so as to meet this situation.

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 Vaccination 1964:

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	20	201	38	8	18	285
Number re-Vaccinated	—	—	5	27	33	65

In 350 people vaccinated or re-vaccinated, no case of generalised vaccinia occurred.

The percentage of infants under 2 years vaccinated was 24.5%.

Diphtheria Immunisation, 1964:

The following table gives the number of children in the Local Health Authority area on 31st December, 1964, who have completed a course of diphtheria immunisation at any time between 1st January, 1950, and 31st December, 1964.

Age on 31.12.64 i.e., Born in year	Under 1 1964	1-4 1960-1963	5-9 1955-1959	10-14 1950-1954	Under 15 TOTAL
A. Number of children whose last course (primary or booster) was completed in the period 1960-1964	399	3,673	1,668	542	6,282
B. Number of children whose last course (primary or booster) was completed in the period 1959 or earlier	—	—	1,289	2,361	3,650

The following table gives the number of children who have completed a full course of Primary Immunisation, or have received a 'Booster' Injection during 1964.

	Children born in years :							Total
	1964	1963	1962	1961	1960	1959-55	1950-54	
A. Number of children who completed a full course of Primary Immunisation in the Authority's Area (including temporary residents) during 1964	399	368	37	9	2	8	1	824
B. Number of children who received a secondary (Reinforcing) injection (i.e., subsequently to primary immunisation at an earlier age) during 1964 ...	—	186	219	25	21	196	16	663

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 given both by general practitioners and in the authority's clinics. The number of children of all ages protected during 1964 against whooping cough was:

Age.	0—4	5—14	Total
No. completed immunizations ...	813	11	824

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, 824 children completed their full course of primary immunization, 563 at our clinics and 261 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 of Salk vaccine should receive two further doses of the oral type before entry.

The numbers who received polio protection during 1964 were as follows:—

	Completed Oral Course	Completed 2 Salk Injections	Completed 3rd Oral Dose after 2 Salk Injections	Oral Re-Inforcing Dose after 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				
Clinics ...	3 Doses	—	39	5	344	1	—	38	29
Private Doctors	302	2	—	9	75	3	13	7	11
Hospitals	52	—	2	9	4	—	—	22	1
TOTAL ...	913	2	41	23	423	4	13	67	41
956				TOTAL ... 1527			551		

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:—

"I have the honour to present the Annual Report of the Ambulance Officer, for the year 1964. This year's figures show a continued increase in demands made upon the Service, and although these increases are not as great as those of 1963, still represents quite a substantial annual increase, and much of which had been in dealing with emergency work outside of normal working time, and this continues to place a considerable strain upon the ambulance crews who have already had quite heavy days on most occasions. This also entails a greater burden and responsibility on the wives who man the telephones at nights and week-ends, and I must point out that I have again been asked by the members of the staff to have their wives relieved of these responsibilities, and in this direction I would ask that the recommendations contained in my Annual Report for 1963, be implemented as early as possible in providing Control from the Station around the clock.

Sickness among the staff has also shewn a slight increase over previous years, and I feel that this may be the result of trying to cope with both day, and night stand-by duties in connection with the present method of operation of the Service.

It has again been impossible to give Civil Defence training to members of the staff, as the estimated cost for overtime for this purpose was disallowed, and this is causing some dissention among many members, who point out that as members of the Peacetime Ambulance Service, they are barred from enrolling into Civil Defence, and in consequence are unable to receive training and qualifying to receive a bounty as are the normal volunteers. This is undoubtedly an anomaly which needs rectifying as early as possible.

Radio Telephone has again proved invaluable during the daytime operation of the Service, enabling us to deal quickly and efficiently with all emergency and accident calls, and also reduces the wasted mileage on abortive journeys in the more routine work of the Hospital Outpatient Departments.

Our representatives in the Regional Competitions of the National Association of Ambulance Officers, held in London, on June 27th, acquitted themselves well, taking fifth place out of fourteen teams competing, and second place in the House Removal to Hospital Test, to Middlesex, who ultimately won the National Finals in October. Quite a good performance, and one which we hope to improve upon in due course.

The Annual Conference of the National Association of Ambulance Officers, was held in Llandudno 22nd to 24th September, and again proved most valuable in enabling considerable discussion among colleagues of other Authorities on the day to day problems of the Service and common to all. This in addition to the Conference programme made the journey well worth while, and I would like to tender my very sincere thanks to the Chairman and members of the Health Services Committee and your good self, Sir, for enabling me to attend."

Cases carried during 1964:

1964	No. of vehicles at 31st December 1964	Total No. of Journeys during the year	Total No. of patients carried during the year	Total mileage during the year
Ambs. (major) ...	5	10,513	41,656	181,320
Ambs. (minor) ...	7			
Saloon Car ...	1			
M.H.C. Vehicle	1			

ANALYSIS OF CASES CARRIED MONTHLY.

1964	AMBULANCES			SITTING CASE CARS		
	No. of cases	Journeys	Mileage	No. of cases	Journeys	Mileage
January ...	917	424	6,456	2,674	292	8,263
February ...	934	464	6,124	2,368	265	7,481
March ...	888	468	5,076	2,291	296	7,370
April ...	957	494	5,609	2,446	269	7,527
May ...	887	510	5,701	2,537	288	7,479
June ...	960	518	6,545	2,412	315	7,925
July ...	973	518	6,410	2,657	348	8,735
August ...	980	478	6,481	2,318	319	7,453
September ...	896	482	5,808	2,404	320	8,548
October ...	888	534	6,074	2,413	327	7,796
November ...	841	435	5,731	2,483	304	8,056
December ...	844	481	5,224	2,512	266	7,940
	10,965	5,806	71,239	29,515	3,609	94,573

COMPARATIVE FIGURES ARE AS FOLLOWS:—

Year	Cases by		Mileage by	
	Amb.	Car	Amb.	Car
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
1964	10,965	29,515	71,239	94,573

Work done for East Sussex County Council.

1964	AMBULANCES			SITTING CASE CARS		
	No. of cases	Journeys	Mileage	No. of cases	Journeys	Mileage
January ...	43	41	560	30	27	402
February ...	41	39	492	44	36	583
March ...	72	66	798	45	40	631
April ...	65	55	959	55	47	680
May ...	60	60	824	35	29	531
June ...	49	46	643	36	28	406
July ...	58	50	884	33	26	538
August ...	94	84	1037	28	24	352
September ...	88	84	1064	54	52	735
October ...	57	52	499	48	43	590
November ...	48	40	729	47	42	510
December ...	42	49	490	54	47	571
	717	657	8,979	509	441	6,529

Staff at 31.12.64:

1 Ambulance Officer	1 Deputy Ambulance Officer
2 Clerk/Telephonists	16 Driver/Attendants
1 Mechanic	1 Driver/Mechanic
1 Ambulance Attendant	

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.

In the autumn of 1963, the Council seconded Health Visitor Miss V. J. Fletcher to attend the London University course for the Diploma in Health Education: she returned in the summer of 1964 devoting part of her time to health education until she assumed the appointment of full time Health Education Officer in April 1965. Her terms of reference are to plan, prepare and assemble the necessary materials and equipment for a greatly expanded service, to co-ordinate the individual efforts of other staff members and to assist them with expert advice and suitable display aids.

Health Education has been continued on a wide variety of topics in the clinics and to voluntary organisations, whilst increasing work is being done with school groups. The "Child Care" course given to the girls at Woodlands School has proved popular and successful.

Miss V. J. Fletcher, Health Education Officer, reports:—

“The section of the Health Department Health Education commenced action in July 1964 as a half-time venture.

The first task undertaken was to acquire equipment and material on which a future Health Education Section might be constructed.

The second task was to carry out the recommendation regarding the duties of a Health Education Officer as stated by W.H.O. ‘to strengthen and extend the educational functions of all members of the health team and to supplement their Health Education activities on a sustained and organised basis’. This was done by making, adapting and supplying visual aids to assist members of the staff with existing teaching programmes. Discussing and creating materials best suited for new undertakings.

Small displays were designed and executed for the Infant Welfare Clinics and Health Department. A display was placed in a shop-window at Christmas on the theme of Home Safety. This proved very time consuming, as the equipment already possessed was not geared to the size required for a shop-window.

A programme has been planned and moves made to encourage and institute a uniform programme of Health Education in Hastings schools.

Talks have been given to groups of people on various health topics—talks to older schoolchildren include advice on growing up, venereal disease and smoking.”

(f) “At Risk” register.

Certain children are more than normally liable to be born with congenital abnormalities or to have an increased chance of developing a handicap in the early years of life. This liability occurs either when there is a familial tendency or when certain events happen during the antenatal, natal and early postnatal periods. Arrangements have been made with the hospital obstetric unit and with the home midwives for the necessary information to be given in confidence to the department, and appropriate cases are placed on the register.

A register as such is of value only if active use is made of it: the children concerned are selectively seen more often and in more detailed testing than those who are not so liable to handicap, the health visitors paying particular attention to the milestones of physical and mental development and to the early assessment of hearing defects.

Congenital Defects.

The slow unfolding of the “thalidomide baby” tragedy highlighted the need for more speedy and accurate knowledge of the occurrence of congenital defects in newly born children than was at the time available. A national scheme was drawn up by the Ministry of Health whereby periodic returns are made by medical officers of health showing the numbers and types of these defects in each area. These returns started at the beginning of 1964. Arrangements were quickly agreed with the consultants at the obstetric units and with the home midwives whereby the required information is given to the Medical Officer of Health.

During the year, 13 defects were noted as under:—

Males: 1 congenital heart disease NOS.
3 talipes
1 Hiatus hernia
1 cleft palate
1 other defects of skin (Ritters disease)

Females: 1 congenital heart disease NOS.
1 interventricular septal defect
1 talipes
1 anencephalus (stillborn)
1 cleft palate
1 defects of spinal cord NOS.

(g) General.

Many people in need of help or advice with their particular problems make contact with various members of the departments staff on their own initiative, many more are referred by general practitioners, hospital almoners and other statutory and voluntary agencies, or by other members of the health service and welfare team, for example the home help or home nurse uncovering a problem in the course of routine work in the home. In each case, the appropriate officer, if necessary after case consultation with other staff members involved, makes the necessary investigations into the needs of the person concerned, and the ways in which they can best be met. Often these needs can be met from the services provided by the Council as part of its Health and Welfare functions, sometimes reference is made to voluntary bodies as the Central Aid Council, Old Peoples' Welfare Committee, British Red Cross, etc., or to statutory agencies as the National Assistance Board. There is close co-operation between all the bodies concerned at all levels, and in practice it is rarely necessary to convene a full case conference to achieve results.

SECTION 29

Home Help Service:

The Authority supply the services of a Home Help on receipt of a doctor's certificate or on the recommendation of one of the Health Department Officers to assist in maintaining the normal running of the home in cases of (a) confinement, (b) elderly persons, and (c) whenever illness in the home makes assistance necessary. This service is intended primarily to cover periods of family emergency. In the case of elderly people without help, extended periods of domestic help are given, the alternative being the occupation of a hospital or Part III bed: many old people prefer to remain among their own possessions, and given this help, they are able to do so to their own benefit and to the financial advantage of the community.

The pattern of previous years of increasing demand for the long term help of old people continues, with the increase in establishment of home helps never keeping pace with the increase of work demanded. The total equivalent of 34½ full time helps was increased to 42 during the year: recruitment becomes more and more difficult, so that at times the hours of help have to be severely rationed.

HOME HELP, 1964

No. of cases brought forward from 1963 ..	293
No. of applications received during 1964 ...	349
No. of new applications actually dealt with	237
Total No. of cases provided with help during 1964	530
No. of cases carried forward to 1965 ...	329

No. of Home Helps employed as at 31.12.64: total equivalent of 42 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
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
1964	82,044

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

“This service, meant originally to help in an emergency, has come now to be accepted as a permanency. This is shown by the increasing number of cases carried forward each year, i.e.:

1960/61 — 194	1963/64 — 293
1961/62 — 243	1964/65 — 329
1962/63 — 279	

All these cases must receive weekly help and in many cases daily attention. In addition to these cases we received 349 applications for help, 237 of which were serviced. Cases must be carefully assessed when visited as many requests are made by people who are:

- (1) quite able to cope themselves, or
- (2) able to make private arrangements, and are using the service as a domestic agency.

With the help of voluntary workers for shopping, etc., it was found that help could be cut in some cases to a minimum but this causes a great strain on the Home Help and leaves no time for the Home Help to cope should the patient be unwell. It is obvious therefore from these figures that the Home Help establishment must be increased each year to meet the demands made on the Service.

There were not many requests for help for mentally ill people in the younger age group, but we do have a high percentage of senile confused necessitating the need for careful selection of Home Helps. The Home Helps must be able to see that these patients feed themselves correctly, are warmly clad and have all the essentials for their everyday needs.

Very few problem families or families in trouble through desertion by either parent applied for Home Help. The cost of help is the biggest obstacle in these cases. It would be interesting to ascertain the cost of children in care against the cost of full time Home Help, if supplied. The main difficulty with these cases is if one partner deserts it is almost impossible to come to any satisfactory arrangement regarding housekeeping money with the remaining partner. I have not yet found any family willing to hand over their financial affairs to a Home Help. I beg to quote Kent County Council, who supply a specially trained help free of charge for a period of up to three years as decided by the Home Help Organiser. I do feel that the service in Hastings could be expanded in this respect and in co-operation with the Children's Officer perhaps it would be possible to keep more children in their own homes.

The Home Helps have co-operated and worked well during the year. Recruitment to the Service is becoming increasingly difficult. It would appear that some other source of labour must be explored, possibly in the younger age group, I see no reason why school leavers should not make the Home Help Service a career. With a comprehensive form of in-service training, not only would they become good Home Helps but I feel that any cost involved during this training would be well worth it as it would be of use to them throughout their lives."

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 982 visits to 21 individual patients, both mentally disordered and generally handicapped persons.

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.

The Senior Mental Welfare Officer 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. Close contact is kept on a medical level with the hospital consultant staff, and their help in providing such excellent in-service training for our own staff members is much appreciated.

(b) Mental Illness:

Admissions during year:—To St. Helen's Hospital (Sections 25 and 29)	35
To Hellingly Hospital (Compulsory Admissions)	40
	<hr/>
	75
	<hr/>

of the 35 patients admitted to St. Helens
 14 were transferred to Hellingly
 2 " " to other Psychiatric Hospitals
 3 " " to the Geriatric Ward
 1 " discharged to Old Persons' Homes
 14 " " home
 1 was transferred to a Hospital for Sub-normals

During the year, a further 86 patients were referred to this Department for care and after-care.

(c) Mental Subnormality:

During the year 19 new cases were referred to the Local Authority from various sources

"	"	"	3 cases moved from district
"	"	"	5 cases received short-term care at hospitals for Sub-Normals

There are now:—

Under Guardianship Order	..	..	5
„ Friendly Supervision	..	..	128

Of these 133 cases:—

Attend the Training Centre	..	..	36
Receive visits from Home Teachers	..		8
Visited by Brighton Guardianship Society			4
Boarded out in other Local Authorities area			3

Home Visits:

To patients supervised by Hastings County Borough	..					282
Miscellaneous	..	..	..	..	..	47

(d) Psychiatric Cases:

Psychiatric cases referred during 1964 (from mental hospitals general practitioners, psychiatric out-patient and other sources)		86
---	----	----	----	----	--	----

Record of Home Visits:

Mental after-care visits	..	..	..	..	..	534
Miscellaneous visits	..	..	..	..	..	218

Guardianship:

The number of cases under guardianship order continues to decline, the tendency being now to place new cases in the care of the authority's mental welfare officers rather than the Brighton Guardianship Society. The number of cases under friendly supervision continues to rise, this being the intention of the Mental Health Act.

Training:

The Council's Training Centre in Athelstan Road continued to provide occupation and training for subnormal and severely subnormal persons of all ages: 39 attending. In last year's annual report, comment was made on the changes in concept of training the subnormal and that need for revision of the original plans for this would have to be tackled during 1964. This need has been accentuated by the demand for places for younger children which has resulted in a degree of overcrowding.

An amended plan in principle was accepted by the Council in September, and a sub-committee was set up to finalize the details in consultation with the Hastings and Bexhill branch of the Society for Mentally Handicapped Children.

In May 1965, the Council agreed the new scheme which provides that the existing Athelstan Road Centre should at Easter 1966 become a Training Centre for Juniors only with the addition of new building for a nursery class and special care unit (30 juniors age 8-16, 12 to 15 aged 4-8), together with a residential hostel for juniors: roughly half these places would be available to the East Sussex County Council, under mutual agreement already made.

The displaced "seniors" to be temporarily accommodated as an occupation group in rented premises until 1966/7 when a purpose built sheltered workshop on land at Bembrook Road appropriated from the Housing Committee would be built and come into operation. The plan provides also for a senior occupation group for those incapable of sheltered work and for the inclusion of a Social Centre or Club by the Society. The present unfortunate financial and economic situation of the country may well interfere with the projected timing of this plan.

The co-operation and help given by the Society have again been on a very high level: the minibus provided by them some seven years ago did a mileage of 11,054 during the year in collecting and returning the children between the Centre and their homes.

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 73 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.

Plans for the building of the new residential home, Mount Denys, adjoining Pine Hill, proceeded during the year and building commenced in the spring of 1965: this will provide a 50 bed unit with provision for accommodating some of the elderly confused who raise such problems in their care. The scheme of flatlets for the elderly in High Street, with residential warden and many communal facilities will in spite of building delays be ready in the 1965 autumn, although the similar scheme by the Old Peoples Welfare Committee has not yet got off the ground.

Concern at the effect which the shortage of long stay geriatric hospital beds has had upon our own residential homes and those of the voluntary societies resulted in a meeting between the Council and the Regional Hospital Board where a most sympathetic discussion took place: at the time of writing, urgent and real efforts are being made to alleviate the position by providing up to 30 extra beds locally. Further, a Ministry circular is expected very shortly which it is hoped will clarify the respective responsibilities of the Local Authority and Regional Hospital Board in the care of the infirm aged. These may help the situation a little, but the sad fact remains that the purses of both are strictly limited at present whilst the shopping list grows ever more extensive and expensive.

(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	.. .. .	3
No. of beds	.. .. .	665

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

(d) General Services for the Aged:

Considerable attention is paid to the problems of old people in their own homes by both health visitors and 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 cannot be achieved until the new meals-on-wheels kitchen at the Isabel Blackman Club is ready for use. This building, which will provide an all-day club for the elderly in addition to the meals-on-wheels service kitchen, will be run by the W.V.S. and is expected to open in September 1965.

Laundry for incontinent old people does not present a major problem, as private laundries have an excellent service for dealing with this. It has not been necessary therefore to start the use of incontinence pads as a welfare supply: it is felt that these should be made available in appropriate cases on medical prescription: further, their use poses increasing problems in disposal.

REPORT OF WELFARE LIAISON OFFICER

This year's work has been a gradual building up of the network established throughout the previous year.

The register now stands at 4,277, although 60 deaths occurred from the list, 83 new cases were added from various sources.

Great co-operation has been given by the Voluntary Associations, the W.V.S. in particular furnish lists of information regularly. A team of W.V.S. visitors have agreed to follow up bereavements and report if specialised or friendly visiting is required.

It has become apparent that a further survey will be necessary every three years or until more 'Aid Groups' are established.

At Christmas, the register supplied lists for food parcels and coal to Youth Organisations and lists for coal to the Round Table. These were supplied to people who had previously had no help.

We were also approached in September by the Society of Friends who wished to open a Coffee Club for lonely people. A list was compiled from the register and the Club is now flourishing with a total membership of 65. We have a small panel of volunteer drivers, which enables us to get twelve house-bound to this Club every week.

Work carried out through the Welfare Liaison Officer and thus through volunteers is building steadily. A very reliable team of voluntary help has become established and is being added to frequently. Requests have been as follows:—

From Health Visitors	..	..	..	320
From W.V.S.	..	..	..	60
From the Association for the Blind	..	..	..	25
From callers with Emergency Card	..	..	..	116

Most of the requests from the Association for the Blind have been for transport for blind persons going on holiday. All have been met by volunteers.

In Hollington and lately in Halton, it is difficult to assess the actual work carried out because small jobs are not referred but done as required. Hollington however have carried out 200 specific requests from the Welfare Liaison Officer ranging from decorating, gardening, "sitting in" with a sick person and providing transport. In addition the new Club at Hollington has raised money to take 30 elderly residents on holiday and members tend to keep a watchful eye on each other away from the Club.

The greater part of the work of the Welfare Liaison Officer is to establish even greater contact throughout the town so that in time of emergency there is no doubt as to the source to be approached for help. The Council of Churches are working to help in this, and up to date four more groups of Churches are endeavouring to form Committees to set up further 'Aid Groups'. This is a slow process but at least two hope to be in operation before the winter.

In conclusion, I should like to express my appreciation of the work of volunteers who have visited, shopped, collected pensions, provided transport at their own expense and frequently answered appeals at a minute's notice, often travelling some distance to provide help.

(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.

Cases are recommended by doctors, health visitors, welfare officers and visitors, and are most elderly people who cannot afford private chiropody treatment.

507 patients, including 74 new ones, received 1985 treatments at the voluntary clinic (308 sessions), whilst 196, including 65 new ones, received 815 domiciliary treatments (160 sessions).

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.

The total number of blind persons on the register at the end of 1964 was 302, 104 men and 198 women, and 75 partially sighted persons. The following information is given as requested in Ministry Circular 1/54:—

- (i) No. of persons newly registered as blind during 1964 30
- (ii) No. of persons newly registered as partially sighted, 1964 14
- (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 1964.
- (iv) Ophthalmia Neonatorum, an infective eye conditions 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 1964.
- (v) Follow up of Registered Blind Persons (1964).

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
1. No. of cases registered in 1964 in respect of which para. 7 (c) of B. D. 8. recommends	7	6	—	17
(a) no treatment	3	1	—	9
(b) treatment (med. surg. or optical)	4	5	—	8
2. No. of cases at 1 (b) above which on follow-up action have received treatment	1	4	—	6

Follow up of Partially Sighted Persons, 1964:

7 cataract, 3 being recommended for treatment.

7 "other causes", 6 recommended for treatment.

2. Deaf:

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 1964 was 35, of Deaf and Blind 6.

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. The Disabled:

The Hastings Association for the Disabled, formed towards the end of 1963, had a very successful year. Weekly clubs were held at the Ore and Arthur Blackman Clinics and at the library extension hall, where the disabled can meet for a variety of social activities: transport being provided by volunteer drivers. Difficulties for the disabled in getting in and out of private cars and consequent damage to the vehicles quickly highlighted the need for a special vehicle. A specially designed vehicle with an hydraulic lift to permit easy access of wheelchairs was ordered at a cost of £1400 and came into operation in the spring of 1965. It has proved a great boon already. A visiting service and help in many ways are given to the disabled, and the Association works closely with the welfare section of the department and with the constituent voluntary organisations in this field. The Local Authority co-operate by allowing the use of their clinic premises and by making a monetary grant.

The number of disabled on the Association's register at 31 March 1965 was 214.

The Hastings Voluntary Committee for the Care of Cripples carried 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.

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: 5 adult epileptics are known to the department through the health visitors and mental health worker. 16 children attend normal schools, 3 others attend the day open air school, 1 epileptic is also ascertained educationally subnormal and attends the Torfield Day Special School, and 2 are under school age.

Spastics: 11 spastic adults are known to the department: 5 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, 4 attend the Torfield 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, welfare officers and mental welfare officers 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 Welfare Officer 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.

No action was taken during the year.

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 17 cases.

SECTION 50

Burial or Cremation of the Dead:

Funeral arrangements were made by the Department at the expense of the Local Authority during 1964 for 13 deceased persons, mainly aged but including one baby.

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 „ ...	...	...	...	...	...	...	...	...
10—15 „ ...	...	...	...	...	...	...	...	...
15—20 „ ...	1	...	...	...	1	...	...	...
20—25 „ ...	...	...	...	...	...	...	...	...
25—35 „ ...	1	...	...	...	...	...	...	...
35—45 „ ...	...	1	...	...	...	...	...	...
45—55 „ ...	...	...	...	...	...	1	...	...
55—65 „ ...	1	1	...	...	...	...	...	...
65—75 „ ...	4	1	...	...	1	...	...	...
75 upwards ...	...	1	...	...	...	...	...	1
Totals ..	7	4	—	—	2	1	...	1
Grand Totals	11		(20)		4		(11)	

For the purposes of comparison, the following table shows the Deaths and death rate per 1,000 population for the past 54 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
1964	3	1	4	.059

(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	..	251
(Males 120, Females 101, Children 30)		
No. of contacts examined	..	103
(Males 7, Females 28, Children 68)		
Total attendances of all cases	..	4,167

(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 25, Females 14)	..	39
5—15 „ (Males 25, Females 21)	..	46
Adult nurses	..	9
Other adults	..	2
Re-vaccination (Males 2, Females 1)	..	3
New-born babies not Mantoux tested	..	10
		109

B.C.G. vaccination of Mantoux negative school children of ages 13 plus, started in the autumn of 1955 is 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
1964	756	87.7	630	83.3	617

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	...	...	7
Other conditions	...	...	52
Total	...	...	60
			—

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	..	..	375

The Conduct of Nursing Homes Regulations, 1963, made under the Nursing Homes Act 1963, 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 required 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.

- 1 Day Nursery is registered for 50 children.
- 1 Pre-school Play Group for 30 children, and
- 1 Child Minder for 6 children.

Twenty visits were made by the Superintendent Health Visitor and standards remained consistently good. Twelve further visits were made to persons who did not proceed with their applications for registration.

3. Medical Examinations:

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

Sick Pay Scheme examinations	..	..	118
Staff medical examinations (including x-ray)	..	..	643
Teachers, etc., examined ( " " )	..	..	113
Firemen examined	..	..	15
			Total: 889 (341)
X-Ray examinations only	..	..	125

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.

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 64 square miles, comprising the whole of the County Borough of Hastings, the Borough of Rye 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 80,000 in winter, increasing to about 120,000 in the summer. The average daily consumption of water is 3.60 million gallons a day with a maximum daily consumption of 4.8 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 1,316,171,000 gallons, of which 1,163,638,000 gallons was supplied from the impounding reservoirs and 152,533,000 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 1964, 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.

5.

COMPARATIVE COST STATISTICS, 1963/4

Figures are from the Annual Return published by the Institute of Municipal Treasurers and Society of County Treasurers.

A. Local Health Services

	Expenditure met from Rates, General and Rate Deficiency Grants	Rate Equivalent		Net Expenditure per 1,000 Population																
		Based on actual Id. Rate Product	Adjusted for Rate Deficiency Grant	Care of Mothers and Young Children				Midwifery	Health Visiting	Home Nursing	Vaccination and Immunization	Ambulance Services	Mental Health		Tuberculosis	Other Services Prevention Care and After-Care	Home Help	Total Expenditure per 1,000 Population met from Rates, General and Rate Deficiency Grants		
				Day Nurser's	Child Welfare Centres	Mother and Baby Homes	Other Inc. Mat'n'ty Outfits						Training Centres	Other Services						
Hastings	94,489	8.91	8.06	—	77 7	6 0	6 19	59 1	98 6	341 18	11 19	389 19	65 7	64 17	22 0	11 5	91 15	1417	18	
Average for 82 County Boroughs	—	11.17	9.97	97 18	126 12	7 2	17 10	143 6	123 3	188 19	18 13	324 0	118 2	65 10	23 15	51 19	239 15	1836	10	

B. Welfare Services

	Expenditure met from Rates, General and Rate Deficiency Grants	Rate Equivalent		Proportion of Population over 65 years	Net Expenditure per 1,000 Population														Residential Homes provided by the Authority — Costs per Resident week — Average Cost (All Homes)					
		Based on actual Id. Rate Product	Adjusted for Rate Deficiency Grant		Residential Homes Provided by				Total Residential Homes	Special Welfare Services						Other Expenses including Administration	Total Net Expenditure Charitable to Rates and Grants	Expenditure met from Rates, General and Rate Deficiency Grants						
					The Authority		Other Authorities			Blind Persons		Physically Handicapped		Other Services										
Hastings	57,301	5.41	4.89	24.2	491	18	137	17	629	15	71	1	20	4	21	1	119	12	861	13	859	17	144	4
Average for 82 County Boroughs	—	5.07	4.52	11.9 (1961 census)	—	—	—	—	536	13	103	19	38	8	19	6	147	15	866	7	833	7	148	11

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: Tap on Outlet Main, Fairlight Service Reservoir

Residual chlorine: trace

	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 conforms to the highest standard of bacterial purity.

These results are indicative of a wholesome water suitable for public supply purposes.

2nd June, 1965.

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

Chemical Results in parts per million

Labelled: Tap on Baldslow Pumping Main, Brede Pumping Station (Treated Water)

Appearance: Clear and bright.

Turbidity: Nil. Colour (Hazen): less than 3. Odour: very slight chlorinous.

pH: 8.7. Free Carbon Dioxide: Absent. Electric Conductivity: 300.

Dissolved Solids dried at 180°C.: 190. Chlorine present as Chloride: 29.

Alkalinity as Calcium Carbonate: 60. Hardness Total: 130. Carbonate: 60.

Non-carbonate: 70. Nitrate Nitrogen: 0.1. Nitrite Nitrogen: Absent.

Ammoniacal Nitrogen*: 0.00. Oxygen absorbed: 0.50.

Albuminoid Nitrogen*: 0.60. Residual Chlorine: 0.18.

Metals: Iron 0.03; Aluminium 0.08. Other metals absent.

* To convert to Ammonia multiply by 1.21.

This sample is clear and bright in appearance, distinctly but not excessively alkaline in reaction and free from metals apart from negligible traces of iron and aluminium. The water has very moderate hardness and it contains no excess of mineral constituents. It is free from colour and of very satisfactory organic quality.

From the aspect of the chemical analysis these results are indicative of a pure and wholesome water suitable for public supply purposes.

(Sgd.) GORDON MILES

17th November, 1964.

(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 24,414. In addition, 5195 such premises 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 ML.	Less than 1	1-5	6-10	11-15	16-20	21-30	31-40	41-50	Over 50
Large Bath	2	6	—	1	1	—	—	—	1 Sample (80)
Small Bath	6	1	1	—	2	2	—	—	1 Sample (61)
Bathing Pool	6	6	—	—	—	—	—	—	3 } 67,80,86
Combe Haven	3	6	—	—	—	—	—	—	3 } 128 158,268
Total	17	9	1	1	3	2	—	—	8
Probable Number of Coliform Bacilli per 100 ML.	Less than 1		1—5					Over 5	
Large Bath	11		—					—	
Small Bath	13		—					—	
Bathing Pool	13		2					—	
Combe Haven	12		—					—	
Total	49		2					—	

Water purification is carried out by continuous filtration and chlorination. Routine checks are made on residual chlorine, and 51 samples were taken for bacteriological examination at the Public Health Laboratory. 49 samples were found to have less than 1 of coliform bacilli per 100 millilitre.

The results of bacteriological tests on water from the indoor heated seawater baths showed a marked improvement over the previous year. The method of plant operation by boosting the chlorine dosage at times of peak usage to maintain residual chlorine of .7 ppm, produced a commendable result of less than 1 coliform bacilli per 100 ml., for every sample.

So far as the two open air pools are concerned only two samples varied from this high standard, when the plate count test indicated that chlorination was insufficient. This occurred on one day during the August peak. Check samples after dosage increase proved that the action taken produced satisfactory results.

(C) Drainage and Sewerage:

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

During 1964 construction by contract of the Mill Lane area main sewer has been commenced and completion anticipated by end of April, 1965. Schemes in course of preparation include reconstruction of the Church Road sewer (scene of many recent failures); storm water overflow and sewer at Bo-Peep; drainage, including pumping station, for light industry site at Ivyhouse Lane.

Messrs. Balfours, the Council's Consulting Engineers, have continued with preparation of details for a Long Sea Outfall forming part of the Western Area Main Drainage Scheme.

Construction of the new Joint Authority's Abattoir at Junction Road has continued, and commissioning is expected to take place in October, 1965.

The Direct Labour force dealt with routine maintenance and repair of day to day defects in public sewers, together with minor improvement works. Repairs and new construction include work at the following locations: in footpath at rear of 15-17 All Saints Street (fractured sewer) and diversion of sewer at rear of 124 All Saints Street to Waterloo Place; regrading of sewer and reconnection of drainage from 156 Bexhill Road from high level sewer to private combined connection from adjacent property; fractured surface water sewer outside No. 82 Burry Road; outside No. 296 Bexhill Road, blockages cleared and sewer repaired; new deep foul sewer manhole constructed at Braybrooke Road; fractured gulley connection outside W.V.S. Centre in Cambridge Gardens; at Carlton Terrace the combined sewer was extended from manhole on east side of road to manhole on west side where the invert level of the existing manhole was raised; fracture repaired and new manhole built at rear of 164 Downs Road; gulley and connection renewed at junction Dudley Road and Harold Road; also at East Ascent (opposite Mews Road); three new gulley grates and weirs provided on surface water drainage system in Fellows Road; fractured sewer repaired in Gardner Way; new surface water sewer and gulley constructed in Gillsman's Hill (near spring); fracture on Hollington Valley sewer repaired at junction of Edinburgh and Conqueror Roads; subsidence investigated in Horntye Road—found to be due to short length of sewer having been laid with open joints; fracture dealt with at rear of 119-121 Old London Road; new manhole built on sewer at rear of 115 Milward Road; gulley renewed and connection repaired at Marina opposite St. Leonards Parish Church; gulley and connection renewed at Mercatoria; blockage

cleared and sewer repaired at rear of 119 Milward Road; sewer repaired at Newgate Road (opposite Newgate Hall); fractured sewer repaired and gulley renewed at Plynlimmon Road (junction Alpine Road); also at Undercliff (junction Gardner Way); investigation carried out to determine extent of partially blocked sewers in Park View—clearance effected by specialist firm; gulley and connection renewed in Queen's Road outside The Clock House; overflow from cesspool at 306 Rye Road stopped off; surface water reconstructed and two new manholes built through garden of 180 Sedlescombe Road North to pond, Mildenhall Drive; connection constructed from foul water manhole in The Bourne to intercepting chamber at rear of 121 All Saints Street; gulley and connection renewed at Maze Hill (junction with Undercliff); also at 89 Victoria Avenue; new manhole frames and covers provided to manholes in Vale Road; fractured sewer renewed at side of 161 Wishing Tree Road; and in various other roads repairs to manholes were carried out.

Following many requests from the Public Health Department to search and locate defects on private drains and sewers under the provisions of the Public Health Act 1936, repairs were executed by Direct Labour at the following sites, on a chargeable basis: 46 Bulverhythe Road; 70 Braybrooke Road; 23 Earl Street; 9 Grosvenor Gardens; 56 and 57 George Street; 119 and 121 London Road; London Road slaughterhouse; 124 Milward Road; 2 Martineau Lane (clean out overflowing cesspool); 22 Newgate Road; 356 Old London Road; 48 Queen's Road; 51 Robertson Street (renew defective pavement channel); 1 Rock-a-Nore Road; 5 St. George's Road; The Choice, Hollington (clear overflowing cesspool); 38 West Hill Road.

During the past 12 months 309 new dwellings by private enterprise have been connected to main drainage, 2 to septic tanks and 3 to cesspools where main drainage is not available.

In the same period 152 units under construction for the Housing Committee were connected to main drainage, of these 58 units were for elderly persons. 28 Council flats at Hollington were improved by the addition of bathrooms and alterations to kitchens. It is of interest to note that at the end of the year the Housing Committee had no less than 1059 units in course of construction.

A new public convenience at the north end of High Street was opened during the year under review.

Collection and Disposal of Domestic Refuse:

The Council's fleet of freighters and collection vehicles consists of (9 in operation with 1 spare): 3-50 cubic yard Packamatics (with a further one in 1965); 1-16 cubic yard Shelvoke and Drewry (Fore and Aft) fitted with press; 3-18-25 S and D (Fore and Aft) fitted with press; 1-18-27½ cubic yard S and D (Fore and Aft) fitted with press and for bulk refuse collection; 1-18 cubic yard Karrier (Fore and Aft) to be replaced in 1965 by a Packamatic; 1-18 cubic yard S and D (Fore and Aft) without press, and 1-40 cubic yard Ford Pan-technicon salvage collection vehicle. This last vehicle was accidentally destroyed by fire and delivery of a replacement is expected in January 1965.

The County Borough area is split with 8 collection zones and a minimum of one clearance per week is effected. Direct Labour involved averages 65 operatives including 5 sorters at the Salvage Depot and 3 bankmen on the controlled tip at Pebsham. Controlled tipping at Pebsham continued on the ultimate site of the North/South airfield runway which is now completed up

to the Combe Haven River. The East/West runway site is now being extended in a westerly direction. A low-lying marshy area east of the concreted main access road has also been raised.

The total quantity of refuse collected, transported and disposed of at Pebsham throughout the year amounted to about 67,000 cubic yards resulting in an area of approximately 7 acres being raised between 3 and 8 feet.

During 1964, sale of 719 tons 1 cwt. of paper salvage produced a revenue of £5,076 and £259 revenue was obtained by the sale of 12 $\frac{3}{4}$ tons of other salvaged materials (principally metals).

Street Cleansing:

This routine service was maintained throughout the year.

(F) PEST CONTROL

(1) Rodent Destruction:

The number of infestations reported by occupiers or found on survey by the rodent operators showed a slight increase; 641 as compared with 510 the previous year.

Preventive work, including regular surveys of vacant sites, allotments, and public gardens and more frequent visits to food premises keeps infestations down to minor levels.

New building developments on the more rural outskirts of the town appear to cause an increase in complaints of rats, which gain access to surface water sewers from streams and water courses and from thence sometimes into part completed properties, or under workmen's store or canteen sheds. Additional sewer treatments were carried out in two such areas, and the co-operation of the developers was obtained in controlling storage and disposal of food scraps.

Two sewer treatments were carried out during June and October, the former being preceded by a test baiting of 102 manholes throughout the town including 24 in "persistent" trouble spots, of which 18 proved to be still infested. 20 other manholes showed takes.

Sewers have been treated by direct poisoning using 2% Fluorocetamide. This method saves much time and labour costs by reducing the number of manhole cover lifts required, but test baiting shows that the areas of known infestation still persist and there have been takes recorded in some manholes in what have been hitherto practically rat free areas. These generally are fairly light infestations, but would indicate that more frequent baiting is essential, which will to some extent offset the saving in costs obtained.

Surface treatment for rats and mice is by Warfarin master mix 0.5% in medium oatmeal and is very successful; alternative bait bases are used where necessary, i.e. in animal feeding stuff premises. No case of Warfarin resistance has yet been encountered in Hastings.

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	20	520	97	4	641
Surveys	25	562	223	10	820
Otherwise	—	2519	5246	—	7765
Total Inspections (including re-inspections)	231	8609	6276	44	15160
Properties Infested					
Rats	10	409	44	4	467
Mice	10	108	52	—	170
Infested Properties Treated	20	517	96	4	637
Total Treatments (including re-treatments)	24	577	114	4	719
Block Treatments ...	—	71	—	—	71

(2) Other Pests:

Work was maintained as in recent years in dealing with cockroach or fly infestations in food premises, and for fleas in domestic premises. Bed bug infestations, once so common, are now a rarity and only one case was dealt with.

Pigeons, which have been getting more numerous than ever, and creating nuisance on the Promenade and adjacent buildings, were the subject of many complaints.

Under Section 74 of the Public Health Act 1961, a Local Authority is empowered to deal with such nuisance, and the Chief Public Health Inspector was requested by the Highways and Works Committee to take all necessary steps to reduce the number of pigeons.

The matter was referred to the Regional Officer of the Ministry of Agriculture, Fisheries and Food, whose representatives visited the town and discussed measures to be taken. As a result, the Chief Public Health Inspector was given a licence to use narcotized bait, and this was done strictly according to Ministry requirements. The first treatment was under the personal supervision of the Regional Pests Officer and two of his staff. Three further treatments were subsequently carried out just after dawn on each occasion, and a substantial reduction in the number of pigeons was effected.

There was some unfavourable public reaction from a small number of bird lovers, but much more favourable comment from residents who had been adversely affected. The method is humane and the narcotized birds are painlessly killed by carbon tetrachloride. The result has been a very great reduction in damage to Corporation and private property.

During the year 69 rooms in 35 houses were disinfested for fleas, and 135 rooms in 39 premises for cockroach infestation. Cinemas were treated with insecticidal mist quarterly as a preventive measure, a total of 15 treatments being given. Preventive work in food premises amounted to 34 treatments during the year.

Charges for disinfestation work which were revised in 1963 were 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 £209 13s. 5d. (including £96 0s. 0d. for rodent control on business premises) compared with £212 8s. 1d. in 1963.

(G) FACTORIES ACT 1961

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	183	117	5	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	18	—	—	—
TOTAL	236	128	5	—

2.—CASES in WHICH DEFECTS WERE FOUND

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

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	3	3	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	4	2	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ...	5	4	—	—	—
(b) Unsuitable or defective	5	5	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	15	12	—	—	—
TOTAL ...	32	26	—	—	—

128 inspections of factory premises resulted in defects being found in 32. Unfortunately it was only possible to visit half the premises registered, but with the continued rise in total commitments of the inspectorate, complete coverage seems unattainable.

Examination of plans for new buildings, and alteration of existing premises, though time consuming, proves itself to be constructive time and again, and of benefit both to factory operators and the Department.

PART VIII

OUTWORKERS

Wearing Apparel—making, etc. ..	9
Artificial Flowers ..	28
No. of visits ..	12 (2)

No action was necessary under Sections 133 and 134, i.e. for default in sending lists to the Council, or for work in unwholesome premises.

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) ..	1,160
(b) Number of inspections made for the purpose ..	3,741
(2) (a) Number of dwelling houses (including sub-head (1) above) which were inspected and recorded ..	272
(b) Number of inspections made for the purpose ..	1,626
(3) Number of dwelling houses found to be unfit for human habitation	164
(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 ..	360

A.—Houses Demolished :—	Houses Demolished	Displaced	
		Persons	Families
(1) In clearance areas— Housing Act, 1957			
Houses unfit for human habitation	87	91	29
Included by reason of bad arrangement ...	7	—	—
On land acquired under Section 43(2)	—	22	8
(2) Not in clearance areas—			
As a result of formal or informal procedure under Section 17(1)... ..	2	21	8
L.A. owned houses certified unfit by the Medical Officer of Health	—	—	—
B.—Unfit Houses Closed :	Number	Displaced	
		Persons	Families
Under Sections 16(4), 17(1), 35(1)	12	35	12
Under Sections 17(3) and 26	—	—	—
Parts of Buildings Closed under Section 18 ...	8	22	8
C.—Unfit Houses Made Fit and Houses in which Defects were remedied :—	By Owner	By Local Authority	
		Persons	Families
After informal action by L.A.	257	—	—
Under formal notice under Public Health Act...	2	3	—
After formal notice under Section 9(6) H.A. ...	2	1	—
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 ..	13
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil
(3) Closing Orders made (Sec. 17. H.A. 1957)	8
(4) Undertakings (not used for habitation)	3
(5) Closing Orders determined	3

4.—OVERCROWDING

(a) (i) Number of dwellings overcrowded	..	..	18
(ii) Number of families dwelling therein	..	..	20
(iii) Number of persons dwelling therein	..	..	111
(b) Number of new cases of overcrowding reported	..	..	18
(c) (i) Number of cases of overcrowding relieved	..	..	2
(ii) Number of persons concerned in such cases	..	..	10
(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	..	..	132

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 1964	541	545	1112	427	1539		
Mews Road							
No. 1	42	38	82	16	98	C.P.O.	Enquiry 3/12/64*
Battle Road							
2-13	48	48	111	34	145	C.P.O.	Enquiry 10/12/64*
Western Road							
No. 1	4	3	6	—	6	C.O.	*
Winchelsea Rd							
Nos 1 & 2	7	7	14	—	14	C.P.O.	Enquiry 10/12/64*
Battle Road							
Nos. 4 & 5	36	37	90	11	101	C.P.O.	*
Total	678	678	1415	488	1903	—	

*Not yet confirmed

Clearance Areas.

During the year under review, 8 clearance areas comprising a total of 137 houses were represented and four compulsory purchase orders and one clearance order made. Five public enquiries were held, two on orders made in 1963, Duke Road 8/28 and Caves Road 24/25-26. The order on Duke Road 8/28 has been confirmed with modifications and confirmation was still awaited on the other four at the end of the year.

During the year 37 families were rehoused from clearance areas and 87 houses demolished.

On 31/12/64 70 families living in areas subject to confirmed orders and still to be rehoused and 148 in unconfirmed orders. This allows for the fact that it is now known that only 15 families require to be rehoused from Caves Road areas 24/25 and 26 which has since been confirmed after extensive modification.

Individual Unfit Houses

27 dwellings were represented as unfit, resulting in 3 demolition and 21 Closing Orders being made. 3 formal undertakings not to use for human habitation were accepted.

29 families (93 persons) living in unfit dwellings on which Closing Orders were operative, were found new accommodation during the year.

At the end of the year 17 families living in unfit houses subject to demolition and closing orders were still awaiting to be rehoused. Fortunately the waiting period is now not so long as in recent years.

After completion of comprehensive repair and improvement works, 3 Closing Orders were determined. This action under the Housing Acts has resulted in a total of 94 dwellings being restored to usefulness.

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)	1
Certificates of Disrepair issued (Form L)	—
Applications by landlord for cancellation of certificate (Form M)	2
Notice by local authority of proposal to cancel certificate of disrepair (Form N)	2
Applications for certificates as to remedying of defects (Form O)	—
Certificates as to the remedying of defects (Form P)	—

Disrepair. 812 (815) complaints were investigated. 239 (240) notices were served requiring repairs, 257 (235) notices calling for necessary works under Housing and Public Health Acts were complied with without recourse to formal action.

Improvement Grants.

27 inspections of houses relating to applications for improvement grants were carried out, 6 less than in the previous year.

The number of grants approved, 80 discretionary and 22 standard grants, continued to fall, a trend which had shown itself over the past two or three years.

The new legislation providing compulsory powers to require improvement of dwellings systematically by areas ensures the means of tackling this urgent and major problem.

There were 23,603 households in the borough at the time of the 1961 Census. No less than 5,177 were not provided with baths and a further 1,973 had shared baths, while a total of 2,588 households shared water closets. In addition there were 6,526 households without a hot water supply. These numbers will have been reduced to a limited extent by subsequent slum clearance, and grants approved, but it is evident that a large number of properties are sub-standard. Some 50% of all the properties in the borough are over 65 years old, and unless steps are taken to ensure that these are well maintained and improved, a very big housing and slum clearance problem is likely to arise in future years.

Small Dwellings Acquisition Acts.

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

Rehousing Applications.

Reports and recommendations were made after investigation of home conditions of 139 families on the waiting list.

18 were found to be living in very overcrowded conditions, and for medical and social reasons, at least 62 were considered to be in urgent need.

Summary

4,993 visits, an increase of 959, were made in relation to housing work, on surveys in proposed clearance areas, inspections and revisits for repairs and supervision of works.

The work involved in this branch of environmental health remains a major task on the inspectorate and can be expected to increase with every year that passes. A determined effort will be necessary to deal with the improvement clauses of the new Housing Act, but it will be some years before the effect of systematic area treatment is felt. Much of the past effort is stop-gap in effect, spread over the whole town, with the result that little progress has been apparent.

It must be repeated that only concentrated and sustained attack on this problem can save areas of dwellings from falling into such a state of decay that only clearance will suffice.

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.
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
1964	2	25	29	37	—

Noise Abatement Act 1960.

Only five complaints were received which specifically referred to noise. These related to noise from bakery, shoe repair, and laundry machinery and to animals.

Informal action with advice on reduction to reasonable limits, or to reasonable times of operation, achieved improvement, while advice was given in relation to noisy animals. No legal action was necessary.

Caravan Sites.

85 inspections were carried out to nine licensed holiday sites, operating from 1st March to 31st October, 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: 1 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.

Generally speaking caravan sites are well conducted, but maintenance of satisfactory standards on some requires strict supervision on the part of operators. Letting sites suffer most in this way. Most shortcomings may be laid at the door of the temporary occupants, with misuse or abuse of facilities being the cause rather than the failure to provide them.

It is generally found that laundry facilities and showers are well used, but that the demands for fixed baths are small on the part of holiday tenants.

Most site operators continue year by year to improve and add amenities.

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

INSPECTION OF DWELLING HOUSES

Housing Acts:—

Houses inspected and recorded	272
Re-Inspections	1,626
Other houses inspected for housing defects	188
Re-Inspections	253
Inspections re overcrowding ...	159
Houses found not to be in all respects fit	117
Housing (Improvement Grants)	271
Housing (Rent Act, 1957) ...	10
	<hr/> 2,896

Public Health Act:—

Houses inspected for housing defects	537
Re-Inspections	579
Houses found not to be in all respects fit	243
Other premises inspected ...	163
Re-Inspections	123
Complaints investigated ...	812
Informal notices served under the Public Health and Housing Acts	239
Houses rendered fit following informal action	257
	<hr/> 2,953

Works Carried Out:—

Roofs repaired and made weatherproof	68
Stacks rebuilt or repaired (including new pots) ...	19
External walls repaired or re-pointed	27
Gutters and R.W.D. repaired, renewed or cleaned out ...	52
Dampness remedied	97
Interior walls and ceilings repaired	61
Walls and ceilings cleansed and redecorated	12
Firegrates and stoves repaired or renewed	15
Floors repaired or renewed ...	37
Staircases repaired	5
Doors repaired or renewed ...	8
Windows repaired or renewed...	32
Sash-cords renewed	44

Ventilation improved ...	3
Water supply improved ...	16
New sinks provided	2
Waste-pipes repaired or renewed	20
Yards and passages repaired ...	11
New W.C.'s. erected	—
W.C. basins renewed	11
Flushing cisterns repaired or renewed	22
Drains repaired or reconstructed	67
Drains cleansed	159
Inspection chambers constructed or repaired	34
Soil and vent pipes repaired or renewed	17
Gully traps fitted	25
Sanitary dustbins provided ...	3
Miscellaneous repairs	77

944

Miscellaneous Inspections:—

Drainage	1,020
Keeping of Animals	48
Rats or mice infestation ...	107
Smoke nuisances	43
Verminous premises	25
Infectious diseases	16
Food Poisoning	38
Pet Animals Act	1
Animal Boarding Establishments	10
Moveable dwellings (Caravan sites)	85
Offensive trades	13
Knackers' yards	3
Theatres and cinemas	—
Out-workers	12
Swimming baths	36
Fertilisers and feeding stuffs ...	12
Other visits	1,052
Interviews respecting properties	1,278
Smoke tests to drains	56
Water tests to drains... ..	125
Public Conveniences... ..	10
Water samples	1
Schools	25
Noise	13

4,029

SECTION IX

FOOD INSPECTION AND HYGIENE

(A) MILK

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

The number of dealers increased by 17 and there are now 97 registered distributors.

A total of 300 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, 1963:

No. of dealers' (Pasteurisers') Licences	..	..	..	1
No. of dealers' (Untreated) Licences	..	..	..	6
No. of Dealers' (Pre-Packed Milk) Licences:				
Sterilised	..	..	..	21
Untreated	..	..	..	42
Pasteurised	..	..	..	95

Sampling:

A total of 185 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 153 samples from all sources, laboratory tests showed that two (1.3%) failed Phosphatase test.

Only 4 (2.6%) 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 problem of cleaning the returnable container often subject to gross misuse can never be solved, and it is felt that the only answer is for the dairy industry as a whole to adopt the principle of the non-returnable container.

It is somewhat difficult to understand the reluctance of the industry to adopt this step, though this may be due in some measure to a doubt of consumer reaction.

Untreated Milk:

32 samples of Untreated (farm bottled) milk were subjected to Laboratory examination. 25 were found to be satisfactory, and 6 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.
Untreated Farm Bottled	*32	25	6	Not	applicable.
Channel Isle. Pasteurised	26	25	1	26	—
Pasteurised	*127	122	3	125	2

* Reports on meth. blue test were declared void owing to the overnight temperature exceeding 65°F. in respect of 2 Pasteurised samples and 1 Untreated Farm Bottled sample.

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.

7 samples were found to be positive on initial (Brucella ring) test and in 5 of these, brucella abortus Type I was isolated.

Investigation on the affected farms was carried out by the Area Veterinary Officer, with a view to ensuring participation in the calf inoculation scheme.

No.	T.B. Test		Brucella Ring Test	
	Positive	Negative	Positive	Negative
59	—	59	7	52

N.B.: 13 no result; guinea pigs died.

(B) MEAT

TABLE I
Slaughterhouse Output - Comparative Table

Year	Cattle (excluding cows)	Cows	Calves	Sheep	Pigs
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
1964	1,992	101	737	4,516	10,403

There was an increase of 9.8% in the throughput at the London Road Slaughtehouse, 17,749 animals or 8,444 cattle units being dealt with under primitive conditions. The poor structural condition and low standard of facilities make the task of maintaining hygienic meat production and meat inspection very onerous indeed. One hundred per cent inspection was maintained by a full-time meat inspector, supplemented by the district inspectors in rotation to cover evenings and weekends. The additional work outside normal hours totalled 378 hours over the year.

The infection rate of tuberculosis in cattle was nil, a very satisfactory situation indeed when it is remembered that a few years ago, one in every three was infected. Tuberculosis in pigs remains low, less than 1 in 200 being affected by localised lesions. Two cases of tape worm in beef (*cysticercosis bovis*) were found and the carcasses treated by refrigeration for 21 days.

6 tons 16 cwt. 1 qr. 4 lbs. of meat and offal were rejected as unfit for human consumption. (1 qr. 16 lbs. affected by tubercle and 6 tons 15 cwt. 3 qrs. 16 lbs. by other diseased conditions).

Construction of the new central abattoir to serve the boroughs of Bexhill, Rye and Hastings and Battle Rural District commenced in February and is proceeding apace. Mainly owing to difficulties in brick supply, completion of the building contract has been delayed by six weeks but unless unforeseen difficulties arise it should be operating by October 1st 1965. The new abattoir will be capable of handling upwards of 24,000 cattle units a year, and is designed to allow meat production and hygiene of a high standard. Its completion will be classed as a major advance in public health in the area.

TABLE II
CARCASES INSPECTED AND CONDEMNED DURING 1964
 (Figures for 1963 in brackets)

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs
No. killed	1992 (2052)	101 (139)	737 (913)	4516 (3247)	10403 (9089)
No. inspected	1992 (2052)	101 (139)	737 (913)	4516 (3247)	10403 (9089)
All diseases except Tuberculosis					
Whole carcasses condemned ..	2 (3)	4 (3)	9 (7)	12 (5)	19 (29)
Carcasses of which some part or organ condemned ..	620 (459)	47 (57)	2 (2)	193 (68)	521 (421)
Percentage of the number affected with disease other than tuberculosis	31.22 (22.51)	50.50 (43.17)	1.49 (0.99)	4.54 (2.25)	5.19 (4.95)
Tuberculosis only					
Whole carcasses condemned ...	— (—)	— (—)	— (—)	— (—)	— (—)
Carcasses of which some part or organ condemned ...	— (1)	— (—)	— (—)	— (—)	5 (20)
Percentage of the number affected with tuberculosis	— (0.05)	— (—)	— (—)	— (—)	0.04 (0.22)
Cysticercosis					
Carcasses of which some part or organ condemned	1 (—)	1 (—)	— (—)	— (—)	— (—)
Carcasses submitted to treat- ment by refrigeration ...	1 (—)	1 (—)	— (—)	— (—)	— (—)
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	—	—	1	16
Offal	—	—	—	—

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

	<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Carcase Meat	2	11	—	16
Offal	4	4	3	—

(C) ICE CREAM

There are 12 registered manufacturers, including 11 producer/retailers, and 546 premises are registered for the storage and sale of ice cream.

508 Inspections were carried out.

An intensive programme of ice cream sampling was again carried out during the period April/September 1964 and the general standard of manufacture was good although poor gradings which obtained during the peak months revealed that proper cleansing procedure was not being adhered to at this busy time. The soft ice cream machine continued to create problems but strict observation of the Department's code of practice has given better results in this field. The number of these machines is on the increase and sampling of all producers is becoming a major task.

Samples submitted to the Public Analyst numbered only thirty as results have been well above the legal minimum, and it was felt that time was better spent on the bacteriological sampling. Only one sample was deficient in fat and a follow-up sample proved satisfactory. The overall picture of bacteriological standard showed an improvement (5%) in satisfactory samples but there can be no room for complacency while 22% of samples can be viewed with suspicion.

The following tables summarise the reports received:—

Bacteriological Examination

Grade.	No. of samples.	Percentage.	Remarks.
I. II.	50 16	58.82 } 77.64 18.82 }	} Satisfactory.
III. IV.	14 5	16.47 } 22.35 5.88 }	
			} Indicates defects of } manufacture/handling

Analysis

No. of Samples.	Satisfactory	Not satisfactory
30	29	1

(D) FOOD AND DRUGS ACT 1955

During the year 196 (207) samples were taken for analysis. Details are as follows:—

Milk:	Formal samples	—	
	Informal samples ..	74	
		—	74
Sundries:	Formal samples ..	65	
	Informal samples ..	26	
		—	91
Ice Cream:	Formal samples ..	—	
	Informal samples ..	31	
		—	31
			—
			196
			—

Samples found satisfactory on analysis numbered 173.

Unsatisfactory analytical reports were received on 23 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 74 samples taken, only 6 were found to have a fat content below the legal requirement. In every case immediate follow up samples gave satisfactory results.

The programme of the sampling of sausages from local butchers was continued in the early part of the year and again the only unsatisfactory reports were due to the non-declaration of permitted preservative. Warning letters were sent to the butchers concerned.

The high standard of meat content was maintained.

Warning letters were sent to the manufacturers of other unsatisfactory samples taken.

Particulars of unsatisfactory samples and the action taken follows:—

No.	Item	Analyst's report	Action taken
423	Channel Island Milk (informal)	Fat 3.8 % S.N.F. 9.5 %	Follow-up sample taken—satisfactory.
428	Channel Island Milk (informal)	Fat 3.7 % S.N.F. 9.5 %	Ditto
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
580 Sausages (pork) (formal)	Contained 190 ppm of sulphur dioxide		Warning letter from Department.
583 Sausages (beef) (formal)	Contained 335 ppm of sulphur dioxide		These are permitted amounts of added preservatives, but its presence must be declared (Preservatives in Food Regulations, 1962). Taken up with manufacturers/retailers. Warning letters sent.
588 Ditto	Ditto 180 ppm	do.	
590 Ditto	Ditto 205 ppm	do.	
584 Ditto (pork) (formal)	Ditto 325 ppm	do.	
587 Ditto	Ditto 340 ppm	do.	
589 Ditto	Ditto 210 ppm	do.	Warning letter sent to manufacturer.
591 Steak and Mushroom pie (formal)	Deficient in meat		
592 Turkey pie (formal)	Deficient in meat		Warning letter sent to manufacturer by Dept.
595 Foot and Joint Ointment (formal)	Contained 1.4 % sulphur and 98.6 % oils and fats which did not comply with the formula as stated on the label		Manufacturer warned. further sample advised by analyst.
708 Strawberry milk with real strawberry (formal)	Consisted of milk which had been sweetened, flavoured and coloured, but no strawberry fruit as such was present		Taken up with manufacturer: new labels ordered. Business later closed down.
803 Halibut liver oil capsules (formal)	The labelling of the container did not conform to the B.P. requirement in that the label did not state the date of the preparation		Taken up with packer.
812 Sugar confectionery (Rum and Butterscotch) (formal)	No rum as such could be detected, and was merely rum flavoured butterscotch		Taken up with manufacturer. Labelling altered.
813 Creme de Menthe Turkish delight (formal)	No liqueur as such could be detected, and was merely a flavouring with a permitted green colouring matter		Taken up with manufacturer. Labelling altered.
844 Mincemeat made with real brandy (informal)	The amount of brandy was very small and it should have been clearly described as "Flavoured with Brandy", in order to make it clear to a purchaser that the spirit present was no more than sufficient for flavouring purposes		Taken up with manufacturer. Withdrawn from sale.

973 Ice Cream
(informal)

Slightly deficient in milk
fat and milk solids

Taken up with manu-
facturer. Follow-up
sample satisfactory.

SPECIAL INVESTIGATIONS

64 complaints from members of the public concerning various foods were investigated, which is an increase of 9 on the 1963 figure. It is felt that the steady increase in complaints over the years is not necessarily due to a lowering in the general standard of food production and preparation, but more as a result of an increasing awareness of food hygiene on the part of the general public brought about by intensive press, radio and television coverage following such calamities as the Aberdeen Typhoid outbreak. A number of the complaints are of a minor nature and several unjustified. These are not included in the list below, but naturally, are time consuming.

Two warning letters were sent and in 3 cases (a) concerning a piece of hessian in a loaf of bread, (b) mould on a chocolate filled sponge and (c) mould on a large sliced loaf of bread, prosecutions were successfully taken. Again, the bakery and confectionery trade are the chief offenders and although the large firms insist that their methods of stock rotation and coding are beyond reproach, breakdowns in their systems have come to light with regard to stale returns.

It is difficult to understand the reluctance of the larger concerns to institute a system of breaking of stale returns as soon as they are taken off sale. This point is constantly being put, but at present with little success.

During August, 19 bakers and confectioners' delivery vans and 2 delicatessen delivery vans were inspected. This represented nine separate firms, and conditions can be summarised as follows:—

The vehicles ranged from 5 cwt. vans to 40 cwt. area delivery vehicles. In all cases the name of the proprietor was conspicuously displayed and in five cases, the address also appeared. The basic construction of all vans was metal and the interiors varied from wooden floors, metal painted sides and roof to metal floors, sides lined with impervious material and metal roofs with perspex lights. In most cases metal or wooden racks were fitted and removable wooden shelves or trays were inserted.

Ventilation generally was poor or non-existent except in the smaller vehicles where the storage space communicated directly with the driver's compartment.

Frequency of cleansing varied from daily to weekly.

In no cases were washing facilities available or first aid equipment carried.

Three bakers and confectioners did not accept stale returns. In all other cases, stale returns were accepted and returned to the area depot, but no special precautions were taken to avoid mixing with fresh stock during transit.

- | | | | | |
|---|--------------------------|-------------------|----|--|
| 1 | Large loaf of Bread | Extraneous matter | .. | Fined £10-0-0d.,
plus £5-5-0d. costs. |
| 2 | Canned sliced
peaches | Unfit | .. | Taken up with importers. |
| 3 | Pork sausages | .. Unfit | .. | Advice re coding and
stock rotation. |
| 4 | Pork pie | .. Mouldy | .. | Taken up with retailer. |

5	Carton of milk	..	Sour	..	Taken up with dairy.
6	Sweets	..	Beetle infestation	..	Dermestes Lardarius— advice to management re control.
7	Dinky roll	..	Foreign body	..	Taken up with retailer and manufacturer.
8	Flan case	..	Containing fly	..	Taken up with bakers and manufacturer.
9	Wholemeal loaf	..	Contained black streak		Grease: taken up with baker.
10	Battenburg cake	..	Mouldy	..	Warning letter from Town Clerk.
11	Milk bottle	..	Dirty	..	Taken up with dairy.
12	Butter	..	Contained centipede	..	Taken up with retailer.
13	Cake	..	Contained nail	..	Taken up with baker.
14	Luncheon meat	..	Unusual smell	..	Taken up with firm.
15	Cornish pasty	..	Mouldy	..	Refrigerator not func- tioning correctly. Warn- ing letter from Depart- ment.
16	Chocolate cake	..	Mouldy	..	Taken up with retailer.
17	Flan case	..	Contained paper	..	Taken up with baker.
18	Pork pie	..	Mouldy	..	Taken up with retailer, advice given re coding.
19	Sliced loaf	..	Black streaks	..	Grease: taken up with baker.
20	Bacon (rashers)	..	Contained maggots	..	Fly larvae: taken up with grocer.
21	Canned tongue	..	Unfit	..	Taken up with retailer.
22	Pork pie	..	Unfit	..	Taken up with retailer and manufacturer.
23	Slice of bread	..	Contained insect	..	Fly: taken up with bakery.
24	Tin of corned beef	..	Contained black marks		Due to sulphides—stock examined—4 tins surrendered.
25	Savoury flans	..	Mouldy	..	Taken up with manu- facturers.
26	Chocolate flavoured filled sponge	..	Mouldy	..	Fined £20-0-0d., plus £5-5-0d. costs.
27	Large sliced white wrapped loaf	..	Mouldy	..	Fined £30-0-0d., plus £5-5-0d. costs.
28	Pork pie	..	Mouldy	..	Sabotage by member of staff following dismissal of relative—no action.

29	Chocolate sponge	Stale	..	Advice re stock rotation—taken up with manufacturer.
30	Brown loaf	.. Sour	..	Taken up with manufacturer.
31	Chocolate roll	.. Stale	..	Taken up with baker.
32	Cut corned beef	Unfit	..	Refrigerator not functioning correctly. Taken up with retailer.
33	Soup square	.. Contained metal wool	..	Taken up with manufacturer.
34	White loaf	.. Contained brown extraneous matter	..	Consisted of flour, yeast, compounds of iron and mineral grease. Taken up with bakery: fault in machinery rectified.
35	Pork sausage meat	Contained maggot	..	Taken up with butcher.
36	Sprats	.. Unfit	..	4 stone of unfit sprats surrendered.
37	Corned beef	.. Black marks	..	Taken up with importers.
38	Cooking dates	.. Contained nail	..	Taken up with importers.

(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	2	—	8
Compounded Foods	..	..	..	—	5	3	3½
Fish	..	..	..	1	13	3	2½
Poultry and Game	..	..	..	—	2	1	9¾
Shell Fish	..	..	..	—	2	—	9
Milk	..	..	..	—	3	3	3½
Fruit	..	..	..	1	6	3	15¾
Vegetables	..	..	..	—	19	2	19¼
Groceries	..	..	..	—	8	3	25¼
Ice Cream	..	..	..	—	—	2	4
Sweets, etc.	..	..	..	—	1	1	14¾
Miscellaneous	..	..	..	—	2	1	16½
				8	9	2	19¾

The decrease on the 1963 figure (4 tons 8 cwt. 23 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 1963 (4½ 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	..	..	..	..	348
Restaurants, cafes and eating houses	..	..	..	..	143
School kitchens and W.V.S. kitchen	..	..	..	..	13
Bakehouses	..	..	..	..	20
Fried Fish premises	..	..	..	..	18
Food factories	..	..	..	..	8
Mineral water factories	..	..	..	..	1
					<hr/> 551
Retail:—					
Grocers..	..	..	..	..	198
Fish shops	..	..	..	..	21
Bakers—retail	..	..	..	..	50
Butchers	..	..	..	..	56
Confectioners	..	..	..	..	110
Fruiterers	..	..	..	..	86
Licensed premises	..	..	..	..	121
					<hr/> 642
Total:					<hr/> 1193

Registered Food Premises:—

Hastings Corporation (General Powers) Act 1937.						<i>No. of Premises</i>
Ice Cream Manufacturers	..	..	..	..	..	12
Ice Cream Retailers	..	..	..	..	..	546
Pressed and Preserved meats	..	..	..	..	..	93
Fish Hawkers	..	..	..	..	..	17
Milk and Dairies Regulations, 1959.						
Pasteurising Plants	..	..	..	..	..	1
Distributors	..	..	..	..	..	95
						<hr/> 764

Inspection of Food Premises:—

						<i>Inspections</i>
Bakehouses	..	..	..	..	..	75
Butchers	..	..	..	..	..	320
Cafes, restaurants, etc	..	..	..	..	..	810
Chemists	..	..	..	..	..	28
Confectioners and bakers	..	..	..	..	..	289
Dairies and milk shops	..	..	..	..	..	300
Fish shops—wet	..	..	..	..	..	27
fried	..	..	..	..	..	28
Fishmarket	..	..	..	..	..	255
Grocers	..	..	..	..	..	499
Greengrocers	..	..	..	..	..	130

General stores	..	..	..	..	..	249
Hawkers—fish	..	..	..	..	..	8
other	..	..	..	..	..	6
Hotels and licensed premises	..	..	..	..	..	184
Guest houses	..	..	..	..	..	472
Ice Cream—manufacturers	..	..	..	..	..	220
sale and storage	..	..	..	..	..	288
Preserved meat shops	..	..	..	..	..	156
Slaughterhouses	..	..	..	..	..	373
Warehouses	..	..	..	..	..	112
Unfit food	..	..	..	..	..	330
						<hr/> 5,159 <hr/>

Contraventions Found and Remedied in connection with Food Premises:—

					<i>Found</i>	<i>Remedied</i>
Drainage	..	..	..	..	31	25
Sanitary conveniences—cleansing	..	..	..	..	31	19
provision of I.V.S.	..	..	..	..	17	19
Wash hand basins	..	..	..	..	25	19
Sinks	..	..	..	..	16	6
Water supply—hot	..	..	..	..	29	22
cold	..	..	..	..	9	9
First aid kit	..	..	..	..	45	28
Clothing accommodation	..	..	..	..	10	12
Lighting	..	..	..	..	12	4
Ventilation	..	..	..	..	8	8
Decoration—walls	..	..	..	..	154	172
ceilings	..	..	..	..	106	126
other	..	..	..	..	86	88
Floor—relaying	..	..	..	..	10	9
covering	..	..	..	..	36	24
Cleansing	..	..	..	..	82	72
Provision of refrigeration	..	..	..	..	8	4
Miscellaneous works of improvement	..	..	..	..	123	120
Risk of contamination	..	..	..	..	41	35
Personal cleanliness	..	..	..	..	2	3
Provision of overalls	..	..	..	..	3	2
Covering of cuts, etc	..	..	..	..	—	—
Use of tobacco	..	..	..	..	10	11
Wrapping of food	..	..	..	..	—	—
Stalls and Vehicles:—						
Cleansing	..	..	..	..	—	—
Name and address	..	..	..	..	2	1
Lighting	..	..	..	..	—	—
Covering and screening	..	..	..	..	3	1
Waste trimmings receptacles	..	..	..	..	—	—
Water supply	..	..	..	..	—	—
Provision of soap, towels and nailbrush	..	..	..	..	3	1
					<hr/> 902 <hr/>	<hr/> 840 <hr/>

General:

An improvement in the inspection of food premises has continued but the neglect of the years from 1957—1962 has become ever more apparent, and compliance with the Food Hygiene (General) Regulations 1960 in many premises has not yet been attained. The majority of hotels and guest houses listed in the publicity brochure have been inspected now although the larger hotels have yet to be surveyed. A start has been made on the unlisted guest houses but these are often difficult to locate.

The machinery which exists for checking plans for new buildings and alterations to existing ones used as food premises through the Borough Surveyor continues to operate satisfactorily, and this has now been extended so that all applications for a guest house to go on the official brochure are first considered by this Department in order that compliance with the Food Hygiene Regulations may be assured. A request was received from the Hospital Management Committee for inspection of all Hospital kitchens to be carried out by the Health Inspectors, and a start has been made on this task. It is hoped to complete the inspection early in 1965.

The provision of toilet and washing facilities for public use in existing catering establishments continues to progress slowly and all new premises are required to make provision before opening.

During the year, the general standard attained has been good, but an increasing problem is the number of restaurants operated by the foreign element on the sea front. Some have a low standard of personal hygiene and this is reflected in their premises. Numerous visits are necessary in order to ensure that the minimum standards of hygiene are maintained and with present staff limitations, this is very difficult.

The Aberdeen Typhoid outbreak had its local repercussions which necessitated many visits to various catering establishments and food warehouses to check on stock codings.

Many requirements of the Offices, Shops and Railway Premises Act 1963 came into force during the latter part of the year, and the inspection of all food premises covered by the Act became the responsibility of the existing inspectorate. It is feared that these additional duties will reduce inspections under the Food Hygiene Regulations with a consequent possible lowering of standards.

(G) FOOD HYGIENE—EDUCATION

Some 40 full-time students at the Catering Department of the College of Further Education in addition to practical training, received instruction in Food Hygiene, 34 lectures being given by the Department to cover the syllabus for City and Guilds and the Royal Institute of Public Health and Hygiene. 38 students were successful in these examinations.

The Course was reorganised to allow an additional intake of food trade employees, and details were published in the College brochure, but only one application was received. This result was most disappointing, and would appear to indicate that the interest stirred by widespread publicity during the typhoid outbreak was very short lived, and the reaction—that "it could not happen to us"!

A notable exception to the general trend was enrolment of hospital kitchen staff for a new course to commence at the beginning of 1965.

This work will continue.

(H) FERTILISERS AND FEEDING STUFFS ACT 1926

8 formal samples (4 feeding stuffs and 4 fertilisers) were taken for analysis and 12 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 continuing improvement, particularly with tomatoes and apples which in the past have been the cause of most contraventions.

293 check inspections were made and 4 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	} Fix Wednesday as Early Closing Day with option of Saturday
Plate Dealers' Half Holiday Order 1913	
Butchers and Meat Retailers Half Holiday Order 1923	
Hairdressers Half Holiday Order 1913	
Stationers and Booksellers	Exempts stationers and booksellers from necessity of observing half day.
Exemption Order	

(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, 21st, 22nd, 23rd and 24th December, 1964.

15 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.

A total of 487 inspections were made and the welfare provisions were generally observed satisfactorily.

Contraventions	Informal Notices Served	Remedied
S.1 Closing of Shops on weekly half-holiday ...	7	6
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 ...	1	1
Sanitary and other arrangements in shops ...	3	2
Closing of Shops on Sunday ...	1	1
Shops where several trades or businesses are carried on ...	8	7
Other offences connected with Sunday trading ...	—	—
Any other offences ...	6	6
Records not kept and Notices not exhibited :		
Young Persons—Forms E. or F. & G. ...	1	3
Abstracts of Act—Forms H. or J. ...	1	3
Seating Accommodation—Form K ...	1	4
Assistants Half-holiday Notice ...	1	4
Early Closing Day Notice ...	3	2
Mixed Shop Notice—Early Closing Day ...	10	8
Do. —Sunday ...	—	—

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Registrations and General Inspections

	No. registered during 1964	Total registered premises at the end of the year	No. of general inspect'ns
Offices	227	226	62
Retail Shops	451	446	183
Wholesale shops, warehouses	41	41	4
Catering Establishments ...	57	55	9
Fuel Storage Depots	2	2	—

Number of visits of all kinds by inspectors .. 298

Analysis of Persons Employed in Registered Premises

Class of Workplace	No. employed
Offices	1644
Retail Shops	2062
Wholesale depts., warehouses	332
Catering Establishments ...	530
Canteens	117
Fuel Storage Depots	34
Total	4719
Total males	2124
Total females	2595

Contraventions:

			<i>Found</i>	<i>Remedied</i>
1. Want of cleanliness .. ..	..	..	10	1
2. Rooms overcrowded .. ..	..	..	18	1
3. Temperature:				
(a) Insufficient heating .. ..	..	..	23	7
(b) Lack of thermometer .. ..	..	..	174	15
4. Inadequate ventilation .. ..	..	..	18	—
5. Insufficient lighting .. ..	..	..	15	1
6. Sanitary Conveniences:				
(a) Defects to conveniences .. ..	..	..	64	3
(b) Insufficient conveniences .. ..	..	..	6	—

7. Washing Facilities:			
(a) Defects to facilities	.. ..	21	—
(b) Insufficient facilities	.. ..	87	4
8. Inadequate drinking water facilities	..	3	—
9. Insufficient accommodation for clothing		16	1
10. Insufficient or unsuitable seats	..	19	5
11. Inadequate eating facilities	.. ..	—	—
12. Defects to floors, passages and stairs	..	63	3
13. Matters relating to dangerous machinery		4	—
14. Matters relating to heavy work	..	—	—
15. First-Aid:			
(a) Insufficient equipment	.. ..	40	6
(b) Lack of box or cupboard	.. ..	85	18
16. Other defects or matters not listed above		13	2

This Act, which came into operation on the 1st May, 1964, ensures that an employee in an office, shop or railway premises receives the same measure of protection as an industrial worker under the Factories Act.

The Act makes fresh provision for securing health, safety and welfare, and the occupier of the premises is normally the person responsible for complying with the various requirements.

A duty is placed on all such occupiers to register their premises on Form OSR. 1. These forms are supplied by this Department free, on request. Approximately 60-70% of registration seems to have been achieved, but there must be a number of employers in the town who, for various reasons, have failed to register their premises.

Not to do so renders that person liable to a fine not exceeding £20.

Inspectors will be visiting all offices and shops to which it is thought that the Act may apply, irrespective of whether or not the form has been returned.

Another duty placed on occupiers is to notify the enforcing authority forthwith of any accident occurring in his premises which causes the death of a person employed to work there, or disables any such person for more than three days from doing his usual work.

Only two such accidents have been notified, and it is hardly credible that these were the only ones which occurred in the town during the last five months of the year.

Premises to which the Act applies, or any room in such premises, may be exempted from requirements relating to minimum space standard, temperature, sanitary conveniences and running water for washing facilities. No applications for exemption have been received.

It is intended to make the criteria for exemption strict, and the owner or occupier will be expected to use his period of exemption to make arrangements to bring the premises up to the standards required by the Act.

Routine inspections reveal that the main contraventions are that occupiers have no proper first-aid box in the premises nor a thermometer on each floor so that employees can ascertain that the room in which they work is at least 16°C. (60.8°F.) after the first hour.

There are a number of shops and offices without a constant supply of hot water over the wash-basin, or in which six or more employees of both sexes have to use the same washing facilities or the same W.C. compartment.

Several premises have been found where there is a staircase without a handrail or where there is one which has an open side without the space beneath the handrail being provided with balusters or something similar to prevent people falling through.

The new Act is proving to be an eminently sensible one in operation, and this is only to be expected as it is based on the research and experiences of Factory Inspectors and others who have long been concerned with improving working conditions for the populace.

It is often bad economics for an employer to have his employees working in poor conditions. It is now not only bad economics, it is also illegal.

(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. Inspections of these premises were carried out, prior to renewal of licences.

(M) ANIMAL BOARDING ESTABLISHMENT ACT 1963

This Act provides for the registration and licensing of animal boarding establishments, 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.

There are 4 animal boarding establishments in the borough which are licensed annually.

On inspection all were found to be maintained to very satisfactory standards. 10 inspections of these premises were made during the year.

THE SCHOOL HEALTH SERVICES

REPORT OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR 1964

THE SCHOOL HEALTH SERVICES
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PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR 1964

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 on the work of the School Health Service for the year 1964.

The total number of school children on the registers showed an increase of 82 (7,914 as against 7,832). Although there was a further decrease of 105 in the number registered at Secondary Schools, there were 171 more children at Primary Schools and 16 more children were in attendance at Special Day Schools for the Handicapped. There were 32 fewer routine medical inspections (893 as against 925) and special inspections and reinspections showed a further increase of 185. There was a most satisfactory increase of 1,478 on the number of dental inspections and 220 more children received treatment. There was also an increase of 17 in the number receiving orthodontic treatment.

It is gratifying to report that out of the total of 893 children medically examined there were none classed as "unsatisfactory". The general standard of health and physique of children has therefore continued to be very satisfactory.

The new system of routine medical inspections brought into force in the autumn term of 1962 is working smoothly, and, as envisaged, is proving a great time saver from the medical and teaching points of view.

Work in connection with early detection of defects of hearing continued throughout the year and the audiometric testing of selected children was further increased. As, in the past, a full audiogram was carried out on all children referred for speech therapy, on all those referred by the Educational Psychologist for assessment on form 3 H.P. and on all children referred for behaviour problems to the Psychiatric Clinic. The measures adopted to cope with the problem are progressing and from these measures many other defects of hearing are being detected.

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 1964 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 1964

TOTAL number of children on school registers, 1964	7,914	(7,832)
at Primary Schools	4,452	(4,281)
at Secondary Schools, including Grammar Schools	3,319	(3,424)
at Schools for Handicapped children ..	143	(127)
ROUTINE medical inspections—total number inspected	893	(925)
special inspections and re-inspections ..	1,559	(1,374)
Minor ailments treated	303	(363)
DENTAL inspections—total number inspected ..	6,868	(5,390)
„ „ treated ..	2,088	(1,862)
Receiving orthodontic treatment	282	(265)
DEFECTIVE VISION —total number referred for examination ..	709	(699)
spectacles prescribed for	189	(161)
HEALTH INSPECTIONS by school nurses at schools	12,339	(12,191)
number found defective in cleanliness ..	70	(55)
HOME VISITS by school nurses	1,129	(1,024)
DEATHS OF SCHOOLCHILDREN: I have to report that during 1964 2 deaths occurred in the resident child population aged 5—15 years.		
Pneumonia	1	(—)
Bronchopneumonia	1	(—)

SECTION A

MEDICAL INSPECTION AND WORK OF CLINICS

Periodic (Routine) Medical Inspections:

The new system of routine medical examinations introduced in 1962 is now working smoothly and proved efficient and time saving throughout the year. The reduced number of 12 at these examinations gives the parents and doctor the opportunity of an unhurried interview, and facilitates a careful history taking of the child's health.

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 is made 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) are 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 11 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, 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
(1)	(2)	(3)	(4)
1960 and later	—	—	—
1959	136	136	—
1958	445	445	—
1957	38	38	—
1956	27	27	—
1955	42	42	—
1954	33	33	—
1953	7	7	—
1952	24	24	—
1951	19	19	—
1950	14	14	—
1949 and earlier	108	108	—
		% of Column (2)	% of column (2)
Total	893	100%	—%

B.—Pupils found to require treatment.

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

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table A (3)	Total individual pupils (4)
1960 and later	—	—	—
1959	2	12	12
1958	4	27	30
1957	1	—	1
1956	—	3	3
1955	3	3	6
1954	1	3	4
1953	—	—	—
1952	—	1	1
1951	2	1	3
1950	—	—	—
1949 and earlier	2	13	15
Total	15	63	75

C.—Other Inspections.

Number of Special Inspections	...	...	...	1027	(846)
Number of Re-Inspections	...	...	...	532	(528)
			Total	1559	(1374)

D.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER 1964

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		Requiring		Requiring		Requiring		Treatment (9)	Observation (10)
		Treat-ment (3)	Obser-vation (4)	Treat-ment (5)	Obser-vation (6)	Treat-ment (7)	Obser-vation (8)				
(1)											
4	Skin ..	4	4	1	—	—	—	—	—	5	4
5	Eyes: <i>a.</i> Vision ..	6	19	4	3	5	3	15	3	15	25
	<i>b.</i> Squint ..	5	7	—	—	2	—	7	—	7	7
	<i>c.</i> Other ..	1	7	1	—	—	—	2	—	2	7
6	Ears: <i>a.</i> Hearing ..	7	13	1	—	—	—	8	6	8	19
	<i>b.</i> Otitis Media ..	1	3	—	—	—	—	1	—	1	3
	<i>c.</i> Other ..	—	—	—	—	—	—	—	—	—	—
7	Nose and Throat ..	4	13	4	—	—	—	8	2	8	15
8	Speech ..	9	5	—	—	—	—	9	—	9	5
9	Lymphatic Glands ..	—	2	—	—	—	—	—	2	—	4
10	Heart ..	—	3	—	—	—	—	—	—	—	3
11	Lungs ..	1	8	2	—	—	—	3	1	3	9
12	Developmental: <i>a.</i> Hernia ..	—	1	—	—	—	—	—	—	—	1
	<i>b.</i> Other ..	—	14	—	1	1	—	1	—	1	15
13	Orthopaedic: <i>a.</i> Posture ..	—	2	3	—	—	—	3	—	3	2
	<i>b.</i> Feet ..	1	2	1	—	2	—	4	—	4	2
	<i>c.</i> Other ..	2	4	—	—	—	—	—	1	—	4
14	Nervous System: <i>a.</i> Epilepsy ..	—	1	—	—	—	—	—	—	—	2
	<i>b.</i> Other ..	—	8	—	1	—	—	—	—	—	2
15	Psychological: <i>a.</i> Development ..	—	3	—	—	—	—	—	4	—	3
	<i>b.</i> Stability ..	—	1	—	—	—	—	—	—	—	13
16	Abdomen ..	—	1	—	—	—	—	—	2	—	5
17	Other ..	4	2	2	2	2	2	8	2	8	16

E.—SPECIAL INSPECTIONS

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

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4.	Skin	195	9
5.	Eyes: a. Vision	102	40
	b. Squint	2	3
	c. Other	32	7
6.	Ears: a. Hearing	12	1
	b. Otitis Media	—	—
	c. Other	10	—
7.	Nose and Throat	16	6
8.	Speech	3	2
9.	Lymphatic Glands	—	—
10.	Heart	—	—
11.	Lungs	1	1
12.	Development—		
	a. Hernia	—	—
	b. Other	4	10
13.	Orthopaedic—		
	a. Posture	2	2
	b. Feet	12	5
	c. Other	6	6
14.	Nervous system—		
	a. Epilepsy	—	—
	b. Other	—	2
15.	Psychological—		
	a. Development	5	4
	b. Stability	1	—
16.	Abdomen	1	—
17.	Other	53	16

General Condition of Children:

The new classification system of grading into categories "satisfactory" and "unsatisfactory" continues to give 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	12,339	(12,191)
(ii) Number of individual children found unclean	70	(55)
(iii) Number of children in respect of whom cleansing notices were issued (Education Act 1944, Sect. 54 (2)	13	(19)
(iv) Number of children in respect of whom cleansing orders were issued (Education Act 1944, Sect. 54 (3)	—	(—)

There was a disappointing increase in the number of children found unclean.

School Clinics:

Work of School Nurses:

Visits to homes:—

(a) For School Medical Officer and School Enquiry Officer	193	(169)
(b) Uncleanliness—follow up	91	(80)
(c) B.C.G. School Children	88	(177)
(d) Others	757	(598)

	1,129	(1,024)
School Visits—miscellaneous	622	(724)

TOTAL	1,751	(1,748)
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Despite the increase in the number of children found to be unclean, it is gratifying to note that there was only an increase of 11 in the number of visits required to follow-up uncleanliness.

School Clinics:

The range of problems dealt with at the minor ailment clinics was again wide and varied. There was an increase of 60 in the total attendances made, but there was a most satisfactory decrease of 67 in the total number found to require treatment, this decrease indicating to a substantial extent, the maintenance of a sustained improvement in the general health of school children.

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	897	(744)
Total attendances made	1,202	(1,142)
Total number found to require treatment ..	334	(401)

Minor Ailments Treated:

Disease—

Ringworm (body)	—	(—)
„ (scalp)	—	(—)
Scabies	6	(4)
Impetigo	4	(9)
Miscellaneous (minor injuries, burns, scalds, sores, abscesses, etc.)	39	(60)
Ear, nose and throat	37	(32)
Eye disease (external)	32	(38)
Verrucae (Plantar Warts)	50	(68)
Other skin diseases	135	(152)
	<hr/> 303	<hr/> (363)

Exclusions from School:

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

(1) Diseases of the skin (including ringworm, scabies and impetigo)	6	(13)
(2) Infectious diseases (including rheumatism and influenza)	—	(—)
(3) Bronchial catarrh and colds, etc	—	(—)
(4) Nervous system	—	(—)
(5) Diseases of the Eye	2	(3)
(6) Diseases of the Ear	—	(1)
(7) Nits and vermin and uncleanness	3	(9)
(8) Inflammatory conditions of the throat	—	(1)
(9) Diseases of the digestive system	—	(—)
(10) Others	—	(2)
	<hr/> 11	<hr/> (29)

Infectious Diseases:

The number of cases of infectious diseases notified by general practitioners for the year 1964 occurring in school children, are:—

Erysipelas	1	Whooping Cough	31
Scarlet Fever	1	Food Poisoning	1
Measles	271	Paratyphoid Fever	1

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

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

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

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

Tuberculosis:

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

On receiving the parents' consent the children in the 13 year old age group are given a skin test in school. This is read 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 859 children, 753 consents were obtained and 747 actually attended for Mantoux testing. 106 children were positive and 630 negative, the remaining 11 being unable to attend for test reading. This gives a figure of 14.2 per cent. positive and 84.3 per cent. negative of those who attended for skin test reading. 617 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 1964 a total of 261 children were medically examined for employment under the provisions of the Children and Young Persons Act, 1933.

Employment cards were issued as follows—

Errands	16	(29)
Delivery of newspapers	137	(93)
Assisting in shops	68	(58)
Other employments	40	(29)

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 871,638 meals to maintained and independent schools in the Borough. The average number of meals provided daily was 4,423 of which 302 were provided free.

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 School	Independent School	County and Voluntary School	Independent School
October, 1963	7,145	1,656	5,929	1,450
October, 1964	7,274	1,520	6,218	1,302

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 1964.

	<i>By Authority Service</i>		<i>Otherwise</i>	
External and other, excluding errors of refraction and squint ..	32	(38)	—	(—)
Errors of refraction (including squint) ..	709	(699)	—	(—)
Total	741	(737)	—	(—)
Number of pupils for whom spectacles were prescribed	184	(161)	5	(—)

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 continues 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, 1964:—

HASTINGS CHILD GUIDANCE CLINIC AND SCHOOL PSYCHOLOGICAL SERVICE ANNUAL REPORT, 1964

(A) Hastings Child Guidance Clinic:

Number of cases carried forward from 1963 ..	..	29	(25)
Number of new cases referred in 1964 ..	.. 56	(61)	
Number of new cases re-referred in 1964 ..	.. 9	(8)	
		— 65	(69)

Referred by:

School Medical Officers .. .. .	.. .. .	8	(8)
Schools .. .. .	.. .. .	6	(8)
Private Doctors .. .. .	.. .. .	12	(19)
Hospitals .. .. .	.. .. .	4	(4)
Juvenile Courts .. .. .	.. .. .	—	(2)
Probation Officers .. .. .	.. .. .	1	(7)
Parents and other sources .. .. .	.. .. .	21	(16)
Children's Officer .. .. .	.. .. .	13	(5)
		— 65	(69)

Problems:

Personality and Nervous Disorders	23	18	
Habit Disorders	—	(5)	
Behaviour Disorders	37	(36)	
Educational and Vocational	5	(—)	
Special Examination for Juvenile Court Placement	—	(10)	
		—	65 (69)

How dealt with:

Psychiatric Treatment	21	(22)	
Periodic Supervision	11	(13)	
Advice	19	(21)	
Withdrawn before Diagnostic Interview ..	4	(5)	
Awaiting Diagnostic Interview	10	(8)	
		—	65 (69)

The following summary gives an indication of the amount of work involved in dealing with all cases:—

Psychiatrist:

Diagnostic Interviews	53	(54)
Treatment Interviews	400	(356)

Psychologist:

Interviews for Tests	41	(50)
Interviews with Parents	5	(10)
Remedial Teaching Interviews	—	(26)
School and other Visits	3	(18)

Psychiatric Social Worker:

Interviews in Clinic	178	(278)
Home and other Visits	171	(159)
Social Histories	54	(54)

Analysis of Treatment. Cases Closed during Current Year:

(i.e. old and new cases seen by Psychiatrist in 1964 and previous years and discharged during 1964 according to the following categories):

Discharged—Improved	20	(18)
Not Improved	2	(—)
After Advice	11	(12)
Transferred	4	(8)
Unco-operative	8	(10)

*(Mrs. Heslop part-time P.S.W. from 1.6.64).

(B) School Psychological Service:

Number of new cases referred during 1964 ..	75	78	(63)
Number of cases re-referred	3		
Number of cases withdrawn without being seen ..	4		
Source of referral:			
School Medical Officers	4	(8)	
Schools	51	(47)	
G.P. or Hospital	10	(4)	
Children's Officer	2	(2)	
Parents	6	(2)	
Others	5	(—)	
		—	78

Problems:

Educational Guidance	..	..	..	75	(57)	
Behaviour difficulties	..	..	..	2	(4)	
Other difficulties	..	..	..	—	(2)	
Vocational guidance	..	..	..	1		
					—	78

Number of new cases seen during 1964 67 (65)

How dealt with:

Advice only	..	..	..	16	(8)	
Placement in E.S.N. School recommended	..	..	..	23	(18)	
Placement in J.T.C. recommended	..	..	..	—	(2)	
Other placement recommended	..	..	..	9	(12)	
Remedial teaching undertaken	..	..	..	3	(2)	
Kept under supervision	..	..	..	14	(19)	
Referred to Child Guidance Clinic	..	..	..	2	(4)	
					—	67

Summary of work carried out:

Interviews for tests	..	..	..	104	(81)	
Interviews with parents and others	..	..	..	23	(23)	
Remedial teaching interviews	..	..	..	203	(162)	
School visits	..	..	..	57	(53)	
Home and other visits	..	..	..	49	(50)	

Analysis of remedial teaching cases:

Number of children in attendance during 1964	15	(13)	
Number of children discharged improved	..	4	(4)
No. of children discharged unchanged	..	2	(1)
Number of children transferred to Special School	1	(1)	/
Number of children referred to Child Guidance Clinic	..	—	(1)
Number of children who have left district	..	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:

The Speech Therapy Clinic re-opened at the beginning of September and a full-time Speech Therapist is engaged in the diagnosis and treatment of language, articulation and voice disorders affecting pre-school and school age children in Hastings.

Due to the accumulation of cases after the period without a Speech Therapist amounting to well over a year, more time than normal has had to be taken to carry out the administration of the clinic.

Five sessions are spent in visiting the following schools regularly each week:

Torfield School
The Robert Mitchell Open Air School
Red Lake Infants School
Sandown Junior School, and
Silverdale School.

A weekly session at the Blackman Clinic serves the Hollington schools. Hastings Training Centre is also visited.

The remaining five sessions are spent at the Speech Therapy Clinic—four treatment sessions and one for administration purposes, interviews with parents and extra school visits.

The figures given later in this report show the need for a second Speech Therapist, not only because of the heavy case load, but also so that more visits can be made to outlying schools.

Books for language stimulation, vocabulary building and articulation work have been added to the clinic's equipment for the 5-7 years old age group and have been most useful but the equipment allowance of £10 p.a. is felt to be inadequate, considering that the treatment list covers a wide age range, extending at the moment from 3½—17 years of age.

The system of testing the hearing of every child prior to his attending the Speech Therapy Clinic is most helpful.

Most children are referred for Speech Therapy through the School Medical Officer.

No. of cases on register 1.1.64	..	..	148
(No. on register June 1963	..	..	132
New cases omitted from 1963 report	..	..	11
New cases admitted by part-time Speech-Therapist			
after June 1963	..	..	5)
No. of new cases admitted during year	..	..	48
No. of patients discharged during year	..	..	64
No. remaining on register 31.12.64	..	..	132
Total number of patients who received treatment			
during 1964	..	..	196

Analysis of cases treated:

Dysphasia	..	..	..	..	2
Alalia	..	..	..	..	7
Dyslalia	..	..	..	..	126
Dyslalia and dysphonia	..	..	..	..	1
Dysencia	..	..	..	..	7
Structural articulatory defect	..	..	..	..	1
Structural articulatory defect and dysencia	..	..	..	..	1
Structural articulatory defect and dysphonia	..	..	..	..	1
Dysarthria	..	..	..	..	3
Dysarthria and retarded speech development	..	..	..	..	1
Retarded speech development	..	..	..	..	9
Dysphonia	..	..	..	..	2
Stammer	..	..	..	..	27
Stammer and dyslalia	..	..	..	..	7
Stammer and dysencia	..	..	..	..	1

Analysis of cases discharged:

Dysphasia—over school age	1
Alalia—left district	1
left Training Centre	1
Dyslalia—speech normal	30
entered residential home	1
left district	6
failed to attend	2
much improved	3
deceased	1
Dyslalia and dysphonia—speech and voice normal	1
Dysencia—left district	1
Dysarthria—over school age	1
Retarded speech—speech normal	2
much improved	2
left district	2
over school age	1
Dysphonia—voice normal	1
Stammer—speech normal	1
left district	2
left school	2
Stammer and dyslalia—speech normal	1
Stammer and dysencia—speech normal	1

J. K. AUSTIN, L.C.S.T.

Foot Health Clinic:

A fully qualified chiropodist is employed on a sessional basis and at present does three sessions a week throughout the year. He is kept fully occupied.

Most of his work consists of treating plantar warts. During the year it has been found that incidence of plantar warts is below 1.4% in junior schools, 2.4% in senior schools and .4% in infant schools.

During the year 465 new cases were treated at the foot clinic, making a total of 1,420 attendances.

Foot inspections by Chiropodist 1964:—

			No. Inspected	No. Verrucae	% Infected
Senior Schools	..	..	2,790	66	2.4
Junior	..	..	1,676	23	1.4
Infants	..	..	1,361	6	.4
Special	..	..	204	4	2.0

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

CHIROPODY FOR SCHOOLS 1964

School Inspections:

All Senior schools were inspected in 1964 and all other schools except six. These will be seen early in 1965.

Verruca:

There were 203 new cases of verruca in the year with an average of 4.3 attendances per case. Comparison with previous years is as follows:—

1959	1960	1961	1962	1963	1964
166	208	228	262	243	203

Other cases:

A normal year.

SECTION B

DENTAL REPORT—SCHOOL CHILDREN, 1964

The year 1964 was very mixed due to a series of staff changes, which interferes with the smooth working of the clinics. However in October a new surgery was equipped and opened at Ore so the year ended on a more hopeful note.

The dental staff now consists of two whole time officers and one half-time, plus one session per week for orthodontic work carried out by the Hospital Board orthodontist.

With the addition to the staff it is hoped each school child can be inspected at least once a year while continuing to re-inspect at suitable intervals those children who receive their dental treatment at the clinic.

At routine school inspections 5,924 out of 15,828 were inspected compared with 4,603 out of 15,667 in 1963.

The number of children actually requiring treatment at any one date is steadily falling. This is not altogether a true picture of their dental health as it is the result of increased attendances at the dental clinics or family dental surgeon. Appreciation of the part that good dietetic habits and correct oral hygiene plays in a healthy mouth and body is often lacking.

If eating sweets, buns and biscuits were forbidden at school breaks a significant improvement would be noticed in the children's teeth. As it is children have conflicting advice and those mothers, sensible regarding the dangers of snacks between meals are frustrated.

The number of teeth extracted for caries continues to fall but the number of teeth heavily filled is very very high. If any real improvement is to be made there must be a concentrated attack on our eating habits. From every angle people are encouraged to eat or drink sweet and sticky things between meals. Initially sound enamel cannot fail to become carious in the continual presence of food debris. To maintain a functional dentition artificially is very expensive in time and materials. Every effort should be made to encourage people to do their best to look after their own and their children's teeth. A healthy mouth is a big step towards a healthy body and the reverse is equally true.

Over the years the staple foods of the community have altered greatly. This has brought us advantages in many directions but not improved our teeth—the reverse in fact. This deterioration could be counteracted in part by the addition of 1 part per million of fluoride in those areas where the water supplies are deficient in fluoride.

There is no short cut to good teeth as we live at present, but the following are useful guides:

1. Eat balanced meals—finish with raw fruit or rinse mouth with water.
2. Do not have sweet or sticky snacks between meals.
3. Always go to bed with a clean mouth.
4. Visit your dentist regularly.

We are fortunate in having 3 well equipped surgeries, in which all routine dental work can be done, including X-rays. Simple orthodontic treatment is carried out by the staff, the more complex cases are referred to the orthodontist who carried out the treatment with fixed or removeable appliances as the case demands.

In many ways we have the help and co-operation of the medical and teaching staff without which the service could not function and for which we are very grateful. As in previous years, the boys attending the George Rainey School, run under the auspices of the Greater London Authority, have received treatment at the dental clinic.

The work done for these boys and details of all work done in the clinics follows.

	Spring Term	Summer Term	Autumn Term	Totals
Number Inspected	36	34	34	104
Number Referred	16	21	18	55
Number of Attendances at Clinic ..	35	42	38	115
Fillings { Permanent Teeth ..	35	42	43	120
{ Temporary Teeth ..	3	2	1	6
Dressings { Permanent Teeth ..	—	—	—	—
{ Temporary Teeth ..	—	1	—	1
Extractions { Permanent Teeth ..	3	10	6	19
{ Temporary Teeth ..	23	5	12	40
Anaesthetics { Local	—	—	—	—
{ General	9	9	8	26
Other Operations	8	12	12	32

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 Authorities' schools, the corresponding figures for 1963 are given in brackets.

- (1) Number of pupils inspected by the Authority's Dental Officers:
 - (a) at Periodic Inspections .. 5,924 (4,603)
 - (b) as Specials 944 (787)
 - Total (1) 6,868 (5,390)
- (2) Number found to require treatment 3,934 (3,497)
- (3) Number offered treatment .. 3,934 (3,497)
- (4) Number actually treated .. 2,088 (1,862)
- (5) Number of attendances made by pupils including those recorded at heading 13 (h) below .. 6,812 (6,974)
- (6) Half days devoted to:
 - Periodic (School) Inspection 33 (25)
 - Treatment 789 (740)
 - Total (6) 822 (765)
- (7) Fillings: Permanent Teeth .. 4,844 (4,895)
- Temporary Teeth .. 1,821 (1,356)
- Total (7) .. 6,665 (6,251)
- (8) Number of teeth filled:
 - Permanent Teeth 4,083 (4,279)
 - Temporary Teeth 1,628 (1,229)
 - Total (8) .. 5,711 (5,508)

(9) Extractions: Permanent Teeth ..	422	(456)		
Temporary Teeth ..	1,031	(1,160)		
Total (9) ..			1,453	(1,616)
(10) Administration of general anaesthetics for extraction			532	(562)

Orthodontics:

(11) Number of pupils fitted with artificial dentures			15	(17)
(12) Other Operations:				
(i) Crowns	10	(18)		
(ii) Inlays	—	(—)		
(iii) Other treatment	3,067	(2,530)		
Total (12) ..			3,077	(2,548)
(13) (a) Cases commenced during the year ..			111	(84)
(b) Cases carried forward from previous year			171	(181)
(c) Cases completed during the year ..			59	(63)
(d) Cases discontinued during the year ..			8	(19)
(e) Pupils treated with appliances			83	(85)
(f) Removable appliances fitted			74	(79)
(g) Fixed appliances fitted			9	(6)
(h) Total attendances			1,206	(1,294)

Orthodontic Clinic:

No. of Sessions	45	(45)
Attendances at these Sessions	978	(1,031)
New Cases	86	(60)
Completed Cases	52	(44)
Cases carried forward from previous year ..	166	(171)
*Cases discontinued	8	(16)
Removable appliances fitted	54	(65)
Fixed appliances fitted	9	(6)
No. of pupils treated by means of appliances	63	(71)

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

Another year has passed and the hoped for changes under the Platt report have not as yet been implemented. This means that the orthodontic services in Hastings have not increased their scope, and the proposed joint yearly examination of a small group of children, together with Miss Young, the Principal School Dental Officer, has not fully materialised. We hoped that by examining a small group of children from an early age, we might be able to plan their dental needs on a long term basis, however routine duties have not allowed us enough time to pursue this interesting venture.

In Hastings we are singularly lucky in having excellent clinics and a progressive Principal Dental Officer—but is this the case in all areas? One wonders whether the time has not come for us to think in terms of reorganising our manpower in the Health Services.

Willcocks at the recent Health Congress in Eastbourne is critical of the failure of succeeding governments to see the services as a whole, and comments that there has been no serious review of the services since its implementation in 1948.

It would seem to me that a national policy as regards dentistry for children is long overdue, so that known preventative measures, the dental education of parent and child, and the full use of available manpower, can be organised on a national scale.

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, 20; 8-10, 16; 11-12, 8; 13-16, 5.

Teaching is difficult in spite of small numbers. Many of the children are very backward in their work. In addition to having a physical defect and falling behind by reason of absence from school, there is sometimes some basic mental subnormality. The school is used in many ways. Sometimes epileptics not yet stabilised are admitted for a term—occasionally pupils who might be partially sighted or partially deaf are admitted pending observation on progress with more individual tuition or awaiting placement in a special school.

An Analysis of the numbers attending during 1964 follows:—

Robert Mitchell

Number on register 1st January, 1964	35
Number of admissions during the year	14
Number of discharges during the year	6
Transferred to E.S.N. School	2
Number on register 31st December, 1964	41

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

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

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

Asthma	8	(8)
Recurrent bronchitis and bronchiectasis	10	(9)
Rheumatism including chorea	—	(—)
Debility and/or subnormal nutrition	9	(6)
T.B. glands, neck	—	(—)
T.B. contacts, primary lesions, hilar glands, etc.	—	(—)
Spastic conditions	1	(3)
Other crippling conditions	3	(3)
Epilepsy	3	(5)
Other conditions	15	(18)

It may be noted that several children suffer from multiple defects.

Children discharged during 1964:

Transferred to ordinary school system	4	(13)
Transferred to other special institutions or schools	—	(—)
Transferred to E.S.N. School	2	(4)
Left district	1	(—)
Ineducable	—	(—)
Employment	1	(—)

Educationally Subnormal Children:

The Torfield 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.

Torfield School

No. in attendance January, 1964	92
No. of admissions and re-admissions during the year ..	23
No. of school leavers (15 and 16)	6
No. returned to ordinary school	4
No. left district	2
Transferred to Residential School	1
Ineducable	4
No. in attendance December, 1964	*102

*Includes 11 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 ..	2
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 experience gained since the introduction of the scheme enabled this work to progress at an accelerated rate as the figures will show.

This acceleration was aided by the welcome appointment of Miss S. M. Bayne as full-time teacher of the deaf.

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 80 recorded under investigation and follow-up.

Twenty-one children have been referred to the Consultant at the Audiology Unit.

Thirteen school children wear hearing aids.

Epilepsy:

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

A few cases go to the school for delicate children during the period of stabilisation. Life is quieter and easier. Treatment if required can be given during school hours. Once all is satisfactory the child returns to the ordinary school.

Some, however, do not respond satisfactorily to treatment and cannot be kept in school because of behaviour or frequency of attacks. They may go to a special school for epileptics or return to school in due course.

The paediatrician gives excellent co-operation and children are fully investigated.

As with other disabilities, parents are welcomed at the school clinics and their problems discussed. Every effort is made to back up advice given by the child's own doctor and the consultant. This is easy when everyone is kept fully informed.

22 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 1964 was: deaf, 2; cripples, 2; maladjusted, 7; physically handicapped, 2; spastics, 5; partially blind, 2; E.S.N., 1; diabetic, 1; a total in all of 22 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. 13 were helped in this way.

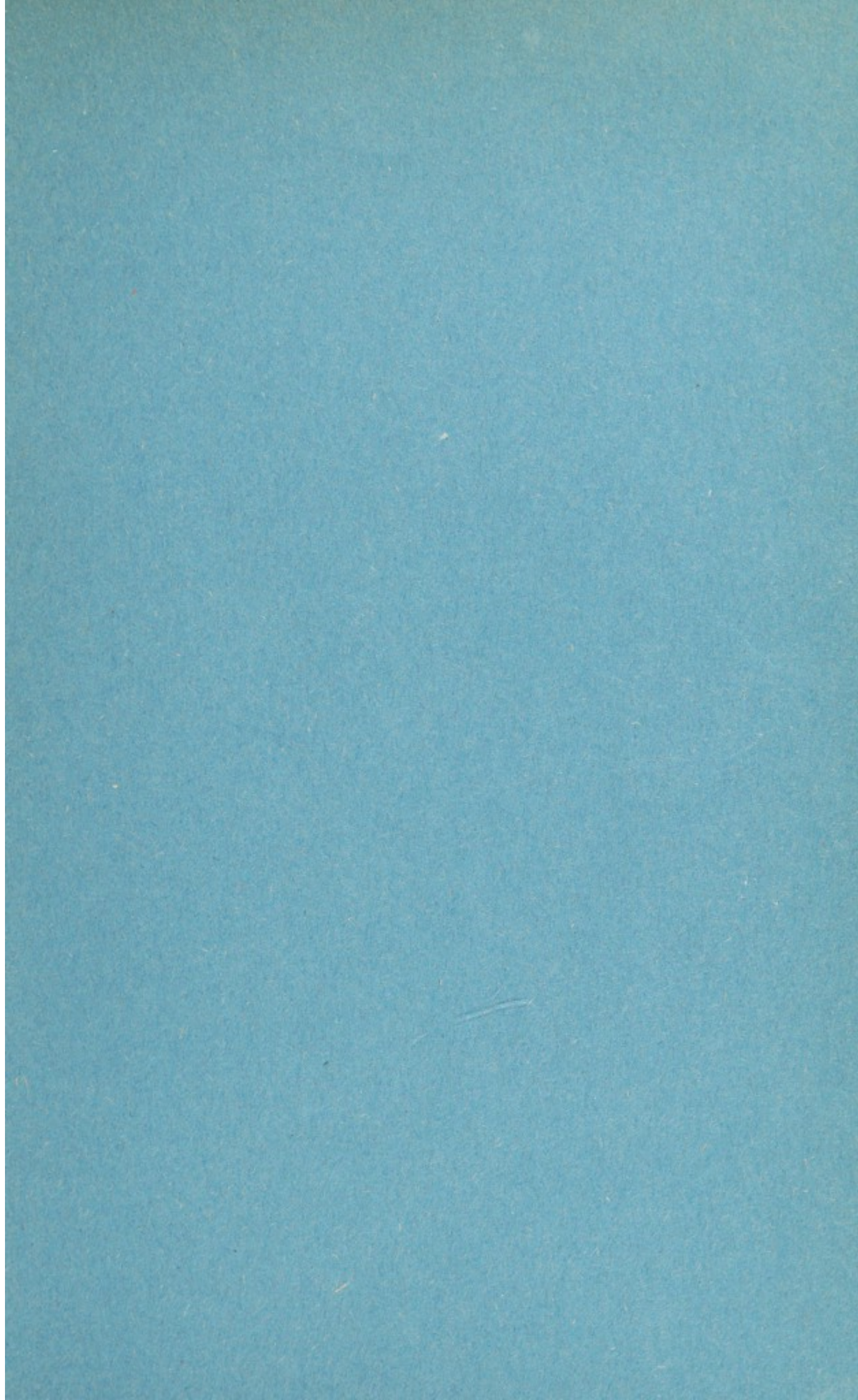
Hospital Treatment:

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:

20 medical reports were made by the School Medical Officers during 1964, in respect of children appearing before the Juvenile Court.



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