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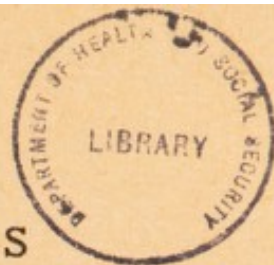
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COUNTY BOROUGH OF HASTINGS



ANNUAL REPORT

OF THE


Medical Officer of Health

AND

Principal School Medical Officer

1971

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



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HEALTH DEPARTMENT,
44 WELLINGTON SQUARE,
HASTINGS.

September, 1972

To The Right Worshipful 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 and Principal School Medical Officer for the year 1971, the twenty-second of the series which I have had the privilege of writing.

The vital statistics for the year show that Hastings continues to enjoy good overall health as a community and in some respects better than national average.

The 1971 national Census showed a recorded population figure for the County Borough of 72,169 persons: the Registrar-Generals estimate of the midyear population, on which all statistics have to be based, was 72,770.

The death rate, corrected by the official comparability factor of 0.53, was 10.6, comparing with 10.5 locally in 1970 and the national figure of 11.6. The actual number of deaths of residents from all causes was 1,452 (1,462 in 1970), 598 males and 854 females. Of these, 81.8% were aged 65 and over, 58.1% being over 75. In simple terms, more than half our resident population outlive handsomely the classical allotted span of three score years and ten.

The birth rate (12.7 crude rate, 16.1 corrected rate, 16.0 national rate) remained steady. The number of live births 922 includes 118 illegitimate births, an illegitimacy rate of 13%. Stillbirths numbered 15, a rate of 16%, the same rate as in 1970.

The infant mortality rate was 24 per thousand live births, with 22 infants dying in the first year of life. This is an abrupt rise above the rates recorded locally in recent years and also exceeds the national rate of 18.0. Examination of the causes of death of these infants does not provide any explanation for this, so it is not unreasonable to expect a figure for 1972 more in line with our recent norm. The neo-natal death rate (deaths under 4 weeks of age per thousand births) was 13 (nationally 12.0) and the peri-natal mortality rate (stillbirths and deaths under 1 week per 1,000 total live and stillbirths) was 29 (24 in 1970). For the tenth successive year no death was attributable to childbearing or associated maternal causes.

The Child Health Centres continued to attract keen support from mothers and their children, the service being augmented by the High Street centre to cover the Old Town area and by the mobile clinic which services the town centre and a number of outlying housing estates from which access to the static clinics is not too easy: these service extensions have proved popular both with mothers and staff alike.

Full integration of the nursing services came into effect in April 1971, the reorganization following the lines suggested by the "Mayston" report: All the community nursing services, health visiting, district nursing and midwifery, now form one team under the Director of Nursing Services, Mrs. M. Masters, assisted by four nursing officers as first line management although retaining a modified caseload.

Following the "Peel" report on midwifery organization, discussions were opened at officer level to look at the midwifery needs of the town and at the possibility of integrating hospital and domiciliary midwifery into one service, based on the Buchanan Hospital. In the event, it is now unlikely that any such integration will be able to be effected before April 1974, when the reorganization of the whole national health service will bring it about willy-nilly: it therefore remains a forward-planning priority.

An increasing proportion of time has to be given to keeping abreast of all the papers, reports and management structure documents concerning both local government and national health service reorganization and to attending the ever multiplying number of committees and working groups set up to preplan the new services. Time until the appointed day is so short with the vastness and complexity of these reorganizations in mind that a mounting crescendo of such demand is inevitable. Many will share my sincere hope that, at the end of the day, these vast upheavals conceived in the current political "supermarket" type of thinking, will eventually result in improved services to the patient and citizen.

After discussions with the St. John Ambulance Brigade, who had operated the Ambulance Service for the County Borough on an agency basis since its formation in 1948, the agreement between them, the County Borough and the County Council was terminated in October and the service became directly administered by the Corporation. In the body of this report I have paid what I consider to be deserved tribute to the men, and their wives, who over the years did so much for the people of the town and I offer my most sincere thanks to them for their friendly and courteous collaboration over the years. Although no longer concerned with running the professional ambulance service, St. John as a voluntary body continues to have an important part to play in the affairs of the community and we all wish them well in their future work.

The service carried a record number of patients in 1971, 68,912 for the County Borough alone: this represents an increase of 27% over the previous year, and the major part of the increase due to "sitting cases". I am pleased to say, however, that the mileage covered in dealing with these cases was only 14% up on the previous year, a tribute to the administrative efficiency of Mr. Walker and his staff.

Increasing attention is being given by the public to the many and varied forms of environmental pollution and in this respect Hastings is perhaps fortunately situated, but all forms of pollution are man made and eternal vigilance is required. Noise causes a few but often difficult problems, smoke occasionally. There was a considerable increase in complaints from the public in relation to foodstuffs, and as always a large proportion are due to faulty rotation of stocks. As the synopsis of analysts' reports shows, there is still too frequently undisclosed preservative where it should not be, and lack of legal standards for some commodities makes reasonable control difficult. The number of applications for general improvement grants maintained the high level of the previous year, the total approved for these being £157,000. This response to the much wider basis on which grants can be made under the 1969 Housing Act is resulting not only in the rescue and improvement of decaying or inadequate properties, but by converting some of the larger houses into self-contained flats with all the necessary amenities is increasing the number of accommodation units available in the town.

Prospects for the renovation of the Old Town improved markedly during the year, and the long impasse seems now to be ended. The Tackleway-All Saints

Street general improvement area was declared in December 1970, and in combination with a small clearance area, progress should now become increasingly rapid: much investigation and planning was carried out so that action could start going forward in 1972.

A review of the general clearance programme was carried out but many problems remain to be solved, particularly the central St. Leonard's area, the future development of which has to be tied up before declaration of the area, and Stonefield Road, where physical features render most forms of redevelopment problematic.

Mr. W. G. McDonald, Chief Public Health Inspector, retired in May and I would pay sincere tribute to the enthusiasm and experience which he brought to his work: the department was glad to welcome the promotion of his deputy, Mr. Jackson, to the Chief Public Health appointment and that of Mr. Funnell as his deputy.

Finally I have to thank you, Sir, and the Members of your Council for their consideration and helpfulness during the year, my colleagues, lay and professional within and without the Corporation for their willingly given help and co-operation and the staff of the department for their constant loyalty and devotion to duty. I thank them all most sincerely.

Mr. Mayor, Ladies and Gentlemen, I have the pleasure to present this annual report for 1971 to you and beg to remain your sincere servant.

T. H. PARKMAN,
*Medical Officer of Health,
Principal School Medical Officer.*

CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES AS AT 31.12.71

Health Services Committee—ALDERMAN MRS. D. I. GILBERT

Public Health and Licensing Committee—COUNCILLOR W. H. DARKER

Education Committee—COUNCILLOR H. E. H. GABRIEL

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1971

OFFICE HELD	NAME OF OFFICER
Medical Officer of Health ...)	... T. H. PARKMAN, M.B., B.S., D.P.H., F.R.S.H.
Principal School Medical Officer)	
Deputy Medical Officer of Health ...)	... G. M. GORRIE, M.B., CH.B., D.P.H.
School Medical Officer;	
Medical Officer in Department ...)	... I. M. FITZGERALD, M.B., B.CH.
School Medical Officer;	
Medical Officers (Part-time)	
Child Health Clinics ...)	... C. M. CARR, M.B., B.CH.
	E. FRANKS, L.R.C.P. & S. EDIN., L.R.F.P.S. GLAS.
	A. P. WRIGHT, M.B., B.S.
Chief Dental Officer ...)	... MISS E. B. NASMYTH, L.D.S.
School Dental Officers ...)	... D. S. WILSON, L.D.S., R.C.S. 1 vacancy
Dental Surgery Assistants ...)	... MRS. R. DE MAIO MRS. S. PILKINGTON MISS J. WENHAM
Chief Public Health Inspector ...)	... E. JACKSON (a) (b) (e)
Deputy Chief Public Health Inspector ...)	... D. C. FUNNELL (d) (h)
Senior Public Health Inspector (Housing) ...)	... K. C. DAVIS (a) (b)
Public Health Inspectors ...)	... M. R. BARTRAM (c) A. BLACKWELL (c) (s) K. W. BROWNHILL (d) (h) K. J. HADLER (a) (b) (e) (f) (g) (i) (j) K. RICHARDSON (c)
Trainee Public Health Inspector ...)	... M. G. C. COOK
Manager, Abattoir ...)	... L. A. McCORKILL
Assistant Manager, Abattoir ...)	... D. R. STOCK
Meat Inspectors, Abattoir ...)	... C. T. FOLEY (k) (l) R. F. FOLEY (m)
Foreman Engineer, Abattoir ...)	... R. P. CLEMENTS
Clerks, Abattoir ...)	... D. F. TOMASETTI 1 vacancy
Director of Nursing Services ...)	... MRS. M. MASTERS (n) (o) (p)
Nursing Officer (Midwifery) ...)	... MISS D. E. F. MESSETTER (n) (o) (q)
Nursing Officer (District Nursing) ...)	... MISS R. C. PARKS (n) (o) (q)
Nursing Officers (Health Visiting) ...)	... MISS M. F. ROBINSON (n) (o) (p) (q) MISS A. A. YORE (n) (o) (p)

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1971

(Continued)

OFFICE HELD	NAME OF OFFICER
Health Visitor/School Nurses	MRS. S. ADAMS (n) (p) MISS P. B. BARDEN (n) (o) (p) MISS E. M. CLARKSON (n) (o) (p) MISS K. M. FRYER (n) (p) MRS. M. GRATTON (n) (p) (q) (r) MISS B. M. KING (n) (p) MRS. T. P. LAND (n) (p) MISS M. I. C. MUNFORD (n) (o) (p) MISS M. P. PARKINSON (n) (o) (p) (q) MISS R. POTTER (n) (p) MISS A. E. ROHLEHR (n) (o) (p) (q) MRS. R. A. TILTMAN (n) (p) 1 vacancy
Student Health Visitors	MISS J. R. HAWKINS (n) 1 vacancy
School Clinic Nurses	MRS. M. V. CAINE (u) MRS. Y. K. EDWARDS (u)
Health Education Officer	1 vacancy
Speech Therapists	MISS R. M. BAIN, L.C.S.T. 1 vacancy
Chiropodist (Part-time)	C. R. M. GALLINI, M.CH.S.
Consultant Psychiatrist	H. V. W. ELWELL, M.A., M.R.C.S., L.R.C.P., D.P.M.
Educational Psychologist	J. E. COLLINS, B.A., DIP.ED.PSYCH., PH.D.
Psychiatric Social Worker	MRS. P. HESLOP (t)
Clinic Secretary	MRS. B. E. BUTTERWORTH
Chief Ambulance Officer	R. A. WALKER
Deputy Ambulance Officer	F. W. F. DADSON
Clerical Assistants Ambulance Station	MRS. M. E. BRIDGER MRS. M. J. LUCK
Chief Administrative Officer	R. FREEMAN
Senior Administrative Officer	C. T. HYLAND
Clerical Officer	MISS A. M. GRAHAM
Clerical Assistants	MRS. G. L. HUMAN MISS J. V. KENT J. A. SMITH MISS F. C. WHITTAKER
Clerk/Typist	MRS. I. E. WHEELER
Clerk/Typist (Part-time)	MRS. J. EDMED
Shorthand/Typists	MRS. J. D. BABEY MISS H. J. LORD
Clerical Assistants (Clinics)	MRS. A. E. GRANVILLE MRS. S. M. VIEIRA

- (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) Diploma of the Public Health Inspectors' Education Board.
 (d) Certificate of the Public Health Inspectors' Examination Board.
 (e) Certificate of Sanitary Science, Royal Sanitary Institute.

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1971

(Continued)

- (f) Associate Membership Examination of Institution of Public Health Engineers.
- (g) Smoke Inspector's Certificate, Royal Society for the Promotion of Health.
- (h) Diploma, Royal Society of Health, Inspector of Meat and other Foods.
- (i) Diploma of The Royal Institute of Public Health and Hygiene.
- (j) Diploma, Institute of Shops Acts Administration.
- (k) Royal Sanitary Association of Scotland, Certificate in the Inspection of Meat, Meat Products and Fish.
- (l) Royal Sanitary Association of Scotland, Certificate in the Inspection of other Foods.
- (m) Royal Sanitary Association of Scotland, Certificate in the Inspection of Meat and other Foods.
- (n) State Registered Nurse.
- (o) Certificate of Central Midwives' Board (C.M.B.).
- (p) Health Visitors' Certificate.
- (q) Queen's Nurse.
- (r) Diploma in Community Nursing.
- (s) Diploma in Air Pollution Control.
- (t) Associate of the Association of Psychiatric Social Workers.
- (u) State Enrolled Nurse.

SECTION I
GENERAL AND VITAL STATISTICS

(a) Summary

Area of Borough	...	...	...	...	...	7,646 acres
Population—Census 1971	...	...	...	...	...	72,169
„ Registrar-General's estimate of resident population for the purpose of Vital Statistics mid-1971	...	...	...	...	...	72,770
Number of inhabited houses, as at 1.4.71	...	...	...	...	...	27,867
Rateable Value, as at 1.4.71	...	...	...	...	...	£3,283,437
Product of 1p rate	...	...	...	...	...	£31,273.53
Live Births, 1971, Legitimate	...	...	...	...	...	804
„ Illegitimate	...	...	...	...	...	118 Total 922
Live Birth rate per 1,000 population:						
(a) Crude	...	...	...	...	...	12.7
*(b) Corrected	...	...	...	...	...	16.1
*Factor of correction	...	...	...	...	...	1.27
Still Births	...	...	...	...	...	15
Still Births rate per 1,000 total live and still births	...	...	...	...	...	16
Total Live and Still Births	...	...	...	...	...	937
Infant Deaths (deaths under one year)	...	...	...	...	...	22
Infant Mortality Rates:						
Total Infant Deaths per 1,000 total live births	...	...	...	...	...	24
Legitimate „ „ „ legitimate live births	...	...	...	...	...	22
Illegitimate „ „ „ illegitimate „ „	...	...	...	...	...	34
Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	...	...	...	...	...	13
Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births)	...	...	...	...	...	13
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births)	...	...	...	...	...	29
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	...	...	...	...	...	13
Deaths 1971	...	...	...	...	...	1,452
Death rate per 1,000 population:						
(a) Crude	...	...	...	...	...	20.0
*(b) Corrected	...	...	...	...	...	10.6
*Factor of correction	...	...	...	...	...	0.53
Death rate (tuberculosis) per 1,000 population	...	...	...	...	...	0.01
Death rate (cancer) per 1,000 population	...	...	...	...	...	3.44
Total hours sunshine 1971	...	...	...	...	...	1,774
Total inches rainfall 1971	...	...	...	...	...	23.77

(b) **Vital Statistics:**

Population: Census 1971	...	...	...	...	...	72,169
Estimated midyear population 1971	...	...	...	...	...	72,770
Estimated midyear population 1970	...	...	...	...	...	74,000

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

1958	...	64,220	1965	...	66,660
1959	...	63,900	1966	...	66,660
1960	...	65,130	1967	...	66,850
1961	...	66,180	1968	...	69,110
1962	...	66,640	1969	...	69,020
1963	...	66,640	1970	...	74,000
1964	...	66,690	1971	...	72,770

Approximately 24% 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 1971 was 922 comprising 470 males and 452 females, giving a birth rate of 12.7 per 1,000 estimated midyear population. Of the total live births, 118 (44 males and 74 females) were illegitimate, a percentage of 13. Comparative figures for the past 25 years are given in Table I.

Death Rate: Total number of deaths registered in 1971 occurring among the resident population of the borough was 1,452 (598 males, 854 females). Not included were 537 deaths transferred to other districts (i.e. persons not normally resident in the town): included were 81 deaths of Hastings residents occurring elsewhere. There were 56 Coroner's inquests. 273 deaths were certified by the Coroner without inquests.

The crude death rate per 1,000 population was therefore 20.0 which corrected for the peculiar age and sex constitution of the population by the Registrar-General's factor of 0.53 gives a corrected death rate of 10.6 per 1,000, which figure can be compared with the national rates.

See also Tables II and III.

Age at Death: of the 1,452 deaths of residents in 1971, 22 occurred in infants under 1 year of age. 1,188 (81.8% of the total deaths) were of residents over 65 years, 844 (58.1% 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	...	812	55.9% of total
(b) Cancer	...	250	17.2% „
(c) Respiratory diseases (other than tuberculosis and cancer)	...	213	14.7% „
(d) Death by violence	...	47	3.2% „

Deaths from heart and circulatory system diseases and from cancer are responsible for 73.1% of all deaths.

Deaths from lung cancer:—

1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
48	42	35	55	60	37	62	52	57	60	67	63	66

For complete analysis see Table IV.

Infant Mortality: The Infant Mortality rate in 1971 with 22 infant deaths in 922 live births was 24 per 1,000 births compared with a national rate for England and Wales of 18.

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 still births recorded in 1971 was 15 the same as the previous year's total.

The Infant (legitimate) Mortality rate with 18 deaths in 804 legitimate births was 22 per 1,000: the rate for illegitimate children under 1 year was 34 per 1,000, there being 4 deaths of such children in 118 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 0.17.

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.	
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
1965	66,660	451	426	877	13.1	763	114	13.0	11
1966	66,660	490	460	950	14.2	845	105	11.0	17
1967	66,850	468	466	934	13.9	811	123	13.2	15
1968	69,110	532	463	995	14.4	870	125	12.6	16
1969	69,020	510	430	940	13.6	805	135	14.4	6
1970	74,000	495	448	943	12.7	839	104	11.0	15
1971	72,770	470	452	922	12.7	804	118	13.0	15

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.
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
1965	66,660	1,783	82	503	1,362	20.4	10.8	16	18.2
1966	66,660	1,795	69	535	1,329	19.9	10.7	16	16.8
1967	66,850	1,695	67	489	1,273	19.0	10.07	10	10.7
1968	69,110	1,892	87	479	1,500	21.7	11.7	13	13.1
1969	69,020	1,767	59	473	1,353	19.6	10.2	18	19.0
1970	74,000	1,896	59	493	1,462	19.8	10.5	14	15.0
1971	72,770	1,908	81	537	1,452	20.0	10.6	22	24.0

† Factor for correction
("Comparability factor")

1971 — 0.53

* "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 1971.
Provisional figures for England and Wales compared with those of Hastings.

	Birth Rate. Live births per 1,000 population.	Still-birth Rate. Per 1,000 Total births.	Infant Mortality Rate per 1,000 live births.	Neonatal Mortality Rate per 1,000 live births.	Maternal Mortality Rate per 1,000 Total births.	Death Rate (all causes) per 1,000 population.	Death Rate (Tuberculosis) per 1,000 population.	Death Rate (Cancer) per 1,000 population.
England and Wales	16.0	12.0	18.0	12.0	0.17	11.6	0.029	2.395
Hastings	16.1 +	16.0	24.0	13.0	—	10.6 *	0.01	3.44

+ Factor of correction
1.27

* Factor of correction
0.53

Table IV CAUSES OF, AND AGES AT, DEATH DURING YEAR 1971

CAUSE OF DEATH	Sex	Total	Under 4 wks.	4 wks. to 1 yr.	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
Enteritis and Other Diarrhoeal Diseases ...	M	2		1									
Other Tuberculosis ...	F	1											
Other Infective and Parasitic Diseases ...	M	1											
Malignant Neoplasm, Brain, Cavity etc.	F	1											
Malignant Neoplasm, Oesophagus ...	M	1											
Malignant Neoplasm, Stomach	F	6											
Malignant Neoplasm, Intestine	F	10											
Malignant Neoplasm, Larynx ...	M	13											
Malignant Neoplasm, Lung, Bronchus ...	F	20											
Malignant Neoplasm, Breast ...	M	46											
Malignant Neoplasm, Uterus ...	F	30											
Malignant Neoplasm, Prostate	F	8											
Leukaemia ...	M	10											
Other Malignant Neoplasms	M	5											
Benign and Unspecified Neoplasms	F	27											
Diabetes Mellitus	M	38											
Other Endocrine etc., Diseases	M	2											
Anaemias	F	1											
Other Diseases of Blood etc.	M	5											
Mental Disorders	M	1											
Multiple Sclerosis	M	2											
Other Diseases of Nervous System	M	1											
Chronic Rheumatic Heart Disease	M	5											
Hypertensive Disease	F	2											
Ischaemic Heart Disease	M	8											
Other Forms of Heart Disease	M	13											
Cerebrovascular Disease	F	167											
Other Diseases of Circulatory System	M	36											
Pneumonia	M	55											
Bronchitis and Emphysema	F	41											
Asthma	F	76											
Other Diseases of Respiratory System	M	33											
Peptic Ulcer	F	2											
Intestinal Obstruction and Hernia	F	9											
Cirrhosis of Liver	M	5											
Other Diseases of Digestive System	M	3											
Nephritis and Nephrosis	F	6											
Hyperplasia of Prostate	M	7											
Other Diseases, Genito-Urinary System	M	6											
Diseases of Skin, Tissue	F	2											
Diseases of Musculo-Skeletal System	M	2											
Congenital Anomalies	M	5											
Birth, Injury, Difficult Labour etc.	F	4											
Other Causes of Fetal Mortality	M	2											
Symptoms and Ill-Defined Conditions	F	2											
Motor Vehicle Accidents	M	7											
All Other Accidents	F	8											
Suicide and Self-Inflicted Injuries	M	4											
All Other External Causes	F	16											
Total All Causes ...	M	598	6	6	1	2	5	3	8	29	93	255	100
	F	854	4	4	1	2	4	5	14	75	154	589	154

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.	
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	...	...	...	...	...	...
1965	888	...	...	...	...	...	...
1966	967	...	...	...	...	...	...
1967	949	...	...	...	...	...	...
1968	1,011	...	...	...	...	...	...
1969	946	...	...	...	...	...	...
1970	943	...	...	...	...	...	...
1971	937	...	...	...	...	...	...

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

GENERAL

Administration:

The Health Department is responsible for carrying out the duties of the Council in regard to the personal health services (National Health Service Acts etc.), environmental health and hygiene (Public Health Acts etc.) and the School Health Service (Education Acts), working primarily for these respective purposes to the Health Services Committee, the Public Health and Licensing Committee and the General Services Committee of the Education Authority.

SECTION 22

Care of Mothers and Young Children:

(a) **Child Health Clinics:**

Clinics are held weekly at centres scattered throughout the borough as follows:—

St. Mary Magdalen Church Hall, Church Road, St. Leonards-on-Sea	Mondays, 2.00 p.m. (Closed 22nd February, 1971)
Mount Pleasant Congregational Church Hall, Mount Pleasant Road, Hastings	Tuesdays, 2.00 p.m. (Closed 2nd February, 1971)
St. Ethelburga's Church Hall, St. Saviour's Road, St. Leonards-on-Sea	Thursdays, 2.00 p.m. (Closed 25th February, 1971)
Arthur Blackman Clinic, Battle Road, St. Leonards-on-Sea	Mondays and Thursdays, 2.00 p.m.
Ore Clinic, Old London Road, Hastings ...	Tuesdays and Fridays, 2.00 p.m.
The Dispensary, High Street, Hastings ...	Wednesdays, 2.00 p.m. (Commenced 5th January, 1971)

(b) **Mobile Health Clinics:** (Commenced 15th March, 1972):

Linley Drive, Hastings	Mondays, 2.00 p.m.
Harold Place, Hastings	Tuesdays, 2.00 p.m. (1st & 3rd in month)
Upper Clarence Road, St. Leonards-on-Sea	Tuesdays, 2.00 p.m. (2nd & 4th in month)
The Drive, St. Leonards-on-Sea ...	Wednesdays, 2.00 p.m. (1st & 3rd in month)
Parkstone Road, Hastings	Wednesdays, 2.00 p.m. (2nd & 4th in month)
Seaside Road, St. Leonards-on-Sea	Thursdays, 2.00 p.m.
Warrior Square, St. Leonards-on-Sea	Fridays, 2.00 p.m.

(c) **Toddler Clinics:**

Arthur Blackman Clinic, Battle Road, St. Leonards-on-Sea	Tuesdays, 9.30-10.30 a.m.
Ore Clinic, Old London Road, Hastings	Wednesdays, 9.30-10.30 a.m.

The toddlers "birthday" examination scheme continued successfully and is well attended. The examination is on the lines of the routine medical inspection in the school health service, special attention being given to development and psychological make-up as well as to the general physical condition. In many cases this examination is followed straight away by a visit to the dental surgeon in the dental clinic, so introducing children at an optimum time to a service which many people still regard as frightening or for use in dental emergencies only.

CLINIC	Birthday Examinations	First Attendances Children under 1 year	First Attendance in Year Children born in			Subsequent Attendances Children born in			Total Attendances	Average per Session	No. of Medical Consultations
			1971	1970	1966-69	1971	1970	1966-69			
Arthur Blackman: Mondays ... Tuesdays (Toddler Clinic) ... Thursdays ...	— 462 —	176 — 231	89 — 151	94 8 163	65 479 83	206 — 563	306 14 603	43 86 107	803 587 1,670	17 12 32	459 110 1,188
St. Mary Magdalen: Mondays ...	—	23	8	73	18	3	65	3	170	21	94
Mount Pleasant: Tuesdays ...	—	6	—	26	2	—	20	9	57	28	38
Ore: Tuesdays ... Wednesdays (Toddler Clinic) ... Fridays ...	— 431 —	158 — 130	140 — 114	159 7 92	80 386 75	366 — 330	323 4 252	67 89 59	1,135 486 922	22 9 18	688 36 561
The Dispensary: Wednesdays ...	—	56	52	52	40	297	239	65	745	15	428
St. Ethelburga's: Thursdays ...	—	10	4	40	36	5	59	11	155	19	39
Linley Drive (Mobile): Mondays ...	—	50	49	24	20	232	136	43	504	13	194
Harold Place (Mobile): Tuesdays (1st, 3rd in month) ...	—	43	49	20	15	131	73	12	300	16	137
Upper Clarence Road (Mobile): Tuesdays (2nd, 4th in month) ...	—	16	15	8	4	56	41	6	130	7	86
The Drive (off the Links) (Mobile): Wednesdays (1st, 3rd in month)	—	8	7	6	20	36	34	32	135	7	94
Parkstone Road (Mobile): Wednesdays (2nd, 4th in month)	—	17	15	3	5	30	19	12	84	4	46
Seaside Road (Mobile): Thursdays ...	—	35	32	10	32	209	221	175	679	17	167
Warrior Square (Mobile): Fridays ...	—	77	76	29	31	322	152	28	638	16	379
Totals ...	893	1,036	801	814	1,391	2,786	2,561	847	9,200	—	4,744

The Child Health Clinics continue to be well attended, better coverage of the town area being possible since the mobile unit became operational: further reference is made to this unit in the Director of Nursing Services' report.

Mothers' and Toddlers' Group:

Arthur Blackman Clinic—Total attendances 282
 Ore Clinic —Total attendances 419

Hearing Clinics:

Total number of children tested	...	487
Distraction test for babies	... ..	473
Babies needing further investigation	...	9
Co-operation test for toddlers	...	14
Children needing further investigation		6

I must again record appreciation and thanks to the helpers of the Service of Help for Motherhood and Infancy for the part they play in helping the child health sessions to run smoothly. Although I write this thanks annually, its sincerity is not diminished by the repetition—we are grateful indeed.

(d) Ante-Natal and Post-Natal Clinics:

In view of the high numbers (over 90%) 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.

(e) Family Planning Clinic:

The detailed arrangements made with the F.P.A. to provide as agents of the local authority a comprehensive service of advice and consultation on all matters affecting family planning were set out in the 1968 report. The number of doctor sessions increased, as did the number of new attendances and total attendances. The Youth Advisory Clinic also had a successful year and is obviously meeting a need.

The following table summarizes the work done in 1971:—

Number of Clinic sessions	... ..	97
Number of Doctor sessions	... ..	226
Number of Youth Advisory Clinic sessions	... ..	22
Number of Youth Advisory Doctor sessions	... ..	22
New patients during year	... ..	537
Total first visits during year	... ..	1,811
Total repeat visits during year	... ..	2,465
<i>Advice required by patients:—</i>		
Birth control	... ..	5,144
Sub fertility	... ..	9
Consultation	... ..	16
Marital Problems	... ..	2

(f) **Dental Care of Nursing and Expectant Mothers, and Children under 5:**

Miss E. B. Nasmyth, Chief Dental Officer reports:—

The special toddlers sessions have been continued throughout the year. More and more mothers are realising the value of early visits to the dentist in order that their child may get to know his dentist before treatment is required. It appears that more pre-school children are being taken regularly to the family dentist.

Many mothers have shown considerable interest in fluoride toothpastes, fluoride tablets and fluoridation of water. Daily we are asked questions on these. I have been surprised by the number of mothers who have taken action themselves on introducing fluoride tablets to their children from an early age, as there is no fluoridation of the water supplies. Whilst this is not a substitute for fluoridation of the water, as only a very small minority benefit, it does show that parents are concerned about this subject of fluoridation.

Dental inspection and treatment is centred at two clinics, one at Battle Road, St. Leonards, the other at Old London Road, Ore, the details of work carried out are listed below:—

(i) **Attendances and Treatment:**

Number of Visits for Treatment During Year	Children 0-4 (incl.)	Expectant & Nursing Mothers
First Visit	225	2
Subsequent Visits	308	7
Total Visits	533	9
Number of Additional Courses of Treatment other than the First Course commenced during year ...	57	2
Treatment provided during the year - Number of Fillings	582	5
Teeth Filled	476	5
Teeth Extracted	91	—
General Anæsthetics given	28	—
Emergency Visits by Patients	21	—
Patients X-Rayed	3	1
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	131	3
Teeth Otherwise Conserved	151	—
Teeth Root Filled	—	—
Inlays	—	—
Crowns	—	—
Number of Courses of Treatment Completed during the Year	220	3

(ii) **Prosthetics:**

Patients Supplied with F.U. or F.L. (First Time)	—
Patients Supplied with Other Dentures	—
Number of Dentures Supplied	—

(iii) Inspections:

	Children 0-4 (incl.)	Expectant & Nursing Mothers
Number of Patients given First Inspections during Year	533	8
Number of Patients who required Treatment ...	250	6
Number of Patients who were offered Treatment	247	5
Number of Patients re-Inspected during Year ...	176	2

(iv) Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients

For Treatment	42.5
For Health Education	1

(g) 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. 67 packs were issued in 1971.

(h) 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.

(i) 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 1971

Premature babies born at home—5 Survival Rate 100%

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

Premature babies born in Institutions (Hospitals and Nursing Homes)—61 Survival Rate 90%

Weight at birth.	No.	Deaths.
2 lbs. 3 ozs. or less ...	—	—
Over 2 lbs. 3 ozs.—3 lbs. 4 ozs.	6	2
Over 3 lbs. 4 ozs.—4 lbs. 6 ozs. ...	12	1
Over 4 lbs. 6 ozs.—4 lbs. 15 ozs....	15	2
Over 4 lbs. 15 ozs.—5 lbs. 8 ozs. ...	28	1

(j) 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 the Child Health Clinics at the Arthur Blackman and Ore Clinics.

The total distribution of welfare foods during 1971 was:—

National Dried Milk	...	...	1,890	(2,364) cartons
Orange Juice	...	...	18,274	(18,088) bottles
Codliver Oil	...	...	675	(874) bottles
Vitamin Tablets	...	...	1,562	(2,082) packets
Vitamin Drops	...	...	1,561	(—) bottles

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, as part of the Community Nursing Service. There are three district midwives and one district nurse midwife under the control of the Director of Nursing Services and the Nursing Officer (Midwifery). All midwives employed have received full training in the use of Trilene analgesia as required by the Central Midwives' Board.

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

Ante Natal visits	790
Confinements conducted	83
Post natal visits (including by pupil midwives)	3,674
Trilene	55
Perthilorfan Administrations	29

(b) Inspection of Midwives:

The Nursing Officer (Midwifery) acts as non-medical Supervisor of Midwives. Inspection is carried out at regular intervals. 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 1971 was 47 including 40 in hospital practice (Buchanan Hospital and Fernbank) and 7 in domiciliary practice: all the latter were employed in the Health Authority's Domiciliary Service. 7 left during the year.

The total domiciliary midwives on register as at 31.12.71 6

Midwives notifications:

(a) Medical aid	9
(b) Other	3

(c) **Place of Confinement:**

Analysis of 937 notified confinements of Hastings residents during 1971 shows that 9% of births occur at home and 91% in institutions.

Place of Confinement	No. of Cases	Comparable Percentages					
		1971	1970	1969	1968	1967	1966
1. Home	89	9	8	9	10	9	11
2. Private Maternity Nursing Home ...	—	—	—	—	—	—	—
3. Institutional :							
(a) Fernbank Maternity Hosp....	261	28	25	32	33	36	31
(b) Buchanan Hospital	580	62	66	58	56	55	58
(c) Inward Transfers	7	1	1	1	1	—	—
Total	937						

SECTION 24

Health Visiting:

The staff of Health Visitors under the direction of the Director of Nursing Services as at 31.12.71 was as follows:—

- 2 Nursing Officers
- 12 Health Visitor/School Nurses (plus 1 vacancy)
- 2 Clinic Nurses (S.E.N.).

The health visitors all hold joint appointments as school nurse as part of the integration of the school health service with the health service: many also attend hospital departments (paediatric, geriatric, orthopaedic, diabetic, etc.) to effect liaison between hospital and community services. Similar liaison is maintained with the Chest Clinic to assist in home care and contact tracing.

They still have an important part to play in the welfare of old people, the mentally disturbed and the problem family, and much in this field of their work requires two-way co-operation of the closest kind with the social services, voluntary associations and other statutory bodies.

Discussions were held during the year among staff and with general practitioners towards total attachment of health visitors to general practice: a majority of family doctors welcomed the proposal and the attachments commenced early in 1972.

Mention was made last year of agreement with the Mayston report recommendations for reorganizing the local authority nursing services into one integrated division under a Director of Nursing Services: this was implemented on 1st April and is already proving worthwhile. Discussion was started informally at officer level on the Peel report recommendation for integration of the hospital and community midwifery services and continues.

Work of Health Visitors:

1. First visits under 1 year	...	...	...	860	(868)
2. Subsequent visits under 1 year	...	...	...	3,654	(3,328)
3. Visits 1-5 years	...	...	...	11,485	(11,920)
4. Visits to expectant mothers	...	...	...	399	(439)
5. Care and After-care— National Health Service Act	...	...	...	2,915	(3,473)
6. Handicapped Persons, etc.— National Assistance Act	...	...	...	208	(454)
7. All other visits	...	...	...	487	(759)
				<hr/>	<hr/>
				20,008	(21,241)
8. Tuberculous Households	...	...	...	85	(89)

SECTION 25

Home Nursing:

The Council provides 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 staff under the direction of the Director of Nursing Services as at 31.12.71 was as follows:—

- 1 Nursing Officer (District Nursing)
- 1 Nursing Officer (Midwifery)
- 3 Midwives
- 1 Home Nurse/Midwife
- 11 Home Nurses (S.R.N.) full time
- 2 Home Nurses (S.R.N.) part-time
- 2 Home Nurses (S.E.N.) full time
- 2 Home Nurses (S.E.N.) part-time
- Plus 2 vacancies.

Eight cars are provided by the Council for the nurses' use, and many of the staff use their own cars, 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
New cases during year	889	247	1,136
No. of nursing visits	48,333		

The number of attendances is shown by the following figures:—

	1965	1966	1967	1968	1969	1970	1971
New cases during year ...	1,011	1,119	1,125	1,297	1,216	1,162	1,136
Total attendances ...	50,670	48,759	48,678	49,778	48,863	42,146	48,333

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 Department of Health and Social Security, as announced in recent circulars, confirm this viewpoint in urging the formation of nursing teams, including nursing auxiliaries, who have been given in-service training and who can carry out the less skilled procedures under the supervision of a trained nurse.

Nursing equipment is available and is loaned free of charge.

Mrs. M. Masters, Director of Nursing Services comments as follows:—

Management:

The recommendations of the Mayston Report were implemented at the beginning of April; all Community Nurses now work in the same nursing team; this is a new situation for most of the staff in this Department, where previously the District Nurses and Midwives worked separately from the Health Visitors. Various changes in work methods have been implemented, and others planned for early 1972.

Most of the staff have had some adjustments to make but there are already indications that these have been worthwhile to improve the service.

Health Visitors:

Attachment schemes of Health Visitors to General Practitioners were considered prior to 1963 when an early pilot scheme continued for 2½ years, but on evaluation it was considered that although operating a limited scheme had many advantages, it was not providing the same quality of service as previously. At that time our establishment of Health Visitors was not adequate to extend the scheme to cover the town and consideration of other factors led us to decide that although wiser for the experience, further attachments should be left in abeyance.

This year after several months of preparation a new scheme evolved; this time all General Practitioners were invited to participate and there was generally a good response; by the end of the year the Health Visitors were prepared to change from the district pattern and arrangements were finalised.

Meanwhile, the Health Visitors have continued to carry out a full range of duties, and have given constant support and encouragement to individuals and families with emotional and social problems.

Mobile Health Clinic:

A ceremony was held at the Ambulance Station on 13th February, 1971, when the Right Worshipful the Mayor on behalf of the County Borough of Hastings accepted the gift of the Mobile Health Clinic from the Isabel Blackman Foundation. This was made possible by the Service of Help for Motherhood and Infancy; each year we have cause to be grateful to this organization which has served the clinics in so many ways since 1910. The work of the present officers and committee is now different but no less valuable. The members of this organization have a reputation for providing pleasant and reliable service, which has over the years, been appreciated by staff and public. In addition to their loyal service, they have been responsible for providing many extras for the clinics from their funds and generations of children have enjoyed their Christmas parties. The gathering was attended by councillors, representatives from voluntary and statutory organizations, and by many friends who have taken interest in Maternity and Child Welfare activities over the years.

The Clinic became fully operational in April. So far it has been used mainly for child health clinics and special cervical cytology sessions have been arranged for employees from the General Post Office and the Department of the Environment. The mothers appreciate the service, and on most sites the clinic is well-used, but it may be necessary to reconsider sites which appear to be less popular.

There were a number of early problems concerned with the vehicle and in particular, finding suitable and acceptable sites presented more difficulties than we had anticipated; these were eventually overcome and we were grateful to all those who helped us; we are particularly appreciative of the initial help and continued support which we received from the Chief Ambulance Officer and his staff.

District Nursing:

The Home Nurses carry a heavy load in the town, where a high proportion of the cases referred are elderly and often disabled; each week brings an increase in work, most of the elderly patients need to continue with nursing care. There is an urgent need for a team of nursing auxiliaries to work with the trained staff under their supervision. Until an adequate number of ancillary staff have been allocated to our establishment and given some in-service training, the present nursing team cannot give the high standard of care which they are anxious to provide.

The nurses' work has been re-organized; two State Registered Nurses assisted by a State Enrolled Nurse cover a section of the town, which has been divided into five areas; it will at once be apparent that with no ancillary help and a limited number of State Enrolled Nurses, the State Registered Nurse is frequently over-burdened by work, which could be done by the State Enrolled Nurse assisted by a nursing auxiliary, according to the patient's need.

A review of equipment used by nursing staff is being carried out. It was possible to begin the introduction of more modern uniform and equipment within our financial limits, but considerable improvements are still required.

Students:

The nurses from the Group who are studying the General Nursing Council 1969 Syllabus, came to observe the work of the community nurses for a two week period; regrettably, this put a heavy strain on our small establishment and

we have had to make arrangements to take a smaller number for a shorter time; we did this reluctantly as we support the concept of student nurses having a deeper understanding of community care.

We have also had other student nurses, obstetric students, pupil midwives, and health visitor students to widen their experience.

Hospital Liaison:

Links with our hospital colleagues locally, have strengthened during the year. We have had many informal meetings at all levels to consider ways of co-operating to improve continuity of care for the patient. We have also appreciated invitations to join the hospital courses and study days; whenever work permitted the community nurses accepted the opportunity offered.

An invitation has been extended to all trained staff in the Group to observe any aspect of the community nursing services that interests them. We were very pleased to welcome the Chief Nursing Officer for the Group who was able to spend two days with us.

Health Education:

(a) Parentcraft:

The Midwives on the district and at the Buchanan Hospital join the Health Visitors in a combined parentcraft programme; all expectant mothers have an opportunity to attend the Buchanan Hospital or Ore Clinic, the majority are expecting their first baby. The programme lasts for 10 weeks, it is repeated for the next group.

Relaxation classes are held at Buchanan Hospital and given by the Midwives at Ore Clinic before each parentcraft session.

(b) Mothers' and Toddlers' Group:

This group was started in 1964 and it continues to be popular; the programme is planned for four months ahead and covers a wide range of subjects relating to health and social topics; the toddlers also benefit from the play material provided and the opportunity to share this with other children, while they become accustomed to a short separation from mother.

(c) School Child Care and Health Education Programme:

Health Education in the schools continues to steadily expand. It has been possible this year to increase the number and depth of the discussion groups held with the sixth form at the High School. The Health Education programme now starts in the fourth year.

The programme which is revised each term includes films and talks; subjects covered are personal relationships, smoking, drugs (use and abuse), venereal disease, abortion, family planning and birth of a baby.

The same programme is used for 15 year-old girls attending the Woodlands Annexe and the Hastings' Secondary Girls' School. This year they have kept project books, which are used at the end of the course for evaluation and discussion.

All girls at Woodlands Annexe, in their fifteenth year, have a term of Health Education and a term of Child Care. At the Hastings' Secondary Girls' School, all pupils in the same age group, have a term of Child Care and 80% are now having Health Education. A certificate is awarded to girls who have satisfactorily completed the Child Care Course; this teaches the girls to consider the needs of the unborn child, the baby, and the pre-school child, and provides some basic principles of general care.

The Health Visitors were also asked to assist with the social aspects of the Nuffield Biology Course, which was held at Woodlands Annexe.

Talks have been given to various groups, the Youth Club at St. Barnabas Church is attended by about 80 young people, and they asked for three talks and were interested in personal relationships, smoking and drugs.

Arrangements were made for a special short course of Health Education, lasting for six weeks, for the 15 year-old boys attending Hastings' Secondary Boys' School. The groups were too large for this to be really effective, but it is hoped that it will soon be possible for the boys to have the same opportunities for Health Education that the girls have enjoyed for some time.

SECTION 26

Vaccination and Immunisation:

An amendment was made to the updated schedule of vaccinations and immunisations as given in last year's report by the change in policy advocated by the Department of Health and Social Security that routine vaccination of infants or young children should no longer be carried out: the eradication of smallpox from so many areas of the world has now reached the stage where the chances of a child contracting smallpox are so small as to be negligible when compared with the chance of severe reaction to the vaccine.

In consequence, the following schedule is now in use in Hastings.

Age	Prophylactic
6 months	Diph./Tet./Pert. and Oral Polio Vaccine (First Dose)
8 months	Diph./Tet./Pert. and Oral Polio Vaccine (Second Dose)
12-14 months	Diph./Tet./Pert. and Oral Polio Vaccine (Third Dose)
1-2 years of age	Measles Vaccination
At 5 years of age or School entry	Diph./Tet. and Oral Polio Vaccine
11-12 years of age	B.C.G. Vaccine Rubella (girls only)
15-19 years of age or on leaving School	Polio Vaccine Tetanus Toxoid

Smallpox Vaccination 1971

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	10	113	222	180	96	621
Number re-Vaccinated	—	—	6	218	381	605

In 1,226 people vaccinated or re-vaccinated, no case of generalised vaccinia occurred.

Diphtheria, Whooping Cough, Tetanus, and Poliomyelitis:

The following tables show the numbers of children who received protective courses against these diseases during the year, and the number of "booster" doses given.

Completed Course 1971:

Type of Vaccine	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964-67		
Triple & Polio...	8	582	125	11	8	2	736
Triple D.T.P. ...	1	16	1	—	—	—	18
Dip/Pertussis ...	—	—	—	—	—	—	—
Dip/Tetanus ...	—	5	—	—	2	2	9
Diphtheria ...	—	—	—	—	—	—	—
Pertussis ...	—	—	—	—	—	—	—
Tetanus ...	—	—	—	—	—	6	6
Polio ...	1	18	3	4	11	4	41
Totals	10	621	129	15	21	14	810

Re-inforcing Doses:

Type of Vaccine	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964-67		
Triple & Polio...	—	1	1	1	56	1	60
Triple D.T.P. ...	—	4	3	3	19	10	39
Dip/Pertussis ...	—	—	—	—	—	—	—
Dip/Tetanus ...	—	—	—	3	556	17	576
Diphtheria ...	—	—	—	—	4	—	4
Pertussis ...	—	—	—	—	—	—	—
Tetanus ...	—	—	—	—	5	32	37
Polio ...	—	—	—	1	567	32	600
Totals	—	5	4	8	1207	92	1316

Of 2,126 injections given 497 were given by General Medical Practitioners and the balance of 1,629 were given at Local Authority clinics.

The antigens are used singly or in combination, double or treble, according to the requirements of each child. For example, booster injections to children over 5 usually omit the whooping cough antigen as it tends to cause local reactions and the severity of the disease diminishes rapidly after the first four years of life.

The Department of Health and Social Security computes that the percentage of children vaccinated by 31st December, 1971 was:—

Whooping Cough	Children born in 1969	78	(England and Wales 78)
Diphtheria ...	Children born in 1969	78	(England and Wales 80)
Poliomyelitis ...	Children born in 1969	77	(England and Wales 80)

Measles Vaccination:

The numbers who received measles vaccination during 1971 were as follows:—

	Year of Birth							Others 15 years & under	Total
	1970	1969	1968	1967	1966	1965	1964		
Clinics ...	140	182	54	36	20	6	2	1	441
General Practitioners...	47	40	18	5	8	1	1	1	121
Totals ...	187	222	72	41	28	7	3	2	562

Rubella Vaccination:

	Year of Birth							Total
	1962- 1968	1961	1960	1959	1958	1957	1956	
Clinics ...	—	—	270	312	360	14	—	956
General Practitioners ...	8	4	14	26	25	12	15	104
Totals ...	8	4	284	338	385	26	15	1,060

SECTION 27

Ambulance Service:

A major change in the administration of the Ambulance Service took place in October when, by agreement, the agency arrangements with the Hastings Division of the St. John Ambulance Brigade terminated and were replaced by direct administration by the Council through the Health Department.

One cannot allow this change to pass without acknowledging in the warmest possible terms the very fine work done by the Brigade and its members since the inception of the Service in 1948. Working until recent years in a headquarters lacking any amenities whatsoever, the agency service gave at all times quiet,

efficient and courteous service to the community: in the earlier days, a considerable amount of the work was carried out voluntarily by members to augment the small paid staff, backed nobly by their wives who undertook night telephone duties in the then stand-by system used, without pay or complaint. The community owes them much.

This appears to be an appropriate point at which to review briefly the growth of the service during the agency period 1948-72. At the beginning of 1949, the first full year of the service under the National Health Service Act, the full time paid staff was 7, the number of vehicles 6. In that year, 7,248 cases were carried, covering 99,405 miles. In addition 1,040 cases were carried individually by the East Sussex car service which was then used as a supplement.

Compared with the beginning of 1972, the last year of the service, when the full time paid staff was 43, the number of vehicles used for transporting patients was 14 (6 other additional vehicles being used by the service for non-patient carrying purposes, e.g. mobile clinic, training centre and special school coaches etc.), carrying 70,261 cases and covering a mileage of 234,244 miles in the year.

Mr. R. Walker, Chief Ambulance Officer, reports as follows:—

During the past year, the most important feature has been the reorganization of the Service, by making it under the direct control of the Hastings Corporation instead of an Agency Service with the St. John Ambulance Brigade, thus bringing the Service into line with the general trend of the country. In July 1948, when the 1946 Health Service Act was introduced, approximately 80% of the Authorities used the Agency Basis Agreement, whereas today, it is less than 5%. The Agency arrangement served a very useful stepping stone with the introduction of the Health Act, but with the higher degree of training and efficiency demanded today, the reorganization became very necessary.

Training of Ambulance Staff has continued as recommended by the Millar Report, part 2, and the various Department of Health and Social Security Circulars. All staff hold, or obtain as soon as possible after joining the Service, the Voluntary Aid Society Certificate in First Aid, followed after a period in the Service by a six weeks Training Course at the Southern Training School at Bishops Waltham in Hampshire. Training is continued by a refresher Course of two weeks duration every three years at the School, local Hospitals and In Service Training. During the past year, 8 men have attended the six weeks course, 1 man the two weeks course and 2 men the Officer's Course. In December I was privileged to accompany you on a visit to the School and to see some of our Staff under training there. In addition I have visited the School several times, when staff have been in training there.

In June, a team representing the Service was entered in the Regional Ambulance Service Competition, and I am very pleased to report that they were successful in winning the Competition and the Team Test. The team then went forward to the National Final at Harrogate, where they gained sixth place out of 10 teams in the Team Tests.

This year, the practice has continued of collecting and returning to Hastings, patients who are chargeable to this Authority under Section 24 of the National Health Service (Amendment) Act 1949, and this has proved a financial saving to the Service of several hundred pounds.

Although a constant check is kept on the number of patients conveyed and the mileage run, there is a considerable increase in both, over the last year's figures, but this appears to be inevitable with the increased population of the Borough, and the number of patients treated in the local hospitals.

The Ambulance Service continues to attract a considerable amount of interest from local and other organizations. During the past year, no less than 12 such bodies have been shown around the Station and seen the Service at work.

In conclusion, I would like to express my appreciation to all the staff for the way in which they have carried out their duties during the past year, and to you Sir, and your staff for the assistance you have given to the Ambulance Service.

Cases carried during 1971 (including East Sussex):

	No. of vehicles at 31st December	Journeys	Patients	Mileage
Ambs. (major) ...	6	10,817	70 261	234,244
Ambs. (minor) ...	7			
Ambulance, Car Conversion	1			
Ambulances, 20 Seater Coach	2			
Other Vehicles:				
Staff Car ...	1			
Mechanics Van...	1			
Land Rover ...	1			
Mobile Health Clc	1			

COMPARATIVE FIGURES ARE AS FOLLOWS—(Excluding East Sussex County Council cases)

Year	Cases by		Mileage by	
	Major Ambulance	Minor Amb. & Sitting	Major Ambulance	Minor Amb. & Sitting
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
1965	11,766	30,862	78,148	106,193
1966	14,319	31,974	69,261	125,965
1967	15,740	33,105	71,108	134,580
1968	16,183	30,200	71,949	143,000
1969	15,948	30,271	74,317	123,627
1970	16,392	37,703	51,452	138,387
1971	19,565	49,347	78,969	138,677

ANALYSIS OF CASES CARRIED MONTHLY (Excluding East Sussex County Council cases)

1971	AMBULANCES MAJOR			AMBULANCES, MINOR and SITTING		
	Patients	Journeys	Mileage	Patients	Journeys	Mileage
January ..	1,619	503	4,719	3,807	312	11,688
February	1,388	379	4,446	3,845	380	11,588
March	1,539	429	5,735	4,371	446	12,561
April ...	1,424	472	8,162	3,375	267	7,917
May ...	1,497	436	9,680	4,386	296	7,610
June ...	1,680	445	4,448	4,300	373	15,006
July ...	1,640	487	13,051	4,447	326	11,446
August ...	1,766	519	9,062	3,167	300	7,052
September	1,757	507	4,844	4,291	356	13,005
October ...	1,759	482	4,369	4,388	317	14,752
November	1,619	442	6,771	5,036	314	13,866
December	1,877	498	3,682	3,934	320	12,186
	19,565	5,599	78,969	49,347	4,007	138,677

Work done for East Sussex County Council:

1971	AMBULANCES MAJOR			AMBULANCES, MINOR and SITTING		
	Patients	Journeys	Mileage	Patients	Journeys	Mileage
January ...	62	59	672	5	5	78
February	67	59	815	13	11	210
March ...	100	92	1,503	19	21	227
April ...	118	111	1,380	7	6	75
May ...	104	96	1,403	12	10	196
June ...	96	88	1,119	7	7	108
July ...	117	103	1,507	14	11	197
August ...	145	128	1,527	9	8	345
September	117	109	1,298	8	7	76
October ...	137	118	1,707	8	7	91
November	55	51	779	42	27	191
December	76	69	1,028	11	8	66
	1,194	1,083	14,738	155	128	1,860

Staff at 31.12.71:

1 Ambulance Officer	1 Deputy Ambulance Officer
2 Clerical Assistants	5 Control Officers
1 Shift Leader	4 Leading Ambulancemen
27 Ambulancemen	1 Cleaner
1 Mechanic	

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 3, 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.

(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 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.

(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:

It again was not possible to appoint a suitably trained health education officer: authority was given for a temporary additional health visitor to enable this work to continue.

The Health Visitors have been able to fulfill the outstanding commitments of the existing programme of health education in the schools and to maintain their normal work in this respect among mothers and younger children: the Public Health Inspectors have continued their work, particularly in food hygiene teaching, but the lack of an organizer and leader is proving most detrimental.

(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 ante-natal, natal and early post-natal 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.

These selected cases are seen more often and in more detail than those not so liable; such a scheme cannot however replace the thorough routine checking and testing of all infants and children. The relative number of children who develop handicaps who are not liable for inclusion in an "at risk" register is sufficiently high to cause one to query the register's value, as recent surveys have shown. It is known that some authorities are considering abandoning them.

Congenital Defects:

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. Information is obtained from the consultants at the obstetric units and the home midwives.

During 1971, 27 defects were noted as under:—

Males: 2 C.D.H. (Congenital Dislocation of Hip)
1 Polydactyly
2 Anencephalus
3 Hydrocephalus
1 Talipes
1 Hypospadias
1 Cleft Lip and Palate
1 Other Malformations

Females: 1 Polydactyly
4 C.D.H. (Congenital Dislocation of Hip)
4 Spina Bifida and Hydrocephalus
2 Anencephalus
2 Cleft Lip and Palate
1 Talipes
1 Hiatus Hernia.

(g) Cervical Cytology:

Once again there has been a disappointing number of requests for cervical and breast cancer screening tests and I must repeat the desirability of all women over the age of 25 having these tests periodically.

Special sessions were arranged in the premises of certain large employers of female staff such as the Post Office and the Department of the Environment at Ashdown House.

A total of 3,081 smears were taken, including 486 "recalls", with details in the following table:—

LOCAL AUTHORITY CLINICS

	No. of Smears taken	No. referred to Dr. for minor gynaecological condition	No. referred to Dr. for lumps in breast	No. referred to hospital for further investigation (malignant or suspicious cells found)
First Attendance	616	37	18	5
Recall ...	486	18	7	—
Totals ...	1,102	55	25	5

FROM OTHER SOURCES

Family Planning Association	General Practitioners	Buchanan Hospital	Total
836	229	914	1,979

(h) Immigrants:

There has been shown to be a disproportionate incidence of certain diseases, particularly tuberculosis, in newly arrived immigrants from a number of overseas countries. A scheme exists whereby notification is received from the arrival point of immigrants, and every effort is made to trace them with a view to securing an early chest X-ray and signing on with a general practitioner.

Number of advice notes received in 1971	...	...	...	88
Number of first successful Visits	...	...	...	80
Additional immigrants contacted for whom no advice note received	...	...	...	2

(i) Dental caries: fluoridation of public water supplies:

The Department of Health and Social Security requests specific information in this report of the results of the Council's consideration as to fluoridation of public water supplies.

The Water and Fire Brigade Committee (14th January, 1972) resolved that:—

"For the reasons previously given, no action be taken at the present time and that the matter be further considered at the meeting to be held in January 1973."

SECTION III INFECTIOUS DISEASES

Notification is required of the following:—

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Amoebic and bacillary dysentery	Relapsing fever
Anthrax	Scarlet fever
Cholera	Smallpox
Diphtheria	Tetanus
Infective jaundice	Tuberculosis
Leprosy	Typhoid fever
Leptospirosis	Typhus
Malaria	Whooping cough
Measles	Yellow fever

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1971.

NOTIFIABLE DISEASES.	1970	NUMBER OF CASES NOTIFIED.													Deaths.	Total cases removed to Hospital.
		At all ages.														
		At ages—Years.														
Acute Encephalitis	(...)	0	1	2	3	4	5	10	15	20	35	45	65	..	..
Acute Meningitis	(...)	—	—	—	—	—	—	—	—	—	—	—	—	..	..
Acute Poliomyelitis	(...)	—	—	—	—	—	—	—	—	—	—	—	—	..	..
Amoebic and bacillary dysentery	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Anthrax	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Infective jaundice	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Leprosy	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Leptospirosis	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	(817)	15	29	36	35	45	76	10	3	2	1	..	..	..	2
Ophthalmia Neonatorum	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Paratyphoid Fever	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Relapsing Fever	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	(9)	..	..	..	..	..	..	..	..	1	1	..	..	..	2
Small Pox	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tetanus	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis	(6)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid Fever	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhus	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	(15)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Yellow Fever	(...)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	(847)	305	19	32	41	39	49	86	19	5	9	1	4	1	..	9

- (a) **Scarlet fever:** 8 cases, sporadic in appearance, all of a mild uncomplicated type were reported.
- (b) **Diphtheria:** No case occurred for the twenty-second consecutive year.
- (c) **Poliomyelitis:** No case occurred for the fourteenth consecutive year.
- (d) **Measles:** 252 cases were notified in the year.

(e) **Food poisoning:** No case was notified during the year.

(f) **Influenza:** The winter of 1970-71 and spring 1971 did not produce any large scale epidemic of influenza: a number of small sporadic outbreaks of both virus A and B type did occur in this country, but the total cases nationally were relatively few.

In October, 800 staff accepted the offer of influenza vaccination, a procedure mounted for the fourth year running.

Infestations:

Facilities are available at the main clinics to bath and treat adults and children with scabies or pediculosis if so requested by a general practitioner, and the steam disinfectant at St. Helen's Hospital is used for disinfestation of clothing, bedding and other articles.

The Health Visitors and Public Health Inspectors work together on these cases. During the year 47 cases of scabies, 188 of fleas, and 13 of head lice were dealt with, involving a total of 81 visits to cases, 72 to premises, 88 clinic attendances and 23 cases where advice was given otherwise.

The number of articles disinfected was 250 and 631 rooms were disinfected/disinfested.

Isolation Facilities:

The care of infectious disease cases remains in the hands of the Medical Officer of Health and Deputy and continues the unified control of investigation, treatment and prevention of these diseases from the Health Department.

The Unit providing 12 beds in single rooms in Ward 12 at St. Helen's Hospital serves a population of some 130,000 residents, including Bexhill, Battle and Rye, and is of great use in the summer months in dealing with the problems arising among holidaymakers when infectious disease declares itself.

A total of 180 cases of notifiable and non-notifiable diseases were admitted.

TUBERCULOSIS

(a) New Cases and Mortality:

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

Age Period	New Cases Notified				Deaths from Tuberculosis			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1 year ...	...	...	...	...	...	...	...	...
1—2 years ...	...	...	...	...	...	...	...	...
2—5 „ ...	...	...	...	...	...	...	...	...
5—10 „ ...	...	...	...	...	...	...	...	...
10—15 „ ...	...	...	...	...	...	...	...	...
15—20 „ ...	...	...	...	...	...	...	...	...
20—25 „ ...	...	...	...	...	...	...	...	...
25—35 „ ...	1	...	...	...	...	...	...	...
35—45 „ ...	...	...	...	...	...	...	...	...
45—55 „ ...	...	1	...	...	...	...	...	...
55—65 „ ...	...	1	...	1	...	...	...	...
65—75 „ ...	...	...	...	...	...	...	...	...
75 upwards ...	1	...	...	...	...	...	...	1
Totals ..	2	2	...	1	...	...	...	1
Grand Totals	5		(6)		1		(1)	

For the purposes of comparison, the following table shows the Deaths and death rate per 1,000 population for the past 47 years.

Year	No. of deaths		Total	Death rate from Tuberculosis per 1,000
	Pulmonary Tuberculosis	Non-pulmonary Tuberculosis		
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
1965	5	1	6	.09
1966	6	2	8	.12
1967	3	...	3	.045
1968	3	2	5	.07
1969	2	2	4	.06
1970	1	—	1	.01
1971	—	1	1	.01

(b) Treatment and Prevention of Tuberculosis:

The chest clinic at the Eversfield Chest Hospital provides treatment for established cases and facilities for the observation and investigation of suspected cases and contacts of cases.

Close liaison exists between the chest clinic and the Health Department, and a Health Visitor attends Clinic Sessions, carries out home visiting and ascertainment and follow-up of contacts. During the year a total of 325 contacts were dealt with, including 4 from outside of the Borough boundary, 232 home visits were paid for purposes of tracing, skin-testing and advising.

(c) B.C.G. Vaccination:

The B.C.G. Vaccination scheme was continued this year. On receiving the parents' consent the children in the 12 year old age group are given a skin test in school or at the Clinic. This is read 72 hours later and the negative children given the B.C.G. Vaccination.

Families who have children who are HEAF positive are persuaded to attend the Chest Clinic for a 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 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.

	No. of Children Eligible	No. of Consents	No. Skin Tested	No. Mantoux negative	No. Mantoux positive	No. B.C.G. vaccinated
1971	1473	1245	1156	950	185	9

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	...	...	...	79
Other conditions	...	...	...	65
Total	...	...	...	145

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 Public Health Laboratory Service at Brighton.

**SECTION IV
MISCELLANEOUS**

1. Registration of Nursing Homes (Public Health Act 1936, Section 178)

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 Director of Nursing Services also visits to advise the Medical Officer of Health on the nursing standard provided.

No. of Nursing Homes registered	...	...	...	16
Beds available—Maternity	...	...	...	Nil
General	...	...	...	394

The Conduct of Nursing Homes Regulations 1963, made under the Nursing Homes Act 1963, prescribed 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. Medical Examinations:

Consideration had been given during 1969 to the necessity or otherwise of the previous practice of full medical examination and X-ray as a routine of all staff appointed to the local authority service and in order to save medical manpower and X-ray expense a new system was introduced at the start of January 1970.

Certain groups of staff are required by regulation or desirability to undergo a full medical examination, usually including X-ray of chest, such being teacher training college entrants, teachers on first appointment, firemen, ambulancemen, drivers of passenger service vehicles and water undertaking staff, this last including a blood test in certain instances.

All other staff now submit only a confidential declaration of health which is scrutinised by the medical staff: most can be cleared at once, but if doubt exists a medical examination is arranged. X-rays are not now required of clerical and administrative staff.

It was found possible to deal with 451 staff on the declaration alone out of a total of 637 referrals.

Declarations of Health:

Teachers	...	...	...	50
Weekly Staff—Pre-employment and Sick Pay	...	...	...	271
Superannuation	...	...	...	18
Salaried Staff—Pre-employment	...	...	...	111
Fire Brigade	...	...	...	1
				451

Medicals:

Teachers	...	...	...	10
Teacher Training (Admissions)	...	...	...	75
Outward Bound Course	...	...	...	5

Weekly Staff—Pre-employment and Sick Pay	...	...	...	...	...	22
Superannuation	...	...	...	...	...	1
Salaried Staff—Pre-employment	...	...	...	...	...	3
Fitness for Work	...	...	...	...	...	—
Water	...	...	...	...	...	7
Ambulance	...	...	...	...	...	3
Fire Brigade	...	...	...	...	...	4
Abattoir	...	...	...	...	...	23
Heavy Goods Vehicle	...	...	...	...	...	30
For other Local Authorities	...	...	...	...	...	3
						<hr/> 186
X-ray only	...	...	...	...	...	<hr/>5
Blood Tests only—Waterworks Employees	...	...	...	...	...	<hr/>35

3. 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 mostly elderly people who cannot afford private chiropody treatment.

501 patients, including 80 new ones, received 2,056 treatments at the Clinic (313 sessions), whilst 311 including 76 new ones received 1,027 domiciliary treatments (210.8 sessions).

SECTION V ENVIRONMENTAL HEALTH

(A) WATER SUPPLY

The Borough 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 88,000 in winter, increasing to about 150,000 in summer. The average daily consumption of water is 17,887 m³ (3,935,000 gallons) a day with a maximum daily consumption of 23,128 m³ (5,087,000 gallons) during the summer season.

2. Sources of Supply:

The Water Undertaking derives its supplies from two reservoir 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 6,528,740 m³ (1,436,118,000 gallons).

3. Quality of Water:

All raw water from the impounding reservoirs is conveyed by pipeline to the Brede Valley Pumping Station, where it receives chemical treatment, sedimentation and filtration, and as an additional safeguard the water is sterilised by the addition of chlorine before being pumped to supply.

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

Information incorporated below in connection with the queries of the Department of Health and Social Security.

(a) The Undertaking's supply has been maintained at the usual high standard of purity during 1971, and in addition there has been no shortage of water at any period of the year.

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

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

Chemical analysis of raw and treated water has also been carried out. 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: Baldslow Service Reservoir—Tap on Outlet Main.

Residual chlorine: Trace.

	1 day at 37° C	2 days at 37° C	3 days at 20-22° C
No. of Colonies developing on Agar	0 per ml.	0 per ml.	0 per ml.
	Present in	Absent from	Probable No.
Presumptive Coliform reaction	— ml.	100 ml.	0 per 100 ml.
Bact. coli (Type 1)	— ml.	100 ml.	0 per 100 ml.
Cl. Welchii reaction	— ml.	100 ml.	

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

12th May, 1971

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

Chemical Results in parts per million

Labelled: Treated Water Tap on Pumping Main—Brede Pumping Station.

Appearance: Clear and Bright.

Turbidity (A.P.H.A. units): Nil.

Colour (Hazen) 3. Odour: Nil.

pH: 7.4. Free Carbon Dioxide: 4.

Electric Conductivity: 300. Dissolved Solids dried at 180°C.: 210.

Chlorine present as Chloride: 34. Alkalinity as Calcium Carbonate: 45.

Hardness: Total 135. Carbonate: 45. Non-carbonate: 90.

Nitrate Nitrogen: 4.6. Nitrite Nitrogen: Absent.

Ammoniacal Nitrogen: 0.00. Oxygen Absorbed: 1.1.

Albuminoid Nitrogen: 0.03. Residual Chlorine: 0.04.

Metals: Copper 0.08. Manganese 0.03. Aluminium 0.12. Zinc and Lead absent.

This sample is clear and bright in appearance, just on the alkaline side of neutrality and free from metals apart from minute traces of copper, manganese and aluminium. The water is moderately hard in character and it contains no excess of mineral constituents. It is practically 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.

23rd February, 1971

(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, the condition rectified without delay, and further samples taken as necessary.

(e) The number of properties supplied with water for domestic purposes within the Borough of Hastings is 32,809. In addition 6,577 such premises outside the Borough now have piped supplies. Houses are not supplied from standpipes, except in cases of breakdown or frozen pipes.

(B) DRAINAGE AND SEWERAGE

I am indebted to the Borough Surveyor, Mr. C. R. Cowlin, for the following report:—

The Department of the Environment has given permission for tenders to be invited for carrying out the fourth contract of the Western Area Main Drainage scheme. The tender documents are being prepared and work on site should begin in 1972.

Permission has also been received to invite tenders for Stage 5 of the Ore Valley Main Drainage Scheme and the Contractor should be on site in 1972.

Flooding was experienced in various parts of the Borough as a result of torrential rain which fell in June and August. Remedial works included the replacement of the existing Hollington stream culvert under Fernside Avenue with a pipe 66 inches in diameter.

A surface water sewer was laid between Mildenhall Drive and Battle Road and the existing foul sewer across the site of the former Tivoli allotments was replaced by a sewer at a lower level. Both these new sewers were needed to permit the former allotment site to be laid out as a playing field.

A sewer near Fern Road was damaged beyond repair due to earth movement and was replaced along a new line.

Repairs to broken sewers have included work in Linton Road, Ashburnham Road, Linley Drive, Upper Church Road, Frederick Road, Old Roar Ghyll, St. Helen's Road, Stonehouse Drive, Sedlescombe Road North, Castle Hill Passage and Hollington Old Lane.

Routine maintenance, sewer survey and inspection have continued.

In general, the arrangements for sewerage and sewage disposal within the Borough are reasonably adequate.

Collection and disposal of Domestic Refuse:

The Council's fleet of refuse collection vehicles consists of:
7-50 cu. yd. S & D Pakamatics (1 fitted with Bulk Handling Attachment).
1-60 cu. yd. Norba/Ford Refuse Collector (fitted with Bulk Handling Attachment).
1-16 cu. yd. S & D (Fore and Aft Tip) Refuse Collector.
1-40 cu. yd. Ford Pantehnicon Waste Paper Collection Vehicle.

Arrangements are being made to replace 5 of the above vehicles by new vehicles during the current year.

The County Borough Area is split into 8 collection zones and a minimum of one clearance per week is effected. Direct Labour involved averages 50 operatives including 5 sorters at the Salvage Depot and 4 attendants on the controlled tip at Pebsham.

The total quantity of refuse collected, transported and disposed of at Pebsham Tip was estimated to be 32,760 tons and an additional 10,800 tons was taken to the Tip by Bexhill Corporation.

The changeover to gas and oil-fired heating, together with the increased use of packaging continues the trend of reducing the density of the refuse collected, while increasing the volume.

The sale of approximately 394 tons of waste paper produced a revenue of £3,937.

Street Cleansing:

The routine service was maintained throughout the year.

SECTION VI
PUBLIC HEALTH INSPECTION

The Chief Public Health Inspector, Mr. Edgar Jackson, reports as follows:—

I have pleasure in making my first report upon the work carried out by the Public Health Inspectors, and to have had the privilege of succeeding Mr. W. G. McDonald in the office of Chief Inspector after serving 15 years as his Deputy. I would like to add my personal tribute to an officer who was keen and enthusiastic about all facets of his work, particularly in the fields of housing, meat inspection and food hygiene, and who was considerate to all with whom he came in contact.

It has given me particular pleasure also, that Mr. David C. Funnell was promoted Deputy Chief Inspector. After being trained as a pupil in the department he was subsequently, after qualification, District Inspector and in recent years specialist Food Hygiene Inspector.

A full establishment of Inspectors was achieved during the year for the first time in many years which enabled the increased duties in housing improvement, both individual and in a general improvement area, to be dealt with. A start was made in the inspection of houses in multiple occupation following the adoption by the Council of minimum standards for such premises. Details of inspections made and progress attained are given under the respective headings.

(A) HOUSING

Inspection of Dwelling Houses:

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	879
(b) Number of inspections made for the purpose	2,287
(2) (a) Number of dwelling houses (including sub-head (1) above) which were inspected and recorded	396
(b) Number of inspections made for the purpose	671
(3) Number of dwelling houses found to be unfit for human habitation	21
(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	188

Houses Demolished:	Houses Demolished	Displaced	
		Persons	Families
(1) In clearance areas—			
Housing Act, 1957			
Houses unfit for human habitation	—	—	—
Included by reason of bad arrangement	—	—	—
On land acquired under Section 43(2)	—	—	—
(2) Not in clearance areas—			
As a result of formal or informal procedure under Section 17(1)	2	13	3
L.A. owned houses certified unfit by the Medical Officer of Health	—	—	—
	Number	Displaced	
		Persons	Families
Unfit Houses Closed:			
Under Sections 16(4), 17(1), 35(1)	5	13	4
Under Sections 17(3) and 26	—	—	—
Parts of Buildings Closed under Section 18	5	13	4
	By Owner	By Local Authority	
Unfit Houses Made Fit and Houses in which Defects were remedied:			
After informal action by L.A.	208	—	—
Under formal notice under Public Health Act	13	13	—
After formal notice under Section 9 & 16 H.A.	5	—	—
Under Section 24, Housing Act, 1957	—	—	—

Proceedings under Sec. 17 Housing Act 1957:—

(1) Number of dwelling houses in respect of which demolition orders were made	10
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Proceedings under Sec. 18 Housing Act 1957:—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	7
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	5
(3) Closing Orders made (Sec. 17. H.A. 1957)	4
(4) Undertakings (not used for habitation)	Nil
(5) Closing Orders determined	6

Overcrowding:

(a) (i) Number of dwellings overcrowded	12
(ii) Number of families dwelling therein	12
(iii) Number of persons dwelling therein	70
(b) Number of new cases of overcrowding reported	12
(c) (i) Number of cases of overcrowding relieved	5
(ii) Number of persons concerned in such cases	35

(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 Nil

Clearance Areas:

No clearance areas were declared during the year.

Individual Unfit Houses:

21 dwellings were represented as unfit, resulting in 11 Closing Orders and 10 demolition orders being made.

11 families (39 persons) living in unfit dwellings on which Demolition or Closing Orders were operative were found new accommodation during the year.

After comprehensive repair and improvement, 11 Closing Orders were determined. In all, this action has resulted in 177 dwellings being restored to usefulness so far.

Tackleway/All Saints Street General Improvement Area:

This area was declared in December 1970 and most of the year has been given over to investigating and estimating costs of the various improvements which it is hoped will be carried out. It is expected to put these proposals to a public meeting of the residents early in 1972 with the hope that some of the improvements can be started later in the year. In the case of some of the houses in the area which were excluded from the Council's Slum Clearance proposals, the improvements cannot be carried out until the clearance area sites have been cleared and the land made available to the individual owners.

West Hill Improvement Area—Housing Act 1964:

At the end of the year 59 immediate improvement notices had not been complied with but work was in progress in 19 cases. Since the area was declared 102 tenanted dwellings and 74 owner occupied dwellings have been improved in the area.

The procedure under this Act is cumbersome and puts no onus on an owner occupier to carry out improvements, nor does it put any pressure on a tenant to accept improvement. This part of the Act has been repealed except insofar as it relates to existing areas already declared.

103 suspended improvement notices were served in respect of dwellings the tenants of which refused to accept improvement and these will come up for review in April 1973. The Council has two alternatives, to offer alternative accommodation to the tenants, or allow the notices to lapse. As the Council is unlikely to have 103 houses available for this purpose in 1973, undoubtedly the notices will have to lapse. Although some 200 houses in the area will have been improved, the exercise can hardly be called an unqualified success.

Rent Act 1957:

No applications for Certificates of disrepair were received during the year. **Disrepair.** 860 (979) complaints were investigated, 238 (289) notices were served requiring repairs, 208 (222) notices calling for necessary works under Housing and Public Health Acts were complied with without recourse to formal action.

Housing Act 1969—Rent Provisions:

This Act contains provision for the conversion of Controlled Tenancies into Regulated Tenancies with a registered fair rent. These provisions apply to a house which has all the Standard amenities and is otherwise fit for human habitation or where the Landlord is prepared to bring the house up to the required standard.

Up to the end of the year, the following applications for Certificates had been received:—

Cases where Improvements are to be carried out:—

Number of applications received	...	...	...	27
Certificates of Provisional Approval issued	...	...	...	22
Qualification Certificates issued	...	...	...	37

Cases where Amenities already provided:

Number of applications received	...	...	...	61
Qualification Certificates issued	...	...	...	42

Improvement Grants:

The following grants were approved during the year:—

Standard Grants	...	...	...	...	21
Improvement Grants	...	...	...	...	240

The applications for standard grant have steadily declined as more owners are prepared to thoroughly renovate and modernise their property.

The total amount approved for grant other than standard grant was:—

For conversion of houses into two or more dwellings	...	...	...	...	£60,495
Improvement of individual houses	...	...	...	...	£96,397
Total	...	...	...	...	<u>£156,892</u>

Rehousing Applications:

Reports and recommendations were made after investigation of home conditions of 78 families on the waiting list.

12 were found to be living in very overcrowded conditions, and 37 in unsatisfactory conditions for medical and social reasons; all of these were considered to be in urgent need.

Housing Act 1961—Houses in Multiple Occupation:

There are, in the Borough, many houses let in lodgings or occupied by members of more than one family. A number of these properties have been allowed to become defective over the past few years and a problem has been created. In order that these properties may be brought up to a satisfactory standard, and that any further properties converted to this type of use may conform, the local authority this year adopted a Standard of Facilities for Houses in Multiple Occupation which relates to such matters as lighting, ventilation, water supply, washing facilities, drainage, sanitary conveniences, food preparation, heating, refuse, storage, means of escape in case of fire and fire precautions. A start has been made on surveying some of this type of property and it is hoped gradually

to improve the standard of this type of dwelling throughout the Borough. When such properties are found the owners are advised of their entitlement with regard to improvement grants for conversion to self-contained flats and the policy of this type of conversion is being pursued wherever possible. Close liaison is maintained with the Chief Fire Officer with regard to the fire provisions.

Summary:

5,220 visits, an increase of 97 were made in respect of housing matters.

Year.	No of families re-housed.				
	Overcrowding, &c.	Medical reasons.	Individual unfit houses. Closing and Demolition Orders.	Clearance Areas.	Unfit Houses owned by L.A.
1962	4	6	16	114	2
1963	8	14	24	59	2
1964	2	25	29	37	—
1965	2	17	20	70	—
1966	4	18	23	40	—
1967	4	21	41	40	—
1968	2	11	20	7	—
1969	4	23	13	—	—
1970	6	30	13	—	—
1971	5	25	11	—	—

INSPECTION OF DWELLING HOUSES

Housing Acts:—

Houses inspected and recorded	396
Re-Inspections	671
Houses inspected re-Improvement Grants	1,530
Houses inspected in General Improvement Areas	470
Houses in multiple Occupation inspected	73
Houses found not to be in all respects fit	188
Informal Notices Served	98
Houses Rendered Fit following Informal Action	109

Public Health Act:—

Houses inspected	356
Re-Inspections	521
Informal notices served	238
Houses rendered fit following informal action	208
Other premises inspected	127
Re-Inspections	216
Complaints investigated	860

(B) FOOD
(I) MEAT

TABLE I
Abattoir Output - Comparative Table

Year	Cattle	Calves	Sheep	Pigs
1962	2,140	1,081	4,083	9,635
1963	2,191	913	3,247	9,089
1964	2,093	737	4,516	10,403
1965	2,844	582	7,562	11,505
1966	4,767	728	21,194	16,134
1967	5,687	1,204	16,887	14,193
1968	6,305	1,916	11,779	14,248
1969	10,333	1,178	12,703	27,133
1970	7,834	915	23,109	28,392
1971	6,407	567	11,226	21,250

During 1971 the number of animals passing through the Abattoir showed a decline in all categories (39,450 as compared with 60,250 in 1970) and in terms of cattle units 19,726 against 26,957. This was due primarily to the withdrawal of one large firm who opened a new large abattoir elsewhere and whose throughput was never adequately replaced. The local trade remained static, and the export market erratic being particularly affected by the 'Stop-Go' policies of the French authorities.

The Council supported the efforts of Manchester and other large authorities with new public abattoirs in attempts to get the government to mitigate the serious financial losses being sustained by such authorities when in competition with older private slaughterhouses, with inferior standards of hygiene and consequent lower charges. These attempts proved unavailing and in the light of the existing trading situation and the future expressed policy of the government, the four joint authorities responsible for the Abattoir decided to lease the premises to the Hastings Abattoir Co., as from 1st January, 1972. The Ministry Veterinary Officers from the Slaughterhouse Division of the Ministry of Agriculture, Fisheries and Food requested the provision of additional foot operated hand washing units and steam sterilisers adjacent to all working stands were installed in order to comply with E.E.C. standards for export slaughterhouses. These improvements, together with some necessary repairs to wall and floor tiling, were carried out at the expense of the local authorities.

It is felt that these standards of equipment and hygiene should eventually be adopted for all slaughterhouses by amendment of the appropriate Regulations.

TABLE II
CARCASES INSPECTED AND CONDEMNED DURING 1971
 (Figures for 1970 in brackets)

	Cattle	Calves	Sheep and Lambs	Pigs
No. killed	6407 (7834)	567 (915)	11226 (23109)	21250 (28392)
No. inspected	6407 (7834)	567 (915)	11226 (23109)	21250 (28392)
All diseases except Tuberculosis				
Whole carcasses condemned...	21 (24)	6 (13)	18 (49)	48 (117)
Carcases of which some part or organ condemned ...	1533 (3773)	28 (5)	658 (4890)	1625 (4421)
Percentage of the number affected with disease other than tuberculosis ...	24.25 (48.47)	6.00 (1.97)	6.02 (21.37)	7.87 (15.98)
Tuberculosis only				
Whole carcasses condemned...	— (—)	— (—)	— (—)	— (1)
Carcases of which some part or organ condemned ...	— (—)	— (—)	— (—)	— (4)
Percentage of the number affected with tuberculosis	— (—)	— (—)	— (—)	— (0.02)
Cysticercosis				
Carcases of which some part or organ condemned ...	4 (6)	— (—)	— (—)	— (—)
Carcases submitted to treatment by refrigeration ...	4 (6)	— (—)	— (—)	— (—)
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	—	—	—	—
Offal	—	—	—	—

TOTAL WEIGHT CONDEMNED FOR DISEASES OTHER THAN TUBERCULOSIS

	<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Carcase Meat	10	3	1	26
Offal	8	—	2	10

(II) IMPORTED FOOD REGULATIONS 1968

Two meat wholesale depots in Hastings receive regular weekly consignments of beef from Southern Ireland in sealed containers. The meat is inspected at their premises prior to distribution to local butchers. It is of good quality and arrives in excellent condition. During the year 123 inspections were made in this connection.

(III) FOOD AND DRUGS ACT 1955

During the year 175 samples were taken for analysis. Details are as follows:—

Milk:	Formal samples ...	...	—
	Informal samples ...	...	68	
			—————	68
Sundries:	Formal samples ...	...	5	
	Informal samples ...	...	89	
	Special investigations ...	...	2	
			—————	96
Ice Cream:	Formal samples ...	...	—
	Informal samples ...	...	11	
			—————	11
				—————
				175

6 informal samples of milk were sent to the Public Analyst following complaints of black specks in the milk. The Analyst reported that 5 of the samples contained particles of foreign matter but that the limit of 20 parts per million of moist dirt in milk recommended by the old Society of Public Analysts in 1937 had not been exceeded. He also felt that with the advance of dairy technology in the past 30 years milk should not contain visible dirt of foreign matter at all—a sentiment with which there must be full agreement! Informal discussions with the dairies concerned have resulted in a better standard being attained, but this appears to be a national problem which needs to be looked at nationally.

62 samples of milk were tested by use of equipment in the department laboratory. One result was unobtainable due to technical difficulties, but in all 61 other cases satisfactory results were received.

The programme of informal sampling of sundries with follow-up formal samples where necessary continued, particulars of unsatisfactory reports received and action taken were as follows:—

<i>No.</i>	<i>Item</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
1739	Brawn (informal)	Contained hairs.	Taken up with retailer and manufacturer.
1759	Pork Sausages without preservative. (informal)	Contained preservatives. Meat content 63%.	Formal sample taken.
1760	Cornish Pasties (informal)	Contained no potatoes and onion.	Taken up with manufacturer.
1761	Pork Sausages without preservative. (formal).	Contained preservatives.	Taken up with retailer.

1762	Chopped Ham and Pork. (informal).	80% meat.	Formal sample taken.
1765	Pork Sausages without preservative. (informal).	Contained preservatives.	Taken up with retailer.
1767	Cornish Pasties. (informal).	8.6% meat content.	Taken up with manufacturer. Follow-up sample taken.
1770	Beef Patties. (informal).	37% deficient in meat content.	Letter to manufacturer.
1771	Chicken Pies. (informal).	42% deficient in meat content.	Follow-up sample taken.
1775	Steak and Kidney Pudding. (informal).	Contained only 1.6% recognisable pieces of kidney.	Taken up with manufacturer.
1777	Chopped Pork and Ham. (formal).	78.6% meat.	Prosecution—case proved. £75 fine plus £75 costs.
1778	Cheese Spread with Salmon.	Bitter and bacterial deterioration.	Taken up with retailer.
1784	Pork Sausages without preservative. (informal).	Contained 900 p.p.m.— So^2	Taken up with manufacturer. Follow-up sample taken.
1793	Lemon Slices. (informal).	Contained preservatives.	Taken up with manufacturer.
1796	Pork Sausages without preservatives. (informal).	Contained preservatives.	Taken up with manufacturer.
1800	Frankfurters. (informal).	7% deficient in meat.	Taken up with manufacturer.
1809	Beef Sausages without preservatives. (informal).	Contained preservative.	Sign now displayed.
1810	Pork Sausages without preservatives. (informal).	Contained too much preservative.	Taken up with butcher. Follow-up sample taken.
1814	American Gums. (informal).	Misdescribed as gum. Also 1 colour not permitted.	Letter to manufacturer.
1817	Pork Sausages without preservative. (informal).	Contained preservatives.	Taken up with manufacturer.
1824	Minced Beef Pies. (informal).	Meat content should be 24.8 gms. Only contained 18 gms.	Letter to manufacturer.
1829	Hamburgers. (informal).	75% meat. Must contain 80%.	Letter to manufacturer.

With regard to the unsatisfactory sample of chopped Pork and Ham, the company concerned pleaded not guilty when the case was heard at Hastings Magistrates' Court. The prosecution maintained that although no legal standard existed for the product, a meat content of 90% was reasonable. Expert evidence was given by the Public Analysts for the prosecution and a chemist for the defence. The Justices found the case proved and ruled that the meat content ought to be a minimum of 90% and that the sample only contained 78.6%. The company was fined £75 and £75 costs were awarded to the local authority.

This case may well be of considerable importance nationally as a standard has now been set by the local Justices which could be referred to in subsequent cases. The case also underlines the weakness in not having a legal standard for such products.

Special Investigations:

The number of complaints relating to food stuffs received from members of the public reached the record figure of 69 compared with the relatively high figure of 47 in the previous year. Reference was made last year to the increasing awareness of the public with regard to the condition of food purchased. This has been highlighted during 1971 by the wide coverage by press and television of such items as date stamping of food and food freshness generally. This increasing interest is very welcome and has enabled the Public Health Inspectorate to take steps to put right a number of errors in production, stock rotation and retailing. The report of the Food Standards Committee with regard to date stamping of perishable prepacked foods is awaited with interest.

All the complaints received were investigated. These related to two main categories, food affected by mould and food containing foreign bodies. Many of the former complaints were dealt with by advice and warnings from the inspector concerned, but in one case of a mouldy pie, which the retailer admitted to having for 5 weeks, a prosecution was authorised and upon conviction he was fined £25. It is disturbing to find that, despite intense publicity, many retailers, both large and small, do not operate a system of coding or dating which ensures the freshness of the product they are selling.

The foreign bodies in food complained of varied from pieces of metal and glass to worms. Again advice and warnings were sufficient in all but one case. Here a large manufacturer was prosecuted for manufacturing a pie containing a sliver of metal which might have had serious effects if swallowed.

(IV) ICE CREAM

16 premises are registered for the manufacture of ice cream and 636 for sale and storage.

170 visits were made to ice cream premises where conditions generally were found to be good. From April to September regular routine sampling of ice cream was carried out, the samples being submitted to the Public Health Laboratory for bacteriological examination and to the Public Analyst for chemical analysis. July and August proved to be the worst months so far as bacteriological standards were concerned and manufacturers must realise that a drop in hygienic standards because of increase in business is not acceptable. So far as the methylene blue test is concerned, 54% were classified grade 1, 17% grade 2, 12% grade 3 and 17% grade 4. The two latter grades indicate defects in hygiene in manufacturing or handling.

Of 11 samples submitted for analysis, all proved to be satisfactory.

(V) MILK

A total of 102 visits for all purposes was made to milk premises, the drop in the number of visits being due to the exceptionally high figure in 1970 when all licences were renewed.

Milk (Special Designation) Regulations 1963-65:

No. of dealers (Pasteurisers) licences	...	...	...	...	...	1
No. of dealers:						
(Pasteurised, Sterilised, Ultra Heat Treated and Untreated)	...					128

Sampling:

The routine bacteriological sampling of designated milks continued throughout the year when 163 samples were taken and submitted to the Public Health Laboratory for bacterial examination.

The overhaul of the one processing plant in the Borough mentioned last year has produced a better standard of heat treated milk during 1971 although all samples have not been satisfactory and frequent consultation with the management has been found necessary to maintain a reasonable standard. The number of producers of untreated milk serving the Borough has dropped to two this year, but failures of the methylene blue test indicate that more stringent hygiene in farm premises is called for.

Pasteurised Milk:

106 samples were taken from all sources. 4 failed the phosphatase test indicating failure to pasteurise correctly, and 4 also failed the methylene blue test indicating a defect in hygiene.

Sterilised Milk:

All 19 samples passed the turbidity test.

Ultra Heat Treated Milk:

No samples were taken.

Untreated Milk:

Of the 26 samples taken all but 3 passed the methylene blue test. The failures all occurred in July and August, a clear indication of neglect of hygiene during the busiest period of the farming year.

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	26	23	3	Not	applicable.
Channel Isle Pasteurised	33	32	1	31	2
Pasteurised	73	70	3	71	2

Biological Examination of Milk:

Untreated milk which is bottled on the farm is now distributed from only two producers both of whom are within the Borough. 26 samples were taken during the year and it is pleasing to note that no case of tubercular infected milk or brucella milk was found.

No.	T.B. Test		Brucella Ring Test	
	Positive	Negative	Positive	Negative
26	—	26	—	26

(VI) OTHER FOODS

During the year the following foodstuffs, which were unfit for human consumption, were voluntarily surrendered from wholesalers and retailers premises and disposed of by the local authority at the refuse tip:—

	<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Meat	1	10	—	8½
Compounded Foods	—	1	2	23
Fish	1	19	—	27½
Poultry and Game	—	1	1	11¼
Shell Fish	—	—	3	10
Milk	—	—	2	25½
Fruit	—	19	1	7¼
Vegetables	—	12	3	3
Groceries	—	15	—	16½
Ice Cream	—	—	—	5
Sweets, etc.	7	19	2	22½
Frozen Foods	1	1	3	17¾
Miscellaneous	—	—	—	2¼
	15	2	3	12

The high figure of sweets, etc., is accounted for by 7 tons of liquid glucose being accidentally contaminated at a local sweet factory by a delivery of fuel oil.

(VII) FOOD HYGIENE

Inspection of Premises where food is prepared or exposed for Sale:

Food Premises:

The number of food premises is as follows:—

Preparation and cooking:—

Hotels and Guest Houses	156
Restaurants and Cafes	124
School Kitchens and W.R.V.S. Kitchens	18
Bakehouses	14
Fried Fish premises	20
Food factories	9

— 341

Retail:—

Grocers	...	...	...	...	...	142
Fish Shops	...	...	...	...	...	8
Bakers	...	...	...	...	...	34
Butchers	...	...	...	...	...	49
Confectioners	...	...	...	...	...	35
Greengrocers	...	...	...	...	...	52
Licensed premises	...	...	...	...	...	82
						<hr/> 402
					Total	<hr/> 743

Registered Food Premises:

Food and Drugs Act 1955 and Hastings Corporation (General Powers) Act 1937.

Ice Cream Manufacturers	...	...	...	...	...	16
Ice Cream Retailers	...	...	...	...	...	636
Preserved Meats (includes Fish Fryers)	...	...	...	...	...	102
Fish Hawkers	...	...	...	...	...	30

Milk and Dairies Regulations 1959.

Pasteurising Plants	...	...	...	...	...	1
Distributors	...	...	...	...	...	128

Inspections of Food Premises:

	<i>Inspections</i>
Bakehouses	31
Butchers	243
Cafes and Restaurants	299
Chemists	11
Confectioners—Cakes	69
Sweets	92
Dairies and Milk Dealers	102
Fish Shops—wet	36
fried	13
Fishmarket	301
Food Manufacturers	90
Factory Canteens	3
Grocers	195
Greengrocers	165
Hotels and Licensed Premises	110
Guest Houses	173
Ice Cream—manufacturers	92
sale and storage	78
School Kitchens	39
Supermarkets	59
Warehouses	106
Abattoir	249
Unfit Food	320
Inspected Food	123
	<hr/> 2,999

Contraventions Found and Remedied in connection with Food Premises:

							<i>Found</i>	<i>Remedied</i>
Contraventions	...	...	...	...	...	...	381	154
Stalls and Vehicles	...	...	...	...	...	...	11	3

General:

The year was a notable one if only for the fact that a full staff of Public Health Inspectors was attained for the first time since 1964. Following the retirement of Mr. W. G. McDonald in May and subsequent promotion, some reorganization of the duties of the District Inspectorate took place. Following the qualification of a trainee in July, it was decided to allocate one quarter of the Borough to each inspector so far as food inspection was concerned.

The rise in the number of contraventions found in food premises, 381 compared with 174, underlines the importance of maintaining a full inspectoral staff which can carry out necessary routine inspections. By the end of the year 154 of these contraventions had been remedied but much work still remains to be done to bring a number of premises up to an acceptable standard.

The Food Hygiene (General) Regulations 1970 came into operation on 1st March. These regulations consolidated the previous 1960 regulations and one new addition, which proved to be controversial, was that relating to the screening of open food on display from possible contamination. A letter was sent to all traders concerned in January explaining the new requirements. The bakery, butchery and greengrocery trades were most affected. In the case of the former, compliance with the regulations was attained with good co-operation from local bakers. Unfortunately, traditions die hard and local butchers persist in hanging open meat on the customer side of the counter and displaying joints where they are exposed to contamination from the customer. Many greengrocers have been persuaded to protect food displayed outside their shops, but a hard core still persist in open displays, this being particularly so during the soft fruit season. If advice and persuasive methods are not heeded legal action may well be necessary in these cases.

A local restaurateur was prosecuted for 41 contraventions of the Food Hygiene Regulations and convictions were obtained on 40 counts resulting in fines totalling £200 and an Order was made by the local magistrates under Section 14 of the Food and Drugs Act 1955 prohibiting the person convicted from carrying on a catering business at the premises for two years. Unfortunately the Order relates to the person only and, as the law stands, no Order can be made to keep the premises closed. An unscrupulous person can, therefore, open the restaurant in the same deplorable condition and expose members of the public to considerable danger from possible food poisoning. This weakness in food legislation has been ignored by successive governments despite continual representations by local authorities and professional bodies. It is to be hoped that new legislation will soon be drafted to close this loophole.

(VIII) FOOD HYGIENE—EDUCATIONAL PROGRAMME

Three courses, to enable students to sit for the Certificate in the Hygiene of Food Retailing and Catering issued by the Royal Society of Health, were run during the year for members of the school meals staff. 50 members of staff attended from all the school kitchens and it is pleasing to note that 40 were successful

in obtaining the Certificate. This means that in every school kitchen in the Borough a nucleus of workers now exists who have a working knowledge of the dangers of food poisoning and the food hygiene practices necessary in prevention. It is hoped to continue these courses in the future. The co-operation and interest shown by the school meals organizer in this connection is much appreciated. A number of specialist lectures have been given at the College of Further Education in connection with the various courses run there which means that contact is made with a number of staff employed in the private sector of the catering industry. At the time of writing arrangements are in hand to give a series of talks on food hygiene to staff employed in a large local factory producing sausages and cooked meats. This is a very welcome development and the co-operation of the management of the firm concerned is very welcome. It is hoped that other firms employing large numbers of food handlers will follow this lead.

SECTION VII
ENVIRONMENTAL CONTROL — MISCELLANEOUS

(A) OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Table 'A'—Registrations and General Inspections

	No. registered during 1971	Total registered premises at the end of the year	No. of general inspect'ns.
Offices	18	248	43
Retail Shops	20	634	111
Wholesale shops, warehouses	2	42	10
Catering Establishments ...	2	97	45
Fuel Storage Depots ...	—	—	—
Totals	42	1021	209

Table 'B'—Number of visits of all kinds by inspectors ... 437

Table 'C'—Analysis of Persons Employed in Registered Premises by Work Place

Class of Workplace	No. employed
Offices	2440
Retail Shops	2992
Wholesale depts., warehouses	421
Catering Establishments ...	756
Canteens	22
Fuel Storage Depots ...	—
Total	6631
Total males	2926
Total females	3705

TABLE D—EXEMPTIONS

Part I — space (Section 5(2)) —

I exemption for an office granted during the year.

I exemption for an office current at end of year.

I exemption for an office withdrawn during the year.

Part II — temperature (Section 6) —

No applications for exemption received.

Part III — sanitary conveniences (Section 9) —

1 exemption for an office withdrawn during the year.

1 exemption for a shop withdrawn during the year.

Part IV — washing facilities (Section 10(i)) —

1 exemption for an office withdrawn during the year.

1 exemption for a shop withdrawn during the year.

TABLE E—PROSECUTIONS

There was one prosecution under Section 18(1) of the Act during the year.

TABLE F—INSPECTORS

No. of inspectors appointed under Section 52(1) or (5) of the Act ...	5
No. of other staff employed for most of their time on work in connection with the Act	Nil

Contraventions:

Found 279. Remedied 153.

This Act has now been in force for seven and a half years. Numerous Orders and Regulations have been made subsequently and a host of circulars issued by government departments. Enforcement is carried out by H.M. Inspectors of Factories, H.M. Inspectors of Mines and Quarries, Fire Authorities and Local Authorities.

The Act and Regulations relate to all matters concerned with the safety, health and welfare of persons employed to work in offices, shops and certain railway premises, and the enforcement of the legislation so far as this Local Authority is concerned, is delegated to the Public Health Inspectorate. A full staff of inspectors was not attained until July but despite this, considerable inroads were made into the backlog of general inspections (209 compared with 136 last year) which have built up over the past few years because of consistent staff shortages. It is hoped that in 1972 100% inspection will be achieved.

Inspections carried out have not brought to light many serious deficiencies, although the condition of a number of lifts and hoists has given rise to concern, but in most cases defects have been rectified when attention has been drawn to them. It is hoped to educate employers and managers so that they do not wait to be told by an inspector of a defect but remedy it themselves before accidents occur to staff.

Accidents which occur in premises subject to the Act and cause the death of an employee, or disable an employee so that he is prevented from doing his usual work for more than three days, must be notified to the enforcing authority.

Twenty-four accidents have been reported to the Local Authority during the year and it is pleasing to note that none of these were fatal. As a result of one report a company operating a local supermarket was prosecuted under Section 18(1) of the Act for permitting a young person to clean a bacon slicer. The company pleaded not guilty but the local magistrates found the case proved and fined the company £20. The young person in question sustained a deep cut to his hand which necessitated eight stitches. This type of case highlights the dangerous nature of food slicing machines and the importance of proper supervision and training of staff operating and cleaning them. The leaflet issued by the Department of Employment has played a useful part in this respect.

The other accidents reported related to falls, cuts by knives and damage to feet by trucks. The crushing of toes by various types of trucks used in warehouses is becoming an occupational hazard. When loaded these trucks are very heavy and can cause serious injury to an employee's foot. Due to the height of stacked goods and the silent operation of the trucks they are not seen easily from one gangway to the next.

A solution to the problem is for employees to wear shoes having internal steel toe caps. Light, neat and stylish shoes of this type are easily obtainable. Very few employees wear such shoes and are less likely to when a bonus scheme is in operation which bears a direct relationship to speed and walking distance during the day. The amount of weight carried on footwear has a direct bearing on earnings.

The appropriate government department may feel that a detailed survey of footwear worn by employees at risk in a typical large wholesale food warehouse would give an indication as to steps which might be taken to alleviate the problem of toes being crushed by truck wheels.

(B) SHOPS ACT 1950

Shops (Early Closing Day) Act 1965:

The local Order under Section 41 of the 1950 Act relating to an extension of evening closing hours during the months of June, July, August and September until 9.30 p.m. on weekdays and Sundays and 10 p.m. on Saturdays for the serving of specified articles continues in force. This order relates to streets and areas most frequented by holidaymakers and these are clearly set out. No problems have arisen in this connection.

Following a poll of members by the Chamber of Commerce and a census of opinion of various classes of shopkeepers by the local authority, it became obvious that there was a clear majority of traders in favour of six day trading. An Order has now been made under the 1965 Act which has the effect of permitting this. A number of traders have taken advantage of the opportunity to remain open from Monday to Saturday but the habit of observing an early closing day is still kept by many. Again the change has not given rise to any difficulties and, no doubt, has resulted in a better service to the shopping public.

The Shops Sunday Trading Restriction (Hastings) Order 1938 remains in force and permits shops to open on 18 Sundays (including Easter and Spring Bank Holiday and the 16 Sundays from the first Sunday in June) for sale of bathing and fishing requisites, photographic requisites, toys, souvenirs and fancy goods, books, stationery, photographs, postcards and any article of food. The Shops (Sunday Trading) Bill has not made progress and the law remains unchanged at present. A number of anomalies created by modern developments continue to create enforcement problems and locally a trend towards "Do It Yourself" shops opening was observed early in the year. Informal action resulted in the offenders complying with the law but not before press reports had appeared which posed questions as to the desirability of the continuance of this type of legislation. It remains to be seen whether entry into the Common Market will result in the "Continental Sunday" becoming an accepted feature in this country.

The usual temporary Order under Section 43 of the 1950 Act was made extending general closing hours to 9 p.m. for the period of six days immediately preceding Christmas.

(C) 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	12	5	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	176	20	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	15	6	2	—
TOTAL	203	31	4	—

(2) CASES in WHICH DEFECTS WERE FOUND

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

Factories:

31 inspections were carried out during the year. A generally satisfactory standard was maintained. Defects were found in 6 cases relating to sanitary accommodation and cleanliness and were put right when attention was drawn to them. Liaison is maintained with H.M. Factory Inspectorate.

OUTWORKERS

Only 4 visits were made and no action was necessary under Sections 133 and 134 of the Act.

(D) AGRICULTURE (SAFETY HEALTH and WELFARE CONDITIONS) ACT 1956

The gradual extension of development continues to absorb the agricultural and horticultural holdings in the Borough. Those that remain employ little labour and no problems have arisen during the year.

(E) NOISE ABATEMENT ACT 1960

A total of 100 visits was made relating to complaints of noise nuisances of various kinds. A number of complaints related to alleged noise by neighbours and an informal approach produced satisfactory results. Noise from an automatic hammer used to demolish parts of an old building in St. Leonards created a nuisance to people living in adjoining properties but good co-operation was received from the local building firm concerned and hours of working were re-arranged to give the minimum of nuisance from the unavoidable noise and vibration.

Several complainants were advised of their right of action under the provisions of the Act.

The system of examining plans of industrial and commercial premises with the noise problem in mind has continued as a close control needs to be kept on new development with planning conditions regarding restriction of noise being attached to consents granted where necessary.

The subject of noise generally has received considerable coverage nationally during the year and it must be accepted that the noise level surrounding us during our every day lives is gradually increasing. The situation needs to be watched very closely, and it is interesting in this connection that there is a new Noise Abatement Bill in the offing which will contain a provision for the establishment of Noise Abatement Zones. It is to be hoped that these will halt the tendency for noise levels to increase and subsequently to reduce them.

(F) CLEAN AIR ACTS 1956 and 1968

All submitted plans of new factories, commercial buildings or blocks of flats are examined with a view to compliance with the above Acts.

One application for prior approval of a furnace under Section 3 of the 1956 Act was granted, and one application under Section 6 of the 1968 Act regarding chimney height was also approved.

Three complaints re dark smoke and one of grit were investigated. The latter was due to inefficient control of a hospital incinerator which, when properly operated, was perfectly satisfactory. Two of the dark smoke complaints related to burning of building materials on demolition sites. Under the Clean Air (Emission of Dark Smoke) Exemption Regulations 1969, it is virtually impossible to prohibit a bonfire consisting principally of wood. The siting of such bonfires where considered necessary, should be carefully chosen and quickly finished.

(G) CARAVAN SITES and CONTROL OF DEVELOPMENT ACT 1960

There have been no changes in the number of licensed holiday sites (nine) with accommodation for 1,612 vans. Three of the sites are affected by the Town Development Scheme and it is likely that after 1972 there could be, as a result, around 150 fewer caravan standings available. The sites are usually almost 100% occupied during the peak holiday weeks so there is literally no provision for touring vans. There is one licensed camping site with approval for up to 250 tents which is adjacent to a caravan site in the same ownership, and whilst there are separate w.c. and washing facilities for the campers, problems do sometimes arise and very frequent inspections are made, including weekends and Bank Holidays. Otherwise all the sites maintain very satisfactory standards of hygiene and management. 97 inspections were made during the year.

(H) PUBLIC SWIMMING BATHS

White Rock Baths: Large Bath—200,000 galls. Seawater—heated.
Small Bath—closed.

Bathing Pool: 1,200,000 galls. Seawater—unheated.
Combe Haven: 50,000 galls. Fresh water—heated.
Sandown School: 16,000 galls. Fresh water—heated.
St. Paul's School: 15,000 galls. Fresh water—heated.
Torfield School: 10,000 galls. Fresh water—heated.

65 samples of water were taken for bacteriological examination during the year compared with 21 in 1970. It is pleasing to report that all samples taken from the Bathing Pool showed less than 1 coliform bacillus per 100 ml. and in only one case from Combe Haven and the White Rock Bath was a figure of 2 and 9 respectively obtained.

Unfortunately similar good results have not been obtained from the School learner swimming pools and considerable time has been spent by the inspector concerned in an endeavour to maintain a better standard. The frequent use of these pools, coupled with considerable overloading, makes the task of the untrained operator very difficult. It is interesting to note that the Local Government Training Board is to produce a manual to guide School Caretakers in the operation of these pools. It is to be hoped that when this is produced arrangements can be made for the persons concerned to attend a course of instruction. Meanwhile a very close watch is being kept on the situation. 82 visits were made to all baths during the year.

(I) PEST CONTROL

(1) Rodent Destruction:

The combined operation of control and treatment continued throughout the year and included surveys of shops, food premises, allotments, stream banks and open land. The number of rat infestations rose slightly (356 compared with 348 in 1970) but the rise is of little significance as the 1970 figure was the lowest on record. No major infestations were reported but the refuse tip at the rear of Bexhill Road continues to present a problem and regular visits are made by the operative to contain the infestation as much as possible.

Two sewer treatments were carried out during the year, one in June when 233 manholes were baited with Fluorakil 2% attention being directed to sewers of new estates where soil and surface water run in parallel and to known trouble spots in old sewers. It was found that a considerable infestation existed in several of the new estate sewers, particularly where manholes were close to surface water outlets into streams. A second treatment was carried out in November when 126 manholes were poison baited following careful pre-selection based on takes from previous sewer treatments and records of surface infestations.

It is disturbing to note the increase in mice infestations (275 compared with 156 last year). The resistance of mice to Warfarin has now become common and the use of sweetened meal containing 4% Alpha-Chloralose has become standard practice. Unfortunately this poison does not work well in premises where temperatures are high and in a number of situations it has been found necessary to revert to the use of Zinc Phosphide to obtain complete destruction of mice. This has been done reluctantly since this poison is very toxic to man.

	Local Authority Properties	Private Dwellings	Business Premises	Agricultural Premises	Total
Properties Inspected					
Notification of Occupier	16	549	95	2	662
Surveys	23	472	177	20	692
Otherwise	—	200	—	—	200
Total Inspections (including re-inspections)	266	3501	985	33	4785
Properties Infested					
Rats	11	320	23	2	356
Mice	5	203	67	—	275
Infested Properties Treated	16	523	90	2	631
Total Treatments (including re-treatments)	32	551	139	2	724
Block Treatments ...	—	43	1	—	44

(2) Pigeons:

Due to changes in both professional and manual staff it has not been found possible to carry out any treatment during the year but it is hoped to recommence treatments in 1972.

(3) Other Pests:

Although the number of rooms disinfested for fleas in private houses increased from 483 to 573, the number of houses involved fell from 144 to 128 which is an encouraging sign that a more educated approach to personal and domestic hygiene is helping to control these insects. Whilst a high proportion of the occupiers of these premises are elderly or infirm and cannot cope properly, there would appear to be little excuse today for the young, active householder who cannot avoid infestation with all the modern aids to cleaning and disinfestation available.

It is disappointing to note the increase in the number of rooms and premises treated for cockroach infestation (94 rooms as to 36 and 24 premises as to 21). These insects establish themselves very quickly and firmly in premises where food and warmth exist and are extremely difficult to eradicate. Treatment necessitates numerous visits spread over a considerable period of time. Once again strict attention to hygiene is the best preventive measure and the presence of these insects can only be recognised as an indication of bad hygiene practices.

Treatment of cinemas in the Borough dropped from 16 in 1970 to 6 this year owing to the continuing modern trend of closure. The remaining cinemas are treated with an insecticidal mist which is very effective against fleas.

The problem of seaweed flies (*Celopa frigide*) in the White Rock Swimming Bath occurred in the autumn and a thorough treatment with insecticidal mist inside and spray to the exterior was carried out. These insects breed quite deeply in the beach and are attracted to the baths by chlorine for which they have an addiction. Efforts have been made to trace the exact breeding ground with a view to destruction but to date little success has been achieved in this direction.

Charges, fixed in 1969, are made for disinfestation work and receipts totalled £407.83 (including £168.71 for rodent control on business premises) compared with £345.57 in 1970.

(J) FERTILISERS and FEEDING STUFFS ACT 1926

Twelve informal samples of fertilisers and feeding stuffs covered by the Act were taken during the year. 7 were satisfactory and in 5 cases discrepancies in labelling or constituents which were not to the prejudice of the purchaser, were raised informally and quickly rectified.

(K) MERCHANDISE MARKS ACT 1926

On 30th November, 1971 Orders made under the Act lapsed. These are to be replaced by Orders made under the Trade Description Act 1968 but at the time of writing no Orders have been made. Visits relating to the correct labelling of such foods as meat and fruit, were made during the year and all points raised were dealt with by informal action.

(L) PET ANIMALS ACT 1951

Licences were issued in respect of 8 pet shops. 17 visits were paid to these premises during the year and they were found to be generally well conducted. No contraventions were found.

(M) ANIMAL BOARDING ESTABLISHMENT ACT 1963

There are 3 premises licensed, two for cats only and one for dogs. The Catteries are particularly well equipped and maintained. All were conducted in a satisfactory manner.

(N) RIDING ESTABLISHMENTS ACTS 1964 and 1970

There are three licensed establishments with permitted numbers of 4, 15/20 and 11 horses respectively. All were subject to inspections by the Veterinary Officer, the Fire Prevention Officer and the Chief Public Health Inspector. The licensing requirements of the 1970 Act were all satisfactorily complied with. One of these is that the person responsible must produce evidence of specified qualifications in horse training and management; a most necessary point.

General:

During the year several matters occurred which necessitated action by the Public Health Inspectorate and are outside the normal run of duties.

Flooding of the Hollington stream twice within a very short period caused substantial damage to two houses in St. Leonards and assistance was given with the removal of damaged articles to the refuse tip and voluntary surrender notes issued for a quantity of food made unfit by contamination.

At the end of June quantities of a thick orange/yellow substance appeared on the foreshore and caused some alarm, but advice received from the Ministry of Agriculture, Fisheries and Food revealed that it was a very dense population of a microscopic organism, *Noctiluea Scintillans*, which is non-toxic and harmless to humans.

In the autumn complaints were received from the occupants of new houses on the edge of the Borough of a strong smell of gas within the houses. Investigations, in conjunction with Gas Board officials, revealed that broken bricks and concrete from the site of the disused gas works at Glyne Gap had been used as hardcore beneath the site concrete and this was giving off a smell. As a result of the investigations concrete floors were broken up, the hardcore removed and the floors replaced after laying new hardcore.

Miscellaneous Inspections:

Drainage	...	...	...	...	...	1,731
Rats or Mice Infestation	...	...	...	...	...	200
Infestation by other Pests	...	...	...	...	...	37
Clean Air Act	...	...	...	...	...	106
Civic Amenities Act	...	...	...	...	...	53
Verminous Premises	...	...	...	...	...	35
Infectious Diseases	...	...	...	...	...	38
Food Poisoning	...	...	...	...	...	28
Diseases of Animals Act	...	...	...	...	...	28
Keeping of Animals	...	...	...	...	...	51
Pet Animals Act	...	...	...	...	...	17
Animal Boarding Establishments	...	...	...	...	...	9
Riding Establishments	...	...	...	...	...	4
Caravan Sites	...	...	...	...	...	97
Outworkers	...	...	...	...	...	4
Swimming Baths—Public	...	...	...	...	...	38
Private	...	...	...	...	...	44
Fertilisers and Feeding Stuffs	...	...	...	...	...	10
Public Conveniences	...	...	...	...	...	19
Water Samples	...	...	...	...	...	22
Schools	...	...	...	...	...	5
Noise Abatement Act	...	...	...	...	...	100
Unfit Food	...	...	...	...	...	320
Interviews respecting Properties	...	...	...	...	...	744
Other Visits	...	...	...	...	...	1,534
						<hr/>
						5,274
						<hr/>

THE SCHOOL HEALTH SERVICE

REPORT OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1971

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 1971.

The total number of children attending maintained schools continues to increase and there was a total number of 9,998 children on the school registers in 1971. The increase is 265 from last year and 1,637 in the last five years. Though the general health of the school children continues to be reasonably satisfactory despite the increase in the number of children attending our schools, it is even more necessary because of this increase to reiterate and emphasise the warning against complacency with regard to infectious disease. The greater the number exposed to infection, the greater the chance of infection occurring. The proportion of the child population being immunised must remain high.

Dental inspections numbered 7,631, an increase of 949. 179 less children received dental treatment and 14 more children received orthodontic treatment. Mrs. Ward, Chief Dental Officer, retired on December 31st, 1970, and Mr. Osborne, after helping us out for so long after his retirement age, finally retired in October 1971. I would like to take this opportunity to express my thanks to them for their excellent work and wish them a long and happy retirement. To Miss E. B. Nasmyth, who succeeded Mrs. Ward as Chief Dental Officer, I extend my congratulation for achieving so much in her first year and my best wishes for the future.

We had a full time Speech Therapist until the end of the year, when, unfortunately she left to work with East Sussex County Council. She was aided in her work for two months by a temporary Speech Therapist who was able to screen many cases on the long waiting list. Although this waiting list was cut dramatically a replacement for Miss Bain is a matter of the greatest urgency.

Routine audiometry testing continued and colour vision testing was again carried out on schoolboys at the age of 11.

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 Dr. Gorrie and my staff for their sustained and loyal hard work.

With these brief comments I beg to submit the 1971 report and have the honour to remain, Chairman, Ladies and Gentlemen.

Your obedient servant,

T. H. PARKMAN,

Principal School Medical Officer.

STATISTICAL SUMMARY FOR 1971

TOTAL number of children on school registers 1971:

	Full-time	9,938	(9,671)
	Part-time	60	(62)
at Primary Schools	Full-time	5,918	(5,849)
	Part-time	60	(62)
at Secondary Schools, including Schools	Grammar	3,871	(3,685)
at Schools for Handicapped children		149	(137)
ROUTINE medical inspections—total number inspected		1,266	(1,299)
special inspections and re-inspections		672	(924)
Minor ailments treated		56	(89)
DENTAL inspections—total number inspected		7,631	(6,682)
" " treated		2,064	(2,243)
receiving orthodontic treatment		211	(206)
DEFECTIVE VISION —total number referred for exam- ination		429	(493)
spectacles prescribed for		109	(102)
HEALTH INSPECTIONS by school nurses at schools		20,952	(20,044)
number found defective in cleanliness		146	(151)
HOME VISITS by school nurses		940	(1,116)
DEATHS OF SCHOOLCHILDREN: I have to report that during 1971, 3 deaths occurred in the resident child population aged 5-15 years.			
Accidents	I		(1)
Meningitis	—		(1)
Other diseases of the nervous system	I		(1)
Pneumonia	—		(1)
Other diseases of respiratory system	—		(1)
Congenital anomalies	I		(—)

SECTION A

MEDICAL INSPECTION AND WORK OF CLINICS

Periodic (Routine) Medical Inspections:

Routine medical inspection remains an important part of the school health service.

Children are examined in their second term and the numbers at a session are limited to 12 so that a thorough examination can be made, and the parents are encouraged to attend in order that they can discuss the child's health with the Medical Officer. Height, weight and visual acuity are assessed by the Health Visitor prior to the medical inspection. The children, i.e. infants, do not receive a hearing test until they are 6 years old as they are then more able to co-operate in this accurate testing. The importance of early and accurate examination cannot be overemphasised for a child's subsequent progress in school may well depend on early detection of defects.

With regard to other age groups, the points for consideration at the selection conference attended by the Head Teacher, School Doctor and Health Visitor are:—

Regularity of attendance
Educational progress
Behaviour problems
Home environment
Physical health.

Children selected for medical examination are sent appointments at a later date, and sessions arranged in the usual way.

The selection conference for school leavers assures that no young person leaves school with an untreated defect. As a result of the conference, the leavers are divided into two groups. A certain number are selected for medical examination, the parents are notified and asked to attend and the remaining and larger group are interviewed by the School Medical Officer.

Selection Conferences continued but the numbers at these were reduced by having an increased number of Conferences.

The final programme of medical inspection throughout school life is as laid out.

SCHOOL LIFE

Age	Routine Inspection	Selection Conference	Eye Test	Audiogram	Questionnaire
INFANTS 5	+ Full medical insp. 12 per session		+		+
6			+	+	
JUNIOR 7			+		
8		+	+		+
9				+	
10		+	+		+
SENIOR 11			+		
12		+			+
13			+		
14	Selective modified leavers examination. 24 per session. Completion of a Youth Employment form for leavers as necessary.		+		+
15-18	Selected modified leavers examination. 24 per session. Completion of a Youth Employment form for leavers in last year at school as necessary.				+

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

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

At the appropriate leavers' inspection, the youth employment form can be completed when necessary.

(iv) Eye tests are carried out each year from ages 5 to 8 inclusive and again at 10, 11, 13 and 14. At the same time boys have a colour vision test at age 11.

(v) Routine audiometry takes place at ages 6 and 9. An abbreviated form of test is 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. A simple but extensive questionnaire is sent to parents enquiring into the child's previous medical history at age 5 to tie in with the initial inspection. Accompanying this is a short letter telling parents of the medical arrangements made for the child throughout its school life. A simple but equally important questionnaire is sent at ages 8, 10, 12 and a final one before the young person leaves school.

(vii) The ascertainment of defects which appear for the first time after 5 and which do not come to light from any other source, e.g. hospital reports, health visitor, etc., hinges on Selection Conferences held at ages 8, 10 and 12. Each child in each of these years is the subject of a "conference" held at the school. Each "conference" involves Head Teacher, School Medical Officer and School Health Visitor, and if necessary in a particular case, the form teacher. Points for consideration include physical health, educational progress, behaviour problems, home environment and other social factors. Their combined knowledge of the child, plus attendance records, medical records and the questionnaires referred to above enables a fairly good selection to be made of those children (comparatively few) who need a partial or complete medical inspection as to physical defects or reference to the educational psychologist for educational problems or to the child guidance team as to psychiatric or behaviour problems. Children selected for medical examination are seen later in a session held at the school. Special attention is given at the 8 plus selection conference to child's mental ability, educational and general progress: each conference reviews specially any backward child.

All newcomers to Hastings schools are automatically seen during the first year after transfer, whatever their age, and probably selected for complete medical examination.

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY & SECONDARY SCHOOLS (Including SPECIAL SCHOOLS)**

A.—Periodic Medical Inspections.

Classification of the General Condition and other routine Inspections of Pupils during the Year in the Age Groups.

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Satisfactory	Un-satisfactory	Discussed Satisfactory and Interviewed	Number Eye Tested
(1)	(2)	(3)	(4)	(5)	(6)
1967 and later	—	—	—	—	2
1966	415	415	—	—	365
1965	502	502	—	—	829
1964	11	11	—	—	700
1963	62	62	—	787	832
1962	16	16	—	—	758
1961	51	51	—	738	689
1960	17	17	—	—	649
1959	87	87	—	500	335
1958	14	14	—	74	533
1957	10	10	—	—	677
1956 and earlier	81	81	—	450	113
		% of Column (2)	% of Column (2)		
Total	1266	100%	0%	2549	6482

B.—Pupils found to require treatment.

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

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any other conditions	Total individual pupils
(1)	(2)	(3)	(4)
1967 and later	—	—	—
1966	3	24	27
1965	3	20	23
1964	—	1	1
1963	—	9	9
1962	—	—	—
1961	1	6	7
1960	—	1	1
1959	—	10	10
1958	—	—	—
1957	—	—	—
1956 and earlier	—	10	10
Total	7	81	88

C.—Other Inspections.

Number of Special Inspections	570	(744)
Number of Re-Inspections	102	(180)
Total	<u>672</u>	<u>(924)</u>

D.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1971

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

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS										TOTAL	
		ENTRANTS		LEAVERS		OTHERS		Requiring		Requiring			
		Requiring		Requiring		Requiring		Treatment		Treatment			
		Treatment (3)	Observation (4)	Treatment (5)	Observation (6)	Treatment (7)	Observation (8)	Treatment (9)	Observation (10)				
(1)	(2)												
4	Skin ...	4	—	2	—	2	—	2	—	2	—	8	2
5	Eyes: <i>a.</i> Vision ... <i>b.</i> Squint ... <i>c.</i> Other ...	6 5 1	12 4 —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	7 5 2	12 4 —
6	Ears: <i>a.</i> Hearing... <i>b.</i> Otitis Media <i>c.</i> Other ...	8 — —	5 — —	— — —	1 — —	— — —	— — —	— — —	— — —	— — —	— — —	13 — 1	6 — —
7	Nose and Throat ...	4	3	1	—	5	2	5	—	2	—	10	5
8	Speech ...	1	4	—	—	3	—	3	—	—	—	4	4
9	Lymphatic Glands ...	—	—	—	—	—	—	—	—	—	—	—	—
10	Heart ...	—	1	—	—	—	—	—	—	—	—	—	1
11	Lungs ...	—	1	—	—	—	—	—	—	—	—	—	1
12	Developmental: <i>a.</i> Hernia <i>b.</i> Other ...	1 6	17	—	—	—	—	—	—	—	—	1	17
13	Orthopaedic: <i>a.</i> Posture <i>b.</i> Feet ... <i>c.</i> Other ...	1 3 —	1 4 —	1 1 —	— — —	1 1 —	— — —	— — —	— — —	— — —	— — —	2 1 —	1 1 —
14	Nervous System: <i>a.</i> Epilepsy ... <i>b.</i> Other ...	— 5	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— 7	— —
15	Psychological: <i>a.</i> Development <i>b.</i> Stability ...	— —	1 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
16	Abdomen ...	—	—	—	—	—	—	—	—	—	—	—	—
17	Other ...	5	12	4	1	9	1	18	1	14	—	18	

E.—SPECIAL INSPECTIONS

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

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	67	1
5	Eyes: <i>a.</i> Vision	14	1
	<i>b.</i> Squint	2	—
	<i>c.</i> Other	16	—
6	Ears: <i>a.</i> Hearing	4	—
	<i>b.</i> Otitis Media	—	—
	<i>c.</i> Other	1	1
7	Nose and Throat	11	1
8	Speech	8	—
9	Lymphatic Glands	—	—
10	Heart	—	—
11	Lungs	1	1
12	Development—		
	<i>a.</i> Hernia	—	1
	<i>b.</i> Other	12	1
13	Orthopaedic—		
	<i>a.</i> Posture	—	—
	<i>b.</i> Feet	7	—
	<i>c.</i> Other	4	—
14	Nervous system—		
	<i>a.</i> Epilepsy	—	1
	<i>b.</i> Other	19	4
15	Psychological—		
	<i>a.</i> Development	3	1
	<i>b.</i> Stability	—	—
16	Abdomen	1	—
17	Other	30	14

Reinspection and Treatment of Defects:

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 or to hospital.

“Special” examinations, particularly those dealing with behaviour problems continue to present difficulties, and are given a clinic appointment.

Health Inspections:

The following table—“Infestation with Vermin”, shows the number of inspections carried out by the School Nurses.

(i) Total number of examinations of children in the schools	20,952	(20,044)
(ii) Number of individual children found unclean ...	146	(151)
(iii) Number of children in respect of whom cleansing notices were issued (Education Act 1944, Sect. 54 (2)	16	(8)

(iv) Number of children in respect of whom cleansing orders were issued (Education Act 1944, Sect. 54 (3)	—	(—)
(v) Cleansing baths (Education Act 1944, Sect. 54 (4)	22	(38)

School Clinics:

Work of School Nurses:

Visits to homes:—

(a) For School Medical Officer	183	(247)
(b) For School Enquiry Officer	7	
(c) Cleanliness	121	(259)
(d) Others	629	(592)
TOTAL	<u>940</u>	<u>(1,116)</u>

Visits to Schools:—

(a) General survey	9	(14)
(b) Selection conference	23	(21)
(c) Preparation for routine medical inspection	53	(45)
(d) Routine medical inspection	128	(164)
(e) Audiometry	28	(65)
Number of hearing tests	2,183	(1,593)
(f) Vision	50	(108)
Number of colour vision tests	808	(549)
(g) Teaching	251	(173)
(h) Miscellaneous visits	343	(319)
TOTAL	<u>2,991</u>	<u>(2,142) 885 (909)</u>

School Clinics:

The range of problems dealt with at the School Health clinics was again wide and varied. There was an increase of 76 in the total attendances made, and an increase of 51 in the total number found to require treatment.

The School Health Clinic had again to share time and place with sessions for immunisations in the campaign for which has gone well.

Clinics were held at:

Arthur Blackman Clinic, Battle Road, Mondays at 9.30 a.m.
St. Leonards-on-Sea

Ore Clinic, Old London Road, Hastings Thursdays at 9.30 a.m.

Any school child attending a local authority school may attend either school clinic with the parent or with parental consent. Treatment and/or advice is given. The child may be treated at the clinic, referred to its own private doctor, hospital or special clinic. The school clinic aims only at the treatment of minor ailments and defects, not of the sick child requiring home or outpatient treatment. Children referred from routine medical inspection or from other sources can receive more detailed examination and investigation at the school clinic and are seen as frequently as considered necessary.

Analysis of Work done at the Clinics:

Total number of children examined	...	...	570	(483)
Total attendances made	...	...	672	(596)
Total number found to require treatment	...	...	208	(157)

Minor Ailments Treated:

Disease—

Ringworm (body)	...	...	3	(1)
„ (scalp)	...	...	—	(—)
Scabies	...	...	—	(—)
Impetigo	...	...	6	(7)
Miscellaneous (minor injuries, burns, scalds, sores, abscesses, etc.)	...	...	7	(14)
Ear, nose and throat	...	...	16	(20)
Eye disease (external)	...	...	2	(1)
Verrucae (Plantar Warts)	...	...	4	(11)
Other skin diseases	...	...	54	(35)
			<hr/>	<hr/>
			92	(89)
			<hr/>	<hr/>

Exclusions from School:

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

(1) Diseases of the skin (including ringworm, scabies and impetigo)	...	...	1	(1)
(2) Nits and vermin and uncleanliness	...	...	8	(18)
			<hr/>	<hr/>
			9	(19)
			<hr/>	<hr/>

Infectious Diseases:

The number of cases of infectious diseases notified by general practitioners for the year 1971 occurring in school children are:—

Scarlet Fever	...	...	3
Measles	...	...	86
Whooping Cough	...	...	13
Amoebic and bacillary dysentery	...	...	2

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

TABLE I
INCUBATION AND EXCLUSION PERIODS OF THE COMMONER
COMMUNICABLE DISEASES

Disease	Normal Incubation Period (in days)	Minimal Period of Exclusion	
		Cases (subject to clinical recovery)	Contacts
CHICKENPOX	11-21	6 days from onset of rash. No need for all scabs to have disappeared.	None.
DIPHTHERIA	2-5	Until pronounced by a medical practitioner to be fit and free from infection.	Home contacts should be excluded until bacteriological examination is clear.
GERMAN MEASLES (Rubella)	14-21	4 days from onset of rash.	None.
INFECTIVE JAUNDICE	15-50 (Commonly 28)	7 days from onset of jaundice if otherwise well.	None.
MEASLES	10-15 (Commonly 10 to onset of illness and 14 to appearance of rash.)	7 days from onset of rash.	None.
MENINGO-COCCAL INFECTION (Acute meningitis)	2-10 (Commonly 2-5)	Until clinical recovery and bacteriological examination is clear.	None.
MUMPS	12-26 (Commonly 18)	10 days provided that swelling has subsided.	None.
POLIOMYELITIS	3-21	Until clinical recovery.	Home contacts should be revaccinated and excluded from school for 3 weeks.
STREPTOCOCCAL INFECTION	2-5	Until medical clearance after appropriate treatment.	None.
WHOOPING COUGH (Pertussis)	7-10	21 days from onset of paroxysmal cough.	None.

TABLE II
EXCLUSION PERIODS OF THE COMMONER SKIN INFECTIONS

Disease	Minimal Period of Exclusion
IMPETIGO	Until spots have healed, unless lesions can be covered.
PEDICULOSIS	Until treatment received.
PLANTAR WARTS	Exclusion from barefoot activities until adequate treatment completed.
RINGWORM OF FEET (Athlete's foot)	Exclusion from barefoot activities until adequate treatment completed.
RINGWORM OF SCALP AND BODY	Until adequate treatment has been given, provided lesions are covered.
SCABIES	Until adequate treatment received.

Employment of Children:

During the year 1971 a total of 261 children were medically examined for employment under the provisions of the Children and Young Persons Act 1933, and the local bye-laws.

Employment cards were issued as follows:—

Errands	8	(13)
Delivery of newspapers	106	(116)
Assisting in shops	97	(110)
Other employments	50	(44)

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 Schools Meals Service provided 1,202,627 meals to maintained and independent schools in the Borough. The average number of meals provided daily was 6,088 of which 1,314 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 either interviewed or examined in his or her last year at school, and a special card is completed in certain cases, showing important defects which render the child unsuitable physically for any particular types of work, a factor of considerable use to the Careers 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 months show the number of children who receive milk at schools:—

	<i>No. of Children taking milk</i>					
	<i>Maintained</i>					
	<i>Schools</i>					
September 1970	4,714
September 1971	1,657

This difference in number of children taking milk is easily explained. In 1970 children up to the age of eleven were receiving free milk whereas the new policy in force in 1971 allowed for free milk only up to the age of seven years.

Special Clinics:

Ophthalmic Clinic:

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

Treatment of eye diseases, defective vision and squint 1971:—

External and other, excluding errors of refraction and squint	16	(1)
Errors of refraction (including squint) ...	429	(493)
Total	445	(494)
Number of pupils for whom spectacles were prescribed	109	(102)

Family Psychiatry and Child Guidance Clinics:

These clinics are held at 33 Cambridge Road, Hastings. The full staff consists of a psychiatrist, educational psychologist, psychiatric social worker and a clerk.

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 Clinic has continued to deal with a variety of psychological problems and help has been given to many young people of varying ages in the less tractable cases, the burden on the parents and the school may be alleviated by seeking admission for the child to a residential school or hospital.

The following is a summary of the work done in the clinic for the year ending 31st December, 1971:—

HASTINGS FAMILY PSYCHIATRY AND CHILD GUIDANCE CLINICS AND SCHOOL PSYCHOLOGICAL SERVICE ANNUAL REPORT 1971

(A) Family Psychiatry and Child Guidance Clinics:

Number of new cases referred in 1971	105	(105)
Number of cases re-referred in 1971	21	(16)
	<hr/>	<hr/>
	126	(121)
	<hr/>	<hr/>

Number of new cases withdrawn before diagnosis	...	...	21	(18)
Number of new cases carried forward from 1970	...	...	12	(8)
Number of new cases on waiting list end of 1971	...	...	14	(24)

Sources of referral:

School Medical Officer	...	...	...	...	...	...	22	(23)
Schools	...	...	...	...	...	...	16	(21)
General practitioners	...	...	...	...	...	...	22	(22)
Hospitals	...	...	...	...	...	...	6	(7)
Parents	...	...	...	...	...	...	28	(17)
Social Services Department	...	...	...	...	...	...	10	(8)
Juvenile Court	...	...	...	...	...	...	1	(1)
Other sources	...	...	...	...	...	...	21	(22)
							<u>126</u>	<u>(121)</u>

Problems:

Personality	...	...	...	...	...	...	1	(12)
Habits	...	...	...	...	...	...	3	(—)
School avoidance	...	...	...	...	...	...	13	(9)
Behaviour	...	...	...	...	...	...	65	(64)
Emotional	...	...	...	...	...	...	36	(28)
Advice for placement	...	...	...	...	...	...	2	(6)
Educational or vocational guidance	...	...	...	...	...	...	6	(2)
							<u>126</u>	<u>(121)</u>

Number of new cases seen during 1971 95

How dealt with:

Psychiatric treatment	...	...	...	...	...	...	40
Periodic supervision	...	...	...	...	...	...	8
Advice	...	...	...	...	...	...	47
							<u>95</u>

Summary of work carried out:

Psychiatrist:

Diagnostic interviews	...	...	...	...	...	...	86	(92)
Treatment interviews	...	...	...	...	...	...	282	(303)

Educational Psychologist:

Interviews for tests	...	...	...	...	...	...	52	(39)
Interviews with parents	...	...	...	...	...	...	15	(1)

Psychiatric Social Worker:

Interviews in clinic	...	...	...	...	...	...	410	(381)
Home and other visits	...	...	...	...	...	...	292	(221)

Cases closed during 1971:

Improved	27	(23)
After advice	18	(14)
Transferred or left district	14	(3)
Unco-operative	3	(4)

(B) School Psychological Service:

Number of new cases referred during 1971	208	(98)
Number of new cases re-referred during 1971	103	(26)

311 (124)

Number of new cases withdrawn or left area	2	(12)
Number of new cases carried forward from 1970	15	(36)
Number of new cases on waiting list end of 1971	—	(16)

Sources of referral (1971 cases):

School Medical Officers	40	(32)
Schools	198	(80)
General Practitioners or Hospital	5	(4)
Social Services Department	—	(2)
Parents	10	(4)
Other	58	(2)

311 (124)

Number of new cases seen during 1971 223 (132)

How dealt with:

Advice only	216	(61)
Placement in E.S.N. school recommended	9	(23)
Placement in S.S.N. school recommended	9	(5)
Other placement recommended	12	(7)
Remedial teaching recommended	11	(2)
Kept under observation	32	(25)
Referred to Child Guidance Clinic	8	(6)
Other recommendations	14	(3)

311 (132)

Summary of work carried out:

Interviews for tests	401	(146)
Interviews with parents and others	54	(15)
Remedial teaching interviews	43	(137)
School visits	324	(74)
Home and other visits	32	(54)

Analysis of Remedial Teaching cases:

No cases now attended clinic: teaching is given in schools under the supervision of the psychologist.

Educational Psychology:

The value of school visits for this purpose is appreciated, the direct contact between headmasters and the psychologist is of great importance, and when necessary tests can be made and advice given informally on the spot.

Speech Therapy Clinic:

Miss R. Bain, L.C.S.T. reports:—

The demands for speech therapy continued to increase to alarming proportions in 1971.

I continued working without assistance until August when a young speech therapist from South Africa, Miss A. Thompson, came to the clinic. This was a temporary arrangement for two months but it proved to be of considerable value.

Miss Thompson screened many urgent cases on the waiting list and visited some schools who had been requesting attention.

I made regular visits to schools during the year, in particular: Robert Mitchell, Torfield, Hollington Infants, Mount Pleasant Infants and St. Leonards Church of England.

Extra clinics were held at Cambridge Road in order to meet the growing need for intensive treatment.

Three clinic sessions were also held weekly at St. Helen's Hospital. Several home visits were also made in connection with the stroke patients attending the clinic. A detailed questionnaire concerning treatment of the adult patients was completed for the Department of Health and Social Security.

The clinic at Cambridge Road was given a deserving new face when it was decorated in the spring. A collection of new chairs were also delivered for the waiting room.

Contact with the child guidance staff continued to be helpful. It was decided in October that the speech therapist should attend any formal meetings with the staff when relevant cases were being discussed.

The position of speech therapist was left vacant at the end of the year, when I left to work in Lewes.

Attendance by children during the school holidays was remarkably good.

Speech Therapy Clinic 1971:

No. of cases on register 1.1.71	...	...	...	...	...	216
No. of cases admitted during 1971	...	...	...	...	...	88
No. of cases discharged during 1971	...	...	...	...	...	32
No. of patients remaining on register	...	...	...	...	...	272

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 1.5% in primary schools, 3.5% in senior schools and none in special schools.

During the year 395 new cases were treated at the foot clinic, making a total of 1,419 attendances.

Foot inspections by Chiropodist 1971:—

				<i>No. Inspected</i>	<i>No. Verrucae</i>	<i>% Infected</i>
Senior Schools	...	...	...	1,548	54	3.5
Primary „	...	...	...	3,041	47	1.5
Special „	...	...	...	14	—	—

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

CHIROPODY FOR SCHOOLS 1971

School Inspections:

Four senior schools were inspected in 1971 and all other schools except nine. These will be inspected early in 1972.

Verruca:

The number of new cases of verruca treated in 1971 was 275. Attendances for treatment numbered 1,223 giving an average as last year of 4.4 visits per case.

A five-year comparative table is given below:—

1967	1968	1969	1970	1971
249	266	210	248	275

SECTION B
DENTAL REPORT—SCHOOL CHILDREN 1971

Miss E. B. Nasmyth, Chief Dental Officer, reports as follows:—

The year 1971 has seen certain changes in the Dental Service. With the retirement of Mrs. Ward on 31st December, 1970, and my commencing duty on 1st January, 1971, some change was inevitable but circumstances have dictated others. Mr. Osborne finally retired at the end of October, having gallantly soldiered on for the benefit of the service whilst every effort was made to replace him. I will refer to this again later. We owe to Mr. Osborne our sincere gratitude for his efforts at the Ore Clinic over the past twelve years. He has taught many children to accept dental treatment and its value—a very essential part of a School Dental Officer's work. In consequence many of his older patients have been educated to the value of dental health education and conservation of their teeth which will undoubtedly be an influence when they have children of their own. He is missed by both staff and patients, but we wish him a long and happy retirement.

A concerted effort has been made to see all the children in the schools this year. We have in fact inspected 74% of those children. 52% were found to require treatment and 22% of those accepted and were given treatment. A high percentage of children in the borough received treatment from the Dental Practitioners in the General Dental Service but there are still far too many who receive no treatment at all. It is our duty to try to educate the parents of these children to the value of a healthy mouth for the well being of their children. An uphill task, but if only one of these children and its parents are converted some measure of success has been achieved—my aim is to convert them all. Unfortunately, with our present number of staff, if all the children requiring treatment and receiving no regular dental care suddenly requested it, the School Dental Service could not meet the demand even with a large proportion of the work being undertaken by the General Dental Service.

Despite every effort during the past twelve months to recruit another dental officer we have had no success; no one has been interested enough even to enquire about the vacancy. Efforts will be maintained to try and find a suitable candidate, but it would appear that we shall have to offer some incentives, including more up-to-date surgery equipment before we are successful.

Treatment:

There has been a slight increase during the year of the number of teeth extracted per child—from 1.1 in 1970 to 1.25 in 1971. It is hoped this is an indication of more comprehensive treatment planning but must be carefully watched. The number of teeth extracted this year for orthodontic purposes was 132.

The reduction of 0.5 fillings needed per child is encouraging and it is hoped that this trend will continue. It is too early to say if this is due to improved oral hygiene and dental care but it will be interesting to compare figures over the next few years. The reduction in scalings and polishings needed may be an indication of increased dental awareness and better oral hygiene.

During this year the Orthodontist has had to reduce his sessions with us by 25%. So far the work is being coped with in the sessions still available and there has been no noticeable increase in the length of time patients have had to wait for orthodontic treatment.

Dental Health Education:

Apart from Dental Health Education at the chairside very little time can be found for Dental Health Education as such. It is hoped that we shall be able to put up a Dental Health Display at the clinics in the new year. This should interest mothers and children who attend the clinic but until we have additional staff I do not think we can undertake any Dental Health Education in the schools. This is a pity as we should at least be doing something to try and reduce the incidence of caries by teaching prevention. Maybe during 1972 we shall be in a position to institute a Dental Health Programme if we are fortunate and have an additional member of staff.

I should like to thank the staff of the Dental Service and all the other people concerned in the day to day administration. Also the Health Visitors and clinic staff for their help during my first year in Hastings. I have been fortunate to find such close co-operation between all the departments and the Dental Service.

School Inspections and Treatments:

Inspections:

First inspections at school	...	...	...	...	5,879	(4,789)
First inspection at clinic	...	...	...	...	1,752	(1,893)
Re-inspections at school or clinic	...	...	...	...	2,626	(2,559)

Visits:

First visit in the calendar year	...	...	...	...	2,064	(2,243)
Subsequent visits	...	...	...	...	4,126	(4,613)
Total visits	...	...	...	...	6,190	(6,859)

Courses of Treatment:

Additional courses commenced	...	...	...	...	1,036	(1,369)
Total courses commenced	...	...	...	...	3,100	(3,612)
Courses completed	...	...	...	...	2,806	(3,363)

Treatment:

Fillings in permanent teeth	...	...	...	...	4,124	(5,530)
Fillings in deciduous teeth	...	...	...	...	1,885	(2,387)
Permanent teeth filled	...	...	...	...	3,267	(4,333)
Deciduous teeth filled	...	...	...	...	1,657	(2,069)
Permanent teeth extracted	...	...	...	...	403	(414)
Deciduous teeth extracted	...	...	...	...	1,670	(2,562)
Number of general anaesthetics	...	...	...	...	495	(475)
Number of emergencies	...	...	...	...	192	(156)
Number of pupils X-rayed	...	...	...	...	269	(171)
Prophylaxis	...	...	...	...	1,468	(2,293)
Teeth otherwise conserved	...	...	...	...	435	(752)
Teeth root filled	...	...	...	...	14	(3)
Inlays	...	...	...	...	—	(—)
Crowns	...	...	...	...	—	(3)

Orthodontics:

New cases commenced during the year	...	...	...	...	63	(49)
Cases completed during the year	...	...	...	...	50	(58)
Cases discontinued during the year	...	...	...	...	8	(9)

Number of removable appliances fitted	...	...	85	(69)
Number of fixed appliances fitted	...	...	5	(11)
Number of pupils referred to Hospital Consultants...			—	(—)

Dentures:

Number of pupils fitted with dentures for the first time:				
With full dentures	...	...	1	(1)
With other dentures	...	...	9	(1)

Number of dentures supplied:				
(first or subsequent time)	...	...	12	(5)

Sessions:

Inspection at school	...	...	68	(30)
Treatment	...	...	900	(985)
Dental Health Education	...	...	4	(1)

As in previous years we give dental treatment to the pupils of George Rainey School, a G.L.C. Boarding School for delicate boys, details of which are as follows:

	Spring Term	Summer Term	Autumn Term	Totals
Number Inspected...	34	37	34	105
Number Referred ...	32	23	16	71
Number of Attendances at Clinic	40	33	33	106
Fillings { Permanent Teeth	41	23	13	77
{ Deciduous Teeth	8	11	13	32
Dressings { Permanent Teeth	2	—	2	4
{ Deciduous Teeth	4	6	1	11
Extractions { Permanent Teeth...	—	—	2	2
{ Deciduous Teeth	2	9	7	18
Anaesthetics { Local	1	11	9	21
{ General	—	—	2	2
Other Operations	31	8	14	53

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 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, providing a total of 30-40 places.

The number of pupils remain low, due to continued improvement in treatment and especially to earlier treatment of conditions.

The School has to deal with an age range from 4-16 years. During the year the number of pupils in each age group that passed through the school were as follows: 4-7, 12; 8-10, 10; 11-12, 2; 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 1971 follows:—

	<i>Robert Mitchell</i>
Number on register 1st January, 1971	17 (21)
Number of admissions during the year	12 (10)
Number of discharges during the year	9 (14)
Number on register 31st December, 1971	20 (17)

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	...	...	...	...	...	...	...	...	...	1
Recurrent bronchitis and bronchiectasis	...	...	...	...	...	...	...	...	...	5
Debility and/or subnormal nutrition	...	...	...	...	...	...	...	...	...	2
Other crippling conditions	...	...	...	...	...	...	...	...	...	1
Epilepsy	...	...	...	...	...	...	...	...	...	4
Congenital heart	...	...	...	...	...	...	...	...	...	2
Hare Lip and Palate	...	...	...	...	...	...	...	...	...	1
Spina Bifida	...	...	...	...	...	...	...	...	...	3
Other conditions	...	...	...	...	...	...	...	...	...	8
Spastic conditions	...	...	...	...	...	...	...	...	...	1
Muscular Dystrophy	...	...	...	...	...	...	...	...	...	1

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

Children discharged during 1971:

Transferred to ordinary school system	...	...	...	...	...	...	...	...	...	1	(3)
Transferred to other special institutions or schools	...	...	...	...	...	...	...	...	...	1	(2)
Transferred to E.S.N. School	...	...	...	...	...	...	...	...	...	3	(1)
Ineducable	...	...	...	...	...	...	...	...	...	—	(1)
Employment	...	...	...	...	...	...	...	...	...	1	(2)
Excluded (E.S.C.C. case)	...	...	...	...	...	...	...	...	...	—	(1)
Transfer to partial hearing unit	...	...	...	...	...	...	...	...	...	—	(5)
Left district	...	...	...	...	...	...	...	...	...	2	(1)
Died	...	...	...	...	...	...	...	...	...	1	(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.

Pupils over the age of about 11 years attend the main school where there are 80-100 places. Pupils below that age are accommodated in 3 classes providing an additional 40-60 places at the annexe in the former Sandown School premises.

The I.Q.s 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.

Pupils are admitted to Torfield School as and when vacancies occur in the appropriate age groups. In this way the waiting list has been much reduced and is prevented from getting out of hand by the continued provision of special classes in ordinary schools and the staffing of these, where possible, with teachers who have had special training and experience in dealing with backward children.

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 the 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 1971	...	...	...	...	117
No. of admissions and re-admissions during the year	...	...	...	...	34
No. of school leavers (15 and 16)	...	...	...	...	12
No. returned to ordinary school	...	...	...	...	1
No. to residential school	...	...	...	...	—
No. ineducable	...	...	...	...	1
No. left district	...	...	...	...	9
No. to Glyne Gap School	...	...	...	...	1
No. in attendance December 1971	...	...	...	...	127*

** Includes 22 from other Authorities.*

Glyne Gap School:

This school is administered by the East Sussex Authority. By arrangement with this Authority it was agreed that Hastings junior pupils from the old Junior Training Centre should be admitted to this new school. There are 27 of our children at present on the register.

Defective Hearing:

The routine audiometry of the 6 and 9 year olds continued at an accelerated rate, the main effort being directed towards early detection of defects.

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.

200 children have been recorded under investigation and follow-up.

40 children have been referred to their own General Practitioner for further investigation.

18 school children wear hearing aids.

The projected special hearing unit for children with impaired hearing was opened on 4th January, 1971. These are early days as yet to assess its ultimate value but from the results obtained so far this will be considerable. There are at present 9 children attending the unit.

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.

17 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 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 1971 was: partially deaf, 3; maladjusted, 5; E.S.N., 2; asthmatics, 3; spastics, 3; diabetic, 2; epileptic, 1; partially sighted, 3; physically handicapped, 4.

Home Tuition:

Children who are in hospital or incapacitated so as to be unable to attend school may be provided with a home teacher. 7 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.

A. H. Butler, Ltd., St. Leonards-on-Sea.



