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RURAL DISTRICT OF CHAILEY.

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
for the
YEAR ENDED - 31st DECEMBER, 1948.

Public Health Department,
Lewes House,
Lewes.

September, 1949.

Public Health Department,
Lewes House,
Lewes.

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To the Chairman and Members
of the Chailey Rural District Council.

Mr. Chairman, my Lords, Ladies and Gentlemen,

I have much pleasure in submitting the Annual Report for the year 1948 on the health of the inhabitants and on the sanitary conditions of the Rural District of Chailey.

The chief function of the Chailey Rural District Council is that of a Public Health Authority and as such consideration is given to all factors affecting or likely to affect the health of the district. In doing so, the factor of population is one of prime importance and has to be constantly borne in mind. With an expansion of population increased responsibilities grow and more is demanded from a Council by the public. Such basically essential services as water, sewage disposal, refuse disposal, etc., demand extension or improvement as a population grows. In addition, more houses have to be provided. Other public health services and also hospital and clinic services have to cope with the increase, whilst at the same time there is a larger population at risk in the Public Health sense.

The estimated population for mid-year 1948 was 20,080. This is approximately double the population for 1918 which was 10,020. From 1939 when the population was 17,610 until 1948 there has been a decennial increase of approximately 14% whilst the increase of the population of England and Wales was between 4% and 5%.

This increase of population of your Rural District has been attained chiefly by an increase of new residents and less by an excess of births over deaths.

In past decades there was a drift of population from Rural Districts to towns. The emigrants were composed for the most part of young people attracted by higher wages and what they supposed were better living conditions. Whilst a certain number of young persons still emigrate to towns from your Rural District it would appear that the proportion is not so great as it was in the past.

The size of a population with its trends of increase or decrease is therefore an important factor to take into account in local government so as to evaluate and plan successfully for the present and for the future.

The birth rate for 1948 was 15.68 per 1,000 population. This figure is based on the total of 315 births during the year to Chailey residents. Many of these births took place in maternity homes and institutions outside the area. For many years the need for a maternity home in a situation more easily reached than Brighton has been apparent and recently the Regional Hospital Board has been informed of this want. Natality measured by the birth rate, mortality measured by the death rate and migration measured by the number of living individuals moving into or departing from a given area, are the factors which affect the numerical size of a population. Birth and immigration yield an increase and death and emigration yield a decrease. The actual

increase is the excess of the first two over the second. At all times individuals of any given community are being born, dying or emigrating and thus the population is never static as regards quantity. Moreover there is variation in respect of quality since there is a difference amongst those who are born, who die or move in respect of age, inborn capacity, attainments, social responsibility, etc. It is not enough therefore to enquire as to whether or not the population has merely increased in total numbers. It is equally important to assess during the course of this growth if any qualitative alteration has occurred.

During the last ten years there has been a considerable increase of the population of the district. This has been attained mainly by new residents since the natural increase, i.e., the excess of births over deaths, which was 265, falls short of the increase of population in the same time which was 2,470. A population can be set out in three catagories - the immature under 15 years, the matures 15 years to 64 years and the senescent 65 years and over. It appears that the gain in population has been effected by a large proportion of matures with a lesser proportion of senescents being added than by the addition of new lives. The population has on the whole been inherently healthy from a biological view since in the ten-year period in six years the birth rate has exceeded the death rate.

As regards qualitative alteration it can be said that in respect of inborn capacity, attainments, social responsibility, etc., these are increased more today than ever.

The death rate for the year was 12.54 per 1,000 population. This is the lowest death rate in the last ten years. Most of the deaths occurred in the elderly and the average age at death (66 years) is above the expectation of life which is approximately 62 years. The causes of death followed much the same pattern as in former years. Heart disease, cancer and intra-cranial vascular lesions headed the list. Deaths from heart disease have been mounting steadily during the last twenty years. The explanation of the bulk of this increase is that it is the direct result of the increase in life expectancy and in the age structure of the population. The heart is a remarkably efficient organ which performs its task without ceasing but it is not constructed to last as long as many other organs of the body. In short, heart disease as a cause of death is becoming commoner since more individuals are living to reach old age.

The vast majority of instances of cancer occur in individuals in the second half of life. Since the life-expectancy and the mean age of the population have risen the total number of deaths from cancer has increased. During the last decade there has been no significant increase of deaths from malignant disease.

Intra-cranial vascular lesions which include cerebral haemorrhage (apoplexy) cerebral embolism and thrombosis, hemiplegia and other intra-cranial effusions are associated with advanced age with the concomitant degeneration of the blood vessels. More deaths are due to these causes since there are now more elderly people in the population.

The Medical Officer of Health in view of his general duty to consider all factors affecting the health of his district must satisfy himself that the water supply is free from the risk of spreading disease. Both he and the Sanitary Inspector are directly concerned with the problems of water supply provision and the purity of existing and proposed supplies.

In the Chailey Rural District piped water is supplied by the following Statutory Water Authorities - Chailey Rural District Council, Brighton County Borough Council, Lewes

Borough Council, Newhaven and Seaford Water Co., Burgess Hill Water Co., and the Mid-Sussex Joint Water Board. There is quite a number of surface wells in the district. The main drawbacks of a surface well supply are the liability to inadequacy in quantity, its inconvenience and liability to pollution. The water in the wells is derived from the surface layer of the soil and their position being for convenience near the houses the water must always be liable to contamination. Bacterial examinations demonstrate the actual presence of contamination and these examinations have been frequent. This does not mean that the water will of necessity cause disease or be dangerous to drink, but it does mean that there is a potential danger. All surface wells are potentially unsatisfactory and may be dangerous if there is either evidence of liability to pollution from human excreta or that the ground water throughout the area is infected. This, coupled with other defects, makes their elimination desirable wherever it is practicable to substitute a piped supply. Twenty-three samples of drinking water were taken during the year, from shallow wells mainly, several were found to be unfit for drinking purposes and the owners of properties were required to provide a wholesome supply. Altogether 251 houses were connected to the main.

The need for a public water supply to the village of Firle still remained throughout the year and it is hoped that negotiations made will result in an early settlement of the matter.

Water mains extended throughout the Rural District in 1948 amounted to 2,215 linear yards of 4" mains. The extensions followed closely the programme adopted by the Council and based on a Survey Report of 1944. That the inhabitants of your district have become more desirous of a piped water supply to their houses is evidenced by the fact that a total of 4,978 properties are now connected to the main.

In recent years there has been an increased rise in the legitimate consumption of water. The main reasons for the increase are to be found in a rise in the consumption of water in agriculture housing and in the demands made by rising standards of health and personal hygiene.

Sewage disposal in many rural areas is the concern of the surveyor and the sanitary inspector. They have to deal with nuisances, river or stream pollution and other troubles arising from existing installations, large and small. Their advice is asked, or given by them, as to whether a village in their district requires some form of sewage disposal works.

Sewage disposal in not wholly sewered parishes is usually a mixture of various devices. Farms and some houses have cesspools which nearly all leak in time. Many cottages have no drains, slops and other waste waters being thrown into the garden and excreta dealt with in privies, pail closets or earth closets.

Some villages have cesspool effluent discharging into highway drains which pass so conveniently down main streets and then into a ditch. When only a small number of houses are drained into it no obtrusive trouble arises. What is reached sometimes in a village is a state of uneasy equilibrium, which is liable to be upset. With the extension of building in the form of a number of council houses the equilibrium is affected and some form of treatment becomes necessary. Another important factor is the growing water-mindedness of villagers with the installation of flush W.C.'s, baths and sinks. This usually follows the installation of a piped water supply. The Royal Commission on sewage disposal has declared that the provision of a piped water supply inevitably necessitates subsequently a scheme of sewage disposal.

Sewage disposal schemes have been frequently demanded in the past by zealous laymen following outbreaks of scarlet fever, diphtheria, and other infectious diseases not sewage spread. Scientifically, this is nonsense. There is a potential danger, however, where there is a possibility of pollution of drinking water by sewage-conveyed bacteria of enteric fever, dysentery and other intestinal affections.

Concerning a contaminated highway ditch, it is necessary to deal with this nuisance, for as long as this goes unremedied it is evidence that the district is unsatisfactory as regards its drainage and this is a breach of Section 14 of the Public Health Act, 1936.

A point brought up more than once during the year has been the question of contamination of streams used lower down for cattle drinking. It has been alleged sometimes that sewage-contaminated water drunk by cattle is deleterious to them. There is no positive evidence that this is so. Scientifically, there are no facts to support the suggestion that organisms from sewage-contaminated water would be absorbed into the body and set up disease.

Twenty-five applications for licences under Section 269 of the Public Health Act, 1936, were received and licences granted in three cases only during the year in respect to caravans.

The camping site at Rushey Hill proved of great value in housing persons unable to obtain any other permanent accommodation and for people living in caravans. Water supply and sanitary accommodation is provided by the Council at the camp and both the hutted accommodation and caravans are under the supervision of a resident warden. The camp was orderly and well kept. Many of the huts now shew considerable disrepair. It is to be hoped that a permanent holiday camp will be established in the near future on the Rushey Hill site since this would help to avoid the indiscriminate siting of caravans in the Peacehaven area.

Concerning infectious diseases notified during the year, there were 109 cases of measles of whom 7 were sent to hospital. Measles in itself is not dangerous but in some cases, especially in the debilitated, there is a danger of pneumonia supervening and these cases should be sent to hospital for treatment. Thirty-five cases of whooping cough were notified of which two were sent to hospital. This acute infection of the respiratory tract is sometimes complicated in small children by bronchial pneumonia. Where the latter is threatened the patient is sent to hospital for treatment. Although, so far, there is no absolutely proved prophylactic to prevent whooping cough, mass immunisation with various types of vaccine is being carried out in trials in certain areas in this country. When these extensive trials are completed we shall know much more than we do about the protection of children against this disease. Once an effective vaccine proves a successful prophylactic the way will be clear virtually to abolish the infection as has been done in the case of diphtheria.

Twelve cases of dysentery were notified, all were of the Sonne type. The reservoir of infection is in all instances human beings, usually an active or convalescent case. The infecting organism escapes with the faeces and persists in the stool for a period ranging from a few days to a few weeks. Transmission of the infection occurs through soiling of the hands of a new victim, the hands being contaminated during nursing attention. Indirect transmission is by way of food, (including shellfish) water, milk & flies. The mode of entry of the infection to the body is through the mouth. Usually it is a mild disease

with slight diarrhoea but in rare cases the diarrhoea may be severe. The mortality is practically nil. In Public Health one must relegate matters to what is of serious import and what is of almost trivial consequence to have a proper sense of values and of balance. It can be said that Sonne dysentery is almost of trivial consequence.

Ten cases of scarlet fever were notified during the year, seven of which were admitted to hospital. All cases were of the mild variety and made uneventful recoveries. Of the remaining infectious diseases notified two were of erysipelas and one each of paratyphoid fever, pneumonia and puerperal pyrexia.

An unusual outbreak of infection occurred amongst the pupils and staff at a Girls' Boarding School in the area. This outbreak commenced on the 14th January and fresh cases occurred until the 11th of February. In all, thirty-one persons were affected. After the onset of the first case, 14th January, the outbreak manifested itself in illnesses with onsets from the 4th to 11th February, the maximum number being on the 5th and 6th of February. The early symptoms of the infection were malaise headache and vomiting. A period of fever ensued with temperatures ranging from 99° to 102° for about one week to three weeks. A period of defervescence followed with slight pyrexia or normal temperature. Relapses occurred in some cases. Constipation was marked after occasional diarrhoea. Headache continued in some cases with restlessness and some complained of muscular pains. In a few cases there was ensuing debility and giddiness and mental depression.

The general practitioner who was Medical Officer to the Boarding School suspected paratyphoid fever and called in the Medical Officer of Health on the 9th of February. A tentative diagnosis of undulant fever was made. Specimens of faeces and blood from all boarders and from the staff were examined at a bacteriological laboratory for the infecting organism. Morgans bacillus 14 were discovered but not bacillus abortus. At the same time samples of food and drink consumed were examined bacteriologically and all results were negative. These included samples from milk supplied to the school. This unpasteurised milk was provided to households in the area and elsewhere besides the school and no case of a similar illness could be traced outside the school. Ultimately all cases recovered, some in about a fortnight after the onset of the illness. Others took as long as six weeks from the onset. Marked features of the illnesses in many cases were debility and giddiness, no fatalities occurred.

On the advice of the Medical Officer of Health extra nursing staff was obtained and on February 10th two trained nurses were engaged to assist the resident matron in nursing the cases at the Boarding School. After the recovery of the last cases the Medical Officer of Health made many subsequent visits to the School but found no further relapsed cases. Those affected took various times to attain complete recovery.

Concerning tuberculosis there were eight cases of pulmonary and six cases of non-pulmonary tuberculosis notified in 1948. Deaths amounted to three from pulmonary and none from non-pulmonary.

Under the National Health Service Act, 1946, the treatment of tuberculosis has been separated from the prevention of the disease. Treatment is now undertaken by the Regional Hospital Boards whilst prevention is left with the Local Authorities.

There are no sharp definitions in tuberculosis and there are no absolutely defined methods so far either of prevention or cure. All methods of controlling the disease are mostly palliative. Each case is treated individually and collectively some reduction in

tuberculosis has been attained. Some hope in preventing the spread of this malady has been placed in the vaccination of contacts of cases of tuberculosis by B.C.G. This has been introduced recently in the County and it will be of interest to assess the results. The true prevention of the spread of the disease lies in improved living conditions. Good housing is essential but the supply of good houses is limited. Better feeding is necessary, that is, an improvement in the variety, quality and quantity of food stuffs is required. So far, it has been found that there is no relation between the decline in tuberculosis and the increased expenditure on hospital and medical services.

The strains and stresses of present day life are having their effect. Many middle class families previously accustomed to a comfortable life are now experiencing increased worry. This is due to high taxation and the high cost of living. There is also the fear of war. The main body of the people of any country do not want war. The causes of war are to be found in the over-reaching ambition and lust for power of a few individuals and in an outdated monetary system.

Although wages of the lower paid classes have increased the increase is offset by high taxation and the increased cost of living. As remarked before, many have inadequate housing accommodation.

Summarising the main features in the Report, the increase of the population is an important factor to note. The birth rate is more than the death rate. The latter is the lowest death rate in the last ten years. The average age at death, 66 years, is high. A total of 4,978 properties have main water supplies and the provision of main supplies proceeds apace. The consumption of water has increased. The provision of a permanent holiday camp at Rushey Hill would assist in the elimination of indiscriminate siting of caravans in the Peacehaven area. Very few cases of infectious diseases were notified during the year and there was no deaths of infectious diseases cases. Prevention of spread of infection from a Girls' Boarding School was affected. There were no cases of diphtheria and this disease has been virtually wiped out by immunisation. There has been no significant increase in the number of tuberculosis cases notified. Fifteen deaths occurred of infants under one year of age, equivalent to a rate of 47.61 per 1,000 live births. The number of women dying in, or in consequence of, childbirth was one, giving a maternal mortality rate of 3.12 per 1,000 live and still births.

In conclusion I wish to thank you for your encouragement and support during the year. I am grateful for the courtesy and help I received from other officials of the Council. My thanks are also due to the general practitioners of the area for their collaboration with the Public Health Department and to the Public Health Staff for their willing and loyal co-operation.

I am, Mr. Chairman, my Lords, Ladies and Gentlemen,

Yours obediently,

G. M. DAVIDSON LOBBAN.

M.B., Ch.B., D.P.H.,
F.R.S.I.
etc.

Medical Officer of Health.

SECTION I.

STATISTICS FOR THE AREA - 1948.

Area (in acres)	66,038
Population (estimated)	20,080
Rateable Value (estimated)	£156,693
Sum represented by Penny Rate ...	£ 632

EXTRACTS FROM VITAL STATISTICS

LIVE BIRTHS	Male	Female	Total	Rate per 1,000 population
Legitimate	164	135	299	
Illegitimate	8	8	16	
			315	15.68
DEATHS	120	132	252	12.54
				Rate per 1,000 Live and Stillbirths.
MATERNAL MORTALITY		1	1	3.12
				Rate per 1,000 Live Births
INFANTILE MORTALITY	8	7	15	47.61

POPULATION

The Registrar-General's estimate of the population for 1948 is 20,080; this is an increase of 1,220 over last year's estimated population of 18,860. The last census of the population was taken in 1931 when it was found to be 16,167. The war and post-war difficulties have made the taking of a recent census impossible. Mid-year estimated populations are calculated by the Registrar-General from figures obtained through National Registration including food registration. Vital Statistics are based on the mid-year estimate and shown in every Annual Health Report.

For Public Health purposes, the information obtained through a census is most informative. In a census each householder has to give complete details of each person residing in the house, including name, relation to head of household, usual residence, sex, age, conjugal state, occupation, name of employer and his business, place of work, school, college, place of birth, nationality, the number of rooms in the house, etc. Many of these details can furnish pretty accurate estimates of the total population, the average age of the population, the age and sex distribution and so on. As matters stand at present it can be stated that population figures obtained through the National Register and Food Registration are nearly accurate, but figures for the mean age of the population, age and sex distribution can only be guessed at.

The annual populations, number of births, number of deaths, birth rates, death rates, and vital indices for the ten-year period 1939 to 1948 are given in the following table :-

Year	Population	Births	Birth Rate	Deaths	Death Rate	Vital Index.
1939	17,610	214	12.25	330	18.73	64.84
1940	18,600	243	13.06	250	13.44	97.20
1941	18,310	231	12.61	233	12.72	99.14
1942	17,410	296	17.00	257	14.76	115.17
1943	16,830	306	18.18	231	13.72	132.46
1944	16,630	309	18.58	220	13.22	140.45
1945	17,320	266	15.35	294	16.97	90.47
1946	18,410	308	16.73	240	13.03	128.3
1947	18,860	330	17.49	246	13.04	134.14
1948	20,080	315	15.68	252	12.54	125.0

The "vital index" shewn in the table above in respect of the years 1939 to 1948 inclusive, is used to assess the measure of a population's condition, and is calculated by dividing the annual number of births by the annual number of deaths and multiplying the figure thus arrived at by a hundred. The obvious advantage to be derived from the calculation and use of the vital index figure is that it is possible to tell at a glance whether a community in respect of which the figure has been calculated is in a biologically sound condition. If the vital index is below 100, then the annual number of deaths will have exceeded the annual number of births. In such a case the population is in a biologically unsound condition and would become extinct in the course of time if the trend continued and there were no compensatory factors, such as immigration into the area. Conversely, if the vital index is above 100, the number of births will have exceeded the number of deaths, the position is biologically sound, and the population increased so long as the vital index remains above 100 and no disturbing factors are introduced.

On reference to the table given above, it will be seen that for six out of the ten years covered the vital index has been above 100. More important still, it should be noted that three of the four years when the indices fell below 100 were the first three years of the ten-year period and the general trend throughout the decade under review has been an upward one. This means not only that for six out of seven years past the number of births each year in the district has been greater than the number of deaths, but that the yearly excess of births over deaths has shewn a steady and considerable increase during the period.

In considering the growth of population throughout the country as a whole, natural increase is undoubtedly the most important factor, as immigration does not play the part in the nation's scheme of development that it plays in schemes of comparatively recently developed countries such as America and Australia. As far as the various local government areas in the country are concerned, however, immigration into or emigration from the areas may assume considerable proportions and is probably of more interest to the governing bodies of the areas concerned than is the factor of natural increase. The reason for this is, of course, that movement into or from an area is more capable of control by the governing body than is the factor of natural increase. The effect of an excess of emigrants over immigrants is clearly illustrated by a consideration of the records of the areas most liable to invasion during the recent war. These showed a very

considerable drop in population even when the vital index remained above a hundred. Even in more normal times reductions in population sometimes occur in an area for widely varying reasons, and any local authority which is desirous of retaining its status takes great care to counteract any consistent tendency to emigrate from the area. It is reasonable to assume that such a tendency was developing in the Rural District during the years 1942, 1943, and 1944, when the population figures showed a steady decrease, although the vital index figure was above a hundred. Happily, this tendency has been counteracted and the population has shewn a considerable increase in 1946, 1947 and 1948.

In addition to the figures of yearly populations, vital indices, and the differences between the numbers of immigrants and emigrants, consideration should be given to the age composition of the population, the size of the families, and the social structure of the community.

So far as the age composition of the community is concerned, there are two opposing trends at work in the district. As shewn in the table above, the deaths in the district are regularly outnumbered by the births. This means that the proportion of young members in the community would be continually increased providing there were no disturbing factors. The second trend, however, provides a factor of some magnitude. This is the fact that, generally speaking, people are living longer than they did, say, twenty-five years ago. As the expectation of life increases so, other things being equal, the proportion of elderly people in an area will increase - a result directly opposite to that produced by the first trend. As time passes, the average expectation of life is likely to be increased and therefore it is probable that the second factor will eventually greatly outweigh the first factor. This will mean that the proportion of elderly people in the community will gradually increase in the area, but not to the extent which would be the case if the vital index figure fell below a hundred.

In the Rural District, as in the rest of the country, the probability is that the rapid rise in the cost of living, heavy taxation and the generally difficult conditions under which the community labours, will lead to a reduction in size of the average family, as couples become increasingly reluctant either to add to their own difficulties or to bring a new life into a world where the outlook is so unsettled.

As ever, the provision of adequate housing accommodation is of vital necessity if the numbers of the population are to be increased or even maintained. Additional accommodation is necessary both for young people to rear their families in, and to house the steadily increasing number of the older generation. To state the position in its simplest terms, the population of the Rural District is once again shewing a steady increase and it is necessary that every effort should be made to build sufficient houses to provide homes for the increased numbers. Conjointly with the provision of new homes there must be the provision of essential services, water supply, sewage disposal, light, etc., and of the various amenities now considered necessary for present day living.

BIRTH RATE

The birth rate for the year under review was 15.68 per 1,000 population as compared with 17.49 and 16.73 per 1,000 population for the years 1947 and 1946 respectively. Records show that towards the end of a long war there is a general increase in the birth rate for a year or so. This phenomenon occurred in the Rural District during the period from 1942 onwards and the inevitable return to more normal rates now seems to be occurring.

DEATH RATE

This was 12.54 per 1,000 population for the year under review, as compared with 13.04 and 13.03 per 1,000 population for the years 1947 and 1946 respectively. The death rate for 1948 was below the average for the past ten years.

CAUSES OF DEATH

During the year there was a total of 252 deaths, i.e., 120 males and 132 females. The following table shows the causes of deaths :-

	MALE	FEMALE	TOTAL
Heart Disease	28	40	68
Cancer	19	20	39
Intra-Cranial Vascular Lesions ..	15	20	35
Pneumonia	5	6	11
Other Digestive Diseases	5	5	10
Nephritis	7	3	10
Other Diseases of the Circulatory System	2	7	9
Bronchitis	3	4	7
Congenital Malformation, Birth Injuries, Infantile Diseases	4	3	7
Other Respiratory Diseases	4	1	5
Premature Birth	1	4	5
Tuberculosis of Respiratory System	2	2	4
Diabetes	1	2	3
Road Traffic Accidents	3	-	3
Suicide	-	2	2
Ulcer of Stomach or Duodenum	1	1	2
Other forms of Tuberculosis	-	1	1
Syphilitic Diseases	1	-	1
Acute Infantile Encephalitis	-	1	1
Diarrhoea under two years	1	-	1
Appendicitis	1	-	1
Other Maternal Causes	-	1	1
Other Violent Causes	1	-	1
All Other Causes	16	9	25
	120	132	252

As in former years, the chief cause of death in 1948 was heart disease with 68 deaths. This is followed by 39 deaths from cancer and 35 deaths from intra-cranial vascular lesions. These three diseases head the list of causes of deaths year after year, usually in the same order with heart disease always leading.

The highest age at death was ...	96 years.
The lowest age at death was	1 day.
The average age at death was ...	66 years.

SPECIFIC CAUSES OF DEATH

HEART DISEASE

As usual, Heart Disease heads the yearly mortality list in the Rural District, as it does in a large proportion of local authority areas throughout the country. The annual number of deaths throughout the country notified as being caused by heart disease has shewn a steady increase since the beginning of the century and this is probably due to the fact that medical science is steadily providing mankind with increased protection against disease, but, nevertheless, everyone must eventually die from one cause or another and the number of deaths due to diseases as yet unconquered must inevitably rise. The heart, although a most

efficient piece of mechanism, is not so durable as other organs of the body and consequently as medical science continues to increase the average expectation of life by overcoming other diseases, eventually it is in many cases the heart that becomes, in simple terms, "worn out" and the consequent death is then described as "Heart Disease".

CANCER

Cancer is a general term to designate all malignant tumours. It is a disease chiefly of adult life and the great majority of cases occur in the second half of life. As in the case of heart disease, the increasing number of deaths ascribed each year to one form or another of cancer is due more to the higher proportions of cures effected in modern times in the case of other ailments than to any inherent increase in the spread of the disease itself.

The commonly held belief that cancer is incurable is not entirely correct. If detected at a sufficiently early stage in its growth a cancer growth can be removed, and intensive work in research laboratories throughout the world is steadily increasing the proportion of lives saved.

INTRA-CRANIAL VASCULAR LESIONS.

Intra-cranial vascular lesions include cerebral haemorrhage (apoplexy) cerebral embolism, thrombosis and other lesions. In the Rural District the majority of deaths due to these causes take place amongst elderly people. With increased age the cerebral blood vessels degenerate and are more liable to burst and to become blocked. The increased tension of present-day life has a tendency in many cases to increase blood pressure and this in turn is one of the predisposing factors of intra-cranial vascular lesions.

PNEUMONIA

Pneumonia or inflammation of the lungs is caused by a variety of organisms. The incidence of this infection is highest in winter and in spring. An attack can follow exposure to cold. Predisposing causes are debility due to any cause, other diseases such as measles, whooping cough, influenza, tuberculosis, and chronic disease associated with old age. In adults the lobar type of pneumonia is more common, whilst the lobular type (broncho-pneumonia) is more often found in children. The present day treatment of the disease by penicillin and the sulphonamide drugs has decreased the mortality to a marked extent.

VITAL STATISTICS.

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the year 1948. Provisional figures based on Quarterly Returns.

	England and Wales	126 C.B's & Great Towns Including London	148 Smaller Towns (Resident Pop. 25,000 - 50,000 at 1931 census	London Administrative County	CHAILEY 1948 (Population - 20,080)
	Rates per 1,000 Civilian Population				
Births: Live	17.9(a)	20.0	19.2	20.1	15.68
Still	0.42(a)	0.52	0.43	0.39	0.24
Deaths: All Causes	10.8(a)	11.6	10.7	11.6	12.24
Typhoid & Paratphd.	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.02	0.02	0.02	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.01	0.00
Tuberculosis	0.51	0.59	0.46	0.63	0.24
Influenza	0.03	0.03	0.04	0.02	0.00
Smallpox	-	-	-	-	0.00
Acute Poliomyelitis & Polioencephalitis	0.01	0.01	0.01	0.00	0.00
Pneumonia	0.41	0.38	0.36	0.54	0.54
Notifications:					
Typhoid Fever	0.01	0.00	0.01	0.00	0.00
Paratyphoid Fever	0.01	0.01	0.01	0.01	0.04
Cerebro-spinal Fever	0.03	0.03	0.02	0.03	0.00
Scarlet Fever	1.73	1.90	1.82	1.37	0.49
Whooping Cough	3.42	3.51	3.31	3.13	1.74
Diphtheria	0.08	0.10	0.09	0.10	0.00
Erysipelas	0.21	0.23	0.21	0.22	0.09
Smallpox	-	-	-	-	0.00
Measles	9.34	9.75	8.84	9.17	5.42
Pneumonia	0.73	0.84	0.60	0.57	0.04
Acute Poliomyelitis	0.04	0.05	0.04	0.04	0.00
" Polioencephalitis	0.00	0.00	0.00	0.00	0.00
Deaths:	Rates per 1,000 Live Births				
All Causes under 1 year of age	34 (b)	39	32	31	47.61
Enteritis & Diarrhoea under 2 yrs of age	3.3	4.5	2.1	2.4	3.17
	Rates per 1,000 Total (Live & Still) Births				
Notifications: Puerperal Fever & Pyrexia	6.89	8.90	4.71	7.34 (c)	3,12

Maternal Mortality in England & Wales

	Rates per 1,000 Total (Live & Still) Births	Rates per million women aged 15 - 44.	CHAILEY Per 1,000 (Live & Still) Births
140 Abortion with Sepsis	0.11	9	
141 " without Sepsis	0.05	4	
147 Puerperal Infections	0.13		Nil
142-146,148-150 Other Maternal Causes	0.73		3.12

(a) Rates per 1,000 total population (b) Per 1,000 related births (c) In London Puerperal Fever alone was 0.61.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Laboratory Facilities.

(i) Clinical Research Association, South Road, Haywards Heath - for swabs, sputa, examinations, etc.

(ii) R. F. Wright, Esq., Public Analyst, Wraysbury, Offham Road, Lewes - for milk and water samples.

Ambulance Facilities.

Until the 5th July, 1948, the ambulance service for the district remained as in previous years.

On the 5th July, 1948, the appropriate provisions of the National Health Service Act, 1946, came into force and the provision of an ambulance service became the responsibility of the County Council. The County Council made arrangements for the two ambulances and one sitting-case car stationed at Lewes to continue to be used for the transfer of non-infectious cases into hospitals from this area, with the exception of cases from Chailey and Newick, when the service stationed at Uckfield is used, from Ditchling, Streat and Westmeston, when the service stationed at Hurstpierpoint is implemented, and from Peacehaven, Piddinghoe, South Heighton, Tarring Neville and Telscombe, when the service stationed at Newhaven is used. In the event of a further call being received when all the ambulances of a particular station are out on duty, arrangements are in being for the call to be dealt with by another station in the area.

From the 5th July, 1948, onwards, the Infectious Diseases ambulance stations serving the area have been at the Hove and at the Hurstpierpoint Isolation Hospitals. Under the provisions of the Ambulance Scheme, general purposes ambulances, if necessary, can be used for the conveyance of infectious disease cases, and provision is made for the subsequent disinfection of any vehicle.

The East Sussex County Council continues to provide facilities for the transfer of tuberculosis patients.

Nursing in the Home.

As empowered by the provisions of Section 25 of the National Health Service Act, 1946, the East Sussex County Council has arranged for this service to be provided by the East Sussex County Nursing Federation through the District Nursing Associations. This is, in effect, a continuance of existing arrangements.

Hospitals.

Under the provisions of the National Health Service Act, 1946, the Ministry of Health has assumed responsibility for the provision of hospital accommodation. The accommodation available in the area remains materially the same as previously.

Clinics and Treatment Centres.

The following is a list of clinics and treatment centres available during 1948 for residents in the district :-

Description and Situation	Day & time of attendance	By whom provided
Tuberculosis Clinic, Victoria Hospital, Lewes.	Monday & Friday, 2 p.m.	Regional Hospital Board
Orthopaedic Clinic, Castlegate House, Lewes.	Tuesday & Thursday, 2 p.m.	Regional Hospital Board
Artificial Pneumothorax, Victoria Hospital, Lewes.	Wednesday. Women 2.30 p.m. Men 3.30 p.m.	Regional Hospital Board
Nervous Disorders Clinic, Victoria Hospital, Lewes.	2nd & 4th Tuesday, 2 p.m.	Regional Hospital Board

In addition to the above there are Clinics and Centres throughout the area for the treatment of Maternity and Child Welfare, Ante-Natal, Dental and Minor Ailment cases.

Poor Law Medical Aid Relief.

Prior to the 5th July, 1948, arrangements were made by the East Sussex County Council for the provision of medical assistance for those in poor circumstances, and subsequent to that date provision has been made for cases previously dealt with under the heading 'Poor Law Medical Aid Relief' to be treated under the appropriate sections of either the National Health Service Act, 1946, or the National Assistance Act, 1948.

Institutional Provision for the Care of Mental Defectives.

The East Sussex County Council deal with the Lunacy and Mental Deficiency services.

SECTION III.

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA.

1. WATER SUPPLY.

The Statutory Water Authorities supplying the several areas within the Rural District continued as before, viz :-

Chailey Rural District Council
Brighton County Borough Council
Lewes Borough Council
Newhaven and Seaford Water Company
Burgess Hill Water Company
Mid-Sussex Joint Water Board.

Each Authority continues to take regular samples of its water supply. In no instance during the year has the quality of the water supplied by any of these Undertakings been in question.

Below is the Analyst's Report on a sample taken from the Council's Waterworks by the Water Engineer. It is typical of the quality of the water supplied :-

"A sample taken from the Pumping Main, Offham Waterworks, on the 21st June, 1948, showed the following characteristics :-

Colour ..... None.
Smell ...... None.
Sediment ... None.

Chemical Analysis

	Grains per Gallon	Parts per Million
Total solids (dried at 100°C)	19.0	
Solids (after ignition)	12.6	
Chlorine	1.7	
Ammonia (free)		.030
Ammonia (albuminoid)		.042
Oxygen taken from permanganate in ¼ hour.	Nil	
Oxygen taken from permanganate in 4 hours	.01	
Nitrogen as Nitrates and Nitrites	.17	
Nitrites	Nil	
Hardness (total)	14.0	
Hardness (after boiling)	4.3	
Phosphates	Nil	
Metallic Impurity .... Iron	.01	
Manganese	.007	
Ph 7.4		

Free Chlorine - not detected

Bacteriological Examination

The organisms per ml. which grew on Nutrient Agar in three days at 22°C. under aerobic conditions and were then visible to the naked eye as colonies numbered 0

On Agar at blood temperature and under aerobic conditions... 0 colonies were noticed after two days' incubation.

Probable number of Coli-Aerogenes organisms in 100 ml. of the original water 0

Report.

Both chemically and bacteriologically this is an excellent water, and it is perfectly safe for drinking purposes and domestic use.

R. F. WRIGHT.
28th June, 1948. Public Analyst. "

Twenty-three samples of drinking water were taken during the year from private sources. Several of these were found to be unfit for drinking purposes and the owners of properties required to provide a wholesome supply. None of the samples from public supplies were found to be "plumbo-solvent".

Water mains extended during the year amounted to 2,215 lineal yards of 4" mains. These extensions followed closely the programme recommended by the Council's Survey Report made in 1944. This programme has been closely adhered to. The order of priority as recommended therein, both having regard to the need for domestic purposes and to the desired extension for agricultural purposes, has proved to be accurate.

An area to the east side of Ditchling Common, comprising 19 cottages and 3 farms has been surveyed. Samples taken from 12 wells have proved unsatisfactory. It was recommended that this area is urgently in need of a public supply. The Council has taken up the matter with the Statutory Water Authority for the area concerned.

The urgency for a public supply to the village of Firle has increased during the year. Negotiations made during the year have not resulted in an early settlement of this problem.

The number of properties connected to the main supply is reported by the Water Engineer as follows :-

Chailey R.D.C. Undertaking	1918
Properties supplied by other Statutory Undertakings	3060
Total	4978

2. PUBLIC CLEANSING.

House refuse continues to be collected fortnightly throughout the District. Two 10-cu. yd. vehicles are employed for this purpose, the refuse being disposed of at the Lewes Borough Tip by arrangement.

Owing to the increase of habitable houses within the District and additional refuse now being collected, the Council have resolved to purchase an additional 7-cu. yd. collecting vehicle.

The Council entered for the National Waste Paper Salvage Competition and during the year collected 85 tons of mixed waste paper, which was sold for the sum of £552.

During the year 1948, 2,132 cesspools or septic tanks were cleansed. The amount collected in payment for the service was £1,819. The estimated cost for the financial year ended the 31st March, 1949, was £2,799.

During the year the Council were able to obtain a long lease on the garage premises. A certain amount of re-building and extensive repairs have been carried out to the premises which, when completed, will provide the Council with adequate garage

accommodation of their own for the first time. This should prove to be a great advance and result in better working conditions for the men and added efficiency to the service. A 500 gallon petrol pump has been installed and it is proposed to establish a Maintenance Department to serve the vehicles. Provision is also made for the installation of drying room accommodation, washing and sanitary accommodation and shower bath accommodation for the use of the workmen.

3. HOUSING REPAIRS.

During the year informal notices to carry out repairs were served in respect of 45 houses and Statutory Notices in respect of 4 houses.

Work in connection with improvement and repair to houses had to take a lower place in the year's activities.

Informal requests for reconditioning of unfit property have resulted in the complete reconditioning of 17 cottages.

4. REQUISITIONING.

The Housing Sub-Committee dealing with requisitioned premises and allocation of tenants met on 15 occasions during the year. Nine properties were requisitioned, making a total of 36 properties held on requisition at the end of the year.

The Rushey Hill Hutted Camp at Peacehaven housed 28 families at the end of the year.

5. TENTS, VANS & SHEDS.

Twenty-five applications for Licences under Section 269 of the Public Health Act, 1936, were received. Licences were granted in three cases only.

The establishment of a Camping Site at Rushey Hill, Peacehaven, has been of great value, particularly for the housing of persons in caravans who are unable to obtain any other permanent accommodation. Water supply and sanitary accommodation is provided by the Council and both the hutted Camp and the Caravan Site is under the supervision of a Resident Warden. The Camp is orderly and well kept.

The Council during the year have considered the establishment of a permanent holiday camp in this vicinity. It is to be hoped that this proposal will mature as it will provide a long felt want both for holiday purposes and to avoid the indiscriminate siting of caravans, which is causing considerable objection in the Peacehaven area.

6. MILK & DAIRIES.

Improvement in the methods of milk production throughout the year has been maintained.

223 visits have been paid to cowstalls and dairies and only in a few cases have conditions been so unsatisfactory as to require the service of Informal Notices.

During the year there were 26 changes of registration under the Order and, apart from repairs and improvements to cowstalls, three premises were either rebuilt or reconstructed as a result of informal procedure.

The milk collecting centre, known as the "Glynde Creamery", has been reconstructed and completely new plant has been installed, together with a new "H.T.S.T." Pasteurisation Plant. This is a long needed improvement.

7. FOOD & DRUGS ACT.

Further attention has been directed to restaurants, cafes and other food premises. Regular inspections have revealed that few of the premises fall short of a reasonable standard.

14 Informal Notices have been served requiring improvements in connection with the standard of cleanliness of premises.

Applications for registration were granted in respect of 5 premises used for the manufacture and preparation of food during the year.

4 applications were granted in respect of the sale, manufacture and storage of Ice Cream.

Complaint of the use of shellfish from a polluted foreshore was investigated and information as to the use of this shellfish was passed on to the neighbouring authority in whose area the sale occurred.

Nine samples of Ice Cream were taken during the year.

8. FOOD INSPECTION.

The following articles of food were examined and found to be unfit for human consumption :-

Milk	107 Tins.
Tinned Meat	7 Tins.
English Beef	8¼ lbs.
Sausages	6 lbs.
Wet Fish	6 stones.
Smoked Fish	7 stones.
Tinned Fish	29 Tins.
Miscellaneous Tinned and Bottled Foods	48 Tins.
Butter	8 lbs.
Sugar	332 lbs.
Chocolate Milk Powder	160 lbs.
Tomatoes	14 lbs.

2 Pigs' Heads, Lungs and Collar.
1 Pig's Mesentery.
12 Dressed Chickens.

9. VERMINOUS PREMISES.

A few complaints were received of premises infested by vermin, all of which were treated by the Council's own employees.

A feature of the summer was the number of complaints received concerning infestation through roof spaces of houses by swarms of flies. Numerous complaints were received and four particularly heavy infestations were treated. In other cases advice as to treatment was given.

10. FACTORIES ACT, 1937.

Inspections :-

Premises	No. on Register	Inspections	No. of Written Notices	Occupiers prosecuted.
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	25	15	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	49	31	-	-
Totals	74	46	-	-

Cases in which defects were found :-

Particulars	Number of cases in which defects were: Found	Remedied	Referred by H.M.Inspector
Sanitary Conveniences -			
Unsuitable or defective ...	9	10	1
Other offences against the Act (not including offences relating to Outwork)	12	9	4
Total	21	19	5

Two Certificates under Section 34 of the Act, as to means of escape in case of fire, were issued during the year.

11. SUMMARY OF VISITS.

House Inspections under the Housing Regulations	62.
Other Inspections of Houses not included above	359.
Visits in connection with Nuisances	320.
" to Slaughter Houses, Butchers' Shops and Food Premises	277.
" to Cowstalls and Dairies	223.
" re Drainage	543.
Drains Tested	255.
Samples taken for Analysis :- Milk	11.
Water	23.
Ice Cream	9.
Visits in connection with Infectious Diseases	32.
Rooms fumigated	23.
Visits to Sewage Outfall Works and Sewers	178.
" to Refuse Tips	14.
" under Petroleum Act	32.
" in connection with Salvage	13.
" under Factories and Workshops Acts	47.
" re Building Licences and Certificates of Essentiality	6.
" Miscellaneous	359.

11. SUMMARY OF VISITS (contd.)

Visits re Government Evacuation Scheme, Residual Services and Requisitioned Premises ..	766.
" re Water Supply	74.
" re Tents, Vans and Sheds	63.
" re Housing Surveys	48.

12. RODENT CONTROL.

Visits for purpose of Survey	146.
" for purpose of Treatment	359.
Number of New Infestations found since	49.
" " Infestations cleared	115.
" " Infestations in course of treatment	31.
Estimated number of Rats killed	1251.
Estimated number of Mice killed	327.

13. LICENCES ISSUED.

To Store Petrol	45.
To Store Cellulose	3.
To Store Carbide of Calcium	1.
To Slaughter Animals	3.
For Moveable Dwellings	3.
For Cowkeepers - Wholesale	26.
- Retail	2.
To Bottle T.T.Milk	2.
Dealer's (Retailing) Licence to use designation "Tuberculin Tested"	1.
Dealer's Supplementary Licence for the sale of Pasteurised and T.T. Milk	1.

14. NUISANCES.

Notices issued	91.
Notices complied with	56.
Statutory Notices issued	6.
Statutory Notices complied with	5.

15. SALVAGE SALES.

	Tons.	Cwts.	Qrs.	Lbs.	£.	s.	d.
Mixed Waste Paper ...	85	16	2	22 ...	551.	18.	8.
Textiles	5	10	2	25 ...	122.	15.	5.
Mixed Metals		6	0	7 ...	7.	19.	4.
Selected Waste		8	2	0 ...	2.	19.	6.
Bottles and Jars (7,124)				...	53.	6.	10.
	92	3	3	26 ...	£738.	19.	9.

SECTION IV.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Incidence of Notifiable Infectious Diseases (excluding Tuberculosis) during the year 1948

Disease	Total Cases Notified	Cases admitted to Hospital	Deaths
Bacillary Dysentery	12	-	-
Erysipelas	2	-	-
Measles	109	7	-
Paratyphoid	1	1	-
Pneumonia	1	-	-
Puerperal Pyrexia	1	-	-
Scarlet Fever	10	7	-
Whooping Cough	35	2	-

DIPHTHERIA

No cases of diphtheria were notified in the Rural District during the period under review. No cases occurred during 1944 or 1945, while only two occurred in 1946 and one in 1947. Thus during the past five years only three cases of diphtheria occurred throughout the area, none of which was immunised against the disease. It would appear that diphtheria is practically eliminated from the area, a result which is undoubtedly due to immunisation. In contrast to the low incidence rates of recent years, nine cases were notified in the year 1935 - exactly three times as many cases in a single year as have occurred during the five-year period ending in December, 1948.

Although the results of immunisation against diphtheria in the area which have so far been obtained are very good, nevertheless there must be no slackening of effort if such a satisfactory state of affairs is to continue. In order to prevent the disease from regaining its hold on the population it is necessary not only that every effort should be made to seek out the members of the child population not as yet immunised and to do everything possible to ensure that they receive the benefit of such protection, but also to take all possible steps to bring about as soon as reasonably possible the immunisation of children who have just reached the age at which immunisation is advisable. Immunisation usually takes place just after a child's first birthday, but there is no reason why it should not be carried out at the age of eight or nine months. Although the best time to immunise children is in infancy, immunisation can nevertheless be carried out later in life, but the sooner this is done the better.

Arrangements are in being for children who have already been immunised to be given boosting doses. By doing this, the protection already afforded against diphtheria will be re-inforced.

After perusing statistics of the nature of those given above, it becomes difficult to believe that any parents would refrain from presenting their children for immunisation at the

earliest possible opportunity. Nevertheless, in many cases a reminder is necessary before action is taken by parents to obtain the immunisation of their child. In fewer cases, repeated reminders and, occasionally, personal visits are necessary. Thus it will be appreciated that a considerable amount of organisation and administrative work is necessary in order to ensure a high percentage of immunised children amongst the child population of the area.

SCARLET FEVER.

Ten cases of scarlet fever were notified in the Rural District during 1948, seven of which were admitted to hospital. All cases were of the mild variety and made uneventful recoveries.

During the past twenty years the disease has become progressively milder. The reason for this is not clearly understood,but it is possible that the present mildness is only temporary, as previous periods during which the mild type has prevailed, have been succeeded by more severe infections.

Normally cases of scarlet fever can be nursed at home, but where this is not possible, home conditions are unsatisfactory, or the case occurs in a Children's Home, the patient is sent to hospital.

Although one attack of scarlet fever usually affords protection against subsequent attacks, nevertheless, second attacks are not uncommon.

The period of infectivity begins at the earliest stage of an attack, and early recognition of the disease and prompt isolation of the patient are very important. A daily dose of a sulphonamide drug, given under medical supervision, will provide protection for the majority of persons exposed to scarlet fever infection. This, however, does not obviate the necessity for appropriate precautions, such as the isolation of the patient, exclusion of contacts from school, and the exclusion of infected persons from handling milk and milk products.

ERYSIPELAS.

Two cases of erysipelas were notified during the year, neither of which was admitted to hospital. This disease is a spreading inflammation of the skin in which the causal organism breaks directly from the individual affected or indirectly from outside sources. It is most common during the colder seasons of the year and in Great Britain the number of cases appears to bear an inverse ratio to the rainfall. Males appear to be more prone to attack than females and the annual number of registered deaths was also higher amongst males. Persons living in bad hygienic conditions are more liable to attack and second attacks are not uncommon. The face and legs are the commonest sites of infection. Susceptibility is most marked in infants and in the aged. Before the advent of the new sulphonamide drugs the disease sometimes ran a serious course, especially in the aged, but with the advent of these drugs this has been obviated in nearly every case.

The two cases notified in the district made comparatively rapid and uneventful recoveries.

WHOOPING COUGH.

In the year under review thirty-five cases of whooping cough were notified in the Rural District and two of these cases were admitted to hospital. No deaths occurred from amongst the cases notified.

The disease is usually of about two months duration and its most characteristic features are catarrh of the bronchial tubes and a frequent paroxysmal cough with a peculiar whoop, from which the name of the disease is derived. The main incidence of the disease is amongst children, the largest number of cases occurring in the fourth year of age. Respiratory complications, which may occur in the young, require prompt treatment when they arise, some cases having to be transferred to hospital. Although one attack usually confers immunity second attacks are not unknown. Immunisation against the disease has so far proved of doubtful value.

MEASLES.

One hundred and nine cases of measles were notified in the Rural District during the year under review, of which seven were admitted to hospital. No deaths occurred amongst the cases notified.

Measles is an acute fever of which the usual symptoms are a blotchy cutaneous eruption and a catarrh of the respiratory passages. The malady is one of the most easily transmitted of the communicable diseases and occurs most commonly in children between five and fourteen years of age. Permanent acquired immunity is usual after the first attack. The cases notified were mild and all made good recovery. Rigid isolation in the home is of little value in reducing the attack rate as the patient will have infected his fellows before the case is diagnosed. The chief danger arising from measles is not in the disease itself, but in the pneumonia which may follow.

There is no fully proved method of active immunisation against the disease, although passive immunisation of cases exposed to measles by the use of human serum may achieve a modification of the disease. This, however, lasts only for two or three weeks and the child is then as susceptible as before.

BACILLARY DYSENTERY.

During the year under review twelve cases of bacillary dysentery were notified in the Rural District. None of these was transferred to hospital and no case died. This disease is an acute infection of the large bowel accompanied by diarrhoea and occasional bleeding. Most of the cases which occur in this country are mild, but some may be serious. The disease is usually spread by an active or convalescent case. In some cases the disease causes little inconvenience, apart from a slight diarrhoea of transient duration. Treatment by the sulphonamide drugs has been effective. The disease in a very mild form has been more or less endemic in certain parts of this country for many years, quite possibly unrecognised owing to its mildness and absence of complications.

OTHER INFECTIOUS DISEASES.

The only remaining infectious diseases notified in the Rural District during 1948 were one case of Pneumonia, one of Paratyphoid Fever, and one of Puerperal Pyrexia. Only the case of Paratyphoid was transferred to hospital. All three patients made uneventful recoveries.

GENERAL.

An inspection of the public health records for the past few decades reveals a very great reduction in the mortality rates of the infectious diseases prevalent in this country.

Not only is this the case but, generally speaking, the virulence of the various maladies has been greatly reduced. Fewer deaths occur now from infectious disease, and in many cases when outbreaks occur the disease is confined to a comparatively mild form and the after effects are no longer serious.

Despite the triumph of medical science and of public health administration so far as comparative freedom from infectious disease is concerned, it must ever be borne in mind that the price of safety is eternal vigilence. In the case of scarlet fever, for instance, although the present form of the attack is generally not so severe as in the past, this does not mean that it cannot resume its former deadly nature, and the slightest relaxation of effort would probably lead to such a result. Similarly, immunisation has reduced the incidence of diphtheria by leaps and bounds, but it is still very necessary to take all possible steps to ensure that the whole of the child population is afforded protection against the disease.

Generally speaking, improved standards of sanitation and of personal and general cleanliness have done much to lessen the incidence and virulence of infectious disease, but the public health authorities must continue to use all the weapons in their armoury to maintain and improve the standard of resistance to these maladies.

SECTION V.

TUBERCULOSIS

In 1948 eight cases of pulmonary tuberculosis and six cases of non-pulmonary tuberculosis were notified, whilst during the year there were three deaths from pulmonary tuberculosis and no deaths from non-pulmonary tuberculosis. Details are given in the following table :-

1948 NEW CASES AND MORTALITY

AGE PERIODS	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	-	1	-	-	-	-
10	-	-	1	1	-	-	-	-
15	-	-	1	-	-	-	-	-
20	1	1	-	-	-	-	-	-
25	-	2	1	-	1	-	-	-
35	1	1	-	-	-	-	-	-
45	-	-	1	-	-	-	-	-
55	-	-	-	-	-	-	-	-
65 & Upwards	1	1	-	-	1	1	-	-
TOTAL	3	5	4	2	2	1	-	-

Details of deaths from Pulmonary Tuberculosis :

Male aged 32 years...Died 31.7.48.
Male aged 67 years...Died 10.12.48.
Female aged 70 years...Died 26.6.48.

Eight new cases of pulmonary tuberculosis were notified in the District during the year under review, as against twenty-two in 1944, five in 1945, eleven in 1946 and ten in 1947. Records taken throughout the country and extending over the past few years give some substance to the belief that there has of recent years been an upward trend in the incidence of pulmonary tuberculosis. There is, in any event, no doubt that every effort must be made to hold the disease in check and eventually to reduce the frequency of its incidence. To do this requires not only the fullest and most intelligent use of all the relevant resources of medicine but also a great deal of organisation and administrative work. The fullest possible publicity must be given to the necessity

of cleanliness, the avoidance of spitting and other habits likely to facilitate the spread of the disease. Every effort must be made to improve the living conditions of the population, and all cases of tuberculosis notified immediately on diagnosis, a record kept of the medical history of the case, and the appropriate authority notified in the event of the movement of the person concerned to another area.

The unsatisfactory conditions under which many families are at present housed doubtless facilitate the spread of pulmonary tuberculosis from one member of a family to another, and every possible effort should be made by local housing authorities to provide satisfactory accommodation for families in which any of the members are infected with the disease. Overcrowding, particularly in sleeping quarters, greatly assists the spread of the malady and it is no uncommon occurrence for all the members of a family living in such conditions eventually to contract the disease from one of their number who contracted it from an outside source. By far the best method of avoiding the possibility of such happenings is to provide good housing accommodation for all members of the community, but the education of the public in elementary health principles is also extremely useful. Fresh air, and cleanliness both of the person and of living quarters are of great assistance in keeping the disease at bay.

The increasing tendency amongst persons of all ages to congregate several times a week in cinemas, dance halls and similar places of recreation probably has a not-inconsiderable effect in increasing the total number of cases occurring throughout the country. Although there is no doubt that the standard of ventilation and general cleanliness in such places has improved considerably in the past few years, nevertheless, in any enclosed building in which a large number of persons are in relative proximity one to another, there is a far greater risk of becoming infected than in the open air or in less crowded quarters. On the other hand, the increase in popularity of bathing, cycling and other open air pursuits has no doubt prevented the development of many an incipient case of the disease and every encouragement should be given to the cultivation of such pastimes.

Overwork, worry and insufficient rest are potent predisposing causes. Certain sections of the community are overworked to-day, while many people are worried, either by lack of proper housing accommodation, by financial difficulties, or by the many strictures on everyday life. So far as lack of sufficient rest is concerned, the younger members of the community in many cases do not get sufficient sleep. While this is partly the fault of the young persons themselves nevertheless the main blame must rest on the parents for not ensuring that their children obtain sufficient sleep.

Whatever the cause of the general increase in pulmonary tuberculosis, it cannot be said that present day conditions tend to reduce its incidence and more than ever before it behoves each and every one of us to do everything in our power to restrict the spread of infection and to militate the effects of the disease in every way possible.

CLIMATE.

Climate is one of the most important factors affecting the health of mankind. In regions where the climate is, for some reason, not conducive to healthy living conditions, the native population is usually scanty and of poor development both physically and mentally. On the other hand, a climate yielding too easy a living for the inhabitants of the area, is a material factor in lessening the energy and force of character of the resident population. No doubt the English climate - mild, but not so mild as to provide a comfortable living without effort - has materially affected the characteristics of our race. The climate experienced in the Rural District is mild, dry, and bracing, but not bleak. It provides extremely healthy natural conditions for the residents within its boundaries.

Apart from the general effect of climate on health, particular types of climate have a noticeable effect on the health of the population. In particular, damp, foggy weather accounts for the prevalence of respiratory diseases in some areas. A smoky atmosphere has a double action, for smoke is not only of itself harmful to the respiratory system and an unhealthy factor in that it prevents the maximum amount of the sun's health-giving rays from reaching the earth's surface, but it has also a secondary effect. The minute grains of solid matter of which smoke is composed provide a nucleus for the formation of the drops of moisture of which fog is composed, and thus a smoky atmosphere is invariably also subject to more than the average amount of fog.

The Rural District is fortunate in being almost entirely free from smoke and dust in its atmosphere, and its inhabitants obtain a great deal more advantage from the sun's rays than do residents in less fortunate areas.

Medical evidence tends to shew that an excessively dry climate leads to an increased incidence of certain infectious diseases. This is probably due, in part at least, to the fact that an adequate rainfall provides a natural means of sanitation and washes away the natural breeding grounds of infectious organisms. Here again, the Rural District is fortunate in receiving a rainfall which, while light, is sufficient to provide adequate means of sanitation, while the natural reservoirs under the Downs are the source of a constant and abundant supply of fresh water of the highest organic purity.

The movement of air is another factor of climatic importance. Lack of movement, especially in hot weather, has a very enervating effect, whilst the frequent occurrence of a bleak cold wind leads to the increased frequency of colds and chills. In the case of the Rural District, fresh winds blow over the area from the coast and ensure the free circulation of the atmosphere. These winds are not, however, unduly cold.

The subsoil generally is dry and porous, the greater part of the district lying on the South Downs and possessing a subsoil composed of chalk and flints. This facilitates good drainage and is conducive to healthy conditions.

Generally speaking, the combined effect of the various climatic factors existing in the Rural District is to make the climate well-balanced, pleasant and extremely healthy. It is ideal for the sick and convalescent, and the large number of schools in the district prove that the climatic advantages of the area have not passed unnoticed by those to whom they are of the utmost importance.