[Report 1949] / Medical Officer of Health, Chailey (Union) R.D.C.

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RURAL DISTRICT OF CHAILEY

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the

Year Ended 31st December, 1949

Public Health Department,
Lewes House,
LEWES, Sussex.

September, 1950.

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Charles Clarke (Haywards Heath) Ltd.

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CHAILEY RURAL DISTRICT COUNCIL

PUBLIC HEALTH DEPARTMENT,
LEWES HOUSE,
LEWES.

September, 1950.

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

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the health of the inhabitants and on the sanitary conditions of the Rural District of Chailey for the year 1949.

As you are all fully aware, the care of the health of the general public is a very full responsibility of your Council and in some respects an issue of practical politics.

Annual Health Reports may make very dry reading, at least as far as statistics are concerned. These statistics, however, form the very basis of the subject and can be used, up to a point, as yardsticks as to the state of Public Health in an area during a particular year.

To the observant and the discerning many a clue concerning the well-being or otherwise of a particular group of people or of a population can be discovered. Many of these clues are often but lightly hidden under the bare statistics, but are easily revealed to those competent to discover them.

The population of your rural district for the year under review was estimated to be 20,480. This is an increase of 400 over the estimated figure for the preceding year. The population in 1946 was 18,410. There has been, therefore, over 11 per cent. increase since the latter year. This increase is of significance since it means that more people have come, and are still coming, to live in your rural district. This addition to the population, mostly adults, consists of either retired or semi-retired persons or those still engaged in some form of occupation or another. Their needs, of course, have to be catered for. It is certain that overcrowding exists to some degree. The chief need, as in nearly all areas in this country, is that of housing. It is known that the domestic upsets arising from housing problems are at present amongst the commonest contributory causes of psychosomatic illnesses—and this form of illness constitutes at least a third of all medicine.

It would appear to be more profitable to expend less public money on spectacles and prescriptions, which are sometimes of doubtful value, and more on reducing frustrations and improving the standard of living. This matter calls for more careful consideration than it appears to have received.

The birth rate for the year was 14.50 per 1,000 population as compared with 15.68 and 17.49 per 1,000 population for the years 1948 and 1947 respectively. The highest annual birth rate recorded for the rural district in the last ten years was 18.58 per 1,000 population in 1944. The lowest was 12.61 in 1941.

Whilst the birth rate for 1949 was satisfactory, inasmuch as it exceeded the death rate for the same year, the trend has been downwards since 1942.

The diminution of a birth rate is due to many factors. These factors are, generally, the postponement of age at marriage ; decreased fertility in married women ; greater ease of divorce, especially at child-bearing ages ; deliberate and voluntary avoidance of child-bearing by restrictive practices, and a large proportion of celibates. There has also been a decrease in the proportion of married women of conceptive ages. No doubt the lengthened time of education and training leads to later marriages. When the wife is employed outside household duties the tendency is to limit the size of a family or have no children at all.

Lack of housing accommodation is the chief reason why, amongst the unmarried, marriages are postponed, and, amongst the married, why there are few or no children in the family.

The family is the unit of the nation. All action, or lack of any action, which might tend to prevent early marriages, to limit the size of families, or to disrupt the home should be avoided in the interests of the nation.

There is an obvious relationship between overcrowding ; proper housing accommodation ; proper sanitation ; playground space, and home environment in general, *and* maintenance of physical, mental and social wellbeing and efficiency.

Although only proved in general terms, there are bad effects on health caused by chaotic urban development, but mainly these bad effects are mostly caused through lack of houses and overcrowding.

The immediate environment of the family is the home, but the residential neighbourhood and the wider community of which it is part, are increasing in importance every year.

The death rate for the year 1949 was 12.11 per 1,000 population. In this year the Registrar-General has provided an area comparability factor. This factor has been calculated to secure comparability between local death rates. As applied to the death rate (12.11) the comparative mortality rate of 9.08 for 1,000 population is given. The latter rate is comparatively low, and this is another reflex on the healthiness of your District.

A hundred years ago the epidemic diseases were amongst the chief causes of death. Their present relative unimportance as causes of mortality is indeed of great significance and has been due to the revolutionary progress made in the fields of Public Health and curative medicine.

Whereas in 1855 six out of every thousand people died from either typhoid, typhus, small-pox, measles, scarlet fever, whooping cough or diphtheria in this country, the mortality rate has been to-day reduced to 0.14 per 1,000 population, that is, to almost vanishing point.

The mortality from diarrhoeal diseases, including dysentery, was very high a century ago, especially amongst infants. This rate has been reduced now to an almost irreducible minimum.

With the increased speed of present day air and sea travel, an infectious disease, such as small-pox for example, endemic in some countries, can cause havoc amongst a distant population insufficiently protected. A cholera epidemic which ravaged Egypt recently provided a sharp reminder that a disease endemic in Bengal and the Yantze Valley can reach out and strike a distant population inadequately guarded. Recently, imported small-pox via

a member of a ship's crew caused a serious outbreak of the disease in this country. The price of safety is eternal vigilance plus adequate preventive measures taken beforehand, such as vaccination and unremitting attention to other factors in defence.

Many factors have played their part in reducing the relative importance of infectious diseases as instruments of death. As one example, diphtheria has been virtually wiped out in your area by immunisation. Scarlet fever is, nowadays, a mild disease compared with its virulent attacks seventy years ago with a fatality rate then of ten per cent. Although there is much reason for satisfaction there is none for complacency. Scarlet fever, in the main a mild disease to-day, may by mutation of the causal micro-organisms, resume its previous virulence. Cases of moderate severity have occurred in the writer's practice recently, and this may be the first faint warning of a mutation in the causal agent of the disease.

It is well known by the intelligent amongst the general public that proper sanitation has deprived the bacillus of typhoid fever of its means of spread.

Developments of immunology and in therapy have effected, generally, far greater protection and have greatly reduced the number of deaths from infectious diseases.

Although this country is in a state of comparative quiescence as regards infectious disease attacks, local outbreaks do occur and have occurred in recent years. Vigilance cannot be afforded to be relaxed, and there is no place for carelessness at any time.

Diseases, such as poliomyelitis, about which so much has been discussed and written, and so little is so far known as to its means of spread, serve as fresh challenges to those who revel in meeting difficulties and battling their way through.

The year 1947 saw the greatest pandemic of infantile paralysis ever experienced in this country, and despite patient investigations by many research workers, the actual mode of spread is still in doubt, although curative methods have been improved upon.

The present low rate of mortality from infectious diseases for this country generally cannot be hazardously assumed to continue as these diseases are subject to wide fluctuations as regards incidence and virulence of their causal agents.

It has been already mentioned that diphtheria has been virtually stamped out in your district. During the years 1944 to 1949 only four cases occurred in the area. None of the cases had been immunised against the disease. This is a warning to parents and guardians who have wittingly or unwittingly neglected to have the children under their care immunised before school age.

All already immunised should receive a re-enforcing dose before, or shortly after, starting school. This dose boosts the protective substance in the child's body and thus makes ample and longer protection against contracting diphtheria in later years.

The nineteen cases of scarlet fever notified during the year were of the mild variety. Eight of the cases were sent to hospital for treatment. All made uneventful recoveries.

During the year forty-five cases of whooping cough were notified in your district. Recent trials of Pertussis Vaccine have shown its efficacy in reducing the incidence and severity of whooping cough.

The number of measles cases notified in 1949 (299) weighted the total number of all infectious diseases (382) notified in the same period. Measles is one of the infections caused by a virus. It is much more frequent in the young, but it is a mistake to regard it merely as a child's disease. The reason why there are usually more cases of measles than of other infectious diseases amongst the community is because the infectivity is so high that but few escape an attack when exposed to actual cases who are most capable of disseminating infection before the rash appears.

Isolation of every case of measles in hospital is impracticable both from the point of view of the fact that there would not be enough hospital beds for all cases and for the reason that hospitalisation of all cases can do practically nothing to check the spread of the disease, as the damage has usually already been done by the actual cases before the rash appears. Cases with bad home surroundings where adequate nursing cannot be given, or where grave complications such as pneumonia might supervene, are best sent to hospital.

Five cases of poliomyelitis were notified in 1949. The ages of the cases ranged from 2½ to 35 years. All were sent to hospital for treatment. After various periods in hospital ranging from seven months to a few weeks each case was discharged home. Two cases still attend hospital for outpatient physiotherapy. The remaining three made good recoveries and did not require follow-up physiotherapy treatment after their discharge from hospital.

During the year the water supply from the Peacehaven Water Company's well at Saltdean gave evidence of containing an admixture of sea water. This followed an unusually dry spell, and was not totally unexpected. The water supply was obtained from a well which was always suspected by the Public Health Department to be likely to admit sea water after dry periods and due to its comparatively short distance from the sea. Water from the well supplied the majority of the houses in Peacehaven, and certain properties within the adjoining territory of Brighton County Borough.

In September, inhabitants of the areas supplied began to complain of the excessive salty taste of the water. Samples taken indicated an excess of chlorides and gave other undoubted evidence of sea water having gained access to the well. Numerous daily samples taken showed the percentage of sea water in the well supply to increase, and the water became practically unusable for drinking, cooking and even washing. The highest degree of salinity was found in a sample taken on 24th October, when 450 parts of salt per 100,000 were found. The amount of sea water in the well supply was 15 per cent. Public alarm grew as the water became more and more salty and unusable.

The Peacehaven Water Company was informed of the position at an early stage. It was made quite clear to the Company that the supply was unfit for human consumption and that the Chailey Council intended to afford, immediately, an alternative supply of pure and wholesome water.

Forty galvanised iron tanks were quickly placed at different points throughout Peacehaven. These tanks were filled daily with pure and fresh water and protected against contamination. In addition, the Peacehaven Water Company came into line and erected six standpipes giving a water supply from the Newhaven and Seaford Water Company's supply.

A Public Inquiry was held on the 29th November, concerning the whole matter. As a result, the Brighton Corporation and the Newhaven and Seaford Water Company acquired the whole of the Peacehaven Water Company's area in parts and took these part into their respective statutory limits after an Order had been issued by the Ministry of Health.

The year 1949 showed a considerable advance in the matter of sewering and sewage disposal in different parishes in your rural district.

Work was commenced in the much needed and long delayed reconstruction of the Ringmer Sewage Disposal Works. The very unsatisfactory state of the works in the past was only too well known to the members of the Council, who were always eager to go ahead with the improvements required.

Again, after much delay, approval was obtained for the construction of a sewerage system and sewage disposal plant at Cooksbridge. This definite essentiality was brought about by the lack of a proper sewerage system and disposal plant for the existing houses at Cooksbridge, and the proposed construction of a large number of new houses in that area.

In Peacehaven, plans were in hand during the year for the establishment of a small sewage disposal works and for sewering a selected area. These plans are now going forward. It was decided by your Council to acquire all vacant plots compulsorily in the selected area for housing development. This does make things much easier in such matters as of sewering and other general utility services, and will prove a great help towards re-developing Peacehaven.

Rodmell, Iford and Kingston are still in urgent need of proper sewering. Plans for the sewering of Kingston are completed but still await Ministerial approval.

A scheme to sewer Wivelsfield was held up chiefly on the acquisition of a suitable site. This matter is now being attempted to be settled.

One of the most difficult problems of modern sanitation is to secure proper disposal of sewage for rural communities in parishes and for temporary camps, summer colonies and individual houses in a village and on farms.

The difficulty arises chiefly because owing to the scattered nature of houses through a rural area, the laying of large trunk sewers and the construction of large sewage disposal works are so expensive and liable to become a financial burden. Small disposal works, if not properly constructed and not properly cared for afterwards, can cause difficulty in another way and become nuisances in themselves. The inherent dangers in neglected or improperly cared for small sewage works should be always realised and proper and constant supervision should be faithfully carried out.

Two important and essential factors in the basis of Public Health are, a good and pure water supply, and an efficient sewage system. After a community had obtained these basic essentials, attention and effort can be devoted to Public Health matters further up the pyramid, such as the extermination or remedying the effects of tuberculosis, of infectious diseases, and other more complicated matters.

As remarked at the commencement of this preface, the increased population of your Rural District has necessitated extra work being undertaken by the Public Health Department in many directions.

In the district 2,136 properties were connected to the main water supply of Chailey R.D.C. and 3,160 properties were connected to the main water supply of other statutory undertakings.

A pure and wholesome supply of water to every household is not only desirable on Public Health grounds but may be said to be essential.

In recent years in your district there has been an increased demand for more water. This has been due to the increased population and the growing water mindedness of the general population. A few decades ago in planning water needs for rural parishes, 15 gallons per head per day were considered adequate. For purely domestic purposes 40 gallons is the figure for the present day needs.

The supply of pure and wholesome water to every household in a rural district is not such an easy matter as it is in most towns. A very real problem is met with in a rural area where there is a single house or a small group of houses isolated from the main village.

Although the Rural Water Supplies and Sewerage Act, 1944, emphasises the need to supply local aggregates of houses it adds that this requirement "shall not require a local authority to do anything which is not practicable at a reasonable cost." No definition is given of "reasonable cost."

Another difficulty encountered often in a rural district is that of requiring and obtaining contributions from owners for isolated extensions.

Agreements have been drawn up in the past by the Chailey Rural District Council as to guarantees but, very wisely, they were not put into practice.

The chief water-borne diseases in this country are typhoid fever, para-typhoid fever and dysentery and diarrhoea, due to various organisms, which are water-borne, and they occur more frequently than is generally known.

Gastro-intestinal disturbances have been due to inorganic salts dissolved in water. Also soft water can dissolve lead and cause lead poisoning in consumers. Vegetable matter in water in excessive amounts can cause diarrhoea. Various intestinal parasites such as thread worms and whip worms may enter the body in drinking water in the shape of their eggs. It has been definitely proved that goitre can be caused by a deficiency of iodine in drinking water. In fact, the main source of iodine, which is necessary for bodily metabolism is a trace usually found in most waters. The presence of fluorides in water causes mottled and blackened teeth, especially in children, and in certain water supplies the fluorides are being eliminated.

Apart from disease, a coloured water (e.g., due to peat or iron), or a water containing a large amount of suspended matter and, possibly, some living creatures, or possessing an unpleasant taste, or liable to act on metals (e.g., lead), or so hard as to be unusable, is so unsatisfactory as to demand some form of purification, treatment, or replacement by a more satisfactory supply.

There is practically no remedy for a water so rich in saline contents as to cause gastro-intestinal disturbances except the provision of a more suitable and palatable alternative supply.

It has been asked often why a polluted water supply does not always cause disease. Polluted waters are not necessarily and continuously capable of conveying disease. The reasons are many, and include such factors as the

natural or acquired resistance of the water consumer to certain kinds of organisms which might be harmful to other persons. Again, the number of the water-borne organisms may be so small as to be dealt with easily by the body. A person may get accustomed to a certain water supply and suffer no ill-effects through having become immunised against certain water-borne bacilli or become habituated to an excessive amount of dissolved inorganic salts in the water.

On the other hand, it has been found that clear, sparkling water, often of very inviting appearance, and showing no gross signs of bacterial pollution, as judged by ordinary standards, has contained dangerous bacteria and caused widespread outbreaks of intestinal disease. Mass infection of water and accident together have probably been the cause of most epidemics of water-borne diseases.

Two things should be always borne in mind on questions of water supply.

One is that non-intrusion of any new factor which does not bear the stamp of epidemiological approval. The other is the prevention of the possible accidental introduction of any new matter even of a seemingly harmless sort.

The armour of protection from start to finish should be absolutely established and not suppositionally inferred.

During the year under review twenty-four cases of pulmonary tuberculosis and seven cases of non-pulmonary tuberculosis were notified. Unless the incidence of tuberculosis is known prophylactic and curative measures cannot be integrated to the fullest advantage. The Public Health Department plays its part in publishing the incidence of and mortality from tuberculosis and thus outlines the extent and trend of the disease. In three aspects—detection, prevention and treatment—rapid advances have been made in the last ten years.

Chemotherapy has made the most dramatic advance in the field of treatment, there has been allied to it an increasing scope for surgery. As dramatic as the introduction of streptomycin has been that of calciferol for the treatment of lupus vulgaris. Treatment by chemotherapy and by surgery combined, has effected striking cures in cases of genito-urinary tuberculosis. More cases of tuberculosis have been found recently. This has been due to overcrowding and to lack of houses, and improved methods of diagnosis of cases and detection of likely early cases who have been contacts, have revealed more cases than at first suspected

Mass miniature radiography has helped to reveal the unsuspected and the early and thus more easily treatable cases.

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., &c.,
Medical Officer of Health.

SECTION I.

STATISTICS FOR THE AREA, 1949.

Area (in acres)	66,038
Population (estimated)	20,480
Rateable Value (estimated)	£156,693
Estimated Product of a Penny Rate for 1949-50	£632

EXTRACTS FROM VITAL STATISTICS.

Live Births	*Male*	*Female*	*Total*	*Rate per 1,000 Population*
Legitimate	146	137	283	
Illegitimate	10	4	14	
			297 ..	14.50
Deaths	115	133	248 ..	12.11

				Rate per 1,000 Live and Still Births
Maternal Mortality	0	1	1 ..	3.32

				Rate per 1,000 Live Births
Infantile Mortality	5	9	14 ..	47.14

POPULATION

The Registrar-General's estimate of the population for mid-year 1949 was 20,480, which is an increase of 400 over the estimated mid-year figure for the preceding year. This figure, while not so great as that indicated in the 1948 report, is a substantial one, and shows that a steady increase is being maintained. It does, of course, create a need for still further housing accommodation, and this matter will be referred to later in the report.

The average density of population throughout the area was .31 per acre, but the distribution was, of course, exceedingly uneven.

Although no census of the population has been taken in this country since 1931, when the population of the Rural District was shewn as 16,167, the Registrar-General publishes annually his estimate of the population of the various districts in the country, and it is believed that the forthcoming census will prove these to have been remarkably accurate—so accurate, indeed, that were it not for the other information which is gathered at the same time, a census would hardly be necessary. However, from the additional details requested on each census form it is possible to make sound estimates relating to such matters of importance as the average age of the population,

age and sex distribution, and so on, and to obtain information of great importance to members and officials of local and central governments, to industrialists, tradesmen and others to whom such information is essential in many aspects.

The annual population, number of births, number of deaths, birth rates, death rates and vital indices for the ten-year period 1940 to 1949 are given in the following table :—

Year	*Population*	*Births*	*Birth Rate*	*Deaths*	*Death Rate*	*Vital Index*
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
1949	20,480	297	14.50	248	12.11	119.76

The vital index shown in the table is arrived at by dividing the number of births during the year under review by the number of deaths, and multiplying the result by a hundred. The figure thus obtained is a measure of the population's biological condition as any such figure above a hundred shews that births in the area have more than compensated for the deaths which have taken place during the same period. Similarly, any figure below a hundred shews that the reverse is the case and the position of the population is not biologically sound. Naturally, other factors, such as immigration into and emigration from, an area, have a very considerable effect on the state of population, but the birth and death rates are the index of its biological condition.

Due, no doubt, to the uncertainties of the war period, the annual figures of births and deaths during the past ten years have fluctuated somewhat irregularly, but the general trend has been in the nature of a percentage reduction in the number of both births and deaths, the average reduction in in the number of deaths being greater than in the number of births. Thus the broad result has been a higher vital index figure.

The fact that, on an average, the annual number of deaths in the district is decreasing in proportion to the annual number of births is gradually having the effect of increasing the average age of residents in the district, or, to put the statement in another way, is increasing the percentage of old people in the area. This is, of course, a matter of great importance, but as the trend is not only local but has been observed throughout the whole country, it is a question mainly to be dealt with by centralised effort. Local authorities are already committed to the provision of housing, hostel, hospital and other accommodation for elderly people.

Apart from the financial aspect, which is affected by such factors as the increasing proportion of the population which is entitled to pensions paid for by the wage-earning part of the remaining population, the public health aspect is a matter of grave importance, as for instance a large number of beds for old people is now required in hospitals, and many other adjustments will be necessary.

Owing to the beneficial results of such measures as vaccination against smallpox, immunisation against diphtheria, the general improvement in the standard of hygiene and many other medical factors, the number of hospital beds required for some kinds of infectious disease cases and cases arising from malnutrition, etc., has been materially reduced in the past fifty years.

It may thus be said, in view of the larger number of beds now required for old people, that the overall alteration has been not so much in the number of hospital beds required as in the use to which such beds are put. This point of view is modified, however, by the fact that a large percentage of the beds required for old people are occupied by the patients until their death.

Much time and thought is, accordingly, being given at the present time to improving techniques in the treatment of old persons in order to reduce the number of permanently bed-ridden cases, and some success has been achieved in this endeavour. Experience shews that in many cases the health of old people is materially improved if they are encouraged to undertake some form of wage-earning employment, and it has been found that in many cases where this is done both the mental and physical condition of the old person is improved.

From the evidence available, it appears that the average number of persons in families in the Rural District is higher than in many areas, particularly those of an urban character. There appears to be little doubt, however, that the size of families in the district is gradually decreasing. This is partly due, no doubt, to the general change in attitude from the times of the Victorian family of six, eight or even more children. So far as recent decreases are concerned, however, these are probably due to the uncertainties of modern life, the ever-present fear of yet another world war and—most important of all—the great difficulty in obtaining housing accommodation for a large family.

It is of vital importance that every effort should be made to remedy the very difficult and serious position with regard to housing accommodation in the Rural District. Many houses in the area are overcrowded and many more are unsatisfactory. Every effort is made to remedy or alleviate this state of affairs both by the provision of new houses and by an endeavour to ensure that existing accommodation is used to the best possible advantage and kept in a satisfactory condition.

The unfortunate fact remains, however, that no great progress can be made until a considerable number of new houses has been erected and many at present occupied have been demolished and replaced by new dwellings. To accomplish this end, it will be necessary for all authorities to make an all-out effort. They already realise clearly the urgency of the matter. From the health point of view, it seems of little use for large sums of money to be spent in providing large, airy, well decorated and furnished classrooms for children who have to return home in the evening to squalid and overcrowded homes, neither does it seem reasonable to spend large sums on the lengthy treatment of a tuberculous case when it is known that he or she will ultimately return to quarters which will almost inevitably lead to a fresh outbreak of the malady, and, worse still, infect others.

BIRTH RATE

The birth rate for the year under review was 14.50 per 1,000 population as compared with 15.68 and 17.49 per 1,000 population for the years 1948 and 1947 respectively. It would appear that this drop in the birth rate is a continuation of the trend remarked upon in my last Annual Report, namely, a gradual return to restricted and therefore lesser numbers of births after the general increase in the birth rate usually noted towards the end of a long war. No doubt the present uncertain international situation is also having a similar effect.

DEATH RATE

This was 12.11 per 1,000 population for the year under review, as compared with 12.54 and 13.04 per 1,000 population for the years 1948 and 1947 respectively. The death rate for 1949 was below the average for the past ten years, and was, in fact, the lowest death rate recorded in the same decennium.

An area comparability factor (0.75) relating to the Chailey R.D.C. death rate in 1949, has been supplied by the Registrar-General. This factor has been calculated for the purpose of securing comparability between local death rates.

As applied to the Death Rate (12.11) this gives a comparative mortality rate of 9.08 per 1,000 population. The latter figure gives a more true comparison when the rate of one area is judged with that of another.

Obviously, it would be unprofitable to compare the death rates of two or more areas in the absence of a definite knowledge of the significant similarities and dissimilarities between them in respect of industries, age and sex composition and environmental hygiene.

There is much more danger to public health in larger towns with their overcrowding, periods of poverty and increased tempo of life, their lack of facilities for quiet recreation and their plentiful invitation for physiological extravagances.

The whole environment of large towns is more dangerous to health than it is in Rural areas, especially to the under fives, the teen agers and to the senescent.

A comparability factor when used to produce a comparative mortality rate is very necessary to obtain as true a public health perspective as possible.

The rate obtained can be used as a measure of an area's fitness as a human habitat.

Many places in the south of England, such as the Chailey District with its healthy climate and restful amenities, attract the retired and the over fifties or sixties. This results in a larger proportion of the older age groups being found in the populations of those places. Despite this, inasmuch as there is the possibility of overloading the death rate, the comparative mortality figure, or adjusted death rate, is not high in the Chailey Rural District for 1949. In fact, it is comparatively low.

The average age at death for the year 1949 is 67 years. This is five years above the average expectation of life in this country at the present time, which is approximately 62 years.

These combined facts give a very good reflex on the healthiness of your district.

CAUSES OF DEATH

During the year there was a total of 248 deaths, i.e., 115 males and 133 females. The following table shews the causes of deaths :—

	Male	*Female*	*Total*
Heart Disease	34	42	76
Cancer	19	17	36
Intra-Cranial Vascular Lesions	9	22	31
Other Diseases of the Circulatory System	2	8	10
Tuberculosis of the Respiratory System	7	3	10
Pneumonia	4	5	9
Bronchitis	7	2	9
Congenital Malformation, Birth Injuries, Infantile Diseases	3	4	7
Other Digestive Diseases	1	4	5
Other Violent Causes	1	4	5
Nephritis	2	2	4
Other Respiratory Diseases	2	1	3
Diabetes	1	2	3
Influenza	2	1	3
Other Forms of Tuberculosis	2	–	2
Road Traffic Accidents	1	–	1
Suicide	1	–	1
Ulcer of Stomach or Duodenum	1	–	1
Diarrhoea under Two Years	1	–	1
Other Maternal Causes	–	1	1
Measles	1	–	1
All Other Causes	14	15	29
	115	133	248

As has happened for a number of years past, the chief cause of death in 1949 was heart disease with 76 deaths. This is followed by 36 deaths from cancer and 31 deaths from inter-cranial vascular lesions.

The highest age at death was	95 years
The lowest age at death was	1 day
The average age at death was	67 years

SPECIFIC CAUSES OF DEATH

Heart Disease and Diseases of the Circulatory System

During the year under review, as for a number of years past, heart disease and diseases of the circulatory system have been certified as the causes of death in more cases in the Rural District than any other disease. Although it is possible that the increased strains and anxieties of modern life may be in part the cause of the increasing percentage of deaths due to those kinds of illnesses, there is no doubt that the main cause of this state of affairs is the manner in which the number of diseases normally fatal to mankind is being reduced leaving a larger number of the elderly who are more liable to have these diseases as the years advance. Seventy-six deaths from heart disease were recorded in the district in 1949 and almost certainly if the seventy-six persons concerned had all been born fifty years earlier a large proportion

of them would have died at an earlier age of some other disease—some from probably scarlet fever or diphtheria.

Although, for the reasons stated above, it is not probable that the death rate from this group of ailments will fall, it is nevertheless true that improvements in surgery and medical knowledge are resulting in the lives of many more sufferers from heart disease being saved than would have been possible even twenty years ago. The improved treatment of rheumatic fever has enabled the complication of heart disease to be avoided in many cases, and it is hoped that recent new methods in the surgical treatment of mitral stenosis and other forms of heart disease will result in the saving of many lives which formerly would have been lost.

Cancer

Cancer ranks next to heart disease as a major cause of death and it is probably the most feared of all illnesses. This is probably due partly to the commonly-held belief that cancer is incurable, and partly to recollections of earlier days when it was far less easy to relieve the sufferer's pain. Fortunately, neither of these reasons is completely sound. If detected at a sufficiently early stage some forms of cancer can be removed and a cure effected. World-wide research is continually increasing the proportion of lives so saved. In addition, in recent years a vast improvement has been made in methods of relieving pain and thus one of the most distressing aspects of this disease has been greatly alleviated.

Inter-Cranial Vascular Lesions

Inter-cranial vascular lesions include cerebral hæmorrhage (apoplexy), cerebral embolism, cerebral thrombosis and other brain lesions. Most deaths from these causes take place among elderly people, as with increased age the cerebral blood vessels degenerate and are more liable to break or become blocked. It is probable that the anxieties of modern life and the continually increasing pace of living tend to cause a larger number of such deaths to occur than in years gone by, although this is to some extent offset by the more moderate present-day diet which reduces the tendency to cerebral hæmorrhage and in Rural Districts it is somewhat offset by quiet restful surroundings conducive to a longer life. It is, however, a debatable point as to whether more deaths from cerebral hæmorrhage were caused in the past by over-eating or over-drinking amongst elderly people than are caused at present through persons in the same age group over-exerting themselves by running to catch buses or trains.

VITAL STATISTICS

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the year 1949. Provisional figures based on Quarterly Returns.

	England and Wales.	126 *C.B.s and Great Towns including London.*	148 *Smaller Towns (Resident Pop. 25,000 to 50,000 at 1931 Census).*	*London Administrative County.*	*Chailey, 1949 (Population 20,480)*
	Rates per 1,000 Civilian Population				
Births : Live ..	*16.7	18.7	18.0	18.5	14.50
Still	*0.39	0.47	0.40	0.37	0.19
Deaths : All causes ..	*11.7	12.5	11.6	12.2	12.11
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00	0.00
Whooping Cough ..	0.01	0.02	0.01	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.45	0.52	0.42	0.52	0.58
Influenza	0.15	0.15	0.14	0.11	0.15
Smallpox	0.00	0.00	0.00	0.00	0.00
Acute Poliomyelitis & Polioencephalitis ..	0.01	0.02	0.02	0.01	0.00
Pneumonia	0.51	0.56	0.49	0.59	0.44
Notifications (corrected)					
Typhoid Fever ..	0.01	0.01	0.01	0.01	0.00
Paratyphoid Fever ..	0.01	0.02	0.01	0.01	0.05
Cerebro-spinal Fever	0.02	0.03	0.02	0.02	0.00
Scarlet Fever ..	1.63	1.72	1.83	1.46	0.93
Whooping Cough ..	2.39	2.44	2.39	1.70	2.19
Diphtheria	0.04	0.05	0.04	0.07	0.05
Erysipelas	0.19	0.20	0.19	0.17	0.15
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	8.95	8.91	9.18	8.54	14.60
Pneumonia	0.80	0.91	0.65	0.55	0.39
Acute Poliomyelitis ..	0.13	0.13	0.12	0.18	0.24
Acute Polioencephalitis	0.01	0.01	0.02	0.01	0.00
Food Poisoning ..	0.14	0.16	0.14	0.19	0.00
		Rates per 1,000 Live Births			
Deaths :					
All causes under 1 year of age	†32	37	30	29	47.14
Enteritis & Diarrhoea under 2 years of age	3.0	3.8	2.4	1.7	3.37
Notifications (Corrected)	Rates per 1,000 Total (Live and Still) Births				
Puerperal Fever and Pyrexia	6.31	8.14	5.30	6.82	3.32

* Rates per 1,000 total population. † Per 1,000 related live births.

Maternal Mortality in England and Wales

International List No. and Cause	*Rates per* 1,000 *Total (Live and Still) Births*	*Rates per million women aged* 15-44	*CHAILEY Per* 1,000 *(Live and Still) Births*
140 Abortion with Sepsis	0.11	8	
141 Abortion without Sepsis	0.05	4	Nil
147 Puerperal Infections	0.11		
142-146, 148-150 Other Maternal Causes	0.71		3.32

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Laboratory Facilities

Until 1st September, 1949, laboratory facilities were provided by the Clinical Research Association at Hilton's Avenue, South Road, Haywards Heath, but as from that date a Public Health Laboratory temporarily established at the Stephen Ralli Memorial Laboratory, Royal Sussex County Hospital, was opened for the receipt and examination of specimens. The Laboratory undertakes free of charge, the examination of throat and nose swabs, sputum, fæces, blood and other materials for the diagnosis of a case or a suspected carrier of infectious disease and has already rendered very valuable service. Bacteriological reports on samples of water, milk, food, etc., are also supplied on request.

Ambulance Facilities

The first complete year's working of the ambulance service in the district, under the appropriate provisions of the National Health Service Act, 1948, has now been concluded. The provision of this service is the responsibility of the County Council, which 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. Arrangements have been made for any further calls received when all the ambulances of a particular station are out on duty to be dealt with by another station in the County Council's area.

The Infectious Diseases ambulance stations serving the Chailey Rural District area during the year under review have been those of the Hove and the Hurstpierpoint Isolation Hospitals. The use of the Hove ambulance for this purpose has now been discontinued. 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 general purposes ambulance so used.

The East Sussex County Council continues to provide facilities for the transport 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.

Hospitals

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of hospital accommodation. The accommodation available in the area remains materially the same as it was prior to the passing of the Act.

Clinics and Treatment Centres

The following is a list of clinics and treatment centres available during 1949 for residents in the district :—

Description and Situation	*Day and Time of Attendance*	*By Whom Provided*
Tuberculosis Clinic, Victoria Hospital, Lewes	Monday and Friday, 2 p.m.	Regional Hospital Board
Orthopædic Clinic, Castlegate House, Lewes	Tuesday and Thursday, 1.30 p.m. by appointment	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 and 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.

Institutional Provision for the Care of Mental Defectives

The East Sussex County Council deals 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 9th November, 1949, showed the following characteristics :—

Colour	None
Smell	None
Sediment	None

CHEMICAL ANALYSIS

	Grains per Gallon	*Parts per Million*
Total solids (dried at 100°C)	21.6	
Solids (after ignition)	19.0	
Chlorine	2.2	
Ammonia (free)		.036
Ammonia (albuminoid)		.036
Oxygen taken from permanganate in ¼-hour ..	Nil	
Oxygen taken from permanganate in 4 hours ..	Nil	
Nitrogen as Nitrates and Nitrites	.11	
Nitrites	Nil	
Hardness (total)	17.0	
Hardness (after boiling)	4.3	
Phosphates	Nil	
Metallic impurity—Iron	.015	

PH 7.3
Free Chlorine .. 0.2

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 4

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

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

REPORT

Both chemically and bacteriologically this water is highly satisfactory. I am of opinion that it is perfectly safe for drinking purposes and suitable for a public supply. The salt content is now normal.

R. F. WRIGHT,

15th November, 1949. *Public Analyst.*"

71 samples of drinking water were taken during the year from private sources. 32 of these were found to be unfit for drinking purposes and the owners of properties required to provide a wholesome supply.

By the end of the year 24 properties had been connected to the main supply as a result of informal action. The mains extended during the year were as follows :—

4in. Town Littleworth Road	3,244 yds.
6in. Lewes Link—Malling	1,505 yds.
3in. Blind Lane, Newick	570 yds.
Total	5,319 yds.

None of the samples from public supplies were found to be "plumbo-solvent."

The area to the east side of Ditchling Common, which was reported during 1948 as being in urgent need of a public water supply, was the subject of negotiation between the Council and the Statutory Undertaking for that area, the Burgess Hill Water Company. Some difficulties in connection with guarantees for loss of revenue on the proposed extension have held up the suggested programme. It is hoped, however, that these will be overcome and that the extension will be possible within the forthcoming year.

In the Parish of Peacehaven a supply provided by the Peacehaven Water Company, a non-Statutory body, acting within the Statutory limits of the Newhaven and Seaford Company and the Brighton Corporation, became excessively saline early in September to such a degree that large numbers of consumers found the water quite unpalatable and were unable to use it for drinking or cooking.

66 samples were taken over the period from the 1st September to the 1st November, 1949; the highest degree of salinity was recorded on the 24th October, when the Analyst reported that equivalent parts of salt per 100,000 were 450 parts per 100,000 of chlorine, 273.077. From these figures it was deduced that there was an infiltration of sea water amounting to 15 per cent. Considerable public alarm arose over the incident and it was found necessary to provide water points in various parts of the Parish, consisting of galvanised iron tanks, which were kept supplied with sweet water daily, for the use of those who required it. In all, 12 different sites were utilised for storage tanks, involving the use of some 40 tanks in all. Six standpipes were erected by the Peacehaven Water Co. in addition. As a result of representations made by the Council and other bodies, a public enquiry was held by the Ministry of Health on the 29th November, 1949. In December The Brighton, Newhaven and Seaford Water Order, 1949, was made. This order enabled the Brighton Corporation and The Newhaven and Seaford Water Company to acquire those parts of the Peacehaven Water Co. within their respective Statutory limits.

The problem of a public supply of water to the village of Firle was again the subject of negotiation during the year, and it is hoped that a piped supply might be forthcoming in 1950.

The number of properties connected to the main supply is estimated as follows:—

Chailey R.D.C. Undertaking	2,136
Properties supplied by other Statutory Undertakings ..	3,160

SEWAGE DISPOSAL

The year under review will mark the stage of considerable advance in sewage disposal in the District.

Work was commenced on the reconstruction of Ringmer Sewage Disposal Works.

Approval has been obtained for the commencement of the construction of sewers and sewage disposal plant for Cooksbridge. It may be of interest to note that the first plans prepared for this Parish were dated 1913 and that had it not been for the establishment of a good-sized housing site in the Parish, the proposals may not even yet have come to fruition.

At Peacehaven proposals now in hand for the establishment of a small disposal works and in the laying of sewers to a selected area in conjunction

with proposals with the E.S.C.C. to implement a Private Street Works Act, in respect of the same area, and the compulsory acquisition by the Council of all vacant plots within that area for housing development, may mark an important stage in the re-development of this township. The unfolding of this scheme will be followed with great interest by many parties and bodies and may set a pattern upon which further improvements in the area may develop.

The Parishes of Rodmell, Iford and Kingston are still in urgent need of sewering, and proposals for the separate sewering of Kingston, although completed, have not yet received approval.

The proposals for the re-building of the Ditchling Works were not approved during the year and accordingly considerable alarm must be felt in connection with the state of the Works. Further attempts were made during the year to obtain the necessary consents to commence this very urgent piece of reconstruction.

The scheme for the proposed sewerage of the Parish of Wivelsfield is proceeding, but appears to be held up principally upon the acquisition of a suitable site.

PUBLIC CLEANSING

House refuse continues to be collected fortnightly throughout the District. In addition to the two 10 cu. yd. vehicles already employed, an additional 7 cu. yd. vehicle has been acquired in order to cope with the added volume of refuse now being collected from a population which has now reached 20,000.

During the year waste paper was collected up until the Autumn, when the waste paper market became satiated and it was found no longer possible to sell paper collected, whereupon the Council decided that the collection of waste paper should cease.

Cesspool Emptying

The Cesspool Emptying Service continued to operate, three machines being employed for this purpose. 2,293 cesspools or septic tanks were emptied during the year, amounting to some 4,362 loads of 750 gallons each load.

During the year the Council decided to change its policy in the matter of charges and reduce these charges to 8s. for the first load and 5s. for each additional load. This resulted in a revenue of £1,582 to the 31st March, 1950, which approximates to one-third of the cost of the service.

Transport Department

The Transport Depot was completed during the year, and a Maintenance Service for all vehicles is now undertaken by the Fitter employed by the Council. The Garage is well equipped for repair and maintenance of all the vehicles. The provision of washing and bathing facilities for the men has been made and a drying room has been constructed for their use.

Dustbins

During the year the Council resolved to adopt a scheme under Sub-Section 3 of Section 75 of the Public Health Act, 1936, and to provide and maintain such dustbins as may be necessary in respect of all premises within the District not so provided and to make a charge of 5s. per annum in respect of each bin so provided, such charge to be recovered as part of the general rate in respect of the premises.

The scheme is now in its initial stages. The Council hope to eliminate finally the unwholesome and objectionable practice of storing refuse in cardboard cartons, oil drums, disused galvanised iron baths, which is such an unpleasant feature of the countryside.

HOUSING REPAIRS

During the year informal notices to carry out repairs were served in respect of 33 houses and a Statutory Notice in respect of 1 house.

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 8 cottages.

REQUISITIONING

The Housing Sub-Committee dealing with requisitioned premises and allocation of tenants met on 22 occasions during the year. Three properties were requisitioned, making a total of 32 properties held on requisition at the end of the year.

Deterioration of the fabric of the Huts at the Rushey Hill Hutted Camp, Peacehaven, resulted in the decision to demolish the Camp and to re-house the persons accommodated there. By the end of the year, 14 of the 28 families had either departed or been rehoused, and it is hoped that within the forthcoming year all hutments will have been vacated. Work of demolition of the Camp has been commenced.

While this Camp, since the transfer of requisition, has never been adequately equipped for the good housing of families, it has met a very urgent need, inasmuch as it has housed, in extremis, a number of families which otherwise would have been homeless and has assisted as a buffer in transferring a part of the population into more permanent buildings. While this Camp has been the source of much complaint and not a little bitterness, the trouble and hard work expended in its maintenance has not been entirely in vain, and its existence, although marked by much criticism and public condemnation in the press, has been the means of preserving family life to a considerable number of families, whose distress has been very real and unknown to most of those who elect to criticize.

TENTS, VANS AND SHEDS

Seven applications for Licences under Section 269 of the Public Health Act, 1936, were received. A Licence was granted in one case only.

The Camping Site established at Rushey Hill has been a marked success. The average number of caravans maintained during the summer months amounted to approximately 60 caravans in regular occupation. As a result of this experience the Council have decided to apply for consent to acquire some 20 acres in this vicinity for the establishment of a Holiday Camp for caravans and tents, as they believe that the provisions of such a camp will enable them to provide facilities to meet the great demand in the District and assist them in the control of moveable dwellings in the Peacehaven Area. The Peacehaven Area, due to its scattered and haphazard development, seems to attract considerable numbers of caravan users and, although most of the users are reasonable people, there is much feeling amongst the local inhabitants that the quiet enjoyment of their properties is disturbed by the continual movement of caravans. It is hoped that the provision of an official site with well equipped facilities will meet the recreational need and eliminate the cause of much complaint in the area.

MILK AND DAIRIES

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

161 visits have been paid to cowstalls and dairies, and only in seven cases have conditions been so unsatisfactory as to require the service of Informal Notices.

During the year there were 24 changes of registration under the Order and, apart from repairs and improvements to cowstalls, 8 premises were either re-built or reconstructed as a result of informal procedure.

A Pasteurising Licence was issued to the Glynde Creamery in respect of the H.T.S.T. Plant recently installed.

Reconstruction of the lay-out of Messrs. Cornfords Dairy at Peacehaven is proceeding. A modern H.T.S.T. Pasteurising Plant is to be installed. This Dairy supplies a population of some 4,000 people and the improvements here should provide for a safer milk supply.

FOOD AND DRUGS ACT

Further attention has been directed to restaurants, cafés and other food premises. Regular inspections have revealed that few of the premises fall short of a reasonable standard. In all, 371 visits have been carried out under the Act.

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

Applications for registration were granted in respect of 3 premises used for the sale, manufacture and storage of Ice Cream.

Nineteen applications for registration were granted in respect of the sale, manufacture and storage of Ice Cream.

52 samples of Ice Cream were taken during the year with the results as follows :—

Grade	*Results*
1	11
2	10
3	10
4	21

The 16 School Canteens serving the Schools in the Area were inspected and as a result of inspections recommendations of improvements to five of the Canteens were made.

FOOD INSPECTION

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

Wet Fish	9st.
Smoked Fish	4½st.
Beef	3½lb.
Bacon	12¼lb.
Corned Beef	3st. 10lb.
Lamb	Half shoulder
Tinned Meat	14 tins
Cheese	8lb.
Jam	3½lb.
Biscuit Meal	1cwt.
Miscellaneous Tinned Foods	35 tins

VERMINOUS PREMISES

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

MOSQUITO CONTROL

It was found necessary in May of this year to carry out certain measures of mosquito control in the vicinity of Piddinghoe. The surrounding ditches were duly treated with some success, there being practically no complaints this year.

RIVER POLLUTION

A series of samples were taken of the tidal waters of the River Ouse, above and below Lewes. Samples were taken at various stages of the tide and had regard to the various local factors affecting the flow of sewage within these waters. This interesting information has been tabulated. The results do not show that the pollution of these waters need give cause for alarm.

FACTORIES ACT, 1937

Inspections :—

Premises	*No. on Register*	*Inspections*	*No. of Written Notices*	*Occupiers Prosecuted*
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	24	28	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	51	62	3	—
Totals	75	90	3	—

Cases in which defects were found :—

Particulars	*Number of cases in which defects were :* *Found*	*Remedied*	*Referred by H.M. Inspector*
Want of Cleanliness	4	4	–
Sanitary Conveniences — Unsuitable or defective ..	2	2	–
Other offences against the Act (not including offences relating to Outwork).. ..	7	5	–
Inadequate Ventilation ..	1	1	–
Inefficient Drainage of Floors	1	1	–
	15	13	–

One Certificate under Section 34 of the Act, as to means of escape in case of fire was issued during the year.

KEEPING OF ANIMALS

During the last few years increase in the number of piggeries in the Peacehaven area has given rise to considerable numbers of complaints and constant care and attention has had to be given to the matter. While the keeping of pigs may be urgent and necessary in the national interest, the establishment of small piggeries in semi-residential areas is liable to cause deep concern to householders in the vicinity.

SUMMARY OF VISITS

House Inspections under the Housing Regulations	95
Other Inspections of Houses not included above	295
Visits in connection with Nuisances	494
Visits to Slaughter Houses, Butchers' Shops and Food Premises	371
Visits to Cowstalls and Dairies	161
Visits re Drainage	410
Drains Tested	143
Samples taken for Analysis:—Milk	15
Water	153
Ice Cream	52
Visits in connection with Infectious Diseases	38
Rooms Fumigated	87
Visits to Sewage Outfall Works and Sewers	169
Visits to Refuse Tips	26
Visits under Petroleum Act	57
Visits in connection with Salvage	14
Visits under Factories and Workshops Acts	90
Visits Miscellaneous	473
Visits re Residual Services and Requisitioned Premises	568
Visits re Water Supply	42
Visits re Tents, Vans and Sheds	78
Visits re Housing Surveys	65
Visits re Shops Acts	73

RODENT CONTROL

Visits for purpose of Survey	178
Visits for purpose of Treatment	389
Number of New Infestations found since	71
Number of Infestations cleared	104
Number of Infestations in course of treatment	44
Estimated number of Rats killed	1,111
Estimated number of Mice killed	460

LICENCES ISSUED

To Store Petrol	55
To Store Cellulose	3
To Store Carbide of Calcium	1
To Slaughter Animals	4
For Moveable Dwellings	1
For Cowkeepers—Wholesale	24
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

NUISANCES

Notices issued	92
Notices complied with	78
Statutory Notices issued	10
Statutory Notices complied with	9

SALVAGE SALES

	Tons	*Cwts.*	*Qrs.*	*Lbs.*	£	s.	d.
Mixed Waste Paper	83	7	1	26	494	16	11
Textiles	5	7	2	10	108	2	1
Mixed Metals			2	19	1	0	2
	88	15	2	27	£603	19	2

SECTION IV.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis) DURING THE YEAR 1949.

Disease	*Total Cases Notified*	*Cases admitted to Hospital*	*Deaths*
Diphtheria	1	1	–
Scarlet Fever	19	8	–
Whooping Cough	45	–	–
Measles	299	–	1
Erysipelas	3	–	–
Pneumonia	8	–	–
Acute Poliomyelitis	5	5	–
Paratyphoid	1	1	–
Puerperal Pyrexia	1	–	–

Diphtheria

Only one case of diphtheria was notified in the Rural District during the period under review. This was of a girl aged three years who had not been immunised. During the years 1944 to 1948 inclusive, only three cases of diphtheria occurred in the district—two in 1946 and one in 1947. Thus in the six years 1944 to 1949 only four cases occurred throughout the area, and not one of these was immunised against the disease. This gives the extremely low average annual incidence rate of approximately .03 per 1,000 population. Before immunisation became general this figure was much higher and in 1935, for instance, when 9 cases were notified the annual incidence rate was .54 per 1,000 population, eighteen times the average annual incidence rate above mentioned.

There is no doubt that the great reduction in incidence which has taken place throughout the whole country is almost entirely due to the protection afforded by immunisation against the disease. Thanks to the development of a comprehensive scheme by which those responsible for all young unimmunised children are approached and urged to have the infants immunised free of charge, most children are now immunised before reaching school age and are given reinforcing doses on or before starting school. There still remains, however, a residue of unimmunised children and, in addition, new groups of children are constantly reaching the age at which immunisation becomes advisable. Thus, no relaxation of effort may be made in the endeavour to secure a hundred per cent. immunisation of the children in the area. In fact, if the present percentage of immunisation is to be improved, efforts must be intensified and advantage taken of all possible means of publicity.

The bacteriological examination of cultures taken from the throat and nose of the patient is of some importance in assisting in the early recognition of the disease and in this connection the services of the Public Health Laboratory at Brighton have proved most useful. A number of swabs have been submitted for examination when there has seemed to be a possibility that the patient was suffering from diphtheria, and the extremely prompt return of reports on the specimens has greatly assisted the physicians concerned in their diagnosis and treatment of the cases, not only where the report is positive but where it was negative. Thanks are due to the Director and staff of the Laboratory for their assistance and for their willingness to help the local practitioners and Public Health Departments in all possible ways.

Scarlet Fever

Nineteen cases of scarlet fever were notified in the Rural District during 1949, eight of which were admitted to hospital. All cases were of the mild variety and made uneventful recoveries.

Seventy years ago scarlet fever had a fatality rate of 10 per cent. and killed more children than any other infectious disease ; it was feared even more than was smallpox, and most families, which were large in those days, lost at least one of their number through the visitations of the disease.

Towards the end of the last century the virulence of the disease began to decrease and the percentage of fatalities shewed a steady decrease during the next fifty years, until about a decade ago scarlet fever ceased to be a cause of death except as a rarity. However, the incidence of the disease has shown no downward trend. In other words, the same average number of cases occur each year as occurred seventy years ago, but the virulence of the infection has decreased.

There are three varieties of the disease—toxic, septic and mild. The toxic variety is an overwhelming intoxication, and during the past twenty years has become so rare that few practising physicians have ever seen it.

The septic variety is an invasive disease which frequently becomes a septicæmia. This type of scarlet fever is still encountered, though rarely of any great severity.

The mild variety is a trivial intoxication from a focus, usually the throat, although occasionally from a wound or the reproductive tract, and this type of the infection is as frequent as ever.

During the present century outbreaks of a more severe type of scarlet fever have been reported occasionally, but they have been local and shortlived and have occurred with diminishing frequency.

However, the previous history of scarlet fever induces caution in hoping that the disease is permanently disappearing, for it has waxed and waned in severity through the ages. It is, therefore, necessary to be always alert for the reappearance of the more severe form of the illness.

Whooping Cough

In the year under review forty-five cases of whooping cough were notified in the Rural District, none of which was admitted to hospital. No deaths occurred from among the cases notified.

In recent years large scale trials have been carried out in collaboration with the medical officers of health of a number of large towns in an endeavour to ascertain the efficacy of Pertussis Vaccine in the prevention of whooping cough.

Exhaustive tests were made over a long period and results have shewn that the incidence and severity of whooping cough in the test groups were less than in the control groups. It thus appears that an important step forward has been made in the methods of control of this ailment, which is one of the most serious to which the child population of the country is subject.

Measles

Two hundred and ninety-nine cases of measles were notified in the Rural District during the year under review and none of these was admitted to hospital. One death occurred amongst the cases notified.

The incidence of measles in an area usually varies from a high rate to a low one in alternate years, although this periodicity is not absolutely regular. This peculiarity of the disease has been well exemplified in Chailey during the past few years when the recorded figures have been :—

1944	.. ..	125 cases
1945	.. ..	196 ,,
1946	.. ..	36 ,,
1947	.. ..	133 ,,
1948	.. ..	109 ,,
1949	.. ..	299 ,,

The mortality rate of measles is less than one per cent. and the main dangers are not from the disease itself, but from the complications which may arise, mainly pneumonia or mastoid trouble. The period during which the patient is infectious occurs before the rash becomes visible, and thus isolation of the infected person is rarely effective in preventing the spread of the disease.

Poliomyelitis

Five cases of acute poliomyelitis were notified in the area during the year under review, all of which were admitted to hospital. These cases all occurred during the three months period 28th July to 29th October, 1949. They were :—

	Date of admission to Hospital	*Date of Discharge*
*A male aged 8 years ..	26. 7.49	5. 9.49
*A male aged 35 years ..	28. 7.49	17.10.49
A female aged 2½ years ..	15. 8.49	15. 9.49
A female aged 5 years ..	25.10.49	29.11.49
A female aged 12 years ..	29.10.49	18.12.49

* Transferred to Stanmore Orthopædic Hospital.

This represents an incidence rate of .224 per 1,000 population, which is not a high one.

There were no deaths from the disease and all cases made good recoveries, with the exception of case 2 (a male of 35 years) who has both legs still paralysed.

Other Infectious Diseases

The only remaining cases of infectious disease notified in the Rural District during 1949 were three cases of erysipelas, eight of pneumonia, one of paratyphoid fever and one puerperal pyrexia. Of these, only the case of paratyphoid had to be admitted to hospital. All cases made uneventful recoveries.

General

Although the total number of notifications of infectious disease which were received in the district during 1949 was over twice the total number received during 1948, this was due almost entirely to the increase in the number of cases of measles, which is normally experienced at two-yearly intervals. When the number of measles cases in each year is omitted, the total for 1949 is 84, compared with a total of 62 during 1948, the difference between the two adjusted figures being thus small.

The outbreaks of the major infectious diseases have undoubtedly diminished very considerably in intensity during the present century, and the large toll in human lives taken in the past by such diseases as smallpox, scarlet fever, diphtheria, measles, etc., has been very materially reduced. Nevertheless, this reduction has only been achieved by constant effort and unremitting care. No slackening of standards can be permitted and every opportunity to improve hygiene must be seized.

Success in combating infectious disease depends on efficient organisation almost as much as on efficient drugs, medical knowledge and hygiene. Liaison has to be maintained with general practitioners to ensure that notifications of infectious disease are submitted in respect of appropriate cases, arrangements have to be made to obtain the consent and co-operation of parents in respect of the immunisation of children against diphtheria, records relating to immunisation and vaccination have to be maintained. In many other ways organization and administration play an important part in the fight against infectious disease. Very little can be achieved without the goodwill and co-operation of the medical practitioners in the area, and it is pleasant to place on record that the happiest relations are maintained between your Public Health Department and the local doctors.

SECTION V.

TUBERCULOSIS

In 1949 twenty-four cases of pulmonary tuberculosis and seven cases of non-pulmonary tuberculosis were notified, whilst during the year there were eleven deaths from pulmonary tuberculosis and one death from non-pulmonary tuberculosis. Details are given in the following table :—

1949—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	1	1	2	–	–	–	–	–
5	–	1	2	1	–	–	1	–
10	–	–	1	–	–	–	–	–
15	3	2	1	–	–	–	–	–
20	–	1	–	–	–	–	–	–
25	2	–	–	–	1	1	–	–
35	2	–	–	–	1	1	–	–
45	5	1	–	–	2	–	–	–
55	1	2	–	–	1	1	–	–
65 and upwards ..	2	–	–	–	3	–	–	–
Totals ..	16	8	6	1	8	3	1	–

Details of deaths (i) from Pulmonary Tuberculosis :—

Male aged 52 years	Died 18. 1.49
Male aged 41 years	Died 10. 3.49
Male aged 69 years	Died 19. 4.49
Male aged 49 years	Died 20. 5.49
Male aged 26 years	Died 25. 6.49
Male aged 60 years	Died 23.11.49
Male aged 70 years	Died 26.11.49
Male aged 70 years	Died 11.12.49
Female aged 60 years	Died 23. 3.49
Female aged 39 years	Died 27. 3.49
Female aged 34 years	Died 5. 9.49

(ii) from Non-Pulmonary Tuberculosis :—

Male aged 5 years	Died 4. 4.49

Twenty-four new cases of pulmonary tuberculosis were notified in the District during the year under review as against five in 1945, eleven in 1946, ten in 1947 and eight in 1948. This indicates a sharp upward trend in the incidence rate, a trend which is shewn similarly in the number of deaths of which there were eleven from pulmonary tuberculosis during 1949, as compared with eight in 1945, two in 1946, seven in 1947 and three in 1948.

Whilst a sharp rise for one year only may have no particular significance it is nevertheless important that due note should be taken of any such increase and every effort made to remove possible causes of the increased rate of incidence.

It is to be feared that inadequate and unsatisfactory housing accommodation is one of the major causes of such increased rate of incidence of the disease as exists. This is, unfortunately, general throughout the country and the measure of ill-health and mental strain which results to members of the community through having to share cramped and, at times, insanitary, quarters with other families becomes rapidly apparent when perusing the files of any housing or public health department.

The full alleviation of the housing problem in the area is not entirely within the control of the local authority, as it is not at present possible to obtain more than a very small number of allocations and building licences each year.

Nevertheless, it is possible to minimise the spread of disease by careful consideration of all applications for housing accommodation and the allocation of suitable priority to those cases where it appears probable that the granting of a fresh dwelling would render less likely the spread of tuberculosis throughout a family. This policy has been followed by the Rural District Council and proper allowance has been made in the Council's pointing scheme to ensure that families with one or more tuberculous members receive proper priority.

A recent development in the treatment of pulmonary tuberculosis has been the use of para-aminosalicylic acid (PAS) in conjunction with the antibiotic streptomycin.

A major disadvantage in the use of streptomycin in the treatment of the disease has been that streptomycin-resistant strains of tubercle bacilli have emerged after five or more weeks of the treatment. Accordingly, trials were commenced in 1948 in an endeavour to ascertain if the addition of another tuberculostatic agent might be sufficient to suppress the resistant strains.

Although the type of case so far treated has been limited to acute rapidly progressive bilateral pulmonary tuberculosis of recent development, unsuitable for collapse therapy, in young adults aged 15 to 30, the results so far achieved have been encouraging and have demonstrated that the combination of PAS with streptomycin reduces considerably the risk of development of streptomycin-resistant strains of tubercle bacilli during the six months following the start of treatment.

Trials are still progressing and it is to be hoped that similar results will prove to be obtainable in other forms of tuberculosis amenable to streptomycin therapy.

In addition to the treatment of tuberculosis by the provision of pleasant and healthy surroundings, and the use of a variety of drugs, one major line of attack remains, namely, the supply of adequate and nourishing food. There is more than a possibility that the difficulty during the war years of obtaining foods such as fresh green vegetables, butter and fresh eggs, rendered many persons more liable to contract tuberculosis than they would have been if such food had been more plentiful, and the continuing strain of modern life with its still present shortages and restrictions is finding out the weak spots then established. Fortunately, there seems to be a slight all-round improvement in food supplies, but not nearly enough, and a general easing of the rationing system. Eggs and milk, two vital foods, have recently been more plentiful and it is to be hoped that as advantage is taken of these natural protections against the attacks of disease any upward trend which at present exists in the incidence of tuberculosis will be arrested and, possibly, reversed.

CLIMATE

To obtain the full benefit of climate as a therapeutic agent, certain elements should be found in that climate. The air should be pure, free alike from organic and inorganic impurities, dust, and too much humidity ; there should be plenty of bright sunshine without any excess of heat ; the temperature should be without extremes and there should be an absence of violent winds.

In the rural district of Chailey generally all of these factors are satisfied. Largely owing to the absence of manufactures of any size and to the rural nature of most of the area, the air is pure, free from organic and inorganic impurities and contains very little dust.

The soil and sub-soil of the greater part of the area is of a pervious nature, which allows the rain-water to sink in deeply and ensures that the surface will dry rapidly and ensure freedom from fogs. The humidity of the climate is not excessive although a proper balance of moisture in the atmosphere is maintained.

The unpolluted air combined with the comparative absence of cloud found in the district as a result of its moderate humidity, ensures a high proportion of bright sunshine. This, of course, is of the utmost benefit to persons residing in the area. Apart from the beneficial psychological effect of a bright, sunny climate, there is no doubt that sunshine retards, or even inhibits, the growth of many pathological organisms.

In order that the full effect of the sunshine may be obtained it is necessary that it should not be accompanied by an unduly high temperature. In many of the less temperate climates the advantages of the sunshine are more than offset by the disadvantages of the excessive heat, which tends to make the inhabitants lazy and apathetic, causing at first nervous excitement followed by depression, impairing appetite and inducing loss of weight.

This area is fortunate in that the full benefits of the sun's rays are obtained while the disadvantages of excessive heat are avoided as cool sea breezes are carried inland from the English Channel.

The sea breezes are valuable not only in preventing excessive heat but, more generally, by their levelling action on the temperature range. In hot weather the air over the land becomes heated much more rapidly than that over the sea. It expands and rises, the cool air flows in from the sea and lowers the land temperature. Similarly, in cold weather, the air over the sea loses its warmth much less rapidly than that over the land and tends to keep the temperature of the adjacent land mass from falling to extremes.

Winds are of particular importance to the invalid or semi-invalid. In a hot, dry wind, evaporation is great, but heat is not lost. A warm, moist wind is mild and relaxing, while a cool, dry wind is bracing, but if too dry may be harmful in pulmonary cases, and may predispose to rheumatism and other ailments.

It will thus be apparent that in this area the predominant cool winds which are prevented by the proximity of the sea from being too dry, are bracing, yet are not likely to be harmful to pulmonary cases, to rheumatic subjects or to persons liable to suffer from certain other ailments.

A final factor of some importance in its effect on climate is that of rainfall. A moderate rainfall purifies the air, washing down the dust and micro-organisms and, at the same time, preventing the escape of bacteria from the soil. The rainfall experienced in the district is sufficient to fulfil a beneficial function of this nature without being sufficiently heavy to produce excessive humidity and dampness.