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RURAL DISTRICT OF CHAILEY



Annual Report

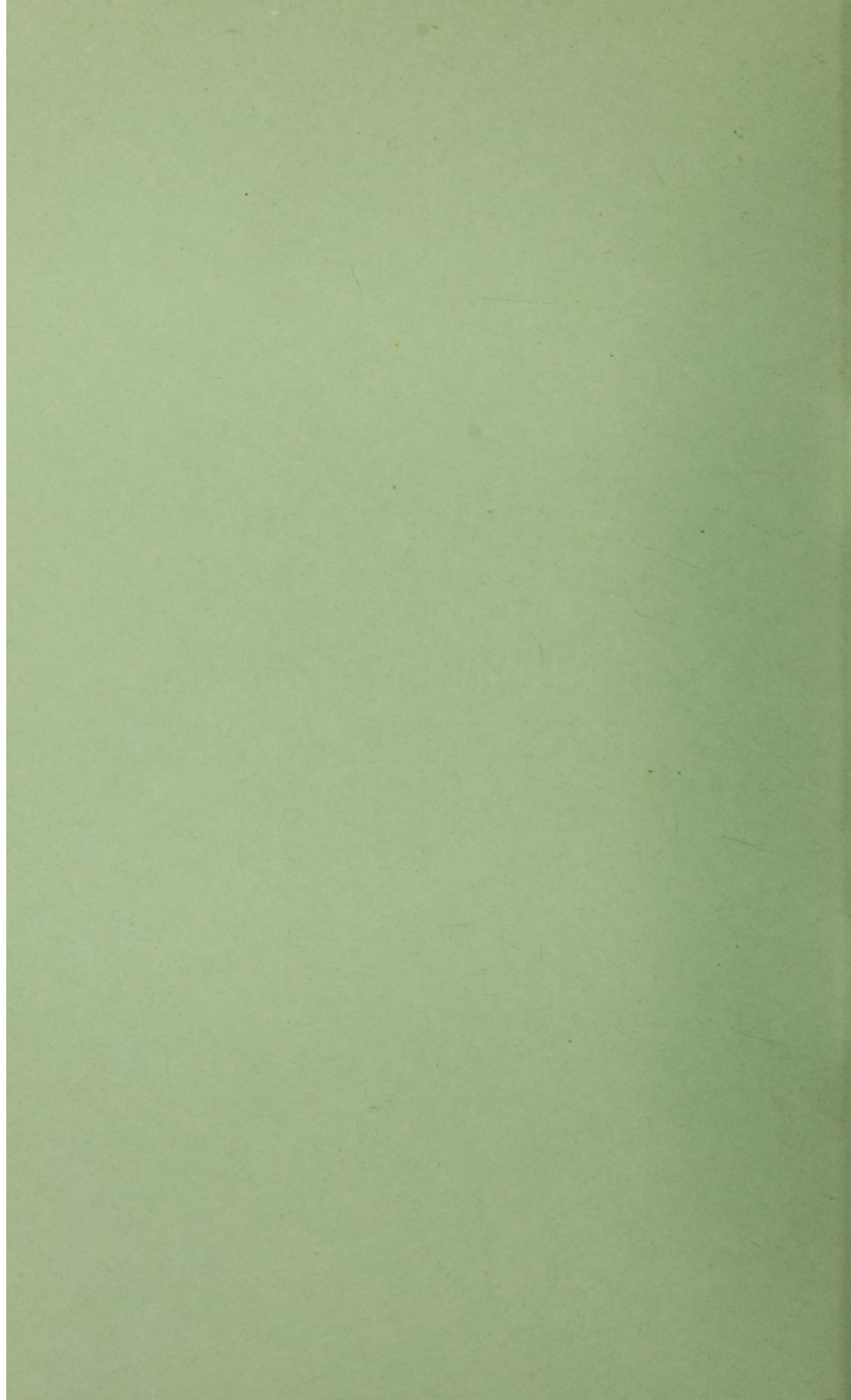
of the

Medical Officer of Health

for the

Year Ended 31st December, 1951

Public Health Department,
Lewes House,
LEWES, Sussex.
September, 1952.



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CHAILEY RURAL DISTRICT COUNCIL

PUBLIC HEALTH DEPARTMENT,
LEWES HOUSE,
LEWES.

September, 1952.

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 1951.

The population of the Chailey Rural District has increased progressively throughout recent years. In 1938 the estimated population was given as ~~11,960~~ 17,400 and for the year 1951 the estimated population was 20,510. This resulted in an increase of ~~8,550~~ or ~~71.5%~~ 77.2% above the 1938 figure. Compared with the populations for 1950 and 1949, that for 1951 was 170 above the figure for 1950 and showed an increase of 30 over the population for 1949. These population figures are estimates. The census population taken in 1951 was given as 20,715. The apparent loss of population which emerges on comparison of the figures for 1949 and 1950 may have been due to emigration out of the district or to the method used in computing the estimated populations or to both. The difference between the census figure and the estimated one for 1951 may be explained by stating that one figure, the census one, is as accurate as possible, whilst the other is an estimate only. Nevertheless the estimated figure is near enough for practical purposes since the resultant vital statistics based upon it show but a few almost negligible decimal points differences when compared with the vital statistics based upon the census figure.

The crude birth rate for the year under review was 13.16 per 1,000 population. When the area comparability factor is applied to the crude birth rate the resultant adjusted birth rate is 14.74 per 1,000 population. Area comparability factors are given for each district so that after their application to the crude birth and death rates a fair comparison can be made between the rates for different districts. An area with a larger proportion of middle-aged and elderly persons and with a smaller number of the younger generations will appear at a disadvantage if compared with an area where the conditions are the reverse if crude rates are used. To level matters up area comparability factors are therefore used.

There has been a progressive decline in the birth rate relating to your district since 1947, when it was 17.49 per 1,000 population, but the birth rate for 1951 is above the average annual birth rate for the ten pre-war years up to 1939, which was 12.7 per 1,000 population.

Various reasons can be given for the decline of a birth rate, the housing shortage, the high cost of living and the fear of another war, but of these and of other causes the lack of housing accommodation is the prime one.

The crude death rate for 1951 was 13.46 per 1,000. Considering the weighting of the population by the older generations in the area, this figure is not high. On applying the area comparability factor the adjusted death rate for the year becomes 9.96 per 1,000 population. The death rate for England and Wales for 1951 was 12.5.

The average age at death in the Chailey Rural District for the year under review was 69 years, which is above the average expectation of life from birth in this country at the present time.

The causes of death followed the usual pattern, more or less, as regards the chief and heaviest killers. Heart disease led the list as always with 106 deaths, cancer came next with 44 deaths, and vascular lesions of the nervous system followed with 39 deaths. There were only four deaths due to pulmonary tuberculosis and none due to non-pulmonary tuberculosis. More will be mentioned about these matters in this preface later on.

As has been nearly always the case in recent years, there was no maternal mortality amongst mothers of your district in 1951. In the not so distant past reports of the deaths of mothers in, or in consequence of, childbirth constituted a common feature in Annual Reports. Maternal mortality is almost a rarity nowadays due to better ante-natal care, improved conceptions of labour, better post-natal care and the use of sulpha drugs and antibiotics where these are required. There is always a chance, however, usually due to the mother's neglect or carelessness, that a maternal death may occur, as evidenced by the maternal mortality rate for England and Wales for 1951, which was 0.79 per 1,000 total live and stillbirths.

Another satisfactory matter to draw attention to is that the Infantile Mortality Rate, or deaths of infants under one year per 1,000 live births, was 22.22 in 1951 for your district, which compares very favourably with the rate for England and Wales for the same year, which was 29.6.

The total number of cases of infectious diseases notified in your area during the year was 583, of which 451 were of measles and 89 of whooping cough. Apart from these two seasonal diseases, which wax and wane in numbers from year to year, there were only 43 cases of other notifiable infectious diseases. As in former years, there were no deaths due to infectious diseases and no case of diphtheria occurred. The incidence of scarlet fever in your district was one-third that of England and Wales for the same period. Three cases of acute poliomyelitis were notified, and two of the cases were of the paralytic type and made good recoveries. The other case was non-paralytic and recovered comparatively quickly. This baffling disease has been the subject of intensive research by many workers in many lands. There seems to be now little doubt that natural immunity to infection is attained by a previous infection with the virus causing poliomyelitis. The attack may be subclinical and unrecognisable, and thought by the patient, or by the patient's parents, nothing more or less than a cold. Due to the attack a substance called an anti-body is developed in the patient. This wards off further attacks by the virus of the same strain which caused the initial slight illness. The matter is a complicated one since there are more strains than one of the virus, and it is open to question whether natural immunity to one strain is sufficient to protect against attacks by other strains. It is not yet fully understood what part the anti-body plays. This is due to the lack of knowledge of the precise route by which the virus spreads to the central nervous system and causes paralysis. Some medical research workers have recently given encouraging reports of the results in experimental animals after using vaccines to ward off attacks. A vast amount of work remains to be done, however, and it would be fatal to be complacent and to think the end can be reached quickly by immunisation, despite the great advances made in the last few years.

During the year 19 cases of pulmonary tuberculosis were notified. This number is above the average notified annually in past years and means that case finding has been more intense and widespread. This is all the better, since the more found the better the prospects of cure in many cases, and certainly the less the danger of spread to others. The death rate from this disease was a low one of 0.19 per 1,000 population. The death rate for England and Wales for the same year was 0.31 per 1,000 population.

There are signs that tuberculosis is on the way out. In England and Wales the tuberculosis deaths were 2,000 fewer in 1949 than in 1948, for which the figure was the lowest then on record. There was a yet more remarkable fall in 1950 to a figure 4,000 less than in 1949. The figures for 1951 revealed another drop of some 2,000, and mean that in 1951 8,000 less people died from tuberculosis than in 1948, which is a reduction of over one-third. There are many reasons for this rapid reduction in the death rate. Radiography has helped to discover thousands of cases of tuberculosis in the early and curative stages. New drugs such as streptomycin and P.A.S. have effected remarkable cures. There is promise of other newly discovered drugs effecting even more progress in the battle against the age-long scourge. B.C.G. vaccine has been used in this country to immunise contacts and protect them against infection. The time is yet too early to assess its real value.

Unfortunately, there is still a great shortage of nurses. There is a deficiency of nearly 7,000 nurses for tuberculosis hospitals and sanatoria in England and Wales. If the deficiency could be cleared off, prospects of further progress still would be very bright indeed.

Six new cases of non-pulmonary tuberculosis were notified in 1951 and there were no deaths from this type of infection. Cases of this kind have been getting less and less each year. This is owing to more pasteurised milk and milk from T.T. herds being consumed, besides the weeding out of infected cows.

In the widest aspect of Public Health one has to consider the mental health of the community and the individual, and its effect upon bodily health. Nearly everything is run by the State nowadays, and one often wonders about the average man's concept of the State. It may be that it appears so powerful that it is above any injury. On the other hand it may seem so remote as to be not on this earth, but dwelling in some Olympian fastness. Fundamentally, the State is composed of you and me and millions of our fellow countrymen. It is not above injury, and there are quite a few who are bent upon inflicting damage upon it, and indeed they have tried to do so and will go on trying. If they succeed in a large measure there will be no social security.

It is rather unfortunate that a certain type of social security has become a cult. It has certainly become the politician's slogan.

The kind of social security which is based almost wholly on state activity and on benefits distributed through official agencies has resulted in psychological effects which are more debatable than those which followed the old-fashioned type of social security, which was produced by individual effort and which was the reward for personal ability, thrift, prudence and other virtues, many of which have been discarded to-day. This is more than unfortunate.

The new social security is more debatable since the official agencies are sometimes only remotely connected with the beneficiary. It is uncertain that there is satisfaction creating a feeling of well-being under such circumstances. It appears now that benefits are much too often confused with rights. As to systems of "advanced social security" the results arising therefrom do not seem to promote general happiness, a sense of personal obligation, mental well-being or, therefore, good health.

It is very difficult, if not impossible, for the average man to judge whether he is getting a fair deal under such systems, or to appraise the relationship between services rendered and equivalent returns.

Mounting towards the state of almost careless abandon costs will be tended to be disregarded. Suspicion will arise that a fair return for an individual's money is not being given, if the individual pays a lump sum for a number of benefits through taxation, and each one of the benefits seems to him to be small, or he has no need of any or of some, demands for more in return will follow

an increase in these taxes. This, often for political reasons, leads usually to increased returns and to new benefits. Of course there are the increased costs and increased taxes incurred. As a result, all this ends in increased or renewed displeasures, all of which have an effect upon mental welfare.

Unfortunately, many activities to-day are so hedged round with restrictions that many of an individual's former responsibilities have been taken away from him. With this deprivation much of the old freedom individuals enjoyed has gone and with it more of his earnings. New and unsuspected tasks burden him. These tasks appear to him not for him but for some remote conception of his, such as the far distant State. Consciously or sub-consciously he reacts with displeasure. His mental well-being again suffers as a result.

Modern social security schemes do not always produce altogether satisfactory psychological repercussions. The hurried plans put into action only too soon have had unfortunate effects. Such schemes should have been studied well before being put into action, and they should be studied even more, with as many possibilities and probabilities as can be expected as an outcome, before new plans are made and further additions made. If not, they will get worse instead of better.

Unfortunately, there are a few who have been assisting the sudden birth of the infant social security and the thrusting of it into the bewildered arms of the public willy-nilly, the few who do not completely understand the psychology of the British people—and one doesn't suppose they have even bothered to try to understand it. Being a politician is one thing, but being a statesman is quite another. One thinks in the terms of the next election, the other in terms of the next generation. The infant social security has now become a giant and to some appears to have become an ogre too.

Conditions vary, and the descriptions tendered of the average man's dilemma are not applicable universally. In "advanced" countries they are applicable where efforts to solve the individuals' problems by "collectivisation" have had some practical consequences. These, as examples to others who are reckoned as "backward" and "having a long way to go yet," have been loudly proclaimed by some. One has a suspicion that the noisiest and most active protagonists who quote the examples at each and every opportunity, cherish the hope of power to come—for themselves of course—if this country became so "advanced."

Our own social security scheme in this country is the one we have now, and it has come to stay. There may be alterations in the future and indeed these have been introduced recently, as witness the extra dental and medicine charges. As the scheme in some form or another has come to stay, the knowledge of the experiences of the medical profession in the functioning of the scheme so far should be conveyed to those responsible for its administration, and for any further plans or additions. Before new plans are made and old ones re-made, the medical profession should be consulted continuously. After all, the doctors are mainly the persons who have to make the scheme work. So far perhaps too much weight has been attached to paper work, and the relative importance of certain individuals concerned with paper and paper chasing within the scheme has been somewhat exaggerated. No one can run anything on paper and on paper alone, whether it be an industry, a business or a social security scheme. Circulars, figures and much that is put on paper are all very well as ancillaries, but the real purpose of the scheme is dealing with human beings to whom such ancillaries are possibly unknown, or if the average man has some idea of their existence their multiplicity astounds him, and he wonders if they swallow most of his contributions to the scheme.

It is fundamental that there must be a psychologically correct structure to ensure the success of any security scheme. Instead of the increasing habit

of leaning on the State for nearly everything, each and every individual should remember that his security is first of all a matter for his own efforts. If he is led to believe that the State or community can relieve him of nearly all his responsibilities, this is not only unwise, but can prove disastrous for the whole community in the end. A scheme based upon such a false doctrine carries the seeds of its own destruction within itself from its birth. The results of the development of these seeds can be so insidious at first as to be hardly noticeable. If allowed to grow further the accumulated widespread damage is so severe and deep that the whole scheme itself perishes. Reasons have been given already why such a system will never really contribute to health and well-being. It will tend to a steady and uncontrolled expansion with uncontrollable costs. In other countries these disastrous consequences have been witnessed. It can, with the increasing average length of life and a steadily growing population, become impossible to control by any means whatsoever. In fact the end is bankruptcy.

So much has been written and said about producing less and less in shorter working hours for more and more money. This is not only a false doctrine but a distinctly dangerous one, not only for the country but for each individual member of the community. If this crazy attempt is continued, pushing the venture still further towards the unattainable Utopia, which many have been led to believe is possible to obtain, not only the community will suffer, but each individual will share in the divided misery. The penalties are severe and lie in wait. Such a social system may be magnificent, but it is not social security. It is more than doubtful if any government will, in the end, be able to afford the cost where the productive capacity of the country will be so heavily weighted down for the benefit of an increasing number of consumers unless, of course, equally or even more important activities are neglected. In many countries to-day the political slogan is—"social security." There are several brands, and the deterioration of the individual's and the community's character through the events described does happen in some countries, and can happen in those countries which so far have been unsuspecting of the dangers inherent in such a hazardous system. Together with the deterioration of character goes everything else, poverty, loss of purchasing power, loss of initiative, loss of freedom, of self-reliance, and perhaps, worst of all, loss of self-respect and of respect by others.

Apart from the great amount of clearing up of affairs within the social security scheme which must be done if the scheme is going to thrive and live on good terms with its contributors, who indeed support it, there is one answer to the problem which faces the country to-day, and that answer is to work harder and produce more. More goods can be bought as a result and at a cheaper rate. To anyone who doubts this the advice is—try it and you will see that it works, and instead of sharing doubtful security and being not altogether happy, you will be much happier—and richer, and indeed more secure. If the worst comes to the worst owing to other countries producing cheaper goods and crowding out our products, of course, there can be no option and "try to do" will become "must do." In whatever way the change comes about, as it must, when it does come it will make everyone much happier, richer, more secure and more independent, all of which makes for a fuller and more enjoyable life with attendant good physical and mental health, which is the most priceless possession of all.

As regards the sanitary circumstances of the area or the environmental hygiene, special attention was paid during the year to two basic essentials in Public Health—an ample and pure water supply and a good sewage disposal system. Six statutory Water Authorities supply the Chailey Rural District. Regular sampling of each undertaking's supply revealed that the quality was

satisfactory. There was also an adequate supply, except in a few isolated cases, where water was obtained from wells, and, although enough was provided to go on with, a larger supply would have been more satisfactory. These isolated cases are being dealt with in turn, and where possible main connections were made. There was a good deal of activity in sampling drinking water taken from private sources. Fifty samples were taken and nine were found to be unfit for drinking. The necessary action was taken after the owners of the properties were notified where the water was unfit. In several cases where the samples proved unsatisfactory extensions of water mains were made, and are still continuing to be made. The water mains extended during 1951 totalled 5,886 linear yards, and the places involved were Norlington Lane, Spithurst Road, Hamsey Common, Barcombe housing site, Neaves Lane and Newick housing site. There still remains the urgent matter of an extension of the main supply to the Ditchling Common area. This has, unfortunately, not been attempted so far, and it is hoped that the Burgess Hill Water Company will see their way to begin this work in 1952 and complete it in the same year.

Much progress was made during 1951 by the Newhaven and Seaford Water Company in replacing the unsatisfactory system of water distribution in Peacehaven by a more sound system. Frequent sampling of the water supply in the Peacehaven area showed that this was ample and satisfactory. This was a welcome change from the previous state of affairs in former years and no complaints about the supply were received from the inhabitants of the area during the year.

A scheme to provide main water for the parishes of West Firle, Beddingham, Glynde and part of Ringmer, besides allowing for an increased supply to the Burgess Hill Water Company, was agreed upon in 1951. This is one part of very active endeavours by your Council in relation to the water supply in its area.

Together with the improvement in the water supply generally there marched the improvement of sewage disposal systems throughout the district. Ringmer Sewage Disposal Works were reconstructed, and good progress was made in the Cooksbridge scheme, and the reconstruction in connection with the Ditchling Sewage Disposal Works began during the year. A scheme including the laying of sewers in six private roads was completed in Peacehaven by the East Sussex County Council and your Council commenced constructing a sewage disposal works for the area concerned. Housing sites were connected to the main sewer in this area, but there are still some 60 private dwellings with cess-pools, and the owners of which have been requested to connect to the main sewer.

The amicable and satisfactory arrangement with the Lewes Borough Council whereby house refuse from the Chailey Rural District was tipped in the Borough was continued.

The so-far unavoidable service in a rural area, that of cesspool emptying, continued in your district, and 2,790 cesspools or tanks were emptied during 1951. Small sewage disposal plants in your area were carefully supervised and maintained. This necessitated the service of cesspool emptiers at regular intervals.

Another scheme which has been successful was that relating to dustbins. In all 222 properties were supplied with dustbins during the year. The house refuse disposal problem is a hygienic one, besides being one of economy, convenience and general cleanliness. Odours from fermenting garbage are offensive to the sense of smell. Garbage also attracts flies and provides food for rodents and insects, unless properly protected. Thus a proper receptacle, a good dustbin, to protect and contain garbage, is an essential for a well-conducted household.

As far as housing is concerned, your district has suffered in common with nearly every other district in the country, in that there were never enough new

houses to go round. There never will be unless the various restrictions and the complicated manœuvres necessary nowadays to obtain a new house are in large part abandoned. A certain amount of paperwork is essential in most undertakings or businesses. The trouble is that now we have too much. That, together with too much accountancy, have strangled enterprise, not only in housing, but in many other concerns besides. There has been a growing restlessness over these fetters and this is increasing still more.

During the year 25 cottages, previously considered unfit, were reconstructed into dwellings of a good standard. This is all to the good, but not many people can afford the expense of such conversions. The home hungry who can afford the cost, readily snap up the old country cottages for conversions, they also purchase them at high prices once converted. The serious problem of too little being done by way of repair of rent-controlled deteriorating property still remains. It is thought to be unfair by many that a landlord should be forced to carry out extensive and usually very expensive repairs when he is receiving a small rent for the premises. Some owners are only too willing to give the premises away rather than carry such a burden.

Some people will live nearly anywhere, and in anything to-day, such is the acute problem of housing. It is known that several authorities in the country have seriously considered having large permanent caravan townships. These are all very well in a way if well planned and conducted, but there is nothing to replace a house, and caravans are only temporary expedients after all.

It is unfortunate that there has been a delay in the matter of providing a Holiday Camp at Peacehaven. Such a camp would have given pleasure and increased health to many people. As usual, the delay has been caused through financial considerations, and in this case through the restriction of capital works. It makes one wonder when this country will get through the doldrums. We are in such a state largely because we don't produce more and thus get more from other countries in exchange.

Altogether 246 visits were made during the year in connection with inspection of food premises, restaurants and cafes. Written notices were necessary in four instances only and, after receipt by the owners, were complied with. Nineteen samples of ice-cream were taken in 1951, and subjected to examination, and of these a high number, twelve, were Grade I, whilst three were Grade II. This was very satisfactory. The remaining four samples were unsatisfactory, and action was taken to remedy matters.

Unfit food examined, condemned and suitably disposed of totalled 586lbs. The bulk of this was composed of approximately 28lb. of pork luncheon meat, 23lb. of ham and 418lb. of pigs' flesh.

Some thousands of visits were made by your sanitary inspectors in connection with various and numerous matters. Perusal of the summary of visits in the main body of this Report will give some idea of part of the various activities of a sanitary inspector.

Salvage sales of waste paper, textiles and mixed metals realised a sum of £1,553 17s. 5d. for the year. This not inconsiderable sum resulted from increased sales and higher prices given.

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, 1951

Area (in acres)	..	..	..	..	..	..	66,038
Population (estimated)	..	..	..	..	..	..	20,510
Rateable Value as at 1st April, 1951	..	..	..	..	..	..	£157,805
Estimated Product of a Penny Rate 1951-52	..	..	..	..	..	..	£643

EXTRACTS FROM VITAL STATISTICS

							<i>Rate per 1,000 Population</i>
<i>Live Births</i>							
Legitimate ..	..	..	..	Male 151	Female 107	Total 258	
Illegitimate ..	..	..	..	3	9	12	
							13.16
Deaths ..	..	..	..	125	151	276	13.46
							<i>Rate per 1,000 Live and Still Births</i>
Maternal Mortality ..	..	..	..	—	0	0	0.00
							<i>Rate per 1,000 Live Births</i>
Infantile Mortality ..	..	..	..	4	2	6	22.22

POPULATION

The Registrar-General's estimate of the population of the Chailey Rural District area as at mid-year 1951 was 20,510. The annual population of the Rural District, the number of births, number of deaths, birth rates, death rates and vital indices for the ten-year period 1942-51 are given in the following table :—

<i>Year</i>	<i>Population</i>	<i>Births</i>	<i>Birth Rate</i>	<i>Deaths</i>	<i>Death Rate</i>	<i>Vital Index</i>
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
1950	20,340	285	14.01	243	11.95	117.28
1951	20,510	270	13.16	276	13.46	97.83

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 shows 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 shows 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.

Only on two occasions during the last ten years has the vital index for this area fallen below a hundred, namely in 1945 and 1951, the period at present under review. From the long-term point of view this indicates the sound biological condition of the area and, so far as the year under review is concerned, it is probable that the sharp downward trend will prove to be of only very temporary duration.

The average density of population throughout the area was 0.31 per acre, but the distribution was, of course, exceedingly uneven.

In the Annual Report for 1950 it was recorded that the estimated population of 20,340 showed a decrease of 140 from the estimated mid-year figure for the preceding year. In reporting this fact, the comment was made that the Registrar-General's annual estimates of population were subject to slight variations in their degree of accuracy and that the decrease shown might well be due to such a variation rather than to an actual drop in population. The estimated mid-year population for 1951 of 20,510 gives an increase of 170 on the estimate for 1950 and 30 for 1949 and indicates that, whatever the cause of the decrease in 1950, it was purely temporary in character.

Although it is satisfactory to note that the total population of the district has increased it must nevertheless be remembered that the vital index for the year was below a hundred, which means that the number of births in the district was exceeded by the number of deaths, and that the increase in population was brought about by people moving into the district from other areas. If it had not been for this movement into the area, the population of the district would have fallen slightly. In other words, biologically speaking, the Chailey population lost ground during 1951. There are probably a number of causes which lead to this result, such as the uncertainty of the world political situation, the unwillingness of couples to bring children into a world threatened by the atom bomb, and the very unsatisfactory housing situation which exists not only in this district but throughout the country. Of all the possible causes, there is practically no doubt that the last cause mentioned, namely the small number of new houses being erected, is the most important. It affects young couples in two main ways. Firstly, it causes many of the more responsible and provident to postpone marriage until they are able to set up house in satisfactory circumstances. This may mean a delay of several years, and is doubly important in that it not only has the probable ultimate effect of the couple concerned having a smaller family than would otherwise have been the case, but causes the period of the woman's childbearing to be postponed beyond the years during which she is best suited for this task. Secondly, many couples who marry and live either with their parents or in cramped and unsuitable lodgings put off having children in the hope that conditions will improve. Apart from its effect on population figures, there is no doubt that a considerable proportion of the broken-up homes and dissolved marriages which are reported each year would have been avoided if the couples concerned had lived in more appropriate surroundings and had had the benefit of the stabilising influence of a family. The effects of enforced "family rationing" brought about by inadequate housing extend even further than appears at first

sight for, in addition to the large number of childless couples, there is a very much larger number of couples who feel themselves forced to restrict their family to one child and it is very well known that an only child often suffers in character or even in health from being deprived of the close companionship of brothers and sisters as well as from the too anxious care usually devoted by a mother to her only child. For all these evils it would appear that there is only one really satisfactory remedy, that is, the provision of a sufficient number of new houses and reasonably commodious flats to ensure that no young couple need postpone either marriage or the raising of a family on the ground of the lack of suitable housing accommodation. It is pleasant to be able to record that the Chailey Rural District Council has exerted great efforts to build as many new houses as possible, and, indeed, many have been erected, and more are to be erected in the reasonably near future. Their efforts, however, have been restricted, in common with those of all other housing authorities, by the control exercised by the central government over the issue of building licences and it can only be hoped that every effort will be made by the central government to relax or remove at the very earliest moment the present strict control of the building of houses. It appears certain that it will be then, and then only, when population trends will take a more favourable turn and the younger element in the population will receive a much-needed augmentation.

BIRTH RATE

The birth rate for the year under review was 13.16 per 1,000 population, as compared with 14.01, 14.50, 15.68 and 17.49 per 1,000 population for the years 1950, 1949, 1948 and 1947, respectively. This indicates a downward trend that has continued well beyond the period immediately following the last war during which past experience has shown that high birth rates prevalent at the end of a war could be expected gradually to sink to more normal figures. There is little doubt that this continued downward trend has been brought about by the factors previously mentioned, namely world-wide political uncertainty and a widespread housing shortage. Although it is to be hoped that the downward trend will be halted in the near future, it is of interest to note that the present year's figure of 13.16 is above the pre-war annual figures, the 1938 birth rate of 12.7 being a normal figure for the rural district during the immediate pre-war years.

An area comparability factor of 1.12 is applicable to the birth rate of 13.16, and this gives an adjusted birth rate of 14.74. The area comparability factor, as explained in the paragraphs relating to the death rate, is supplied by the Registrar-General in order that a fair comparison between the local birth and death rates of different districts may be obtained.

DEATH RATE

The crude death rate for the year under review was 13.46 per 1,000 population, as compared with 11.95, 12.11, 12.54 and 13.04 per 1,000 population for the years 1950, 1949, 1948 and 1947 respectively. The sharp rise in the death rate is almost entirely accounted for by an increase in the number of deaths due to heart disease, which increased from a total of 80 in 1950 to a total of 106 in 1951.

An area comparability factor of 0.74 has been supplied by the Registrar-General for application to the Chailey Rural District Council death rate in

1951. This factor is a weighting factor for the purpose of securing a fair comparison between the local death rates of different districts. This is necessary as various factors may lead to one area having a considerably higher death rate than another, although, basically, it is much the healthier area. A simple case in illustration is that of a spa or health resort, which may be so deservedly famous for its invigorating and health-giving qualities that a large number of elderly persons move into the area on retirement, thus, naturally, leading to a high death rate. It is in order to allow cases such as this to be judged fairly that the area comparability factor has been introduced.

As applied to the crude death rate of 13.46 per 1,000 population, this gives a comparative mortality rate of 9.96 per 1,000 population, which is an adjusted death rate and provides a truer basis of comparison when this comparable Chailey death rate is set beside the comparable death rates of other areas.

The average age at death for the year 1951 was 69 years. This is considerably above the average expectation of life in this country at the present time.

CAUSES OF DEATH

During the year there was a total of 276 deaths, i.e., 125 males and 151 females. The following table shows the causes of death:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Heart Disease	46	60	106
Cancer	19	25	44
Vascular Lesions of Nervous System	11	28	39
Bronchitis	6	5	11
Pneumonia	6	4	10
Disease of the Circulatory System other than Heart Disease	5	4	9
Nephritis and Nephrosis	3	2	5
Accidents other than Motor Vehicle Accidents	3	2	5
Tuberculosis of Respiratory System	3	1	4
Diabetes	2	2	4
Hyperplasia of Prostate	3	—	3
Gastritis, Enteritis and Diarrhoea	—	2	2
Diseases of Respiratory System other than mentioned above	1	1	2
Motor Vehicle Accidents	2	—	2
Congenital Malformations	—	1	1
Influenza	1	—	1
Ulcer of Stomach and Duodenum	1	—	1
Suicide	1	—	1
Leukaemia	—	1	1
Other Defined and Ill-defined Diseases	12	13	25
	<hr/> 125	<hr/> 151	<hr/> 276

As has been the case for a number of years past, the chief cause of death in 1951 was heart disease with 106 deaths. This is followed by 44 deaths from cancer and 39 deaths from vascular lesions of the nervous system.

The highest age at death was 97 years
The lowest age at death was 6 months
The average age at death was 69 years

SPECIFIC CAUSES OF DEATH

Heart Disease and Diseases of the Circulatory System

Heart disease, as usual, heads the list of causes of death in the Chailey Rural District. This is only to be expected as the forms of heart disease and diseases of the circulatory system which develop during the latter part of the human life span can very often best be described as being due to the gradual wearing out of the heart itself. For such forms as these there is naturally no cure. Much rest and temperance in all things will act as palliatives, but eventually the heart will become too worn out to continue its work of circulating the blood through the veins and arteries of the body and death will then ensue. It can rightly be said that the percentage of the annual total number of deaths which is made up of deaths due to these forms of heart disease is increasing because recently in this and in other countries with high standards of medicine and hygiene many of the population have been living sufficiently long for their hearts to become worn out.

It may be wondered why the increase in the number of deaths annually arising from the types of heart disease mentioned above has not been more obviously reflected in the vital statistics compiled in respect of recent years. This is due to the fact that the increase is masked by a decrease in the number of deaths annually caused by those forms of heart disease which present a possibility of cure. Each year, many such cases which but a few years ago would have proved fatal are now cured. This improvement has been brought about by all-round advances in the field of medical knowledge.

Cancer

Forty-four persons died of cancer in the Chailey Rural District during 1951. Of these deaths, nineteen were of men and twenty-five of women. For many years cancer has been the subject of exhaustive research, and although progress has undoubtedly been slow, very definite gains have been made. The belief held by many people that cancer is incurable is quite unjustified. In fact, many cases can be, and are, cured by the removal of the malignant tumour. The chances of successful cure in these cases are governed by two main factors, namely, the site of the tumour and the stage it has reached. Luckily, one of the more common forms of cancer, that of cancer of the breast in women, is one of the most easily dealt with, if the cancer is discovered and dealt with at an early stage. Other forms of cancer, such as that of the lip or skin, are cured in nine out of ten cases, mainly, no doubt, because they are quickly noted and are consequently treated at an early stage in their growth. It cannot be too greatly stressed that early treatment of any form of cancer gives the greatest chance of cure, and no opportunity should be missed to impress on people that if they have any reasonable grounds to suspect that they are suffering from cancer, an immediate visit to their doctor offers them the best chance of recovery if, indeed, they have such a growth.

Vascular Lesions of the Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis, and other lesions. Thirty-nine of the deaths which occurred in the Chailey Rural District during 1951 were classified under this general heading. Of these, eleven were males and twenty-eight females. Most deaths of this nature take place among elderly persons, as with increased age blood vessels degenerate and are more likely to break or become blocked. It is probable that the increasingly rapid tempo of modern life is resulting in a greater incidence of this form of disease than in the past, although the greater moderation in eating and drinking now observed by the average person in comparison with past standards possibly has a beneficial effect which offsets the unfavourable results of high-speed living.

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the year 1951. 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 Administra- tive County	Chailey 1951 (Population 20,510)
Rates per 1,000 Home Population					
Births : Live	15.5	17.3	16.7	17.8	13.16
Still	0.36	0.45	0.38	0.37	0.19
Deaths : All Causes..	12.5	13.4	12.5	13.1	13.46
Typhoid and Para- typhoid	0.00	0.00	0.00	—	0.00
Whooping Cough ..	0.01	0.01	0.01	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.31	0.37	0.31	0.38	0.19
Influenza	0.38	0.36	0.38	0.23	0.05
Smallpox	0.00	0.00	0.00	—	0.00
Acute Poliomyelitis (including Polio- encephalitis) ..	0.00	0.01	0.01	0.00	0.00
Pneumonia	0.61	0.65	0.63	0.61	0.49
Notifications (Corrected)					
Typhoid Fever ..	0.00	0.00	0.00	0.01	0.00
Paratyphoid Fever ..	0.02	0.03	0.02	0.01	0.00
Meningococcal Infec- tion	0.03	0.04	0.03	0.03	0.00
Scarlet Fever ..	1.11	1.20	1.20	1.10	0.34
Whooping Cough ..	3.87	3.62	4.00	3.11	4.34
Diphtheria	0.02	0.02	0.03	0.01	0.00
Erysipelas	0.14	0.15	0.12	0.15	0.05
Smallpox	0.00	0.00	0.00	—	0.00
Measles	14.07	13.93	14.82	14.64	21.99
Pneumonia	0.99	1.04	0.96	0.72	0.19
Acute Poliomyelitis (including Polio- encephalitis)					
Paralytic	0.03	0.03	0.03	0.02	0.09
Non-paralytic ..	0.02	0.02	0.03	0.02	0.05
Food Poisoning ..	0.13	0.15	0.08	0.23	0.00
Rates per 1,000 Live Births					
Deaths					
All causes under 1 year of age ..	29.6(a)	33.9	27.6	26.4	22.22
Enteritis and Diar- rhoea under 2 years of age	1.4	1.6	1.0	0.7	3.70
Notifications (Corrected)					
Puerperal Fever and Pyrexia	10.66	13.77	8.08	14.90	3.65

Maternal Mortality in England and Wales

<i>Intermediate List No. and Cause</i>	<i>Number of Deaths</i>	<i>Rates per 1,000 Total (Live and Still Births</i>	<i>Rates per million women aged 15-44</i>	<i>CHAILEY</i>
A115 Sepsis of Pregnancy, Child-birth and the Puerperium	70	0.10	0	0.00
A116 Abortion with Toxaemia ..	3	0.00		
Other Toxaemias of Pregnancy and the Puerperium	167	0.24		
A117 Haemorrhage of Pregnancy and Childbirth ..	91	0.13		
A118 Abortion without mention of Sepsis or Toxaemia ..	37	0.05	4	
A119 Abortion with Sepsis ..	66	0.09	7	
A120 Other Complications of Pregnancy, Childbirth and the Puerperium	125	0.18		
(a) Per 1,000 related Live births				

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Public Health Facilities of the Local Authority

During the period under review the Medical Officer of Health for the Rural District of Chailey also acted as Medical Officer of Health for the Borough of Lewes and the Urban Districts of Newhaven and Seaford. The East Sussex United Districts (Medical Officer of Health) Joint Committee, by which the Medical Officer of Health for the four districts is appointed, provides an efficient means of administering the Joint Appointment.

One Chief Sanitary Inspector and two Sanitary Inspectors carry out duties in the Rural District.

Laboratory Facilities

The Public Health Laboratory established at the Royal Sussex County Hospital, Brighton, has rendered valuable service during the year.

The Laboratory has carried out for the Rural District, free of charge, the examination of such a variety of items as sputum, per-nasal, laryngeal, nose and throat swabs, rectal, vaginal and urethral swabs, swabs of dust, etc., and from abscesses opened at operation. Specimens of pleural fluid, blood, vomit, faeces and urine have also been examined and so also have samples of milk, ice-cream, water and shell-fish. Altogether the Laboratory carried out 744 different examinations for the Rural District during the year under review. This service is of great assistance to your Medical Officer of Health, and to the medical practitioners practising in the area, both by assisting them to arrive at correct diagnoses earlier than would otherwise be the case and by confirming diagnoses already tentatively arrived at. In the frequent examination of samples of milk and ice-cream and, indeed, of any food samples, the Public Health Laboratory is greatly assisting the Public Health Department in its efforts to improve the standards of cleanliness and purity of all foods offered for sale in the area.

Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex County Council, which arrange for the two ambulances and one sitting case car stationed at Lewes to be available for the transfer of cases into hospital from this area, with the exception of cases from Wivelsfield, when the service stationed at Haywards Heath was used, from Ditchling, when the service stationed at Hurstpierpoint was implemented, and from South Heighton, Peacehaven, Tarring Neville, Piddinghoe and Telscombe, when the service stationed at Newhaven was used.

With the exception of the area served by the ambulance stationed at Newhaven, both infectious and non-infectious cases are conveyed in the same ambulances and arrangements are in being for the disinfection of ambulances, bedding, clothing, etc., after use for the transport of an infectious case. The Newhaven ambulance, however, is not available for the transport of infectious disease cases, but under the provisions of the Ambulance Scheme, ambulances from adjacent ambulance stations can be called upon, if required, for the conveyance of infectious disease cases.

Generally, arrangements were made for any further calls received when all the ambulances of a particular station were out on duty to be dealt with by another station in the County Council's area.

The East Sussex County Council provides facilities for the transport of tuberculosis patients.

Nursing in the Home

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, 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 1951 for residents of the district :—

<i>Description and Situation</i>	<i>Day and Time of Attendance</i>	<i>By Whom Provided</i>
Tuberculosis Clinic, Victoria Hospital, Lewes	Monday, Wednesday and Friday, 2 p.m. By appointment	Regional Hospital Board
Orthopaedic Clinic, Castlegate House, Lewes	Tuesday and Thursday, 1.30 p.m. By appointment	Regional Hospital Board
Artificial Pneumothorax, Victoria Hospital, Lewes	Wednesday, Women — 2.15 p.m. Men — 3.30 p.m.	Regional Hospital Board
Nervous Disorders Clinic, Victoria Hospital, Lewes	2nd and 4th Tuesday in each month at 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, Dental and Minor Ailment Cases.

Provisions for the Care of Mental Defectives

The East Sussex County Council deals with the Lunacy and Mental Deficiency Services in respect of patients outside Institutions. All Institutional care is the responsibility of the Regional Hospital Board.

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

Regular sampling of water supplies is carried out by each of the Undertakings during the year, and the quality of the water has been found to be satisfactory.

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

A sample taken from the Pumping Main, Offham Waterworks, on the 26th June, 1951, showed the following characteristics :—

Colour	None
Smell	None
Sediment	None

CHEMICAL ANALYSIS

					<i>Grains per gallon</i>	<i>Parts per million</i>
Total solids (dried at 100°C.)	..	..	..	..	21.0	
Solids (after ignition)	..	..	..	..	19.0	
Chlorine .. .. .	..	..	..	..	1.7	
Ammonia (free)	..	..	..	..		.006
Ammonia (albuminoid)	..	..	..	..		.030
Oxygen taken from permanganate in $\frac{1}{4}$ hour	..	..	..	..	Nil	
Oxygen taken from permanganate in 4 hours	..	..	..	..	Nil	
Nitrogen as Nitrates and Nitrites	..	..	..	..	.11	
Nitrites .. .. .	..	..	..	..	Nil	
Hardness (total)	..	..	..	..	16.4	
Hardness (after boiling)	..	..	..	..	4.3	
Phosphates .. .. .	..	..	..	..	Nil	
Metallic impurity—Iron	..	..	..	..	.025	
PH 7.4	..	..	..	..

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	1
On Agar at blood temperature and under aerobic conditions colonies were noticed after two days' incubation	4
Probable number of Coli-Aerogenes organisms in 100ml. of the original water	Nil
Free Chlorine Less than 0.1 p.p.m.	

Report

The above results are highly satisfactory, and I am of opinion that this water is perfectly safe for drinking purposes, and suitable for a Public Supply.

R. F. WRIGHT,
Public Analyst.

29th June, 1951.

Samples of drinking water taken during the year from private sources numbered 50, of which 9 were found to be unfit for drinking purposes. The owners of the properties concerned were notified in each case and the necessary action taken.

In a number of cases where unsatisfactory samples have been found, the remedy lies only in the extension of water mains and the work of such extension required is in hand.

During the year 6 properties were connected to the main as a result of notices served.

Water mains extended during the year were as follows :

Norlington Lane	900 lin. yds.
Spithurst Road	1,050 "
Hamsey Common	2,332 "
Barcombe Housing Site	129 "
Neaves Lane	1,336 "
Newick Housing Site	139 "
	5,886

The much-needed extension of water main to serve the Ditchling Common area has not yet been commenced. There are, however, hopes that the Burgess Hill Water Company will commence this work in 1952.

At Peacehaven the Newhaven and Seaford Water Company and Brighton Water Department continue to improve upon the distribution system they took over from the non-statutory Peacehaven Water Company. Samples taken from these supplies from time to time have all been satisfactory and no complaints have been received from this area.

Agreement with the Newhaven and Seaford Water Company was reached during the year for a bulk supply of water to the Council from a new reservoir to be constructed on Firle Hill. Consents have also been obtained by the Council to construct a new balancing reservoir on Malling Mill as part of the scheme referred to above. When completed the scheme will provide water for the parishes of West Firle, Beddingham, Glynde and part of Ringmer—in addition to allowing for an increased supply to the Burgess Hill Water Company.

As will be deduced from the activities referred to above this Council is pursuing a vigorous policy in relation to water supply and water main extension, and it is refreshing indeed to see such an undertaking giving absolute priority to Public Health requirements rather than to consideration of revenue.

SEWAGE DISPOSAL

Considerable progress was made on schemes for sewerage and sewage disposal during 1951. The work of reconstructing the Ringmer Disposal Works was completed and commenced operation towards the end of the year.

Work on the Cooksbridge scheme commenced early in the year and good progress was made. The sewers and disposal works are expected to be in working order by April, 1952.

The reconstruction scheme for the Ditchling Disposal Works was commenced during the year.

At Peacehaven during the year the East Sussex County Council completed a scheme under the Private Street Works Acts which included the laying of sewers in six private roads. This Council commenced work on the construction of a Sewage Disposal Works to serve the sewered area. All the vacant land in the area was purchased by the Council and used for housing sites—all of which were connected to the new sewer. There are some 60 private dwellings in the area, each of which is drained separately to a cesspool; the owners of these dwellings are now being asked to connect to the sewer.

Further delays have occurred in the progress of the schemes for Wivelsfield and Rodmell. The need in these parishes is acute, and public feeling is rising in both parishes against this delay.

Plans for sewage disposal schemes are in course of preparation for the parishes of Kingston and Piddinghoe.

The schemes proposed for Glynde and South Common, Chailey, both directly concerned with housing site development, are expected to start some time in 1952.

PUBLIC CLEANSING

House refuse continued to be collected once fortnightly with the aid of three vehicles—one 16 cu. yd. moving-floor vehicle and two side-loading vehicles of 10 and 7 cu. yds. capacity respectively. The collected refuse is tipped within the Borough of Lewes by arrangement with the Borough Council.

Salvage of waste materials increased very considerably during the year, prices for salvaged materials reaching high levels.

CESSPOOL EMPTYING SERVICE

Three machines, each of 750 gallons capacity, are employed on this service. 2,790 cesspools or tanks were emptied during the year—the total number of loads amounting to 5,704. A regular service at stated intervals is given to cesspools and septic tanks at 118 different sites; of these 35 are owned by the Council and the remaining 83 by private individuals. The intervals vary from two weeks to six months. Careful attention is given to ensure that small disposal plants attached to housing sites are properly maintained, and in this connection the Cesspool Emptying Service is indispensable. On no Council-owned housing site can a sludge drying bed be found.

TRANSPORT DEPARTMENT

The work of this department is showing good results. The vehicles are maintained to a high standard of efficiency and in appearance the vehicles compare favourably with most road transport. A clean and well-kept vehicle gives confidence to the crew and helps them to take an interest in their jobs. This to my mind is important to men employed on refuse collecting or cesspool emptying—activities in which it is difficult for even the stoutest heart to engender pride in the work.

DUSTBINS

The Dustbin Hire Scheme established last year is making steady progress as will be seen from the result for the year shown below. The scheme is now becoming known and requests from householders for bins are increasing.

Number of Formal Notices served	430
Number of Properties concerned	232
Number of Bins provided by Owners	120
Number of Bins already provided by the Council at	
(a) Owner's request	17
(b) In default	85
Number of Notices not complied with	10

HOUSING

During the year 36 Informal Notices to carry out repairs were served. In three instances only was it found necessary to serve Statutory Notices. By the end of the year only two Nissen huts at the Rushey Hill Camp remained in occupation. The rehousing of occupiers of the Camp progressed steadily during the year.

The building of new houses continued to be the principle housing activity and while it is appreciated that scarcity of houses is the first problem that must be resolved, the ever-increasing deterioration of existing rent-controlled properties must give cause for grave anxiety.

The rate of conversion of old country cottages into dwellings of a high standard continues. Cottages situated in pleasant surroundings, however remote, are in great demand for conversion, and many such dwellings, previously considered unfit for the farm worker to live in, have been converted into very desirable residences. Twenty-five cottages have been subject to reconstruction during the year.

TENTS, VANS AND SHEDS

The Council's Caravan Site at Rushey Hill, Peacehaven, continued to operate between 60 and 70 vans on the site during the summer months—only 12 being occupied during the winter.

The 20 acres of land at this site purchased by the Council for use as a Holiday Camping Site still remains undeveloped due to the restriction of capital works. This delay is disappointing as the Council are anxious to proceed with this project.

The Council are fortunate in that so far no serious problem of caravan sites has arisen in the district. The holiday caravanner is no problem and usually behaves and conducts himself in a manner not likely to give offence.

Peacehaven, with its thousands of holders of undeveloped building plots is the parish which seems to attract resident caravaners. It is only by constant visitation and firm application of Town Planning powers that the area has been preserved from a very different fate. If the present forms of control were relaxed I am sure that in a short space of time there would be several thousand caravans sited in that area with the attendant public health problems and dangers.

It is perhaps fortunate that in this somewhat unique township most of the land sold was sold subject to a covenant prohibiting caravans, and while the Local Authority cannot exercise these covenants, they are a very telling factor at Local Inquiries and Appeals under the Town Planning Acts.

MILK AND DAIRIES

Forty-six visits were made to dairy premises in the district. A fair standard of cleanliness was maintained at all the establishments.

VERMINOUS PREMISES

A few complaints of infestation by fleas were received during the year, and were dealt with by the Council's Operator. On no occasion were bed bugs found or complained of. Wasps' nests, however, have been the subject of complaints in recent years. Some twenty nests were destroyed by the Operator.

MOSQUITO CONTROL

In the early part of the year control measures were carried out at Peacehaven, Piddinghoe and Barcombe, on small areas of still water known to have been the subject of complaint in past years. As a consequence, no complaints were received this year.

KEEPING OF ANIMALS

Complaints concerning pig keepers were received during the year in the vicinity of Peacehaven and Telscombe Cliffs. These referred to 12 small pig keepers in the area, all of which were kept under constant supervision, and one having a large undertaking. All concerned responded to informal approaches and a reasonable standard of cleanliness was maintained.

FOOD AND DRUGS ACT

Food premises, restaurants and cafes were again subject to regular inspection, 246 visits being carried out for this purpose. In four instances only was it necessary for written notices to be served. All these were informal and resulted in the improvement of conditions under which food was produced.

Applications for registration were granted in respect of six new premises used for the sale, manufacture and storage of ice cream.

Nineteen samples of ice cream were taken during the year with the following results :—

Grade			Results
1	..	..	12
2	..	..	3
3	..	..	3
4	..	..	1

FOOD INSPECTION

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

Pork Luncheon Meat	..	..	..	..	..	148 7oz. tins
Ditto	..	..	..	..	..	6 1lb. 14oz. tins
Pearl Barley	..	..	..	..	..	13lbs.
Corned Beef	..	..	..	..	..	2 6lb. tins
Ditto	..	..	..	..	..	2 12oz. tins
Bacon	..	..	..	..	..	7lbs.
Ox Tongues (2)	..	..	..	..	..	6lbs. 12oz.
Ham	..	..	..	..	..	23lbs.
Cheese Spread	..	..	..	..	..	12 4½oz. boxes
Gammon	..	..	..	..	..	16lbs. 6oz. tin
Pigs (2)	..	..	..	..	..	418lbs.
Pig's Head (½ side)	..	..	..	..	..	9lbs.

FACTORIES ACT, 1937

Inspections :—

<i>Premises</i>	<i>No. on Register</i>	<i>Inspections</i>	<i>No. of Written Notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	25	27	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	54	56	4	—
Totals	79	83	6	—

Cases in which defects were found :—

<i>Particulars</i>	<i>Found</i>	<i>Number of cases in which defects were : Remedied</i>	<i>Referred by H.M. Inspector</i>
Want of Cleanliness	6	6	—
Sanitary Conveniences—Unsuitable or defective	—	—	—
Other offences against the Act (not including offences relating to Out-work)	—	—	—
Inadequate Ventilation	1	—	1
Inefficient Drainage of Floors	—	—	—

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

SUMMARY OF VISITS

House Inspections under the Housing Regulations	33
Other Inspections of Houses not included above	259
Visits in Connection with Nuisances	232
Visits to Slaughter Houses, Butchers' Shops and Food Premises	246
Visits to Cowstalls and Dairies	46
Visits re Drainage	875
Drains Tested	188
Samples taken for Analysis :—Milk	25
Water	50
Ice Cream	19
Shellfish	13
Visits in Connection with Infectious Diseases	45
Rooms fumigated	74
Visitors to Sewage Outfall Works and Sewers	408
Visits to Refuse Tips and Refuse Collection	357
Visits under Petroleum Act	69
Visits in Connection with Salvage	53
Visits under Factories and Workshops Acts	83
Visits Miscellaneous	511
Visits re Residual Services and Requisitioned Premises	26
Visits re Water Supply	97
Visits re Tents, Vans and Sheds	163
Visits re Housing Surveys	23
Visits re Shops Acts	67

RODENT CONTROL

Visits for Purpose of Survey	214
Visits for Purpose of Treatment	280
Number of Infestations cleared	54
Estimated number of Rats killed	833
Estimated number of Mice killed	315

LICENCES ISSUED

To Store Petrol	69
To Store Cellulose	4
To Store Carbide of Calcium	1
To Slaughter Animals	4
To Use Premises as Slaughterhouses	5
To Use Premises as Knacker's Yard	1
For Moveable Dwellings	18
Dealer's Licence to use designation "Pasteurised"	5
Dealer's Licence to use designation "Tuberculin Tested"	8
Dealer's Supplementary Licence for the Sale of "Pasteurised" Milk	6
Dealer's Supplementary Licence for the Sale of "Tuberculin Tested" Milk	9
Dealer's Licence to use designation "Sterilised"	3
Dealer's Supplementary Licence for Sale of "Sterilised" Milk	1

NUISANCES

Notices issued	49
Notices complied with	45
Statutory Notices issued	4
Statutory Notices complied with	4

SALVAGE SALES

	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>	£	s.	d.
Mixed Waste Paper	93	4	0	15	1,431	7	8
Textiles	2	8	2	1	82	15	6
Mixed Metals		9	3	20	39	14	3
	96	2	2	8	1,553	17	5

SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis) DURING THE YEAR 1951			
<i>Disease</i>	<i>Total Cases Notified</i>	<i>Cases admitted to Hospital</i>	<i>Deaths</i>
Measles	451	—	—
Whooping Cough	89	—	—
Sonné Dysentery	27	—	—
Scarlet Fever	7	—	—
Pneumonia	4	—	—
Acute Poliomyelitis	3	3	—
Erysipelas	1	—	—
Puerperal Pyrexia	1	—	—

Measles

During the year under review 451 cases of measles were notified in the Chailey Rural District area. No case was sufficiently serious to be admitted to hospital, and no death occurred amongst the cases notified.

Measles is an acute fever, of which the usual symptoms are a blotchy skin eruption and a catarrh of the respiratory passages. The illness is one of the most easily transmitted of the communicable diseases, and occurs most commonly in children between five and fourteen years of age. Although permanent acquired immunity is usual after the first attack, second attacks are not unknown. 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 two or three weeks and the child is then as susceptible as before.

The large number of cases notified in the area during 1951 was only to be expected, as the incidence of measles in an area usually varies from a high rate to a low rate in alternate years, although this periodicity is not absolutely regular. Again, every second high rate is usually considerably higher than the high total preceding. The yearly incidence periodicity is thus normally—low, high, low, very high. This peculiarity has been well exemplified in the Rural District during the last four years under review, as the cases notified have been as follows:—

1948	..	..	109 cases
1949	..	..	299 cases
1950	..	..	35 cases
1951	..	..	451 cases

Whooping Cough

Eighty-nine cases of whooping cough were notified in the Rural District during 1951, none of which were of sufficient severity to merit admission to hospital. There were no deaths from whooping cough in the district during the period under review. Now that immunisation has so very materially reduced the annual number of cases and deaths due to diphtheria, whooping cough has been found to be the most dangerous common infectious disease in childhood. It not only causes the child considerable discomfort but is very disturbing to the rest of the family and often leads to complications such as bronchitis and fibrosis of the lung. Pneumonia is the chief danger, but, fortunately, we possess sulpha drugs and anti-biotics which rapidly effect a cure. For a number of years past trials have been conducted with a view to ascertaining the best possible vaccine against whooping cough, and a vaccine has been found of sufficient value to justify its use on children of suitable age. The inoculation is practically unfelt by the child, and the procedure is safe, and it is to be hoped that within the next few years the incidence of whooping cough will be as dramatically reduced as has been that of diphtheria.

Sonné Dysentery

At the beginning of February 1951, your Medical Officer of Health was requested to investigate an outbreak of Sonné dysentery in a Children's Institution in your area. This investigation had a two-fold purpose. In the first place to control the infection and the spread of the disease to the general public and in the second to survey sanitary circumstances at the institution and suggest remedies of sanitary defects found, to check the spread of infection amongst inmates of the institution and also to minimise the risk of intestinal infections such as Sonné dysentery occurring again.

Sonné dysentery is an intestinal infection with an acute onset with diarrhoea and in severe cases causing fever with frequent defaecation, often with blood and mucus. The sources of infection are the faeces of infected patients and carriers and the modes of transmission are by eating contaminated food, drinking contaminated water or milk, by hand to mouth transfer of contaminated materials and from objects soiled with faeces of a patient or carrier.

The disease is more severe in children than in adults and is particularly dangerous in infants.

In the institution are children of all ages, ranging from a few months to thirteen years. There are also fairly large nursing and ancillary staffs. Once an intestinal infection starts in an institution where there are comparatively large numbers of inmates and of staff it is very difficult to eradicate.

At the commencement of the survey many samples were taken for bacteriological examination from the patients, the staff, from articles in daily use and from utensils and furnishings in the kitchen. At the same time bacteriological examinations were made of the milk and water supplies, whilst a very full investigation was made of the sanitary circumstances at the institution.

As a result of bacteriological examinations it was found that certain of the staff besides the actual patients had the infection. It was decided from the beginning to administer a sulpha drug to all patients and staff whether they had the infection or not. This was done to check the spread, and within limits was successful in so doing. Nothing very conclusive was arrived at from the examination of samples from utensils in daily use and furnishings in the kitchen. The examination of milk and water yielded negative results. This revealed that the infection was spread from person to person.

Various improvements relating to the kitchen, the laundry and the general drainage system were suggested to the Medical Administrator of the Institution

and the outbreak was eventually brought under control, mainly by the administration of an anti-biotic drug to patients and staff.

Scarlet Fever

Seven cases of scarlet fever were notified in the Rural District during 1951, none of which were of sufficient severity to merit admission to hospital. The number of scarlet fever cases being notified has not greatly altered from the rates usual before the last war, but the disease has very greatly decreased in severity and the type of septic scarlet fever, where patients were extremely ill for several weeks, often suffered from serious complications and after-effects and sometimes died, is now rarely seen. This change in the character of the disease should not be permitted to lead to the development of a complacent attitude of mind, as even the mild type of scarlet fever now met with can result in harmful after-effects. Further, there can be no assurance that the disease will not return in its full severity at any time and, indeed, cases of the more severe type occasionally occur even at the present time.

Pneumonia

Four cases of pneumonia were notified during the year under review, none of which were sufficiently serious to merit admission to hospital. All cases made satisfactory recoveries.

Poliomyelitis

Three cases of poliomyelitis occurred in the Rural District during the year under review. In two of the cases the illness developed into the paralytic type. Although many of the epidemics in the past mainly affected the young pre-school child, during the last thirty years or so different age groups have been attacked and the early, common, name of "infantile paralysis" is no longer a good description of the disease, as in many cases elder children and adults are infected, and it is now realised that by no means all cases suffer from paralysis. In England and Wales in the 1947 epidemic about one-third of the cases were in the age group 0-5 years, with 14 per cent. of deaths, one-third of the cases were in the age group 5-15 years, with 21 per cent. of deaths, and one-third of the cases were in the age group 15 years and over, with 65 per cent. of deaths. The disease is caused by an extremely minute organism, known as a virus, which is much smaller than the more usual forms of bacteria and bacilli, in fact, somewhere about 25,000,000 of them would be needed to cover the head of a pin. It is probable that more than one strain of the virus causes the disease and this, of course, has made research into the cause of the disease all the more puzzling. The evidence at present available suggests that the virus has a variety of methods of invading the body. It certainly attacks the motor nerve cells. Poliomyelitis may inflict no damage whatsoever, or mild, scattered damage which is temporary and the patient recovers completely or partially, or the damage may be more severe and permanent. The spread from person to person is probably chiefly by droplet infection which is spread from the throat, but as the virus also infects the faecal excretions the spread may also be by contact or contamination. As the throat is one of the means of entry of the infection, the removal of tonsils is postponed whenever possible during periods when the disease is prevalent as the making of a raw surface in the throat might make it easier for the virus to invade the system. Apart from infection by close contact with recognised cases, some cases are spread by persons who have contracted the infection or virus but show no symptoms

or signs of the disease. Such carriers may lose their infection in a few days, but in some cases in a few months. Relatively few infected persons develop any recognisable symptoms and fewer still any obvious paralysis, while only a very small number indeed develop permanent paralysis.

Erysipelas

One case of erysipelas occurred in the Rural District during the year under review. Until comparatively recent times erysipelas has been a dangerous illness which has often proved fatal, in the elderly mostly, but several of the newly-discovered sulphonamide drugs, and chloromycetin, have proved so effective in the treatment of the disease that fatal attacks are now rare.

Puerperal Pyrexia

One case of puerperal pyrexia was notified in the Rural District during the year under review. This condition is defined in the Puerperal Pyrexia Regulations, 1951, as "any case of a feverish condition, with a temperature over 100.4°F., which may occur in a woman within fourteen days of childbirth or miscarriage." The improvement in the standard of midwifery, the use of modern drugs where necessary and new techniques in surgery have very greatly reduced the incidence of this illness, which, only a few years ago, was sufficiently prevalent to be the cause of grave concern to the Ministry of Health.

General

Apart from measles and whooping cough, only forty-three cases of infectious disease were notified in the Rural District during 1951. This is a very low total and serves as an indication of the high standard of public health in the district. The comparatively large number of cases of measles is in accordance with the usual trend of incidence of this disease, a year of high incidence normally following a year when the total number of cases has been low. No case of diphtheria occurred in the district during the period under review, but it is to be hoped that this satisfactory state of affairs will not lead to any reduction on the part of those concerned in their efforts to bring about the immunisation against diphtheria of all children of the appropriate ages, as this would almost certainly lead to the disease re-establishing its hold on the community.

SECTION V

TUBERCULOSIS

In 1951 nineteen cases of pulmonary tuberculosis and six cases of non-pulmonary tuberculosis were notified, whilst during the year there were four deaths from pulmonary tuberculosis and none from non-pulmonary tuberculosis. Details are given in the following table :—

1951—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	—	—	—	—	—
5	..	..	..	—	1	—	2	—	—	—	—
10	..	..	..	—	1	1	—	—	—	—	—
15	..	..	..	—	1	—	—	—	—	—	—
20	..	..	..	—	—	—	1	—	—	—	—
25	..	..	..	1	3	—	—	1	—	—	—
35	..	..	..	4	3	—	—	—	—	—	—
45	..	..	..	2	1	—	—	2	—	—	—
55	..	..	..	—	1	—	—	—	1	—	—
65 and upwards	..	..	..	—	1	—	—	—	—	—	—
Totals				7	12	3	3	3	1	—	—

Details of deaths from Pulmonary Tuberculosis :—

Male aged 34 years	..	..	..	Died 22.7.51
Male aged 54 years	..	..	..	Died 20.8.51
Male aged 45 years	..	..	..	Died 8.11.51
Female aged 64 years	..	..	..	Died 22.9.51

The four deaths from pulmonary tuberculosis which occurred in the Rural District during the period under review show a fall from the total of five recorded in the previous year. The total is a low one, and gives a tuberculosis death rate of 0.19 per 1,000 population. The usual death rate in recent years for the country as a whole has been approximately 0.3 per 1,000 population.

One of the first major advances in the campaign to control tuberculosis was made when it was realised that some forms of tuberculosis (usually non-pulmonary) are conveyed from infected cattle to human beings by means of milk. Since this important discovery was made, great strides have been made in increasing the purity of the milk supply. Everything possible is done to keep herds free from tuberculosis and, in addition, methods of heat treatment have been evolved that destroy the tuberculosis bacilli in milk without detracting from its value as food.

So far as the treatment of detected cases is concerned, a recent development in the treatment of pulmonary tuberculosis has been the use of para-aminosalicylic acid, customarily contracted to P.A.S., in conjunction with streptomycin. For some time the benefits to be obtained by the use of streptomycin had been limited by the disadvantage that streptomycin-resistant strains of tubercle bacilli had emerged after five or six weeks of treatment, but now, after extensive trials, it would seem that the combination of P.A.S. with streptomycin considerably reduces the risk of resistant strains developing at an early stage of treatment.

In the past, one of the difficulties experienced in combating tuberculosis has been the manner in which it has spread. Continued close contact with a sufferer over a period of weeks or months may lead to a previously uninfected person developing the disease. This, of course, has meant that the illness may be passed from one member of a family to another, particularly where living accommodation is overcrowded or badly-ventilated. So far as this risk is concerned, hope for the future is held out in the development of an immunising material known as B.C.G. vaccine. Cases selected for this form of protection are usually children or nurses particularly exposed to tubercular infection. Extensive trials with the vaccine have shown its value in preventing the infection in those exposed to risk.

The first part of the report is a general survey of the development of the country since the last report. It is followed by a detailed account of the progress of the various departments of the Government. The report then proceeds to a discussion of the state of the country in relation to the various branches of industry and commerce. It concludes with a summary of the principal events of the year and a statement of the measures proposed for the future.

