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RURAL DISTRICT OF CHAILEY

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# Annual Report

of the

## Medical Officer of Health

for the

### Year Ended 31st December, 1955



Public Health Department,  
Lewes House,  
LEWES, Sussex.

*December, 1956.*

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# CHAILEY RURAL DISTRICT COUNCIL

PUBLIC HEALTH DEPARTMENT,  
LEWES HOUSE,  
LEWES.

*November, 1956.*

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

MR. CHAIRMAN, MY LORD, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the health of the inhabitants and on the sanitary conditions of the Chailey Rural District for the year 1955.

The estimated population of Chailey Rural District at mid-year 1955 was given as 19,430. Due to the comparatively large amount of building of new dwellings, especially in the Peacehaven and Telscombe Cliffs parishes recently, this estimated population is likely to be exceeded. The number of occupied dwellings in the whole of the rural district at mid-year 1956 was 6,728. The number of persons per household in the district at the time of the 1951 Census was 3.15. Allowing for a small part of the district having been ceded to Brighton County Borough and assuming that the number of persons per household now is 3.00, using this very conservative figure, the population should be in the region of twenty thousand for mid-year 1956. The figure 3.00 has been used as some of the families now occupying the new houses number two only. Many of these families have come from elsewhere to reside in the rural area. The estimate of twenty thousand may be exceeded by about one thousand more.

The population figure of any district is a most important one. It forms the basic material in the calculation of vital statistics such as the birth rate, the death rate and the incidences of various diseases. In absence of the population figure it is impossible to make these calculations and so to compare the vital statistics year by year of a district with those of other districts and of the country as a whole. Moreover, without annual population figures no assessments could be made to show whether the state of public health of a particular district was improving or otherwise. Further, the annual population figures are essential for practical planning and without such knowledge one cannot evaluate for the present and anticipate for the future. Information about the size of a population provides a necessary essential for local government councillors and officials in various ways as for anticipating future rate yield, the provision of new houses and all that goes with them, water supply, sewage disposal and refuse collection, to mention only a few necessary adjuncts. No industrialist or business man who contemplates establishing new works or new businesses in a particular area would neglect to inform himself, amongst other things, of the size of the population of the area beforehand. All the above amount to a simple and first consideration. Nevertheless, quite a few local authorities have found themselves in difficulties by paying little heed to the population figures of their areas and omitting to observe that the population is increasing or decreasing, the annual birth rates exceeding or continuing to be less than the annual death rates and many other facts connected with the population figure. Several local authorities have been surprised at a considerable decrease in the number of people in their areas with the inevitable prospect



of a decrease in rate yield, which expected deficiency has to be made good by an increase in rates. Informed foresight provided by the facts of population, its trends and consideration of a series of vital statistics might have made the local authorities more aware of the situation and induced them to anticipate events and encourage the establishment of new means of employment and the provision of housing.

Apart from a simple and first consideration of the size of a population other essential ingredients making for informed foresight, which interweaves with good planning, are the age composition of the people in an area, the manner of their distribution, the size of families, the social structure of the community and the migration of people into or out of an area. These other facts are needed for a true appraisal of the total situation.

Chailey Rural District is chiefly concerned with farming activities. In some parishes, such as Peacehaven and Telscombe Cliffs, new industries have been, or may be, established. A number of people come into the rural area to retire, some to reside in it and travel daily to attend to their employment elsewhere. According to the 1951 Census Report the percentages of the various age groups in the Chailey Rural District were as follows:—0 to 14 years 21.6% (number of males and females about equal); 15 years-44 years 36.6% (excess of females over males 17%); 45 years to 64 years 25.6% (excess of females over males 37%); 65 years and above 16.2% (excess of females over males 51%). The number of persons in Peacehaven and Telscombe Cliffs was above 4,600; in Ringmer a little over 2,000; Chailey 1,700; Ditchling 1,600; Barcombe 1,200; Stanmer 1,000; Wivelsfield 900; Plumpton 800; East Chiltington, Falmer and Hamsey between 600 and 700; Beddingham, Glynde, Iford, Kingston, Piddinghoe, Rodmell, South Highton, West Firle and Westmeston with varying sizes of populations ranging from about 200 in Piddinghoe to about 600 in East Chiltington. The populations for the rest of the parishes, Lewes St. Ann and Lewes St. John, Southease, South Malling, Streat and Tarring Neville, ranged from about 170 in Streat to 47 in Southease. The average number of persons per house was 3.15 over the whole of the rural district.

A broad classification of the social classes and the numbers of persons in each class in the rural district was given in the 1951 Census Report as follows: Class I, professional, etc., occupations, 373; Class II, intermediate occupations, 1,309; Class III, skilled occupations, 2,695; Class IV, partly skilled occupations, 1,643; Class V, unskilled occupations, 526. The total of males in the rural district occupied and retired and aged 15 years and over was 6,546.

The population of the Chailey Rural District increased from 1946, when it was 18,410, to 20,510 in 1951. Thereafter, it declined to 18,840 in 1953, but has increased to the estimated figure of 19,430 in 1955. The factors which determine whether an area's population increases or decreases are the difference between the numbers of births and deaths related to the residents and the difference between the migration into or out of the area. In the period 1946 to 1950 the births exceeded the deaths by 306 in the rural area, but the excess was not enough to account for the increase of population by 1,930 in that time. The increase of population was therefore mainly achieved by the number of people who came into the district to reside exceeding the number which left it. In 1951 the birth and death rates were about level, but owing to more people continuing to enter the rural district the population increased to its highest figure ever recorded—20,510. The year 1952 saw a decrease to 19,540, con-



sequent upon the ceding of part of the rural district's area to Brighton. From that year to 1955 when the population was estimated as 19,340 the death rate exceeded the birth rate. This was counteracted by the addition to the population by new residents who came from outside the rural district's area.

There is a general trend throughout the country as a whole showing a decreasing birth rate, with the exception of a few areas where new industries have attracted young people from all over the country. Some new towns are examples. The excess of births over deaths played but a small part in the increase of your rural district's population in the last twenty-five years and it is likely to play a still lesser role in the future if the present birth rates continue to fall. Any future increase of population will come about chiefly by the addition of new residents as was witnessed in the past. The comparable birth rate for the Chailey Rural District for 1955 was 15.41 per 1,000 population. It compares favourably with the birth rate of England and Wales for the same year which was 15.0. Owing to the weighting of the population in the rural district by the older age groups of fifty years and upwards a comparability factor 1.17 was applied to the crude birth rate of 13.17 for the district.

The crude death rate for the year was 13.38. For the same reason as given above a comparability factor of 0.71 was applied to the crude rate and this resulted in a comparable death rate of 9.50 per 1,000 population as against 11.7 for England and Wales.

The maternal death rate relating to mothers belonging to the rural district was nil for 1955 as none died in or in consequence of child birth during the year. In the last seven years there has been only one maternal death amongst Chailey Rural District mothers and the average annual maternal death rate for that period was considerably below that of the country as a whole for the same time.

During the year under review five infants under one year of age died and the infantile mortality rate per 1,000 live births was 19.53 as against 24.9 for England and Wales for the same year.

The chief causes of death in the general population of the rural district were: Heart disease 133, cancer 42 and vascular lesions of the nervous system 39. There was a total of 303 deaths from all causes. The three chief causes of death, heart disease, cancer and vascular lesions of the nervous system have followed the usual pattern in heading the mortality list. Deaths from heart disease have been increasing steadily during the last twenty years. The main reason for the increase is that there has been a progressive increase in the number of the elderly amongst whom the chief cause of death is heart disease in one form or another. The heart is possibly the hardest-worked organ in the body. It performs its function of pumping blood unceasingly throughout life and is not constructed to last as long as many of the other bodily organs. It is more prone to serious degenerative processes as age increases. In short, heart disease, which is in most cases a degenerative one, has become more common because more people are living to reach old age. Younger people may, of course, suffer from heart disease, but their number is comparatively small when compared with the number of elderly sufferers.

Cancer deaths have been mounting steadily during the last twenty-five years. The vast majority of the cases of cancer are found in persons over fifty years of age, and as the age increases over fifty so do the number of cases increase. As longevity has increased and there are more elderly people each year, there are more cases of cancer as this disease is more prone to attack



those past middle age, and especially those in later age groups. Improved methods of diagnosis have resulted in revealing more cases of the disease than before so the increase is but partly real. The reason for the increase in recent years of cancer of the lung and of the bronchus has been given as excessive cigarette smoking. It has been stated that the chances of heavy smokers developing cancer in those sites are about twenty times greater than in the case of non-smokers. There is no absolute proof that excessive cigarette smoking is the cause of lung and bronchus cancer, although with the increase of cigarette sales since 1938 deaths from cancer of the respiratory system have increased one and one half times in men and more than two thirds in women. In a recent analysis of the deaths from lung cancer amongst over 40,000 medical men and women it was shown that the death rate from this cause was heavier by about seven times in those who smoked from one to fourteen cigarettes a day; by about twelve times in the 15 to 24 a day smokers and about twenty in those who smoked 25 or more cigarettes a day. The death rate from cancer of the lung was found to be three times as great amongst cigarette smokers as that among pipe smokers. Deaths from cancer in other sites than the lung showed no association between mortality and smoking with the exception of cancer of the upper respiratory tract and the upper digestive tracts, but the number of deaths related to that exception were not sufficient to substantiate a possible trend. Further analysis showed that deaths from chronic bronchitis were six times heavier amongst smokers of 25 or more cigarettes a day than amongst non-smokers. Numerous and varied experiments with animals towards producing respiratory cancer have yielded disappointing results.

The six classical signs of cancer of the respiratory system are cough, sputum, spitting blood, shortness of breath and loss of weight. A person may be quite free of the symptoms in the early stages of the disease, and this is the most suitable time to treat the disease with more chances of cure than at later stages. Persistent cough is the commonest symptom, and may be no more than a tickle in the throat. The cough may be more severe and there may be a noticeable change in the character of a smoker's cough. Increased sputum may be absent, or there may be a large amount which is purulent in some cases. All variations occur. The spitting of blood is a fairly common symptom and a fortunate one, as the patient will usually be alarmed and consult a doctor at an early stage of the disease when most can be done to remedy matters. Pain may be a dull ache in the upper chest or shoulder often thought by the patient to be rheumatism if near the shoulder joint. On the other hand the pain may be sharp and severe. Shortness of breath and loss of weight occur in the later stages of the cancer when the disease is well established.

Vascular lesions of the central nervous system include haemorrhage into the brain substance or its coverings, decay of the brain tissue through various means and other and ill-defined vascular lesions affecting the system and causing death of the tissue. Deaths from these lesions have increased materially since 1931, and they occur mainly in the elderly. This is because rupture of the blood vessels causing haemorrhage is more liable to occur as they become more friable with advancing age. Also with advancing age the chances of blocking of the arterial system of the brain and other causes of decay and death of the brain tissues increase. Far more women than men die from the lesions, for the reasons that in the older age groups women out-number the men and elderly women are more prone to fatalities from these causes.

The average age at death of Chailey residents in 1955 was 72 years.



According to the 1951 census the percentage of the population aged 65 years and over was about 16 and approximately five eighths of this age group were women. Generally this age group has increased year by year since the beginning of the century, when it was about 5%. It will go on increasing, that is certain, but any prediction as to its future proportion at any given time is fraught with danger as this will depend on future mortality and on the more dubious matter of future births.

Although much trouble and thought have been and are being given to preparing the young for their future careers comparatively little heed is devoted to the matter of a happy and contented future for those who retire.

It may be argued that those about to retire should make plans themselves beforehand for a retirement which will allow them to enjoy their leisure by having something to do to occupy their minds. Unfortunately very few make any plans at all and many formerly active busy and healthy individuals, on ceasing employment, sooner or later deteriorate rapidly, both physically and mentally, as they have not sufficient to fall back on, and thus keep them interested enough to avoid the wearisome state of having really nothing to do, and thus living in a state of more or less perpetual boredom. Too many people drift casually into retirement with no preparation for it. Unfortunately for themselves, a considerable number cannot plan at all. These should be helped, either by relatives, or by some organisation, to obtain something to occupy their minds in retirement.

There have been no arrangements made generally in this country to make provision for the employment, in one way or another, of those past retiring age. There are a few small schemes, but they are so few and the numbers employed so small that the whole matter is hardly affected. Also, the problem differs in urban areas with compact populations and in rural areas with scattered populations. Some older workers are as efficient as, or slightly less efficient than, younger ones in a wide range of different jobs. These jobs are chiefly mechanical. On the other hand, it is too much to expect some older men to display the same rapidity of thought, concentration and physical activity in occupations where these qualities are essential. Nevertheless, even in some highly organised and most efficient undertakings some jobs may be able to be found where reliability and steadiness count even though the jobs may be simple ones and quite within the scope of older people. In rural areas the difficulty is to obtain enough retired people to gather them into one place for suitable occupation. They should not be torn from their home environment, as by doing so this would make matters worse than having nothing to do. Old people who cannot obtain necessary home medical treatment and nursing should go to hospital or an institution. The remainder, who constitute the bulk, should not be herded into institutions, often far from their homes.

During 1955 the number of cases of infectious diseases notified in the Chailey Rural District was 287. Of these 152 were of measles and 68 were of whooping cough. Three cases of poliomyelitis were notified. With the exception of poliomyelitis and a few other virus infections such as influenza, infectious diseases in this country are now so much under control that they present a problem of relative unimportance when compared with the problem of fifty years ago or even less.

The incidence of poliomyelitis is highest in children under 10 years of age, but adults are not infrequently attacked. The usual months of prevalence of the disease are from June to November, but cases have been found during



months later than November. No explanation has been found for latter variability. During 1956 a limited inoculation with British-made vaccine to protect against poliomyelitis was carried out in this country, mostly in children up to nine years of age. Before being issued by the manufacturers each batch of vaccine underwent stringent tests to ensure its safety. The vaccine is a modification of the Salk vaccine used in America, so that a strain of the virus which may become virulent is excluded in the British product. Vaccination will continue each year and the evaluation of the latter will take some time.

As in previous years there was no case of diphtheria notified in the Chailey Rural District in 1955. The absence of diphtheria is due to immunisation against the disease. The last case notified in the Rural District was in 1949.

During the year 29 cases of pulmonary tuberculosis were notified. Of these, eleven cases were of persons who came to live in the rural area and those notifications were transferred to this district. Three cases of non-pulmonary tuberculosis were notified. There were two deaths from pulmonary tuberculosis and no deaths from non-pulmonary tuberculosis.

The death rate from tuberculosis has been decreasing year by year. More cases of the disease are being found than before by intensive case finding by the chest physician and the use of mass radiography. The discovery of more new cases does not mean that the disease is getting more prevalent. It means that cases which would have remained undiscovered by the older methods are being unearthed by the new. Better nutrition amongst the general population and better housing nowadays have helped in resistance against the disease. It is hoped that a scheme for vaccinating by B.C.G. the contacts of tuberculosis cases and others where this is held to be desirable will be successful in making the vaccinated immune from the disease. This scheme is to be launched in East Sussex in the near future. There is no doubt that modern methods of treatment have caused an abrupt slide in tuberculosis mortality within the last few years. Neither is there any doubt that more cases are being found in their early stages when there is much more hope of cure. Much has been accomplished and much more will be accomplished in the future towards the final routing of the disease. Tuberculosis has been with us for thousands of years. It has been widespread and the rapid and dramatic fall in its death rate has been nothing short of miraculous, but it will take time to reduce its incidence to even a negligible amount.

Concerning non-pulmonary tuberculosis the chief factor causing this type of the disease was milk. The numbers of non-pulmonary cases are now few. This has been due to a careful weeding out of tuberculous cattle, to the establishment of more T.T. herds and to the heat treatment of milk. Much progress along these lines was already made in the Chailey Rural District before it became a designated area in 1955. As all milk in a designated area has to be produced from T.T. herds or has to be heat treated, the number of non-tuberculous cases, few in number in recent years, should be even fewer in the future.

Concerning the sanitary circumstances of Chailey Rural District, the water supplies obtained from the various water authorities supplying the area were found to be of a high standard throughout 1955. Of the 6,728 houses in the rural district, 5,993 were supplied with water from the public mains and 226 were supplied from private mains. The number with private supplies, i.e., from wells affording water to one or more houses, was 509. Thirty-three samples of water taken from private supplies revealed that in 31 instances



the water was unsatisfactory. As a result five properties were connected to a public main supply. In other cases improvements of the wells were carried out. The Chailey Rural District water supply undertaking was taken over by the Newhaven, Seaford and Ouse Valley Water Company in September, 1955. The latter Company is constructing a new reservoir at Firle and a water main from Firle to link up with the Chailey Rural District's and the Burgess Hill previous schemes. The new main will supply Firle and Beddingham, which have had for many years water supplies from private undertakings.

Various sewage disposal schemes have been held up by the Ministry through financial stringency. We are supposed to be the second richest country in the world. We are also possibly the highest taxed and have to bear an ever-increasing cost of living. Proper sewage disposal is not an amenity. It is a necessity, as outbreaks of intestinal diseases in this country caused through faulty or antiquated sewage disposal systems have taught us. The recent addition of large numbers of new houses to existing dwellings in Peacehaven and Telscombe Cliffs has emphasised further the great need of proper sewage disposal systems in those areas and the lack of such systems has caused considerable concern among the inhabitants. The annual financial loss to be borne by the Rural District Council through the operation of the cesspool emptying service is considerable and continuous. Although the demand for the service has increased yearly the burden would be lightened by the provision of proper sewage disposal systems throughout the area.

The Improvement Grants Act has been implemented in the rural district. A scheme whereby improvements have been carried out in a number of houses has been a success. Some of the houses were so unfit as to have been previously classified in the lowest grade as far as disrepairs and defects were concerned. Under the Improvement Grants Act it was necessary to bring these dwellings into a state whereby they were fit for human habitation in all respect, whilst improvements were added. The transformation of previously unfit dwellings into sound and most habitable homes with improvements added is a modern-day miracle. The whole scheme has been such a success that there is at present a large waiting list of applicants for improvement grants which have to be rationed. By the use of improvement grants the Council has been saved a financial burden insofar as the provision of a proportion of new houses is concerned. A Council house said to cost about £2,000 actually costs a lot more ultimately when loan money, interest and cost of upkeep are taken into consideration. Further details of the operation of the improvement grants scheme are contained in the main body of this Report.

Three private slaughterhouses have been in operation in the rural district during the year. These slaughterhouses were brought up to a good standard before being licensed, and their operation has been satisfactory.

The manifold duties of the Public Health Inspectors in connection with the abatement of nuisances, housing inspections, tents, vans and sheds, the Milk and Dairies Acts and Regulations, the Food and Drugs Acts, the Factories Act and with many other duties were carried out efficiently during the year.

My thanks are due to the Health Committee for their kindness and encouragement during the year and to other officials for their help and courtesy.

I am indebted to my own staff, without whose help this Report could not have been written.

My Lord, Ladies and Gentlemen, I remain,

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, 1955

Area (in acres) .. .. .	64,216
Population (estimated) .. .. .	19,430
Rateable Value as at 1st April, 1955 .. .. .	£167,041
Product of a Penny Rate, 1955-56 .. .. .	£700/0/9

## EXTRACTS FROM VITAL STATISTICS

							<i>Crude Rates per 1,000 Population</i>
<i>Live Births</i>				<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate .. .. .	114	124	238				
Illegitimate .. .. .	5	13	18				
			256				13.17
<i>Deaths</i> .. .. .	147	156	303				15.59
Deaths (excluding deaths of non-residents in institutions) ..	127	133	260				13.38
							<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 .. .. .	3	2	5				19.53

## POPULATION

The Registrar-General's estimate of the Chailey Rural District population for the year 1955 was 19,430. The following table shows the annual population of the rural district for the past ten years, together with the numbers of births and deaths and the birth rates and death rates each year during the same period:—

<i>Year</i>	<i>Population</i>	<i>Births</i>	<i>Deaths</i>	<i>Birth Rate</i>	<i>Death Rate</i>
1946	18,410	308	240	16.73	13.03
1947	18,860	330	246	17.49	13.04
1948	20,080	315	252	15.68	12.54
1949	20,480	297	248	14.50	12.11
1950	20,340	285	243	14.01	11.95
1951	20,510	270	276	13.16	13.46
1952	19,540	238	244	12.18	12.48
1953	18,840	233	356	12.37	18.89
1954	19,110	233	312	12.19	16.33
1955	19,430	256	303 adj. 260	13.17	15.59 adj. 13.38

The estimated population figure for mid-1955 (19,430) shows an increase of 320 on the previous year's total of 19,110. It will be seen that the reduction in population suffered in 1952 and 1953 owing to boundary adjustments has been



cut by over one-third in the years 1954 and 1955, and it is probable that by the year 1959 or earlier the total population of the rural district will be higher than it was prior to the boundary adjustments.

Three hundred and three deaths were recorded in the Rural District during 1955, this being nine less than the total of 312 recorded in 1954. The crude death rate recorded in the area is high and does not reflect the true death rate amongst persons normally resident in the area. This is due to the fact that deaths which occur at a large institution in the area are included in the total figure for the rural district, although many of the deaths are of persons moved into the institution from other areas. In this report an adjusted death rate, excluding such outside residents, has also been calculated, and is shown beside the crude death rate. Forty-three deaths of non-residents were recorded in Pouchlands, the Institution in question, during 1955. This number, subtracted from the gross total of 303, leaves 260, representing a crude death rate of Chailey residents of 13.38 per 1,000 population and a comparable death rate of 9.50 per 1,000 population. Both of the latter rates are lower than the equivalent rates in the preceding year.

### Birth Rate

The crude birth rate for the year under review was 13.17 per 1,000 population, which is higher than the rate for the preceding four years.

An area comparability figure of 1.17 is applicable to the crude birth rate. This factor is a compensating one for the purpose of securing a fair comparison with the birth rates of other areas. On applying the factor the comparable birth rate for the Chailey Rural District is 15.41 per 1,000 population. The birth rate for England and Wales for 1955 was 15.0.

### Death Rate

The crude death rate for 1955 for the district was 15.59 per 1,000 population. Applying an area comparability factor of 0.71 for 1955 for the same reason as an area comparability factor was applied to the crude birth rate, a comparable death rate of 11.07 is arrived at. As mentioned above, if the non-resident institutional deaths are deducted from the gross total an adjusted rate of 13.38 per 1,000 population and an adjusted comparable death rate of 9.50 per 1,000 population is obtained. The death rate for England and Wales for 1955 was 11.7.

## CAUSES OF DEATH

During the year there was a total of 303 deaths, being 147 males and 156 females. The following table shows the causes of death:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Heart Disease .. .. .	67	66	133
Cancer .. .. .	24	18	42
Vascular lesions of the nervous system .. .. .	14	25	39
Diseases of the circulatory system other than heart disease .. .. .	6	14	20
Pneumonia .. .. .	5	9	14
Accidents other than motor vehicle accidents .. .. .	5	4	9
Bronchitis .. .. .	4	3	7



Influenza .. .. .	1	2	3
Syphilitic disease .. .. .	1	2	3
Hyperplasia of prostate .. .. .	3	-	3
Tuberculosis, respiratory .. .. .	1	1	2
Ulcer of stomach and duodenum .. .. .	2	-	2
Congenital malformations .. .. .	1	1	2
Motor vehicle accidents .. .. .	1	1	2
Disease of the respiratory system other than mentioned elsewhere .. .. .	1	-	1
Leukaemia, aleukaemia .. .. .	-	1	1
Gastritis, enteritis and diarrhoea .. .. .	1	-	1
Nephritis and nephrosis .. .. .	1	-	1
Other defined and ill-defined diseases .. .. .	9	9	18
	<hr/> 147	<hr/> 156	<hr/> 303

As is usually the case in the Chailey Rural District, the chief cause of death in 1955 was heart disease, with 133 deaths. The disease causing the next greatest number of deaths was cancer, with 42 deaths, followed by vascular lesions of the nervous system with 39 deaths. This follows exactly last year's pattern.

The highest age at death was .. 98 years  
The lowest age at death was .. 5 minutes  
The average age at death was .. 72 years

## SPECIFIC CAUSES OF DEATH

### Heart Disease and Diseases of the Circulatory System

Just over one-half of the total number of deaths in the area during 1955 were due to heart disease or diseases of the circulatory system. Most of these deaths occurred amongst elderly people, and as has been mentioned in previous reports, the greater number of these deaths were due to the heart wearing out after giving between seventy and eighty, or even more, years of service.

### Cancer

Forty-two deaths due to cancer took place in Chailey Rural District during 1955, the total being twelve less than that for the preceding year. The cancer death rate for the area was 2.16, which is slightly higher than the rate of 2.06 for England and Wales.

### Vascular Lesions of the Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis and other lesions. A total of 39 deaths in the rural district were classified under this heading during 1955, 14 being males and 25 females. This is eleven less than last year's total of 50 deaths registered under the same heading. Most of these deaths occur amongst elderly persons and a good proportion of them take place in an institution in the area to which elderly and infirm people are sent from surrounding areas as well as from the Chailey Rural District.



## 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.

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 proved of great assistance during the year.

The Laboratory has carried out for the Rural District, free of charge, the examination of sputum, laryngeal and throat swabs, and faeces and has also undertaken the examination of milk, water and ice cream. Altogether the Laboratory carried out 137 different examinations for the Rural District during the year under review. This service is extremely valuable, both to your Medical Officer of Health and to the medical practitioners practising in the district. It is particularly useful in providing a certain means of discovering whether or not a person has been invaded by the infective organisms causing tuberculosis or other infections and is also of great use in detecting any impurities or infective organisms in milk, ice-cream, water or foodstuffs generally.

#### Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex County Council which arranges 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 is used, from Ditchling, when the service stationed at Hurstpierpoint is implemented, and from South Heighton, Peacehaven, Tarring Neville, Piddinghoe and Telscombe, when the service stationed at Newhaven is 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 are 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 East Sussex County Council provides facilities for the transport of tuberculous 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 Association through the District Nursing Associations.



### Hospitals

The South East Metropolitan Regional Hospital Board 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 1955 for residents of the district:—

<i>Description and Situation</i>	<i>Day and Time of Attendance</i>	<i>By Whom Provided</i>
Chest Clinic, Victoria Hospital, Lewes	Monday and Friday at 2 p.m. by appointment	Regional Hospital Board
Orthopaedic Clinic, Y.M.C.A., Lewes	Monday and Wednesday Mornings and Friday Afternoons by appointment	Mid-Sussex 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	Every Tuesday afternoon from 2 o'clock onwards	Regional Hospital Board

In addition to the above there are Infant Welfare Centres and Dental and Minor Ailment Clinics available for residents in the area.

### 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

A review of the water supplies by the above Statutory Water Authorities in relation to supplies in the district show the following figures:—

Total number of houses in the area .. ..	6,728
Number of houses supplied by Public Mains ..	5,993
Number of houses supplied by Private Mains ..	226
Number of houses with private supplies .. ..	509

Samples of water have been taken by each of the Undertakings throughout the year and copies of the Analyst's reports have been received by the Council. The quality of the water throughout the area has been maintained in a satisfactory state.

Below is laid out a copy of a random sample of water taken in the district and supplied from the Offham Pumping Station:

Taken on the 18th July, 1955, and 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.)	..	..				—	280
Solids (after ignition)	..	..	..	..		—	220
Chlorine	..	..	..	..	..		23
Ammonia (free)	..	..	..	..		—	0.03
Ammonia (albuminoid)	..	..	..	..		—	0.05
Oxygen taken from permanganate in $\frac{1}{4}$ hour						—	—
Oxygen taken from permanganate in 4 hours						—	Nil
Nitrogen as Nitrates and Nitrites	..	..				—	3.20
Nitrites	..	..	..	..	..	—	—
Hardness (total)	..	..	..	..			210
Hardness (after boiling)	..	..	..	..		—	70
Phosphates	..	..	..	..	..	—	—
Metallic Impurity	..	..	..	..	Iron	—	0.15
PH	..	..	7.3	..	..	—	—
Free Chlorine—not detected	..	..	..	..			



### BACTERIOLOGICAL EXAMINATION

The organisms per ml. which grew on Nutrient Agar in three days at 22°									
C. under aerobic conditions and were then visible to the naked eye									
as colonies were	..	..	..	..	..	..	..	..	0
On Agar at blood temperature and under aerobic conditions colonies were									
noticed after two days' incubation	..	..	..	..	..	..	..	..	2
Probable number of Coli-Aerogenes organisms in 100 ml. of the original									
water	..	..	..	..	..	..	..	..	0

### REPORT

Both chemically and bacteriologically the above results are 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.*

22nd July, 1955.

Sixty-four water samples were taken from 22 private supplies and five from public supplies during the year, with the following results:

Public Supplies:				
Satisfactory	..	..	..	5
Unsatisfactory	..	..	..	Nil
Private Supplies:				
Satisfactory	..	..	..	33
Unsatisfactory	..	..	..	31

As a result of Notices served, five properties were connected to public supply.

In September of this year the Chailey Rural District Council water scheme was taken over by the newly formed Newhaven, Seaford and Ouse Valley Water Board, comprising of the Newhaven and Seaford Water Company, Chailey Rural District Council Water Undertaking and the Burgess Hill Water Company. This Authority is now in the process of constructing a new reservoir at Firle and the laying of a new water main from Firle to link up with the Chailey Undertaking and Burgess Hill Undertaking. This new main will, on completion, supply the parishes of Firle and Beddingham, both parishes now being supplied by private water undertakings, both of which are suffering from strain.

The private supply at Firle continues to require chlorination.

### SEWAGE DISPOSAL

#### Plumpton

No further progress has been made during the year with the private sewage disposal scheme for this parish.

#### Kingston

Although approved by the Minister the proposed disposal scheme still awaits the necessary sanction to proceed.

#### Rodmell

No approval has been received yet in respect of the proposed sewage disposal scheme for this parish, although a Public Enquiry was held in October, 1951.



### **South Heighton**

Progress has been made in connection with proposals for a scheme to sewer this parish jointly with the Newhaven U.D.C.

### **Newick and Chailey**

Work on the preparation of the scheme to serve these two parishes progressed during the year and it is hoped soon to be able to forward the scheme to the Ministry.

### **Peacehaven and Telscombe Cliffs**

The rapid building development in these two parishes is causing very considerable concern in the matter of sewage disposal. Large areas of these parishes are now being completely built up. A scheme for sewerage the whole of the area has been submitted to the Ministry.

## **PUBLIC CLEANSING**

House refuse continues to be collected throughout the district once every fortnight. It is disposed of as before by controlled tipping within the Borough of Lewes by arrangement with that authority. This joint scheme continues to work admirably and with advantage to both authorities.

## **CESSPOOL EMPTYING SERVICE**

The demand for this service increased again during the year. The total number of tanks and/or cesspools emptied over the period amounted to 3,216 with a total of 6,715 loads.

Some 170 tanks and/or cesspools are serviced at regular periods varying from one week to six months, including the regular emptying of tanks to Council-owned small sewage disposal plants.

Three machines were employed full time during the year to carry out this work, but in order to complete the orders a considerable amount of overtime was necessary. An additional machine is now on order, and it is hoped that next year four machines will be fully employed.

## **TRANSPORT DEPARTMENT**

The Council's vehicles are kept to a good standard of mechanical efficiency by this Department. All the Council's vehicles, including refuse collectors, cesspool emptiers, vans and private cars owned by the Council are serviced and maintained at the Southover Depot.

## **DUSTBINS**

The Council's dustbin-hire scheme continues to make steady progress. The number of bins supplied since the inception of the scheme is as follows:—

As a result of Notices served:

(a) by owner or occupier .. .. .	255
(b) by the Council .. .. .	205
Bins supplied by the Council on request ..	588

## **NUISANCES**

During the year Notices were served under the Public Health Act in forty-seven instances—all these Notices have been complied with.



## HOUSING

The Council have fully appreciated the value and importance of the provision of the Housing Act, 1949, in relation to Improvement Grants and have been concerned to make the provisions known within the district. Applicants have been encouraged to submit schemes or seek advice which has been freely given by the appropriate officers of the Council. The results as shown in the table below are most satisfactory.

A considerable proportion of the Grants have been given in respect of properties which have been scheduled in the housing survey as unfit. In most cases substantial repairs have been carried out in addition to the work of improvement eligible for grant. In general the total cost averages £1,000 per cottage. Applications for grant are being received at such a pace that the Council has been obliged to limit the amount of money available in each financial year. There is at the time of writing a waiting list of applicants.

In parallel with this work of improvement a close watch is kept on all the unfit property and full advantage is taken to deal with any house so scheduled that becomes vacant. Most of the owners are prepared to be co-operative, and it is seldom necessary to take formal action.

The volume of housing improvement work at the present time is such as to absorb all the local building labour and much more besides from neighbouring towns. The availability of labour is an important consideration when assessing the position in relation to any organised scheme by the Local Authority.

If this magnificent progress in housing can be maintained for the next ten years there will be few if any unfit houses in the district.

Many cottages classified as unfit are sited in delightful surroundings, and when vacant are much sought after for conversion purposes, so that properties in respect of which action may be taken under Section 11 of the Housing Act, 1936, are rarely actually demolished.

By these methods unfit houses are being steadily eliminated, and so far it seems quite inappropriate to make use of clearance area procedure in the rural district.

### IMPROVEMENT GRANTS APPROVED

	<i>Approved to Dec., 1954</i>	<i>Completed in 1954</i>	<i>Approved 1955</i>	<i>Completed in 1955</i>	<i>Commenced but not completed in 1955</i>
Rented	7	5	26	8	13
Tied	25	25	56	35	13
Owner Occupied	6	7	18	16	1
TOTAL	38	37	100	59	27

During the year there has been a very considerable growth of building in the area, a total of 302 houses were completed, distributed as follows:—



New houses constructed in Peacehaven	..	..	..	119
„ Telscombe Cliffs	..	..	..	71
„ East Saltdean	..	..	..	70
„ rest of the District	..	..	..	42

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Inspection of dwelling-houses during the year:—

1. (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) .. .. . 119
- (b) Number of inspections made for the purpose .. .. . 333
2. (a) Number of dwelling-houses (including under sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 .. .. . 75
- (b) Number of inspections made for the purpose .. .. . 97
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .. .. . 9
4. Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .. .. . 54

Remedy of defects during the year without service of Formal Notice:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers .. .. . 49

Action under Statutory Powers during the year:—

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—

   (i) Number of dwelling-houses in respect of which Notices were served requiring repairs .. .. . 5

   (ii) Number of dwelling-houses which were rendered fit after service of formal notices:—

      (a) By owners .. .. . 5

      (b) By Local Authority in default of owners .. .. . Nil

   (iii) Number of dwelling-houses acquired and subsequently rendered fit by the Local Authority .. .. . Nil

(b) Proceedings under Public Health Acts:—

   (i) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .. .. . Nil

   (ii) Number of dwelling-houses in which defects were remedied after service of formal notices:—

      (a) By owners .. .. . Nil

      (b) By Local Authority in default of owners .. .. . Nil

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:—

   (i) Number of dwelling-houses in respect of which Demolition Orders were made .. .. . 5

   (ii) Number of dwelling-houses demolished in pursuance of Demolition Orders .. .. . 1

(d) Proceedings under Section 12 of the Housing Act, 1936:—

   (i) Number of separate tenements or underground rooms in respect of which Closing Orders were made .. .. . 4

   (ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .. .. . 1



## SLAUGHTERING

Three slaughterhouses are now in constant use in the district. All these three have been substantially reconstructed and brought to a good standard. Two of these slaughterhouses are used entirely in connection with private butchers' businesses; the third, however, is in full-time use by a wholesaler.

As requested by the Ministry of Health Circular 17/55, below is a table showing the number of animals killed and the figures of such animals and parts of animals found to be unfit for food:

	(1) CattleEx- cluding Cows	(2) Cows	(3) Calves	(4) Sheep & Lambs	(5) Pigs	(6) Horses
No. killed (if known) ..	630	345	571	1,075	2,026	15
No. inspected .. ..	630	345	571	1,075	2,026	15
<b>All diseases except T.B. and cysticerci</b>						
Whole carcasses con- demned .. ..	—	2	—	6	5	—
Carcases of which some part or organ was con- demned .. ..	39	154	11	65	155	2
Percentage of the num- ber inspected affected with disease other than T.B. and cysticerci ..	6.2%	45.2%	1.9%	6.6%	7.9%	13.3%
<b>T.B. only:</b>						
Whole carcasses con- demned .. ..	3	10	1	—	2	—
Carcases of which some part or organ was con- demned .. ..	31	121	—	—	32	—
Percentage of the num- ber inspected affected with T.B. .. ..	5.5%	38%	.17%	—	1.7%	—
<b>Cysticercosis</b>						
Carcases of which some part or organ was con- demned .. ..	—	—	—	—	—	—
Carcases submitted to treatment by refrigera- tion .. ..	—	—	—	—	—	—
Generalised and totally condemned .. ..	—	—	—	—	—	—



Meat certified as unfit for human consumption:—

BEASTS

Carcases	—T.B.	..	..	..	13
	Tainted	..	..	..	1
	Extensive injuries	..	..	..	1
Full Offals	..	..	..	..	11
Parts Carcases	—Sides	..	..	..	1
	Forequarters	..	..	..	7
	Hindquarters	..	..	..	3
Heads and Tongues	—T.B.	..	..	..	55
	Actinomycosis	..	..	..	2
Mesenteries	—T.B.	..	..	..	2
Livers	—T.B.	..	..	..	23
	Flukes	..	..	..	65
	Cirrhosis	..	..	..	53
	Abscesses	..	..	..	38
	Angioma	..	..	..	1
	Melanosis	..	..	..	6
Lungs	—T.B.	..	..	..	136
	Pleurisy	..	..	..	13
	Abscesses	..	..	..	4
Spleens	—T.B.	..	..	..	6

CALVES

Carcases	—T.B.	..	..	..	1
Livers	—Flukes	..	..	..	3
Plucks	—Abscesses	..	..	..	4
	Inflammation	..	..	..	4

PIGS

Carcases	—T.B.	..	..	..	2
	Pyæmia	..	..	..	1
	Erysipelas	..	..	..	1
	Protein Poisoning	..	..	..	1
	Septicæmia	..	..	..	2
Full Offals	—Septicæmia	..	..	..	2
Parts Carcases—	—Abscesses	..	..	..	2
	—Bruising	..	..	..	2
	—Mastitis	..	..	..	2
	—Abscesses	..	..	..	1
	—T.B.	..	..	..	19
Heads and Tongues	—T.B.	..	..	..	6
	Pleurisy	..	..	..	2
Plucks	—T.B.	..	..	..	7
Livers	—T.B.	..	..	..	34
	White Spot	..	..	..	1
Hearts	—Pericarditis	..	..	..	1
Lungs	—Pneumonia	..	..	..	120
	Pleurisy	..	..	..	1



## **SHEEP**

Carcases	—Bruising savaging	..	..	5
	Septicaemia	..	..	1
Parts Carcases—				
Legs	..	..	..	1
Lungs	—Parasites	..	..	27
Livers	—Parasites	..	..	39
Plucks	—Parasites	..	..	4
	Inflammation	..	..	

## **HORSES**

Livers	—Cirrhosis	..	..	1
Kidneys	—Necrosis	..	..	2

During the year four pigs have been graded under the Ministry of Agriculture's scheme.

There is one full-time active Knacker's Yard in the district. This has been thoroughly reconstructed. It is well provided and well conducted.

## **TENTS, VANS AND SHEDS**

The improvement to the Rushey Hill Caravan Site at Peacehaven owned by this Council continued during the year, and continues to be very popular with visitors. In 1955 one licence was issued authorising land to be used for a caravan site, making a total of thirty-six licensed sites having a total accommodation for sixty-six caravans.

From these figures it would seem that most applications are in connection with small individual sites. These sites are kept under constant supervision.

## **MILK AND DAIRIES**

There are three bottling establishments in the district, all of which are licensed to pasteurise milk. In connection with these and other establishments, thirty-one visits of inspection were made during the year.

## **PETROLEUM ACTS**

During the year eight petrol tanks were subject to test, five being new tanks and three existing tanks installed before 1940. One tank was found, on test, to be unsatisfactory, and consequently was taken up and replaced.

## **KEEPING OF ANIMALS**

No complaints were received during the year as to the keeping of animals.

## **FOOD AND DRUGS ACT**

During the year 270 visits of inspection were made of food premises and eating establishments. Relative to the population there are few eating places in the rural district.

In two instances it was found necessary to serve informal notices in connection with the cleanliness and decoration of the premises. In both cases satisfactory results were obtained.



The following articles of food (other than meat from slaughterhouses) were found to be unfit for human consumption:—

72lb. Chilled Beef .. ..	Bone taint
20lb. Frozen Beef .. ..	Topside—fatty degeneration
24lb. ditto .. ..	Silverside ..
1 x 4lb. tin Luncheon Meat ..	Blown
4 x 2lb. tins ..	Blown
16 x 5lb. tins ..	Blown
1 x 9lb. box Sheep Livers ..	Tainted
18lb. Pork Sausages .. ..	Decomposition
1 x 5lb. tin Peach Pulp ..	Blown
14lb. Pearl Barley .. ..	
1 x 5gall. jar Pickled Onions	

New applications for registration for the sale, manufacture and storage of ice cream were granted in four instances and three transfers were made.

### SUMMARY OF VISITS

House Inspections under Housing Regulations .. .. .	97
Other Inspections of Houses not included above .. .. .	333
Visits in connection with Nuisances .. .. .	130
Visits to Slaughterhouses, Butchers' Shops and Food Premises ..	886
Visits to Dairies and Milk Premises .. .. .	31
Visits re Drainage .. .. .	1,453
Drains Tested .. .. .	654
Samples taken for analysis—	
Ice Cream .. .. .	22
Milk .. .. .	27
Water .. .. .	69
Visits in connection with Water Supplies .. .. .	86
Visits in connection with Infectious Disease .. .. .	37
Rooms Fumigated-Disinfected, Fleas, Flies and Insects .. ..	53
Visits to Sewage Outfall Works and Sewers .. .. .	364
Visits to Refuse Tips and in connection with Refuse Collection ..	53
Visits under Petroleum Acts .. .. .	61
Visits in connection with Salvage .. .. .	49
Visits under Factories' and Workshops' Acts .. .. .	107
Visits in connection with Tents, Vans and Sheds .. .. .	93
Visits in connection with Shops' Acts .. .. .	63
Visits in connection with Improvement Grants .. .. .	22
Miscellaneous visits .. .. .	457

### RODENT CONTROL

Visits for purposes of Survey .. .. .	679
Visits for purposes of Treatment .. .. .	406
New Infestations found since .. .. .	71
Infestations cleared .. .. .	59
Estimated number of Rats killed .. .. .	1,538
Estimated number of Mice killed .. .. .	450



# **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	9	20	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	54	59	2	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding Out-workers' premises) ..	33	38	—	—
	<u>96</u>	<u>117</u>	<u>4</u>	<u>—</u>

*Number of cases in which defects were:*

<i>Cases in which defects were found:— Particulars</i>	<i>Found</i>	<i>Remedied</i>	<i>Referred by H.M. Inspector</i>
Want of Cleanliness .. .. .	5	5	—
Section 7—Sanitary Conveniences— Unsuitable or Defective .. .. .	2	2	1
Other offences against the Act (not including offences relating to Out-work) .. .. .	—	—	—
Inadequate Ventilation .. .. .	—	—	—
Inefficient Drainage of Floors .. .. .	—	—	—
Part VIII of the Act—Outwork.	Number on List: 2.		

## **LICENCES ISSUED**

To Store Petrol .. .. .	71
To Store Cellulose .. .. .	4
To Slaughter Animals .. .. .	7
To use Premises as Slaughterhouses .. .. .	3
To use Premises as Knacker's Yard .. .. .	1
For Moveable Dwellings .. .. .	1
Dealer's Licence to use Designation—	
“Pasteurised” .. .. .	9
“Tuberculin Tested” .. .. .	12
“Sterilised” .. .. .	5
Dealer's Supplementary Licence for the Sale of—	
“Pasteurised” .. .. .	8
“Tuberculin Tested” .. .. .	9
“Sterilised” .. .. .	4
Pet Animals Act, 1951 .. .. .	1

## **SALVAGE SALES**

	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>	<i>£</i>	<i>s.</i>	<i>d.</i>
Mixed Waste Paper .. .. .	39	5	0	0	308	10	0
Mixed Cardboard .. .. .	12	19	0	0	110	1	5
Light Metals .. .. .	4	14	0	0	19	3	3
Rags .. .. .		13	2	16	17	1	1
Carpet .. .. .		2	3	10		19	11
String .. .. .		1	1	9		9	4
Woollens .. .. .			1	15	2	13	9
Half Wools .. .. .				13		6	6
Books .. .. .		17	2	0	7	0	0
	<u>58</u>	<u>13</u>	<u>3</u>	<u>7</u>	<u>£466</u>	<u>5</u>	<u>3</u>



SECTION IV  
PREVALENCE OF, AND CONTROL OVER, INFECTIOUS  
AND OTHER DISEASES

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis) DURING THE YEAR 1955			
<i>Disease</i>	<i>Cases Notified</i>	<i>Cases Admitted to Hospital</i>	<i>Deaths</i>
Measles .. ..	152	—	—
Whooping Cough .. ..	68	—	—
Food Poisoning .. ..	28	—	—
Scarlet Fever .. ..	21	1	—
Pneumonia .. ..	10	—	—
Poliomyelitis .. ..	3	3	—
Puerperal Pyrexia .. ..	3	—	—
Dysentery .. ..	1	—	—
Meningococcal Infection ..	1	1	—
	287	5	—

#### Measles

One hundred and fifty-two cases of measles, representing over half of the total number of cases of infectious disease notified, were recorded in the area during 1955. None of the cases were sufficiently severe to warrant admission to hospital. The number notified during 1955 was in keeping with the general pattern of measles infection in any area, which is, broadly speaking, alternate years of high and low incidence. In the Chailey Rural District 370 cases were notified in 1953, two cases in 1954, and, as mentioned above, 152 cases during the year under review.

#### Whooping Cough

Sixty-eight cases of whooping cough, nearly a quarter of the total number of cases of infectious disease notified, were recorded in the area during 1955. None of the cases were sufficiently severe to warrant admission to hospital.

Early in 1954 a combined vaccine which offers protection against both diphtheria and whooping cough was made available in the rural district. Although both the 1955 and 1954 totals of whooping cough cases (68 in 1955 and 46 in 1954) are considerably lower than the total of 179 recorded in 1953, it is too early to assume that this reduction is due to the use of the new vaccine, as the number of recorded cases of whooping cough varies considerably from year to year. Years of light incidence occur frequently and a number of such years in succession must occur before a permanent alteration in incidence can be assumed.

#### Food Poisoning

Two outbreaks of food poisoning occurred in the Rural District during 1955. Four cases were recorded in the first outbreak and 24 in the second, giving a total of 28 cases in all. In neither outbreak was it possible to trace



the course of the infection. None of the cases were sufficiently serious to merit admission to hospital.

It cannot be too greatly emphasised that a very large proportion of all cases of food poisoning are caused by the careless, unhygienic habits of a food handler. The greatest of care should be taken by all who handle food, either in the home, canteen, restaurant, shop or factory, to ensure that their hands and clothes are clean and uncontaminated, and that the food handled is kept absolutely free from outside contamination, and in the home, canteen and restaurant, is eaten as soon as possible after preparation.

### Scarlet Fever

Twenty-one cases of scarlet fever were notified in the Rural District during 1955. One case was admitted to hospital. All cases made satisfactory and uneventful recoveries.

It is very important that the disease should be recognised and the patient segregated as early as possible as the period of infectivity begins very early in the attack. The patient should be isolated, contacts excluded from school and in particular infected persons and recent contacts should be precluded from handling milk and milk products.

### Pneumonia

Ten cases of pneumonia were notified during the year under review. None of the cases were admitted to hospital and all made satisfactory recoveries.

### Poliomyelitis

There were three cases of poliomyelitis notified in the Rural District during the year. The following table gives particulars of the three cases:—

<i>Sex</i>	<i>Age</i>	<i>Paralytic or Non- paralytic</i>	<i>Area affected</i>	<i>Period in Isolation Hospital</i>	<i>Remarks</i>
M	9 years	P	Both legs, also weakness of arms	13.9.55- 10.11.55	Transferred to Queen Mary's Hospital, Carshalton
M	29 years	NP	—	24.10.55- 10.12.55	Discharged well
F	16 years	NP	—	28.10.55- 25.11.55	Discharged well

Although our knowledge of the causative factors of this disease is still small, it is showing a steady and encouraging increase. In recent years it has become obvious that the early, popular name of infantile paralysis is a misnomer, as the illness is not confined to the younger age groups and is by no means always accompanied by paralysis. Probably the most useful single item of knowledge that we have acquired regarding the disease is that cases are nearly always more severe if fairly heavy exertion has taken place shortly before



the illness began to make its presence felt, and immediate cessation of all forms of exertion directly poliomyelitis is a possibility may lead to the avoidance of the more severe forms of the disease. Also, as the throat is supposed to be one of the sites of entry of the virus of the infection, the removal of tonsils should be postponed wherever 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. During periods of prevalence, even greater attention than usual should be paid to personal hygiene. As the virus is carried in the faecal excretions it may be spread by contamination. Hands should always be washed most carefully after the toilet has been used in order that there may be no possible contamination of fingers with infected faecal matter.

Investigations into the possibility of developing a safe vaccine against poliomyelitis have shown encouraging progress, and it is to be hoped that in the near future it will be possible to exercise some measure of control over this serious form of infection.

#### **Puerperal Pyrexia**

Three cases of puerperal pyrexia were notified in the Rural District during 1955. This represents a low rate of incidence, and it is to be hoped that the efforts which have been made to lessen the incidence of this feverish condition amongst women after childbirth are now bearing fruit.

#### **Dysentery**

One case of dysentery was notified in the Rural District during the year under review. The case was of a woman who made a satisfactory recovery.

#### **Meningococcal Infection**

One case of meningococcal infection occurred in a nine-year-old boy, who made a satisfactory recovery after six weeks in hospital.

#### **General**

Just over three-quarters of the total number of cases of infectious disease notified in the Rural District during 1955 were of measles or whooping cough, over half of the total number of cases notified being of measles. The comparatively large number of cases of food poisoning serve as a reminder that the utmost vigilance is necessary on the part of food preparers and manufacturers, shop and restaurant keepers, and those who serve food, in order that food may be eaten in an uncontaminated state.

It is fortunate that two of the three cases of poliomyelitis notified were mild cases of the non-paralytic type. The one paralytic case is showing steady improvement.

## **SECTION V**

### **TUBERCULOSIS**

In 1955 twenty-nine cases of pulmonary tuberculosis and three cases of non-pulmonary tuberculosis were notified, whilst during the year there were two deaths from pulmonary tuberculosis and none from non-pulmonary tuberculosis. Of the cases notified, eleven pulmonary cases were transfers into the area which had previously been notified elsewhere. Deducting these from the



original figures a total of eighteen new pulmonary cases and three new non-pulmonary cases is left. Details are given in the following table, "transfers-in" being indicated by a T:—

1955—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	—	—	—	—	—
5	..	..	..	1	1	—	1	—	—	—	—
10	..	..	..	—	—	—	—	—	—	—	—
15	..	..	..	—	—	—	—	—	—	—	—
20	..	..	..	—	1 T	—	—	—	—	—	—
25	..	..	..	3	5	—	1	—	—	—	—
				(2 T)	(3 T)						
35	..	..	..	4	—	—	—	—	—	—	—
				(2 T)							
45	..	..	..	5	2	—	—	—	—	—	—
					(2 T)						
55	..	..	..	3	2	—	—	1	—	—	—
65 and upwards	..			2	—	—	—	—	1	—	—
				(1 T)							
Totals				18	11	1	2	1	1	—	—
				(5 T)	(6 T)						

Details of deaths from pulmonary tuberculosis:—

Male aged 57 years.. .. Died 29th March, 1955

Female aged 70 years .. .. Died 16th November, 1955

The two deaths due to pulmonary tuberculosis which occurred in the Rural District during 1955 show a death rate of only 0.10 per 1,000 population. As no death occurred due to non-pulmonary tuberculosis, the rate for pulmonary and non-pulmonary tuberculosis combined remains the same, namely 0.10 per 1,000, compared with a rate of 0.146 per 1,000 for England and Wales.

It would appear that the vastly improved methods of prevention, detection and treatment of this disease are having a considerable effect and are rapidly reducing both the incidence and the mortality rates of pulmonary and non-pulmonary tuberculosis.

The Mass Miniature Radiography Units which have been established throughout the country have done excellent work in detecting cases of tuberculosis which might otherwise have gone undiscovered for many months, during which time the persons concerned might have spread the disease amongst others in their homes, offices or workshops. The Directors of these units are now focussing their energies towards finding those sections of the population in which the largest numbers of cases of tuberculosis are to be found.







