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Contributors

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Borough



of Lewes.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1903.

Area of Borough in acres	...	...	...	1,024
Census population	...	...	...	11,249
	1900.	1901.	1902.	1903.
Population estimated to middle of year	10,997	11,249	11,249	11,249
Birth-rate per 1,000	23	20.2	18	21.5
General death-rate	15.45	13.33	11.9	12
Zymotic death-rate per 1,000	.72	.62	.34	.17
Death-rate from phthisis	1.9	1.6	.88	1.68
Death-rate under 1 year to 1,000 births	106.7	116.8	118	82.6
Deaths over 65, per centage of total deaths	34.1	35.3	41.8	37
Death-rate per 1,000 from notifiable diseases	.36	.26	.17	nil.

MR. MAYOR AND GENTLEMEN,

I have the honor to submit to you my annual report on the health and sanitary condition of Lewes during the year 1903.

With regard to vital statistics, the striking features are—(1) the low death-rate: 12 per 1,000, which is almost identical with that of last year—the lowest on record; (2) the low infant mortality.

The death-rate from consumption, so low last year, has risen to its normal height.

The birth-rate is below the average, but higher than in the two preceding years: 21.5, as compared with a decennial rate of 23.5.

Cases of notifiable infectious diseases have been few, and without a single fatality.

The Council has undertaken for the period of a year to provide for necessary expenses, in suitable cases, for bacteriological diagnosis of notifiable infectious diseases, and also for treatment of diphtheria by antitoxin.

Of sewerage work, the most important events were the completion of the main sewers in the Cliffe and the resolution to relay the sewer in the Talbot Terrace district.

Four applications for licenses for underground bakehouses, under the Factory Act, 1901, have been received.

Decided progress has been made in sanitary work generally, and the efforts of the Sanitary Committee, which were so much in evidence last year, to improve the condition of houses of the working class, have been vigorously continued and are bearing good results.

Tables, as required by the Local Government Board, are appended, giving the usual vital statistics.

I owe my thanks to the Sanitary Inspector, Mr. Gardner, and to the Borough Surveyor, Mr. Roberts, and to others for their information which I have used in preparing this report.

I am, Gentlemen,

Your obedient Servant,

JOHN R. STEINHAEUSER,

January 30th, 1904.

Medical Officer of Health.



A.—VITAL STATISTICS.

MORTALITY.

Total number of deaths, including all registered cases	...	137
Total number of deaths of residents	...	135

Of these, 50, or 37 per cent. of the total, occurred over the age of 65.

INFANTILE MORTALITY.—Twenty deaths occurred under the age of one year; a lower rate results than has been recorded for many years.

Cause.	No. of Deaths.
Premature Birth ...	6
Diseases of Chest...	4
Tubercular Affections	1
Whooping Cough ...	1
Diarrhoea ...	1
Accident...	1
Various ...	6

INFANT MORTALITY FOR 10 YEARS.

Year.	No. of Deaths.	Death Rate per 1,000 Births.
1894 ...	26	97
1895 ...	35	126·8
1896 ...	30	118·5
1897 ...	30	113·2
1898 ...	22	92
1899 ...	32	135
1900 ...	27	106·7
1901 ...	27	116·8
1902 ...	24	118
1903 ...	20	82·6

DEATH-RATE FOR THE FOUR QUARTERS OF YEAR.

1st quarter	...	12·4
2nd quarter	...	10·6
3rd quarter	...	13·1
4th quarter	...	12·4

OF THE VARIOUS PARISHES AND INSTITUTIONS.

	Total No. of Deaths.	No. under 1 year.	Death Rate.
St. Ann ...	16	2	7·4
All Saints'	21	1	11·6
Southover	18	3	13·3
Cliffe ...	19	3	11·8
St. John ...	39	8	12·5
Malling ...	6	2	12·1
St. Michael	16	1	21·3
Victoria Hospital ...	6	—	—

REPORT ON THE JURY

The jury was organized on the 1st day of the month of June, 1902, and held its first meeting on the 2nd day of the same month. The jury was organized by the Court, and the members of the jury were sworn in by the Court. The jury was organized by the Court, and the members of the jury were sworn in by the Court.

JURY	
1st	2nd
3rd	4th
5th	6th
7th	8th
9th	10th
11th	12th
13th	14th
15th	16th
17th	18th
19th	20th
21st	22nd
23rd	24th
25th	26th
27th	28th
29th	30th
31st	32nd

OF VARIOUS DISEASES.

Cause.	No. of Deaths.
Whooping Cough	1
Influenza	1
Zymotic Enteritis	1
Diarrhœa	1
Phthisis	19
Other Tubercular Diseases	2
Cancer	13
Pulmonary Diseases (other than phthisis)...	20
Effects of Alcohol	2
Premature Birth	6
Diseases of Parturition	1
Heart Disease	10
Accidents and Suicides...	6
All other Diseases	54

In these figures there is little requiring comment. Phthisis has regained the points it lost last year. The death-rate from cancer is about the average. Deaths from diseases of the chest represent as usual 35-40 per cent. total number of deaths. It is satisfactory to record only one death apiece from zymotic enteritis and influenza.

INFECTIOUS
DISEASES.

NOTIFIABLE DISEASES.—Sixteen cases have been notified—just half the number of last year. There was not a single fatality.

Diphtheria	5
Erysipelas	6
Scarlet Fever	2
Enteric Fever	3
Total	16

DIPHTHERIA.—Three of the cases came—one after the other—from a house in Malling Street, where sanitary defects were found; the fourth from Southover, the cause of which I am unable to determine; the fifth from South Street, where there were also defects in sanitation. Four out of the five cases were isolated at the Sanatorium.

SCARLET FEVER.—Of the two cases, one occurred in St. Ann's, the other in All Saints' parish, in March and October respectively. Both were isolated at the Sanatorium.

ENTERIC FEVER.—Taken in order of occurrence, the first and third cases were in houses within a hundred yards of each other; the third in John Street, the first in a court off John Street, in October and April respectively. I have been unable to find any direct evidence of infection by food, *e.g.*, by milk or shell-fish, in either case, and there is no evidence of the patient having contracted the disease outside the town. In the first case, although the house had been recently repaired, I found ventilation bad and inadequate provision for slop water and house refuse. In the house occupied by the third case there were more obvious sanitary defects. The second case notified was contracted before the patient, a visitor, came to Lewes; was traced to an infected milk supply in a suburb of London, and therefore requires from me no further comment.



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ERYSIPELAS.—By far fewer cases than last year. The cases appear to have been mild, but their notification is important in regard to the relation of the disease to vaccination and parturition.

MUMPS AND WHOOPING COUGH.—Somewhat prevalent in June, but not enough to warrant closure of any of the Schools.

TUBERCULOSIS.—The low record of 1902 (only .88 per 1,000) proved only a temporary release; and this year it rose to its average rate; not, however, much above that rate, as I had feared.

MORTALITY FROM PHTHISIS FOR LAST 20 YEARS.

Year.	No. of Deaths.	Death Rate.
1884	28	2.5
1885	26	2.3
1886	22	2
1887	16	1.4
1888	16	1.4
1889	12	1.09
1890	18	1.6
1891	16	1.4
1892	12 (½ year)	1.4
1893	19	1.7
1894	18	1.6
1895	16	1.4
1896	10	.9
1897	16	1.4
1898	17	1.5
1899	19	1.7
1900	21	1.9
1901	18	1.6
1902	10	.88
1903	19	1.6

On looking at the records for the last 20 years and dividing them into two decenna, *i.e.*, from 1884-93, 1894-1903, one finds a certain diminution in the death-rate from phthisis:—

'84-93	Death-rate	1.66.
'93-04	„	1.47.

and there may be some ground for comfort in this.

Phthisis being clearly a communicable disease, it is only rational to treat it on the same lines as any other infectious disease, that is to say, by disinfection and isolation; all the more so, since during the past year, for example, we have not lost a single life from all the notifiable infectious diseases put together; whereas from consumption we have lost nineteen.

As regards disinfection, patients are always instructed to disinfect their sputum, the infecting agent, but it is doubtful how often this is really carried out. Rooms occupied by consumptives are disinfected after the consumptive tenant has left, and that is all that is done.

Complete isolation for many reasons is impossible, nor is it always necessary or desirable. There are sanatoria supported by voluntary subscription, to which a small proportion of poorer consumptives may, with some difficulty and after much waiting, gain admittance; but these sanatoria, doing excellent work as they are, are intended for early cases and can hardly be regarded in the light of isolation hospitals.

THESE RESULTS show that the average rate of increase in the number of species is about 1.5% per year. This is a very low rate of increase, and it is not clear why it is so low. It may be due to the fact that the number of species is already very high, or it may be due to the fact that the number of species is increasing very slowly.

Year	Number of species
1900	1000
1901	1015
1902	1030
1903	1045
1904	1060
1905	1075
1906	1090
1907	1105
1908	1120
1909	1135
1910	1150
1911	1165
1912	1180
1913	1195
1914	1210
1915	1225
1916	1240
1917	1255
1918	1270
1919	1285
1920	1300
1921	1315
1922	1330
1923	1345
1924	1360
1925	1375
1926	1390
1927	1405
1928	1420
1929	1435
1930	1450
1931	1465
1932	1480
1933	1495
1934	1510
1935	1525
1936	1540
1937	1555
1938	1570
1939	1585
1940	1600
1941	1615
1942	1630
1943	1645
1944	1660
1945	1675
1946	1690
1947	1705
1948	1720
1949	1735
1950	1750
1951	1765
1952	1780
1953	1795
1954	1810
1955	1825
1956	1840
1957	1855
1958	1870
1959	1885
1960	1900
1961	1915
1962	1930
1963	1945
1964	1960
1965	1975
1966	1990
1967	2005
1968	2020
1969	2035
1970	2050
1971	2065
1972	2080
1973	2095
1974	2110
1975	2125
1976	2140
1977	2155
1978	2170
1979	2185
1980	2200
1981	2215
1982	2230
1983	2245
1984	2260
1985	2275
1986	2290
1987	2305
1988	2320
1989	2335
1990	2350
1991	2365
1992	2380
1993	2395
1994	2410
1995	2425
1996	2440
1997	2455
1998	2470
1999	2485
2000	2500

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And here I may say how desirable it is that we should have some sanatorium provision for Lewes to which early cases could be sent. The State considers that it is not its duty to provide for such, and it is therefore left to private generosity, to friendly societies, &c. In some instances isolation blocks of infectious hospitals have been utilised, in others the Guardians of the Poor have made some provision at infirmaries. However provided, the need for a sanatorium, where poor consumptives could be sent in the early stage of the disease, without difficulty, without much cost and without delay, is a very pressing one, and one which has a very strong bearing on public health.

Now disinfection can be comparatively easily managed. The sputum is the one infecting agent, and by a little thoughtfulness could nearly always be prevented from becoming a danger to the community. It is only necessary for each consumptive, or his attendants, to undertake the disinfection of his own sputum, by burning or chemical disinfectants. The spitting of any person in a public place—railway carriage, public-house, hall, &c.—should, as in some towns both in this country and abroad, be made a punishable offence. Since the sputum may, even with great care, accidentally escape disinfection, dry and become pulverised, the rooms occupied by the consumptive and his clothes should be periodically disinfected. This could easily be done by fumigation, *e.g.*, by sulphur dioxide.

The isolation question is a more difficult one. Patients most dangerous are those in the last stage of the disease, who expectorate in large quantities, and whose every cough emits a spray teeming with bacilli, and these it is whose friends are naturally unwilling to allow to go away to die, even were there isolation hospitals to receive them. But isolation can be, to some extent, practised in their own homes. The consumptive in advanced disease should use one—and only one—room; on no account should anyone share that room with him; every vessel which touches his lips must be reserved for him alone.

An eminent Medical Officer of Health has said, "In a healthy person, living in a healthy way, the tubercle bacilli are practically harmless." We know that there must be a predisposition in a man to consumption before he can take it. And the incidence of consumption falls chiefly upon the working class, upon those who dwell in cottages, often ill-ventilated, ill-lighted and damp, and who work in crowded work rooms and offices. It is fair, therefore, to assume that there is a distinct predisposition to consumption in such people, living under such circumstances. And this is proved by the great diminution in the Phthisis mortality all over the country which has occurred during the last quarter century, and which coincides with the improved legislation embodied in the Housing and Factory Acts. It therefore remains with you to continue to exercise those statutory powers, as you now are doing, which enable you to improve the condition of small dwellings and to supervise work places; for there is still much room for improvement. In Lewes, as in all old towns, there are many cottages ill-ventilated, ill-lighted and damp, the tenants of which, as I have tried to show, are, *ipso facto*, predisposed to consumption. Your efforts, I know, are being steadfastly directed to the improvement of these houses, and will for a long time be required; but they will be surely rewarded, as time will show, by a steady decrease in tuberculosis. And your labours will be lightened if owners of such property will see to it that their houses are rendered dry, given as much access to light and air as possible, and kept in an efficient sanitary state generally.

INFECTIOUS HOSPITALS.

THE SMALL-POX HOSPITAL is situated in the parish of St. John (Without). It is a galvanised iron and timber structure, built on a brick foundation. It contains two wards, with space for four beds in each. It is available for patients from the Borough only.

LEWES INFECTIOUS HOSPITAL is available for infectious cases from the Borough of Lewes and from the parishes lately forming the District of Lewes Rural District Council. Six cases were admitted during the year. Patients are required to pay cost of maintenance only. The hospital consists of one block—with two wards, male and female, containing eight beds each—intercepted by a covered way from a building consisting of the living rooms of hospital keeper, convalescent room, &c. There is a small block adjacent containing the disinfector (Thresh's) coach-house for ambulance, and the mortuary.

The difficulty of providing for isolation of cases of two different diseases occurring simultaneously has again arisen. The hospital, containing, as it does, only one ward pavilion, it is clear that, under present arrangement, only cases of one disease can be isolated at a time. The only way out of the difficulty at present, in the event of the ward pavilion being occupied by a case or cases of Diphtheria—

for example—and a case of Scarlet Fever occurring and requiring sanatorium isolation, is to make use of the convalescent ward in the administrative block; a measure much to be deprecated as extremely inconvenient and not devoid of danger. It is to be hoped that when the Corporation obtains sole possession of the hospital steps will at once be taken to make provision for the proper and safe isolation of more than one disease.

B.—SANITARY WORK.

COLLECTION OF HOUSE REFUSE.—Collection is undertaken by the Corporation's own carts, horses and men, and is made once in every seven or eight days. This shows considerable improvement on the state of affairs. Six years ago the removal was only once in twelve to fourteen days.

The substitution of portable bins for the old pits goes on apace. More than 350 bins have been provided by owners or tenants during the year and this must considerably facilitate the work of the dustman.

DAIRIES, MILKSHOPS, &c.—Two cows only are kept in the Borough yielding milk for sale for human consumption. Otherwise the whole milk supply is derived from the country.

Dairies: Two; one new; one floor repaired. Milkshops: 14. Sellers of milk who bring their milk from the country and retail it in the Borough, two.

The milkshops have been inspected by the Sanitary Inspector, who considers that they are clean and well-kept.

SLAUGHTER-HOUSES.—Ten in number. Five are used for all purposes of slaughter; four for slaughter of pigs only; one for slaughter of calves only. Some of these buildings are very old, not well adapted for their object and unsuitably situated as regards proximity to dwelling-houses, and have been the subject of some complaint. Difficulty appears to be found in disposing of offal, especially during summer months.

BAKEHOUSES.—In consideration of Section 101 of Factory Act, 1901, I was directed in May to make a special examination of all bakehouses and report to the Sanitary Committee. Total number of bakehouses, 20; total number of workers, 39. Number of bakehouses surface of floor of which is more than 3-ft. below level of adjoining street or ground, 5. The Act provides that no such underground Bakehouse shall be used after January 1st, 1904, unless certified by the District Council to be suitable for that purpose as regards construction, light, ventilation and in all other respects.

I advised the committee that existing underground Bakehouses should be licensed only under the following conditions:—

1. Ventilation and light to be to the satisfaction of Medical Officer of Health.
2. Floors, walls and ceiling impermeable to damp. Floors, walls and ceiling to be smooth.
3. Bakehouses to be completely separated from any damp or insufficiently ventilated cellar; or any w.c.
4. Bakehouses to be not less than 9-ft. 6-in.* high, 3-ft. of which must be above level of ground adjoining. Failing this artificial means of ventilation must be employed for extraction of foul air.
5. Bakehouses not to be used as flour store or coal store.
6. Flour Store to comply with same conditions as regards cleanliness and general sanitation as Bakehouses.
7. Tables and troughs to present even and unbroken surface, and to be provided with castors to ensure facility in moving and consequently more effectual cleansing.
8. Window area to bear minimum ratio to floor area of 1-10.
9. Suitable arrangement for washing of hands.

* The Committee subsequently resolved to reduce the height to 8-ft.

By the end of the year four applications for licenses had been received. In one the plans and specifications for alteration were approved.

As regards Bakehouses not underground I found air space in most cases ample, light and ventilation fair. Surface of floors, walls and ceilings in many cases irregular and not smooth. Troughs and tables often decayed and often practically fixtures, so that effectual cleansing of Bakehouses is difficult. Water supply was drawn from Water Company's mains except in five instances, where it was drawn from wells. In two of the latter the wells have been since closed and the Bakehouses supplied from Water Company's mains. I find that the atmosphere of Bakehouses is cooler and more pleasant in those where the oven is set back than in those where it is flush with the wall.

LODGING-HOUSES.—Two in number, reduced by one since last year. One of them has recently changed hands and is undergoing a much-needed renovation.

OFFENSIVE TRADES.—Two in number. One soap factory; one fellmonger. No unreasonable nuisance is caused by either of these trades.

WATER SUPPLY.

The water supply is derived from the Lewes Company's Waterworks; from the Cliffe and other pumps.

The Manager of the Waterworks Company, Mr. Wells, kindly informs me that the approximate number of houses connected with the Company's mains during the year was 33 new and 19 old houses (total 52), and 90 w.c.'s. The approximate quantity of water consumed per head per day for domestic and *unmetered* trade purposes was 24.6 gallons. The Winterbourne Stream ran from February 14th to the end of June; commenced again on October 17th and is still running.

Water, both from the Company's mains and from the Cliffe pump, was last analysed in June with satisfactory results. I am of opinion that water from both sources should be analysed at least four times a year.

The Cliffe pump, which had become damaged in the summer, was repaired at the Corporation's expense.

DRAINAGE.

CLIFFE.—Drainage of the Cliffe under the new system is making steady progress. The main sewers were completed during the year and 115 connections made, which include at least 200 houses out of 500. Owners of property are, in most cases, only too willing to connect their houses with the new system.

PELHAM AND TALBOT TERRACES AND BROOK STREET DISTRICT.—Owing to the inadequate size of the old sewer in Brook Street, ground floors of many houses in Talbot Terrace have, until the present time, been flooded with the occurrence of every storm. It is satisfactory to record that the re-sewering of this district has been determined on.

I am also indebted to the Borough Surveyor, Mr. Roberts, for the following additional details:—

- York Street (rear of), short length of sewer.
- Eastgate Street, short length of sewer.
- Abinger Place, short length of sewer.
- John Street (rear of), short length of sewer.
- Western Passage, private drainage.

Last year I commented on the defective condition of certain sewers and urged the necessity for their reconstruction. I am able to say that this work has commenced with the reconstruction of the Brook Street sewer and it is to be hoped will go on unchecked.

HOUSING OF WORKING CLASSES.

There is still a great want of substantial houses for the working class, and there is much room for improvement in those which already exist. This improvement will surely be marked by a diminution in the death rate from tuberculosis and by general improvement in public health. The Sanitary Committee is showing an ever-increasing zeal in this respect and must feel gratified in the success which it has already attained. Still, much remains to be done.

The first part of the report is devoted to a description of the work done during the year. It is divided into two main sections, the first of which deals with the work done in the laboratory and the second with the work done in the field.

The second part of the report is devoted to a description of the results of the work done during the year. It is divided into two main sections, the first of which deals with the results of the work done in the laboratory and the second with the results of the work done in the field.

The third part of the report is devoted to a description of the conclusions drawn from the work done during the year. It is divided into two main sections, the first of which deals with the conclusions drawn from the work done in the laboratory and the second with the conclusions drawn from the work done in the field.

The fourth part of the report is devoted to a description of the suggestions for further work. It is divided into two main sections, the first of which deals with the suggestions for further work in the laboratory and the second with the suggestions for further work in the field.

The fifth part of the report is devoted to a description of the summary of the work done during the year. It is divided into two main sections, the first of which deals with the summary of the work done in the laboratory and the second with the summary of the work done in the field.

The sixth part of the report is devoted to a description of the references. It is divided into two main sections, the first of which deals with the references in the laboratory and the second with the references in the field.

The seventh part of the report is devoted to a description of the appendix. It is divided into two main sections, the first of which deals with the appendix in the laboratory and the second with the appendix in the field.

The eighth part of the report is devoted to a description of the index. It is divided into two main sections, the first of which deals with the index in the laboratory and the second with the index in the field.

The ninth part of the report is devoted to a description of the bibliography. It is divided into two main sections, the first of which deals with the bibliography in the laboratory and the second with the bibliography in the field.

The tenth part of the report is devoted to a description of the conclusion. It is divided into two main sections, the first of which deals with the conclusion in the laboratory and the second with the conclusion in the field.

The eleventh part of the report is devoted to a description of the summary. It is divided into two main sections, the first of which deals with the summary in the laboratory and the second with the summary in the field.

The twelfth part of the report is devoted to a description of the index. It is divided into two main sections, the first of which deals with the index in the laboratory and the second with the index in the field.

The House-to-House Inspection Committee, inaugurated in 1901, is still pursuing its excellent course, as the following figures will show :—

Result of House-to-House Inspection from November, 1902, to December, 1903.

Roads or Streets.	No. of houses inspected.	No. of notices served.	Ashbins supplied.	No. of new w.c.'s provided.	Cesspools and wells abolished.	Houses drained.	Houses re-drained.	Water laid on to houses and w.c.'s
St. John Street ...	43	18	36	—	5	—	22	New Water Supplies, 30.
Edward Street ...	13	4	10	4	—	—	11	
South Place ...	7	1	4	—	—	—	—	
Sun Street ...	51	20	35	—	—	—	7	
St. Nicholas Lane ...	47	11	27	4	4	2	21	Laid on to w.c.'s, 90.
North Court ...	19	2	1	—	—	—	—	
Brook Street, St. John's ...	19	2	12	6	2	—	8	
South Street ...	128	—	5	22	14	27	37	
Lancaster Street ...	38	3	12	—	—	—	2	
Lansdown Place ...	35	3	20	6	5	9	11	
Fisher Street ...	25	1	9	2	1	—	4	
Malling Street ...	58	3	15	5	12	9	11	
Thomas Street ...	21	—	—	2	2	2	—	
Westgate Street ...	19	—	4	4	—	—	—	
North Place ...	6	1	6	4	—	4	—	
Green Wall ...	13	1	3	2	1	—	3	
Queen Street ...	9	2	6	2	1	—	9	
York Street ...	13	1	9	1	1	4	4	
Church Row ...	4	2	—	—	—	—	—	
Totals ...	588	75	214	63	48	39	130	

The Sanitary Inspector, in stating that many owners of house property have been seen personally, remarks that a "large amount of sanitary work has been done voluntarily."

Houses demolished : Three in Garden Street, one at back of Eastport Lane, six in North Place.

Houses closed : Six in Green Wall, six in North Court.*

(* Two of these are still occupied until tenants find houses, but will then be closed definitely.)

New houses finished, or in course of erection, 20.

WORKSHOPS.

Of those which come within the scope of this report there are 113, most of which I have personally inspected.

I. Sanitary condition of Workshops and Work Places :—

(a) *Cleanliness* : No cause for complaint

(b) *Air Space* : In many ample ; in others the limit is quite or almost reached. It is obvious that 250 cubic feet is absolutely insufficient to secure the requisite 3,000 cubic feet of fresh air per hour per head except under the infliction of an unbearable draught. One case of overcrowding was abated.

(c) *Ventilation* : Means of ventilation, generally speaking, fair ; but not always made use of.

(d) *Light* : Provision generally good, especially in large work rooms.

(e) *W.C. Accommodation* : In several cases most unsatisfactory. The w.c.'s I have often found in a filthy state, very primitive and inconveniently situated.

II. Special sanitary regulations for Bakehouses are observed. (See also "Bakehouses.")

III. HOME WORKERS : Twelve in number. With three exceptions they have been found to be working under fair circumstances.

IV. A list of House Workers is kept.

V. A register of Workshops is kept.

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TABLE I.

Borough of Lewes.

Vital Statistics of Whole District during 1903 and previous Years.

YEAR.	Population estimated to Middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.			
		Number.	Rate.*	Under 1 Year of Age.		At all Ages.					Number.	Rate.*	Number.	Rate.*
				Number.	Rate per 1,000 Births registered.	Number.	Rate.*							
1	2	3	4	5	6	7	8	9	10	11	12	13		
1893	11,000	387	34'5	32	85	171	15'5	12	—	—	171	15'5		
1894	11,000	268	24'3	26	97	155	14'09	17	—	—	155	14'09		
1895	11,000	276	25	35	126'8	167	15'1	24	6	—	161	14'6		
1896	11,000	253	23	30	118'5	165	15	18	—	—	165	15		
1897	11,000	265	24	30	113'2	170	15'4	21	—	—	170	15'4		
1898	11,000	239	21'7	22	92	158	14'3	16	—	—	158	14'3		
1899	11,000	237	21'5	32	135	207	18'8	35	2	—	205	18'6		
1900	11,000	253	23	27	106'7	170	15'4	27	6	—	164	14'9		
1901	11,249	231	20'5	27	116'8	156	13'8	23	2	—	154	13'6		
1902	11,249	203	18	24	118	140	12'4	11	6	—	134	11'9		
Averages for years 1893-1902.	11,049	261'2	23'5	28'5	110'9	165'9	15	20'4	4'4	—	163'7	14'8		
1903	11,249	242	21'5	20	82'6	137	12'17	7	2	—	135	12		

* Rates in Columns 4, 8 and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public institutions" to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres
(exclusive of area
covered by water). } 1,024

Total population at all ages..... 11,249
Number of inhabited houses 2,423
Average number of persons per house 4'6

} At Census
of 1901.

I. Institutions within the District receiving sick and infirm persons from outside the District.	II. Institutions outside the District receiving sick and infirm persons from the District.	III. Other Institutions, the deaths in which have been distributed among the several localities in the District.
Lewes Victoria Hospital.	Chailey Workhouse. Various London Hospitals. Sussex County Hospital, Brighton.	

TABLE II.

Borough of Lewes.

Vital Statistics of separate Localities in 1903 and previous years.

NAMES OF LOCALITIES.	ST. ANNE'S.				ALL SAINTS.				SOUTHOVER.				CLIFFE.				ST. JOHN'S.				SOUTH MALLING.				ST. MICHAEL'S.			
	Population esti- mated to middle of each Year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 Year.	Population esti- mated to middle of each Year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 Year.	Population esti- mated to middle of each Year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 Year.	Population esti- mated to middle of each Year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 Year.	Population esti- mated to middle of each Year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 Year.	Population esti- mated to middle of each Year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 Year.	Population esti- mated to middle of each Year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 Year.
YEAR.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.
1893 ..	2019	..	21	..	1903	..	32	..	1254	..	16	..	1559	..	22	..	2956	..	58	..	502	..	..	..	804	..	8	..
1894 ..	2019	..	21	..	1903	..	34	..	1254	..	18	..	1559	..	18	..	2956	..	35	..	502	..	..	..	804	..	7	..
1895 ..	2019	..	22	3	1903	..	21	2	1254	..	24	8	1559	..	24	6	2956	..	35	11	502	..	3	..	804	..	12	0
1896 ..	2019	..	24	4	1903	..	31	2	1254	..	15	2	1559	..	24	3	2956	..	24	16	502	..	4	1	804	..	7	1
1897 ..	2019	..	29	9	1903	..	21	2	1254	..	19	4	1559	..	20	4	2956	..	47	8	502	..	5	1	804	..	8	2
1898 ..	2019	..	29	2	1903	..	22	5	1254	..	20	1	1559	..	20	6	2956	..	32	5	502	..	3	3	804	..	13	3
1899 ..	2019	..	32	4	1903	..	24	3	1254	..	25	5	1559	..	19	2	2956	..	45	10	502	..	6	3	804	..	8	0
1900 ..	2019	..	25	9	1903	..	31	4	1254	..	19	2	1559	..	28	3	2956	..	41	7	502	..	5	1	804	..	15	1
1901 ..	2146	..	23	1	1801	..	22	3	1350	..	22	4	1605	..	21	1	3099	..	39	12	496	..	6	1	748	..	17	5
1902 ..	2146	..	20	3	1801	..	23	3	1350	..	15	3	1605	..	20	6	3099	..	39	9	496	..	6	0	748	..	6	0
Averages of Years 1893 to 1902.	2044	..	24.6	4.3	1882	..	26.1	3	1273	..	19.3	3.6	1568	..	21.6	3.5	2984	..	39.5	9.7	500	..	6.7	2	792	..	10.1	1.5
1903 ..	2146	..	16	2	1801	..	21	1	1350	..	18	3	1605	..	19	3	3099	..	39	8	496	..	6	2	748	..	16	1

NOTES.—(a) The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district; and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns *c* of this table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I., as to meaning of terms "resident" and "non-resident.")

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV.; thus, the totals of sub-columns *a*, *b*, and *c* should agree with the figures for the year in the columns 2, 3, and 12, respectively, of Table I.; the gross total of the sub-columns *c* should agree with the total of column 2 in Table IV., and the gross total of sub-columns *d* with the total of column 3 in Table IV.

TABLE III.

Borough of Lewes.

Cases of Infectious Disease notified during the Year 1903.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY.							NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY						
	At all Ages.	At Age†—Years.					1	2	3	4	5	6	7	1	2	3	4	5 (H.)	6	7
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.														
Small-pox .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	5	..	3	1	1	..	..	..	1	4	..	..	..	..	..	1	3	..	..	..
Membranous croup .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	6	..	..	..	1	5	..	1	1	1	2	..	1	..	..	..	..	..	..	..
Scarlet fever	2	..	..	1	1	..	1	1	..	..	..	..	..	1	1	..	..	..	..	..
Typhus fever .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever	3	..	..	1	..	2	1	..	..	..	2	..	..	..	..	..	..	..	..	..
Relapsing fever .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued fever .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal fever .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
*
Totals	16	..	5	3	8	..	2	2	2	5	4	..	1	1	1	1	3	..	..	..

NOTES.—The localities adopted for this table should be the same as those in Tables II. and IV.

State in space below the name of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. Mark (W) the locality in which a workhouse is situated.

* This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

ISOLATION HOSPITAL: LEWES INFECTIOUS.

Answer to Question

For the first part of the question, the answer is:

Question	Answer	Explanation
1. What is the definition of a function?	A function is a relation between a set of inputs and a set of possible outputs, where each input is related to exactly one output.	
2. What is the domain of a function?	The domain of a function is the set of all possible input values.	
3. What is the range of a function?	The range of a function is the set of all possible output values.	
4. What is the graph of a function?	The graph of a function is a visual representation of the function, showing the relationship between the input and output values.	
5. What is the slope of a line?	The slope of a line is a measure of the steepness of the line, calculated as the change in the y-value divided by the change in the x-value.	
6. What is the equation of a line?	The equation of a line is a mathematical expression that describes the relationship between the x and y values of the line.	
7. What is the area of a rectangle?	The area of a rectangle is the product of its length and width.	
8. What is the volume of a cube?	The volume of a cube is the product of its length, width, and height.	
9. What is the perimeter of a square?	The perimeter of a square is the sum of the lengths of its four sides.	
10. What is the circumference of a circle?	The circumference of a circle is the distance around the circle, calculated as $2\pi r$, where r is the radius.	

TABLE IV.

Borough of Lewes.

Causes of, and Ages at, Death during Year 1903.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.							DEATHS IN OR BELONGING TO LOCALITIES (AT ALL AGES).							TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.
	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	St. Anne.	All Saints.	Southover.	Cliffe.	St. John.	South Malling.	St. Michael.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Small-pox .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet fever .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping-cough	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..
Diphtheria and membranous croup .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Croup .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhus .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fever { Enteric .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other continued .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epidemic influenza	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..
Cholera .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhoea	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..
Enteritis	1	..	1	..	..	..	..	..	..	..	..	1	..	..	..
Puerperal fever .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other septic diseases .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis	19	..	1	..	4	14	..	2	4	3	4	3	..	3	..
Other tubercular diseases ..	2	1	..	..	..	1	..	..	..	..	1	1	..	..	..
Cancer, malignant disease ..	13	..	..	..	..	4	9	..	4	3	1	3	1	1	..
Bronchitis	15	3	2	..	..	2	8	3	1	1	4	4	..	2	..
Pneumonia	4	1	1	..	..	2	..	..	1	..	1	2	..	..	..
Pleurisy	1	..	..	..	..	..	1	..	..	..	..	..	..	1	..
Other diseases of respiratory organs .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholism	2	..	..	..	..	2	..	..	..	..	..	1	..	1	..
Cirrhosis of liver															
Venereal diseases .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Premature birth	6	6	..	..	..	..	..	1	1	1	1	1	..	1	..
Diseases and accidents of parturition	1	..	..	..	..	1	..	..	..	..	1	..	..	..	..
Heart diseases	10	..	..	2	1	3	4	3	1	..	..	4	..	2	2
Accidents	4	1	..	..	..	2	..	..	..	..	1	1	..	1	2
Suicides	2	..	..	..	..	1	1	1	..	..	..	..	1	..	..
Acute rheumatism .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
All other causes	53	6	4	1	1	15	26	5	9	9	5	18	3	4	2
All causes	135	20	9	3	6	47	50	16	21	18	19	39	6	16	7

