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BOROUGH of LEWES

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1944

by

G.M. DAVIDSON LOBBAN.

M.B., Ch.B., D.P.H.

Public Health Department,
Town Hall,
Lewes.

12th September, 1945.

PUBLIC HEALTH OFFICE,
TOWN HALL,
LEWES.

12th September, 1945.

To The Mayor, Aldermen and Councillors,
of Lewes Municipal Borough.

Mr. Mayor, Aldermen and Councillors,

I have pleasure in submitting the Annual Report on the health of the inhabitants and on the sanitary conditions of Lewes Municipal Borough during the year 1944.

The Report is an abbreviated one as in former war years. As before records, statistics and other important data relating to Public Health have again been placed in safe keeping for later inclusion in a more comprehensive Report which will give a full account of the conditions of public health during the war years, besides reviewing the state of health of the inhabitants of the Borough during 1945.

The year 1945, in which the present Annual Report was written, marks the change from war to peace and from that point of view it is a most important time for Public Health. In the change over many lives are now being re-adjusted and although in common with many other public services the Public Health undertakings were conditioned in war time by the prior claims of the fighting services, it can be fairly claimed that the health of the population in Lewes during the war years was good. The younger members of the community now being discharged from the Forces are returning to a town which is in a healthy state. This has been achieved despite many shortages and a multitude of restrictions.

The year 1944 presented some difficulties due to an increase of these shortages and restrictions. If the war had been prolonged another year it is quite likely that there would have been serious repercussions and the health of the community would have suffered in a marked degree.

In 1944 the general health of the town was satisfactory. There was a high birth rate of 18.29 per 1,000 population. The death rate, 14.38 per 1,000 population was weighted by a large number of persons dying above the age of seventy years. This is a crude rate and not an adjusted one. Many people died in advanced years and there is no doubt that war-time conditions were harder upon the older than upon the younger generation.

The numbers of cases of, and deaths from, infectious diseases generally were low; although there was a small outbreak of whooping cough with one death from this cause.

Only one death associated with childbirth was registered.

There was no untoward increase in the number of deaths from tuberculosis compared with former years and there was no evidence that this disease was increasing to a large extent as expected in war years.

/In common

In common with all districts all over the country, there was the housing shortage which still persists. Here again the prior claims of the fighting services absorbed nearly all the available man-power and materials. In this direction it has to be realised that the housing shortage will continue until the necessary labour and materials are set free and an all-out attack is made upon the country's most serious and urgent problem.

It is felt that continuance of the present small amount of rations, and especially the meagre amount of fats, will have serious effects upon the health of the community.

In presenting this Annual Report I desire to thank you for your kindness and courtesy and for the support you have given me during the year.

I am grateful for the help received from other departments of the Corporation, from the County Medical Officer and his staff, and from the general practitioners of the town.

To the members of my staff I am particularly indebted for their willing help during the year and their assistance to me in compiling this Report.

I am,
Your obedient Servant,

G.M.D.S.B. LOBBAN.

Medical Officer of Health.

SECTION I.

STATISTICS OF THE AREA - 1944.

Area (in acres)	1,981
Population	11,750
Number of inhabited houses	3,810
Rateable Value (estimated)	£121,039
Sum represented by a penny rate ...	£488

EXTRACTS FROM VITAL STATISTICS.

	Male	Female	Total			Rate per 1,000 Population
Live Births,						
Legitimate	101	86	187			
Illegitimate	11	17	28			
			215	...	...	18.29
Deaths	82	87	169	...	...	14.38

Number of women dying in, or in consequence of childbirth:-		Rate per 1,000 total births
Sepsis	0	00.00
Other Causes	1	4.65

Deaths of Infants under one year of age per 1,000 births (usually spoken of as Infantile Mortality). The number of deaths being 10, all of whom were legitimate children; the Infantile Mortality rate was 46.04 per 1,000 live births.

Deaths from Measles ...	0
" " Whooping Cough	1
" " Diarrhoea ...	0

Death Rate : The annual crude death rate in Lewes for 1944 was 14.38 per 1,000 population.

In all there were 169 deaths in the year 1944 as follows:-

	Male 82	Female 87
Cerebro-Spinal Fever	1	0
Influenza	1	1
Whooping Cough	1	0
Diphtheria	1	0
Encephalitis Lethargica	0	0
Tuberculosis of Respiratory System	5	2
Other Tuberculous Diseases	2	0
Cancer, Malignant Disease	10	17
Diabetes	0	1
Intra-Cranial Vascular Lesions	5	11
Heart Disease	23	31
Other Circulatory Diseases	2	3
Bronchitis	7	5
Pneumonia (all forms)	2	2
Other Respiratory Diseases	0	0
Ulcer of the Stomach (or Duodenum)	2	1
Other Digestive Disorders	3	1

	Male	Female
Acute and Chronic Nephritis	1	0
Congenital Debility and Malformation, Premature Birth	6	1
Other Maternal Causes	0	I
Suicide	1	0
Road Traffic Accident	0	I
Other Violent Causes	1	0
All Other Causes	8	9

Of all the causes deaths from heart disease (54) took premier place. Cancer took next place as a killing disease with 27 deaths (17 females and 10 males). This was followed by deaths from intra-cranial vascular lesions (mostly 'strokes') numbering 16. Then came deaths from bronchitis (12); pulmonary tuberculosis (7); other diseases of the circulatory system (5); congenital deformities at birth, birth injuries, etc., (7); pneumonia (4); other digestive diseases (4); ulcer of the stomach (or duodenum) (3); influenza (2); non-pulmonary tuberculosis (2).

These were succeeded by one death each ascribed to cerebro-spinal fever; whooping cough; diphtheria; diabetes; nephritis; other maternal causes than sepsis; suicide; road traffic accident and other violent causes. Deaths from all other causes, not specifically mentioned above, numbered 17.

SPECIFIC CAUSES OF DEATH

1. Heart Disease. As in former years heart disease has caused the largest number of deaths. Bearing in mind the fact that in many cases the heart in elderly people becomes diseased, a naturally large proportion of deaths from this cause occurs in the old.

Concerning cases which die from heart trouble at comparatively early ages, early rheumatic infection has been most likely the original cause. This infection in some children is very insidious and often ignored. Frequently slight pains in the joints and limbs go unheeded. Recurrent tonsillitis may be the only manifestation. A periodic and regular survey by the family doctor would save a good deal of lives and of crippling.

2. Cancer. The apparent rise in the numbers of deaths from cancer has been viewed with alarm in recent years. Diagnosis and treatment of this disease are more accurate and effectual nowadays, and the proportion of the population most liable to be affected (i.e., after 50 years of age) is increasing in size due to the increased expectation of life.

It may be stated that the chance of treating successfully, or of prolonging the life of cancer victims have definitely increased in the case of women under 65 years of age. In a certain type of cancer in men (cancer of the prostate gland) the prospects of cure have increased enormously. The improved methods of diagnosis and treatment and the use of radium therapy now used today have proved of immense benefit.

3. Intra-Cranial Vascular Lesions. Generally intra-cranial vascular lesions as a cause of death when found as such are found in the elderly.

4. Bronchitis. Bronchitis commonly occurs at the change of the seasons and may recur yearly, and affects the young and old alike. Chronic bronchitis may follow an acute attack or may be

associated with heart disease, kidney disease or other lung affections, such as pneumonia.

5. Pulmonary Tuberculosis. The death rate from pulmonary tuberculosis in Lewes for 1944 was 0.59 per 1,000 population; approximately the same average annual rate as for the five years 1934 to 1938. Deaths from this disease have been declining in recent years, whilst the percentage of cures have been increasing due to the advances in treatment and to the early examination of contacts.

It cannot be too deeply emphasized that a person suffering from tuberculosis in an infectious state is a danger to his own family and to the community at large. All such cases should in their own, and in others, interests undergo treatment at a Sanatorium. A Government Scheme is in existence whereby patients being treated for pulmonary tuberculosis in a sanatorium for an adequate length of time can receive allowances, and these greatly allay, what is perhaps a major anxiety, financial commitments.

In some cases there appears to be a reluctance on the part of contacts of pulmonary tuberculosis cases to be medically examined. The percentage of contacts so examined who reveal tuberculosis is extremely low. In some years it is almost infinitesimal; in others zero. At the worst, to be diagnosed as suffering from pulmonary tuberculosis need no longer be taken as a sentence of death, since the percentage of cures is high.

6. Congenital Deformities, Birth Injuries, etc. Congenital deformities, birth injuries, etc., quickly put an end to an infant's existence. The number of deaths of infants in their first month far outweighs the remaining number of deaths of infants under one year.

A certain amount of infant deaths due to congenital deformities, injuries at birth, etc., are unavoidable but many are preventible if proper care and regular medical examinations are made of the pregnant woman. Faulty nutrition and undernourishment of a woman in pregnancy are held to be two important factors causing a great proportion of infant fatalities.

7. Pneumonia. Pneumonia in Lewes does not rank so high in the list of killing diseases as it does in northern industrial areas, and in congested towns. This disease, the incidence of which is highest in winter and spring, is sometimes associated with influenza. Debilitating conditions predispose towards it.

8. Ulcers of the Stomach (or Duodenum). There appears to have been an increase all over the country of ulcers of the stomach, or duodenum. Worry and strain very often help to bring these conditions about and perpetuate them.

9. Non-Pulmonary Tuberculosis. Deaths from non-pulmonary tuberculosis remain about the average of recent pre-war years. The cause of many cases of this infection is undoubtedly the tubercule bacillus conveyed in milk infected by tuberculous cows.

10. Infectious Diseases. On noting the number of deaths from infectious diseases one can observe that they are remarkably small in number.

Of the rest of the causes of death not much comment is required as there is nothing much outstanding.

NOTES ON STATISTICS

Death rates and causes of deaths are useful and necessary when comparing one period with another in a more or less stable population or in comparing the figure in almost identical communities. They also help in research concerning various diseases.

It is more necessary, however, to have full access to statistics concerning the living. Already one can readily see whether the incidences of different notifiable infectious diseases are increased or decreased for certain months or years, as these statistics are available.

Statistics concerning the number of living people suffering from heart disease, cancer, rheumatism, gastric ulcer, kidney disease and other diseases, each of which causes disablement and loss of health and efficiency, are not so readily available to Public Health Administrators, although one can obtain a good deal of this information from National Health Insurance files.

If it is the intention to carry out a national public health scheme for the prevention of disease, such statistics of the living would lead to a closer conception of the extent of the disease, the age, sex, seasonal variations and other factors such as employment bearing upon each malady, and thus help materially in research and in the discovery of curatives and, better still, in prevention.

Birthrates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case rates for certain infectious diseases in the year 1944. Provisional figures based on weekly and quarterly returns.

	England and Wales	126 C.Bs. and great Towns including London.	148 Smaller Towns Resident Pop. 25,000 to 50,000 at 1931 Census.	London Adm. County	Lewes.
	Rates per 1,000 Civilian Population.				
Live Births	17.6 *	20.3	20.9	15.0	18.29
Stillbirths	0.5 *	0.64	0.61	0.42	0.51
Deaths					
All Causes	11.6 *	13.7	12.4	15.7	14.38
Typhoid & Paratyphoid	0.00	0.00	0.00	0.00	0.00
Scarlet Fever	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.03	0.03	0.02	0.04	0.08
Diphtheria	0.02	0.03	0.03	0.01	0.08
Influenza	0.12	0.10	0.11	0.08	0.00
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	0.01	0.01	0.01	0.00	0.00

N.B. * Signifies rates per 1,000 Total Population.

	England and Wales	126 C.Bs. and Great Towns including London.	148 Smaller Towns Resident Pop. 25,000 to 50,000 at 1931 Census.	London Adm. County	Lewes
	Rates per 1,000 Live Births				
Deaths under 1 year of age	46 ƒ	52	44	61	10
Deaths from Diarrhoea and Enteritis under 2 years of age	4.8	7.3	4.4	10.1	0.00
N.B. ƒ Signifies rates per 1,000 related births.					
Notifications					
	Rates per 1,000 Civilian Population				
Typhoid Fever	0.0I	0.0I	0.0I	0.0I	0.00
Paratyphoid Fever	0.00	0.00	0.0I	0.0I	0.00
Cerebro-Spinal Fever	0.05	0.06	0.04	0.06	0.08
Scarlet Fever	2.40	2.41	2.67	1.57	1.95
Whooping Cough	2.49	2.49	2.29	2.90	11.14
Diphtheria	0.58	0.67	0.69	0.31	0.08
Erysipelas	0.29	0.32	0.28	0.37	0.42
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	4.16	4.51	3.94	2.98	4.51
Pneumonia	0.97	1.13	0.82	0.93	1.27

The practical advantage gained by the compilation and use of vital statistics is immense. Public Health matters which were fiercely debated one hundred years ago and on which only a very shrewd and experienced medical man could form an opinion, are now within easy compass.

By the use of vital statistics one can compare the relative healthiness of different areas. Instead of commenting upon the apparent unhealthiness of one district, when measured with another without much basis of facts, if one compared the vital statistics of two areas which have had more or less stable populations over a reasonable number of years, some valuable conclusions can be reached.

One can study comparative statistics of the general death rates; of the death rates from pulmonary tuberculosis; of the infantile mortality rates; of the maternal mortality rates; of the death rates from Zymotic Diseases and of the death rates from bronchitis. Thus a fair picture can be obtained of the relative healthiness of one district to another.

A reasonable period, remote from war years, such as during the years 1929 to 1936 can be chosen. The areas to be considered in comparison are a northern industrial area and the Lewes Borough area, both of which have had a more or less stable population over a number of years.

The average annual death rate in the northern industrial area from 1929 to 1936 was 14.05 per 1,000 population. In the Lewes area the rate was 10.9 per 1,000 population.

One finds that over the same period the average annual death rate from pulmonary tuberculosis was 0.68 per 1,000 population for the industrial area whereas the figure for Lewes was 0.47 per 1,000 population.

The average annual infantile mortality rate for the industrial area in the 1929 to 1936 period was 73.6 per 1,000 related births, and in Lewes for the same period it was 45.6 per 1,000 related births.

The averagematernal mortality rates for the same period were 5.77 for the industrial area and 3.66 for the Lewes area, both rates per 1,000 births.

The average death rates from Zymotic Diseases during 1929 - 1936 were, for the industrial area 0.315; for Lewes 0.29, both per 1,000 population.

Bronchitis claimed about twice the number of victims in the industrial area than in Lewes. The average annual mortality from this disease in the period 1929 to 1936 for the northern industrial area was 0.99 per 1,000 population and for Lewes the comparable figure was 0.55.

As the northern area chosen for comparison with Lewes is primarily a manufacturing place, and in consequence has a large excess of young adults and females in its population, and Lewes is more or less a residence for elderly and retired persons, or for persons mainly of middle age, adjusted death rates have been compared in this article to allow for the differences in age distribution and sex distribution in the general population. These adjusted rates then have regard for age and sex when the probability is measured of a person dying within one year or in a number of consecutive years from any cause whatever, in populations constituted in respect of age and sex.

The annual crude death rates which measure the probability of a person, regardless of age and sex, dying within one year or within a consecutive number of years from any cause, when used for comparison of one locality with another, are unreliable and have not been used. They are inaccurate because of the composite and unanalysed character of the populations under discussion.

The pulmonary tuberculosis death rate, and the infantile mortality rate, are both sensitive indices concerning the healthiness or otherwise of a district or area. The death rate from pulmonary tuberculosis is a reliable indicator when averaged over a number of years. A comparatively high rate occurs with dampness of soil, unhealthy workplaces, overcrowding, malnutrition and poverty.

The infantile mortality rate is an important index owing to the frailty of infant life, and a variety of factors involved, many being social and personal, as well as environmental. Usually a comparatively high infantile mortality rate in a given community implies in general a high death rate in the next four years of life, and a low rate is usually followed by a low death rate in the succeeding four years. If the latter be the case, there is thus a great saving in potential adults; also of great import, there is more fitness all through the span of life.

Maternal mortality is usually higher in highly industrialised areas and least in the South of England towns where there is a good midwifery service. The seriousness of maternal deaths is due to

women of child-bearing and rearing ages being cut off usually in the prime of life. The effect of a mother's death on a family is far reaching. There may be also an associated death of the infant when the mother dies in consequence of childbirth, or if the infant survives, it may be damaged and carry a disability through life.

The Zymotic Diseases death rate is based upon the number of deaths from smallpox, measles, scarlet fever, fever (including typhus and enteric fever), whooping cough, diphtheria and diarrhoea (including cholera). A continued high rate indicates insanitation.

From bronchitis no one can be immune. It is frequent and serious in old people and in children. Malnutrition, unhygienic living, exposure to cold raw air, mist and fog predispose and often determine an attack. In children persistent bronchitis often follows measles and whooping cough. In older people chronic bronchitis may follow acute bronchitis, or may be associated with kidney, heart or lung affections. It is very frequent in northern industrial areas where there is a cold raw damp climate.

In conclusion it can be said that the vital statistics, when considered over the same period and number of years, in the two areas - northern industrial and South of England - indubitably prove that it is much more advantageous, from a health point of view, to be born in and live in a South of England town, such as Lewes, than to be born in and live in a northern industrial area.

The related death rates point to the probability of residents in Lewes generally living to a riper old age than residents in the industrial town, and such has been borne out by an examination of death returns over a considerable number of years.

Conditions which tend to a high death rate from pulmonary tuberculosis such as dampness of soil, unhealthy workplaces, overcrowding, malnutrition and poverty, are not so evident in Lewes as in less favourable northern manufacturing towns, and such is the case.

Premature births, malformations and other defects at birth which largely put an end to an infant's existence, still play a great part in the infantile mortality figure. These accidents occur almost in equal proportion in the two areas compared. The probability of an infant surviving over the first birthday is almost doubled if the birth and residence of the infant is in a South of England town than if the infant had been born and reared in a northern manufacturing town. Further, the probability of the survivors in the next succeeding four years will emerge safely into the fifth year of their lives is almost doubled. Moreover there is more chance of greater health and longevity in the inhabitants of Lewes generally.

Comparison of the maternal mortality statistics indicate that motherhood in Lewes has reached a comparatively high level of safety. The risk run in childbirth in this town is a small one.

There appears less risk in Lewes of succumbing to an infectious disease. In recent years it may be stated that deaths from infectious diseases have been rare in this area.

Deaths from bronchitis took place chiefly in the elderly in the northern industrial area. Lewes is happily blessed with a more or less equable climate, a dry atmosphere, cold raw air, mist and fog are but infrequent in evidence, and deaths from bronchitis in the town were proportionately half of those in the north.

This knowledge then - the knowledge of vital statistics - is of immense value in fair comparisons, such as havebeen taken.

Statistics with plain English as a propellent are formidable missiles. Resort to the use of numerical standards, such as vital statistics etc., instead of vague speculations, renders invaluable service to Public Health which is concerned with the well-being of populations at large.

Useful though these statistics are they are mostly statistics of the dead. The statistics of the living, such as the incidences of respiratory, rheumatic and digestive diseases, injuries and accidents, of which at present there are no accurate records, would prove of equal or even greater value if a more comprehensive idea of the state of health of a given population is to be obtained.

BIRTH RATE

The birth rate in Lewes for the year under review was 18.29 per 1,000 population. The average annual birth rate for the years 1939 to 1943 was 14.22 per 1,000 population and for the years 1934 to 1938 it was 12.0 per 1,000 population.

The birth rate has been progressively decreasing in this country during the last seventy years. It has been evident to most that there has been an increasing proportion of old people in the population during the last few decades. This fact has not been lost upon business people concerned with industries and trades catering for the ageing and the aged. The publishing trade increased their output, since old people like to read. Clothing manufacturers have supplied more materials giving warmth, durability and conservative styles. Dealers in easy chairs and wireless sets have flourished. Land and property in residential areas have increased in value. There appeared to be a contraction of the more robust games.

It is obvious that if we are becoming a nation of old people, as we certainly are, due to the decline in the birth rate and to the prolongation of life, a smaller proportion of young people will have inevitably to support a greater number of the aged - a dying nation in fact.

There now appears to be a swing in favour of an increased birth rate. Whether this is due to a renewal of family life occasioned by insecurity and people withdrawing more into their own homes, or to pure recklessness, borne of insecurity and doubt, is not clear. Towards or at the end of a war of some years' duration there is nearly always a replacement of human stock. Psychical and emotional disturbances tend to a reversion of family life. It appears that the present increase in the number of births is of a temporary nature. There has been a deliberate artificial restriction of births for practical and economic reasons.

In war years there have been higher wages awarded to certain sections of the community and this has had some effect in ultimately producing a larger birth rate despite the controlled supplies of clothing, food and other means of subsistence. Also a large number of marriages of young men and women in the Forces have taken place.

It is clear that if wages come down the cost of living will have to come down with them. This includes the costs of all food and materials necessary for present day life. The severe strain to which some classes of the community have been subjected, such as occasioned by higher taxation, will have to be removed before any hope can be perceived and they undertake the raising of a family.

There are many legal, social and economic reforms which are overdue and which have a great bearing upon an increased birth rate

in this country. To mention but a few, there are the cuts in the continued rationing of the nation's food supply; the withholding of labour for agriculture and for the distribution of food; various rings which keep up food prices and prices of materials; the expensive methods of distribution of food stuffs and materials necessary for subsistence; shortage of houses; high rents in some cases and high prices of houses; restrictions in tenancy agreements to the exclusion of children; expensive education and many other restrictivesfactors militating against the upbringing of a family.

Despite all these deterrents there has been, as I have stated earlier, a temporary swing over in favour of an increased birth rate. One could speculate upon how much more the increase would have been if conditions, such as shortage of housing accommodation, lack of furnishing and household equipment, diminished supplies of clothing, and of woollen and cotton materials, and high taxation - all factors limiting an increase - were removed.

It is obvious that to regain our place as a premier exporting nation we will have to work extremely hard. Young people will be required to make good the wastages of war in life, material and wealth. Foreign investments returning over three hundred million pounds normally to this country, which offset a large percentage of our imports, have gone. Prudence and industry over many years created the vast capital required for such a dividend which made the cost of living a cheap one before the war. It is clear then that only prudence and industry can bring back conditions akin to those of the pre-war period.

Any propaganda as to easy living without working which does not take into account hard facts, is misleading and may be fertile in future unrest and defeat its own end - security, since unrest will bring insecurity.

Nevertheless, it seems paradoxical that in the recent past we have been striving to produce plenty so that there should be no want of certain essentials for a full and contented life. Instead of plenty, poverty of these essentials has been too evident. One cannot say that domination of our lives by the machine has made us happier. I am certain that the average man or woman in this country is more contented to receive money which he or she has justly earned by their own work or endeavour. Moreover, self respect is so retained. A life of dull monotonous ease depending upon the State for nearly everything would be resented by most.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

1. PUBLIC HEALTH FACILITIES OF THE LOCAL AUTHORITY.

The Medical Officer of Health for the Borough of Lewes is also the Medical Officer of Health for the Seaford Urban and Chailey Rural District Councils, and in addition is School Medical Officer to the Lewes Education Committee.

Normally two Sanitary Inspectors carry out their duties in the Borough.

2. LABORATORY FACILITIES.

These are provided by the Clinical Research Association at Hiltons Annexe, South Road, Haywards Heath. Particulars of examinations carried out are as follows:-

Swabs for Diphtheri	Positive	Negative	Doubtful	Total
Swabs for Diphtheria	1	32	-	33
Miscellaneous Examinations	-	8	-	8

3. AMBULANCE FACILITIES.

(a) For Infectious Diseases Cases. Under agreement a motor ambulance is provided by the Newhaven and Seaford Joint Hospitals Board for the transport of cases of infectious diseases.

(b) For Non-Infectious Cases. The St. John Ambulance Brigade provides two motor ambulances for the removal of accident cases and cases of illness requiring hospital treatment.

(c) For Tuberculous Cases. Facilities for transport of patients by motor ambulance are provided by the East Sussex County Council.

4. NURSING IN THE HOME.

Home Nursing is carried out by the East Sussex County Nursing Federation through the Lewes and District Nursing Association.

5. CLINICS AND TREATMENT CENTRES.

The following is a list of Clinics and Treatment Centres available for Lewes residents during 1944.

DESCRIPTION AND SITUATION.	DAY AND TIME OF ATTENDANCE.	BY WHOM PROVIDED.
Dental Clinic (Welfare Cases) Castlegate House.	MONDAYS 2 p.m.	E.S.C.C.
Tuberculosis Clinic, Castlegate House.	TUESDAYS 10.30 a.m.	E.S.C.C.
Maternity & Child Welfare. St. Michael's Hall.	TUESDAYS 2 p.m.	Voluntary & E.S.C.C.

DESCRIPTION AND SITUATION.	DAY AND TIME OF ATTENDANCE.	BY WHOM PROVIDED.
Orthopaedic Clinic. Castlegate House.	TUES. & THURS. 2 p.m. SATURDAYS 10 a.m.	E.S.C.C.
Artificial Pneumothorax. Castlegate House.	WEDNESDAYS 10 a.m.	E.S.C.C.
Artificial Light. Castlegate House.	MONDAYS & THURSDAYS 10 a.m.	E.S.C.C.
Ante-Natal Clinic. Castlegate House	1st & 3rd FRIDAYS 2 p.m.	E.S.C.C.
SCHOOL CLINICS		
(a) Minor Ailments Clinic, Market Tower.	MONDAY - FRIDAY 9.30 a.m. - 12.30 p.m.	Lewes Education Committee
(b) Dental Clinic, Market Tower.	MONDAYS & THURSDAYS 9.30 a.m. to 12.30 p.m.	Ditto.
(c) Ophthalmic Clinic. Market Tower.	THURSDAYS 2 - 4.30 p.m.	Ditto.

6. HOSPITALS - PUBLIC AND VOLUNTARY.

Name & Situation	Type	No. of Beds Available.	Management
A. Within the Borough			
Victoria Hospital, Nevill Road, Lewes.	General	35	Voluntary
B. Outside the Borough			
Newhaven & Seaford Joint Infectious Diseases Hospital. Gibbon Road, Newhaven.	I.D. Hospital.	15	Newhaven & Seaford Joint Hosp: Board.
Public Assistance Hospital, South Common, Chailey.	General.	96	East Sussex County Council

In addition to the above, patients from Lewes are treated at the Brighton Institution, the Royal Sussex County Hospital and the Children's Hospital, Brighton.

7. POOR LAW MEDICAL AID RELIEF.

The arrangements in operation for the provision of medical assistance for those in poor circumstances are made by the East Sussex County Council.

8. INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

The East Sussex Mental Hospitals Board deal with the Lunacy and Mental Deficiency services.

9. LEGISLATION IN FORCE.

(a) Private Acts. Lewes Corporation Act, 1929.

(b) Adopted Acts. Infectious Diseases (Notification) Act, 1889. 1st January, 1890.
Infectious Diseases (Prevention) Act, 1890 - 2nd February, 1898.
Public Health Acts Amendment Act, 1890, Part 3 - 3rd August, 1905.
Public Libraries Acts 1892 and 1893 - 5th May, 1897.
Public Health Acts Amendment Act, 1907 (Part 2, except Section 30, Part 3, Part 4, except Sections 58 and 68, Part 5 and Part 6) - 9th September, 1912.
Public Health Act, 1925 (Parts 2, 3, 4 and 5) - 3rd March, 1926

(c) Public Health Acts. (see above).

(d) Bye-Laws. Bye-laws made on the 2nd August, 1882 with respect to:-

New streets and buildings (subsequently repealed by Section 60 of Bye-Laws made 4th February, 1925, with respectto New Streets and Buildings and Water Closets, etc., in connection with buildings);

The cleansing of footways and pavements;

Nuisances; Common Lodging-Houses; and Slaughter-houses.

Bye-laws made on 3rd July, 1895, with respect to shooting galleries, swing boats, steam organs, etc.

Bye-laws made on the 19th October, 1898, with respect to the Pleasure Grounds known as the Pells and the Town Brook.

Bye-laws made on the 6th February, 1901, as to Street Betting.

Bye-laws made on the 3rd July, 1901, for regulating the use of locomotives and of waggons drawn by locomotives on any highway.

Bye-laws made on the 4th March, 1903, as to Music, etc., in streets, and Noisy Animals.

Bye-laws made on the 1st February, 1905, as to lights on Vehicles.

Bye-laws made on the 15th March, 1907, with respect to the Paving of Yards and Open Spaces in connection with dwelling houses and the keeping of water closets supplied with sufficient water for flushing (subsequently repealed by Section 60 of Bye-laws made on 4th February, 1925, with respect to New Streets and Buildings and Water Closets, etc., in connection with buildings).

Regulations made on the 2nd January, 1907, with respect to Dairies, Cowsheds and Milkshops.

Bye-laws made on the 7th day of April, 1909, with respect to Noisy Hawking, Touting, Advertising Bills, Waste Paper, Refuse, etc., Noises in Street, etc., at night; and Shouting in Streets.

Order under Shops Act, 1912, made on the 2nd February, 1916, with respect to the hours of closing of shops.

Bye-laws made on the 7th May, 1913, as to Lights on Vehicles.

Bye-laws made on the 1st March, 1922, as to Noises on Char-a-bancs, etc.

Bye-laws made on the 4th February, 1925, with respect to New Streets and Buildings and Water Closets, etc., in connection with buildings.

Standing Orders revised 27th October, 1937, for regulating the business at Meetings of the Borough Council and of its Committees.

Bye-law made on the 1st January, 1930, re Nuisances by Dogs.

Bye-laws made on the 4th May, 1934, as to preventing the waste, undue consumption, misuse or contamination of water and conditions of supply.

SECTION III

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA.

1. WATER SUPPLY.

The Water supply is derived almost entirely from the Lewes Corporation Waterworks. Some private wells are still being used.

The Corporation Waterworks are situated at the south west end of the Town. The water is pumped from the well into the four covered distributing reservoirs, i.e., Jubilee Park; the Race Hill (2) and Western Road.

The supply is constant, of good quality and sufficient for the needs of the community.

The Public Analyst took during the year samples of water from the Lewes Well - quarterly for chemical and bacteriological examination and monthly for examination for organisms of the Coli Group. The following is a copy of one of his reports:

"4th August, 1944.

Report upon a sample of water taken by me on the 1st August, 1944.

Sample labelled - Lewes Well.

The water on arrival had the following characteristics:-

Colour	-	None
Smell	-	None
Sediment	-	None

Chemical Analysis afforded the following:

	Grains per gallon	Parts per million
Total solids (dried at 100° C)	23.6	
Solids (after ignition)	17.2	
Chlorine	1.6	
Ammonia (free)		.018
Ammonia (albumoid)		.042
Oxygen taken from permanganate in ¼ hour	Nil	
Oxygen taken from permanganate in 4 hours	Nil	
Nitrogen as Nitrates and Nitrites	.23	
Nitrites	Nil	
Hardness (total)	14.4	
Hardness (after boiling)	3.6	
Phosphates	Nil	
Metallic impurity, iron	Iron .02	
P.H.	7.4	

Bacteriological Examination

The organisms per ml. which grew on Nutrient Agar in three days at 22° C under aerobic conditions and were then visible to the naked eye as colonies numbered ... 1

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

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

Report.

Both chemically and bacteriologically this water is of the highest quality and I am of the opinion that it is eminently suitable for a Public Supply.

R.F. WRIGHT.

Public Analyst."

As the water supplied from the Lewes Well is not liable to have plumbo-solvent action, it has not been necessary to take any precaution against contamination by lead. Also no other form of contamination of the supply has occurred during the year.

In conclusion, all dwelling houses in the Borough have a direct piped supply from the public water mains, with the exception of 10 houses which receive their supply from private wells, but this is also piped direct to these houses.

2. DRAINAGE AND SEWERAGE.

Water carriage system; 53 houses only being connected to cesspools.

The sewerage system provides for the converging of all sewers to a central station at Southerham where the effluent, after the passing of the sewage through screens and settling tanks, is discharged into the River Ouse at suitable states of the tide.

3. RIVERS AND STREAMS.

No statutory proceedings to prevent pollution of rivers or streams were necessary during the year.

4. CLOSET ACCOMMODATION.

Water closet; part hand flushed but chiefly by flushing cistern.

5. SCAVENGING.

The collection of house refuse is normally carried out once a week over the whole district but during the months of May to September collection has been carried out once fortnightly owing to the reduced quantity of refuse arising from Salvage and Kitchen Waste collection schemes.

The disposal of the refuse takes place at the Council's Sewerage Works on the outskirts of the town and is utilised for filling up the low-lying adjacent ground.

6. SANITARY INSPECTION.

(a) Visits and Inspections:-

Houses and premises inspected	-	106
Complaints attended to	-	91
Visits to Slaughter Houses	-	7
Visits to Knacker Yards	-	12
Visits to Cowsheds and Milkshops	-	32
Visits to Bakehouses	-	8
Visits to Fried Fish and other food shops	-	99
Visits re defective drains	-	28
Drains tested by smoke or colour	-	6
Drains tested by water	-	8
Visits for sundry purposes	-	196

Visits under the Factory and Workshops Act	-	12
Visits regarding sickness	-	26
Patients removed to hospital	-	8
Visits regarding disinfection	-	31
Rooms disinfected	-	32
Inspections of verminous houses	-	35
Houses disinfested	-	12
Visits regarding Rodent Control	-	805
Visits to Stables	-	19
Samples of Milk	-	14
Inspections re Petroleum Acts	-	23
Inspections of Marine Stores	-	4
Inspections of Pig Keepers premises	-	5

(b) Nuisances Abated and Repair Works carried out:-

Choked drains	-	8
Drains relaid or repaired	-	7
W.Cs repaired or reconstructed	-	2
Sinks	-	2
Sink waste pipes	-	3
Eaves guttering and rainwater pipes	-	3
Ashbins provided	-	9
Doors and door-frames	-	5
Fireplaces and ranges	-	5
Floors	-	15
Staircases	-	1
Ceilings and internal walls	-	12
Yard Walls	-	1
Dampness remedied	-	12
Rooms cleansed	-	11
Verminous houses	-	14
Accumulations removed	-	11

2. INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

There are only three cowkeepers within the Borough; the greater supply of the milk is drawn from without.

Both retailer and producer premises were kept in a generally clean condition. It has, however, been necessary to draw the attention of one producer and two retailers to unsatisfactory conditions which were subsequently remedied. Of the fourteen samples which were submitted for bacteriological examination, six proved to be unsatisfactory.

(b) Meat and Other Foods.

Apart from the occasional slaughtering of a pig for home consumption, no other slaughtering has taken place in the registered slaughterhouses.

Inspections of food premises have been made regularly during the year and satisfactory conditions have been maintained.

Owing chiefly to war conditions a certain amount of food was found on inspection to be unfit for human consumption and was voluntarily surrendered by the owners on condemnation. The following table shows details of food condemned:-

Imported meat	968 lbs.
Bacon	126 lbs.
Fish	98 lbs.
Canned Meat	264 lbs.
Canned Fish	66 tins

Condensed Evaporated Milk	102 tins
Jam	57 lbs.
Eggs	125
Butter	47 lbs.
Rice	500 lbs.
Fresh Fruit	51 lbs.
Dried Fruit	68 lbs.
Dried Vegetables	57 lbs.
Flour	87 lbs.
Sausages	18 lbs.
Assorted items	46 packets or tins.

8. RODENT CONTROL.

Under the Infestation Order, 1943, the Minister of Food made a direction whereby it was necessary to make comprehensive reports to the Ministry with respect to the extent to which land within the Borough is subject to infestation by rats and mice, and to the measures which the Council have taken, or propose to take, to remedy that infestation.

In order that the necessary surveys might be carried out the Minister recommended that rodent operators should be appointed to make such surveys and where necessary to carry out disinfestation. Accordingly Mr. G. Mighall was appointed as Rodent Operator on the [illegible] January, 1944.

The survey revealed that the majority of food premises were free from infestation and that there was a heavy infestation in those premises adjoining the cut at the lower end of Soap Factory Lane. This infestation was cleared but is periodically re-infested to a minor degree.

The Refuse Tip, Ham Lane, was also subject to heavy rat infestation but by constant control, at first by the East Sussex County War Agricultural Executive Committee's rodent officers and subsequently by Mr. Mighall, the position has been kept in hand.

During the year 819 premises were visited and 93 were found to be rat-infested, and 38 mice infested. These infestations were cleared, resulting in 629 dead rats being found out of an estimated 'kill' of 2,430. Mice killed totalled 967.

9. ERADICATION OF BED BUGS.

14 instances of bug infestation were found during the year, all of which were successfully treated. The method of disinfestation varied between the use of vermicide solution or efficient fumigation, together with (in some cases) removal of skirtings, architraves and other wooden fixtures from walls and treatment by blow-lamp.

10. SWIMMING BATHS.

The open-air Swimming Bath at the Pells is owned by the Council. The bath is completely emptied, cleansed and refilled fortnightly; also the condition of the water is maintained by regular chlorination and the daily changing of a volume of the water. Analyses of the bath water have shown it to be bacteriologically satisfactory.

11. HOUSING.

History has a knack of repeating itself. Just as there are a multitude of discussions now on building a better and brighter Britain so there were a multitude of discussions just as the first World War was ending, when an eloquent politician declared "We

must build a country fit for heroes to live in".

The Housing Act of 1919 intended to carry out a great new building programme; was formed with great emotion and the responsibility for building houses for heroes thrown upon local authorities. Through the lack of confidence and building organisation by local authorities, and the short supply of labour and material - with staggering prices - the housing programmes were doomed to failure.

It is true that something was done in the way of building new houses but it took two years before anything much was done and what was done was but a fraction of what was required. By this time the powerfully backed speculative building industry, alarmed at the prospect of competing with local authorities able to build and to let houses regardless of cost, helped to curtail the activities of the same local authorities and to set private enterprise upon its feet.

Housing Acts followed each other in rapid succession from 1923 to 1936. The history of building during these years was largely an unending controversy between the Government and the local authorities as to finance and living standards.

The whole story of housing in the twenty years from 1919 to 1939 was an unhappy one from beginning to end. Never were better words spoken, on no subject were more admirable reports issued; the total result was a very good show on paper but in fact a muddled and unsatisfactory social achievement.

To tackle the present problem of housing it is necessary in the first place to have clear cut plans made by the government. At present there are several Ministries more or less responsible and it is difficult to see the relationship between the Ministries of Reconstruction, Health, Town & Country Planning, and Works, in the whole matter. It appears to be common sense that one central Ministry should be formed.

Local Authorities have now had the necessary experience to undertake the responsibility of housing, although housing departments may have to be organised and increased in architectural staffs are no doubt required.

At this point it is necessary to remember that due to the unprecedented destruction of houses in bombed cities and towns, together with a great multitude of houses which have fallen into decay in the war years through lack of material and labour, the needs of these cities and towns require to be attended to first. We are informed that labour and material will be short for some time to come. One must not offer a mere visionary idea with no relation to reality, nor should terms be used as if there had been no war such as the last one, with the ensuing destruction and neglect of houses. Likewise the caution that we have practically no men and no material should not be fostered; a prudent and a well arranged sense of judgment is essential.

Towns do not grow by nature but are made by man. Their alteration and rebuilding goes on in normal times. We need new and vital towns in place of decayed towns. Undoubtedly there are old buildings to be kept which are treasures of architecture and tradition.

The main point appears to be that the family is the natural human unit and a town is justified by the number of happy families it contains.

During the war home life has been broken up. Moreover many young people who have married, never having homes of their own, will require houses. In peacetime - after every long modern war - the building of houses becomes the most imperative social demand.

The reorganisation of the building industry to meet the unprecedented demand, not only for housing but for every kind of building after the war, is now the major problem of post-war economic reconstruction.

Perhaps it would be a good thing if public corporations, free from political interference, controlled timber, cement, clay, metals, glass, mortar and plaster, and all materials used in building. Self governing industrial corporations might be set up, including within them, the entire working personnel.

Despite spates of words, circulars, memorands and literature, nothing much has been done so far to relieve the housing shortage. The gigantic rumblings of Parliament have brought forth, by miscarriage, the ridiculous house - prefabricated and preposterous in the first issue.

If but a fraction of the energy required in the last war effort were devoted to tackling the apparently formidable enemy - housing shortage - it is certain that it could be accomplished in less time than the time wasted on the issue of pious resolutions.

As an alternative to Local Authorities and self-governing industrial corporations, one could suggest that a gifted general, endowed with courage, foresight, imagination, resolution and an acquaintance with the building industry and its branches, be given exceptional powers for the exceptional job, he might perform miracles. The formation of divisions, brigades and battalions being left to the competent hand-picked staff of the general, there is no reason to suppose that the rank and file of such an Army of Reconstruction, would not, if deployed and directed with skill, work with a will if provided with the necessary equipment and materials and make a realisation, of that which is only now hoped for. Instead of grumbling about the almost total lack of men and material - an excuse which is wearing somewhat thin and is but a poor expression of resignation to the situation as it now confronts the whole country - it would be better to determine to obtain, by hook or by crook, the men and materials required in the first place and get down to the job with a minimum of red tape and the abolition of cumbersome administration with its lengthy and circuitous channels of communication which, instead of assisting progress, effectually stifles it.

SECTION IV.

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis) DURING THE YEAR, 1944.

DISEASE	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Diphtheria	1	1	1
Scarlet Fever	23	9	-
Whooping Cough	131	-	1
Measles	53	-	-
Erysipelas	5	2	-
Pneumonia	15	1	4

INFECTIOUS DISEASES GENERALLY.

1. Scarlet Fever.

There were 23 cases of scarlet fever notified during 1944. None of these cases died. Of the notified cases 9 were removed to hospital for treatment.

Scarlet fever has become a mild disease in recent years and it is very rarely that a severe case occurs. The concept regarding scarlet fever has been changed in recent years; the disease is not a clinical entity, it is an acute streptococcal infection of the naso-pharynx. Some cases show a rash and other clinical signs, others do not. In many cases the only symptom is a slight sore throat with no rash and no obvious subsequent peeling. These cases are missed cases of the disease and they are allowed to mix with other individuals and infect them. Some cases carry infectious organisms in the nose and throat without actually showing any signs or symptoms of the disease, and these are termed "carriers" and act as sources of infection also. Thus a number of missed cases and "carriers" not having been isolated have been at large and infected susceptible persons with whom they have come into contact.

The old theory that hospital isolation would stamp out the incidence of the disease has been exploded and there is no evidence to show that it is an important factor in controlling an epidemic.

Where a case of scarlet fever cannot receive proper isolation, medical attention and nursing at home, removal to an Isolation Hospital becomes necessary, as this course often keeps down the incidence of the disease.

Unlike protection against diphtheria, immunisation against scarlet fever has not proved an unqualified success. A certain proportion of the population have become "salted" against the disease, since they have had it in such a mild form as to be unrecognisable, or they have carried the infectious organisms in the nose and throat for sufficient time to produce immunity, or increased resistance, and so resist the infection when exposed to it.

2. Diphtheria.

There was one case of diphtheria notified during 1944. The patient was removed to hospital and subsequently died.

There have been very few cases of diphtheria notified in the Lewes Borough in recent years. In fact during the last three years 8 cases have been notified and only one death has been registered. The fatal case was not immunised. This is conclusive proof of the success of the Immunisation Campaign which began in 1940.

There are several strains of the diphtheria germ, some of which cause a much more severe attack of diphtheria than others. The younger a child is the more severe an attack of diphtheria is likely to be; and vital statistics have shown that the greatest number of deaths occur in children under five years of age, while the greatest number of cases occur in children from five to ten years of age.

Since immunisation against diphtheria is not compulsory it is not likely that the disease will be stamped out. A proportion of the child population, however, amounting to between 60% and 75%, if immunised, will certainly prevent epidemics. This has been amply proved by experience gained in the last few years in the Borough.

There are, of course, some parents who object to the idea of immunisation, no doubt thinking that pain will be caused by the operation. Immunisation consists of two small, painless, harmless and simple injections into the arm of the child. After the injections no ill-effects will happen. There is no scarring or sores left and the child carries on in just the same way as before the injections; work, play, sleep and appetite are not interfered with. Nearly every child who has received immunisation against diphtheria is completely protected against the disease. In the very small percentage (under 2%) of immunised children who contract diphtheria, after having been immunised, these children suffer very little and, in fact, diphtheria in them is a very mild disease with practically no danger attached.

Facilities exist for immunisation at the Lewes School Clinic, Market Tower, and every parent or guardian should realise that it is their moral - if not legal - duty to have children who are dependent upon them immunised as early in life as possible. To refuse to have this simple and safe procedure carried out can be justly termed a crime. As new generations appear they should be immunised at the age of one year, if possible, and all should be so protected under the age of five years. If children are not immunised before the age of five years, they should undergo immunisation when they go to school.

In Lewes 72% of children under five and 72% of children between 5 and 15 years of age have been immunised against this disease, but as each batch of new children appear in their first year it is necessary to have them immunised if the comparative freedom from this disease in Lewes is enabled to continue.

3. Pneumonia.

Among the 14 cases of pneumonia notified during the year 1944, two deaths occurred.

Pneumonia attacks persons of all ages and is the most prevalent and fatal of all acute infectious diseases. Although it is an infectious disease, the infecting organisms may be in different guises, making the condition all the more difficult to treat. If the organism causing the infection is found early on in the disease, and treatment is instituted quickly, probably many more cases would not reach a fatal termination.

Nearly all the cases of pneumonia should be sent to hospital since most require careful medical treatment, skilled nursing and isolation from other people.

Sulphonamide drugs - such as M & B 693 - have had a great effect in reducing the mortality in certain types of pneumonia and Penicillin has proved to be an even better remedy.

4. Measles.

There were 53 cases of measles notified to the Public Health Department in 1944.

This disease is an acute infection of a few days' duration and is characterised by fever, rash and symptoms referable to the upper respiratory tract. Middle ear infection and pneumonia constitute the chief complications. Pneumonia is responsible for most of the deaths attributable to measles. Less than one per cent of measles cases die from it, although the mortality rate of small children and adults is somewhat higher. The disease is most prevalent in early spring and usually disappears rapidly with summer's advent.

Active cases of the disease form reservoirs of infection and there is no evidence that healthy or convalescent carriers exist. The escape of the infecting organisms is effected through respiratory secretions being expelled by the patient. Individuals are thus infected by breathing in small infected droplets of the secretion propelled into the air by an active case in talking, sneezing and coughing. Generally communicability ceases by the time the rash appears. By the time the rash has disappeared, communicability or chance of infection of others has certainly ceased, even though the case has developed middle ear disease or pneumonia, both of which are due to other kinds of organisms than the organism responsible for measles itself. There is no evidence that the disease is spread by clothing, water, milk, food or flies.

The proportion of children who have had measles, and are, therefore, immune to it, varies with the opportunities for exposure. A higher percentage of children are found in crowded urban areas than in sparsely populated rural areas.

Theoretically isolation of a case of measles is designed to prevent the spread of the disease to others. In practice it serves more to protect the patient against sundry infections which may lead to pneumonia. Rigid isolation at home, where there is a large family, can do little to prevent the spread of measles through the family, as most of the children have already been infected before the rash appears and thus usually before the first case is recognised as measles. Such primary cases are followed by infection of 90 to 100 per cent of the susceptible siblings.

The prevention of pneumonia is the most important measure in measles. This does not reduce the number of cases but it does reduce the number of deaths.

Good nursing care is desirable for all measles cases and is especially important for those of pre-school age. All cases cannot be sent to hospital since during epidemic times, and in years with even moderate outbreaks, there would not be enough beds to cope with the situation.

Passive immunisation against measles, possible only if the child has had a known exposure, may achieve a modification of the disease. This modification apparently confers as lasting a protection as the typical measles infections besides lightening the signs and symptoms, and lessening the chance of contracting complications, such as pneumonia. The chief use of passive immunisation is in

dealing with family contacts, especially those under three or five years of age. Active immunisation, or the immunisation of healthy children unexposed to measles infection, which is the introduction of a substance into the body to produce what is termed "an anti-body" in the human tissues to resist the infection, is of doubtful value.

5. Whooping Cough.

In 1944, 131 cases of whooping cough were notified. This disease is an acute infection of the respiratory tract and may last for a period of several weeks to two or three months. Most cases occur during the latter part of the pre-school period - from three to five years.

Formerly deaths were more numerous from this cause but in the last few decades the death rate has declined strikingly. There was one death from whooping cough during 1944 in Lewes. There is no evidence that the disease is any less prevalent than in former years. It is present at all seasons of the year but reaches its peak in the winter. Infection is spread by previous cases.

Many, and perhaps the majority, of the cases show a very mild cough without any "whooping". These "missed cases" constitute a very important part of the reservoir in that they escape detection and circulate freely in the community to infect their fellows. There is no evidence that healthy carriers exist. The escape of the infective organism from the infected person is through the secretion of the upper respiratory tract. The organisms are more readily found in the early weeks of the disease. Isolation and quarantine, which are usually not instituted until the child "whoops" are of little value in preventing spread. Crowding and close association with the patient in the "pre-whoop" period facilitate rapid infection of others.

The seriousness of whooping cough is not due to the infection itself but to the pneumonia attack sometimes following on the whooping cough infection. The best possible medical and nursing attention should be given to infected children during the first year of life and up to three years of age, since fatal cases are most likely to occur then than at later ages. This does not exclude the few cases who develop pneumonia at the later ages and who require medical and nursing attention. Over 60% of deaths occur in the first year of life and over 90% during the first three years. There is no specific serum or vaccine of outstanding value whichhas been discovered so far for the effective treatment of the disease.

6. Erysipelas.

Of the other infectious diseases notified in 1944, there was only erysipelas, and but a few cases - five in number. A great majority of cases of this disease take their origin in an abrasion of the face or head. The starting point is often the inner angle of the eyelid or the neighbourhood of the nostril. Wounds on the hairy surface of the head sometimes develop erysipelas. With the exception of the newly born - in which an attack may be serious - the infection is rare in persons under fifteen years but becomes more common after twenty years of age. After fifty it is less frequently seen but may occur in persons of seventy-five and over. It seems unduly frequent in alcoholics, possibly on account of the increased chance of injury and exposure to which this class of individuals is more liable.

Formerly about 5% of erysipelas cases became fatal and the disease was very fatal to the newly born. After thirty-five years

of age the morbidity tended to increase; after fifty it became serious, and it became dangerous in persons over seventy-five. The outlook in older children and in young adults is very favourable.

Serum now used in treatment of the condition has in some cases produced dramatic effects. Excellent results are obtained by the use of the sulphonamide drugs in combination with serum treatment, together with local treatment of the infected part. As a preventive measure in individuals who are prone to recurrent attacks, a course of vaccine treatment has been thought of some value.

There were very few cases of the remaining infectious diseases notified during the year. At no time were there any signs of a serious outbreak or epidemic. Cases occurred sporadically throughout the twelve months.

SECTION V.

T U B E R C U L O S I S.

Of the 14 cases of pulmonary tuberculosis admitted to hospital during the year 1944, 4 males and 2 females were in respect of notifications received prior to the 1st January, 1944. Of the cases of non-pulmonary tuberculosis, all the patients admitted to hospital had been notified for the first time in 1944.

Among the deaths from pulmonary tuberculosis, 4 male and 2 female patients were notified previous to the 1st January, 1944. The two deaths from non-pulmonary tuberculosis were of patients notified during 1944.

NEW CASES AND MORTALITY

Age Periods	New Cases. Pulmonary M	Pulmonary F	Non-Pulmonary M	Non-Pulmonary F	Deaths. Pulmonary M	Pulmonary F	Non-Pulmonary M	Non-Pulmonary F
0			1					
1							1	
5								
10								
15					1			
20	2			1		1		
25	2	1	1		3		1	
35	1	1				1		
45								
55	1							
65 and upwards	1				1			
TOTAL	7	2	2	1	5	2	2	0

Nine new cases of pulmonary tuberculosis and three new cases of non-pulmonary tuberculosis were notified to the Public Health Department in 1944.

Tuberculosis is most frequently found in the lungs although it may attack almost any part of the body. Although the disease is an important cause of death, only a small percentage of those infected die of it. Many persons contract the disease and overcome the infection without any detectable symptoms and are never seen by a medical man. In infants, and occasionally in older persons, tuberculosis may run an acutely fatal course but in most persons it is a long drawn out chronic condition frequently punctuated by remissions.

The disease canbe divided into two types - the primary infection and the re-infection.

The primary infection constitutes the initial response of the body to the infection and is usually manifested by a localised process in the lungs, such as a tubercule, or an infected lymph node near, or on the root of the lungs. In many instances this is a benign process, healing by fibrous tissue, encircling the affected part which is often followed by the deposition of lime salts around that part of the tissue where the affection is, in an attempt to cut off the tubercule bacilli in the part affected and thus prevent further spread.

In some instances the infection in persons experiencing their first exposure to tuberculosis progresses to a generalised involvement, miliary tuberculosis, usually ending with a fatal meningitis.

The re-appearance of the active disease in a person who has successfully combated the primary infection is referred to as the second type, that of re-infection.

The extent of the infection in a community varies with the degree of infection, economic circumstances, the facilities for the segregation of active cases, the discovery and segregation, if infected, of contacts of the active disease.

Due to circumstances obtaining in Lewes one would not expect a high incidence or a high mortality from tuberculosis in the town and such is the case. As already pointed out in this Report, the mortality rate over a number of successive years in this area is much less than the mortality rate in an industrial area over the same period.

Non-pulmonary tuberculosis affecting other tissues than the lungs, such as the bones, joints, abdominal glands, etc., causes much crippling and disablement, besides terminating in some cases so affected in a fatal issue. This variation of tuberculous infection is chiefly due to a bovine infection derived from tuberculous cows and spread through milk.

Pulmonary tuberculosis is not common among children, rather it is a disease of adults of earning age and capacity. Adults with the disease still continue to work in an unfit condition. If a wage earner so infected is declared unfit for work by his doctor, the family income is depleted. Unable to work the infected person stays at home and the chances of transmitting the disease to his immediate contacts in the home are thus increased. Legislation, intended as a temporary measure in war-time, to treat early cases of pulmonary tuberculosis and to grant financial allowances was introduced in 1943. The chief idea behind the scheme was to improve or cure a patient of wage earning age and capacity so that he could resume vital war work. Chronic cases are excluded and so are non-pulmonary cases from the scheme. It is doubtful whether the scheme has been an unqualified success since with the financial aid granted the economic circumstances of the family was reduced in most cases.

Prolonged treatment over a considerable period of time of certain cases of bovine tuberculosis, as in some bone and joint lesions, is essential before a remedy is effected. This period may stretch into years. In these cases no financial help under the government scheme is given to sufferers who undergo treatment and no grant is given for chronic pulmonary tuberculosis cases, although the treatment may last in the aggregate many years. For a public health administrator the scheme has not been an easy one to handle, owing to the dissatisfaction expressed by chronic pulmonary cases and non-pulmonary cases.

Cleanliness, especially around cases, may destroy some of the pulmonary tubercule bacillus. The amount of infection spread through clothing, bedding, books and articles used by the patient is small in comparison with the spread directly from person to person. In pulmonary cases the escape of the bacillus is by the sputum. Better housing may reduce congestion and, therefore, the chance of spread.

The bovine tubercule bacillus is extruded in the cow's nasal and mouth secretions, in cow manure and in the milk. The most important environmental measures, besides the concurrent disinfection in the care of recognised cases, are those in connection with

the spread through milk. Heating up to 150° Fah. for 30 minutes, of a medium (such as milk), containing the bovine tubercule bacillus, will kill the bacillus. In order to improve the keeping quality of the milk it should be immediately cooled to a temperature of not more than 55° Fah., or boiling the milk and then cooling it rapidly will produce the same effect.

Elimination of the common drinking cup and sanitation of eating utensils in pulmonary cases contribute to lessen spread. Treatment of these cases aims at the prolongation of the patient's life and the prevention of further spread.

Formerly sanatoria were simply rest houses where rest, nourishing diet and graduated exercises with medical attention for the relief of symptoms were carried out.

Now treatment is concerned more with surgical procedure for the collapse and thus rest of the affected portions of the lung Some favourable results have been reported by the use of Calmette-Guérin (B.C.G.) vaccine in conferring resistance to the disease. It has been administered principally to children in homes where known exposure to tuberculosis exists. Further experience with this vaccine is necessary before its true value can be measured.

In Lewes the social, domestic and occupational changes brought about by the war do not seem to have increased the incidence of or the mortality from tuberculosis.

A D D E N D U M

NUTRITION.

Until comparatively recently man was looked upon as a machine by physiologists. The amount of food required by him was regulated by the amount of energy given out in the form of work and for maintaining the action of the heart, lungs and other important organs when the body is resting as well as while working, and also for the maintaining of body temperature. A certain amount of protein was held to be required for the repair of the wear and tear of body tissues.

Later researches upon nutrition revealed that certain substances, now known as vitamins, found in raw foods, were of importance in the upkeep of health. These substances protect the body against many diseases and are found in the so-called protective foods. Foods now generally known to contain vitamins are eggs, milk, butter, fruit and vegetables, especially green vegetables.

Another important discovery was that many diets, although taken in large amounts in the past, lacked minerals, such as calcium and iron. This lack leads to ill-health and to poor physique.

Now it has been proved over and over again by many experiments, especially with controlled masses of children, that vitamins, minerals and other nutrients given in food are of the utmost value, in not only curing deficiency diseases, such as rickets, scurvy and others, where found, but in preventing these diseases arising.

In a previous Report I stated that the heights and weights of school entrants in 1944 were superior to those found in entrants fifteen years before. These increases were chiefly due to the better feeding of the pre-school children in the years 1939 and onwards, and to some extent resulted from the better feeding of nursing mothers. Free and part-free issues of milk and vitamin concentrates played their parts in improved nutrition. Besides a gain in nutrition it has been found that by the provision of milk and meals at schools, schoolchildren gained in vitality and in many cases in intelligence. All this incontrovertible evidence showed what an important thing an adequate and well balanced diet for the human body is.

In assessing the improvement in school children, besides using subjective criticism based upon how children looked - their bearing; their apparent robustness; their healthy colour, lustre, or bloom; alertness and intelligence; other observers added objective criticism based upon scientific and proven methods of measurement of heights and weights, chest measurement and vital capacity, with telling effect. All experiments proved that it was not so much the quantity of food which mattered but that the food should contain sufficient amounts of substances essential to health.

Examining the diet to maintain health recommended by the National Research Council of the U.S.A. in 1941, one finds that a healthy growing boy of ten to twelve years of age requires about the same amount of properly balanced food as an adult male sedentary worker. An adult male worker engaged in heavy industry requires more food in quantity and a larger vitamin intake. An adequate diet for a nursing mother differs from that of an adult male in that more protein, more calcium, less iron and much more vitamin content are required. A child of one to three years requires roughly half the quantity of essential food stuffs sufficient for an adult male sedentary worker, but with an increase in calcium.

An example of a diet on a health standard advised by the League of Nations Committee for a nursing mother (all weekly amounts) is as follows:-

Protective Foods: Milk 12½ pints; meat (or fish or poultry) 1¾ lbs; eggs 7 in number; cheese ½ lb; green and leafy vegetables 1½ lbs; potatoes 3¾ lbs; peas or beans 2½ ozs; raw fruit or vegetables to yield 250 to 500 units of vitamin C, i.e., equal to 1 or 2 oranges; cod liver oil 1 oz.

Energy Producing Foods: Cereals, including bread, 3¾ lbs; fats, e.g. butter ½ lb; sugar ½ lb.

The total price (1938 prices) was stated to be 9/- per week.

The Canadian Medical Association in 1940 gave this as an example of a health standard diet for two adults and three children of seven to eighteen years (all weekly amounts). Milk 38 pints; cheese 1½ lbs; butter 3½ lbs; potatoes 19 lbs; fresh vegetables 24 lbs; dried vegetables 1½ lbs; fresh fruit 8 lbs; dried fruit 2 lbs; meat or fish 8 lbs; eggs 1½ dozen; bread 22½ lbs; flour and cereals 7 lbs. The cost to this family was stated to be £2.5.0 per week for all these foods. Housewives who take the trouble to read this article will quickly realise that our present rations are quite meagre in comparison with the standard set in Canada in 1940.

There are many other samples of health standard diets formulated by different authorities. It can be added that the standard at a minimum cost recommended by the British Medical Association is lower than the others. Therein, perhaps, lies an attitude of mind. How long the idea will persist that we can do with less food than more liberal minded people overseas, remains for conjecture.

Many economic reasons are given for our present shortage of food but it is rank bad propaganda to even suggest to food producing countries overseas that everyone in this country is quite happy with the present amount of rations issued. It is still worse to add that many valuable foodstuffs here, such as vegetables, have to be ploughed back into the land owing to the so-called lack of labour. More realistic diplomacy and propaganda are required to present conditions here as they really are to food producing countries abroad.

Besides the all important and essential vitamin and mineral constituents of an adequate diet, not many years before the recent war it was held by physiologists that an adult male required weekly, besides bread alone, 7 lbs 14 ozs of meat and enough fat representing 25% of his total energy requirements. Especially amongst heavy industry workers are the present meat and fat shortages felt. Fats and carbohydrates are interchangeable to a limited extent when eaten, but fats obtained from many sources, such as butter, cream, lard, pork, bacon and chocolate are in short supply.

If as a nation we have to export or die, it is too much to expect continued hard work to be maintained for a long period upon the present rations. It is not the time for using special propaganda such as "Potatoes don't make you fat" changed later to "Potatoes make you fat".

Whilst not being of a pessimistic frame of mind, I fear that if the present low rationing level is sustained this may bring about an increased death rate and an increase of illnesses in the winter. Rationing has played its part in the war-time when shipping was drastically cut and man-power diminished. It is true other countries will have to be helped to their feet (although one suspects that their position may not be so desperate as represented) but we must heed our own state of health and our power to regain our all important export trade and our strength and determination to carry

through the heavy commitments in all directions of post-war reconstruction.

With such a small amount of fat as contained in the present rations nothing much can be done in the way of frying fish, or of making fat containing puddings. Repercussions are evident in some lack of demand for fish, currants and raisins. Single persons and small families are having a very thin time indeed. Some with very little money, such as a small pension, and with much more pride to ask for help or to be seen in a cheap eating house if they could afford it, are uncomplainingly starving.

Other points which have not been so evident until recently are the loss in cooking and the loss in plate waste of various foods. In beef and mutton there is a loss of 12% to 45% during cooking, according to the cut and method of cooking. Plate waste is high in uneconomical families. As to other ways of loss, wilted green vegetables mean a loss in vitamins A and C and in some areas the present marketing methods can produce but wilted greens to the ordinary consumer. Considerable wastage has occurred through the improper storage of foodstuffs and the consequent losses have amounted to many tons. Badly constructed potato dumps is but one example.

There appears to be a real need for a long term policy to reconcile the interests of producers and consumers having as a basis the general interests of the whole community. As to what shape our future will take is obscure at present but it is hoped that along with obtaining larger quantities, and a bigger variety of foodstuffs, harassed housewives, and equally harassed food retailers, will beleft alone and freed from control as soon as possible.

It is being more and more acutely appreciated by the general public that a sufficient supply of wholesome and nutritious food is as important as decent housing for the maintenance of health. So that people are well-fed and contented can only be realised by sound legislation and far seeing statesmanship, by men who take the trouble to find out facts as they really are, and are courageous enough to state them as such, and to tackle the leech-like evils which still seem to continue to the detriment of the population at large.

Despite the laborious efforts of scientists in nutritional research, the exact mathematical calculations of carefully balanced diets produced by dietetic experts, the propaganda designed to call attention to world shortages of food and simultaneously to proclaim the advent of a new world where there will be peace and plenty for all, the ordinary man in the street knows very well when he is short of food and also what sort of food is best for his bodily needs. Often 'a little bit of what you fancy does you good'. The man in the street - or rather the woman in the house - very quickly realised the danger which would arise from the fat shortage and were amongst the first to do so.

With the exception of certain families in slum areas in the larger towns, people in small towns, and in rural districts, forty years ago lived extremely well and spent a comparatively large proportion of the family income on good nutritious food before there was such a plethora of "experts", scientists andpropaganda. Frankly there is nothing so much that the public wants as to be left alone, free from meddlesome inference, and to be given an ample supply of good and varied food. Common sense of the housewife will dictate what to buy and what not to buy. The present policy of misery, of "doing without", is a poor one compared with the full-blooded policy of getting down to make what you want a realisation.

12th September, 1945.