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*BOROUGH OF LEWES.*



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# Annual Report

of the

## Medical Officer of Health

for the

Year Ended 31st December, 1946,

by

**G. M. D. S. B. LOBBAN,**

M.B., Ch.B., D.P.H., Fellow R.S.I.,  
Fellow R.I.P.H., Fellow S.M.O.H.





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CHARLES CLARKE (HAYWARDS HEATH) LTD.

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# LEWES BOROUGH COUNCIL.

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PUBLIC HEALTH DEPARTMENT,  
LEWES HOUSE,  
LEWES.

18th September, 1947.

TO THE MAYOR, ALDERMEN AND MEMBERS OF THE  
LEWES BOROUGH COUNCIL

## ANNUAL REPORT of The Medical Officer of Health FOR THE YEAR 1946.

MR. MAYOR, LADIES AND GENTLEMEN,

I have much pleasure in submitting my Annual Report on the health of the inhabitants and on the sanitary conditions of the Borough of Lewes for the year 1946.

The estimated population for the year was 12,250. This is 200 less than the population in 1928, which was 12,450.

The Birth Rate for 1946 was 19.02 per 1,000 population, as compared with 16.73 per 1,000 population for 1945. The Birth Rate for 1946 for England and Wales was 19.1. As far as can be ascertained, the Birth Rate for Lewes for 1946 is the highest annual Birth Rate recorded in the Borough.

The Death Rate for the year under review was 13.79 per 1,000 population, as compared with 13.44 per 1,000 population for 1945.

The Infantile Mortality Rate, or the proportion of infants dying under one year of age per 1,000 live births, was 8.58, as against a figure of 37 for the small towns in England and Wales for 1946.

There were no deaths of women in, or in consequence of, child-birth. The Maternal Mortality Rate was thus nil.

With regard to infectious diseases, there were two cases of diphtheria notified during the year; neither of the children had been immunised against the disease. There was no death from this cause.

One hundred and sixty-three children were immunised against diphtheria in Lewes during 1946. An immunisation clinic was held each month at Market Tower Clinic, at which there was a fairly good attendance.

Both the incidence of and mortality from all notifiable infectious diseases were low during the year.

Concerning pulmonary tuberculosis, ten new cases were notified in 1946 as compared with thirteen new cases notified in the previous year. Two new cases of non-pulmonary tuberculosis were notified in 1946, as compared with one new case in 1945. There was one death during the year ascribed to non-pulmonary tuberculosis and four deaths occurred from pulmonary tuberculosis. For some years the death rate in Lewes from pulmonary tuberculosis has been a low one.

As your Medical Officer of Health, I was called in as consultant by general practitioners where there were cases of infectious diseases of doubtful diagnosis. I was also consulted by family doctors regarding housing conditions, etc., of tuberculous patients.



Dealing with the sanitary circumstances of the district, a number of samples of water supplied by main were submitted during the year to bacteriological and chemical examinations. The results of these examinations showed that the water was pure and wholesome, and of excellent quality, fit for human consumption.

On inspections of milk retailers' and producers' premises, these were found to be kept in a clean condition. Nine samples of milk submitted for bacteriological examination were found to be satisfactory. Six samples proved unsatisfactory and appropriate action was taken by the sanitary inspectors with regard to these.

One sample of ice-cream out of six obtained for bacteriological examination during the year was found to be satisfactory in all respects. This sample was taken from a consignment of ice-cream sent to Lewes, pre-packed in a sealed container.

The remaining five samples of ice-cream when subjected to bacteriological examination showed the presence of coliform bacilli. Evidence of gross contamination was revealed by some samples having a high bacterial count.

Here a short note regarding the coliform bacilli may be helpful. Coliform bacilli should not be found in ice-cream if the mix has been efficiently pasteurised. The presence of coliform bacilli in a sample of ice-cream does not necessarily mean that such organisms are dangerous to man. It does mean, however, that there is some fault in the product, and this cannot be dismissed as a matter of slight importance, as the source of the coliform bacilli may be the human intestinal tract. This tract may extrude typhoid, paratyphoid, or dysentery organisms, and so infect the ice-cream. At the end of 1946 infected ice-cream caused a serious outbreak of typhoid fever involving 105 cases in a South Wales town.

Also with a view to assisting the ice-cream manufacturer, especially the small trader who does not employ a bacteriologist constantly as the large firms do, one may mention some of the causes of a high bacterial count. A high bacterial count, as already stated, is evidence of gross contamination. A high count is due to poor quality materials; improper processing, i.e., insufficient pasteurisation; ageing over too long a period or at too high a temperature; unsatisfactory cleansing and sterilisation of equipment, or carelessness of employees in not keeping the hands always clean.

I am quite sure that manufacturers, large and small, do appreciate that the safeguarding of public health is of paramount importance. Moreover, it is good business to ensure that the article sold is of the highest purity. The Public Health Department intend to continue taking samples of ice-cream, and manufacturers will be informed promptly if their article is pure, or if it is contaminated. Many one-man businesses have produced excellent ice-cream in quality and purity, and a monopoly of the manufacture and sale of this article by large concerns is by no means advocated.

The question of food is very much in the minds of everyone in these days. The obtaining of a sufficient quantity and variation is in the nature of a priority. During the year inspections of food premises were made by the sanitary inspectors. These premises were found to be kept in a satisfactory manner. A certain amount of food voluntarily surrendered by the owners was condemned and suitably disposed of. Some of the wastage was due to bad storage, careless handling, and bad transport.

In connection with housing, a good deal of repair work was carried out by informal notices from the Health Department throughout 1946. No statutory action was taken under the Housing Acts, but on one occasion statutory action was taken under the 1936 Public Health Act. As elsewhere, there is a need for increased supplies of labour and materials to prevent further deterioration of houses.



A few brief remarks in summing up: The population of the Borough has not varied much in size over a considerable number of years. The Birth Rate for 1946 was the highest so far recorded and compares favourably with that of England and Wales for the same period.

The Death Rate for the year was not abnormal. A slightly higher proportion than usual of people who died at advanced ages weighted the Death Rate.

On examination of statistics for the ten-year period—1937 to 1946—it can be seen that there is an excess of births over deaths. This excess, although small, indicates that from a population point of view the town is in a healthy and progressive state. The recent high annual Birth Rates are likely to continue, and the numbers of births may probably exceed the numbers of deaths for a year or two further. On perusal of the table of statistics in the main body of the Report, it can be observed that the Death Rates for 1937 to 1946 remained more or less static.

Pleasing features of this year's Report are: the very low Infantile Mortality Rate; the absence of deaths of women in, or in consequence of, childbirth; the light incidence of and low mortality from infectious diseases, and the low death rates from pulmonary tuberculosis and non-pulmonary tuberculosis. The statistical table on page 11 shows that Lewes compares very favourably with the whole of the country as regards death rates, the incidence of certain infectious diseases, etc.

As in former years, samples of water as supplied by the main, and subjected to bacteriological and chemical examinations, showed that the water supply remained at its high standard throughout 1946.

On the other hand, there seems to be room for improvement in obtaining ice-cream free from contamination, and ice-cream manufacturers are anxious that this should be accomplished. The quantity of food-stuffs condemned might be lessened by more careful storage, better handling and improved transport facilities.

Some improvement might be effected at the public baths, in so far as chlorination, aeration of water, the provision of scum channels and the drainage of the banks are concerned.

Despite difficulties, it can be stated that the Public Health Department helped in maintaining a high standard of public health throughout the year, and 1946 can be said to have been a healthy one.

I am grateful for the ever-ready help I have received during the year from the staff of the Public Health Department, whose members have carried out their duties in an admirable manner, with efficiency and tact. As before, the general practitioners of the town gave full and unreserved collaboration with the Health Department. My thanks are due to the officials of other departments for their help and courtesy at all times. Lastly, I have to thank the members of the Health and Housing Committee, and of the Council, for the help and encouragement I have received during the year. Through the concerted action of all, public health has been maintained at a high level throughout 1946.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours obediently,

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

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

Fellow R.S.I.

Fellow R.I.P.H.

Fellow S.M.O.H.



## SECTION I.

## STATISTICS OF THE AREA, 1946.

Area (in acres) .. .. .	1,981
Population .. .. .	12,250
Number of inhabited houses .. .. .	3,847
Rateable Value (estimated) .. .. .	£123,162
Sum represented by Penny Rate .. .. .	£495

## EXTRACTS FROM VITAL STATISTICS.

	<i>M.</i>	<i>F.</i>	<i>Total.</i>	<i>Rate per 1,000 Population.</i>
Live Births—Legitimate ..	108	101		
Illegitimate ..	9	15		
	—	—	233	19.02
Deaths .. .. .	73	96	169	13.79
<i>Rate per 1,000 Live and Still Births.</i>				
Number of Women dying in, or in consequence of, childbirth .. .. .		Nil		Nil
<i>Rate per 1,000 Live Births.</i>				
Deaths of Infants under one year of age ..	1	1	2	8.58

## BIRTH RATE.

For the year 1946 the birth rate for Lewes was 19.02 per 1,000 population. This rate, compared with 16.73 per 1,000 population for the year 1945 was slightly higher.

Statistics of births are of interest, mainly because of their relation to the population growth.

Birth rates are, of course, directly influenced by the number of women in a community of child-bearing age. The child-bearing period of life may be considered as between the ages of fifteen and forty-nine years of age; the ages between twenty-five and forty-five are, for most who live in this country, however, those mainly productive.

Other factors influence the birth rate, and some of these are, the number of marriages in a community, ages at marriage, and those relating to economic conditions, in a given locality. The growth of a population, which is usually and mainly attained by a natural increase, i.e., by a continued excess of births over deaths, often determines a locality's prosperity. A decrease, if continued, often determines the reverse.

The birth rate statistic itself is based upon the number of births in a community and upon the population or size of that community. The number of births are obtained through birth registrations, and, normally, every ten years a census of the population is taken. In inter-censal years the Registrar-General gives an estimate of the annual populations.



Birth registration forms a legal record that is frequently useful and may be of the greatest importance. It establishes the date of birth and the child's parentage and legitimacy. It can be used to establish a child's age for attendance at school; whether an individual has attained the age when he or she can marry without the parents' permission; to establish age in connection with the granting of pensions; military duty and voting.

In public health administration, registration of births shows where the babies are, and makes possible such observance and protection as the public health department should extend. Birth registration is also useful to check up children who have, or who have not, been vaccinated against smallpox, or immunised against diphtheria. It is also possible to see that babies of poor families have proper food and adequate attention. Through the registration of births, the observation of infants under two weeks of age brings to light some cases of ophthalmia or grave eye trouble which, otherwise than without prompt treatment, might cause serious and lasting injury to vision, and at times to total blindness.

Thus, besides helping to form the basis of a vital statistic, the birth rate, which is useful to the economist, the legislator, the statesman, the local authorities, and to the statistician, the registration of birth is important and useful in many ways.

#### DEATH RATE.

The annual death rate in Lewes for 1946 was 13.79 per 1,000 population, as compared with 13.44 per 1,000 population in 1945. The total number of deaths was 169 (i.e., 73 males and 96 females). The causes were as follows:—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Heart Disease .. .. .	24	27	51
Cancer .. .. .	15	29	44
All other causes .. .. .	9	15	24
Intra-cranial Vascular Lesions .. .. .	8	7	15
Bronchitis .. .. .	4	2	6
Pneumonia .. .. .	2	3	5
Tuberculosis of Respiratory System .. .. .	3	1	4
Other Digestive Diseases .. .. .	—	3	3
Other Violent Causes .. .. .	1	2	3
Nephritis .. .. .	2	—	2
Other Forms of Tuberculosis .. .. .	—	1	1
Influenza .. .. .	—	1	1
Measles .. .. .	—	1	1
Acute Infantile Encephalitis .. .. .	1	—	1
Other Diseases of the Circulatory System .. .. .	—	1	1
Other Respiratory Diseases .. .. .	—	1	1
Ulcer of the Stomach or Duodenum .. .. .	1	—	1
Appendicitis .. .. .	—	1	1
Premature Birth .. .. .	—	1	1
Congenital Malformation, Birth Injuries, Infantile Diseases .. .. .	1	—	1
Suicide .. .. .	1	—	1
Road Traffic Accident .. .. .	1	—	1
	<hr/> 73	<hr/> 96	<hr/> 169



As in former years, the chief cause of death in 1946 was heart disease (51 deaths). This was followed by 44 deaths from cancer. Heart disease and cancer usually head the list year after year. There were 24 deaths from all other causes. Intra-cranial vascular lesions, mostly "strokes," claimed 15 victims. Deaths from bronchitis numbered 6; from pneumonia 5; from tuberculosis of the respiratory system 4; other digestive diseases and other violent causes claimed three deaths; nephritis 2; and from each of the following causes there was one death, namely, other forms of tuberculosis, influenza, measles, acute infantile encephalitis, other diseases of the circulatory system, other respiratory diseases, ulcer of the stomach or duodenum, appendicitis, premature birth, congenital malformation (including birth injuries and infantile diseases), suicide, road traffic accident.

The vast majority of deaths occurred in elderly people; most lived well beyond the three score years and ten.

Primarily, death rates are of interest because of their relation to changes in population. Apart from the factors of immigration and emigration to and from a community, death rates indicate the losses being sustained by a population in the same way as birth rates indicate the additions.

As already stated, a population increases because of the excess of births over deaths, that is, by natural increase. In a stationary population, the birth rate equals the death rate. The birth rate depends for its excess over the death rate upon the ever-increasing number of child-producing elements in the population, and the resulting greater numbers in the younger age groups. Other things being equal, a community with a high birth rate will, because of the great proportion of the population in the younger age groups, have a lower death rate than a community with a low birth rate.

### SPECIFIC CAUSES OF DEATH.

1. **Heart Disease** is composed of a large number of highly diverse conditions and diseases. From 2 per cent. to 2.5 per cent. of applicants for life insurance are rejected on account of heart disease. Besides shortening life, heart disease is responsible for much disability and invalidism. Not all heart lesions are fatal. As to the prevalence of heart disease, there is little difference according to occupation, and comprehensive knowledge concerning its prevalence and different causes is lacking. This points to a good deal of further research being required, especially in view of the leading place which heart disease occupies year after year as a cause of death, and as a cause of a great deal of disability.

2. **Cancer** is a general term covering all malignant tissues of different kinds of cancerous affection. There is some connection between modern conditions of living and the increase of cancer, but the actual cause of cancer has not so far been discovered. It seems clear, however, that chronic irritation may induce cancer in susceptible persons. Thus we have cancer in shale oil workers, bad cancer in chimney sweeps, and in X-ray workers. Many cases of cancer can be cured if treated early enough. The popular conception that cancer is always a hopeless and incurable disease is not correct. At first cancer appears to be local and, if detected in time and removed, there is a high possibility of cure.

3. **Intra-Cranial Vascular Lesions.**—These vascular lesions are usually cerebral haemorrhages. In some families there is a tendency to degeneration of the blood vessels. These degenerated vessels are then more liable to burst,



haemorrhage so produced from the cerebral blood vessels thus cause intracranial vascular lesions. Predisposing factors are nephritis, alcoholism, chronic muscular strains, and high blood pressure, the latter due to a variety of causes, such as the hypertension of present-day life.

**4. Bronchitis.**—This affection may be primarily due to exposure, or secondarily, following upon a common cold, tonsillitis, laryngitis, or associated with influenza or some of the infective fevers: measles, whooping cough, etc. In old people it may be associated with heart disease, kidney disease, or other lung affections, such as pneumonia. Both acute and chronic bronchitis require medical supervision and should not be neglected.

**5. Nephritis.**—Acute nephritis may be caused through a chill or may be associated with scarlet fever, measles, or diphtheria. Toxic agents, such as turpentine and carbolic acid are other causes, and it may be associated with pregnancy. Acute nephritis cannot be regarded as infectious.

### BIRTH, DEATH AND POPULATION TABLE.

The population of Lewes reached its highest level in 1941. In the following table, statistics of annual births, deaths and populations are given, commencing with the year 1937 and proceeding through the years to 1946.

<i>Year.</i>	<i>Population.</i>	<i>Total Births.</i>	<i>Birth Rate.</i>	<i>Total Deaths.</i>	<i>Death Rate.</i>
1937	11,920	158	13.26	161	13.50
1938	11,960	145	12.12	177	14.79
1939	12,350	163	13.19	153	12.38
1940	12,980	157	12.09	178	13.71
1941	13,290	175	13.16	186	13.99
1942	12,410	203	16.35	164	13.21
1943	11,990	191	15.29	176	14.67
1944	11,750	215	18.29	169	14.38
1945	11,530	193	16.73	155	13.44
1946	12,250	233	19.02	169	13.79

On perusal of the table, it can be observed that out of the ten years there were those—1939, 1942, 1943, 1944, 1945 and 1946—in which the births exceeded the deaths. The total number of births in the ten years was 1,833 and the deaths 1,688.

The determining factors governing the growth or decline of the population of a district are:—

- (a) the difference between the numbers of births and deaths.
- (b) the difference between the numbers of immigrants and emigrants.
- (c) changes in the boundaries of a district where there is an addition of population, especially of the younger age groups.

If a community is to hold its own biologically, and grow in size, there must be an excess of births over deaths over a period of considerable length. Since there is a danger in assuming that the population trend will continue as in the years 1942 to 1946, when the birth rate was high, it can be stated now that such a trend at the end of a war period has been found, usually, not to persist for long. Past experience has shown this to be the case.



Examining the first factor, it can be seen that in the ten-year period 1937-1946, the total births exceeded the total deaths. The excess, although small, shows a swing over from previous decades during the last seventy years when the deaths exceeded the births with monotonous regularity. This change has been due to the births outnumbering the deaths in the latter years of the 1937-1946 decade. More to the increased number of recent marriages, and resultant progeny, than to further increases in longer established families has this been brought about.

As to the maintenance of a sufficient number of births to replace and exceed the number of deaths, this depends upon the number of young women in the population, and the proportion of those young women who marry. According to the numbers of births of female children about twenty years ago, and allowing for various factors, such as young women who have left the town, others who have come to reside in it, and females who have died before reaching the ages between twenty and twenty-five, the number of young women in the population is fairly large. The proportion of those who marry is largely governed by economic circumstances, employment, cost of living, and housing accommodation.

As male births exceeded female births about twenty years ago, there appears no scarcity of males.

Dealing with the second factor, the difference between the number of immigrants and emigrants has not been marked, as far as the inward movement of people who have become real residents and the outward movement of Lewesians is concerned.

In considering total numbers in populations, the factor of age cannot be disregarded. For instance, if by reason of the establishment of new industries in the town a large influx of people occurred, most would be of the younger age groups. That is, of the expandable section of the community. Already married, or married later, many would beget families. On the other hand, a large influx of retired people, of the older age groups, would add to the non-expandable section of the community, as most would have already finished with family cares. It is true, however, that as the ranks of the older age groups thinned, others, retired people from elsewhere, could take their places.

It is obvious that the greater the number in the younger age groups, the greater the chances are of the births outnumbering the deaths. Also, the younger the population, the less the death rate will be. Nevertheless, there should be room for old as well as for young.

As to the third factor, the changes of boundaries, this is a matter which cannot be discussed here. Any additions of small populations in adjacent parishes would not be likely to make a great deal of difference to the population of the town.



**Birth Rates, Civilian Death Rates, Analysis of Mortality, Maternal Mortality and Case Rates for certain Infectious Diseases in the year 1946.**

Provisional Figures based on Weekly and Quarterly Returns.

	England and Wales.	126 County Boroughs and Great Towns, including London.	148 Smaller Towns: Resident Pop. 25,000 to 50,000 at 1931 Census.	London Administrative County.	Lewes.
Rates per 1,000 Civilian Population:—					
Live Births ..	†19.1	22.2	21.3	21.5	19.02
Still Births ..	†0.53	0.67	0.59	0.54	.73
<b>Deaths.</b>					
All causes ..	†11.5	12.7	11.7	12.7	13.79
Typhoid and 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 ..	0.02	0.02	0.02	0.02	0.00
Diphtheria ..	0.01	0.01	0.01	0.01	0.00
Influenza ..	0.15	0.13	0.14	0.12	0.08
Smallpox ..	0.00	0.00	0.00	0.00	0.00
Measles ..	0.00	0.01	0.00	0.01	0.08
Rates per 1,000 Live Births:—					
Deaths under 1 Year of Age..	*43	46	37	41	8.58
Deaths from Diarrhoea and Enteritis under 2 years of age	4.4	6.1	2.8	4.2	0.00
Rates per 1,000 Civilian Population:—					
<b>Notifications.</b>					
Typhoid Fever..	0.01	0.01	0.01	0.01	0.00
Paratyphoid Fev.	0.02	0.02	0.01	0.01	0.00
Cerebro-Spinal Fever ..	0.05	0.05	0.04	0.06	0.00
Scarlet Fever ..	1.38	1.51	1.33	1.42	0.24
Whooping Cough ..	2.28	2.48	2.05	2.22	1.14
Diphtheria ..	0.28	0.32	0.31	0.24	0.16
Erysipelas ..	0.22	0.25	0.22	0.27	0.00
Smallpox ..	0.00	0.00	0.00	0.00	0.00
Measles ..	3.92	4.73	3.70	7.35	0.40
Pneumonia ..	0.89	1.02	0.74	0.75	0.57
Rates per 1,000 Total Births (Live and Still):—					
(a) Notifications:—					
Puerperal Fever } Ditto Pyrexia .. }	8.50	10.35	7.63	1.62 ‡9.68	4.13
(b) Maternal Mortality in England and Wales:—					
No. 140. Abortion with Sepsis. 0.13	No. 141. Abortion without Sepsis. 0.06	No. 147. Puerperal Infections. 0.18	Nos. 142-146, 148-150, Other. 1.06		0.00
<b>Abortion:—</b>					
Mortality per million women aged 15-45 in England and Wales:—					
No. 140.—With Sepsis.		No. 141.—Without Sepsis.			
11		5		Nil	

\* Per 1,000 related births. † Rates per 1,000 Total Population. ‡ Including Puerperal Fever.



## 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 Urban Districts of Newhaven and Seaford and the Rural District of Chailey.

Two Sanitary Inspectors carry out duties in the Borough.

## 2. Laboratory Facilities.

These are provided by the Clinical Research Association at Hilton's Annexe, South Road, Haywards Heath. Particulars of examinations carried out during 1946 are as follows:—

	<i>Positive.</i>	<i>Negative.</i>	<i>Doubtful.</i>	<i>Total.</i>
Swabs for Diphtheria .. ..	1	63	5	69
Miscellaneous Examinations ..	—	2	—	2

## 3. Ambulance Facilities.

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

(b) *For Non-Infectious Diseases.*—The St. John Ambulance Brigade provides two motor ambulances and one sitting-case car for the removal of accident cases and cases of illness requiring hospital treatment.

(c) *For Tuberculous Cases.*—Facilities for the 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 1946:—

<i>Description and Situation.</i>	<i>Day and Time of Attendance.</i>	<i>By Whom Provided.</i>
Dental Clinic (Welfare Cases), Castle-gate House, Lewes	Mondays, 2 p.m., with the exception of the fourth Monday	E.S.C.C.
Tuberculosis Clinic, Castlegate House, Lewes	Tuesdays, 10.30 a.m.	E.S.C.C.
Maternity and Child Welfare, St. Michael's Hall, Lewes	Tuesday, 2 p.m.	Voluntary
Orthopaedic Clinic, Castlegate House, Lewes	Tuesday and Thursday, 2 p.m.	E.S.C.C.
Artificial Pneumothorax, Castlegate House, Lewes	Wednesday, 10 a.m.	E.S.C.C.
Ante-Natal Clinic, Castlegate House, Lewes	First and Third Friday and fourth Monday, at 2 p.m.	E.S.C.C.
Minor Ailment Clinic, Market Tower, Lewes	Monday to Friday, 9 a.m. to 12.30 p.m.	County Education Committee
Dental Clinic, Market Tower, Lewes..	Monday to Friday, by appointment.	ditto



## 6. Hospitals—Public and Voluntary.

<i>Name and Situation.</i>	<i>Type.</i>	<i>No. of Beds Available.</i>	<i>Management.</i>
(a) <i>Within the Borough</i> Victoria Hospital, Neville Road, Lewes	Voluntary General	32 beds 3 cots	Voluntary
(b) <i>Outside the Borough</i> Lewes, Newhaven and Seaford Joint Infectious Diseases Hospital, Gibbon Road, Newhaven	I.D. Hospital	20 beds	Lewes, Newhaven and Seaford Joint Hospital Board.
<i>Public Assistance Hospitals</i>			E.S.C.C.
Pouchlands House, Chailey	General	96 beds	
Uckfield Institution ..	General	62 beds	
Hill House, Newhaven ..	General	71 beds	
Southlands Hospital, Shoreham	General and Maternity	450 beds	

In addition to the above, patients from Lewes were treated at the Brighton Sanatorium, the Royal Sussex County Hospital and at 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 were made by the East Sussex County Council.

## 8. Institutional Provision for the Care of Mental Defectives.

The East Sussex County Council deal with the Lunacy and Mental Deficiency services.



## 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, Race Hill (2) and Western Road.

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

(ii) 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:—

“ Report upon a sample of water taken on the 2nd May, 1946. Sample labelled: LEWES WELL. The water on arrival had the following characteristics:—

Colour	..	..	Clear and bright
Smell	..	..	None
Sediment	..	..	None

Chemical Analysis afforded the following:—

				<i>Grains per Gallon</i>	<i>Parts per Million</i>
Total Solids (dried at 100° C) ..	..	..	..	22.0	
Solids (after ignition) ..	..	..	..	17.3	
Chlorine ..	..	..	..	1.7	
Ammonia (free) ..	..	..	..		.060
Ammonia (albuminoid) ..	..	..	..		.030
Oxygen taken from permanganate in $\frac{1}{4}$ hour ..				Nil	
Oxygen taken from permanganate in 4 hours ..				Nil	
Nitrogen as Nitrates and Nitrites ..	..	..	..	.14	
Nitrites ..	..	..	..	Nil	
Hardness (total) ..	..	..	..	14.4	
Hardness (after boiling) ..	..	..	..	4.0	
Phosphates ..	..	..	..	Nil	
Metallic Impurity ..	..	..	..	iron .01	
PH ..	..	7.3			

## 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 .. .. . 0

On Agar at blood temperature and under aerobic conditions .. 0

(iii) 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.

(iv) Also, no other form of contamination of the supply has occurred during the year.

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



## 2. DRAINAGE AND SEWERAGE.

Water carriage system ; fifty-three houses only being connected to cesspools. The sewerage system provides for the converging of all sewers into 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 was carried out once a week over the whole district. 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. HOUSING STATISTICS.

(a) No statutory action was taken under the Housing Act during the year.

(b) Statutory action taken under the Public Health Act, 1936,  
during the year .. .. . 1

## 7. SANITARY INSPECTION.

### (a) Visits and Inspections :—

Houses and Premises Inspected .. .. .	149
Complaints attended to .. .. .	104
Visits to Slaughter Houses .. .. .	15
Visits to Knackers' Yards .. .. .	17
Visits to Cowsheds and Milkshops .. .. .	31
Visits to Bakehouses .. .. .	10
Visits to Fried Fish and other Foodshops .. .. .	125
Visits regarding Defective Drains .. .. .	54
Drains tested by smoke or colour .. .. .	4
Drains tested by water .. .. .	12
Visits for sundry purposes .. .. .	266
Visits under the Factories Acts .. .. .	19
Visits regarding Sickness .. .. .	35
Patients removed to Hospital .. .. .	7
Visits regarding Disinfection .. .. .	18
Rooms Disinfected .. .. .	20
Inspection of Verminous Houses .. .. .	8
Houses Disinfested .. .. .	10
Visits regarding Rodent Control .. .. .	2,629
Visits to Stables .. .. .	6
Samples of Milk .. .. .	15
Inspections under the Petroleum Acts .. .. .	15
Inspections of Marine Stores .. .. .	4
Inspections of Pig Keepers' Premises .. .. .	9



## (b) Nuisances Abated and Repair Works carried out :—

Choked Drains .. .. .	10
Drains relaid or repaired .. .. .	12
W.C.s repaired or re-constructed .. .. .	10
Sinks .. .. .	1
Sink Waste Pipes .. .. .	3
Eaves Gutters and Rainwater Pipes .. .. .	7
Ashbins provided .. .. .	13
Doors and Door-frames .. .. .	5
Fireplaces and Ranges .. .. .	12
Floors .. .. .	11
Roofs .. .. .	16
Ceilings and Internal Walls .. .. .	25
Window Frames .. .. .	8
Dampness remedied .. .. .	22
Rooms cleansed .. .. .	5
Verminous Houses .. .. .	8
External Walls repaired .. .. .	10
Yard Paving attended to .. .. .	2
Accumulations removed .. .. .	5

## 8. 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. Fifteen samples of milk were submitted for bacteriological examination during the year ; six proved to be unsatisfactory. Details are given hereunder :—

Raw Milk Samples Taken 10	Reported Satisfactory, Methylene Blue and Coliform Test 5	Failed either Methylene Blue or Coliform Tests 5
Heat-treated Milk— Samples taken 5	Satisfied Methylene Blue Phosphatase and Coli- form Tests 4	Failed either Methylene Blue, Phosphatase or Coliform Tests 1 (failed Coliform Test)
Total 15	9	6

Both producer and retailer premises were kept in a generally clean condition.

(b) **Ice-Cream.**—Six samples of ice-cream were submitted for bacteriological examination during the year ; only one sample was reported as being satisfactory in all respects. The remaining samples, manufactured locally or elsewhere, failed either the Plate Count Test, Coliform Test, or both. Routine examinations were made of the premises and equipment of the persons



concerned, in the Borough area. Vendors coming into the Borough were notified, and their respective Authorities asked to co-operate and carry out detailed investigations. A table giving the result of the analyses is shown hereunder :—

#### REPORT ON SAMPLES OF ICE-CREAM SUBMITTED DURING 1946.

<i>Sample.</i>	<i>Results of Analysis.</i>		<i>Comments by Analyst.</i>
	<i>Organisms per ML.</i>	<i>B. Coli in 1/100 ml. 3 Tubes.</i>	
A. Manufactured by Vendor	612,000	1. Absent 2. Absent 3. Absent	Absence of B. Coli is a satisfactory feature, but high count compels me to return sample as unsatisfactory.
B. Manufactured by Vendor.	23,000	Present 3 Tubes	Count is low, but presence of Coliform in 3 tubes is an unsatisfactory feature.
C. Manufactured by Vendor.	Too numerous to count.	1. Present 2. Absent 3. Absent	Count is very unsatisfactory.
D. Manufactured by Vendor.	Too numerous to count.	Present 3 Tubes	Unsatisfactory.
E. Not manufactured by Vendor but pre-packed.	8,000	1. Present 2. Absent 3. Absent	Satisfactory
F. Not manufactured by Vendor but pre-packed.	Too numerous to count.	Present 3 Tubes	Unsatisfactory from Bacteriological point of view.

The results so far indicate that proper attention and instruction is necessary in the preparation, handling, and storage of this commodity, and personnel engaged in this work should be fully aware of the necessity for personal and general cleanliness.

(c) **Meat and other Foods.**—Apart from an occasional slaughtering of a pig for human consumption, no other slaughtering took place in the registered slaughterhouses.

Inspections of food premises were made regularly during the year, and satisfactory conditions were maintained. 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 Beef .. .. .	74 lbs.
Canned Meats (all kinds) .. .. .	473 „
Brawn .. .. .	6 „
Sausages .. .. .	42 „
Cheese (processed) .. .. .	14½ „
Butter .. .. .	14¼ „
Eggs .. .. .	246
Canned Milk .. .. .	213 tins
Canned Fish .. .. .	54 „
Fish .. .. .	56 lbs.
Oatmeal .. .. .	112 „
Cocoa .. .. .	24 „
Chocolate .. .. .	144 bars
Semolina .. .. .	36 lbs.
Canned Groceries (various items) .. .. .	130 tins
Fish Cakes .. .. .	144
Dates .. .. .	70 lbs.
Assorted Items .. .. .	15 jars

## 9. RODENT CONTROL.

The Department was actively engaged in Rodent Control work during the year 1946, and a resumé of this work is given below. The Council employ one trained Rodent Operator.

### Treatment of Sewers (Local Authority).

Rat infestation of portions of the sewers was found after a 10 per cent. test of the whole of the sewer system had been carried out at the request of the Director of Infestation Control, Ministry of Food, during February, 1946. Accordingly a scheme was submitted to the Director of Infestation Control for treatment of the sewers in the following areas: Nevill and Highdown Estates, Nevill Road, Spital Road, Western Road and adjoining area, Lower North Street and surrounding areas. Approval was given to the scheme and also agreement to the reimbursement of 50 per cent. of additional labour costs, plus the cost of the provision of baits and poison.

The first part of the initial treatment was commenced on the 13th May, 1946, and consisted of pre-baiting 45 manholes with damp sausage rusk on two alternate days, and poisoning on the third day with damp sausage rusk plus zinc phosphide. This resulted in poison "takes" from 22 manholes.

The second part of the initial treatment commenced on the 17th June, 1946, using this time bread mash and arsenic, the same procedure being adopted. This resulted in poison "takes" from 15 manholes.

In October the first maintenance treatment was carried out in accordance with the directions of the Minister of Food. This treatment was extended to include the sewers in the Houndean Rise area, and the result showed poison "takes" in 15 manholes.

The Director of Infestation Control advised that the second maintenance treatment be carried out in March, 1947.



### **Private Dwellings Scheme.**

The Council adopted the above scheme in June, 1946. Briefly, it relates to the co-operation between the Local Authority and the Minister of Food, in relieving occupiers of private dwellings of charges for the work of rat destruction at such premises when carried out by Local Authorities in the course of an approved campaign during the fiscal year 1946-47.

Subject to certain conditions, the Ministry agreed to bear 60 per cent. of the cost ; the local Rate Fund being responsible for the remaining 40 per cent.

Steps were subsequently taken to put the Scheme into operation. The Borough was divided into twelve areas, each to be surveyed for rat infestation. Any premises which were found to be infested were treated at the completion of the survey for that particular area. The charges made in respect of business premises were at the rate of 3s. 6d. per hour.

During the year the following visits were made :—2,629 premises on the survey ; of these 58 were found to be infested with rats and 72 with mice ; 29 of the infestations were at business premises. Treatment of these premises involved 536 visits, which resulted in an estimated kill of 2,279 rats. Actual bodies found were 276 rats and 53 mice.

The number of areas surveyed by the end of the year were twelve.

The Council's Refuse Tip at Ham Lane received treatment each month.

### **10. ERADICATION OF BED BUGS.**

Six instances of bug infestation were found during the year ; all were successfully treated. The method of disinfection 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.

### **11. SWIMMING BATHS.**

The open-air swimming bath at the Pells is owned by the Council. The bath is completely emptied, cleansed and re-filled fortnightly. Some improvement, however, might be effected in so far as chlorination and aeration of the water, the provision of scum channels, and the drainage of the banks are concerned.

### **12. FACTORIES ACT, 1937.**

There are one hundred and five factories in the Borough in which Sections 1, 2, 3, 4 and 6 of the above Act can be enforced by local authorities.

During 1946 seventeen inspections were carried out in these premises and three notices were served ; in two cases on account of want of cleanliness and in the third because of insufficient sanitary conveniences. In all three cases the defects were remedied.

Under Section 7 (b) of the Act, there are fifty-five factories on the register. Seven inspections were made to these premises. No defects were found.

There are also five other premises under the Act to which no inspections were made.

In connection with outwork, there were six persons engaged under this heading, making wearing apparel ; no defaults were brought to the notice of the Public Health Department among these workers.



## SECTION IV.

## PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis) DURING THE YEAR 1946.			
<i>Disease.</i>	<i>Total Cases Notified.</i>	<i>Cases Admitted to Hospital.</i>	<i>Total Deaths.</i>
Diphtheria .. ..	2	2	—
Scarlet Fever .. ..	3	2	—
Whooping Cough .. ..	14	—	—
Measles .. ..	5	—	1
Pneumonia .. ..	7	—	—
Cerebro-Spinal Meningitis	1	1	—
Puerperal Pyrexia .. ..	1	1	—
Poliomyelitis .. ..	1	—	—

## INFECTIOUS DISEASES GENERALLY.

## 1. DIPHTHERIA.

Only two cases of diphtheria were notified during the year 1946. Neither of the children had been immunised against the disease. There were no deaths from diphtheria.

Diphtheria has become rare, due to a large block of children having been immunised against it.

It is computed that 63 per cent. of the children born in the year 1945 have been immunised against diphtheria. It is usual to wait until a child is one year of age until it is immunised, hence the percentage immunised of the number born in 1945 is quoted.

## 2. SCARLET FEVER.

In all, three cases of scarlet fever were notified during the year ; two of the cases were admitted to hospital. All three were of the mild type. There were no deaths from this disease.

Formerly in this country a much more malignant form of scarlet fever existed. This has been largely replaced by the mild form.

## 3. MEASLES.

Five cases of measles were notified during 1946 with one death. After a child has been infected with measles, usually a high level of protection is developed. This protection may, in rare cases, occasionally disappear, as shown by a second attack, but the protection from one attack is reasonably lasting. Further, a new-born infant has a temporary resistance to measles (lasting up to about six months) if the mother has had the disease. Rigid



isolation of cases at home, where there is a large family, can do little to prevent the spread of the disease through the family, as most of the children have already been infected before the rash appears in the original case. Isolation of a patient serves more to protect the sufferer against secondary infection, such as pneumonia.

#### 4. WHOOPING COUGH.

Fourteen cases of whooping cough were notified during the year, with no deaths. The seriousness of this disease is not due to whooping cough itself, but to pneumonia which may complicate it. Good medical and nursing care should be given to cases, especially in younger children. Active immunisation shows promise of being of some value in the control of this disease. There is not so far the mass of evidence, as in the case of active immunisation against diphtheria, that this is of absolutely proved value yet.

Of the rest of the infectious diseases notified during 1946, there were seven cases of pneumonia, and one case of each of the following: cerebro-spinal meningitis, puerperal pyrexia; poliomyelitis. There were no deaths caused by any of these diseases.

We are now in sight of wiping out diphtheria. If all children were submitted to the safe, simple and easy method of protection, that is, by immunisation, this would be virtually accomplished.

In recent years scarlet fever has become a mild disease with a very low mortality rate.

Cases of diphtheria should be sent to hospital for treatment; hospitalisation is also indicated for cases of scarlet fever where the patient cannot receive proper isolation, medical and nursing attention at home.

Other cases which should be sent to hospital for treatment are those of anthrax; cerebro-spinal meningitis; certain cases of erysipelas—especially in older people—cases of epidemic encephalitis; measles where complications such as pneumonia threaten; paratyphoid fever; certain cases of pneumonia; cases of epidemic poliomyelitis (infantile paralysis); certain cases of puerperal infections; cases of tetanus; tuberculous meningitis; typhoid fever; typhus fever; undulant fever; certain cases of whooping cough where complications such as pneumonia threaten.

Cases of mild scarlet fever can be nursed at home, provided there is adequate isolation and adequate medical and nursing attention. Chicken-pox, mumps, and German measles cases can be nursed at home generally.

Dealing with smallpox, it is true to state that this has become a rare disease in this country. Prompt hospitalisation of cases and the quarantining and vaccination of contacts have prevented the spread of this disease. In the rare cases which have occurred in this country in the last quarter of a century, the original infection usually came from abroad. As a preventive against the disease, vaccination in infancy has proved its undoubted value.

The treatment of certain cases of infectious diseases by the sulphanilamide drugs has yielded most encouraging results. By their use the death rate from cerebro-spinal meningitis—formerly high—has been more than halved. Puerperal infections, many of which led to the deaths of women after child-birth, and so increased the maternal mortality, are now successfully treated by these unique drugs. In certain types of pneumonia excellent results have been obtained, and erysipelas now yields more easily by the administration of the sulphanilamides.



## SECTION V.

## TUBERCULOSIS.

1946 NEW CASES AND MORTALITY.									
Age Periods.	New Cases.				Deaths.				
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.		
	M.	F.	M.	F.	M.	F.	M.	F.	
0 .. ..	—	—	—	—	—	—	—	—	
1 .. ..	—	—	—	—	—	—	—	—	
5 .. ..	—	—	1	—	—	—	—	—	
10 .. ..	1	—	—	—	—	—	—	—	
15 .. ..	—	1	—	—	—	—	—	—	
20 .. ..	1	—	—	—	—	—	—	—	
25 .. ..	2	2	—	—	2	1	—	—	
35 .. ..	—	1	—	—	1	—	—	1	
45 .. ..	1	1	1	—	—	—	—	—	
55 .. ..	—	—	—	—	—	—	—	—	
65 and upwards ..	—	—	—	—	—	—	—	—	
Total ..	5	5	2	—	3	1	—	1	

Ten new cases of pulmonary tuberculosis and two new cases of non-pulmonary tuberculosis were notified during 1946, as compared with thirteen new cases of pulmonary and one new case of non-pulmonary tuberculosis notified in 1945.

Tuberculosis may attack any part of the body, bones and joints, intestines, kidney, brain, heart, etc. The most common site is the lungs. The disease is called pulmonary tuberculosis when the lung system is attacked. When other parts of the body are infected, the disease is classified as non-pulmonary. The infecting agent in pulmonary tuberculosis is the human type of the tubercle bacillus, but it has been found that between 5 per cent. and 6 per cent. of pulmonary tuberculosis cases were infected with the bovine type of the bacillus. In cases of non-pulmonary tuberculosis, the infecting agent is chiefly the bovine type.

Dealing with pulmonary tuberculosis, 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, pulmonary 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 can be 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 the tubercle, 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 tubercle bacilli in the part affected, and thus prevent further spread.

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 pulmonary tuberculosis in the district, 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.



The affected part which is often followed by the deposition of fibrinous material that part of the brain where the infection is in an attempt to cut off the infection from the rest of the brain and thus prevent further spread.

The appearance of the cells in a person who has meningitis is characterized by the primary infection is referred to as the second type that of meningitis.

The cause of the infection is a common one, often with the type of infection. The infection is the result of the infection of a virus, the virus and bacteria. It is the result of infection of the virus.

It is to be understood that in the case of meningitis, the virus could not spread a high number of a high number of bacteria. It is the result of infection of a virus, the virus and bacteria. It is the result of infection of the virus.

The infection is the result of the infection of a virus, the virus and bacteria. It is the result of infection of the virus.

The infection is the result of the infection of a virus, the virus and bacteria. It is the result of infection of the virus.

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