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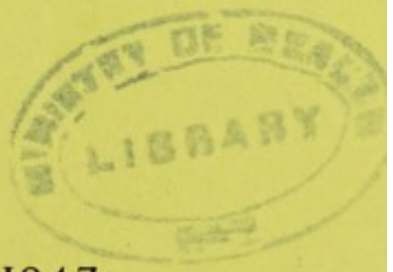
BOROUGH OF LEWES.

Annual Report

of the

Medical Officer of Health

for the



Year Ended 31st December, 1947,

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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LEWES BOROUGH COUNCIL.

PUBLIC HEALTH DEPARTMENT,
LEWES HOUSE,
LEWES.

20th September, 1948.

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

ANNUAL REPORT

of

The Medical Officer of Health

FOR THE YEAR 1947.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the health of the inhabitants and on the sanitary circumstances of the Borough of Lewes for the year 1947.

The estimated population for the year was 12,550. In the main body of this Report a table giving the annual populations of the Borough for the last twenty-five years, shows a more or less stable population throughout the period, with the exception of war years, when the population was above the average of the quarter century. Also illustrated in the table is a decline in population in the war and post-war years, from 13,290 in 1941 to 11,530 in 1945, then a gradual increase to 12,550 in 1947.

The birth rate for the year under review was 20.88 per 1,000 population. As far as can be ascertained from past records, this is the highest annual birth rate ever registered for the Borough.

The death rate for the year was 13.86 per 1,000 population, compared with the figures 13.44 and 13.79 per 1,000 population for the years 1945 and 1946. As in previous years, the chief causes of death in 1947 were heart disease, cancer and intra-cranial vascular lesions. Heart disease and intra-cranial vascular lesions are mainly associated with the degenerative changes accompanying old age. It has been stated that cancer has been increasing in recent years. There is some truth in this, in so far as the section of the population at risk has increased, because the number of older people are now more numerous, and cancer mostly attacks those above middle age. From another point of view, the increase in the number of cancer deaths is more apparent than real, as deaths really due to cancer in the past were ascribed to some other disease. Today, with improved methods of diagnosis and of treatment many cancer cases can be cured, if seen early enough.

In the general population, the highest age at death during 1947 was 95 years, the lowest 7 hours, and the average age at death was 62.7 years. The Maternal Mortality Rate was nil, as no women died in, or in consequence of, childbirth. The Infantile Mortality Rate, or the number of infants who died under one year of age, was 38.16 per 1,000 live births. This rate compares favourably with the rate for the whole of England and Wales over the same period, which was 41.00 per 1,000 live births. Premature births, malformations and other defects in the newly born which cannot possibly be avoided or remedied, played the major part in the Lewes Infantile Mortality Rate for 1947.

With regard to infectious diseases, the Borough did not escape a visitation of infantile paralysis. This infection swept the Country in 1947 in epidemic form, when the incidence of the disease was four-and-a-half times greater than it has ever been. The attack rate in Lewes was fairly high. Nine cases were diagnosed in Lewes residents. Hospital treatment was undertaken promptly immediately on diagnosis and subsequent orthopaedic and follow up treatments were arranged whilst the patients were in the infectious disease hospital, so that each case obtained all available help towards recovery. In addition to the nine cases diagnosed, four suspected cases were sent to hospital for observation. The laboratory and clinical tests did not confirm the disease in the latter cases. Other suspected cases were diagnosed as not suffering from the infection. At the beginning of the outbreak, all general practitioners were circulated by the Medical Officer of Health as to the probable course of the disease, and he collaborated with general practitioners in reaching diagnoses in the cases affected, suspected, and not infected. For every frank case diagnosed there were probably as many as twenty who had very mild abortive attacks, and had no subsequent defect. Since one attack of infantile paralysis usually confers immunity, there is a fair proportion of the population "salted," or made immune, to the disease, and thus protected. So far, no vaccine or serum has been found to be effective to prevent the infection or check the course of infantile paralysis in affected cases. No prophylactic has been discovered, as diphtheria immunisation, to ward off the infection. A test, such as the Schick test which shows which persons are susceptible to diphtheria, and which are not, has not been devised to reveal those who are liable to an attack of infantile paralysis. and those who are likely to be immune. In any case, the use of such a test would be questionable, as far as actual protection is concerned, since a prophylactic so far has not been discovered. Research to obtain some means of protection is being carried out intensively in this country and elsewhere, and some promising results of treatment of artificially infected animals have been reported recently from America.

There does not appear any other way by which the disease is spread except by infected cases, mostly abortive. Having reached a peak in 1947, infantile paralysis will die down, and less and less persons will be affected. The occurrence of the odd sporadic case thereafter may continue throughout the Country.

During the year no case of diphtheria occurred in Lewes. In the last four years only four cases of this disease were notified, and all were in non-immunised individuals. The extreme rarity of diphtheria in recent years has been due to an intensive campaign of immunisation. This disease has now been virtually wiped out in Lewes.

Only five cases of scarlet fever were notified in the Borough in 1947. All were of the mild type. Small outbreaks of measles and whooping cough occurred during the year. The number of other notifiable infectious diseases was small One death was due to whooping cough, and one was due to pneumonia. No deaths occurred from infantile paralysis, erysipelas, puerperal fever or scarlet fever. The case of malaria contracted the disease abroad and made a rapid recovery. The death rates from certain infectious diseases for the whole of England and Wales and for Lewes in particular, can be seen on page 24 in the main body of this Report. The corresponding rates for Lewes compare favourably.

Six cases of pulmonary and two cases of non-pulmonary tuberculosis were notified during the year, whilst there were seven deaths from pulmonary and one death from non-pulmonary tuberculosis. The numbers of new cases of, and deaths from pulmonary tuberculosis were above the average.

Pulmonary tuberculosis is a contagious disease, and should be treated as such. More beds are required in sanatoria for early cases. There is a shortage of tuberculosis nurses, and this affects the number of available beds. Very often, a bread-winner who suffers from pulmonary tuberculosis cannot afford to give up his employment to

undertake sanatorium treatment, and so he remains to infect others with whom he comes in contact. The stamping out of pulmonary tuberculosis can be aimed at, by having more sanatorium beds available, more nursing staff, adequate compensation for affected cases whilst undergoing sanatorium treatment, prompt isolation of cases, more X-ray examinations of suspected cases and contacts, and probably the use of a vaccine as a prophylactic.

The majority of cases of non-pulmonary tuberculosis is due to tuberculous infected milk. The remedy lies in heat-treating milk, and in a systematic elimination of the tuberculous infected cattle.

Throughout the year, a constant stream of complaints concerning housing conditions, passed into the Public Health Department. One cannot deny that some properties in the Borough are old, one might say decrepit. Other dwelling houses have also gradually deteriorated.

Three factors to bear in mind in housing problems are the family, the dwelling and the rent. The family as to its size and type ; the dwelling as to its sanitary condition, its adequacy, arrangement and amenities ; the rent and its relationship to the tenant's income, and to the landlord's expenditure on the dwelling. With the average income of many, if not most, families now increased, and the high costs of materials and labour necessary for building and repairs, it does not seem reasonable to expect that rents should always remain at a low level. Where many rents are low it has been found that there is an inevitable and considerable loss on capital expended in house construction and in repairs. A balanced view should be taken.

As in 1919 when demolition of unfit properties was discontinued, so in the recent war, demolition was suspended, and this suspension is still in force. It still seems important to save everything standing which can afford shelter, even though the houses are old and decrepit. New houses are, it appears, the primary consideration. Although of prime importance, enough to satisfy existing needs are not being built. Most likely a judicious blend of State Control and private enterprise would help matters. Although some families are now living in old houses past redemption, it would be the sheerest folly to eject them, if no alternative accommodation can be found. Adequate reconditioning of some properties would be almost useless since the fabric has deteriorated too far. Other properties could be reconditioned, and last for a limited number of years.

As to families forced to live in overcrowded conditions, and to share the conveniences and amenities of one house, this existence in many cases has become well nigh intolerable to them. The constant irritations through living in such circumstances have enforced a heavy nervous strain which is almost unbearable to some.

There is a feeling amongst the general public that nothing now emerges as perfect or as satisfactory as it once appeared, and that fulfilment of promise seems long overdue. Experience derived from a long war and a long period of restrictions has made people feel that perhaps they are too complacent towards human insufficiency. This, with the knowledge that there has been, still is, and will be for some time if matters do not alter, an insufficiency of housing accommodation, has made them more than dissatisfied with the housing position. This is most critical, and the continuance of the present state of affairs cannot have anything but an adverse effect upon public health in the long run.

As in previous years, the water supply provided in 1947 by the waterworks proved to be of good quality and there was a sufficient supply for the needs of the community.

Examinations of milk samples showed that heat-treated milk was of better quality, bacteriologically, than raw milk.

On 1st May, 1947, the Ice-cream (Heat Treatment) Regulations, 1947 came into force. In the past, several outbreaks of intestinal disease, such as typhoid fever occurred in this Country through eating the infected ice-cream. The object of the new regulations is to protect the consumer of ice-cream from infection. The regulation official test for ice-cream is the methylene blue one. This test has the advantage of simplicity, quickness and cheapness. Bacterial tests are more complicated. One takes two days to complete and another three days ; also they are more expensive. With the methylene blue test generally, the quality of a given sample may be determined in a few hours. On the other hand, the test is an all or nothing one, the ice-cream either reducing the colour completely within certain time limits and being classified as unsatisfactory, or no reduction taking place is classed as satisfactory. The assessment by the methylene blue method is not sufficiently sensitive to allow of any close differentiation between different grades of ice-cream. It is more or less experimental at present for ice-cream, so it is prudent to continue with the bacterial tests of the same samples as taken for the official colour test. In some other Countries, a high bacteriological standard of ice-cream is required, and it appears that this Country lags somewhat behind in this respect. By having ice-cream pre-packed, or wrapped, at the place of manufacture, a certain degree of protection from subsequent contamination is obtained. Some manufacturers already do this. Although large manufacturers of ice-cream have advantages in that they have their own bacteriologist and food chemist continually to supervise and check cleanliness in the manufacture of ice-cream, this does not mean that the small manufacturer cannot produce a high grade article. Satisfactory samples of ice-cream were obtained in 1947 from small manufacturers in the Borough.

With regard to general foodstuffs, the amount condemned during the year was larger than that condemned in 1946. An appreciable quantity of foodstuffs could have been saved with more capable storage, better handling, and improvement of transport facilities. Tinned stuffs, especially, showed evidence of long storage on arrival in the town. Excessive rusting, leakage, unidentifiable labelling and "blown" tins all pointed to lack of care. Some war-time stocks made their appearance in the retail shops in 1947. There appears to be the need for more store organisation and stricter supervision on the part of the wholesalers.

Apart from the outbreak of poliomyelitis, which was an unfortunate occurrence, there was an absence of outbreaks of serious infectious disease; diphtheria was notable for its absence

The housing situation demands urgent attention, more so than in previous years. The present scale of rations keeps people just above the safety line, and the cumulative effects of years of continual rationing at a low level, may, quite likely in time lower the standard of public health.

Other noteworthy features of this Report are the high birth rate, the increase in the population from 1945 onwards, and the absence of maternal mortality.

In conclusion, I wish to thank you for your support and encouragement during the year, and I am grateful for the help I received from other Officials of the Council. My thanks are also due to the Staff of the Public Health Department for their willing and loyal co-operation.

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.
Medical Officer of Health.

SECTION I.

STATISTICS OF THE AREA, 1947.

Area (in acres)	1,981 acres
Population (estimated)	12,550
Rateable Value	£123,851
Sum represented by Penny Rate	£495 8s. 4d.

EXTRACTS FROM VITAL STATISTICS.

Live Births.	*Male.*	*Female.*	*Total.*	*Rate per* 1,000 *Population.*
Legitimate	133	114	247	
Illegitimate	7	8	15	
			262	20.88
Deaths	85	89	174	13.86.
				Rate per 1,000 *Live & Stillbirths.*
Maternal Mortality		0	0	0
				Rate per 1,000 *Live Births.*
Deaths of Infants under one year of age	5	5	10	38.16

POPULATION.

The population of the Borough of Lewes for 1947 was an estimated one and given by the Registrar General as one of 12,550. Populations estimated for the years 1942 to 1946 were 12,410 ; 11,990 ; 11,750 ; 11,530 and 12,250 respectively.

The facts of the size, the composition of, and the increases and decreases in a population of a town are most important. They form the basic material for the practical planner, the sociologist and the vital statistician. Without such knowledge their work cannot begin ; this knowledge is essential and fundamental in evaluation and planning. Very often when a population increases by an excess of births over deaths, or there is a continued entry of people of the younger generation from elsewhere, or both, the prosperity of a town is determined. A more or less continual excess of deaths over births over a number of successive years, and the continued departure of the younger members of the population from a town to other areas, will in time, most likely, have an adverse effect upon the prosperity of the town as a whole.

Whether the population of a town grows or declines depends mainly upon three factors :—

1. The difference between the numbers of births and deaths.
2. The difference between the numbers of immigrants and emigrants, *i.e.*, between those who enter the town and those who leave it.
3. Changes in the boundaries of a town by which a population is absorbed, or by the acquisition of territory, means are thus available to house a new population.

During the last twenty-five years the annual populations and vital indices for the town of Lewes are given in the following table. The vital index is obtained by multiplying the annual number of births by 100 and dividing by the annual number of deaths ; the difference between the numbers of births and deaths is readily appreciated if this statistic is used.

Year.	*Population.*	*Vital Index.*	*Year.*	*Population.*	*Vital Index.*
1923	10,930	140.10	1935	11,850	98.49
1924	11,060	142.35	1936	11,910	97.56
1925	11,110	148.00	1937	11,920	98.13
1926	11,200	135.50	1938	11,960	81.92
1927	11,290	107.80	1939	12,350	109.80
1928	12,450	90.09	1940	12,980	92.69
1929	11,140	80.00	1941	13,290	104.83
1930	11,140	128.50	1942	12,410	123.78
1931	10,790	93.20	1943	11,990	108.52
1932	11,560	105.60	1944	11,750	127.21
1933	11,440	88.40	1945	11,530	124.51
1934	11,790	105.60	1946	12,250	137.86
			1947	12,550	150.57

It can be seen from the above table that the highest population was in 1941, a war year, when the population was 13,290, and the lowest population, 10,790, was in a pre-war year 1931. Changes in the Borough boundaries were made in 1934, when an increase in population was partly made by the alteration whereby more people were acquired.

The deaths exceeded the births by 33 in 1929, when the vital index is shown at its lowest figure, 80, and the births exceeded the deaths in 1947 by 88, when the vital index is shown at its highest figure, 150.57.

Dealing with the first factor, the difference between the numbers of births and the numbers of deaths, it is seen in the example given, that if the vital index is below 100, the deaths have exceeded the births, if above 100, the births have exceeded the deaths. Other things being equal, if the number of births is the same as the number of deaths, the vital index will be 100, and the population will remain stationary.

In the twenty-five year period given, the births have exceeded the deaths in sixteen years. When this occurs the population is in a healthy state, biologically speaking. When the vital indices are below 100, there are not enough births to replace the deaths to continue a healthy and progressive increase in the population from the point of view of the addition of new lives.

Examining the second factor, the difference between the numbers of immigrants and emigrants, there was a progressive decline in the annual populations from the year 1941 to the year 1945. One can assume that this was due to more people leaving the town to reside elsewhere than people entering it, since the decline was not due to an excess of deaths over births. There are no exact figures to illustrate this, however, but the assumption is reasonable. One can also assume that the increase in population from 1945 to 1947 was accounted for by the number of immigrants having exceeded the number of emigrants, since the excess of births over deaths in that time was only partly responsible for such an increase of population.

As to the third factor, changes in boundaries of the town, an addition was made to the Borough in 1934, and mainly by this the population was increased by 350 over the population of 1933.

Concerning future changes in the town's boundaries, it is obvious that to effect an immediate and appreciable increase in the size of the population, any extensions must include a fairly heavily populated area ; also, future increases in population can be gained by acquiring territory suitable for housing people from elsewhere.

There are other considerations to be borne in mind besides the figures of yearly populations, vital indices, differences between the numbers of immigrants and emigrants, and changes of boundaries. These are the age composition of the population, the manner of its distribution in the area, the size of the families, and the social structure of the community.

In the years 1923 to 1927 and 1941 to 1947, the vital indices show that the population was more than holding its own as far as the replacement of deaths by births was concerned. This indicates that there was a fair proportion of young married people in the population in those two periods ; a continued excess of births over deaths in the two periods signified that the population was becoming younger.

People are living longer than they were twenty-five years ago, and there is a greater proportion of old people in the present population of Lewes than there was a quarter of a century ago. This proportion may increase in future.

If the trend of population is continued whereby there is a continued excess of births over deaths as in 1941 to 1947, the proportion of young people will increase, but this may be more than offset by the increasing numbers of old people.

Provided there are no great differences caused by immigration and emigration. an increased number of young people and of old people will obviously increase the total population.

The manner of the distribution of the population in Lewes has not the same bearing as it has in many other towns. Lewes is mainly residential and there are no large industrial districts where the populations are mostly composed of young people.

The average size of the family in the town is four, and there are signs that this may become less. The increase in the numbers of births in the period 1941 to 1947 has been due more to an increase in marriages than to additions to established families.

The community of Lewes is composed of retired and semi-retired people, of professional and business people, and of people engaged in various trades and occupations, and to a lesser extent in industries.

A close study of the population figures and vital indices over a successive number of years is of considerable importance. Employment of the younger people, in or near the town, and the provision of accommodation for the elderly, are both necessary to retain, or add to, the size of the population.

It is of interest to know that the population of Lewes in 1901 was 11,249. Then the birthrate was high. Many infants died under the age of one year, and the general death rate was much higher than it is to-day. Families were larger, but more people died at younger ages. The average age at death was considerably less than it is to-day.

Improvements by means of Public Health measures, in medicine and in surgery have all increased the span of life now, and made life itself more healthy and more hopeful.

With a continued high birth rate, an excess of births over deaths, and a growing number of old people, the population of Lewes must become larger, provided there will be no large emigration from the town in the future. All these matters require careful consideration. The paramount need to-day is more housing accommodation for young people to bring up families in, and to house the increasing number of the older generation.

BIRTH RATE.

The birth rate for the year under review was 20.88 per 1,000 population. This is the highest birth rate ever recorded in the Borough. The birth rates for the years 1943, 1944, 1945 and 1946 were 15.92, 18.29, 16.73 and 19.02 per 1,000 population respectively.

DEATH RATE.

The death rate for 1947 was 13.86 per 1,000 population. This is a fairly average death rate for the town. During the last ten years the average death rate was 12.82 per 1,000 population.

The highest age at death was	95 years
The lowest age at death was	7 hours
The average age at death was	62.7 years

CAUSES OF DEATH.

	Male.	*Female.*	*Total.*
Heart Disease	17	28	45
Cancer	13	10	23
Intra-cranial Vascular Lesions	6	11	17
Other Diseases of the Circulatory System	5	3	8
Digestive Diseases	6	2	8
Other Violent Causes	4	4	8
Tuberculosis of Respiratory System	4	2	6
Bronchitis	3	3	6
Pneumonia	3	3	6
Ulcer of the Stomach	4	–	4
Nephritis	2	2	4
Suicide	1	2	3
Influenza	–	2	2
Diabetes	1	1	2
Other Respiratory Diseases	1	1	2
Premature Birth	2	–	2
Congenital Malformation ; birth injuries	–	2	2
Whooping Cough	1	–	1
Other forms of Tuberculosis	–	1	1
Diarrhoea, under 2 years	1	–	1
Appendicitis	1	–	1
Road Traffic Accident	1	–	1
All Other Causes	9	12	21
	85	89	174

1. Heart Disease. As in former years, Heart Disease (45 deaths) heads the mortality list. Knowledge concerning its prevalence and epidemiology is far from extensive, and the term heart disease includes a large number of highly diverse conditions and diseases.

The prevalence of heart disease, since it is not notifiable, can only be estimated from special studies of limited groups. From these studies it appears to be on the increase, but this increase would seem to be more apparent than real. This is due largely to deaths being now more correctly ascribed to heart disease, where formerly they were ascribed to an associated disease. Of all deaths from heart disease, approximately 90% occur over the age of 40 years. Most of the deaths due to heart disease in Lewes residents in 1947 were in the older ages and associated with hardening of the arteries and degenerative lesions which are manifestations of old age.

So far, little is known about the cause of *arterio-sclerosis* and degenerative changes which come with age. These changes are being extensively studied to-day with a view to their prevention by treatment.

2. Cancer. Usually, cancer as a cause of death, is next to heart disease year after year. This is found to be the case for 1947 when there were 23 deaths from cancer.

Cancer is a general term to designate all malignant tumours. Each year it is one of the chief causes of death. It is a disease of adult life, although cases are known in the first two decades of life. Most cancer deaths occur about the age of fifty-five in women, and in men about sixty-five. There have certainly been more cancer deaths notified annually during the last half century and this increase is remarkable. Some of the increase is more apparent than real, since, formerly, deaths which were ascribed

to some other disease, should have been put down to cancer. With improved methods of diagnosis this has been rectified. At the present time people are living longer, and so the proportion of cancer deaths increases as risk from the disease increases. The actual cause of cancer has so far been undiscovered. It seems that the cancer cell comes from the normal pre-existing tissue cell of the body. Some factors, which influence the normal tissue cell to take on unrestricted multiplication and growth, are being studied. It may be that the problem of cancer is a question of growth control. Factors exist which promote and retard growth. When the two factors balance, tissue cell multiplication is normal. If there is an increase of the growth promoting factor or decrease of the growth inhibiting one, or both, cancer will result.

It is clearly established that certain chronic irritants may induce cancer in susceptible persons. The irritation may be caused by certain kinds of light rays, by heat by chemicals, or it may be mechanical. Thus cancer has been found in X-Ray workers, in Indian natives who use a heating apparatus held close to the body, in paraffin oil workers, and it may be caused by mechanical injury.

The misconception, once held, that cancer was a hopeless and incurable disease is not entirely correct. Cancer at first is local and it is curable if detected in time and removed.

3. Intra-Cranial Vascular Lesions. Deaths from intra-cranial vascular lesions (17) follow the same order in being next to deaths from cancer, as found in four years out of the last five-year period. The deaths were mostly due to cerebral haemorrhage, occasioned by the degeneration of blood vessels supplying the brain.

The degenerative change is usually the accompaniment of old age. The causes of this change are being sought for by many investigators engaged in research on the subject. Whilst the change cannot be absolutely warded off, the results of research so far, seem to indicate some methods of delaying its onset, and further development, by intelligent treatment. Thus old age to many may become more tolerable and the lives of some may be prolonged.

4. Other Causes of Death. Of the other causes of death, other diseases of the circulatory system, other digestive diseases, other violent causes, each accounted for eight deaths. Tuberculosis of the respiratory system, bronchitis and pneumonia, each accounted for six deaths. These are followed by deaths from ulcer of the stomach and duodenum, nephritis (four each) ; suicide (three) ; influenza, diabetes, other respiratory diseases, premature birth, congenital malformation and birth injuries (two each) ; other forms of tuberculosis, diarrhoea under two years, whooping cough, appendicitis, and road traffic accident (one each). Deaths due to all other causes numbered twenty-one.

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 1947 are as follows.

	Positive.	*Negative.*	*Doubtful.*	*Total.*
Swabs for Diphtheria	–	21	1	22
Miscellaneous Examinations ..	3	2	–	5

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 1947 :—

Description and Situation.	*Day and Time of Attendance.*	*By Whom Provided.*
Dental Clinic (Welfare Cases), Castlegate House, Lewes	Monday, 2 p.m., with the exception of the fourth Monday	E.S.C.C.
Tuberculosis Clinic, Castlegate House, Lewes	Tuesday, 10.30 a.m.	E.S.C.C.
Maternity and Child Welfare, St. Michael's Hall, Lewes	Tuesday, 2 p.m.	E.S.C.C.
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.

Name and Situation.	*Type.*	*No. of Beds Available.*	*Management.*
(*a*) *Within the Borough*			
Victoria Hospital, Neville Road, Lewes	Voluntary General	34 beds 3 cots	Voluntary
(*b*) *Outside the Borough* :			
Lewes, Newhaven and Seaford Joint Infectious Diseases Hospital, Gibbon Road, Newhaven	ID. Hospital	20 beds	Lewes, Newhaven and Seaford Joint Hospital Board
Public Assistance Hospitals :			
Pouchlands House, Chailey	General	96 beds	E.S.C.C.
Uckfield Institution	General	55 beds	E.S.C.C.
Hill House, Newhaven	General	164 beds	E.S.C.C.
Southlands Hospital, Shoreham	General and Maternity	450 beds	E.S.C.C.

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 7th May, 1947. 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.)	23.2	
Solids (after ignition)	17.4	
Chlorine	1.7	
Ammonia (free)		.030
Ammonia (albuminoid)		.048
Oxygen taken from permanganate in ¼ hour	Nil	
Oxygen taken from permanganate in 4 hours	Nil	
Nitrogen as Nitrates and Nitrites	.17	
Nitrites	Nil	
Hardness (total)	14.6	
Hardness (after boiling)	4.5	
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 colonies were noticed after two day's incubation	0
Probable number of Coli-Aerogenes organisms in 100 ml. of the original water ..	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 precautions 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 eight houses which received their supplies 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 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 refuse takes place at the Council's Sewerage Works on the outskirts of the town, and is utilised for filling up adjacent ground.

6. HOUSING STATISTICS.

(*a*) Statutory action taken under the Housing Act during the year .. 1
(*Section* 12. *Closing Order*)

(*b*) No statutory action was taken under the Public Health Act 1936, during the year.

7. SANITARY INSPECTION.

(*a*) Visits and Inspections.

Houses and Premises Inspected	375	Houses disinfested	7
Complaints attended to	227	Visits regarding Rodent Control	276
Visits to Slaughter Houses	13	Visits to Stables	6
Visits to Knackers' Yards	6	Inspections under Petroleum Acts	28
Visits to Cowsheds and Milkshops	39	Inspections of Pig Keepers' Premises	4
Visits to Bakehouses	12	Visits made under Shops Acts	30
Visits to Fried Fish and other Foodshops	130	Visits to Swimming Baths	3
Visits made regarding drainage, including sanitary conveniences	80	Drains tested by water	18
Visits under Factories Acts	37	Samples of Milk taken	20
Visits regarding Sickness	28	Drains tested by smoke or colour	8
Visits regarding disinfection	34	Samples of Ice-Cream taken	9
Rooms disinfected	30	Inspections of Marine Stores	4
Inspection of Verminous Houses	7	Visits made for sundry purposes	35

(*b*) Nuisances Abated and Repair Work carried out.

Choked drains cleared	15	Rooms cleansed	11
Drains relaid or repaired	12	Shop Premises cleansed	3
W.C's repaired or reconstructed	29	Cowsheds cleansed	2
Flushing cisterns provided	27	W.C's cleansed	4
Sinks provided	6	Verminous Houses cleared	7
Sink Waste Pipes	4	Bakehouses cleansed	2
Eaves Gutters and Rainwater Pipes	8	Staircases	5
Ashbins provided	11	Ventilation provided to rooms, etc.	12
Doors and Door-frames provided	7	Washbasins provided	1
Fireplaces and Ranges provided	16	Chimney Stacks provided	3
Floors provided	21	External Walls repaired	26
Roofs	22	Yard Paving repaired	3
Ceilings and Internal Walls	51	Inspection Chambers repaired or installed	5
Window Frames	15	Accumulations removed	8
Dampness remedied	23		

8. INSPECTION AND SUPERVISION OF FOOD.

(*a*) **Milk Supply.** There are only three cowkeepers within the Borough ; the greater supply of milk is drawn from without. Twenty samples of milk were submitted for bacteriological examination during the year ; of the twenty samples taken, eight were of raw milk and twelve were of heat-treated. Of the raw milk samples, two were satisfactory and six unsatisfactory according to the methylene blue and coliform tests. Of the twelve heat-treated samples, ten satisfied the methylene blue phophatase and coliform tests, whilst one failed in the methylene blue, and one failed in the methylene blue and phosphatase test. The heat-treated milks were therefore more satisfactory than the raw milks.

Inspections revealed that producers' and retailers' premises were kept in a generally clean condition.

(*b*) **Ice-Cream.** Nine samples of ice-cream were submitted to the Analyst for bacteriological examination during the year ; three samples were reported as being satisfactory. The remaining samples were placed in Grades III and IV, and classified as unsatisfactory ; of these samples, four were positive to faecal coli organisms, and were manufactured outside the Borough. All the satisfactory samples were manufactured locally.

Report on samples of ice-cream submitted to the Public Analyst during 1947.

Date.	*No. of Sample.*	*Manufactured Locally*	*Pre-packed.*	Results of Analysis.			Grade
				Time taken to Reduce Methylene Blue.	*Presence of Coli in 1/10 ML in 1, 2 or 3 Tubes.*	*Faecal Coli.*	
14 May	1	No. At Brighton. Itinerant Vendor	No	0 hours	3 Tubes	Present	IV *
15 May	2	Yes	No	4½ hours	1 Tube	Absent	I
13 June	3	Yes	No	4 hours	1 Tube	Absent	II
13 June	4	Yes	No	Over 4½ hours	3 Tubes	Absent	I
1 July	5	No. At Portslade. Itinerant Vendor	No	0 hours	3 Tubes	Present	IV *
11 July	6	No. At Brighton. Itinerant Vendor	No	0 hours	3 Tubes	Present	IV *
11 July	7	No. London	No	1 hour	3 Tubes	Absent	III *
16 Sept.	8	Yes	No	1 hour	3 Tubes	Absent	III
16 Sept.	9	No. At Brighton. sold locally.	No	0 hours	3 Tubes	Present	IV *

Grades I and II ... Satisfactory.
Grades III and IV ... Unsatisfactory.
* Manufactured outside Lewes Borough.

Routine examinations were made of premises and equipment of persons concerned in manufacturing ice-cream in the Borough area. Vendors coming into the Borough submitted samples of ice-cream for examination, results of the analyses were accordingly sent to them, and in cases where the samples were classed as being unsatisfactory, their respective Authorities were informed, and asked to co-operate and carry out detailed investigations, and to give advice as to improvement.

On the 1st May, 1947, the Ice-cream (Heat Treatment) Regulations 1947, issued by the Minister of Health under the Food and Drugs Act 1938, came into operation.

Ice-cream is now defined, and includes water ices and any article under whatever description it is sold, which is so similar to ice-cream as to constitute a substitute therefor.

Briefly, the requirements of the Regulations are that a complete cold mix previously subjected to heat-treatment be used in the manufacture of ice-cream. In all other cases the process of heat-treatment must be carried out by the manufacturer. All apparatus used in connection with ice-cream manufacture shall be installed, maintained and operated to the satisfaction of the Local Authority. There shall be protection from contamination of the ice-cream during manufacture, storage and distribution, including also the cleanliness of apparatus, utensils, etc.

There is thus now some control over this commodity and constant inspections of premises, apparatus, utensils, etc., with continual sampling are the means of educating manufacturers so that a high degree of purity of ice-cream is aimed at. It is only by the co-operation of manufacturers themselves that this will be achieved.

(*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 amount condemned was greater than that for the preceding year. The following table shows details of food condemned :—

Imported Beef	1,563½ lbs.	Seed cut macaroni	40 lbs.
Corned Beef and Mutton ...	226½ lbs.	Flour	27 lbs.
Canned Meats (various) ...	57 tins	Bread	545 lbs (140 loaves)
Milk	254 tins	Army Biscuits	30 lbs.
M. and V. Rations	42 tins	Jams (various)	31 jars
Vegetables	51 tins	Jams (various)	59 tins
Peas and Beans	15 tins	Pork and Meat Pies	51
Fish (canned)	37 tins	Icing Sugar	14 lbs.
Fish (various)	97½ stones	Fishcakes	72
Bacon	66¾ lbs.	Smoked Herring Spread ...	69 tins
Butter:	¾ lb.	Fruit (various)	12 tins
Barley Flakes	25 cwts.	Dates	350 lbs.
Barley Pudding Mixture ...	31 pkts.	Cheese	145 lbs.
Oatmeal	1¼ cwts.	Other assorted groceries	145 tins and pkts.

9. RODENT CONTROL.

The Department was actively engaged in Rodent Control work during the year 1947, and a resumé of this work is given below.

Private Dwelling Scheme. This scheme, which was adopted by the Council in June, 1946, terminated on the 31st March, 1947, and since that date, rat destruction at private dwellings became a charge on the occupier. The scheme was particularly helpful in ascertaining the actual number of premises found to be infested, and valuable data was obtained during the fiscal year 1946-1947. Details are given of the work of rat destruction at business and private premises during the year :—

Visits made to premises	276
Number of infestations found and treated	95
Estimated number of rats killed	789

The Council's Refuse Tip at Ham Lane, received treatment continually during the year.

Treatment of Sewers. (Local Authority). Following on the work as detailed in the Annual Report for 1946, a 10 per cent. test of the whole of the sewer system was carried out during March, at the request of the Director of Infestation Control. As a result of this test, certain areas were found to be rat infested. Accordingly a maintenance treatment was thereafter carried out on the sewers in these areas. The bait base and poison used was Bread Mash and Arsenic, the number of manholes baited was 19.

During November, 1947, a further maintenance treatment was carried out in accordance with the instructions received from the Divisional Rodent Officer, and the previous areas were again treated, together with adjacent areas. The bait base and poison used on this occasion was Damp Sausage Rusk and Zinc Phosphide. The number of manholes baited was 23 ; the number of manholes showing complete prebait take was four, these were in the North Street Area.

In July, 1947, owing to ill-health, the Rodent Operator's appointment was terminated and since then Rodent Control has been carried out solely by the Sanitary Inspectors, in conjunction with their other duties.

10. SWIMMING BATH.

The open-air swimming bath at the Pells is owned by the Council. The bath is completely emptied, cleansed and re-filled fortnightly. Some improvements, 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.

11. FACTORIES ACT, 1937.

There are one hundred and five factories in the Borough, in which, Section 1, 2, 3, 4 and 6 of the above Act can be enforced by Local Authorities. During 1947, 28 inspections were carried out in these premises and four notices served.

Under Section 7 (b) of the Act, there are fifty-five factories on the register. Nineteen inspections were made to these premises.

There are also eight other premises under the Act, to which two inspections were made, one notice being served.

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.

INFECTIOUS DISEASES. In all 266 cases of infectious diseases were notified in Lewes in 1947. The details are as follows :—

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis) DURING THE YEAR 1947.

Disease.	*Total cases notified.*	*Cases admitted to Hospital.*	*Total Deaths.*
Erysipelas	2	–	–
Malaria	1	–	–
Measles	185	2	–
Poliomyelitis	9	9*	–
Pneumonia	2	–	1
Puerperal Pyrexia	1	1	–
Scarlet Fever	5	3	–
Whooping Cough	61	2	1
	266	17	2

* In addition, five suspected cases of Infantile Paralysis were admitted to Bear Road Sanatorium during the year. They were not, however, confirmed.

1. DIPHTHERIA.

No cases of diphtheria were notified during the year. It can be fairly claimed that this disease has been practically wiped out in Lewes. This has been due to immunisation.

During the last four years only four cases of diphtheria were notified. These four cases were not immunised against the disease. In 1929 thirty-five cases of diphtheria were notified for the whole year. It can be seen, therefore, that the total number of cases of this disease in the four years 1944 to 1947 was less then one eighth of the number notified in the one year 1929.

To say that the virtual extinction of diphtheria in Lewes has now been attained is to make a simple statement. To achieve such a result, however, a certain amount of organisation was required.

From 1941 a nation-wide all-out campaign was launched against diphtheria. At that time Clinics were held in Lewes with no regular frequency. The date when a Clinic was held depended upon the fact that one had to wait until a sufficient number of applications for immunisation had been made, to make the holding of a Clinic worthwhile. These Clinics increased in frequency due to organised and persistent efforts, mainly by personal persuasion by doctors, nurses, health visitors, teachers and others, until from 1946 onwards there have been regular fortnightly Clinics held at Market Tower.

As to some of the Central Office organisation and administration which made the scheme itself and the accrued results so successful, information is obtained from the Registrar of the births occurring to Lewes residents. This is checked up by a monthly list from the East Sussex County Council. Other sources of information, as to children who are not immunised, are health visitors, nurses and other persons who notify the Public Health Office of such children who come to reside in Lewes. All available information is recorded on record cards. When a baby is nine months of age, the mother is sent a card reminding her of the dangers of diphtheria, and urging her to seek advice in order that her baby be immunised before it reaches its first birthday. If consent for immunisation is not received, the baby is sent a birthday card to arrive on its first birthday, with this card is sent another reminder and a consent form. If this is still ignored, the health visitor calls on the mother to obtain the reason why the baby is denied the benefits of immunisation. The same method and follow-up procedure is carried out in the cases of unimmunised children who come to reside in the town. Birthday cards are, of course, not sent to those children over one year of age. Consents having been received, a list of children to be immunised is drawn up, and the mother advised to attend the Clinic with her child, for the first immunisation. This Clinic is held at Market Tower on the 2nd and 4th Monday of each month at 2.15 p.m. The second and final immunisation takes place a month later, and again the mother is advised of the date of the Clinic.

Information as to school children not immunised is obtained from teachers, and in these cases the mothers are advised as to the Clinic dates.

Lists of all children are continuously gone over and any who remain unimmunised are noted. Visits are made by nurses to persuade mothers to have the children immunised.

In cases where children are immunised by private arrangements by the family doctor, the doctor is asked to submit particulars for record purposes.

Completed record cards are kept at the Public Health Office, and copies are sent to the appropriate Public Health Offices when an immunised, or partially immunised, child removes to another district.

Good though the results are of diphtheria immunisation in Lewes which have been obtained so far, there is still need for substantial efforts to maintain such a satisfactory state of affairs. Fresh batches of children have to be immunised each year to maintain such a position.

It has been found that, usually, in practice, children are immunised just after their first birthday, but there is no reason why immunisation should not be carried out at the age or eight or nine months. In a very few cases due to parents' or guardians' apathy, or ignorance, or by opposition to the idea of immunisation some children remain unprotected against a very treacherous and serious disease.

Although the best time to immunise children is in infancy, all those who have remained unimmunised can be immunised at later ages, but the sooner this is done the better.

2. POLIOMYELITIS.

There were nine cases of poliomyelitis notified during the year. This disease, commonly known as infantile paralysis, attacks adults as well as children. It is not, therefore, peculiar to children. The following table gives particulars of the nine cases notified :—

Case Number.	*Date Notified.*	*Sex.*	*Age.*	*Days in Infectious Disease Hospital.*	*After Care.*
1.	28/ 7/47	M	10 years	22	Orthopaedic Clinic Treatment
2.	25/ 8/47	F	27 ,,	23	Orthopaedic Clinic Treatment
3.	10/ 9/47	M	7 ,,	19	Recovered with no after treatment
4.	30/ 9/47	M	7 ,,	22	Speech therapy
5.	16/10/47	F	9 ,,	34	Orthopaedic Hospital Treatment
6.	20/10/47	F	10 ,,	19	Speech therapy
7.	29/10/47	F	5½ ,,	15	Speech therapy
8.	12/11/47	F	2½ ,,	41	Orthopaedic Clinic Treatment
9.	8/12/47	M	6 ,,	64	Orthopaedic Hospital Treatment

It is of interest to know that not any of the close relatives, brothers, sisters, parents or children of the nine cases of poliomyelitis contracted the disease ; case No. 8 was one of triplets.

In most cases of poliomyelitis, the residual paralysis takes some length of time to recover from, since improvement is gradual. The time taken to recover depends upon the extent of the paralysis and nerve involvement. In some cases, the attack is so slight that recovery is quick, as in case No. 3. In others, recovery is a slow process. At the time of writing (July 1948) cases 1 and 2 had almost finished orthopaedic clinic treatment ; cases 4, 6 and 7 still attend speech theraphy clinics ; cases 5, 8 and 9 still attend orthopaedic hospital or clinic treatments. None of the cases died.

After the attack of poliomyelitis, most of the cases exhibited some degree of emotional instability which improved as the after care was continued. In children especially it is found that there is a certain lack of harmonious adjustment with their fellows. This is usually got over in time.

One attack of poliomyelitis apparently gives permanent immunity. The attack rate or incidence of the disease in Lewes was 0.72 per 1,000 population. This is fairly high, but a few areas in the country had an attack rate of 1.09 per 1,000 population. Throughout the country in 1947 there were widespread outbreaks of poliomyelitis. The number of cases notified was the highest ever recorded in the history of Public Health. The incidence of the disease was four-and-a-half times greater than it had ever been before.

Poliomyelitis is an acute infection with moderate initial fever, usually headache and gastro-intestinal symptoms, such as vomiting and constipation, drowsiness alternating with irritability, stiffness of the neck and spine. Later there may be paralysis.

The infecting agent is a virus, which probably enters the body by way of the mouth or nose, presumably from a person with a slight and possibly an abortive infection.

Cases can be classified in three types, the abortive, the non-paralytic and the paralytic.

The abortive type represents those where there is no clinical evidence that the central nervous system is involved. The diagnosis of such cases is very indefinite, and based usually on presumption. It is presumed that the abortive type form the majority of cases. The non-paralytic type is made up of those cases when there is evidence of central nervous system involvement, as shown by the examination of the spinal fluid, but no detectable paralysis on initial examination of the patient. Some of these develop paralysis later, some do not.

The paralytic cases are those in which definite loss of muscular power, usually in the limbs, occurs, in some instances resulting in complete loss of function of muscles, or groups of muscles.

It is claimed by some medical men that for every frank case diagnosed, there are ten or twenty abortive cases.

Although the infecting agent, the virus, has been found on flies subject to faecal contamination, there is no good evidence that insects act as vectors. The virus has been found in bowel discharges from cases.

I have found no reliable evidence that the disease is carried by water or food.

Although it has not been definitely proved that the disease is spread from case to case, there seems to be no other way in which it is spread, and it seems that the abortive cases are mainly the spreaders of the disease.

3. SCARLET FEVER.

Only five cases of scarlet fever were notified in Lewes in 1947, three of those were admitted to hospital.

Cases of scarlet fever can be nursed at home, but where there are unsatisfactory home conditions, or inability to nurse at home, or at a Children's Home, the patient is sent to hospital.

During the last twenty-five years the average type of scarlet fever in this country has been becoming progressively milder. The toxic type of the disease where, with moderate throat affection, there are severe general symptoms, progressing to a fatal termination, is hardly ever met with nowadays.

Another type, fortunately rarely occurring now, is the septic type, where the throat symptoms are very severe from the first. Formerly, the greatest proportion of deaths due to scarlet fever was composed of the septic type.

Other types of scarlet fever infrequently occur. These are surgical scarlatina, which is usually of a mild nature and which is associated with certain injuries, particularly burns; puerperal scarlet fever, which hardly ever occurs now owing to the extensive use of the sulphonamide drugs administered to women in the puerperium.

The majority of persons exposed to scarlet fever infection can be protected by a daily dose of a sulphonamide drug, but this must be given under medical supervision. This does not obviate the necessity for appropriate precautions, such as isolation of the patient, exclusion of contacts from school, and exclusion of infected persons from handling milk and milk products.

The reasons why scarlet fever has become a much milder disease nowadays are not clearly understood. The present mildness of the disease is probably only tem-

porary, as mild scarlet fever has prevailed in former years, to be succeeded by recurrence of severe infections.

In 1947 there were no deaths from this disease in Lewes cases.

4. MEASLES.

No less than 185 cases of measles were notified in Lewes in 1947. The agent causing the disease is a virus, and the sources of infection are discharges from the nose and mouth. The spread of the disease is usually rapid. One feature is that an affected person does not show definite signs and symptoms of the disease at an early stage, and at this time can infect others. Prompt isolation of all cases in this stage is impossible. Public Health measures are directed to the prevention of the ill effects of measles. While it does not, and cannot, reduce the incidence or spread of the disease, it definitely reduces the number of deaths.

The chief objects of notification of measles are to protect the very young and the debilitated against infection. This is done by segregation when a frank case is discovered and during epidemics. When a case seems likely to develop the disease, the danger lies not in measles itself, but in contracting pneumonia which sometimes follows an infection.

The protection derived from one attack of measles is reasonably lasting, although second attacks are known.

There were no deaths from measles during the year. None of the cases was sent to hospital.

5. WHOOPING COUGH.

In the year under review 61 cases of Whooping Cough were notified in Lewes. The infecting agent is a bacillus which is much larger and more easily recognizable microscopically than a virus. The mode of transmission is by contact with an infected person, or with articles freshly soiled by discharges from the nose and throat of a whooping cough case.

It is, in most cases, an acute infectious disease, involving the trachea or windpipe, and the bronchi, or branches of the windpipe to the lungs. It is characterised by a typical cough, or " whoop " lasting from one to two months or even longer. One attack usually confers immunity, although second attacks do occur. The largest number of cases are in their fourth year.

Of all infectious diseases, whooping cough is the most liable to attack very young children, and cases do occur in infants under six months of age. Adults are not exempt from attack, and in them the cough may persist for many months. Respiratory complications in the young are most important to be looked for, and should be treated promptly. A certain amount of bronchitis, or bronchial catarrh, develops in the majority of cases. Broncho-pneumonia is responsible for many of the deaths ascribed to whooping cough, especially in the very young. It is important to protect young children under three years of age from contact with a cough and fever of whatever origin, and especially if whooping cough is prevalent. Discharges from the nose and throat of patients and articles soiled with such discharges, should be disinfected.

There was one death from whooping cough in Lewes in 1947. Two cases were admitted to hospital.

6. The remaining infectious diseases notified in Lewes in 1947 were : Erysipelas and Pneumonia (2 each), and Malaria and Puerperal Pyrexia (1 each).

There was one death from pneumonia and no deaths from the other infectious diseases.

7. From the beginning of the year The Lewes, Newhaven and Seaford Isolation Hospital at Newhaven was closed owing to a shortage of nursing staff. Arrangements were made to admit infectious disease patients requiring hospital treatment, to Bear Road Sanatorium, Brighton, and thanks are due to the Brighton Corporation for their prompt agreement to admit the patients to the sanatorium.

SECTION V.

TUBERCULOSIS.

In 1947 six cases of pulmonary tuberculosis and two cases of non-pulmonary tuberculosis were notified, whilst during the year there were seven deaths from pulmonary tuberculosis and one death from non-pulmonary tuberculosis. Details are given in the following table :—

1947—NEW CASES AND MORTALITY.

Age Periods.	*New Cases.*				*Deaths.*			
	Pulmonary.		*Non-Pulmonary.*		*Pulmonary.*		*Non-Pulmonary.*	
	M.	F.	M.	F.	M.	F.	M.	F.
0	–	–	–	–	–	–	–	1
1	–	–	–	–	–	–	–	–
5	–	–	–	1	–	–	–	–
10	–	–	–	–	–	–	–	–
15	–	–	–	–	–	–	–	–
20	–	1	–	1	1	–	–	–
25	2	2	–	–	1	–	–	–
35	–	1	–	–	–	–	–	–
45	–	–	–	–	2	1	–	–
55	–	–	–	–	1	–	–	–
65 and upwards	–	–	–	–	–	1	–	–
Total	2	4	–	2	5	2	–	1

It has been proved beyond all doubt that Pulmonary Tuberculosis is a contagious disease, that is, it is communicable by contact from an individual suffering from it or with some secretion, usually the sputum, of such an individual, or with an object infected by the individual.

The early recognition and early isolation of infectious cases will prevent the spread of the disease to uninfected individuals. Pulmonary Tuberculosis may exist in a family over many generations, or it may have become a family disease very recently, the previous generation having been free from it. One sees very frequently cases of the disease in young adults where it is the first known instance in the family, and when the sufferer has been in contact with a case outside the home. Many cases, however, give no history of having Tuberculosis in the family, or among close associates. Such have usually been exposed to unsuspected cases.

Once Tuberculosis has entered a family there is a considerable danger that it will be passed on from generation to generation. One often finds that one member of a family has infected other members. As long as communicable cases of Pulmonary Tuberculosis are allowed to remain with relatives, and in the community in general,

smouldering disease will develop in contacts regardless of age, and as long as smouldering tuberculosis is allowed to develop in the bodies of human beings, more cases and more deaths will result.

The sooner the fact is recognised that Pulmonary Tuberculosis is a contagious disease, the better.

Early recognition, and then early treatment of infectious cases in a sanatorium, whilst at the same time there is prompt medical examination of contacts, will definitely check the spread.

Contacts and suspected cases should realise that this prompt medical examination is in the interests, not only of themselves, but in the interests of other members of their family, and of their associates. It is in their own interests, since if they are infected, the infection is discovered early, the chance of an early and complete cure is higher than if the disease progresses further. Many contacts and suspected cases do not show signs of the disease and indeed have resisted it. Assurance that they are free from it relieves anxiety. A small number of contacts may reveal the disease in its early stages, and here early sanatorium treatment is imperative from the point of view of cure, and in order to prevent them infecting others.

As to Non-Pulmonary Tuberculosis cases, a large number are infected through tuberculous infected milk. These cases develop tuberculosis of the bones and joints, lymphatic glands, and other tissues of the body. One method of preventing the disease infecting human beings is by boiling milk before drinking it, or by pasteurising the milk. Another method is by eliminating tuberculous cattle by slaughter.

In this country, the term tuberculous cattle is interpreted as meaning animals that have been ill, or have been disseminating the germs of tuberculosis. Before many are slaughtered they have been infecting milk for various periods of time. In some cases an animal has been extruding tubercule bacilli for quite a long period.

Recently it has been estimated that in England there are about 2,000 deaths annually from tuberculosis of bovine origin, mostly amongst children, and that at least 4,000 new cases of the disease in human beings, infected through milk, are developing each year.

In America, the term tuberculous cattle is interpreted as meaning ill animals. This term is applied to every animal which has reacted positively to a special test, called the tuberculin test. No matter how sleek and healthy in appearance, or how valuable the animal may be, if it reacts positively to the test it is eliminated. As a result of carrying out a careful programme of slaughter of infected animals so found, and of pasteurising most of the milk supply, Non-Pulmonary Tuberculosis has almost reached vanishing point in certain States of America.

The price paid in suffering, disability and death in this country will continue to be high until all milk is pasteurised, and a more thorough elimination of infected cattle is carried out.

Birth Rates, Civilian Death Rates, Analysis of Mortality, Maternal Mortality and Cases Rates for certain Infectious Diseases in the year 1947. 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	†20.50	23.30	22.20	22.70	20.87
Still Births	†0.50	0.62	0.54	0.49	1.03
Deaths.					
All causes	†12.00	13.00	11.90	12.80	13.86
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	0.02	0.03	0.02	0.02	0.07
Diphtheria	0.01	0.01	0.01	0.01	0.00
Influenza	0.09	0.09	0.08	0.08	0.15
Smallpox	0.00	0.00	0.00	—	0.00
Measles	0.01	0.02	0.02	0.01	0.00
	Rates per 1,000 Live Births :				
Deaths under 1 year of age	*41	47	36	37	38
Deaths from Diarrhoea & Enteritis under 2 years of age	5.80	8.00	3.70	4.80	3.80
Notifications.	Rates per 1,000 Civilian Population :				
Typhoid Fever	0.01	0.01	0.00	0.01	0.00
Paratyphoid Fever ..	0.01	0.01	0.01	0.01	0.00
Cerebro-Spinal Fever ..	0.05	0.06	0.05	0.05	0.00
Scarlet Fever	1.37	1.54	1.37	1.31	0.39
Whooping Cough	2.22	2.41	2.02	2.80	4.86
Diphtheria	0.13	0.15	0.14	0.14	0.00
Erysipelas	0.19	0.21	0.18	0.22	0.15
Smallpox	0.00	0.00	0.01	0.00	0.00
Measles	9.41	9.13	9.58	5.29	14.74
Pneumonia	0.79	0.89	0.68	0.64	0.15
(*a*) **Notifications.**	Rates per 1,000 Total Births (Live and Still) :				
Puerperal Fever } ..	7.16	8.99	6.27	1.21	3.80
Puerperal Pyrexia }				‡6.94	

(*b*) **Maternal Mortality in England and Wales :**

No. 140 *Abortion with Sepsis.*	*No.* 141 *Abortion without Sepsis.*	*No.* 147 *Puerperal Infection.*	*Nos.* 142-146, 148-150 *Other.*	
0.10	0.06	0.16	0.85	Nil

Abortion :

Mortality per million women aged 15-45 in England and Wales :

No. 140. *With Sepsis.*	*No.* 141. *Without Sepsis.*	Lewes
9	5	Nil

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