[Report 1948] / Medical Officer of Health, Lewes Borough.

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LEWES BOROUGH COUNCIL.

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st DECEMBER, 1948.

Public Health Department,
Lewes House,
Lewes.

September, 1949.

Lewes House,
Lewes.

September, 1949.

To the Mayor, Aldermen and
Members of the Lewes Borough Council.

Mr. Mayor, Ladies & Gentlemen,

I beg to submit the Annual Report for the year 1948 on the health of the inhabitants and on the sanitary circumstances of the Borough of Lewes.

The estimated population for mid year 1948 was given by the Registrar General as 12,950. This is the highest population recorded so far for the town and shows an increase of 400 over the estimated population for 1947, and an increase of 1,420 over that for 1945. The increase from 1945 to 1948 has been attained more through new residents rather than by an excess of births over deaths. This increase in the population has a great bearing on the housing problem concerning which more will be mentioned.

The birth rate for 1948 was 18.91 per 1,000 population which is the third highest birth rate recorded for the town. The two previous highest birth rates were 19.02 and 20.88 for 1946 and 1947 respectively. The birth rate for England and Wales for 1948 was 17.90 per 1,000 population.

As in former years, a large proportion of births to Lewes residents took place in institutions in Brighton and elsewhere outside the Borough. In recent years, there has been an increased demand for maternity accommodation. The matter of the provision of a maternity home in Lewes has been discussed by your Council on numerous occasions. It has been realised for many years that there is a real need for this and today the need is more urgent than ever.

The death rate for the year under review was 10.34 per 1,000 population as compared with 10.80 per 1,000 population for England and Wales for the same period. The death rates for Lewes for 1945, 1946 and 1947 were 13.44, 13.79 and 13.86 per 1,000 population respectively. The average age at death of Lewes residents in 1948 was 60.92 years. No women died in, or in consequence of, childbirth and thus the maternal mortality was nil. The infantile mortality rate, or deaths of infants under one year of age per 1,000 live births, was 20.40 as against the figure of 34.0 for England and Wales for the same year. The infantile mortality rate for Lewes for the year 1947 was 38.16 per 1,000 live births.

There were no deaths from infectious diseases and the death rate from pulmonary tuberculosis, 0.15 per 1,000 population, was low.

The chief causes of death in 1948 were heart disease, (34 deaths); cancer (35 deaths), and intra-cranial vascular lesions (17 deaths).

During the year there were few of the usual notifiable infectious diseases. Out of a total of 34 cases notified, there were 12 of measles, 9 of scarlet fever, 8 of whooping cough, 2 of erysipelas, 1 of cerebro-spinal meningitis, 1 of puerperal pyrexia and 1 of diphtheria. The incidence of

infectious disease was, therefore, light. It is of interest to note that the case of diphtheria occurred in a child who was resident in a Children's Home in the town and who came from outside Lewes. This child had not been immunised against the disease. A case of diphtheria is now a rarity. This is due to the large number of children immunised against the disease. When a case occurs, almost invariably the sufferer has not been immunised.

In the early part of the year there was an outbreak of food poisoning affecting ninety-eight persons who partook of a meal at the East Sussex County Council's canteen in Lewes. The infection-onset interval was between 12 and 18 hours. The beginning of the illness was sudden and ranged from nausea to abdominal pain, severe diarrhoea and vomiting with fever. All the cases recovered within four days, some within 48 hours. Immediately on notification of the outbreak, the Medical Officer of Health inspected the canteen and seized left-over portions of food, meat pudding and dried egg (from which a custard was made) which had been commonly partaken of by those affected. All bacteriological examinations proved negative. There were two sittings where the common articles of food were consumed and the majority of the cases affected had attended at the first sitting. Only a few who attended the second sitting were affected. Ultimately it appeared that the meat pudding was alone implicated. This had been prepared the day before and was heated up next day before being consumed. It was presumed that all the infected portions of the meat pudding had been eaten at the first sitting and in the early part of the second sitting. A complete list was made of all those affected with signs and symptoms of the illness. Inspection of the canteen included the sanitary conditions under which food was stored, made, prepared, cooked, served, etc., and the cook was advised to cease the practice of preparing foods and leaving them over for consumption next day. The examination of all food handlers proved negative.

During the year nine cases of pulmonary tuberculosis were notified with two deaths from this disease, whilst two cases of non-pulmonary tuberculosis were notified with no deaths from the latter type of tuberculosis. This is an improvement over past years since in 1925 no less than 22 cases of pulmonary tuberculosis were notified, in 1937 seven cases if non-pulmonary tuberculosis were notified, in 1926 eleven deaths from pulmonary tuberculosis occurred and in 1928 five deaths from non-pulmonary tuberculosis were reported. The average yearly figures for new cases for the period 1925 to 1939 inclusive were 12.428 in respect of pulmonary cases and 2.928 in respect of non-pulmonary cases, and the average yearly figures of deaths for the same period were 7.285 in respect of pulmonary cases and 1.285 in respect of non-pulmonary cases.

Concerning the sanitary circumstances of the area, the water supply was constant, of good quality and sufficient for the needs of the community. The open air baths at the Pells require improvements in the chlorinating system, in the surrounds of the bath and in the accommodation for bathers.

Complaints as to housing conditions were increased and intensified during the year. Almost daily the Public Health Department dealt with applicants for alternative accommodation. Some families complained of the old outworn dwellings in which they lived, others of overcrowding with its attendant discomforts. Many, swept along with the urge to improve their living accommodation, and who had witnessed neighbours in worse case than themselves obtaining a new house, had to be informed regretfully that they were fortunate under

the present circumstances to live in separate accommodation relatively free from grosser sanitary defects and disrepairs.

There are some properties in the Borough which are so outworn and otherwise defective that they are hardly worth the outlay in putting them into complete repair. All that has been and could be done was to attend to the grosser sanitary defects and disrepairs on complaints. These were attended to, but many works which have been carried out by no means made such houses in all respects fit for human habitation.

In cases of overcrowding, it was found that where two or more families have had to make common use, as they could, of cooking, washing and sanitary conveniences, etc., originally provided for one family, such an existence can hardly be held to be conducive to health. Overcrowding led to domestic disturbance and the restlessness of family life so brought about may lead to physical and mental impairment and general illhealth.

The problem thus presented included the rehousing of those in bad and/or in overcrowded property.

As to the rehousing of families in bad property some were allocated new houses. The allocation was primarily governed by the amount of new houses available and this by no means met the demand. The worst cases were those where there was overcrowding in defective property and every effort was made to rehouse this type of case.

Another kind of applicant was one who contemplated marriage and naturally wanted a home separate from parents or relatives. Small encouragement could be given here since there were not enough new houses for those already married with a family and living in unsuitable conditions.

The Borough Council had always a clear recognition of their responsibility in the matter of rehousing and the members devoted many hours to the matter throughout the year and considered carefully each case where alternative accommodation was sought or advised.

The provision of new houses has been a matter of critical importance for many years now and the problem of rehousing all families inadequately housed seems insoluble under present conditions. Altogether, the housing situation presents a very dismal picture.

There is nothing more intimately related to the foundations of good health than good housing.

The clearance of unfit houses even if this was allowed on a large scale cannot solve the housing problem alone. It is too slow and not sufficiently comprehensive. New housing by other means is essential.

It seems clear that a return to private enterprise would accelerate the provision of new houses. In the past it has been shown that our traditional economic system was, when strong enough and prosperous enough, capable of maintaining the population and of absorbing the natural increase of labour every year. It was founded on private enterprise which, with its natural resilience, was also capable of producing houses at a faster rate than the retarded pace of today. To exclude private enterprise altogether would be disastrous in the long run. Although only too willing to do so, local authorities cannot cope with the great and urgent demand for houses now thrust upon them by the public.

There seems no valid reason why housing provision by local authorities and by private enterprise should not work together. There are so many restrictions on the latter today that little fear should be held of a return to unplanned and uncontrolled building as evidenced in a few areas in the past.

Another problem which has faced some local authorities has been the difficulty, for one reason or another, in obtaining land to build on. Where land is expensive or of comparatively small compass the solution appears to be the construction of flats. Generally, much of the dislike of flats has disappeared and many a family would be only too glad to occupy one of them. Flats need not be noisy and a great deal can be done with noise-excluding material. Living in a well-kept flat can be just as healthy as living in a well-kept house.

Whatever the solution of the housing problem a real attempt on the task has been hampered by a multitude of restrictions. The small efforts made in recent years have gone very little towards accelerating the complete development on socially sound lines of a planned community, and, in fact, it has gone practically nowhere in satisfying the urgent demand and all too obvious need for new houses.

Summarising the main Public Health features of the year, the population of the Borough has shown an increase, the birthrate was high and was approximately twice the death rate, which was low. As in former years the need for maternity accommodation in the Borough was obvious. The maternal mortality rate was nil. The infantile mortality rate was low and compared very favourably with the rate for England and Wales for the same year. The incidence of the usual infectious diseases was light and the mortality was nil. The short, sharp, outbreak of food poisoning at a canteen in the town was not attended by any untoward results. The number of new cases of pulmonary tuberculosis was not high, and the death rate from the infection was low. The demand for new houses was more clamant than ever. Some improvements should be effected at the open-air baths. Altogether, the physical health of the population was very good. Perusal of the Table on page 11 of this Report will show that the general health of the Borough was of a high standard when the vital statistics for Lewes are compared with those for the country generally.

The operation of the National Health Service Act commenced from 5th July, 1948. After the short time in which the operation of the Act has been in being one cannot pass full judgment on its working. It may be thought wise, however, to take stock of things as they have gone so far. We have witnessed the surprising amount of persons who have discovered their urgent need for glasses, the rush to the dentists and the generous supply of free wigs from the moment the working of the Act began. It has also been noted that doctors' surgeries were more crowded than ever. Many patients came with trivial complaints which before the 5th July were attended to by themselves. A prodigal amount of medicine and medical requisites has been dispensed, and so on. With all this it is pertinent to ask whether the health of the general community has improved or not. The answer is that there is no evidence, so far, that the health of the general community has benefitted, but, thanks largely to the integrity of the medical profession, no great harm has resulted in the operation of the Act.

In the absence of the Act it is more than likely that the state of public health would have been in much the same condition as it obtained with the Act. After the demand for

treatment of what appear to be of minor consequences has abated and the prodigal flow of expensive trivialities has been checked, more energy can be directed perhaps to the basic health needs of the community. These are, good housing, an ample and varied food supply, especially an increase of fats, more hospital and clinic provision and all that makes for the prevention of disease rather than for its cure. If more emphasis was placed upon the prevention of disease there would be less need for the present colossal expenditure entailed in the working of the National Health Service Act as is now experienced.

In closing this preface, I have to thank you for your help and encouragement during the year. My thanks are also due to officials of the Corporation for their co-operation and assistance.

Yours obediently,

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

M.B., Ch.B., D.P.H.,
F.R.S.I.
etc.

Medical Officer of Health.

SECTION I

STATISTICS OF THE LEWES AREA, 1948.

Area (in acres)	1,981
Population (estimated)	12,950
Rateable Value	£120,999
Sum represented by Penny Rate .	£ 510

EXTRACTS FROM VITAL STATISTICS.

LIVE BIRTHS	Male	Female	Total	Rate per 1,000 population
Legitimate	123	107	230	
Illegitimate	10	5	15	
			245	18.91
DEATHS	66	68	134	10.34
				Rate per 1,000 Live & Stillbirths
MATERNAL MORTALITY		Nil	Nil	0.00
				Rate per 1,000 Live Births
INFANTILE MORTALITY (deaths under 1 year of age)	2	3	5	20.40

POPULATION

The Registrar-General's estimated population for 1948 is 12,950. The population of Lewes for the last 26 years is as follows :-

Year	Population	Vital Index	Year	Population	Vital Index
1923	10,930	140.10	1936	11,910	97.56
1924	11,060	142.35	1937	11,920	98.13
1925	11,110	148.00	1938	11,960	81.92
1926	11,200	135.50	1939	12,350	109.80
1927	11,290	107.80	1940	12,980	92.69
1928	12,450	90.09	1941	13,290	104.83
1929	11,140	80.00	1942	12,410	123.78
1930	11,140	128.50	1943	11,990	108.52
1931	10,790	93.20	1944	11,750	127.21
1932	11,560	105.60	1945	11,530	124.51
1933	11,440	88.40	1946	12,250	137.86
1934	11,790	105.60	1947	12,550	150.57
1935	11,850	98.49	1948	12,950	182.83

The population for the Borough of Lewes for 1931, when the last census was taken, was 10,790; the war and post-war difficulties have made the taking of a recent census impossible.

Mid-year estimated populations are calculated by the Registrar-General from figures obtained through National Registration, including food registrations.

In a census schedule each householder has to complete details of all residents in the house including name, relation to the head of the household, usual residence, sex, age, conjugal state, profession or occupation, name of employer and his business, place of work, school, college, birthplace, nationality, the number of rooms in the house; such information is most useful in Public Health considerations.

The "vital index", shewn in the table above in respect of the years 1923 to 1948, is used to assess the measure of a population's condition, and is calculated by dividing the annual number of births by the annual number of deaths and multiplying the figure thus arrived at by a hundred. The obvious advantage to be derived from the calculation and use of the vital index figure is that it is possible to tell at a glance whether a community in respect of which the figure has been calculated is in a biologically sound condition. If the vital index is below 100, then the annual number of deaths will have exceeded the annual number of births. In such a case the population is in a biologically unsound condition and would become extinct in the course of time if the trend continued and there were no compensatory factors, such as immigration into the town. Conversely, if the vital index is above 100, the number of births will have exceeded the number of deaths, the position is biologically sound and the population increases so long as the vital index remains above 100 and no disturbing factors are introduced.

On reference to the table given above, it will be seen that for seventeen out of the twenty-six years covered the vital index has remained above 100. More important still, it should be noted that the last occasion on which the index fell below 100 was in 1940, that since that year the trend has been an upward one, and that for the year under review the vital index figure is the very satisfactory one of 182.83. This means not only that for a number of years past the number of births each year in the district has been greater than the number of deaths, but that the yearly excess of births over deaths has shewn a steady and considerable increase during the period.

In considering the growth of population throughout the country as a whole, natural increase is undoubtedly the most important factor, as immigration does not play the part in the nation's scheme of development that it plays in schemes of comparatively recently developed countries such as America and Australia. So far as the various local government areas in the country are concerned, however, immigration into or emigration from the areas may assume considerable proportions and is probably of more interest to the governing bodies of the areas concerned than is the factor of natural increase. The reason for this is, of course, that movement into or from an area is more capable of control by the governing body than is the factor of natural increase. The effect of an excess of emigrants over immigrants is clearly illustrated by a consideration of the records of the areas most liable to invasion during the recent war. These showed a very considerable drop in population even when the vital index remained above a hundred. Even in more normal times reductions in population sometimes occur in an area for widely verying reasons, and any local authority which is desirous of retaining its status takes great care to counteract any consistent tendency to emigrate. It is reasonable to assume that such a tendency was developing in Lewes during the years 1943, 1944 and 1945 when the population figures showed a steady decrease, although the vital index figure was above a hundred. Happily, this

tendency has been counteracted and the population has shown a considerable increase in 1946, 1947 and 1948.

In addition to the figures of yearly populations, vital indices, and the differences between the numbers of immigrants and emigrants, consideration should be given to the age composition of the population, the size of the families, and the social structure of the community.

So far as the age composition of the community is concerned, there are two opposing trends at work in the district. As shewn in the table above, the deaths in the district are regularly outnumbered by the births. This means that the proportion of young members in the community is continually increased providing there are no disturbing factors. The second trend, however, provides a disturbing factor of some magnitude. This is the fact that, generally speaking, people are living longer than they did some years ago. As the expectation of life increases so, other things being equal, the proportion of elderly people in an area will increase - a result directly opposite to that produced by the first trend. As time passes, the average expectation of life is likely to be increased and therefore it is probable that the second factor will eventually more than outweigh the first factor. This will mean that the proportion of elderly people in the community will gradually increase in the area, but not to the extent which would be the case if the vital index figure fell below a hundred.

The average size of the family in the town is four, and the increase in the numbers of births in the period 1941 to 1948 has been due more to an increase in marriages than to additions to established families. As the greater percentage of the children born are the only child, or the second child of a couple, the inference which may be drawn is that the average size of a family in the town is more likely to decrease rather than increase. In Lewes, as in the rest of the country, the probability is that the rapid rise in the cost of living, heavy taxation, and the generally difficult conditions under which the community labours, will lead to a reduction in size of the average family as couples become increasingly reluctant either to add to their own difficulties or to bring a new life into a world where the outlook is so unsettled.

The community of Lewes is composed of retired and semi-retired people, or professional and business people and of people engaged in various trades and occupations, and to a lesser extent, in industries. As the County Town, Lewes is the home of more than the average number of professional people, while there is no doubt that the development of a certain amount of light industry would prove beneficial in retaining the younger element in the population and possibly even attracting immigrants from other areas.

As ever, the provision of adequate housing accommodation is of vital necessity if the numbers of the population are to be increased or even maintained. Additional accommodation is necessary both for young people to rear their families in, and to house the steadily increasing number of the older generation. To state the position in its simplest terms, the population of the town is once again shewing a steady increase and it is necessary that every effort should be made to build sufficient houses to provide homes for the increased numbers, both young and old.

BIRTH RATE

The birth rate for the year under review was 18.91 per 1,000 population. Records show that at the end of a long war there is a general increase in the birth rate for a year or so. This phenomenon occurred in Lewes during the past two years and the inevitable return to more normal rates now seems to be occurring. The rate is still, however, higher than the average for England and Wales for the same period, which was 17.90 per 1,000 population.

DEATH RATE

The death rate for Lewes for the year 1948 was 10.34 per 1,000 population. This is below the average death rate for England and Wales for the same period, which was 10.8 per 1,000 population. It is also below the 1947 death rate for the Borough which was 13.86.

The highest age at death was	96	years
The lowest age at death was	1	day
The average age at death was	60.92	years.

CAUSES OF DEATH

	MALE	FEMALE	TOTAL
Cancer	18	17	35
Heart Diseases	16	18	34
Intra-Cranial Vascular Lesions	8	9	17
Nephritis	3	3	6
Other Digestive Diseases ...	4	-	4
Tuberculosis of Respiratory System	-	2	2
Bronchitis	2	-	2
Other Respiratory Diseases .	2	-	2
Premature Birth	-	2	2
Appendicitis	1	1	2
Congenital Malformation, Birth Injuries	1	1	2
Suicide	1	1	2
Diabetes	1	-	1
Diarrhoea under 2 years	1	-	1
Pneumonia	-	1	1
Other forms of Tuberculosis.	-	1	1
All other Causes	8	12	20
	66	68	134

SPECIFIC CAUSES OF DEATH.

Cancer

Nearly a quarter of the total deaths in the district were caused by some form of cancer. Year after year cancer is one of the three chief killers but more usually it ranks second or third to heart disease. Cancer is a general term to designate all malignant tumours. It is a disease of adult life and the great majority of cases occur in the second

half of life. The annual number of deaths throughout the country notified as being caused by cancer has shewn a steady increase since the beginning of the century and this is probably due to the fact that the advances of medical science are steadily providing mankind with increased protection against disease, but nevertheless, everyone must eventually die from one cause or another and the deaths due to diseases as yet unconquered must inevitably rise.

The commonly held belief that cancer is incurable is not entirely correct. If detected at a sufficiently early stage in its growth a cancer growth can be removed, and intensive work in research laboratories throughout the world is steadily increasing the proportion of lives saved.

Heart Disease

Normally, Heart Disease heads the yearly mortality list in this Borough, as it does in a large proportion of local authority areas throughout the country. This year, however, it has fallen to second place but only by so small a margin that the change in position probably has no permanent significance. Even more so than is the case with cancer, the increasing number of deaths ascribed each year to one form or another of heart disease is due more to the higher proportions of cures effected in modern times in the case of other ailments than to any inherent increase in the virulence of the disease itself. The heart, although a most efficient piece of mechanism, is not so durable as other organs of the body and consequently as medical science continues to increase the average expectation of life by overcoming other diseases, eventually it is in many cases the heart that becomes, in simple terms, "worn out" and the consequent death is then described as "Heart Disease".

Intra-Cranial Vascular Lesions

Intra-cranial vascular lesions include cerebral haemorrhage (apoplexy) cerebral embolism, thrombosis and other lesions. In Lewes, the majority of deaths due to these causes take place amongst elderly people, usually at about the age of 75 years. Predisposing factors are nephritis, chronic muscular strain, and high blood pressure. With increasing age the cerebral blood vessels degenerate and are more liable to burst and to become blocked. The haemorrhage so produced or the actual starving of the brain tissue by blockage of the arteries disrupts and destroys the tissue and thus terminates life. The increasing tension of present day life has a tendency in many cases to increase blood pressure and this in turn, as remarked above, is one of the predisposing factors of intra-cranial vascular lesions.

Nephritis

Acute nephritis may arise as the outcome of a chill or may be associated with scarlet fever, measles or diphtheria, or pregnancy. The malady cannot be regarded as infectious.

Other Causes of Death

Of the other causes of death, Other Digestive Diseases accounted for four deaths, while Tuberculosis of the Respiratory System, Bronchitis, Other Respiratory Diseases, Appendicitis, Congenital Malformation (Birth Injuries), Premature Births, and Suicide each accounted for two deaths. Diabetes, Diarrhoea under two years, Pneumonia, and Other Forms of Tuberculosis were each responsible for one death. Deaths due to Other Causes numbered 20.

VITAL STATISTICS.

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the year 1948. Provisional figures based on Quarterly Returns.

	England and Wales	126 C.B's & Great Towns Including London	148 Smaller Towns (Resident Pop. 25,000 - 50,000 at 1931 census	London Administrative County	LEWES 1948 (Population - 12,950)
	Rates per 1,000 Civilian Population				
Births: Live	17.9(a)	20.0	19.2	20.1	18.91
Still	0.42(a)	0.52	0.43	0.39	0.15
Deaths: All Causes	10.8(a)	11.6	10.7	11.6	10.34
Typhoid & Paratphd.	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.02	0.02	0.02	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.01	0.00
Tuberculosis	0.51	0.59	0.46	0.63	0.23
Influenza	0.03	0.03	0.04	0.02	0.00
Smallpox	-	-	-	-	0.00
Acute Poliomyelitis & Polioencephalitis	0.01	0.01	0.01	0.00	0.00
Pneumonia	0.41	0.38	0.36	0.54	0.07
Notifications:					
Typhoid Fever	0.01	0.00	0.01	0.00	0.00
Paratyphoid Fever	0.01	0.01	0.01	0.01	0.00
Cerebro-spinal Fever	0.03	0.03	0.02	0.03	0.00
Scarlet Fever	1.73	1.90	1.82	1.37	0.69
Whooping Cough	3.42	3.51	3.31	3.13	0.61
Diphtheria	0.08	0.10	0.09	0.1[illegible]	0.07
Erysipelas	0.21	0.23	0.21	0.22	0.15
Small-pox	-	-	-	-	0.00
Measles	9.34	9.75	8.84	9.17	0.92
Pneumonia	0.73	0.84	0.60	0.57	0.00
Acute Poliomyelitis	0.04	0.05	0.04	0.04	0.00
" Polioencephalitis	0.00	0.00	0.00	0.00	0.00
Deaths:	Rates per 1,000 Live Births				
All Causes under 1 year of age	34 (b)	39	32	31	20.40
Enteritis & Diarrhoea under 2 yrs of age	3.3	4.5	2.1	2.4	4.08
	Rates per 1,000 Total (Live & Still) Births				
Notifications: Puerperal Fever & Pyrexia	6.89	8.90	4.71	7.34 (c)	4.04

Maternal Mortality in England & Wales

	Rates per 1,000 Total (Live & Still) Births	Rates per million women aged 15 - 44.	LEWES per 1,000 (Live & Still) Births
140 Abortion with Sepsis	0.11	9	
141 " without Sepsis	0.05	4	
147 Puerperal Infections	0.13		Nil
142-146,148-150 Other Maternal Causes	0.73		Nil

(a) Rates per 1,000 total population (b) Per 1,000 related births (c) In London Puerperal Fever alone was 0.61.

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

1. Public Health Facilities of the Local Authority.

During the period under review the Medical Officer of Health for the Borough of Lewes also acted as Medical Officer of Health for the Urban Districts of Newhaven and Seaford and the Rural District of Chailey.

One Sanitary Inspector carries out duties in the Borough.

2. Laboratory Facilities.

Laboratory facilities were provided during 1948 by the Clinical Research Association at Hilton's Avenue, South Road, Haywards Heath. Particulars of examinations carried out during 1948 are as follows :-

	Positive	Negative	Doubtful	Total
Swabs for Diphtheria	-	18	-	18
Miscellaneous Examinations	-	8	-	8

3. Ambulance Facilities.

Until the 5th July, 1948, the town ambulance service consisted of :-

(a) For Infectious Diseases Cases. A motor ambulance provided under agreement by the Lewes, Newhaven and Seaford Joint Hospital Board for the transport of cases of infectious disease.

(b) For Non-Infectious Cases. Two motor ambulances and one sitting-case car for the removal of accident cases and cases of illness requiring hospital treatment were provided by the St. John Ambulance Brigade.

(c) For Tuberculosis Cases. Facilities for the transfer of patients by motor ambulance were provided by the East Sussex County Council.

On the 5th July, 1948, the appropriate provisions of the National Health Service Act, 1946, came into force and the provision of an ambulance service became the responsibility of the County Council. The County Council made arrangements for the present two ambulances and one sitting-case car used for Non-Infectious Cases to continue in use, to be driven by two whole-time paid drivers, and to be staffed by members of the St. John Ambulance Brigade. The vehicles are serviced by the full-time drivers or by a commercial garage, as may be necessary, and the area serviced includes Hamsey, Plumpton, Ringmer, Falmer, Glynde, Barcombe, East Chiltington, Wivelsfield, Beddingham, Kingston, Iford and Rodmell in addition to the Borough of Lewes. In the event of a further call being received whilst both ambulances are out on duty, arrangements are in being for the call to be dealt with by other authorities in the area. From the 5th July, 1948, onwards, the Infectious Diseases ambulance stations serving the area have been at the Hove and Hurstpierpoint Isolation Hospitals. Under the provisions of the Ambulance Scheme, general purposes ambulances are, if necessary, to be used for the conveyance of infectious disease cases, and provision is made for the subsequent disinfection of any vehicle so used.

The East Sussex County Council continue to provide facilities for the transfer of tuberculosis patients.

4. Nursing in the Home.

As empowered by the provisions of Section 25 of the National Health Service Act, 1946, the East Sussex County Council has arranged for this service to be provided by the East Sussex County Nursing Federation through the Lewes and District Nursing Association. This is, in effect, a continuance of existing arrangements.

5. Clinics and Treatment Centres.

The following is a list of clinics and treatment centres available for Lewes residents during 1948 :-

Description and Situation	Day & time of attendance	By whom provided
Dental Clinic (Welfare Cases) Castlegate House, Lewes.	Monday, 2 p.m. by appointment with the exception of the 4th Monday.	E.S.C.C.
Tuberculosis Clinic, Victoria Hospital, Lewes.	Monday & Friday, 2 p.m.	Regional Hospital Board
Maternity & Child Welfare, St. Michael's Hall, Lewes.	Tuesday, 2 p.m.	E.S.C.C.
Orthopaedic Clinic, Castlegate House, Lewes.	Tuesday & Thursday, 2 p.m.	Regional Hospital Board
Artificial Pneumothorax, Victoria Hospital, Lewes.	Wednesday. Women 2.30 p.m. Men 3.30 p.m.	Regional Hospital Board
Ante-Natal Clinic, Castlegate House, Lewes.	1st & 3rd Friday, & 4th Monday, 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	County Education Committee
Nervous Disorders Clinic, Victoria Hospital, Lewes.	2nd & 4th Tuesday, 2 p.m.	Regional Hospital Board

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.

6. Hospitals

Under the provisions of the National Health Service Act, 1946, the Ministry of Health has assumed responsibility for the provision of hospital accommodation. The accommodation available in the area remains materially the same as previously.

7. Poor Law Medical Aid Relief.

Prior to the 5th July, 1948, arrangements were made by the East Sussex County Council for the provision of medical assistance for those in poor circumstances, and subsequent to that date provision has been made for cases previously dealt with under the heading 'Poor Law Medical Aid Relief' to be treated under the appropriate sections of either the National Health Service Act, 1946, or the National Assistance Act, 1948.

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.

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

(b) 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 11th August, 1948. 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)	21.6	
Solids (after ignition)	16.0	
Chlorine	1.70	
Ammonia (free)		.018
Ammonia (albuminoid)		.036
Oxygen taken from permanganate in ½ hour.	.03	
Oxygen taken from permanganate in 4 hours	.06	
Nitrogen as Nitrates and Nitrites	.02	
Nitrites	Nil	
Hardness (total)	13.0	
Hardness (after boiling)	3.5	
Phosphates	Nil	
Metallic impurity	Nil	
Ph 7.4		

Bacteriological Examination

The organisms per ml. which grew on Nutrient Agar in three days at 22°C. under aerobic conditions and were then visible to the naked eye as colonies numbered 0

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

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

Report

Both chemically and bacteriologically this water is satisfactory, and I am of opinion that it is safe for drinking purposes. "

In addition to the regular sampling done by the Public Analyst at the Lewes Well, eight further samples of water were taken from service pipes in houses at different parts of the Borough area, and submitted for bacteriological examination. The reports in every case stated that the bacteriological results were highly satisfactory, and in that respect the water is safe for drinking purposes.

(c) 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.

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

(e) In conclusion, all dwelling houses in the Borough have a direct piped supply from the public water mains, with the exception of 14 houses which receive their supplies from private wells, but this is also piped direct to these houses.

2. DRAINAGE AND SEWERAGE.

Water carriage system; 60 houses only being connected to septic tank systems or 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 stored in reservoirs until it 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) No statutory action was taken under the Housing Act during the year.

(b) Statutory actions taken under the Public Health Act, 1936, during the year .... 4.

7. SANITARY INSPECTION.

(a) Visits and Inspections

Houses and Premises Inspected	406
Complaints attended to	265
Visits to Slaughter Houses	15
Visits to Knackers' Yards	6
Visits to Cowsheds and Milkshops	52
Visits to Bakehouses	8
Visits to Fried Fish and other Foodshops	110
Visits made regarding drainage, including sanitary conveniences	135
Visits under Factories Acts	48
Visits regarding Sickness	16
Rooms disinfected	36
Inspection of Verminous Houses	11
Houses disinfested	25
Visits regarding Rodent Control	374
Visits to Stables	9
Inspections under Petroleum Acts	53
Inspections of Pig Keepers' Premises	6
Visits made under Shops Acts	20
Visits to Swimming Baths	12
Drains tested by water	30
Drains tested by smoke or colour	5
Samples of Milk taken	28
Samples of Ice-Cream taken	20
Inspections of Marine Stores	2
Visits made for sundry purposes	59
Visits for re-inspections	151

(b) Nuisances Abated and Repair Work carried out.

Choked drains cleared	28
Drains relaid or repaired	22
W.C.'s repaired or reconstructed	8
Flushing cisterns provided	7
Sink Waste Pipes	6
Eaves Gutters and Rainwater Pipes	8
Ashbins provided	5
Doors and Door-frames provided	4
Fireplaces and Ranges provided	9
Floors provided	14
Roofs	19
Ceilings and Internal Walls	57
Window Frames	5
Dampness remedied	35
Rooms cleansed	10
Shop Premises cleansed	1
W.C.'s cleansed	7
Verminous Houses cleared	11
Bakehouses cleansed	2
Staircases	5
Ventilation provided to rooms, etc.	6
Washbasins provided	1
Chimney Stacks provided	5
External Walls repaired	20
Inspection Chambers repaired or installed	13
Accumulations removed	7

8. INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply. There are only four cowkeepers within the Borough; the greater supply of milk is drawn from without. Twenty-eight samples of milk were submitted for bacteriological examination during the year: of the twenty-eight samples taken, eleven were of raw milk, and seventeen were of heat-treated. Of

the raw milk samples, seven were satisfactory, and four unsatisfactory according to the methylene blue and coliform tests. Of the seventeen heat-treated samples, sixteen satisfied the methylene blue, phosphatase and coliform tests, whilst one failed in the phosphatase test.

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

(b) Ice-Cream. Twenty samples of ice-cream were submitted to the Analyst for bacteriological examination during the year; seven samples were reported as being satisfactory. The remaining samples were placed in Grades III and IV, and classified as unsatisfactory; of these samples, two were positive to faecal coli organisms.

Report on samples of ice-cream submitted to the Public Analyst during 1948.

No. of Sample	Manufactured Locally.	Results of Analysis: Time taken to Reduce Methylene Blue.	Presence of Coli in 1/10 ML in 1,2 or 3 Tubes	Faecal Coli	Grade
1	Yes	Over 4½ hours	Absent	Absent	I
2	No.At Brighton	Over 4½ hours	Absent	Absent	I
3	No.At Uckfield	0 hours	Absent	Absent	IV
4	No.At Hastings	½ hour	Absent	Absent	III
5	No.At Rustington	4½ hours	2 Tubes	Absent	I
6	Yes	1½ hours	Absent	Absent	III
7	Yes	0 hours	3 Tubes	Absent	IV
8	Yes	1½ hours	1 Tube	Absent	III
9	No.At Brighton	½ hour	1 Tube	Absent	III
10	Yes	0 hours	3 Tubes	Absent	IV
11	No.At Hastings	Over 4½ hours	1 Tube	Absent	I
12	No.At Hastings	Over 4½ hours	3 Tubes	Absent	I
13	No.At London	4½ hours	Absent	Absent	I
14	Yes	2½ hours	2 Tubes	Absent	II
15	No.At Rustington	1½ hours	3 Tubes	Absent	III
16	No.At Brighton	0 hours	3 Tubes	Absent	IV
17	No.At Brighton	0 hours	3 Tubes	Present	IV
18	No.At Brighton	0 hours	3 Tubes	Present	IV
19	No.At Rustington	0 hours	3 Tubes	Absent	IV
20	No.At Rustington	0 hours	3 Tubes	Absent	IV

Routine examinations were made of premises and equipment of persons concerned in the manufacture or retailing of ice-cream in the Borough area. Results of the analyses of samples were sent to the vendors, and in cases where the samples were classified as being unsatisfactory, the respective Authorities in which the ice-cream was manufactured, were informed, and asked to co-operate and carry out detailed investigations, and to give advice as to improvement.

(c) Meat and Other Foods. The only slaughtering carried out in the registered slaughterhouses during the year was of pigs, which were for the personal consumption of the owners.

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.

(c) Meat and Other Foods (contd.)

The following table shows details of the food which was found to be unfit :-

Beef	111¼ lbs.
Corned Beef and Mutton	45 lbs.
Canned Meats (various)	38 Tins.
Milk	156 Tins.
Vegetables	115 Tins.
Fish, Canned	250 Tins.
Fish	78½ Stone.
Fruit, Canned	111 Tins.
Jams	38 Jars & Tins.
Smoked Herring Spread	73 Tins.
Meat Pies	44
Bacon	19¾ lbs.
Margarine	57¼ lbs.
Butter	47 lbs.
Cheese	12¾ lbs.
Sugar	22 lbs.
Bacon, Canned	13 Tins.
Barley Flakes	77 lbs.
Ground Barley	42 lbs.
Brawn	12 lbs.
Scone Meal	93 lbs.
Pudding Mixture	105 Pkts.
Soup	14 Tins.
Galantine	11¼ lbs.
Other Assorted Groceries ...	145 Pkts, Tins & Jars.

9. RODENT CONTROL.

The adoption by the Council of the Ministry of Agriculture and Fisheries' scheme for grant aid to those Authorities who carried out rodent control work under the conditions laid down by the Minister, resulted in the Department being actively engaged in this work during the year 1948.

Details of rat or mice destruction during the year are as follows :-

Visits made to premises.....	374
Number of infestations found and treated ...	86
Estimated number of rats killed	2302

The Council's Refuse Tip at Ham Lane was found to be almost continually rat infested, and as a result received regular treatment throughout the year.

A 10% test of the whole of the sewer system was carried out in May, and as a result of this test, only in one part of the Borough area, were certain sections of the system found to be rat infested. These sections were later treated.

10. SWIMMING BATHS.

The open-air swimming baths at the Pells is owned by the Council. The bath is completely emptied, cleansed and re-filled fortnightly. Chlorination of the water is carried out by hand in the early morning and evening, when there is no bathing.

Five samples of the baths water were submitted to the Public Analyst for bacteriological examination, and frequent tests were carried out for "free chlorine content".

The results of the samples and tests showed that it is not possible to maintain the necessary surplus chlorine to destroy any bacteria which may be introduced by bathers, or contamination from other sources. The provision of a purification plant, together with certain improvements to the surround of the bath, would result in a water which is bacteriologically satisfactory.

11. FACTORIES ACT, 1937.

There are one hundred and eleven factories in the Borough, in which Sections 1, 2, 3, 4 and 6 of the above Act can be enforced by Local Authorities. During 1948, twenty-four inspections were carried out in these premises, and one notice served.

Under Section 7 of the Act, there are forty-nine factories on the register. Nineteen inspections were made to these premises, and one notice served.

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

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

SECTION IV.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

INFECTIOUS DISEASES.

In all, 34 cases of infectious diseases were notified in Lewes in 1948. The details are as follows :-

Disease	Total Cases Notified	Cases admitted to Hospital	Total Deaths
Cerebro-spinal Meningitis	1	1	-
Diphtheria	1	1	-
Erysipelas	2	-	-
Measles	12	-	-
Puerperal Pyrexia	1	-	-
Scarlet Fever	9	5	-
Whooping Cough	8	-	-
Total	34	7	-

In addition, one suspected case of Acute Polioencephalitis was admitted to Southlands Hospital during the year. This was not, however, confirmed.

1. CEREBRO-SPINAL MENINGITIS.

One case of cerebro-spinal meningitis was notified and admitted to hospital during the year under review. Cerebro-spinal meningitis is an epidemic disease, caused by a specific micro-organism, and characterised in most cases by symptoms which are referable to inflammation of the meninges of the brain and spinal cord. From time to time the disease has presented considerable variation in its epidemic manifestations, which has led to some uncertainty in its recognition, and many different names have been applied to it, dependent upon the symptoms most in evidence at the time. The disease chiefly attacks children and young adults and is exceptionally seen in persons over forty years of age. While, as a rule, the disease does not seem to attack one sex more than another, circumstances sometimes lead to exceptions. In garrison towns for instance, soldiers living in barracks and camps, have been attacked in larger numbers than the civilian population. The disease is seldom spread directly by a patient and evidence goes to show that the infection is harboured and conveyed by healthy carriers. The occurrence of the disease appears to be associated with overcrowding and insufficient ventilation, and this probably accounts for the fact that in this country it is considerably more prevalent during the first six months of the year.

The one case notified in the Borough made a satisfactory recovery.

2. DIPHTHERIA.

Diphtheria is a disease due to the invasion, usually of one of the mucous membranes, by a specific micro-organism, commonly known as the diphtheria or Klebs-Loeffler bacillus. This gives rise to a local inflammation, generally attended by the formation of a membranous exudation. At the same time the micro-organism produces certain toxic substances, the absorption of which causes many of the symptoms and complications of the disease. Statistics tend to shew that the disease is more prevalent in dry years.

One case of diphtheria was admitted to hospital during the year. This was of a boy aged nine who had not been immunised against the disease. No death from diphtheria occurred during the year under review.

Of the five cases which have occurred during the five-year period 1944 to 1948 inclusive, not one was immunised - a fact which provides a practical illustration of the protection afforded by immunisation. A further illustration is given by a comparison of the total of five cases which occurred during these five years with the total of 35 cases notified in 1929 when immunisation was not practised. This shews that before widespread immunisation was introduced seven times as many cases occurred in a single year as now occur during the whole of a five-year period. When it is remembered that the five infected cases were not immunised, the comparison becomes even more striking.

When consideration is given to statistics of the nature of those quoted above, it becomes difficult to believe that any parents would refrain from presenting their children for immunisation at the earliest possible opportunity. Nevertheless, in many cases, no action is taken by parents until a reminder is given to them from some source, and, in fewer cases, repeated reminders are necessary. Thus it will be appreciated that although diphtheria is practically eliminated in the town, it is essential, in spite of the excellent results already achieved, that every effort should still be made to ensure that the whole of the child population is afforded protection against diphtheria.

Arrangements are in being for the giving of boosting doses to children who have already been immunised. This will re-inforce the protection already given against diphtheria.

3. ERYSIPELAS.

Two cases of erysipelas were notified during the year, neither of which was admitted to hospital. This disease is an acute infection of the skin in which the causal organism breaks directly from the individual affected or indirectly from outside sources. The face and legs are the commonest sites of infection. Susceptibility is most marked in infants and in the aged. Before the advent of the new sulphonamide drugs the disease sometimes ran a serious course, especially in the aged, but with the advent of these new drugs this has been obviated in nearly every case. The two cases notified made a comparatively rapid and uneventful recovery.

4. MEASLES.

Twelve cases of measles occurred in 1948. The malady is one of the most easily transmitted of the communicable diseases and occurs most commonly in children between five and fourteen years of age. Permanent acquired immunity is usual after the first attack. The cases notified were mild and all made good recovery. No cases were sent to hospital.

5. SCARLET FEVER.

Nine cases of scarlet fever were notified in Lewes during 1948, five of which were admitted to hospital. All cases were of the mild variety and made uneventful recoveries.

Although during the past twenty years the disease has become progressively milder the reason for this is not clearly understood. It is possible that the present mildness may be only temporary, as the mild type which prevailed in former years has been succeeded by more severe infections.

Normally, cases of scarlet fever can be nursed at home, but where it is not possible for the case to be nursed at home, home conditions are unsatisfactory, or the case occurs in a Children's Home, the patient is sent to Hospital. A daily dose of a sulphonamide drug, given under medical supervision, will provide protection for the majority of persons exposed to scarlet fever infection. This, however, does not obviate the necessity for appropriate precautions, such as the isolation of the patient, exclusion of contacts from school, and the exclusion of infected persons from handling milk and milk products.

In 1948, there were no deaths from this disease in Lewes.

6. WHOOPING COUGH.

In the year under review eight cases of whooping cough were notified in Lewes. None of these was admitted to hospital and all made satisfactory and uneventful recoveries.

The main incidence of the disease is amongst children, the largest number of cases occurring in the fourth year of age. Respiratory complications, which may occur in the young, require prompt treatment when they arise, some cases having to be transferred to hospital. Although one attack usually confers immunity, second attacks are not unknown. Immunisation against the disease has so far proved of doubtful value.

The only remaining infectious disease notified in Lewes during 1948 was Puerperal Pyrexia, of which one case occurred. This case was not transferred to hospital and an uneventful recovery was made.

GENERAL.

An inspection of the public health records for the past few decades reveals a very great reduction in the mortality rates of the infectious diseases prevalent in this country. Not only is this the case but, generally speaking, the virulence of the various maladies has been greatly reduced. Not only do fewer deaths occur from infectious disease, but in many cases when outbreaks occur the disease is confined to a comparatively mild form and the after effects are no longer serious.

Despite the triumph of medical science and of public health administration so far as comparative freedom from infectious disease is concerned, it must ever be borne in mind that the price of safety is eternal vigilence. In the case of scarlet fever, for instance, although the present form of the attack is generally not so severe as in the past, this does not mean that it cannot resume its former deadly nature, and the slightest relaxation of effort would probably lead to such a result. Similarly, immunisation has reduced the incidence of diphtheria by leaps and bounds, but it is still very necessary to take all possible steps to ensure that the whole of the child population is afforded protection against the disease.

Generally speaking, improved standards of sanitation and of personal and general cleanliness have done much to lessen the incidence and virulence of infectious disease, but the public health authorities must continue to use all the weapons in their armoury to maintain and improve the standard of resistance to these maladies.

SECTION V.

TUBERCULOSIS.

In 1948 nine cases of pulmonary tuberculosis and two cases of non-pulmonary tuberculosis were notified, whilst during the year there were two deaths from pulmonary tuberculosis and none from non-pulmonary tuberculosis. Details are given in the following table :-

AGE PERIODS	1948 NEW CASES AND MORTALITY							
	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
5	-	-	1	-	-	-	-	-
10	-	-	-	-	-	-	-	-
15	1	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-
25	3	-	1	-	1	-	-	-
30	3	-	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
40	2	-	-	-	-	-	-	-
45	-	-	-	-	1	-	-	-
50 and Upwards	-	-	-	-	-	-	-	-
TOTAL	9	-	2	-	2	-	-	-

Nine new cases of pulmonary tuberculosis were notified in Lewes during the year under review, as against thirteen in 1945, ten in 1946, and six in 1947. The records throughout the country give some substance to the belief that there has recently been a general increase of pulmonary tuberculosis, and there is no doubt that the fullest and most intelligent use must be made of every possible means of prevention and cure if the spread of the disease is to be held in check and a reduction in the frequency of incidence ultimately made.

The predisposing causes of this disease are many and include heredity, environment, occupation, nutrition, overwork and worry.

At the present time the unsatisfactory conditions in which many families are housed doubtless accentuate the tendency of pulmonary tuberculosis to spread from one member of a family to another. Overcrowding, particularly in sleeping quarters, greatly assists the spread of the disease, and very often the spread of infection throughout a whole family is directly attributable to this cause. Bad ventilation and the careless deposit of infected sputum by spitting are also major contributory causes of the prevalence of the malady, while the inhalation of dusts in various occupations is a predisposing cause.

The increasing tendency amongst persons of all ages to congregate several times a week in cinemas, dance halls and similar places of recreation probably has a not-inconsiderable effect in increasing the total number of cases occurring throughout the country. Although there is no doubt that the standard of ventilation and general cleanliness in such places has improved considerably in the past few years, nevertheless, in any enclosed building in which a large number of persons are in relative proximity one to another, there is a far greater risk of becoming infected than in the open air or in less crowded quarters. On the other hand, the increase in popularity of bathing, cycling and other open air pursuits has no doubt prevented the development of many an incipient case of the disease and every encouragement should be given to the cultivation of such pastimes.

Certain acute respiratory diseases which occur after influenza, measles and whooping cough pave the way for a spread from a latent focus. Again, terminal tuberculosis is fairly frequent in alcoholism, diabetes and other debilitating diseases such as chronic nephritis and cirrhosis of the liver.

Overwork, worry and insufficient rest are potent predisposing causes. Certain sections of the community are over-worked to-day, while many people are worried, either by lack of proper housing accommodation, by financial difficulties, or by the many strictures on everyday life. So far as lack of sufficient rest is concerned, the younger members of the community in many cases do not get sufficient sleep. While this is partly the fault of the young persons themselves nevertheless the main blame must rest on the parents for not ensuring that their children obtain sufficient sleep.

Whatever the cause of the general increase in pulmonary tuberculosis, it cannot be said that present day conditions tend to reduce its incidence and more than ever before it behoves each and every one of us to do everything in our power to restrict the spread of infection and to militate the effects of the disease in every way possible.