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BOROUGH OF LEWES

Annual Report

of the

Medical Officer of Health

for the

Year Ended 31st December, 1949

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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INDEX

LEWES HOUSE,
LEWES.
September, 1950.

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

MR. MAYOR, MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the health of the inhabitants and on the sanitary conditions of the Borough of Lewes for the year 1949.

As you are all fully aware, the care of the health of the general public is a very full responsibility of your Council and in some respects an issue of practical politics.

Annual Health Reports may make very dry reading, at least as far as statistics are concerned. These statistics, however, form the very basis of the subject and can be used, up to a point, as yard-sticks as to the state of Public Health in an area during a particular year.

To the observant and the discerning many a clue concerning the well-being or otherwise of a particular group of people or of a population can be discovered. Many of these clues are often but lightly hidden under the bare statistics, but are easily revealed to those competent to discover them.

The population of the Borough for the year under review was estimated to be 12,950. There has been an increase of population by 700 since 1946, when the estimated population was 12,250. There has been, therefore, a 5.77 increase since the latter year. This increase is of significance since it means that more people have come, and are still coming, to live in your Borough. This addition to the population, mostly adults, consists of either retired or semi-retired persons or those still engaged in some form of occupation or another. Their needs, of course, have to be catered for. It is certain that overcrowding exists to some degree. The chief need, as in nearly all areas in this country, is that of housing. It is known that the domestic upsets arising from housing problems are at present amongst the commonest contributory causes of psychosomatic illnesses—and this form of illness constitutes at least a third of all medicine.

It would appear to be more profitable to expend less public money on spectacles and prescriptions, which are sometimes of doubtful value, and more on reducing frustrations and improving the standard of living. This matter calls for more careful consideration than it appears to have received.

The birth rate for the year was 16.60 per 1,000 population as compared with the birth rates of 19.02, 20.88 and 18.91, for the years 1946, 1947 and 1948 respectively. The highest annual birth rate recorded for the Borough in the last ten years was 20.88 per 1,000 population.

Whilst the birth rate for 1949 was satisfactory, inasmuch as it exceeded the death rate for the same year, the trend has been downwards since 1942.

The diminution of a birth rate is due to many factors. These factors are, generally, the postponement of age at marriage ; decreased fertility in married women ; greater ease of divorce, especially at child-bearing ages ; deliberate and voluntary avoidance of child-bearing by restrictive practices, and a large proportion of celibates. There has also been a decrease in the proportion of married women of conceptive ages. No doubt the lengthened time of education and training leads to later marriages. When the wife is employed outside household duties the tendency is to limit the size of a family or have no children at all.

Lack of housing accommodation is the chief reason why, amongst the unmarried, marriages are postponed, and, amongst the married, why there are few or no children in the family.

The family is the unit of the nation. All action, or lack of any action, which might tend to prevent early marriages, to limit the size of families, or to disrupt the home should be avoided in the interests of the nation.

There is an obvious relationship between overcrowding ; proper housing accommodation ; proper sanitation ; playground space, and home environment in general, *and* maintenance of physical, mental and social wellbeing and efficiency.

Although only proved in general terms, there are bad effects on health caused by chaotic urban development, but mainly these bad effects are mostly caused through lack of houses and overcrowding.

The immediate environment of the family is the home, but the residential neighbourhood and the wider community of which it is part, are increasing in importance every year.

The death rate for the year 1949 was 13.75 per 1,000 population. In this year the Registrar-General has provided an area comparability factor. This factor has been calculated to secure comparability between local death rates. As applied to the death rate (13.75) the comparative mortality rate of 10.41 for 1,000 population is given. The latter rate is comparatively low, and this is another reflex on the healthiness of your Borough.

A hundred years ago the epidemic diseases were amongst the chief causes of death. Their present relative unimportance as causes of mortality is indeed of great significance and has been due to the revolutionary progress made in the fields of Public Health and curative medicine.

Whereas in 1855 six out of every thousand people died from either typhoid, typhus, small-pox, measles, scarlet fever, whooping cough or diphtheria in this country, the mortality rate has been to-day reduced to 0.14 per 1,000 population, that is to almost vanishing point.

The mortality from diarrhoeal diseases, including dysentery, was very high a century ago, especially amongst infants. This rate has been reduced now to an almost irreducible minimum.

With the increased speed of present-day air and sea travel, an infectious disease, such as small-pox for example, endemic in some countries, can cause havoc amongst a distant population insufficiently protected. A cholera epidemic which ravaged Egypt recently provided a sharp reminder that a disease endemic in Bengal and the Yangtze Valley can reach out and strike a distant population inadequately guarded. Recently, imported small-pox via a member of a ship's crew caused a serious out-break of the disease in this country. The price of safety is eternal vigilance plus adequate preventive measures taken beforehand, such as vaccination and unremitting attention to other factors in defence.

Many factors have played their part in reducing the relative importance of infectious diseases as instruments of death. As one example, diphtheria has been virtually wiped out in your area by immunisation. Scarlet fever is nowadays, a mild disease compared with its virulent attacks seventy years ago with a fatality rate then of ten per cent Although there is much reason for satisfaction there is none for complacency. Scarlet fever, in the main a mild disease to-day, may by mutation of the causal micro-organisms resume its previous virulence. Cases of moderate severity have occured in the writer's practice recently, and this may be the first faint warning of a mutation in the causal agent of the disease.

It is well known by the intelligent amongst the general public that proper sanitation has deprived the bacillus of typhoid fever of its means of spread

Developments of immunology and in therapy have effected, generally, far greater protection and have greatly reduced the number of deaths from infectious diseases.

Although this country is in a state of comparative quiescence as regards infectious disease attacks, local outbreaks do occur and have occured in recent years. Vigilance cannot be afforded to be relaxed, and there is no place for carelessness at any time.

The present low rate of mortality from infectious diseases for this country generally cannot be hazardously assumed to continue as these diseases are subject to wide fluctuations as regards incidence and virulence of their causal agents.

It has been already mentioned that diphtheria has been virtually stamped out in your Borough. During the year four cases of diphtheria were notified in children imported from other areas and placed in a children's home in Lewes. These children had not been immunised against the disease. This is a warning to parents and guardians who have wittingly or unwittingly neglected to have the children under their care immunised before school age. There have been only eight cases of diphtheria in Lewes during the past five years, including the four cases mentioned above.

All already immunised should receive a re-enforcing dose before, or shortly after, starting school. This dose boosts the protective substance in the child's body and thus makes ample and longer protection against contracting diphtheria in later years.

Eight cases of scarlet fever notified during the year were of the mild variety. Seven of the cases were sent to hospital for treatment. All made uneventful recoveries.

During the year twenty-three cases of whooping cough were notified in your Borough. Recent trials of Pertussis Vaccine have shown its efficacy in reducing the incidence and severity of whooping cough.

The number of measles cases notified in 1949 (291) weighted the total number of all infectious diseases (341) notified in the same period. Measles is one of the infections caused by a virus. It is much more frequent in the young, but it is a mistake to regard it merely as a child's disease. The reason why there are usually more cases of measles than of other infectious diseases amongst a community is because the infectivity is so high that but few escape an attack when exposed to actual cases who are most capable of disseminating infection before the rash appears.

Isolation of every case of measles in hospital is impracticable, both from the point of view of the fact that there would not be enough hospital beds for all cases, and for the reason that hospitalisation of all cases can do practically nothing to check the spread of the disease as the damage has usually already been done by the actual cases before the rash appears. Cases with bad home surroundings where adequate nursing cannot be given, or where grave complications such as pneumonia might supervene, are best sent to hospital.

Two important and essential factors in the basis of Public Health are, a good and pure water supply, and an efficient sewage system. After a community has obtained these basic essentials, attention and effort can be devoted to Public Health matters further up the pyramid, such as the extermination or remedying the effects of tuberculosis, of infectious diseases, and other more complicated matters.

The water supply derived from the Lewes Water Works was constant, of good quality, and sufficient for the needs of the community during the year.

There are still sixty houses in the Borough connected to septic tanks or cesspools. Both systems should be abolished, where possible, and connections made to the main sewage system.

Thirty-two samples of ice-creams were submitted for bacteriological examinations in 1949. The bacteriological control of ice-cream supplies is as important as that of milk, in view of the increasing quantity produced and consumed annually, together with the ease with which the product may be contaminated. The test to which the thirty-two samples were submitted was the Methylene-Blue test. This method of assessing the bacterial quality of ice-cream consists of adding a small quantity of ice-cream to a solution of methylene-blue in a test-tube. The majority of organisms in ice-cream are capable of altering the oxidation-potential of the liquid to a point at which the blue colour of the solution is discharged. The rate at which this change takes place varies considerably and is related to the species of organisms present, their rate of growth and activity at any one temperature. Broadly, the greater the number of organisms in a given quantity of ice-cream and the more active they are, the shorter will be the time required for the reduction of the blue

colour and the worse the sample will be in bacteriological quality. This test is not a method of enumerating the bacterial population of a sample of ice-cream, but it is rather a test of the activity of the bacteria at any particular time.

The test possesses certain advantages—the quality of a given sample may be determined in a few hours ; it can be carried out without employing highly scientific methods, control can be exercised at low cost, where laboratory facilities are limited, and it is fairly fool-proof if the prescribed precautions, necessary to be observed are strictly carried out. On the other hand, there are some disadvantages. The test is not sufficiently sensitive to allow of any close differentiation between different grades of ice-cream. The temperature at which the ice-cream sample is held (37°C) is not an ideal one for the growth of all types of organisms which may be in the sample, therefore the reduction period does not give a true indication of this activity. There are other disadvantages to this rough and ready test but it is much cheaper to carry out than a bacteriological plate count. The latter used as an adjunct to the methylene-blue test has revealed in some instances remarkable results. Samples which would have passed the test alone, when subjected to a plate count would be rejected. It would appear that it might be advisable to use the plate count method in certain cases, such as in samples persistently bad from one source and in other samples where it is suspected they have been exposed to contamination. High bacterial counts in ice-cream samples are due to poor quality materials, improper processing, dirty and unsterilised equipment and carelessness of those employed in any way in the making and storing, packing and selling of the ice-cream. Of the 32 samples submitted to the methylene-blue test, nine were Grade I, eight Grade II, six Grade III and nine Grade IV. Those in Grade I were very good, in Grade II good to doubtful, in Grade III doubtful to poor, and in Grade IV totally unsatisfactory.

Bacterial standards are fixed in other countries but apart from the rough and ready grading of the ice-cream samples by the methylene-blue test, proper bacterial plate count tests are not generally used in this. This is unfortunate, since an established bacterial standard which could be legally enforced would do much to simplify matters and help to ensure that the public would obtain a high grade ice-cream, carefully and efficiently manufactured, stored and sold. A standard suggested for the finished article after completed production, is one where the bacterial count is fixed at a total not exceeding 50,000 organisms per cubic centimetre with bacillus coli entirely absent. This standard should be easy to obtain, since efficiently pasteurised milk without the advantages of storing and distribution at temperatures below freezing point, rarely exceeds these limits. In Queensland such a legal standard is fixed. In Belgium a high standard is enforced. The total bacterial count must not exceed 5,000 per c.c. and there must be no liquefying colonies, intestinal or pathogenic organisms in the ice-cream. This country lags sadly behind in the steps taken to protect ice-cream from contamination.

During the year under review five cases of pulmonary tuberculosis and five cases of non-pulmonary tuberculosis were notified. Unless the incidence of tuberculosis is known, prophylactic and curative measures cannot be integrated to the fullest advantage. The Public Health Department plays its part in publishing the incidence of and mortality from tuberculosis and thus outlines the extent and trend of the disease. In three aspects—detection, prevention and treatment—rapid advances have been made in the last ten years. Four deaths occurred due to pulmonary tuberculosis and one death was registered as due to non-pulmonary tuberculosis.

Chemotherapy has made the most dramatic advance in the field of treatment, there has been allied to it an increasing scope for surgery. As dramatic as the introduction of streptomycin has been that of calciferol for the treatment of lupus vulgaris. Treatment by chemotherapy and by surgery combined, has effected striking cures in cases of genito-urinary tuberculosis. More cases of tuberculosis have been found recently. This has been due to overcrowding and to lack of houses, and improved methods of diagnosis of cases and detection of likely early cases who have been contacts, have revealed more cases than at first suspected.

Mass miniature radiography has helped to reveal the unsuspected and the early and thus more easily treatable cases.

Summing up, the main features are, the population of the Borough has increased since the first real post-war year, the birth rate exceeded the death rate and there was thus a natural and healthy increase in the population, the incidence of infectious diseases was light apart from measles and whooping cough and the intrusion of diphtheria cases from other areas, environmental hygiene remained good excepting the unfortunate conditions which were due to the lack of housing. Maternal mortality was nil and the infantile mortality rate was light. There were only five deaths from tuberculosis. There were no deaths from infectious diseases. It should be noted that the mortality from infectious diseases has been returned in successive recent years as nil. This has been mainly due to more effective control and treatment, and may be marked as an advance in preventive medicine, which is in fact Public Health.

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

I am, Mr. Mayor, Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

G. M. DAVIDSON LOBBAN,

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

Medical Officer of Health.

SECTION 1

STATISTICS OF THE LEWES AREA, 1949

Area (in acres)	1,981
Population (estimated)	12,950
Rateable Value	£123,276
Sum represented by Penny Rate	£497

EXTRACTS FROM VITAL STATISTICS

Live Births	*Male*	*Female*	*Total*	*Rate per 1,000 Population*
Legitimate	101	107	208	
Illegitimate	3	4	7	
			215	16.60
Deaths	86	92	178	13.75
				Rate per 1,000 Live and Stillbirths
Maternal Mortality		Nil	Nil	0.00
				Rate per 1,000 Live Births
Infantile Mortality (deaths under 1 year of age)	2	2	4	18.60

POPULATION

The Registrar-General's estimated population for 1949 is 12,950. The population of Lewes for the last 26 years is as follows:—

Year	*Population*	*Vital Index*	*Year*	*Population*	*Vital Index*
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	150.60	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
1936	11,910	97.56	1949	12,950	120.78

Consideration of the population figures shown above indicates an increase of about 1,900 in the population of Lewes during the 26 years under review approximately a 20 per cent. growth of population in 26 years. Although no census has been taken since 1931 it is believed that the Registrar-General's annual estimates of population attain a remarkable degree of accuracy, and it is not expected that the results of the next census, preparations for which are being made, will call for any considerable revision in the estimated figures provided by him.

The vital index shown in the table is arrived at by dividing the number of births during the year in the area under review by the number of deaths, and multiplying the result by a hundred. The figure thus obtained is a measure of the population's biological condition and any such figure above a hundred shows that births in the area have more than compensated for the deaths which have taken place during the same period. Similarly, any figure below a hundred shows that the reverse is the case and the position of the population is not biologically sound. Naturally, other factors, such as immigration into and emigration from, an area, have some effect on the state of population, but the birth and death rates constitute the main index of its biological condition.

Throughout the world statistics relating to population are attaining an ever-increasing importance. As the difficulty of growing enough food for every mouth becomes more and more apparent, Governments endeavour to plan in such a manner that they may obtain for their peoples sufficient quantities of the essential foods, and in order to do this it is first necessary that not only the numbers of the population are known, but also the numbers following different pursuits. The necessity for this becomes obvious when it is realised for instance that the food consumption of a mine-worker is very different both in quantity and in type from that of an office-worker. Facts of this nature relating to a community are revealed when a census is taken, but so far as local health authorities are concerned the birth and death rates and the rates of incidence of infectious and other diseases are the matters of prime importance.

In Lewes the vital index figure of 120.78 for 1949 is satisfactory and indicates that the number of births in the town more than replaces the number of deaths. Although the figure is not so high as for some years past, this is only to be expected, as the increase in the birth rate which is normally noted towards and at the close of a major war tends gradually to fall. There is no doubt, also, that the increasingly uncertain political outlook and the difficulty of obtaining suitable accommodation in which to rear a family have influenced many people in their decision to have few, if any, children.

One point of importance which emerges from consideration of the birth and death rates in the district is that the satisfactory vital index figure is arrived at not so much by the number of new births as by the reduction in the number of deaths. If this trend continues, it will lead to a considerable and ever-increasing proportion of elderly persons in the population—a state of affairs which for some time past has been observed throughout the length and breadth of the country. This, of course, is a trend, which if carried beyond certain limits, will have profound political and economic significances. However, so far as this report is concerned it is only necessary to observe that year by year increased provision has been made by Health Authorities throughout the country for the care and treatment of elderly people.

From observation, it appears that the average number of persons in Lewes families is four, or just over this figure, and it does not appear likely that this average will be increased in the near future. Almost certainly the main reason for this state of affairs is the very difficult housing situation which at present exists, and it is to be hoped that every effort will be made at all levels to erect new houses and otherwise improve housing conditions in all possible ways. This is a matter of great importance to Health Authorities, for unless good

and adequate housing accommodation is brought within the reach of all classes of the community, the benefits which might be derived from the advances of science and medical knowledge will be of little avail. It is of no use improving the working of a man's heart by an intricate operation and then sending him back to live in a fourth-floor attic room. It is also obvious that a great deal of the benefit which might accrue to a child from the present day system of education is likely to be lost if the child returns each evening from the pleasant and well planned school surroundings to the squalor of an over-crowded hovel.

BIRTH RATE

The birth rate for the year under review was 16.60 per 1,000 population. This shows a continuation of the tendency, upon which comment was made in the last annual report, to drop from high birth rates prevalent during and immediately after a major war to more normal figures. This figure (16.60 for 1,000 population) is very slightly below the average for England and Wales for the same period, which was 16.7 per 1,000 population.

It can be noted that the rate of 0.23 per 1,000 population of still births in the area is considerably less than that of 0.39 per 1,000 for the whole of England and Wales during the same period.

DEATH RATE

The death rate for Lewes for the year 1949 was 13.75 per 1,000 population. This is rather higher than the average death rate for England and Wales for the same period, which was 11.7 per 1,000 and is also higher than the rate in the Borough for some years past. The average age of death of 66.6 years is considerably higher than that of 60.92 years shown last year, and shows a greater expectation of life for residents in the district than that for the country as a whole.

The highest age at death was	93 years
The lowest age at death was	1 hour
The average age at death was	66.6 years

CAUSES OF DEATH

	Male	*Female*	*Total*
Heart Disease	28	21	49
Cancer	17	18	35
Intra-Cranial Vascular Lesions	10	19	29
Bronchitis	4	2	6
Suicide	4	2	6
Other Digestive Diseases	2	3	5
Other Violent Causes	4	1	5
Tuberculosis of Respiratory System	2	2	4
Other Diseases of Circulatory System	1	3	4
Pneumonia	2	2	4
Other Respiratory Diseases	4	–	4
Nephritis	2	2	4
Congenital Malformations, Birth Injuries and Infant Disorders	2	2	4
All other Causes	4	15	19
	86	92	178

SPECIFIC CAUSES OF DEATH

Heart Disease and Diseases of the Circulatory System.

Heart disease has once again taken its usual place at the head of the yearly mortality list in this Borough, after taking second place to Cancer in 1948. It is not to be expected that any considerable reduction in the death rate from heart disease will be effected if, in fact, any reduction at all can be brought about, for, to state the matter as simply as possible, cures are found for more and more of the diseases which for centuries past have killed thousands every year and the lives so saved cannot continue for ever.

Ultimately the heart becomes exhausted or diseased, death ensues and the lives which a few decades ago would have fallen to the ravages of smallpox, diphtheria, or any one of a score of other complaints, are now recorded as being due to heart disease.

Although, for the reasons stated above, it is not probable that the death rate from this group of ailments will fall, nevertheless many lives are now saved that in years past would have been lost. The improved treatment of rheumatic fever, which in former years often led to heart disease has enabled this complication to be avoided in many cases and recently great hopes have been extended that new methods of surgical treatment will result in the saving of many lives which formerly would have been lost through mitral stenosis and other forms of heart disease.

Cancer

Much the same can be said of cancer as of heart disease, namely, that as cures are found for an ever-increasing number of diseases that formerly terminated fatally, so the number of deaths due to cancer increases. Of the total number of deaths in the district during 1949, the proportion due to some form of cancer was approximately one fifth, a smaller proportion than that of last year, which was one-quarter.

The great majority of cases of cancer occur in the second half of life, many of the sufferers being persons well advanced in years. Very early diagnosis and treatment is essential if persons suffering from the disease are to have the maximum chance of recovery, and each year, as medical knowledge is increased and skill improved, the chances of survival become greater.

Intra-Cranial Vascular Lesions

Intra-cranial vascular lesions include cerebral haemorrhage, cerebral embolism, cerebral thrombosis and other brain lesions. Of the twenty-nine persons who died in Lewes from these causes during 1949, eleven were male and eighteen female and the average age of death was 75 years. The cerebral blood vessels of elderly people are subject to degeneration and are more likely to burst and become blocked than those of young persons. This tendency is increased by the high blood pressure so often induced by the strain of modern life.

Other Causes of Death

Of the other causes of death, bronchitis accounted for six, suicide for six, other digestive causes and other violent causes for five each, and tuberculosis of the respiratory system, other diseases of the circulatory system, pneumonia, other respiratory diseases, nephritis and congenital malformations, birth injuries or infant disorders each accounted for four, while the deaths due to all other causes numbered nineteen.

VITAL STATISTICS

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the year 1949. Provisional figures based on Quarterly Returns.

	England and Wales	126 *C.B.s and Great Towns including London*	148 *Smaller Towns (Resident Population* 25,000-50,000 *at* 1931 *Census)*	*London Administrative County*	*Lewes.* 1949 *Population* 12,950
	Rates per 1,000 Civilian Population				
Births : Live	16.7(*a*)	18.7	18.0	18.5	16.60
Still	0.39(*a*)	0.47	0.40	0.37	0.23
Deaths : All causes ..	11.7(*a*)	12.5	11.6	12.2	13.75
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00	0.00
Whooping Cough ..	0.01	0.02	0.01	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.45	0.52	0.42	0.52	0.31
Influenza	0.15	0.15	0.14	0.11	0.00
Smallpox	0.00	0.00	—	—	0.00
Acute Poliomyelitis & Polioencephalitis ..	0.01	0.02	0.02	0.01	0.00
Pneumonia	0.51	0.56	0.49	0.59	0.31
Notifications (Corrected)					
Typhoid Fever ..	0.01	0.01	0.01	0.01	0.00
Paratyphoid Fever ..	0.01	0.02	0.01	0.01	0.00
Cerebro-spinal Fever ..	0.02	0.03	0.02	0.02	0.00
Scarlet Fever	1.63	1.72	1.83	1.46	0.62
Whooping Cough ..	2.39	2.44	2.39	1.70	1.78
Diphtheria	0.04	0.05	0.04	0.07	0.31
Erysipelas	0.19	0.20	0.19	0.17	0.23
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	8.95	8.91	9.18	8.54	22.47
Pneumonia	0.80	0.91	0.65	0.55	0.62
Acute poliomyelitis ..	0.13	0.13	0.12	0.18	0.00
Acute polioencephalitis	0.01	0.01	0.02	0.01	0.00
Food poisoning ..	0.14	0.16	0.14	0.19	0.00
Deaths	Rates per 1,000 Live Births				
All causes under 1 year of age	32(*b*)	37	30	29	18.60
Enteritis and diarrhoea under 2 years of age	3.0	3.8	2.4	1.7	0.00
Notifications (Corrected)	Rates per 1,000 Total (Live and Still) Births				
Puerperal Fever and Pyrexia	6.31	8.14	5.30	6.82	0.22

Maternal Mortality in England and Wales

International List No. and cause	*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	8	
141 Abortion without Sepsis	0.05	4	
147 Puerperal Infections ..	0.11		Nil
142 - 146, 148 - 150. Other Maternal Causes	0.71		

(*a*) Rates per 1,000 total population. (*b*) Per 1,000 related Live Births.

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. The first meeting of the East Sussex United Districts (Medical Officer of Health) Joint Committee, by which the Medical Officer of Health for the four districts is appointed was held on 30th March, 1949.

One Sanitary Inspector carried out duties in the Borough.

2. Laboratory Facilities

Until 1st September, 1949, laboratory facilities were provided by the Clinical Research Association at Hilton's Avenue, South Road, Haywards Heath, but as from that date a Public Health Laboratory temporarily established at the Stephen Ralli Memorial Laboratory, Royal Sussex County Hospital, was opened for the receipt and examination of specimens.

The Laboratory undertakes, free of charge, the examination of throat and nose swabs, sputum, faeces, blood and other materials for the diagnosis of a case or a suspected carrier of infectious disease and has already rendered very valuable service. Bacteriological reports on samples of water, milk, food, etc., are also supplied on request.

3. Ambulance Facilities

The first complete year's working of the town ambulance service under the appropriate provisions of the National Health Service Act, 1948, has now been concluded. The provision of this service is the responsibility of the County Council, which houses two ambulances and a sitting case car in the town, for the conveyance of non-infectious cases. The vehicles are staffed by members of the St. John Ambulance Brigade and serviced, as necessary, by the drivers or by a commercial garage. If a further call is received while both ambulances are out on duty, arrangements are in being for the call to be dealt with by other depots in the area.

Since the 5th July, 1948, the Infectious Diseases ambulance stations serving the area have been at the Hove and at the Hurstpierpoint Isolation Hospitals. The use of the Hove ambulance for this purpose has now been discontinued. Under the provisions of the Ambulance Scheme, general purposes ambulances, if necessary, can be used for the conveyance of infectious disease cases, and provision is made for the subsequent disinfection of any vehicle.

The East Sussex County Council provides facilities for the transport of tuberculosis patients.

4. Nursing in the Home

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided 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 in Lewes during 1949 :—

Description and Situation	*Day and Time of Attendance*	*By Whom Provided*
Dental Clinic (Welfare Cases) Castlegate House, Lewes	Monday, 2 p.m., by appointment	E.S.C.C.
Tuberculosis Clinic, Victoria Hospital, Lewes	Monday and Friday, 2 p.m. by appointment	Regional Hospital Board
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, 1.30 p.m. by appointment	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 and 3rd Friday and 4th Monday, 2 p.m.	E.S.C.C.
Minor Ailment Clinic, Market Tower, Lewes	Monday to Friday 9 a.m. to 10 a.m.	County Education Committee
Dental Clinic, Market Tower Lewes	Monday to Friday by appointment	County Education Committee
Nervous Disorders Clinic, Victoria Hospital, Lewes	2nd and 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 is responsible for the provision of hospital accommodation, which, in this area, was materially the same as in previous years.

7. **Poor Law Medical Aid Relief**

Such medical assistance for those in poor circumstances as was provided by the East Sussex County Council prior to the 5th July, 1948, under the heading "Poor Law Medical Aid Relief" is now provided 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 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 8th August, 1949. 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.)	25.0	
Solids (after ignition)	17.0	
Chlorine	1.6	
Ammonia (free)		.012
Ammonia (albuminoid)		.024
Oxygen taken from permanganate in ¼ hour	Nil	
Oxygen taken from permanganate in 4 hours	Nil	
Nitrogen as Nitrates and Nitrites	.40	
Nitrites	Nil	
Hardness (total)	14.8	
Hardness (after boiling)	4.0	
Phosphates	Nil	
Metallic impurity .. Iron	.01	

pH. 7.2

Free Chlorine—just detected.

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 100ml. of the original water 0

Report

Both chemically and bacteriologically this is a good water, and I am of opinion that it is perfectly safe for drinking purposes, and eminently suitable for a Public Supply.

(*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 system or cesspools. The sewerage system provides for the converging of all sewers into the sewage disposal works at Southerham, where the effluent, after the passing of the sewage through a detritus chamber, screens, and sedimentation 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 taken during the year.

Pollution of the River Ouse by tar oil did occur, and was traced to a discharge from an overflow pipe which was connected to a tar oil sump at the South Eastern Gas Board's Works, Foundry Lane. The matter was taken up with the Manager of the Works, and was remedied by having the overflow pipe cut off.

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, and disposal was effected by a system of controlled tipping on low-lying land adjoining the sewage disposal works.

6. HOUSING STATISTICS

(*a*) Statutory action taken under the Housing Act, 1936, during the year 1
(Section 12. Closing Order).

(*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	365
Complaints attended to	149
Visits to Slaughter Houses	32
Visits to Knackers' Yards	8
Visits to Cowsheds and Milkshops	24
Visits to Bakehouses	10
Visits to Fried Fish and other Foodshops	158
Visits made regarding drainage, including sanitary conveniences	112
Visits under Factories Acts	52
Visits regarding Sickness	15
Rooms Disinfested	11
Inspection of Verminous Houses	25
Houses Disinfested	12
Visits regarding Rodent Control	682
Inspections under the Petroleum Acts	12
Inspections of Pig Keepers' Premises	12
Visits made under the Shop Acts	8
Visits to Swimming Baths	8
Drains tested by Water	22
Drains tested by Smoke or Colour	10
Samples of Milk taken	12
Samples of Ice-cream taken	32
Visits made for Sundry Purposes	129
Visits made for re-inspections	120

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

Choked Drains cleared	22
Drains relaid or repaired	21
W.C.s repaired or reconstructed	7
Flushing Cisterns provided	9
Sink Waste Pipes	5
Eaves, Gutters and Rainwater Pipes	9
Ashbins provided	1
Doors and Door-frames	5
Fireplaces and Ranges	18
Floors	14
Roofs	20
Ceilings and Internal Walls	53
Window Frames	5
Dampness remedied	39
Rooms cleansed	16
Water Closets cleansed	4
Verminous Houses cleared	15
Bakehouses cleansed	1
Staircases	5
Washbasins provided	2
Chimney Stacks	3
External Walls	5
Inspection Chambers repaired or installed	12
Accumulations removed	10

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. Twelve samples of milk were submitted for bacteriological examination, all of which satisfied the required tests.

Inspections revealed that producers' and retailers' premises were kept in a generally clean condition, except in one instance, and this was quickly remedied.

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

Report on samples of ice-cream submitted to the Public Analyst during 1949.

		Results of Analysis			
No. of Sample	*Place of Manufacture*	*Time taken to Reduce Methylene Blue*	*Presence of Coli in 1/10 ML in 1, 2 or 3 Tubes*	*Coli 44°C.*	*Grade*
1	Hastings	1½ hours	Absent	Absent	III
2	Eastbourne	3 hours	Absent	Absent	II
3	Brighton	0 hours	3 Tubes	Absent	IV
4	Lewes	2 hours	1 Tube	Absent	III
5	Brighton	3 hours	Absent	Absent	II
6	London	Over 5½ hours	Absent	Absent	I
7	Brighton	0 hours	3 Tubes	Absent	IV
8	London	Over 4½ hours	Absent	Absent	I
9	Brighton	0 hours	3 Tubes	Present	IV
10	Hastings	4½ hours	1 Tube	Absent	I
11	Brighton	Over 4½ hours	Absent	Absent	I
12	Brighton	3 hours	Absent	Absent	II
13	Brighton	0 hours	3 Tubes	Present	IV
14	Brighton	3½ hours	1 Tube	Absent	II
15	Brighton	2½ hours	2 Tubes	Absent	II
16	Brighton	0 hours	3 Tubes	Present	IV
17	London	Over 4½ hours	Absent	Absent	I
18	London	4½ hours	Absent	Absent	I
19	Brighton	0 hours	3 Tubes	Absent	IV
20	Brighton	2 hours	1 Tube	Absent	III
21	Brighton	0 hours	3 Tubes	Absent	IV
22	Brighton	0 hours	3 Tubes	Present	IV
23	Brighton	½ hour	3 Tubes	Absent	III
24	Brighton	0 hours	3 Tubes	Present	IV
25	Brighton	1 hour	3 Tubes	Absent	III
26	London	3½ hours	3 Tubes	Present	II
27	Brighton	1 hour	3 Tubes	Present	III
28	Hastings	4½ hours	3 Tubes	Absent	I
29	Eastbourne	2½ hours	3 Tubes	Present	II
30	London	4½ hours	Absent	Absent	I
31	London	3 hours	Absent	Absent	II
32	London	4½ hours	Absent	Absent	I

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 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 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. These numbered 40, and were all inspected after slaughter.

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.

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

Beef	67¾	lb.
Corned Beef	113¼	lb.
Canned Meats (Various)	29	tins
Milk	167	tins
Vegetables	80	tins
Fish, Canned	68	tins
Fish	1,442½	lb.
Fruit, Canned	33	tins
Jams	16	tins
Soup	198	pkts. and tins
Pickles and Sauces	63	jars and bottles
Salad Cream	20	jars
Bacon	2¾	lb.
Brawn	54	lb.
Spring Chickens	40	
Cockerels	17	
Cheese	106¼	lb.
Soyaghetti	22	lb.
Raisins	30	lb.
Sausages	36	lb.
Oatmeal	5½	cwt.
Other Assorted Groceries	63	pkts., tins and jars
,, ,, ,,	10	lb. 12 oz.

9. RODENT CONTROL

The Council having adopted 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, together with the appointment of a part-time rodent operator, resulted in the Department being actively engaged in this work.

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

Visits made to premises	682
Number of Infestations found and treated	167
Estimated number of rats killed	1,400

The Council's Refuse Tip at Ham Lane, which has for some years been almost continually rat infested, was eventually cleared, after tipping there had ceased. Regular supervision at the new refuse tip resulted in its being kept almost completely free from rats.

A 10% test of the whole sewer system was carried out in August, which showed that 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.

Samples of the baths water were submitted to the Public Analyst for bacteriological examination, and regular testing was 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 ACTS, 1947

There are one hundred and ten factories in the Borough, in which Sections 1, 2, 3, 4 and 6 of the above Act can be enforced by Local Authorities. During 1949, twenty-one inspections were carried out in these premises.

Under Section 7 of the Act, there are fifty factories on the register. Twenty-eight inspections were made at these premises, and two notices served.

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

In connection with outwork, there were seven persons employed under this heading, making or repairing 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, 341 cases of infectious disease were notified in Lewes in 1949. The details are as follows :—

Disease	*Total Cases Notified*	*Cases admitted to Hospital*	*Total Deaths*
Diphtheria	4	4	–
Erysipelas	3	–	–
Measles	291	8	–
Puerperal Pyrexia ..	1	1	–
Scarlet Fever	8	7	–
Whooping Cough ..	23	1	–
Pneumonia	8	1	–
Dysentery	3	–	–
Totals	341	22	–

In addition, one suspected case of cerebro-spinal meningitis was admitted to Bevendean Hospital during the year. This was not, however, confirmed.

Diphtheria

Four cases of diphtheria occurred in the town during the year under review. Each case was of a child living in a children's home into which children from other areas were admitted and each of the four children suffering from the disease had recently entered the home from other districts. It is exceedingly difficult to obtain records relating to a number of the children in the home in question as in some cases their early history is unknown, but it is believed that of the four children affected, two had been immunised and two were unprotected. A satisfactory recovery was made in each case.

In order to give immunity, more than one inoculation has to be given to the child and in cases where a child is infected with the disease although said to have been inoculated, it is probable that for some reason or other only one inoculation was given and thus full immunity was not achieved. This is especially likely to be the case where the child in question has been admitted to a children's home, as the previous home life of the child has in such cases very often been unsettled. It may well be, therefore, that the two children

from the home who were infected with the illness although recorded as having been immunised, had never, in fact, received the full dosage necessary to provide immunity. This probability is emphasised by the fact that of the five cases which occurred in the district during the period 1944 to 1948 inclusive, not one was immunised.

Erysipelas

Three cases of erysipelas were notified in the district during 1949. All three cases were treated at home and made a satisfactory and uneventful recovery. The introduction of the sulphonamide drugs has provided an effective treatment for the disease, and the dangerous or even fatal attacks which formerly composed a high proportion of the total number of cases are now of rare occurrence.

The disease is more common in females than in males, although the latter are subject to more severe attacks. Cold winds and damp, cold weather render persons more susceptible than usual to infection, but otherwise climate has little effect and the disease occurs in all parts of the world. Several attacks of the illness are not uncommon.

Measles

291 cases of measles were notified in the district during the period under review. Of this number, only eight cases were of such a severe nature as to merit admission to hospital, the rest being treated at home. All cases made complete and uneventful recoveries.

The control of measles presents particular difficulties as the patient normally reaches the infective stage before his illness is diagnosed. The disease normally runs a two-year cycle, the incidence being considerably higher every second year. This cycle is not absolutely regular and occasional variations occur. It is also local in application, and thus the year of higher incidence in an area will not always coincide with the peak year of another district. The cycle has been particularly regular in Lewes during the past few years, the number of notifications having been 53 in 1944, 188 in 1945, 5 in 1946, 185 in 1947, 12 in 1948 and 291 in 1949. Since the war, there has been a decrease in incidence, only 80 per cent. of the expected incidence having materialized. It is to be hoped that this decrease will continue.

Scarlet Fever

Eight cases of scarlet fever were notified in the district and seven of these were admitted to hospital. All of the cases were mild and satisfactory recoveries were made. It is during the period from 6 to 10 years of age that the greatest number of cases occur and only a small proportion of the total number of cases are over fifteen years of age. The disease is usually disseminated by contact from person to person and many otherwise healthy individuals act as carriers. Apart from contact with infected cases, infected milk is one of the main sources of infection and all immediate contacts with a case of scarlet fever whose employment brings them into contact with cows or milk should be excluded from employment for a suitable period. Food handlers should also be excluded from their normal work. Ministry of Health Circular No. 115/48 has made it clear that benefit may be paid under the provisions of the National

Insurance Act to persons excluded from work owing to the fact that they have been in contact with cases of infectious disease and thus it is now possible to exclude from employment dairy workers and food handling contacts, without such individuals suffering undue pecuniary loss.

Whooping Cough

Twenty-three cases of whooping cough were notified in the district during 1949 and of these only one was admitted to hospital. No deaths occurred and all cases made satisfactory and uneventful recoveries.

Of all the infectious diseases, whooping cough is the most likely to attack very young children, and infants under six months of age are frequently affected. The illness is most infectious in the catarrhal stage and may be transmitted either by direct contact or by contaminated articles. Vaccines have been developed for immunisation against the disease and results show that a certain success has attended the efforts which have been made in this field. Investigations are continuing and it is to be hoped that further progress will be made.

Dysentery

Three cases of dysentery were notified in the district during the year under review. No case was sufficiently serious to necessitate hospitalisation and all cases made complete recoveries. This disease is an acute infection of the large bowel with diarrhoea and occasionally bleeding. The disease is usually spread by an active or convalescent case.

The great majority of cases are very mild, although some are of a serious nature. The disease in its mild form has been more or less endemic in certain parts of the country for many years. It is probable that in many cases it is unrecognised owing to its mildness and the absence of complications, as it often causes little inconvenience, apart from slight diarrhoea of transient duration.

Treatment by the sulphonamide drugs has been found to be effective.

General

An examination of the totals of the number of infectious diseases cases notified each year for the past few years discloses that these totals fluctuate fairly regularly between high and low figures. This fluctuation is caused by the fact that the incidence of measles in an area usually shows a similar variation and now that the number of cases of other infectious diseases is usually so low, the great variation in the large number of measles cases noticeably affects the total as a whole. Thus the comparatively high total of 341 cases recorded in 1949 has no undue significance when it is noted that, of this total 291 cases were of measles, leaving only 50 cases of other types of infectious disease, nearly half of which were of whooping cough.

SECTION V

TUBERCULOSIS

In 1949 ten cases of pulmonary tuberculosis and one case of non-pulmonary tuberculosis were notified, whilst during the year there were four deaths from pulmonary tuberculosis and one from non-pulmonary tuberculosis. Details are given in the following table :—

1949—NEW CASES AND MORTALITY

AGE PERIODS	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	–	2	–	–	–	–	–	–
5	–	–	–	–	–		–	–
10	1	–	–	–	–		–	–
15	2	–	–	–	–	–	–	–
20	1	–	–	–	–	–	–	–
25	–	2	–	–	1	–	–	–
30	–	–	–	–	–	–	–	–
35	–	1	–	–	1	1	–	–
40	–	–	–	–	–	–	1	–
45	–	–	–	–	–	–	–	–
50 and upwards	1	–	–	1	–	1	–	–
Total	5	5	–	1	2	2	1	–

Immunisation against the disease has been started in this country. The immunising material is B.C.G. vaccine. Cases have been and will be carefully selected for this form of protection. Usually they are children who are exposed to tuberculosis infection through being in contact with one or more of the family with the active disease. Every effort should be made to remove the source of infection, that is segregate the sufferer from the active disease, when the immunisation of the child is carried out.

The vaccine, which is injected in droplet dose into the skin of the arm, does not cause tuberculosis, neither does it cure it, but it does prevent it. In Copenhagen, where this form of prevention has been in use for some years, amongst the thousands of children vaccinated, none has contracted tuberculous meningitis. The incidence of the latter had been previously comparatively high. Tuberculous meningitis in a child is nearly always contracted through contact with a case of pulmonary tuberculosis.

A recent development in the treatment of pulmonary tuberculosis has been the use of para-aminosalicylic acid (PAS) in conjunction with streptomycin.

A major disadvantage in the use of streptomycin in the treatment of the disease has been that streptomycin-resistant strains of tubercle bacilli have emerged after five or more weeks of treatment. Accordingly, trials were commenced in 1948 in an endeavour to ascertain if the addition of another tuberculostatic agent might be sufficient to suppress the resistant strains.

Although the type of case so far treated has been limited to acute rapidly progressive bilateral pulmonary tuberculosis of recent development, unsuitable for collapse therapy, in young adults aged 15 to 30, the results so far achieved have been encouraging and have demonstrated that the combination of PAS with streptomycin reduces considerably the risk of development of streptomycin-resistant strains of tubercle bacilli during the six months following the start of treatment.

Trials are still progressing and it is to be hoped that similar results will prove to be obtainable in other forms of tuberculosis amenable to streptomycin therapy.

In addition to the treatment of tuberculosis by the provision of pleasant and healthy surroundings, and the use of a variety of drugs, one major line of attack remains, namely the supply of adequate and nourishing food. There is more than a possibility that the difficulty during the war years of obtaining foods such as fresh green vegetables, butter and fresh eggs rendered many persons more liable to contract tuberculosis than they would have been if such food had been more plentiful, and the continuing strain of modern life with its still present shortages and restrictions is finding out the weak spots then established. Fortunately, there seems to be a slight all-round improvement in food supplies, but not nearly enough, and a general easing of the rationing system. Eggs and milk, two vital foods, have recently been more plentiful and it is to be hoped that as advantage is taken of these natural protections against the attacks of disease any upward trend which at present exists in the incidence of tuberculosis will be arrested and, possibly, reversed.