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BOROUGH OF LEWES



Annual Report

of the

Medical Officer of Health

for the

Year Ended 31st December, 1950

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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PUBLIC HEALTH DEPARTMENT,
LEWES HOUSE,
LEWES.

September, 1951.

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

MR. MAYOR, MADAM 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 1950.

In the main body of the Report on page 7 the annual population table gives the census population of Lewes for 1931 which is 10,790. At the time of writing this preface the census population figure for 1951 (13,104) became available. In twenty years, therefore, there has been an increase of 2,314 or approximately 21 per cent. in the population of the Borough. During the twenty-year period, although the births have more than compensated for the deaths, the excess so gained has played but a small part in the increase of the population. This augmentation has been effected chiefly by migration of people into the town.

In order that a fair comparison can be made with other areas, area comparability factors have been supplied by the Registrar-General to apply to the 1950 crude birth and death rates for the Borough. These factors when applied give 14.33 per 1,000 population as the comparable birth rate for Lewes as against 15.8 for England and Wales and 11.71 per 1,000 population as the comparable death rate for Lewes, as against 11.6 for England and Wales as a whole.

There has been some decline in the birth rate in Lewes in recent years. The highest crude birth rate recorded was in 1948 when it was 18.91 per 1,000 population; in 1949 it was 16.60. This trend of a falling birth rate is influenced by lack of housing, economic circumstances and probably a fear of war. Forecasting future birth rates is a matter of being on very unsure ground since there are so many variables and imponderables, such as anticipated housing progress, economic stresses, prevailing ideas of what size a family ought to be, and even general national morale.

During the last twenty years there has been a decline in the death rate due to improved environmental conditions, and within more recent years, due to advances in preventive and curative medicine. A further decline in death rates can reasonably be expected but the resulting gain in population is not likely to be great in view of the low death rates already attained.

In 1950 the highest age at death in Lewes was 100 years, the lowest 45 minutes and the average 70.9 years. The average is above that of the country as a whole.

An increasing longevity has been observed in Lewes in recent years, but the increase in the number of the population so gained has not affected the total population increase to any great extent. There has been an increase amongst the aged themselves.

The causes of death in 1950 follow a well-known pattern at the head of the table with heart disease, 59 deaths; cancer following with 25 and then vascular lesions of the nervous system with 22 deaths.

On perusal of the Vital Statistics table on page 12 it can be seen that the death rate from tuberculosis for Lewes was 0.24 per 1,000 population as against 0.36 for England and Wales and 0.42 for County Boroughs and great towns, including London. There were no deaths from non-respiratory tuberculosis.

In the same table the death rate for pneumonia in Lewes was 0.39 as against 0.46 for England and Wales in 1950. There were no deaths in Lewes in the year under review of women in, or in consequence of, childbirth whilst the death rate of Lewes children under one year of age, 23.53 per 1,000 related live births, was amongst the lowest in the country and compares favourably with the rate for England and Wales which was 29.8.

From statistics such as given above, which are taken from a store of facts about life, death, health and disease, much can be learned.

The growth of the population of the Borough has been mainly effected by migration. The excess of births over deaths has been but a minor factor in the increase whereas in a rapidly expanding area with new industries it usually is the chief factor. Although life has been prolonged and there has been an increase in the elderly, this has not affected the total increase of population to a great extent.

Frequent bacteriological and chemical examinations of the water supply from the Lewes waterworks revealed that a high standard of purity was maintained throughout the year.

Of sixteen samples of milk submitted to bacteriological examination, thirteen were satisfactory. Three samples of Tuberculin Tested milk taken from one farm outside the Borough were unsatisfactory, and after the necessary action had been taken, further samples proved satisfactory.

The increasing quantity of ice-cream produced and consumed annually together with the ease with which the product may be contaminated or re-contaminated makes the bacteriological control of ice-cream supplies as important as that of milk. During the year 43 ice-cream samples were examined bacteriologically. Of these, 24 were Grade I (satisfactory), ten were Grade II (good), six Grade III and three Grade IV, both Grades unsatisfactory. The unsatisfactory samples came from ice-cream manufactured outside the Borough, and the respective Public Health authorities were informed, and as a result investigations were made and advice given to the manufacturers as to improved methods of hygiene. Nearly all the ice-cream sold in the Borough was pre-packed, thus giving protection from contamination after manufacture. Retailers' premises and equipment in Lewes were found to be kept in a clean condition. It is pleasing to report that approximately 80 per cent. of the samples taken were satisfactory and good.

The method of dosing the water in the Pells open-air swimming baths with chlorine emptied by hand has always been a doubtful expedient. During the year the bacteriological and chemical examinations of samples of the water showed that it was impossible to maintain the necessary chlorine to destroy bacteria introduced by bathers, or contamination from outside sources. A purification plant is badly required, together with improvements to the bath surrounds.

Progress in housing by no means met the needs of the population of the Borough; 35 new houses were erected during the year, 23 of which were erected by the Local Authority and the remaining 12 by other persons. In addition, seven additional dwellings were made available by the conversion of houses into flats. Thus 42 additional dwellings were made available during the year and as at the end of the year there were 456 applicants on the Council's housing list, it would, at the present rate of building, be at least eleven years before the last applicants on the present housing list obtained a house. The cherished illusion held by some that the housing problem could be solved mainly by planning and controls has dimmed somewhat. After years of frustration and disappointed hopes, all the plethora of paper work, the multitudes of meetings, publications of Housing Manuals, conferences, the issue of legal and quasi-legal documents and numerous other activities and matters all relating to housing, have not eased the position a great deal. The need for more freedom of private enterprise seems more evident than ever. Despite the many frustrations and the petty irritating restrictions in the accepted way of life to-day, hope springs eternal, but there is a danger in asking people to stand too much for too long.

Nearly 2,500 visits and inspections were made during the course of the year. The reasons for these visits were many and varied but their principle aim was the maintenance of a high standard of cleanliness, hygiene and public health throughout your Borough.

As a result of action taken by your Public Health Department in 247 instances nuisances were abated or repair works were carried out.

Food premises were regularly inspected and in any cases where conditions were not entirely satisfactory advice was given which in every case resulted in an improvement being made in the standard of hygiene.

During the year under review 1,290 visits were made to premises infested by rats or mice. During the course of these visits 114 infestations were cleared and approximately 900 rats were killed.

As to infectious diseases in the Borough in 1950 there was a total of 139 cases. Of this total 119 were of whooping cough. This disease, held by some as trifling, can have serious consequences. In infants it may pave the way for ensuing broncho-pneumonia, and the fatality may be high. It can leave a lot of permanent damage leading to tuberculosis, chronic bronchitis and heart weakness. A vaccine against whooping cough used in mass experiments recently has given promising results so far, and its general use may be the means of clearing up the problem much in the same way as immunisation has practically wiped out diphtheria.

One case of poliomyelitis notified in the Borough during the year was that of a married woman with three children who developed paralysis. The woman concerned who is resident in a Council house has not yet recovered from the effects of the paralysis and in consequence of representations made by your Medical Officer of Health special adjustments have been made to the entrance to her home in order that she may leave and return to the house unaided.

The number of cases of measles (5) in 1950 was small. The type of the disease is not so virulent as it was twenty years ago. Nevertheless, it is still capable of causing permanent damage to the lungs, middle ear and eyes. Penicillin and the sulpha drugs used in the treatment of measles have greatly reduced the death rate from a once-dreaded complication, broncho-pneumonia.

Six cases of scarlet fever notified during the year were all of the mild type which has been usual for a considerable number of years now. About twenty-five years ago this disease was more severe than it is to-day. The mildness of the disease now may be due to the diminished virulence of the causative organism. There is no guarantee that this mild type will continue.

No case of diphtheria was notified in 1950. In the past ten years only nine cases of the disease have been notified and it is quite clear that the practical elimination of diphtheria has been attained by immunisation.

To summarise, the main features of the report are, in twenty years the population of the Borough has increased by 2,314 or approximately 21 per cent., the birth rate, when adjusted by the Registrar-General's comparability factor, considerably exceeds the similarly treated death rate, the maternal mortality was nil and the infantile mortality rate in the area was amongst the lowest in the country. The tuberculosis death rate was only two-thirds that of the country as a whole. The incidence of infectious disease was light and of the total of 139 cases, 119 were cases of whooping cough. The incidence of measles and scarlet fever was low and only one case of poliomyelitis occurred. No case of diphtheria occurred in the area during the year under review. There were no deaths from infectious disease and the fact that there have been very few deaths from infectious disease in the Borough during recent years has been mainly due to more effective control and treatment, and may be marked as an advance in preventive medicine. Housing, as for some years past, has been one of the biggest and most intractable problems, and there appears little likelihood of any improvement in this direction until a general relaxation of controls takes place.

On the whole, the public health of Lewes during 1950 was of a high standard.

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, Madam 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 I

STATISTICS OF THE LEWES AREA, 1950

Area (in acres)	..	..	..	..	1,981
Population (estimated)	..	..	..	..	12,700
Rateable Value	..	..	..	..	£123,811
Sum represented by Penny Rate	..	..	..	..	£507

EXTRACTS FROM VITAL STATISTICS

				Male	Female	Total	<i>Rate per 1,000 Population</i>	
<i>Live Births</i>								
Legitimate	..	..	..	94	67	161		
Illegitimate	..	..	..	5	4	9		
						170	..	13.39
Deaths..	..	..	..	79	96	175	..	13.78
							<i>Rate per 1,000 Live and Stillbirths</i>	
Maternal Mortality	..	..			Nil	Nil	..	0.00
							<i>Rate per 1,000 Live Births</i>	
Infantile Mortality (deaths under 1 year of age)	..		..	2	2	4	..	23.53

POPULATION

The Registrar-General's estimated population for 1950 is 12,700. The population of Lewes for the last 26 years is as follows :—

<i>Year</i>	<i>Population</i>	<i>Vital Index</i>	<i>Year</i>	<i>Population</i>	<i>Vital Index</i>
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
1937	11,920	98.13	1950	12,700	97.14

Although the figures shown above indicate a drop of 250 in the population in Lewes during the year 1950, nevertheless there has been an overall increase in population of 1,590 during the 26 years under review, which represents approximately a 14 per cent. growth of population in 26 years. This is a reasonable rate of growth which strikes a happy medium between stagnation and mushroom development.

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.

For the first time for ten years the vital index for Lewes has fallen below a hundred. There is no doubt that a major factor which has contributed to this state of affairs is the lack of housing accommodation. At the end of 1950 there were over 450 applications for accommodation on the Lewes housing register and approximately 25 per cent. of these were from young married couples without children. Owing to the restrictions imposed by the Government on the erection of new houses, it is impossible to find satisfactory accommodation for more than a small proportion of the total number of applicants. Every effort is made to allocate to the best advantage any housing accommodation which becomes available, but in some cases preference has to be given to applicants on medical grounds. Thus a considerable number of young couples are compelled to live in conditions so unsatisfactory that they are literally forced into a decision to have few, if any, children.

In addition to the downward trend in the number of births caused by the lack of housing accommodation, it is probable that the extremely uncertain political outlook is also having an effect. There is little doubt that the grave international situation is causing the more thoughtful and provident among the young couples to hesitate to adopt the responsibilities of a family. Indeed it is more than probable that present-day conditions are not only influencing the number of births but are also exercising an effect on the type of family into which the greater proportion of children are born, since the more thoughtful and farseeing a couple are, the less willing they are to assume the responsibilities of parenthood at the present time.

It is gratifying to note that for the sixth successive year no mother normally resident in Lewes has died in childbirth. During the six-year period 1,400 births took place and the absence of any maternal death clearly indicates the great advances made by the medical profession in reducing the perils of childbirth. It is probable that the success of the medical profession in drastically reducing the maternal mortality rate is one of its most far-reaching achievements. In the past, a very considerable number of children annually were deprived of a mother's care by the death of their mother in childbirth. In many cases this has had a profound, and usually detrimental, effect on their

upbringing and character, and it is pleasant to reflect that the reduction in maternal mortality offers even greater benefits to the community as a whole than is apparent at first thought in that far fewer families of children now suffer the disadvantages inherent in the loss of their mother.

Another figure of great interest is that showing the number of deaths of infants under one year of age which is converted into a rate per 1,000 related live births. In a town of the size of Lewes, where the number of live births a year can be expected to be under 200, too much importance cannot be attached to one year's figure, as one death more or less makes a great difference in the rate per 1,000 live births. The average figure over a number of years is, however, of greater significance and it is interesting to note that while the four cases of infantile mortality which occurred in Lewes during 1950 gave an infantile mortality rate of 23.53 compared with a rate for the country as a whole of 29.8—in itself a satisfactory figure—the average rate for the past seven years has shown the even more satisfactory rate of 22.74 per 1,000 related live births in Lewes, as compared with an average rate of 38.83 for the country as a whole. This clearly indicates that, over a period of years, of every thousand children born alive to mothers normally resident in the borough the proportion of deaths within a year of birth will be less than two-thirds the proportion for the country as a whole. This is a very satisfactory state of affairs and is one of a number of indications pointing to the high standard of public health in the Borough.

BIRTH RATE

The crude birth rate for the year under review was 13.39 per 1,000 population. This is a fairly considerable reduction in last year's rate and is probably caused by three main factors, namely, the final effect of the tendency to drop from the high rates during and immediately after a major war to more normal figures; the natural disinclination of couples to bring children into a world while the international situation is so tense; and the restrictive effect of the present housing policy. It is to be hoped that the two last of these causes will be removed in a reasonably short space of time and that the consequent improvement in living conditions and increased sense of security will bring about a return to a more normal birth rate.

An area comparability factor of 1.07 is applicable to the birth rate of 13.39. This factor is supplied by the Registrar-General in order that a fair comparison between the local birth rates of different districts may be obtained. In this case, its application gives an adjusted birth rate of 14.33.

DEATH RATE

The crude death rate for Lewes for the year 1950 was 13.78 per 1,000 population. This is higher than the average death rate for England and Wales for the same period, which was 11.6 per 1,000 and is also higher than the rate in the Borough for some years past.

An area comparability factor of 0.85 is applicable to the death rate of 13.78 per 1,000, and this gives an adjusted death rate of 11.71 per 1,000 population.

It would appear that the lack of housing accommodation prevents the normal increase in population which would arise from births to young married couples, and from immigration into the town and thus the percentage of elderly persons shows an increase over and above the increase which is occurring throughout the county and this in turn causes a higher death rate. The average age of death of 70.9 years is considerably higher than that of 66.6 years shown last year and 60.92 years shown in 1948. It indicates a considerably greater expectation of life for residents in the district than that for the country as a whole.

The highest age at death was ..	100 years
The lowest age at death was ..	45 minutes
The average age at death ..	70.9 years

CAUSES OF DEATH

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Heart Disease	25	34	59
Cancer	12	13	25
Vascular Lesions of Nervous System	8	14	22
Other Circulatory Diseases	7	1	8
Pneumonia	3	2	5
Influenza	4	1	5
Suicide	2	2	4
Bronchitis	1	2	3
Hyperplasia of Prostate	3	—	3
Tuberculosis of Respiratory System	1	2	3
Diabetes	1	2	3
Ulcer of Stomach and Duodenum	2	—	2
Diseases of Respiratory System other than shown elsewhere in list	1	1	2
Accidents other than Motor Vehicle Accidents ..	—	2	2
Nephritis and Nephrosis	1	—	1
Congenital Malformations	—	1	1
Syphilitic disease	—	1	1
Other Defined and Ill-defined Diseases	8	18	26
	<hr/> 79	<hr/> 96	<hr/> 175

SPECIFIC CAUSES OF DEATH

Heart Disease and Diseases of the Circulatory System

Year after year heart disease heads the list of the causes of death or, on comparatively rare occasions, falls to second place. This, surprisingly, is more an indication of the progress of science and the medical profession in their efforts to combat other diseases than a sign of weakness in the field of diseases of the heart and circulatory system. In effect, as deaths from diseases formerly fatal become increasingly rare, the human body simply wears out and the heart ultimately tires of its job of pumping blood through the body year after year and without rest.

Although of the total number of deaths in the country the proportion which is due to heart disease of the type mentioned above is increasing, considerable progress has been made in the cure or avoidance of heart disease of another type, namely, rheumatic heart disease. This is one of the after-effects of rheumatic fever and in the past many deaths have occurred each year of people suffering from rheumatic heart disease. For some years past the number of deaths from this cause has steadily decreased, partly owing to the improved methods of treatment of rheumatic fever, which have enabled the complication of rheumatic heart disease to be avoided and partly owing to advances in the treatment of heart disease if it does, in fact, develop. Thus, although it cannot be said that the proportion of the population dying from heart disease of all kinds is being reduced—indeed, it is unlikely that any such overall reduction can be effected—nevertheless the number of deaths due to one of the most unpleasant and disabling forms of heart disease has been considerably lessened.

Cancer

A similar comment may be made in respect of cancer as has already been made in relation to heart diseases, namely, that as cures are discovered for an ever-increasing number of diseases that in the past have almost invariably proved fatal, so the number of deaths due to cancer increases. There is, however, an important difference. Heart disease, in some forms, may be said to be little more than the wearing out of an organ that has already done yeoman service. As such, while its onset may be delayed, it is unlikely that it will ever be removed as an ultimate cause of death. Cancer, however, falls into a different category, and the fact that it is one of the major causes of death is simply due to the fact that, so far, no sovereign cure for the disease has been discovered. Improvements in the methods of treatment are, however, already proving fruitful and there is some reason to hope that in years to come cancer may cease to be one of the major causes of death.

Other Causes of Death

Of the other causes of death pneumonia and diabetes are perhaps most worthy of mention as being diseases the mortality rates of which have been very materially reduced owing to the advances of science. In the past pneumonia has been one of the major causes of death and the mortality rate of this disease was particularly high. The use of modern drugs has, however, reduced its virulence to a very great extent and only a small proportion of the total number of cases die.

Diabetes has for many years been a disease which has led to the patient being increasingly incapacitated as the disease has advanced, and has ultimately proved fatal. With the advent of insulin, however, the mortality rate has been drastically reduced and sufferers from diabetes are now able to live comparatively normal lives. In fact, most deaths from diabetes at the present time arise either from the patient's failure to observe the rules of diet laid down by his physician or his omission to administer insulin to himself at the prescribed times,

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for certain Infectious Diseases in the year 1950. 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 Adminis- trative County	Lewes 1950 Population 12,700
Rates per 1,000 Home Population					
Births : Live	15.8	17.6	16.7	17.8	13.39
Still	0.37	0.45	0.38	0.36	0.39
Deaths : All Causes ..	11.6	12.3	11.6	11.8	13.78
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00	0.00
Whooping Cough ..	0.01	0.01	0.01	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.36	0.42	0.33	0.39	0.24
Influenza	0.10	0.09	0.10	0.07	0.39
Smallpox	—	—	—	—	—
Acute Poliomyelitis (in- cluding Polioencephalitis)	0.02	0.02	0.02	0.01	0.00
Pneumonia	0.46	0.49	0.45	0.48	0.39
Notifications (Corrected)					
Typhoid Fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid Fever ..	0.01	0.01	0.01	0.01	0.00
Meningococcal Infection ..	0.03	0.03	0.02	0.03	0.00
Scarlet Fever	1.50	1.56	1.61	1.23	0.47
Whooping Cough ..	3.60	3.97	3.15	3.21	9.68
Diphtheria	0.02	0.03	0.02	0.03	0.00
Erysipelas	0.17	0.19	0.16	0.17	0.08
Smallpox	0.00	0.00	—	—	—
Measles	8.39	8.76	8.36	6.57	0.39
Pneumonia	0.70	0.77	0.61	0.50	0.31
Acute Poliomyelitis (in- cluding Polioencephalitis)					
Paralytic	0.13	0.12	0.11	0.08	0.08
Non-paralytic	0.05	0.05	0.06	0.05	0.00
Food Poisoning	0.17	0.16	0.14	0.25	0.08
Rates per 1,000 Live Births					
Deaths					
All Causes under 1 year of age	29.8(a)	33.8(a)	29.4(a)	26.3(a)	23.53(a)
Enteritis and Diarrhoea under 2 years of age ..	1.9	2.2	1.6	1.0	0.00
Notifications (Corrected)					
Puerperal Fever and Pyrexia	5.81	7.43	4.33	6.03	11.43
Rates per 1,000 Total (Live and Still) Births					

Maternal Mortality in England and Wales

<i>International List No. and Cause</i>	<i>Rates per 1,000 Total (Live and Still) Births</i>	<i>Rates per million women aged 15-44</i>	<i>LEWES, 1950 Per 1,000 (Live and Still) Births</i>
651 Abortion with Sepsis	0.09	7	Nil
650, 652 Other Abortion	0.05	4	
640-649, 670-678 Com- plication of Pregnancy and Delivery	0.54		
681 Sepsis of Childbirth and the Puerperium ..	0.03		
680, 682-689 Other com- plications of the Puer- perium	0.15		

(a) 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 East Sussex United Districts (Medical Officer of Health) Joint Committee, by which the Medical Officer of Health for the four districts is appointed, has now been in existence for over a year. The Joint Committee provides an efficient means of administering the Joint Appointment.

One Sanitary Inspector carried out duties in the Borough.

2. Laboratory Facilities

The Public Health Laboratory temporarily established at the Stephen Ralli Memorial Laboratory, Royal Sussex County Hospital, Brighton, has rendered valuable service during the year.

The Laboratory has carried out for the Borough, free of charge, the examination of sputum, throat and nose swabs, pleural fluid, faeces and urine and has also submitted bacteriological reports on water, milk and ice-cream. This service is of great assistance to medical practitioners and often enables them to make a correct diagnosis considerably sooner than would otherwise be possible. Often, too, it confirms or disproves a tentative diagnosis. The service is also of assistance to your public health officials in their efforts to raise the standard of milk, ice-cream and other foods and to advise precautions to limit the spread of infectious disease.

3. Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex County Council, which houses two ambulances and a sitting case car at the Market Tower Clinic, in the town. During 1950 these vehicles were available for the conveyance of non-infectious cases. The vehicles are staffed by members of the St. John Ambulance Brigade and are serviced, as necessary, by the drivers or by a commercial garage. If a further call is received while both the ambulances are out on duty, arrangements are in being for the call to be dealt with by other depots in the area.

During the year under review the infectious diseases ambulance station serving the area has been the Mid-Sussex Isolation Hospital at Hurstpierpoint. Under the provisions of the Ambulance Scheme, general purposes ambulances can, if necessary, 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 1950 :—

<i>Description and Situation</i>	<i>Day and Time of Attendance</i>	<i>By Whom Provided</i>
Dental Clinic (Welfare Cases), Castlegate House, Lewes	By appointment	E.S.C.C.
Tuberculosis Clinic, Victoria Hospital, Lewes	Monday, Wednesday and Friday at 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 appoint- ment	Regional Hospital Board
Artificial Pneumothorax, Victoria Hospital, Lewes	Wednesday Women 2.15 p.m. Men 3.30 p.m.	Regional Hospital Board
Minor Ailment Clinic, Market Tower, Lewes	Monday to Friday, 9 a.m. to 10 a.m.	County Education Committee
Dental Clinic, Market Tower, Lewes	By appointment	County Education Committee
Nervous Disorders Clinic, Victoria Hospital, Lewes	2nd and 4th Tuesday in each month at 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. Institutional Provision for the Care of Mental Defectives

The East Sussex County Council deal with the Lunacy and Mental Deficiency services in respect of patients outside institutions. All institutional care is the responsibility of the Regional Hospital Board.

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 9th August, 1950. Sample labelled "Lewes Well."

The water on arrival had the following characteristics:—

Colour	—	None
Smell	—	None
Sediment	—	None

Chemical Analysis afforded the following:—

					<i>Grains per Gallon</i>	<i>Parts per Million</i>
Total Solids (dried at 100°C.)	..	..	..	..	22.0	..
Solids (after ignition)	..	..	..	..	17.0	..
Chlorine	..	..	..	..	1.6	..
Ammonia (free)	..	..	..	..	..	.012
Ammonia (albuminoid)	..	..	..	..	..	.018
Oxygen taken from permanganate in $\frac{1}{4}$ hour	..	..	..	..	Nil	..
Oxygen taken from permanganate in 4 hours	..	..	..	..	Nil	..
Nitrogen as Nitrates and Nitrites	..	..	..	..	.28	..
Nitrites	..	..	..	..	Nil	..
Hardness (total)	..	..	..	..	14.8	..
Hardness (after boiling)	..	..	..	..	3.4	..
Phosphates	..	..	..	..	Nil	..
Metallic impurity—Iron	..	..	..	..	.005	..
Ph	..	..	..	7.3		

Bacteriological Examination

The organisms per ml. which grew on Nutrient Agar in three days at 22°C. under aerobic conditions and were then visible to the naked eye as colonies numbered	4
On Agar at blood temperature and under aerobic conditions colonies were noticed after two days' incubation	2
Probable number of Coli-Aerogenes organisms in 100 ml. of the original water	0
Free Chlorine—just detected.	

Report

Both chemically and bacteriologically this water maintains its high degree of organic purity, and I am of the opinion that it is quite safe for drinking purposes, and 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 supply from private wells, but this is also piped direct to these houses.

RIVERS AND STREAMS

No statutory proceedings to prevent pollution of rivers or streams were taken up to the 1st October, when the East Sussex River Board took over the administration of rivers pollution, under the River Boards Act, 1948.

As a result of informal action, pollution of the River Ouse by tar oil was abated.

3. 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 the sewage disposal works at Southeram, 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.

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 controlled tipping on low-lying land at the rear of the Convent Field.

The amount of salvage collected during the year was:—

Metals—9 tons 0cwts. 3qtrs. 3lb.	Value	£103 11 10
Textiles—7 tons .. .. .	.. .. .	£102 19 9
Paper—94 tons 13cwts. .. .. .	.. .. .	£326 14 6

6. HOUSING STATISTICS

1. Number of new houses erected during the year:—

(a) Total	35
(i) By Local Authority	23
(ii) By other persons	12
(b) Additional dwellings by conversions into flats	7
2. Number of houses improved up to standard of Housing Act, 1949	14
3. No Statutory action taken under the Housing Act, 1936, during the year	—
4. Statutory action taken under the Public Health Act, 1936	1

7. SANITARY INSPECTION

(a) Visits and Inspections

Houses and Premises Inspected	223
Complaints attended to	88
Visits to Slaughterhouses	10
Visits to Knacker Yards	7
Visits to Milkshops and Dairies	30
Visits to Bakehouses	14
Visits to Fried Fish and other Foodshops	112
Visits made regarding Drainage	120
Visits under Factories Acts	44
Visits regarding Sickness	32
Rooms Disinfected	19
Inspection of Verminous Houses	30
Houses Disinfested	25
Visits regarding Rodent Control	1,290
Inspections under the Petroleum Act	13
Inspections of Pig Keepers' Premises	7
Visits made under the Shops Act	16
Visits to Swimming Baths	5
Drains tested by Water	18
Drains tested by Smoke or Colour	2
Samples of Milk taken	16
Samples of Ice-cream taken	43
Visits made for Sundry Purposes	217
Visits made for Re-inspections	98

(b) Nuisances abated and Repair Work carried out

Choked Drains cleared	20
Drains relaid or repaired	19
W.C.s repaired or reconstructed	6
Flushing Cisterns provided	3
Sink Waste Pipes	3
Eaves, Gutters and Rainwater Pipes	12
Ashbins provided	3
Doors and Door-frames	1
Fireplaces and Ranges	9
Floors	13
Roofs	13
Ceilings and Internal Walls	20
Window Frames	11
Dampness remedied	41
Rooms cleansed	10
Water Closets cleansed	3
Verminous Houses cleared	25
Staircases	2
Chimney Stacks	1
External Walls	11
Inspection Chambers repaired or installed	16
Accumulations removed	5

(c) Improvements

Baths provided	39
Washbasins provided	39
Additional W.C.s (internal) provided	46

8. INSPECTION AND SUPERVISION OF FOOD

(a) Milk Supply

The greater supply of the milk is drawn from outside the Borough. There are two cowkeepers and eight retailers registered within the Borough. One of the cowkeepers is licensed as a Producer-Retailer of "Tuberculin Tested" milk, and each of the retailers holds licences for the sale of "Tuberculin Tested" and "Pasteurised" milk.

Pasteurization is carried out at one licensed dealer's premises.

Inspections of dealers' premises showed that these were kept in a clean condition.

Sixteen samples of milk were submitted for bacteriological examination, thirteen of which satisfied the required tests; the remaining three, which were "Tuberculin Tested" milks, produced and bottled at a farm outside the Borough, failed to comply with the standard laid down. Following representations to the County Milk Productions Officer, and subsequent action by him, further samples from this producer proved satisfactory.

(b) Ice-Cream

There are thirty-three premises registered for the sale of ice-cream, and none for manufacture. The greater part of the ice-cream sold is pre-packed, and all retailers have co-operated in maintaining a good standard of cleanliness in respect of their premises and equipment.

Forty-three samples of ice-cream were submitted during the year for bacteriological examination; the reports on the grading of these were:—

Grade I	—	24
Grade II	—	10
Grade III	—	6
Grade IV	—	3

Results of the reports were sent to the vendors, and in cases where the samples were classified as being unsatisfactory (i.e., Grades III or IV), the respective Authorities were informed, and asked to co-operate in carrying out investigations, and to give advice as to improvement.

(c) Meat and Other Foods

At only one slaughterhouse was any slaughtering done during the year, and this was for the occasional slaughter of pigs by licensed slaughtermen for small pig keepers, slaughtering for their own consumption.

Inspections of food premises were made regularly throughout 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 summary shows details of the food which was found to be unfit:—

Beef	..	..	..	..	..	2 cwts. 2qtrs. 19lb.
Corned Beef	..	..	..	..	..	54½lb.
Fish	..	..	..	..	..	12 cwts. 2qtrs. 25lb.
Sausages	..	..	..	..	..	43 lb.
Bacon	..	..	..	..	..	40 lb.
Brawn	..	..	..	..	..	9½lb.
Pressed Meat	..	..	..	..	..	8½lb.
Prunes	..	..	..	..	..	28 lb.
Soysem	..	..	..	..	..	20 lb.
Sweets	..	..	..	..	..	19 lb.
Eggs	..	..	..	..	..	1,570

Canned Fruit	244 tins
„ Vegetables	101 „
„ Milk	78 „
„ Fish	73 „
„ Meat	64 „
„ Jam	24 „
„ Soup	20 „
Pudding Mixture	39 packets
Barley Flour	28 „
Cordials	8 bottles
Pickles and Sauces	13 jars and bottles
Other Assorted Groceries	80 packets, tins and jars

9. RODENT CONTROL

On the 31st March, 1950, the Prevention of Damage by Pests Act, 1949, came into force, and placed the responsibility of maintaining their district free from rats and mice on the Local Authority. Under the now repealed Rats and Mice (Destruction) Act, the primary duty of keeping premises free from rats and mice was laid upon the individual occupier, coupled with a right to the Local Authority to enforce the requirement upon him. This has meant that, in addition to dealing with complaints of rat or mice infestations, visits are paid to, and surveys made of all likely infested premises or land.

Regular supervision and treatments of the Council's refuse tip has resulted in its being kept almost completely free from rats.

A maintenance treatment was carried out in February on one section of the sewer system which had previously been found to be infested by rats, and in August a 10 per cent. test of manholes on the whole of the system was made, which revealed that all sections were now clear.

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

Visits made to premises	1,290
Number of infestations found and cleared	114
Estimated number of rats killed	900

10. SWIMMING BATHS

The open-air swimming bath at the Pells is owned by the Council. The bath capacity is 225,000 gallons, and it is completely emptied, cleansed and refilled at fortnightly intervals. Also approximately one-eighth of the volume of water is changed daily.

Chlorination of the water is carried out by hand in the early morning and evening, before and after bathing respectively.

Samples of the bath's water were submitted 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 ACT, 1937

There are eighty-one factories in the Borough in which Sections 1, 2, 3, 4 and 6 of the above Act can be enforced by Local Authorities (i.e., factories in which no mechanical power is used). During 1950, eleven inspections were carried out in these premises.

Under Section 7 of the Act, there are eighty-four factories on the register. Twenty-nine inspections were carried out in these premises, and three notices served.

There are also nine other premises under the Act to which four inspections were made.

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

12. PETROLEUM ACT, 1928

Thirty-four licences were issued for the storage of petroleum spirit and two for carbide of calcium, under the above Act.

The total quantities that might be kept under these licences were :—

Petroleum Spirit	—	35,453 gallons
Carbide of Calcium	—	728lb.

Fees amounting to £23 were received.

SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Infectious Diseases

In all, 139 cases of infectious disease were notified in Lewes in 1950, the details are as follows :—

<i>Disease</i>	<i>Total Cases Notified</i>	<i>Cases admitted to Hospital</i>	<i>Total Deaths</i>
Erysipelas	1	—	—
Food Poisoning ..	1	—	—
Measles	5	—	—
Poliomyelitis	1	1	—
Pneumonia	4	1	—
Puerperal Pyrexia ..	2	—	—
Scarlet Fever	6	4	—
Whooping Cough ..	119	2	—
Totals	139	8	—

Erysipelas

One case of erysipelas was notified in the district during 1950. The person concerned was treated at home and made a satisfactory and uneventful recovery. In the past erysipelas has been a dangerous illness which has very often terminated fatally. The sulphonamide drugs have proved extremely effective in the treatment of the disease and fatal attacks are now a rarity.

Food Poisoning

The cause of the only case of food poisoning which was notified in the Borough during 1950 was found to be a lightly-boiled duck egg, through the medium of which the person concerned became infected with the organisms known as salmonella typhi-murium. The case was a mild one and an uneventful recovery was made. In very many instances of food poisoning the cause has been found to be a lightly cooked duck's egg. Ducks' eggs should only be eaten when they have been thoroughly cooked. In this form, even if the infecting organisms are present they are rendered harmless.

Measles

Only five cases of measles were notified in Lewes during 1950. All of the cases were of a mild nature and made complete and uneventful recoveries. The small number of cases notified is in great contrast to the total of 291 cases notified in the district during 1949. This is only to be expected, as the disease normally runs a two-year cycle, the incidence being considerably higher every second year.

Measles mainly affects children under seven years of age and before the introduction of penicillin and the sulpha drugs, a fatal attack of broncho-pneumonia often developed. Since the use of these drugs in the treatment of the disease became general, case mortality has been reduced to almost negligible proportions and complications such as middle-ear disease and ophthalmia have been avoided.

Poliomyelitis

One case of poliomyelitis occurred in the area during 1950. This was a married woman with three children and some difficulty was experienced in arranging for the care of the children during their mother's absence in hospital. The case was one of the paralytic type and the woman concerned has not yet fully recovered from the effects of the paralysis. At present, beyond the knowledge that the infective organism is a virus, little is known about how it is transmitted, but it is hoped that the intensive research now being carried out will yield beneficial results in the not-too-distant future.

Pneumonia

Of the four cases of acute primary pneumonia notified during the year under review only one was sufficiently serious to merit admission to hospital. All the cases made satisfactory recoveries.

Puerperal Pyrexia

Two cases of puerperal pyrexia were notified in Lewes during the year under review and neither case was fatal. In the past, puerperal pyrexia, which is a feverish condition in women after childbirth or miscarriage, has given rise to a great deal of maternal mortality. In the fifteen years prior to the last war the number of deaths due to this cause occasioned such alarm that the Minister of Health issued a number of Regulations placing the obligation upon doctors to notify Medical Officers of Health of any cases occurring in their practice, Medical Officers of Health, in turn, having the duty to notify the Local Health Authority within 48 hours of the receipt of notification. In the last few years the puerperal pyrexia mortality has dropped considerably and a death from or even a case due to this cause, is now comparatively rare.

Scarlet Fever

Six cases of scarlet fever were notified in the Borough during 1950. Of these, four were admitted to hospital. For a number of years past the type of scarlet fever prevalent in the country has been of a mild nature, but it does not necessarily follow that this happy state of affairs will continue. In the past, the type of scarlet fever most common at any given time has alternated a number of times between mild and severe. It may be that the country is coming to the end of a period during which the milder type has been most prevalent and that the more severe type will shortly come to the fore. Even if this should prove to be the case, however, there seems no doubt that the present-day methods of treatment and the use of modern drugs will prevent the illness from being as dangerous as it has been in the past.

The four cases admitted to hospital from Lewes during 1950 were not of particular severity, but were admitted owing to the number of other children living in the same dwellings.

Whooping Cough

139 cases of whooping cough were notified in the Borough during 1950, and of these, eight were of sufficient severity to merit admission to hospital. There were no deaths from whooping cough in the district during the period under review. The high rate of incidence, distressing symptoms and sometimes fatal complications of this disease combine to make it one of the greatest dangers to the child population of the country.

During recent years extensive investigations have been undertaken to ascertain the efficacy of preventive immunisation in the fight against this malady. Various commercial preparations of antigen have been submitted to trial and some thousands of children vaccinated with the preparations concerned. Present indications are that certain of the preparations are of definite value in reducing the risk of infection, and there is every hope that in due course whooping cough will join diphtheria in the category of diseases once common but now rare owing to the development of the technique of preventive inoculation.

General

Apart from whooping cough, only twenty cases of infectious disease were notified in the area during 1950. This is an extremely low figure and is one of several indications that the standard of public health in the Borough is a high one. It is of interest to note that no case of diphtheria occurred in the district during the period under review. During the past ten years only nine cases of diphtheria have occurred in the town. Of these, four occurred last year in a children's home into which the four infected children, who came from other areas, were admitted. There is no doubt that this satisfactory state of affairs has arisen as a result of the diphtheria immunisation campaign which has been carried out in the district and, indeed, throughout the whole country, since 1941 and it is a matter for congratulation that the reduction in mortality from diphtheria has been so great. Any slackening of effort on the part of those concerned with public health would, however, almost certainly result in a corresponding increase in the incidence of the disease and the number of deaths arising therefrom and, if anything, the campaign must be intensified in the years to come.

Vaccination Against Small-pox

Towards the end of December the first cases appeared of an outbreak of small-pox which ultimately involved a total of 29 cases with ten deaths. As the outbreak developed, doctors, not only in Brighton, but in neighbouring areas were so overwhelmed by the many demands for vaccination that clinics were opened for mass vaccination. In the Borough of Lewes no less than

4,950 persons were vaccinated out of a total population of 12,700. The sudden demand for vaccination by such a large number of people was the result of the long-inherited fear of small-pox when cases begin to appear in or near a neighbourhood. This fear was intensified when reports of fatalities were published. It was also due to the increasing number of the vaccinated, each one advertising vaccination and to persons whose anxiety to be vaccinated forthwith because they worked in, or had visited Brighton during the outbreak, communicated itself to others. The opening of clinics for mass vaccination was inevitable owing to the irresistible momentum of demand for vaccinations.

No cases of small-pox occurred in the Borough of Lewes. Contacts of cases of the disease in the Borough were, of course, protected by recent vaccination. The outbreak in Brighton came to an end and bearing in mind the virulent type of the disease, the limiting of its spread amongst such a large population was a testimony to the highly effective modern methods of prevention carried out promptly.

Although it is the duty of Public Health authorities to provide facilities for vaccination for all who wish to be vaccinated, and the opening of clinics for mass vaccination was inevitable in view of the situation as the outbreak developed in Brighton, it does seem that clinics for mass vaccination appear unnecessary for the most part and should very rarely be used.

Small-pox is a disease with a very orderly spread. Usually an outbreak in this country starts by an imported case. A few primary contacts develop the disease then these give rise to a second crop and these in turn give rise to a third crop which is much smaller than the previous crop since by this time the disease is well under control. The third crop in the Brighton outbreak reveals only four cases. In controlling an outbreak of the disease the modern concept is to employ the expanding ring system of vaccination that is the selective vaccination of contacts of the primary, secondary and tertiary crops of cases rather than rely on mass vaccination. The old belief that small-pox can be disseminated through the air over long distances has been exploded long ago. It can, however, be disseminated in the room where an actual case is and by clothes and articles which have been used by the case, but that is another matter, and methods are used to prevent the spread by such means.

The present policy is that vaccination, having been undoubtedly proved to be a protection against small-pox, if done properly and at appropriate intervals, the following should be carried out.

- (1) Primary vaccination in the first six months of infancy should be encouraged to the widest extent. In fact, all infants should be vaccinated.

- (2) In non-epidemic periods, parents of children who have received primary vaccination in infancy should have these children revaccinated during school life, preferably between the ages of ten and leaving school.

- (3) In the presence of small-pox in an area, reliance should be placed on selective vaccination of contacts (the expanding ring system), and not on mass vaccination.

- (4) Insistence on the possession of a valid vaccination certificate for all persons entering this country from endemic or specified areas abroad.

If the above recommendations were carried out there would be much less fear amongst the public in areas where cases of small-pox occur and much less need for mass vaccination.

In this country vaccination is voluntary and a comparatively large section of the population remain unvaccinated. It would seem more reasonable to have all children vaccinated in infancy and then revaccinated before leaving school, so that by successive generations so protected there is a huge barrier against the infection, than to leave as it now is on a purely voluntary basis.

SECTION V

TUBERCULOSIS

In 1950 nine cases of pulmonary tuberculosis and two cases of non-pulmonary tuberculosis were notified, whilst during the year there were three deaths from pulmonary and no deaths from non-pulmonary tuberculosis. Details are given in the following table:—

1950—NEW CASES AND MORTALITY								
AGE PERIODS	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	—	—	—	—	—	—	—	—
5	—	—	1	—	—	—	—	—
10	—	—	—	—	—	—	—	—
15	—	—	—	—	—	—	—	—
20	1	1	—	—	—	—	—	—
25	2	—	—	—	—	—	—	—
30	2	1	—	—	—	—	—	—
35	—	—	—	—	—	—	—	—
40	—	1	—	—	—	1	—	—
45	—	—	—	1	—	1	—	—
50 and upwards	1	—	—	—	1	—	—	—
TOTAL	6	3	1	1	1	2	—	—

The three deaths from pulmonary tuberculosis which occurred in Lewes during the period under review give the lowest death rate from the disease in the Borough for a number of years, with the exception of 1948, when only two deaths occurred. This is a satisfactory position, particularly in view of the difficult conditions prevailing in the country during the war and post-war periods. Many medical and scientific advances are being made in the prevention and treatment of the disease, particularly in its prevention by the use of an immunising vaccine known as B.C.G. and its treatment by the use of para-aminosalicylic acid (PAS.) in conjunction with streptomycin. These advances alone, however, cannot effect a great overall reduction in the number of cases and deaths from tuberculosis unless better housing conditions and more ample supplies of fats and proteins are made available to the population as a whole.

Over-crowded and unsuitable accommodation has a two-fold effect in that cramped, dark or damp housing space with insufficient circulation of air is in itself a factor of some importance in reducing the standard of health of the persons inhabiting the premises to a level at which the disease is most easily contracted. In addition, if a case of pulmonary tuberculosis is introduced into a household living in such conditions, the cramped quarters and stagnant air greatly facilitate its spread to other persons in the house. It is greatly to be desired, therefore, that housing restrictions will be relaxed at the earliest possible moment, in order that some of the more unsatisfactory housing accommodation in the town and, indeed, throughout the country, may be demolished, and better and more hygienic premises erected in its place.

So far as the absence or restricted supplies of certain types of food is concerned, there is no doubt that the average person in the country is quite well nourished. It is the more weakly individual who suffers from the fairly frequent shortages of such valuable foods as fresh eggs, meat and, during certain months of the year, milk. Although when a case of tuberculosis is recognised, every effort is made to provide the patient with an ample supply of these foods, it is during the period before the disease has developed when their absence has, perhaps, turned the scales against him.

Briefly, it is better by far to keep the standard of health of a person at a high level by providing him with satisfactory accommodation and ample food of the right kind than to allow tuberculosis to develop through the lack of these two essentials and then to patch the patient up.

