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BOROUGH OF LEWES



Annual Report

of the

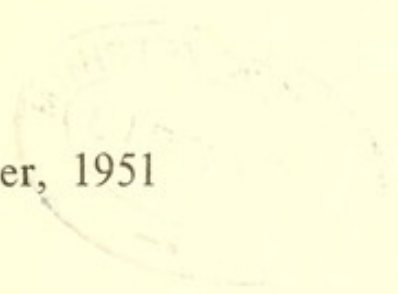
Medical Officer of Health

for the

Year Ended 31st December, 1951

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, 1952.

*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 1951.

The estimated population of Lewes for mid-year 1951 was given by the Registrar-General as 12,940. This figure is 240 above that for 1950. From 1926 in twenty-six years up to 1951 there was a 14 per cent. increase of the population of the Borough. Although the excess of births over deaths, the natural increase, has contributed to the augmentation, most of the gain has been made by the excess of immigrants who come to reside in the town over the number of emigrants who left it in the 26 years period.

Picturesque, attractive Lewes is an old English county town with many excellent features. It has many advantages as it is within easy reach of the coast and is a very good centre from which to explore the surrounding countryside. There is a convenient railway service by which one can go to the Metropolis by speedy trains. Also it is a centre from which to embark on journeys by bus on many routes to other places in Sussex and to other counties.

No doubt the population of Lewes would have been increased still further by immigrants if the recent restrictions limiting house building had been removed as the town is a most desirable place to live in.

It is a healthy place, as can be gathered from perusal of the vital statistics contained in this and other Annual Health Reports. The crude birth-rate for 1951 was 14.22 per 1,000 population. This is 1.28 below the birth rate of England and Wales for the same year but when the area comparability factor is applied to the crude birth rate figure the result is the adjusted birth rate of 15.22 per 1,000 population.

Area comparability factors are applied to crude birth and death rates so that a fair comparison can be made between local birth rates of different districts. An area with a larger proportion of middle-aged and elderly groups would appear at a disadvantage when the crude rates are compared with those of other districts where the conditions are the reverse and there is a preponderance of the younger age groups.

The crude death rate for the year under review for Lewes was 12.44 per 1,000 population. On application of the area comparability factor this rate results in the adjusted figure of 10.57 per 1,000. The death rate for England and Wales for the same year was 12.5 per 1,000 population.

Thus the crude and adjusted birth rates are above the crude and adjusted death rates and this is a very healthy state of affairs biologically.

The average age at death in Lewes in 1951 was 67.7 years which is approximately the average expectation of life from birth to-day.

The causes of death during the year in Lewes followed the usual pattern more or less. Deaths from heart disease headed the list as usual with 59 deaths ; vascular lesions of the nervous system come next with 24 deaths (these included cerebral haemorrhage causing strokes, cerebral embolism and thrombosis). Then equal in number came deaths from cancer with 24 deaths. In all there was a total of 161 deaths from various causes in 1951. As is almost always the case there were no deaths of mothers in, or in consequence of, childbirth. The maternal mortality was therefore nil. The infantile mortality rate was 32.61 per 1,000 related live births which was below the rate for great towns including London which was 33.9 but above the figure 29.6 for England and Wales for the same year. The infantile mortality rate for Lewes is usually low year after year but 1951 was a rare exception. In fact the average annual rate in Lewes over the last seven years was 26.19 which compares very favourably with the average annual rate, 36.50 for England and Wales for the same period. As in former years there were no deaths from infectious diseases. The death rate from pulmonary tuberculosis for 1951 for the Borough was 0.15 per 1,000 population and the lowest ever recorded in the town's history. There were no deaths from non-pulmonary tuberculosis. The death rate from tuberculosis for England and Wales for the same year was 0.31 per 1,000 population. More will be mentioned about the decline of mortality from tuberculosis later on in this preface.

The total number of cases of infectious diseases notified during the year in the Borough was 400 of which 360 were of measles and 21 of whooping cough. These two latter seasonal diseases wax and wane in numbers from year to year. For various reasons nothing much can be done to stop the spread of measles since the disease is infectious before the symptoms appear. It is thus easily spread from individual to individual. Some encouraging results have been reported concerning immunisation against whooping cough but they are not so far conclusive enough to embark upon wholesale immunisation as has been done in the case of diphtheria which has been virtually wiped out of existence in your town. One case of poliomyelitis was notified in 1951. This baffling disease, the study of which has engaged many workers in research in many lands, is elusive and the problem is difficult to solve. Lack of knowledge of the precise route by which the virus of poliomyelitis spreads to the central nervous system and the discovery of more than one strain of the virus have complicated matters. A vaccine may be produced which may give encouraging results. A vast amount of work remains to be done however, and it would be fatal to think that the end can be reached quickly.

In the year under review 22 cases of pulmonary tuberculosis were notified. This number is above that recorded in former years. The increase has been due to very active case finding and by the use of mass miniature radiography and does not mean that there has been an untoward spread of the disease. The death rate in 1951 in Lewes from pulmonary tuberculosis was, as mentioned, the lowest on record. (Only one case of non-pulmonary tuberculosis was notified in the period under review and there was no death attributable to this type of infection).

There are signs that tuberculosis is on the way out. In England and Wales the tuberculosis deaths were 2,000 fewer in 1949 than in 1948, for which the figure was the lowest on record. There was yet a more remarkable fall in 1950 to a figure 4,000 less than in 1949. The figures for 1951 revealed another drop of some 2,000 and mean that in 1951 8,000 less people died from tuberculosis than in 1948 which is a reduction of over one-third. There are many reasons for this rapid reduction in the death rate. Radiography has helped to discover thousands of cases of tuberculosis in the early and curative stages. New drugs such as streptomycin and P.A.S. have effected remarkable cures. There is promise of other newly discovered drugs effecting even more progress in the battle against the disease. B.C.G. vaccine has been used in this country to immunise contacts and protect them against infection. The time is yet too early to assess its real value. Unfortunately there is still a great shortage of nurses. There is a deficiency of nearly 7,000 nurses for tuberculosis hospitals and sanatoria in England and Wales. If the deficiency could be cleared up prospects of further progress still would be very bright indeed.

Cases of non-pulmonary tuberculosis have been getting less and less each year. This is owing to more pasteurised milk and milk from T.T. herds being consumed, besides the weeding out of infected cows.

As regards the sanitary circumstances of your district, repeated bacteriological and chemical examinations of the public water supply revealed that it was always of a high standard, and the collection and disposal of refuse was satisfactory.

Thirty-three houses were erected by the local authority and nineteen were built by other persons ; five additional houses were converted into flats and one additional dwelling was converted into a house whilst ten houses were improved up to standard of the 1949 Housing Act.

Mr. Price, your sanitary inspector, made a large number of visits and inspections during 1951, and his zeal and tact in carrying out his duties have been remarked upon by members of the public.

The milk supply distributed in your area was on the whole satisfactory. Out of 24 samples of milk submitted to bacteriological examination 23 satisfied the required tests. The remaining one was not up to standard but this was soon rectified. Nine samples of milk were submitted for biological examination and were found to be free from tuberculosis infection. In two samples, however, the organism causing a fever in humans called brucellosis was isolated.

The farms involved were situated outside the Borough and prompt action by a neighbouring authority resulted in the milk supplies from the farms being pasteurised and thus made safe until the herds were found to be free from infection.

Thirty-nine samples of ice-cream submitted to bacteriological examination revealed that a very high proportion, 89 per cent., was satisfactory. In the case of five unsatisfactory samples reports were sent to the vendors and the respective authorities in whose districts the ice-cream was made were informed and their officers took prompt action to improve matters.

Food premises in the Borough inspected during the year were found to be kept in a satisfactory condition and the handling, storing, &c., of food were also satisfactory.

A fairly large amount of food was found to be unfit for human consumption, mostly cooked ham, and was condemned and suitably disposed of.

No less than 1,261 visits were made to premises in connection with rodent infestation and 118 infestations cleared. The estimated number of rats killed during the year was 946. Rats and mice can and do carry disease thus contaminating food and water. Suppression of rodents is quite an important public health duty.

Results obtained after bacteriological and chemical examinations of samples of water from the open air swimming baths at the Pells showed that it is impossible to maintain the essential surplus chlorine content to destroy bacteria which may be introduced by bathers and from other sources. For safety's sake the old fashioned and almost totally useless method of chlorination by hand should be abolished and a proper chlorinating plant installed. This matter has been brought up before on more than one occasion and nothing so far has been done. There is always the risk of contracting some disease from the water. Your Council is responsible for the swimming bath and for proper safety measures to be taken.

To summarise, the birth rate was above the death rate, there was no maternal mortality, the infantile mortality rate although above that of England and Wales as a whole was below that of the great towns including London, the average age at death was approximately the same as the expectation of life from birth at the present time. Chief causes of death followed the usual pattern more or less. It has been satisfactory to record no deaths from infectious diseases again and the very low death rate from pulmonary tuberculosis. Apart from measles and whooping cough there was a light incidence of other infectious diseases. Altogether 1951 has been a very satisfactory year as far as the health of your community has been concerned.

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 I

STATISTICS OF THE LEWES AREA, 1951

Area (in acres)	1,981
Population (Estimated)	12,940
Rateable Value	£125,183
Sum represented by Penny Rate	£509

EXTRACTS FROM VITAL STATISTICS

				Male	Female	Total	<i>Rate per 1,000 Population</i>	
<i>Live Births</i>								
Legitimate	..	..	..	87	92	179	..	
Illegitimate	..	..	..	4	1	5		
						184	..	14.22
Deaths	..	..	..	75	86	161	..	12.44
							<i>Rate per 1,000 Live and Still Births</i>	
Maternal Mortality	..	..			Nil	Nil	..	0.00
							<i>Rate per 1,000 Live Births</i>	
Infantile Mortality (Deaths under 1 year of age)	..		..	4	2	6	..	32.61

POPULATION

The Registrar-General's estimated population for 1951 is 12,940. 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>
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
1938	11,960	81.92	1951	12,940	114.28

The figures shown above indicate that the drop of 250 in the population of Lewes during the year 1950 has been practically recovered, and during the 26 years under review there has been an overall increase in population of 15.5 per cent., as compared to an overall increase of approximately 14 per cent. recorded last year. This is a steady rate of progress somewhat restricted no doubt by the very small number of new houses which the Local Authority has been permitted to build.

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.

During the year under review the vital index for Lewes has returned to its normal, healthy, position above the hundred mark. In 1950 it dropped slightly below a hundred, but this has been more than compensated in 1951 by rising to 114.28. This is very gratifying, particularly as the Borough, in common with all other areas, is suffering from a severe housing shortage and restriction in the number of new houses permitted to be built each year. This, inevitably, discourages a certain number of young couples from marrying and quite a large proportion of those married from having children or, in some cases, more than one child. No doubt, too, the present high cost of living is also having a restrictive effect as many young couples feel they are unable to provide adequately for a family.

For the seventh year in succession no woman from the Borough of Lewes died in childbirth. During that period over 1,500 children were born and it can thus be seen that childbirth has lost most of the element of risk which attended it only a comparatively few years ago. This happy result has been brought about through a variety of reasons. Firstly, no doubt, the ante-natal clinics deserve much credit for their part in ensuring that the mother is as fit as possible for some months prior to the birth of her child, has suitable food and any treatment that may be necessary. The very high standard of training set for midwives has undoubtedly been a major factor in improving the position, while the Puerperal Pyrexia Regulations, which make it compulsory for a doctor to notify the local Medical Officer of Health any case of a feverish condition, with a temperature over 100.4°F., which may occur in a woman within fourteen days of childbirth or miscarriage, has also helped in the achievement of the very great improvement which has been brought about. Finally, of course, improved obstetric methods and new, extremely useful, drugs, have been of great assistance.

During 1951, six infants died in Lewes before reaching one year of age. This total represents an infantile death rate of 32.61 per 1,000 related live births, which is high compared to the figure of 29.6 for the country as a whole. It must be remembered, however, that the number of births to Lewes residents which take place in any one year invariably falls short of two hundred and thus one death more or less in a year makes a large variation in the rate when applied to a basis of 1,000 related live births. Looked at in another way, when the average annual number of infant deaths is in the region of four,

only two additional deaths are needed to increase the average annual rate by fifty per cent. The only way in which a true picture of the position can be obtained is by taking the average figure over a number of years and comparing it with the average for England and Wales for the same period. Working on this basis, the average rate in Lewes over the past seven years is 26.19, as compared with an average figure for England and Wales of 36.50. It can thus be seen that on the average the infantile death rate in Lewes is in the region of two-thirds that of the country as a whole. This is an extremely satisfactory state of affairs and one which reflects the high standard of public health which has existed in the Borough for a number of years past.

BIRTH RATE

The crude birth rate for the year under review was 14.22 per 1,000 population. This is an improvement of over 6 per cent. on the preceding year's rate, although still below the figure for 1949 which was 16.60. In the last year's report the reduction in the birth rate was referred to as being probably partly "the final effect of the tendency to drop from the high rates during and immediately after a major war to more normal figures" and it would appear that in fact 1950 was the last year to feel the effects of the tendency referred to. The present housing shortage continues, however, to be a factor of major importance in its undoubtedly adverse effect on the birth rate, and it is to be hoped that conditions will shortly enable the central government to relax its present restrictions on building. If such a relaxation should occur there is little doubt that the consequent improvement in the housing situation would encourage young couples to marry and would also remove one of the main factors which at present cause many young married couples either to have no family at all, or to restrict their family to a single child.

The crude birth rate for Lewes of 14.22 per 1,000 population is less than the figure of 15.5 for England and Wales. An area comparability factor of 1.07 is applicable to the birth rate in the Borough. This factor is supplied by the Registrar-General in order that a fair comparison may be made between the local birth rates of different districts. In this case its application gives an adjusted Birth Rate of 15.22, which is very little below that of England and Wales.

DEATH RATE

The crude death rate for Lewes for the year 1951 was 12.44 per 1,000 population. This is a reduction in the crude death rate in the Borough for the preceding year (13.78) and is also slightly below the average death rate for England and Wales for 1951, which was 12.5 per 1,000.

An area comparability factor of 0.85 is applicable to the death rate of 12.44 per 1,000, and this gives an adjusted figure of 10.57 per 1,000 population.

The average age of death is 67.7 years, which compares favourably with the expectation of life throughout England and Wales.

It appears likely that were it not for the present shortage of housing accommodation, the death rate in Lewes would be lower. This, at first thought, may appear difficult to explain but in its simplest terms it resolves itself into the fact that as no new houses are being built the deaths from old age of established residents are not set off against new births and newcomers into the town, as married couples are discouraged from having families and there is no accommodation to offer newcomers.

The highest age at death was	..	..	94 years
The lowest age at death was	..	..	12 hours
The average age at death was	..	..	67.7 years

CAUSES OF DEATH

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Heart Disease	24	35	59
Vascular Lesions of Nervous System	10	14	24
Cancer	13	11	24
Influenza	1	5	6
Other Circulatory Disease	1	2	3
Hyperplasia of Prostate	3	—	3
Suicide	2	1	3
Tuberculosis, Respiratory	—	2	2
Pneumonia	1	1	2
Ulcer of Stomach and Duodenum	1	1	2
Nephritis and Nephrosis	1	1	2
Motor Vehicle Accidents	2	—	2
All other Accidents	1	1	2
Bronchitis	—	1	1
Other Diseases of Respiratory System	1	—	1
Congenital Malformation	1	—	1
Lukaemia, Aleukaemia	—	1	1
Other Defined and Ill-defined Diseases	13	10	23
	—	—	—
	75	86	161
	—	—	—

SPECIFIC CAUSES OF DEATH

Heart Disease and Diseases of the Circulatory System

Heart disease, as usual, heads the list of causes of death in Lewes. This is only to be expected as the forms of heart disease and diseases of the circulatory system which develop during the latter part of the human life-span can very often best be described as being due to the gradual wearing out of the heart itself. For such forms as these there is naturally no cure. Much rest and temperance in all things will act as palliatives, but eventually the heart will become too worn out to continue its work of circulating the blood through the veins and arteries of the body and death will then ensue. It can rightly be said that the percentage of the annual total number of deaths

which is made up of deaths due to these forms of heart disease is increasing because recently in this and in other countries with high standards of medicine and hygiene many of the population have been living sufficiently long for their hearts to become worn out.

It may be wondered why the increase in the number of deaths annually arising from the types of heart disease mentioned above has not been more obviously reflected in the vital statistics compiled in respect of recent years. This is due to the fact that the increase is masked by a decrease in the number of deaths annually caused by those forms of heart disease which present a possibility of cure. Each year, many such cases which but a few years ago would have proved fatal are now cured. This improvement has been brought about by all-round advances in the field of knowledge, but it is probable that improvements in surgical technique are mainly responsible for the improved position.

Cancer

Twenty-four persons died of cancer in Lewes during 1951. Of these deaths, thirteen were of men and eleven of women. For many years cancer has been the subject of exhaustive research and although progress has undoubtedly been slow very definite gains have been made. The belief held by many people that cancer is incurable is quite unjustified. In fact, many cases can be, and are, cured by the removal of the malignant tumour. The chances of successful cure in these cases are governed by two main factors, namely, the site of the tumour and the stage it has reached. Luckily, one of the more common forms of cancer, that of cancer of the breast in women, is one of the most easily dealt with, if the cancer is discovered and dealt with at an early stage. Other forms of cancer, such as that of the lip or skin, are cured in nine cases out of ten, mainly, no doubt, because they are quickly noted and are consequently treated at an early stage in their growth. It cannot be too greatly stressed that early treatment of any form of cancer gives the greatest chance of cure and no opportunity should be missed to impress on people that if they have any reasonable grounds to suspect that they are suffering from cancer, an immediate visit to their doctor offers them the best chance of recovery if, indeed, they have such a growth.

Vascular Lesions of the Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis, and other lesions. Twenty-four of the deaths which occurred in Lewes during 1951 were classified under this general heading. Of these, ten were males and fourteen of females. Most deaths of this nature take place among elderly persons as with increased age blood vessels degenerate and are more likely to break or become blocked. It is probable that the increasingly rapid tempo of modern life is resulting in a greater incidence of this form of disease than in the past, although the greater moderation in eating and drinking now observed by the average person in comparison with past standards possibly has a beneficial effect which offsets the unfavourable results of high-speed living.

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the year 1951. 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 1951 Population 12,940
Rates per 1,000 Home Population					
Births : Live	15.5	17.3	16.7	17.8	14.22
Still	0.36	0.45	0.38	0.37	0.08
Deaths : All Causes ..	12.5	13.4	12.5	13.1	12.44
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	0.31	0.37	0.31	0.38	0.15
Influenza	0.38	0.36	0.38	0.23	0.46
Smallpox	0.00	0.00	0.00	0.00	0.00
Acute Poliomyelitis (includ- ing Polioencephalitis) ..	0.00	0.01	0.01	0.00	0.00
Pneumonia	0.61	0.65	0.63	0.61	0.15
Notifications (Corrected) :					
Typhoid Fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid Fever	0.02	0.03	0.02	0.01	0.00
Meningococcal Infection ..	0.03	0.04	0.03	0.03	0.00
Scarlet Fever	1.11	1.20	1.20	1.10	0.23
Whooping Cough	3.87	3.62	4.00	3.11	1.62
Diphtheria	0.02	0.02	0.03	0.01	0.00
Erysipelas	0.14	0.15	0.12	0.15	0.23
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	14.07	13.93	14.82	14.64	27.82
Pneumonia	0.99	1.04	0.96	0.72	0.77
Acute Poliomyelitis (includ- ing Polioencephalitis)—					
Paralytic	0.03	0.03	0.03	0.02	0.00
Non-paralytic	0.02	0.02	0.03	0.02	0.08
Food Poisoning	0.13	0.15	0.08	0.23	0.08
Deaths :	Rates per 1,000 Live Births				
All Causes under 1 year of age	29.6(a)	33.9	27.6	26.4	32.61
Enteritis and Diarrhoea under 2 years of age ..	1.4	1.6	1.0	0.7	0.00
Notifications (Corrected) :	Rates per 1,000 Total (Live and Still) Births				
Puerperal Fever and Py- rexia	10.66	13.77	8.08	14.90	0.00

Maternal Mortality in England and Wales

<i>Intermediate List No. and Cause</i>	<i>Number of Deaths</i>	<i>Rates per 1,000 of Total (Live and Still) Births</i>	<i>Rates per million women aged 15-44</i>	<i>LEWES</i>
A115 Sepsis of Pregnancy, Child-birth and the Puerperium	70	0.10	0	} 0.00
A116 Abortion with Toxaemia ..	3	0.00		
Other Toxaemias of Pregnancy and the Puerperium ..	167	0.24		
A117 Haemorrhage of Pregnancy and Childbirth	91	0.13		
A118 Abortion without mention of Sepsis or Toxaemia ..	37	0.05	4	
A119 Abortion with Sepsis ..	66	0.09	7	
A120 Other complications of Pregnancy, Childbirth and the Puerperium	125	0.18		

(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, 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, established at the 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, nose and laryngeal swabs, faeces, and various other specimens and has also undertaken the examination of ice-cream and milk. Altogether the Laboratory carried out 371 different examinations for the Borough during the year under review. This service is of great assistance to your Medical Officer of Health and to the medical practitioners practising in the town, both by assisting them to arrive at correct diagnoses earlier than would otherwise be the case and by confirming diagnoses already tentatively arrived at. In the frequent examination of samples of milk and ice cream and, indeed, of any food samples, the Public Health Laboratory is greatly assisting the Public Health Department in its efforts to improve the standards of cleanliness and purity of all foods offered for sale in the area.

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 1951 these vehicles were available for the conveyance of both infectious and non-infectious cases and

arrangements are in being for the disinfection of ambulances, bedding, clothing, etc., after use for the transport of an infectious case. 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.

The East Sussex County Council provides facilities for the transport of tuberculous 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 1951 :—

<i>Description and Situation</i>	<i>Day and Time of Attendance</i>	<i>By Whom Provided</i>
Expectant and Nursing Mothers and Children under Five (Welfare Cases), Castlegate House, Lewes	By Appointment	E.S.C.C.
Chest 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 appointment	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 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. Provision for the Care of Mental Defectives

The East Sussex County Council deals 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 8th August, 1951. 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)	..	..	..	..	27.0	
Solids (after ignition)	..	..	..	..	24.0	
Chlorine	..	..	..	..	1.6	
Ammonia (free)	..	..	..	..		.. .012
Ammonia (albuminoid)	..	..	..	..		.. .036
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)	..	..	..	..	15.0	
Hardness (after boiling)	..	..	..	..	4.5	
Phosphates	..	..	..	..	Nil	
Metallic Impurity—Iron	..	..	..	..	.01	
Ph	..	..	..	..	7.3	

Bacteriological Examination

The organisms per ml. which grew on Nutrient Agar in three days at 22°C under aerobic conditions and were then visible to the naked eye as colonies were	Nil
On Agar at blood temperature and under aerobic conditions colonies were noticed after two days' incubation	Nil
Probable number of Coli-Aerogenes organisms in 100 ml. of the original water	Nil
Free Chlorine—less than 0.1 p.p.m.	

Report

Both chemically and bacteriologically this water is highly satisfactory, and I am of the opinion that it is perfectly 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.

(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 11 houses which receive their supply from private wells, but this is also piped direct to these houses.

2. DRAINAGE AND SEWERAGE

Water carriage system ; 59 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 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. CLOSET ACCOMMODATION

Water closet ; part hand flushed, but chiefly by flushing cistern.

4. 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—19 tons 3cwt. 3qr. 4lb.	Value	£287	1	8
Textiles—12 tons 12cwt. 3qr. 3lb... .. .	„	£379	5	9
Paper—127 tons 6cwt. 11lb.	„	£1,597	7	0

5. HOUSING STATISTICS

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

(a) Total—	33
Erected by Local Authority	19
Erected by other persons	14
(b) Additional dwellings by conversions into flats.. .. .	5
(c) Additional dwellings by conversions into houses	1

2. Number of houses improved up to standard of Housing Act, 1949 10

3. Statutory action taken under Housing Act, 1936 5

4. Statutory action taken under the Public Health Act, 1936 1

6. SANITARY INSPECTION

(a) VISITS AND INSPECTIONS

Houses and Premises Inspected	..	..	..	..	..	220
Complaints attended to	..	..	..	..	..	98
Visits to Slaughterhouses	..	..	..	..	..	16
Visits to Knackers Yards	..	..	..	..	..	8
Visits to Milkshops and Dairies	..	..	..	..	..	35
Visits to Ice-cream Premises	..	..	..	..	..	66
Visits to Bakehouses	..	..	..	..	..	11
Visits to Fried Fish and other Food Shops	..	..	..	..	..	102
Visits made regarding Drainage	..	..	..	..	..	154
Visits under Factories Acts	..	..	..	..	..	63
Visits regarding Sickness	..	..	..	..	..	85
Rooms Disinfected	..	..	..	..	..	14
Inspection of Verminous Houses	..	..	..	..	..	20
Houses Disinfested	..	..	..	..	..	28
Visits regarding Rodent Control	..	..	..	..	..	1,261
Inspections under the Petroleum Act	..	..	..	..	..	21
Inspections of Pig Keepers' Premises	..	..	..	..	..	11
Visits made under the Shops Act	..	..	..	..	..	19
Visits to Cinemas	..	..	..	..	..	8
Visits to Swimming Baths	..	..	..	..	..	8
Drains Tested by Water	..	..	..	..	..	34
Drains Tested by Smoke or Colour	..	..	..	..	..	4
Samples of Milk taken	..	..	..	..	..	33
Samples of Ice-cream Taken	..	..	..	..	..	29
Visits made for Sundry Purposes	..	..	..	..	..	234
Visits made for Re-inspections	..	..	..	..	..	126

(b) NUISANCES ABATED AND REPAIR WORK CARRIED OUT

Choked Drains cleared	..	..	..	..	..	38
Drains relaid or repaired	..	..	..	..	..	36
W.C.s repaired or reconstructed	..	..	..	..	..	13
Flushing Cisterns provided	..	..	..	..	..	15
Sink Waste Pipes	..	..	..	..	..	6
Eaves, Gutters and Rainwater Pipes	..	..	..	..	..	12
Ashbins provided	..	..	..	..	..	7
Doors and Door Frames	..	..	..	..	..	4
Fireplaces and Ranges	..	..	..	..	..	9
Floors	..	..	..	..	..	10
Roofs	..	..	..	..	..	28
Ceilings and Internal Walls	..	..	..	..	..	23
Window Frames	..	..	..	..	..	19
Dampness remedied	..	..	..	..	..	42
Rooms cleansed	..	..	..	..	..	5
Water Closets cleansed	..	..	..	..	..	2
Verminous Houses cleared	..	..	..	..	..	20
Staircases	..	..	..	..	..	2
Chimney Stacks	..	..	..	..	..	5
External Walls	..	..	..	..	..	8
Inspection Chambers repaired or installed	..	..	..	..	..	18
Accumulations removed	..	..	..	..	..	7

(c) IMPROVEMENTS

Baths provided	..	..	..	..	..	44
Washbasins provided	..	..	..	..	..	40
Additional W.C.s (internal) provided	..	..	..	..	..	68

7. 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 ten 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.

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

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

Samples of milk submitted to the Public Health Laboratory Service, Royal Sussex Hospital, Brighton, for examination, were as follows:—

(i) Bacteriological Examination

Twenty-four samples submitted, twenty-three of which satisfied the required tests; the remaining one, which was a Tuberculin Tested milk, produced and bottled at a farm within the Borough, failed to comply with the standard laid down. Following representation to the County Milk Productions Officer, and subsequent action by him, further samples from this producer proved satisfactory.

(ii) Biological Examination

Nine samples submitted, in none of which was *M. tuberculosis* found by guinea pig inoculation. However, *Brucella abortus* was isolated in two of the samples, one of which was a Tuberculin Tested milk, and the other an ungraded milk. Both were produced on farms outside the Borough, and following representations to the Local Authority concerned, both supplies of milk were pasteurised until the herds were found to be free.

(b) Ice-Cream

There are thirty-four 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.

Thirty-nine samples of ice-cream were submitted during the year for bacteriological examination; the reports on the gradings of these were:—

Grade I	..	31
Grade II	..	3
Grade III	..	3
Grade IV	..	2

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 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	..	..	..	..	..	26 lb.
Turkeys	..	..	..	..	..	40 lb.
Chicken	..	..	..	..	..	5 lb.
Bacon	..	..	..	..	..	21½ lb.

Pigs Trotters	1 barrel
Cooked Ham, Canned	5 cwt. 3 qr. 17 lb.
Corned Beef	15 lb.
Jellied Veal	5 lb.
Pressed Tongues	4½ lb.
Fish	6 cwt. 2 qr. 8 lb.
Escallops	96
Lobsters	16
Prunes	30 lb.
Eggs	266
Sweets	14 lb.
Biscuits	32 lb.
Cake	12 lb.
Canned Fruit	327 tins
„ Meat	119 „
„ Fish	119 „
„ Vegetables	70 „
„ Milk	51 „
„ Soup	15 „
„ Coffee	17 „
Jellies	92 packets
Shredded Onions	58 „
Processed Cheese	20 „
Other Assorted Groceries	9 tins and jars

8. RODENT CONTROL

Apart from dealing with individual complaints of rat or mice infested premises, regular surveys have been made of likely infested premises and land, and where infestations have been found, these have been treated.

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

Maintenance treatments of the sewer system were not found necessary during the year, as manhole tests showed the whole of the sewers to be free of rats.

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

Visits made to premises	1,261
Number of infestations found and cleared	118
Estimated number of rats killed	946

9. SWIMMING BATHS

The open-air swimming bath at the Pells is owned by the Council. The bath capacity is 225,500 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 each evening after bathing. Results of 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.

10. PETROLEUM ACT, 1928

Thirty-nine licences were issued for the storage of Petroleum Spirit, and one for Carbide of Calcium, under the above Act.

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

Petroleum Spirit	39,453 gallons
Carbide of Calcium	672 lb.

Fees amounting to £25 5s. 0d. were received.

11. FACTORIES ACTS, 1937 and 1948

There are sixty-five 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 1951, nineteen inspections were carried out in these premises and one notice served.

Under Section 7 of the Act, there are eighty-two factories on the register. Forty-one inspections were carried out in these premises, and one notice served.

There are also eight other premises under the Act to which three inspections were made.

In connection with outwork, there are three 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.

SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Infectious Diseases

In all, 400 cases of infectious disease were notified in Lewes in 1951. The details are as follows:—

<i>Disease</i>				<i>Total Cases Notified</i>	<i>Cases admitted to Hospital</i>	<i>Total Deaths</i>
Dysentery				1	—	—
Erysipelas				3	1	—
Food Poisoning				1	—	—
Measles				360	—	—
Pneumonia				10	—	—
Poliomyelitis				1	1	—
Scarlet Fever				3	1	—
Whooping Cough				21	—	—
Totals				400	3	—

Dysentery

One case of dysentery was notified in the district during 1951. The woman concerned was treated at home and made an uneventful and satisfactory recovery. Dysentery is easily contracted and the infective organisms are taken in by the mouth. The form of dysentery which most usually occurs in England is known as Sonné Dysentery and very rarely proves fatal except

in some infants unable to resist the infection, although it spreads rapidly. It causes diarrhoea for two or three days and then usually clears up, but persons who are not ill themselves can become carriers. The only way to avoid outbreaks of this disease is to educate the community to a high standard of personal cleanliness. The organisms are most often spread by infected persons who have omitted to wash their hands thoroughly after leaving the toilet and the incidence of these outbreaks can only be reduced by constant emphasis on the need for a really high standard of personal hygiene. It is a matter for congratulation that the one case notified in this district during 1951 evidently observed a proper standard of cleanliness, as no further cases occurred.

Erysipelas

Three cases of erysipelas occurred in Lewes during the year under review. All three cases were women, the youngest being 32 years old and the eldest 56 years. The 56 year old woman was admitted to hospital, where chloromycetin was given and local applications were made. As a result the erysipelas began to clear up in 48 hours. Until comparatively recent times erysipelas has been a dangerous illness which has often proved fatal, in the elderly mostly, but several of the newly-discovered sulphonamide drugs, and chloromycetin, have proved so effective in the treatment of the disease that fatal attacks are now rare.

Food Poisoning

One case of food poisoning was notified in Lewes during the year under review. The case was a mild one and was that of a boy aged $4\frac{1}{2}$ years. Although every effort was made to trace the source of the infection, this proved impossible. In the case of many diseases it has been possible in the past few decades to point to a great reduction in incidence and to outstanding improvements in the methods of treatment. Unfortunately, food poisoning in this country does not fall into this category. Although methods of treatment have improved, the incidence of outbreaks of food poisoning has considerably increased, generally, particularly in the past fifteen years. This is undoubtedly due to the changing social habits of the population. A large proportion of the population now takes its main meal of the day at works canteens, restaurants, and other communal feeding centres, and the risk of food poisoning outbreaks is much greater amongst communities feeding in this manner than amongst people having their meals at home. The only way in which outbreaks of food poisoning can be avoided is by greatly improving the standard of cleanliness in all places where food is prepared and served, paying particular regard to the personal cleanliness and good health of all workers who handle food at any stage of its preparation or service.

Measles

During the year under review 360 cases of measles were notified in Lewes. No case was sufficiently serious to be admitted to hospital and no death occurred amongst the cases notified.

Measles is an acute fever of which the usual symptoms are a blotchy skin eruption and a catarrh of the respiratory passages. The illness is one of the most easily transmitted of the communicable diseases and occurs most commonly in children between five and fourteen years of age. Although permanent acquired immunity is usual after the first attack, second attacks are not unknown. Rigid isolation in the home is of little value in reducing

the attack rate as the patient will have infected his fellows before the case is diagnosed. The chief danger arising from measles is not in the disease itself, but in the pneumonia which may follow.

There is no fully proved method of active immunisation against the disease, although passive immunisation of cases exposed to measles by the use of human serum may achieve a modification of the disease. This, however, lasts only two or three weeks and the child is then as susceptible as before.

The large number of cases notified in the area during 1951 was only to be expected as the incidence of measles in an area usually varies from a high rate to a low rate in alternate years, although this periodicity is not absolutely regular. Again, every second high rate is usually considerably higher than the high total preceding. The yearly incidence periodicity is thus normally—low, high, low, very high. This peculiarity has been well exemplified in Lewes during the last four years under review, as the cases notified have been as follows:—

1948	..	..	12 cases
1949	..	..	291 „
1950	..	..	5 „
1951	..	..	360 „

Pneumonia

Ten cases of pneumonia were notified during the year under review, none of which were sufficiently serious to merit admission to hospital. All cases made satisfactory recoveries.

Poliomyelitis

One case of poliomyelitis occurred in Lewes during the year under review. This case was one of a 23-year-old man and his illness did not develop into the paralytic type. Although many of the epidemics in the past mainly affected the young pre-school child, during the last thirty years or so different age groups have been attacked and the early, common, name of "infantile paralysis" is no longer a good description of the disease as in many cases elder children and adults are infected and it is now realised that by no means all cases suffer from paralysis. In England and Wales in the 1947 epidemic about one-third of the cases were in the age group 0 - 5 years, with 14 per cent. of deaths, one-third of the cases were in the age group 5 - 15 years, with 21 per cent. deaths, and one-third of the cases were in the age group 15 years and over, with 65 per cent. of deaths. The disease is caused by an extremely minute organism, known as a virus, which is much smaller than the more usual forms of bacteria and bacilli, in fact, somewhere about 25,000,000 of them would be needed to cover the head of a pin. It is probable that more than one strain of the virus causes the disease and this, of course, has made research into the cause of the disease all the more puzzling. The evidence at present available suggests that the virus has a variety of methods of invading the body. It primarily attacks the motor nerve cells. Polio may inflict no damage whatsoever, or mild, scattered damage which is temporary and recovers completely or partially, or the damage may be more severe and permanent. The spread from person to person is probably chiefly by droplet infection which is spread from the throat, but as the virus also infects the faecal excretions the spread may also be by contact or contamination. As the throat is one of the means of entry of the infection, the removal of tonsils is postponed whenever possible during periods when the disease is prevalent as the making of a raw surface in the throat might make it easier for the virus to invade the system. Apart from infection

by close contact with recognised cases, some cases are spread by persons who have contracted the infection or virus but shew no symptoms or signs of the disease. Such carriers lose their infection in a few days or in some cases a few months. Relatively few infected persons develop any recognisable symptoms and fewer still any obvious paralysis, while only a very small number indeed develop permanent paralysis.

Scarlet Fever

Three cases of scarlet fever were notified in the Borough during 1951. Of these, only one was admitted to hospital. This case, that of a boy aged five years, was not of particular severity, but was admitted owing to the difficulty of properly isolating the case at home. The number of scarlet fever cases being notified has not greatly altered from the rates usual before the last war, but the disease has very greatly decreased in severity and the type of septic scarlet fever, where patients were extremely ill for several weeks, often suffered from serious complications and after-effects, and sometimes died, is now rarely seen. This change in the character of the disease should not be permitted to lead to the development of a complacent attitude of mind, as even the mild type of scarlet fever now met with can result in harmful after-effects. Further, there can be no assurance that the disease will not return in its full severity at any time and, indeed, cases of the more severe type occasionally occur even at the present time.

Whooping Cough

Twenty-one cases of whooping cough were notified in the Borough during 1951, none of which were of sufficient severity to merit admission to hospital. There were no deaths from whooping cough in the district during the period under review. Now that immunisation has so very materially reduced the annual number of cases and deaths due to diphtheria, whooping cough has been found to be the most dangerous common infectious disease in childhood. It not only causes the child considerable discomfort but is very disturbing to the rest of the family and often leads to complications such as bronchitis and fibrosis of the lung. Pneumonia is the chief danger but fortunately we possess sulpha drugs and anti-biotics which rapidly effect a cure. For a number of years past trials have been conducted with a view to ascertaining the best possible vaccine against whooping cough, and a vaccine has been found of sufficient value to justify its use on children of suitable age. The inoculation is practically unfelt by the child and the procedure is safe and it is to be hoped that within the next few years the incidence of whooping cough will be as dramatically reduced as has been that of diphtheria.

General

Apart from measles and whooping cough, only nineteen cases of infectious disease were notified in Lewes during 1951. This is a very low total and serves as an indication of the high standard of public health in the Borough. The number of cases of whooping cough notified is a very small one, less than a sixth of last year's total, and the comparatively large number of cases of measles is in accordance with the usual trend of incidence of this disease, a year of high incidence normally following a year when the total number of cases has been low. No case of diphtheria occurred in the district during the period under review, but it is to be hoped that this satisfactory state of affairs will not lead to any reduction on the part of those concerned, in their efforts to bring about the immunisation against diphtheria of all children of the appropriate ages, as this would almost certainly lead to the disease re-establishing its hold on the community.

SECTION V

TUBERCULOSIS

In 1951 twenty-two cases of pulmonary tuberculosis and one case of non-pulmonary tuberculosis were notified, whilst during the year there were two deaths from pulmonary and no deaths from non-pulmonary tuberculosis. Details are given in the following table :—

AGE PERIODS	1951—NEW CASES AND MORTALITY							
	NEW CASES				DEATHS			
	Pulmonary M	F	Non- Pulmonary M	F	Pulmonary M	F	Non- Pulmonary M	F
0	—	—	—	—	—	—	—	—
5	1	1	—	—	—	—	—	—
10	—	—	—	—	—	—	—	—
15	—	1	—	—	—	—	—	—
20	2	2	—	—	—	—	—	—
25	3	2	—	—	—	—	—	—
30	—	1	—	1	—	—	—	—
35	—	4	—	—	—	—	—	—
40	—	—	—	—	—	1	—	—
45	—	—	—	—	—	—	—	—
50 and upwards	4	1	—	—	—	1	—	—
Totals ..	10	12	—	1	—	2	—	—

The two 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 two deaths were also recorded. This gives a tuberculosis death rate of slightly less than half of that of the country as a whole, which is a very satisfactory state of affairs. So far as the notification of new cases is concerned, the twenty-two new cases notified in Lewes during 1951 constitute a total number over twice as great as that normally recorded. At first sight this would appear to be a reason for very grave concern but, in fact, this is not the case. There is no doubt at all that the increase in the number of notifications is entirely

due to the fact that a mass radiography unit operated in the area at one time during the year and a number of early cases were discovered that would otherwise have remained unsuspected for some time, possibly until the cases had progressed beyond hope of recovery. The great increase in the number of notifications is, in fact, a proof of the value of such units in the fight against tuberculosis, in so far as they form a reliable means of checking, in a comparatively short space of time, the freedom or otherwise from tubercular infection of large numbers of the population.

The use of mass radiography units constitutes only one of the techniques employed in the effort to control tuberculosis. One of the first major advances was made when it was realised that some forms of tuberculosis are conveyed from infected cattle to human beings by means of milk. Since this important discovery was made, great strides have been made in increasing the purity of the milk supply. Everything possible is done to keep herds free from tuberculosis and, in addition, methods of heat treatment have been evolved that destroy the tuberculosis bacilli in milk without detracting from its value as food.

So far as the treatment of detected cases is concerned, a recent development in the treatment of pulmonary tuberculosis has been the use of para-aminosalicylic acid, customarily contracted to P.A.S., in conjunction with streptomycin. For some time the benefits to be obtained by the use of streptomycin had been limited by the disadvantage that streptomycin-resistant strains of tubercle bacilli had emerged after five or six weeks of treatment but now, after extensive trials, it would seem that the combination of P.A.S. with streptomycin considerably reduces the risk of resistant strains developing at an early stage of treatment.

In the past, one of the difficulties experienced in combating tuberculosis has been the manner in which it has spread. Continued close contact with a sufferer over a period of weeks or months may lead to a previously uninfected person developing the disease. This, of course, has meant that the illness may be passed from one member of a family to another, particularly where living accommodation is over-crowded or badly ventilated. So far as this risk is concerned, hope for the future is held out in the development of an immunising material known as B.C.G. vaccine. Cases selected for this form of protection are usually children or nurses particularly exposed to tubercular infection. Extensive trials with the vaccine have shown its value in preventing the infection in those exposed to risk.

