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BOROUGH OF LEWES

Annual Report

of the

Medical Officer of Health

for the

Year Ended 31st December, 1954

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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Charles Clarke (Haywards Heath) Ltd.

INDEX

PUBLIC HEALTH DEPARTMENT,
LEWES HOUSE,
LEWES.

September, 1955.

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 for 1954 on the health of the Community and on the sanitary circumstances of Lewes.

The estimated population of Lewes for 1954 was given by the Registrar General as 13,180. This is the highest population figure for your Borough for the period 1945 to 1954. In that ten-year-period the lowest population figure was 11,530 in 1945. There was an increase of 60 in the 1954 figure over that of 1953. The increase or decrease of a population in an area is governed by the excess or decrease in the number of births compared with the number of deaths and by the excess or decrease in the number of immigrants who came into the area over or under the number of emigrants who left the area.

As the number of live births accredited to Lewes in 1954 was 55 in excess of the number of deaths of Lewes people, it can be assumed that there was little immigration or emigration into or from the Borough in that year.

The population figure of a district is important as it provides the basic fact upon which the birth rate, death rate, incidence rates of various diseases, such as tuberculosis and infectious diseases, are calculated. Further, the annual population figures give such facts as the increase or decrease of the number of people in an area and are essential for the sociologist, the vital statistician and the practical planner to have. Without such knowledge they cannot evaluate or plan and cannot build up essential knowledge, or give equally essential information.

The comparable birth rate for Lewes for the year under review was 15.77 per 1,000 population. A comparable birth rate is based upon the crude birth rate and is used to compare the resultant rate with those of other areas and of England and Wales. The birth rate for England and Wales for the same year (1954) was 15.2 per 1,000 population. As stated at the beginning of this preface the number of live births exceeded the number of deaths by 55 during the year as related to Lewes residents. This is satisfactory inasmuch as there was more than a level replacement of the number of those who died. The fact that the birth rate exceeded that of England and Wales gives cause for satisfaction.

Districts which have experienced continual excesses of the annual number of deaths over those of births and have been concerned also about a succession of low birth rates and with a more or less yearly decline of the birth rates, are speculating as to how to deal with an ageing population in future.

The government themselves are very well aware of the implications of an ageing population whereby more and more old people are having, and will have, economic and other repercussions on the population at large.

So far, the increasing number of old people has not yet become so advanced that the problems have become of some magnitude, but the process is on its way.

As far as Lewes is concerned there is, as is well known, a certain proportion of old people. Some came to the Borough to retire and I have found the majority in a state of exceptional good health. Some are Lewesians who although now old have served their day and generation and deserve to end their days in comfort. Your Council have been and still are very sympathetic towards the needs of the older inhabitants of the Borough and have translated sympathy into something very practical in having provided old people's bungalows, for instance, and helped in many other ways. In these days of scurrying and devil take the hindmost, " couldn't care less " attitude, it is refreshing to know that some authorities are paying attention to the older generation. I regret to say that throughout the country there are some people who regard the oldsters as only a nuisance. This is not only unkind and uncharitable, but really hurts the feelings of those whose only sin is that of having become old. Further, it makes them feel useless and unwanted.

The reasons for the increase in longevity are many. The effective factors are a declining birth rate, and this has not been offset by the recent decline in the number of deaths of infants under one year of age. Nowadays, people are more able to resist infection by having enjoyed a higher standard of living, and the murrains of the past, the killing epidemic diseases such as small-pox, diphtheria, typhoid and cholera have been practically vanquished forever through having been brought under much better control. The new antibiotics and sulpha drugs have worked wonders in cases of infectious diseases which were once deadly and maimed many of those who survived. Even tuberculosis is on the way out due to improved methods of early detection and treatment, both medical and surgical.

The hazards of old age, heart disease, cerebral haemorrhage and cancer, are still with us however and progress in their prevention and alleviation has been much less rapid than that attained in other maladies.

Lewes does, and can further, attract younger people to reside in it. The town is central and conveyance to other parts of the county, to neighbouring counties and to the metropolis is excellent whether by rail or by omnibus. Moreover, the town has a long record of healthiness, as regards that of the population *en masse* and as to a large number whose individual health is of a high standard.

Individual health may be defined as the adjustment of a person's physical and mental state to adapt himself harmoniously within himself in relation to outside environment.

Besides being a healthy town Lewes is a picturesque one with a certain charm all its own, and most who come to retire in it stay for good.

As in other places, the chief difficulty which has been experienced in recent years has been the lack of houses, but the shortage is being overcome in Lewes slowly but surely. More new houses mean that more young people will be attracted to the Borough. A considerable number of the younger generation in any area is all to the good. Not only are those of earning capacity amongst them, but having young people about usually makes for more happiness all round. Old people for the most part also like to have younger people about them.

The comparable death rate for Lewes for 1954 was 8.64 per 1,000 population. This is a comparatively low rate, and when compared with the death rate for the same year for England and Wales which was 11.30 this in itself is one indication of the healthiness of the general community.

There were no maternal deaths in Lewes during the year. During the last ten years there has been only one death of a mother in consequence of childbirth and the fatality occurred as long ago as 1945. In the pre-war period hardly a year passed without the deaths of some Lewes mother or mothers in childbirth or in consequence of it. Now such a thing is rare. Chief credit for the reduction in the maternal mortality rate must go to doctors, nurses and all those who have had care of the mothers in the pre-natal period, at the births of the children, and in the post-natal period. The chief cause of maternal deaths in the past was sepsis. Sulpha drugs and antibiotics have practically wiped out septic infection, and not a little credit is due to all those who engaged in research to produce such potent weapons.

The infantile mortality rate for the year for Lewes was 10.58 per 1,000 live births. For the same year the rate for England and Wales was 25.5. The Lewes annual infantile mortality rates have been almost invariably lower than those of the country as a whole in recent years. The infantile mortality rate takes into account the deaths of infants under one year of age only. Lewes has a healthy environment to bring children up in. In 1928 there were 10 deaths of infants under one year of age in Lewes, this was exceptional. In the 1920's the whole country had high infantile mortality rates and in some industrial districts in the Midlands and the North reduction of the rates seemed to be an impossible task, but they have been reduced thanks to better infant care, better feeding of mothers and infants, better midwifery technique, and the use of up-to-date drugs to combat infections in the infants and mothers. Unfortunately, there will always be some deaths of infants under one year of age. Causes of death such as congenital defects, malformations and congenital debility quickly put to an end to an infant's existence, and nothing very much can be done about the matter, unfortunately. It can be said that the infantile mortality rate has just about reached what one might term the irreducible minimum.

In the quinquennium 1945 to 1949, twenty-nine infants under one year died in Lewes. In the five-year period 1950 to 1954 this was reduced to twenty-one.

It is very rare to find deaths in children under two years nowadays due to enteritis and diarrhoea. In the 1920's this was a common cause of death in children all over the country and Lewes was not excepted. Better and more hygienic feeding of infants and the use of sulpha drugs have made the comparative disappearance of what was in the past a common cause of fatality, remarkable. Perhaps the comparative rarity of horses has had something to do with the reduction, as there are now less breeding places for flies in horse manure, and there are therefore fewer of the flies which carried the germs of the infection.

In the general population the chief causes of death in Lewes during the year under review followed the usual pattern we know reveals itself year after year. Out of a total of 134 deaths from all causes 57, or over one-third, were due to heart disease; 23 or about one-sixth, were due to cancer, and about one-seventh, 19 deaths, were due to vascular lesions of the nervous system, mostly cerebral haemmorhage, or as popularly termed, "a stroke." There were only two deaths due to pulmonary tuberculosis. In 1923 there were fifteen deaths from the latter cause in the Borough.

The average age at death in Lewes for the year 1954 was 72.32 years. This is very high and indicates immediately that the great majority of the deaths were those of elderly people, and such of course was the case. For

a considerable number of years now the average age of death of Lewes residents has been in each successive year about seventy years, and in some years this was exceeded.

Concerning infectious diseases there was a total of 51 cases notified during the year. Thirty-six, or over 70 per cent., were of whooping cough. It is hoped that the present campaign of immunising children against this disease will reduce considerably the number of cases of this infection, and may indeed wipe it out as diphtheria has been wiped out. Six cases of pneumonia were notified; only five of measeles; two of puerperal pyrexia, and one each of poliomyelitis and of pneumococcal meningitis.

For the fifth year in succession only one case of poliomyelitis occurred in Lewes. The infected person was a twenty-three-year-old married woman and the disease was of the non-paralytic form. The patient made a good recovery in hospital and returned home quite well.

The case of pneumococcal meningitis occurred in a male of twenty years of age. After five weeks' treatment in hospital he was discharged home quite well. A few years ago this disease had a very high mortality rate and in many cases of a severe type was invariably fatal. The administration of new drugs has changed the picture, and deaths from this cause are now comparatively rare.

There were no deaths of any of the above mentioned notified cases.

The last cases of diphtheria notified in Lewes were those of four children who came to a children's home in the town from another county. The children were incubating the disease when they came to Lewes and had not been immunised. Prompt treatment averted any fatality or complication. The public know that diphtheria is now a rare disease generally throughout the country. There is no need for absolute complacency about this, however, as there are still carriers of the disease about who, although to all appearances and findings are quite well, can transmit the disease to others. The moral should be plain to all parents and guardians—have your children immunised as early as possible. Apathy or carelessness in failing to do so may bring about a lot of trouble afterwards, not to mention that it is still possible for an unimmunised child to die from the disease, or if fortunate enough to survive, become crippled in one way or another afterwards. The risk is too great if immunisation is not carried out.

The fact that tuberculosis is on the way out has already been mentioned. During the year nine cases of the pulmonary form of the disease and one case of the non-pulmonary kind were notified. The incidence rate for the nine cases of pulmonary tuberculosis was 0.68 per 1,000 population. In 1951, 1952 and 1953 the incidence rates were 1.70, 1.99 and 1.60, respectively.

The two deaths due to pulmonary tuberculosis in Lewes during the year made a mortality rate of 0.15 per 1,000 population. This compares favourably with the rate of 0.16 for England and Wales for the same year. Generally, the deaths from tuberculosis have declined by about two-thirds since 1938. The new wonder drugs and new surgical methods have caused this striking reduction. In addition, cases are now detected much earlier than before and given immediate treatment. Tuberculosis is not the disease to be dreaded—it once was. The earlier treatment is undergone the better, and people who suspect they may have the infection should consult a doctor immediately.

There were no deaths from non-pulmonary tuberculosis in Lewes during 1954.

As to the sanitary circumstances of the Borough during the year, monthly samples of water taken from the Lewes waterworks and from piped supplies in the town, revealed that the water in all cases was of the highest standard of purity. Chemical tests of samples taken every quarter confirmed this. Pure water is one of the prime necessities of life, if not the chief necessity. All homes in the Borough have a piped supply from the mains except fifteen houses which have water from private wells piped direct to the dwellings.

The method of sewage disposal is by water carriage system, the sewage being ultimately dealt with at the sewage works in the borough. The only exception to this method is the use of cesspools and septic tanks by only fifty-eight dwellings.

A total of 95 houses were erected during the year. Fifty-three were erected by the local authority and forty-two by private enterprise. There have been so many restrictions in the past limiting the amount of new houses that one wonders where all the new houses will come from when the clearance of unfit houses gets under way. This is also bearing in mind the number of applicants on the housing list who are living with relatives, or in rooms.

A preliminary survey of unfit houses was made during the year in view of the government's intention of clearing unfit dwellings by local authorities and the erection of new houses.

Fifteen applications were received for improvement grants in Lewes and nineteen dwellings were improved by the provision of baths and internal water closets.

Perusal of the inspections made by your sanitary inspector in 1954, and tabulated in the main body of the Report, will give some idea as to the multifarious and varied duties he carried out. This gives an indication of only one side of his job. He has to prepare reports, attend meetings of committees and sub-committees, interview people at his office and in the town, discuss matters with property owners or their agents, take samples of water, milk and ice cream for examination, attend to disinfections, and deal with a whole host of other matters. In all he has been painstaking, accurate, tactful and industrious, and has dealt with people in a most pleasant manner. Where the very occasional persons have become somewhat awkward he has made it quite plain to them what was required and what would happen to backsliders if nuisances or defects were not remedied.

The milk supplied to the inhabitants of Lewes during the year was pasteurised or came from tuberculin tested cows. A small quantity was sterilised. This means to say that the milk supply was a safe one where it was pasteurised or sterilised. Milk from T.T. herds gives freedom from carrying tuberculosis organisms and from thus infecting consumers with tuberculosis. This does not mean, however, that T.T. milk is not capable of carrying organisms of such infectious diseases as undulant fever. However, the establishment of so many T.T. herds all over the country should reduce the number of cases of non-pulmonary tuberculosis in human beings and ultimately a stage should be reached where this type of tuberculosis will be so rare as to become a curiosity as it is in some states of America where tuberculous cattle have been ruthlessly weeded out, and pasteurisation of nearly the whole of the milk supply has ensured safe milk.

Twenty-six samples of milk were taken in Lewes and examined bacteriologically in the year, and fourteen samples were taken and examined biologically for tuberculosis infection. All the forty samples were found to be satisfactory.

Ice cream samples examined totalled eighteen. Eleven were of Grade I standard, the highest, and 7 were of Grade II which approaches Grade I very closely. None were of the doubtful standard Grade III or of the bad standard Grade IV.

Food premises inspected during the year were found to be satisfactory as regards hygiene.

Samples of water taken from the open air swimming baths at the Pells revealed that those taken in the mornings were excellent, but those taken in the afternoons fell short of the standard they should have shown. Chlorination of the water is still done by hand at the end of each day and there is not enough residual chlorine left in the afternoons to destroy organisms brought into the water by bathers. There is only one way of ensuring satisfactory results and that is by the continuous filtration method together with continuous sterilisation and the paying of careful attention to the turn-over period, i.e., the time during which all the water passes through the filters.

Considering the health of the citizens of your borough as a whole and making an assessment on the basic facts of mortality rates, the average age at death, the birth rate and other mortality rates and the incidence of various infectious diseases for the year 1954, one can state that the state of public health was very high.

The number of births exceeded the number of deaths and the birth rate was higher than that of the country as a whole; the death rate was low and much less than that of England and Wales. There was an absence of maternal mortality. The infantile mortality rate was less than half of that for the whole country. Few infectious diseases occurred, thus the incidence was low. Diphtheria seems to have been vanquished for ever. The death rate due to pulmonary tuberculosis was less than the mortality rate of the same disease of England and Wales.

The water supply was satisfactory as regards quality and quantity. Samples of milk and of ice cream submitted to bacteriological and biological examinations revealed a high standard of purity in each case.

As I have stated, or inferred, in previous Annual Reports, the very old-fashioned method of chlorinating the water of the open-air swimming baths is unsatisfactory and as I have already stated there is only one method of ensuring a satisfactorily chlorinated water at all times of the day and that is by continuous filtration with continuous sterilisation and observing strictly the turn-over period.

In conclusion I want to thank you for your help and encouragement during the year. My thanks are also due to Mr. Price for his valuable assistance and to other officials of the Council for their courtesy and 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.

STATISTICS OF THE LEWES AREA, 1954

Area (in acres)	1,981
Population (estimated)	13,180
Rateable Value (December, 1954)	£133,526
Sum represented by Penny Rate (March, 1954)	£525

EXTRACTS FROM VITAL STATISTICS

Live Births	*Male*	*Female*	*Total*	*Rate per* 1,000 *Population*
Legitimate	92	88	180	
Illegitimate	4	5	9	
			189	14.34
Deaths	64	70	134	10.17
				Rate per 1,000 *Live and Still Births*
Maternal Mortality	–	–	–	Nil
				Rate per 1,000 *Live Births*
Infantile Mortality (Deaths under 1 year of age)	1	1	2	10.58

POPULATION

The Registrar-General's estimated population for 1954 is 13,180. The population of Lewes for the last 26 years is as follows:—

Year	*Population*	*Vital Index*	*Year*	*Population*	*Vital Index*
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
1939	12,350	109.80	1952	13,030	114.74
1940	12,980	92.69	1953	13,120	129.66
1941	13,290	104.83	1954	13,180	141.04

The population figure has shown an increase of 60 over the figure of 13,120 for 1953. As the number of live births in the area was 55 more than the number of deaths of Lewes residents during the same period, it appears probable that very little immigration into, or emigration from, Lewes took place during the year under review.

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 an effect on the state of population, but the birth and death rates constitute the main index of its biological condition.

The vital index for Lewes in respect of 1954 is well above the hundred mark for the fourth year in succession and is the highest figure recorded since 1948. It is pleasant to note that the improvement this year has been brought about by a combination of a slight increase in the birth rate and a reduction in the death rate. It is the second year running that this combination of circumstances has occurred and it will be appreciated that where the vital index is kept at a satisfactory level by a high birth rate as well as by a low death rate the age groups of the population are better balanced than is the case when the index is maintained at a high level principally owing to a low death rate.

Maternal Mortality

During 1954 no woman from the Borough of Lewes died in childbirth. Only one maternal death of a Lewes resident has occurred in the past ten years, during which period 2,058 births took place. This gives a death rate for the ten-year period of 0.49 per 1,000 births.

Infantile Mortality

During the year 1954 two infants under one year of age died in Lewes. This represented an infantile mortality rate of 10.58 per 1,000 live births.

When the number of infantile deaths which occur each year is usually so small, it is only possible to assess whether or no these deaths are decreasing by making comparison between longer periods. Comparison between the five-yearly periods 1945-1949 and 1950-1954 shows that during the first of these periods 29 infant deaths occurred in Lewes, and in the second period only 21 deaths occurred. This indicates that a very considerable decrease has taken place within a period of ten years, and it is to be hoped that the reduction will be continued in the future.

BIRTH RATE

The crude birth rate for the year under review was 14.34 per 1,000 population. In the post-war period the Lewes birth rate dropped from a peak figure of 20.88 recorded in 1947 to a rate of 13.39 in 1950. Since that date, however, it has again built up to the figure of 14.34 recorded this year. It is to be hoped that this steady, if rather slow, increase will continue for some years yet.

An area comparability factor of 1.10 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 15.77, which is higher than the rate of 15.2 recorded in respect of England and Wales for 1954.

DEATH RATE

The crude death rate for Lewes for the year 1954 was 10.17 per 1,000 population. This is a reduction on the figures for the two preceding years, which were 11.97 in 1952 and 11.05 in 1953.

An area comparability factor of 0.85 is applicable to the death rate of 10.17 per 1,000 population, and this gives an adjusted figure of 8.64. The death rate for England and Wales for 1954 was 11.30 per 1,000 population.

The average age of death is 72.32 years, which compares favourably with the expectation of life throughout England and Wales.

The highest age at death was	96 years
The lowest age at death was	13 hours
The average age at death was	72.32 years

CAUSES OF DEATH

	Male	*Female*	*Total*
Heart Disease	32	25	57
Cancer	11	12	23
Vascular Lesions of the Nervous System ..	5	14	19
Circulatory Disease other than mentioned elsewhere	2	3	5
Pneumonia	2	1	3
Bronchitis	1	1	2
Nephritis and nephrosis	2	–	2
Accidents other than Motor Vehicle Accidents..	–	2	2
Tuberculosis, Respiratory	2	–	2
Other Diseases of Respiratory System	1	–	1
Influenza	–	1	1
Ulcer of Stomach and Duodenum	1	–	1
Congenital Malformation	–	1	1
Homicide and Operations of War..	1	–	1
Other Defined and Ill-defined Diseases	4	10	14
	64	70	134

SPECIFIC CAUSES OF DEATH

Heart Disease and Diseases of the Circulatory System

Well over one-third, in fact, only ten short of half, of the total number of deaths in the area during 1954 were due to heart disease. Most of these deaths took place among elderly people and were due, briefly, to the heart wearing out after giving a lifetime of constant service. The large proportion of deaths due to heart disease is, paradoxically, a compliment to the medical profession in so far as the doctor's skill now wards off death in so many forms that the human body is given a fair chance to wear out naturally, rather than to be destroyed by violence or disease.

Cancer

The twenty-three deaths from cancer which took place in Lewes during 1954 gave a death rate of 1.74 per 1,000 population. Eleven of the deaths were of males and twelve females. Four deaths from cancer of the lung or bronchus occurred in males while no death from cancer of these sites occurred among females. This follows the general pattern throughout the country, as very nearly six times as many men as women died from cancer of the lung or bronchus throughout England and Wales during 1954. One is tempted to wonder whether the nation's tobacco smoking habits are the root cause of the

vast difference between the death rates for males and females due to cancer at these sites. Many are tempted to argue that as many women as men smoke, but it must be remembered, firstly, that more men than women are heavy smokers and, secondly, that it is probable that any effect that tobacco smoking may have, so far as increasing a person's susceptibility to cancer is concerned, is likely to be cumulative over a fairly large number of years, and it is only in recent years that women in this country have become tobacco smokers to any great extent. Still there is no absolute, conclusive proof that excessive smoking causes cancer of the lung and bronchus.

Vascular Lesions of the Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis, and other lesions. A total of 19 deaths in Lewes were classified under this heading in 1954, five being males and fourteen females. Most of these deaths occur amongst elderly persons.

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 proved of great assistance during the year.

The Laboratory has carried out for the Borough, free of charge, the examination of sputum, laryngeal swabs and faeces and has also undertaken the examination of milk and bottle-rinses, ice-cream, canned cream and water. Altogether the Laboratory carried out 98 different examinations for the Borough during the year under review. This service is extremely valuable both to your Medical Officer of Health and to the Medical Practitioners practising in the Borough. It is particularly useful in providing a certain means of discovering whether or not a person has been invaded by the infective organism causing tuberculosis and is also of great use in detecting any impurities or infective organisms in milk, ice-cream, or foodstuffs generally.

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 1954 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.

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 Association 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 1954:—

Description and Situation	*Day and Time of Attendance*	*By Whom Provided*
Infant Welfare Centre, Castlegate House, Lewes	Tuesday afternoon, 2.15-4 p.m. (Where a fifth Tuesday in month—no clinic)	E.S.C.C.
Chest Clinic, Victoria Hospital, Lewes	Monday and Friday, at 2 p.m., by appointment	Regional Hospital Board
Orthopaedic Clinic, Y.M.C.A., Lewes	Monday, Wednesday and Friday, 10 a.m.-1 p.m., by appointment	Mid-Sussex Hospital Board
Artificial Pneumothorax, Victoria Hospital, Lewes	Wednesday Women 2.15 p.m. Men 3.30 p.m.	Regional Hospital Board
Minor Ailment Clinic, Castlegate House, Lewes	Monday to Friday, 9 a.m. to 10 a.m.	County Education Committee
Dental Clinic, Castlegate House, Lewes	Every day by appointment	County Education Committee
Nervous Disorders Clinic, Victoria Hospital, Lewes	Every Tuesday from 2 p.m. onwards	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.

8. Mass Radiography Unit

The East Sussex Mass Radiography United operated in Lewes from 13th to 27th April, 1954, when 2,192 persons presented themselves for X-rays. The service is proving of great benefit to the community in leading to the discovery of early cases of tuberculosis.

SECTION III

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

WATER SUPPLY

With the exception of a few private wells, which are still being used, the water supply is derived almost entirely from the Lewes Corporation Waterworks, which are situated at the south-west end of the town.

The water is pumped from the well into four covered distributing reservoirs, namely, Jubilee Park, Race Hill (2), and Western Road.

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

During the year, samples of water were taken from the Lewes Well by the Public Analyst—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, 1954. Sample labelled " Lewes Well."

The water on arrival had the following characteristics:—

Colour	..	None
Smell	..	None
Sediment	..	A trace of fine organic debris (Chemical)
		None (Bacteriological)

Chemical Analysis afforded the following:—

	Parts per Million
Total solids (dried at 100°C.)	310
Solids (after ignition)	270
Chlorine	23
Ammonia (free)	.01
Ammonia (Albuminoid)	.05
Oxygen taken from permanganate in ¼ hour	Nil
Oxygen taken from permanganate in 4 hours	Nil
Nitrogen as Nitrates and Nitrites	2.40
Nitrites	Nil
Hardness (total)	250
Hardness (after boiling)	70
Phosphates	Nil
Metallic impurity (Iron)	0.05
PH	7.5

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	0
On Agar at blood temperature and under aerobic conditions colonies noticed after two days' incubation	0
Probable number of Coli-Aerogenes organisms in 100 ml. of the original water	0

Report

Both chemically and bacteriologically the above results are satisfactory, and I am of opinion, therefore, that this water is perfectly safe for drinking purposes, and suitable for a Public Supply.

Samples of the Well water were also taken during the year from the service supply at consumers' premises, and submitted to the Public Health Laboratory Service, Brighton, for bacteriological examination. The reports on these samples showed the water to be in a very satisfactory condition.

No form of contamination of the supply has occurred during the year, and as the water is not liable to have plumbo-solvent action, it has not been necessary to take any precautions against this.

All dwelling houses in the borough have a direct piped supply from the public water main, with the exception of fifteen houses which receive their supply from private wells; this also is piped direct to these houses.

DRAINAGE AND SEWERAGE

Water carriage system; fifty-eight houses only being connected to cess-pools or septic tank systems.

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.

CLOSET ACCOMMODATION

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

SCAVENGING

The collection of house refuse is carried out once weekly over the whole district, and disposal was effected by controlled tipping on low-lying ground.

Salvage collected during the year amounted to:—

Metals: 15 tons 8 cwt. 2qr.	Value	£295	14 4
Textiles: 19 tons 14 cwt. 1qr. 23lb.	,,	£447	14 8
Paper: 127 tons 4 cwt. 2qr.	,,	£799	3 2

HOUSING STATISTICS

Number of new houses erected during the year:

(*a*)	Total	95
	(1) By Local Authority	53
	(2) By other Local Authorities	–
	(3) By other bodies or persons	42
(*b*)	Additional dwellings by conversion into flats	3
(*c*)	Additional dwellings by conversion into houses	1
1.	Inspection of dwelling houses during the year:	
	(1) Total number of dwelling-houses inspected for housing defects (under Health or Housing Acts)	74
	Total number of inspections made	160

(2) Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925 .. 11
Total number of inspections made 41
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.. 8
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not be be in all respects reasonably fit for human habitation 54

2. Remedy of Defects without Service of formal Notices:
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers 27

3. Action under Statutory Powers:
A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.
(1) Number of dwelling-houses in respect of which notices were served requiring repairs .. .. –
(2) Number of dwelling-houses which were rendered fit:
(*a*) by owners .. .. –
(*b*) by Local Authority in default of owners .. .. –
B.—Proceedings under Public Health Acts:
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 2
(2) Number of dwelling-houses in which defects were remedied
(*a*) by Owners 2
(*b*) by Local Aurhority in default of owners .. .. –
C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936
(1) Number of dwelling-houses in respect of which Demolition Orders were made .. .. –
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders .. .. –
D.—Proceedings under Section 12 of the Housing Act, 1936
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .. .. –
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or rooms having been rendered fit .. .. .. –
E.—Proceedings under Section 10, Local Government (Miscellaneous Provisions) Act, 1953:
(1) Number of dwelling-houses in respect of which Closing Orders were made 1

4. Unhealthy Areas

No unhealthy areas were dealt with during the year; the surveying of sub-standard houses was commenced with a view to reporting to the Council as to which were unfit for habitation, and ought to be included in future clearance areas.

5. Improvement Grants

A good deal of interest has been shown by owner-occupiers in the modernising and improvement of old houses, following the publicity given to these grants by the Ministry of Housing and Local Government and the Council.

Applications for grant were received in respect of fifteen houses up to the end of the year.

A further nineteen houses were improved during the year by the provision of baths and internal water closets.

SANITARY INSPECTION

(*a*) Visits and Inspections

Houses and Premises Inspected	251
Complaints attended to	78
Visits to Milkshops and Dairies	43
Visits to Ice-cream Premises	21
Visits to Bakehouses	22
Visits to Fried Fish and other Food Shops	97
Visits to Cafes and Restaurants	26
Visits to Knackers Yard	8
Visits made regarding Drainage	146
Visits under the Factories Act	45
Visits regarding Sickness	5
Rooms disinfected	4
Inspection of Verminous Houses	7
Houses disinfested	12
Visits for Rodent Control	1,048
Inspections under the Petroleum Act	24
Visits made under the Shops Act	28
Visits to Pet Shops	5
Visits under the Heating Appliances (Fireguards) Act	12
Visits to Cinemas	4
Visits to Swimming Baths	12
Drains tested	21
Smoke observations	4
Samples of Ice-cream taken	18
Samples of Milk taken	40
Samples of Water taken	4
Visits made for Sundry Purposes	180
Visits made for Re-Inspections	92

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

Dampness remedied	15
Choked drains cleared	35
Drains relaid or repaired	11
W.C.s repaired or reconstructed	3
Flushing cisterns provided	3
Sink waste pipes	1
Eaves gutters	3
Rainwater downspouts	4
Dustbins provided	3
Fireplaces and ranges	5
Floors	8
Roofs	10
Plasterwork of walls and ceilings	15
Window frames	3
External walls	3
Chimney stacks	2
Rooms cleansed	5
Verminous houses cleared	3
Wasp, Ant, and Fly infestations cleared	21

INSPECTION AND SUPERVISION OF FOOD

(*a*) Miik Supply

The greater part of the milk supply is drawn from outside the Borough, there being only one cowkeeper registered within the district who is licensed as a Producer-Retailer of " Tuberculin Tested " milk.

There are nine other retailers registered, each of whom holds licences for the sale of " Tuberculin Tested " and " Pasteurised " milk, and four also hold licences for the sale of " Sterilised " milk.

Pasteurisation is carried out at one licensed premises only.

The whole of the milk retailed within the Borough is of a " designated " supply, being either " Tuberculin Tested," " Pasteurised " or " Sterilised."

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

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

Bacteriological Examination

Twenty-six samples submitted, all of which were found to be satisfactory.

Biological Examination

Fourteen samples submitted, all of which proved to be satisfactory.

(*b*) Ice-Cream

There are forty-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.

Eighteen samples of ice-cream were submitted to the Public Health Laboratory Service for bacteriological examination, all of which were found to be satisfactory, and the gradings were:—

Grade I	..	11
Grade II	..	7

(*c*) Meat

No slaughtering was carried out in the Borough during the year.

Consideration was given to the licensing and provision of slaughterhouses following the decontrol of meat and livestock, but in view of the facilities available at Brighton abattoir, was not warranted until such time as more information was avilable as to the Minister's proposals for the siting of such premises under his policy of moderate concentration.

Applications for licences in respect of the re-opening of two private slaughterhouses were received, but these were deferred, pending the receipt of further details as to the improvement of the premises.

(*d*) Food Premises

Inspections of food premises were made regularly throughout the year, and satisfactory conditions were maintained. The number of such premises, classified according to trade are:—

Grocers	38	Butchers	13
Restaurants and Cafes ..	23	Greengroceries	20
Fishmongers	5	Fried Fish Shops ..	5
Bakeries	6	Bakers' Shops	8
Dairies	10	Confectioners	25
Cooked Meat Shops ..	1	Canteens	9
Public Houses	31	Hotels	3

Certain of these premises are required to be registered under Section 14 of the Food and Drugs Act, 1938, and these are:—

Sale of Ice-cream	43
Manufacture of Sausages	14
Fish frying	5

(*e*) **Unsound Food**

The following summary shows food which was found on inspection to be unfit for human consumption, and which was voluntarily surrendered by the owners for destruction:—

Fish	352 lb.
Beef	99 lb.
Sausages	87 lb.
Frozen Eggs	28 lb.
Canned Cooked Ham	51 lb.
,, Pork Luncheon Meat ..	23 lb.
,, Jellied Veal	18 lb.
,, Corned Beef	12 lb.
,, Fruit	505 tins
,, Soup	273 tins
,, Meat	63 tins
,, Vegetables	58 tins
,, Milk	54 tins
,, Fish	46 tins
Paste	50 jars
Jam	44 jars and tins
Inglis Food	14 tins
Jellies	108 pkts.
Ice-cream Stabiliser	45 pkts.
Oatmeal	18 lb.
Raisins	60 lb.
Dried Fruit Salad	4½ lb.
Cheese	5 pkts.
Chocolate	114 pkts.
Sauce	1 bottle

Disposal of condemned food was as follows:—

Meat	return to Abattoir at Brighton and to Fat and Bone Merchants
Fish and Sausages ..	to pig keepers for pig food
Canned Goods, etc. ..	burying at the controlled tip

RODENT CONTROL

In addition to 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.

Treatment of the sewer system was not found necessary during the year, as a 10 per cent. test of the manholes showed it to be free of rats.

Details of rat and mice destruction during the year are—

Visits made to premises	1,025
Number of infestations found and cleared ..	62

SWIMMING BATHS

The open-air swimming bath at the Pells is owned by the Council. The bath capacity is 225,500 gallons, and this is completely emptied, cleansed, and refilled, at frequent intervals, also approximately one-eighth of the volume of the water is changed daily by pumping.

Chlorination of the water is done by hand at the end of each day's bathing. Results of samples showed that although the water was in an excellent condition in the mornings, it was not possible to maintain the necessary surplus chlorine to destroy any bacteria which may be introduced by bathers, or contamination from other sources, owing to the discomfort which is caused to bathers.

PETROLEUM ACT

Thirty-nine licences were issued for the storage of Petroleum Spirit. The total quantity that might be kept under licence was 42,230 gallons.

Fees amounting to £26 5s. were received in respect of these licences.

FACTORIES ACT, 1937 and 1948

There are sixty-eight factories in the Borough in which sections 1, 2, 3, 4 and 6 of the Act can be enforced by Local Authorities, i.e., factories in which no mechanical power is used.

During the year, thirty inspections were carried out in this class of factory, and defects found in two of the premises were remedied.

Under Section 7 of the Act, there are eighty-one factories on the register. Fifteen inspections were carried out in these premises, and defects found in three cases were remedied.

There are also seven other premises to which the Act applies, and two visits were paid to these.

Three persons are employed as outworkers, making or repairing wearing apparel; no instances of work in unwholesome premises were found.

PET ANIMALS ACT, 1951

Four premises in the Borough are licensed as Pet Shops. In three of the premises the sale of pets is ancillary to the main business of seed merchants, and in each case is confined to the sale of birds and fish.

HEATING APPLIANCES (FIREGUARDS) ACT, 1952

Inspections at premises where heating appliances were sold, revealed that a number of both gas and electric fires were not provided with such guards as to comply with the Regulations. Following requests to the occupiers of the premises, these were withdrawn from sale until such time as they were subsequently fitted with proper guards.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Infectious Diseases

Fifty-one cases of infectious disease were notified in Lewes in 1954. The details are as follows:—

Disease	*Total No. of Cases Notified*	*Cases admitted to Hospital*	*Total No. of Deaths*
Whooping Cough	36	–	–
Pneumonia	6	–	–
Measles..	5	1	–
Puerperal Pyrexia	2	–	–
Poliomyelitis (non-paralytic) ..	1	1	–
Meningitis	1	1	–
Totals	51	3	0

Whooping Cough

Thirty-six cases of whooping cough, representing 70.6 per cent. of the total number of cases of infectious disease notified, were notified in the area during 1954. None of the cases were sufficiently severe to warrant admission to hospital.

Since 1st April of the year under review a combined vaccine which offers protection against both diphtheria and whooping cough has been made available in the urban district. This is mostly given to children under a year old and no doubt its efficacy will be amply demonstrated in the years to come. The greatest danger from whooping cough occurs when it is contracted by a very young child and by providing protection against the disease for such infants a major source of danger will be minimised.

Pneumonia

Six cases of pneumonia were notified during 1954. None of the cases were sufficiently serious to require admission to hospital and all of the cases made satisfactory recoveries.

Measles

Only five cases of measles were notified in Lewes during 1954, a vastly different figure from the total of 189 cases notified in the area during 1953.

One of the cases, a 32-year-old woman, was admitted to hospital, not because of the severity of the infection, but owing to the fact that she was an employee in a hotel and it was not possible or desirable for her to be treated at the hotel. All cases made uneventful recoveries.

It is usually children under seven years who contract measles and it is the complications and residual effects of the illness which are more to be feared than the disease itself. Broncho-pneomonia as a complication, and damage to the patient's ears or eyes as a residual effect, are now nearly always avoided by the use of penicillin and sulpha drugs.

Puerperal Pyrexia

Two cases of puerperal pyrexia were notified during 1954. For a number of years considerable efforts have been made throughout the country to lessen the incidence of this feverish condition amonst women after childbirth and the Puerperal Pyrexia (Amendment) Regulations, 1954, came into force on the 1st March, 1954, and enacted that, in addition to the information already required, any doctor notifying a case of puerperal pyrexia should also state the cause of the illness if known. It is no doubt hoped that from the additional information thus gained it will be possible to devise means of further reducing the incidence of the illness.

Poliomyelitis (non-paralytic)

For the fifth year in succession only one case of poliomyelitis occurred in Lewes. In the seven years following the 1947 outbreak, only five cases have occurred in the town, three of which were of the non-paralytic type.

The case which occurred during 1954 was of a 23-year-old married woman who was admitted to hospital at the beginning of August. No paralysis developed and she was discharged home cured about five weeks later.

Meningitis

One case of pneumococcal meningitis occurred in Lewes during 1954. This was of a 20-year-old man who was admitted to hospital at the beginning of the year and was discharged fit after five weeks' stay.

General

Just over 70 per cent. of the total number of cases of infectious disease notified in the Lewes Borough during 1954 were of whooping cough.

It is in years such as these, when no measles epidemic occurs, that the magnitude of the problem of whooping cough shows up in its true perspective, and one looks forward with pleasurable anticipation to the time when the widespread use of whooping cough vaccine has reduced the incidence of the disease to a minimum. It is unfortunate that at present we seem to be no nearer to obtaining a similar vaccine or other preventive agent to ward off measles. One can only hope that in time, too, this problem will be solved.

TUBERCULOSIS

In 1954 nine cases of pulmonary tuberculosis and one case of non-pulmonary tuberculosis were notified. Two deaths occurred due to pulmonary tuberculosis and no death from non-pulmonary tuberculosis. One of the cases of pulmonary tuberculosis left the area before the end of the year and the case of non-pulmonary tuberculosis was an inward transfer from another district. Details are given in the accompanying table:—

1954—NEW CASES AND MORTALITY

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	–	1	–	–	–	–	–	–
5	1	–	–	–	–	–	–	–
10	–	–	–	–	–	–	–	–
15	1	–	–	1 (i.t.)	–	–	–	–
20	1	–	–	–	–	–	–	–
25	–	–	–	–	–	–	–	–
30	–	1	–	–	–	–	–	–
35	–	–	–	–	–	–	–	–
40	–	–	–	–	–	–	–	–
45	–	–	–	–	–	–	–	–
50 and upwards	3 (1 o.t.)	1	–	–	2	–	–	–
Totals ..	6	3	–	1	2	–	–	–

i.t.=inward transfer o.t.=outward transfer

The incidence of the 9 new cases of pulmonary tuberculosis notified in 1954 is 0.68 per 1,000 population.

The two deaths due to pulmonary tuberculosis which occurred in the Borough during 1954 show a rate of 0.15 per 1,000 population, as compared with a death rate due to respiratory tuberculosis of 0.16 per 1,000 for the population of England and Wales.

It is encouraging to note that the death rate from pulmonary tuberculosis is at this low level. This is particularly gratifying when it is realised that the effect of recent advances in methods of prevention and treatment of the disease is hardly yet beginning to be evident.

The treatment with B.C.G. vaccine of those classes of the community most exposed to the possibility of tuberculosis infection has only been carried out during recent years and it will probably be some time before the statistical effect of the innovation and any reduction brought about in the tuberculosis death rate will become apparent.

As with most innovations, there has been apprehension on the part of some that the vaccine might be detrimental to those vaccinated, but the great value of this form of protection has now been proved. Although B.C.G. does not guarantee complete protection against tuberculosis, it is certainly the best form of protection so far introduced and cannot harm the person vaccinated.