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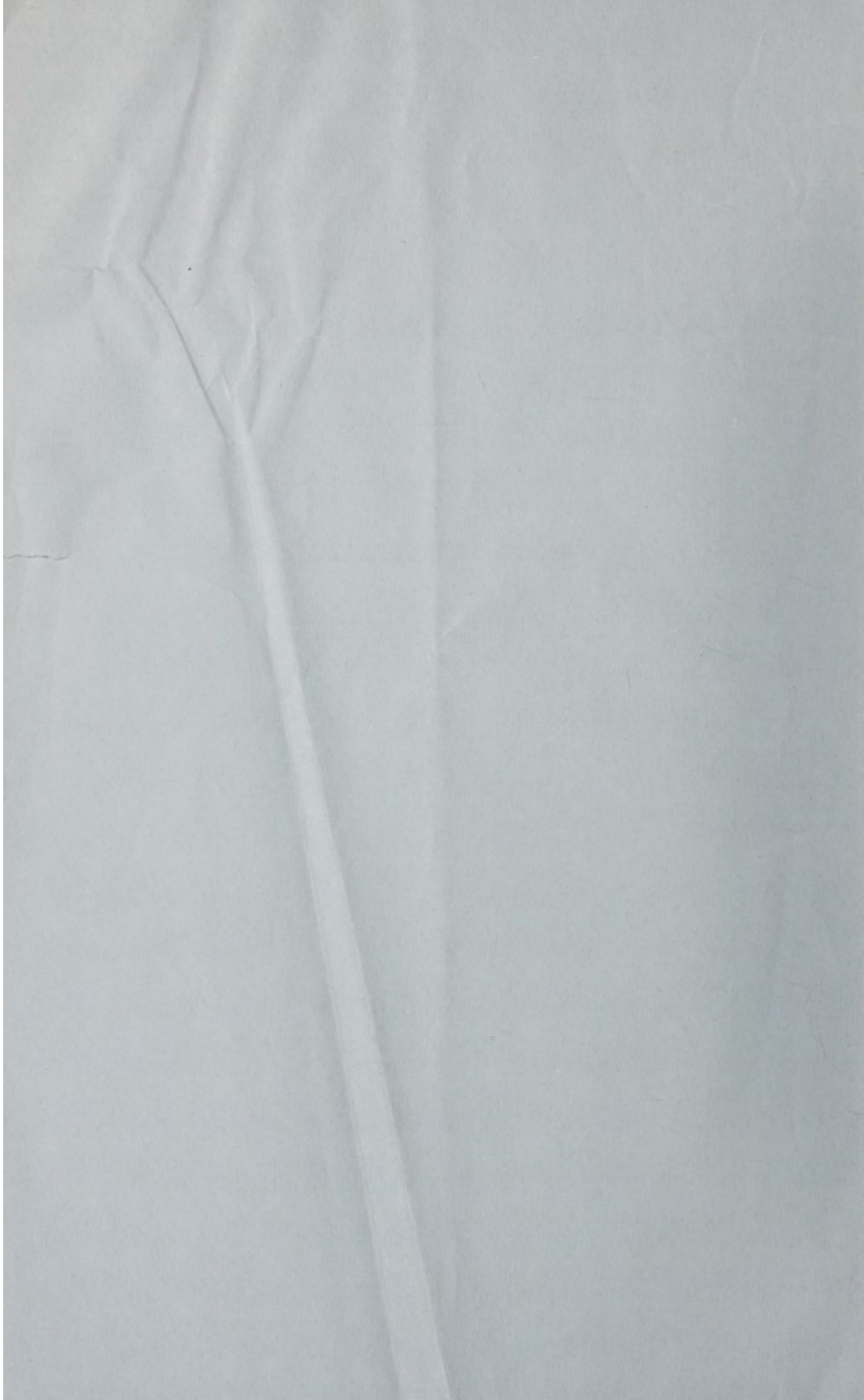


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LEWES BOROUGH COUNCIL
ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
for the
YEAR ENDED - 31st DECEMBER, 1957



Public Health Department,
Lewes House,
School Hill,
LEWES, Sussex.



Public Health Department,
Lewes House,
LEWES.

April 1959.

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,

The estimated population of Lewes for the year 1957 was 13,290, and in the quarter century 1933 to 1957 this was equal to the highest estimated population recorded, 13,290 in 1941. Estimated populations are made for mid-year of successive intercensal years. As vital statistics, such as birth and death rates and other rates, all based upon population, are necessary at relatively short intervals of time and certainly at annual intervals to assess the state of health of a particular area, it is obligatory to have a count of the area's population or a closely approximate estimate, if a count is not available, to calculate the rates based on the population and expressed as so much per 1,000. These rates are used to compare with the corresponding rates in the area for previous years and, after suitable adjustments in the cases of birth and death rates by applying comparability factors, the resultant rates are used to compare with the corresponding rates of the country as a whole and of other areas.

The count of an area's population is yielded by the census, which used to take place every ten years. In intercensal years a closely approximate estimate of the population is made and this is called the estimated population of the area.

The census count cannot be absolutely accurate inasmuch as it is beset with difficulties and hazards both general and especially technical. People have been known to absent themselves from their area during a census count, but in spite of this the approximation is very close. Details such as exact ages and occupation are less good. An estimated population is usually not very far short of or above the population if it had been taken by count.

When one considers that every area population is continually changing, and is in fact in a state of flux, by reason of being added to by births and immigrations and subtracted from by deaths and emigrations, a very close approximation as obtained by count is satisfactory for all practical purposes. In fact, the figure produced is the only one which it is humanly possible to arrive at. Estimated populations are so near those which would have been obtained by count that they too are as satisfactory for all practical purposes as can be. In 1953, '54, '55, '56 and '57 the estimated populations of the Borough were 13,120, 13,180, 13,240, 13,270 and 13,290 respectively. It can be easily remembered that the population of the town is slightly above 13,000. There does not seem to be much prospect of a great increase in the population in future years. According to the 1951 Census Report the population of Lewes in 1921 was 10,946 and this was increased slightly to 10,993 in 1931. A much greater increase amounting to 2,113 occurred in the period 1931 to 1951 as in the latter year the census figure was 13,106. This figure 2,113 represents a total increase of 19.2 per cent over the 1931 population. Of the 19.2 per cent. 3 per cent. was due to the excess of births over deaths and 16.2 per cent. was chiefly due to alteration of the area in the 1931-1951 intercensal period whereby more persons were added as a result of the alteration. The balance between immigration into and emigration from Lewes affected the increase to a much lesser degree. Other interesting facts revealed by the 1951 Census were that in that year 7.9% of the population of Lewes was in the 0 to 4 years group; 13.5% was aged 5 to 14 years; 40.3% came within the 15

to 44 years group; 25.1% represented the 45 to 64 years group and 13.2% included those of 65 years and over. Putting matters more simply, 21.4% was composed of those aged 0 to 14 years (the immatures) 65.4% was composed of those aged 15 years to 64 years (the matures) and the 13.2% represents the senescent. The matures must carry the load of dependency composed of the immatures and the senescent. So far the load of dependency is comparatively light as with a decreasing birth rate in recent years there are fewer children, although this is offset by a greater saving of children's lives than before, as witness the recent low infantile mortality rates recorded as each year has progressed. Up to the present the decrease in the proportion of immatures has outstripped the growing proportion of the senescent, although the percentage of the former exceeds the percentage of the latter. There has been a progressive reduction in the number of young dependents due to a decreasing birth rate. This reduction will be checked in the future by a still further rise in the proportion of senescent. The total load of young and old dependents will thus become increased. Improvements in medicine are expected to increase the numbers passing into the senescent group of those aged 65 years and over. Thus a decline in the size of population will for a time be averted, but achieved only at a cost of weighting the population heavily in the higher ages. The problem of the care of the aged which has not so far reached an oppressive magnitude, will increase as the years go on and become a matter of considerable size and importance.

Due to the shortage of building land in the Borough it would appear that any considerable rise in the adult and marriageable or married population would have to be catered for by the provision of flats. The crude birth rate for Lewes for the year under review was 12.94 per 1,000 population which was the second lowest birth rate for the Borough since 1950. Nevertheless, the crude birth rate is higher than the death rate for 1957. On applying the comparability factor to the crude birth rate this results in a comparable birth rate of 14.10 as against 16.10 for England and Wales for 1957.

The crude death rate for the town for 1957 was 10.76 per 1,000 population. This rate adjusted by applying the comparability factor results in a death rate of 9.90 as compared with 11.5 which was the death rate for England and Wales for the same year.

The death rate for infancy as revealed by the Infantile Mortality Rate was low. For the year under review it was 5.81 per 1,000 births, as against the rate for England and Wales, which was 23.0 for the same year.

The general death rate for Lewes has usually been below that of the country as a whole and for 1957 the Lewes rate of 9.90 compares favourably with that of England and Wales, which was 11.5. The death rate can be employed as a yard stick for the measurement of an area's healthiness and in the case of Lewes this shows up the town to advantage.

The Maternal Mortality Rate or the proportion of the number of Lewes mothers who died in, or in consequence of, childbirth, per 1,000 live and still births for the year 1957 was nil. The last death of a Lewes mother occurred in 1945 and that was a single maternal death during the whole of that year. During the last twelve years there have been no deaths of Lewes mothers and thus the maternal mortality rate for the Borough remained nil during that time. Most of the maternal deaths in the past were due to puerperal sepsis or infection of the mother. Puerperal sepsis has been vanquished by the use of sulpha drugs and penicillin. Other causes of maternal mortality, such as eclampsia, operative shock, haemorrhages, toxæmias and embolism have been eliminated, avoided or adequately

treated so as to cause no serious harm to the mother and child. Intercurrent disease in the mother, such as pulmonary tuberculosis, grave heart disease and the like have been coped with so that the mother was safely tided over childbirth. The record of no maternal deaths amongst Lewes mothers for the last twelve years is a tribute to the doctors and nurses under whose care the mothers were during the ante-natal period, during childbirth and after. Besides the use of sulpha drugs and antibiotics a high standard of medical and nursing skill was used to obtain such a magnificent result as the complete absence of maternal mortality for such a long and continued period.

The total deaths in the general population amounted to 143. The causes of death amongst the general population of the Borough in 1957 were as in former years led by heart disease in one form or another. There were 39 deaths due to this cause. In some cases heart disease has been accelerated by over-eating. There is also reason to think that coronary thrombosis is associated with an excess intake of fats. This latter disease has become more common in recent years. There are other factors held to be contributory causes, such as sustained worry, excess emotion and living at a more increased tempo than was the case twenty-five or so years ago. If one cannot eliminate worrying as a habit, control emotion or live at a rational pace one can at least eat less as one gets older and as middle-age approaches eat the minimum of or avoid fat altogether.

Twenty-one deaths were due to vascular lesions of the nervous system. These include cerebral haemorrhage, embolism and thrombosis and other vascular lesions affecting the central nervous system. A large proportion of these causes comes under the commonly known term of "a stroke."

Twenty-seven deaths were due to cancer, and this cause of mortality is second on the list so far as the number of deaths are concerned. It is usually second or third on the list of the killing diseases year after year. In the last twenty-five years deaths from cancer have been increasing. As cancer attacks those past middle age, particularly the elderly, more frequently than younger persons, as longevity extends so the population at risk grows with it. The expectation of life from birth has increased about twenty years since the start of this century and it has gone on increasing in recent years at a comparatively higher rate than was the case fifty years ago. As a result there is a greater number of the elderly who are more prone to cancer. Cancer is due to an overgrowth of existing cells. These cells, unlike the others in the body, are not inhibited or limited as to their increase, and they multiply out of proportion to their biologically useful limit. What the real cause or causes of this is have not so far been discovered. A lot can be done for a patient in the early stages of cancer. Radical treatment ensures a complete cure in many cases, but where the patient consulted the doctor too late the treatment can only be palliative to relieve unpleasant symptoms.

There are no positive means of preventing cancer insofar as abolishing or avoiding the causes, as these causes have not been definitely established, though experience and observation suggest that any source of constant irritation to any part of the body should be removed or avoided. The following considerations should have serious attention. All the skin should be kept clean, as should the mouth, tongue and throat. The bowels should be kept so that they function regularly by judicious dieting or exercise. The regular use of salads with raw vegetables as shredded carrots, turnips, young cabbage leaves and tomatoes is particularly effective in many cases of constipation. Salads afford roughage and cause the muscles of the intestinal tract to work to expel the bowel content. These muscles become slack and lazy in cases of constipation, and need toning up by judicious dieting where roughage is afforded. Regular exercise is helpful in banishing

constipation. Walking, games as golf and bowls, a moderate degree of bending in gardening or any other form of exercise which is not excessive or too strenuous are recommended. Fifty per cent. of all fatal growths occur in the alimentary tract. No scientific evidence exists to blame any particular articles of food or drink in the causation of cancer, but it would seem discreet to avoid the regular use of highly spiced and stimulating foods and any item which causes indigestion. Over indulgence of alcohol should be avoided.

Excessive use of tobacco and atmospheric pollution have been blamed for the increase of cancer of the lung. There appears to be a relationship between excessive cigarette smoking and cancer of the lung. Cancer of the lung affects men six times as commonly as it does women. It is commonest between the ages of forty and seventy years, although those below forty years may be affected. It has been shown that city dwellers have a nine times greater chance of developing the disease than those who live in the country. This is thought to be due to atmospheric pollution in cities. Experimental work designed to produce cancer of the lungs in animals by inhalation of cigarette fumes has proved disappointing. It would appear that manufacturers should try to eliminate from cigarettes the substance supposed to cause cancer if that is at all possible. However, there is nothing absolutely proved that excessive cigarette smoking does cause lung cancer. The six classical signs of lung cancer are cough, sputum, haemoptysis, pain, shortness of breath and loss of weight. It must be emphasised that a person may be quite free of symptoms in the early stages of the disease, and this is the most suitable time to undertake treatment. Cough is the commonest symptom, and may be no more than a tickle in the throat. It may be more severe and there may be a noticeable change in the character of a habitual smoker's cough. Increased sputum may be absent or there may be a large amount of expectoration, purulent if there is an abscess in the lung. All variations may occur between these two extremes. Haemoptysis, or the spitting of blood, is a fairly common symptom, and a fortunate one, as the patient will usually be alarmed by the blood and consult a doctor at an early stage of the disease when most can be done to remedy matters. Pain may be a dull ache, often thought by the patient to be rheumatism, or it may be sharp and severe. Shortness of breath and loss of weight occur in the later stages of the disease when the cancer is well established.

Apart from cancer of the lung the commonest symptoms of cancer are any sore that does not heal; any irregular bleeding or discharge from a body opening; any lump or hardening of the breast; any considerable loss of weight or marked change in the bowel habit. These should be regarded as warning signals and medical advice should be sought. The doctor will thus be enabled to set one's mind at rest, or, where necessary, to advise as to prompt remedial measures.

A total of 95 cases of infectious diseases were notified in 1957. Forty-six cases of whooping cough and 33 cases of measles were notified in 1957. As with measles, complications of whooping cough were most to be feared. The complications which were formerly of grave importance were pneumonia, otitis with a following mastoid abscess, pulmonary or general tuberculosis, meningeal haemorrhage and nephritis. Treatment by antibiotics and sulpha drugs has prevented or cured such distressing complications, but there still remains the possibility that they may occur, although their appearance is now very rare. Vaccination as a means of protection against the infection was made available in Lewes in 1954. It is too early to judge of the efficacy of the immunisation, but there are sound reasons to believe that ultimately immunisation will decrease the number of cases. There are no high death rates due to the complications of whooping cough as there were in the past. The mortality thirty years ago was between 4 and 5 per cent. Now it has been cut down to almost zero through the use of anti-biotics and sulpha drugs. Crippling defects may occur in the shape of dilated lungs, dilated

bronchial tubes and dilated heart through severe and prolonged bouts of coughing but these defects are now very few owing to improved treatment.

Two cases of puerperal pyrexia were notified.

One case of poliomyelitis was notified in 1957. This was a case of a $3\frac{1}{2}$ year old girl who had slight paralysis of the right upper arm. She became practically normal after treatment.

No cases of diphtheria occurred during 1957. The last cases were notified in the Borough in 1949. They occurred in four children transferred from outside Lewes to a children's home in the Borough, and none had been immunised. The infection had been contracted in another area.

There was only one death from an infectious disease in 1957 and that was from influenzal pneumonia.

During the year seven cases of pulmonary tuberculosis and two cases of non-pulmonary tuberculosis were notified. There was only one death due to the pulmonary type of the disease. No deaths were recorded as due to the non-pulmonary type.

Within the last few years remarkable strides have been made, mainly by anti-biotics, in the treatment of tuberculosis. In the five-year period 1925 to 1929, 45 deaths in Lewes were due to tuberculosis. In the five-year period 1953 to 1957 the number was reduced to 4. The dramatic fall in the death rate due chiefly to the use of anti-biotics has been aided by the detection of early cases of tuberculosis and the early treatment of them. Twenty-five years ago it was frequently stated that 80 per cent. of patients who came to doctors for diagnosis of tuberculosis could have the disease detected by a careful history of the symptoms, the finding by stethoscope of signs in the chest or the discovery of a patent lesion elsewhere in the body and by the recovery of the tuberculosis germ or bacillus in the sputum. All of these are late manifestations of the disease. Today cases are discovered much earlier by means of radiography and different tests. The earlier they are discovered the more are the chances of cure. The old dismal medical dogma that a patient with tuberculosis had but a few months or few years to live is no longer true.

Relating to the sanitary circumstances and sanitary inspection of the Borough all dwelling houses had a direct water supply from the main with the exception of fifteen houses, which received a supply from private wells which supply was piped direct to the houses. Numerous samples of the main water supply taken throughout the year and submitted to bacteriological and chemical examinations revealed that the water was at all times of a very high standard and perfectly safe for drinking purposes. The supply was adequate.

Drainage and sewerage of the Borough was by the water carriage system and the sewage was treated at the sewage disposal works with the exception of the sewage from thirty-eight houses which have cesspools or septic tanks.

A large number of visits and inspections were made by the Public Health Inspectors during the year, who through their constant vigilance ensured that the high standard of environmental hygiene was maintained.

Confirmation was received in 1957 from the Minister of Housing and Local Government concerning the demolition of fifty-eight houses in the Spring Gardens and North Street areas.

All the milk supply retailed in Lewes was either Tuberculin Tested, Pasteurised or Sterilised; as such the supply was a designated one. The aim of a designated supply is to provide a safe milk free from infecting

germs which may cause disease such as tuberculosis and the various infectious illnesses. No disease was traced during this year through the milk supply.

Eighteen samples of milk were submitted for bacteriological examinations and in all cases the results were satisfactory. Ten samples of milk were submitted for biological examinations. Nine were found to be satisfactory and one unsatisfactory. The latter was referred to the Local Authority in whose area the milk had been produced.

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

All samples of ice-cream submitted for laboratory examination were found to be of a high standard.

Inspections of food premises showed these to be kept and conducted in a satisfactory manner.

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

SECTION I

Statistics of the Lewes Area, 1957

Area (in acres)	1,981
Population (estimated)	13,290
Rateable Value (December, 1957)	£223,714
Sum represented by Penny Rate (March, 1957)	£962.11.6

Extracts from Vital Statistics

<u>Live Births</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 population</u>
Legitimate	88	78	166	
Illegitimate	3	3	6	
			172	12.94
Deaths	66	77	143	10.76
				<u>Rate per 1,000 Live and Still Births</u>
Maternal Mortality	-	-	-	Nil
				<u>Rate per 1,000 Live Births</u>
Infantile Mortality (Deaths under one year of age)	1	-	1	5.81

POPULATION

The Registrar-General's estimated population for 1957 is 13,290. The population of Lewes for the last ten years is as follows:-

<u>Year</u>	<u>Population</u>	<u>Births</u>	<u>Deaths</u>	<u>Birth Rate</u>	<u>Death Rate</u>
1948	12,950	245	134	18.91	10.34
1949	12,950	215	178	16.60	13.75
1950	12,700	170	175	13.39	13.78
1951	12,940	184	161	14.22	12.44
1952	13,030	179	156	13.74	11.97
1953	13,120	188	145	14.33	11.05
1954	13,180	189	134	14.34	10.17
1955	13,240	165	149	12.46	11.25
1956	13,270	172	151	12.96	11.38
1957	13,290	172	143	12.94	10.76

The population figure has shown an increase of 20 over the figure of 13,270 for 1956. During the post-war years the population of Lewes has shown a total increase of just over one thousand. This figure, which represents about eight per cent of the immediate post-war population figure, has been achieved by a somewhat slow, but steady, yearly increase. There would, however, appear to be a slowing down in the yearly rate of increase of population in the Borough during the past few years and if the present trend continues the next two or three years will see the annual increase transformed to a decrease. It must be emphasised, of course, that the trend may well be halted or reversed and the annual increase in population continued indefinitely.

Maternal Mortality

During 1957 no woman from the Borough of Lewes died in, or in consequence of, childbirth. Only one maternal death of a Lewes resident has occurred in the past thirteen years, during which period 2,573 births took place. This gives a death rate for the thirteen-year period of 0.39 per 1,000 births.

Infantile Mortality

During the year 1957 only one infant under one year of age died in Lewes. This represented an infantile mortality rate of 5.81 per 1,000 live births. The rate for the same period for England and Wales was 23.0.

Birth Rate

The crude birth rate for the year under review was 12.94 per 1,000 population, a figure very little different from that recorded for the preceding year.

An area comparability factor of 1.09 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 14.10, which is lower than the rate of 16.1 recorded in respect of England and Wales for 1957.

Death Rate

The crude death rate for Lewes for the year 1957 was 10.76 per 1,000 population. This is considerably lower than the figure of 11.38 recorded last year and is also lower than the recorded death rate for England and Wales in respect of 1957, which was 11.5.

An area comparability factor of 0.92 is applicable to the death rate of 10.76 per 1,000 population, and this gives an adjusted figure of 9.90 per 1,000, which compares even more favourably with the rate for England and Wales than does the crude rate mentioned above.

The average age at death was 69.3 years, which compares favourably with the expectation of life from birth throughout England and Wales.

The highest age at death was 95 years
The lowest age at death was 10 minutes
The average age at death was 69.3 years

<u>CAUSES OF DEATH</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Heart Disease	18	21	39
Cancer	11	16	27
Vascular Lesions of Nervous System	7	14	21
Circulatory disease other than mentioned elsewhere	6	7	13
Pneumonia	3	6	9
Bronchitis	4	-	4
Ulcer of Stomach and Duodenum	3	1	4
Influenza	1	2	3
Leukaemia, Aleukaemia	1	2	3
Gastritis, enteritis and diarrhoea	1	1	2
Suicide	1	1	2
Tuberculosis, respiratory	1	-	1
Other diseases of respiratory system	1	-	1
Syphilitic disease	1	-	1
Nephritis and Nephrosis	1	-	1
Other defined and ill-defined diseases	6	6	12
	66	77	143

SPECIFIC CAUSES OF DEATH

Heart Disease

The number of deaths due to heart disease which occurred in Lewes during 1957 was considerably less than the number recorded in the previous year, the respective totals being 39 during 1957 and 53 during 1956. Nevertheless, heart disease again caused more deaths in Lewes than any other disease. Of the total of thirty-nine deaths, eighteen were of males and twenty-one of females.

In addition to the deaths mentioned above a further thirteen deaths were due to diseases of the circulatory system. Six of these deaths were of males and seven of females.

Cancer

Twenty-seven deaths due to cancer took place amongst Lewes residents during 1957, sixteen of which were of females and eleven of males. Of the total number of deaths due to cancer, six were due to cancer of the lung or bronchus, five being males and one a female.

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 twenty-one deaths were recorded in Lewes during the year, three more than in 1956. Seven of the deaths were of males and fourteen of females. In practically every year, the number of deaths of females due to this malady is considerably greater than the number of male deaths. Most of the 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.

Two Public Health Inspectors carry 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 and nose, throat and laryngeal swabs and has also examined water, milk and ice-cream samples. Altogether the Laboratory carried out 106 different examinations for the Borough during the year under review. This service is of great value, both to your Medical Officer of Health and to the medical practitioners in the area. 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 water, 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 1957 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 1957:-

Description and Situation	Day and Time of Attendance	By whom Provided
Infant Welfare Centre, Castlegate House, LEWES.	Tuesday afternoon, 2-4 p.m. (Where a fifth Tuesday in month - no clinic)	E.S.C.C.
Chest Clinic, Victoria Hospital, LEWES.	By appointment. Monday morning 9.30 Wednesday and Friday afternoons 2.0.	Regional Hospital Board
Orthopaedic Clinic, Y.M.C.A., LEWES.	Monday, Wednesday and Friday mornings 9.30 - 12.30. By appointment.	Mid-Sussex Hospital Board
Artificial Pneumothorax, Victoria Hospital, LEWES.	Friday mornings 11.0 on- wards. Women first.	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

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

Water Supply

Apart from a few private wells which are used for trade purposes, the Water supply is derived entirely from the Lewes Corporation Water-works, which are situated at the south-west end of the borough.

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 by Mr. J. Redman for the Lewes Water Co., Town Hall, Lewes, on the 5th August, 1957.

Sample labelled: "Lewes Well"

"The water on arrival had the following characteristics:-

Appearance	-	Clear and bright.
Odour	-	None.
Colour	-	Less than 10 Hazen.

Chemical Results in parts per million.

Total solids	...	...	...	...	340
Chlorine (as chloride)	...	...	...	...	21
Ammoniacal Nitrogen	...	...	...	...	0.01
Albuminoid Nitrogen	...	...	...	...	0.03
Oxygen absorbed in 4 hours	...	...	...	...	Nil
Nitrate Nitrogen	...	...	...	...	2.32
Nitrite Nitrogen	...	...	...	...	Nil
Hardness (total)	...	...	...	...	230
Hardness (carbonate)	...	...	...	...	200
Hardness (non-carbonate)	...	...	...	...	20
Alkalinity	...	...	...	...	170
Metallic impurity	...	Iron	...	...	0.05
PH	.....	7.4			

Bacteriological Examination

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

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

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

Report

Both the chemical and bacteriological results are satisfactory, and I am of opinion that this water is perfectly safe for drinking purposes, and suitable for a Public Supply."

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 15 houses on the Cuilfail Estate which receive their piped supply via two private reservoirs which are supplied from the public water main.

Drainage and Sewerage

Water carriage system; thirty-eight houses only being connected to cesspools 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 mainly by flushing cistern.

Refuse Collection

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

Salvage collected during the year amounted to:-

Metals:	16 tons, 9 cwt, 7 lbs.	Value £337. 11. 3d.
Textiles:	17 tons, 2 cwt, 2 qrs.	" £347. 13. 11d.
Paper:	41 tons, 10 cwt, 1 qr.	" £224. 3. 3d.

Sanitary Inspection

(a) Visits and Inspections.

Houses and Premises inspected	316
Complaints attended to	96
Visits to Milkshops and Dairies	38
Visits to Ice-cream premises	7
Visits to Bakehouses	12
Visits to Fried Fish and Other Food Shops	109
Visits to Cafes and Restaurants	18
Visits to Knacker's Yard	10
Visits made re Drainage	79
Visits under the Factories Act	89
Visits re Sickness	6
Rooms disinfected	4
Inspections of Verminous Houses	12
Houses disinfested	27
Visits for Rodent Control	1,175
Inspections under the Petroleum Act	11
Visits to Pet Shops	3
Visits under the shops Act	28
Visits to Cinemas	4
Visits to Swimming Baths	37
Smoke Observations	2
Samples of milk taken	28
Samples of water taken	26
Samples of ice-cream taken	5
Visits made for Sundry Purposes	400
Visits made for Re-inspections	218

(b) Nuisances abated and Repair Work effected:-

Dampness remedied	9
Choked drains cleared	24

Drains repaired	4
Chimney Stacks	2
Roofs	5
Rainwater downspouts	4
External Walls	2
Floors	3
Window frames	2
Plasterwork	5
Verminous premises cleared	12
Wasp infestations cleared	15

Housing

(a) Slum Clearance

The Minister of Housing and Local Government confirmed, with modifications, the Borough of Lewes Spring Gardens Compulsory Purchase Order, 1956, requiring the acquisition with a view to the demolition of fifty-eight houses in the Spring Gardens and North Street areas.

Inspections of further unfit houses have been carried out with a view to their representation to the Council.

(b) Improvement Grants

Applications for improvement grants in respect of three houses were received and approved during the year.

(c) Certificates of Disrepair

Housing Repairs and Rents Act, 1954. - Two applications for certificates of disrepair were received under this Act. Both applications were approved, and certificates issued.

Rent Act, 1957. - Eleven applications for certificates of disrepair were received, three of which were later withdrawn by the applicants. Undertakings to carry out the necessary listed repairs were received from the landlords in respect of two properties, and certificates of disrepair were issued to the tenants in respect of four other properties.

Inspection and Supervision of Food

(a) Milk Supply

The whole of the milk retailed within the Borough is of a "designated" supply, being either "Tuberculin Tested", "Pasteurised", or "Sterilised". The number of retail purveyors is eleven, and there is one registered cowkeeper. Licences issued to retail designated milks were:-

Tuberculin Tested	- 10.
Pasteurised	- 11.
Sterilised	- 5.

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

Results of samples submitted to the Public Health Laboratory Service, Brighton were:-

Bacteriological Examination

Eighteen samples submitted, all of which were found to be satisfactory.

Biological Examination

Ten samples submitted, nine were found to be satisfactory. *Brucella abortus* was isolated in the tenth sample, and this was referred to the Local Authority in whose area the milk had been produced.

(b) Ice-Cream

There are forty-five premises registered for the sale of ice-cream and none for manufacture.

Five samples of ice-cream were submitted to the Public Health Laboratory Service for bacteriological examination, all of which were found to be satisfactory.

(c) Meat

No slaughtering of animals for human consumption was carried out in the Borough during the year.

(d) Food Premises

Although not all of the food premises in the borough have as yet been provided with separate wash hand basins, sinks, and hot water supply, good progress has been maintained in the provision of these facilities.

Details of food premises in the borough are:-

Baker's shops	-	6
Butcher's shops	-	12
Fishmonger's shops	-	4
Grocer's shops	-	34
Greengrocer's shops	-	19
Cooked meat shops	-	1
Fried Fish shops	-	5
Confectioner's shops	-	27
Bakeries	-	4
Dairies	-	11
Restaurants and Cafes	-	19
Canteens	-	7
Hotels	-	3
Public Houses	-	30

Premises registered under Section 16, Food & Drugs Act, 1955, are

Sale of ice-cream	-	45
Manufacture of Sausages	-	13
Fish Frying	-	5

(e) Unsound Food

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

Fish	-	143 $\frac{3}{4}$ lbs.
Beef	-	23 lbs.
Ducks	-	22 $\frac{1}{2}$ lbs.
Canned Corned Beef	-	109 lbs.
" Cooked Ham	-	64 lbs.
" Pork Luncheon Meat	-	26 lbs.
" Chicken	-	15 lbs.
" Fruit	-	107 tins
" Milk	-	45 tins
" Vegetables	-	29 tins
" Meat	-	10 tins
" Fish	-	7 tins
" Soup	-	1 tin
Pickles	-	3 jars
Lemon Squash	-	1 bottle

These foods were disposed of as follows:-

Meat	- to Fat and Bone Merchants
Fish	- to Pig Keepers for swill.
Canned goods, etc.	- by burying at the refuse tip.

Rodent Control

As well as dealing with individual complaints of rat or mice infested premises, regular inspections and surveys were made of premises and land which had previous records of infestations.

The Council's refuse tip was kept under close supervision, and treatments were carried out as and when necessary.

Test baiting of the sewer system did not show any real evidence of infestation by rats, and accordingly it was not found necessary to carry out treatment.

The number of visits made to premises under the Prevention of Damage by Pests Act were 1,175, and the number of infestations found and cleared were 82.

Swimming Baths

The Council's open-air baths at the Pells, are completely emptied, cleansed, and refilled at regular intervals, and in addition, 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 and also in the early morning during the warmer days. Frequent sampling showed that although the water was bacteriologically in excellent condition each morning, the same could not be said about late afternoon samples.

Petroleum Act

Forty-three licences were issued for the storage of Petroleum Spirit. The total quantity that might be kept under licence was 47,330 gallons. Fees amounting to £28.15.0d. were received in respect of these licences.

Factories Acts 1937 and 1948

There are 68 factories in the Borough in which Sections 1, 2, 3, 4 and 6 of the Act are to be enforced by the Council, that is factories in which no mechanical power is used. During the year 43 inspections were carried out in this class of factory; in no case were defects found.

Under Section 7 of the Act, there are 81 factories on the register. Twenty-eight inspections were carried out at these premises and no action for the remedying of defects was necessary.

There are also 14 other premises to which the Act applies; 18 visits were made to these premises.

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

Pet Animals Act

Three premises in the Borough are licenced as Pet Shops; in each case the sale of pets is ancilliary to the main business of Seed Merchants, and is confined to the sale of birds and fish.

SECTION IV

Prevalence of, and Control over, Infectious and Other Diseases

Infectious Diseases

Ninety-five cases of infectious disease were notified in Lewes in 1957. The details are as follows:-

<u>Disease</u>	<u>Total No. of Cases Notified</u>	<u>Cases admitted to Hospital</u>	<u>Total No. of Deaths</u>
Whooping Cough	46	-	-
Measles	33	-	-
Pneumonia	13	6	One case died of influenzal pneumonia.
Puerperal Pyrexia	2	-	-
Poliomyelitis (paralytic)	1	1	-
Totals	95	7	1

Whooping Cough

Forty-six cases of whooping cough were notified in Lewes during 1957. None of the cases were sufficiently severe to warrant admission to hospital.

A combined vaccine offering protection against both diphtheria and whooping cough has been available in the Borough since early 1954 and since that year the average number of cases of whooping cough notified has been very considerably lower than usual. The number of forty-six cases recorded during 1957 is the highest since 1953, but, as in past years of high incidence the total number of cases recorded has often been in the region of one hundred and fifty, the hope can still be retained that the use of the combined vaccine is very considerably reducing the average number of cases recorded over a period of years.

Measles

Thirty-three cases of measles were notified in Lewes during 1957, none of which were of sufficient severity to need admission to hospital. All of the cases made satisfactory recoveries. The number recorded was lower than usual and follows a year of low incidence. While this is in itself a satisfactory state of affairs, experience leads one to believe that two or three years of unduly low incidence are more often than not followed by a year during which an unusually large number of cases are recorded.

Although no appreciable reduction has taken place in the last few years in the average annual number of measles cases notified in the Borough, it is noticeable that there are far fewer cases where complications occur, and it is now a rarity for a case of measles to result in any permanent ill-effect. This was not the case in the past when patients were often left with ear or eye trouble and sometimes even more dangerous complications. The improvement has undoubtedly been largely due to the use of new and more potent drugs and may also be due in part to a reduction in the virulence of the disease.

Pneumonia

Of the thirteen cases of pneumonia notified during 1957, six were admitted to hospital. One of the cases admitted to hospital, a man aged 62 years, died of influenzal pneumonia and another case died at home of myocardial decompensation.

Puerperal Pyrexia

Two cases of puerperal pyrexia were notified in Lewes during 1957. Neither of the cases was sufficiently severe to warrant admission to hospital and both made satisfactory recoveries.

Poliomyelitis

Only one confirmed case of poliomyelitis was notified in Lewes during the year under review. The case, which occurred in September, was of a 3½ year old girl who was admitted into hospital at the beginning of October with a slight paralysis of the right upper arm. This gradually improved under physiotherapy and the child was allowed home before the end of the year.

Totals	95	96
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The Council have been called to order to consider the following report of the Committee on the subject of whooping cough, notified in Lewes during 1957. None of the cases were sufficiently severe to warrant admission to hospital.

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Of the fifteen cases of pneumonia notified during 1957, six were admitted to hospital. One of the cases admitted to hospital, a man aged 62 years, died of influenza pneumonia and another case died at home of myocardial degeneration.

SECTION V

TUBERCULOSIS

In 1957 seven cases of pulmonary tuberculosis and two cases of non-pulmonary tuberculosis were notified. One death occurred due to pulmonary tuberculosis.

Four of the pulmonary tuberculosis cases notified were inward transfers from other districts. Both of the non-pulmonary notifications were of new cases.

AGE PERIODS	1957 - NEW CASES AND MORTALITY							
	New Cases				Deaths			
	Pulmonary M	Pulmonary F	Non-Pulmonary M	Non-Pulmonary F	Pulmonary M	Pulmonary F	Non-Pulmonary M	Non-Pulmonary F
0	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-
10	-	-	1	-	-	-	-	-
15	-	-	-	-	-	-	-	-
20	-	1 (T.I)	-	-	-	-	-	-
25	1 (T.I)	-	-	-	-	-	-	-
30	-	1 (T.I)	-	-	-	-	-	-
35	-	-	-	1	-	-	-	-
40	-	-	-	-	-	-	-	-
45	-	1	-	-	-	-	-	-
50 & upwards	2 (1 T.I)	1	-	-	1	-	-	-
TOTALS	3	4	1	1	1	-	-	-

T.I. = Transfer Inward.

The incidence of the 7 cases of pulmonary tuberculosis notified in 1957 is 0.53 per 1,000. If the four inward transfers are excluded, a total of three new cases remains, giving an incidence rate of 0.22 per 1,000.

The Mass Radiography Unit operated in the area during the period from 5th to 13th September, 1957, when, out of a population of 13,290, 1,229 men and 686 women were X-rayed. With the exception of children leaving school, no persons under 15 years were X-rayed, the total number in the excluded group being approximately 2,800. Thus, out of a possible total of 10,490, 1,915 or 18.25 per cent were X-rayed.

Of the total number examined, three or 1.57 per 1,000 were found to be infected with active pulmonary tuberculosis.

In 1957 seven cases of pulmonary tuberculosis were notified. One death occurred due to pulmonary tuberculosis. In 1957 seven cases of pulmonary tuberculosis were notified. One death occurred due to pulmonary tuberculosis.

Four of the pulmonary tuberculosis cases notified were transferred from other districts. Both of the non-pulmonary tuberculosis cases were of new cases.

During the year 1957, the incidence of tuberculosis was 0.22 per 1,000. This is a decrease from 0.25 per 1,000 in 1956.

AGE PERIODS	New Cases		Deaths		Non-Pulmonary		Pulmonary		Totals	
	M	F	M	F	M	F	M	F	M	F
0-4	-	-	-	-	-	-	-	-	-	-
5-9	-	-	-	-	-	-	-	-	-	-
10-14	-	-	-	-	-	-	-	-	-	-
15-19	-	-	-	-	-	-	-	-	-	-
20-24	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	-	-	-
50-54	-	-	-	-	-	-	-	-	-	-
55-59	-	-	-	-	-	-	-	-	-	-
60-64	-	-	-	-	-	-	-	-	-	-
65-69	-	-	-	-	-	-	-	-	-	-
70-74	-	-	-	-	-	-	-	-	-	-
75-79	-	-	-	-	-	-	-	-	-	-
80-84	-	-	-	-	-	-	-	-	-	-
85-89	-	-	-	-	-	-	-	-	-	-
90-94	-	-	-	-	-	-	-	-	-	-
95-99	-	-	-	-	-	-	-	-	-	-
100 & upwards	-	-	-	-	-	-	-	-	-	-
TOTALS	3	4	1	1	1	1	-	-	-	-

T.I. = Transfer Inward.

The incidence of the 7 cases of pulmonary tuberculosis notified in 1957 is 0.22 per 1,000. If the four inward transfers are excluded, a total of three new cases remains, giving an incidence rate of 0.22 per 1,000.

The Mass Radiography Unit operated in the area during the period from 25th to 13th September, 1957, when, out of a population of 13,290, 1,229 men and 686 women were X-rayed. With the exception of children leaving school, no persons under 15 years were X-rayed, the total number in the excluded group being approximately 2,800. Thus, out of a possible total of 10,490, 1,915 or 18.25 per cent were X-rayed.

Of the total number examined, three or 1.57 per 1,000 were found to be infected with active pulmonary tuberculosis.



