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LEWES BOROUGH COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st DECEMBER, 1962



LEWES BOROUGH COUNCIL

HEALTH COMMITTEE

CONSTITUTION AT 31st, DECEMBER, 1962.

Chairman: Alderman J.C.E. Buckwell J.P.

Vice-Chairmen: Councillor D.W. Williams.

His Worship The Mayor, Alderman H.C. Woolmore J.P.

Alderman H.A. Baker

Councillor A.C. Barber

Councillor M.S. Breese

Councillor G.R. Burfield

Councillor S.W. Crees

Councillor Miss A Dumbrell

Councillor R.C. Greenwood

Councillor J.S.M. Hall

Councillor A. F. Hayward

Councillor J.R. Kellem

Councillor A.E. Martin

Councillor G.E. Whitfield

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health

J.L. Cotton, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., from
November, 1960.

The Grange, Southover, Lewes.

Telephone No:- Lewes 4282

Public Health Inspector

W.I. Price, M.A.P.H.I.

(from 2nd April, 1941)

D. King, M.A.P.H.I.

(from 4th June, 1963)

Office Staff

A.J. Sheppard

(from 20th January, 1947)

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

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

I have the honour to submit the Annual Report on the state of public health, and on the sanitary circumstances of Lewes for 1962.

The vital statistics of the area compare very favourably with those for England and Wales with the exception of the birthrate which continues to be below the national figure.

A total of 205 cases of infectious disease were notified during the year and of these 190 were measles. Once again the number of measles notifications far exceeds all the other notifications added together. The Ministry of Health continue to make the notification of measles a statutory requirement largely on the grounds that when a measles vaccine is in general use, notification will provide valuable statistical evidence of the efficacy of the vaccine. The facts that a vaccine may not be in use for several years and that nationwide notification is not necessary to provide the statistical evidence are ignored and in the meantime something like £100,000 is wasted on notifications in a year when measles is prevalent. Many Medical Officers of Health including myself believe that no useful purpose is now served by continuing to make measles notifiable but all our representations to the Ministry of Health have been unsuccessful.

Housing continues to present the major problem in the field of environmental hygiene. During the year only eleven unfit houses were dealt with, eight of which were in a clearance area. The other three premises were the subject of closing orders. The slum clearance programme has tended to be slowed down by two factors. The first was referred to in last years report when I said that the work of the Public Health Department was more than could be properly done by one inspector. The Council decided that an additional Public Health Inspector should be appointed for a temporary period and this decision should enable the number of representations of unfit houses to the Council to be increased in the next two years. The other factor which governs the rate at which the unfit houses can be eliminated is the rate at which the Council can provide alternative accommodation. Thirty-five units of accommodation were completed by the Council during the year. This number is barely sufficient to cater for an adequate annual slum clearance programme and when it is realised that this number has to be shared between the various demands on Council housing, one can see the difficulties involved.

The question of fluoridation of water supplies became of more importance during the year, when the results of the studies carried out in the United Kingdom in the past five years were published. All the evidence shows that the amount of dental decay in the population can be more than halved when fluoride is present to the concentration of one part per million (1 p.p.m.) in the water supply. The benefit is first apparent in children but after a number of years these children will enter adult life with sound teeth and so the state of the nation's teeth will steadily improve. No evidence has been produced that fluoride occurring in water in the concentration of 1 p.p.m. has any harmful effects whatsoever. Millions of people in various parts of the world are drinking water that contains fluoride in a concentration of 1 p.p.m. or more without any harmful effects but with excellent teeth. The same results are found in areas where fluoride is artificially introduced into the water supply to raise the concentration of the naturally occurring fluoride to 1 p.p.m. The state of the nation's teeth is deplorable and it is sound preventive medicine to remedy this by artificially raising the level of fluoride to the level at which the teeth benefit.

In conclusion, I should like to express my appreciation to the Members of the Council for the help and support I have received from them during the year. My thanks are also due to Mr. Price for his valuable assistance, and to the other officials of the Council for their courtesy and co-operation.

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

Yours obediently,

J. L. COTTON.

Medical Officer of Health

SECTION I

STATISTICS FOR THE AREA

(a) GENERAL STATISTICS

Area (acres)	1,988
Population (Registrar General's estimate for mid year 1962)	13,010
Population (1931 Census)	10,993
Population (1951 Census)	13,106
Population (1961 Census) 1st estimate	13,637
Net increase of population during year	120
Number of occupied houses 1951	3,915
Number of occupied houses 1961	4,386
Rateable Value (1st April, 1963)	£695,062
Product of a penny rate	£2,800

(b) VITAL STATISTICS

1. Births & Birth Rates

LEWES BOROUGH ENGLAND
& WALES

Live Births	192		
Live birth rate per 1,000 population (crude)	13.9	18.0	
* Corrected birth rate	15.2		
Illegitimate live births per cent of total live births	7.8		
Still births	2		
Still birth rate per 1,000 live and still births	10.3	18.1	
Total live and Still briths	194		
Live births	Male	Female	Total
Legitimate	99	78	177
Illegitimate	7	8	15
	<u>106</u>	<u>86</u>	<u>192</u>

2. Deaths & Death Rates

Deaths	166	
Death rate per 1,000 population (crude)	12.0	11.9
* Corrected death rate	10.8	
Infant deaths (deaths under 1 year)		

	Male	Female	Total
Legitimate	2	3	5
Illegitimate	-	-	-
	2	3	5

Total infant deaths per 1,000 total live births	26.0	20.7
Legitimate infant deaths per 1,000 legitimate live births	28.2	
Illegitimate infant deaths per 1,000 illegitimate live births	nil	
Neonatal mortality rate (deaths under 4 weeks per 1,000 total live births)	15.6	15.1
Early neonatal mortality rate (deaths under 1 week per 1,000 total live births)	10.4	
Perinatal mortality rate (still births and deaths under 1 week combined per 1,000 total live and still births)	20.6	
Maternal mortality (including abortion)	-	-
Number of deaths	-	-
Rate per 1,000 live and still births	-	-

* In order to compare death rates and birth rates in different parts of the country, the Registrar-General supplies comparability factors for every district, so as to adjust for irregularities regarding age and sex in the local population. Applying a comparability factor of 1.09 to the crude birth rate of 13.9 the adjusted rate becomes 15.2. Similarly a comparability factor of 0.90 applied to the crude death rate of 12.0 makes the adjusted rate 10.8. This is below the rate for England and Wales at 11.9.

POPULATION

The population of Lewes for the last ten years is given below:-

<u>Year</u>	<u>Population</u>	<u>Births</u>	<u>Deaths</u>	<u>Birth Rate</u>	<u>Adjusted Birth Rate</u>	<u>Death Rate</u>	<u>Adjusted Death Rate</u>
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	
1958	13,510	195	179	14.43		13.25	
1959	13,620	173	142	12.70		10.42	
1960	13,740	182	112	13.2	14.4	11.9	10.9
1961	13,690	206	149	15.1	16.5	10.9	9.9
1962	13,810	192	166	13.9	15.2	12.0	10.8

The population figure has shown an increase of 120 from the figure 13,690 for 1961.

MATERNAL MORTALITY

No case of maternal mortality occurred in Lewes during 1962. Only one maternal death of a Lewes resident has occurred in the past eighteen years, during which period 3,537 births took place. This gives a death rate for the eighteen year period of 0.28 per 1,000 births.

INFANTILE MORTALITY

During the past year, five infants under one year of age died in Lewes. This represents an infantile mortality rate of 26.0 per 1,000 live births. The rate for the same period for England and Wales was 20.7. None of these deaths occurred amongst the fifteen illegitimate births - last year there were two deaths in eleven illegitimate births.

BIRTH RATE

The crude birth rate for the year under review was 13.9 per 1,000 population. This figure is considerably lower than the rate for 1961, but does not call for any comment. Applying the area comparability factor of 1.09, the adjusted birth rate becomes 15.2, which is lower than the rate for England and Wales at 18.0.

DEATH RATE

The crude death rate for Lewes for 1962 was 12.0 per 1,000 population. This figure is higher than the rate for 1961 of 10.9. Applying the area comparability factor of 0.90, the adjusted rate becomes 10.8, which is less than the rate for England and Wales at 11.9.

The average age at death was 69.3 years
The highest age at death was 94 years.
The lowest age at death was 2 hours.

CAUSES OF DEATH

	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis, respiratory.....	-	1	1
2. Tuberculosis, other.....	-	-	-
3. Syphilitic disease.....	-	-	-
4. Diphtheria.....	-	-	-
5. Whooping Cough.....	-	-	-
6. Meningococcal infections.....	-	-	-
7. Acute poliomyelitis.....	-	-	-
8. Measles.....	-	-	-
9. Other infective and parasitic diseases.	1	-	1
10. Malignant neoplasm, stomach.....	3	-	3
11. Malignant neoplasm, lung, bronchus.....	4	1	5
12. Malignant neoplasm, breast.....	-	1	1
13. Malignant neoplasm, uterus.....	-	-	-
14. Other malignant & lymphatic neoplasms..	15	13	28
15. Leukaemia, aleukaemia.....	-	1	1
16. Diabetes.....	-	-	-
17. Vascular lesions of nervous system.....	6	14	20
18. Coronary disease, angina.....	18	10	28
19. Hypertension with heart disease.....	-	1	1
20. Other heart disease.....	14	17	31
21. Other circulatory disease.....	-	1	1
22. Influenza.....	-	-	-
23. Pneumonia.....	8	5	13
24. Bronchitis.....	2	-	2
25. Other diseases of respiratory system...	1	-	1
26. Ulcer of stomach and duodenum.....	3	-	3
27. Gastritis, enteritis and diarrhoea.....	1	1	2
28. Nephritis and nephrosis.....	-	-	-
29. Hyperplasia of prostate.....	1	-	1
30. Pregnancy, childbirth, abortion.....	-	-	-
31. Congenital malformations.....	-	2	2
32. Other defined and ill-defined diseases.	6	9	15
33. Motor vehicle accidents.....	1	1	2
34. All other accidents.....	3	-	3
35. Suicide.....	1	-	1
36. Homicide and operations of war.....	-	-	-
	78	166	

SPECIFIC CAUSES OF DEATH

		<u>% of deaths</u>
(1) Diseases of the heart and circulatory system	61	36.7
(Coronary disease accounted for)	28	16.9
(2) Cancer (all sites)	38	22.9
(Cancer of the lung or bronchus accounted for)	5	3.0

NATIONAL ASSISTANCE ACT 1948

It was not necessary to take action under Section 47 of the above Act which gives the Council power to remove to suitable premises persons who are not able to devote to themselves, and are not receiving from other persons adequate care and attention

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 Public Health Inspector carried out duties in the Borough.

2. LABORATORY FACILITIES

These are provided by the Public Health Laboratory at the Royal Sussex County Hospital, Brighton.

3. AMBULANCE FACILITIES

The provision of the ambulance service is the responsibility of the East Sussex County Council, which houses three ambulances and a dual purpose sitting vehicle at the St. John Headquarters, Timberyard Lane, Lewes. During 1962 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 all vehicles are out on duty, arrangements are in being for the call to be dealt with by other depots in the area. This procedure is now simplified owing to the fact that the ambulance service is under radio control.

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

Description and Situation	Day and Time of Attendance	By Whom Provided
Infant Welfare Centre, Castlegate House, LEWES.	Every Tuesday Afternoon, 2 - 4 p.m.	East Sussex County Council
Chest Clinic, Victoria Hospital, LEWES.	By appointment. Monday & Wednesday afternoon at 2.0 & Friday morning at 11.15.	Regional Hospital Board

5. CLINICS AND TREATMENT CENTRES (Continued)

Orthopaedic Clinic, Y.M.C.A., LEWES.	Wednesday & Friday mornings 9.30 to 12.30. By appointment	Regional Hospital Board
Artificial Pneumothorax, Victoria Hospital, LEWES.	Friday mornings 11.0 onwards. Women first	Regional Hospital Board.
Minor Ailment Clinic, Castlegate House, LEWES.	Monday to Friday, 9 a.m. to 10 a.m.	East Sussex County Council
Dental Clinic, Castlegate House, LEWES.	Monday to Friday by appointment.	East Sussex County Council
Nervous Disorders Clinic, Victoria Hospital, LEWES.	Tuesday from 2.30 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 DEALING WITH THE NEEDS OF THE MENTALLY DISORDERED.

Under the provisions of the Mental Health Act, 1959, the East Sussex County Council makes provision for dealing with the needs of the mentally disordered. The provision of care in psychiatric hospitals is the responsibility of the Regional Hospital Board.

SECTION III

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

1. WATER SUPPLY

With the exception of a few private wells which are used for trade purposes, the water supply is derived from the Brighton Corporation Waterworks, 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 sufficient for the needs of the community.

Brighton Corporation Water Department have taken a daily sample from consumer's premises for bacteriological examination, a fortnightly sample from the reservoirs for bacteriological and abbreviated chemical examination, and from the Southover Pumping Station weekly samples of the water before treatment for bacteriological and abbreviated chemical examination, and after treatment for bacteriological examination, and monthly for complete chemical and mineralogy examination.

The following is a copy of the results of analysis of a sample of water taken from a borehole situated at the Southover Pumping Station:-

Brighton Corporation Waterworks. Sample Ref. No. 4096.
Results of Examination of Sample of Water from Southover
Pumping Station. Raw.
Sample taken by S.C. Warren on 19th. October, 1962.

Bacteriological Examination

Bacteria. Colonies per ml.

Nutrient Agar at 20°C. 3 days 12. MPN/100 ml.

Nutrient Agar at 37°C. 1 day 0. Coliforms ... ---

Physical Characters.

E. Coli..... ---

Colour (Hazen)..... 3.

Turbidity..... Clear.

Taste..... Normal.

Odour..... Nil.

Chemical Analysis (Expressed in mgm. per Litre)

pH..... 7.3

Alkalinity (CaCO₃)..... 183.0

Chlorides (Cl)..... 23.8

Ammoniacal Nitrogen (N)..... Nil

Albuminoid Nitrogen (N)..... 0.026

Nitrite Nitrogen (N)..... Nil

Oxidised Nitrogen (N)..... 4.3

Oxygen Absorbed (3 hr. at 27°C.)..... 0.12

Temporary Hardness (CaCO₃)..... 183.0

Permanent Hardness (CaCO₃)..... 27.0

Total Hardness (CaCO₃)..... 210.0

Total Solids (dried at 180°C)..... 292.0

Free CO₂..... ---

Silica (SiO₂)..... 8.0

Calcium (Ca)..... 81.2

Magnesium (Mg)..... 2.2

Sodium (Na)..... 14.0

Potassium (K)..... 1.0

Sulphate (SO₄)..... 9.9

Total Iron (Fe)..... ---

Manganese (Mn)..... ---

RemarksProbable Combination of Mineral Constituents.

CaCO ₃	183.0	mgm/lb
CaSO ₄	14.0	" "
CaCl ₂	10.8	" "
MgCl ₂	8.6	" "
NaCl	17.3	" "
NaNO ₃	26.3	" "
SiO ₂	8.0	" "
	<u>268.0</u>	

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 action against this.

All dwelling-houses in the borough have a direct piped supply from the public water main, with the exception of 21 houses on the Cuilfail Estate which receive piped supply via two private reservoirs which are supplied from the public water main.

2. SEWERAGE AND SEWAGE DISPOSAL

Water carriage system; 33 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. These arrangements are reasonably adequate at the present time.

3. REFUSE COLLECTION AND DISPOSAL

The collection of house refuse is carried out once weekly over the whole district, and trade refuse oftener where requested. Disposal was effected by controlled tipping on low-lying land at the Outfall Works, Ham Lane.

4. SANITARY INSPECTION

Houses and Premises inspected.....	209.
Complaints attended to.....	116.
Visits to Milkshops and Dairies.....	10.
Visits to Food Shops.....	78.
Visits to Bakehouses.....	3.
Visits to Cafes and Restaurants.....	23.
Visits to Ice-cream premises.....	15.
Visits to Cinemas.....	3.
Visits to Swimming Baths.....	14.
Visits to Pet Shops.....	2.
Visits to Knecker Yard.....	6.
Visits re Sickness.....	2.
Rooms disinfected.....	2.
Inspection of verminous houses.....	1.
Visits under the Petroleum Act.....	19.
Visits under the Rent Act.....	17.
Visits under the Factories Act.....	90.
Visits under the Shops Act.....	42.
Visits under the Clean Air Act.....	5.
Visits re Drainage.....	112.
Visits for sundry purposes.....	304.
Visits for re-inspections.....	77.

5. HOUSING

(a) Slum Clearance:

(1) Clearance Area declared in respect of Nos. 38-52 St. Pancras Road (8 houses), and the Council determined to secure clearance of the area by a Compulsory Purchase Order. Subsequently the properties were acquired by agreement.

(2) Closing Orders were made in respect of three unfit dwellings.

(b) Houses made fit:

6 unfit houses were made fit following formal action by the Council, and 16 after informal action.

(c) Improvement Grants:

20 Standard Grants and 9 Discretionary Grants were made for the improvement of houses during the year.

(d) Certificates of Disrepair:

Only one application received for a certificate of disrepair, for which subsequently an undertaking to carry out the necessary repairs was given.

(e) Common Lodging Houses:

There are no registered common lodging houses within the borough.

6. 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 14, and there is one registered cowkeeper.

Seven samples were submitted to the Public Health Laboratory Service, Brighton, for biological examination, all of which were found to be satisfactory.

(b) Ice-cream

There are 48 premises registered for the sale of ice-cream, and none for manufacture.

(c) Meat

There are no licensed slaughterhouses within the borough; the greater part of the home-killed meat retailed is slaughtered at Brighton Abattoir.

(d) Food Premises

The categories of food premises according to trade, are:-

Bakers' Shops	-	10
Butchers' Shops	-	12
Cooked Meat Shops	-	1
Confectioners' Shops	-	19
Fishmongers' Shops	-	4
Fried Fish Shops	-	5
Greengrocers' Shops	-	18

Grocers' Shops	-	29
Bakeries	-	1
Dairies	-	7
Restaurants and Cafes	-	20
Canteens	-	10
Hotels	-	3
Public Houses	-	27
Premises registered under Section 16, Food & Drugs Act, 1955, are:-		
Sale of ice-cream	-	48
Manufacture of Sausages	-	13
Fish Frying	-	5

Inspections of these premises show that they are kept in a clean and satisfactory condition.

(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:-

Beef	-	418 lbs.
Ox Livers	-	31 lbs.
Pig's Spleens	-	56 lbs.
Fish	-	56 lbs.
Shrimps	-	9 gallons.
Canned Corned Beef	-	18 lbs.
" Jellied Veal	-	16 lbs.
" Cooked Ham	-	10 lbs.
" Ox Tongues	-	6 lbs.
" Meat	-	3 tins.

Disposal of the unsound food was:-

Meat	-	to Fat and Bone merchants
Fish	-	to Pig Keepers for swill
Canned goods	-	burial at the Refuse Tip.

7. RODENT CONTROL

In addition to 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 infestation.

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

No treatment of the sewer system was found necessary, in view of the absence of any infestation which could be attributed to it.

The number of visits made to premises under the Prevention of Damage by Pests Act, were 861, and the number of infestations found and cleared were 75.

8. SWIMMING BATHS

The Council's open air swimming bath at the Pells is 150 ft by 75 ft with a depth ranging from 2ft to 5ft, and a capacity of 200,000 gallons.

The bath is emptied, cleansed, and refilled at six weekly intervals, and in addition approximately one-seventh of the volume of water is changed daily by pumping from the borehole.

The continuous circulation and chlorination plant with an output of 36,000 gallons per hour maintained the water in a very satisfactory bacteriological condition.

9. PETROLEUM ACT

Thirty-eight licences were issued for the storage of Petroleum Spirit. The total quantity permitted to be kept under the licences was 48,180 gallons. Fees received in respect of the licences amounted to £27.10.0.

10. FACTORIES ACT

There are 37 factories in the borough in which sections 1,2,3,4 and 6 of the Act are to be enforced by the Council. During the year 28 inspections were carried out in this class of factory; defects concerning sanitary accommodation were found and dealt with in one case, and one instance of the need for limewashing was remedied.

Under section 7 of the Act, there are 72 factories on the register. Forty-five inspections were carried out at these premises, and a defect found in one case was remedied.

Seventeen visits were also made to other premises to which the Act applied.

Four persons are employed as outworkers, making or repairing wearing apparel; no instance of work in unwholesome premises was found.

SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

INFECTIOUS DISEASES

A total of 205 cases of infectious disease were notified in Lewes in 1962. The details are as follows:-

DISEASE	NUMBER OF CASES	CASES ADMITTED TO HOSPITAL	DEATHS
Measles	190	1	-
Pneumonia	9	2	-
Puerperal pyrexia	3	-	-
Food poisoning	2	2	-
Meningococcal Infection	1	1	-
TOTAL	205	6	-

FOOD POISONING

A middle aged couple were motoring through Lewes when they were taken ill in their car in the High Street. They were admitted to the Victoria Hospital and food poisoning was diagnosed as the cause of their illness. They had eaten custard pies for a picnic lunch and these pies were found to be the source of the infection. The custard pies had been made outside the Lewes area and other pies of the same batch gave rise to further cases of poisoning in other districts. These were cases of staphylococcal food poisoning and the organisms had originated from a worker at the food factory. The victims of this outbreak made a good recovery.

None of the other infectious diseases which occurred during the year call for any special comment.

The following figures relating to Vaccination and Immunisation are supplied by the East Sussex County Council.

DIPHTHERIA IMMUNISATION

	Children born in years:-							
	1962	1961	1960	1959	1958	1953-1957	1948-1952	Total
A. NUMBER OF CHILDREN WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION IN THE AUTHORITY'S AREA (Including temporary residents) DURING 1962	66	124	15	2	1	36	11	255

DIPHTHERIA IMMUNISATION (Continued)

	Children born in years:-							Total
	1962	1961	1960	1959	1958	1953-1957	1948-1952	
B. NUMBER OF CHILDREN WHO RECEIVED A SECONDARY (REINFORCING) INJECTION (i.e. subsequently to primary immunisation at an earlier age) DURING 1962	-	1	-	-	10	126	129	266

Since immunisation was first introduced there has been a persistent and dramatic fall in the number of cases of diphtheria and also in the number of deaths from diphtheria. This fall continued until a year or two ago but since that time several locally severe outbreaks of diphtheria have occurred. I cannot urge parents too strongly to ensure that their children are protected against this disease since almost all the cases and deaths occur amongst non-immunised children. It has become all too common to regard diphtheria as a dying disease and to think that because it is no longer prevalent, there is no need to have children immunised. This is a very dangerous practice and every child should be immunised during infancy and again at the start of school life.

WHOOPING COUGH IMMUNISATION

	Year of birth							Total
	1962	1961	1960	1959	1958	1953-1957	1948-1952	
NUMBER OF CHILDREN WHO HAVE COMPLETED A PRIMARY COURSE (normally three injections) OF PERTUSSIS VACCINE (singly or in combination) IN THE AUTHORITY'S AREA DURING THE YEAR 1962	65	123	15	2	1	22	2	230

VACCINATION AGAINST SMALLPOX

The following persons were vaccinated or revaccinated against smallpox in 1962. The figures are greatly increased over those for 1961 (140 vaccinated 68 revaccinated). This is due to the outbreak of smallpox in various parts of the country during the early part of the year.

AGE AT DATE OF VACCINATION	UNDER 1 YR.	1	2-4	5-14	15+	TOTAL
Number Vaccinated	138	38	46	153	127	502
Number revaccinated	-	3	33	399	114	1549

VACCINATION AGAINST SMALLPOX (Continued)

During and since these outbreaks of smallpox a lot of confusion has been caused to the general population by the arguments for and against smallpox vaccination. The Ministry of Health have now issued a Memorandum on Vaccination against Smallpox. The salient features are as follows:-

A. Routine Primary Vaccination in Early Childhood

(1) Optimum Age. - Routine primary vaccination is not now recommended in the first few weeks of life but should be done before the age of 2 years, preferably during the second year.

(2) Contra-indications -

- (a) exposure to infectious disease
- (b) septic skin conditions
- (c) infantile eczema or any other allergic condition - these are absolute contra-indications to routine primary vaccination
- (d) hypogammaglobulinaemia
- (e) cortico-steroid treatment
- (f) failure to thrive

B. Routine Primary Vaccination at Later Ages

(1) Although at any age the risk of serious complications following vaccination is much smaller than the risk of death run by those exposed to smallpox while unvaccinated, primary vaccination is not advised as a routine after early childhood. But, if not performed in early childhood, primary vaccination at a later age may eventually become necessary e.g. when serving with the armed forces, as a condition of employment and before undertaking foreign travel.

(2) Contra-indications. Consideration must be given to-

- (a) septic skin conditions
- (b) a history of or the presence of eczema
- (c) hypogammaglobulinaemia
- (d) cortico-steroid treatment. It is not considered wise to vaccinate routinely patients who are receiving systemic cortico-steroid treatment.
- (e) early pregnancy. On general principles it is desirable to avoid the use of a live vaccine during the first trimester of pregnancy.

C. Vaccination in the presence of Smallpox.

The object is, by primary vaccination or revaccination as soon after exposure or, at most, within three days, to enable the individual to gain immunity to smallpox within the normal incubation period of that disease. In the presence of suspected smallpox there are no absolute contra-indications to the immediate vaccination or re-vaccination of all close contacts.

SECTION V

TUBERCULOSIS

In 1962, one new case of pulmonary tuberculosis was notified amongst Lewes residents, and in addition there was one inward transfer from another district and one re-entry into the area. There was one death from tuberculosis during the year.

	NEW CASES AND MORTALITY 1962							
	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1 year	-	-	-	-	-	-	-	-
1 - 4	-	-	-	-	-	-	-	-
5 - 14	-	-	-	-	-	-	-	-
15 - 24	-	-	-	-	-	-	-	-
25 - 34	-	-	-	-	-	-	-	-
35 - 44	1(T.1)	1R.E.	-	-	-	-	-	-
45 - 54	-	-	-	-	-	-	-	-
55 - 64	-	1 new	-	-	-	-	-	-
Over 65	-	-	-	-	-	1	-	-
TOTALS	1	2	-	-	-	1	-	-

T.1. = Transfer inward R.E. = Re-entry

The incidence of 3 cases of pulmonary tuberculosis notified in 1962 is 0.22 per 1000 population. If the inward transfer and re-entry are excluded, the one new case arising in Lewes gives an incidence rate of 0.07 per 1000 population.

NUMBER OF CASES ON THE REGISTER AT 31st, DECEMBER, 1962.

Pulmonary		Non-Pulmonary		TOTAL
Males	Females	Males	Females	
57	49	10	9	125
Whereas at 31st December, 1961, the number of cases on the register was -				
62	49	10	9	130



