[Report 1963] / Medical Officer of Health, Lewes Borough.

Contributors

Lewes (England). Borough Council.

Publication/Creation

1963

Persistent URL

https://wellcomecollection.org/works/jr2aw2cc

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection 183 Euston Road London NW1 2BE UK T +44 (0)20 7611 8722 E library@wellcomecollection.org https://wellcomecollection.org



LEWES BOROUGH COUNCIL

Ky

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st DECEMBER, 1963

Digitized by the Internet Archive in 2017 with funding from Wellcome Library

https://archive.org/details/b29730132

LEWES BOROUGH COUNCIL

HEALTH COMMITTEE

CONSTITUTION AT 31st, DECEMBER, 1963

Chairman: Vice-Chairman: The Worshipful The Mayor: Councillor D.W. Williams Councillor J.R. Fitch Councillor Miss Ann Dumbrell J.P.

Alderman H.A. Baker Alderman J.C.E. Buckwell Alderman W.J. Greene Councillor A.C. Barber Councillor M.S. Breese Councillor S.W. Crees Councillor A.F. Hayward Councillor T.H. Hockton Councillor J.R. Kellam Councillor H.D. Shepherd Councillor Miss B. Temple

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. D. King, M.A.P.H.I. (from 2nd April, 1941) (from 4th June, 1963)

Office Staff

A.J. Sheppard

(from 20th January, 1947)

TIDHUGD HOUGENEY SEMEL

EALTH COMMITTER COMSTITUTION AT 21 ab. DECEMBER, 1963

Councillor D.W. William Councillor J.H. Fitch Guntraan: Vico-Cholrman:

and a first course

Alderman W.J. Greene

Councillor 4.C. Bartor

Councillor H.E. Breene

Councillor 8.V. Crees

Councillor A.S. Hayward

Councillor T.H. Rockton

Councilior J.R. Kellen

Councillor H.D. Shepherd

Councillor Miss S. Templo

PUBLIC HRALTH DEPARTMET

Milean 10 Tapilito Inolbal

J.L. Cotton, M.S., Ch.S., M.S.C.S., L.S.C.P., D.P.H., from Hovember, 1960 The Stange, Southover, Leves 4222 -Telephone Hor- Leves 4222

Zubite Health Inspector

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

made optimo

1.5. Sheppard

(from 20th January, 1947)

To the Mayor, the Chairman of the Health Committee, the Aldermen and Mombers of the Leves 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 Leves Borough for 1963.

The vital statistics of the area compare very favourably with those for England and Wales although the birth rate continues to be lower than the national figure as it has been for many years.

Some 202 cases of infectious disease were notified during the year of which 175 were cases of measles. Measles continues to be a notifiable disease in spite of representations to the Ministry to remove measles from the list of notifiable diseases. Many Medical Officers of Health, including myself, believe that no useful purpose (other than statistical) is served by continuing to retain measles as a notifiable disease. However an investigation into the degree and duration of protection given by measles vaccines is to be started shortly. If a measles vaccine is found to be effective and is brought into regular use, a falling off in the number of notifications is to be expected. Only 27 other cases of infectious disease were notified during the year and none of these gave any cause for concern. In addition 10 new cases of pulmonary tuberculosis were notified, only one of which was an inward transfer of a proviously notified case.

While measles continues to be notifiable, a disease such as Brucellosis (caused by drinking mil' infected with the organism Brucella Abortus from infected covs) is still not notifiable. Notification would enable a much more accurate picture to be built up of the incidence of this disease in the community, estimates of which vary from 100 to over 1,000 human cases per annum. This disease would be almost entirely eliminated if all milk was pasteurised before being drunk. In Scandinavia, the disease has been eradicated as an animal disease and this could also be done in this country if the problem was tackled as energetically as was the scourge of bovine tuberculosis. At the present time there is nothing to prevent a farmer from selling a cow he knows to be infected with brucella in the open market. This is a common method of disposal when a farmer has been found to be producing brucella infected milk. He merely sells the offending animal and the infection is introduced elsewhere. This is obviously a state of affairs which should no longer be tolerated.

The East Sussex County Council as the Local Health Authority sought the opinions of the constituent District Councils on the question of fluoridation of water supplies. Your Council accepted the re-commendation of this Committee that fluoride should be added to the water supplies in the area. At the present time the matter rests with the County Council who have postponed a decision so far. I can only reiterate what I have said on previous occasions. 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 that will stand up to investigation has been produced that fluoride occurring in water in the concentration of 1 p.p.n. 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 hormful offects but with excellent teeth. The same results are found in crees where fluoride is artificially introduced into the water supply to roise the concentration of the naturally occurring

fluoride to 1 p.p.m. The state of the mation's tooth 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 can benefit. It is significant that apart from certain trial areas in Britain the County Borough of Birmingham is the first authority to artificially introduce fluoride into its water supply which serves a population of one and a quarter million people. Birmingham has always been known as a most progressive authority, not only in public health but also in many other matters. Also of significance is the judgement of the Eire Supreme Court that the Health (Fluoridatic of Water Supplies) Act 1960 Eire is constitutional and that the Court did not accept that fluoridation of water was, or could be, described as the mass medication or mass administration of 'drugs' through water.

The outbreak of typhoid in Abordeen illustrates hat the danger of oridemics of infectious diseases is still with us, and that vigilance must be maintained. This is particularly true of the ingestion diseases; that is, those disease caused by organisms entering the body through the mouth. Methods of control are chiefly prevention of bowel to mouth infection by sanitary disposal of exercts and provision of pure food and drink. Whilst our drinking water supplies can be considered safe, the same cannot be said of our food supplies. The handling of food all two often leads to contamination with the resulting outbreaks particularly of food poisoning and dysentery; typhoid is now normally an uncommon disease in the country. If food was handled hygicanically, this contamination would not occur but standards of food hygicane are sometiles deplorably low. Hand washing is essential after use of the toilet for everyone if the risk of contamination is to be reduced. If a food handler neglects this precaution he can risk the health of many people. The general public could do much more to raise the standards of food hygicane by refusing to tolerate any insanitary methods of food handler neglects this precaution he can risk the health of many people. The general public could do much more to raise the standards of food stuffs are touched by hand, whenever they are served with dirty or chipped crockery and dirty cutlery and whenever adequate toilet footilities do not oxist. There is a tendency in this country to put up with existing conditions rather than complain, but the more complaints there are about these unhygienic practices, the more the work of the public health department is helped. Your officials can only do a cortain smount - it is up to the public to raise their stendards. They will get the standard of service they demand.

Once again housing continues to present the major problem in the field of environmental hygienc. During the year only twelve unfit houses were dealt with, five of which were in a clearance area. No units of Council accommodation were completed during the year but at the end of the year, 48 units were under construction. In addition, consideration was given to the erection of a block of flatlets for old people incorporating a warden's service. It is hoped to start this work in 1964 and also to increase the rate of building of Council houses. This should enable the Health Cormittee to substantially increase the number of unfit howses to be dealt with in the next year or two.

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

I am Mr. Mayor, Mr. Chairman, Ladies and Gontlomen, Your obedient Sorvent,

J.L. CO. TON.

Medical Officer of Health

SECTION 1

STATISTICS FOR THE AREA

(a) GENERAL STATISTICS

(1

2

910	CULTURE DISTIDITOD				
	Area (acres)	an ante pr	1,988		
	Population (Registrar General Population (1931 Census) Population (1951 Census) Population (1961 Census) 13 Net increase of population of	13,870 10,993 13,106 13,637 60			
	Number of occupied houses 19 Number of occupied houses 19			nt evede	3,915 4,386
	Rateable Value (1st April,) Product of a penny rate	.964)			3,484 2,948
b)	VITAL STATISTICS				
	1. Birth & Birth Rates		LEVE	BOROUGH	ENGLAND & WALES
×	Live Births Live birth rate per 1,000 pc Corrected birth rate Illegitimate live births per total live	cent of	(crude)	200 14.4 16.4 6.0	18.2
	Still births Still birth rate per 1,000 1 Total live and still births	ive and s birt		5 24.4 205	17.3
	Live births Male Legitimate 103 Illegitimate 3	85 9	Total 188 12		
	Deaths & Death Rates	94	200		
×	Deaths Death rate per 1,000 populat Corrected death rate Infant deaths (deaths under		е)	191 13.8 12.7	12.2
	Legitimate 4 Illegitimate - 4	Female 1 - 1	Total 5 5		
	Total infant deaths per 1,00 Legitimate infant deaths per itimate live Illegitimate infant deaths p illegitimate live birt Neonatal mortality rate (dea	birt 1,000 le births er 1,000 hs	hs g-	25.0 26.6 nil	209

Neonatal mortality rate (deaths under 4 weeks per 1,000 total live births) Early neonatal mortality rate (deaths under 1 week per 1,000 total live births) Perinatal mortality rate (still births and deaths under 1 week combined per 1,000

14.2

20.0

15.0

Deaths & Death Rates cont.,	LEWES BOROUGH	ENGLAND & WALES
total live and still births)	39.0	CC TALLED
Maternal mortality (including abortion) Number of deaths	STRAT STATISTIC	244
Rate per 1.000 live and still birt!	hs -	0.28

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 1.14 to the crude birth rate of 14.4 the adjusted rate becomes 16.4. Similarly a comparability factor of 0.92 applied to the crude death rate of 13.8 makes the adjusted rate 12.7. This is slightly above the rate for England and Wales at 12.2.

POPULATION

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

Year	Population	<u>Births</u>	<u>Deaths</u>	Birth Rate	Adjusted Birth Rate	Death Rate	Adjusted Death Rate
1954 1955 1956 1957 1958 1959 1960 1961 1962 1963	13,180 13,240 13,270 13,290 13,510 13,620 13,740 13,690 13,810 13,870	189 165 172 172 195 173 182 206 192 200	134 149 151 143 179 142 142 149 166 191	14.34 12.46 12.96 12.94 14.43 12.70 13.2 15.1 13.9 14.4	14.4 16.5 15.2 16.4	10.17 11.25 11.38 10.76 13.25 10.42 11.9 10.9 12.0 13.8	10.9 9.9 10.8 12.7

The population figure has shown an increase of 60 from the figure 13,810 for 1962.

MATERNAL MORTALITY

No case of maternal mortality occurred in Lewes during 1963. Only one maternal death of a Lewes resident has occurred in the past nineteen years, during which period 3,742 births took place. This gives a death rate for the nineteen year period of 0.27 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 25.0 per 1,000 live births. The rate for the same period for England and Wales was 20.9. None of these deaths occurred amongst the twelve illegitimate births. Last year there were no deaths in fifteen illegitimate births.

BIRTH RATE

The crude birth rate for the year under review was 14.4 per 1,000 population. This figure is higher than the rate for 1962, but does not call for any comment. Applying the area comparability factor of 1.14, the adjusted birth rate becomes 16.4, which is lower than the rate for England and Wales at 18.2.

DEATH RATE

The crude death rate for LeWes for 1963 was 13.8 per 1,000 population. This figure is higher than the rate for 1962 of 12.0. Applying the area comparability factor of 0.92, the adjusted rate becomes 12.7 which is more than the rate for England and Wales at 12.2.

> The average age at death was 68.8 years The highest age at death was 96 years The lowest age at death was 13 hours.

SPECIFIC CAUSES OF DEATH

(1)	Diseases of the heart and circulatory system	75	39.3
	(Coronary disease accounted for)	31	16.2
(2)	Cancer (all sites)	36	18.8
	(Cancer of the lung or bronchus accounted for)	8	4.2

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.

-3-

Cause of Death	Sex		4	4 Wooks & under 1 Year	1-	5-	15-	25-	35-	45-	55-	65-	75 &
Other Infective &	M	1				-						1	
Parasitic Diseases	F	-	-	10 201	-	-	-	-	-	-	-	-	-
Malignant Hooplasm - Stomach	H P	2	-	-	1 1					- 1	1	-	1 -
Milignant Nooplasm - Lung, Bronchus	N F	71	-	1 1	1 1				1 1	2 -	31	2 -	-
Malignant Nooplasm - Broast	u P	-3	-			1 1		1 1	-1	ī		ī	-
Malignant Nooplasm - Utorus	F	3		-	-	- 20	-	-	1	2	-	1	-
Othor Mulignant & Lymphatic Nooplasma	N P	10 11	-	Internet	1 1	-	ī		1	1 2		53	3 5
Loukaomia, Aloukaomia	M F	ī	-		1 1			1 1	1 1		ī		(12 -
Diabotos	11 F	1 2	wēsor	-	1 1	1.1		1 1	ï		1.1	1	ī
Vascular Losions of Norvous System	H F	12 13		-		1 1	-	1 1		3-	- 3	62	3 8
Coronary Discaso - Angina	N P	26 5	-	-		1 1	-			1 1	7	53	14 2
Hyportonsion with Hoart Disoaso	H F	3	-	-		1.1				1 1		ĩ	- 2
Othor Hoart Disc.co	N F	8 22	-	1	1 1	-			-	1 1	1 1	31	4 20
Othor Circulatory Discase	II F	56	-	1		1 1	-			1 1	2-	2 1	1 5
Influenza	li F	2	-	-			-			-		1	1
Pneumonic.	II P	6 11	-	1	1			-		1 1	1 3	ĩ	4 7
Bronchitis	и Р	2	-	Ξ					1 1	1 1	1 1	2	-2
Ulcor of Stomach and Ducdonum	li P	3	-	-					1 1	1 1		1	2
Congonital Iniformations	II P	ĩ	ï	-	1 1			1 1				1 1	-
Othor Defined & ill-Defined Discuse	N F	59	3	1		1 1			ī	- 1 - 1	1 1	1 2	6
Notor Vchiclo Accidents	l: P	1 -	:	Ξ	1 1	1 1	l			1			-
All Other Accidents	II P	22	-	-			1		1 1	1 1			1 2
Suicido	I: F	21	-	-				ī	1	1 1		1	-
TOTAL ALL CAUSES	II P	95 96	3 1	1 -	1 -		2 1	ī	2 3	2	14 8	31 16	34 60

SECTION 11

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 until June, when an Assistant Public Health Inspector was appointed.

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 1963 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 on duty, arrangements are in being for the call to be dealt with by other depots in the area. This procedure is now simplified cwing 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 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	East Sussex County Council
Chest Clinic, Victoria Hospital, LEVES.	By appointment. Monday & Wednesday afternoons at 2 & Friday morning at 11.15.	Regional Hospital Board

5. CLINICS AND TREATMENT CENTRES (Continued)

	and the second of the second o	
Orthopsedic Clinic, Y.M.C.A., LEWES.	Wednesday & Friday mornings 9.30 to 12.30 By appointment.	Regional Hospital Board
Artifical Pneumothorax Victoria Hospital, LEVES.	, 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 Clin: Victoria Hospital, LEWES.	ic, Tuesday from 2.30p.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.

-6-

SECTION 111

SANITARY CIRCUNSTANCES 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 Jubilce 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 doily 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 minerology examination.

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

Brighton Corporation Waterworks. Sample Ref. No. P.3117 Results of Examination of Sample of Water from Southover Pumping Station. Raw. Taken on 30th August, 1963

Bacteriological Examination

Bacteria.	Coloni	es per	m	1.			MP 100 ml.
Nutrient	Agar at	20°C.	3	days.		7	Coliforns 0
Nutrient	Agar at	37°C.	1	day .		0	E. Coli 0

Physical Characters

Co	lour	r	(Ha	Z	en)						3
Tu	rbid	11	ty								Clear
											Normal
00	our	•							•		Mil.

Chemical Analysis (Expressed in mgm.)	per Litre)
Alkalinity (CaCO3)	. 7.35
Chlorides (Cl)	. 23.4
Ammoniacal Nitrogen (N) Albuminoid Nitrogen (N)	. Nil . 0.050
Nitrite Nitrogen (N)	. Nil
Oxidised Nitrogen (N) Oxygen Absorbed (3 hr. at 27°C).	. 4.9
Temporary Hardness (CaCO3)	
	. 32.0
	. 304.0
Free CO2	· - 0
Silica (SiO2)	· 8.0 · 84.0
Magnesium (Mg)	. 2.2
Potassium (K)	. 13.6
Sulphate (S04)	. 10.6
Total Iron (Fe)	

Remarks

Probable Combination of Mineral Constituents

CaCO3	187.0	mgm	/1t
CaCO4	15.0	ĭĭ	11
CaCl2	13.3	11	11
MgCl2	8.6	11	11
NaCl	14.0	11	11
NaNO3	29.7	11	
S102	8.0	11	11
	275.6	11	11
	Automatic Street		

No form of contamination of the supply has occurred during the year, and as the water is not liable to 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 their piped supply via two private reservoirs which are supplied from the public water main.

2. SEVERAGE AND SEVAGE 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 or's 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 arran ements 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 more often where requested. Disposal was effected by controlled tipping on low-lying land at Malling Brooks.

4. SANITARY INSPECTION

Houses and Premises inspected	
Visits to Milkshops and Dairies	
Visits to Milkshops and Dairies Visits to Food Shops Visits to Cafes Restaurants and Wet 70 92	
TACANG UN UNITEDA RESUMPTING STAL HATAIA	
Visits to Bakehouses	
Visits to Swimming Baths	
Visits to Pet Shons	
Visits to Pet Shops	
Inspection of verminous houses	

Visits under the Petroleum Act 20 8 . 86 . 11 8 . .144479209

5. HOUSING

- (a) <u>New Dwollings</u>: 54 new dwellings were provided during the year, 43 by private enterprise and 11 by the Lewes Self-build Association
- (b) SLU: Clearance: Clearance Area declared in respect of Nos. 2-10 St. Pancras Gardens (5 houses), and the Council determined to secure clearance of the area by a Compulsory Purchase Order. Also Closing Orders made on a further 7 unfit houses.
- Houses made fit: 6 houses were made fit following formal action by the Council, (c) and 28 after informal action.
- (d) <u>Improvement Grants</u>: 15 Standard Grants and 9 Discretionary Grants were made for the improvement of houses during the year.
- (c) Certificates of Disrepair: No applications were received for Certificates of Disrepair.
- (f) Common Lodging Houses: There are no registered common lodging houses within the borough.

INSPECTION AND SUPERVISION OF FOOD 6.

(a) Milk Supply

The whole of the milk retailed within the borough is of a designated supply, by far the greater being 'Pasteurised; with only very small quantities of 'Tuberculin Tested' or 'Sterilised' being sold.

The number of retail purveyors is 15, and there is one registered cowkeeper.

Four samples were submitted to the Public Realth Lab-oratory Service for biological examination, all of which were found to be satisfactory.

(b)

Ico-cream There are 40 provises registered for the sale of ice-

(c) Moat

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 8 -Balceries 1 Butchers' Shops 12 Canteens 12 · Cooked Mest Shops 1 Confectioners' Shops 20 Dairios 7 Fishmonger's Shops 4 16 Fried Fish Shops Greengrocers' Shops Grocers' Shops 34 Restaurants and Cafes 20 Hotols 3 Public Houses 27 Premises registered under Section 16, Food and Drugs Act, 1955, are:-Sale of ice-cream 40 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:-

snosal	" " " " " " " " "	Cooked Corned Chopped Jellied Pork Lu Fruit Meat Jam	Beef Pork Veal ncheon	Mat-	510864230	lbs lbs lbs lbs lbs tins tins tins	
	Mcat Fish	-	to Fat	and H	rs f	Merchant or swill fuse Tip	

7. RODELT CONTROL

Di

In addi ion to dealing with individual complaints of rat and mice infested promises, 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 "takes" were recorded when carrying out a test baiting of the sever system, and accordingly it was not found necessary to carry out any treatment.

The number of visits made to promises under the Prevention of Damage by Pests Act was 936, and the number of infestations found and cleared was 69.

8. SWILLING BATHS

The Council's open air swimming bath at The Pells is 150ft by 75 ft, with a depth ranging from 2 ft to 5 ft, 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 out-put of 36,000 gallons per hour, maintained the water in a very satis-factory bacteriological condition.

9. PETROLEUM ACT

Thirty-five licences were issued for the storage of Petroleum Spirit. The total quantity permitted to be kept under licence was 46,680 gallons. Fees received in respect of licences amounted to £26-10-0.

10. FACTORIES ACT

There are 38 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

30 inspections were carried out in this class of factory. Under section 7 of the Act, there are 72 factories on the register; 53 inspections were carried out at these premises, and a defect concerning sanitary accommodation was remedied.

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

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

-11-

SECTION 1V

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

INFECTIOUS DISEASES

A total of 202 cases of infectious disease were notified in Lewes in 1963. The details are as follows:-

DISEASE	NUMBER OF CASES	CASES ADMITTED TO HOSPITAL	DEATHS
Measles	175	tive lice i contra dor	thinks
Pneumonia	12	-	20+01+02
Whooping Cough	10	t solitore it	There
Food Poisoning	3	st vare complet of	
Erysipelas	1		ang salara
Puerperal Pyrexia	1	volte ere storen al page in the	e estatu- aga-abrea
TOTAL	202	1	-

FOOD POISONING

Three single cases of food poisoning occurred in Lowes in June 1963. None of the cases was severe and it was not found possible to trace the cause of the illness.

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 IM UNISATION

	Children born in years:-							
and a state of a second of	1963	1962	1961	1960	1959	1954 1958	1949 1953	TOTAL
A. NUMBER OF CHILDREN WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION IN THE AUTHORITY'S AREA DURING 1963.	87	90	4	2	198	3	34	220

DIPHTHERIA IM UNISATION (Continued)

recks of sailloox a lot of con	Children born in years:-							
the Ministry of Hosith have non wint Smallpor, The caltent	1963	1962	1961	1960	1959	1954 1958	1949 1953	TOTA
B. NUMBER OF CHILDREN WHO RECEIVED & SECONDARY (REINFORCING) INJECTION DURING 1963.	-	25	8	1	2	209	142	387
the second year.	almi	X.La	10201	Q	790 S	30	30 0	

Since iumunisation 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 loc lly 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 IN UNISATION

inad fordes, as a conficien of	YEAR OF EIRTH							
ation must be given to -	1963	1962	1961	1960	1959	1954 1958	1949 1953	TOTAL
NU BER OF CHILDREN WHO HAVE COMPLETED A PRIMARY COURSE (normally three injections) OF PERTUSSIS V4CCIME (singly or in combination) IN THE AUTHORITY'S AREA DURING THE YEAR 1963	86	90	4	2		() () () () () () () () () () () () () (1	183

VACCINATION AGAINST SMALLPOX

The following persons were vaccinated or revaccinated against smallpox in 1963.

AGE AT DATE OF VACCINATION	0 - 3 months	3 - 6 months	6 - 9 months	9-12 months	l year	2-4 years	5-14 yoars	15yrs or over	TOTAL
NUMBER VACCIMATED	6	15	13	6	30	6	7	21	104
NUMBER REVACCINATION	-	-	-	-	-	6	25	138	169

VACCINATION AGAINST SMALLPOX (Continued)

During and since the recent 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 shou 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 forcign 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 triester 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

TUBERCUIOSIS

In 1963, nine new cases of pulmonary tuberculosis were notified amongst Lewes residents. Of these, one left the district before the end of the year, and another, an old lady of 86, died soon after notification. Tuberculosis was not the cause of death. In addition there was one inward transfer from another district. There were no deaths from tuberculosis during the year. One new notification of a case of non-pulmonary tuberculosis was received but was withdrawn within a few weeks as the boy concerned was found not to be suffering from the disease. The case is therefore not shown on the list given below.

			NE	CASES 4	AND MORTALITY 1963				
		NEW C	ASES		DEATHS				
	Pulm	Pulmonary Non-Pulmonary			Pulmonary		Non-Pulmonary		
	M	F	М	F	М	F	М	F	
Under 1 year	-	-	-	-	-	-	-	-	
1 - 4	-	-	-	-	-	-	-	-	
5 - 14	-	-	-	-	-	-	-	-	
15-24	l new		-	-	-	-	-	-	
25-34	l new	l new	-	-	-	-	-	-	
35-44	-	-	-	-	-	-	-	-	
45-54	-	-	-	-	-	-	-	-	
55-64	2 pew 1 t.1	-	-	-	-	-	-	-	
Over 65	2 new	2 new 0 died	i) -	-	-	-	-	-	
TOTALS	7	3	-	-	-	-	-	-	

T.I. = Transfer inward T.O. = Transfer Out

The incidence of 10 cases of pulmonary tuberculosis notified in 1963 is 0.72 per 1000 population. If the inward transfer is excluded, the nine new cases arising in Lewes give an incidence rate of 0.65 per 1000 population.

NUMBER OF	CASES	ON THE	REGISTER	AT 31st.	DECEMBER.	1963
Street of the second street of	Without the second	of the second second second second second	and an and an	A LOW AND A	and and the second deal of the	7/07

	Fulmonary		Non-Pulmonary				
Males	Females	Males	Females				
59	50	10	8	127			
Whereas at 57	31st December 49	, 1962, the 10	number of cases	on the register was			
-15-							



Mat December, 1962, the mader of cates on the re-



