

[Report 1956] / Medical Officer of Health, Midhurst R.D.C.

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ANNUAL REPORT

OF THE

Medical Officer of Health



1956

MIDHURST RURAL DISTRICT COUNCIL



RURAL DISTRICT OF MIDHURST

Annual Report of the Medical Officer of Health for the Year 1956

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THE PUBLIC HEALTH COMMITTEE 1956-57.

Chairman: Mr. S. Shirley

Vice-Chairman: Mr. C.O. West

Mr. K.S. Bawtree

Miss K.E. Pownall

Mr. A. Bruce Todd

Brig. E.G.B. Proctor

Mr. R.C. Giles, J.P.

Mr. T.K.M. Vaughan

Mr. Claud Mullins

Mr. G.E. Wright

Mr. G.H. Wright

Two other Committees - the Drainage and Water Supply Committee and the Housing Committee - are responsible for the Public Health Services indicated by their titles.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health : V.P. Geoghegan, M.D., Ch.B.,
M.R.C.S., L.R.C.P., D.P.H.

Senior Public Health

Inspector : T.G. Henry, M.R.S.H.,
M.A.P.H.I., C.S.I.B.

Additional Public Health

Inspector : J. Saunders, A.R.S.H.,
M.A.P.H.I., C.S.I.B.

Clerical Staff

: Miss B.L. Beagley
Miss G.D. Strugnell

Rodent Operators

: W.J. West
W.H. Sayers

Public Health Department,
Council Offices,
MIDHURST.

October, 1957.

TO: The Chairman and Members
of the Midhurst Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report on the health of the Midhurst Rural District and the work of the Public Health Department during the Year 1956.

The principal vital statistics for the year, together with comparative figures for 1955, are :-

	<u>Midhurst R.D.</u>		<u>England and Wales</u>	
	<u>1956</u>	<u>1955</u>	<u>1956</u>	<u>1955.</u>
Estimated Home Population ..	16,980	16,980	44,667,000	44,441,000
Crude Birth Rate per 1,000 population .	12.95	15.42	15.7	15.0
Crude Death Rate per 1,000 population .	16.66	14.66	11.7	11.7

A certain percentage of the children born are protected by Diphtheria Immunisation by the end of their first year, but this percentage is not high enough to ensure the continued rarity of cases of the disease. Every child should be immunised, and parents should make sure of it. The Health Authority can only facilitate immunisation - parents must make the corresponding effort and use the facilities given.

Seventy-nine houses (46 Private, 33 Council) were completed during 1956, making a total of 910 houses completed since 1945. A further 22 houses were under construction by the Council at the 31st December, 1956.

I would like to express my thanks to the Chairman and Members of the Council for their support, and to Mr. T.G. Henry and all members of the Staff for their work during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

T. Henry
Medical Officer of Health.

Section I.

STATISTICS AND SOCIAL CONDITIONS.

The District is an agricultural and residential one.

Other minor industries provide employment, and holiday traffic brings a considerable amount of trade to hotels and cafes.

General Statistics.

Area in Acres	..	..	..	..	67,035
Number of Parishes	..	..	..	..	26
Registrar-General's Estimate of Population (1955 mid-year)	16,980				
Registrar-General's Estimate of Population (1956 mid-year)	16,980				
Number of Dwellings	..	..	..	..	5,549
Rateable Value (March, 1957)	..	..	..	..	£ 213,578
Sum Represented by a Penny Rate (March, 1957)	..	..	..	..	£ 835

VITAL STATISTICS

Live Births

MIDHURST RURAL DISTRICT								Birth Rate per 1,000 Pop.		
Total Number (after adjustment for transfers)						Birth Rate per 1,000 population		West Sussex		England and Wales
								Rural Districts	Urban Districts	
Year	Total	Sex		Illegitimate		Crude		Corr.		
		M	F	Number	%					
1955	262	147	115	13	4.9	15.42	16.80	15.24	11.69	15.0
1956	220	114	106	8	3.6	12.95	14.11	14.92	13.34	15.7

Stillbirths

MIDHURST RURAL DISTRICT				Rate per 1000 total (live & still) Births		Rate per 1000 population	
Total Number (after adjustment for transfers)				Midhurst R.D.	England and Wales	Midhurst R.D.	England and Wales
Year	Total	Sex					
		M	F				
1955	8	4	4	29.62	23.2	0.47	0.35
1956	2	1	1	9.00	23.0	0.11	0.37

Deaths

MIDHURST RURAL DISTRICT						WEST SUSSEX		ENGLAND AND WALES
Total Deaths (after adjustment for transfers)				Death Rates per 1,000 population		Death Rate per 1,000 population		Death Rate per 1,000 population
Year	Total	Sex		Crude	Corr.	Rural Districts	Urban Districts	
		M	F					
1955	249	126	123	14.66	10.70	11.56	15.44	11.7
1956	283	149	134	16.66	9.66	13.78	14.71	11.7

When dealing with a small population such as that of this District, a certain random fluctuation from year to year in birth and death rates is to be expected. This is illustrated by the figures for the last ten years shown on Page 8.

Of the total deaths recorded during 1956, 223 or 78.8% occurred in persons aged 65 years or over; 171 or 60% in persons aged 75 years or over, and 54 or 19% in persons aged 85 years or over.

The chief causes of death in order of frequency were :

	1956	1955
(i) Diseases of the heart and circulatory system	113(40%)	88(35%)
(ii) Vascular lesions of nervous system ..	45(16%)	54(21%)
(iii) Neoplasms (growths)	41(14%)	45(18%)
(iv) Respiratory diseases (excluding Pulmonary Tuberculosis)	33(11%)	26(10%)

These four causes accounted for 232 or 82% of the total deaths.

A table at the end of this Section shows the age, sex distribution and causes of death in 1956.

From the above statistics it will be seen that deaths exceeded births by 63, and the Registrar-General's estimate of the population of the district at mid-year 1956, was the same as that for 1955 mid-year.

Maternal Mortality

Midhurst R.D. Maternal Mortality Rate per 1,000 total births					
Year	Total Deaths	Midhurst R.D.	West Sussex		England and Wales
			R.D's.	U.D's.	
1955	Nil	-	0.37	-	0.64
1956	Nil	-	0.44	0.70	0.56

Infant Mortality (Deaths of Infants under 1 Year)

INFANT DEATHS					RATES PER 1,000 LIVE BIRTHS			
MIDHURST RURAL DISTRICT					Midhurst R.D.	West Sussex		England and Wales
Year	Total	Sex		Illegit- imate		R.D's	U.D's	
		M	F					
1955	3*	2	1	-	11.45	19.7	23.6	24.9
1956	5*	-	5	-	22.72	19.	28.	23.8

Infant Mortality Rates :

<u>Under 1 year of age.</u>	<u>1956</u>	<u>1955</u>
All infants per 1,000 live births	22.72	11.45
Legitimate infants per 1,000 legitimate live births ..	23.58	12.04
Illegitimate infants per 1,000 illegitimate live births ..	Nil	Nil

* All deaths occurred in children under four weeks of age.

Death Rates per 1,000 population from :

Pulmonary Tuberculosis ..	0.05	0.05
All forms of Tuberculosis ..	0.11	0.05
Respiratory diseases (excluding Pulmonary Tuberculosis)	1.94	1.53
Cancer	2.41	2.65
Principal Zymotic Diseases (Smallpox, Enteric Fever, Measles, Scarlet Fever, Whooping Cough & Diphtheria)	Nil	0.05

Number of Deaths from Diarrhoea and Enteritis (children under 2 years)	Nil	Nil
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Table of Causes of Death at Different Periods of Life - 1956

No. of Deaths	Causes of Death	Sex	All Ages	Weeks							Years										85- 90																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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No deaths were recorded as due to : (3) Syphilitic disease; (4) Diphtheria; (5) Whooping Cough; (6) Meningococcal infections; (7) Poliomyelitis; (8) Measles; (9) Other infective and parasitic diseases; (30) Pregnancy, childbirth, abortion; (34) All other accidents; (36) Homicide and operations of war.

Table showing Vital Statistics for the Years 1947 - 1956

Year	Estimated Population	Total Live Births			Birth Rate			Total Deaths			Death Rate			Infant Deaths			Infant Death Rate	Natural Increase
		M	F	Total	Crude	Comp. Factor	Corr.	M	F	Total	Crude	Comp. Factor	Corr.	M	F	Total		
1947	15,730	143	120	263	16.71	-	-	86	95	181	11.5	-	-	6	5	11	41.82	82
1948	16,530	132	116	248	15.00	-	-	116	78	194	11.73	-	-	3	-	3	12.09	54
1949	16,590	126	118	244	14.70	-	-	94	107	201	12.11	0.79	9.56	2	2	4	16.39	43
1950	16,480	109	116	225	13.65	1.11	15.15	112	105	217	13.16	0.78	10.26	1	4	5	22.22	8
1951	16,730	119	113	232	13.86	1.11	15.38	102	101	203	12.13	0.78	9.46	5	4	9	38.79	29
1952	16,750	106	104	210	12.53	1.10	13.78	105	101	206	12.29	0.78	9.58	4	-	4	19.04	4
1953	16,820	125	109	234	13.91	1.10	15.30	130	117	247	14.68	0.78	11.45	5	1	6	25.64	- 13
1954	16,960	121	112	233	13.73	1.09	14.96	141	114	255	15.03	0.73	10.97	2	2	4	17.16	- 22
1955	16,980	147	115	262	15.42	1.09	16.80	126	123	249	14.66	0.73	10.70	2	1	3	11.45	13
1956	16,980	114	106	220	12.95	1.09	14.11	149	184	283	16.66	0.58	9.66	-	5	5	22.72	- 63

Section II.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Hospitals.

The hospitals providing accommodation and treatment for residents of the District are administered by the South-West Metropolitan Regional Hospital Board, and are as follows :-

Chichester Isolation Hospital
St. Richard's Hospital, Chichester
Royal West Sussex Hospital, Chichester
Midhurst Cottage Hospital
Petworth Cottage Hospital
Haslemere Hospital
Petersfield Hospital
Horsham General Hospital
Worthing Hospital
Southlands Hospital, Shoreham-by-Sea
Sussex Maternity and Women's Hospital, Brighton
Zachary Merton Maternity Home, Rustington
Aldingbourne House Sanatorium

Laboratory Service.

Examinations carried out for this Authority by the Public Health Laboratory, Portsmouth, during 1956, were as follows :-

<u>Nature of Specimen</u>	<u>Number Examined.</u>
(a) Ice Cream	41
(b) Milk (Pathological) .	209
(c) Milk (Biological) ..	34
(d) Water	180
(e) Faeces	4
TOTAL	<u>468</u>

Ambulances.

The Local Health Authorities (the West Sussex County Council and the Surrey County Council) provide an ambulance service with ambulances operating from Midhurst, Petworth and Haslemere.

The same Authorities are also responsible for the Hospital Car Service.

Home Nursing and Midwifery.

General District Nurses, Midwives, Health Visitors and School Nurses, are employed by the West Sussex County Council to serve in the Rural District.

Treatment Centres and Clinics.

Ante-Natal Clinics	-	held at Northchapel and Petworth.
Infant Welfare Centres	-	held at Camelsdale, Midhurst, Northchapel and Petworth.
Infant Weighing Centres	-	held at Heyshott, Rogate and Stedham.
School Clinic (Minor Ailments)	-	held at Chichester.
Aural Clinic	)	
Orthopaedic Clinic	)	
Speech Therapy Clinic	-	held at Chichester and Midhurst.
Eye Clinic	-	held at Midhurst.
Chest Clinic	-	held at Aldingbourne House Sanatorium.
Venereal Diseases Clinics	-	held at St. Mary's Hospital, Portsmouth; The Royal Surrey County Hospital, Guildford; and St. Richard's Hospital, Chichester.

Nursing Homes.

At the end of the year there were five Nursing Homes in the district registered by the West Sussex County Council under Section 187 of the Public Health Act, 1936, providing a total accommodation for 111 patients. One nursing home, with a total of 53 beds, is used for accommodating aged chronic cases.

National Assistance Act, 1948.

Sections 47 and 50.

No action was necessary during the year.

Section III.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

The Midhurst Rural District Council and the Wey Valley Water Company provide mains water to all Parishes in the District, 4,287 properties having a supply within the dwellings with very few exceptions.

Private Estate water is also piped to 1,030 houses.

Details of the supplies in each of the Parishes as at 31st December, 1956, are given in the table at the end of this Section.

MIDHURST RURAL DISTRICT COUNCIL WATER UNDERTAKINGS.

Rotherfield Bore Supply, Easebourne - to the Parishes of Bepton, Cocking, Easebourne, Heyshott, Midhurst, Stedham, West Lavington and Woolbeding.

During the year there was an extension of the main in Lamberts Lane, Midhurst, to supply additions to the Midhurst Grammar School.

Some 3,435 yards of 3" and 4" main were also descaled resulting in an improvement in the supply position to the South of Midhurst.

The number of houses supplied from this source is 1,273.

Slade Lane Bore Supply, Rogate - to the Parishes of Chithurst, Elsted, Harting, Iping, Linch, Rogate, Stedham, Terwick, Treyford, Trotton and Woolbeding.

This supply is interconnected with the Rotherfield Supply at the Half Moon, Midhurst, and the extra pressure thus obtained has helped in improving the supplies to dwellings in the Cocking and West Lavington areas.

A total of 1,058 houses are supplied by this Scheme.

Lodsworth Bore Supply, Lodsworth - to the Parishes of Easebourne, East Lavington, Graffham, Lodsworth, Lurgashall, North Ambersham, South Ambersham and Tillington.

This source supplies 553 houses.

MIDHURST RURAL DISTRICT COUNCIL WATER UNDERTAKINGS (Contd.)

Spring Supply, Henley - to the Parishes of Easebourne and Fernhurst.

Thirty-two houses are supplied by this scheme.

WEY VALLEY WATER COMPANY.

Water is supplied to the Parishes of Fernhurst, Harting, Iping, Linchmere, Lurgashall, North Ambersham, Rogate and Trotton.

The total number of houses supplied is 1,335.

Main extensions carried out by this Undertaking were as follows :-

<u>Situation.</u>	<u>Length.</u>
Fernhurst/Midhurst Road.	615 yards of 4" main.
Woodfold, Fernhurst.	135 yards of 2" main.

PRIVATE ESTATE WATER SUPPLIES.

During the year negotiations were opened for the acquirement of the Western Water Supply, Graffham, by the Council, and at the time of writing this report the sale had been practically completed.

Water Analyses.

A total of 180 samples of water were taken and submitted for examination, and the following table gives details of the results received :-

Source	No. of Samples Taken	E x a m i n a t i o n			
		Bacteriological		Chemical	
		S	U	S	U
Midhurst R.D.C. Mains	52	45	7	-	-
Wey Valley Water Company Mains	22	21	1	-	-
Private Estate Supplies	93	64	29	-	-
Individual Private Supplies	13	3	10	-	-
TOTALS	180	133	47	-	-

Note: S = Satisfactory U = Unsatisfactory

Drainage and Sewerage.

Houses Drained to the Council's Sewers :

<u>Parish</u>	<u>Drainage Scheme</u>	<u>Houses Drained to Sewer</u>	<u>Number of Houses in Parish.</u>
Chithurst	Cartersland Corner	12	83
Cocking	Cocking	80	155
Heyshott	Cocking	1)	133
Heyshott	Austens & Bakersfield	17)	
Elsted	Hill View	12	67
Graffham	Guillods	22	184
Harting	Harting	223)	469
Harting	Furze Meadow	12)	
Easebourne	Midhurst, Easebourne and West Lavington	450	554
Midhurst	Ditto	632	638
West Lavington	Ditto	79	163
Woolbeding	Ditto	2	70
Fernhurst	Fernhurst Village	204)	649
Fernhurst	Northern Fernhurst and Linchmere	210)	
Linchmere	Ditto	361	480
North Ambersham	Ditto	12	60
Lodsworth	Beechfield	6)	204
Lodsworth	Barnfield	6)	
Lurgashall	Lurgashall	12	189
Rogate	Knowles Meadow	18)	413
Rogate	Rogate Village	91)	
Terwick	Ditto	11)	61
Terwick	Mill Lane	8)	
Trotton	Ditto	16	150
Stedham	Great House Farm	31	198
Tillington	The Harrows	8	229
TOTALS		<u>2,536</u>	<u>5,149</u>

State of Household Sanitation in the District:

Houses with water closets drained to sewers -	2,509 (45.2%)
Houses with water closets drained to septic tanks and cesspools .. -	1,878 (33.8%)
Houses with earth, pail or chemical closets -	<u>1,162 (21.0%)</u>
TOTAL	<u>5,549</u>

Rogate, Harting and Cocking Drainage Schemes.

Further progress was made in draining houses in these villages to the new sewers, and 18 were connected at Rogate and Terwick, 6 at Harting and 2 at Cocking.

Rivers and Streams.

A scheme for alleviating flooding at Harting has at last been approved and work has been put in hand.

Public Cleansing.

The refuse collection service provided by the Council is as follows :-

<u>Interval between Collections</u>		
<u>Once Weekly</u>	<u>Fortnightly</u>	<u>Four-Weekly</u>
Midhurst	Linchmere & Fernhurst North Ambersham Easebourne (except Lutener Rd. & Easebourne Street-Post Office to School) Trotton(Milland area only) Chithurst Iping Woolbeding(Except East Shaw).	Tillington Stedham Harting(Uppark only) Graffham Heyshott Lodsworth South Ambersham Bepton(Upper Bepton only) Treyford Lurgashall Rogate(Fyning only) Terwick Trotton(except Milland area) Woolbeding(East Shaw only) Elsted.
Easebourne(Lutener Road & Easebourne Street - Post Office to School only)		
West Lavington (Chichester Road-South Pond to Station only)	Cocking West Lavington(except Chichester Rd. - South Pond to Station) Bepton(except Upper Bepton) Rogate(except Fyning) Harting(except Uppark)	

All refuse is deposited on the Tip at Midhurst Common.

Cesspool Emptying Service.

The Council continues to provide a rateborne cesspool emptying service which allows one free emptying at intervals of three months to premises where connection to the main is not possible. Where house drains can be connected to the sewer, emptyings are only undertaken upon payment of the requisite fee. During the year 1,097 cesspools were emptied.

Shops Act, 1950.

Sixty-one visits were made to shops and offices.

Informal action was taken in eight cases in connection with unsatisfactory sanitary accommodation.

Smoke Abatement.

No action was necessary in this respect.

Factories Act, 1937.

There are 67 establishments situated in the district coming within the scope of the Factories Act, 1937, of which 43 are provided with mechanical power.

During the year, 90 inspections of factory premises were made. Arising out of these inspections, defects as under were found and remedied :-

<u>Nature of Defect:</u>	<u>Number Found and Remedied</u>
Want of cleanliness ..	2
Insufficient sanitary convenience	1

Swimming Baths and Pools

There are no public swimming baths or pools in the area.

Camping Sites.

The following licences were granted during the year under Section 269 of the Public Health Act, 1936 :-

(a) Licences to erect, station and use movable dwellings	20
(b) Licences authorising the use of land as a site for movable dwellings	1

Eradication of Bed Bugs.

One cottage was found to be infested with bed bugs and effectively disinfested.

Prevention of Damage by Pests Act, 1949.

During the year, 947 infestations were dealt with and some 5,359 rats were destroyed.

The Council's sewers were also treated.

Rag Flock and Other Filling Materials Act, 1951.

There are no premises in the district at which rag flock is used or sold.

Pet Animals Act, 1951.

One licence was granted under this Act.

Schools.

There are 13 schools in the district of which 12 now have waterborne sanitation.

At Tillington School, new sanitary arrangements with wash-hand basins were provided and complete new drainage system to watertight cesspool.

Twenty-six visits were made to school premises.

Sanitary Inspection of the Area.

Visits made:

Housing - first visits	..	..	788
Housing - re-visits	..	..	1,261
Council House applications	..	..	147
Overcrowding	..	..	121
Drainage and sanitary conveniences	..	..	1,129
Water supplies	..	..	353
Privies, ditches and cesspools	..	..	220
Refuse and accumulations	..	..	47
Verminous premises	..	..	16
Rats and mice destruction	..	..	8,617
Schools	..	..	26
Movable Dwellings	..	..	28
Factories Act	..	..	90
Infectious Diseases	..	..	22
Shops Act	..	..	61
Slaughterhouses, Butchers' Shops and other Food Premises	..	..	933
Dairies and Milk Distributors	..	..	165
Miscellaneous	..	..	41
Total Visits			<u>14,065</u>

Sanitary Inspection of the Area (Contd.)

Complaints received	60
Informal Notices served	337
Informal Notices complied with ..	374
Statutory Notices served under	
Section 93, Public Health Act, 1936	6
Statutory Notices complied with	5

Summary of Sanitary Work and Improvements under Public Health and Housing Acts.

Baths provided	104
Ceilings repaired or renewed	44
Chimney stacks repaired or renewed ..	30
Cooking ranges repaired or renewed ..	83
Damp walls remedied	34
Doors repaired or renewed	41
Drainage systems cleared or repaired ..	112
Drainage systems provided	101
Earth Closets repaired or renewed ..	2
Firegrates repaired or renewed	46
Food Stores provided or repaired	35
Foul accumulations removed	9
Floors repaired or renewed	49
Fuel Stores provided or repaired	16
Gutters and downpipes provided or repaired	48
Hot and cold water systems provided ..	115
Houses cleansed and redecorated	65
Plaster repaired and renewed	82
Refuse bins provided	13
Roofs repaired or renewed	68
Sinks provided	57
Stairs repaired or renewed	22
Verminous premises disinfested	6
Water supplies laid on into dwellings ..	61
Water Closets provided or repaired ..	132
Windows enlarged, provided or repaired ..	63
Walls repaired	26
Yard paving provided or repaired	33

Summary of Rural Water Supplies - 31st December, 1956.

Parish	Area (Acres)	Estim- ated Popul- ation	No. of houses in Parish	Houses with piped water from		Houses with Wells, Springs, or Rainwater Tanks
				Public Mains	Private Estates	
Bpton	1910	297	97	50	45	2
Chithurst	1200	252	83	65	11	7
Cocking	2596	474	155	76	78	1
Easebourne	4214	1699	554	360	192	2
East Lavington	1977	241	79	21	55	3
Elsted	1840	205	67	60	2	5
Fernhurst	4950	1986	649	601	35	13
Graffham	2137	563	184	38	143	3
Harting	7946	1435	469	381	55	33
Heyshott	2184	407	133	9	114	10
Iping	2235	391	128	96	20	12
Linch	850	71	23	8	11	4
Linchmere	2066	1468	480	468	9	3
Lodsworth	2441	625	204	185	5	14
Lurgashall	4815	578	189	104	35	50
Midhurst	669	1953	638	638	-	-
North Ambersham	1168	184	60	41	17	2
Rogate	5016	1264	413	395	6	12
South Ambersham	1502	97	32	7	22	3
Stedham	2493	606	198	65	126	7
Terwick	783	186	61	54	5	2
Tillington	3816	701	229	212	4	13
Treyford	2098	125	41	26	4	11
Trotton	3600	459	150	117	21	12
West Lavington	678	499	163	159	4	-
Woolbeding	1851	214	70	51	11	8
TOTALS	67035	16980	5549	4287	1030	232
Percentage of Total Dwellings				77.3%	18.7%	4.0%
				96%		

Estimated population deriving water from :

(a)	Public Mains	..	..	13,118
(b)	Private Estate Mains	..	..	3,151
(c)	Other Sources	..	..	<u>711</u>
	Total Population			<u>16,980</u>

Section IV.

HOUSING

At the close of 1956, the Council's list of housing applicants showed 332 outstanding cases as compared with 326 cases in 1955.

New houses completed during the year totalled 79 (46 private, 33 Council).

Housing Act, 1936.

Action under Section 11 of this Act was taken in 42 cases, resulting in 16 Undertakings being accepted, and 12 Closing Orders and 23 Demolition Orders being made.

Housing Act, 1949 - Improvement Grants.

During the year applications were received for the improvement of 64 dwellings. Of these, 57 were approved, 5 were under consideration and 2 were refused.

The number of houses reconditioned during 1956 with the aid of grant was 49. Since the Act came into force the number of houses completed is 105.

Housing Repairs and Rents Act, 1954.

No applications were received during the year for Certificates of Disrepair.

Houses Erected by Private Enterprise.

The 46 houses built privately during 1956 are situated in the following parishes :-

Bepton	2	Iping	7
Chithurst	2	Linchmere	2
East Lavington	3	Lodsworth	3
Elsted	1	Midhurst	7
Fernhurst	7	Rogate	2
Graffham	2	Stedham	1
Harting	1	Trotton	4
Heyshott	1	West Lavington	1

Requisitioned Premises.

The following statement gives details of the action taken during 1956 in connection with requisitioned premises :-

Number of :

Properties under requisition at 31.12.55.	24
Units of accommodation provided ..	28
Persons accommodated	91
Properties derequisitioned during 1956 ..	11
Properties requisitioned at 31.12.56. ..	13
Units of accommodation provided ..	14
Persons accommodated	39

Housing Statistics.

1. Inspection of Dwelling-houses during the year.

- (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts).. .. 788
- (b) Number of inspections made for the purpose 2,049
- (2) Number of dwelling-houses found not to be in all respects reasonably fit for habitation 309

2. Remedying of Defects without Service of Formal Notice.

Number of dwelling-houses in which defects were remedied in consequence of informal action taken by the Local Authority 324

3. Action under Statutory Powers.

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :

- (1) Number of dwelling-houses in respect of which notices were served requiring repairs Nil
- (2) Number of dwelling-houses which were rendered fit after service of formal notice.. Nil

(b) Proceedings under Public Health Acts :

- (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 6
- (2) Number of dwelling-houses in which defects were remedied after service of formal notices :

- (a) By owners 5
- (b) By Local Authority in default of owners Nil

Housing Statistics (Contd.)

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936; Section 3 of the Housing Act, 1949, and Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953 :

(1) Number of houses in respect of which demolition orders were made	23
(2) Number of dwelling-houses demolished in pursuance of demolition orders ..	11
(3) Number of dwelling-houses in respect of which Undertakings have been given that they will not be used for human habitation until made fit.. .. .	16
(4) Number of dwelling-houses in respect of which Closing Orders were made under Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953	2
(5) Number of dwelling-houses in respect of which Closing Orders were made under Section 3 of the Housing Act, 1949	10

4. Housing Act, 1936 - Part IV - Overcrowding.

(a) (i) Number of dwellings overcrowded at the end of the year	5
(ii) Number of families dwelling therein ..	5
(iii) Number of persons dwelling therein ..	37
(b) Number of new cases of overcrowding reported during 1956	1
(c) (i) Number of cases of overcrowding relieved during 1956	2
(ii) Number of persons concerned in such cases	9
(d) Particulars of any case in which dwelling-houses have again become overcrowded after the Local Authority has taken steps to abate the overcrowding	Nil

Houses Erected by the Local Authority.

Parish		Houses Erected			Former Hsg. Soc. Houses	Grand Total
		Pre- War	1947 1955	1956		
CHITHURST	- Chorley Common Cottages	4	-	-	-	
	Cartersland Corner	-	12	-	-	16
COCKING	- Malthouse Cottages	8	-	-	-	
	The Croft	-	35	-	-	43
EASEBOURNE	- Canada Cottages	12	-	-	-	
	Cowdray Road	-	35	-	-	
	Egmont Road	-	12	-	-	
	Fox Road	-	20	-	-	
	Montague Road	-	32	-	-	111
ELSTED	- Hill View Cottages	4	8	-	-	12
FERNHURST	- Dale Copse Cottages	6	-	-	-	
	Old Glebe Cottages	-	40	-	-	46
GRAFFHAM	- Woodcote Cottages	6	-	-	-	
	Guillod Cottages	-	22	-	-	28
HARTING	- Loppers Ash Cottages	4	-	-	-	
	Knightsfield	4	-	-	-	
	Tipper Lane	8	-	-	-	
	Culvers, South Harting	-	62	-	-	
	Furze Meadow, Nyewood	-	12	-	-	90
HEYSHOTT	- Austins Cottages	4	4	-	-	
	Bakersfield Cottages	4	-	-	-	
	Leggatts Flats	-	4	-	-	16
IPING	- Crossways Cottages	4	-	-	-	4
LINCHMERE	- The Spinney(Moor Copse)	-	6	-	-	
	Hammer Hill Cottages	-	61	21	-	88
LODSWORTH	- Berryfield Cottages	2	-	-	-	
	Barnfield Cottages	4	-	-	-	
	Beechfield Cottages	-	6	-	-	12
LURGASHALL	- Greengate Cottages	4	4	-	-	8
MIDHURST	- Barnplat Cottages	12	-	-	-	
	June Meadow	-	12	-	-	
	Nine Acres	-	22	-	-	
	June Rise	-	-	-	8	54
ROGATE	- Paddock Cottages	4	-	-	-	
	Parsonage Cottages	-	20	-	-	
	Knowles Meadow	-	18	-	-	42
STEDHAM	- Common View Cottages	-	10	-	-	10
TERWICK	- Mill Lane Cottages	8	-	-	-	8
TILLINGTON	- Willetts Field Cottages	4	-	-	-	
	The Harrows	-	8	-	-	12
TROTTON	- Mill Lane Cottages	4	-	12	-	16
W. LAVINGTON	- Taylors Field	-	48	-	-	
	Taylors Rise	-	-	-	8	56
WOOLBEDING	- Claypit Cottages	4	-	-	-	4
TOTALS		114	513	33	16	676

Section V.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

Number of :

Inspections of dairies and milk premises	165
Producer Distributors with farms in the District	9
Retail Dairies (not producing milk) in the District	3
Milk Distributors with dairies outside the District	9
Dealer's licences granted authorising the use of the Special Designation :	
(a) Tuberculin Tested Milk	13
(b) Pasteurised Milk	10
(c) Sterilised Milk	3

Of the three retail dairies in the district, two possess pasteurising plants.

During the year, 161 samples of milk taken from distributors were submitted for examination for cleanliness by the Methylene Blue Test, and of these, 135 were reported upon as satisfactory.

Forty-eight samples of Pasteurised Milk were taken and submitted to the Phosphatase Test, and of these, 47 were satisfactory.

Thirty-four samples of milk taken from farms whose milk is retailed in the district were submitted for biological examination and reported free from Tubercle Bacilli.

Meat and Other Foods.

Most of the meat consumed in the district is slaughtered elsewhere, supplies being delivered mainly from Chichester, Petersfield, Haslemere and London.

There is one licensed slaughterhouse at West Street, Midhurst, and animals killed thereat are as given below :-

Carcases and Offal inspected and condemned in whole or in part.

	Cattle Exclud. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed	-	-	29	62	65
Number Inspected	-	-	29	62	65
<u>All diseases except Tuberculosis and Cysticerci :</u>					
Whole carcasses condemned	-	-	-	-	-
Carcases of which some part or organ was condemned	-	-	-	-	3
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	-	-	-	-	4.6
<u>Tuberculosis only :</u>					
Whole carcasses condemned	-	-	-	-	-
Carcase of which some part or organ was condemned	-	-	-	-	-
Percentage of the number inspected affected with tuberculosis	-	-	-	-	-
<u>Cystercosis :</u>					
Carcases of which some part or organ was condemned	-	-	-	-	-
Carcases submitted to treatment by refrigeration	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-

Meat and Other Foods (Contd.)

The following is a summary of butchers' shops, etc. in the district, together with details of inspections of these establishments carried out during the year :-

Number of :

Butchers' Shops	8
Premises registered under the Food and Drugs Act, 1938, for the preparation and manufacture of sausages or potted, pressed, pickled or preserved food intended for sale for human consumption	9
Visits made to the above premises ..	384
Premises registered for the sale of Ice Cream	52
Visits to Ice Cream Premises ..	132

There are no manufacturers of Ice Cream in the district.

Forty-one samples of Ice Cream were taken from dealers and submitted for examination for cleanliness by the Methylene Blue Test. Of these, 39 were in Grade I and 2 in Grade II.

Bakehouses.

There are six bakehouses in use in the district and during the year, 16 inspections were made.

Two informal notices in respect of cleansing and lime-washing were served and complied with.

Other Food Premises.

Details of other food premises in the district, together with inspections made during the year, are set out herewith :-

Cafes, Restaurants, Private Hotels and Guest Houses	22
Visits to such premises	114
Grocers and General Stores	47
Fishmongers and Poultry Shops	3
Greengrocery Shops	6
Sweet Shops	7
Visits to such premises	212

Food Hygiene Regulations, 1955.

These Regulations came into operation during the year and all food premises were inspected and occupiers advised on works required to comply with the new Regulations. In all, 131 informal notices were served and most of these had been complied with by the end of the year.

Every opportunity is taken, when visiting food premises, to stress the need for cleanliness and personal hygiene.

<u>Meat and Other Foods Condemned at Food Shops.</u>				<u>Lbs.</u>
Corned Beef - 3 tins	..	..	..	12 $\frac{5}{4}$
Ox Tongue - 4 tins	..	..	..	24
Ham - 2 tins	..	..	..	20 $\frac{1}{4}$
Minced Beef Loaf - 1 tin		..	..	1
Cod Fillets	..	..	..	32
Milk - 3 tins	..	..	..	2 $\frac{5}{4}$
Prunes	..	..	..	20
Currants - 2 Packets	..	..	..	1 $\frac{1}{2}$
Chocolate	..	..	..	24 $\frac{5}{4}$

Slaughter of Animals Act, 1933.

Slaughter of Animals (Amendment) Act, 1954.

Eleven slaughtermen are licensed under the provisions of this Act.

Section VI.

PREVALENCE AND CONTROL OF DISEASES.

During the last few years the public have had their attention effectively drawn to certain vital statistics. Scarcely any adult who can read a daily newspaper will have failed to notice that the number of deaths from Cancer in this country is steadily increasing, and that there appears to be some correlation between excessive cigarette smoking and the development of cancer of the lung. These are facts - there is a general increase in cases and deaths from cancer and there is some correlation between excessive smoking and cancer of the lung - but they are facts which should not be examined in isolation. They are part of the very complex pattern of mortality and that pattern is changing over the years in a quite remarkable way. Over 17,000 people died of cancer of the lung in 1955 in England and Wales compared to 10,661 in 1947. An alarming increase? But 23,000 people died of Tuberculosis in 1947, and only 6,500 died of this disease in 1955. A resounding victory over an age long scourge?

The birth rate since 1900 has been practically halved (15 per 1,000 in 1955, 29.9 per 1,000 in 1900), but the infant mortality rate has been reduced in the same period from 153 children per 1,000 live births to 25 - 128 more children out of every 1,000 born alive survive to the end of the first year. And what do they survive for? What will be their eventual fate? Not many of them will die of tuberculosis, scarcely any will die of diphtheria, scarlet fever or typhoid. A few will fall victims of poliomyelitis, some will smoke too much perhaps and die of cancer of the lung, some will be killed on the roads (but more will be killed in accidents at home), and the vast majority will survive to a ripe old age and die either of cancer or of degenerative disease.

The study of vital statistics is a fascinating one and the most striking fact which emerges from a survey of the last half century is that the pattern is changing. Over the last ten years the significance of the different components which make up the statistical picture has changed. The birth rate tends to decrease, more of the babies born survive to grow up, more adults survive to become aged, but the overall death rate stays fairly steadily between 11 and 12 per 1,000.

The inescapable consequence of a falling birth rate and a steady or slowly falling death rate is a population in which the average age rises and in which the proportion of young and active workers falls while that of the aged rises. The old have to be supported by the young, whether in the family or in the state as

Prevalence and Control of Diseases (Contd.)

a whole, and each individual wage earner bears a responsibility, which must progressively increase, to contribute to the support of the aged.

The infectious diseases which caused so many deaths in the nineteenth century and in the early part of this century have been reduced to unimportant incidents, first by improved environmental hygiene, later by direct attack on the diseases themselves. Preventive medicine consequently is gradually changing its attack. The bacterial enemies of man are not defeated, but they have been so effectively controlled that the field has been left more open to the degenerative diseases and to cancer - these are both conditions arising very largely in later life. Every baby who survives the perils of his first year is one more child exposed to the accidents of childhood. Every adolescent prevented from dying from tuberculosis, pneumonia or typhoid, helps to swell the ranks of the adults who will die of cancer, coronary thrombosis or cerebral thrombosis. It is towards these conditions that research is being more and more concentrated now, and in this field lies the future of preventive medicine.

In the District in 1956, Measles was prevalent during June, July and August, when 248 of the 366 cases occurring during the year were notified. Otherwise there were few cases of infectious disease.

Two cases of Poliomyelitis were notified - the first since 1953 - and no cases of Diphtheria have occurred for 11 years. It is still necessary, nevertheless, to remind parents that Diphtheria has not been eliminated from this country and will continue to be a danger until three-quarters of the children born are protected by immunisation.

Cancer.

Deaths attributed to Cancer during the year numbered 41 (27 males, 14 females) - 45 deaths in 1955.

The Cancer Death Rate is 2.41 per 1,000 of the estimated home population - 2.65 in 1955. Corresponding rates for the Administrative County and the Urban and Rural Districts are 2.50, 2.56 and 2.40 respectively.

The following is an analysis of the age and sex distribution of all persons whose deaths were certified to be due to cancer

Cancer (Contd.)

during 1956 :-

Ages	Males	Females	Total
5 -	-	-	-
15 -	1	-	1
25 -	-	-	-
35 -	-	-	-
45 -	4	2	6
55 -	2	3	5
65 -	5	2	7
75 -	11	5	16
85 -	4	2	6
TOTALS	27	14	41

Localisation of the Disease.

Male Female Total

Alimentary Tract & Digestive System :

Oesophagus	1	1	2
Stomach	3	1	4
Caecum	1	-	1
Colon	3	3	6
Rectum	-	1	1
Liver	1	1	2
Pancreas	2	-	2

Respiratory System :

Larynx	-	1	1
Lung, bronchus	7	-	7

Urinary Organs :

Kidney	1	-	1
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Male Genital Organs :

Prostate	3	-	3
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Female Genital Organs :

Uterus	-	1	1
Ovary	-	3	3

Breast	-	2	2
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Leukaemia	2	-	2
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Lymphadenoma	1	-	1
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Other sites	2	-	2
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Total number of Deaths	<u>27</u>	<u>14</u>	<u>41</u>
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Smoking and Cancer of the Lung.

In view of the present interest in the subject, a summary of the Medical Research Council's report and some comments thereon, are reproduced as an Appendix at the end of the Report.

Food Poisoning.

No notifications of food poisoning were received during the year, but this does not necessarily mean that there were, in fact, no cases. Food poisoning is still a very common complaint, but for every case notified dozens, possibly hundreds, of cases occur which are unrecorded because they are mild and therefore not medically treated.

Three points emerge from experience over recent years. Firstly, the simple habit of washing the hands after using the lavatory and also before actually handling any food is far from universal. For this, the newspapers and the B.B.C. are in part to blame, because although Medical Officers have for many years been trying to educate the public in this simple rule of hygiene, there is some strange restraint which prevents the advice appearing in the press. If the newspapers and the B.B.C. would state simply and plainly "Food Poisoning would be eliminated in this country if everyone made a practice of always washing their hands after using the lavatory", and if the public accepted this, the result would be far reaching. References to "faulty personal hygiene" or to "washing at the proper times" are useless because no one will admit even to himself that his standards of hygiene fall short of the ideal. But how many people do, in fact, wash their hands every time and, what is even more important, teach this habit to their children from early childhood?

Perhaps the public do not feel sufficiently concerned about food poisoning to care; could the fact that Poliomyelitis is also transmitted by contaminated fingers jolt them into doing this simple thing?

Secondly, the practice in catering establishments of cooking meat one day, carving it and then keeping it overnight before reheating and serving it a day later is universally condemned but persists. Unless very comprehensive cooling and cold storage arrangements are available, this routine provides ideal conditions for outbreaks of food poisoning.

Thirdly, there is a disease called, for want of a better name, Epidemic Vomiting, which gives rise to a surprising number of cases particularly in boarding schools, hospitals and other

Food Poisoning (Contd.)

relatively closed communities (but not by any means sparing ordinary family households). The causative organism has not been identified and the foods likely to transmit it have not yet been incriminated. Sudden, almost explosive, outbreaks of sickness usually at night and especially in children will run through a school or hospital within twenty-four hours and all investigations are negative. Fortunately it is of short duration and a relatively minor upset as far as the individual is concerned.

Measles.

Notifications of Measles totalled 366 (113 in 1955). Details of these cases are set out herewith :-

Parish	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Bpton	-	-	-	-	2	6	4	3	-	-	-	-	15
Chithurst	-	-	-	-	-	-	3	2	-	-	-	-	5
Cocking	-	-	-	-	-	13	19	-	-	-	-	-	32
Easebourne	-	-	-	-	1	7	7	7	2	18	30	-	72
Elsted	-	-	-	-	2	17	-	-	-	-	2	-	21
Fernhurst	-	-	-	-	-	-	-	-	-	-	-	1	1
Graffham	-	-	-	-	-	-	-	-	-	-	1	-	1
Harting	-	-	-	-	1	18	4	2	1	-	-	-	26
Heyshott	3	-	-	-	-	-	-	-	-	-	-	-	3
Iping	-	-	-	-	-	-	8	3	-	-	-	-	11
Linch	-	-	-	-	-	-	3	2	-	-	-	1	6
Lodsworth	-	-	-	-	-	1	1	3	-	1	4	1	11
Midhurst	-	-	-	-	7	36	23	2	-	1	-	1	70
Rogate	-	-	-	1	1	-	2	1	-	1	2	16	24
Stedham	-	-	-	-	2	1	6	10	-	-	-	-	19
S. Ambersham	-	-	-	-	-	-	-	-	-	1	1	-	2
Terwick	-	-	-	-	-	-	-	2	-	-	-	-	2
Tillington	-	-	-	-	1	1	-	-	-	-	6	-	8
Treyford	-	-	-	-	-	5	1	-	-	-	-	-	6
Trotton	-	-	-	-	-	2	3	1	-	-	-	-	6
W. Lavington	-	-	-	-	1	7	4	1	-	-	4	-	17
Woolbeding	-	-	-	-	1	4	2	1	-	-	-	-	8
TOTALS	3	-	-	1	19	118	90	40	3	22	50	20	366

Pneumonia.

Five cases of Pneumonia were notified (19 in 1955).

Notifications of this disease bear little relationship to its incidence however. There were 19 deaths from Pneumonia, 11 of them over the age of 75 years, and of these, 5 were over 85 years.

Poliomyelitis.

Two cases of Poliomyelitis (1 paralytic, 1 non-paralytic) were notified during the year.

Inoculation against the disease was commenced on a limited scale by the West Sussex County Council, limited by the supply of vaccine made available to the County Council by the Ministry of Health.

The opening of the Virology section of the Public Health Laboratory at Portsmouth will make it possible to confirm the diagnosis in some doubtful cases, and by examination of contacts may reveal just how widespread the poliomyelitis virus is in symptomless carriers. Identification of the virus in the intestinal canal both of cases and of individuals entirely unaffected by it gives renewed emphasis to the paramount importance for every person in the community always to wash their hands after using the lavatory. Infinitely more would be done towards effective control of the disease by advising the public on this point daily than by publishing daily figures of the number of cases which have occurred in this town or that town.

Scarlet Fever

Two cases of Scarlet Fever were notified (1 case in 1955).

Tuberculosis.

Six cases were added to the register (2 primary notifications and 4 cases moving into the district as transfers from other areas). All were pulmonary cases. In 1955, cases added to the registered were 14 pulmonary and 1 non-pulmonary.

Cases removed from the register in 1956 totalled 8, one non-pulmonary case having recovered and five pulmonary cases on leaving the district. Two deaths from this disease were recorded (1 in 1955).

Tuberculosis (Contd.)

The death rate from Pulmonary Tuberculosis for the year is 0.05 per 1,000 of the home population (0.05 in 1955). The death rate for the Administrative County and for the Urban and Rural Districts is 0.06.

Notification Register of Tubercular Patients - 1956.

		Pulmonary Cases			Non-Pulmonary Cases			Total Cases (All Forms)		
		M	F	Total	M	F	Total	M	F	Total
1	No. on Register at 1st January, 1956 ..	27	29	56	8	4	12	35	33	68
2	Cases previously removed & returning in 1956 .	-	-	-	-	-	-	-	-	-
3	Primary Notifications received in 1956 ..	1	1	2	-	-	-	1	1	2
4	Cases moved into area as transfers ..	2	2	4	-	-	-	2	2	4
	TOTALS	30	32	62	8	4	12	38	36	74
5	Cases removed from Register in 1956 ..	4	2	6	2	-	2	6	2	8
6	Number on Register at 31st December, 1956 .	26	30	56	6	4	10	32	34	66

The following table shows the number of cases added to the register annually for the last ten years, together with details of the total cases on the register during this period :-

Year	Cases added to the Register			Total Cases on Register at 31st December		
	Total	Pulmonary	Non-Pulmonary.	Total	Pulmonary.	Non-Pulmonary
1947	21	17	4	58	43	15
1948	17	16	1	70	55	15
1949	28	21	7	74	56	18
1950	13	13	-	65	48	17
1951	15	13	2	61	46	15
1952	20	15	5	74	57	17
1953	11	10	1	71	53	18
1954	8	7	1	58	46	12
1955	15	14	1	68	56	12
1956	6	6	Nil	66	56	10

No action was taken under the Public Health (Prevention of Tuberculosis Regulations, 1925, or under Section 172 of the Public Health Act, 1936.

B.C.G. Vaccination.

Late in the year the West Sussex County Council initiated routine skin testing of school children from 13 years of age upwards. Parents of such children are asked if they agree to a preliminary skin test to be followed by B.C.G. vaccination in the case of non reactors, and by a check X-ray in the case of the reactors. Between 20-25% of the children so far tested proved to be reactors indicating a previous or present active tuberculous infection.

It has been said with some truth that the population of this country can be broadly divided into those who have had Tuberculosis and those who are going to get it. The Tuberculin Skin test (the Mantoux Test) is a means of making this division; positive reactors have either had some previous Tuberculous infection or are actually suffering from active disease at the time of the test. In the case of children, these reactors are X-rayed to exclude present disease. They are relatively resistant to future infections though not necessarily immune.

The non reactors are given an injection into the skin of the arm of B.C.G. vaccine. This is a specially prepared culture which has lost its power of causing tuberculous disease in man but has retained its protective power. Its effect is to cause a small local reaction (similar to that in smallpox vaccination) which increases the individuals' resistance to tuberculous infection in the future and converts their reaction to the skin test. They become reactors.

Generally speaking most people, as a result of Tuberculous infections met and successfully overcome, are positive reactors by the age of 25 to 30, and as a result are relatively resistant to future infections. It is to accelerate this resistance in adolescents not already reactors that the B.C.G. campaign has been initiated in school children.

Whooping Cough

Thirty-two notifications were received during 1956 (16 in 1955), of which 27 occurred during the last quarter of the year.

Other Diseases.

No notifications were received of the following diseases :-

Cholera	Enteric Fever	Membranous Croup	Puerperal
Diphtheria	Erysipelas	Meningococcal	Pyrexia
Dysentery	Food Poisoning	Infection	Relapsing
Encephalitis	Malaria	Ophthalmia	Fever
Typhus Fever	Plague	Neonatorum	Smallpox

Table showing Cases of Infectious Diseases Notified during the Year 1956

Disease	Total Cases Notified			Total Deaths	Age Distribution of Notified Cases											
	M	F	Total		0-	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-
Measles	200	166	366	-	5	20	32	29	26	221	28	1	1	1	2	-
Pneumonia	2	3	5	19	-	-	-	-	-	-	-	-	-	1	2	2
Poliomyelitis-Paralytic	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-
Non-Paralytic	-	1	* 1	-	-	-	-	-	-	-	-	-	-	-	1	-
Scarlet Fever	1	1	2	-	-	-	-	-	-	2	-	-	-	-	-	-
Tuberculosis- Pulmonary	1	1	2	1	-	-	-	-	-	-	-	1	-	-	1	-
Non-Pulmonary	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	17	15	32	-	2	-	4	2	5	18	1	-	-	-	-	-
TOTALS	222	187	409	21	7	20	36	31	31	241	29	2	1	3	6	2

* Case notified after admission to hospital to Chichester City.

Tables showing Notifications and Deaths from certain
Infectious Diseases.

Year	Polio-myelitis		Scarlet Fever		Typhoid Fever		Paratyphoid Fever	
	A	B	A	B	A	B	A	B
1947	-	-	8	-	-	-	-	-
1948	-	-	16	-	-	-	-	-
1949	-(1)	-	23	-	-	-	-	-
1950	1	-	22	-	-	-	-	-
1951	2(3)	1	4	-	-(1)	-	4	-
1952	5	-	10	-	-	-	-	-
1953	6	-	6	-	-	-	-	-
1954	-	-	3	-	-	-	-	-
1955	-	-	1	1	2	-	1	-
1956	1(1)	-	2	-	-	-	-	-

Note: Figures in brackets refer to additional cases which occurred in the district, but were not notified until after admission to Hospital outside the district.

Year	Erysipelas		Measles		Whooping Cough		Dysentery	
	A	B	A	B	A	B	A	B
1947	2	-	79	-	11	-	-	-
1948	4	-	252	-	37	-	-	-
1949	3	-	246	-	37	-	-	-
1950	4	-	45	-	33	-	-	-
1951	2	-	123	-	61	-	-	-
1952	1	-	10	-	13	-	-	-
1953	-	-	306	-	76	-	3	-
1954	-	-	1	-	14	-	-	-
1955	-	-	113	-	16	-	1	-
1956	-	-	366	-	32	-	-	-

Note: A = Cases Notified. B = Deaths.

A P P E N D I X.

SMOKING AND CANCER OF THE LUNG.

The Medical Research Council has issued a long statement on this subject and the Government, in supporting the Council's conclusions, has asked local health authorities (County and County Borough Councils) to take steps to bring to the notice of the public the added risk of developing Cancer of the lung to which heavy cigarette smoking may give rise, and in particular, to discourage young people from starting the habit.

The Medical Research Council's report gives the following figures :-

The death rate from lung cancer over the 25 years up to 1950 increased greatly and has continued to rise since then. In the ten years 1945-1955 it has doubled (388 deaths per million of the population in 1955, 188 per million in 1945). In males the disease is now responsible for about 1 in 18 of all deaths, and in females 1 in 103.

The report concludes that the figures must be accepted as representing in the main a real rise in the incidence of the disease and not merely an apparent one due to better methods of diagnosis. Furthermore, the past trend indicates that the incidence will continue to rise in the future, and only a small part of the rise can be attributed to the larger numbers of old people now living in the population.

In seeking a cause for the rapid increase in lung cancer attention was focussed on two main factors - (1) the smoking of tobacco, and (2) atmospheric pollution whether from homes, factories or the internal combustion engine.

Two types of special inquiry have been made with regard to smoking. In the first, patients with lung cancer have been interviewed and their previous histories in relation to smoking and other factors have been compared with those similarly obtained from patients without lung cancer. The results of nineteen such inquiries have been published in different countries and they agree in showing more smokers and fewer non-smokers among lung cancer patients, and a steadily rising mortality as the amount of smoking increases.

In the second type of inquiry, information on the smoking habits of each member of a defined group was obtained first and the causes of deaths occurring subsequently in that group were ascertained. (This inquiry was made in this country on 40,000 members of the medical profession, and an inquiry on similar lines in the United States covered 190,000 men aged 50-69 years).

This investigation, in this country, has been in progress for more than five years and has shown with regard to lung cancer in men :

- (1) A higher mortality in smokers than non-smokers.
- (2) A higher mortality in heavy smokers than light smokers.
- (3) A higher mortality in cigarette smokers than pipe smokers.
- (4) A higher mortality in those who continued smoking than in those who gave it up.

Heavy cigarette smokers (i.e. those who smoke in excess of 25 cigarettes per day) who continue the habit have a death rate nearly 40 times the rate among nonsmokers.

1 in 300 nonsmokers will die of lung cancer - 1 in 8 of lifelong heavy cigarette smokers will do so.

Heavy smokers who give it up even in their early forties may reduce their likelihood of developing the disease by at least a half.

The excess of deaths from lung cancer in smokers was not compensated for by any corresponding reduction in the number of deaths from cancer of other parts of the body. In other words there is a total incidence of cancer in smokers in excess of the incidence in nonsmokers.

The report then goes into the possible chemical reasons for smoking giving rise to cancer and the fact that small amounts of known carcinogens (cancer causers) are present in tobacco smoke.

Atmospheric pollution as a possible factor is considered, and the known fact that the mortality from lung cancer is greater in towns than in the country is mentioned. Higher death rates from lung cancer among nonsmokers in towns than among nonsmokers in rural areas have been found on investigation. On balance it seems that atmospheric pollution plays a part but a relatively minor part compared with smoking.

The report concludes by pointing out that knowledge of the subject is incomplete and other factors are under investigation, but the evidence incriminating smoking, and in particular heavy cigarette smoking, as an important causal factor is very strong.

The Council's conclusions are summarised as follows :-

1. A very great increase has occurred during the past 25 years in the death rate from lung cancer in Great Britain and other countries.
2. A relatively small number of the total cases can be attributed to specific industrial hazards.

3. A proportion of cases, the exact extent of which cannot yet be defined, may be due to atmospheric pollution.
 4. Evidence from many investigations in different countries indicates that a major part of the increase is associated with tobacco smoking particularly in the form of cigarettes.
In the opinion of the Council the most reasonable interpretation of this evidence is that the relationship is one of direct cause and effect.
 5. The identification of several carcinogenic substances in tobacco smoke provides a rational basis for such a causal relationship.
-

C O M M E N T.

"The most reasonable interpretation of this evidence is that the relationship is one of direct cause and effect". The whole matter is still one of statistical correlation; there is no doubt that cancer of the lung occurs more frequently in heavy cigarette smokers - but there are other very wide issues involved.

I hesitate to criticize the findings of the Medical Research Council but I feel - without quarrelling at all with their conclusions - that isolated pieces of statistical information like this should not be publicised without some attempt to fit them in to the general pattern of mortality.

The change in Tuberculosis mortality is particularly striking and it is very much concerned with the potential cancer of the lung victims. The relationship between smoking and Tuberculosis has been very little explored. Do more, or less, smokers get Tuberculosis? It is possible that the decrease in Pulmonary Tuberculosis is in itself a factor in the increase in cancer of the lung, in that the very people who do not now die of Pulmonary Tuberculosis are, generally speaking, of the age which makes them potential victims of lung cancer.

Furthermore, the mortality from cancer generally and from other causes, particularly degenerative conditions of the heart and circulatory system, are all part of the changing pattern of mortality.

In the following tables illustrating the changes which are taking place, the larger figures, reproduced from official publications, have been approximated to the nearest thousand :-

England and Wales
Numbers of Deaths from certain Infectious Diseases

Disease	1900-1910 (Annual Average)	1947	1955
Tuberculosis	56,000	23,000	6,500
Diarrhoea, etc.	20,000	6,000	1,000
Whooping Cough	10,000	900	88
Influenza	7,000	3,000	2,900
Diphtheria	6,000	242	13
Scarlet Fever	3,600	42	21
Typhoid and Paratyphoid	3,000	29	15
Poliomyelitis	-	688	270
TOTALS	105,600	33,901	10,807

England and Wales
Number of Deaths attributed to some of the principal causes.

	1947	1952	1955	Increase
Diseases of heart and circulatory system	164,000	182,000	192,000	+ 28,000
Cancer (all sites)	78,000	86,000	89,000	+ 11,000
(Lung Cancer	10,661	14,200	17,200	+ 6,600)
Vascular lesions of nervous system	58,000	69,000	74,000	+ 16,000
Tuberculosis	23,000	10,500	6,500	(- 16,500)
Home Accidents	4,700	5,226	6,651	+ 2,000
Road Accidents	4,415	4,117	4,923	+ 500

Over the years 1947 to 1955 the death rate has not altered perceptibly (11.7 to 11.8 per thousand) - the same number of people die, but they don't die in infancy so much, they don't die of childhood infections so much, but they do die eventually - as they must. They die older, and cancer is a disease of older people. As fewer children die in infancy, more survive to die from burns and scalds; as more people escape Tuberculosis - more die of Cancer of the Lung.

There can be no doubt that statistical evidence points very strongly to a connection between heavy cigarette smoking and lung cancer, and anyone who smokes should know of this and decide whether he is prepared to take any action himself. Whether the evidence is such as to justify repressive action against smoking is a matter of opinion.