E. Sussex

URBAN DISTRICT OF NEWHAVEN

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year ending 31st December, 1946

by

G.M. DAVIDSON LOBBAN.
M.B., Ch.B., D.P.H.
Fell. R.S.I.
Fell. R.I.P.H. etc.

MEDICAL OFFICER OF HEALTH.

Public Health Department,
Lewes House,
Lewes, Sussex.

1st September, 1947.

NEWHAVEN URBAN DISTRICT COUNCIL

Public Health Office,
Lewes House,
Lewes.

1st September, 1947.

TO THE CHAIRMAN AND MEMBERS OF THE NEWHAVEN URBAN DISTRICT COUNCIL.

Mr. Chairman, Lady and Gentlemen,

I have pleasure in submitting my Annual Report on the health of the inhabitants and on the sanitary conditions of the Urban District of Newhaven for the year 1946.

The population for the year under review was estimated as 6,388, or 865 more than the estimated population for 1945, which was 5,523. The census figure for the population of the town in 1931 was 7,383. At the time of writing this Report, the ration book population is 379 less than the census figure of 1931. It is quite likely that in a short time the 1931 figure will be exceeded, but any realisation of a much larger population depends upon increased housing accommodation, and probably upon new industries or occupations being established in or near the town.

During the last ten years the highest population figure for Newhaven was 7,347 in 1939. There is at present quite a large proportion of the population under 45 years of age. For the last ten years the numbers of births have been each year in excess of the numbers of deaths, so that the population is, and has been, in a thriving condition.

Due to a variety of factors, the vital statistics of Newhaven are remarkably good. Here then, is a place ripe for industrial development, with the additional advantages of good rail, road and sea communications.

The birth rate for the year 1946 was 23.16 per 1,000 population. This is the highest annual birth rate on record.

The death rate was 10.80 per 1,000 population which is next to the lowest recorded in the last twenty-five years, 10.30 per 1,000 population in 1937. The number of deaths in 1946 (69) was the second lowest during the last ten years - there were 62 deaths in 1944.

In 1945 the birth rate was 21.18 per 1,000 population, and the death rate 13.21 per 1,000 population.

The infantile mortality rate for 1946 - which relates to the deaths of infants under one year of age - per 1,000 live births, was 20.27. This is a low rate and compares favourably with that of England and Wales for the same year, which was 42.

There were no deaths of women in, or in consequence of, childbirth during 1946 in Newhaven; the maternal mortality rate is, therefore, nil.

As to notifiable infectious diseases, these were remarkable in that they were few. They were, scarlet fever seven cases; whooping cough seven cases; measles two cases; pneumonia one case; influenz-

al pneumonia two cases. There were no cases of cerebro-spinal fever, diphtheria, dysentery, encephalitis lethargica, enteric fever, erysipelas, malaria, ophthalmia neonatorum, infantile paralysis, puerperal fever or pyrexia, or undulant fever. There was only one death from infectious disease during the year, the cause was influenzal pneumonia.

Immunisation against diphtheria has effectively reduced the number of cases of the disease to an almost negligible number during the last few years. During the last five years six cases of diphtheria have been notified with no deaths attributed to this disease. As in 1945, the diphtheria immunisation clinics were well attended in Newhaven during 1946.

In the table on page six of this Report can be seen interesting figures - a high birth rate; a low death rate; very low infectious diseases mortality and incidence rates; a low infantile mortality rate, and the absence of maternal mortality, when Newhaven is compared with the rest of the country.

During the year under review, four cases of pulmonary tuberculosis and five cases of non-pulmonary tuberculosis were notified, as against eight of pulmonary and five of non-pulmonary tuberculosis in 1945. Deaths from pulmonary and non-pulmonary tuberculosis in 1946 were one each, as compared with three from pulmonary and nonefrom non-pulmonary tuberculosis in the previous year.

As your Medical Officer, I was called into consultation by general practitioners on three occasions in connection with infectious diseases cases, and I made 136 housing and various other inspections during the year.

Mr. Harrison, your Sanitary Inspector, carried out his duties as usual with thoroughness, tact and courtesy, and obtained effective results. He made a great many visits in connection with general sanitation, meat and food inspection, and housing during the year. In all, he made 1,387 visits in the course of his work which is full in variety and extends far in range. I wish to thank him for his loyalty and hard work.

My thanks are also due to Mr. Mainwood, the Clerk of your Council, who has always been most helpful and has extended ready and sound advice as far as his department is concerned with public health affairs.

I am also grateful for the co-operation I received from general practitioners who have, as before, worked in harmony with the Public Health Department.

Lastly, I wish to give my best thanks to the members of your Health Committee, and of your Council, who have afforded me great encouragement and unfailing support during the year.

I am, Mr. Chairman, Madam and Gentlemen,
Yours obediently,

G.M.D.S.B. LOBBAN.

M.B., Ch.B., D.P.H.
Fellow R.S.I.
Fellow R.I.P.H.
Fellow S.M.O.H. etc.

Medical Officer of Health.

SECTION I.

STATISTICS OF THE AREA - 1946.

Area (in acres)	1,766
Population	6,388
Rateable Value (estimated)	£45,608
Sum represented by Penny Rate	£180
Number of occupied Houses	1,955

EXTRACTS FROM VITAL STATISTICS.

Live Births	Male	Female	Total	Rate per 1,000 Population
Legitimate	68	72	140	
Illegitimate	2	6	8	
			148	23.16
Deaths	38	31	69	10.80
				Rate per 1,000 Live and Still Births
Number of Women dying in, or in consequence of childbirth.			Nil	Nil
				Rate per 1,000 Live Births
Deaths of Infants under 1 year of age (usually spoken of as the Infantile Mortality Rate)	2	1	3	20.27

BIRTH RATE

For the year 1946 the birth rate for Newhaven was 23.16 per 1,000 population. As far as can be ascertained from past statistics, this is the highest annual birth rate ever recorded for the town. Statistics of births are of interest, mainly because of their relation to the population growth.

Birth rates are, of course, directly influenced by the number of women in a community of child-bearing age. The child-bearing period of life may be considered as between the ages of fifteen and forty-nine years of age; the ages between twenty-five and forty-five are, for most who live in this country, however, those mainly productive.

Other factors influence the birth rate, and some of those factors are, the number of marriages in a community, ages at marriage, and those relating to economic conditions, in a given locality.

The growth of a population, which is usually and mainly attained by a natural increase, i.e., by a continued excess of births over deaths, often determines a locality's prosperity. A decrease, if continued, often determines the reverse.

The birth rate statistic itself is based upon the number of births in a community, and upon the population or size of that community. The number of births are obtained through birth registrations, and normally every ten years a census of the population is taken. In inter-censal years the Registrar-General gives an estimate of the annual populations.

Birth registration forms a legal record that is frequently useful and may be of the greatest importance. It establishes the date of birth and the child's parentage and legitimacy. It can be used to establish a child's age for attendance at school; whether an individual has attained the age when he or she can marry without the parents' permission; to establish age in connection with the granting of pensions; military duty and voting.

In public health administration, registration of births shows where the babies are, and makes possible such observance and protection as the public health department should extend. Birth registration is also useful to check up children who have, or who have not, been vaccinated against smallpox, or immunised against diphtheria. It is also possible to see that babies of poor families have proper food and adequate attention. Through the registration of births, the observation of infants under two weeks of age brings to light some cases of ophthalmia or grave eye trouble, which, otherwise than without prompt treatment, might cause serious and lasting injury to vision, and at times to total blindness.

Thus, besides helping to form the basis of a vital statistic, the birth rate, which is useful to the economist, the legislator, the statesman, the local authorities, and to the statistician, the registration of births is important and useful in many ways.

DEATH RATE

The annual death rate in Newhaven for 1946 was 10.80 per 1,000 population. This is the lowest annual death rate recorded in the town during the last twenty-five years, but for one single exception, the annual death rate of 10.30 per 1,000 population for the year 1937. The causes of death were as follows:-

	Male	Female	Total
Heart Disease	14	12	26
Cancer	9	2	11
Intra-cranial Vascular Lesions	4	4	8
Other Digestive Diseases	1	4	5
Nephritis	1	2	3
Pneumonia	1	1	2
Congenital Malformation; birth injuries; infantile diseases.	1	1	2
Other Violent Causes	2	-	2
Tuberculosis of Respiratory System	-	1	1
Other forms of Tuberculosis	1	-	1
Influenza	1	-	1
Other Disorders of the Circulatory System	-	1	1
Bronchitis	1	-	1
All other Causes	2	3	5
	38	31	69

As in former years, the chief cause of death in 1946 was heart disease with 26 deaths. This is followed by 11 deaths from cancer. Heart disease and cancer usually head the list year after year. Intra-cranial vascular lesions, mostly 'strokes', claimed 8 victims. Other digestive diseases and deaths from all other causes claimed five victims each. There were three deaths from nephritis. From the following causes there were two deaths each: pneumonia; congenital malformation, birth injuries, infantile diseases; other violent causes. Then follow on the list, with one death attributed to each: tuberculosis of respiratory system; other forms of tuberculosis;

influenza; and other disorders of the circulatory system. The vast majority of deaths occurred in elderly people, most lived well beyond the three score years and ten.

Primarily, death rates are of interest because of their relation to changes in population. Apart from the factors of immigration and emigration to and from a community, death rates indicate the losses being sustained by a population in the same way as birth rates indicate the additions.

Death rates show the extent of loss by death caused by diseases; in this connection they have performed an important service in creating interest in public health and in securing support for public health measures. Death rates, however, give a very imperfect view of the prevalence of disease. There is no absolutely fixed ratio between sickness and mortality. For instance, the fatality of a given infectious disease varies greatly in different outbreaks under varying conditions. Statistics of the living are required more, although death rates are useful and necessary figures. Statistics of the living exist in the shape of the incidence of the various notifiable infectious diseases, of tuberculosis, etc., but practically none for the incidence of heart disease, cancer, rheumatism, gastric ulcer, kidney diseases, and nervous diseases, each of which may cause great disablement at some time or other, and to loss of health and efficiency.

As already stated, a population increases because of the excess of births over deaths, that is, by natural increase. In a stationary population, the birth rate equals the death rate. The birth rate depends for its excess over the death rate upon the ever-increasing number of child producing elements in the population, and the resulting greater numbers of the younger age groups. Other things being equal, a community with a high birth rate will, because of the great proportion of the population in the younger age groups, have a lower death rate than a community with a low birth rate.

SPECIFIC CAUSES OF DEATH

1. HEART DISEASE: is composed of a large number of highly diverse conditions and diseases. From 2 per cent to 2.5 per cent of applicants for life insurance are rejected on account of heart disease. Besides shortening life, heart disease is responsible for much disability and invalidism. Not all heart lesions are fatal. As to the prevalence of heart disease, there is little difference according to occupation, and comprehensive knowledge concerning its prevalence and different causes is lacking. This points to a good deal of further research being required, especially in view of the leading place that heart disease occupies year after year as a cause of death, and as a cause of a great deal of disability.

2. CANCER: is a general term covering all malignant tissues of different kinds of cancerous affection. There is some connection between modern conditions of living and the increase of cancer, but the actual cause of cancer has not so far been discovered. It seems clear, however, that chronic irritation may induce cancer in susceptible persons. Thus we have cancer in shale oil workers, in chimney sweeps, and in x-ray workers. Many cases of cancer can be cured if treated early enough. The popular conception that cancer is always a hopeless and incurable disease, is not correct. At first cancer appears to be local, and if detected in time, and removed, there is a high possibility of cure.

3. INTRA-CRANIAL VASCULAR LESIONS: these vascular lesions are usually cerebral haemorrhages. In some families there is a tendency to degeneration of the blood vessels. These degenerated vessels are

then more liable to burst and the haemorrhage so produced from the cerebral blood vessels thus causes intra-cranial vascular lesions. Predisposing factors are nephritis, alcoholism, chronic muscular strains, and high blood pressure, the latter due to a variety of causes, such as the hypertension of present day life.

4. BRONCHITIS: this affection may be primarily due to exposure, or secondarily, following upon a common cold, tonsillitis, laryngitis, or associated with influenza or some of the infective fevers - measles, whooping cough, etc. In old people it may be associated with heart disease, kidney disease, or other lung affections, such as pneumonia. Both acute and chronic bronchitis require medical supervision and should not be neglected.

5. NEPHRITIS: acute nephritis may be caused through a chill or may be associated with scarlet fever, measles, or diphtheria. Toxic agents, s uch as turpentine and carbolic acid are other causes, and it may be associated with pregnancy. Acute nephritis cannot be regarded as infectious.

BIRTH, DEATH AND POPULATION TABLE.

The population of Newhaven reached its highest level in 1939. In the following table, statistics of annual births, deaths and populations are given, commencing with the year 1937 and proceeding through the years to 1946:

YEAR	POPULATION	TOTAL BIRTHS.	BIRTH RATE.	TOTAL DEATHS.	DEATH RATE.
1937	6,989	106	15.10	72	10.30
1938	7,002	106	15.00	84	11.89
1939	7,347	109	14.83	89	12.11
1940	6,889	105	15.24	102	14.80
1941	4,993	86	17.22	75	11.01
1942	5,129	107	20.86	75	14.62
1943	4,939	110	22.27	81	16.40
1944	5,232	115	21.98	62	11.85
1945	5,523	117	21.18	73	13.21
1946	6,388	148	23.16	69	10.80

On perusal of the table it can be observed that in each year the number of births exceeded the number of deaths. The total births in the ten years was 1109 and deaths 782.

The determining factors governing the growth or decline of the population of a district are:-

(a) the difference between the numbers of births and deaths:

(b) the difference between the numbers of immigrants and emigrants:

(c) changes in the boundaries of a district where there is an addition of population, especially of the younger age groups.

If a community is to hold its own biologically, and grow in size, there must be an excess of births over deaths over a period of considerable length. From the figures given above it appears that, from a population point of view, Newhaven is in a healthy and progressive state.

Examining the first factor in detail, in the ten-year period given there is between 29% and 30% excess of births over deaths - the total number of births being 1,109, and deaths 782. From the year 1941 which shows the lowest population in the series (4,993), the increase of population to 6,388 in 1946 has been effected partly by high birth rates and partly, but mainly, through the return of former residents. Many of the latter returned from the Forces. The increased number of births has been due more to an increased number of marriages - and resultant progeny - than to further increases in older established families.

It is quite possible that the high birth rates will continue for some few years yet. As to the death rates remaining at low levels in future years, it would be unwise to be definite about this, but, excluding a very unusual increased mortality, the probability is that the death rate will remain low. It seems that the population of Newhaven will attain, and even surpass, in the near future, its previous highest population figure of 7,383 registered in 1931.

Dealing with the second factor, the main points are these; Newhaven is not mainly a residential district, and not many people come to the town to retire, although vital statistics indicate that it is one of the healthiest districts in the whole county. Young families have gone elsewhere to find employment; a few people have come into the Town from outside districts. The difference between the numbers of immigrants and emigrants cannot be estimated with accuracy. The number of immigrants to the Town during the ten-year period 1937 to 1946 exceeded the number of emigrants which left the Town in the same period. This can be assumed, since the excess of births over deaths was 327. Despite this natural increase, the population was 601 less in 1946 than in 1937.

There now appears, however, to be a healthy expansion of the community which is likely to continue for some few years. Allowing for various factors, such as infant and child deaths of about twenty to twenty-five years ago, deaths of young men and women up to the present before the ages of twenty to twenty-five years, the fairly high birth rates of 1921 to 1926 in Newhaven, point to a fairly high proportion of the population being now composed of young married people, and of those of marriageable age.

Of immediate concern is housing accommodation for recently married and about to be married couples, together with housing accommodation for longer established families.

Of future concern are the establishment of new industries in or near the Town, more housing accommodation, extension of public services, educational and recreational facilities, and all that is necessary for a healthy expanding community possessing the great advantage of living in a salubrious locality.

Changes in boundaries might effect an immediate and substantial increase of population.

Birth rates, Civilian Death rates, Analysis of Mortality, Maternal Mortality & Case Rates for certain Infectious Diseases in the year 1946. Provisional figures based on Weekly and Quarterly Returns.

	England and Wales	126 C.Bs. and Great Towns including London.	148 Smaller Towns; Resident Pop: 25,000 to 50,000 at 1931 Census	London Administrative County.	Newhaven.
	Rates per 1,000 Civilian Population:-				
Live Births	19.1 ≠	22.2	21.3	21.5	23.16
Still Births	0.53 ≠	0.67	0.59	0.54	0.62
DEATHS					
All Causes	11.5 ≠	12.7	11.7	12.7	10.80
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00	0.00
Scarlet Fever	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.02	0.02	0.02	0.02	0.00
Diphtheria	0.01	0.01	0.01	0.01	0.00
Influenza	0.15	0.13	0.14	0.12	0.15
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	0.00	0.01	0.00	0.01	0.00
	Rates per 1,000 Live Births:-				
Deaths under 1 year of age	43 ≠	46	37	41	20.27
Deaths from Diarrhoea and Enteritis under 2 yrs of age.	4.4	6.1	2.8	4.2	-
	Rates per 1,000 Civilian Population:-				
Notifications					
Typhoid Fever	0.01	0.01	0.01	0.01	0.00
Paratyphoid Fever	0.02	0.02	0.01	0.01	0.00
Cerebro-Spinal Fever	0.05	0.05	0.04	0.06	0.00
Scarlet Fever	1.38	1.51	1.33	1.42	1.09
Whooping Cough	2.28	2.48	2.05	2.22	1.09
Diphtheria	0.28	0.32	0.31	0.24	0.00
Erysipelas	0.22	0.25	0.22	0.27	0.00
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	3.92	4.73	3.70	7.35	0.31
Pneumonia	0.89	1.02	0.74	0.75	0.15
	Rates per 1,000 Total Births (Live and Still):-				
(a) Notifications:					
Puerperal Fever	8.50	10.35	7.63	1.62	
Ditto. Pyrexia				*9.68	-
(b) Maternal Mortality in England and Wales:-					

No.140 Abortion With Sepsis.	No.141 Abortion Without Sepsis	No.147 Puerperal Infections.	Nos. 142-6 148-150 Other	Newhaven
0.13	0.06	0.18	1.06	Nil

Abortion:- Mortality per million women aged 15-45 in England & Wales

No.140 With Sepsis	No.141 Without Sepsis	Newhaven
11	5	Nil

≠ For 1,000 related Births
≠ Rates per 1,000 total Population
* Including Puerperal Fever.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

1. The Medical Officer of Health for the Urban District of Newhaven is also the Medical Officer of Health for the Borough of Lewes, the Urban District of Seaford and the Rural District of Chailey.

One Sanitary Inspector carries out duties in the District.

2. Ambulance Facilities:

A motor ambulance is provided by the Lewes, Newhaven & Seaford Joint Hospital Board for the conveyance of infectious diseases cases to the Isolation Hospital, and an up-to-date motor ambulance is provided by the Newhaven and District Nursing Association for the removal of non-infectious diseases and accident cases.

3. Hospitals:

There is no hospital in the District for the treatment of Tuberculosis. Transport for tuberculous patients is provided by the East Sussex County Council. The Isolation Hospital is provided for the reception of infectious diseases occurring in the Town and Port, and from districts represented by the Joint Hospital Board. For cases of smallpox there is the East Sussex Western Joint Smallpox Hospital at Chailey to which the Newhaven Urban District Council contributes a subsidy.

4. Nursing in the Home:

The Newhaven and District Nursing Association supply two Queen's Nurses and one Health Visitor. One Queen's Nurse carries out the general nursing of the district and part of the Rural area and the other Queen's Nurse is a midwife for the town and gives relief duty to the other nurses when needed. Health Visiting is carried out by the Health Visitor. The nursing is carried out by the Local Authority, assisted by a grant from the County Council. There is also a maternity and child welfare centre where mothers can attend with their children for instruction in their upbringing. This centre is carried on by the Health Visitor assisted by the two Queen's Nurses.

5. Clinics:

The Health Visitor attends the School Clinic and also the Dental and Eye Clinics held at the schools, under the arrangements made by the County Council. Immunisation clinics are also held monthly in the Town.

6. Poor Law Medical Aid Relief:

The arrangements in operation for the provision of medical assistance for those in poor circumstances are made by the East Sussex County Council.

7. Institutional Provision for the Care of Mental Defectives:

The East Sussex Mental Hospitals Board deal with the Lunacy and Mental Deficiency Services.

8. Legislation in Force:

Public Health Acts (Amendment) Acts, 1890, parts i, ii and iii.
Infectious Diseases (Prevention) Acts, 1890.
Public Health Acts (Amendment) Act, 1907, parts iv, vi, ix and x; section 15-22 inclusive and 28 and 31, 32, 33 of part 2, and section 81 of part 7.

SECTION III

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

1. WATER SUPPLY:

The District has three sources of water supply:-

1. from the Newhaven and Seaford Water Company which obtains water from a well sunk into the chalk at Poverty Bottom, and

2. from the Southern Railway Company's well at Denton, and

3. from the Peacehaven Water Company's well at the north of Saltdean.

All of these water supplies have been analysed regularly and quarterly reports show them to be of good quality. There is also a sufficient supply. All the supplies are constant, and all dwellings are served with service pipes direct to the houses. There is no lead contamination.

2. CLOSET ACCOMMODATION:

All the premises in the District are provided with closets connected with the sewer with the following exceptions:-

Premises with cesspools:-

West Pier	2
Cemetery	1
Court Farm Cottages ...	3
Harbour Heights Estate	46
Added area	185

Premises with earth closets:-

Meeching Court Farm ...	5
Golf House	1
New Road	17
Fort Glacis	1
Bungalow, Church Hill ...	1
Denton Village	30

3. SCAVENGING:

A weekly collection of refuse was made from all premises in the area which were within 50 yards of a reasonably accessible road. House refuse was disposed of by the Bradford Tipping System, buried daily, and has proved to be satisfactory.

The following is the number of houses visited by the Medical Officer of Health during the year 1946:-

in connection with infectious diseases	3
Housing and various	136

The Sanitary Inspector reports that during the year 1946 he has made 1,387 visits in connection with his work. In respect of these visits, 112 Informal Notices and three Formal Notices were served. Of the Informal Notices, 90 have been complied with.

The following is a list of the number and nature of inspections carried out during the year by your Sanitary Inspector:-

Housing

Inspections under the Public Health Acts	65
Visits under the Public Health Acts	107
Inspections under the Housing Acts	82
Visits under the Public Health & Housing Acts ...	143
Inspections in connection with overcrowding	11
Inspections of verminous premises	23
Miscellaneous Housing Visits	7

Infectious Diseases:

Enquiries	8
Disinfections	5
Miscellaneous Visits	11

General Sanitation:

Water Supply	14
Drainage	70
Stables and Piggeries	24
Fried Fish Shops	15
Factories	19
Bakehouses	28
Public Conveniences	38
Refuse Collection	98
Refuse Disposal	15
Rats and Mice	113
Shops	49
Ditches and Ponds	25
Miscellaneous Visits	169

Meat and Food Inspection:

Slaughter Houses	3
Butchers	50
Fishmongers	8
Grocers	26
Greengrocers	1
Cowsheds	13
Dairies	24
Ice-Cream Premises	5
Food Preparing Premises	12
Restaurants	8
Street Vendors	13
Milk Sampling	2
Shell Fish	1

Summary of Work after Service of Notice:

Water closets repaired or renewed	11
Drains relaid or improved	9
Drains cleared	12
Cesspools cleaned	5
Accumulations of Refuse removed	7
Cooking ranges or fireplaces repaired	17
Dampness remedied	8
Wallplaster repaired	13
Ceilings renewed	7
Dustbins renewed	14
Wooden floors repaired or renewed	5
External rendering or pointing	6
Yards, paths, or entrance stairs repaired	12

Summary of Work after Service of Notice, continued:

Windows repaired	8
Sinks repaired or renewed	7
Decoration	5
Washboilers repaired or renewed ...	5
Water Supply	5
Doors repaired or renewed	6

Shops and Offices:

All shops and offices were regularly inspected and, with the exception of minor items, were found to be satisfactory.

Eradication of Bed Bugs:

1. Number of Houses infested ... ... Council Houses Nil
   Other Houses .. 9
2. Method employed to disinfect ... ... Fumigation with $S.O._2$
   ... ... Spraying with Insecticide
3. All furniture and effects were successfully disinfested.
4. All occupiers were instructed as to the best means of eradication.

The following premises and occupations can be controlled by Bye-Laws and Regulations:-

1. Dairies: There are two dairy farms in the District. The conditions generally were found satisfactory during the inspections. The Sanitary Inspector made thirteen inspections during the year and made two informal notices in respect of cowsheds, and twenty-four dairy inspections with one informal notice.

There are five registered retailers and two wholesale traders in the District for the sale of milk.

2. Slaughter of Animals:

Under Government Central Slaughtering this is carried out at Brighton for the District. All pigs slaughtered for local pig clubs were examined.

3. Milk Supply:

The premises from which milk is supplied to the District retail received special attention. Samples were taken from two producers and were found to be satisfactory. Samples were taken each fortnight by another authority, and no complaints were received.

4. Other Foods:

All premises where food is prepared for sale were inspected regularly and their condition proved to be satisfactory, except in some minor detail which was made good after verbal instructions had been given. There were five bakehouses in the District all of which were above ground.

F O O D

The following foodstuffs were found to be unsound; they were condemned and suitably disposed of:-

Corned Beef	112¼	lbs.
Corned Mutton	90	"
Mutton	84	"
Beef	34	"
Liver	14¾	"
Steak (tinned)	13	"
Fish (fresh)	136	"
Fish (tinned)	12¼	"
Soups	5	"
Fruit (tinned)	33¾	"
Peas (processed)	49	"
Pea Flour	17	"
Butter	59½	"
Bacon	17½	"
Flour	362	"
Macaroni	52	"
Semolina	3	"
Jams and Pickles	28	"
Milk (Evaporated, Condensed, Dried)	56½	"
Flaked Oats	23	"
Miscellaneous Foods	8¼	"

The main cause of condemnation was decomposition following the piercing of tins, or damage due to handling in transit, or in storage. The flour products were lost for human consumption by reason of lengthy storage in unsuitable conditions, and the subsequent infestation by insects and mites.

5. FACTORIES ACT, 1937.

In the Urban District of Newhaven there are five factories on the register in which Sections 1, 2, 3, 4 and 6 of the above Act can be enforced. During 1946 four inspections were carried out, and in one factory only was a defect found, namely, in that there was unsuitable sanitary conveniences. This was duly reported and remedied. There are no outworkers employed in the district.

SECTION IV.

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis) DURING THE YEAR 1946.			
Disease	Total Cases Notified.	Cases Admitted to Hospital.	Total Deaths.
Diphtheria	Nil	Nil	Nil
Scarlet Fever	7	7	-
Whooping Cough	7	-	-
Measles	2	-	-
Pneumonia	3	-	1

INFECTIOUS DISEASES GENERALLY

1. DIPHTHERIA: No cases of diphtheria were notified during the year 1946 in the Urban District of Newhaven. This disease has become rare, due to a large block of children having been immunised against it. The number of children immunised during 1946 was very satisfactory. The following table shows the numbers in the different age groups:-

Under 5s, namely born in the year:-

1946	1945	1944	1943	1942		TOTAL
-	80	44	33	19	=	176

Over 5s, namely those born in the year:-

1941	1940	1939	1938	1937		
13	21	15	17	16		
1936	1935	1934	1933	1932		TOTAL
15	9	11	6	6	=	129

It is computed that of the children born in the year 1945, 86% have been immunised.

2. SCARLET FEVER: In all seven cases of scarlet fever were notified during the year; all the cases were admitted to hospital. They were all of the mild type. Formerly in this country a much more malignant form of scarlet fever existed. This has been largely replaced by the mild form. No deaths were recorded in the year from this disease.

3. MEASLES: Two cases of measles were notified during 1946 with no deaths. After a child has been infected with measles, usually a high level of protection is developed. This protection may, in rare cases, occasionally disappear, as shown by a second attack, but the protection from one attack is reasonably lasting. Further, a newborn infant has a temporary resistance to measles (lasting up to

about six months) if the mother has had the disease. Rigid isolation of cases at home, where there is a large family, can do little to prevent the spread of the disease, as most of the children have already been infected before the rash appears in the original case. Isolation of a patient serves more to protect the sufferer against secondary infection, such as pneumonia.

4. WHOOPING COUGH: Seven cases of whooping cough were notified during the year, with no deaths. The seriousness of this disease is not due to the whooping cough itself, but to the pneumonia which may complicate it. Good medical and nursing care should be given to cases, especially in younger children. Active immunisation shows promise of being of some value in the control of this disease. There is not so far the mass of evidence, as in the case of active immunisation against diphtheria, that this is of absolutely proved value yet.

5. GENERALLY: Of the rest of the infectious diseases which are notifiable, only three cases of pneumonia were notified with one death from this cause.

SECTION V.

TUBERCULOSIS.

1946 NEW CASES AND MORTALITY								
AGE PERIODS	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
I	-	-	2	1	-	-	1	-
5	-	-	1	-	-	-	-	-
10	-	-	-	-	-	-	-	-
15	-	-	1	-	-	-	-	-
20	2	1	-	-	-	-	-	-
25	.	1	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
45	-	-	-	-	-	1	-	-
55	-	-	-	-	-	-	-	-
65 and Upwards	-	-	-	-	-	-	-	-
Total	2	2	4	1	-	1	1	-

Four new cases of pulmonary tuberculosis and five new cases of non-pulmonary tuberculosis were notified during the year 1946, as compared with eight new cases of pulmonary and five new cases of non-pulmonary tuberculosis notified during 1945.

Tuberculosis may attack any part of the body, bones and joints, intestines, kidney, brain, heart, etc. The most common site is the lungs. The disease is called pulmonary tuberculosis when the lung system is attacked. When other parts of the body are infected, the disease is classified as non-pulmonary. The infecting agent in pulmonary tuberculosis is the human type of the tubercle bacillus, but it has been found that between 5 per cent and 6 per cent of pulmonary cases were infected with the bovine type of the bacillus. In cases of non-pulmonary tuberculosis, the infecting agent is chiefly the bovine type.

Dealing with pulmonary tuberculosis, although the disease is an important cause of death, only a small percentage of those infected die of it. Many persons contract the disease and overcome the infection without any detectable symptoms, and are never seen by a medical man. In infants, and occasionally in older persons, pulmonary tuberculosis may run an acutely fatal course, but in most persons it is a long drawn out chronic condition frequently punctuated by remissions. The disease can be divided into two types - the primary infection and the re-infection.

The primary infection constitutes the initial response of the body to the infection, and is usually manifested by a localised process in the lungs, such as the tubercle, or an infected lymph node near, or on the root of the lungs. In many instances this is a benign process, healing by fibrous tissue encircling the affected part which is often followed by the deposition of lime salts around that part of the tissue where the affection is, in an attempt to cut off the tubercle bacilli in the part affected, and thus prevent further spread.

The re-appearance of the active disease in a person who has successfully combated the primary infection is referred to as the second type, that of re-infection.

The extent of the infection in a community varies with the degree of infection, economic circumstances, the facilities for the segregation of active cases, the discovery and segregation, if infected, of contacts of the active disease. Due to circumstances obtaining in Newhaven, one would not expect a high incidence, or a high mortality from pulmonary tuberculosis in the district, and such is the case.

Pulmonary tuberculosis is not common among children, rather it is a disease of adults of earning age and capacity. Adults with the disease may still continue to work in an unfit condition. If a wage-earner so infected is declared unfit for work by his doctor, the family income is depleted. Unable to work, the infected person stays at home and the chances of transmitting the disease to his immediate contacts in the home are thus increased. Legislation, intended as a temporary measure in war-time, to treat early cases of pulmonary tuberculosis, and to grant financial allowances, was introduced in 1943. The chief idea behind the scheme was to improve, or cure, a patient of wage-earning age and capacity so that he could resume vital war work. Chronic cases were excluded and so were non-pulmonary cases from the scheme. It is doubtful whether the scheme has been an unqualified success, since with the financial aid granted, the economic circumstances of the family was reduced in most cases.

Cleanliness, especially around cases, may destroy some of the pulmonary tubercle bacillus. The amount of infection spread through clothing, bedding, books and articles used by the patient is small in comparison with the spread directly from person to person. In pulmonary cases the escape of the bacillus is by the sputum. Better housing may reduce the congestion and, therefore, the chance of spread.

Formerly, sanatoria were simply places where rest, nourishing diet, and graduated exercises with medical attention for the relief of symptoms were carried out. Now treatment is concerned more with surgical procedure for the collapse, and thus rest, of the affected portions of the lung. Some favourable results have been reported by the use of Calmette Guerin (B.C.G.) vaccine in conferring resistance to the disease. It has been administered principally to children in homes where known exposure to tuberculosis exists. Further experience with this vaccine is necessary before its true value can be measured.

In Newhaven, the social, domestic, and occupational changes brought about by the war do not seem to have increased the incidence of, or the mortality from, pulmonary tuberculosis, taking the war years together with the years 1945 and 1946 into account.

A D D E N D A

MEDICAL TREATMENT AND CARE OF THE AGED

It is predicted by statisticians that in a few generations there will be so few young people in this country that we may have to import some. Whether this prediction will prove true or not remains to be seen. There is no doubt, however, that due to a falling birth rate and the increased longevity during a considerable number of years, there is an increased proportion of the aged in most communities than there was twenty-five or thirty years ago. The number of people living now, above the age of seventy, is greater than has existed heretofore.

With this condition of affairs, there has arisen lately an intensity of that branch of medicine - geriatrics - which deals with the diseases of, and, in old age, with the hygiene and feeding of the aged.

Paediatrics, which is another branch of medicine which deals with the diseases, hygiene, and feeding of children, is a much longer established branch, and has occupied a much higher place in the hierarchy of medical science.

In the past, the ailments of the aged have been dismissed often as inevitable. Certainly not so much attention has been paid to them as to the special diseases of children.

The medical care and treatment of the aged - valuable though they are - are not so important as the prevention of ailments. Arterio-sclerosis, and other manifestations of degeneration, which very often handicap the individual and make age hard to bear, may not be cured, but they may be controlled. If so, they must be detected at an early stage. To do so a periodic medical overhaul is necessary. It is then the concern of the doctor to try to prevent, or postpone, the afflictions of old age. To do so he must, in time, anticipate symptoms which give a clue to possible failure of any of the important organs.

On the other hand, dealing with diseases which attack an aged patient - these are the diseases in the aged rather than of the aged - the doctor assumes that there may have been some degenerative changes at work, before the acute infection, which will effect the end result. In dealing with the diseases of children, one assumes generally that before the child was ill it was probably perfectly well; there is no guarantee of this in the aged person.

In the periodic medical overhaul, there are many points to be noted by the examining doctor. A full history of past illnesses, such as influenza, rheumatic fever, scarlet fever, typhoid, kidney trouble, etc., would be put down carefully. This is done in case one or other of the past illnesses may have left some infection, or affected some important organ, such as the heart, in the patient. In the periodic overhaul, of course, all the systems of the body will be examined. Small points will be noted in addition, such as the condition of the skin, the hair, and so on. Thus, in early deficiency of the thyroid gland, the hair is dry and stiff, and the skin may be dry and leathery in texture. These signs, allied to a slow pulse and the patient's slow reaction to questions, make the doctor suspect thyroid deficiency. A further examination of the metabolic rate is then necessary to confirm this. There is no need to go much further into scientific details in this article, except to mention a few other points which the layman will appreciate as being connected with old age.

Everyone knows that arterio-sclerosis, or hardening of the arteries, is a herald of old age. Arterio-sclerosis may be, in addition, a sign of a future break-down, as haemorrhage of the retina of the eye, a 'stroke', or coronary thrombosis. Thus, apart from recognising arterio-sclerosis alone, the doctor will examine the eye, the blood pressure, and so on. Laboratory tests may also be required. In addition, x-ray examinations of the chest and of the teeth may be made to detect lung complaints and infected teeth.

The nutrition of the patient is important. It has been found that the aged require proteins. Until recently, it was thought that the main constituent of the diet of the aged should be carbohydrates.

With the use of the sulphonamide drugs, the mortality from pneumonia has decreased at all ages, but least decreased in the ages 60 years to over 70 years. A few years ago, it was shown that 90 per cent of the fatal cases had a pre- or co-existing condition, such as malnutrition, sinus trouble, heart and artery affection, kidney trouble, or disease of the liver. The aged patient may have had one or more of these. Hence, the importance of a regular medical check-up.

Generally, the aged are less resistant to infection than the young or middle-aged. Infection should, therefore, be prevented as far as possible. One has seen often the results of the lowered resistance of the skin of the aged to infection in bedsores and erysipelas. The use of the sulphonamide drugs has diminished the former gravity of erysipelas, however. With increasing age there is a lowering of the power of defensive mechanisms in the body. The lymphoid tissue atrophies with age, and this great barrier against bacterial invasion is weakened. The body's ability to form antibodies against bacteria, and their products, is also diminished.

With a periodic medical overhaul, and with the scientific regulation of diet and fluid in-take, combined with the use of up-to-date drugs where required, the burden of the aged can be lightened.

NUTRITION.

Local Authorities, as well as their Medical Officers of Health, should pay constant heed to the quality and quantity of food-stuffs available to the community under their charge. The quality and quantity of food have a great bearing upon the attainment and maintenance of health. Diet may lower the standard of public health in many subtle ways. It is not too much to say that diet may make or mar public health.

Food directly affects growth, nutrition, and wellbeing, and even influences reproduction. The kind, quality and quantity of food may increase our resistance, or lower our immunity to certain infections. The science of using different foods in the treatment and prevention of disease has grown apace in recent years. It is only necessary to point out the importance of scientific dieting in the prevention and treatment of such diseases as scurvy, rickets, tuberculosis, diabetes, acidosis, nephritis, gout, rheumatic affections, gastric ulcer, and many other infections.

Apart from the prevention and treatment of specified diseases, health and efficiency depends more perhaps upon the food we eat than upon any other single factor in hygiene.

It is, therefore, of the greatest importance that there should be a generous and varied bill of fare available to the population at large, and that the food should be of high quality. Food is made of proteins, carbohydrates, fats, salts, vitamins, and water.

Proteins are available from meat, milk, eggs, and a few seeds, such as the pea and bean. Meat is the richest source. Tubers, such as potatoes and vegetables, contain little protein. Proteins build the tissues of the body and repair those tissues. They are the only organic food substances which cannot be replaced by any other form of food.

Carbohydrates are derived from the cereals, the tubers of potatoes, the sugar of the cane, beet, fruits, etc., and glycogen in meat. Carbohydrates and fats form the chief source of heat and energy in our diet. Carbohydrates, or the starchy foods, are for the most part, deficient in protein, fat, minerals, salts, and certain vitamins. The cereal grains are the mainstay of the nutrition of most of the races of the earth. They are usually the cheapest source of food fuel. Corn, wheat, rice, rye, barley and oats, form a third or more of the in-take necessary to keep the fire of life burning in millions of people on the earth.

An over-indulgence in a carbohydrate diet results in digestive disturbances, flabbiness, and a proneness to pneumonia and bronchitis in certain cases. It is true that carbohydrates are needed in the diet, but so are meat, milk, eggs, green vegetables, fruits, inorganic salts, and vitamins. There should be a judicious variety.

Fats - fats and oils are contained in butter-fat, margarine, the fat of meat, the oil of fish, and a large number of oils from the plant world, from nuts and seeds, olive oil, ground-nut oil, and so on. Fats, in combination with the carbohydrates, are the chief source of fuel in the human body to yield energy in the form of heat and muscular power.

The mineral elements are concerned in every chemical and physical reaction in the body. They are individually indispensable. Life cannot be maintained without them, as the body demands small but persistent intakes of these elements necessary for its structure and function. The elements are sodium, calcium, magnesium, chlorine, iodine, phosphorus, sulphur, iron, copper, manganese,

and potassium. These are obtained chiefly from meat, milk, eggs, cheese, and leafy vegetables.

Vitamins are important and they have a bearing on resistance to and immunity from disease. The six chief vitamins are A, B, or B_1, C, D, E, G, or B_2.A is found in milk, fat, butter, egg-yolk, cheese, meat and fish, and prevents serious eye infections. B or B_1 is present in all natural foods, animal and vegetable. Lack of this vitamin leads to degeneration of nerve structure. The richest sources of vitamin C are oranges, lemons, grape-fruit, tomatoes, raw cabbage, and many other vegetables, such as carrots, turnips, and potatoes. Vitamin C not only protects against scurvy, but it is also an important part in normal nutrition and in the maintenance of a high level of positive health. Moreover, the body's ability to recover from injuries, and to resist unfavourable conditions is increased by it. Perhaps the best known vitamin to the public - vitamin D - is the anti-rickets vitamin. It is contained in oils, especially in the liver oils of cod, halibut and shark, and in the bodies of the herring, sardine and salmon. Besides preventing and curing rickets, it is essential for the proper growth and health of children. This vitamin is also present in butter, milk, egg-yolk and yeast. Lack of it predisposes to bad bone and teeth formation, and to catarrhal infections.

Vitamin E is required more for the nutrition of the adult than for the early rapid growth of children. It has an influence upon fertility. Its absence in experiments with animals has caused sterility. It is found in rice, cereals, lettuce, meat, egg-yolk, and liver, and in food-stuffs which have not been refined.

The vitamin which influences growth in man and in animals, and nutrition at all ages, is vitamin G, or B_2. The sources are,ox-liver, yeast, milk solids, dried egg-yolk, wheat grain, wheat bran, dried peas, and in whole wheat and maize. Lack of it causes skin trouble.

In this short account of the various foods and substances necessary to the human body, there appear the words - meat, milk, eggs, fats, butter, oil, and cheese, in repetition. These are the important substances we are short of, and every possible means should be used to obtain larger and more adequate supplies. In addition, some attempt should be made to vary the present somewhat monotonous diet.