

[Report 1947] / Medical Officer of Health, Newhaven U.D.C.

Contributors

Newhaven (England). Urban District Council.

Publication/Creation

1947

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NEWHAVEN URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH.

for the

YEAR ENDED - 31st DECEMBER, 1947.

Public Health Department,
Lewes House,
Lewes.

31st July, 1948.

1. The first part of the paper
is devoted to a general
description of the
subject matter.
The second part
contains a detailed
account of the
results of the
experiments.

2. The second part
of the paper
contains a detailed
account of the
results of the
experiments.

Lewes House,
Lewes.

September, 1948.

To the Chairman and Members of
the Health and Housing Committee,
Newhaven Urban District Council.

Lady and Gentlemen,

I have the honour to present the Annual Report on the health of the inhabitants, and on the sanitary circumstances of the town of Newhaven for the year 1947.

The estimated population for the year under review is 6,726. This is 657 less than the census population, 7,383, recorded for the year 1931.

During the last twenty five years the annual birth rates have exceeded the annual death rates, with the exception of the years 1931 and 1933, when the death rates slightly exceeded the birth rates.

With an almost continuous excess of births over deaths one should expect an increase of population, provided that, the number of persons leaving the town, was equal to, or less than, the number of persons entering it. This is not the case, as the population now is less than it was in 1931. Due to an extension of the town's boundaries, there was an estimated increase of the population of 455 from 1933 to 1934. One can therefore assume that there has been an excess in the number of emigrants over the number of immigrants during the last twenty five years.

The birth rate for the year 1947, which is 27.5 per 1,000 population, is the highest ever registered for Newhaven, as far as can be ascertained from past records.

The death rate for 1947, is 14.25 per 1,000 population. The birth rate is therefore about double the death rate.

Newhaven is a place noted for the longevity of its inhabitants. In the year under review the highest age at death was 91 years, the lowest 3 weeks, and the average age at death was 70 years. The chief causes of death were heart disease, cancer and intra-cranial vascular lesions. These diseases are chiefly associated with old age.

Only one case of diphtheria was notified in Newhaven during 1947. This occurred in an adult who was not immunised against the disease. There is no doubt that immunisation of large numbers of children within recent years has virtually wiped out this disease. This happy state of affairs can exist so long as fresh batches of children are submitted for immunisation in the future. Very small outbreaks of measles and whooping cough occurred during the year, and the numbers of cases of all infectious diseases were very light. No deaths occurred from infectious diseases.

It is noteworthy that whilst the whole country experienced an outbreak of infantile paralysis during 1947, when the incidence of this disease was four-and-a-half times greater than it had ever been before, Newhaven had not one case.

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During the year, seven cases of pulmonary and two cases of non-pulmonary tuberculosis were notified and there were two deaths from pulmonary, but no deaths from non-pulmonary tuberculosis. The incidence rate of pulmonary tuberculosis was slightly above that of the country as a whole, but five out of the seven cases notified were residents of other areas and came to live recently in Newhaven.

In the systematic inspections of the town concerning sanitary circumstances in general, and in the inspections of houses, drainage, food shops and premises, factories, rodent infested premises, and in dealing with a whole host of other sanitary matters during the year, your Sanitary Inspector, Mr. Harrison, made a total of 1,498 visits. The manifold and essential duties carried out by a Sanitary Inspector are basically aimed at the prevention of disease. The wide field which he has to cover in his essential duties is not generally realised. If the state of health of the town's inhabitants in 1947 is a criterion, Mr. Harrison has rendered a great assistance in maintaining a high standard of Public Health.

A housing shortage is, unfortunately, still with us, and during 1947 the Medical Officer of Health and the Sanitary Inspector attended to many inquiries, both verbal and written, concerning housing accommodation, and made a large number of housing inspections.

The health of the general population of Newhaven remained good in 1947. There were no epidemics of infectious diseases, and the town was fortunate to escape a visitation of infantile paralysis, when the largest epidemic ever known in this country was responsible for many cases in other areas. The incidence of infectious diseases as a whole in Newhaven was very light. The record number of births added still more to the already fairly large number of young people in the population. The average age at death was very high and this in itself indicates the healthiness of the town. No women died in, or in consequence of, childbirth, and the infantile mortality was within reasonable figures. Altogether 1947 was a very healthy year.

In conclusion, I wish to thank you for your support and encouragement during the year, and I am grateful for the help I received from other officials of the Council. My thanks are due also to Mr. Harrison for his willing and loyal co-operation.

Yours obediently,

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

M.B. Ch.B. D.P.H.
F.R.S.I. etc.

Medical Officer of Health.

During the past year, the work of the
Department has been directed towards
the improvement of the service to the
public, and the results have been
very satisfactory.

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SECTION I.

STATISTICS FOR THE AREA - 1947.

Area in acres.	1,766.
Population (estimated).	6,726.
Rateable Value (estimated).	\$45,770.
Sum Represented by Penny Rate.	\$176.
Number of Occupied Houses.	2,132.

EXTRACTS FROM VITAL STATISTICS.

<u>LIVE BIRTHS.</u>	<u>MALE.</u>	<u>FEMALE.</u>	<u>TOTAL.</u>	<u>RATE PER 1,000 POPULATION.</u>
Legitimate.	94	80	174	
Illegitimate.	10	1	11	
			<u>185</u>	27.5

<u>DEATHS.</u>	58	38	96	14.25
Number of women dying in, or in consequence of childbirth.		Nil	Nil	Nil

Deaths of infants under one year of age (usually spoken of as the Infantile Mortality Rate).	<u>MALE.</u>	<u>FEMALE.</u>	<u>TOTAL.</u>	<u>RATE PER 1,000 LIVE BIRTHS.</u>
	7	3	10	54.0

POPULATION.

The estimated population for Newhaven in 1947 was 6,726. This is the highest population since 1939, when the estimated population was 7,347. The latter is the highest population ever recorded for the town.

The estimated populations for the years 1942 to 1946 were 5,129, 4,937, 5,232, 5,523 and 6,388 respectively.

The facts of population comprise the basic material for the practical planner, the sociologist, the vital statistician. Without such knowledge their work cannot begin. An accurate knowledge of population is essential and fundamental in evaluation and planning.

During the last twelve years the annual populations of Newhaven are given in the following table:-

<u>YEAR.</u>	<u>POPULATION.</u>	<u>VITAL INDEX.</u>	<u>YEAR.</u>	<u>POPULATION.</u>	<u>VITAL INDEX.</u>
1936	7,060	108.5	1942	5,129	142.6
1937	6,898	147.2	1943	4,939	135.8
1938	7,062	126.7	1944	5,232	166.1
1939	7,347	122.4	1945	5,523	160.2
1940	6,889	102.9	1946	6,388	214.4
1941	4,993	114.6	1947	6,726	190.8

It can be seen from the above table that the highest annual populations were in those years immediately preceding the outbreak of war, the lowest during the war period, and that there is now an increase towards the highest recorded figure for the population of the town.

Whether a population of a town grows or declines depends upon three factors.

1. The difference between the numbers of births and deaths.
2. The difference between the numbers of immigrants and emigrants, i.e. those who enter the town and those who leave it.
3. Changes of boundaries of the town.

Dealing with the first factor, the difference between the numbers of births and deaths, this is readily appreciated if a statistic called the vital index is used. The vital index is the number of births multiplied by 100 in a given period, divided by the number of deaths for the same period.

If the resultant figure or vital index is below 100 the deaths have exceeded the births, if above 100 the births have exceeded the deaths. In all the twelve years in table given above the births have exceeded the deaths each year. The population is therefore in a healthy condition, biologically speaking, and has been during all the twelve years. That is the deaths have been more than replaced by the births.

Examining the second factor, the difference between the numbers of immigrants and emigrants; during the war years there was a greater number of people who left the town than the number of people who entered it. This is not surprising as Newhaven was in a possible invasion area. Towards, and after the end of the war there was a return of old residents and the entry of some new residents to the town, and the number of these were greater than the number of emigrants, or those who left the town. The annual number of births in the years 1946 to 1947 in excess of the annual number of deaths for the same year, did not then altogether account for the increase in population.

As to the third factor, changes in boundaries of the town, this need not be discussed here, but it is quite obvious that any extension must include a fairly heavily populated area to increase the population of Newhaven, to effect an immediate and appreciable increase.

There are other considerations to be borne in mind besides the actual figures of yearly populations and the increase and decrease of births compared

THE UNIVERSITY OF CHICAGO

NAME	DEGREE	CLASS	DATE
ALAN TURING	B.S.	1935	1935
ALAN TURING	M.S.	1936	1936
ALAN TURING	PH.D.	1937	1937
ALAN TURING	PH.D.	1938	1938
ALAN TURING	PH.D.	1939	1939
ALAN TURING	PH.D.	1940	1940
ALAN TURING	PH.D.	1941	1941

ALAN TURING was born in 1912 at Malvern, Worcestershire, England. He was educated at King's College, London, and at the University of Cambridge, where he was a member of the Trinity College. He was a member of the Cambridge Mathematical Tripos, and was awarded a First Class Honours in Mathematics in 1934. He was also a member of the Cambridge Philosophical Society, and was elected a Fellow of the Royal Society in 1948.

During the war, he worked at Bletchley Park, where he was one of the first to develop the concept of a Turing machine. He was also involved in the development of the Colossus machine, which was used to break the German Enigma code.

After the war, he returned to Cambridge, where he continued his research in mathematics and computer science. He was a member of the Cambridge Computer Laboratory, and was one of the first to develop the concept of a Turing machine.

He was also a member of the Cambridge Philosophical Society, and was elected a Fellow of the Royal Society in 1948. He was a member of the Cambridge Mathematical Tripos, and was awarded a First Class Honours in Mathematics in 1934.

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with deaths, and these are, the age composition of the population, the manner of distribution within the area, the size of families, and the social structure of the community.

As the yearly vital indices in the twelve years in the table are all above 100, and it has been ascertained that the vital indices in the twelve years before 1936 were also all above 100. This points to the present population of the town being a comparatively young one. The manner of distribution of the population in this case has not the same bearing as it has in some larger towns, where there are more defined distinctions in the kinds and distribution of the people. Newhaven is mostly a working class town. The average size of family in the town is between four and five persons, and the social structure of the community is more or less homogeneous.

Here we have then a young thriving population, compact and with very little social differences.

The prosperity of Newhaven is more or less bound up with work at the Port as there are few industries in the town. It does appear that if work at the Port decreases to any great extent, this will have the effect of decreasing the population of the town, since families will go elsewhere for work. There does seem to be the need for new industries in the town. Looking ahead one should consider the possible growth of the district, accessibility to industry, to social, educational, and recreational centres, transit facilities, suitability of land for healthy dwellings, cost and quality of soil, with financial considerations as capital and annual expenditure and possible annual receipts.

Since there is a comparatively young population in the town, the question arises as to whether there will be enough occupations and industries in the town in the future to keep them in Newhaven. If there is not sufficient employment it will have to be sought for elsewhere, in that case families may find it more convenient to emigrate from the town, when opportunity and accommodation permit. This may be accentuated if the present trend of an excess of births over deaths is continued, and there is lack of employment.

A close study of vital indices of a successive number of years over a considerable period, is of considerable importance.

Wise planning and the establishment of new industries and occupations now, would help to avert unemployment and a possible loss of population by emigration in the future.

BIRTH RATE.

The birth rate for the year 1947 was 27.5 per 1,000 population. As far as it can be ascertained from past statistics this is the highest birth rate ever recorded for the town.

DEATH RATE.

For the year under review the death rate was 14.25 per 1,000 population.

The Chief causes of death were heart disease (38); cancer (14) intra-cranial vascular lesions (6). These diseases are mostly associated with old age.

The highest age at death was	...	...	...	...	...	...	91 years.
The lowest age at death was	...	...	...	...	...	...	3 weeks.
The average age at death was	...	...	...	...	...	...	70 years.

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CAUSES OF DEATH.

	<u>MALE.</u>	<u>FEMALE.</u>	<u>TOTAL.</u>
Heart Diseases.....	23	15	38
Cancer.....	9	5	14
Intra-cranial Vascular Lesions.....	3	3	6
Nephritis.....	3	1	4
Other Digestive Diseases.....	-	3	3
Diarrhoea under two years.....	3	-	3
Bronchitis.....	2	1	3
Pneumonia.....	1	2	3
Influenza.....	2	-	2
Ulcer of the Stomach.....	2	-	2
Other Violent Causes.....	2	-	2
Road Traffic Accidents.....	-	1	1
Suicide.....	1	-	1
Premature Birth.....	-	1	1
Other Respiratory Diseases.....	1	-	1
Other Diseases of the Circulatory System..	-	1	1
Whooping Cough.....	1	-	1
Tuberculosis of the Respiratory System....	1	-	1
Other forms of Tuberculosis.....	1	-	1
All Other Causes.....	3	5	8
	58	38	96

As in former years, the chief cause of death in 1947 was heart disease with 38 deaths. This was followed by 14 deaths from cancer. Heart disease and cancer usually head the list year after year. Intra-cranial vascular lesions, mostly 'strokes', claimed 6 victims. There were 4 deaths from Nephritis. Other digestive diseases, diarrhoea under two years, bronchitis and pneumonia claimed 3 victims each. Influenza, ulcer of the Stomach and other violent causes claimed 2 victims each. From the following causes there was 1 death each; road traffic accidents, suicide, whooping cough, tuberculosis of the respiratory system, other forms of tuberculosis. Eight deaths were attributed to all other causes.

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 diseases. 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 number 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.

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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 heart disease occupies year after year as a cause of death, and as a cause of a great deal of disability.

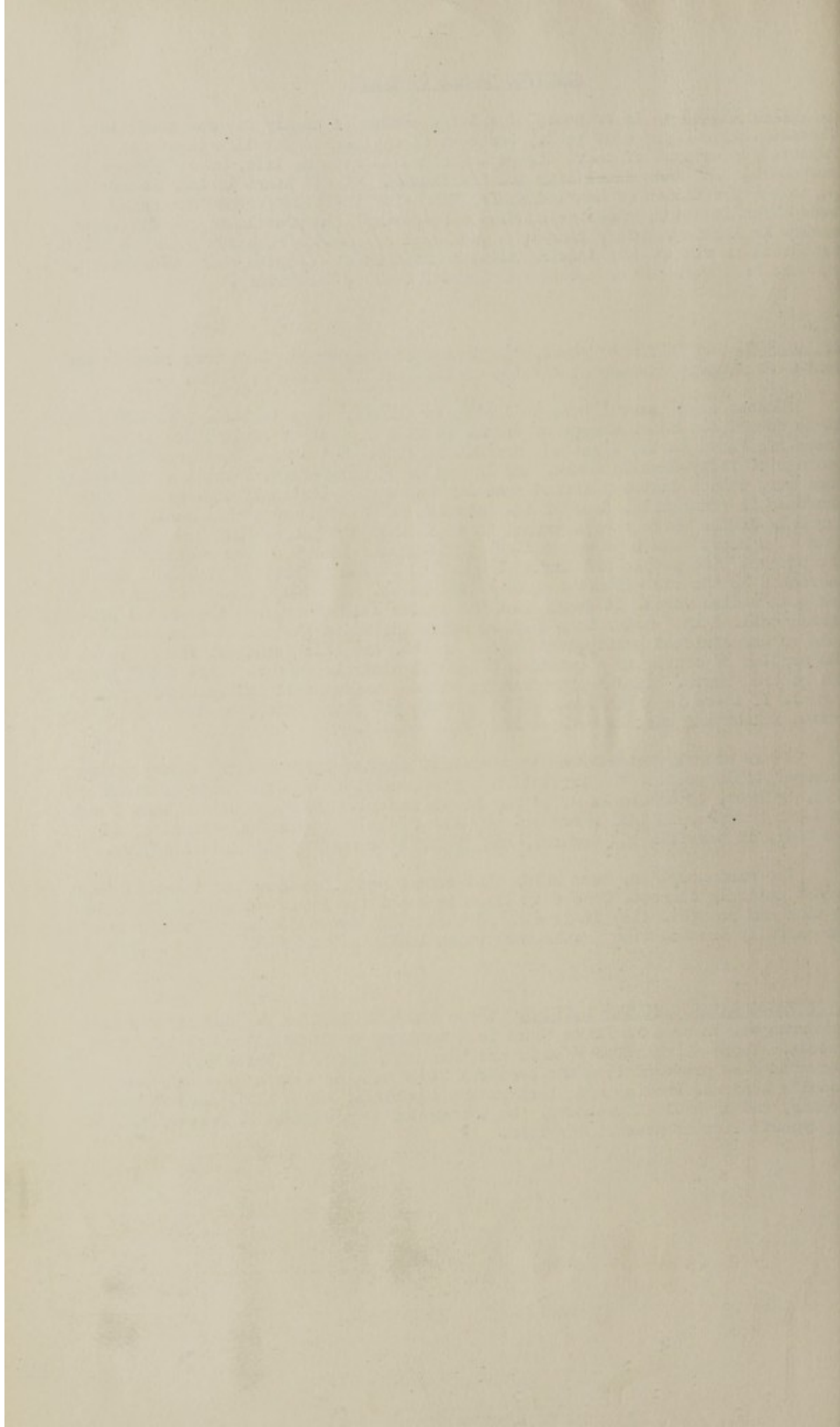
2. CANCER. As in former years, the deaths from cancer in 1947 came next to the deaths from heart disease at the top of the list of causes of death.

Cancer is a general term to designate all malignant tumours, year after year it is one of the chief causes of death. It is a disease of adult life although cases are known in the first two decades of life. Most cancer deaths occur about the age of fifty-five in women, and in men about sixty-five. There have certainly been more cancer deaths notified annually during the last half century and this increase is remarkable. Some of the increase is more apparent than real, since formerly deaths which were ascribed to some other disease, should have been put down to cancer. With improved methods of diagnosis this has been rectified. At the present time people are living longer and so the proportion of cancer deaths increases as the risk from the disease increases. The actual cause of cancer has so far been undiscovered. It seems that the cancer cell comes from the normal pre-existing tissue cell of the body. Some factors which influence the normal tissue cell to take on unrestricted multiplication and growth, are being studied. It may be that the problem of cancer is a question of growth control. Factors exist which promote and restra growth. When the two factors balance tissue cell multiplication is normal. If there is an increase of the growth promoting factor or decrease of the growth inhibiting one, or both, cancer will result.

It is clearly established that certain chronic irritants may induce cancer in susceptible people. The irritation may be caused by certain kinds of light rays, by heat, by chemicals or it may be mechanical. Thus cancer has been found in X-ray workers, in Indian natives who use a heating apparatus held close to the body, in paraffin oil workers, and it may be caused by mechanical injury.

The misconception, once held, that cancer was a hopeless and incurable disease is not entirely correct. Cancer at first is local and it is curable if detected in time and removed. Also it is claimed that even advanced cases of cancer have been successfully treated with a substance which inhibits the growth of the cancer cells.

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.



Birth rates, Civilian Death rates, Analysis of Mortality, Maternal Mortality and Case rates, for certain Infectious Diseases in the year 1947. Provisional figures based on Weekly and Quarterly Returns.

	England and Wales.	126 C.B.'s and Great Towns including London.	148 smaller Towns; res- ident pop. 25,000 to 50,000 at 1931 census.	London Adminis- trative County.	Northaven.
Rates per 1,000 Civilian Population.					
Live Births.	20.5 /	23.3	22.2	22.7	27.5
Still Births.	0.50 /	0.62	0.54	0.49	0.74
DEATHS.					
All causes.	12.0 /	13.0	11.9	12.8	14.27
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	0.03	0.02	0.02	0.14
Diphtheria.	0.01	0.01	0.01	0.01	0.00
Influenza.	0.09	0.09	0.08	0.08	0.29
Smallpox.	0.00	0.00	0.00	-	0.00
Measles.	0.01	0.02	0.02	0.01	0.00
Rates per 1,000 Live Births.					
Deaths under one year of age.	41 /	47	36	37	54.05
Deaths from Diarrhoea and Enteritis under two years of age.	5.8	8.0	3.7	4.8	16.21
Rates per 1,000 Civilian Population.					
Notifications.					
Typhoid Fever.	0.01	0.01	0.00	0.01	0.00
Paratyphoid Fever.	0.01	0.01	0.01	0.01	0.00
Cerebro-Spinal Fever.	0.05	0.06	0.05	0.05	0.00
Scarlet Fever.	1.37	1.54	1.37	1.31	0.89
Whooping Cough.	2.22	2.41	2.02	2.80	4.31
Diphtheria.	0.13	0.15	0.14	0.14	0.14
Erysipelas.	0.19	0.21	0.18	0.22	0.14
Smallpox.	0.00	0.00	0.00	0.01	0.00
Measles.	9.41	9.13	9.58	5.19	4.31
Pneumonia.	0.79	0.89	0.68	0.64	0.14
Rates per 1,000 Total Births. (Live and Still).					
(a) Notifications.					
Puerperal Fever.	7.16	8.99	6.27	(1.21	5.26
Puerperal Pyrexia.)				(6.94 *	
(b) Maternal Mortality in England and Wales.					
No. 140 Abortion With Sepsis.	No. 141 Abortion Without Sepsis.	No. 147 Puerperal Infections.	Nos. 142-6 140-150 Other.	Northaven.	
0.10	0.06	0.16	0.85	Nil.	
Abortion:- Mortality per million women aged 15-45 in England and Wales.					
No. 140 with Sepsis.	No. 141 Without Sepsis.	Northaven.			
9	5	Nil.			

/ per 1,000 related Births.
/ per 1,000 total Population.
* Including Puerperal Fever.

SECTION 11.
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 Chichester.

One Sanitary Inspector carries out duties in the District.

2. Ambulance Facilities.

A motor ambulance is provided by the Lewes, Newhaven and 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. The Newhaven Isolation Hospital was closed from 31st January, 1947 and remained so for the rest of the year. Infectious diseases cases were admitted during the closure to the Sanatorium, Bear Road, Brighton. For cases of smallpox there is the East Sussex Western Joint Smallpox Hospital at Chichester 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.

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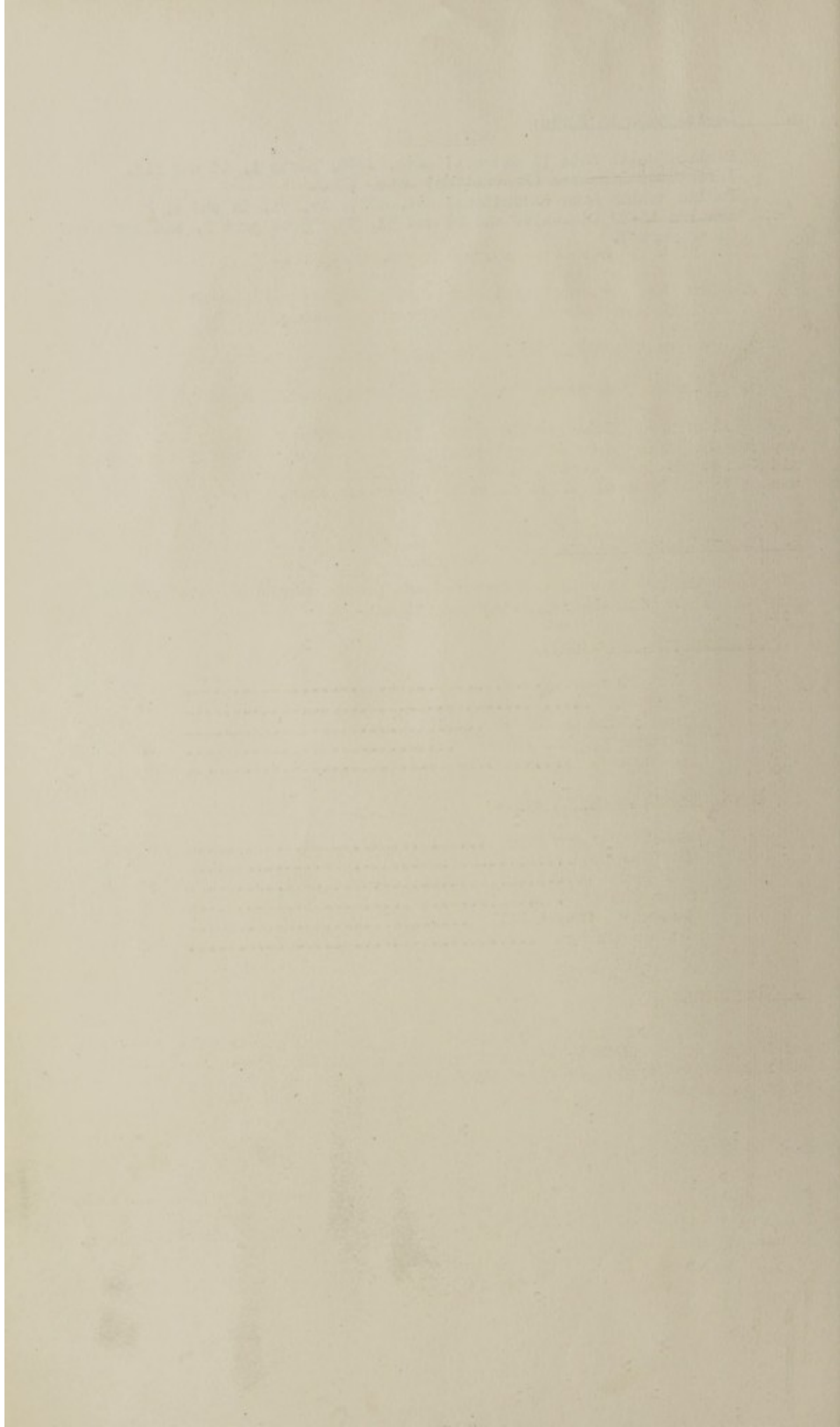
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8. Legislation in Force:

Public Health Acts (Amendment) Acts, 1890, parts i, ii and iii.

Infectious Diseases (Prevention) Acts, 1890.

Public Health Acts (Amendment) Act, 1907, 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	189

Premises with earth closets.

Meeching Court Farm	5
Golf House	1
Now 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.

4. Inspections and Notices Served.

The Sanitary Inspector reports that during the year, 1947, he has made 1498 visits in connection with his work. In respect of these visits, 98 Informal Notices and one Formal Notice was served. Of the Informal Notices, 84 have been complied with.

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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	64
Visits under the Public Health Acts	94
Inspections under the Housing Acts	102
Visits under the Public Health & Housing Acts	161
Inspections in connection with overcrowding	16
Inspections of verminous premises	48
Miscellaneous Housing Visits	17

INFECTIOUS DISEASES.

Enquiries	11
Disinfections	13
Miscellaneous Visits	7

GENERAL SANITATION.

Water Supply	33
Drainage	142
Stables and piggeries	21
Fried Fish Shops	22
Factories	17
Bakehouses	24
Public Conveniences	33
Refuse Collection	79
Refuse Disposal	46
Rats and Mice	97
Shops	13
Ditches and Ponds	5
Knackers Yard	13
Miscellaneous Visits	138

MEAT AND FOOD INSPECTION.

Slaughter Houses	2
Butchers	58
Grocers	34
Greengrocers	1
Cowsheds	7
Dairies	39
Ice Cream Premises	26
Restaurants	21
Street Vendors	32
Milk Sampling	1
Water Samples	15
Ice Cream Samples	8

SUMMARY OF WORK AFTER SERVICE OF NOTICE.

Roofs repaired	26
Eavesgutters or Fallpipes repaired	18
Dustbins renewed	13
Pointing or rendering of external walls	13
Soil Vent Pipes repaired	6
Cesspools emptied	4
Water closets or cisterns repaired or renewed	15
Drains relaid, improved or cleared	10
Dampness remedied	16

Means of ventilation improved	4
Windows and sashes repaired	15
Cooking stoves repaired or renewed	10
Washboilers repaired or renewed	4
Pirogrates or flues repaired	12
Floors (wood or solid) repaired or relaid	10
Doors repaired or renewed	7
Wallplaster repaired	21
i. i. Ceilings renewed	13
Decoration of premises	16

5. Inspection of Shops and Offices.

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

6. Eradication of Bed Bugs.

1. Number of houses infested Council Houses 1
Other Houses 10
2. Method employed to disinfect Fumigation with
Cinex Blocks.
..... Spraying with
Insecticide.
3. All furniture and effects were successfully disinfected.
4. All occupiers were instructed as to the best means of eradication.

7. Premises Controlled by Bye-Laws and Regulations.

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

(a) Dairies. There are two dairy farms in the district. The conditions generally were found satisfactory during the inspections. The Sanitary Inspector made ten inspections during the year and made two informal notices in respect of cowsheds, and 25 dairy inspections with one informal notice.

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

(b) 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.

(c) 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.

(d) 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 four bakehouses in the District all of which were above ground.

1. The first part of the report is a general
2. description of the project and its objectives.
3. The second part is a detailed description of the
4. methodology used in the study.
5. The third part is a description of the results
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8. Unsound Food.

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

Corned Beef	118½ lbs
Corned Mutton	18 lbs
Beef, (home killed or imported)	121 lbs
Bacon (tinned)	2 lbs
Sausages (tinned)	21½ lbs
Stewed Steak etc. (tinned)	11½ lbs
Fish (fresh or smoked)	588 lbs
Fishcakes	30 lbs
Fish, various (tinned)	7½ lbs
Flour and various products	56 lbs
Fruit various (tinned)	467 lbs
Fruit Juice (tinned)	6½ lbs
Vegetables (tinned)	10½ lbs
Milk, Evaporated	109½ lbs
Milk, Condensed	7 lbs
Jam	29½ lbs
Miscellaneous Foods	5½ lbs

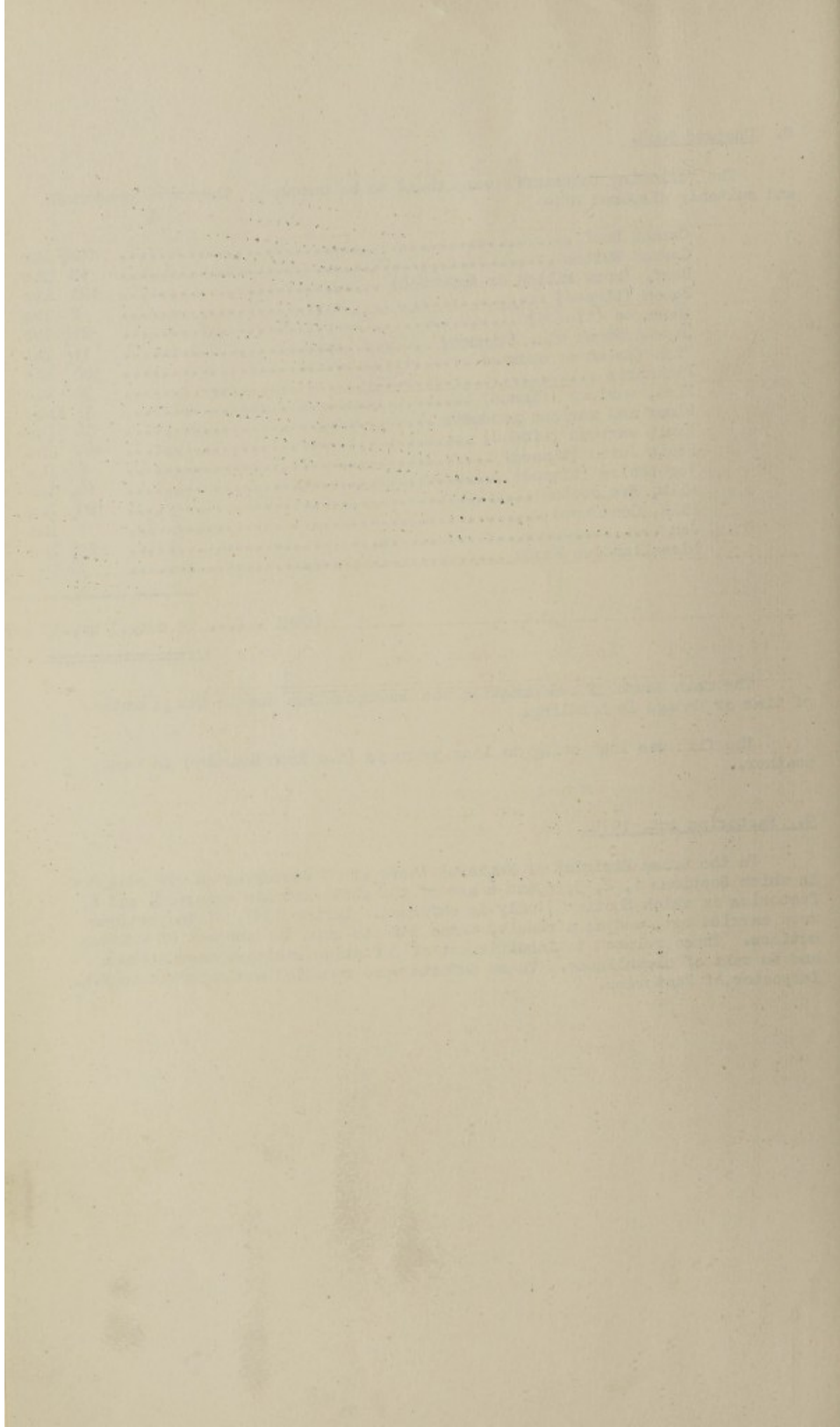
Total 14 cwt..1 qr..13 lbs

The main cause of condemnation was decomposition due to the piercing of tins or damage in handling.

The fish was lost owing to long journeys (i.e from Grimsby) in warm weather.

9. Factories Act, 1937.

In the Urban District of Newhaven there are 7 factories on the register in which Sections 1, 2, 3, 4, and 6 are of the above Act are enforced, and 27 factories in which Section 7 only is enforced. During 1947, 41 inspections were carried out, and as a result, three defects were the subject of written notices. These related to insufficient or defective sanitary conveniences and to want of cleanliness. These defects were remedied and reported to H.M. Inspector of Factories.



SECTION IV.

INFECTIOUS DISEASES.

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding
Tuberculosis) DURING THE YEAR 1947.

Disease.	Cases Notified.	Cases admitted to Hospital.	Deaths.
Diphtheria. **	1	1	-
Erysipelas.	1	-	-
Measles.	29	-	-
Pneumonia.	1	-	-
Puerperal Pyrexia.	1	-	-
Scarlet Fever.	6	2	-
Whooping Cough.	29	-	1
Total	68	2	1

** An adult; therefore not immunised.

1. DIPHTHERIA.

During the year only one case of diphtheria was notified. This occurred in an adult who was not immunised against the disease, and who was admitted to hospital for treatment. This case made a normal recovery.

There is absolutely no doubt that the comparative rarity of diphtheria in recent years has been due mainly to diphtheria immunisation.

During the five year period 1927 to 1931, when immunisation was not extensively carried out, the average number of diphtheria cases notified annually was eleven, with a peak year in 1931 when eighteen cases were notified.

With the increased use of immunisation the number of cases diminished, until in the five year period 1943 to 1947 the average number of diphtheria cases notified annually fell to 0.6 - one case in each of the years 1943, 1945 and 1947 and no case in the years 1944 and 1946.

It is thus quite clear that immunisation is definitely a protection against diphtheria. The cases notified in 1943, 1945 and 1947 were not immunised.

It is gratifying to record that during 1947 137 children under five years and 17 from 5 - 15 years were immunised against diphtheria in Northaven.

THEORY OF THE EARTH

The theory of the earth is a branch of geology which deals with the origin and development of the earth and its various parts.

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2. SCARLET FEVER.

Six cases of scarlet fever were notified during the year and two cases were sent to hospital on account of unsatisfactory home conditions and inability to look after the patient at home.

During the last twenty five years the average type of scarlet fever case has become progressively milder. Before that time severe types of the disease were encountered, such as the toxic and the septic. Formerly, the greatest proportion of deaths due to scarlet fever were due to the septic variety of the disease.

Other types of scarlet fever such as surgical scarlatina infrequently occur nowadays. Surgical scarlatina is usually of a mild nature and is associated with certain injuries, particularly burns. Another type, puerperal scarlet fever hardly ever occurs now owing to the use of sulphonamide drugs, which are administered to women shortly before, and after childbirth.

The majority of persons exposed to scarlet fever infection can be protected by a daily dose of a sulphonamide drug, but this must be given under medical supervision. This does not obviate the necessity for appropriate personal precautions, such as the isolation of the patient, exclusion of infected persons from handling milk and milk products etc.

No deaths were due to scarlet fever in Northaven in 1947.

3. MEASLES.

During the year under review twenty nine cases of measles were notified in Northaven.

This disease occurs most commonly in children between five and fifteen years of age, but many cases are in children under five. All persons can be considered susceptible until they have had the disease, with the exception that most babies born of mothers who have had the disease, are immune for the first few months of life.

The agent of the disease is smaller than the average sized microbe and is called a virus. The sources of infection are discharges from the nose and mouth.

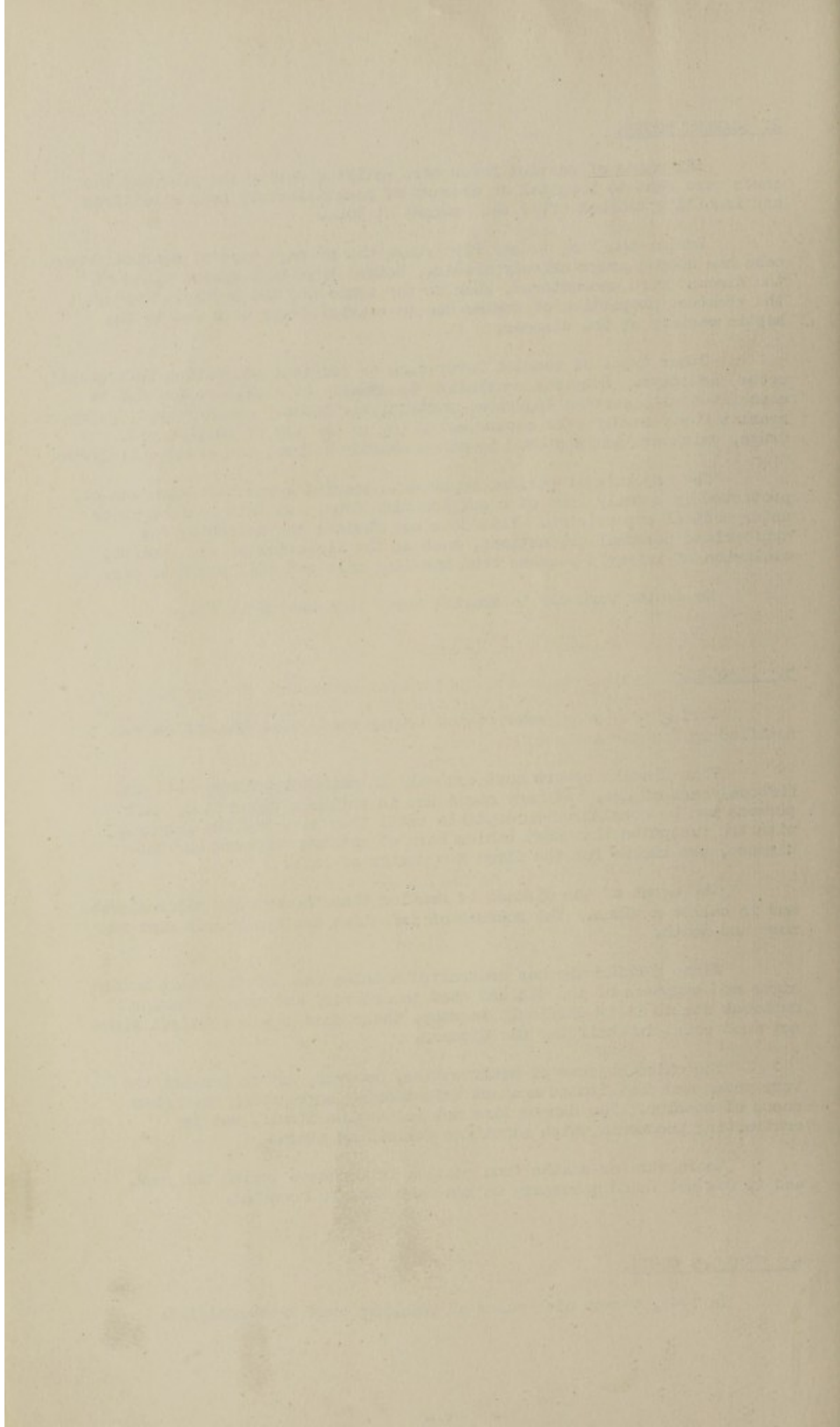
Since a child who has contracted measles can infect others before signs and symptoms of the disease show themselves, and once a measles outbreak starts it is difficult to stop, there does appear at first sight not much point in notifying the disease.

The chief objects of notification, however, are to protect the very young and debilitated against infection by segregating them from cases of measles. The danger lies not in measles itself, but in contracting pneumonia which sometimes follows an attack.

There were no deaths from measles in Northaven during the year, and it was not found necessary to send any case to hospital.

4. WHOOPING COUGH.

In 1947, twenty nine cases of whooping cough were notified.



This acute infectious disease, involving the trachea, or windpipe, and bronchi, or branches of the windpipe to the lungs, is characterised by a typical cough, or 'whoop', lasting from one to two months or longer. The source of infection is mucus discharged from the trachea and bronchi, expelled usually during coughing. The mode of transmission is by contact with an infected person, or with articles freshly soiled with mucus. One attack usually confers a long immunity, although second attacks do occur. The largest number of patients are in their fourth year, but of all infectious diseases, whooping cough is most likely to attack very young children, and many cases occur in infants under six months of age. Adults are not exempt from attack, and in them the cough may persist for three or four months, or even longer. A certain amount of bronchitis occurs in the majority of cases, and broncho-pneumonia is responsible for many deaths ascribed to whooping cough especially in the very young. It is important to protect children under three years of age, from contact with any other children with a cough and fever of whatever origin, and especially if whooping cough is expected, or known to be prevalent. Discharges from the nose and throat of a patient, and articles soiled by such discharges, should be disinfected.

One death was ascribed to whooping cough in 1947, and no case was sent to hospital.

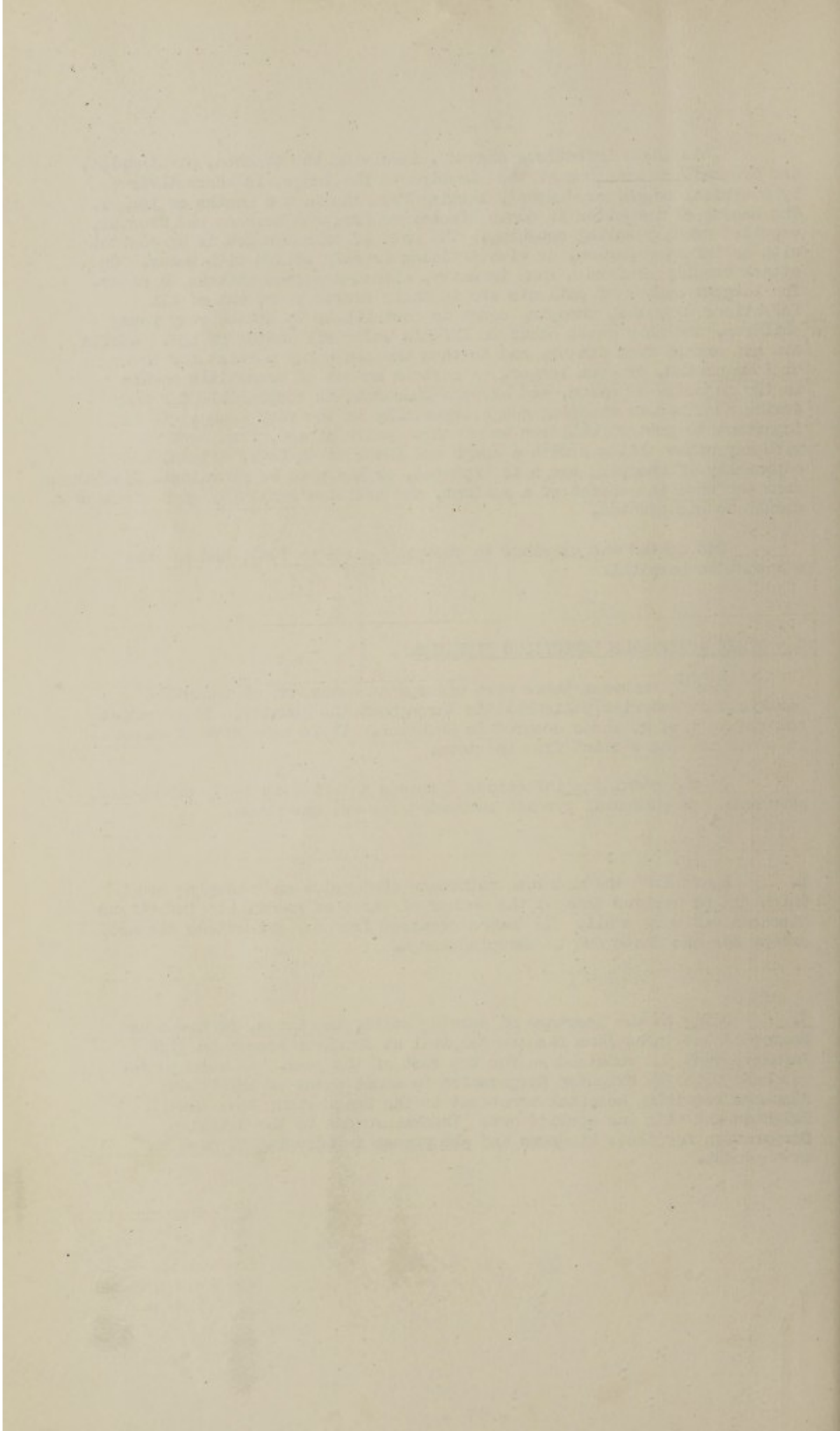
5. OTHER NOTIFIABLE INFECTIOUS DISEASES.

During the year there were widespread outbreaks of infantile paralysis or anterior poliomyelitis throughout the country. It is rather remarkable that no cases occurred in Northaven. There were several cases in areas not far distant from the town.

Of the remaining infectious diseases notified in 1947, erysipelas, pneumonia and puerperal pyrexia accounted for one case each.

6. Apart from the moderate outbreaks of measles and whooping cough which did no serious damage, the number of cases of notifiable infectious diseases was very small. No deaths occurred from any infectious disease, except for one death due to whooping cough.

7. Owing to the shortage of nursing staff, the Lewes, Northaven and Seaford Joint Infectious Disease Hospital at Northaven closed on 31st January, 1947 and remained so for the rest of the year. An arrangement was made with the Brighton Corporation to admit cases of infectious diseases requiring hospital treatment to the Sanatorium, Bear Road, Brighton and this was carried out. Thanks are due to the Brighton Corporation for their kindness and promptness in agreeing to such an arrangement.



SECTION V.

TUBERCULOSIS.

In 1947 seven new cases of pulmonary tuberculosis and two cases of non-pulmonary tuberculosis were notified, whilst during the year there were two deaths from pulmonary tuberculosis, but no deaths from non-pulmonary tuberculosis. Details are given in the following table.

1947 NEW CASES AND MORTALITY.								
AGE PERIODS.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	1	-	-	-	-	-
10	-	-	1	-	-	-	-	-
15	1	-	-	-	-	-	-	-
20	1	1	-	-	1	-	-	-
25	1	-	-	-	-	-	-	-
35	2	1	-	-	-	-	-	-
45	-	-	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-
65 and Upwards.	-	-	-	-	-	-	-	-
TOTAL	5	2	2	-	2	-	-	-

It has been proved beyond all doubt that pulmonary tuberculosis is a contagious disease, that is, it is communicable by contact from an individual suffering from it or with some secretion, usually the sputum, of such an individual, or with an object infected by the individual.

The early recognition and early isolation of infectious cases will prevent the spread of the disease to uninfected individuals. Pulmonary tuberculosis may exist in a family over many generations, or it may have become a family disease very recently, the previous generation having been free from it. One sees very frequently cases of the disease in young adults where it is the first known instance in the family, and when the sufferer has been in contact with a case outside the home. Many cases, however, give no history of having tuberculosis in the family, or among close associates. Such have usually been exposed to unsuspected cases.

Once tuberculosis has entered a family there is a considerable danger that it will be passed on from generation to generation. One often finds that one member of a family has infected other members. As long as communicable cases of pulmonary tuberculosis are allowed to remain with relatives and in the community in general, smouldering disease will develop in contacts regardless of age, and as long as smouldering tuberculosis is allowed to develop in the bodies of human beings, more cases and more deaths will result.

The sooner the fact is recognised that pulmonary tuberculosis is a contagious disease, the better.

Early recognition, and then early treatment of infectious cases in a sanatorium, whilst at the same time there is prompt medical examination of contacts, will definitely check the spread.

Contacts should realise that this prompt medical examination is in the interests of not only themselves, but in the interests of other members of their family, and of their associates. It is their own interests, since if they are infected, the infection is discovered early, the chance of an early and complete cure is higher than if the disease progresses further. Many contacts do not show signs of the disease and indeed have resisted it. Assurance that they are free from it relieves anxiety. A small number of contacts may reveal the disease in its early stages, and here early sanatorium treatment is imperative from the point of view of cure, and in order to prevent them infecting others.

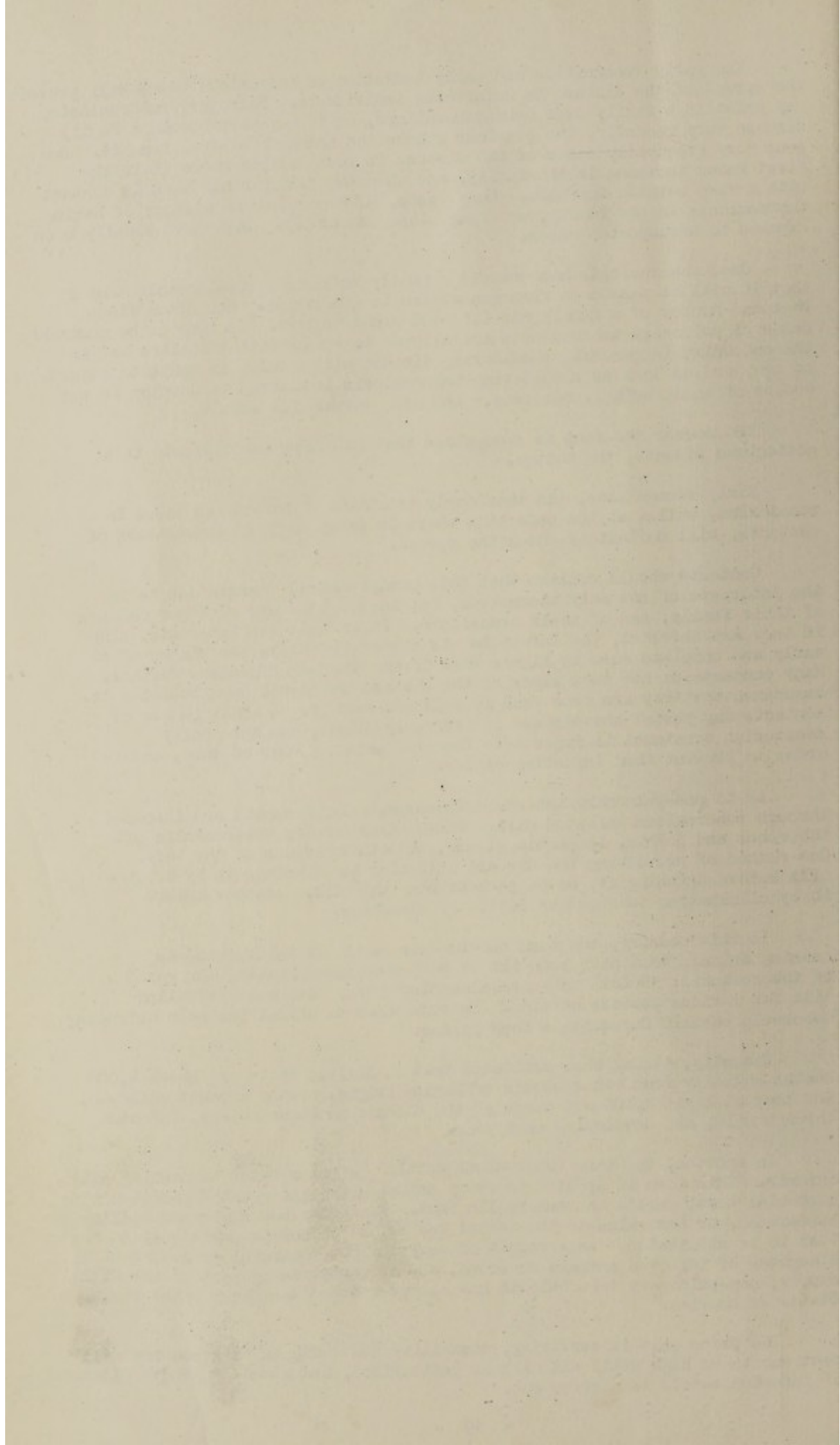
As to non-pulmonary tuberculosis cases, a large number are infected through tuberculous infected milk. These cases develop tuberculosis of the bones and joints, lymphatic glands, and other tissues of the body. One method of preventing the disease infecting human beings is by boiling milk before drinking it, or by pasteurising the milk. Another method is by eliminating tuberculous cattle by slaughter.

In this country, the term tuberculous cattle is interpreted as meaning animals that have been ill or have been disseminating the germs of tuberculosis. Before many are slaughtered they have been infecting milk for various periods of time. In some cases an animal has been extruding tubercle bacilli for quite a long period.

Recently, it has been estimated that in England there are about 2,000 deaths annually from tuberculosis of bovine origin, mostly amongst children, and that at least 4,000 new cases of the disease in human beings, infected through milk, are developing each year.

In America, the term tuberculous cattle is interpreted as meaning ill animals. This term is applied to every animal which has reacted positively to a special test, called the tuberculin test. No matter how sleek and healthy in appearance, or how valuable the animal may be, if it reacts positively to the test it is eliminated. As a result of carrying out a careful programme of slaughter of infected animals so found, and of pasteurising most of the milk supply, non-pulmonary tuberculosis has almost reached vanishing point in the States of America.

The price paid in suffering, disability and death in this country will continue to be high until all milk is pasteurised, and a more thorough elimination of infected cattle is carried out.



CLIMATE.

The relatively dry air in Nowhavan has a stimulating and pleasant effect, which can only be appreciated when one has lived in it.

In the year under review, there was abundant sunshine in Nowhavan. This town possesses a great geographical advantage as regards local conditions, in that there is almost a complete absence of smoke and dust, and it has an atmosphere which allows practically uninterrupted the passage of the sun's rays.

In towns and cities where the air is always polluted, by the continual emission of combustible products from chimneys and motor vehicle exhausts, there is a screen which effectually shuts off much of the sunlight. It has been estimated that seven-eighths of the sun's power is shut off by smoke in the centre of London.

The radiant energy provided by sunlight is beneficial to young and old alike. It is important for the young in that growth and nutrition are helped. It builds up resistance against rickets, tetany, tuberculosis and other infections, and it assists in the regeneration of the blood, and in healing wounds. In the old, it assists in resisting infections and thus prolongs life. This health giving radiant energy has a profound effect on all. By directly stimulating the skin it acts not only in a healing capacity, but as a great preventative of disease.

Radio-active substances which are of immense value to health and which are present in the atmosphere and in the earth, are derived from solar-radiations. Air in clear weather has a greater radio-activity than in dull weather. The days when clear weather is present in Nowhavan outnumber the dull days. Even towards the end of October in 1947, the number of hours bright sunshine daily was between five and six, which greatly exceeds that observed in the majority of places in this country.

Air temperatures in Nowhavan in 1947, ranged from an absolute maximum of 42 degrees Fahrenheit in February to an absolute maximum of 86 degrees Fahrenheit in August. The absolute minimum ranged from 20 degrees Fahrenheit in December to 49 degrees Fahrenheit in July.

In 1947 the rainfall was light, ranging from a total fall of .15 inches in April to 6.61 inches in March. For the year the total fall was 25.46 inches. The driest months were August (.15 inches), October (.74 inches), May (1.34 inches), September (1.5 inches), April (1.70 inches) and July (1.77 inches).

The number of days with snow recorded were eight in January, and two in November.

Besides the stimulating dry air and the abundant sunshine in Nowhavan, there are also the bracing sea and land breezes which generate activity, and are not without their tonic effect.

As far as the effect on health and comfort is concerned, the sum of all meteorological conditions has to be observed. The amount of sunshine, the temperature, the humidity of the atmosphere and air movements has each its own particular and special effect, but one cannot be considered without the other.

In the case of Nowhavan, the combined effect of all these conditions is to make the climate well balanced, extremely healthy, and most bracing.

Possessed of immense climatic advantages, Nowhavan is an ideal place for the development of light industries, and a much larger population could be accommodated in this healthy locality.

