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E. Sussex

NEWHAVEN URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st DECEMBER, 1949.

Public Health Department,
Lewes House,
Lewes.

October, 1950.

Lewes House,
Lewes.

September, 1950.

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

Madam and Gentlemen,

I have the honour to submit the Annual Report on the health of the inhabitants and on the sanitary conditions of the Newhaven Urban District for the year 1949.

As you are all fully aware, the care of the health of the general public is a very full responsibility of your Council and in some respects an issue of practical politics.

Annual Health Reports may make very dry reading, at least as far as statistics are concerned. These statistics, however, form the very basis of the subject and can be used, up to a point, as yard-sticks as to the state of Public Health in an area during a particular year.

To the observant and the discerning many a clue concerning the well-being or otherwise of a particular group of people or of a population can be discovered. Many of these clues are often but lightly hidden under the bare statistics, but are easily revealed to those competent to discover them.

The population of Newhaven for the year under review was estimated to be 7,592. This is the highest population recorded of the town and is 802 over the population figure of 6,790 recorded after the 1931 census was taken.

Of more immediate significance is an increase of population by 1,304 since 1946. This increase is accounted for by an influx of adults into the town and in a lesser degree by a natural increase, that is by an excess of births over deaths in each year from 1946 onwards. Comparatively, the population of Newhaven is a younger one than those of the surrounding districts. It contains a larger proportion of young people. This fact should be acquainted to industrialists and business people who contemplate starting works, etc., in the town and to others whose concern is, or should be, directed to young peoples' welfare.

Their needs, of course, have to be catered for. It is certain that overcrowding exists to some degree. The chief need, as in nearly all areas in this country, is that of housing. It is known that the domestic upsets arising from housing problems are at present amongst the commonest contributory causes of psychosomatic illnesses - and this form of illness constitutes at least a third of all medicine.

It would appear to be more profitable to expend less public money on spectacles and prescriptions, which are sometimes of doubtful value, and more on reducing frustrations and improving the standard of living. This matter calls for more careful consideration than it appears to have received.

Town Hall,
[illegible]

[illegible] September, 1950.

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The birth rate for the year under review was 20.60 per 1,000 population. The annual birth rates for 1946, 1947 and 1948 were 23.16, 27.5 and 18.84 respectively. It was expected that the birth rates for those years would be high as the direct consequence of the rise in the marriage rates in the latter years of the last war and of the reunion of married couples at the end of it.

During the last ten years the annual birth rates have constantly exceeded the annual death rates. The population of Newhaven is thus biologically sound and healthy.

The death rate for 1949 was 12.15 per 1,000 population. For this year the Registrar-General has provided an area comparability factor. This factor has been calculated to secure comparability between local area death rates. As applied to the death rate (12.15) the comparative mortality rate of 10.9 for 1,000 population is given. The latter rate is comparatively low and this is a reflex on the healthiness of your town.

The average age at death in 1949 was 72.5 years. This exceeds the average expectation of life in this country which is approximately 62 years.

A hundred years ago the epidemic diseases were amongst the chief causes of death. Their present relative unimportance as causes of mortality is indeed of great significance and has been due to the revolutionary progress made in the fields of Public Health and curative medicine.

Whereas in 1855 six out of every thousand people died from either typhoid, typhus, small-pox, measles, scarlet fever, whooping cough or diphtheria in this country, the mortality rate has been today reduced to 0.14 per 1,000 population, that is to almost vanishing point.

The mortality from diarrhoeal diseases, including dysentery, was very high a century ago, especially amongst infants. This rate has been reduced now to an almost irreducible minimum.

With the increased speed of present day air and sea travel, an infectious disease, such as small-pox for example, endemic in some countries, can cause havoc amongst a distant population insufficiently protected. A cholera epidemic which ravaged Egypt recently provided a sharp reminder that a disease endemic in Bengal and the Yantze Valley can reach out and strike a distant population inadequately guarded. Recently, imported small-pox via a member of a ship's crew caused a serious out-break of the disease in this country. The price of safety is eternal vigilance plus adequate preventive measures taken beforehand, such as vaccination and unremitting attention to other factors in defence.

Many factors have played their part in reducing the relative importance of infectious diseases as instruments of death. As one example, diphtheria has been virtually wiped out in your area by immunisation. Scarlet fever is, nowadays, a mild disease compared with its virulent attacks seventy years ago with a fatality rate then of ten per cent. Although there is much reason for satisfaction there is none for complacency. Scarlet fever, in the main a mild disease today, may by mutation of the causal micro-organisms resume its previous virulence. Cases of moderate severity have occurred in the writer's practice recently, and this may be the first faint warning of a mutation in the causal agent of the disease.

It is well known by the intelligent amongst the general public that proper sanitation has deprived the bacillus of typhoid fever of its means of spread.

Developments of immunology and in therapy have effected, generally, far greater protection and have greatly reduced the number of deaths from infectious diseases.

Although this country is in a state of comparative quiescence as regards infectious disease attacks, local outbreaks do occur and have occurred in recent years. Vigilance cannot be afforded to be relaxed, and there is no place for carelessness at any time.

The present low rate of mortality from infectious diseases for this country generally cannot be hazardously assumed to continue as these diseases are subject to wide fluctuations as regards incidence and virulence of their causal agents.

As an example of progress in preventive medicine in your district, diphtheria has been virtually stamped out in the town. This has been accomplished by immunisation. Up to date 79% of children under 5 years and 95% of children from 5 to 15 years have been immunised. In the last five years only two cases of diphtheria have been notified and there were no deaths from this once dreaded disease.

Satisfied complacency has no place in preventive medicine. It is advised that all already immunised should receive a small re-inforcing dose of the immunising material before or shortly after, starting school. This dose boosts the protective substance in the child's body and thus makes much more ample and longer protection against contracting diphtheria in later years.

The number of measles cases notified in 1949 (112) weighted the total number of all infectious diseases (131) notified in the same period. Measles is one of the infections caused by a virus. It is much more frequent in the young, but it is a mistake to regard it merely as a child's disease. The reason why there are usually more cases of measles than of other infectious diseases amongst a community is because the infectivity is so high that but few escape an attack when exposed to actual cases who are most capable of disseminating infection before the rash appears.

Isolation of every case of measles in hospital is impracticable both from the point of view of the fact that there would not be enough hospital beds for all cases and for the reason that hospitalisation of all cases can do practically nothing to check the spread of the disease as the damage has usually already been done by the actual cases before the rash appears. Cases with bad home surroundings where adequate nursing cannot be given, or where grave complications such as pneumonia might supervene, are best sent to hospital.

Seven cases of poliomyelitis were notified during the year. All were sent to an infectious diseases hospital immediately a diagnosis was made. Of the seven, five were transferred to an orthopaedic hospital, where one case still remains. Two did not require orthopaedic hospital treatment and were discharged home directly from an infectious diseases hospital. At the time of writing one case had made a full recovery whilst four had made almost full recoveries. Two have made partial recoveries, one of which is the case still remaining in the orthopaedic hospital from which it is expected the latter case will be discharged home soon.

Ten cases of whooping cough were notified during the year. All were treated at home. Early reports of some of the mass experiments now being carried out in the inoculation of children with Pertussis Vaccine to protect them against the disease have given favourable indications of the efficacy of the vaccine.

The incidence of infectious diseases as a whole was very light, excepting an inevitable outbreak of measles. The latter is endemic in this country and occurs each year in large or small waves. So far nothing much can be done to prevent the disease as there is no means of reliable active immunisation against it available so far.

As to the sanitary circumstances of Newhaven, generally, the water supply was very good both in quality and quantity. A small part of your area was supplied with water from the Peacehaven Water Company. The water supply from this Company's well at Saltdean gave evidence of containing an admixture of sea water. This followed an unusually dry spell, and was not totally unexpected. The water supply was obtained from a well which was always suspected to be likely to admit sea water after dry periods and due to its comparatively short distance from the sea. Water from the well supplied the majority of houses in Peacehaven, some in Newhaven, and certain properties within the adjoining territory of Brighton County Borough.

In September, inhabitants of the areas supplied began to complain of the excessive salty taste of the water. Samples taken indicated an excess of chlorides and gave other undoubted evidence of sea water having gained access to the well. Numerous daily samples taken showed the percentage of sea water in the well supply to increase, and the water became practically unusable for drinking, cooking and even washing. The highest degree of salinity was found in a sample taken on 24th October, when 450 parts of salt per 100,000 were found. The amount of sea water in the well supply was 15%. Public alarm grew as the water became more and more salty and unusable.

The Peacehaven Water Company was informed of the position at an early stage. It was made quite clear to the Company that the supply was unfit for human consumption and that the Chailey Council intended to afford, immediately, an alternative supply of pure and wholesome water.

Forty galvanised iron tanks were quickly placed at different points throughout Peacehaven. These tanks were filled daily with pure and fresh water and protected against contamination. In addition, the Peacehaven Water Company came into line and erected six standpipes giving a water supply from the Newhaven and Seaford Water Company's supply.

A Public Enquiry was held on the 29th November, concerning the whole matter. As a result, the Brighton Corporation and the Newhaven and Seaford Water Company acquired the whole of the Peacehaven Water Company's area in parts and took these parts into their respective statutory limits after an Order had been issued by the Ministry of Health.

A large number of cesspools still exists in the Mount Pleasant area and a number of earth closets remain in Denton Village.

At no great distance from the cesspools in the Mount Pleasant area is the Newhaven and Seaford Water Company's pumping station which is situated at Poverty Bottom. The water from this pumping station is derived from a chalk source and supplies a comparatively large population. In the chalk source the water trickles through fissures or passages. Natural seams or cracks become enlarged by the gradual solution and removal of the chalk. Crevices are formed and may be, and often are, continuous for miles. They are tortuous and anastomose freely. An important point is that the direction and flow of the water bear no relation whatsoever to surface drainage. In the course of time fresh cracks may appear and a change in the direction of crevices may occur.

Pollution at one point may, therefore, endanger those using the water from this supply at far and unexpected distances. Typhoid fever has been caused rather frequently by the use of water from chalk sources. When there are potential sources of contamination, as, in the case of the Poverty Bottom supply, the many cesspools in the Mount Pleasant area, water from this source is not to be held always without suspicion. Your Council has embarked upon plans for the proper sewering of the Mount Pleasant area and it is, I think, realised by all concerned that the sooner the proper sewering of the area is completed, the better.

The source of water in the British Railways well at Denton is in the chalk. This well supplies parts of Bichopstone and the East side of Newhaven, including the Harbour. The same warning as to pollution given in the case of the Poverty Bottom supply can be given in this case also. Regarding the pail closets at Denton, in the first place they are anachronistic and in the second the circumstances are such that the sanitary conditions may become dangerous. The Denton area requires a proper sewerage system linked to the projected new system in the Mount Pleasant area.

Two important and essential factors in the basis of Public Health are, a good and purewater supply, and an efficient sewage system which will obviate the hazards of contamination. After a community has obtained these basic essentials, attention and effort can be devoted to Public Health matters further up the pyramid, such as the extermination or remedying the effects of tuberculosis, of infectious diseases and other more complicated matters.

During the year under review nine new cases of pulmonary and five new cases of non-pulmonary tuberculosis were notified. Unless the incidence of tuberculosis is known prophylactic and curative measures cannot be integrated to the fullest advantage. The Public Health Department plays its part in publishing the incidence of and mortality from tuberculosis and thus outlines the extent and trend of the disease. In three aspects - detection, prevention and treatment - rapid advances have been made in the last ten years.

Chemotherapy has made the most dramatic advance in the field of treatment, there has been allied to it an increasing scope for surgery. As dramatic as the introduction of streptomycin has been that of calciferol for the treatment of lupus vulgaris. Treatment by chemotherapy and by surgery combined, has effected striking cures in cases of genito-urinary tuberculosis. More cases of tuberculosis have been found recently. This has been due to overcrowding and to lack of houses, and improved methods of diagnosis of cases and detection of likely early cases who have been contacts have revealed more cases than at first suspected.

Mass miniature radiography has helped to reveal the unsuspected and the early and thus more easily treatable cases.

In conclusion I wish to thank you for your encouragement and support during the year. I am grateful for the courtesy and help I received from other officials of the Council. My thanks are also due to the general practitioners of the area for their collaboration with the Public Health Department and to the Public Health Staff for their willing and loyal co-operation.

I am, Madam and Gentlemen,

Yours obediently,

G. M. DAVIDSON LOBBAN,

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

Medical Officer of Health

SECTION I

STATISTICS FOR THE AREA - 1949

Area in Acres	1,766	Civilian
Population (Estimated)........	7,592	(Pop: 7,572)
Rateable Value (Estimated)....	£46,603	
Sum represented by Penny Rate.	£ 185	
Number of Occupied Houses	2,246	

EXTRACTS FROM VITAL STATISTICS

Live Births	Male	Female	Total	Rate per 1,000 population
Legitimate	88	59	147	
Illegitimate	6	3	9	20.60
Deaths	54	38	92	12.15
				Rate per 1,000 Live and Still Births
Number of women dying in, or in consequence of, childbirth		1	1	6.41
Infantile Mortality (deaths under 1 year of age)	2	2	4	24.64

POPULATION

The Registrar-General's estimated population figure for mid-1949 is 7,592. The population of Newhaven for the past 14 years is given below:-

Year	Population	Vital Index	Year	Population	Vital Index
1936	7,060	108.5	1943	4,939	135.8
1937	6,898	147.2	1944	5,232	166.1
1938	7,062	126.1	1945	5,523	160.2
1939	7,347	122.4	1946	6,388	214.4
1940	6,889	102.9	1947	6,726	190.8
1941	4,993	114.6	1948	7,520	161.7
1942	5,129	142.6	1949	7,592	169.6

The estimated population figure for mid-1949 (7,592) is the highest in the history of the town and shews an increase of 802 over the total of 6,790 disclosed on the occasion of the 1931 census. It will be noticed from the figures given above that there has been a steady increase in population in each of the six years following 1943. Although no census has been taken since 1931, the Registrar-General has each year given an estimate of the population and this has in practice proved remarkably accurate.

The estimated mid-year civilian population figure of 7,572 is the figure on which the birth rate, death rate, tuberculosis death rate, cancer death rate and infectious diseases death rate are calculated for the year. The population figure, besides being used in the calculation of various vital statistics, is most important from the point of view of planning, either short or long term, and should be constantly borne in mind by Local Authority Councillors and Officials. For instance, it is necessary to know it in the planning of housing programmes with the accompanying essential services, water supplies, sewage disposal, light and heat and various amenities considered necessary for present-day living.

The vital index shewn in the table is arrived at by dividing the number of births during the year under review by the number of deaths and multiplying the result by a hundred. The figure thus obtained is a measure of the population's biological condition as any such figure above a hundred shews that births in the area have more than compensated for the deaths which have taken place during the same period. Similarly, any figure below a hundred shews that the reverse is the case and the position of the population is not biologically sound. Naturally, other factors, such as immigration into and emigration from, an area, have a very considerable effect on the state of population, but the birth and death rates are the index of its biological condition.

Owing to the beneficial results of such measures as vaccination against smallpox, immunisation against diphtheria, the general improvement in the standards of hygiene and many other similar factors, the number of hospital beds required for infectious disease cases and cases arising from malnutrition, etc. has been materially reduced in the past fifty years.

It may thus be said, in view of the larger number of beds now required for old people, that the overall alteration has been not so much in the number of hospital beds required as in the use to which such beds are put. This point of view is modified, however, by the fact that a large percentage of the beds required for old people are occupied by the patients until their death. Much time and thought is, accordingly, being given at the present time to improving techniques in the treatment of old persons in order to reduce the number of permanently bed-ridden cases, and some success has been achieved in this endeavour. Experience shews that in many cases the health of old people is materially improved if they are encouraged to undertake some form of wage-earning employment, and it has been found that in many cases where this is done both the mental and physical condition of the old person is improved.

It is of vital importance that every effort should be made to remedy the very difficult and serious position with regard to housing accommodation in the Urban District. Many houses in the area are overcrowded and many more are unsatisfactory. Every effort is made to remedy or alleviate this state of affairs both by the provision of new houses and by an endeavour to ensure that existing accommodation is used to the best possible advantage and kept in a satisfactory condition.

The unfortunate fact remains, however, that no great progress can be made until a considerable number of new houses have been erected and many at present occupied have been demolished and replaced by new buildings. To accomplish this end it is necessary for all authorities to make an all-out effort and to realise clearly the urgency of the matter. From the health point of view it seems of little use for large sums of money to be spent in providing large, airy, well decorated and furnished classrooms for children who have to return home in the evening to squalid and overcrowded homes, neither does it seem reasonable to spend large sums on the lengthy treatment of a tuberculous case when it is known that he or she will ultimately return to quarters which will almost inevitably lead to a fresh outbreak of the malady.

STATE OF EMPLOYMENT

The chief employments in Newhaven are those connected with the British Railways, the Marine Shops and the docks. The building industry, the vacuum flask factory and the pen factory employ at least 90% of the women, boys and girls. Other employments are found in casual dock work, at saw mills, at railway wagon breaking yards, in shops, and at a scrap metal yard. As regards shop employees, many of these in Seaford shops come from Newhaven daily. In fact, there are more assistants who come from Newhaven daily and work in Seaford shops than there are who work in the Newhaven shops. Some workers travel daily to Lewes to their employment at a Lewes iron foundry.

The numbers of unemployed at Newhaven at 31st December, 1949, were men 20, women 5. The percentage of unemployed throughout the year varied from 1.5% to 2.0%.

These are low percentages. The only difficulty which has been found by the Labour Exchange officials, I am informed, has been in placing elderly or unfit persons in suitable employments. This has been complicated somewhat by the movement of elderly or unfit people to this town on the South Coast.

Casual dock workers, of which there are 30 to 40, some of whom may have been employed on 31st December, have not been included in the 1.5% to 2.0% unemployment figures.

BIRTH RATE

The birth rate for the year under review is 20.60 per 1,000 civilian population. The birth rate for the post-war years 1946, 1947 and 1948 was recorded as 23.16, 27.5 and 18.48 respectively. In the Newhaven U.D.C. there is a comparatively large population of younger people compared with neighbouring areas, where the populations contain considerable proportions of the older age groups.

This fact as far as Newhaven is concerned is an important one for the industrialists, business people and the school authority to know. Would-be employers would find a considerable number of young people on the spot available for new industries and businesses. From the Local Authority's point of view it is important to keep this young section in the town.

DEATH RATE

The death rate for the year under review was 12.15 per 1,000 civilian population, the death rate for England and Wales for the same period being 11.7 per 1,000 population. The annual death rates for Newhaven for 1945 to 1948 were 13.21, 10.80, 14.25 and 11.43 respectively.

As has been the case for some years past, the birth rate per 1,000 population is considerably in excess of the death rate.

CAUSES OF DEATH

	Male	Female	Total
Heart diseases	26	15	41
Cancer	8	4	12
Intra-cranial vascular lesions	3	2	5
Other diseases of Circulatory System	2	1	3
Bronchitis	1	2	3
Other digestive diseases	3	-	3
Congenital malformations, birth injuries and infant disorders	1	2	3
Other violent causes	-	3	3
Nephritis	-	2	2
Tuberculosis of Respiratory System	-	1	1
Syphilitic Diseases	-	1	1
Influenza	1	-	1
Pneumonia	1	-	1
Other respiratory diseases	1	-	1
Ulcer of stomach or duodenum	1	-	1
Other Maternal causes	-	1	1
All other causes	6	4	10
	54	38	92

As happens in most years, the chief causes of death were heart disease, cancer and intra-cranial vascular lesions.

The highest age at death was .... 97 years
The lowest age at death was .... 15 minutes
The average age at death was .... 72.5 years

SPECIFIC CAUSES OF DEATH

Heart Disease

During the year under review, as for a number of years past, heart diseases and diseases of the circulatory system have been certified as the cause of death in more cases in the Rural District than any other disease. Although it is possible that the increased strains and anxieties of modern life may be in part the cause of the increasing percentage of deaths due to this group of illnesses, there is no doubt that the main cause of this state of affairs is the manner in which the number of diseases normally fatal to mankind is being reduced, leaving a larger number of the elderly who are more liable to have these diseases as the years advance. Forty-one deaths from heart disease were recorded in the district in 1949 and almost certainly if the forty-one persons concerned had all been born fifty years earlier a large proportion of them would have died at an earlier age of some other disease - probably scarlet fever or diphtheria.

Although, for the reasons stated above, it is not probable that the death rate for this group of ailments will fall, it is nevertheless true that improvements in surgery and medical knowledge are resulting in the lives of many more sufferers from heart disease being saved than would have been possible even twenty years ago. The improved treatment of rheumatic fever has enabled the complication of heart disease to be avoided in many cases and it is hoped that recent new methods in the surgical treatment of mitral stenosis and other forms of heart disease will result in the saving of many lives which formerly would have been lost.

Cancer

Cancer ranks next to heart disease as a major cause of death and it is probably the most feared of all illnesses. This is probably due partly to the commonly-held belief that cancer is incurable and partly to recollections of earlier days when it was far less easy to relieve the suffer's pain. Fortunately, neither of these reasons is completely sound. If detected at a sufficiently early stage some forms of cancer can be removed and a cure effected. World-wide research is continually increasing the proportion of lives so saved. In addition, in recent years a vast improvement has been made in methods of relieving pain and thus one of the most distressing aspects of this disease has been greatly alleviated.

Intra-Cranial Vascular Lesions

Intra-cranial vascular lesions include cerebral haemorrhage (apoplexy), cerebral embolism, cerebral thrombosis and other lesions. Most deaths from these causes take place amongst elderly people, as with increased age the cerebral blood vessels degenerate and are more liable to break or to become blocked. It is probable that the anxieties of modern life and the continually increasing pace of living tend to cause a larger number of such deaths to occur than in years gone by, although this is to some extent offset by the more moderate present-day diet which reduces the tendency to cerebral haemorrhage and, in rural areas, by quiet, restful, surroundings conducive to a longer life. It is, however, a debatable point as to whether more deaths from cerebral haemorrhage were caused in the past by over-eating amongst elderly people than are caused at present through persons in the same age group running to catch 'buses or trains.

VITAL STATISTICS

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1949. Provisional figures based on Quarterly Returns

	England and Wales	126 C.B's & Great Towns Including London	148 Smaller Towns (Resident Pop. 25,000 - 50,000 at 1931 census	London Administrative County	NEWHAVEN 1949 (Population 7,714)
	Rates per 1,000 Civilian Population				
Births: Live	16.7(a)	18.7	18.0	18.5	20.60
Still	0.39(a)	0.47	0.40	0.37	0.66
Deaths: All Causes	11.7(a)	12.5	11.6	12.2	12.15
Typhoid & Paratyphoid	0.00	0.00	0.00	0.00	0.00
Whooping cough	0.01	0.02	0.01	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.45	0.52	0.42	0.52	0.13
Influenza	0.15	0.15	0.14	0.11	0.13
Smallpox	0.00	0.00	-	-	-
Acute poliomyelitis and polioencephalitis	0.01	0.02	0.02	0.01	0.00
Pneumonia	0.51	0.56	0.49	0.59	0.13
Notifications (Corrected)					
Typhoid fever	0.01	0.01	0.01	0.01	0.00
Paratyphoid fever	0.01	0.02	0.01	0.01	0.00
Cerebron-spinal fever	0.02	0.03	0.02	0.02	0.00
Scarlet fever	1.63	1.72	1.83	1.46	0.00
Whooping cough	2.39	2.44	2.39	1.70	1.32
Diphtheria	0.04	0.05	0.04	0.07	0.00
Erysipelas	0.19	0.20	0.19	0.17	0.00
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	8.95	8.91	9.18	8.54	14.79
Pneumonia	0.80	0.91	0.65	0.55	0.26
Acute poliomyelitis	0.13	0.13	0.12	0.18	0.92
Acute polioencephalitis	0.01	0.01	0.02	0.01	0.00
Food poisoning	0.14	0.16	0.14	0.19	0.00
Deaths	Rates per 1,000 Live Births				
All causes under 1 year of age	32(b)	37	30	29	25.64
Enteritis & Diarrhoea under 2 years of age	3.0	3.8	2.4	1.7	0.00
Notifications (Corrected)	Rates per 1,000 Total (Live & Still) Births				
Puerperal fever and Pyrexia	6.31	8.14	5.30	6.82	0.00

Maternal Mortality in England & Wales

International List No. and Cause	Rates per 1,000 Total (Live & Still) Births	Rates per million women aged 15-44	NEWHAVEN Per 1,000 (live and still) births
140 Abortion with Sepsis	0.11	8	
141 Abortion without Sepsis	0.05	4	0.00
147 Puerperal infections	0.11		
142-146, 148-150. Other maternal causes	0.71		6.21

(a) Rates per 1,000 total population (b) Per 1,000 related live births

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

1. Public Health Facilities of the Local Authority

During the period under review the Medical Officer of Health for Newhaven also acted as 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. Laboratory Facilities

Until 1st September, 1949, Laboratory facilities were provided by the Royal Sussex County Hospital Brighton, but as from that date an important development of the service took place when a Public Health Laboratory temporarily established at the Stephen Ralli Memorial Laboratory, Royal Sussex County Hospital, was opened for the receipt and examination of specimens. The Laboratory undertakes, free of charge, the examination of throat and nose swabs, sputum, faeces, blood and other materials for the diagnosis of a case or a suspected carrier of infectious disease and has already rendered very valuable service. Bacteriological reports on samples of water, milk, food, etc., are also supplied on request.

3. Ambulance

Until the 5th July, 1948, the town ambulance service consisted of a motor ambulance provided by the Newhaven and District Nursing Association for the removal of non-infectious diseases and accident cases.

The first complete year's working of the town ambulance service under the appropriate provisions of the National Health Service Act, 1948, has now been concluded. The provision of this service is the responsibility of the County Council, which has made arrangements for the ambulance to be housed, serviced, and maintained by a local commercial garage and for the vehicle to be driven by members of the garage staff. Members of the St. John Ambulance Brigade act as attendants. The area served by the ambulance includes the districts of Newhaven, Peacehaven, Telscombe, Piddinghoe, Tarring Neville and South Heighton. In the event of a further call or calls being received before the ambulance has returned from a previous call, arrangements are in being for the call to be dealt with by other authorities in the area.

Since the 5th July, 1948, the Infectious Diseases ambulance stations serving the area have been at the Hove and at the Hurstpierpoint Isolation Hospitals. The use of the Hove ambulance for this purpose has now been discontinued. Under the provisions of the Ambulance Scheme, general purposes ambulances, if necessary, can be used for the conveyance of infectious disease cases, and provision is made for the subsequent disinfection of any vehicle.

The East Sussex County Council provides facilities for the transport of tuberculosis patients.

4. Hospitals

The hospital accommodation provided by the Ministry of Health under the provisions of the National Health Service Act has remained materially the same as in previous years.

5. Nursing in the Home

As empowered by the provisions of Section 28 of the National Health Service Act, 1946, the East Sussex County Council has arranged with the Newhaven and District Nursing Association to continue to provide nursing facilities in the homes of cases where this is necessary.

6. Clinics

The School Clinic and the Dental and Eye Clinics have been held at the Schools as previously and immunisation clinics have also been held monthly in the town.

7. Poor Law Medical Aid Relief

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

8. Institutional Provision for the Care of Mental Defectives

The East Sussex County Council administer the Lunacy and Mental Deficiency services.

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 British Railways' well at Denton, and

(3) from the well in the ownership of the Peacehaven Water Company until the 25th March, 1950, and situated at the north of Saltdean.

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
Court Farm Cottages	5
Harbour Heights Estate	46
Added Area	256
Lewes Road	6

Premises with earth closets

New Road	17
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 this system of disposal has proved to be satisfactory.

4. Inspections and Notices Served

The Sanitary Inspector reports that during the year 1949, he has made 1,662 visits in connection with his work. In respect of these visits, 61 Informal Notices and two Formal Notices were served. In the period, 54 informal and one Formal Notice were 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	124
Visits under the Public Health Acts	171
Inspections under the Housing Acts	9
Inspections of verminous premises	17
Miscellaneous housing visits	35

INFECTIOUS DISEASES

Enquiries	8
Disinfections	11

GENERAL SANITATION

Water Supply	7
Drainage	117
Stables and Piggeries	39
Fried Fish Shops	45
Factories and workshops	53
Bakehouses	39
Public conveniences	60
Refuse collection	73
Refuse Disposal	26
Rats and mice	147
Shops	27
Ditches and ponds	21
Knackers yard	39
Tents, vans and camping sites	38
Miscellaneous visits	133

MEAT AND FOOD INSPECTIONS

Slaughter houses	5
Butchers	68
Fishmongers	35
Grocers	45
Cowsheds	20
Dairies	44
Ice-cream premises	98
Restaurants	64
Street vendors	5
Milk sampling	3
Ice-cream samples	14

SUMMARY OF WORK AFTER SERVICE OF NOTICE

Roofs repaired	8
Eavesgutters or fallpipes repaired	3
Dustbins renewed	11
Pointing or rendering of external walls	7
Cesspools emptied	4
Water closets or cisterns repaired or renewed	8
Drains relaid, improved or cleared	7
Dampness remedied	6
Chimney stacks rebuilt	1
Kitchen sinks renewed	5
Water supply improved	4
Means of ventilation improved	4
Windows and sashes repaired	10
Cooking stoves repaired or renewed	7
Washboilers repaired or renewed	3
Firegrates or flues repaired	11
Floors (wood or solid) repaired or relaid	8
Doors repaired or renewed	4
Wallplaster repaired	14
Ceilings renewed	7
Decoration of premises	9
Accumulations of refuse removed	5
Handrails provided	3

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 .... Nil
Other houses 4

2. Method employed to disinfest .. Fumigation with Cimex Blocks
.. Spraying with Insecticide.

3. All furniture and effects were successfully disinfested.

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 to be satisfactory during the inspections. During the year the Sanitary Inspector made 20 inspections in respect of cowsheds, and 44 dairy inspections.

Under the Food and Drugs (Milk and Dairies) Act, 1944, (Appointed Day) Order, 1949, the control of milk production on farms passed into the hands of the Ministry of Agriculture on the 1st October, 1949.

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

(b) Slaughter of Animals Under the 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 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 for some minor details which were made good after verbal instructions had been given. There were four bakehouses in the district, all of which were above ground.

8. Unsound Food

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

Meat and Offal	104¼ lbs
Meat pies	80 "
Corned beef	40½ "
Meat (tinned - various)	28¼ "
Bacon and Ham	17¾ "

Unsound Food (Continued)

Fish (wet)	210 lbs
" (smoked or cured)	84 "
" (tinned)	13½ "
Eggs (liquid and dried)	44¼ "
Sugar	54¾ "
Fruit (tinned)	16 "
Coffee beans	60 "
Vegetables (fresh)	14½ "
" (tinned)	42 "
Milk (evaporated)	34 "
Milk (condensed)	3 "
Jam and other preserves	39 "
Flour and cereals	134 "
Chocolate spread	41½ "
Fruit cake	270 "
Miscellaneous	57¾ "
Total	12 cwt .. 1 qr .. 16¾ lbs

Causes of condemnation ranged from decomposition, after long journeys in non-refrigerated railway vans (Fish) after breakdown of refrigeration machinery (Meat) to mould due to wrapping of slab cake in cellophane while warm.

9. Factories Act, 1937

In the Urban District of Newhaven there are six factories on the register in which Sections 1, 2, 3, 4, 6 and 7 of the above Act are enforced, and 34 factories in which Section 7 only is enforced. During 1949, 53 inspections were carried out, and H.M. District Inspector of Factories did not as a result of these inspections find occasion to call attention to any defect in the factories, and no notices other than verbal instructions for small defects were necessary.

There are now no Outworkers registered in the district.

SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Infectious Diseases

In all, 131 cases of infectious diseases were notified in Newhaven in 1949. The details are as follows:-

Incidence of Notifiable Infectious Diseases (excluding Tuberculosis) during the year 1949

Disease	Cases Notified	Cases admitted to Hospital	Deaths
Measles	112	-	-
Whooping Cough	10	-	-
Pneumonia	2	-	-
Poliomyelitis	7	7	-
Total	131	7	-

Diphtheria

As in recent former years no case of diphtheria occurred in Newhaven in 1949. The first effective year of the national immunisation campaign was 1941. Since that time the number of notifications of the disease and deaths from it have fallen progressively. Since 1941 there have been six cases of, and no deaths from, diphtheria in Newhaven. In the last five years the figures were two notifications and no deaths.

This disease has been virtually abolished in the area and there is not the slightest shadow of doubt that immunisation has been the cause.

Up to date 79% of children under 5 years have been immunised in the town and 95% of children from 5-15 years.

It is still necessary to keep on immunising fresh arrivals who come by way of births or, if not immunised, from other areas. Immunity thus obtained can be reinforced by giving booster doses at later ages. So far 727 booster doses have been given to Newhaven children.

Scarlet Fever

There were no notifications of scarlet fever during the year under review. It has been revealed by research that there are numerous types of the causative organism, streptococcus haemolyticus. It has become evident that a particular strain of the causative organism can produce scarlet fever with a rash in one individual and in another produce all the signs and symptoms of the disease without a rash.

Hence one case which is notifiable can give rise to a case which is not, and the converse can happen.

The limitation of the notification of scarlet fever with a rash is thus delusive. It is suggested that notification should be extended to those cases with other signs and symptoms of the disease but without the rash.

Again the rash may have occurred but of so slight and transient a nature as to have passed unnoticed by parents or by the general practitioner.

It has been thought that by the extension of notification a formidable problem would arise as far as hospitalising cases was concerned.

From a considerable number of years of observation I would say that the extension of the notification was justified and that no undue strain would be put upon infectious diseases hospitals if cases without rash were notified and where deemed essential or necessary sent for hospital treatment.

Measles

112 cases of measles occurred during the year under review. The disease took a mild form and no cases were sent to hospital. Since the war the character of the disease has undergone marked changes. There has been a rapid fall in fatality, the state of affairs in which nearly everyone contraced the illness once during their lifetime no longer holds, and there has been an alteration in the periodicity of epidemics. Before the war, particularly in the great cities, a year of high prevalence was followed by a year of low prevalence, although this periodicity was not quite regular and the epidemics in different areas did not occur in the same years, except occasionally. Since the war, the incidence of measles has only been 80 per cent of expectation and has been irregularly distributed. It is to be hoped that this lessening of incidence and severity will continue.

Whooping Cough

Ten cases of whooping cough were notified in the district during the year, all of which were treated at home. Although essentially a children's disease, no age is absolutely exempt from the ailment and the case of a woman of 81 years is recorded. Children of one or two years of age are most commonly attacked and the attack rate is almost negligible after the fourteenth year. The disease is almost entirely spread directly from patient to patient but is not disseminated very easily unless the contact is susceptible, and is brought into fairly close contact with a person already suffering from whooping cough. The attack usually, but not always, starts with a catarrhal stage, which is characterised by a dry, harsh, cough. The patient is out-of-sorts, apathetic and slightly feverish. There may also be catarrhal inflammation of the nose and running of the eyes. This stage usually lasts about ten days, the cough gradually becoming paroxysmal and more frequent, until finally the paroxysmal stage with the 'whoop' develops when the well-known attacks occur. They gradually become longer and more violent until, usually after six or eight weeks, they begin to be shorter, less frequent and less severe. Mass experiments are at present being conducted to ascertain the efficacy of various vaccines against the disease, and it seems more than likely that a certain amount of protection can be provided by inoculation.

Poliomyelitis

Seven cases of poliomyelitis were notified during the year under review. All of these cases were treated in hospital. There were no deaths. It is essential that the popular name of the disease, infantile paralysis, is not allowed to introduce a misconception into the layman's mind. The incidence of the disease is by no means confined to infants nor is paralysis always one of the symptoms. August and September are the months during which the illness most frequently occurs and particular watch should be kept for it during those two months. Immediately it is suspected that a person may have poliomyelitis, the patient should be kept in bed and a doctor sent for at once. It is important that care should be taken to avoid any violent exercise, as experience has shown that patients who have taken strenuous exercise shortly before or after the initial symptoms have been noted have suffered especially severe attacks.

The following table gives details of the treatment periods of the seven notified cases and the results of treatment up to the time of writing:-

Case No.	Sex	Age in Years	At Infectious Diseases Hospital Admitted	At Infectious Diseases Hospital Discharged	At Orthopaedic Hospital Admitted	At Orthopaedic Hospital Discharged
C.McB.1.	M	2½	6.6.49	28.7.49	28.7.49	5.11.49
G.W.2.	M	5½	11.6.49	5.8.49	5.8.49	29.8.49
S.L.3.	F	6½	15.6.49	16.7.49	-	-
M.M.4.	M	10	18.6.49	5.8.49	5.8.49	29.8.49
C.M.5.	M	$4^{11}/_{12}$	18.6.49	15.10.49	-	-
P.G.6.	M	3½	21.6.49	26.8.50	26.8.50	25.1.50
J.F.7.	F	12	23.6.49	-	-	-

	Follow Up Treatment	Result
C.McB.1.	Still continues	Almost full recovery
G.W.2.	Still continues	Almost full recovery
S.L.3.	-	Full recovery
M.M.4.	-	Almost full recovery
C.M.5.	Still continues	Almost full recovery
P.G.6.	Still continues	Partial recovery
J.F.7.	Still continues in Orthopaedic Hospital	Still in Orthopaedic Hospital. Has made partial recovery.

SECTION V

TUBERCULOSIS

In 1949 there were nine new cases of pulmonary tuberculosis and five cases of non-pulmonary tuberculosis notified, whilst during the year there was one death from pulmonary tuberculosis and no death from non-pulmonary tuberculosis. Details are given in the following table:-

1949 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	-	1	-	2	-	-	-	-
5	-	-	2	-	-	-	-	-
10	-	-	-	1	-	-	-	-
15	1	1	-	-	-	-	-	-
20	-	1	-	-	-	-	-	-
25	1	2	-	-	-	1	-	-
35	1	-	-	-	-	-	-	-
45	1	-	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-
65 and Upwards	-	-	-	-	-	-	-	-
Total	4	5	2	3	-	1	-	-

Nine new cases of pulmonary tuberculosis were notified during the year as against eight new cases in 1945, four in 1946, seven in 1947 and eight in 1948.

The incidence per 1,000 population of the nine new cases of Newhaven residents notified in 1949 as sufferers from pulmonary tuberculosis is 1.18.

One death from the disease in 1949 gives a death rate of 0.13 for 1,000 population which is well within the rate one can reasonably expect.

Five new cases of non-pulmonary tuberculosis were notified during the year under review. About fifty years ago cases of this kind of tuberculosis were more numerous than today. The improvement in the milk supply and source in so far as pasteurisation and the elimination of tuberculous cattle are concerned has reduced the number of cases. There were no deaths in 1949 from non-pulmonary tuberculosis.

There are no well-defined means for either the absolute prevention or cure of all tuberculosis cases and the present methods of controlling the disease are mostly in the nature of palliatives. Good housing and proper feeding are essential weapons in the defensive armament, while conditions of strain and nervous tension increase vulnerability. A large scale study of the various factors of malnutrition, insanitary conditions and overcrowding has shown with remarkable clarity that of all the various factors concerned overcrowding has the most important effect on the incidence-rate of tuberculosis. This is a point which must be borne in mind continually by Health Authorities, who must make every effort to increase available housing accommodation wherever possible and to make the most effective use of all available premises.

Immunisation against the disease has been started in this country. The immunising material is B.C.G. vaccine. Cases have been and will be carefully selected for this form of protection. Usually they are children who are exposed to tuberculous infection through being in contact with one or more of the family with the active disease. With the immunisation of the child should be the removal of the source of infection, that is the sufferer should be segregated.

The vaccine which is infected in droplet dose into the skin of the arm does not cause tuberculosis. It does not cure it but it does prevent it. In Copenhagen where this form of prevention has been in use for some years, amongst the thousands of children vaccinated none have contracted tuberculous meningitis. The incidence of the latter had been previously comparatively high. Tuberculous meningitis in a child is nearly always contracted through contact with a case of pulmonary tuberculosis.

A recent development in the treatment of pulmonary tuberculosis has been the use of para-aminosalicylic acid (PAS) in conjunction with streptomycin.

A major disadvantage in the use of streptomycin in the treatment of the disease has been that streptomycin-resistant strains of tubercle bacilli have emerged after five or more weeks of treatment. Accordingly, trials were commenced in 1948 in an endeavour to ascertain if the addition of another tuberculostatic agent might be sufficient to suppress the resistant strains.

Although the type of case so far treated has been limited to acute rapidly progressive bilateral pulmonary tuberculosis of recent development, unsuitable for collapse therapy, in young adults aged 15 to 30, the results so far achieved have been encouraging and have demonstrated that the combination of PAS with streptomycin reduces considerably the risk of development of streptomycin-resistant strains of tubercle bacilli during the six months following the start of treatment.

Trials are still progressing and it is to be hoped that similar results will prove to be obtainable in other forms of tuberculosis amenable to streptomycin therapy.

CLIMATE

To obtain the full benefit of climate as a therapeutic agent, certain elements should be found in that climate. The air should be pure, free alike from organic and inorganic impurities, dust, and too much humidity; there should be plenty of bright sunshine without any excess of heat; the temperature should be without extremes, and there should be an absence of violent winds.

In the Urban District of Newhaven generally all of these factors are satisfied. Largely owing to the absence of manufactures of any size and to the rural nature of the surrounding district, the air is pure, free from organic and inorganic impurities and contains very little dust.

The soil and sub-soil of the greater part of the area is of a pervious nature, which allows the rain-water to sink in deeply and ensures that the surface will dry rapidly and ensure freedom from fogs. The humidity of the climate is not excessive although a proper balance of moisture in the atmosphere is maintained.

The unpolluted air combined with the comparative absence of cloud found in the district as a result of its moderate humidity, ensures a high proportion of bright sunshine. This, of course, is of the utmost benefit to persons residing in the area. Apart from the beneficial psychological effect of a bright, sunny, climate, there is no doubt that sunshine retards, or even inhibits the growth of many pathological organisms.

In order that the full effect of the sunshine may be obtained it is necessary that it should not be accompanied by an unduly high temperature. In many of the less temperate climates the advantages of the sunshine are more than offset by the disadvantages of the excessive heat, which tends to make the inhabitants lazy and apathetic, causing at first nervous excitement followed by depression, imparing appetite and inducing loss of weight.

This area is fortunate in that the full benefits of the sun's rays are obtained while the disadvantagesof excessive heat are avoided as cool sea breezes are carried inland from the English Channel.

The sea breezes are valuable not only in preventing excessive heat but, more generally, by their levelling action on the temperature range. In hot weather the air over the land becomes heated much more rapidly than that over the sea. It expands and rises, the cool air flows in from the sea and lowers the land temperature. Similarly, in cold weather, the air over the sea loses its warmth much less rapidly than that over the land and tends to keep the temperature of the adjacent land mass from falling to extremes.

Winds are of particular importance to the invalid or semi-invalid. In a hot, dry wind evaporation is great, but heat is not lost. A warm, moist wind is mild and relaxing while a cool dry wind is bracing, but if too dry may be harmful in pulmonary cases, and may predispose to rheumatism and other ailments.

It will thus be apparent that in this area the predominant cool winds which are prevented by the proximity of the sea from being too dry, are bracing, yet are not likely to be harmful to pulmonary cases, to rheumatic subjects or to persons liable to suffer from certain other ailments.

A final factor of some importance in its effect on climate is that of rainfall. A moderate rainfall purifies the air, washing down the dust and micro-organisms and, at the same time, preventing the escape of bacteria from the soil. The rainfall experienced in the district is sufficient to fulfil a beneficial function of this nature without being sufficiently heavy to produce excessive humidity and dampness.