[Report 1950] / Medical Officer of Health, Newhaven U.D.C.

Contributors

Newhaven (England). Urban District Council.

Publication/Creation

1950

Persistent URL

https://wellcomecollection.org/works/ghfq4r6f

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

NEWHAVEN URBAN DISTRICT COUNCIL

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
for the
YEAR ENDED - 31st DECEMBER, 1950

Public Health Department,
Lewes House,
Lewes.

September, 1951.

Public Health Department,
Lewes House,
Lewes.

September, 1951.

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

Mr. Chairman, 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 1950.

On perusal of the main body of this Report it will be found that the estimated population for mid-1950 was 7,774 which is the highest population recorded for Newhaven and exceeds the 1931 census figure by 393. Increase or decrease of a population is governed by the number of births and deaths and by migration. If the births exceed the deaths there is a natural increase and if migration into the area exceeds that out of it, there is a migrating increase.

For a considerable number of years there has been each year an excess of births over deaths in Newhaven. As a result, there is a comparatively large section of the population of the younger age groups and the population itself is in a biologically sound condition. The migration factor has influenced the size of the population insofar as the emigration out of the town has exceeded the immigration into it.

It behoves all those who have the interest of Newhaven at heart to consider these facts and enquire into them.

First of all we have a young population gained mainly by the excess of births over deaths and there is thus a pool of employable young persons, then the question arises as to what happens to them by way of employment and residence. Some are employed in the town and a considerable number out of it. Some stay and others go elsewhere either because they cannot find accommodation in Newhaven or because their employment is outside the town and they have found accommodation nearer to their work. It is true that in recent years there has been a migration into the area, chiefly into the Mount Pleasant part, of families from outside, but this has not influenced the size of the population to the same extent as the natural increase has and in any case the numbers gained by immigration have been more than counterbalanced by the number lost by emigration.

There appears then to have been not sufficient opportunities for employment within the town for all of the younger age groups and insufficient housing accommodation. Although the estimated population for 1950 is the highest ever recorded it is only approximately 5.3% above that of the 1931 census year. Some towns have more than doubled their populations in the same time by immigration into them besides by natural increase. A few new industries have been established in Newhaven in recent years but not enough. There is a young thriving population in the town and vital statistics over a considerable number of years show that the area is a very healthy one. Transit facilities between the Port and the Continent are good and could be expanded. Newhaven is within easy reach of London and other large centres. There is room for more industries in the town and for more dwellings in or close to the area. A combination of moderate temperature, agreeable humidity, pure and healthy sea breeze and ample sunshine makes Newhaven a very pleasant place to live and work in. There does appear the need for special consideration of

/the area

the area by industrialists for the siting of new works in the town and by the government for providing extra allocation of housing. Considering the dispersal of industry in case of war, the old idea that Newhaven would be more vulnerable than areas in the centre of the country is outmoded by modern methods of warfare.

As to the other vital statistics of Newhaven for 1950, besides the population factor, they follow the pattern of former years more or less. The birth rate, 16.85 per 1,000 population, is above 15.8 for England and Wales as a whole, although it is less than the birth rates for the town in recent years since in 1946, 1947, 1948 and 1949 the rates were 23.16, 27.5, 18.48 and 20.46 respectively. An area comparability factor applied to the birth rate for 1950 gives a rate of 17.52 per 1,000 population. This factor is applied so that the birth rate yielded compares fairly with the rate of other areas.

The death rate for 1950 is 12.09 per 1,000 population and when the area comparability factor is applied for the same reason as it is applied in the case of the birth rate, the death rate results in the figure 10.88 per 1,000 population. There was no maternal death in Newhaven in 1950 and indeed during the last fifteen years only one occurred of a Newhaven resident due to childbirth out of 1,809 births. Only one death from respiratory and one from non-respiratory tuberculosis occurred in the year under review, yielding a death rate of 0.26 per 1,000 population, which is a little more than half that of the great towns including London, which is 0.42 for the same year.

No deaths occurred from notifiable infectious diseases. As in former years the causes of death list was headed by diseases usually associated with advanced years. Heart disease claimed 35 victims, cancer 18 and vascular lesions of the nervous system six out of a total of 94 deaths. The highest age at death was 97 years, the lowest 35 minutes and the average age 68 years. The latter is above that of the average expectation of life from birth.

A study of the vital statistics on page 5 shows that for 1950 the incidence of notifiable infectious diseases in Newhaven was much less than that of the other parts of the country. As examples the incidence of whooping cough in Newhaven was 0.77 per 1,000 population whilst in London it was 3.21. Incidence of measles in Newhaven was 0.9 as against London's 6.57. Typhoid fever, paratyphoid fever, meningococcal infections, diphtheria and erysipelas show various incidences for London and none for Newhaven. The incidence of acute poliomyelitis in Newhaven, 0.13, was the same as that for the country as a whole. The infantile mortality rate, 30.53 per 1,000 related live births for Newhaven, is but a few points above that of England and Wales 29.8. The four infant deaths under one year of age on which the infantile mortality rate is based were due to congenital causes and beyond the power of medicine to prevent or remedy.

As to the sanitary circumstances of Newhaven in 1950, the Newhaven and Seaford Water Company's supply maintained a high standard of purity and was ample for the area. This company took over a supply which was formerly of high saline content and owned by a private company supplying a small part of Newhaven. Since the take-over no complaints were lodged concerning the salinity or impurity of the water.

There still remains a large number of cesspools in the area mainly in the Mount Pleasant district. The presence of these cesspools on a large water gathering ground is potentially dangerous. Plans to sewer the area were advanced during the year. I take this opportunity to warn against inherent danger again and trust that no time will be lost in putting the plans for sewering into action. The sanitary inspector made 1,379 visits in connection with his work during the year and 53 informal and five formal notices were complied with. No less than 111 visits were made in connection with drainage and 106 relating to rats and mice destruction whilst 80 visits were made concerning ice-cream.

To summarize, the main features of the report are, the population of the district has increased by 393, or 5.3%, since the 1931 census, the birth rate considerably exceeded the death rate, which indicates a small natural and healthy increase in the population, the maternal mortality was nil and the infantile mortality rate was not high. The tuberculosis death rate was little more than two-thirds that of the country as a whole. The incidence of infectious disease was extremely light and of the total of 18 cases, seven were of measles and six of whooping cough. The only case of poliomyelitis which occurred in the district developed paralysis of the right thigh but made a complete recovery. No case of diphtheria occurred in the area during the year under review. There were no deaths from infectious disease and the fact that there have been very few deaths from infectious disease in the District during recent years has been mainly due to more effective control and treatment, and may be marked as an advance in preventive medicine.

Housing, as for some years past, has been one of the biggest and most intractable problems, and there appears little likelihood of any improvement in this direction until a general relaxation of controls takes place.

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 - 1950

Area in Acres	1,766
Population (Estimated)	7,774
Rateable Value (Estimated)	£48,280
Sum represented by Penny Rate	£ 195
Number of Occupied Houses	2,276

EXTRACTS FROM VITAL STATISTICS

Live Births	Male	Female	Total	Rate per 1,000 Population
Legitimate	54	70	124	
Illegitimate	3	4	7	16.85
Deaths	43	51	94	12.09
				Rate per 1,000 Live and Still Births
Number of women dying in, or in consequence of childbirth		-	-	0.00
				Rate per 1,000 Live Births
Infantile Mortality (deaths under 1 year of age)	1	3	4	30.53

POPULATION

The Registrar-General's estimated population figure for mid-1950 is 7,774. The population of Newhaven for the past 14 years is given below:-

Year	Population	Vital Index	Year	Population	Vital Index
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
1943	4,939	135.8	1950	7,774	139.4

The estimated population figure for mid-1950 (7,774) is the highest in the history of the town and shews an increase of 393 over the total of 7,381 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 seven 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 vital index shown 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

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.

It is gratifying to note that during the past fifteen years only one mother normally resident in Newhaven has died in childbirth. During the fifteen-year period, 1,809 births took place and the fact that only one maternal death occurred clearly indicates the great advances made by the medical profession in reducing the perils of childbirth. It is probable that the success of the medical profession in drastically reducing the maternal mortality rate is one of its most far-reaching achievements. In the past, a very considerable number of children annually were deprived of a mothers' care by the death of their mother in childbirth. In many cases, this has had a profound, and usually detrimental, effect on their upbringing and character, and it is pleasant to reflect that the reduction in maternal mortality offers even greater benefits to the community as a whole than is apparent at first thought, in that far fewer families of children now suffer the disadvantages inherent in the loss of their mother.

The fact that the death rate in the district is decreasing in proportion to the birth rate sets two distinct problems. First, the general shortage of housing accommodation is becoming more and more accentuated as children are being born into the district in greater numbers than the elderly are dying, and the time is not far off when unless new houses are built numbers of the population will be forced to emigrate to other areas. It is greatly to be hoped that it will be possible, in the not too distant future, to relax the restrictions on building, as many new houses are needed and many old ones require replacement.

The second and less immediately apparent result of the reduction in deaths as compared with births is that the proportion of elderly persons in the total population of the district is steadily increasing. This trend will, in a comparatively few years, become a matter of major importance, particularly as it is not confined to this area alone but is nation-wide. It means, of course, that unless the present system under which a major portion of the population give up permanent employment at 60 or 65 years of age is modified, a greatly increased section of the community will be maintained by the remaining section. Experiments are at present being carried out by certain larger commercial undertakings in an endeavour to provide as many elderly persons as possible with useful employment, profitable both to themselves and to the community, and there is little doubt that these experiments will have to be intensified and extended if the economics of the nation are to be kept reasonably sound.

Apart from the economic aspect, the increased number of old persons in the community poses problems regarding the care of and, if necessary, hospitalization of, the elderly and infirm. Often, single persons or married couples of advanced age reach such a stage of infirmity that they are no longer able to care for themselves. This usually results in an appeal to the Medical Officer of Health to assist them in obtaining entry into a home for the aged. In most cases the appeal is made, not by the person or persons concerned, but by a relative or neighbour, and careful judgment has to be used in order to avoid any infringement of the liberty of the persons concerned. Usually, however, it is possible to persuade them of the advantages of moving into the type of home or accommodation suited to their needs, and then it remains to find places for them in such a home. This is by no means an easy task although much has been done in the United Districts area by the East Sussex County Housing Association for the Aged. A means by which the position could be eased is the provision of accommodation for the elderly by local authorities who are also housing authorities and it is to be hoped that considerably more housing space for the aged will be provided by this means in the future.

So far as the hospitalization of the elderly chronic sick is concerned, great difficulty is often experienced in finding hospital beds for these cases. It is not uncommon for chronic sick persons to remain on hospital waiting lists for many months and sometimes death intervenes before admission to hospital is secured.

It appears more than likely that as time goes on the number of elderly chronic sick requiring hospitalization will increase and much thought will have to be given in order to ascertain the best means of providing such accommodation. It may well be that the provision of second-class hospitals, without fully trained nursing staffs, will provide the answer to the problem.

BIRTH RATE

The birth rate for the year under review was 16.85 per 1,000 population. The birth rate for the post-war years 1946, 1947, 1948 and 1949 was recorded as 23.16, 27.5, 18.48 and 20.60 respectively. It will thus be seen that the birth rate for 1950 was the lowest for any of the post war years. It is to be hoped that the downward trend of the birth rate will not continue, otherwise the comparatively large population of younger people in the town will be gradually reduced by the two-fold trend of increasing average age of death and a decreasing birthrate. This would be particularly unfortunate in the case of Newhaven as the comparatively large number of younger people at present residing in the town provides an employment pool for industrialists and is an inducement to them to start new light industries in the area, to the benefit of themselves and the town as a whole.

DEATH RATE

The death rate for the year under review was 12.09 per 1,000 population, the death rate for England and Wales for the same period being 11.6 per 1,000 population. The annual death rates for Newhaven for 1945 to 1949 were 13.21, 10.80, 14.25, 11.43 and 12.15 respectively.

As has been the case for some years past, the birth rate per 1,000 population is in excess of the death rate, although the difference between the two rates has shewn a downward trend for the past few years.

CAUSES OF DEATH

	Male	Female	Total
Heart Diseases	14	21	35
Cancer	8	10	18
Vascular lesions of nervous system	4	2	6
Circulatory diseases other than mentioned elsewhere	3	2	5
Congenital malformations	1	3	4
Suicide	1	3	4
Pneumonia	1	2	3
Bronchitis	2	1	3
Motor vehicle accidents	2	-	2
Tuberculosis of respiratory system	1	-	1
Other tuberculosis	-	1	1
Syphilitic disease	1	-	1
Influenza	-	1	1
Diseases of respiratory system other than shewn elsewhere	1	-	1
Nephritis and nephrosis	1	-	1
Other defined and ill-defined diseases	3	5	8
	43	51	94

As happens in most years, the chief causes of death were heart disease, cancer, and vascular lesions of the nervous system.

The highest age at death was ...... 97 years
The lowest age at death was .... 30 minutes
The average age at death was ...... 68 years

SPECIFIC CAUSES OF DEATH

Heart Disease and Diseases of the Circulatory System

Year after year heart disease heads the list of the causes of death or, on comparatively rare occasions, falls to second place. This, surprisingly, is more an indication of the progress of science and the medical profession in their efforts to combat other diseases than a sign of weakness in the field of diseases of the heart and circulatory system. In effect, as deaths from diseases formerly fatal become increasingly rare, the human body simply wears out and the heart ultimately tires of its job of pumping blood through the body year after year and without rest.

Although of the total number of deaths in the country the proportion which is due to heart disease of the type mentioned above is increasing, considerable progress has been made in the cure or avoidance of heart disease of another type, namely, rheumatic heart disease. This is one of the possible after effects of rheumatic fever and in the past many deaths have occurred each year of people suffering from rheumatic heart disease. For some years past the number of deaths from this cause has steadily decreased, partly owing to the improved methods of treatment of rheumatic fever, which have enabled the complication of rheumatic heart disease to be avoided and partly owing to advances in the treatment of the heart disease if it does, in fact, develop. Thus, although it cannot be said that the proportion of the population dying from heart disease of all kinds is being reduced - indeed, it is unlikely that any such overall reduction can be effected - nevertheless the number of deaths due to one of the most unpleasant and disabling forms of heart disease has been considerably lessened.

Cancer

A similar comment may be made in respect of cancer as has already been made in relation to heart diseases, namely, that as cures are discovered for an ever-increasing number of diseases that in the past have almost invariably proved fatal, so the number of deaths due to cancer increases. There is, however, an important difference. Heart disease, in some forms, may be said to be little more than the wearing out of an organ that has already done yeoman service. As such, while its onset may be delayed, it is unlikely that it will ever be removed as an ultimate cause of death. Cancer, however, falls into a different category, and the fact that it is one of the major causes of death is simply due to the fact that, so far, no cure for the disease has been discovered. Improvements in the methods of treatment are, however, already proving fruitful and there is some reason to hope that in years to come cancer may cease to be one of the major causes of death.

Pneumonia

Of the other causes of death, pneumonia is perhaps most worthy of mention as being a disease the mortality rate of which has been very materially reduced owing to the advances of science. In the past pneumonia has been one of the major causes of death and the mortality rate of this disease was particularly high. The use of modern drugs has, however, reduced its virulence to a very great extent and only a small proportion of the total number of cases die.

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the year 1950. Provisional figures based on Quarterly Returns

	England and Wales	126 C.Bs. & Great Towns Including London	148 Smaller Towns (Resident Pop. 25,000 - 50,000 at 1931 Census	London Administrative County	NEWHAVEN 1950 (Population 7,774.)
	Rates per 1,000 Home Population				
Births: Live	15.8	17.6	16.7	17.8	16.85
Still	0.37	0.45	0.38	0.36	0.64
Deaths: All Causes	11.6	12.3	11.6	11.8	12.09
Typhoid and paratyphoid	0.00	0.00	0.00	0.00	0.00
Whooping cough	0.01	0.01	0.01	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.36	0.42	0.33	0.39	0.26
Influenza	0.10	0.09	0.10	0.07	0.13
Smallpox	-	-	-	-	-
Acute poliomyelitis (including polioencephalitis)	0.02	0.02	0.02	0.01	0.00
Pneumonia	0.46	0.49	0.45	0.48	0.38
Notifications (Corrected)					
Typhoid fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid fever	0.01	0.01	0.01	0.01	0.00
Meningococcal infection	0.03	0.03	0.02	0.03	0.00
Scarlet fever	1.50	1.56	1.61	1.23	0.38
Whooping cough	3.60	3.97	3.15	3.21	0.77
Diphtheria	0.02	0.03	0.02	0.03	0.00
Erysipelas	0.17	0.19	0.16	0.17	0.00
Smallpox	0.00	0.00	-	-	-
Measles	8.39	8.76	8.36	6.57	0.90
Pneumonia	0.70	0.77	0.61	0.50	0.13
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.13	0.12	0.11	0.08	0.13
Non-paralytic	0.05	0.05	0.06	0.05	0.00
Food Poisoning	0.17	0.16	0.14	0.25	0.00
Deaths	Rates per 1,000 Live Births				
All causes under 1 year of age	29.8(a)	33.8	29.4	26.3	30.53
Enteritis and diarrhoea under 2 years of age	1.9	2.2	1.6	1.0	0.00
Notifications (Corrected)	Rates per 1,000 Total (Live and Still) Births				
Puerperal fever and pyrexia	5.81	7.43	4.33	6.03	0.00

Maternal Mortality in England and 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 & Still) Births
651 Abortion with sepsis	0.09	7	
650, 652 Other abortion	0.05	4	
640-649, 670-678. Complication of pregnancy and delivery	0.54		Nil
681 Sepsis of childbirth and the puerperium	0.03		
680, 682-689. Other complications of the puerperium	0.15		

(a) 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.

2. Laboratory Facilities

The Public Health Laboratory temporarily established at the Stephen Ralli Memorial Laboratory, Royal Sussex County Hospital, Brighton, has rendered valuable service during the year,

The Laboratory has carried out for the Urban District, free of charge, the examination of sputum and has also submitted bacteriological reports on water, milk, ice-cream and shellfish. This service is of great assistance to medical practitioners and often enables them to make a correct diagnosis considerably sooner than would otherwise be possible. Often, too, it confirms or disproves a tentative diagnosis. The service is also of assistance to your public health officials in their efforts to raise the standard of milk, ice-cream and other foods.

3. Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex 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.

During the year under review the infectious diseases ambulance station serving the area has been the Mid-Sussex Isolation Hospital at Hurstpierpoint. Under the provisions of the Ambulance Scheme, general purposes ambulances can, if necessary, be used for the conveyance of infectious diseases cases, and provision is made for the subsequent disinfection of any vehicle.

The East Sussex County Council provide 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 25 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	262
Lewes Road	7

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 fifty 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 1950, he has made 1,379 visits in connection with his work. In respect of these visits 73 Informal Notices and six Formal Notices were served. In the period, 53 Informal and five Formal Notices 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	97
Visits under the Public Health Acts	156
Inspections under the Housing Acts	13
Inspections of verminous premises	27
Miscellaneous housing visits	20

INFECTIOUS DISEASES

Enquiries	4
Disinfections	10

SECTION III

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

1. **Water Supply**

The district has three sources of water supply:-

(1) From the [illegible] Company which obtains water from a well [illegible] at [illegible], and

(2) From the [illegible] Railways' well at Denton, and

(3) From the well [illegible] of the [illegible] Water Company [illegible] situated at the [illegible] of [illegible].

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 ....
Court Farm Cottages ....
Harbour Heights Estate ....
[illegible] ....
[illegible] Road ....

Premises with earth closets

[illegible] Road 17
Denton Village ....

3. **Scavenging**

A weekly collection of house refuse [illegible] which were within [illegible] refuse was disposed of [illegible] this system of disposal has proved to be satisfactory.

4. **Inspections and Notices Served**

The Sanitary Inspector reports that during the year [illegible] visits [illegible] with [illegible]. [illegible] the period, [illegible] and [illegible] formal notices were served.

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 [illegible] Acts ....
Visits under the [illegible] ....
Inspections under the [illegible] ....
Inspections of [illegible] ....
Miscellaneous inspections ....

[illegible]

[illegible] ....
[illegible] ....

GENERAL SANITATION

Water Supply	7
Drainage	111
Stables and Piggeries	34
Fried Fish Shops	53
Factories and Workshops	48
Bakehouses	30
Public Conveniences	55
Refuse Collection	56
Refuse Disposal	18
Rats and Mice	106
Shops	33
Ditches and Ponds	5
Knackers Yard	17
Tents, Vans and Camping Sites	21
Miscellaneous Visits	109

MEAT AND FOOD INSPECTIONS

Slaughter Houses	5
Butchers	77
Fishmongers	38
Grocers	23
Cowsheds	-
Dairies	46
Ice-Cream Premises	80
Restaurants	42
Water Sampling	13
Ice-Cream Samples	5

SUMMARY OF WORK AFTER SERVICE OF NOTICE

Roofs repaired	17
Eavesgutters or fallpipes repaired	4
Dustbins renewed	19
Pointing or rendering of external walls	4
Cesspools emptied	3
Water Closets or cisterns repaired or renewed	7
Drains relaid, improved or cleared	3
Dampness remedied	6
Chimney stacks rebuilt	4
Kitchen sinks renewed	2
Water supply improved	3
Means of ventilation improved	2
Windows and sashes repaired	10
Cooking stoves repaired or renewed	3
Washboilers repaired or renewed	1
Firegrates or flues repaired	6
Floors (wood or solid) repaired or relaid	6
Doors repaired or renewed	6
Wallplaster repaired	8
Ceilings renewed	8
Decoration of premises	3
Accumulations of refuse removed	1

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 During the year the Sanitary Inspector made 46 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 seven retailers in the district registered 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 and were condemned and suitably disposed of:-

Meat and Offal	201½	lbs.
Sausages	48	"
Corned Beef	46¾	"
Meat (tinned - various)	18	"
Fruit (tinned)	8	"
Vegetables (tinned)	27¾	"
Milk (Evaporated)	7¼	"
Milk (Condensed)	5	"
Jam and other preserves	32	"
Flour and cereals	7	"
Miscellaneous	52¾	"

Total 4 cwt .. 0 qr .. 6 lbs.

The main cause of condemnation was decomposition due to breakdown of refrigeration machinery, piercing of containers by nails or hooks, or defects in processing of tinned goods.

9. Factories Act, 1937

In the Urban District of Newhaven there are three factories, on the register in which Sections 1, 2, 3, 4, 6 and 7 of the above Act are enforced, and 33 factories in which Section 7 only is enforced. During 1950, 60 inspections were carried out. H.M. District Inspector of Factories referred to the department one case of defect which was remedied after the service of notice. Four written notices were served in respect of defects or omissions. All were complied with. Verbal instructions were effective in securing the abatement of other defects.

Certificates of Means of Escape from Fire were granted to two new factories during 1950.

There are now no Outworkers registered in the district.

SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

In all, 18 cases of infectious diseases were notified in Newhaven in 1950. The details are as follows:-

Incidence of Notifiable Infectious Diseases (excluding Tuberculosis) during the year 1950

Disease	Cases Notified	Cases admitted to Hospital	Deaths
Measles	7	-	-
Whooping Cough	6	-	-
Scarlet Fever	3	2	-
Poliomyelitis (Paralytic)	1	1	-
Pneumonia	1	-	-
Total	18	3	-

Measles

Seven cases of measles were notified in Newhaven during 1950. All of the cases were of a mild nature and made complete and uneventful recoveries. The small number of cases notified is in great contrast to the total of 112 cases notified in the district during 1949. This is only to be expected, as the disease normally runs a two year cycle, the incidence being considerably higher every second year.

Measles mainly affects children under seven years of age and before the introduction of penicillin and the sulpha drugs, a fatal attack of broncho-pneumonia often developed. Since the use of these drugs in the treatment of the disease became general, case mortality has been reduced to almost negligible proportions and complications such as middle-ear disease and ophthalmia have been avoided.

Whooping Cough

Six cases of whooping cough were notified in the Urban District during 1950 and none of these was of sufficient severity to merit admission to hospital. There were no deaths from whooping cough in the district during the period under review. The high rate of incidence, distressing symptoms and sometimes fatal complications of this disease combine to make it one of the greatest dangers to the child population of the country.

During recent years extensive investigations have been undertaken to ascertain the efficacy of preventive inoculation in the fight against this malady. Various commercial preparations of antigen have been submitted to trial and some thousands of children vaccinated with the preparation concerned. Present indications are that certain of the preparations are of definite value in reducing the risk of infection, and there is every hope that in due course whooping cough will join diphtheria and smallpox in the category of diseases once common but now rare owing to the development of the technique of preventive inoculation.

Scarlet Fever

Three cases of scarlet fever were notified in the Urban District during 1950, two of which were admitted to hospital. For a number of years past the type of scarlet fever prevalent in the country has been of a mild nature but it does not necessarily follow that this happy state of affairs will continue. In the past, the type of scarlet fever most common at any given time has alternated a number of times between mild and severe. It may be that the country is coming to the end of a period during which the milder type has been most prevalent and that the more severe type will shortly come to the fore. Even if this should prove to be the case, however, there is no doubt that the present-day methods of treatment and the use of modern drugs will prevent the illness from being as dangerous as it has been in the past.

The two cases admitted to hospital from the Urban District were not of particular severity but were admitted owing to the number of other children living in the same dwellings.

Poliomyelitis

Only one case of poliomyelitis occurred in the area during 1950, namely, that of a boy aged two years, who was admitted to Newhaven Isolation Hospital on the 26th August, 1950. This case developed flaccid paralysis of the right thigh and later made complete recovery before his discharge on 4th October, 1950.

Pneumonia

The only case of pneumonia which was notified during the year under review was not sufficiently serious to merit admission to hospital and made an uneventful recovery.

General

Only 18 cases of infectious disease were notified in the Urban district during 1950, none of which resulted in a death. This number gives an extremely low incidence rate of 2.31 per 1,000 population. Of the eighteen cases, seven were of measles and six of whooping cough.

It is of interest to note that no case of diphtheria occurred in the Urban district during the year under review. During the past six years only two cases of diphtheria occurred in the district and there is no doubt that this satisfactory state of affairs has arisen as a result of the diphtheria immunisation campaign which has been carried out in the district and, indeed, throughout the whole country, since 1941 and it is a matter for congratulation that the reduction in infant mortality has been so great. Any slackening of effort on the part of those concerned with public health would, however, almost certainly result in a corresponding increase in the incidence of the disease and the number of deaths arising therefrom and, if anything, the campaign must be intensified in the years to come.

carlet Fever

Three cases of scarlet fever were notified in the [illegible] during 1950, two of which were admitted to hospital. [illegible] of years past the type of scarlet fever prevalent [illegible] been of a mild nature but it does not necessarily [illegible] happy state of affairs will continue. In the past, the type of scarlet fever most common at any given time has alternated [illegible] of these between mild and severe. It may be that the present [illegible] coming to the end of a period during which the mildest type was the most prevalent and that the more severe type will shortly come to the fore. Even if this should prove to be the case, however, there is no doubt that the present-day methods of treatment and the use modern drugs will prevent the disease from being as dangerous as it has been in the past.

The two cases admitted to hospital from the Urban District were not of particular severity but were admitted owing to the number of other children living in the same dwelling.

Poliomyelitis

Only one case of poliomyelitis occurred in the area during 1950, namely, that of a boy aged two years, who was admitted to [illegible] Isolation Hospital on the 26th August, 1950. This case developed flaccid paralysis of the right thigh and later made complete recovery before his discharge on 4th October, 1950.

Pneumonia

The only case of pneumonia which was notified during the year under review was not sufficiently serious to need admission to hospital and made an uneventful recovery.

General

Only 18 cases of infectious disease were notified in the Urban District during 1950, none of which resulted in death. This number gives an extremely low incidence rate of [illegible] per 1,000 population. Of the eighteen cases, five were [illegible] and six of whooping cough.

It is of interest to note that no case of diphtheria occurred in the Urban District during the year under review. During the past six years only two cases of diphtheria [illegible] there is no doubt that this satisfactory state of affairs has arisen as a result of the diphtheria immunisation campaign which has been carried out in the district and, indeed, throughout the country, since 1941 and it is a matter for congratulation that the reduction in infant mortality has been so great. Any relaxation of effort on the part of those concerned with public health would, however, almost certainly result in a corresponding increase in the incidence of the disease and the number of deaths arising therefrom and, if anything, the campaign must be intensified in the years to come.

SECTION V

TUBERCULOSIS

In 1950 there were fifteen new cases of pulmonary tuberculosis and six cases of non-pulmonary tuberculosis notified, whilst during the year there was one death from pulmonary tuberculosis and one from non-pulmonary tuberculosis. Details are given in the following table:-

1950 NEW CASES AND MORTALITY								
AGE	New Cases				Deaths			
PERIODS	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	1	2	-	-	-	1
5	-	-	-	-	-	-	-	-
10	-	-	-	1	-	-	-	-
15	1	1	-	-	-	-	-	-
20	1	1	1	-	-	-	-	-
25	1	2	-	1	-	-	-	-
35	2	3	-	-	1	-	-	-
45	1	1	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-
65 and upwards	-	1	-	-	-	-	-	-
TOTAL	6	9	2	4	1	-	-	1

In addition to the deaths shewn in the table above, details were received for the first time in June, 1950, of the death from tuberculosis in 1946 of a Newhaven male resident. The death from pneumonia also occurred in 1950 of a female tuberculosis patient.

The incidence per 1,000 population of the fifteen new cases of pulmonary tuberculosis notified in 1950 as sufferers from pulmonary tuberculosis is 1.93.

One death from non-pulmonary tuberculosis occurred during the year under review and six new cases were notified. There is no doubt that the gradual elimination of tuberculous cattle and the consequent improvement of the milk supply has had much to do with the large drop in the incidence of, and deaths from, non-pulmonary tuberculosis which has taken place throughout the country during the past fifty years. The pasturization of milk supplies has also helped considerably in attaining these satisfactory results.

One death from pulmonary tuberculosis in 1950 gives a death rate of 0.13 for 1,000 population, which is a satisfactorily low figure, particularly in view of the difficult conditions prevailing

/in the country

in the country during the war and post-war periods. Many medical and scientific advances are being made in the prevention and treatment of the disease, particularly in its prevention by the use of an immunising vaccine known as B.C.G. and its treatment by the use of para-aminosalicylic acid (PAS) in conjunction with streptomycin. These advances, however, cannot effect an overall reduction in the number of cases and deaths from tuberculosis unless better housing conditions and more ample supplies of wholesome food are made available to the population as a whole.

Over-crowded and unsuitable accommodation has a two-fold effect in that cramped, dark or damp housing space with insufficient circulation of air is in itself a factor of some importance in reducing the standard of health of the persons inhabiting the premises to a level at which the disease is most easily contracted. In addition, if a case of pulmonary tuberculosis is introduced into a household living in such conditions, the cramped quarters and stagnant air greatly facilitate its spread to other persons in the house. It is greatly to be desired, therefore, that housing restrictions will be relaxed at the earliest possible moment, in order that some of the more unsatisfactory housing accommodation in the urban district and, indeed, throughout the country, may be demolished and better and more hygienic premises erected in its place.

So far as the absence or restricted supplies of certain types of food is concerned, there is no doubt that the average person in the country is quite well nourished. It is the more weakly individual who suffers from the fairly frequent shortages of such valuable foods as fresh eggs, meat and, during certain months of the year, milk. Although, when a case of tuberculosis is recognised, every effort is made to provide the patient with an ample supply of these foods, it is during the period before the disease has developed when their absence has, perhaps, turned the scales against him.

Briefly, it is better by far to keep the standard of health of a person at a high level by providing him with satisfactory accommodation and ample food of the right kind than to allow tuberculosis to develop through the lack of these two essentials and then to patch the patient up.

CLIMATE

Climate is one of the most important factors affecting the health of mankind. In regions where the climate is, for some reason, not conducive to healthy living conditions, the native population is usually scanty and of poor development both physically and mentally. On the other hand, a climate yielding too easy a living for the inhabitants of the area is a material factor in lessening the energy and force of character of the resident population. No doubt the English climate - mild, but not so mild as to provide a comfortable living without effort - has materially affected the characteristics of our race. The climate experienced in the Urban District is mild, dry, and bracing, but not bleak. It provides extremely healthy natural conditions for the residents within its boundaries.

Apart from the general effect of climate on health, particular types of climate have a noticeable effect on the health of the population. In particular, damp, foggy weather accounts for the prevalence of respiratory diseases in some areas. A smoky atmosphere has a double action, for smoke is not only of itself harmful to the respiratory system and an unhealthy factor in that it prevents the maximum amount of the sun's health-giving rays from reaching the earth's surface, but it has also a secondary effect. The minute grains of solid matter of which smoke is composed provide a nucleus for the formation of the drops of moisture which comprise fog, and thus a smoky atmosphere is invariably also subject to more than the average amount of fog.

The Urban District is fortunate in being almost entirely free from smoke and dust in its atmosphere, and its inhabitants obtain a great deal more advantage from the sun's rays than do residents in less fortunate areas.

Medical evidence tends to shew that an excessively dry climate leads to an increased incidence of certain infectious diseases. This is probably due, in part at least, to the fact that an adequate rainfall provides a natural means of sanitation and washes away the natural breeding grounds of infectious organisms. Here again the Urban District is fortunate in receiving a rainfall which, while light, is sufficient to provide adequate means of sanitation, while the natural reservoirs under the Downs are the source of a constant and abundant supply of fresh water of the highest organic purity.

The movement of air is another factor of climatic importance. Lack of movement, especially in hot weather, has a very enervating effect, whilst the frequent occurrence of a bleak cold wind leads to the increased frequency of colds and chills. In the case of the Urban District, fresh winds blow over the area from the coast and ensure the free circulation of the atmosphere. These winds are not, however, unduly cold.

The subsoil generally is dry and porous, the greater part of the district lying on the South Downs and possessing a subsoil composed of chalk and flints. This facilitates good drainage and is conducive to healthy conditions.

Generally speaking, the combined effect of the various climatic factors existing in the Urban District is to make the climate well-balanced, pleasant and extremely healthy.