[Report 1951] / Medical Officer of Health, Newhaven U.D.C.

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NEWHAVEN URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st DECEMBER, 1951

Public Health Department,
Lewes House,
Lewes.

July, 1952.

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Lewes House,
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To the Chairman and Members of
the Public Health and Works Committee,
Newhaven Urban District Council.

Mr. Chairman, Madam and Gentlemen,

I have pleasure in submitting the Annual Report for the year 1951 on the state of public health of the general population and on the sanitary circumstances of the town.

The estimated population of Newhaven for 1951 was 7,803 which is the highest population ever recorded and is 422 above the 1931 census figure. In 1938 the population was 7,062. It declined to 4,939 in 1943, increased to 6,388 in 1946. Thereafter it further augmented to 7,592 in 1949 and reached its highest figure in 1951 which is only 18 less than the 1951 census figure of 7,785.

For many years now there has been a natural increase of the population of Newhaven and the births have exceeded the deaths year after year without exception.

This means that there should be a comparatively young population in the town at present and this is indeed the case. Although some new industries have been established recently it appears that there are not sufficient of these to absorb all the young people of working ages and a considerable proportion of the latter have to seek employment elsewhere. Some leave the town altogether, others are put to the necessity of expending part of their wages in train and 'bus fares to go to and from their work.

As with nearly every other area in the country the chief millstone which hangs heavily on nearly all local authorities is the lack of housing accommodation. How many apparently promising enterprises this has defeated is difficult to tell but they must be many. The number of domestic upheavals, broken engagements, postponed marriages and separations it has caused is also very many. It has also caused a great deal of paper chasing, innumerable meetings of housing sub-committees, deputations and so on. Some people have got it into their heads that there is great virtue in obstruction and refusal and lay great weight upon the power of the word on paper. Restrictions are all very well when they are definitely required as in the case of a crisis. It is really high time to get down to the job and the job is building houses, and not living in a paper empire. Lack of housing accommodation is part of the root of all evil today, the other parts are the high cost of living and high taxation.

There has been existing a fallacy that the less one does and the more one gets for it, the happier one will be. Happily it has now become apparent to many that it is just a fallacy, and worse, it is a dangerous delusion. There are many other additional facets to the situation: playing for overtime, dodging taxation, making a job last, and others too well known to repeat. In the end, the result is to the hurt of the community and to the individual. If only we could produce more we would get more back in exchange and the high cost of living and taxation would be less and all would be much happier. Perhaps this does not suit everyone's book, despite the damage which has been done already by

/the greatest

the greatest mass delusion of recent years. It is not only a change of mind which is required, but a change of heart. Also, the less bureaucratic interference in the matter of providing houses, factories, etc. the better.

As has been mentioned there has been a natural increase of the population of the town over many years. The birth rate for the year 1951 was 15.76 per 1,000 population. This is a crude rate and when adjusted by applying the area comparability factor, so that a fair comparison can be made with birth rates in other areas, the figure yielded is 16.23 which compares very favourably with the birth rate for England and Wales for the same year, which is 15.5 per 1,000 population.

The death rate for Newhaven for 1951 was 12.81 per 1,000 population. This is also a crude rate and using a comparability factor again, for the same reason as one was used in the birth rate, the death rate resulting is 11.40 per 1,000 population which is much below the birth rate for Newhaven and lower than the death rate of England and Wales for the same year which is 12.5 per 1,000 population.

A feature of Annual Reports which has become normal in recent years has been the absence of deaths of women in or in consequence of childbirth. That is to say, there has been no maternal mortality. Maternal mortality used to be fairly common. It is due to the action of two sets of causes, those which are truly puerperal, or caused by, or following upon childbirth, and those which have nothing to do with child bearing but which happen to be operating in a woman who is pregnant, such as tuberculosis, diabetes, heart disease, nephritis and other diseases, their effects being aggravated by the state of pregnancy.

It is of interest to note that there has been only one maternal death in the last 16 years in Newhaven during which time there were 1,928 births to Newhaven mothers. This makes the maternal mortality rate of .5 per 1,000 births. In 1935 the maternal mortality rate for England and Wales was 5.08 per 1,000 births. Thus, in the last sixteen years the maternal mortality in Newhaven has been about one tenth of that in England and Wales. Great credit must be given to the doctors and nurses who have attended mothers before, during and after childbirth. The remarkably low figure of maternal mortality over the considerable period of sixteen years shows that they have brought a great deal of skill, knowledge and attention to the mothers of Newhaven.

Another interesting statistic of this Annual Report is the Infantile Mortality Rate which is 16.26 per 1,000 births for Newhaven as compared with 29.6 for England and Wales for the same year.

The causes of infantile mortality, or the deaths of children under one year of age, are congenital malformations and diseases peculiar to children under one year of age and, in addition, other diseases such as the infectious diseases, tuberculosis, bronchitis, diarrhoea, accidents and the like which affect individuals of all ages. Congenital malformations in some cases end the life of the child at an early date. Others are saved by operations developed recently in the sphere of surgery. Diseases familiar to children under one year of age, and the other diseases, have now yielded to anti-biotics and sulphonamides, which are recent discoveries. Physicians, surgeons, research chemists, bacteriologists and many others connected with the improved techniques of surgery, the administrators of anti-biotics and sulphonamides, the patient

researchers in the development of the latter and the very high standard of bacteriology today have all helped to reduce mortality, while many large hearted big business men connected with large pharmaceutical firms have played an unobtrusive part in helping to finance the development of the new drugs. Lastly, our very sagacious Medical Research Council, which many, if not most, of the ordinary citizens have not even heard about, has played a most important part in checking, experimenting and so on before any new treatment is freed for general use.

The causes of death in the general population in Newhaven in 1951 more or less followed the usual pattern. In the year heart disease headed the list with 39 deaths, cancer caused 18 deaths and vascular diseases of the nervous system caused 11 deaths.

Heart disease is still heart disease whether it be angina pectoris or coronary thrombosis. It can indeed be the cause of death as it often is, the individual dying as the direct result of the fact that the heart failed to discharge its essential function. But behind the cause of death is the cause of the disease of the heart. This commands the attention of those who are making researches into causes of heart disease. Much has been accomplished already. As one example, bacterial endocarditis which was held to be invariably fatal fifteen years ago is now cured by an anti-biotic.

Vital statistics such as death rates may appear at first sight very dry and uninteresting figures. It can be appreciated, however, that these statistics are most valuable as they act as sources of suggestion for research and, surprisingly to some, for administrative policy.

Heart disease is becoming commoner because people are living to longer ages. The heart during life is in action continuously day and night, day after day, year after year. Other organs of the body are allowed a respite now and then but the heart goes on for ever. Due to its unceasing labours it cannot be expected to last as long as the other organs. Deaths from heart disease have been increasing steadily in the last twenty years. The bulk of the increase has been due to the increase in longevity.

Most of the cancer deaths occur in people in the second half of life. Some occur at earlier ages. The total number of cancer deaths has increased as the mean age of the population has risen. Many deaths could be prevented if only the sufferers would consult a doctor instead of hugging the secret of the illness to himself or more usually to herself. It is just as well to know the truth as soon as possible and by doing so curative methods can be started early when they are most valuable.

Vascular diseases of the nervous system usually follow cancer as the third killing group. These diseases are cerebral haemorrhage (apoplexy), cerebral embolism and thrombosis, softening of the brain, paralysis and other effusions of the blood into the skull, and account for most of all the deaths from causes having their lesions in the central nervous system.

During the year under review in Newhaven there were no deaths from tuberculosis of the lungs or from tuberculosis of other sites in the body. The tuberculosis death rate was therefore nil whilst the rate for England and Wales was 0.31 per 1,000 population and 0.38 for the Administrative County of London for the same year.

Very few notifications of Infectious Diseases were received at the Public Health Department throughout the year. The cases notified were whooping cough, 76 cases (9.76 per 1,000 population as against the figure for England and Wales 3.87); measles 13 (1.67 per 1,000 compared with 14.07 for England and Wales); scarlet fever 5 (0.64 per 1,000 as against 1.11 for England and Wales, and pneumonia 5 cases (0.64 per 1,000 as against 0.99 for England and Wales).

As usual there were no cases of diphtheria in Newhaven during the year. Diphtheria immunisation has seen this disease out very effectively and this good work should be kept up by all parents and guardians ensuring that children under their care should be immunised as early as possible. No cases of food-poisoning were notified in 1951. The incidence of this infection for England and Wales was 0.13 per 1,000 population in 1951.

Reports have been made of the occurrence of the so called virus diseases in other parts of the country. The range of virus diseases is extensive. It includes infective fevers: measles, German measles, chicken-pox, small-pox and mumps. If the nervous system is attacked by a particular virus, acute anterior poliomyelitis may result. A liver disease, acute hepatitis, is caused by a virus. Other virus diseases are influenza, some cases of atypical pneumonia. The common cold is a virus infection. Shingles or herpes is virus caused. An eye disease, trachoma, is due to a virus and so are certain varieties of warts. The field of disease due to virus infection is very large and this list is by no means exhaustive.

Fortunately many diseases caused by viruses can be treated successfully by the newer anti-biotics such as chloromycetin and aureomycin. Typhus has yielded to chloromycetin and this drug has been effective in psittacosis (parrot-borne disease) and in other diseases of virus origin. A milk borne disease Q fever has yielded to chloromycetin. Aureomycin, successful in typhoid infections, has been used with success in certain arterial diseases and in the formerly highly fatal bacterial endocarditis (ulcer of the heart). Aureomycin is also used in thrombophlebitis, in milk borne fever (brucellosis), and in some diseases of the skin with success.

During the year under review 16 cases of pulmonary and two cases of non-pulmonary tuberculosis were notified. The number of pulmonary tuberculosis cases is rather higher than normal. This has been due to very active case finding by doctors and to the use of mass-miniature radiography. The sooner cases are discovered the better since in its early stages the disease is much more amenable to cure.

There are indications that pulmonary tuberculosis is on the way out. It may take some years yet as it is a gigantic undertaking to subdue the incidence of the disease . The very powerful new weapons streptomycin and P.A.S. have given very encouraging results in treatment. Other new substances are being tried. B.C.G. vaccination has proved successful in protecting children who are contacts of cases of tuberculosis.

Only two cases of non-pulmonary tuberculosis notified in the year makes a small number. This infection mostly milk borne is much less prevalent than it was in the days before milk was pasteurised or heat treated.

Of the 16 notified cases of pulmonary tuberculosis for the year 1951, seven were females and nine were males. Their ages ranged from 13 years to 69 years. The sixteen cases included three persons transferred from other districts outside Newhaven.

The two notified cases of non-pulmonary tuberculosis were both females aged 6 years and 16 years respectively. Both are Newhaven residents.

As to the sanitary circumstances of the Newhaven area, the Newhaven and Seaford Water Company's supply maintained a very high standard of purity and was ample in quantity.

By previous Annual Reports it was hoped that attention had been drawn to the large number of cesspools in the area, mainly in the Mount Pleasant District, and the potential danger of contamination of a large and important water supply from the cesspools which nearly all leak in time. It is only by chance that the water supply has not been contaminated before. It only requires mass infection, which may be caused comparatively easily by a typhoid carrier excreting the dangerous typhoid organisms, which are then conducted to a leaking cesspool and, by the merest chance, through faults in the chalk, gain access to the water supply, the combination of mass infection and chance thereby spelling disaster.

The armour of protection of a water supply from start to finish should be absolutely established and nothing left to chance or suppositionally inferred. Cesspools are make-shift arrangements at best and as stated before nearly all leak ultimately. A sewage scheme draining the East side of Newhaven including the Mount Pleasant district is more than urgently needed because there is the distinct possibility of pollution of a large and important water supply under the present circumstances.

It is laid down in Section 14 of the Public Health Act 1936 that it is the duty of the local authority to provide such public sewers as are necessary for effectually draining their district and to make such provisions by means of sewage disposal works, or otherwise, as may be necessary for effectually dealing with the contents of their sewers. Such has not been done, and I cannot emphasis strongly enough the potential danger to the water supply through the presence of cesspools on the gathering ground. It will be of small comfort to say if a disaster did occur that the badly needed sewage scheme was postponed because it could not be afforded.

Mr. Harrison, your Sanitary Inspector, made 1,410 visits in connection with his general work in 1951 and made 111 inspections under the Public Health Acts in connection with housing. His inspections of shops and offices revealed that those were kept in a satisfactory condition generally, apart from a few minor faults in some cases. During the year 145¾ lbs. of various tinned meats were found to be unsound and condemned and then suitably disposed of. The main cause of condemnation was decomposition. A total of 105 properties which were infested with rats or mice were treated by the local authority. A kill of 5,926 rats and 1,920 mice was made. The heaviest point of infestation was at the Council's refuse tip on Denton Island where kills of some hundreds of rats were made at each operation. It was proved many years ago that rats are spreaders of disease to man. They can and do spread a dangerous jaundice called Weil's disease and can cause rat-bite fever. They are often responsible for the spread of food poisoning and other infectious diseases. As to how far they are implicated in the spread of virus diseases is hard to say but it may be that they play no small part.

To sum up, the main features of this Annual Report are the increase of the population which was 422 above the 1931 census total of 7,381. The birth rate was satisfactory and was below

the death rate. The average age at death was above that of the average expectation of life from birth today. No mothers died in, or in consequence of, childbirth. With the maternal mortality rate down to zero the next problem to be tackled vigorously is the reduction still further of maternal morbidity that is the elimination as far as can be obtained of all the illnesses and discomforts major and minor which still occur in some mothers after birth of their children. The Infantile Mortality Rate was about half that of England and Wales for the same year. There were very few cases of infectious diseases notified, and as in former years there were no cases of diphtheria. The deaths from tuberculosis were nil. New housing accommodation is still the crying need. It is all very well being exhorted to build as many houses as we should like and at the same time having materials restricted. A lot of changed ideas are required before much progress can be attained in the housing situation.

I have to thank you for your kind encouragement and for your constant support to me during the year which has been a very satisfactory one as far as the state of Public Health in your town has been concerned. My best thanks are due to Mr. Mainwood, your Clerk, for his great helpfulness at all times and for his unfailing courtesy and kindness to me. I am grateful for the loyal help I received from Mr. Harrison and for the collaboration given to me by the general practitioners of the town.

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 - 1951

Area in Acres	1,766
Population (Estimated)	7,803
Rateable Value (Estimated)	£49,651
Sum represented by Penny Rate	£197
Number of Occupied Houses	2,329

EXTRACTS FROM VITAL STATISTICS

Live Births	Male	Female	Total	Rate per 1,000 population
Legitimate	56	62	118	
Illegitimate	2	3	5	..... 15.76
Deaths	55	45	100	..... 12.81

				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	1	2	16.26

POPULATION

The Registrar-General's estimated population figure for mid-1951 is 7,803. The population for Newhaven for the past 14 years is given below:-

Year	Population	Vital Index	Year	Population	Vital Index
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
1944	5,232	166.1	1951	7,803	123.0

The estimated population figure for mid-1951 (7,803) shews an increase of 29 over the previous year's total of 7,774 and 422 over the 1931 census total of 7,381. It is the highest population figure ever recorded for the town and it will be noted that there has been a steady increase in population in each of the past eight years. Although all calculations for this report are based on the Registrar-General's mid-year estimate, it is worthy of note that the population figure arrived at as a result of the 1951 census was 7,785 - a difference of only 18 - which illustrates the remarkable accuracy of the Registrar-General's estimates.

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.

It is very gratifying that during the year under review the vital index for Newhaven has remained at a healthy position above the hundred mark. This is particularly so as the town, in common with all other areas, is suffering from a severe housing shortage and restriction in the number of new houses permitted to be built each year. This, inevitably, discourages a certain number of young couples from marrying and quite a large proportion of those married from having children or, in some cases, more than one child. No doubt, too, the present high cost of living is also having a restrictive effect as many young couples feel they are unable to provide adequately for a family.

In the past sixteen years only one mother normally resident in Newhaven has died in childbirth. During that period 1,928 births took place and it can thus be seen that childbirth has lost most of the element of risk which attended it only a comparatively few years ago. This happy result has been brought about through a variety of reasons. Firstly, no doubt, the ante-natal clinics deserve much credit for their part in ensuring that the mother is as fit as possible for some months prior to the birth of her child, has suitable food and any treatment that may be necessary. The very high standard of training set for midwives has undoubtedly been a major factor in improving the position, while the Puerperal Pyrexia Regulations, which make it compulsory for a doctor to notify to the Medical Officer of Health any case of a feverish condition, with a temperature over 100.4°F, which may occur in a woman within fourteen days of childbirth or miscarriage, has also helped in the achievement of the very great improvement which has been brought about. Finally, of course, improved obstetric methods and new, extremely useful, drugs have been of great assistance.

During 1951, two infants died in Newhaven before reaching one year of age. This total represents an infantile death rate of 16.26 per 1,000 related live births, which is low compared to the figure of 29.6 for the country as a whole. It must be remembered, however, that the number of births to Newhaven residents which take place in any one year very seldom exceed 150 and thus one death more or less in a year makes a large variation in the rate when applied to a basis of 1,000 related live births. The only way in which a true picture of the position can be obtained is by taking the average figure over a number of years and comparing it with the average for England and Wales for the same period. Working on this basis, the average rate in Newhaven for the past seven years is 36.06, as compared with an average figure for England and Wales of 36.50. It can thus be seen that on the average the infantile death rate in Newhaven is less than that of the country as a whole. This is a satisfactory state of affairs and one which reflects the high standard of public health which has existed in the Urban District for a number of years past.

BIRTH RATE

The crude birth rate for the year under review was 15.76 per 1,000 population. This is below the figure of 16.85 on the preceeding year's rate, and as the birth rate for the post-war years, 1946, 1947, 1948 and 1949 was 23.16, 27.5, 18.48 and 20.60 respectively, it will be seen that the birth rate for 1951 was

/the lowest

the lowest of any since the war. There is no doubt that the present housing shortage is a factor of major importance in its undoubtedly adverse affect on the birth rate, and it is to be hoped that conditions will shortly enable the central government to relax its present restrictions on building. If such a relaxation should occur there is little doubt that the consequent improvement in the housing situation would encourage young couples to marry and would also remove one of the main factors which at present cause many young married couples either to have no family at all, or to restrict their family to a single child.

The crude birth rate for Newhaven of 15.76 per 1,000 population is greater than the figure of 15.5 for England and Wales. An area comparability factor of 1.03 is applicable to the birth rate in the town. This factor is supplied by the Registrar-General in order that a fair comparison may be made between the local birth rates of different districts. In this case, its application gives an adjusted birth rate of 16.23, which is considerably higher than that of England and Wales.

DEATH RATE

The death rate for the year under review was 12.81 per 1,000 population, the death rate for England and Wales for the same period being 12.5 per 1,000 population. The annual death rates for Newhaven for 1945 to 1950 were 13.21, 10.80, 14.25, 11.43, 12.15 and 12.09 respectively.

An area comparability factor of 0.89 is applicable to the death rate of 12.81 per 1,000, and this gives an adjusted figure of 11.40 per 1,000 population.

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 continued to exhibit the downward trend that has been apparent for the past few years.

CAUSES OF DEATH

	Male	Female	Total
Heart Disease	24	15	39
Cancer	9	9	18
Vascular Lesions of Nervous System	6	5	11
Circulatory Disease other than mentioned elsewhere	1	5	6
Influenza	2	3	5
Bronchitis	2	1	3
Ulcer of the stomach and duodenum	2	-	2
Nephritis and Nephrosis	-	2	2
Suicide	1	1	2
Diseases of the respiratory system other than shewn elsewhere	1	-	1
Hyperplasia of Prostate	1	-	1
Congenital Malformations	-	1	1
Motor Vehicle accidents	1	-	1
All other accidents	1	-	1
Other defined and ill-defined diseases	4	3	7
	55	45	100

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 ..... 96 years
The lowest age at death was ..... 45 minutes
The average age at death was ..... 65.9 years

/SPECIFIC CAUSES

SPECIFIC CAUSES OF DEATH

Heart Disease and Diseases of the Circulatory System

Heart disease, as usual, heads the list of causes of death in Newhaven. This is only to be expected as the forms of heart disease and diseases of the circulatory system which develop during the latter part of the human life span can very often best be described as being due to the gradual wearing out of the heart itself. For such forms as these there is naturally no cure. Much rest and temperance in all things will act as palliatives, but eventually the heart will become too worn out to continue its work of circulating the blood through the veins and arteries of the body and death will then ensue. It can rightly be said that the percentage of the annual total number of deaths which is made up of deaths due to these forms of heart disease is increasing because recently in this and in other countries with high standards of medicine and hygiene many of the population have been living sufficiently long for their hearts to become worn out.

It may be wondered why the increase in the number of deaths annually arising from the types of heart disease mentioned above has not been more obviously reflected in the vital statistics compiled in respect of recent years. This is due to the fact that the increase is masked by a decrease in the number of deaths annually caused by those forms of heart disease which present a possibility of cure. Each year many such cases which but a few years ago would have proved fatal are now cured. This improvement has been brought about by all-round advances in the field of knowledge, but it is probable that improvements in surgical technique are mainly responsible for the improved position.

Cancer

Eighteen persons died of cancer in Newhaven during 1951. Of these deaths, nine were of men and nine women. For many years cancer has been the subject of exhaustive research and although progress has undoubtedly been slow very definite gains have been made. The belief held by many people that cancer is incurable is quite unjustified. In fact, many cases can be, and are, cured by the removal of the malignant tumour. The chances of successful cure in these cases are governed by two main factors, namely, the site of the tumour and the stage it has reached. Luckily, one of the more common forms of cancer, that of cancer of the breast in women, is one of the most easily dealt with, if the cancer is discovered and dealt with at an early stage. Other forms of cancer, such as that of the lip or skin, are cured in nine out of ten cases, mainly, no doubt, because they are quickly noted and are consequently treated at an early stage in their growth. It cannot be too greatly stressed that early treatment of any form of cancer gives the greatest chance of cure and no opportunity should be missed to impress on people that if they have any reasonable grounds to suspect that they are suffering from cancer, an immediate visit to their doctor offers them the best chance of recovery if, indeed, they have such a growth.

Vascular Lesions of the Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis, and other lesions. Eleven of the deaths which occurred in Newhaven during 1951 were classified under this general heading. Of these, six were males and five females. Most deaths of this nature take place among elderly persons as with increased age blood vessels degenerate and are more likely to break or become blocked. It is probable that the increasingly rapid tempo of modern life is resulting in a greater incidence of this form of disease than in the past, although the greater moderation in eating and drinking now observed by the average person in comparison with past standards possibly has a beneficial effect which offsets the unfavourable results of high-speed living.

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the year 1951. Provisional figures based on Quarterly Returns

	England and Wales	126C.Bs. & Great Towns Including London	148 Smaller Towns(Resident Pop. 25,000 - 50,000 at 1931 Census	London Administrative County	NEWHAVEN 1951 (Population 7,803.)
	Rates per 1,000 Home Population				
Births: Live	15.5	17.3	16.7	17.8	15.76
Still	0.36	0.45	0.38	0.37	0.13
Deaths: All Causes	12.5	13.4	12.5	13.1	12.81
Typhoid and paratyphoid	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	0.31	0.37	0.31	0.38	0.00
Influenza	0.38	0.36	0.38	0.23	0.64
Smallpox	0.00	0.00	0.00	-	0.00
Acute poliomyelitis (including polioencephalitis)		0.01	0.01	0.00	0.00
Pneumonia	0.61	0.65	0.63	0.61	0.00
Notifications (Corrected)					
Typhoid Fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid fever	0.02	0.03	0.02	0.01	0.00
Meningococcal infection	0.03	0.04	0.03	0.03	0.00
Scarlet fever	1.11	1.20	1.20	1.10	0.64
Whooping cough	3.87	3.62	4.00	3.11	9.74
Diphtheria	0.02	0.02	0.03	0.01	0.00
Erysipelas	0.14	0.15	0.12	0.15	0.00
Smallpox	0.00	0.00	0.00	-	0.00
Measles	14.07	13.93	14.82	14.64	1.67
Pneumonia	0.99	1.04	0.96	0.72	0.64
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.03	0.03	0.03	0.02	0.00
Non-paralytic	0.02	0.02	0.03	0.02	0.00
Food Poisoning	0.13	0.15	0.08	0.23	0.00
Deaths		Rates per 1,000 Live Births			
All causes under 1 year of age	29.6(a)	33.9	27.6	26.4	16.26
Enteritis and diarrhoea under 2 years of age	1.4	1.6	1.0	0.7	0.00
Notifications (Corrected)		Rates per 1,000 Total (Live & Still) Births			
Puerperal fever and pyrexia	10.66	13.77	8.08	14.90	0.00

Maternal Mortality in England & Wales

Intermediate List No. and Cause	Number of Deaths	Rates per 1,000 Total (Live & Still) Births	Rates per Million women aged 15-44	NEWHAVEN
A115 Sepsis of pregnancy childbirth and the puerperium	70	0.10		
(Abortion with toxaemia	3	0.00	0	0.00
A116(Other toxaemias of (pregnancy and the (puerperium	167	0.24		

(continued)

(continued)

Maternal Mortality in England & Wales

Intermediate List No. and Cause	Number of Deaths	Rates per 1,000 Total (Live & Still) Births	Rates per Million women aged 15-44	NEWHAVEN
A117 Haemorrhage of pregnancy and childbirth	90	0.13		
A118 Abortion without mention of sepsis or toxaemia	37	0.05	4	
A119 Abortion with sepsis	66	0.09	7	0.00
A120 Other complications of pregnancy, childbirth and the puerperium	125	0.18		

(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 established at the 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, throat, nose, laryngeal and rectal swabs, faeces, urine and blood and has also undertaken the examination of ice-cream, milk, water and shell-fish. Altogether the Laboratory carried out 293 different examinations for the Urban District during the year under review. This service is of great assistance to your Medical Officer of Health and to the Medical practitioners practising in the town, both by assisting them to arrive at correct diagnoses earlier than would otherwise be the case and by confirming diagnoses already tentatively arrived at. In the frequent examination of samples of milk and icecream and, indeed, of any food samples, the Public Health Laboratory is greatly assisting the Public Health Department in its efforts to improve the standards of cleanliness and purity of all foods offered for sale in the area.

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.

The Newhaven ambulance is not available for the transport of infectious disease cases but under the provisions of the Ambulance Scheme, ambulances from adjacent ambulance stations can be called upon, if required, for the conveyance of infectious disease cases. Arrangements are in being for the disinfection of ambulances so used, together with the disinfection of bedding, clothing, etc.

The East Sussex County Council provide facilities for the transport of tuberculous patients.

4. Hospitals

The hospital accommodation provided by the Ministry of Health under the provisions of the National Health Service Act, 1946, 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. Institutional Provision for the Care of Mental Defectives

The East Sussex County Council deals with the Lunacy and Mental Deficiency services in respect of patients outside institutions. All institutional care is the responsibility of the Regional Hospital Board.

SECTION III

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

1. Water Supply:

The district has two 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.

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 Road	7
Harbour Heights Estate	46
Added Area	264
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 1951 he has made 1410 visits in connection with his work. In respect of these visits 35 Informal Notices and 2 Formal Notices were served. In the period, 38 Informal and 2 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	111
Visits under the Public Health Acts	152
Inspections under the Housing Acts	8
Inspections of verminous premises	22
Prospective Council Tenants	61

INFECTIOUS DISEASES

Enquiries	14
Disinfections	10

GENERAL SANITATION

Water Supply	4
Drainage	107
Stables and Piggeries	27
Fried Fish Shops	45

(Continued)

Factories and Workshops	62
Bakehouses	29
Public Conveniences	54
Refuse Collection	70
Refuse Disposal	21
Rats and Mice	91
Shops	30
Ditches and Ponds	12
Knackers Yard	3
Tents, Vans and Camping Sites	38
Miscellaneous Visits	92

MEAT AND FOOD INSPECTIONS

Slaughter Houses	4
Butchers	70
Fishmongers	32
Grocers	18
Dairies	40
Ice-cream Premises	66
Restaurants	70
Water Sampling	4
Ice-cream Samples	5
Milk Samples	17

SUMMARY OF WORK AFTER SERVICE OF NOTICE

Roofs repaired	7
Eavesgutters of fallpipes repaired	3
Dustbins renewed	10
Pointing or rendering of external walls	4
Cesspools emptied	5
Water closets or cisterns repaired or renewed	12
Drains relaid, improved or cleared	7
Dampness remedied	8
Chimney Stacks rebuilt	2
Kitchen sinks renewed	3
Water supply improved	3
Means of ventilation improved	4
Windows and sashes repaired	7
Cooking stoves repaired or renewed	4
Washboilers repaired or renewed	1
Firegrates or flues repaired	6
Floors (wood or solid) repaired or relaid	6
Doors repaired or renewed	4
Wallplaster repaired	6
Ceilings renewed	8
Decoration of premises	3
Accumulations of refuse removed	2
Dirty premises cleansed	2

5. Inspection of Shops and Offices

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 ... 1

2. Method employed to disinfest .. 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 40 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 10 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.

Ten Bacteriological samples were taken during the year and proved to be satisfactory.

Samples were also 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	40½ lbs
Corned Beef and Mutton	45 "
Meat (tinned - various)	145¾ "
Fruit (tinned)	21 "
Vegetables (Tinned)	36¼ "
Milk (evaporated)	39 "
Milk (Condensed)	10¼ "
Jam and other preserves	23½ "
Miscellaneous	27¾ "
Total ...	3 cwt .. 1 qr .. 25 lbs

The main cause of condemnation was decomposition, 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 five factories on the register in which Section 1, 2, 3, 4, 6 and 7 of the above Act are enforced, and 34 factories in which Section 7 only is enforced. During 1951, 62 inspections were carried out. H. M. District Inspector of Factories referred to the Department three cases of defects which were remedied after the service of notices. Five 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.

There are now no Outworkers registered in the district.

10. Prevention of Damage by Pests Act, 1949

	Local Authority Property	Dwelling Houses	Agricultural property	All other (including Business and Industrial	Total
I Total number of properties in Local Authority's District.	10	2282	9	273	2574
II Number of properties inspected by the Local Authority during 1951 as a result (a) of notification or (b) otherwise	(a) -	33	-	17	50
	(b) 20	226	15	107	368
III Number of properties (under II) found to be infested by rats	Major 8	7	1	7	23
	Minor -	25	-	7	32
IV Number of properties (under II) found to be seriously infested by mice	-	36	-	14	50
V Number of infested properties (under III and IV) treated by the Local Authority	8	68	1	28	105
Number of "Block" control schemes carries out .. 14					

One Rodent Operator is employed on a part-time basis approximately 17½ hours per week.

Method of destruction employed involves pre-baiting with a suitable food followed by poisoning on the fourth day with from 2% to 10% of A.N.T.U., Zinc Phosphide, or Arsenic.

54 operations in respect of Rats and 49 for the elimination of Mice were concluded during the year. The poisoning formula of the Ministry of Agriculture and Fisheries gives a kill of 5936 Rats and 1920 Mice.

The heaviest point of infestation is the Council's Refuse Tip on Denton Island, where suitable living conditions and a plentiful food supply maintain a constant population, allowing a kill of many hundred rats at each operation.

SECTION IV

Prevalence of, and Control Over, Infectious and Other Diseases

In all, 99 cases of infectious disease were notified in Newhaven in 1951. The details are as follows:-

Incidence of Notifiable Infectious Diseases (excluding Tuberculosis) during the year 1951			
Disease	Cases Notified	Cases Admitted to Hospital	Deaths
Whooping Cough	76	1	-
Measles	13	-	-
Scarlet Fever	5	-	-
Pneumonia	5	-	-
Total	99	1	-

Whooping Cough

Seventy-six cases of whooping cough were notified in the Urban District during 1951 and, of these, only one was of sufficient severity to merit admission to hospital. There were no deaths from whooping cough in the district during the period under review. Now that immunisation has so very materially reduced the annual number of cases and deaths due to diphtheria, whooping cough has been found to be the most dangerous common infectious disease in childhood. It not only causes the child considerable discomfort but is very disturbing to the rest of the family and often leads to complications such as bronchitis and fibrosis of the lung. Pneumonia is the chief danger but fortunately we possess sulpha drugs and anti-biotics which rapidly effect a cure. For a number of years past trials have been conducted with a view to ascertaining the best possible vaccine against whooping cough, and a vaccine has been found of sufficient value to justify its use on children of suitable age. The inoculation is practically unfelt by the child and the procedure is safe and it is to be hoped that within the next few years the incidence of whooping cough will be as dramatically reduced as has been that of diphtheria.

Measles

Thirteen cases of measles were notified in Newhaven during 1951. All of the cases were of a mild nature and made complete and uneventful recoveries.

Measles is an acute fever of which the usual symptoms are a blotchy skin eruption and a catarrh of the respiratory passages. The illness is one of the most easily transmitted of the communicable diseases and occurs most commonly in children between five and fourteen years of age. Although permanent acquired immunity is usual after the first attack, second attacks are not unknown. Rigid isolation in the home is of little value in reducing the attack rate as the patient will have infected his fellows before the case is diagnosed. The chief danger arising from measles is not in the disease itself, but in the pneumonia which may follow.

/There is

There is no fully proved method of active immunisation against the disease, although passive immunisation of cases exposed to measles by the use of human serum may achieve a modification of the disease. This, however, lasts only two or three weeks and the child is then as susceptible as before.

Scarlet Fever

Five cases of scarlet fever were notified in the Urban District during 1951, none of which were sufficiently serious to be admitted to hospital. The number of scarlet fever cases being notified has not greatly altered from the rates usual before the last war, but the disease has very greatly decreased in severity and the type of septic scarlet fever, where patients were extremely ill for several weeks, and often suffered from serious complications and after-effects, and sometimes died, is now rarely seen. This change in the character of the disease should not be permitted to lead to the development of a complacent attitude of mind, as even the mild type of scarlet fever now met with can result in harmful after-effects. Further, there can be no assurance that the disease will not return in its full severity at any time and, indeed, cases of the more severe type occasionally occur even at the present time.

Pneumonia

Five cases of pneumonia were notified during the year under review none of which were sufficiently serious to merit admission to hospital. All cases made satisfactory recoveries.

General

The total of ninety-nine cases of infectious disease notified in the Urban District during 1951 is not a high one and gives an incidence rate of 12.69 per 1,000 population. Seventy-six of the ninety-nine cases were of whooping cough and this constitutes the greatest number of cases of whooping cough notified in Newhaven in any one year for many years past and, indeed, is considerably greater than the total number of cases previously notified during the post-war period.

Of the remaining twenty-three cases, thirteen, or more than half, were of measles. This was a low incidence, particularly in view of the fact that only seven cases of measles were recorded in the preceding year and a year of low incidence is usually followed by a year in which the number of cases is very much higher.

No case of diphtheria occurred in the District during the period under review, but it is to be hoped that this satisfactory state of affairs will not lead to any reduction on the part of those concerned, in their efforts to bring about the immunisation against diphtheria of all children of the appropriate ages, as this would almost certainly lead to the disease re-establishing its hold on the community.

SECTION V

In 1951 there were sixteen new cases of pulmonary tuberculosis and two cases of non-pulmonary tuberculosis notified. During the same period no deaths were recorded from pulmonary or non-pulmonary tuberculosis. Details are given in the following table:-

1951 New Cases and Mortality

AGE PERIODS	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	-	1	-	-	-	-
10	1	-	-	-	-	-	-	-
15	-	-	-	1	-	-	-	-
20	-	-	-	-	-	-	-	-
25	2	4	-	-	-	-	-	-
35	4	1	-	-	-	-	-	-
45	-	1	-	-	-	-	-	-
55	1	1	-	-	-	-	-	-
65 and upwards	1	-	-	-	-	-	-	-
TOTAL	9	7	-	2	-	-	-	-

The incidence per 1,000 population of the sixteen new cases of pulmonary tuberculosis notified in 1951 is 2.05. Although this figure is a high one compared to previous figures relating to the annual incidence in the district, it must be remembered that a mass radiography unit operated in the area during the year and there is no doubt that the increase in the number of notifications is entirely due to the fact that the unit discovered a number of early cases that would otherwise have remained unsuspected for some time, possibly until they had progressed beyond hope of recovery. The increase in the number of notifications is, in fact, a proof of the value of such units in the fight against tuberculosis, in so far as they form a reliable means of checking, in a comparatively short space of time, the freedom or otherwise from tubercular infection of large numbers of the population.

The use of mass radiography units constitutes only one of the techniques employed in the effort to control tuberculosis. One of the first major advances was made when it was realised that some forms of tuberculosis are conveyed from infected cattle to human beings by means of milk. Since this important discovery was made, great strides have been made in increasing the purity of the milk supply. Everything possible is done to keep herds free from tuberculosis and, in addition, methods of heat treatment have been evolved that destroy the tuberculosis bacilli in milk without detracting from its value as food.

/So far

So far as the treatment of detected cases is concerned, a recent development in the treatment of pulmonary tuberculosis has been the use of para-aminosalicylic acid, customarily contracted to P.A.S., in conjunction with streptomycin. For some time the benefits to be obtained by the use of streptomycin had been limited by the disadvantage that streptomycin-resistant strains of tubercle bacilli had emerged after five or six weeks of treatment but now, after extensive trials, it would seem that the combination of P.A.S. with streptomycin considerably reduces the risk of resistant strains developing at an early stage of treatment.

In the past, one of the difficulties experienced in combating tuberculosis has been the manner in which it has spread. Continued close contact with a sufferer over a period of weeks or months may lead to a previously uninfected person developing the disease. This, of course, has meant that the illness may be passed from one member of a family to another, particularly where living accommodation is overcrowded or badly-ventilated. So far as this risk is concerned, hope for the future is held out in the development of an immunising material known as B.C.G. vaccine. Cases selected for this form of protection are usually children or nurses particularly exposed to tubercular infection. Extensive trials with the vaccine have shown its value in preventing the infection in those exposed to risk.

The fact that no death from tuberculosis was recorded in the district during the year under review is a cause for satisfaction. It must be recorded however that during the year the death of a male tuberculosis patient occurred due to cerebral haemorrhage.

No death from non-pulmonary tuberculosis occurred in Newhaven during 1951 and only two new cases were notified. These figures compare very favourably with figures relating to previous years and with statistics in respect of the country as a whole.

CLIMATE

It is the inter-relation of a number of factors which is responsible for the creation of the annual cycle of atmospheric states or conditions which is described as the "climate" of a place. Of these factors, the following are the most important.

(1) Position on the Earth's surface, i.e. nearness to the Equator or one of the Poles, in the Temperate Zone, etc.

(2) Height above sea level,

(3) Situation: i.e. In a valley sheltered from the prevailing winds, on the more rainy side of a hill or mountain etc.,

(4) Nearness to the sea,

(5) Character of prevailing winds,

(6) Type of soil,

(7) Presence or otherwise of air-polluting manufactures.

So far as Newhaven is concerned, the sum of these factors has resulted in a pleasant, healthy climate. The town is, of course, situated in the Earth's Northern Temperate Zone - one of the two healthiest zones on the Earth's surface - a fact which provides, as it were, a satisfactory base on which the town's climate can be obtained. The greater part of the district lies between sea level and 100 ft. above although some of the outlying parts rise to 150 ft. This means, naturally, that nowhere in the area are the extremes of storm and cold experienced that occur in mountainous districts high above sea level, although it must be confessed that at certain seasons of the year the outlying areas are swept by moderate gales. These, however, are invigorating in character and can be avoided by those of frail physique by remaining in the more low-lying parts of the district until the gale has spent itself.

The town stands at the mouth of the River Ouse and looks south-eastward across Seaford Bay, with sheltering slopes to the west and north. Full advantage is therefore obtained from the fresh sea air and the sun's rays, the latter of which are not rendered less beneficial by a smoke-polluted atmosphere.

The proximity of the sea is one of the main factors in ensuring that extremes of temperature are avoided. In hot weather the air over the land becomes heated more rapidly than that over the sea. It expands and rises and the cool air flows in from over the sea, lowering the land temperature. Conversely, in cold weather the air over the sea loses its warmth less rapidly than that over the land and tends to keep the temperature of the adjacent land mass from falling to extremes. The same thing happens on a smaller scale day by day, and there is usually a smaller daily range of temperature at coastal areas than there is inland.

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.