

**[Report 1952] / Medical Officer of Health, Newhaven U.D.C.**

**Contributors**

Newhaven (England). Urban District Council.

**Publication/Creation**

1952

**Persistent URL**

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AC 4414 (3) NEWHAVEN

NEWHAVEN URBAN DISTRICT COUNCIL.ANNUAL REPORTof theMEDICAL OFFICER OF HEALTHfor theYEAR ENDED - 31ST DECEMBER, 1952.

Public Health Department,  
Lewes House,  
LEWES.

August, 1953.

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Public Health Department,  
Lewes House,  
LEWES.

August, 1953.

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 1952 on the state of public health of the general population and on the sanitary circumstances of the town.

The estimated population of Newhaven for the year 1952 was 7,815. This is the highest population ever recorded. Vital statistics for previous years have shown Newhaven to be a very healthy town and those for 1952 amply confirm this. The crude birth rate for the year was 17.91 per 1,000 population. In order that the birth rate can be compared with that of other areas a comparability factor 1.03 is applied to the crude rate. This gives a comparable birth rate of 18.45 per 1,000 population. The birth rate for England and Wales for 1952 was 15.3 per 1,000 population. The crude death rate for Newhaven was 10.49 per 1,000 population. On applying the comparability factor 0.89 the comparable death rate is 9.37 per 1,000 population. The death rate for England and Wales for 1952 was 11.3 per 1,000 population. The main causes of death in Newhaven during the year under review were heart disease (36 deaths); cancer (18 deaths) and vascular lesions of the nervous system (8 deaths). This triad totals 62 deaths which is about 75% of the 82 total deaths. There were no deaths of women in, or in consequence of, childbirth and no deaths in infants under one year of age. Deaths due to notified infectious diseases were nil whilst there was only one death due to tuberculosis. These may seem very dull statistics but they are very significant. The plain facts given above may perhaps need a little more expansion. For many years high annual birth rates have been recorded for Newhaven whilst there have been low annual death rates. The birth rate for 1952 is one of the highest and the death rate is the lowest for the last fifteen years. The result of a high birth rate over a considerable period of years has been to produce a comparatively young population. The members of the community ranging from the newly born to the middle-aged outnumber the past middle-aged and the elderly. A natural question to ask is 'Where do successive generations of young adults find employment?' Some find employment in the town in the few local industries, some are employed at the docks, others in shops and in various trades and in other occupations. Many, however, have to seek employment outside the town and quite a few emigrate to other areas nearer their work. This keeps the population of Newhaven at a much lower figure than would be the case if additional industries and other means of employment were made available in the town to absorb the younger generations when they become wage earners. There is a need for new industries and they could be established. A large young adult population employed in a town usually makes that town more prosperous.

The absence of maternal deaths in 1952 keeps up a good record as there has been only one such death of a Newhaven resident in the last seventeen years. Maternal mortality or the deaths of women in, or in consequence of, childbirth used to be much more frequent twenty years ago than they are today. Most were caused by puerperal sepsis. This has been conquered by the use of sulpha drugs and by antibiotics. In general a higher standard of obstetrics has been the means of reducing maternal mortality. Deaths of infants under one year of age have been reduced by ante-natal care of the mother and by the use of new drugs where there has been intercurrent infection in the infant. A little over twenty years ago hordes of infants died from diarrhoea and many succumbed to lung infections.

The tuberculosis death rate in Newhaven in 1952 was 0.128 per 1,000 population or about half the rate (0.24) for England and Wales for the same year.



August, 1932.

The Chairman and Members of the  
Public Health and Works Committee,  
Lancaster Municipal Council.

I have pleasure in submitting the Annual Report for the year 1932 on the  
state of public health of the general population and on the sanitary conditions of  
the town.

The estimated population of Lancaster for the year 1932 was 7,612. This is  
the highest population ever recorded. Vital statistics for previous years have shown  
even to be a very healthy town and those for 1932 highly confirm this. The death  
rate for the year was 17.97 per 1,000 population. In order that the death rate  
be compared with that of other areas a comparatively factor 1.02 is applied to the  
rate. This gives a comparable death rate of 18.45 per 1,000 population. The  
rate for England and Wales for 1932 was 16.5 per 1,000 population. The death  
rate for Newhaven was 16.45 per 1,000 population. On applying the comparative  
factor 0.87 the comparable death rate is 16.15 per 1,000 population. The death rate  
England and Wales for 1932 was 16.5 per 1,000 population. The main cause of death  
between during the year under review were heart disease (15 deaths); cancer (18 de-  
aths); pneumonia of the nervous system (3 deaths). Total deaths 36 deaths.  
The death rate of the 36 deaths. There were no deaths of women in, or in  
quarantine of, childbirth and no deaths in infants under one year of age. During the  
year infectious diseases were all killed there was only one death due to  
influenza. There may seem very little to report but the very slightness of the  
figures gives some idea of the high standard of health in the town. The death rate  
I birth rates have been recorded for Lancaster whilst there have been low annual  
rates. The birth rate for 1932 is one of the highest and the death rate is the  
lowest for the last fifteen years. The result of a high birth rate over a considerable  
period of years has been to produce a comparatively young population. The number of  
children living from the newly born to the middle-aged and older the past fifteen  
years and the elderly. A natural question to ask is: 'Where do these new arrivals  
live? Some find employment in the town in the few local  
factories, some are engaged at the docks, others in shops and in various trades and  
occupations. Many, however, have to seek employment outside the town and  
a few emigrate to other parts of the world. This keeps the population of  
the town at a much lower figure than would be the case if additional industries and  
means of employment were made available in the town to absorb the younger  
population when they become wage earners. There is a need for new industries and  
factories to be established. A large young and healthy population engaged in a town usually  
that town more prosperous.

The absence of natural deaths in 1932 keeps up a good record as there has  
only one such death of a Newhaven resident in the last seventeen years. Natural  
deaths in the deaths of women in, or in consequence of, childbirth need to be much  
reduced than in years ago than they are today. Most were caused by pneumonia.  
This has been countered by the use of antiseptic drugs and by antiseptic. In  
a higher standard of obstetrics has been the means of reducing natural deaths  
of infants under one year of age have been reduced by antiseptic care of the  
mother by the use of new drugs there has been a marked reduction in the  
death rate. A little over twenty years ago the death rate of infants died from diarrhoea and  
died to lung infections.

The tuberculosis death rate in Newhaven in 1932 was 0.125 per 1,000  
population or about half the rate (0.24) for England and Wales for the same year.



Thirteen new cases of pulmonary tuberculosis were notified in Newhaven during the year as against 16 new cases notified in the previous year. Only one person died from pulmonary tuberculosis in 1952.

In the long battle against pulmonary tuberculosis great advances have been made. As a measure of success the decrease in the death rate of this form of disease can be cited. The average annual death rates in Newhaven in the ten years 1931-1940 was 0.6 per 1,000 population and in the ten years 1943-1952 it was .36 per 1,000 population. That is, the death rate has been about halved. New methods of treatment, medical, surgical and chemical, have mainly effected such a remarkable reduction. The improved general nutrition in recent years has undoubtedly helped. During the year 1,242 persons were X-rayed by miniature radiography. A large percentage (98.2%) was found where there was no abnormal chest condition and only 0.24% revealed active tuberculosis previously unsuspected. The real use of mass miniature radiography examinations is to discover the previously unsuspected cases of the disease and so to be enabled to treat them. In many cases so found there is a bright prospect of cure and the chances of infecting others with whom the cases come in contact with are lessened. Cases apart from those revealing active tuberculosis, and which require observation in case the disease becomes active, are also discovered by X-ray examination, and these are re-examined from time to time so that if the disease does flare up prompt treatment can be applied.

During the year 25 cases of infectious disease were notified. These were 12 of scarlet fever; 5 of whooping cough; 4 of pneumonia; 3 of measles and 1 of dysentery. The type of scarlet fever was mild. Whooping cough cases suffered more from the distress caused by the paroxysmal coughing than from the after effects of the disease. As in former years there were no notified cases of diphtheria. This disease has been virtually wiped out by immunisation. The absence of diphtheria in Newhaven for some years does not mean that there should be any slackening off in immunisation. Recently, in another part of the country, a number of parents neglected to have their children immunised. As a result there was a comparatively large number of unimmunised children who contracted diphtheria and there were some deaths from the disease. Newhaven parents should take a warning that there is always the risk of diphtheria attacking a child who has not been immunised.

One of the most satisfactory features of public health now is the virtual control of many of the infectious diseases. Diphtheria is a rarity and persons are no longer dying of pulmonary tuberculosis as before. This state of affairs has been brought about by new methods of treatment; improvement in environmental conditions and by better nutrition of the general population. We are still in a stage where the curative side of medicine overshadows the preventive side. An individual who is ill and considered as the individual with an illness and nothing more is but one aspect of disease. Environment is another. Very often more ultimate good can be done by concentrating on the latter and the whole field of preventive medicine confirms this. Although vital statistics in this Annual Report show that the state of public health in Newhaven in 1952 was most satisfactory and collectively surpassed that in any previous year much remains to be done in environmental hygiene.

As regards the sanitary circumstances of Newhaven, the long delay in commencing the sewerage of the Mount Pleasant area causes much concern. This area contains a large number of cesspools. A cesspool is only a make-shift when compared with proper sewerage and sewage disposal works. Cesspools generally leak sooner or later. As part of the Mount Pleasant area is a gathering ground of the Newhaven and Seaford Water Company, there is always the danger that the water supply may be contaminated. This warning has been given in previous Annual Reports. The question of infection of a water supply makes one full of apprehension. This question is always present as regards the Mount Pleasant gathering ground.

Your Sanitary Inspector, Mr. Harrison, carried out 1,473 visits in connection with his work during the year. The range of his work is very extensive and perusal of Section III of this Annual Report will confirm this. In addition to his town duties he has to carry out work as Port Sanitary Inspector.

Generally, Newhaven people keep their houses free from infestation by insects. On only five occasions during the year disinfecting had to be carried out where bed bugs were found to be present.





On bacteriological examinations of samples of milk taken in 1952, all were found to be satisfactory. Inspections of food-preparing premises revealed that the premises were kept in a clean condition and that the preparation and storage of food were generally of a very good standard with no unsatisfactory features to report. A new rat poison, Warfarin, has been used successfully throughout the year. A great saving in labour on pre-baiting and in visits has resulted through its use.

I have to thank you for your kind encouragement and for your constant support to me during the year, which has been a satisfactory one as far as the state of Public Health in your town has been concerned. My best thanks are due to Mr. Mairwood, 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.



On bacteriological examination of samples of milk taken in 1930, all were found to be satisfactory. - Inspectors of food-preserving processes revealed that the various were kept in a clean condition and that the preparation and storage of food was generally of a very good standard with no unsatisfactory features to report. A pattern, however, has been used successfully throughout the year. A great deal of care in preserving and in which has resulted through its use.

I have to thank you for your kind acknowledgment and for your comments. It is to be noted that the year, which has been a satisfactory one as far as the state of health in your town has been concerned. It has been a fine one for the health of the town, for the most part, and for the health of the country as a whole. I am grateful for the fact that I received from the health and collaboration given to me by the general practitioners of the town.

I am, Madam, very respectfully,

Yours faithfully,

G. M. Davidson Esq., M.B., B.S., D.P.H.,  
F.R.S.I., etc.

Medical Officer of Health.

SECTION I.

STATISTICS FOR THE AREA - 1952.

Area in Acres.....	1,766
Population (Estimated).....	7,815
Rateable Value (Estimated).....	£51,147
Sum represented by Penny Rate.....	£202
Number of Occupied Houses.....	2,338

EXTRACTS FROM VITAL STATISTICS.

<u>Live Births</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 Population.</u>
Legitimate	70	67	137	
Illegitimate	-	3	3 .....	17.91
<u>Deaths</u>	34	48	82 .....	10.49

Rate per 1,000  
Live and Still Births.

Number of women dying in or in consequence of childbirth.	-	-		0.00
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Rate per 1,000  
Live Births.

<u>Infantile Mortality</u> (deaths under 1 year of age).	-	-	-	0.00
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POPULATION.

The Registrar-General's estimated population figure for mid-1952 is 7,815. The population for Newhaven for the past 14 years is given below:-

<u>Year.</u>	<u>Population.</u>	<u>Vital Index.</u>	<u>Year.</u>	<u>Population.</u>	<u>Vital Index.</u>
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
1945	5,523	160.2	1952	7,815	170.7

The estimated population figure for mid-1952 (7,815) shows an increase of 12 over the previous year's total of 7,803 and 434 over the 1931 census total of 7,381. It is the highest population figure ever recorded for the town and 1952 was the ninth successive year in which an increase in population was noted. The census figure for 1951 was 7,785 from which it will be seen that the Registrar-General's estimates are extremely close to the census figures when these are found.

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 shows 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 shows 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.



# SECTION I

## STATISTICS FOR THE AREA - 1922

1,786	Area in Acres.....
7,615	Population (Estimated).....
251,747	Rateable Value (Estimated).....
4202	Sum represented by Towny Rate.....
2,338	Number of Consented Houses.....

## ESTIMATES FROM VITAL STATISTICS

Rate per 1,000 Population	Total	Male	Female	Rate per 1,000 Population
17.1	137	70	67	17.1
10.1	88	48	40	10.1
Rate per 1,000 Live Births				
0.0	-	-	-	0.0
Rate per 1,000 Live Births				
0.0	-	-	-	0.0

# POPULATION

The Registrar-General's estimated population figures for 1922-1923 is 7,615  
population for Newhaven for the past 14 years is given below:-

Year	Population	Vital Index	Population
1922	7,615	160.2	2,338
1921	7,603	160.1	2,332
1920	7,774	158.8	4,939
1919	7,392	162.6	3,452
1918	7,320	161.6	4,393
1917	6,756	162.9	6,889
1916	6,368	162.4	7,247

The estimated population figure for 1922-1923 (7,615) shows an increase  
of 12 over the previous year's total of 7,603 and 436 over the 1921 census total of  
7,177. It is the highest population figure ever recorded for the town and 1922 was  
about successive year in which an increase in population was noted. The census  
for 1922 was 7,785 from which it will be seen that the Registrar-General's  
figures are extremely close to the census figures when these are found.

The vital index shown in the table is arrived at by dividing the number  
births during the year under review by the number of deaths, and multiplying the  
figure by a hundred. The figure thus obtained is a measure of the population's  
physical condition as only such figures above a hundred show that births in the area  
are more than compensated for the deaths which have taken place during the year.  
Hence, any figure below a hundred shows that the population is, naturally, other  
things being equal, 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 the  
physical condition.

The vital index figure of 170.7 is an extremely satisfactory one and indicates that the town is in a biologically sound state. It is particularly gratifying to note that the index figure is obtained, not so much by an unusually low death rate as by a combination of a low death rate and a higher than average birth rate. This means that the town is not yet being affected by the trend of an ageing population now prevalent in so many areas. It is to be hoped that the easing of building restrictions will enable housing conditions in the area to be improved, for unless such an improvement takes place within the next few years it is to be feared that many of the younger and more virile section of the population will continue to drift away from the town.

#### MATERNAL MORTALITY.

In the past seventeen years only one mother a resident of Newhaven died in childbirth. During the period 2,068 births took place in Newhaven, and the average annual maternal mortality for that period was 0.48 as against 2.91 for England and Wales. There is no doubt that the very low maternal mortality rate throughout the country as a whole, which for the year 1952 was eight per million women between the ages of 15-44 or one in 125,000, is due to the intensive drive to reduce maternal mortality which has been conducted by the health authorities of the country during the last few years. The drive has taken many forms and includes the provision of ante-natal clinics, the improvement of standards of training for midwives, the improvement of obstetric methods and the use of many new drugs.

#### INFANTILE MORTALITY.

During the year 1952 no infant under one year of age died in Newhaven, neither did such a child of Newhaven parents die outside the area. This is, of course, very satisfactory to report.

When giving consideration to the infantile mortality rate, particularly when comparing the rate for the Urban District with that for the country as a whole, it must always be borne in mind that the figure for the country is based on numbers, both of infantile deaths and related live births, sufficiently large to enable the rate to have real statistical significance. This, however, is not the case so far as any selected year in the Urban District is concerned, as usually less than 150 live births take place during the year and four or less infantile deaths in the same period. It will thus be seen that one death more or less will lead to a very large variation in the infantile mortality rate for the Urban District, and the only way in which a true comparison can be made with the rate for the country as a whole is to compare the average figure for Newhaven over a period of years, with the average figure for the country as a whole during the same period. On this basis, the rate for Newhaven is less than that for the whole country. The average annual rate for Newhaven for the eight post-war years is 31.55 per 1,000 live births, as against an average annual rate of 35.4 for England and Wales.

#### BIRTH RATE.

The crude birth rate for the year under review was 17.91 per 1,000 population. This is higher than the figures of 16.85 and 15.76 for the years 1950 and 1951 and shows the first halt in the downward trend which has been evident since 1947.

This is an indication that the town is biologically speaking in a healthy state and that the young population group is increasing. It has been mentioned above that for a few years preceding the year at present under review the birth rate steadily declined, but this decline has only been from a very high rate to one which, although lower, has yet been satisfactory and was in fact each year higher than the death rate for that year.

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 18.45, which is considerably higher than that for England and Wales which was 15.3 per 1,000 population.



The vital index figure of 1907 is an extremely satisfactory one and shows that the town is in a biologically sound state. It is particularly striking to note that the index figure is identical, not only by an unusually small margin, but also by a considerable one, with a higher than average index figure. This means that the town is not being affected by the trend of an increasing population in any way. It is to be hoped that the health authorities will continue to keep the town in the hands of the population will continue to be very high.

### WIDOWSON

In the past few years only one other resident of Widdowson has died. During the period 1908-1910 the town was 0.15 as against 0.14 for England and Wales. There is no doubt that the very low mortality rate throughout the town is due to the fact that the town is not affected by the trend of an increasing population in any way. It is to be hoped that the health authorities will continue to keep the town in the hands of the population will continue to be very high.

### WIDOWSON

During the year 1911 no infant under one year of age died in Widdowson. This is a very high figure, especially when compared with the average for England and Wales.

When giving consideration to the infant mortality rate, it is always to be borne in mind that the figure for the country is based on a number of infant deaths and related live births, which is not the case for Widdowson. This, however, is not the case for Widdowson. The infant mortality rate for the town is 0.15 as against 0.14 for England and Wales. This is a very high figure, especially when compared with the average for England and Wales.

### WIDOWSON

The crude birth rate for the year under review was 17.5 per 1,000. This is higher than the average of 16.5 for the years 1901-1910 and shows the fact that the town is in a biologically sound state.

This is an indication that the town is biologically sound in a healthy state. It is to be hoped that the health authorities will continue to keep the town in the hands of the population will continue to be very high.

The town is biologically sound in a healthy state. It is to be hoped that the health authorities will continue to keep the town in the hands of the population will continue to be very high.

#### DEATH RATE.

The crude death rate for the year under review was 10.49 per 1,000 population. The annual death rates for Newhaven for 1946 to 1951 were, 10.80., 14.25., 11.43, 12.15, 12.09 and 12.61 respectively. It will thus be seen that the present crude death rate is the lowest in the district for a number of years past.

An area comparability factor of 0.89 is applicable to the crude death rate of 10.49 per 1,000, and this gives an adjusted figure of 9.37 per 1,000 population, which is an exceedingly low figure. The death rate for England and Wales for 1952 was 11.30 per 1,000 population.

As has been the case for some years past, the birth rate is in excess of the death rate and this year the narrowing of the gap between the two rates, which has been apparent for several years past, has been halted and, indeed, the excess of births over deaths is the greatest for five years.

#### CAUSES OF DEATH.

	<u>Male</u>	<u>Female</u>	<u>Total.</u>
Heart Disease	15	21	36
Cancer	5	13	18
Vascular lesions of Nervous System	4	4	8
Bronchitis	2	2	4
Pneumonia	-	2	2
Motor Vehicle Accidents	2	-	2
All other accidents	1	-	1
Tuberculosis, respiratory	1	-	1
Circulatory Disease other than mentioned elsewhere	-	1	1
Influenza	-	1	1
Nephritis and Nephrosis	1	-	1
Other defined and ill-defined diseases	3	4	7
	<u>34</u>	<u>48</u>	<u>82</u>

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 ..... 100 years.  
The lowest age at death was ..... 1 year.  
The average age at death was ..... 67.62 years.

#### SPECIFIC CAUSES OF DEATH.

##### Heart Disease.

As is usual in Newhaven and, indeed, in most areas, heart disease heads the list of causes of death. In the past this has by no means always been the case but nowadays many of the former killers have been reduced to comparative impotence by modern methods of prevention and cure. So far as the heart is concerned, however, this is a muscle or organ approximately the size of a clenched fist, which acts as a pump, forcing blood at the rate of from nine to ten tons a day through the body's circulatory system and pumping day and night, without intermission, at the average rate of 70 strokes a minute.

Even the most perfect of machines will wear out in time, and the heart is no exception to the rule. Thus, as fewer and fewer deaths from other causes occur, the occasion more frequently arises when the heart simply wears out from old age and associated heart disease resulting in yet another cardiac death.

Apart from this "wearing-out" process, there are several kinds of heart disease or disorder. Congenital heart disease, due to a fault in the heart at birth, leads to the "blue babies" which nowadays have a better chance of living than was the case a few years ago. Various infections also give rise to diseases of the heart.



# DEATH RATE

The crude death rate for the year under review was 10.45 per 1,000 population. The annual death rates for Northman for 1945 to 1950 were, 10.30, 11.45, 12.15, 12.05 and 12.81 respectively. It will thus be seen that present crude death rate is the lowest in the district for a number of years.

An area responsibility factor of 0.85 is applicable to the crude death rate of 10.45 per 1,000, and this gives an adjusted figure of 8.87 per 1,000 population. This is an exceedingly low figure. The death rate for England and Wales for 1950 was 9 per 1,000 population.

As has been the case for some years past, the death rate is in excess of death rate and this year the percentage of the age between the two rates, which has remained for several years past, has been reduced and, indeed, the excess of birth deaths in the district for five years.

## CAUSES OF DEATH

Total	Female	Male	
35	24	12	Illness
18	13	5	"
8	4	4	Law, Diseases of Nervous System
4	2	2	Heart
2	2	-	Stroke
2	-	2	Vehicle Accidents
1	-	1	Other accidents
1	-	1	Violence, respiratory
1	1	-	Accidents, other than mentioned elsewhere
1	-	1	War
1	-	1	Self and Homicide
1	1	-	Unlabeled and ill-defined diseases
35	24	12	

As happens in most years, the chief causes of death were heart disease, 12, and vascular diseases of the nervous system.

100 years	.....	The highest age at death was
1 year	.....	The lowest age at death was
67.65 years	.....	The average age at death was

## ANALYSIS OF DEATHS

### Illness

As is usual in Northman and, indeed, in most areas, heart disease leads list of causes of death. In the past this has by no means always been the case. Many of the former illnesses have been reduced to comparative insignificance by a reduction of prevention and cure. The fact is that the heart is concerned, however, in a number of ways, particularly the case of a blocked artery, which acts as a forcing blood at the rate of four times to ten times a day through the body's artery system and pumps day and night, without interruption, at the average of 70 strokes a minute.

Even the most perfect of machines will wear out in time, and the heart, exception to the rule. Thus, as time passes, there is a gradual wearing out of the heart, and this is the cause of the heart's failure, which is the cause of the heart's failure, which is the cause of the heart's failure.

Apart from this "wear-and-tear" process, there are several kinds of heart disease. Coronary heart disease, due to a fault in the heart's supply of blood, is the "killer" which accounts for a better chance of living than was the case a few years ago. Various infections also give rise to diseases of the heart.

Now rheumatic fever is the infection which most commonly gives rise to ultimate heart disease. Prompt medical care and a long period in bed may, however, lead to a complete recovery. Heart disease is often due to blood-vessels in the heart becoming damaged or blocked and angina pectoris and coronary thrombosis are examples of this form of the disease.

In some types of heart disease present-day medical skill and treatment give to the patient a very good chance of living a useful, normal life, quite probably for as long a span as can be expected by those not so affected.

#### Cancer.

Eighteen persons died of cancer in Newhaven during 1952. Five of the deaths were of males and thirteen of females. It is a tragic circumstance that although in some forms of cancer the chances of cure are immensely improved if the disease is discovered and treated at an early stage, the opportunity is often missed through the fear of the sufferer, which causes him to delay visiting a doctor until the condition is well-established. It cannot be too strongly emphasised that many forms of cancer are curable if diagnosed and treated at an early stage, particularly cancer of the breast in women.

#### Vascular Lesions of the Nervous System.

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis, and other lesions. Eight deaths in Newhaven were classified under this heading during 1952, four of which were of males and four of females. This is a reduction of three on last year's total of eleven. Most of these deaths occur amongst elderly persons and are due to the degeneration which takes place in the blood vessels in persons of advanced age.



Myocardial infarction is the condition which most commonly gives rise to acute heart disease. It is a localized area of infarction in the wall of the heart, usually in the left ventricle, which is often due to blood-vessels in the myocardium being blocked and causing necrosis and coronary thrombosis is the cause of this form of the disease.

In some types of heart disease present-day medical skill and treatment give the patient a very good chance of living a useful, normal life, while previously a year or more was expected by those who attended.

Myocardial infarction is the most common cause of death in the United States. It is a localized area of infarction in the wall of the heart, usually in the left ventricle, which is often due to blood-vessels in the myocardium being blocked and causing necrosis and coronary thrombosis is the cause of this form of the disease. It is a localized area of infarction in the wall of the heart, usually in the left ventricle, which is often due to blood-vessels in the myocardium being blocked and causing necrosis and coronary thrombosis is the cause of this form of the disease.

#### For Location of the Nervous System.

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VITAL STATISTICS.

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the year 1952. Provisional figures based on Quarterly Returns.

	England and Wales	160 C.Bs. & Great Towns Including London	160 Smaller Towns (resi- dent Pop. 25,000 - 50,000 at 1951 Census	London Adminis- trative County	NEWHAVEN 1952 (Popula- tion 7,815).
Rates per 1,000 Home Population					
Births: Live	15.3	16.9	15.5	17.6	17.91
Still	{ 0.35	{ 0.43	{ 0.36	{ 0.34	{ 0.25
	22.5 (a)	24.6 (a)	23.0 (a)	19.2 (a)	14.08
Deaths: All causes	11.3	12.1	11.2	12.6	10.49
Typhoid and paratyphoid	0.00	0.00	0.00	-	0.00
Whooping cough	0.00	0.00	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.24	0.28	0.22	0.31	0.13
Influenza	0.04	0.04	0.04	0.05	0.13
Smallpox	0.00	-	-	-	0.00
Acute poliomyelitis (in- cluding polioencephalitis)	0.01	0.01	0.00	0.01	0.00
Pneumonia	0.47	0.52	0.43	0.58	0.26
Notifications: (Corrected)					
Typhoid fever	0.00	0.00	0.00	0.00	0.00
Paratyphoid fever	0.02	0.02	0.03	0.01	0.00
Meningococcal infection	0.03	0.03	0.03	0.02	0.00
Scarlet fever	1.53	1.75	1.58	1.56	1.54
Whooping cough	2.61	2.74	2.57	1.66	0.64
Diphtheria	0.01	0.01	0.03	0.01	0.00
Erysipelas	0.14	0.15	0.12	0.14	0.00
Smallpox	0.00	0.00	0.00	-	0.00
Measles	8.86	10.11	8.49	9.23	0.38
Influenza	0.72	0.80	0.62	0.57	0.51
Acute poliomyelitis (in- cluding polioencephalitis)	0.06	0.06	0.06	0.06	0.00
Paralytic	0.03	0.03	0.02	0.03	0.00
Non-paralytic	0.13	0.16	0.11	0.18	0.00
Food poisoning	17.87 (a)	23.94 (a)	10.22 (a)	30.77 (a)	0.00
Puerperal pyrexia					
Deaths Rates per 1,000 live births					
All causes under 1 year of age	27.6 (b)	31.2	25.8	23.8	0.00
Enteritis and diarrhoea under 2 years of age	1.1	1.3	0.5	0.7	0.00

Maternal Mortality in England and Wales.

Intermediate List No. and Cause.	Number of Deaths	Rates per 1,000 (Live & Still)	Total Births	Rates per million women aged 15-44
115 Sepsis of pregnancy, childbirth and the puerperium	61	0.09		0.00
116 Abortion with toxæmia	13	0.02		
Other toxæmias of pregnancy and the puerperium	147	0.21		





Intermediate List No. and Cause	Number of Deaths	Rates per 1,000 (Live & Still)	Total Births	Rates per million women aged 15-44	NEWHAVEN
117 Haemorrhage of pregnancy and child- birth	59	0.09			0.00
118 Abortion without mention of sepsis or toxaemia	31	0.04		3	
119 Abortion with sepsis	47	0.07		5	
120 Other complications of pregnancy, child- birth and the puerperium	138	0.20			

- (a) Per 1,000 Total (Live & Still) Births.  
(b) Per 1,000 related live births.





## SECTION II

### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

#### 1. Public Health Facilities of the Local Authority.

During the period under review the Medical Officer of Health for Newhaven also acted as Medical Officer of Health for the Borough of Lewes, the Urban District of Seaford and the Rural District of Chailey.

One Sanitary Inspector carries out duties in the Urban District of Newhaven.

#### 2. Laboratory Facilities.

The Public Health Laboratory, established at the Royal Sussex County Hospital, Brighton, has proved of great assistance during the year.

The Laboratory has carried out for the Urban District, free of charge, the examination of sputum and laryngeal swabs and has also undertaken the examination of ice-cream, milk and water. Altogether the Laboratory carried out 65 different examinations for the Urban District during the year under review. This service is extremely valuable both to your Medical Officer of Health and to the medical practitioners practising in the district. It is particularly useful in providing a certain means of discovering whether or not a person has been invaded by the infective organism causing tuberculosis and is also of great use in detecting any infective organisms in milk.

#### 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, services 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 Highton. 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.

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of hospital accommodation which, in this area, was materially the same as in previous years.

#### 5. Nursing in the Home.

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the Lewes and District Nursing Association.

#### 6. Clinics.

The Minor Ailments and Dental 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.





8. Mass Radiography Unit.

The East Sussex Mass Radiography Unit operated in Newhaven from 28th May, 1952, to 6th June, 1952, when 1,242 persons presented themselves for X-ray. The service is proving of great benefit to the community in leading to the discovery of early cases of tuberculosis.





### 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 Railway's well at Denton. This supply is only provided for 4 houses and 2 hotels, viz. Nos 1-4, Denton Terrace, The Railway Hotel, and The London and Paris Hotel Shades.

#### 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 .....	9
Harbour Heights Estate .....	46
Added Area .....	272
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 1952 he has made 1,473 visits in connection with his work. In respect of these visits 52 Informal Notices and 16 Formal Notices were served. In the period, 63 Informal and 14 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 .....	139
Visits under the Public Health Acts .....	187
Inspections under the Housing Acts .....	24
Inspections of verminous premises .....	8
Prospective Council Tenants .....	27

##### INFECTIOUS DISEASES

Enquiries .....	11
Disinfections .....	13





GENERAL SANITATION.

Water Supply .....	6
Drainage .....	103
Stables and Piggeries .....	32
Fried Fish Shops .....	44
Factories and Workshops .....	45
Bakohouses .....	29
Public Conveniences .....	55
Refuse Collection .....	56
Refuse Disposal .....	11
Rats and Mice .....	102
Shops .....	37
Tents, Vans and Camping Sites .....	42
Miscellaneous Visits .....	124

MEAT AND FOOD INSPECTIONS

Butchers .....	61
Fishmongers .....	32
Grocers .....	16
Dairies .....	50
Ice-cream Premises .....	73
Restaurants .....	26
Water Sampling .....	6
Ice-cream Samples .....	3
Milk Samples .....	9
Miscellaneous Food Visits .....	45

SUMMARY OF WORK AFTER SERVICE OF NOTICE

Roofs repaired .....	5
Eavesgutters of fallpipes repaired .....	3
Dustbins renewed .....	7
Pointing or rendering of external walls .....	4
Cesspools emptied or repaired .....	7
Water closets or cisterns repaired or renewed .....	10
Drains relaid, improved or cleared .....	9
Dampness remedied .....	10
Chimney Stacks rebuilt .....	4
Kitchen sinks renewed .....	3
Water supply improved .....	2
Means of ventilation improved .....	3
Windows and sashes repaired .....	11
Cooking stoves repaired or renewed .....	5
Washboilers repaired or renewed .....	2
Firegrates or flues repaired .....	5
Floors (wood or solid) repaired or relaid .....	4
Doors repaired or renewed .....	4
Wallplaster repaired .....	10
Ceilings renewed .....	4
Decoration of premises .....	2
Accumulation of refuse removed .....	4
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 ..... 3  
..... Other Houses ..... 2
- (2) Method employed to disinfect ..... Spraying with Insecticide.
- (3) All furniture and effects were successfully disinfested.
- (4) All occupiers were instructed as to the best means of eradication.



GENERAL INFORMATION

1. Name of the person or organization to whom the report is made.  
2. Address of the person or organization to whom the report is made.  
3. Date of the report.  
4. Name of the person or organization making the report.  
5. Address of the person or organization making the report.  
6. Date of the report.  
7. Name of the person or organization making the report.  
8. Address of the person or organization making the report.  
9. Date of the report.  
10. Name of the person or organization making the report.  
11. Address of the person or organization making the report.  
12. Date of the report.

STATE OF THE REPORT

1. Name of the person or organization to whom the report is made.  
2. Address of the person or organization to whom the report is made.  
3. Date of the report.  
4. Name of the person or organization making the report.  
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9. Date of the report.  
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11. Address of the person or organization making the report.  
12. Date of the report.

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 50 dairy inspections. 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.

Nine 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 .....	3 lbs
Sausages .....	62 "
Meat (tinned - various) .....	25 "
Fruit (tinned) .....	50 "
Vegetables (tinned) .....	17 "
Jam and other preserves .....	30 "
Fish (fresh, cured, & tinned) .....	93 "
Miscellaneous .....	15 "

---

Total ..... 2 cwt .2 qrs . 15 lbs.

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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 32 factories in which Section 7 only is enforced. During 1952, 45 inspections were carried out. H. M. District Inspector of Factories referred to the Department two cases of defects which were remedied after the service of notices. Six 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.



Expenditures Controlled by Budget and Accounting

The following revenues and expenditures are controlled by Budget and Accounting:

1. General Fund: During the year the General Fund was \$1,000,000. There are no revenues in the General Fund for the year of 1937.

2. Special Funds: Under the Governmental Accounting Act, this is carried out as follows for the year: All special funds for 1937 are carried out as follows.

3. State Highway: The proceeds from which are applied to the State Highway are carried out as follows.

4. State Hospital: Special funds were taken from the year of 1937 to be carried out as follows.

5. State Prison: Special funds were taken from the year of 1937 to be carried out as follows.

6. State Police: All revenues from the year of 1937 are carried out as follows. There are no revenues in the year of 1937. There are no revenues in the year of 1937. There are no revenues in the year of 1937.

Unappropriated Funds

The following revenues were found to be unappropriated and were carried out as follows:

1. <u>State Highway</u>	.....
2. <u>State Hospital</u>	.....
3. <u>State Prison</u>	.....
4. <u>State Police</u>	.....
5. <u>State Police</u>	.....
6. <u>State Police</u>	.....
7. <u>State Police</u>	.....
8. <u>State Police</u>	.....
9. <u>State Police</u>	.....
10. <u>State Police</u>	.....

Total ..... \$1,000,000

The following revenues were found to be unappropriated and were carried out as follows:

Unappropriated Funds

1. State Highway: During the year the General Fund was \$1,000,000. There are no revenues in the year of 1937. There are no revenues in the year of 1937. There are no revenues in the year of 1937.

2. State Highway: During the year the General Fund was \$1,000,000. There are no revenues in the year of 1937. There are no revenues in the year of 1937. There are no revenues in the year of 1937.

10. Prevention of Damage by Pests Act, 1949.

		Local Authority Property.	Dwelling Houses	Agricul- tural property	All other (including Business and Industrial)	Total
I Total number of properties in Local Authority's District.		10	2313	9	276	2608
II Number of properties inspected by the Local Authority during 1952 as a result (a) of notification or (b) otherwise.	(a)	-	78	-	32	110
	(b)	10	459	9	9	487
III Number of properties (under II) found to be infested by rats.	Major	1	6	-	7	14
	Minor	-	44	-	3	47
IV Number of properties (under II) found to be seriously infested by mice.		-	26	-	11	37
V Number of infested properties (under III and IV) treated by the Local Authority.		1	76	-	21	98
Number of "Block" control schemes carried out						... 19

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

The main poison now used is Warfarin, a Blood Anti-coagulant. It has proved to be very successful, and has many advantages, notably a great saving in labour on pre-baiting and visits. The second poison, A.N.T.U., has practically displaced Zinc Phosphide and Arsenic for this purpose.





SECTION IV

Prevalence of, and Control Over, Infectious and  
Other Diseases.

In all, 25 cases of infectious disease were notified in Newhaven in 1952.  
The details are as follows:-

Incidence of Notifiable Infectious Diseases (excluding Tuberculosis) during the year  
1952

Disease	Cases Notified.	Cases Admitted to Hospital.	Deaths.
Scarlet Fever	12	7	-
Whooping Cough	5	-	-
Pneumonia	4	-	-
Measles	3	-	-
Dysentery	1	-	-
Total	25	7	-

Scarlet Fever.

Seven of the twelve cases of scarlet fever which occurred in Newhaven during 1952 were admitted to hospital. These admissions were made, not because of any exceptional severity of the cases, but owing to the fact that satisfactory isolation could not be arranged at home. A rather larger number of cases of scarlet fever were notified in the Urban District than has been the case for some years past, with the exception of 1948, when the number notified was the same. While they have been of no particular severity, the increased incidence tends to emphasise the warning contained in my annual report for 1951 that a complacent attitude of mind must not be permitted to develop in connection with the illness. In the past the severity of scarlet fever has waxed and waned over comparatively long periods and, although it is to be hoped that the use of modern drugs and improved methods of treatment will greatly modify the ill-effects of any such increase in severity which may occur in future, the greatest care must be exercised to ensure that benefits ensuing from the use of the greatly improved weapons of modern science are not nullified by lack of care and proper precautions by any concerned in the treatment of the disease.

Whooping Cough.

Five cases of whooping cough were notified in Newhaven during 1952, none of which were of sufficient severity to merit admission to hospital. It is pleasant to note that the severity of the disease has been so slight in the area, as whooping cough can be an extremely serious illness and, in fact, its case fatality is about five times that of measles. For this reason it is to be hoped that the great strides made in recent years in the development of a vaccine for use against the disease will continue, and eventually the vaccination of the infant community against whooping cough will be as safe, simple and uniformly satisfactory as is now the case with inoculation against diphtheria.

Whooping cough is most dangerous for very young children, particularly those under one year of age, and over half of the deaths from whooping cough occurs among infants under a year old. For this reason it is particularly necessary to protect infants in this age group as far as possible by keeping them away from possible contacts when whooping cough is known to be about.

If whooping cough is suspected, it is better to ask the doctor to visit the child rather than risk spreading infection by taking the child to a crowded surgery.





Pneumonia

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

Measles.

Only three cases of measles were notified in Newhaven during 1952.

All of the three cases were treated at home and made rapid and uneventful recoveries. It is seldom of use to admit a case of measles to an isolation hospital in an effort to avoid the spread of the disease, as unfortunately the period during which the patient is infectious has usually expired before a doctor is called in.

The chief dangers which may arise from measles are due not so much to the illness itself, which is usually of a mild nature, but to the complications which may ensue. The chief of these is the possibility of pneumonia occurring. The use of penicillin and sulpha drugs has made the treatment of measles with complications much more effective than it was in the past. The development of sulpha drugs and antibiotics has, in fact, brought about a dramatic reduction in the case fatality from the disease and has reduced the percentage of cases which prove fatal to approximately 0.05, or about one quarter of the percentage in 1940.

Experiments have been made in the development of forms of immunisation against the disease but at present any immunity created by their use is very temporary.

Dysentery.

One case of dysentery was notified during the year under review. This case was of a mild nature and it was not necessary for it to be admitted to hospital.

General.

During the whole of 1952, only 25 cases of infectious disease were notified in Newhaven. This number was very nearly exactly one quarter of the 1951 total, the difference being almost entirely due to the difference in the number of notifications of whooping cough, 76 cases having been notified in 1951 and only 5 cases in 1952. For the third successive year the number of cases of measles notified in the district has been very low. This is unusual, as measles normally occurs with an incidence rate varying from high to low in alternate years.



Results

Four cases of pneumonia were notified during the year under review, none of which were sufficiently serious to require admission to hospital. All cases notified during the year were recovered.

Incidence

Only three cases of pneumonia were notified in Washburn during 1935. All of the three cases were treated at home and made rapid and uneventful recoveries. It is noted that in 1935 a case of pneumonia was notified during the year under review, as was previously the case during the year 1934. The patient in 1934 was usually notified before a doctor is called in.

The chief danger which may arise from pneumonia is the fact that the disease itself, which is usually of a mild nature, but to the complications which may arise. The chief of these is the possibility of pneumonia occurring. The use of antibiotics and sulfa drugs has made the treatment of pneumonia much more effective than it was in the past. The development of sulfa drugs and antibiotics has, in fact, brought about a dramatic reduction in the case fatality rate. Pneumonia has not reduced the percentage of cases which prove fatal to approximately 10% or about one quarter of the percentage in 1935.

Experiments have been made in the development of forms of immunization against the disease but at present my knowledge regarding their use is very meager.

Summary

One case of pneumonia was notified during the year under review. This case was of a mild nature and it was not necessary for it to be admitted to hospital.

Conclusions

During the whole of 1935, only 35 cases of infectious diseases were notified. This number was very nearly exactly one quarter of the 1934 total, the number being almost entirely due to the difference in the number of notifications notified during the year. The number of cases notified in 1935 was only 5 cases in 1934. In that consecutive year the number of cases of pneumonia notified in the district was very low. This is unusual, as pneumonia usually occurs with an incidence of one from high to low in alternate years.

SECTION V

In 1952 there were thirteen 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:-

1952 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	2	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-
15	-	1	1	-	-	-	-	-
20	-	2	-	-	-	-	-	-
25	-	-	1	-	-	-	-	-
35	3	1	-	-	-	-	-	-
45	-	1	-	-	-	-	-	-
55	2	-	-	-	-	-	-	-
65 and upwards	-	-	-	-	-	-	-	-
TOTAL.	6	7	2	-	-	-	-	-

The incidence per 1,000 population of the thirteen new cases of pulmonary tuberculosis notified in 1952 is 1.66. This figure is lower than last year's figure of 2.05, which represented sixteen new cases.

Only one death occurred from tuberculosis during the year.

The Mass Radiography Unit operated in the area during the period from 28th May, 1952 to 6th June, 1952, when out of a population of 7,815, 1,242 persons were X-rayed. With the exception of children leaving school no persons under 15 years of age were X-rayed, the total number in this excluded group being approximately 1,750. Thus, out of a possible total of 6,065, 1,242 or 20.5 percent were X-rayed.

The following is an analysis of the results of the Survey:-

	Male	Female	Total
Number of Persons X-Rayed;	472	770	1242
Number recalled for Large Films:	13	20	33
Number found to have Abnormal Large Films:	7	15	22
Analysis of Abnormal Large Films:			
(a) Active Pulmonary Tuberculosis:	1	2	3
(b) Inactive Pulmonary Tuberculosis:	3	4	7
(c) Malignant Disease:	-	-	-
(d) Other Diseases of Lung or Pleura:	3	6	9
(e) Cardio-Vascular Diseases:	-	-	-
Number (per 1,000 persons X-Rayed) with Active Pulmonary Tuberculosis:	...	...	2.40.



SECTION V

In 1952 there were thirteen new cases of primary subarachnoid and two cases of non-primary subarachnoid meningitis. During the same period no deaths were recorded from primary or non-primary subarachnoid meningitis. Details are given in the following table:-

1952 New Cases and Mortality.

AGE PERIOD.	New Cases				Deaths			
	Primary	Non-Primary	M	F	Primary	Non-Primary	M	F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
2	1	2	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-
15	-	1	-	-	-	-	-	-
20	-	2	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-
30	3	1	-	-	-	-	-	-
45	-	-	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-
65 and upwards	-	-	-	-	-	-	-	-
TOTAL	4	5	2	-	-	-	-	-

The incidence per 1,000 population of the thirteen new cases of primary meningitis notified in 1952 is 1.66. This figure is lower than last year's figure of 2.05, which represented sixteen new cases.

Only one death occurred from meningitis during the year.

The meningeal biopsy unit reported in the area during the period from 1949 to 1952 to 31st June, 1952, when out of a population of 7,015, 7,325 persons were aged. With the exception of children under 15 years of age, the total number of persons under 15 years of age was 1,000. Thus, out of a possible total of 6,325, 7,325 or 20.5 percent were X-rayed.

The following is an analysis of the results of the biopsy:-

Result	Number	Total
Active primary meningitis	1	3
Inactive primary meningitis	2	7
Malignant disease	-	-
Other diseases of brain or meninges	3	3
Cerebro-vascular diseases	-	-
Non-inflammatory diseases	1	1
Unclassified	1	1
Total	7	14

In recent years much progress has been made in the development of techniques for the early discovery and treatment of tuberculosis. These techniques include the use of mass radiography to assist in the early discovery of the disease, the pasteurisation of milk and the gradual elimination of tuberculous cattle from herds, the use of B.C.G. vaccine to protect persons known to be at risk, treatment of infected persons with streptomycin and P.A.S. and much improved surgical treatment.

There is no doubt that the combined application of these various methods of attack is resulting in a steady and considerable improvement in the position so far as the war against tuberculosis is concerned. Unfortunately, however, our progress in combating one of the most important contributory causes of tuberculosis, namely, bad housing conditions, has been far less satisfactory. Living in unhygienic homes is one of the most important factors leading to the contraction of the disease, while, in particular, cramped quarters make it almost impossible to prevent its spread from one member of a household to another.



In recent years much progress has been made in the development of drugs for the early discovery and treatment of tuberculosis. These techniques into the use of mass radiography to assist in the early discovery of the disease, pasteurization of milk and the gradual elimination of tuberculous cattle from the use of B.C.G. vaccine to protect persons known to be at risk, treatment of infected persons with streptomycin and Isoniazid, and such improved surgical treatment.

There is no doubt that the continued application of these various methods to the problem is a steady and considerable improvement in the position as far as tuberculosis is concerned. Unfortunately, however, our progress in the control of the disease is not as rapid as it should be. One of the most important reasons for this is the fact that the disease is still a major cause of death and disability in many parts of the world. This is due to the fact that the disease is still a major cause of death and disability in many parts of the world. This is due to the fact that the disease is still a major cause of death and disability in many parts of the world. This is due to the fact that the disease is still a major cause of death and disability in many parts of the world.





