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NEWHAVEN

NEWHAVEN URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

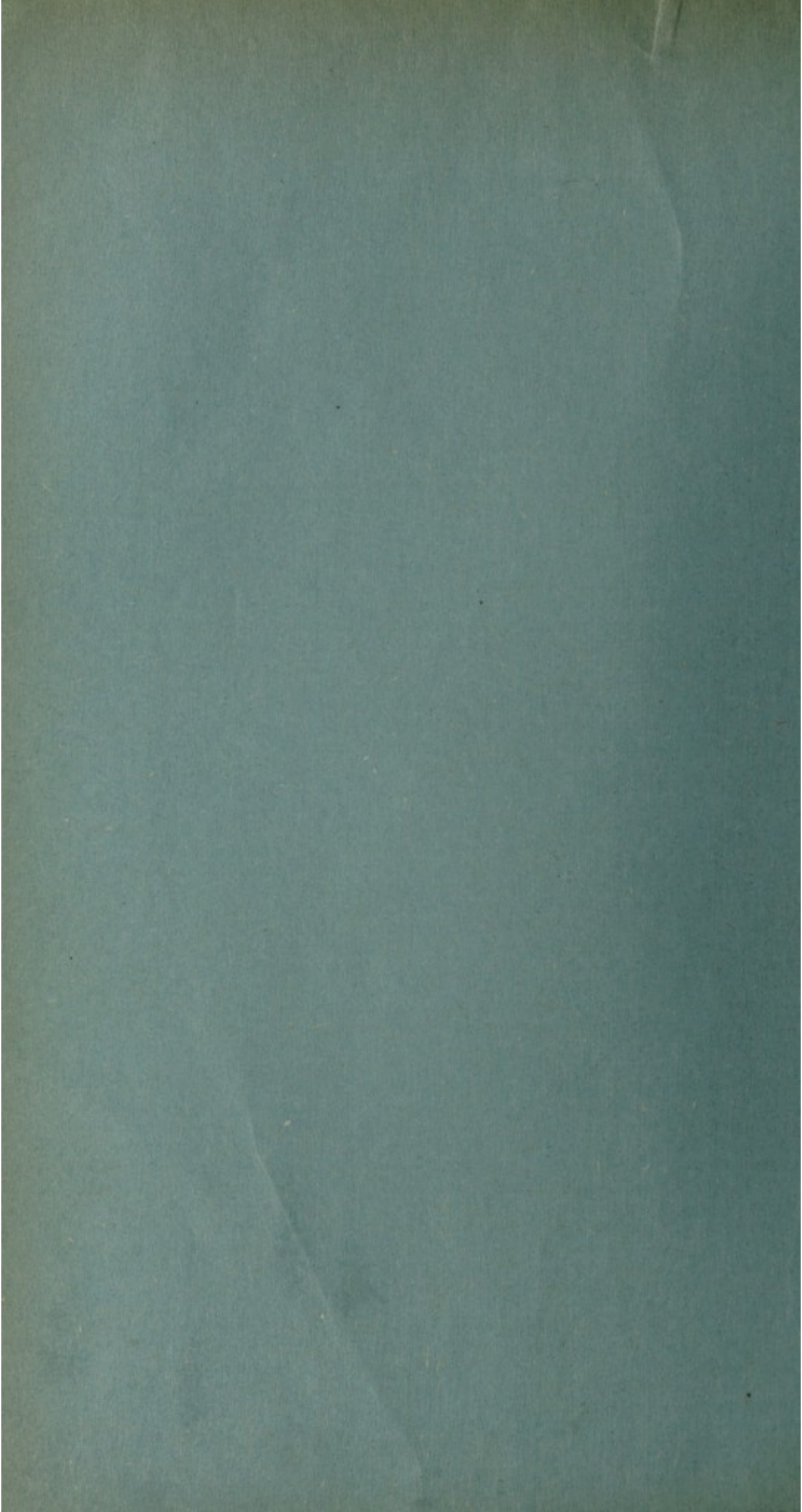
for the

YEAR ENDED - 31st DECEMBER, 1953



Public Health Department,
Lewes House,
LEWES.

August, 1954.



Public Health Department,
Lewes House,
LEWES, Sx.

August, 1954.

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 1953 on the state of public health of the general population and sanitary circumstances of Newhaven.

In this Report are contained several notable features. The estimated population of the town for 1953 was the highest one so far recorded. The comparable birth rate was above and the comparable death rate was below those of England and Wales. There was an absence of maternal mortality in Newhaven. The deaths of infants under one year of age were few and the infantile mortality rate was much below that of the whole country. In the general community the average age at death was high. There was a relative freedom during the year from epidemics of infectious diseases and a complete absence of diphtheria although there was a moderate outbreak of measles. The tuberculosis death rate was low. One outstanding matter still to be dealt with by your Council is the provision of main sewage disposal for the East Side of the town.

The estimated population for Newhaven for the year 1953 was 7,832. The census figure for 1931 was 7,381, and that for 1951 was 7,785. In the last twenty years 1934 to 1953 the number of births exceeded the deaths by 666, whilst the increase of population during that time was 896. Allowing for the small number who died before reaching twenty years of age, i.e. from 1934, the difference between the excess of births over deaths and the excess of the population in 1953 over that of 1934 shows that the natural increase (the excess of births over deaths) was the chief factor in the population increase whilst the excess of immigrants into the town over the emigrants who left it played a minor part. Despite this, the population could be much greater than it is now by affording more means of employment of young people.

Newhaven is a place with good climatic conditions and the vital statistics are good. It is a town which has a good proportion of young people in the population, but it could have a larger one if more industries were established in or near the area. This would stay the drift of young people out of Newhaven, a drift which has been going on for a considerable number of years now. A pool of young people exists and this pool could be made larger by establishing more industries and keeping more young people in the town. If new means of employment were opened the return in rates from householders would be increased, although the return from rates from new industries would perhaps be not so advantageous. The new industries need not be of the heavy type. There is room for light industries and for accommodation of those employed in them in or near the town.

The comparable birth rate for Newhaven for the year under review was 16.09 per 1,000 population which figure is in excess of the birth rate for England and Wales for the same year, which was 15.5. The comparable death rate for the town was 9.90 as compared with 11.40 for England and Wales for 1953, both per 1,000 population.

A memorandum which accompanied a G.R.O. Circular (M.O.H.) 4/1952 was received from the General Register Office at the end of 1952. This Memorandum outlines a new procedure as regards deaths of inmates in hospitals for Chronic Sick by which they are now regarded as the usual residence of the inmates. In 1953 out of a total of 148 deaths which occurred in Newhaven and which gave a crude death rate of 18.89 per 1,000 population, 51 deaths of outside residents took place in the Downs Hospital. It would be very unfair to swell the death rate by the addition of the deaths of 51 people whose usual places of residence were outside Newhaven and thus they have been subtracted from the total number of deaths. This leaves the number of deaths of Newhaven people which is 97 giving a crude death rate of 12.38 or a comparable death rate 9.90 per 1,000 population.

As has been remarked there is a good proportion of young people in the community of Newhaven. This has been due to high birth rates for many years. There is a load of dependency borne by the mature or adult population as far as the immatures or non-adults are concerned. There is also an addition to the load of dependency as regards the senescents. This is comparatively slight at present but with the increase in the years of life, as time goes on this additional load will become greater. The average age at death of Newhaven residents in 1953 was 72.21 years.

In certain cases of old people it has been found that the younger people are either unable or unwilling to look after their aged relations. It is important to have hospital and institutional accommodation for elderly people for whom there is no alternative, but it is also important to allow old people who do not really require admittance to an institution to remain in their own homes in familiar surroundings and to pursue their ordinary routine of independent living. Quite a few inmates of institutions could quite easily have remained at home and it is well known that hospital beds attached to institutions have on occasions been used for such cases through force of circumstances. The uprooting of old folks from their familiar home surroundings has often had a profound effect upon them. In some cases where they have been made to feel whilst at home that they were practically useless and perhaps unwanted members of society, transference to an institution has been the final blow. It appears that a change of heart on the part of younger relatives is required. Not all cases of admissions to institutions are of the unwanted type. For many of the elderly living alone in the world perhaps institutional life is the best solution and where domestic circumstances are such that life is difficult for the elderly, happier conditions are often found in an institution. There is a definite place for an institution for old people, nobody will deny, but it is felt that quite a few admissions would have never been necessary if younger relatives had had the forbearance to allow the old folks to remain at home.

During the year there were no deaths of mothers in, or in consequence of, childbirth in Newhaven. The maternal mortality rate was therefore nil. In the last eighteen years only one Newhaven mother died as a result of childbirth. The average annual maternal mortality rate for that period for Newhaven was 0.45 per 1,000 live and still births or about one sixth of that of England and Wales which was 2.79 for the same period. This is most satisfactory as far as Newhaven is concerned, and reflects great credit upon the doctors and nurses responsible for the care and management of Newhaven mothers.

The Infantile Mortality Rate or the proportion of infants who died under one year of age per 1,000 live births was 15.87 for Newhaven for 1953 whilst that for England and Wales was 26.80. For the last five years the average annual rate was 17.38 which is about three fifths of the average annual rate for the country as a whole, 29.16. About twenty-five years ago the rate for Newhaven was over sixty, having been an annual average of 61.08 for the five years 1925 to 1929. It is now about one quarter of that rate.

The causes of death during the first month of infant life are congenital malformations, prematurity, birth injury, debility etc. and those which operate after the first month and under one year are gastro-enteritis, respiratory diseases, and the like. The decline in infantile mortality has been mainly due to the reductions of deaths from diarrhoea and enteritis, respiratory diseases, convulsions and to a less extent to infectious diseases and tuberculosis. In recent years infant mortality has declined through the use of sulphonamide drugs and anti-biotics. There still remain malformations, prematurity, and feebleness at birth or causes which give an infant in many cases little chance of survival.

In the general population heart diseases caused 37% of the total deaths, cancer 14.2% and vascular lesions of the nervous system 9.5%. These three causes usually head the list of mortality every year. The failure of the heart in its essential function is the direct cause of death from heart disease. There are the original causes of the heart disease in the first place to consider whether they are due to previous rheumatic infection, degeneration of the arteries of the heart, or some other cause. Degeneration of the heart muscle forms the greatest proportion of the causes of death from heart disease. Coronary embolism or thrombosis form about one third and valvular disease about one sixth. Deaths from heart disease have been increasing steadily during the last twenty-five years. This is accounted for by the increased years of life and because degeneration of the heart muscle is found more often in elderly people. A good deal of research is being carried out at present as to the original causes of heart disease and to possible remedies.

The great majority of individuals who die from cancer are beyond middle age and as the mean age of the population has risen so the number of persons who die from cancer has increased. The death rate from cancer has risen in males in recent years whilst it has been falling off amongst females due to the decrease in fatalities from cancer of the digestive organs, the liver and the gallbladder. As a result of a recent survey it was revealed that deaths due to cancer of the lung show a significant and steady rise as the amount of tobacco smoked increases. Although it has not been absolutely proved that excessive smoking is the sole predisposing cause of cancer of the lung there is a correlation between excessive smoking and deaths from this type of disease.

Vascular lesions of the nervous system include cerebral haemorrhage (apoplexy), cerebral embolism and thrombosis, hemiplegia and other effusions of blood in the cranium. There has been an increase in these cases of death in the last quarter century since there has been an increase in the number of old people in the community and the great majority of deaths from these causes has been in elderly people.

The number of deaths due to circulatory diseases other than mentioned elsewhere in the listing the causes of death in Newhaven was higher in 1953 than is usually the case. A number of deaths of outside residents in a local institution has increased this number.

During the year under review four hundred and forty two cases of infectious diseases were notified. Measles accounted for 364 or 82.35% of the total cases. Whooping Cough accounted for 41 and scarlet fever for 29. The rest of the notified cases were pneumonia (3); poliomyelitis (2); and erysipelas, puerperal pyrexia and acute encephalitis one each. As in former recent years, no case of diphtheria was notified. The last case of diphtheria notified in Newhaven was in 1947.

Measles is caused by a virus which is present in the catarrhal stages in the secretions of the upper respiratory tract. Droplets of mucus expelled during coughing, sneezing or talking carry the virus and are inhaled by others and so infect them. It is a disease found more frequently in the

young but adults are not immune unless they have had the disease previously. Few avoid exposure to infection in the early years of life and the disease is so infectious that few escape it. A fatal issue is usually due to pneumonia, but deaths from this cause are not nearly so numerous as formerly as by the use of anti-biotics and sulpha drugs these have been drastically cut as have also the eye and ear complications. Serum from patients convalescing from the disease has been used with varying success to protect contacts and to attenuate an attack.

Whooping cough is most liable to attack young children and is often seen in infants under six months. The largest number of cases occur in children in their fourth year and thereafter the number decreases with each year. No age is exempt, however, as cases have been found in the aged. Adults who have had the infection in childhood have some degree of immunity although in rare cases a second attack has been not unknown. Respiratory complications are the most important but here again these have been cut down by the use of anti-biotics and sulpha drugs. Evidence in favour of the prophylactic use of vaccines has steadily increased.

Scarlet fever is now a mild disease and but a ghost of its former self. This may be due to two factors, the lessened virulence of the causal organism and the partial immunity gained by having a slight and unnoticed attack previously. This is no guarantee that the disease will not resume its former virulence.

At the beginning of the year there was an epidemic of influenza in other parts of the country. London, the Midlands and the North were chiefly affected. Many cases developed pneumonia and there was a heavy death roll. In Newhaven there were seven deaths ascribed to influenza and four to pneumonia. The majority of these deaths occurred in elderly people in a local institution.

The two cases of poliomyelitis notified in 1953 consisted of one in a boy of six years who made a satisfactory recovery and of a sixteen month old female who was left with paralysis of the leg after the acute attack. This has yielded to treatment. The acute encephalitis case notified followed chicken pox in a boy of six years. He made a good recovery.

At one time infectious disease as a cause of death was of paramount importance. The great strides made in public health and in curative medicine have now relegated infectious disease to much lesser importance. Nevertheless deaths in this country do still occur from infectious disease and heavier death rates can return if vigilance is relaxed. The relative freedom from deaths from infectious diseases has been due to the improvement in treatment and in prevention and to the unremitting attention of public health authorities.

During the year thirteen new cases of pulmonary tuberculosis and two cases of non-pulmonary tuberculosis were notified. These notifications were the same in number in each case as in 1952. Two deaths occurred in 1953 from pulmonary tuberculosis and one from non-pulmonary tuberculosis. Sufficient is now known about tuberculosis to make it possible to eradicate it to a great extent and this is being done. There has been a remarkable fall in the death rate from pulmonary tuberculosis. The average annual death rate for the five years 1930 to 1934 relating to pulmonary tuberculosis in Newhaven was 0.85 per 1,000 population, for 1953 the death rate was 0.25 per 1,000 population.

A good attendance was made at the Mass Radiography Unit in September at which 43.2% of the population was X-rayed. As a result it was found that the incidence of active pulmonary tuberculosis was just under 3 per 1,000 which figure approaches the national level. In addition 574 infants under five years were tuberculin tested. The very small number found to be positive were X-rayed and no tuberculosis infection was found.

Concerning the sanitary circumstances and sanitary inspection of the area, there still remained 341 premises with cesspools and 45 with earth closets. Most of these two types of devices are situated in the Mount Pleasant and Denton village areas where main sewage disposal is urgently required. A scheme to deal with the main sewage disposal was got out some considerable time ago and after many delays it is now almost ready to be put into operation and it is hoped that a beginning will be made in 1954.

Mr. Harrison, your Sanitary Inspector, made 1704 visits in connection with his work and 80 informal notices and 9 formal notices were served during the year whilst 150 informal and 12 formal notices were complied with. Perusal of the list in the main body of this report of the number and nature of the inspections will give some idea of the wide variety of work a sanitary inspector has to carry out. Only two houses were found to be infested with bed bugs. These were disinfested successfully. All premises where food was stored or prepared for sale were inspected and found satisfactory except for some minor details which were made good after verbal instructions had been given. The quantity of unsound food condemned during the year, 1 cwt. 1 qr. 27 lbs., was about half that of the previous year. Forty nine inspections were made of factories under the Factories Act 1937.

The state of public health in Newhaven in 1953 was satisfactory. I have to thank you for your kind encouragement during the year and my thanks are also due to other officials for their help and courtesy. Mr. Harrison, your Sanitary Inspector, gave me valuable assistance.

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 ISTATISTICS FOR THE AREA - 1953

Area in Acres	1,766
Population (estimated)	7,832
Rateable Value (estimated)	£52,983
Sum represented by Penny Rate	£212
Number of occupied houses	2,431

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	66	54	120	
Illegitimate	3	3	6	16.47
<u>Deaths</u>				
Including those of outside residents	76	72	148	18.89
Excluding those of outside residents			97	12.38
				<u>Rate per 1,000 Live and Still Births</u>
Number of women dying in or in consequence of child-birth	-	-	-	0.00
				<u>Rate per 1,000 Live Births</u>
<u>Infantile Mortality</u> (deaths under 1 year of age)	-	2	2	15.50

POPULATION

The Registrar-General's estimated population figure for mid-1953 is 7,832. 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>
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
1946	6,388	214.4	1953	7,832	129.9

The estimated population figure for mid-1953 (7,832) shows an increase of 17 over the previous year's total of 7,815. It is the highest population figure ever recorded for the town and 1953 was the tenth successive year in which an increase of population was noted. The recorded births exceeded the deaths of Newhaven residents by 29, and the vital index is above 100.

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 and in the case of Newhaven this condition is basically sound.

MATERNAL MORTALITY

No case of maternal mortality took place in the area during 1953.

In the past eighteen years only one mother a resident of Newhaven died in childbirth. During the period 2,199 births took place in Newhaven, and the average annual maternal mortality for that period was 0.45 as against 2.79 for England and Wales. It is satisfactory to note that even during the comparatively short post-war period from 1945 to 1953 the maternal mortality rate for England and Wales has been cut from 1.79 per 1,000 live and still births to 0.76 per 1,000. This represents a reduction of over 50 per cent. in eight years and is a most encouraging achievement.

INFANTILE MORTALITY

During the year 1953 two infants under one year of age died in Newhaven. This represents a rate of 15.87 per 1,000 live births, as compared with a rate of 26.8 per 1,000 live births for England and Wales. A clear picture of the great reduction in infantile mortality which has taken place throughout England and Wales and in Newhaven from 1945 onwards is given by the following table:-

	<u>England & Wales</u>	<u>Newhaven</u>	per 1,000 live births			
1945	46.0	76.92	"	"	"	"
1946	43.0	20.27	"	"	"	"
1947	41.0	54.00	"	"	"	"
1948	34.0	28.77	"	"	"	"
1949	32.0	24.64	"	"	"	"
1950	29.8	30.53	"	"	"	"
1951	29.6	16.26	"	"	"	"
1952	27.6	00.00	"	"	"	"
1953	26.8	15.50	"	"	"	"

It will be seen that during an eight year period a steady annual reduction of the infantile mortality rate has been achieved, which represents during the whole period a total reduction of 41.7 per cent. in the rate for England and Wales, and 79.8 per cent. for Newhaven.

BIRTH RATE

The crude birth rate for the year under review was 16.09 per 1,000 population. This rate represents a drop of 1.82 on the rate for 1952 and is a continuation of the steady decline which took place during the period 1947 to 1951 and was temporarily halted in 1952. The rate for England and Wales for 1953 was 15.5 and it will be observed that the rate for Newhaven, in spite of its downward trend, is still well above the national level.

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 16.57, which is considerably higher than that of 15.5 per 1,000 population for England and Wales.

DEATH RATE

The crude death rate for the year under review was 18.89 per 1,000 population, the death rate for England and Wales for the same period being 11.40 per 1,000 population. The very high death rate recorded is due in part to the decision of the Registrar-General that deaths of persons in certain types of institutions, which in the past have been credited to the areas in which the persons had lived prior to entering the institution, shall in future be shown as deaths of residents of the area in which the institution is situated. This means, in effect, that old persons from many parts of Sussex and elsewhere enter an institution in Newhaven, die there, and are shown in the annual returns as deaths of Newhaven residents. It will thus be seen that the annual death rate for Newhaven is now heavily weighted. To offset this the number of persons who died in the institution and whose homes were outside Newhaven was subtracted from the total number of deaths leaving the number of deaths of Newhaven residents.

An area comparability factor of 0.80 is applicable to the crude death rate of 18.89 per 1,000, and this gives an adjusted figure of 15.11 per 1,000 population. It will be noted that although the area comparability factor is provided in order that a fair comparison may be made between the local death rates of different districts, the factor has not been altered since the change in the method of record-keeping noted above. On applying the comparability factor to the death rate relating to Newhaven residents the comparable death rate is 9.9 per 1,000 population.

CAUSES OF DEATH

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Heart Disease	22	33	55
Cancer	15	6	21
Circulatory Disease other than mentioned elsewhere	11	4	15
Vascular lesions of nervous system	6	8	14
Bronchitis	6	3	9
Influenza	5	2	7
Pneumonia	2	2	4
Tuberculosis, respiratory	1	1	2
Tuberculosis, non-respiratory	1	-	1
Infective and parasitic disease other than mentioned elsewhere	1	-	1
Leukaemia	1	-	1
Ulcer of stomach and duodenum	1	-	1
Gastritis, enteritis and diarrhoea	1	-	1
Nephritis and nephrosis	-	1	1
Hyperplasia of Prostate	1	-	1
Accidents other than Motor Vehicle Accidents	-	1	1
Suicide	1	-	1
Homicide	-	1	1
Other defined and ill-defined diseases	1	10	11
	<u>76</u>	<u>72</u>	<u>148</u>

The Highest age at death was 97 years
 The Lowest age at death was 6 hours
 The average age at death of
 Newhaven residents was 72.21 years

SPECIFIC CAUSES OF DEATH

Heart Disease and Diseases of the Circulatory System

So far as heart disease and diseases of the circulatory system are concerned it is probable that this group of illnesses will always remain the major cause of death, as many of the cases of heart disease which prove fatal in old age are little more than the result of the heart wearing out. This effect can be postponed, but it cannot be entirely obviated.

Cancer

The position with regard to cancer, the second of the major killers, is somewhat different. The root cause of the disease is not yet known and it is to be hoped that if and when this is discovered a dramatic reduction in the number of deaths from this cause will be achieved. Although the ultimate goal has not yet been attained, much has been accomplished to reduce the fatality rate of the disease, and some forms of cancer which a few years ago would have been looked upon as certainly fatal are now operated upon successfully.

One of the most important points relating to cancer which can be driven home to all members of the community is that in any case of doubt or uncertainty a visit should be made to the doctor in order that if any form of cancer is present it may be discovered at the earliest possible moment.

Vascular Lesions of the Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis, and other lesions. Fourteen deaths in Newhaven were classified under this heading during 1953, six being males and eight females. This is six more than last year's total of eight, the higher total being due to the fact that a high proportion of institutional deaths are due to this type of illness and many of these in previous years have been credited to other areas. 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.

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the year 1953. Provisional figures based on Quarterly Returns.

	England and Wales	160 C.Bs. & Great Towns Including London	160 Smaller Towns(resident Pop. 25,000 - 50,000 at 1951 Census)	London Administrative County	NEWHAVEN 1953 (Population 7,832).
Rates per 1,000 Home Population					
<u>Births:</u> Live	15.5	17.0	15.7	17.5	16.09
Still	(0.35 22.4(a)	0.43 24.8(a)	0.34 21.4(a)	0.38 21.0(a)	0.64 38.17
<u>Deaths:</u> All causes	11.4	12.2	11.3	12.5	18.89
Typhoid and paratyphoid	0.00	0.00	-	-	-
Whooping Cough	0.01	0.01	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	-	-
Tuberculosis	0.20	0.24	0.19	0.24	0.38
Influenza	0.16	0.15	0.17	0.15	0.89
Smallpox	0.00	0.00	0.00	-	-
Acute poliomyelitis (including polioencephalitis)	0.01	0.01	0.01	0.01	0.00
Pneumonia	0.55	0.59	0.52	0.64	0.51
<u>Notifications (Corrected)</u>					
Typhoid Fever	0.00	0.00	0.00	0.61	0.00
Paratyphoid Fever	0.01	0.01	0.01	0.01	0.00
Meningococcal infection	0.03	0.04	0.03	0.03	0.00
Scarlet Fever	1.39	1.50	1.44	1.02	3.70
Whooping Cough	3.58	3.72	3.38	3.30	5.23
Diphtheria	0.01	0.01	0.01	0.00	0.00
Erysipelas	0.14	0.14	0.13	0.12	0.13
Smallpox	0.00	0.00	0.00	-	-
Measles	12.36	11.27	12.32	8.09	46.48
Pneumonia	0.84	0.92	0.76	0.73	0.38
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.07	0.06	0.06	0.07	0.25
Non-paralytic	0.04	0.03	0.04	0.03	0.00
Food Poisoning	0.24	0.25	0.24	0.38	0.00
Puerperal pyrexia	18.23(a)	24.33(a)	12.46(a)	28.61(a)	7.46(a)
Rates per 1,000 live births					
<u>Deaths</u>					
All causes under 1 year of age	26.8(b)	30.8	24.3	24.8	15.87
Enteritis and diarrhoea under 2 years of age	1.1	1.3	0.9	1.1	0.00

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

Maternal Mortality in England and Wales

Intermediate List No. and Cause	Number of Deaths	Rates per 1000 Total (Live & Still) Births	Rates per million women aged 15-44	NEWHAVEN
All5 Sepsis of pregnancy, childbirth and the puerperium	68	0.10		
(Abortion with toxaemia	7	0.01	1	
All6 Other toxaemias of pregnancy and the puerperium	166	0.24		
All7 Haemorrhage of pregnancy and childbirth	90	0.13		0.00
All8 Abortion without mention of sepsis or toxaemia	30	0.04	3	
All9 Abortion with sepsis	39	0.06	4	
All20 Other complications of pregnancy, child- birth and the puerperium	125	0.18		

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 for the Borough of Lewes, the Urban District of Seaford, and the Rural District of Châiley.

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, faecal and throat swabs and has also undertaken the examination of ice-cream, milk and water. Altogether the Laboratory carried out 62 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, 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 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 in September 1953, when 3,384 residents presented themselves for X-ray with, in addition, 468 persons working in the town but not resident therein. The service is proving of great benefit to the community in leading to the discovery of early cases of tuberculosis.

SECTION IIISANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA1. 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. 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	277
Lewes Road	7

Premises with earth closets:

New Road	15
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 1953 he has made 1704 visits in connection with his work. In respect of these visits 80 Informal Notices and 9 Formal Notices were served. In the period, 150 Informal and 12 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	133
Visits under the Public Health Acts	168
Inspections under the Housing Acts	40
Inspections of verminous premises	9
Prospective Council Tenants	63

Infectious Diseases

Enquiries	37
Disinfections	32

General Sanitation

Drainage	170
Stables and Piggeries	31
Fried Fish Shops	45
Factories and Workshops	49
Bakehouses	36
Public Conveniences	64
Refuse Collection	96
Refuse Disposal	20

7. Premises Controlled by Bye-Laws and Regulations (continued)

- (c)
- Milk Supply
- : The premises from which milk is supplied to the district retail received special attention.

No milk other than designated milk is sold in the district.

- (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 five 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	13 lbs.
Meat (tinned - various)	34½ "
Fruit (tinned)	11½ "
Fish (fresh, cured, and tinned)	21 "
Miscellaneous	87 "

Total ... 1 cwt .. 1 qr .. 27 lbs.

The main cause of condemnation was decomposition, piercing of containers by nails or hooks, or defects in processing of tinned goods. As a result of the virtual end of rationing, voluntary surrenders of unfit foodstuffs have fallen sharply.

9. Factories Act 1937

In the Urban District of Newhaven there are six factories on the register in which Sections 1, 2, 3, 4, 6 and 7 of the above Act are enforced, and 35 factories in which Section 7 only is enforced. During 1953, 49 inspections were carried out. Details are as follows:-

Part I of the Act

Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	6	7	NIL	NIL
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	35	40	NIL	NIL
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	1	2	NIL	NIL
TOTAL	42	49	NIL	NIL

No defects were found.

Part VIII of the Act

The position relating to outwork is as follows:-

Section 110			Section 111		
No. of out-workers in August list required by Sec. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prosecutions
NIL	NIL	NIL	NIL	NIL	NIL

10. Clean Food Campaign

Owing to limitations imposed by lack of staff, no general concerted educational campaign was possible.

(a) Food premises in the area:

(a) Cafes, Restaurants, and Snack Bars	16
(b) Butchers	7
(c) Bakehouses	5
(d) Greengrocers	9
(e) Fishmongers	4
(f) Grocers and General	30

(b) Food premises registered under Sec.14, Food & Drugs Act, and Milk & Dairies Regulations, 1949

(a) Dairies and Milk Retailers	14
(b) Ice-cream Premises	31
(c) Fried Fish Shops	5
(d) Sausages and Meat Preparation	6

(c) Inspection of registered food premises

A total of 89 inspections were carried out at ice-cream premises. Conditions were, without exception, found to be above reproach, modern conservator equipment being installed throughout the shops and almost all the various types of ice-cream and lollies being hygienically wrapped.

Forty-five inspections were made of fried fish shops. A high standard is maintained in the trade and the resulting products are of excellent quality.

During the year 62 visits were paid to butchers shops and the equipment and materials used in sausage manufacture was inspected. No other manufactured meats are produced in the district.

The premises and vehicles of the 14 milk retailers were inspected on 51 occasions. A number of these are general shops selling only sterilized milk in sealed bottles, and no action was necessary beyond insisting that the stock be stored apart from other goods. This year saw the end of 'loose milk' sales, and all milk is now designated and delivered in sealed bottles or containers.

A further 163 inspections were made at food premises other than those enumerated. No action other than advice on minor breaches of hygiene was necessary.

(d) Educational activity

Not possible.

(e) Method of disposal of condemned food

Following the end of rationing amounts of foodstuffs condemned have tended to drop steeply. Of the small amount surrendered during the year a quantity

10. Clean Food Campaign

- (e) Method of disposal of condemned food (continued)

was allowed to go for pig food, but the remainder was destroyed and buried in the Council's refuse tip.

- (f) Special examination of large stocks

No large stocks of food were examined in the town.

SECTION IVPREVALENCE OF, AND CONTROL OVER, INFECTIOUS
AND OTHER DISEASES

In all, 442 cases of infectious disease were notified in Newhaven in 1953. The details are as follows:-

Incidence of Notifiable Infectious Diseases (excluding Tuberculosis) during the year 1953			
Disease	Cases Notified	Cases Admitted to Hospital	Deaths
Measles	364	2	-
Whooping Cough	41	-	-
Scarlet Fever	29	5	-
Pneumonia	3	-	-
Poliomyelitis (Paralytic)	2	1	-
Erysipelas	1	-	-
Puerperal Pyrexia	1	-	-
Acute Encephalitis (Post Infectious)	1	-	-
Total	442	8	-

Measles

Three hundred and sixty-four cases of measles were notified in Newhaven during 1953. This represents 82.35 per cent. of the total number of notifications of infectious disease received during the year. The year was one of fairly heavy incidence, and these occur every two or three years in the case of measles.

Only two of the cases were treated in hospital, and all cases made rapid and uneventful recoveries.

Measles mainly affects children under seven years of age, and before the introduction of penicillin and the sulpha drugs, broncho-pneumonia often developed as a fatal complication. Since the use of these drugs, however, the number of deaths has been reduced to very small proportions and the complications, which in the past have often had a lasting detrimental effect on the patient's ears or eyes, are now nearly always avoided.

Whooping Cough

Forty-one cases of whooping cough were notified in Newhaven during 1953, representing 9.3 per cent. of all the notifications of infectious disease received during the year. None of these cases were of sufficient severity to merit admission to hospital. Although the district has been lucky in that only mild cases of whooping cough occurred, it must be remembered that the illness can be a very dangerous one, especially in the case of very young children. Throughout the country the case fatality of whooping cough is about five times that of measles.

For a number of years efforts have been made to develop a combined vaccine which offers protection against both diphtheria and whooping cough, and several are now available which have been proved to be satisfactory. Arrangements are being completed to make one of these combined preparations available throughout the district, and it is to be hoped that within a very few years a case of whooping cough will be the rarity that diphtheria has now become.

Scarlet Fever

Twenty-nine cases of scarlet fever were notified in the town during 1953, five of which were admitted to hospital. The five cases were admitted more with a view to avoiding the spread of the disease than from the severity of the illness. All cases made satisfactory and uneventful recoveries.

Early recognition of the disease and immediate isolation of the patient are very important as the period of infectivity begins at the earliest stage of an attack. A daily dose of a sulphonamide drug, given under medical supervision, will provide protection for the majority of persons exposed to scarlet fever infection. This, however, does not obviate the necessity for appropriate precautions, such as the isolation of the patient, exclusion of contacts from school, and the exclusion of infected persons from handling milk and milk products.

Pneumonia

Three 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.

Poliomyelitis

Two cases of poliomyelitis were notified in Newhaven during 1953. One of these, a boy aged six years, was a very slight paralytic case which was treated at home in the initial stages and made a satisfactory recovery after a few visits to a hospital outpatients department for physiotherapy. The more severe case, that of a sixteen-month old girl, was admitted to hospital on the 22nd August with neck rigidity and nearly complete flaccid paralysis of the left leg. Within a week the neck rigidity had disappeared and physiotherapy was started. In September a definite improvement in the leg paralysis had taken place and she was transferred to Carshalton for continued physiotherapy towards the end of October.

Although many of the epidemics in the past mainly affected the young pre-school child, during the last thirty years or so different age groups have been attacked and the early, common, name of "infantile paralysis" is no longer a good description of the disease, as in many cases elder children and adults are infected, and it is now realised that by no means all cases suffer from paralysis. In England and Wales in the 1947 epidemic about one-third of the cases were in the age group 0-5 years, one-third of the cases were in the age group 5-15 years, and one-third of the cases were in the age group 15 years and over. The disease is caused by an extremely minute organism, known as a virus, which is much smaller than the more usual forms of bacteria and bacilli, in fact, somewhere about 25,000,000 of them would be needed to cover the head of a pin. More than one strain of the virus causes the disease and this, of course, has made research into the cause of the disease all the more puzzling. The evidence at present available suggests that the virus has a variety of methods of invading the body. It certainly attacks the motor nerve cells. Poliomyelitis may inflict no nerve damage whatsoever, or mild, scattered damage which is temporary and the patient recovers completely, or partially, or the damage may be more severe and permanent. The spread from person to person is probably chiefly by droplet infection which is spread from mouth and throat, but as the virus also infects the faecal excretions the spread may also be by contact or contamination. As the throat is one of the means of entry of the infection, the removal of tonsils is postponed whenever possible during periods when the disease is prevalent as the making of a raw surface in the throat might make it easier for the virus to invade the system. Apart from infection by close contact with recognised cases, some cases are spread by persons who have contracted the infection or virus but show no symptoms or signs of the disease. Such carriers may lose their infection in a few days, but in some cases in a few months. Relatively few infected persons develop any recognisable symptoms and fewer still any obvious paralysis, while only a very small number indeed develop permanent paralysis.

Erysipelas

One case of erysipelas was notified in 1953. This case was treated at home and made an uneventful recovery. Prior to the use of chloromycetin and the sulphonamide drugs many cases of erysipelas resulted in a critical illness and death frequently ensued. Few deaths now occur due to the disease and, generally speaking, the severity of the illness is greatly reduced and a cure is effected much more rapidly than was the case in the past.

Puerperal Pyrexia

One case of puerperal pyrexia was notified in Newhaven during 1953. The improvement in the standard of midwifery, the use of modern drugs where necessary, and new techniques in surgery have very greatly reduced the causes of puerperal pyrexia which, only a few years ago, was sufficiently prevalent to be the cause of grave concern to the responsible authorities, as the pyrexia is sometimes a sign of dangerous infection which may lead to death.

Acute Encephalitis

One case of acute encephalitis (post infectious) was notified in the area during 1953. This was of a boy aged six years who contracted the disease following an attack of chicken pox. The child was isolated at home and made a good recovery.

General

Of the total number of 442 cases of infectious disease which were notified in Newhaven during 1953, 364, or 82.38 per cent., were cases of measles. Of the remaining 78 cases 41 were of whooping cough and 29 of scarlet fever. Thus 434 cases, or 98.19 per cent. of all cases notified in the district during the year, were due to these three illnesses. Although, unfortunately, it is not yet possible to give any form of preventive treatment against measles that is effective for more than a very short while, the vaccines available for the prevention of whooping cough are becoming increasingly effective. The control of this major scourge will result in the reduction of the incidence of infectious disease in this country by very nearly half, and it is encouraging to learn that it is more than probable that this day is by no means remote.

SECTION V

In 1953 there were thirteen new cases of pulmonary tuberculosis and two cases of non-pulmonary tuberculosis notified. During the same period two deaths were recorded from pulmonary tuberculosis, and one death from non-pulmonary tuberculosis. Details are given in the following table:-

1953 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	-	-	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-
20	-	2	1	1	-	-	-	-
25	-	1	-	-	-	-	1	-
35	6	1	-	-	1	-	-	-
45	1	1	-	-	-	1	-	-
55	-	-	-	-	-	-	-	-
65 and upwards	-	1	-	-	-	-	-	-
TOTAL	7	6	1	1	1	1	1	-

The incidence per 1,000 population of the thirteen new cases of pulmonary tuberculosis notified in 1953 is 1.66. This figure is the same as last year's figure.

The Mass Radiography Unit operated in the area during September 1953 when, out of an estimated total population of 7,832, a total of 3,384, or 43.21 per cent. of the population, were X-rayed. In addition, 468 persons working in the town but not resident there were also X-rayed. Of the total number of 3,852 persons X-rayed, ten were found to be suffering from active tuberculosis, of which seven were males and three females. The seven males included two working in the town but not resident there. The incidence of active tubercle discovered amongst the townspeople on this occasion was just below 3 per thousand, which is about the national level

for tuberculosis discovered by means of Mass Radiography.

Five hundred and seventy-four infants under the age of five years were tuberculin tested. A very small number reported to have positive reactions were X-rayed but no tubercle was found in that group.

Generally speaking, although it is extremely satisfactory to reflect that advances in the battle against tuberculosis are being made in so many fields, it is unfortunate that the position is still unsatisfactory so far as one of the most important factors is concerned, namely the elimination of unsatisfactory housing conditions. Dry, comparatively spacious, and well lit housing accommodation will often enable a person to resist the efforts of the disease to obtain a footing, while on the contrary, damp, dark and cramped rooms, especially sleeping quarters, will lower a person's resistance and chances of escaping infection and make him or her an easy prey to the attacks of the bacilli. It is unfortunate that it has not been possible for a number of years past to launch, either in Newhaven or in the country as a whole, any form of mass attack against bad housing conditions, but there are encouraging signs that restrictions are gradually being withdrawn and no doubt every opportunity will be taken to rehouse as soon as possible those people in the Urban District whose health may be jeopardised by their present unsatisfactory living conditions.