[Report 1956] / Medical Officer of Health, Newhaven U.D.C.

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NEWHAVEN URBAN DISTRICT COUNCIL.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED 31st DECEMBER, 1956.

Public Health Department,
Lewes House,
High Street,
LEWES, Sussex.

November, 1957.

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

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting the Annual Report for 1956 on the state of public health of the general population and the sanitary circumstances of Newhaven.

Newhaven is one of the chief seaport towns in Sussex and the only Cross Channel passenger port in the County. It is situated at the mouth of the river Ouse which splits the town into a western part which contains the greater part of the population and an eastern part which contains the lesser. The mouth of the river forms the harbour at which passengers to and from the Continent embark and land. There is a daily passenger service normally each day of the year, with the exception of Christmas Day, between Newhaven and Dieppe. This daily service is supplemented by a nightly service in the summer months. In some years the number of inward passengers landed at the port amount to about 200,000 and the number of outward passengers who embark reaches about the same figure. This is a considerable amount of Cross-Channel passenger traffic.

Exports and imports carried by vessels to and from foreign ports and by coastwise vessels in the case of home ports are dealt with in a very expeditious manner at the harbour. There is a considerable number of very efficient electrically powered cranes on the quays for loading and unloading cargoes. The sea-rail route Newhaven-Dieppe-Paris is the shortest and quickest between this country and the French capital.

British Railways own the dock area and part of the adjoining foreshores.

The estimated population of Newhaven for 1956 was 7,960. Of this population over 5,000 (males and females) come within the working age range of 15 to 64 years. A little more than half in this range are females. The last census taken in 1951 showed that the ratio of females per 1,000 males was 1,037. There is little unemployment and nearly all the males between 15 and 64 years are in regular employment. According to the 1951 census about 36% of the females in this age range were engaged in regular gainful occupations. There is some reason to believe that in 1956 this percentage was exceeded and was nearer 40% than 36%. The remaining proportion representing about 60% was composed mainly of married women who have no occupation other than home duties.

The proportion of the occupied population (males and females) in Newhaven continuing in full time education to the age of 17 years or beyond is about 5%. Thus the great majority start work early in regular gainful occupations.

About 66% of the total population in Newhaven is in the working age range 15 to 64 years and this is the largest proportion in this range when compared with other districts in East Sussex. About 11% of Newhaven's population come within the group 65 years and over. In comparison with other districts in the County this is the lowest percentage of those in this group.

Newhaven has always had a large reservoir of those within the working age range. Successive high birth rates over many years have replenished it. The comparatively small percentage in the older age group does not mean that the general state of public health is such that very few inhabitants of the town reach advanced age. On the contrary, most of them live well beyond the allotted span. Over the last ten years the average age at death has been 69·4 years. The mainly residential districts in East Sussex, especially the seaside towns, attract the elderly on their retirement. Thus the proportion of those of 65 years and over is increased in those districts to over 20% in some seaside towns.

The chief places of employment in Newhaven are the docks and adjoining railway yards where there are marine shop workers, maintenance men, wagon demolition workers, porters and casual dockers. Boat crews are supplied to Cross-Channel vessels mostly by Newhaven residents. There are several factories in the town, all of the light industry type. These are a pen factory, a radio works and subsidiary cabinet works and a vacuum flask factory. The customs, excise and marine offices employ a considerable number of people. Shops and offices in the town contribute their quota of those engaged in regular employment. A certain proportion in the working age range are engaged in occupations in nearby towns. Brighton and Lewes absorb some in shops and offices. Others serve as domestic workers in schools and homes in Seaford and also as shop assistants.

Newhaven firms carry out housing and works of building construction within and at places outside the town with local craftsmen and labourers. A small number of men are engaged at nearby cement works.

Newhaven faces directly south and looks across the Channel. The downs shelter the town on the north and east and to a smaller extent on the west. Protection is thereby afforded from the north and east winds which blow occasionally in the winter months. The prevailing wind is from the south-west. Temperatures in Newhaven range from about 40 degrees Farenheit in February to occasionally as high as 88 degrees in July and August. There are small variations between day and night temperatures which prevent rapid cooling of the ground. The effects of the occasional high temperatures are offset by intermittent breezes. As the air over the land becomes heated by the sun's rays it expands and the pressure falls. This is the familiar sea breeze which increases in force as the day advances. After sunset the ground becomes cooler than the sea which causes a flow of air in a contrary direction and constitutes the land breeze lasting the greater part of the night. In other parts of the coast, where these currents of air are not so operative in warm and cloudy weather, climatic conditions are apt to be very oppressive and relaxing. The wind blowing from the sea at Newhaven is pure and invigorating. Due to the relative absence of dust, allergens, grit, smoke, carbon monoxide and other products of combustion the land breeze is practically free from pollution of any kind. The light industries in the town make for a clean atmosphere. There is no pollution of the air with particulate matter or offensive fumes and there is absence of fog caused by smoke. Dwellers in towns, where fog arising from air pollution causes such a toll of respiratory diseases such as pneumonia and bronchitis and depressing conditions through lack of sunlight, soon appreciate the clean and bright atmosphere in Newhaven.

For ten successive years the annual average hours of sunshine in Newhaven was 1,730 which record was amongst the highest in the British Isles. Rainfall is light and usually ranges from 25 to 28 inches per annum. The subsoil is of chalk and flint generally and allows of quick drainage.

Newhaven is indeed fortunate in having such a salubrious climate which has an undoubted beneficial effect on public health. Records over many successive years show that the standard of public health in the town has always been very high and there is no doubt it should continue to be so provided that any new industries added be kept to the light category with no possibility of emitting noxious fumes to foul the atmosphere. The general death rate applicable to Newhaven residents, excluding those who come from places outside the town and who die in the local institution, is low and invariably below that of the country as a whole. The population is the youngest in East Sussex, more than 63% being under 45 years of age and about 11% over 65 years of age. As far back as records have been kept the annual birth rates have exceeded the annual death rates. Outbreaks of dangerous infectious diseases are notable by their absence. The deaths of Newhaven mothers in, or in consequence of childbirth have been so few that there has been only one such death in the last twenty-one years. Infants born to Newhaven residents and brought up in the town thrive well. During the last eleven years the infantile mortality rate (i.e. the deaths of infants under one year of age per 1,000 live births) has been less than one half of that for England and Wales for the same period.

Several surveys by mass radiography have shown the results that the proportions of tuberculosis cases found were about the same as those found nationally.

Dealing with the 1956 Annual Report specifically it can be noted that the population of Newhaven for that year was 7,960 which was only 20 less than that for 1955 which was the highest ever recorded.

The adjusted birth rate was 17·64 per 1,000 population. This compares very favourably with that for England and Wales which was 15·7 for the same year.

Nearly one quarter of the total deaths which occurred in Newhaven were ascribed to inmates of the local institution whose homes were outside Newhaven. Even including these in the total the adjusted death rate was 8·62 per 1,000 which was much lower than the death rate for the country as a whole which was 11·7. On deducting the institutional deaths from the total the adjusted death rate for Newhaven residents was 6·61 or a little more than half of the national death rate.

No infant under one year of age died during the year. The annual average infantile mortality rate (the number of infants dying under one year per 1,000 live births) for the last five years was 9·79 for Newhaven as against 25·7 for England and Wales for the same quinquennium. The causes of deaths of infants in Newhaven have rarely included those due to infectious disease. Most have been due to prematurity or congenital diseases which quickly put an end to a child's existence and over which very little or no control can be exercised and no effectual remedy can be applied. Children born to Newhaven parents have a better environment to survive in. Climatic conditions are better and general infections are less in Newhaven than in industrial towns in the north and midlands where the polluted atmosphere and lack of sunshine predispose to infections and to lack of thriving and sub-well or weakly children. It appears that employment of the mother plays but an insignificant part in causing a high rate of infant mortality.

The causes of death in the general population of Newhaven during the year were as usual led by heart disease which claimed most victims. These deaths together with deaths from circulatory diseases formed more that half the total number of deaths. Both causes have been increasing during the last quarter century during the same time that people have been living to higher ages. Most cases of heart disease terminating fatally are due to degeneration of the heart muscles. This degeneration increases with age. Likewise there is a degeneration of the circulatory system as age advances. Deaths from cancer constituted about one seventh of the total. The cancer death rate was less than that for England and Wales. Only four deaths were due to bronchitis and only one was due to pneumonia, both diseases which have much higher mortalities in the metropolis and in industrial towns.

Apart from measles the incidence of infectious diseases in Newhaven was light. Of a total of 196 notified cases 179 or over 90% were of measles. Notification of measles serves no good purpose in checking an outbreak because the disease is infectious before the rash appears. The first few cases infect others and this starts an outbreak. Whether the outbreak is large or small depends upon the number of susceptible children in the community. Practically all persons are susceptible who have not had the infection. Permanent immunity is usual after an attack. Quarantine in general is impracticable and of no value in communities except perhaps in sparsely populated rural areas. However, infants who have not had the disease should be excluded from school. All other contacts should attend school.

Only one case of scarlet fever was notified in Newhaven in 1956. This disease has become mild compared with its character twenty years ago. Either the virulence of the infecting organism has decreased or the population has acquired the defensive mechanism called immunity in a greater or lesser degree. It may be that both theories are correct. The last case of diphtheria notified in Newhaven was in 1947. The disease once so fatal, has become a rarity through immunisation. There are still carriers of the diphtheria germ about and the danger of infection is still present. Parents and guardians who neglect to have the children under their care immunised can be accused of criminal negligence if the children do contract the disease. The children are still at risk, let there be no doubt about it, as the germ is still in our midst. The carriers themselves appear healthy and through having developed a resistance to the disease themselves never develop it.

In all the cases of infectious diseases notified in 1956 there were no deaths.

During the year ten cases of pulmonary tuberculosis and one case of non-pulmonary tuberculosis were notified. No death due to tuberculosis of any type was recorded.

Despite the rapid and dramatic fall in the tuberculosis death rate within the last few years and the highly successful results obtained by treatment with present day therapy there is a danger in that some patients feeling so well and fit after a certain length of treatment will demand their discharge to return to work. If the patient has not completed a sufficient period of treatment the discharge is witheld. Sometimes a patient, buoyed up with his feeling of fitness and initial and apparently complete absence of signs and symptoms, takes his own discharge against advice. Far too often he breaks down again and undoes all the good treatment so far given has effected. On breakdown he most likely becomes immediately infective and a danger to his workmates, family and friends.

In the end he has usually to return for the same treatment which will probably be more lengthy than in the first instance. In the first place he is prompted usually by the economic factor as he wants to return to full wages again. In the end through lies, thoughtlessness and shortsightedness he loses more time from his employment and thus more money. What is of more importance to the community at large is the fact that he has probably infected quite a number of people with whom he has come in contact. They in turn become patients requiring treatment and may in turn have infected members of their own family, their fellow workers and their friends before they are safely segregated and receive treatment.

As to sanitary circumstances in Newhaven during the year there still remain 352 premises with cesspools of which 287 are in the Mount Pleasant and Denton area. There are 15 premises in New Road and 8 in Denton with earth closets. The anticipation of the sewering of the east side of the town has been long and it is hoped a start will soon be made so that the antiquated and dangerous methods of sewage disposal by cesspools and closets be abolished by the long awaited sewage system being embarked upon and completed.

In Section III of this Annual Report it can be gathered on perusal the large amount of varied work which Mr.Harrison, your Public Health Inspector, has carried out during the year in his multifarious duties. Besides considering the number of inspections carried out by him, works completed after service of notices and other duties performed by him and outlined in a concise way in the Section, one has also to bear in mind the many interviews he gives to members of the public and the considerable correspondence with individuals and firms he carried out in the course of his duties. In all these matters he has been industrious, tactful and maintained his usual high standard of work. My thanks are due to Mr. Harrison and to other officials of your Council for their kindness and helpfulness at all times.

In conclusion I have to thank you for your kind encouragement throughout the year during which the state of public health in your town has been pleasingly satisfactory.

I am, Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

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

Medical Officer of Health.

SECTION I.

Statistics for the Area -

1956.

Area in Acres	1,766
Population (Estimated)	7,960
Rateable Value (Estimated)	£87,946
Sum represented by Penny Rate	£340
Number of occupied houses	2,468

Extracts from Vital Statistics.

Live Birth	Male	Female	Total	Rate per 1,000 population Crude Rates	Adjusted Rates
Legitimate	72	57	129		
Illegitimate	3	3	6	16.96	17.64
Deaths					
Including those of outside residents.	59	35	94	11.81	8.62
Excluding those of outside residents.	45	27	72	9.05	6.61
Number of women dying in or in consequence of childbirth.				Rate per 1,000 live and still births. 0.00	
Infantile Mortality.				Rate per 1,000 Live Births.	
(deaths under one year of age).	-	-	-	0.00	

POPULATION.

The Registrar-General's estimated population figure for mid-1956 is 7,960. The population for Newhaven for the past 15 years is given below:-

Year	Population	Vital Index	Year.	Population	Vital Index.
1942	5,129	142.6	1950	7,774	139.4
1943	4,939	135.8	1951	7,803	123.0
1944	5,232	166.1	1952	7,815	170.7
1945	5,523	160.2	1953	7,832	129.9
1946	6,388	214.4	1954	7,940	109.7
1947	6,726	190.8	1955	7,980	147.5
1948	7,520	161.7	1956	7,960	143.6
1949	7,592	169.6			

The estimated population figure for mid-1956 (7,960) shows a decrease of 20 over the previous year's total of 7,980. This is the first occasion since 1943 when a reduction in population has been recorded. As more births than deaths were recorded during the year, which would lead to an increase in population if other factors were not present, it would appear that the reduction recorded must have been effected by a movement of population from the town. While the total figure involved is small, it nevertheless indicates that approximately sixty more persons moved out of Newhaven during the year under review than moved into the town from other areas. It is to be hoped that the small drop in population recorded is only a very temporary set-back and not a more permanent reversal of the healthy trend towards expansion which has been recorded for so many years past.

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 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 affect on the state of population, but the birth and death rates are the index of its biological condition.

Maternal Mortality.

No case of maternal mortality took place in the area during 1956.

Only one mother who was normally resident in Newhaven has died in, or in consequence of, childbirth during the past 21 years. In that time the maternal mortality rate for Newhaven was about one tenth of that for England and Wales for the same period.

Infantile Mortality.

During the year 1956 no infant under one year of age died in Newhaven. The causes of infant deaths, of which about half occur in the first four weeks of life, are many. Infectious diseases caused about one quarter of the total about ten years ago. In recent years a great number of these deaths from infections have been prevented by the use of new drugs and anti-biotics. The remaining three quarters of the total deaths were due to prematurity, congenital defects, debility and wasting diseases which are still the causes of infant mortality although there has been some reduction in fatalities due to debility and diseases of a wasting nature.

Birth Rate.

The crude birth rate for the year under review was 16.96 per 1,000 population. This rate represents an increase of 2.17 compared with the rate for 1955 and it is hoped marks the beginning of an upward trend and reversal of the steady post-war decline from very high rates in the immediate post war years to rates lessened by about one third in recent years.

Year	Crude birth rate.	Year	Crude birth rate.
1946	23.16	1951	15.76
1947	27.5	1952	17.91
1948	18.48	1953	16.47
1949	20.40	1954	15.62
1950	16.85	1955	14.79

An area comparability factor of 1.04 is applicable to the birth rate in the town for 1956. 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 and of England and Wales as a whole. In this case, its application gives an adjusted birth rate of 17.64. Both the crude and the adjusted birth rates for the area are higher than that of 15.7 for England and Wales.

Death Rate.

The crude rate for the year under review was 11.81 per 1,000 population, the death rate for England and Wales for the same period being 11.70 per 1,000 population. The death rate recorded would be considerably lower were it not for 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 accredited to Newhaven.

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, the adjusted figure being shown beside the crude rate at the beginning of this section of the report.

An area comparability factor of 0.73 is applicable to the crude death rate of 11.81 per 1,000 and this gives an adjusted figure of 8.62 per 1,000 population. On applying the comparability factor to the death rate relating to Newhaven residents, the comparable death rate is 6.61 per 1,000 population, which figure is below the death rate for England and Wales, which was 11.70 per 1,000 population.

CAUSES OF DEATH.

	Male	Female	Total
Heart disease	32	10	42
Circulatory disease other than mentioned elsewhere	8	8	16
Cancer	6	7	13
Vascular lesions of nervous system	4	5	9
Brochitis	4	-	4
Influenza	1	2	3
Pneumonia	1	-	1
Syphilitic disease	1	-	1
All other defined and ill-defined disease.	2	3	5
	59	35	94

The highest age at death was ... ... 93 years.

The lowest age at death was ... ... 14 years.

The average age at death of Newhaven residents was ... ... 72.3 years.

SPECIFIC CAUSES OF DEATH.

Heart disease and diseases of the circulatory system.

Over one half of the total number of deaths in the area during 1956 were due to heart disease and diseases of the circulatory system. Most of them occurred amongst elderly people. As has been mentioned in previous reports, the greater number of these deaths were due to the heart wearing out after giving between seventy and eighty, or even more, years of service.

Cancer.

Thirteen deaths due to cancer took place during 1956, one less than in 1955, giving a death rate of 1.63 per 1,000 population. This compared favourably with the rate for England and Wales for the same period, which was very slightly above 2 per 1,000.

Vascular lesions of the nervous system.

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis and other cerebral lesions. A total of nine deaths in Newhaven was classified under this heading during 1956, four being males and five females. This is one less than last year's total of ten deaths four less than the total of thirteen recorded in 1954 and five less than the fourteen notified in 1953. Most of these deaths occur amongst elderly persons and a good proportion of them take place in an institution in the area to which elderly and infirm people are sent from surrounding areas as well as from Newhaven district.

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 Public Health 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, laryngeal swabs and faeces and has also examined samples of 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.

3. Ambulance Facilities.

The provision of the ambulance service is the responsibility of the East Sussex County Council, which has made arrangements for the ambulance to be housed, serviced, and maintained by a local commercial garage, and for the vehicle to be driven by members of the garage staff. Members of the St. John Ambulance Brigade act as attendants. The area served by the ambulance includes the districts of Newhaven, Peacehaven, Telscombe, Piddinghoe, Tarring Neville, and South Heighton. In the event of a further call or calls being received before the ambulance has returned from a previous call, arrangements are in being for the call to be dealt with by other authorities in the area.

The Newhaven ambulance is not available for the transport of infectious disease cases but under the provisions of the Ambulance Scheme ambulances from adjacent ambulance stations can be called upon, if required, for the conveyance of infectious diseases 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 tuberculosis 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 Clinics have been held at the Schools as previously, and immunisation clinics have also been held monthly in the town.

7. Institutional Provision for the Care of Mental Defectives.

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

SECTION - III

SANITARY CIRCUMSTANCES & SANITARY INSPECTION OF THE AREA

1. Water Supply

The District has two sources of water supply:-

(a) from the Newhaven, Seaford and Ouse Valley Water Company which obtains water from a well sunk into the chalk at Poverty Bottom; and:-

(b) from the British Railways' well at Denton. This supply is only provided for four houses and two hotels, viz. 1 - 4 Denton Terrace, The Railway and Harbour Hotels.

2. Closet Accommodation.

All the premises in the district are provided with closets connected with the sewer with the following exceptions:-

Premises with cess-pools.

West Pier	2
Court Farm Road	10
Harbour Heights Estate	46
Added Area	287
Lewes Road	7

Premises with earth closets.

New Road	15
Denton Village	8

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 on the Council's Refuse Tip on Denton Island. This system of disposal has proved to be satisfactory.

4. The following is a list of the number and nature of inspections carried out during the year by your Public Health Inspector:-

Housing.

Inspections under the Public Health Acts	85
Visits under the Public Health Acts	109
Inspections under the Housing Acts	109
Visits under the Housing Acts	105
Inspections of verminous houses	4
Inspections under Housing Repairs and Rents Act	9

Infectious Diseases.

Enquiries	12
Disinfections	5

General Sanitation

Ditches	17
Drainage	65
Stable and piggeries	11
Fried Fish Shops	53
Factories and Workshops	51
Bakehouses	38
Public Conveniences	78
Refuse collection	79
Refuse disposal	14
Rats and mice	72
Shops	38
Tents, vans and camping sites	101
Miscellaneous visits	104

Meat and Food Inspections.

Butchers	85
Fishmongers	41
Grocers	47
Dairies	71
Ice-cream premises	95
Restaurants	87
Food Hygiene Regulations	149

Summary of Work after Service of Notice

Roofs repaired	9
Eavesgutter or fallpipes repaired	6
Dustbins	19
Pointing or rendering of external walls	3
Water closets or cisterns repaired or renewed	6
Drains relaid,improved or cleared	11
Dampness remedied	4
Chimney stacks repaired	2
Kitchen sinks renewed	3
Ventilated food stores provided	3
Means of ventilation improved	4
Windows and sashes repaired	7
Cooking stoves repaired or renewed	2
Firegrates or flues repaired	2
Floors (wood or solid) repaired or relaid	1
Doors repaired or renewed	3
Wallplaster repaired	13
Ceilings repaired	2
Decoration of premises	7
Accummulation of refuse removed	1
Dirty premises cleansed	3

5. Inspections 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.

Number of houses infested ... Council houses .. Nil
Other houses .... Nil

7. Premises Controlled by Bye-Laws and Regulations.

(a) Clean Food Byelaws are in force, made under Section 15 of the Food and Drugs Act, 1938.

(b) Dairies. During the year the Public Health Inspector made seventy one dairy inspections. There are sixteen retailers in the district registered for the sale of milk.

(c) Slaughter of Animals. There are no slaughterhouses in the district. Fresh meat is obtained principally from slaughterhouses and markets in Brighton and Chailey.

There is only one licensed slaughterman in the area.

(d) Milk Supply. The premises from which milk is supplied to the District retail received special attention.

(e) Other foods. All premises where food is prepared for sale were inspected regularly, and their condition proved to be reasonably satisfactory except for some minor details which were made good on informal notice. 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:-

	Cwt.	Qrts.	Lbs.
Meat and Offal	0	3	14
Meat (Tinned-Various).....	0	2	19
Fruit (Tinned-Various).....	1	2	13
Vegetables (Tinned-Various) ..	0	1	0
Fish (Tinned & Fresh)	0	1	19
	3	3	9

9. Factories Act, 1937.

In the Urban District of Newhaven there are eight factories on the Register in which Sections, 1, 2, 3, 4, 6 and 7 of the above Act are enforced, and forty two in which Section 7 only is enforced.

During 1956, fifty one inspections were carried out. Details are as follows:-

Part I of the Act.

1. Inspections for purposes of Provisions as to Health.
(Including inspections made by P.H.I.)

Premises	Number on Register.	Inspections	Written Notice.	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authority	8	5	Nil	Nil
2. Factories not included in 1. in which Section 7 is enforced by Local Authority.	40	46	Nil	Nil
3. Other premises in which Section 7 is enforced by Local Authority (excluding out-workers premises)	2	Nil	Nil	Nil
TOTAL.	50	51	Nil	Nil

2. Cases in which defects were found.

Particulars	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	No.of cases in which prosecutions were instituted
Sanitary Conveniences (S.7).	Nil	Nil	Nil	Nil	Nil
Unsuitable or defective	Nil	Nil	Nil	Nil	Nil
Not separate for sexes	Nil	Nil	Nil	Nil	Nil
TOTAL:	Nil	Nil	Nil	Nil	Nil

SECTION IV.

PREVALENCE OF, & CONTROL OVER, IFECTIOUS & OTHER DISEASES.

In all 196 cases of infectious disease, excluding tuberculosis, were notified in Newhaven during 1956. The details are as follows:-

Disease	Cases Notified.	Cases admitted to hospital	Deaths.
Measles	179	1	-
Dysentery	11	-	-
Pneumonia	3	-	-
Whooping Cough	2	-	-
Scarlet Fever	1	-	-
TOTAL:	196	1	-

Measles.

During the year under review 179 cases of measles were notified in Newhaven, only one of which was admitted to hospital. All cases made uneventful recoveries.

The number of 179 cases of measles included in a total number of 196 cases of infectious disease notified during 1956 represents over 91 per cent of all cases notified. Equally large, and even larger, proportions are common during the years when there is a high incidence of measles. These years occur in approximately 50% of cases and even in the years of relatively low incidence measles cases can still often comprise a large proportion of the total number of infectious disease cases recorded. In 1955, for instance, with eighteen measles cases out of a total of forty infectious disease cases recorded in Newhaven, very nearly half of all recorded infectious disease cases were of measles, although it was a year of low incidence. It will thus be seen that if measles were eliminated, the number of cases of infectious disease recorded in an area during a year would normally be very small.

Dysentery.

Eleven cases of dysentery were notified in Newhaven during 1956. None of these cases were admitted to hospital and all made complete recoveries.

While the cases in question were mild, it must be remembered that the disease can be severe and even fatal and is particularly dangerous in infants. To keep the number of cases to the absolute minimum, strict attention to personal hygiene should be observed by all, particularly food handlers, and hands and nails should be washed and scrubbed frequently. Food should be handled as little as possible and kept cool and free from all contamination. Cooked foods should be eaten immediately after cooking and should not be reheated and served again.

Pneumonia

Only three cases of pneumonia were notified in Newhaven during 1956. All three made satisfactory recoveries without admission to hospital.

Whooping Cough.

Only two cases of whooping cough were notified in Newhaven during the year under review. It is therefore the second successive year of low incidence, as only six cases were recorded in 1955. Vaccination against whooping cough was introduced into the County on 1st April, 1954, and the number of cases notified in Newhaven during 1954, 1955 and 1956 were 66, 6 and 2 respectively. It must be pointed out, however, that in several recent years small numbers of cases were recorded, examples being 7 in 1946, 4 in 1948, 6 in 1950, and 5 in 1952. It cannot therefore yet be assumed that the low figures recorded during the past two years are the result of the introduction of vaccination against the disease. It will in fact need several more consecutive years of very low incidence before such an assumption can be made. Meanwhile, it only remains to note the low figure with appreciation and to hope for similarly low figures in future years.

Scarlet Fever.

Only one case of scarlet fever was notified in the Urban District during the year under review. This case was a mild one and made a rapid and uneventful recovery without admission to hospital.

SECTION V.

In 1956 ten new cases of pulmonary tuberculosis were notified. One new case of non-pulmonary tuberculosis was reported. During the same period no death due to pulmonary or non-pulmonary tuberculosis was recorded. Details are given in the following table.

1956 - New Cases and Mortality.

Age Period	New Cases.				Deaths.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	2	1	-	-	-	-	-	-
10	1	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-
20	-	2	-	-	-	-	-	-
25	1	1	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
45	-	1	-	1	-	-	-	-
55	-	1	-	-	-	-	-	-
65 & upwards	-	-	-	-	-	-	-	-
TOTAL:	4	6	-	1	-	-	-	-

The incidence per 1,000 population of the ten new cases of pulmonary tuberculosis notified in 1956 is 1.26.

No death due to pulmonary or non-pulmonary tuberculosis occurred in the Urban District during 1956. The tuberculosis death rate for England and Wales for the same year was 0.12 per 1,000.

It will be noticed that although the tuberculosis death rate has been steadily reduced during the past few years and, in fact, no deaths due to tuberculosis occurred in Newhaven during 1956, the number of new cases occurring is not being reduced by anything like the same extent. It would appear, therefore, that while methods of control, and even cure, of the disease have now been evolved the basic causes of the illness have not yet all been removed. Some years ago infected milk was a major cause of the disease in its non-pulmonary form. Prolonged and intensive efforts to ensure that only unifected milk reaches the consumer have effected a dramatic reduction in the incidence of non-pulmonary tuberculosis. The major causes of the pulmonary form of the disease are equally well known. These are principally, poor housing accommodation, insufficient food or poorly-balanced diet and inadequate clothing - in brief, a poor standard of living. There is little doubt that poor housing accommodation is the most important of the factors mentioned and that a major improvement in housing standards would bring about a considerable reduction in the incidence of pulmonary tuberculosis. It is to be hoped, therefore, that the problem of housing improvement will be tackled with the same energy as was displayed in the campaign to create a tubercle-free milk supply.

The East Sussex Mass Radiography Unit carried out a survey in Newhaven from the 16th to the 22nd October, 1956, inclusive, in the course of which 1,632 persons were X-rayed. One case of active pulmonary tuberculosis was discovered as a result of the survey, together with fourteen cases of inactive pulmonary tuberculosis. One case of malignant disease was traced, in eighteen persons other diseases of the lung or pleura were found and in fourteen cases cardiovascular disease was discovered. The number per 1,000 persons X-rayed who were found to be suffering from active pulmonary tuberculosis was 0.61.