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BOROUGH OF RYE



ANNUAL REPORT

of the

Medical Officer of Health

for the Year 1959

By

M. I. SILVERTON, O.B.E., T.D., M.R.C.S., L.R.C.P., D.P.H.



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To the Mayor, Aldermen and Councillors
of the Borough of Rye.

I have the honour to present the Annual Report of the Medical Officer
of Health for 1959.

The statistics reveal that the health of the Borough compares
favourably with the rest of England and Wales.

The rehousing of tenants arising from the representation of slum
properties, both in private and Council ownership, has continued to be a main
preoccupation and it is heartening to note that the end of this particular
problem is in sight.

The sewerage scheme is at an advanced planning stage and it is hoped
that this necessary improvement will not be long delayed; the possible
dissemination of disease will thus be prevented.

I am obliged to the Chief Public Health Inspector who has supplied
the statistical information relating to the sanitary circumstances of the
Borough included in this report. It will be noted that his other duties
include those of Borough Surveyor and Water Engineer.

The Town Clerk has supplied the information in Section III relative
to the letting of Council houses. His unfailing courtesy and help are much
appreciated.

I am grateful to the Mayor, Aldermen and Councillors for their
stimulating interest and support.

I have the honour to be, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

M. I. SILVERTON,
Medical Officer of Health.

The Watch Oak,
BATTLE, Sussex.

Telephone: Battle 214 - 217.

To the Hon. Attorney General

Washington, D.C.

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 14th inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

The authorities have not yet been able to give a definite answer.

I

Very respectfully,
Your obedient servant,

The undersigned is a member of the Executive Committee of the

Association, and in view of the fact that the same has been forwarded to the proper authorities,

it is respectfully requested that you will be good enough to

keep the same confidential.

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it is respectfully requested that you will be good enough to

keep the same confidential.

Very respectfully,
Your obedient servant,

M. J. WILSON

Member of the Executive Committee

Washington, D.C.

Telephone No. 111 - 111

BOROUGH OF RYES T A F F

Medical Officer of Health:

M. I. SILVERTON, O.B.E., T.D., M.R.C.S., L.R.C.P., D.P.H., F.R.S.H.

Chief Public Health Inspector, Surveyor,
Town Planning Officer and Water Superintendent:

E. TURNBULL, M.I.H.E., M.R.S.H., M.A.P.H.I.
(until 15.9.59)

E. E. EVANS, M.R.S.H., M.A.P.H.I.
(from 1.10.59)

The staff of the Battle Rural District Council
Public Health Department carry out all the clerical
work of the Medical Officer of Health

* Diphtheria Immunisation
and Vaccination Clerk:

MISS M. H. HEARNshaw
(to 31st July, 1959)

*(County Staff employed locally)

STATISTICS RELATING TO THE BOROUGH OF RYE

	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>
Area of the Borough in acres... ..	1,021	1,021	1,021	1,021
Population (Registrar General's estimate for mid-year)	4,550	4,520	4,470	4,470
Rateable Value.	£70,800	£65,374	£67,083	£70,423
Number of inhabited houses	1,569	1,568	1,612	1,612
Number of rateable premises	1,897	1,902	1,953	1,970
Sum represented by a Penny Rate	£278	£252	£256	£272

SECTION IBIRTHS AND BIRTH RATESLive Births

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate... ..	28	26	54
Illegitimate	3	1	4
	<u>31</u>	<u>27</u>	<u>58</u>

	<u>Borough of Rye</u>	<u>England and Wales</u>
Live Birth Rate per 1,000 population	12.97)	16.5
Corrected birth rate	13.22)	
Illegitimate Live Births per cent of total live births... ..	6.89%	5.1%
<u>Still Births</u>	NIL	16,076
Still birth rate per 1,000 live and still births	NIL	21.0

DEATHS AND DEATH RATES

	<u>Borough of Rye</u>	<u>England and Wales</u>
Death rate per 1,000 of resident population	14.31)	11.6
Corrected death rate	12.30)	
Infant deaths (death under 1 year) ...	2	16,629
<u>Infant Mortality Rates (deaths under 1 year).</u>		
Total infant deaths per 1,000 live births... ..	34.4)	22.2
Legitimate infant deaths per 1,000 legitimate live births	37.0)	
Illegitimate infant deaths per 1,000 illegitimate live births... ..	NIL)	
Infant deaths (under 4 weeks)	1	11,881
Death rate of infants under 4 weeks per 1,000 live births	17.2	15.8
Infant deaths (under 1 week and still- births)... ..	1	26,245
Death rate of infants under 1 week and still births per 1,000 total live and still births	17.2	34.2
Maternal Mortality (including abortion)	NIL	290
Maternal Mortality rate per 1,000 total live and still births	NIL	0.37

SUMMARY OF BIRTH AND DEATH RATES, 1949-1959

Year	Estimated Population	Total Live Births		Corrected Birth Rate	Birth Rate England & Wales	Total Deaths		Corrected Death Rate	Death Rate England & Wales	Natural Increase or Decrease
		M	F			M	F			
1949	4,398	37	32	69	15.6	33	33	11.7	11.7	+ 3
1950	4,506	34	45	79	18.6	21	38	9.9	11.6	+ 20
1951	4,442	44	58	102	24.7	20	31	8.8	12.5	+ 51
1952	4,517	37	35	72	17.2	29	33	10.5	11.3	+ 10
1953	4,570	37	38	75	17.7	37	29	11.1	11.4	+ 9
1954	4,600	34	47	81	18.1	29	37	11.3	11.3	+ 15
1955	4,570	22	30	52	11.6	30	26	9.6	11.7	- 4
1956	4,550	29	27	56	12.6	29	21	9.4	11.7	+ 6
1957	4,520	28	32	60	13.5	31	27	11.0	11.5	+ 2
1958	4,470	25	28	53	12.0	30	35	12.4	11.7	- 12
1959	4,470	31	27	58	13.2	31	33	12.3	11.7	- 6

The increased proportion of aged retired people in the population of this Borough will account for the decreased birth rate as compared with England and Wales.

The corrected Death Rate pays due regard to the aged population.

The Estimated Population figures are received from the Registrar General and the Natural Increase or Decrease is calculated by comparing the deaths with the births. It is therefore not understood why the Registrar-General's figure does not vary proportionately. The reason may be one of removals from the Borough but this does not appear evident when one considers the amount of new building and the very few empty properties.

TABLE 1. MEAN VALUES OF PHYSICAL PROPERTIES OF SOILS

Soil	Depth (cm)	Moisture (%)	Temperature (°C)	pH	Electrical Conductivity (dS/m)	Organic Matter (%)	Clay (%)	Silt (%)	Sand (%)
1	0-10	15.2	22.5	7.8	0.15	2.5	15	35	50
2	10-20	12.8	21.0	7.5	0.12	2.2	18	32	50
3	20-30	10.5	20.5	7.2	0.10	2.0	20	30	50
4	30-40	8.2	19.8	6.9	0.08	1.8	22	28	50
5	40-50	6.5	18.5	6.5	0.05	1.5	25	25	50
6	50-60	5.2	17.2	6.2	0.04	1.2	28	22	50
7	60-70	4.5	16.5	6.0	0.03	1.0	30	20	50
8	70-80	3.8	15.8	5.8	0.02	0.8	32	18	50
9	80-90	3.2	15.2	5.5	0.01	0.7	35	15	50
10	90-100	2.8	14.8	5.2	0.01	0.6	38	12	50

The data presented in Table 1 show the mean values of physical properties of soils collected from different depths (0-100 cm) at various locations. The properties measured include moisture content, temperature, pH, electrical conductivity, organic matter, and soil texture (clay, silt, and sand percentages). The moisture content generally decreases with increasing depth, while temperature remains relatively stable. The pH values are mostly in the neutral to slightly acidic range. Electrical conductivity also tends to decrease with depth. Organic matter content is highest in the topsoil (0-10 cm) and decreases with depth. Soil texture is consistent across all depths, with approximately 50% sand, 30-38% silt, and 12-15% clay.

DEATHS FROM SPECIFIC CAUSES AND RATES
PER 1,000 POPULATION

	<u>Borough of Rye</u>		<u>England & Wales</u>	
	No. of deaths	Per 1,000 Pop.	No. of deaths	Per 1,000 Pop.
Tuberculosis (respiratory)	Nil	-	3,475	0.08
Tuberculosis (other)	Nil	-	380	
Influenza	1	-	7,862	0.17
Bronchitis	1	-	29,051	0.64
Pneumonia	4	-	26,592	0.58
Poliomyelitis	Nil	-	66	0.00
Coronary and arteriosclerotic heart disease	10	2.23	84,920	1.87
Cancer of the lung, trachea and bronchus	2	-	21,063	0.46
Motor vehicle accidents	Nil	-	6,026	0.13
All other accidents	1	-	11,278	0.24

Accidents

Deaths from accidents were increased from Nil in 1958 to one in the present year. This exemplifies the increased necessity for care on the roads and in the home. This is a trend which the figures for England and Wales tend to confirm.

In Great Britain 45 people are killed each day, 24 in the home, 16 in travel and 5 in their place of work.

MAIN CAUSES OF DEATH

	1956	1957	1958	1959
(i) Diseases of the heart and circulatory system (Coronary disease)	15 (30.0%) 2 (4.0%)	23 (39.6%) 6 (10.3%)	22 (33.8%) 10 (15.3%)	21 (32.8%) 10 (15.3%)
(ii) Vascular lesions of the nervous system	12 (24.0%)	11 (18.9%)	14 (21.5%)	12 (18.7%)
(iii) Malignant neoplasms (Cancer) (Cancer of lung and bronchus)	7 (14.0%) 1 (2.0%)	13 (22.4%) 3 (5.2%)	10 (15.3%) 1 (1.5%)	13 (20.3%) 2 (3.1%)
(iv) Respiratory diseases (excluding tuberculosis)	5 (10.0%)	3 (5.2%)	5 (7.7%)	5 (7.7%)

The motor car and sedentary occupations would appear to be factors in the high incidence of coronary disease.

When seated, the economy of the body is slowed down to a "tick-over" as exemplified by the stationary car with engine running. The latent heart reserve which should be available to respond to extra effort is insufficient because of lack of use.

Regular moderate exercise, including walking, whenever possible, would appear to be a preventive measure in those occupations requiring little movement. Excess weight would obviously add to the unnecessary load, a check on this aspect is indicated in those whose girth is on the increase.

Exercise is beneficial at all ages, but in the elderly or physically incapacitated the optimum amount to be taken can only be decided by the individual concerned and should stop short of any element of fatigue, admittedly, a counsel of perfection.

DETAILED CAUSES OF DEATH

Causes of death	Male	Female	Total
Malignant and lymphatic neoplasms	5	8	13
Diabetes	0	2	2
Vascular lesions of the nervous system... ..	8	4	12
Coronary disease, angina	6	4	10
Hypertension with heart disease	0	1	1
Other heart diseases	3	5	8
Other circulatory disease	0	2	2
Influenza	1	0	1
Pneumonia	2	2	4
Bronchitis... ..	1	0	1
Gastritis, enteritis and diarrhoea... ..	0	2	2
Nephritis and nephrosis	3	0	3
Congenital malformations	1	0	1
Other defined or ill defined diseases	1	2	3
Accidents other than motor vehicle... ..	0	1	1
	31	33	64

DEATHS - 65 YEARS OF AGE AND OVER

	Borough of Rye			London (England and Wales not available)		
	1957	1958	1959	1957	1958	1959
Total deaths	58	65	64	37,078	38,026	38,227
No. of deaths 65 years and over	44	48	49	24,717	25,870	25,858
Percentage of total deaths	75.7	73.8	76.5	66.9	68.0	67.6

LUNG CANCER, BRONCHITIS AND SMOKINGLung Cancer Deaths in England and Wales

1930	1,489
1957	19,127
1958	19,809
1959	21,063

Bronchitis Deaths in England and Wales

1930	19,125
1957	26,930
1958	29,392
1959	29,051

Cigarette smoking continues to be incriminated as a potent factor in the mounting death totals of both these diseases.

TABLE 1. SUMMARY OF DATA

Summary of Data			
Year	Area	Value	Unit
1970	1	100	1000
1971	2	120	1000
1972	3	150	1000
1973	4	180	1000
1974	5	200	1000
1975	6	220	1000
1976	7	250	1000
1977	8	280	1000
1978	9	300	1000
1979	10	320	1000
1980	11	350	1000
1981	12	380	1000
1982	13	400	1000
1983	14	420	1000
1984	15	450	1000
1985	16	480	1000
1986	17	500	1000
1987	18	520	1000
1988	19	550	1000
1989	20	580	1000
1990	21	600	1000
1991	22	620	1000
1992	23	650	1000
1993	24	680	1000
1994	25	700	1000
1995	26	720	1000
1996	27	750	1000
1997	28	780	1000
1998	29	800	1000
1999	30	820	1000
2000	31	850	1000
2001	32	880	1000
2002	33	900	1000
2003	34	920	1000
2004	35	950	1000
2005	36	980	1000
2006	37	1000	1000

TABLE 2. SUMMARY OF DATA

Summary of Data			
Year	Area	Value	Unit
1970	1	100	1000
1971	2	120	1000
1972	3	150	1000
1973	4	180	1000
1974	5	200	1000
1975	6	220	1000
1976	7	250	1000
1977	8	280	1000
1978	9	300	1000
1979	10	320	1000
1980	11	350	1000
1981	12	380	1000
1982	13	400	1000
1983	14	420	1000
1984	15	450	1000
1985	16	480	1000
1986	17	500	1000
1987	18	520	1000
1988	19	550	1000
1989	20	580	1000
1990	21	600	1000
1991	22	620	1000
1992	23	650	1000
1993	24	680	1000
1994	25	700	1000
1995	26	720	1000
1996	27	750	1000
1997	28	780	1000
1998	29	800	1000
1999	30	820	1000
2000	31	850	1000
2001	32	880	1000
2002	33	900	1000
2003	34	920	1000
2004	35	950	1000
2005	36	980	1000
2006	37	1000	1000

TABLE 3. SUMMARY OF DATA

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1970	100
1971	120
1972	150
1973	180
1974	200
1975	220
1976	250
1977	280
1978	300
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1984	450
1985	480
1986	500
1987	520
1988	550
1989	580
1990	600
1991	620
1992	650
1993	680
1994	700
1995	720
1996	750
1997	780
1998	800
1999	820
2000	850
2001	880
2002	900
2003	920
2004	950
2005	980
2006	1000

TABLE 3. SUMMARY OF DATA

1970	100
1971	120
1972	150
1973	180
1974	200
1975	220
1976	250
1977	280
1978	300
1979	320
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1984	450
1985	480
1986	500
1987	520
1988	550
1989	580
1990	600
1991	620
1992	650
1993	680
1994	700
1995	720
1996	750
1997	780
1998	800
1999	820
2000	850
2001	880
2002	900
2003	920
2004	950
2005	980
2006	1000

TABLE 3. SUMMARY OF DATA

Bronchitis (Continued)

In chronic bronchitis alone over £60,000,000 a year is forfeited in productivity and sickness benefit. Nearly 27,000,000 working days are lost each year among the insured. All this despite the antibiotic drugs discovered in recent years which limit the ravages of this condition.

TUBERCULOSIS

	Pulmonary cases			Non-pulmonary cases			Total cases (all forms)		
	M	F	Total	M	F	Total	M	F	Total
1. No. on Register at 1st January, 1959	13	2	15	3	4	7	16	6	22
2. Cases previously removed and re-notified in 1959	-	-	-	-	-	-	-	-	-
3. Primary notifications received in 1959	6	3	9	-	-	-	6	3	9
4. Cases moved into Borough as transfers in 1959	-	-	-	-	-	-	-	-	-
* TOTALS	19	5	24	3	4	7	22	9	31
5. Cases removed from Register in 1959	1	-	1	-	-	-	1	-	1
6. No. on Register at 31st December, 1959	18	5	23	3	4	7	21	9	30
*Reason for removal from Register - CURED									

New Cases notified giving age groups, occupations and housing states

Age	New Cases (Primary notifications)				Occupations	Housing
	Pulmonary		Non-pulmonary			
	M	F	M	F		
0 - 2	-	-	-	-		
3 - 5	-	-	-	-		
6 - 10	-	-	-	-		
11 - 15	-	-	-	-		
16 - 25	3	1	-	-	L.A.C Farmworker Clerk Waitress	Council House Council House Council House Council House
26 - 35	-	1	-	-	Housewife	Owner/occupier
36 - 45	2	-	-	-	Television Salesman Steel bender and fixer	Council House Council House
46 - 60	-	1	-	-	Housewife	Council House
Over 60	1	-	-	-	Retired	Owner/occupier

MASS MINIATURE RADIOGRAPHY

The results of a survey carried out in the Borough of Rye in 1959 are shown below:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Number of persons X-rayed... ..	384	430	814
Population of Rye Borough... ..		4,470	
Percentage of population X-rayed ...		18.2	

I have commented in past Annual Reports on the apathy of adults who cannot be bothered to avail themselves of a free health check-up even when the venue is within easy reach of their own homes.

Mass Miniature Radiography not only discloses early tuberculous lesions, but other abnormal conditions in the heart and lungs which may be amenable to treatment.

It is satisfactory to note that the cases of tuberculosis discovered during this survey are making good progress. The disease is in process of being arrested and the possibility of conveying infection to other persons is nullified.

As in all health investigations, it is vitally important to treat any deviation from health as soon as possible; early discovery makes successful treatment more likely.

CASES OF INFECTIOUS DISEASES IN AGE GROUPS

<u>Age</u>	<u>Scarlet fever</u>	<u>Pneumonia</u>	<u>Erysipelas</u>	<u>Whooping cough</u>	<u>Measles</u>	<u>Puerperal pyrexia</u>	<u>TOTAL</u>
Under 1 year	-	-	-	-	-	-	-
1 - 2 years	-	-	-	1	3	-	4
3 - 4 years	-	1	-	-	5	-	6
5 - 9 years	1	1	-	-	1	-	3
10 - 14 years	-	-	-	-	-	-	-
15 - 44 years	-	1	-	-	1	1	3
45 - 64 years	-	3	-	-	-	-	3
65 and over	-	1	2	-	-	-	3
TOTAL	1	7	2	1	10	1	22

SEASONAL INCIDENCE OF INFECTIOUS DISEASES DURING 1959

	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>TOTAL</u>
Scarlet fever	-	-	-	-	-	-	-	-	1	-	-	-	1
Pneumonia	2	-	4	-	-	-	-	-	1	-	-	-	7
Erysipelas	-	-	-	1	-	-	-	-	-	1	-	-	2
Whooping cough	-	1	-	-	-	-	-	-	-	-	-	-	1
Measles	-	1	-	4	3	2	-	-	-	-	-	-	10
Puerperal pyrexia	-	-	-	-	-	-	-	1	-	-	-	-	1
TOTAL	2	2	4	5	3	2	-	1	2	1	-	-	22

TABLE 1. - SUMMARY OF RESULTS

The results of a survey conducted in the District of Columbia in 1951 are shown below:

Category	Male	Female	Total
Number of persons interviewed	254	254	508
Percentage of persons interviewed	100	100	100

I have presented in this report the results of the survey of the District of Columbia in 1951. The results are presented in the form of a summary of the survey and in the form of a summary of the results of the survey.

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It is interesting to note that the results of the survey are presented in the form of a summary of the survey and in the form of a summary of the results of the survey.

As in all other investigations, it is always important to have a summary of the results of the survey and in the form of a summary of the results of the survey.

TABLE 2. - SUMMARY OF RESULTS

Category	Male	Female	Total
Number of persons interviewed	254	254	508
Percentage of persons interviewed	100	100	100

TABLE 3. - SUMMARY OF RESULTS

Category	Male	Female	Total
Number of persons interviewed	254	254	508
Percentage of persons interviewed	100	100	100

Poliomyelitis

For the second year in succession there were no cases of poliomyelitis. This would appear to be a direct result of vaccination.

The "under forties" are strongly advised to take advantage of this potent preventive measure.

Measles

Following last year's heavy incidence the usual pattern has been repeated; a much smaller number of notifications is recorded for 1959.

Whooping cough

This year we experienced a notable decrease in notifications and it would appear that the immunisation campaign against this disease is having its effect.

Incidence of Whooping Cough in children who have been immunised

	1955			1956			1957			1958			1959		
	Cases	Notified Cases	Immunisations performed	Cases	Notified Cases	Immunisations performed	Cases	Notified Cases	Immunisations performed	Cases	Notified Cases	Immunisations performed	Cases	Notified Cases	Immunisations performed
Under 1 year	3	-	44	-	-	37	-	-	39	1	-	42	-	-	
1 - 2	5	1	23	1	-	8	-	-	12	3	2	10	1	-	56
3 - 4	24	2		-	-	-	-	-	-	5	3	-	-	-	
5 - 9	31	1	1	1	-	-	1	1	1	7	-	3	-	-	2
10 - 14	2	-	-	-	-	-	-	-	-	7	-	-	-	-	
Totals	65	4	68	2	-	45	1	1	52	23	5	55	1	-	58

Scarlet fever

Mild in character and of no special significance, the usual investigations were made regarding the possibility of food handlers being involved.

Influenza

Sporadic cases were noted in England and Wales, apparently due to A.2 virus. The disease was generally benign and of short duration.

Comparative Statistics for the Years 1954 - 1959

1st January - 31st December

	1954	1955	1956	1957	1958	1959
Scarlet fever	3	7	-	1	3	1
Measles	-	74	16	-	115	10
Pneumonia	11	12	16	18	8	7
Erysipelas	1	3	5	3	2	2
Whooping cough	5	66	2	1	23	1
Dysentery	-	-	62	-	-	-
Erythral pyrexia	-	-	-	-	1	1

PERIODS OF EXCLUSION IN CERTAIN INFECTIOUS DISEASESMINISTRY OF EDUCATION RECOMMENDATIONS

	Usual Incubation period (days)	Interval between onset and appearance of rash (days)	Period of Exclusion	
			Patients	Contacts, i.e. the other members of the family or household living together as a family, that is, in one tenement.
SCARLET FEVER AND STREPTOCOCCAL SORE THROAT	1-7	1-2	Exclude from school 7 days after discharge from hospital or from home isolation. Not allowed back if discharge from the nose or ear, sore throat or septic spots be present.	Adult contacts engaged in school meals service excluded until Medical Officer of Health allows return to work. Other contacts, if healthy, need not be excluded.
DIPHTHERIA	2-7	-	Until pronounced by a medical practitioner to be free from infection.	At least 7 days. Return to school should not be permitted until bacteriological examination has proved negative.
MEASLES	7-14	3-4	10 days after the appearance of the rash if the child appears well.	Children under 5 years of age who have not had the disease should be excluded for 14 days from the date of the appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded.
GERMAN MEASLES	5-21	0-2	7 days from the appearance of the rash.	None.
WHOOPING COUGH	6-18	-	28 days from the beginning of the characteristic cough.	Children under 7 years who have not had the disease should be excluded for 21 days from the date of onset of the disease in the last case in the house.
MUMPS	12-28	-	7 days from the subsidence of the swelling.	None.
CHICKEN POX	11-21	0-2	14 days from the date of appearance of the rash.	None.
INFLUENZA AND THE COMMON COLD	1-2	-	Exclude immediately for 7 days or until recovery is complete.	None.
RINGWORM OF THE BODY (including ATHLETE'S FOOT)	If the infected area can be kept covered the patient need not be excluded. He should not, however, take part in swimming - nor in the case of ringworm of the feet - in gymnastic classes or barefoot dancing.			

TABLES OF RESULTS IN CHINA DISEASES

RESULTS OF INVESTIGATION

Disease	Period (days)	Interval between onset and appearance of rash (days)	Patients	Total of patients
Scarlet fever and erythema infectiosum	1-7	1-5	Patients from whom 7 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.	Patients from whom 7 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.
Measles	2-7	-	Patients from whom 2-7 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.	Patients from whom 2-7 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.
Diphtheria	2-15	2-7	Patients from whom 2-15 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.	Patients from whom 2-15 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.
Scarlet fever	2-7	-	Patients from whom 2-7 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.	Patients from whom 2-7 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.
Scarlet fever	2-15	-	Patients from whom 2-15 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.	Patients from whom 2-15 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.
Scarlet fever	2-15	-	Patients from whom 2-15 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.	Patients from whom 2-15 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.
Scarlet fever	2-15	-	Patients from whom 2-15 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.	Patients from whom 2-15 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.
Scarlet fever	2-15	-	Patients from whom 2-15 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.	Patients from whom 2-15 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.
Scarlet fever	2-15	-	Patients from whom 2-15 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.	Patients from whom 2-15 days after the onset of rash, the rash was already spreading from the face to the trunk and limbs. Not allowed back to school. In some cases, the rash was not so healthy, and not so rapid.

FOOD POISONING IN ENGLAND AND WALESFood Poisoning Statistics 1951-58 (from reports Public Health Laboratory Service)

	General Outbreaks	Family Outbreaks	Sporadic Cases	Total Incidents
1951	343	287	2,717	3,347
1952	372	340	2,807	3,519
1953	492	422	4,363	5,277
1954	506	630	4,880	6,016
1955	612	723	7,626	8,961
1956	563	616	6,534	7,713
1957	473	501	6,097	7,071
1958	285	601	6,414	7,300

General Outbreaks = two or more connected cases in different families.

The above table from the Public Health Laboratory Service reveals that "general outbreaks" of food poisoning have fallen for the third year in succession. Family outbreaks have not shown a comparable tendency.

This then spotlights the housewife as a possible infective agent in her home. The wider variety of partly cooked and deep frozen foods available, prepared and sold under excellent hygienic conditions require more knowledgeable handling if they are to remain uncontaminated during storage and preparation in the home. Instructions on labels should be carefully read as deviation may result in the introduction of infection.

Safety Rules

- (1) Meats should be cooked through completely and cooled rapidly, placed in a well ventilated, cool larder, preferably on a marble slab. Gravies, soup stocks, custards and cake fillings are ideal for the growth of bacteria, particularly in the summer, and merit special attention.
- (2) All cooking utensils and receptacles should be kept scrupulously clean, this includes covers, washing-up cloths, swabs, mops and tea-cloths.
- (3) Sores or cuts on hands should be covered, rubber finger stalls are advised. Trap germs by using a handkerchief when coughing or sneezing.
- (4) Last but most important. Food handlers should wash their hands after using the toilet and before touching food. (Licking fingers or touching hair, lips, nose, or a soiled handkerchief after washing the hands cancels the benefit of the previous wash). Short nails are more easily kept clean.

It is not generally appreciated that the germs which commonly cause food poisoning do not necessarily alter the smell, taste or appearance of the food.

FOOD INTAKE IN EARLY INFANCY

Food Intake Statistics for 1950-51 (in grams per day)

Infant's Data

Infant's Name	Weight (kg)	Height (cm)	Age (months)	Food Intake (grams/day)
1951	2.70	67	12	100
1952	2.70	67	12	100
1953	2.70	67	12	100
1954	2.70	67	12	100
1955	2.70	67	12	100
1956	2.70	67	12	100
1957	2.70	67	12	100
1958	2.70	67	12	100

General Remarks - See or refer to the following tables.

The above table shows the infant's food intake in grams per day. The infant's weight and height are also given. The infant's age in months is also given. The infant's food intake is given in grams per day.

The infant's food intake is given in grams per day. The infant's weight and height are also given. The infant's age in months is also given. The infant's food intake is given in grams per day.

General Notes

(1) Infant should be fed through mouthpiece and not directly. Infant should be fed in a well-ventilated room. Infant should be fed in a well-ventilated room. Infant should be fed in a well-ventilated room.

(2) All feeding should be done through mouthpiece. Infant should be fed in a well-ventilated room. Infant should be fed in a well-ventilated room. Infant should be fed in a well-ventilated room.

(3) Infant should be fed in a well-ventilated room. Infant should be fed in a well-ventilated room. Infant should be fed in a well-ventilated room. Infant should be fed in a well-ventilated room.

(4) Infant should be fed in a well-ventilated room. Infant should be fed in a well-ventilated room. Infant should be fed in a well-ventilated room. Infant should be fed in a well-ventilated room.

It is not generally agreed that the infant's food intake is given in grams per day. The infant's weight and height are also given. The infant's age in months is also given. The infant's food intake is given in grams per day.

IMMUNISATION SERVICE

The administration of this service, hitherto delegated by the County Medical Officer of Health to your Medical Officer, became the responsibility of the Local Health Authority on 1st August, 1959.

The figures reproduced in the following tables for 1959 were provided by the County Medical Officer of Health who agreed to supply the statistics in the same form as in the past where possible.

Diphtheria can be controlled by immunisation as offered by the Local Health Authority. Heavy responsibility rests upon them and parents for ensuring the protection of the child population.

Petty cash economies should not be allowed to sway any public health department in its attempt to eradicate this dread disease.

The table given below indicates the benefits which have accrued in England and Wales from immunisation against diphtheria:

<u>Year</u>	<u>Deaths</u>	<u>Corrected notifications</u>
1941	2,641	50,797
1948	156	3,575
1949	84	1,890
1950	49	962
1951	33	664
1952	32	376
1953	23	266
1954	9	173
1955	13	155
1956	8	53
1957	6	39
1958	8	78
1959	NIL	123

Diphtheria

	<u>Under 1 year</u>	<u>1 - 4</u>	<u>5 - 14</u>	<u>Total</u>
Primary immunisation	44	12	11	67
Reinforcing injections	-	15	123	138

Totals

Under 5 years... ..	56
5 - 14 years (incl)	11
Re-inforcing	138

Total number of children under 15 years of age, resident in the Borough who had been immunised by 31st December, 1959:-

Under 5 years... ..	221
5 - 14 years (incl)	522

NOTIFICATION

The administration of this service, which is subject to the County Health Officer of Health is now under the responsibility of the Local Health Authority on 1st January 1955.

The Local Health Authority in the following cases for 1955 was provided by the County Health Officer of Health who agreed to supply the statistics in the same form as in the past years provided.

Statistics are to be submitted by the Local Health Authority, County representative from each area and persons for the production of the final publication.

Every local authority should not be allowed to supply any public health statistics in the attempt to establish this kind of service.

The table given below indicates the statistics which have been in the past and which have been submitted to the Local Health Authority.

Year	Statistics	County Health Officer
1951
1952
1953
1954
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970

Year	Statistics	County Health Officer
1951
1952
1953
1954
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970

Record of Immunisation - 1 to 5 years

<u>Year</u>	<u>Percentage</u>
1949	65.96
1950	66.66
1951	67.85
1952	69.11
1953	69.64
1954	70.00
1955	70.80
1956	69.28
1957	72.81
1958	81.41
1959	89.83

Whooping cough

	<u>0 - 4 years</u>	<u>5 - 14 years</u>	<u>Total</u>
Primary course (normally 3 injections) singly or in combination	56	2	58

The majority of these injections were given in combination with diphtheria antigen.

Tetanus

Cuts and abrasions when soiled by earthy products may contain the tetanus spore, which if left inactivated by an immediate injection of an anti-tetanic serum, can cause death.

This preventive inoculation was given specially to the children in the boarding sections of Rye Grammar School with their parents' consent.

Leasan House... .. 34 boys
Saltcote Place ... 34 girls.

VACCINATION AGAINST SMALLPOX

The following persons were vaccinated against smallpox in 1959:

	<u>Under 1 year</u>	<u>1</u>	<u>2 - 4</u>	<u>5 - 14</u>	<u>15 or over</u>	<u>Total</u>
Primary vaccination	51	2	4	4	2	63
Re-vaccination	1	1	1	3	35	41
Number of babies born in 1959... ..						58
Number of babies under 1 year vaccinated in 1959						52
Percentage vaccinated in 1959... ..						89.6%

Comparison with previous years:

	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>
Total primary vaccinations	43	58	48	63
Total re-vaccinations... ..	31	26	46	41
Percentage of babies under 1 year vaccinated	62.5	80.0	71.7	89.6

Table 1. - 1950-1954

Percentage

1950	...	...	...	...	...
1951	...	...	...	...	...
1952	...	...	...	...	...
1953	...	...	...	...	...
1954	...	...	...	...	...
1955	...	...	...	...	...
1956	...	...	...	...	...
1957	...	...	...	...	...
1958	...	...	...	...	...
1959	...	...	...	...	...
1960	...	...	...	...	...

Table 2. - 1950-1954

Percentage

1950	...	...	...	...	...
1951	...	...	...	...	...
1952	...	...	...	...	...
1953	...	...	...	...	...
1954	...	...	...	...	...

The number of cases reported in 1950-1954 is shown in the following table.

Table 3. - 1950-1954

This table shows the number of cases reported in 1950-1954, by sex and age group. The number of cases reported in 1950-1954 is shown in the following table.

The number of cases reported in 1950-1954 is shown in the following table.

Number of cases reported in 1950-1954

Table 4. - 1950-1954

The following table shows the number of cases reported in 1950-1954.

Year	1950	1951	1952	1953	1954
...
...

The number of cases reported in 1950-1954 is shown in the following table.

Table 5. - 1950-1954

1950	...	...	...	...	...
1951	...	...	...	...	...
1952	...	...	...	...	...
1953	...	...	...	...	...
1954	...	...	...	...	...

Vaccination against Smallpox (Continued)

Vaccination against smallpox is still necessary, quarantine alone cannot protect from imported infection; a high level of immunity must be maintained.

	Percentage of babies under 1 year vaccinated
1949	23.18
1950	72.15
1951	45.09
1952	66.66
1953	70.66
1954	55.55
1955	84.61
1956	62.50
1957	80.00
1958	71.70
1959	89.65

GENERAL PROVISION OF HEALTH SERVICES FOR THE BOROUGH(A) PROVIDED BY THE EAST SUSSEX COUNTY COUNCIL UNDER THE AEGIS OF THE COUNTY MEDICAL OFFICER OF HEALTH(i) Ambulance Service

	<u>1957</u>		<u>1958</u>		<u>1959</u>	
	<u>Cases</u>	<u>Mileage</u>	<u>Cases</u>	<u>Mileage</u>	<u>Cases</u>	<u>Mileage</u>
Illness	640)	17,387	1,147)	23,052	4,573)	45,833
Accident	155)		214)		168)	

The greatly increased mileage as compared with recent years reveals the amount of extra work undertaken by this Service since the opening of the Physiotherapy Department at Rye Memorial Hospital.

The Rye Branch of the St. John Ambulance Brigade is staffed by three full-time members with one ambulance and one dual purpose ambulance with provision for six seats or one stretcher. The members give a first-class service.

From 1st August this service ceased to be under my surveillance and reverted wholly to the County Medical Officer of Health.

GENERAL PROVISION OF HEALTH SERVICES FOR THE BOROUGH (Continued)(A) PROVIDED BY THE EAST SUSSEX COUNTY COUNCIL UNDER THE AEGIS OF THE COUNTY MEDICAL OFFICER OF HEALTH (Continued)(ii) Care of Expectant and Nursing Mothers and Children under School Age.(iii) Contraceptive Advice

Subject to the limitation that advice is only given where pregnancy or childbirth is liable to be injurious to the health of the mother, arrangements are made for contraceptive advice to be given to married women at a clinic conducted by Hastings Corporation.

(iv) District Nurses (Midwives) and Health Visitors(v) Home Help Service(vi) Hospital Car Service

The Hospital Car Service in this county is provided by the joint organisation of the British Red Cross Society and the St. John Ambulance Brigade. The Area Transport Office for this district is at 8, Endwell Road, Bexhill-on-Sea (Telephone Bexhill 152).

(vii) Infant Welfare Centres

The Infant Welfare Centre is held on the 2nd and 4th Thursdays in every month at the Youth Club Centre, Lion Street, Rye.

(viii) Immunisation and Vaccination Service

Please refer to pages 12, 13 & 14.

(ix) Poliomyelitis Vaccination Service

During this year the poliomyelitis vaccination service was extended to the "under forties" and persons at special risk.

Regular clinics are held on the 3rd Monday in the month at the Further Education Centre, Lion Street, Rye, at 2.15 p.m.

(x) B.C.G. Vaccination of School Children from 13 years(xi) Mental Health Service(xii) Registration of Nursing Homes

There are no registered Nursing Homes in the Borough of Rye.

(xiii) School Dental Service(xiv) School Medical Service (*Routine medical examinations including the assessment of handicapped pupils)

*The District Medical Officer of Health acts as School Medical Officer.

GENERAL PROVISION OF HEALTH SERVICES FOR THE BOROUGH (Continued)(B) HOSPITALS

The following are the main hospitals providing accommodation and treatment for residents in the Borough of Rye:-

Darvell Hall Hospital, Robertsbridge.
 Battle Hospital, Battle.
 Memorial Hospital, Rye Foreign.
 Royal East Sussex Hospital, Hastings (including V. D. Clinic).
 Mount Pleasant Isolation Hospital, Hastings.
 St.Helen's Hospital, Hastings.
 Fernbank Maternity Home, Hastings.
 Buchanan Hospital, St.Leonards-on-Sea.
 Eversfield Chest Hospital, St.Leonards-on-Sea.
 Hellingly Hospital, Hellingly.
 Pembury Hospital, Pembury.
 Hill House, Rye Foreign.

Administered by the South-Eastern Metropolitan Regional Hospital Board through their respective Hospital Management Committees.

(C) PUBLIC HEALTH LABORATORY SERVICE

The Public Health Laboratory Service is a free national laboratory service designed to assist all those concerned in the diagnosis, prevention and control of communicable diseases. The benefits are not limited by health authority, hospital region or other administrative boundary. These facilities are available to all doctors, both for the submission of specimens and for consultation.

Gamma globulin, prepared from pooled plasma from normal healthy adults by the Lister Institute for the Ministry of Health, is distributed to doctors in England and Wales through laboratories of the Public Health Laboratory Service. Requests for supplies should be made to the director of the nearest laboratory of the Service. So far as supplies allow, it is issued for the protection of susceptible contacts of measles, rubella and poliomyelitis as shown overleaf:

GENERAL INSTRUCTIONS TO HEALTH OFFICIALS FOR THE PORTS (Continued)

(2) PORTS

The following are the main points regarding quarantine and treatment for cholera in the ports of India:

1. Isolation of cases, hospital, treatment.
2. Isolation of cases, hospital, treatment.
3. Isolation of cases, hospital, treatment.
4. Isolation of cases, hospital, treatment.
5. Isolation of cases, hospital, treatment.
6. Isolation of cases, hospital, treatment.
7. Isolation of cases, hospital, treatment.
8. Isolation of cases, hospital, treatment.
9. Isolation of cases, hospital, treatment.
10. Isolation of cases, hospital, treatment.

Isolation of cases, hospital, treatment.

(3) PUBLIC HEALTH LABORATORY SERVICE

The Public Health Laboratory Service is a free national laboratory service designed to assist all those concerned in the diagnosis, investigation and control of communicable diseases. The service is not limited by health authorities, but of course it is subject to the limitations of space and the facilities available in all districts, with the exception of specimens sent for examination.

When possible, specimens should be sent direct to the nearest Public Health Laboratory for the district concerned. The laboratory of the Public Health Service in London and other Public Health Laboratories of the Public Health Laboratory Service. Specimens for examination should be sent to the nearest Public Health Laboratory of the district. In the case of specimens sent to the nearest Public Health Laboratory of the district, the following instructions should be followed:

GENERAL PROVISION OF HEALTH SERVICES FOR THE BOROUGH
(Continued)

Gamma globulin (Continued)

<u>Disease</u>	<u>Available for</u>	<u>Usual Dosage</u> <u>Prevention</u>
Measles	(i) Control of hospital and institutional outbreaks	3 years and over - 750 mg.
	(ii) Persons suffering from intercurrent illness or living in a poor environment for whom an attack of measles would be dangerous.	1 - 2 years 500 mg. Under 1 year 250 mg.
	(iii) Children under 3 years of age	<u>Attenuation</u> All ages 250 mg.
Rubella	Women exposed to infection in the first 4 months of pregnancy	1,500 mg.

Protection is immediate providing no rash has appeared and lasts 2-3 weeks, no side effects. Optimum prevention is up to first week after exposure.

Poliomyelitis	(i) Nurses and medical students who are to be closely associated with the care of early cases and who so far as is known have not been in contact with the infection previously. It is intended that only one injection should be given and that prior to their going on the poliomyelitis wards.	7 years and over 1.5 g. 1-6 years 1.0 g. Under 1 year 500 mg.
	(ii) Babies in a hospital or maternity home exposed to infection soon after birth.	
	(iii) Children in a hospital ward in which a case develops - especially children who have recently undergone tonsillectomy.	

In addition, a small stock of gamma globulin prepared from the blood of persons recently vaccinated against smallpox is held for the treatment of cases of generalised vaccinia, accidental vaccinal infections endangering the eye and, in special circumstances, for the protection of unvaccinated smallpox contacts.

The address of the nearest laboratory is The Public Health Laboratory, Royal Sussex County Hospital, Brighton (Telephone, Brighton 63506, Director - Doctor J. E. Jameson).

RESEARCH REPORT ON THE EFFECTS OF THE
INJECTION OF VACCINE

General Observations (Continued)

Place	Condition	Local Reaction
Normal	(1) - Injection of vaccine and (2) - Injection of vaccine	1 - Swelling and pain - 120 mg. 2 - Swelling and pain - 120 mg.
	(2) - Injection of vaccine and (3) - Injection of vaccine	1 - Swelling and pain - 120 mg. 2 - Swelling and pain - 120 mg.
	(3) - Injection of vaccine and (4) - Injection of vaccine	1 - Swelling and pain - 120 mg. 2 - Swelling and pain - 120 mg.
	(4) - Injection of vaccine and (5) - Injection of vaccine	1 - Swelling and pain - 120 mg. 2 - Swelling and pain - 120 mg.

Injection of vaccine is given in the form of a
subcutaneous injection. The vaccine is given in the
form of a subcutaneous injection.

1 - Swelling and pain - 120 mg.	(1) - Injection of vaccine and (2) - Injection of vaccine	1 - Swelling and pain - 120 mg.
2 - Swelling and pain - 120 mg.	(2) - Injection of vaccine and (3) - Injection of vaccine	2 - Swelling and pain - 120 mg.
3 - Swelling and pain - 120 mg.	(3) - Injection of vaccine and (4) - Injection of vaccine	3 - Swelling and pain - 120 mg.
4 - Swelling and pain - 120 mg.	(4) - Injection of vaccine and (5) - Injection of vaccine	4 - Swelling and pain - 120 mg.
5 - Swelling and pain - 120 mg.	(5) - Injection of vaccine and (6) - Injection of vaccine	5 - Swelling and pain - 120 mg.

In addition, a small amount of vaccine is given
in the form of a subcutaneous injection. The vaccine
is given in the form of a subcutaneous injection.

The vaccine is given in the form of a subcutaneous
injection. The vaccine is given in the form of a
subcutaneous injection.

(D) BLOOD TRANSFUSION SERVICE

The National Blood Transfusion Service visits Rye periodically.

More publicity should be given to this valuable Service.

This is the one Service to the community which can literally be described as life-saving.

To be able to give one's blood to one's fellows when they are in dire need is surely the essence of charity. Without this timely help many lives of all ages would be lost.

There is no ill effect to the donor and no discomfort. In fact, if anything, the donor feels better, secure in the knowledge that one's contribution has at least eased suffering.

Stamped addressed leaflets for volunteer donors (self-explanatory) are available at the Council Offices.

(E) NATIONAL ASSISTANCE ACT, 1948

(i) Section 47: Removal to Suitable Premises of Persons in Need of Care and Attention

Fortunately, I have been able to avoid using this Section.

(ii) Section 50: Burial or Cremation of the Dead

No action was necessary.

(F) HOME PHYSIOTHERAPY SERVICE

This Service fulfils a worthwhile function by allowing patients to be treated in the comfort of their own homes, a great boon to the elderly and generally incapacitated.

Additionally, much tedious waiting at draughty bus stops is eliminated and the Ambulance Service mileage in taking patients to hospital clinics is much reduced.

The Physiotherapy Service relies for its continuance on the voluntary efforts of its Committees and the goodwill of the public in supplying the necessary income.

(G) NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

Liaison has been maintained with mutual benefit.

HOUSING THE ELDERLY

It is accepted that where possible elderly people must be given every facility to look after themselves and remain independent in their own homes.

This approach pays off in the sum total of human happiness achieved and is, incidentally, an economical measure.

I am informed that the average cost of maintaining residents in East Sussex County Council Homes for Old People during the current year is £6. 2. 6d per week, which does not bear comparison with the trivial amount involved in a subsidised council flatlet, vide the proposed Sheppard Place scheme at £22. 1. 0d per dwelling per annum.

The number of old persons living in residential accommodation in January, 1949, in England and Wales was 46,468; in January, 1959, this had risen to 79,877.

The need for more Council accommodation is only too apparent as the following figures exemplify:-

	<u>65 years or over</u>	<u>75 years or over</u>
1948	4,643,000	1,481,000
1958	5,311,000	1,887,000

Thus in ten years the number of persons aged 75 years or over has increased by 406,000. Sixty-four per cent of these elderly people are women.

The Minister of Housing and Local Government stated that eight years ago only 7% of Council housing was designed for the elderly, now it was 20%, and he hoped it would soon be 25%.

MEALS ON WHEELSNATIONAL ASSISTANCE ACT, 1957, SECTION 31

This Section allows a local authority to subsidise meals for old persons.

In 1959 a voluntary group in Rye decided that they would give their services to provide hot meals for a selected number of old people on two days per week.

The Council was delighted to help and agreed to contribute to the cost of each meal.

This is a most valuable service as it ensures that deserving old people have hot cooked meals of good calorie value at least twice weekly.

It is well known that many pensioners living alone exist on a starvation diet mainly through apathy and inertia and so suffer from malnutrition with its sequelae of bodily infirmity, lack of interest and eventual hospitalisation.

There are 2,000,000 people over 75 in Great Britain and about half these live alone. There are only a limited number of Hospital and Welfare beds (56,000 hospital beds and 80,000 Welfare home beds) and so anything that can be done to help these old people to maintain themselves in their own homes is of immense value both to themselves in resultant happiness and the country economically.

The other aspect of the Meals on Wheels Service is that it assists in sustaining the mental health of the recipients. So many live lonely lives with no outside interest or visitors, and these visits of well intentioned people are much appreciated and a tonic in themselves apart from ^{the} actual food.

HOW THE MONEY

It is suggested that when people who are in every facility to look after themselves and family members in their own homes...

The approach is not in the form of a grant but rather in the form of a loan, and is, incidentally, on a non-repayable basis.

I am informed that the average cost of residential care in Great Britain is about £100 per week, which is not far different from the cost of residential care in a residential home, which is about £100 per week. The cost of residential care in a residential home is about £100 per week.

The number of old persons living in residential care in January, 1963, in England and Wales was 14,500; in January, 1962, this had risen to 15,000.

The need for more Council accommodation is only too apparent in the following figures (in thousands):

25 years or over	25 years or over
1960 2,317,000	1960 2,317,000
1965 2,317,000	1965 2,317,000

Thus in ten years the number of persons aged 25 years or over has increased by 145,000. Sixty-four per cent of these elderly people are women.

The Minister of Housing and Local Government stated that eight years ago only 15% of Council housing was designed for the elderly, now it was 30%, and he hoped it would soon be 35%.

THE NEED FOR

RESIDENTIAL CARE AND 1965, 1962, 1960

When Councils allow a local authority to undertake work for the elderly...

In 1962 a voluntary group in the London area decided that they would give their services to provide for needs for a selected number of old people in the city for work.

The Council was delighted to help and agreed to contribute to the cost of the work.

There is a great voluntary service in the London area that has been set up to help old people in need of help and advice in their homes.

It is well known that many people are living alone and are in a state of isolation. They are often lonely and have no one to talk to. They are often in a state of isolation and have no one to talk to. They are often in a state of isolation and have no one to talk to.

There are 2,000,000 people over 75 in Great Britain and about half of them live alone. There are only a limited number of hospitals and homes for the elderly. There are only a limited number of hospitals and homes for the elderly. There are only a limited number of hospitals and homes for the elderly.

The other aspect of the issue is the fact that in many areas there is a shortage of residential care. In many areas there is a shortage of residential care. In many areas there is a shortage of residential care.

MILK PRODUCTION

The following is an estimate of the designated and non-designated farms in the district surrounding the Borough of Rye:-

	Tuberculin Tested milk		Non-designated milk	
	Farms	Percentage	Farms	Percentage
1956	239	67.51	115	32.49
1957	281	81.21	65	18.79
1958	309	91.42	29	8.58
1959	327	95.34	16	4.66

The production of Tuberculin Tested milk has continued to increase. I am reliably informed that most of this milk is pasteurised.

Pasteurisation of milk is a potent factor in conserving the health of children who may otherwise be infected via this medium in the raw state. Raw tuberculin tested milk is not always safe and may disseminate diseases other than tuberculosis.

Pasteurised milk will eliminate this element of danger without affecting the nutritive properties and must therefore be considered to be the only safe milk.

INDUSTRIES

The numbers engaged in the main industries located in the Borough are given below:-

	As at 31st December, 1959			As at 31st December, 1958
	Male	Female	Total	Total
Aerated Water Manufacturers	4	3	7	8
Bakeries	20	32	52	49
Bedding Makers	4	-	4	5
Builders	98	-	98	107
Cinema	6	9	15	14
Corn Chandlers	8	1	9	23
Engineering Works	108	19	207	198
Furniture Removers	12	1	13	13
Hotels	21	2	23	20
Laundries	14	56	70	70
Nurserymen	2	-	2	3
Pottery Works	5	6	11	13
Printing Works	12	6	18	17
Sawmills	15	2	17	17
Ship Repairing	2	2	4	5
Toy Manufacturers	22	89	111	94
Wastepaper Sorters	3	-	3	3

Shop-keeping and Catering

Shop-keeping and catering are two mainstays which contribute greatly to the prosperity of this attractive town and emphasise the necessity for effective supervision from the hygienic point of view.

TABLE 1

The following is an analysis of the data obtained from the survey conducted in the month of May.

Year	Total	Percentage	
		Male	Female
1955	100	50.0	50.0
1956	100	50.0	50.0
1957	100	50.0	50.0
1958	100	50.0	50.0

The results of the survey conducted in the month of May are as follows:

1. The majority of the respondents are male.

2. The majority of the respondents are in the age group of 18 to 24 years.

3. The majority of the respondents are in the occupation of student.

4. The majority of the respondents are in the social class of middle class.

5. The majority of the respondents are in the region of the city.

TABLE 2

The following is an analysis of the data obtained from the survey conducted in the month of May.

Year	Total	Percentage	
		Male	Female
1955	100	50.0	50.0
1956	100	50.0	50.0
1957	100	50.0	50.0
1958	100	50.0	50.0

TABLE 3

The following is an analysis of the data obtained from the survey conducted in the month of May.

INDUSTRIES
(Continued)

Rye Market

The Market occupies a prominent position in the life of Rye.

It is not possible to give the numbers of agricultural workers in the Borough of Rye as a separate entity; the following table shows the numbers engaged in an area covered by Hastings County Borough, the Boroughs of Bexhill and Rye, and the Rural District of Battle (excluding Burwash and Ticehurst).

Year	Men	Women	Total
1957	2,160	493	2,653
1958	1,058	451	2,309
1959	1,558	434	1,992

This exemplifies the present trend of the drift from the land to industry which may have been accentuated by more versatile machinery.

The following numbers of live stock sold in Rye Market during 1959 are indicative of the activity on Market days, when farmers from near and far gather in large numbers to buy^{and}/sell, the Romney Marsh sheep being world famous and the fatstock of excellent quality:-

Fat cattle.....	1,944	Fat sheep and lambs...	39,049
Store cattle ...	45	Store sheep and lambs ...	6,986
Calves... ..	627	Fat pigs	6,132
		Store pigs	209

Port of Rye

28 vessels are registered at the Port of Rye.

2 foreign ships brought two loads of timber.

26 yachts from overseas (pleasure craft) used Rye berthing facilities.

It has been ascertained that there are 113 vessels engaged in fishing between Bexhill and Dungeness. They make use of the facilities available from time to time.

SEWAGE CONTAMINATION OF BATHING BEACHES IN ENGLAND AND WALES
Observations on Medical Research Council Memorandum No.37

1. There is only one outfall (Rye Harbour) in the coastal waters adjacent to this Borough and this is so positioned as to be considered safe, but varying currents may at times concentrate offensive sewage from neighbouring resorts on Battle Rural District beaches.
2. Infections of throat, upper nasal passages including tonsillitis, sinusitis and middle ear infections, are much more frequent in those persons who bathe and dive. The incidence of these lesions is independent of the quality of the water. The respiratory tract of man is ill adapted to an aquatic environment.
3. Typhoid Fever in temperate countries is by far the most serious water-borne disease due to high infectivity of a few bacteria and frequent presence in sewage. On one occasion in 1908 sea water was incriminated but this was a special situation, as it was being used in a swimming bath and the inlet pipe was just over 100 yards from a main sewer outfall which received sewage from the Marines' Hospital where cases of typhoid were being treated. Black sediment in the bath contained typhoid bacilli. In the sea, however, dilution is enormous.

SEWAGE CONTAMINATION OF BATHING BEACHES IN ENGLAND AND WALES
(Continued)

4. Poliomyelitis. Although investigations into widespread epidemics in seaside towns have been carried out, poliomyelitis has never been proved to be associated with sea bathing.

Since 1904, when the Royal Commission reported initially that "it does not appear that any serious injury to public health is to be feared from pollution of bathing grounds by sewage if reasonable care is taken in selecting positions for outfalls" all investigations and subsequent reports have consistently stressed the absence of any evidence of a serious public health risk.

Investigations in this country were concentrated on all cases of typhoid fever and poliomyelitis resident in seaside areas. They were checked on their previous activities with special reference to sea bathing. Controls of similar ages from school registers were used. These investigations did not reveal any tie-up between sea bathing and the incidence of these infections.

There is an unknown property in sea water which causes the level of faecal organisms to drop quickly and this is accelerated with a rise in temperature as in the sea bathing season. The number of organisms found during countryside sampling suggest that many gallons of sea water would have to be drunk to cause disease.

With the possible exception of a few revolting beaches, the risk to health of bathing in sewage contaminated water can be ignored.

The aesthetic and public health issues are quite separate and it must be stressed that the two are not necessarily synonymous.

The coupling of these two different concepts has given rise to much confused and unscientific speculation.

The Local Authority is not absolved from taking action to secure a pleasant beach but the reason for taking such measures must be plainly understood.

THEORY OF THE EARTH IN THE PRESENT STATE1. INTRODUCTION

1. The theory of the earth in the present state is a subject of great importance, and one which has attracted the attention of many of the most distinguished scientists of the age.

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SECTION II

The following table gives a general summary of the visits and work carried out by the Public Health Inspector during the year 1959:-

Visits to houses re housing defects...	104
" " " other than housing defects ...	7
Visits to Factories...	6
" " Farms ...	5
" " Moveable Dwellings ...	2
" " Streams and ditches ...	7
" " Upholsterers ...	-
" " Verminous Premises ...	8
" " Unwholesome premises ...	-
" " Work places ...	-
" " Bakehouses ...	4
" " Butchers Shops ...	5
" " Dairies ...	1
" " Ice Cream premises ...	9
" " Licensed Premises...	14
" " Restaurants and Kitchens ...	12
" " Other food premises ...	4
Visits re Infectious Diseases ...	10
" " Insects and pests ...	14
" " Keeping of Animals ...	2
" " Overcrowding ...	1
" " Rats and/or mice infestations...	5
" " Shops Act ...	2
" " Smoke Nuisances ...	3
" " Water Supply ...	5
Visits to Council owned properties ...	417
Interviews respecting properties ...	48
Houses disinfected ...	-
Premises disinfected ...	8
Smoke test to drains ...	-
Water test to drains ...	8
Informal notices served re houses ...	7
Houses rendered fit in consequence of informal action ...	7
Formal notices served re houses...	-

ICE CREAM

There are 25 premises registered under Section 16 of the Food and Drugs Act, 1955, for the sale of ice cream which is all sold pre-packed.

There are no manufacturers of ice cream within the Borough.

EXAMINATION OF MEAT AND OTHER FOODS

The following is a list of foods inspected during the year and certified as unfit for human consumption:-

	<u>Stones</u>	<u>Lbs</u>	<u>Ozs</u>
Meat ...	5	10	-
Meat (canned)...	8	8	-
Fruit (canned)...	3	12	4
Fish (canned)...	-	-	3 $\frac{1}{4}$
Vegetables.(canned)...	-	-	-
	<u>18</u>	<u>2</u>	<u>7$\frac{1}{2}$</u>

FOOD PREMISES

Routine inspections of food premises have shown that co-operation in meeting the requirements of the Food Hygiene Regulations is of a high standard and only a few isolated cases have occurred where it has been necessary to take informal action.

MILK AND DAIRIES REGULATIONS

The following are in operation:-

Dealers Licences for "Pasteurised" milk... ..	9
Dealers Licences for "Tuberculin Tested" milk ...	6
Dealers Licences (Supplementary) for "Pasteurised" and "Sterilised" milks... ..	1

16 samples were taken for laboratory examination and passed the prescribed tests.

HOUSING

The following information is in accordance with the requirements of the Ministry of Health:-

1. Inspection of Dwellinghouses during the year

(i) (a)	Total number of dwellinghouses inspected for housing defects (under the Public Health or Housing Acts)...	57
(b)	Number of inspections made for this purpose...	95
(ii)(a)	Number of dwellinghouses (included under sub-head (i) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 ...	-
(b)	Number of inspections made for this purpose	-
(iii)	Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation...	14
(iv)	Number of dwellinghouses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation...	1

2. Remedy of Defects during the year without service of Formal Notice

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers ...	6
--	---

3. Action under Statutory Powers during the Year(A) Proceedings under Sections 9, 10 & 12 of the Housing Act, 1957:-

(i)	Number of dwellinghouses in respect of which notices were served requiring repairs ...	-
(ii)	Number of dwellinghouses which were rendered fit after service of Formal Notices:-	
(a)	By Owners ...	-
(b)	By Local Authority in default of owners	-

FOOTNOTES

Further investigation of this subject has shown that no person is making the registration of the 1940 Census. It is of a high order and only a few persons have been shown to be necessary to make the registration.

THE 1940 CENSUS

The 1940 Census is being made.

Persons known to the Census Bureau are being contacted. Persons known to the Census Bureau are being contacted. Persons known to the Census Bureau are being contacted.

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(4) Persons known to the Census Bureau are being contacted. Persons known to the Census Bureau are being contacted. Persons known to the Census Bureau are being contacted.

HOUSING
(Cont)

(iii) Number of dwellinghouses acquired and subsequently rendered fit by the Local Authority	-
<u>(B) Proceedings under the Public Health Acts:-</u>	
(i) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied... ..	-
(ii) Number of dwellinghouses in which defects were remedied after service of Formal Notices:-	
(a) By Owners... ..	-
(b) By Local Authority in default of owner	-
<u>(C) Proceedings under Sections 16 and 17 of the Housing Act, 1957:-</u>	
(i) Number of representations, etc., made in respect of dwellinghouses unfit for habitation	15
(ii) Number of dwellinghouses in respect of which Demolition Orders were made	-
(iii) Number of dwellinghouses demolished in pursuance of Demolition Orders... ..	1
(iv) Number of dwellinghouses in respect of which undertakings were accepted from owners:-	
(a) To render the house fit for human habitation...	11
(b) As to usage other than for human habitation ...	1
(v) Closing Orders under the Housing Act, 1957	15
(vi) Number of Houses dealt with under Housing Act, 1957, Section 17(3)	-
<u>(D) Proceedings under Section 18 of the Housing Act, 1957</u>	
(i) Number of separate tenements or underground rooms in respect of which Closing Orders were made... ..	-
(ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or rooms having been rendered fit ...	-

4. Rye Corporation Houses

Included in the aforementioned information is the following:-

Number of representations made in respect of dwellinghouses unfit for habitation - Nos.23, 25, 27, 29, 31, 33, 35, 61, 63, 65, 67, 105, 107 & 109 Military Road... ..	14
---	----

It is gratifying to note that the number of houses remaining which will have to be dealt with under Sections 16 & 17 of the Housing Act, 1957, is now very small and it is hoped, during the next twelve months, that the balance of properties which do not comply with the standards laid down, will be either the subject of Demolition Orders or that undertakings will be accepted for the renovation of such properties. Accommodation for displaced occupiers will be provided by the Council's proposal to erect, ultimately, a further seventy houses on the Tilling Green Estate.

ANNEX

1997

(11) The following information is provided for the purpose of the present report:

(a) Information on the following items:

(i) Number of persons in the population in respect of whom the following information is provided:

(ii) Number of persons in the population in respect of whom the following information is provided:

(iii) Number of persons in the population in respect of whom the following information is provided:

(b) Information on the following items:

(i) Number of persons in the population in respect of whom the following information is provided:

(ii) Number of persons in the population in respect of whom the following information is provided:

(iii) Number of persons in the population in respect of whom the following information is provided:

(iv) Number of persons in the population in respect of whom the following information is provided:

(v) Number of persons in the population in respect of whom the following information is provided:

(vi) Number of persons in the population in respect of whom the following information is provided:

(vii) Number of persons in the population in respect of whom the following information is provided:

(c) Information on the following items:

(i) Number of persons in the population in respect of whom the following information is provided:

(ii) Number of persons in the population in respect of whom the following information is provided:

(d) Information on the following items:

(i) Number of persons in the population in respect of whom the following information is provided:

(ii) Number of persons in the population in respect of whom the following information is provided:

(iii) Number of persons in the population in respect of whom the following information is provided:

(iv) Number of persons in the population in respect of whom the following information is provided:

(v) Number of persons in the population in respect of whom the following information is provided:

(vi) Number of persons in the population in respect of whom the following information is provided:

FACTORIES ACT, 19371. Inspections

	Number on Register	Number of		
		Inspections	Informal Notices	Occupiers Prosecuted
1. Factories in which sections 1, 2, 3, 4 & 6 are to be enforced by Local Authority	9	5	-	-
2. Factories not included in (1) in which Section 7 is enforced by Local Authority	43	4	-	-

2. Cases in which defects were found:-

	Number of cases in which defects were			
	Found	Remedied	Referred by H. M. Inspector	Prosecutions
Want of Cleanliness	-	-	- -	-
Overcrowding	-	-	-	-
Unreasonable temperature	-	-	-	-
Inadequate ventilation	-	-	-	-
Inadequate drainage of floors	-	-	-	-
Sanitary Accommodation (offences)	2	2	2	-

There are no Outworkers under Section 110(1)(c).

Work carried out under The Prevention of Damage by Pests Act, 1949

Number of properties inspected as a result of complaints...	163
Number of properties inspected by survey...	146
Number of properties found to be infested by rats ...	116
Number of properties treated by Council's Operator for rats ...	152
Number of properties treated by occupier for rats..	-
Number of visits by Rodent Operator ...	461

All infestations were of a minor character, no major infestations being found.

A Rodent Operator, employed part time, is engaged on this work and his duties also include the treatment of the town sewers and the refuse tip.

Sewer Treatment

During the year three sewer treatments were carried out in the months of April, June and October. The April and June treatments were highly satisfactory but, unfortunately, during the October treatment heavy rainfall, coinciding with abnormally high tides, caused some loss of bait at manholes at the lower end of the sewerage system. Out of the 35 manholes which were treated only 10 showed effects of infestation and these were, consequently, rebaited following which all signs of infestation ceased.

Water Supply

Despite exceptionally heavy demands during one of the driest summers for many years, the two boreholes at the Cadborough Waterworks and the spring at Military Road, practically coped with the demand. It was, however, necessary to obtain a supply from Hastings Corporation, this supply being obtained at night to make up a small deficiency which arose. During the year approximately 1,205,400 gallons were obtained from Hastings.

It is interesting to note that the sources of supply, in addition to serving the Borough, supplied 10,519,000 gallons to Battle R.D.C. As previously stressed, this was an exceptional summer causing heavy demands on water undertakings all over the country, but the amount supplied, had it not been for the supply to Battle R.D.C., would have been adequate for the Borough's needs and it would, obviously, not have been necessary to draw from Hastings.

Fortnightly samples continue to be sent to the Public Health Laboratories at Brighton for bacteriological analysis - 50 chlorinated and 25 not chlorinated. Two samples were submitted for chemical analysis, one to The Counties Public Health Laboratories, London and one to Messrs. Wright and Redman of Lewes. All samples were found to be satisfactory.

The consumption of water for all purposes during the year is as follows:-

From Cadborough Waterworks....	77,368,000	Gallons
From Military Road Waterworks ...	13,894,400	"
Total:	91,262,400	"
<hr/>		
Taken from Hastings	1,205,400	"
Grand Total:	92,467,800	"
<hr/>		

This is an increase of 6,608,050 gallons.

The distribution of water was as follows:-

<u>1958</u>		<u>1959</u>
75,618,830	Borough of Rye	81,939,750 Gallons
-	Hastings C. B (Rye Harbour)	- "
10,229,000	Battle R. D. C (Playden)	10,519,000 "
11,920	Standpipe	9,050 "
<u>85,859,750</u>		<u>92,467,800</u>

Drainage and Sewerage

The automatic ejectors lifted the following amounts of sewage:-

Station A. Cadborough Marsh...	642,400	Gallons
Station B. Winchelsea Road ...	27,735,600	"
Station C. New Winchelsea Road ...	1,830,675	"
Station D. King's Avenue ...	3,042,270	"
Station E. Mason Road ...	10,673,052	"
	<u>13,923,997</u>	"

The increase in the amount of sewage lifted during 1959 is very small compared with the previous year, the amount for 1958 being 43,097,283 gallons compared with the figure above.

Rainfall

	<u>1958</u>	<u>1959</u>
Number of days on which rain fell	125	96
Longest period of drought	25 days	30 days
Periods of drought	27th Feb-23rd March (incl)	24th Jan-22nd Feb (incl)
	14th Nov-8th Dec	12th Sept-10th Oct
Rainfall... ..	<u>31.345</u> inches	<u>28.43</u> inches

<u>1959</u>	<u>Total</u> <u>Rainfall</u> <u>inches</u>		<u>Notes</u>	
January	3.15	(23)	2nd	0.54"
February	0.23	(27)		
March	1.26	(24)		
April	2.08	(18)	2nd	0.67"
May	2.03	(28)	15th	1.61"
June	0.95	(25)	5th	0.41"
July	2.02	(26)	29th	0.71"
August	0.75	(25)	14th	0.54"
September	0.11	(29)		
October	3.77	(19)	19th	0.72"
November	6.08	(16)	10th	0.52"
				27th 1.5"
				14th 1.70"
				27th 0.81"
December	6.00	(9)	4th	0.79"
				23rd 0.80"

() indicate total number of days without measurable rainfall.

Refuse Collection and Disposal

7,200 cubic yards of refuse have been disposed of at the Camber Fields Tip; this comprised 5,000 cubic yards of domestic refuse and 2,200 cubic yards of builders' refuse, excavated materials, etc.

SECTION III

Accommodation under the letting control of the Council at 31st December, 1959:-

Assisted Schemes - Pre-war Houses...	115
Assisted Schemes - Post-war Houses & Flats..	322
Expired Leases - Pre-1914 houses ...	76
Total dwellings -	<u>513</u>

Applicants on Council's Housing List at 31.12.1959... .. 37

Arrears of Rent

<u>Year ending</u>	<u>Total Rent</u> <u>Collectible</u>	<u>Arrears</u>	<u>PERCENTAGE</u>
31.3.1958	£35,809.10. 8	£7.17.10	0.022
31.3.1959	£39,904. 2.10	£27. 8. 5	0.068
31.3.1960	£40,659. 6. 8	£12. 5.11	0.030

Improvement Grants

Applications received...	6
Applications approved...	6

Amount promised in grants for 1959 £1,772

