

**[Report 1943] / Medical Officer of Health, Ashford U.D.C.**

**Contributors**

Ashford (Kent, England). Urban District Council.

**Publication/Creation**

1943

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ASHFORD URBAN DISTRICT



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# ANNUAL REPORT

FOR

1943

ON THE

## HEALTH OF ASHFORD

BY THE

MEDICAL OFFICER OF HEALTH.

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J. MARSHALL,  
M.B., Ch.B., D.P.H.

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Medical Officer of Health and Assistant School Medical  
Officer for Ashford Urban District.

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ASHFORD  
Geerings of Ashford, Ltd., 80, High Street.

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1944



## **PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.**

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*Medical Officer of Health and Assistant School Medical Officer*  
**MARSHALL, J., M.B., Ch.B., D.P.H.**

### **Chief Sanitary Inspector.**

**HARLAND, H. J., Cert. R.S.I., M.S.I.A., A.R.P.S., Certificated  
Meat Inspector.**

### **Additional Sanitary Inspector.**

**HOSKEN, E., Cert. S.I.B., M.R.S.I., M.R.I.P.H.H., Certificated  
Meat Inspector.**

### **Health Visitors.**

**WILLMORE, S. (Miss), S.R.N., S.C.M., H.V.  
ROGERS, H. (Miss), S.R.N., S.C.M., H.V.**

### **Matron of Isolation Hospital.**

**STREETER, A. (Miss), S.R.N.**



## ASHFORD URBAN DISTRICT.

### ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1943.

*To the Chairman and Councillors of the Ashford Urban District.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report for the year ending 31st December, 1943.

It is gratifying to be able to report that, after four years of war the health of the population of the Urban District has not suffered in any important aspect.

Gourmands, especially, would miss the greater varieties of food available before the war, but the Government has been able to supply the people with foods sufficient in values, if not in variety, to maintain nutrition at a healthy and disease-resisting level. Epidemics of serious infectious disease spread rapidly in communities suffering from malnutrition, but there has been none in this Country. This may be taken as a rough index that the nutritional value of our food-stuffs is well up to standard. As mentioned later in the Report, expectant mothers and the coming generation have been given essential food priorities, with commendable effect. Our war babies are as bonny and as healthy as those born in any other era.

The number of deaths reached the comparatively high figure of 365. In the previous five years, the figures were respectively from 1938 inclusive, 248, 246, 312, 307 and 306. Of the 365 deaths, the Registrar-General tabulates 53 residents of Ashford under "violent causes," or in other words those killed by enemy action. There were 2 road traffic deaths and 2 suicides. If all these violent deaths are excluded, the number of deaths from natural causes was 308, which approximates to the average of previous war years.

Diseases of heart, circulatory system and intra-cranial vascular lesions are collectively the greatest cause of death. Cancer occupies a prominent second place. Cases are usually too advanced for successful surgery or other treatment. How far this is due to neglect of symptoms by the patient or to failure of early diagnosis is problematical. Tuberculosis caused 13 deaths, and there were 23 new cases of Lung Tuberculosis. The number of cases tends to increase. The stresses of war undoubtedly lower the resistance of susceptible individuals. Pneumonia caused 10 deaths, but there is ample proof that the "M & B"



## CAUSES OF DEATH IN ASHFORD URBAN DISTRICT DURING 1943.

ALL CAUSES.		Males. 170	Females. 136
1.	Typhoid and Paratyphoid Fevers ..	—	—
2.	Cerebro-spinal Fever .. ..	—	—
3.	Scarlet Fever .. .. .	—	—
4.	Whooping Cough .. .. .	—	—
5.	Diphtheria .. .. .	—	1
6.	Tuberculosis of Respiratory System ..	6	7
7.	Other Forms of Tuberculosis .. ..	—	1
8.	Syphilitic Diseases .. .. .	—	—
9.	Influenza .. .. .	2	2
10.	Measles .. .. .	—	—
11.	Acute Poliomyelitis and Polioencephalitis ..	—	—
12.	Acute Infective Encephalitis .. ..	—	1
13.	Cancer of buccal cavity and oesophagus (M) uterus (F) .. .. .	5	1
14.	Cancer of stomach and duodenum ..	4	3
15.	Cancer of breast .. .. .	—	9
16.	Cancer of all other sites .. .. .	15	12
17.	Diabetes .. .. .	3	1
18.	Intra-cranial vascular lesions .. ..	11	23
19.	Heart Diseases .. .. .	41	48
20.	Other diseases of the circulatory system ..	1	4
21.	Bronchitis .. .. .	16	8
22.	Pneumonia .. .. .	4	6
23.	Other respiratory diseases .. .. .	3	3
24.	Ulcer of stomach or duodenum .. ..	—	2
25.	Diarrhoea under 2 years .. .. .	1	4
26.	Appendicitis .. .. .	1	—
27.	Other digestive diseases .. .. .	6	4
28.	Nephritis .. .. .	7	3
29.	Puerperal and Post-abortion sepsis ..	—	—
30.	Other Maternal Causes .. .. .	—	1
31.	Premature Birth .. .. .	3	—
32.	Congenital Malformation. (Birth Injuries. Infantile Diseases) .. .. .	4	1
33.	Suicide .. .. .	1	1
34.	Road Traffic Accidents .. .. .	2	—
35.	Other violent causes .. .. .	29	24
36.	All other causes .. .. .	17	12

### CAUSES OF DEATH IN INFANTS UNDER ONE YEAR OF AGE.

[illegible]



## SECTION B. I

### GENERAL PROVISION OF HEALTH SERVICES FOR THE DISTRICT.

#### 1. LABORATORY FACILITIES.

The Kent County Council Central Laboratory at Maidstone continues to provide a complete and excellent service.

#### 2. AMBULANCE FACILITIES.

##### (a) *Infectious Cases.*

One Ambulance provided by the Urban Council and garaged at the Isolation Hospital is used solely for the transport of Infectious Cases, and is adequate for all demands.

##### (b) *Non-Infectious Cases, Maternity Cases and Accidents.*

Three modern Ambulances are provided by the Ashford Corps of the St. John's Ambulance Brigade. This service continues to maintain its reputation for efficiency and is adequate for the calls of the District.

#### 3. NURSING IN THE HOME.

This service is administered by the Ashford and District Nursing Association in affiliation with the Queen's Institute of District Nursing and the Kent County Nursing Association, and would appear to be adequate for the needs of the District. Part-time relief nurses are available when necessary.

#### 4. TREATMENT CENTRES AND CLINICS.

##### *Ashford U.D.C. Clinics.*

##### *Infant Welfare Clinics.*

The Council has established four Clinics in the Urban District. Those are situated at :—

(1) *Station Road.* This is the central and chief clinic for the District. The sessions are held on Tuesdays and Thursdays of each week from 2.15 p.m.

(2) *St. Mary's Hall, Church Road, North Willesborough.* The sessions are at 2.15 p.m. on alternate Fridays.

(3) *The Adult School Hall, Gladstone Road, South Willesborough.* Sessions at 2.15 p.m. on Fridays, alternating with the North Willesborough Clinic.

(4) *The Women's Institute Hall, Faversham Road, Kennington.* Sessions are held on 1st and 3rd Wednesdays of each month from 2.15 p.m.

The Medical Officer of Health is Clinical Officer at the above Clinics.



## 5. ANTE-NATAL AND POST-NATAL CLINICS.

These clinics are held in the Station Road Centre, the Ante-natal Clinic being held every Monday at 2.15 p.m. and the Post-natal on the first Monday of each month from 10 a.m. by appointment. These Clinics are conducted by Consultants.

## 6. COUNTY COUNCIL CLINICS.

### (1) *School Medical Service.*

The following four clinics are held at 14, Canterbury Road, Ashford.

- (a) Dental Clinic.
- (b) Ophthalmic Clinic.
- (c) Ear, Nose and Throat Clinic.
- (d) Minor Ailment Clinic.

### (2) *Orthopaedic Clinic.*

This is held in the Welfare Centre, Station Road. The Consultant attends on the 1st and 3rd Tuesdays and out-patient treatment is given on the 2nd and 4th Wednesdays and 5th Tuesdays, if any, of each month.

### (3) *Tuberculosis Clinic.*

At No. 1 Barrow Hill Place, weekly on Thursdays at 10 a.m.

### (4) *Venereal Diseases Clinic.*

At No. 1 Barrow Hill Place, weekly on Fridays at 1.30 to 2.30 p.m. for females, and from 2.30 to 3.30 p.m. for males.

## 7. HOSPITALS.

- (1) ASHFORD GENERAL (VOLUNTARY AND E.M.S.)  
Accommodation (peace-time)—approximately 90 beds.
- (2) WILLESBOROUGH HOSPITAL (K.C.C. AND E.M.S.)  
Accommodation—212 beds.
- (3) ISOLATION HOSPITAL (A.U.D.C.)  
Accommodation—51 beds.
- (4) GROSVENOR SANATORIUM (Private)  
Accommodation—265 beds.

## 8. MATERNITY AND CHILD WELFARE.

The Infant Welfare Clinics are maintaining a valuable service on behalf of the well-being of the babies and toddlers of the District. The majority of babies born in Ashford are brought to the Clinics by their mothers. The nutrition and health of these children are closely supervised by the Medical Officer and the



Health Visitors. At the Clinics the Health Visitors are ably assisted by enthusiastic voluntary workers who deserve every appreciation.

An additional Infant Welfare Clinic was opened in Kennington on the 6th June and subsequent attendances have justified its establishment.

There is no Consultant Paediatrician in this area and none is available on call for consultation. This should be kept in mind by the appropriate authorities in the planning of adequate Health Services.

Notwithstanding the extreme demands and burdens which have been placed on the shoulders of the Government by the war, they have been able to provide fully for the nutritional requirements of babies and expectant mothers, who have been given the highest of priorities. Each mother has been able to obtain an adequate quota of raw and dried milks, fruit juices and cod-liver oil amongst other priorities on behalf of herself and her children under five years. It is to be hoped that the scheme whereby expectant mothers and children under 5 years of the poorer classes are able to get milk at 2d. per pint will be continued after the war. There is no doubt that this cheaper price has increased the consumption of milk to an adequate nutritional level amongst this class.

The majority of school-children too, have been able to obtain milk and canteen dinners at school.

It is very gratifying to reflect that the Government, although the nation was "in extremis" in the early years of the war, has been able to safeguard so well the nutrition of the new generation.

There were 15 deaths amongst infants (see foregoing table) Apart from congenital causes, 3 died from primary Broncho-pneumonia, 5 from Enteritis, and 1 was certified as Purulent Meningitis.

These diseases are caused primarily by infection but bad housing and all the other well known social causes, apart from material ignorance and in some cases neglect, amongst the poorer classes, are the chief predisposing factors. It is amongst this class that the work of the Health Visitors is so important. Environment has a tremendous influence on health. A good gardener ensures that his plants have an optimum of light and air and sunshine, knowing that the richest of foods in the soil will not produce normal growth in their absence.

Regarding the Maternity Services, 158 expectant mothers from the Urban District and 54 from the surrounding rural districts attended the ante-natal clinic and were examined by the Consultant. This is a gratifying figure. The chief object



of this clinic is to anticipate and prevent any complications endangering pregnancy and there is no need to stress the important part it plays in the prevention of maternal deaths. Complicated cases are admitted by Ashford or Pembury Hospitals. X-ray for diagnostic purposes is done at Ashford Hospital. The Council assists towards the cost of treatment on behalf of those expectant mothers of low financial means. This includes the cost of Hospital or Nursing Home maintenance, and X-ray, dental treatment, Home Helps, sterilised maternity outfits, and special foods.

43 expectant mothers were evacuated to the Government Emergency Maternity Homes. These Homes receive unstinted praise from all the patients. Many more would have taken advantage of this scheme, but residential accommodation for children, especially under 5 years, is very meagre and as the available nurseries were usually full, those who could find no-one to care for their children had to remain at home. More residential accommodation for the children of ill or expectant mothers is urgently required and it would seem that the County Council is the most appropriate Authority to provide these nurseries.

Bad housing and the difficulty of obtaining domestic assistance inter alia, make the provision of maternity homes absolutely essential.

Mention must be made here of the unobtrusive but important work of District Midwives, who have maintained their past high standard of service in difficult conditions. Their efficiency as maternity nurses is greatly appreciated by the Practitioners, and as midwives working in close collaboration with the Consultant at the Ante-natal Clinic, they delivered 73 mothers in their homes, without serious mishap. This is undoubtedly a very valuable and competent service.

The difficulty of obtaining Homes Helps has remained a problem during the year. The employment of so many women in war work has left few, if any, available women and the rate of remuneration does not compare with that of other offered forms of employment. Expectant or ill mothers, and those with large families usually need domestic help urgently. Ideally the Local Authority should sponsor an organised domestic service for those genuine cases. There is no doubt that such a service is greatly needed and would prove successful. The staff should be whole-time uniformed and paid an attractive wage. The suggested scheme is, of course, an extension of the Home Help Scheme. The staff must be prepared to enter any kind of home no matter how dirty. Such a service could be applied to all classes. The income of the family would be assessed and an equitable scale of charges, applied, as is usual. In view of the urgent need for such a service and because the staff would be



required to work under difficult conditions in many homes, the rate of remuneration should be made commensurate with the value and responsibility of the work and indeed would require to be if the staff is to be obtained. It cannot be stressed sufficiently that the present rate of pay is too low to attract the right type of woman.

Occasionally there is the problem of the very filthy house. Usually the occupants are of low mental grade or sometimes the housewife suffers from chronic illness or is feeble from old age or other infirmity. In other cases there is a big family of children whose needs alone expend all the energy of the mother. The state of the house becomes well-known to the neighbours from whom no assistance can be expected. Prosecution is not applicable in many of these cases in view of extenuating circumstances, especially if the housewife is not fit enough to cleanse the house and keep it clean. It would seem that the Council should provide domestic help in these extreme and uncommon cases and this could be done if it sponsored a domestic service as outlined above.

### MATERNITY AND CHILD WELFARE FIGURES.

#### 1. *Numbers of births notified as adjusted by transferred notifications*

(a) Live Births	..	..	..	..	276
(b) Still Births	..	..	..	..	6
(c) Total ..	..	..	..	..	282
(d) By Doctors	..	..	..	..	209
(e) By Midwives	..	..	..	..	73

#### 2. *Health Visiting.*

Number of Health Visitors employed by the Council 2

Number of visit paid during the year :—

(a) To expectant Mothers—First visits	..	213
Total visits	..	459

(b) To children under one year of age—		
First visits		257
Total visits	..	2,206

(c) To children between the ages of 1 and 5 years		
Total visits	..	3,708

#### 3. *Infant Welfare Centres.*

(a) Number of Clinics provided and maintained by the Council	..	..	..	4
--	----	----	----	---

(b) Total number of children under 5 years of age who attended at the Centres during the year and who, on the date of their first attendance were :—

(i) Under one year of age	..	..	227
(ii) Over one year of age	..	..	49



(c) Total number of children under 5 years of age who attended at the Centres during the year and who, at the end of the year, were :

(i) Under one year of age	..	..	185
(ii) Over one year of age	..	..	436

Total attendances at the 4 Centres were :—

Ashford Centre	..	..	3,646
North Willesborough	..	..	979
South Willesborough	..	..	622
Kennington (from 6th June)	..	..	338

#### 4. *Ante-Natal and Post-Natal Services.*

These Clinics are combined for service to expectant mothers from adjacent rural areas in addition to those from the Urban District, by arrangement with the County Council.

	<i>Ante-natal.</i>	<i>Post-natal.</i>
(a) Number of Clinics provided by the Council	1	1
(b) Total number of women who attended during the year.		
(i) Ashford Urban	..	.. 158
(ii) Rural Districts	..	.. 54

#### 5. *Supply of Supplementary Foods.*

(a) *At cost price.*

Dried Milks	..	..	.. 4,039 lbs.
Other Foods	..	..	.. 2,681 packets
Halibut Liver Oil	..	..	.. 351 x 5 cc. bottles
Cod Liver Oil	..	..	.. 286 lbs.

(b) *Provided free.*

Dried Milks	..	..	.. 113 lbs.
Halibut Liver Oil	..	..	.. 9 x 5 cc. bottles

#### 6. *Child Life Protection* (Public Health Act, 1936).

At the end of the year, there were 12 foster-parents boarding 15 children. There were no deaths. These children were frequently inspected by the Health Visitors and reports in each case were satisfactory.

#### 7. *Adoption of Children (Regulation) Act 1939.*

One person gave notice under Section 7 (3) during the year, and one child was adopted under the section and was kept under supervision.

#### 8. *Registration of Nursing Homes.*

The three nursing homes in the District were regularly inspected and each was found to maintain a satisfactory standard in accommodation, equipment facilities and staff. There are no un-registered nursing homes in the District.



	No. of Homes	No. of patients provided for		
		Maternity	Others	Total
Homes first registered during the year .. .. .	Nil	Nil	Nil	Nil
Homes on the register at the end of the year .. .. .	3	8	5	13

#### 9. *School Medical Service.*

This service is administered by the Kent Education Committee. The children are examined by the District Medical Officer of Health, acting as an Assistant School Medical Officer. This combined appointment is an ideal arrangement, especially when the Medical Officer of Health is also the Clinical Officer at the Welfare Centres. Personal and impersonal Health Services are co-ordinated to the best advantage. The majority of mothers attend the inspections of their children and willingly co-operate in regard to any treatment advised. These children are well-nourished and generally well cared for. They form the great majority and rarely cause any difficult problems. A small minority of children show by their appearance evidence of poverty and neglect and usually the parents are of low mental grade, some being undoubtedly feeble-minded. These latter generally have a large number of children many of whom are in turn inevitably feeble-minded.

They create conditions which cause difficult Public Health problems. Infestation by fleas, lice and bugs and skin diseases such as Scabies and Impetigo, occur chiefly in this class. Their houses are unclean and their children are dirty and scantily and poorly clothed and shod. At school, they are usually granted free milk and dinners because of sub-normal nutrition.

Disinfestation of vermin in these houses is carried through by the Public Health Department. The threat of prosecution under the Scabies Order, 1941, is a very effective weapon if the tenants are recalcitrant. Their children are excluded from school until there is no possibility of them carrying vermin to other children. Infestation by fleas is commonest, but the proportion of cases is not high. Scabies is becoming comparatively rare and lice infestation is relatively small.

Since the war, most of these mothers are out at work all day and very difficult to contact, except in the evenings.

There is no available accommodation in the County for mentally defective children, and vacancies in institutions belonging to other Authorities are unobtainable. These children are certified at school, but no further action appears to be taken. They are great nuisances in the ordinary elementary schools, taking up much of the valuable time of the teachers to the detri-



ment of the normal children and they are also very troublesome to their parents. Apart from this, the worst feature is the fact that on leaving school they escape supervision and the vicious circle of the perpetuation of the more feeble-minded stock, goes on in filthy and verminous houses with neglected children. Sometimes but not in the majority of cases, is the N.S.P.C.C. Officer able to prosecute and have the children removed, if he can find any accommodation. In this District cases have to be extremely bad for prosecution to be successful.

Adequate suitable institutional accommodation should be provided for mentally defective children in this County by the Education Authority. There can be no argument that this is not essential in the interests of the community.

The following is a list of the chief defects found during the year and referred for treatment. Cases of malnutrition and defective teeth and more minor defects are not included.

Defective Vision	..	..	..	..	44
Chronic Tonsillitis and Adenoiditis					
Rhinitis and Nasal obstruction	..	..	..	..	38
Otitis Media	..	..	..	..	9
Deafness	..	..	..	..	6
Rheumatic Endocarditis	..	..	..	..	2
Chronic Bronchitis	..	..	..	..	3
Bronchiectases	..	..	..	..	1
Asthma	..	..	..	..	6
Tuberculosis Cervical Adenitis		..	..	..	2
Epilepsy	..	..	..	..	3
Flat and Painful Feet	..	..	..	..	11

The following cases of notifiable Infectious Disease occurred amongst school children.

Scarlet Fever	..	..	..	..	18
Diphtheria	..	..	..	..	1
Whooping Cough	..	..	..	..	12
Measles	..	..	..	..	10

## SECTION C

### SANITARY CIRCUMSTANCES OF THE AREA.

#### 1. WATER SUPPLY.

With reference to the Council's undertaking quarterly bacteriological samples, two from each of the three sources of supply, one from the source and one from a service pipe, were taken and all the reports were highly satisfactory. The water



is chlorinated as an additional safeguard at each of the three sources. These waters supply the whole of Ashford, excepting Kennington, which is supplied by the Mid-Kent Water Company. All the samples taken from this latter supply also showed excellent quality. This supply is also chlorinated.

99% of dwelling houses and population in the Urban District are on these main supplies. The remaining 1% get their water from wells. These latter dwelling houses are on the extreme rural boundaries of the District.

## 2. DRAINAGE AND SEWERAGE.

Since the completion of the sewerage schemes in Willesborough and Kennington in 1939, no important alterations have been made. A proportionately small number of houses approx. 291 are not connected with the sewers and generally speaking drainage and sewerage conditions in the District are satisfactory.

## 3. ERADICATION OF VERMIN.

73 houses were discovered during the year to be infested by bugs and fleas, and each was disinfested.

## 4. SCHOOLS.

The sanitary arrangements at all the schools were satisfactory.

## 5. SWIMMING BATHS.

The Public Bath was the only bath in use during the season. Samples of the water were taken frequently and showed that the chlorination of the water was efficacious.

### SANITARY INSPECTION OF THE DISTRICT.

Sanitary Inspection of District.	No. in District.	No. of visits in 1942.	No. of faults and defects found.	No. of faults and defects remedied
Bakehouses .. ..	16	43	6	6
Dairies .. ..	22	114	16	16
Slaughter-houses (Ministry of Food) .. ..	2	498	3	3
Other food preparing places which are, as such, subject to inspection ..	56	136	18	18
Offensive Trades .. ..	2	6	—	—
Common Lodging Houses ..	1	4	—	—
Houses-let-in-lodgings ..	—	—	—	—
Factories .. ..	78	171	12	12
Workshops .. ..	50			
Workplaces (other than out- workers homes) ..	3			



**NUISANCES AND DEFECTS REMEDIED DURING THE YEAR (OTHER THAN THOSE ENUMERATED IN THE ABOVE TABULATION).**

Overcrowding .. ..	11	Refuse receptacles ..	—
Keeping of animals ..	8	Tents, vans and sheds ..	—
Hop-pickers' camps ..	—	Smoke nuisances ..	—
Sanitary Accommodation :		Yard paving .. ..	7
(a) Insufficient .. ..	14	Dampness .. ..	25
(b) Defective .. ..	36	Roofs and rain-water pipes	54
Drainage :		Floors .. ..	38
(a) Re-constructed ..	10	Walls and Ceilings ..	43
(b) Repaired .. ..	16	Windows and Ventilation	55
(c) Cleansed .. ..	70	Baths, Lavatory basins	
Cesspools :		and sinks .. ..	8
(a) Abolished .. ..	—	Water supplies .. ..	4
(b) Repaired .. ..	1		
Offensive Accumulations ..	31	Total number of visits of	
Miscellaneous .. ..	128	all kinds paid by the in-	
		spectors during the year	3,660

## SECTION D

### HOUSING.

Building has been at a standstill since the war and this is creating a very serious shortage of houses. Destruction and damage to property by enemy action is, of course, another obvious cause. No figures can be put forward at this stage, for security reasons, but the magnitude of the problem is well known and recognised by the responsible authorities. This is an outstanding post-war domestic problem, requiring an urgent and satisfactory solution and should need no emphasis.

## SECTION E

### INSPECTION AND SUPERVISION OF FOOD.

#### MILK SUPPLY.

In the Urban District there are 11 Producer Retailers, and 11 other Retailers. Five of the above Producer Retailers produce Accredited Milk and the others undesignated milk. Cowsheds and Dairies are regularly inspected, 16 defects were remedied by informal notices. The Pasteurisation Plant (Holder type) of the Co-operative Society, which pasteurises a large quantity of milk, was frequently inspected and samples taken at the various sections of the plant were all satisfactory.



The following samples were taken for bacteriological examination :—

			<i>Satisfactory.</i>	<i>Unsatisfactory.</i>
Accredited	..	..	14	6
Pasteurised	..	..	8	0
Undesignated	..	..	7	0

#### EXAMINATION OF MILK FOR TUBERCLE BACILLI.

Of eight mixed samples taken from herds from which individual cows were found to be tuberculous at the time of slaughter only one was positive. Six samples taken from undesignated herds were all negative.

12 cases of non-respiratory tuberculosis were notified.

It is postulated that most, if not all, were infected by tuberculous milk. Tuberculin-tested herds, clean milk production and efficient pasteurisation as an additional safeguard would seem to be the ideal in ensuring that milk is free from organisms which can cause disease in man.

#### MEAT AND OTHER FOODS. Unsound Food (Food & Drugs Act 1938).

During the year, 2,145 tins of meat, milk and other canned foodstuffs and small quantities of bacon and cheese were certified unfit for food. The total weight of these items was 5 tons 5 cwts. The whole of this unfit food was collected by a Glue Company for conversion into non-edible by-products.

There was only one case of food poisoning, due to a virulent organism (*Bact. typhimurium*) which caused the sudden death of the patient. The presumed poisoned food could not be traced. There were no other cases in the household or district.

Shops, stalls and vehicles where food is sold, and 23 registered food preparing places were regularly inspected for unsound food.

#### *Adulteration.* (Food and Drugs Act 1938).

The County Council is the statutory authority or the administration of this section of the Act. The County Analyst is unable at the present time to provide a copy of the number of samples taken and analysed in this district.

#### • *Meat Inspection.*

No alterations were made to the three slaughterhouses controlled, since the war, by the Ministry of Food. These slaughterhouses are far below modern standards in accommodation, construction and facilities and should be replaced by a Public Abattoir after the war. One of these slaughterhouses was destroyed by enemy action during the year.



## CARCASSES INSPECTED AND CONDEMNED.

	Cattle including cows and calves	Sheep and Lambs	Pigs
Number Killed .. .. .	2,257	7,626	310
Number Inspected .. .. .	2,572	7,626	310
<i>Tuberculosis Only.</i>			
Whole carcasses condemned .. .. .	48	—	1
Parts of carcasses condemned .. .. .	291	—	9
Percentage affected by tuberculosis .. .. .	13.14	—	3.22
<i>All Diseases Except Tuberculosis.</i>			
Whole carcasses condemned .. .. .	12	115	—
Parts of carcasses condemned for other diseases .. .. .	239	287	14
Percentage affected by diseases other than tuberculosis .. .. .	9.76	5.27	4.5

## SECTION F

## PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE

## ISOLATION HOSPITAL.

*Staff :* 1. Medical Officer of Health.  
 2. Matron, Sister and Three Assistant Nurses.  
 3. Temporary Nurses.

*Accommodation :* 1. Cubicle Block .. .. 8 beds  
 2. Diphtheria Block .. .. 13 „  
 3. Scarlet Fever Block .. .. 24 „  
 4. Auxiliary Block .. .. 6 „  
 —  
 51  
 —

Throughout the year, the Hospital was fortunate to be able to obtain a sufficient nursing staff, by supplementing with nurses of the Assistant or Nursing Auxiliary category, and the strain on the permanent staff experienced during 1942 was relieved. The loyalty of the permanent staff to the Hospital during these critical periods merits commendation.

The following table describes the various cases of infectious diseases admitted during the year, and the Districts from which they came.







In comparison with 152 in 1940, 143 in 1941, and 219 in 1942, there were 246 patients admitted during 1943. It will be seen that the admissions to the Hospital have increased since the beginning of the war. This is chiefly due to the fact that Folkestone Isolation Hospital has remained closed and that Military cases are admitted whenever possible.

#### DIPHTHERIA.

Only one case of Diphtheria actually occurred in the Urban District during the year in a non-immunised child, who made a complete recovery. The other notified patient was brought back to her home in this District as suffering from Pneumonia, but was diagnosed Laryngeal Diphtheria after her death, post-mortem swabs having been taken.

A total of 365 children were immunised in 1943 and of these 253 were under 5 years and 112 between 5 and 15 years. The approximate estimated number of children in the Urban District at 31st December, 1943, was 1,120 children under 5 years, and 2,237 between 5 and 15 years, and the percentage of children between these ages estimated as immunised was 75.8% and 87.3% respectively.

The minority percentage of those not immunised is composed of children most of whose parents object to "inoculations" of any kind. The Medical Officer has personal contact with the majority of mothers at Welfare Clinics and School Medical Inspections and is able to persuade many of those who object, but with others it would seem impossible to overcome their ignorant prejudices.

Propaganda is continued in its various forms and the Health Visitors are constantly approaching the parents of those not immunised. Immunisation begun *en masse* in 1940 in this District began to have effect in 1941, and since then there has only been one case per year amongst non-immunised children and no deaths. There can be no doubt about its efficacy, and every effort directed to eliminate this most dangerous infectious disease amongst children is vitally worth while.

#### SCARLET FEVER.

31 cases were notified, and all of these were admitted to the Isolation Hospital. There were 2 return cases. Patients are usually discharged at the end of 4 weeks if their noses and throats are healthy. The source of infection can often be traced to a child with an unhealthy nose or throat or discharging ear. In one school in which cases kept recurring all the children were examined and swabs were taken of those suspected as carriers of the infection. One child had a positive nasal swab and one a positive throat swab, the former having chronic rhinitis and the latter enlarged and diseased tonsils with chronic cervical adenitis. These were excluded and referred to an Aural Consultant for treatment.



The school was also thoroughly cleansed of dust, etc. These amongst other measures, were successful as no further cases occurred during the year in that School.

#### WHOOPING COUGH.

There were 29 cases in the year, 14 of these were amongst children under 5 years, 7 being under 2 years, which is the dangerous age group. However, there were no deaths. Doubt now appears to be cast regarding the efficacy of vaccine immunisation as a preventive weapon although it still has its adherents.

#### MEASLES.

Only 24 cases were notified in 1943, in comparison with 200 in 1942, 28 in 1941 and 476 in 1940. The 2 yearly cycle of epidemics is well illustrated by these figures. No use was made by Practitioners of the immune serum available at the County Laboratory. Its possible use should be kept in mind on behalf of weekly exposed susceptible children. There were no deaths.

#### PNEUMONIA. (Acute Primary and Influenzal).

39 cases were notified. The number of deaths was 10. In 1939, there were 20 notified cases, in 1941, 21, in 1942, 34.

#### PUERPERAL PYREXIA.

8 cases were notified and 3 were treated in the Isolation Hospital, being cases of sepsis due to the Haemolytic Streptococcus. All made successful recoveries on sulphonamide therapy.

#### ERYSIPELAS.

4 cases were notified. 2 were admitted to the Isolation Hospital. The response of this once serious disease to Sulphonamide therapy is dramatic.

There were no cases of other notifiable diseases such as Typhoid or Paratyphoid Fever, Cerebro-spinal Fever, etc.

#### CONTAGIOUS DISEASES.

##### *Scabies.*

The number of cases discovered by doctors, health visitors and school nurses was much less than in 1942. 17 cases came to the notice of this Department and all were thoroughly treated by benzyl benzoate emulsion, either in the home, or school clinics or Hospital First-Aid Post when bathing facilities in the home were non-existent.

The disease is thus relatively infrequent in this District and cases are easily dealt with.

##### *Lice Infestation.*

14 cases of scalp infestation were reported, chiefly from Schools and all were effectively treated.



### *Flea Infestation.*

It is uncommon to find fleas or flea bites on children at the Welfare Clinic, but it is not uncommon to find school children infested. 17 such cases were discovered by the Medical Officer at School. The children were excluded until their persons and their homes were thoroughly disinfested.

There were no non-notified tuberculous deaths during the year.

NOTIFIABLE DISEASES DURING THE YEAR 1943.  
(Civilian Population only.)

Disease.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Enteric Fever .. ...	—	—	—
Scarlet Fever .. ..	31	31	—
Whooping Cough .. ..	29	—	—
Diphtheria .. .. .	2	1	1
Erysipelas .. .. .	4	1	—
Smallpox .. .. .	—	—	—
Measles .. .. .	24	—	—
Pneumonia .. .. .	38	—	10
Puerperal Pyrexia .. ..	8	3	—
Cerebro-spinal Fever ..	—	—	—
Acute Poliomyelitis .. ..	—	—	—
Acute Polio-Encephalitis ..	—	—	—
Encephalitis Lethargica ..	—	—	—

#### ANALYSIS OF TOTAL NOTIFIED CASES UNDER THE AGE GROUPS--1943.

[illegible]



The dwellings of all patients suffering from tuberculosis are regularly inspected. Disinfection is done when necessary. All unhygienic conditions are remedied as far as possible.

### TUBERCULOSIS.

#### New Cases and Mortality during 1943.

Age Periods.	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 .. ..	—	—	—	—	—	—	—	—
1 .. ..	—	—	—	1	—	—	—	—
5 .. ..	—	2	2	2	—	—	1	—
15 .. ..	3	4	2	2	1	2	—	—
25 .. ..	—	1	1	1	2	—	—	—
35 .. ..	6	3	—	1	—	4	—	—
45 .. ..	2	1	—	—	—	1	—	—
55 .. ..	1	—	—	—	—	—	—	—
65 and upwards	—	—	—	—	—	—	—	1
TOTAL ..	12	11	5	7	3	7	1	1

### A.R.P. CASUALTY SERVICE.

This service was severely tested following one daylight “tip-and-run” raid on the town during the year, but the severity of the test afforded an opportunity to prove the soundness and adequacy of the organisation. In all, there were 3 raids during the year, in which 58 persons were killed, 87 seriously wounded and 97 slightly wounded.

All units of the Casualty Service performed their tasks satisfactorily.

The Council can be assured that the Casualty Services are ready to deal with any emergency. The personnel are thoroughly trained in First Aid, and lectures, practices and exercises are kept going to refresh and bring their knowledge up-to-date. The loyal volunteers deserve especial mention for their untiring devotion to duty. Many have a very proud record.

Arrangements for reinforcing the Service, if necessary, are set and co-ordinated by the Regional and County Authorities.



















