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ASHFORD URBAN DISTRICT



ANNUAL REPORT

OF

1944

ON THE

HEALTH OF ASHFORD

BY THE

MEDICAL OFFICER OF HEALTH

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

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

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

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PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

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.

Matron of Day Nursery.

SWINDALE, J. (Mrs.), S.R.N.

ASHFORD URBAN DISTRICT.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1944.

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, 1944.

In reviewing the state of the Public Health for the year, it is a pleasure to record that the physical well-being of the population of the District has been maintained at a satisfactory level. There is, however, vast scope for improvement in socio-medical services generally before a Public Health Utopia can be obtained, but evolutionary steps are being taken towards this goal. Any individual must surely admit that good health is the most priceless possession, and should therefore be altruistic concerning the health of the community.

The most outstanding and fundamental Public Health problem confronting the Council at the present time is the urgent need of houses. There is a hue and cry in the District. The war has caused an acute crisis. There is at present a large number of families who are overcrowded, there is a large number living with parents, there is a large number living as sub-tenants, and there is a large number living in dwellings far below the standard which might be expected for the highest species of animal in these more enlightened days. The proportion of slum-houses in the District is not high but they are grim and hoary corpses reminiscent of the dreadful insanitation of the last Century. It is obvious that the provision of hygienic houses which can be flooded with daylight, sunshine and fresh air is a basic factor in the promotion and preservation of good health.

The various Public Health Clinics are of great importance in the prevention of illness and in effecting appropriate treatment, especially on behalf of the poorer classes, particularly their children. The most important individual in the family, however, is the mother-housewife, on whose health the whole family depends. Yet it is apparent that the social health services have neglected her in many respects. She is not provided for by National Health Insurance, and usually cannot afford to be ill for economic and domestic reasons. She is fortunate if she is able to obtain the help of relatives or neighbours to care for her children when finally her illness wins the battle against her spirit. It is an old saying that "a stitch in time saves nine," and regular medical inspection would ensure this, in correlation with a properly organised Local Authority domestic help service, supplemented by the provision of day and Residential Nurseries and Nursery Schools and Maternity Homes. Healthy and happy motherhood is of the utmost importance to the welfare of the nation and its birth-rate.

There was no extraordinary cause of deaths during the year. Collectively, heart disease, intracranial vascular lesions and other diseases of the circulatory system caused the largest number of deaths, as usual, and cancer caused the second largest number. There is little doubt that early diagnosis and immediate treatment would save or prolong many lives.

It is very pleasing to record that no mother died directly or indirectly from childbirth. This demonstrates the efficiency and care of those Practitioners engaged in midwifery practise, of the Consultant at the Ante-natal Clinic and Midwives and Health Visitors who work in liaison and of the Hospitals, Maternity Homes and Private Nursing Homes.

The Registrar-General has returned 14 deaths amongst infants resident in the District which gives an Infant Mortality Rate of 37 deaths per 1,000 live births. According to the records of this Department only 12 infants died amongst residents, which would reduce the rate to 32. The national rate is 46 for 1944. Either of these rates may be considered fairly satisfactory. The Infant Welfare Clinics play a big role in the prevention of infant deaths.

The people of this District have been constantly harassed by enemy action since 1940. When it seemed in early 1944, that the bombing risk was lessening the Flying Bomb phase began on the 15th June, and caused a very dangerous disturbance until the 3rd November. As these missiles were sent across by night and days the people were obliged to seek shelter frequently at all hours. These days caused great anxiety to parents with children in their homes. Nor has it been possible for the majority to have a good holiday with change of environment. The housewife has had a most unenviable time if only because it has been necessary for her to stand in queues to obtain food which has barely been above the subsistence level, particularly in respect of proteins, such as meat, eggs, fish, and fats, fruit and sugar. The introduction of dried eggs was a "god-send," especially for the winter-months and they are still vitally essential to our dietary.

The spirit of the people has never flagged, but "nerves" must be jagged, and on edge, and a doctor's prescription for this is a good holiday with change of scene, which certainly has been well-earned by the people of this District.

In conclusion, I should like to thank you for the support which you have given to the work of this Department and my staff for their loyal service.

I am,

Yours obediently,

J. MARSHALL.

SECTION A

EXTRACTS FROM VITAL STATISTICS.

Registrar-General's estimate of :

Resident Population, mid-1944—20,180.

	Total	M.	F.		Ashford Urban District	England and Wales
1. Live Births	375	196	179	Birth rate per 1,000 resident population	18.58	17.6
(a) Legitimate	338	174	164			
(b) Illegitimate	37	22	15			
2. Stillbirths	8	4	4	Rate per 1,000 total (live and still) Births	20.98	—
(a) Legitimate	8	4	4			
(b) Illegitimate	—	—	—			
3. Deaths	248	149	99	Death rate per 1,000 resident popula- tion	12.28	11.6
4. Deaths from Puerperal Causes						
(a) Puerperal sepsis—	—	—	—			
(b) Other maternal causes	—	—	—			
5. Death rate of infants under one year of age.						
All infants per 1,000 live births					37	46
Legitimate infants per 1,000 legitimate live births					27	
Illegitimate infants per 1,000 illegitimate live births					80	
Deaths from Cancer (all ages)					41	
Deaths from Measles (all ages)					0	
Deaths from Whooping Cough					1	
Deaths from Diarrhoea (under 2 years of age)					1	

CAUSES OF DEATH IN ASHFORD URBAN DISTRICT DURING 1944.

ALL CAUSES.	Males. 149	Females. 99
1. Typhoid and Paratyphoid Fevers ..	—	—
2. Cerebro-spinal Fever	—	—
3. Scarlet Fever	—	—
4. Whooping Cough	1	—
5. Diphtheria	1	—
6. Tuberculosis of Respiratory System ..	4	—
7. Other Forms of Tuberculosis	1	—
8. Syphilitic Diseases	1	1
9. Influenza	1	—
10. Measles	—	—
11. Acute Polio-myelitis and Polio-encephalitis..	—	—
12. Acute Infective Encephalitis	—	—
13. Cancer of buccal cavity and oesophagus and uterus	2	4
14. Cancer of stomach and duodenum ..	2	6
15. Cancer of breast	—	3
16. Cancer of all other sites	16	8
17. Diabetes	—	—
18. Intra-cranial vascular lesions	19	20
19. Heart Diseases	36	21
20. Other diseases of the circulatory system ..	1	1
21. Bronchitis	15	6
22. Pneumonia	9	2
23. Other respiratory diseases	1	1
24. Ulcer of stomach or duodenum	5	—
25. Diarrhoea under 2 years	—	1
26. Appendicitis	—	1
27. Other digestive diseases	2	1
28. Nephritis	2	8
29. Puerperal and Post-abortion sepsis ..	—	—
30. Other Maternal Causes	—	—
31. Premature Birth	4	1
32. Congenital Malformation. Birth Injuries. Infantile Diseases	3	1
33. Suicide	—	1
34. Road Traffic Accidents	3	—
35. Other violent causes	3	3
36. All other causes	17	9

CAUSES OF DEATH IN INFANTS UNDER ONE YEAR OF AGE.

Months	1	2	3	4	5	6	7	8	9	10	11	12
Congenital Debility	1	—	—	—	—	—	—	—	—	—	—	—
Prematurity	3	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	1	—	—	—	—	—	—	—	—	—	—	—
Broncho-Pneumonia	1	—	1	—	—	—	—	—	—	—	—	—
Hypostatic Pneumonia	1	—	—	—	—	—	—	—	—	—	—	—
Enlarged Thymus Gland	1	—	—	—	—	—	—	—	—	—	—	—
Congenital Atelactasis	1	—	—	—	—	—	—	—	—	—	—	—
Hydrocephalus	—	—	1	—	—	—	—	—	—	—	—	—
Asphyxia—due to acute Bronchitis	—	—	1	—	—	—	—	—	—	—	—	—

ANALYSIS UNDER AGE GROUPS.

Disease.	Under 1 year	1	2	3	4	5-9	10-14	15-19	20-34	35-44	45-64	65 and over
Scarlet Fever ..	—	—	3	2	4	18	11	5	8	1	2	—
Puerperal Sepsis	—	—	—	—	—	—	—	—	2	—	—	—
Pneumonia ..	—	5	1	—	1	—	—	1	1	1	7	3
Dysentery (Sonne) ..	1	6	2	1	—	2	—	1	—	1	—	—
Measles ..	2	4	5	2	1	8	7	2	8	4	—	—
Whooping Cough	3	3	4	—	2	3	1	—	—	—	—	—
Erysipelas ..	—	—	—	—	—	—	—	—	1	—	2	3

TUBERCULOSIS.

New Cases and Mortality during 1944.

Age Periods.	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	1	—	—	—	1	—
5	—	—	3	2	—	—	—	—
15	3	3	1	—	—	—	—	—
25	3	—	1	—	1	—	—	—
35	4	—	—	—	—	—	—	—
45	5	1	—	—	2	—	—	—
55	2	—	—	—	1	—	—	—
65 and upwards	1	—	—	—	—	—	—	—
TOTAL ..	18	4	6	2	4	—	1	—

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE DISTRICT.

1. *Labour Facilities.*

The Kent County Council Central Laboratory at Maidstone, as in preceding years, provides a comprehensive and satisfactory service on behalf of this District.

2. *Ambulance Facilities.*

(a) *Infectious Diseases.*

The Council's Ambulance, garaged at the Isolation Hospital transports these patients and is adequate for the needs of the District.

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

The Ashford Corps of the St. John Ambulance Brigade provides this service on behalf of the town and surrounding area within a radius of nine miles. The organisation must be ready to deal with emergency calls by day or night and the fact that it meets all these calls with quick dispatch reflects high credit on the voluntary staff, both administrative and executive. The Corps has found that it has been necessary to provide three Ambulances to cope with the calls in the area. If the Council was obliged to provide this Service the charge on the rates would be high. If only for this reason, apart from the fact that the Service is very efficiently conducted, the district population owes, at least, a deep debt of gratitude to The St. John Ambulance Brigade, and the Corps. Superintendent and his staff.

The compelling force of the circumstances of war brought into being another kind of voluntary car service for patients. Chiefly owing to the restriction of petrol supplies, many patients were unable to obtain transport for treatment, and to provide for this need the Volunteer Car Pools service was established in this District in September, 1942. Owners of private cars came forward to volunteer to drive patients on journeys authorised by medical certificate, on a free issue of petrol. In this District the service was organised by the Women's Voluntary Service. This soon became a popular service, and the need for it was fully realised. It would appear that a similar kind of service will be necessary in peace-time, on a reduced scale, for patients who cannot afford to hire a car—in other words a car service which is complementary to that of the St. John Ambulance Service. Many patients, who do not qualify for Public Assistance relief, and being unable to travel by public transport, require transport by car to Hospitals and other centres for specialised forms of treatment which are not available locally.

It is now opportune to express the admiration and thanks of this Public Health Department to the Centre Organiser of the

W.V.S. and her staff for the splendid help they have given in so many different ways to the work of the Department. No service deserves greater appreciation by the large number of people who benefited from their unselfish and untiring devotion to public service.

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. There is no doubt that this kind of service requires extension of its activities. The serious national shortage of nurses, of course, makes this impossible at the present time. Persistent efforts have been made to supplement the aid of the British Red Cross and St. John volunteer female members and although their help has been forthcoming in a number of cases, the extraordinary demands from various sources on these organisations has greatly restricted assistance in this field.

The need for a full service is always paramount, and epidemics always precipitate a crisis. The scheme has the sympathy of the British Red Cross Society and St. John organisations in this District and there is no doubt each will do all it can to help in any crisis.

4. *Treatment Centres and Clinics.*

Ashford U.D.C. Clinics.

(A) *Infant Welfare Clinics.*

The Council has provided four of these Clinics in the Urban District.

(1) *Station Road.* This is the central and chief clinic and is contained in an "ad hoc" building. The outlying Clinics are complementary. Sessions are held on Tuesdays and Thursdays of each week from 2.15 p.m.

(2) *St. Mary's Hall, Church Road, North Willesborough.*

Sessions are held 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 Clinics.

(4) *The Women's Institute Hall, Faversham Road, Kennington*

Sessions are held on the 1st and 3rd Wednesdays of each month from 2.15 p.m.

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

(B) *Ante-natal and Post-natal Clinics.*

These Clinics are held in the Station Road Centre, the former Clinic being held every Monday at 2.15 p.m., with an additional session from 10 a.m. on the 3rd Monday of each month and the latter on the 1st Monday of each month from 10 a.m. by appointment. These Clinics are conducted by a Consultant.

(C) *County Council Clinics.*

(1) The following four clinics of the School Medical Service are held at 14, Canterbury Road.

- (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. The sessions are from 10 a.m.

(3) *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.

(4) *Tuberculosis Clinic.*

At No. 1 Barrow Hill weekly on Thursdays from 10 a.m. to 12.30 p.m.

5. *Hospitals.*

- (1) Ashford General (Voluntary).
Accommodation—approximately 90 beds.
- (2) Willesborough General (K.C.C.)
Accommodation—212 beds.
- (3) Isolation Hospital (A.U.D.C.)
Accommodation—51 beds.
- (4) Grosvenor Sanatorium (Private)
Accommodation—265 beds.

6. *Maternity and Child Welfare.*

An outstanding and striking feature of this war has been the obviously excellent health and nutrition of the war-babies. Cases of parental neglect are not infrequent, but there can be no excuse that the right kind of food and vitamin supplements were not available. To all those who work on behalf of the interests of motherhood and childhood the results during these harassing war years must be very gratifying. In the beginning, the demand for the vitamin supplements, e.g., orange-juice and cod-liver-oil was small, but gradually the parents began to appreciate their value, due chiefly to enlightening propaganda, both national and local. The educational influence of the Infant Welfare Clinics, where personal contact with the parents is so easily made, is the all important factor. It is not difficult to assess the appreciation which the majority of mothers have for the Infant Welfare Clinics. In late 1940, the Council decided to close the Clinics during period of imminent danger, but had to reopen them when it was found that a large number of mothers were constantly appearing at the Centres. Shelters were then built contiguous to the Clinics. During the following years the attendances have increased for individual infants from 175 in

1940 to 236 in 1944. In this latter year there were 361 live-births amongst resident mothers, and, therefore, using these figures as a rough index, 70% of the infants of the District were brought to the Clinics. This percentage must be regarded as being very satisfactory.

There were only 12 deaths amongst infants under one year of age. As will be seen in the foregoing table these deaths were chiefly due to congenital and constitutional causes. Arrangements have now been made to provide more care for the premature infant. Special equipment, such as draught-proof cots, electric blanket pads, special feeding bottles, mucus catheters, etc., is now provided by the Council for loan in the home. When healthy houses have been provided to replace the slums a further reduction in the infant mortality rate may be expected.

The constitution of the child is inherited from its parents, and it is obvious that if the expectant mother is in good health, in all probability a lusty baby will be born. The Ante-natal Clinic plays a big part towards ensuring this amongst the mothers who attend and it is indeed very pleasing to observe the great increase in attendances at this Clinic. From 94 in 1940, the individual attendances have increased to 172 in 1944. The credit of this achievement must go in great part to the Lady Consultant and the Midwives and Health Visitors who co-operate with her so well. This service gets little publicity, although its importance to the community cannot be exaggerated. During the year 51 expectant mothers were received into the County Council Maternity Homes at Tunbridge Wells. Each of these Mothers for one reason or another was unable to have the baby delivered at home. Unsuitable housing conditions and the difficulty of home help were the chief reasons. These Homes are under excellent administration. The mothers frequently express their gratitude. This scheme works extremely well, due to the excellent co-operation of the County Public Health Department with this Department. The only feature of the scheme open to objection is the distance of these Homes. Many mothers are unfit to travel by public transport in the later stages of pregnancy and an ambulance or car is often necessary. As the expectant mother's income is assessed and proportional charges made, the cost of her confinement is appreciably increased, if she is not necessitous. It is obvious from every point of view that Ashford should have a Maternity Home and a concomitant Residential Nursery. It is surrounded by a wide contributory rural area and is thus very conveniently situated for the large surrounding population. In the town-planning of the District, a site should be reserved for this purpose.

The cost of having a baby is a big item on the family budget and anything that can be done to decrease this expenditure will naturally and directly help to raise the birth-rate which is of extreme importance to this nation. It is greatly to be regretted

that the middle classes are having very small families. There are two obvious causes, amongst many others, namely the disproportionately high cost of having and maintaining a family and secondly the lack of domestic assistance.

The problem of domestic assistance should be more seriously considered by the Government and Local Authorities. The first essential and the crux of the problem is the computation of an equitable scale of charges. The moderate-income class needs domestic assistance as much as the poorer class, and although the former pay higher rates and taxes from which the revenue is obtained to subsidise the scheme, in the majority of cases they cannot obtain the help because they are above scale, and naturally cannot afford to pay £3 4s. 0d. per week according to the present Council scale. This has the effect that even one whole-time Home Help cannot be employed whole-time—for the scale strictly limits this service to comparatively few. Until the scale is extended and made equitable no Local Authority Home Help Scheme will meet with any success. And yet it is a social measure of the greatest importance and ought to be a very successful Local Authority service, if placed on a proper footing and widely advertised.

At the request of the Ministries of Labour and Health, a War-time Day Nursery was established by the Council in March, 1944. An "ad hoc" building was constructed off Beaver Lane into which the nursery was moved in September from the temporary quarters in the Women's Institute, Church Road, Willesborough. There is much indecision regarding the future of war-time Day Nurseries and the policy appears rightly to be one of "wait and see." One cannot at present estimate peace-time needs. It is certain that many mothers, whether engaged at present in war-work or otherwise, will still of necessity require to find work in peace-time to eke out a slender income. The circumstances of many mothers vary widely—some are widows, some are unmarried, some have husbands who are disabled or are in ill-health, on the other hand many mothers are themselves often ill with no-one to care for the children. Many would be glad to have a day off occasionally and be glad to be able to place their under-fives in the custody of the Nursery for a day. It should be assumed, therefore, if admission to the Nursery is thrown open to the children of all mothers in need of such a service, that the numbers would justify its continuation. At any rate, it is obvious that the Nursery should continue its work into peace-time when experience will show the need for it or otherwise.

There can be no doubt that the physical and mental well-being of the children is greatly improved by the skilled care they receive. More especially children from poor homes where management and feeding are usually indifferent. The admission of infants is not encouraged, for it is better that they should be

cared for at home, but there are many exceptional circumstances which make it preferable to admit a restricted number.

It is extremely difficult to prevent the introduction of infectious disease, and as difficult to prevent its spread, but this is a risk which must be taken and should not be seriously considered as indictable evidence against the Nursery service.

As social conditions are at present, with inadequate housing and necessitous mothers it is essential that this kind of service should remain in being.

The proposed development of Nursery Schools which will probably take children from the age of three years will also be a step forward in social progress. Not only will the mothers, harassed by a number of under-fives be relieved from much excessive drudgery, but the children will benefit greatly in physical and mental well-being. All measures which can be taken to relieve the hard pressed mother-housewife will directly improve the birth-rate and foster happy family life.

7. MATERNITY AND CHILD WELFARE FIGURES.

1. Number of births notified as adjusted by transferred notifications.

(a) Live births	..	..	..	375
(b) Still births	..	..	..	9
(c) Total	..	..	..	484

2. *Health Visiting.*

Number of Health Visitors employed by the Council .. 2

Number of visits paid during the year—

(a) To expectant mothers—First visits	167
Total visits	459

(b) To children under one year of age—	
First visits	306
Total visits	2,076

(c) To children between the ages of 1 and 5 years—	
Total visits	3,188

3. *Infant Welfare Centres.*

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

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

(i) Under one year of age	..	293
(ii) Over one year of age	..	57

	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

3. *Infant Welfare Centres.*

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

(i) Under one year of age	236
(ii) Over one year of age	475

Total attendances at the 4 Centres were :—

Ashford Centre	3,896
North Willesborough	967
South Willesborough	890
Kennington	487

4. *Ante-natal and Post-natal Services.*

These clinics are combined on behalf of 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	172	17
(ii) Rural Districts	49	11

5. *Registration of Nursing Homes.*

The three private nursing homes in the District were regularly inspected and each attained a satisfactory standard.

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

The number of persons who were receiving children under nine for reward at the end of the year was 10, and the number of children boarded out was 10. None died during the year. The homes were regularly inspected by the Health Visitors and were found in all cases to be of decent standard and no cases of neglect of the children were reported. Those children attending Welfare Clinics and Schools were also seen by the Medical Officer of Health and in each case no neglect was evident.

7. *Ophthalmia Neonatorum, and Pemphigus Neonatorum.*

No cases were reported during the year.

8. *School Medical Service.*

This service is administered by the Kent Education Committee and the school-children of this District are examined by the District Medical Officer of Health acting as Assistant School Medical Officer, being employed two whole days per week on this work. As the Medical Officer of Health is also clinical officer at the Welfare Centres, the health of the children from birth to school-leaving age is well known to him. This continuity of supervision is the best possible arrangement under the present system of administration. The Medical Officer of Health by

[illegible]

virtue of his office, is fully cognizant of the environmental conditions of the child's life and adverse factors are remedied as far as possible. The socio-medical link with the people is complete. The mother becomes well-known to the Medical Officer at Welfare Centre and School and co-operation is easily effected. The majority of mothers attend the School Medical inspections and are appreciative of advice and co-operate well in having treatment carried through. The minority who do not co-operate are usually of low-mental grade and very ignorant and the greater number of this type would probably be certifiable as Mentally Deficient if they were of school-age. As stated in previous reports there are no Special Residential Schools in Kent for the care of Mentally Defective children and until such are provided the social problems which these children create will continue to be very difficult to prevent. There is also no Special Residential School for Physically Defective Children.

Generally speaking, the great majority of school-children in this District are well-nourished and well cared for. The provision of free milk and free canteen dinners when effected, will be a measure of the greatest importance.

The Consultant Ear, Nose and Throat Department of Willesborough Hospital, has proved to be of great value to this District. The results achieved amongst school-children have been highly satisfactory. If this Hospital is closed after the war, an alternative Consultant Hospital Service would require to be established to provide for the needs of the District. Similarly a Consultant Children's Hospital Service would be a great asset.

The School Clinic premises at 14, Canterbury Road are not suitable for the various Clinics held there, and it is to be hoped that an "ad hoc" building will be constructed as soon as possible after the war to contain all the Consultant Public Health Clinics of the District, namely those of the School Medical Service, of the Maternity and Child Welfare Service, of the Tuberculosis, Orthopaedic and Venereal Disease Services. As the County Council will in all probability be responsible ultimately for the Maternity and Child Welfare Service, all these services will be unified and other Clinics should properly be contained in one building which should be commensurate with the importance of these Services.

The following table describes the health defects found in school-children and referred for treatment.

Chronic tonsillitis, adenoiditis, sinusitis	..	37
Otitis Media and Otorrhoea	.. ..	9
Deafness	.. ..	8
Rheumatic Endocarditis	.. ..	2
Chronic Bronchitis	.. ..	4
Asthma	.. ..	3
Tuberculosis Cervical Adenitis	.. ..	2
Epilepsy	.. ..	1
Flat and Painful Feet	.. ..	2
Defective Vision	.. ..	60
Defective speech	.. ..	6
Hernia	.. ..	3

The following cases of notifiable diseases occurred amongst school children.

Scarlet Fever	..	..	..	..	29
Measles	..	..	..	..	15
Whooping Cough	..	..	..	..	4

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

1. WATER SUPPLY.

With reference to the Council's undertaking, which supplies the whole of Ashford Urban District, excepting Kennington, all the quarterly bacteriological samples taken by this Department were of excellent quality. As an additional safeguard the waters from the three sources are chlorinated.

Kennington is supplied by the Mid-Kent Water Company. Quarterly bacteriological and chemical samples were also all of excellent quality.

All the houses in the Urban District excepting approximately 1% which are on the extreme boundary and distant from mains are supplied by mains, and the supply is constant.

2. DRAINAGE AND SEWERAGE.

Since the completion of the sewerage schemes in Willesborough and Kennington in 1939, no important alterations have been made.

3. ERADICATION OF VERMIN.

Bugs.

The number of houses found to be infested with bed-bugs was 20, of which 6 were Council houses and 14 Private houses. These were thoroughly dealt with. It is apparent that the number of houses infested by bugs is relatively small. Bugs and their eggs are very difficult to kill, and it is hoped that the new insecticide D.D.T., when this becomes available for civilian use will prove effective.

Rats.

A complete survey was made of business and private premises to ascertain the extent of infestation. Where infestation was found, baits of damp sausage rusk containing zinc phosphide were laid and proved very effective.

The most serious source of colonies was the refuse dump at Bybrook, which is riddled with their subterranean passages and where there is usually plenty of waste food. Repeated baiting, the only practical method in the circumstances, is however keeping them within control.

4. SWIMMING BATHS.

The Public Bath was the only bath in use during the season. It is periodically emptied and filled with water from the mains. An effective chlorination plant is in use. All the samples taken were of satisfactory bacteriological quality.

5. RIVERS AND STREAMS.

It was found during the year that the River Stour was heavily polluted and that fish were dying. Samples showed that the water was contaminated before entry into the District and that there were also four sources of contamination in the Urban District. Action has therefore been taken to effect the prevention of this pollution as soon as s practicable.

SANITARY INSPECTION OF THE DISTRICT.

Sanitary Inspection of District.	No. in District.	No. of visits in 1944.	No. of faults and defects found.	No. of faults and defects remedied
Bakehouses	16	35	9	9
Dairies	22	81	19	19
Slaughter-houses (Ministry of Food)	2	364	5	5
Other food preparing places which are, as such, subject to inspection ..	54	159	21	21
Offensive Trades	2	10	1	1
Common Lodging Houses ..	1	4	—	—
Houses-let-in-lodgings ..	—	—	—	—
Factories	76	151	13	13
Workshops	51			
Workplaces (other than out-workers homes) ..	3			

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

Overcrowding	7	Refuse receptacles ..	—
Keeping of animals ..	11	Tents, vans and sheds ..	1
Hop-pickers' camps ..	—	Smoke nuisances ..	1
Sanitary Accommodation :		Yard paving	8
(a) Insufficient	11	Dampness	33
(b) Defective	12	Roofs and rain-water pipes	41
Drainage :		Floors	29
(a) Re-constructed ..	6	Walls and Ceilings ..	47
(b) Repaired	8	Windows and Ventilation	52
(c) Cleansed	31	Baths, Lavatory basins and sinks	7
Cesspools :		Water supplies	14
(a) Abolished	2	Total number of visits of all kinds paid by the inspectors during the year	
(b) Repaired	3		
Offensive Accumulations ..	7		3,876
Miscellaneous	114		

SECTION D.

HOUSING.

The housing crisis in the Urban District is now acute precipitated by 5 years of war. The standstill in new building and the damage created by enemy action are the chief causal factors. From 1940 to the end of 1944, 138 dwelling-houses have been totally destroyed, 248 were severely damaged and 8,230 were slightly damaged. The slum dwellings in the District are also five years older and have not been improved by the impracticability of getting temporary repairs done. This Department was able to effect major repairs to 35 houses and minor repairs in 89, but these figures represent only a small proportion of the houses awaiting repair for defects injurious to health. The difficulty of obtaining labour and materials is a natural consequence of the war and no practical solution seems possible at present.

It is estimated that the number of houses immediately and urgently needed after the war would approximate to 1,000. This number includes the need of new houses for those living in slums.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLIES.

In the Urban District there are 11 Producer Retailers and 11 other Retailers, of these Producer Retailers, one produces Tuberculin Tested Milk, 3 produce Accredited Milk, and 7 produce undesignated milk. Cowsheds and Dairies are regularly inspected and a satisfactory state of hygiene was maintained. The Pasteurisation Plant (holder type) of the Co-operative Society, which pasteurises a large quantity of milk, was frequently inspected and all samples taken were satisfactory.

The following samples were taken for bacteriological examination.

	<i>Satisfactory</i>	<i>Unsatisfactory.</i>
Tuberculin-tested	4	0
Accredited	14	4
Pasteurised	6	0
Undesignated	10	3

EXAMINATION OF MILK FOR TUBEROLE BACILLI.

Of 5 mixed samples taken from herds from which cows were found to be tuberculous at the time of slaughter, none was positive.

MEAT AND OTHER FOODS.

Unsound Food (Food & Drugs Act, 1938) 2,713 tins of meat, fruit, milk, brawn, etc., were certified as unfit for food. The total weight of these articles was 6 tons, 2 cwt. 23lbs. The whole in the unfit food was collected by a Glue Company for conversion into non-edible by-products.

The total weight of meat condemned at Slaughterhouses was 11 tons, 3 cwts. 2 qrs. 12lbs.

There were no cases of food poisoning notified during the year and no deaths were certified as from this cause.

Shops, stalls, vehicles where food is sold, and 23 registered food preparing places were regularly inspected for unsound food.
ADULTERATION (Food & Drugs Act 1938).

The County Council is the statutory authority for the administration of the 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.

There were 2 Slaughterhouses in use during the year, controlled by the Ministry of Food. As stated in previous reports there is an urgent need for a Public Abattoir, as the conditions in these Slaughterhouses are far from being satisfactory. The premises are old and out-moded and the accommodation is extremely cramped. It is obvious that the slaughtering and inspection of the carcasses are taking place under very difficult conditions. A suitable site should be reserved for a Public Abattoir in the town-planning scheme.

CARCASSES INSPECTED AND CONDEMNED.

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed (apprxo.) ..	1,454	68	2,028	6,347	248
Number Inspected	1,454	68	2,028	6,347	248
<i>All Diseases Except Tuberculosis.</i>					
Whole carcasses condemned ..	9	3	4	250	3
Carcasses of which some part or organ was condemned ..	307	21	17	229	56
Percentage of the number in- spected affected with disease other than tuberculosis ..	21.7	35.3	1.03	7.5	23.8
<i>Tuberculosis Only.</i>					
Whole carcasses condemned ..	39	14	1	0	1
Carcasses of which some part or organ was condemned ..	364	10	2	0	7
Percentage of the number in- spected affected with tuber- culosis	27.7	35.2	.14	3	3.2

SECTION F.

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE.

ISOLATION HOSPITAL.

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

It has been very difficult to maintain an adequate Nursing Staff at the Hospital, due, of course, to the serious national shortage. The permanent staff, however, have been exceptionally loyal and have formed an experienced nucleus to which it was possible to supplement Assistant Nurses and Nursing Auxiliaries, when these were available from the Regional Nursing Officer. In this way, most of the difficulties were overcome and the Hospital has usually been able to receive patients from other Authorities, who were hard pressed for accommodation and staff, in addition to those received from its own peacetime contributory area. Also a large number of Military patients have been accommodated.

Add to this the fact that the Hospital has since the war had insufficient domestic help, and it will be appreciated that the Matron and her Staff deserve high credit for their untiring devotion to duty.

During the year, 251 patients received treatment in the Hospital.

DIPHTHERIA.

No cases occurred in the Urban District during the year, but one child resident in the District died from Diphtheria contracted in Folkestone. He was one of 3 in his school who had not been immunised. The efficacy of the toxoid in preventing Diphtheria is beyond doubt, and every effort is made to have as many children immunised as possible. Approximately 70% of children under five and 91% of those from 5 to 15 years of age have been immunised. These are conservative estimates, for many children have been done privately and many were done during evacuation.

SCARLET FEVER.

54 cases were notified. This disease should not be regarded as being serious at the present time. The Haemolytic Streptococcus, the casual organism of Scarlet Fever, is apparently present in the respiratory tract of large numbers of people and it would seem that the great majority become immune to the disease on their way through life by receiving repeated sub-clinical doses of the organism. The lesser number of susceptible individuals exposed to the organism contract the disease. It is probably a desirable effect that the organism being so universal produces herd immunity without producing the typical disease.

WHOOPIING COUGH.

There were 16 cases of this disease. Although large numbers of children are being inoculated with the vaccine to prevent the disease, its effects are far from being certain and research experiments amongst large groups of children in this Country have proved that the vaccine has been very disappointing, for as many inoculated children have contracted the disease as those not inoculated. The efficacy of the vaccine has certainly not been established in this Country.

MEASLES.

Only 43 cases were notified. This is a serious disease in children, especially those under 2 years, and many deaths occur in the Country from Broncho-pneumonia. There is a need for more Convalescent Measles Serum and a need for its wider use in protecting especially exposed susceptible weakly children under 2 years.

PNEUMONIA (Acute Primary & Influenzal).

20 cases were notified and there were 11 deaths. Apparently the Sulphonamide group of drugs had no effect on the treatment of these cases, and yet there is no doubt about the value of this group of drugs in the treatment of Pneumonia caused by organisms sensitive to its action.

PUERPERAL PYREXIA AND SEPSIS.

Two cases were notified and treated in the Isolation Hospital. Both were cases of Haemolytic Streptococcal Sepsis but were treated successfully by Chemo-therapy.

ERYSIPELAS.

6 cases were notified, but only one patient required treatment in the Isolation Hospital. They were all successfully treated by chemo-therapy.

SONNE DYSENTERY.

14 cases of this disease were notified during the Summer and Autumn, but diarrhoea was apparently rife in the District at the time and it is certain that a large number of cases were not notified. It is on the whole a mild disease of short duration. This being so and as confirmatory diagnosis is usually established by bacteriological examination of the faeces, and as there are many other causes of simple diarrhoea, especially in children, faeces is usually not sent to the laboratory for examination. For these reasons many cases are probably missed. The outbreak terminated gradually in October.

There were no cases of other notifiable infectious diseases such as Enteric Fever, Cerebro-spinal Fever, Acute Poliomyelitis or Encephalitis Lethargica.

SCABIES.

This contagious skin disease is much less common than in the days when this District was a Reception Area for Evacuee children. Only 15 cases came to the notice of this Department and each was thoroughly treated at home or First Aid Post, or School or Welfare Clinic, as being most suitable in the circumstances. Benzyl Benzoate or C.M.R. Sulphur Jelly are used for treatment and both are very effective. The latter is better than Benzyl Benzoate in poor class homes as no bath is necessary and being similar to vanishing cream, is easy to apply.

LICE INFESTATION.

Infestation of the head is not common in this District, and infestation of the body is rare. Only 24 cases were reported, of these being school children discovered by the School Nurse. Regular and thorough inspection of the heads of school children is the most valuable method of ascertainment and these inspections have been chiefly responsible for reducing the cases to a relatively infrequent number.

FLEA INFESTATION.

Again the chief source of ascertainment is school. Fleas and their marks on clothing and bites on the skin are easily detected and the condition of the home is inspected. In this way 13 cases were discovered, and disinfection of persons and home was carried through. Flea infestation is also much less frequent than formerly.

NOTIFIABLE DISEASES DURING THE YEAR 1944

(Civilian Population Only)

Disease.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Scarlet Fever	54	48	—
Puerperal Sepsis	2	2	—
Pneumonia	20	Unknown	11
Dysentery (Sonne)	14	13	—
Measles	43	—	—
Whooping Cough	16	—	—
Erysipelas	6	1	—

One patient was certified as having died from Tuberculosis who had not been notified during life. In 1940, 1941, 1942, 1943, 1944 there were 18, 14, 22, 23 and 22 new cases of lung tuberculosis and 3, 5, 14, 12 and 8 new cases of non-respiratory tuberculosis respectively. These figures show that during the last five years there has been no fall in the number of lung-cases becoming infected by the Tubercle Bacillus, and that if anything there is a slight increase. There is a great shortage of beds and Staff in

Kent for the treatment of Tuberculosis. This means that many open cases must be mixing freely with the general population, forming a reservoir of infection. Also many patients are not diagnosed in the early stages of the disease when treatment would be curative, usually due to the neglect by the patients of their symptoms.

The number of non-respiratory cases would also be greatly reduced if all herds were tuberculin-tested, and until this goal is reached, all milk should theoretically be pasteurised or boiled in the home before consumption. There is no evidence that pasteurisation affects the nutritive properties of milk to any significant extent.

A.R.P. CASUALTY SERVICE.

The experiences of the previous 4 years of war were of inestimable value to the Casualty Service organisation. In 1944, after the necessary adjustments were made to meet the changing enemy tactics, the Service was well consolidated, and ready for any emergency. The Flying Bomb phase which began on 15th June and ended on the 3rd November, was extremely dangerous, and the rural areas of the Joint A.R.P. District were heavily involved. Although hundreds of these missiles passed over the Urban District, only 8 actually fell within the boundary. During the year in the Urban District 13 casualties were seriously injured and 40 met with slight injuries. It seems miraculous that none was killed.

Mention must be made here again of the unselfish and efficient work of the volunteers of whom the staff of the Service was chiefly composed. They deserve high commendation.



