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Contributors

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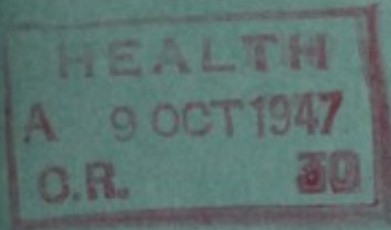
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ASHFORD URBAN DISTRICT



ANNUAL REPORT

FOR

1946

ON THE

HEALTH OF ASHFORD

BY THE

MEDICAL OFFICER OF HEALTH

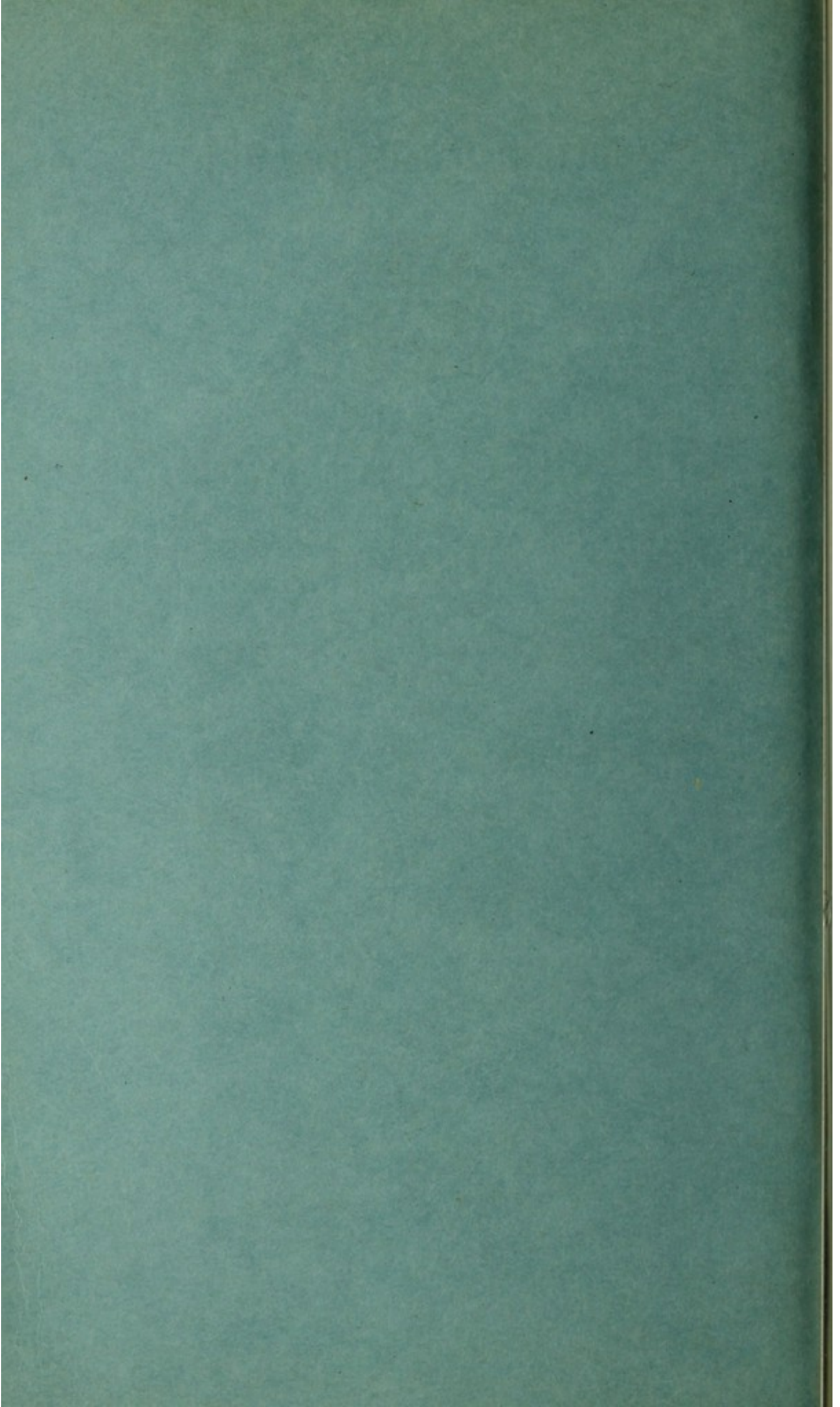
J. MARSHALL,
M.B., Ch.B., D.P.H.

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

ASHFORD :

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

1947.



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**PUBLIC HEALTH OFFICERS OF THE
LOCAL AUTHORITY, 1946**

Medical Officer of Health and Assistant County Medical Officer.

MARSHALL, J., M.B., Ch.B., D.P.H., F.R.I.P.H.H.

Chief Sanitary Inspector.

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

Additional Sanitary Inspector.

HAMMOND, S. F., Cert.S.I.E.J.B., M.S.I.A., 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.

GROTHER, L. (Miss), S.R.N., S.R.F.N.

Matron of Day Nursery.

HOAD, B. (Mrs.), N.S.C.N.

ASHFORD URBAN DISTRICT

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1946

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, 1946.

I am gratified to state that the health of the population has shown no abnormal variations, as the following statistics illustrate, and that it has been maintained at a satisfactory level. There was no unusual cause of deaths or illness and no major epidemic of infectious disease, or cases of food poisoning.

As expected, Heart Diseases and Intra-cranial Vascular Lesions caused the highest number of deaths, and Cancer the second highest number as in previous years. The number of deaths from Pneumonia fell from 19 in 1945 to 9. Penicillin and Sulphonamides are saving many lives. Otherwise, amongst all the causes of death, there are no significant positive figures. In the negative sense, it will be noted that there were no deaths caused by any major infectious disease. This is particularly gratifying in respect of Diphtheria and further no member of the child or adolescent population was attacked by the disease. Immunisation has proved itself to be one of the greatest discoveries in the field of preventive medicine. It is hoped that the large scale experiments at present underway in this country will prove that inoculation against Whooping Cough will also be as certain in effect.

It is also very pleasing to record that no mother died in childbirth and that none suffered from Puerperal Sepsis. This is a measure of the care and skill of all those engaged in the Midwifery Services, namely, Practitioners, Consultants, Midwives and Health Visitors, and deserves high appreciation.

The death-rate amongst infants rose from 42 to 46 per 1,000 live births, the actual number of deaths being 20. Most of these deaths, the majority being in the first month, were apparently unpreventable.

Other subjects of importance and interest are dealt with in the substance of the Report and in conclusion I should like to take this opportunity of thanking you for your interest and co-operation in the work of the Public Health Department, and of thanking my staff for their loyal and efficient service.

I am,

Yours obediently,

J. MARSHALL.

SECTION A.

STATISTICAL AND SOCIAL CONDITIONS OF THE AREA FOR
1946.

AREA : 5,719 acres.

REGISTRAR-GENERAL'S ESTIMATE OF—

The Resident Population	23,170
-------------------------	----	----	--------

NUMBER OF INHABITED HOUSES ACCORDING TO

THE RATE BOOKS	7,569
----------------	----	----	----	-------

RATEABLE VALUE :—£151,345.

SUM REPRESENTED BY A PENNY RATE :—£632.

SOCIAL CONDITIONS.

Ashford is a semi-industrial town, surrounded by wide rural areas, and has the largest market in Kent. There is also an important railway junction where five lines converge. Associated there is also a large Railway Works which employs the majority of the working-classes. There is also a number of smaller Factories, viz., an Underwear Factory, Cycle Works, Iron Foundry, Flour Mills, Printing Works, Agricultural Repair Shops, Brick Works and Building Trades, which employ the majority of the others.

At present there is practically no unemployment in this District.

EXTRACTS FROM VITAL STATISTICS.

	Total.	M.	F.		Ashford Urban District.	England and Wales.
1. Live Births	430	228	202	Birth rate per 1,000	18.56	19.1
(a) Legitimate	404	219	185	estimated resident		
(b) Illegitimate	26	9	17	population.		
2. Stillbirths	7	5	2	Rate, per 1,000 total		
(a) Legitimate	7	5	2	(live and still)	18.86	—
(b) Illegitimate	—	—	—	births.		
3. Deaths	302	155	147	Death rate per 1,000 resident population.	13.03	11.5
4. Deaths from Puerperal Causes.						
(a) Puerperal Sepsis	—	—	—	Rate per 1,000 (live and still)	—	0.18
(b) Other Maternal Causes	—	—	—		—	1.06
5. Death of Infants Under One Year of Age	20	14	6			
(a) Legitimate	18	13	5			
(b) Illegitimate	2	1	1			
Infant mortality rate per 1,000 live births					46.51	43.0
Rate re legitimate infants					44.55	—
Rate re illegitimate infants					76.92	—
6. Deaths from Cancer (all ages)					55	
Deaths from Measles (all ages)					—	
Deaths from Whooping Cough (all ages)					—	
Deaths from Diarrhoea (under 2 years of age)					1	

**CAUSES OF DEATH IN ASHFORD URBAN DISTRICT DURING
1946.**

ALL CAUSES.	<i>Males.</i> 155	<i>Females.</i> 147
1. Typhoid and Paratyphoid Fevers ..	—	—
2. Cerebro-spinal Fever	—	—
3. Scarlet Fever	—	—
4. Whooping Cough	—	—
5. Diphtheria	—	—
6. Tuberculosis of Respiratory System ..	9	3
7. Other Forms of Tuberculosis	—	1
8. Syphilitic Diseases	—	2
9. Influenza	3	1
10. Measles	—	—
11. Acute Polio-myelitis and Polio-encephalitis ..	—	—
12. Acute Infective Encephalitis	—	—
13. Cancer of buccal cavity and oesophagus and uterus	3	1
14. Cancer of stomach and duodenum	2	7
15. Cancer of breast	—	4
16. Cancer of all other sites	18	20
17. Diabetes	—	1
18. Intra-cranial vascular lesions	18	18
19. Heart Diseases	44	48
20. Other diseases of the circulatory system ..	3	3
21. Bronchitis	7	8
22. Pneumonia	7	2
23. Other respiratory diseases	3	1
24. Ulcer of stomach or duodenum	5	1
25. Diarrhoea under 2 years	1	—
26. Appendicitis	—	3
27. Other digestive diseases	6	2
28. Nephritis	4	2
29. Puerperal and Post-abortion sepsis	—	—
30. Other Maternal Causes	—	—
31. Premature Birth	5	3
32. Congenital Malformation. Birth Injuries. Infantile Diseases	5	3
33. Suicide	3	1
34. Road Traffic Accidents	1	—
35. Other violent causes	1	1
36. All other causes	7	11

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE DISTRICT.

1. LABORATORY FACILITIES.

These are provided by the Kent County Council's Central Laboratory at Maidstone. This is a very satisfactory and complete service and adequate for the needs of the District.

2. AMBULANCE FACILITIES.

(a) *Infectious Disease Patients.*

For the transport of these patients the Council's Infectious Disease Ambulance, which is garaged at the Isolation Hospital and driven by the resident Porter, is adequate for the requirements of this District and other surrounding Districts, viz.—East and West Ashford Rural Districts and Lydd Borough, from which patients are admitted to the Council's Isolation Hospital by contract. In extraordinary circumstances, the St. John Corps Ambulances have supplemented the service when necessary.

(b) *Non-infectious, Maternity and Accident Patients.*

The Ashford Corps of the St. John Ambulance Brigade provides this service on behalf of the Urban District and surrounding area within a radius of nine miles. The Corps has four modern Ambulances and two paid drivers and a rota of voluntary staff. The number of Ambulances and staff is adequate for the demands of the area, and provides a very satisfactory service.

(c) *Hospital Car Service.*

The British Red Cross is responsible for the direction of this very useful service. In general terms, patients who are unable to travel for treatment by public transport and for whom the use of an Ambulance is unnecessary are taken by cars driven by the owners at the reasonable charge of 3d. per mile. This, like the Ambulance services of the St. John Corps, is a very necessary service, conducted by a voluntary organisation very efficiently and economically.

3. NURSING IN THE HOME.

The Ashford and District Nursing Association in affiliation with the Queen's Institute of District Nursing and the Kent County Nursing Association administers this service in this area, including Boughton, Eastwell, Kingsnorth and Great Chart. The staff is engaged in Midwifery, Maternity Nursing and General Nursing in the home. The considerable increase in the number of births has added further strain to the already fully extended staff, and in general nursing the number of chronic sick patients,

most of whom should really be in Hospital has become beyond control. There are not sufficient nurses to nurse the chronic sick in their homes or in the Hospitals in the present national emergency.

In these difficult circumstances the untiring work of these District Nurses is greatly admired and deserves every commendation.

The Medical Comforts Depot (Public Health Offices) of the St. John Corps continues to be useful in supplying equipment for use in the homes of the sick.

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.

(i) *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.

(ii) *Women's Institute Hall, Church Road, North Willesborough.* Sessions are held at 2.15 p.m. on alternate Fridays.

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

(iv) *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.*

(i) The following five 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.

(e) Speech Therapy Clinic.

(ii) *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.

(iii) *Venereal Diseases Clinic.*

This Clinic (at the time of writing) is held at Ashford Hospital on Tuesdays and Fridays at 10—11 a.m. for Females and from 11.0 to 12 noon for Males.

(iv) *Tuberculosis Clinic.*

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

(v) *Hospitals.*

(a) Ashford General (Voluntary).

Accommodation—approximately 90 beds.

(b) Willesborough General (K.C.C.)

Accommodation—212 beds.

(c) Isolation Hospital (A.U.D.C.)

Accommodation—68 beds.

(d) Grosvenor Sanatorium (Private)

Accommodation—265 beds.

5. MATERNITY AND CHILD WELFARE SERVICES.

The rising trend of the birth-rate was considerably accentuated by the number of births, viz., 430 in 1946. In the years immediately preceding the war, the average number was approximately 290. The upward trend began in this District in 1944 when the number rose to 375, and in 1945 to 380. The increase of 50 births in 1946 has further extended the Maternity and Child Welfare and Midwifery Services which however were able to cope with the emergency very satisfactorily. There were several major difficulties. For example, many mothers are living in overcrowded conditions, many as sub-tenants in rooms. Domestic help is at present very difficult to obtain. Beds in Maternity Homes and other Maternity Institutions have long waiting lists, chiefly due to the shortage of staff and the increase of births.

Thanks to the very considerate co-operation of the Maternity and Child Welfare Department of the County Council, 50 of these mothers were accommodated on behalf of the Council in their Hospitals, Homes and Hostels and when necessary the children of the mothers were accommodated in one of the County Council's Residential Nurseries. The following table shows the various institutions to which the mothers were admitted.

County Hospital, Pembury	11
The Pavays, Langton Green	17
Northfield Emergency Maternity Hostel, Langton Green ..	3
Keech Hill Nursing Home, Tenterden	6
County Hospital, Willesborough	8
Royal Victoria Hospital, Folkestone	1
Ashford General Hospital	4

The pressing need for a Maternity Home in the District has been mitigated by the opening in October, 1946, of a Maternity Unit in Willesborough Hospital, the ultimate aim being to provide 20 beds. Since then the admission of urgent maternity patients has been arranged without difficulty and appreciation must be expressed to the staff of the Hospital for their excellent co-operation. Accommodation in Ashford Hospital is limited to 10 beds, 6 of which are for private patients. The Hospital Authorities have long had prepared a scheme for extension but this has not yet been approved by the Ministry of Health. There are also 2 Registered Private Nursing Homes in the District which provide together 8 beds.

86 of the mothers were delivered by the Queen's Midwives of the Ashford and District Nursing Association without medical aid in their own homes. This is apart from the number of cases in which they acted as Maternity Nurses in co-operation with Practitioners. The Midwives work in close liaison with the Practitioners and with the Ante-natal Clinic, and have maintained their traditional excellent standard of skill and care in the present very trying circumstances for which they deserve high commendation.

With the increase of the birth rate, the number of sessions of the Ante-natal Clinic had to be correspondingly increased from one to two weekly sessions. By arrangement with the County Council, this Clinic, like the Infant Welfare Clinics, also serves mothers from the surrounding rural districts. The number of expectant mothers examined increased from 142 in 1945 to 181 of Urban mothers and from 61 to 75 of rural mothers. The staff of the Clinic, i.e., Consultant, Health Visitors and Midwives deserve great credit for their excellent work, which ensures as far as possible safe pregnancy and confinement. No mother from this District died as a result of pregnancy and all those engaged on this work, viz., Practitioners, Consultants, Midwives, and Health Visitors, have every reason to be proud of their results.

The Home Help Service is an important integral part of the Maternity Services. Early in the year, a meeting of all the representatives of the Women's Organisations of the town was called by the Medical Officer of Health, to discuss various urgent problems, the chief aim being to establish a Register of women from all the sub-districts who would be prepared to act as part-

The number of deaths would undoubtedly be much greater if there was no Maternity & Child Welfare service. The work of the Health Visitors who are in constant contact with the Mothers in their homes and in the Clinics is of the greatest value towards ensuring that children, especially those from poor homes, have every chance to live and grow into robust health. All facilities for the treatment of abnormal health are readily available to these children and there is no excuse for any mother who neglects to have treatment effected, but happily this percentage is extremely small and almost negligible.

The four Child Welfare Clinics are conveniently situated for the mothers. At the time of writing another has been established in South Ashford, so that each of the five sub-districts has its own convenient Clinic. Invaluable assistance is given in each Clinic by the voluntary workers who are intensely interested in this work and who also represent the local interests of the mothers. The success of the Clinics is in no small measure due to their advice and help, and their services are deeply appreciated by the Council.

Premature infants are closely supervised by the Health Visitors and when these children are kept at home, draught-proof cots, electric blankets, hot-water bottles, etc., are loaned and special foods provided from the Welfare Centre when essential. 31 infants were notified as being premature, i.e., those $5\frac{1}{2}$ lbs. or under, 14 of whom were born at home, and 17 in Hospital or Nursing Home. Of those born at home 2 died, of those in Hospital or Nursing Home, 3 died.

The Welfare of illegitimate children and their mothers is undertaken on behalf of the Council, which, however, meets all necessary expenditure, by the Canterbury Diocesan Council for Moral Welfare. Accommodation for these mothers and babies is usually arranged without difficulty, either in ad hoc Nursing Homes or in Maternity Hospitals, Homes or Hostels. High praise is due to the voluntary workers who have to overcome many difficult psychological and social problems before the mother is finally re-habilitated and her circumstances re-instated. Many mothers wish the adoption of their children, but all are encouraged to keep them. In this latter respect, the Day Nursery is of great value enabling them to go out to work, to earn sufficient to keep themselves and their children.

The Day Nursery continues to provide an excellent service on behalf of pre-school children whose mothers are obliged to go out to work. The assessment of Income Scheme with a sliding scale of charges, though much criticised when introduced has proved to be equitable and at the time of writing the Register is full with a waiting list, proving that the proportionate charges

are not in disfavour. The mental and physical health of the children is very good, excepting that naso-pharyngeal catarrh is of frequent incidence. It is extremely difficult to prevent the common spread of infectious illnesses amongst children under 5 years who usually have little immunity. The incidence of infectious diseases occasionally take its toll of the attendances but their incidence in Nurseries cannot be seriously regarded when weighed against the other health advantages which the children receive, especially those who come from an environment of poverty, ignorance and neglect. The percentage of these cases is however small. There seems little question that this service is of vital necessity to the group of mothers who are obliged to make use of it.

MATERNITY AND CHILD WELFARE FIGURES.

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

(a) Live Births	..	..	..	..	430
(b) Still births	..	..	..	..	7
(c) Total	..	..	..	..	437

ii. *Health Visiting.*

Number of Health Visitors employed by the Council 2
 Number of visits paid during the year—

(a) To expectant mothers	First visits	..	104
	Total visits	..	362
(b) To children under one year of age—	First visits	..	383
	Total visits	..	2,617
(c) To children between the ages of 1 and 5 years	Total visits	..	5,588

iii. *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	..	..		356
(ii) Over one year of age	..	..		61

(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	..	..	321
(ii) Over one year of age	..	..	559

Total attendances at the 4 Centres were :—

Ashford Centre	..	..	..	5,703
North Willesborough	..	..	..	1,324
South Willesborough	..	..	..	874
Kennington	..	..	..	607

iv. *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.

	Ante-natal	Post-natal
(a) No. of clinics provided by the Council	1	1
(b) Total number of women who attended during the year :—		
(i) Ashford Urban	.. 181	.. 22
(ii) Rural Districts	.. 75	.. 18

REGISTRATION OF NURSING HOMES.

The registration of one of the three Nursing Homes was cancelled at the request of the Proprietress. The other two, conducted by State Registered Midwives were regularly inspected and each attained a satisfactory standard.

	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	2	8	2	10

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

The number of persons receiving children within the meaning of the above Act was six and the number of children boarded out was six, at the end of the year. None of these children died and all were well cared for. The homes were regularly inspected by the Health Visitors and were found in all caess to be of satisfactory standard.

Adoption of Children (Regulation) Act, 1939.

No person, as third-party, gave notice under Section 7 (3) during the year, and only two children were adopted in the District, by agency of Registered Adoption Societies.

6. SCHOOL MEDICAL SERVICE.

This service is administered by the Kent Education Committee and the District Medical Officer of Health, employed by the former two whole days per week, acts as School Medical Officer for Clinical duties to all the Schools in the area excepting the County Grammar School for Girls, the North and South County Modern (Girls) and the private schools.

It is gratifying to report that the health of the school children throughout the year was generally good. In respect of notifiable disease there were 11 cases of Scarlet Fever and 21 of Measles. Cases of Otorrhea (discharging ears) which are a potential source of Scarlet Fever received immediate treatment. As stated in previous reports the Ear, Nose and Throat Department of Willesborough Hospital has been of great service to the children of this district. Many acute and chronic diseases of ear, nose and throat have been promptly and successfully treated and the excellent results of the Aural Surgeon deserve special mention.

The various School Clinics provide valuable services, but not enough use is made of the Dental Clinic where the children can have excellent treatment. It is natural that a number of parents should prefer their family Dentist, but it is greatly to be deprecated that still a large number neglect or refuse to have treatment of any kind. It is evident that more propaganda is necessary to break through the indifference or prejudices of many parents. The same indifference, however, is not shown by the acceptances for treatment at the other clinics. For example, probably 99% attend the Ophthalmic Clinic for the correction of defects of vision. Decayed teeth, unless tooth-ache occurs, are apparently not worthy of concern in the eyes of many parents who do not realize that they are far more dangerous to physical health than errors of refraction. The old saying "Seeing is believing" is paradoxical in this sense.

The Headteachers of the Schools are more anxious concerning the health of the children than many parents and appreciation must be expressed of their excellent co-operation with the School Medical Officer.

The following is a table describing the various defects found at medical inspection. Defective teeth are recorded by the School Dental Surgeon.

Defective Vision	43
Chronic Tonsillitis, Adenoiditis, Sinusitis, Rhinitis, Cervical Adenitis	22
Chronic Bronchitis	1
Asthma	6
Otitis Media and Otorrhœa	5
Deafness	4
Congenital Heart Disease	2
Club Foot	1
Flat and Painful Feet	5
Rheumatic Endocarditis	1
Hernia	4
Varicocele	2
Hirschsprungs Disease	1
Chronic Osteomyelitis	1
Defective Speech	5
Epiepsy	1

The following cases of notifiable diseases occurred amongst school-children.

Scarlet Fever	11
Measles	21

The following cases of skin infections and contagious occurred.

Impetigo	9
Scabies	11
Lice Infestation	21
Flea Infestation	15

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

1. WATER SUPPLY.

The water supply within the Urban District is provided by two undertakings, viz., by Ashford Urban District Council and by The Mid-Kent Water Company.

The Council provides the supply for Central and South Ashford and North and South Willesborough and The Mid-Kent Water Co., for Kennington.

Ashford U.D.C. Undertakings.

This supply is obtained from the following 3 sources.

(i) *Westwell.*

This water comes from two boreholes approximately 160 feet deep. A softening plant (Clark's Process) is in operation here. The water is pumped by an electrically-driven pump to a covered reservoir (capacity 1,000,000 gals.) at Potter's Corner, from where it enters the supply network. There is a connection between this reservoir and two stand-by reservoirs (280,000 and 36,000 gals. respectively) at Barrow Hill and a connection with The Mid-Kent Water Company's supply at Potter's Corner for emergency use. There is a further connection for emergency use with The Mid-Kent Water Company's supply in the Canterbury Road, at Little Bybrook.

(ii) *Henwood.*

This supply comes from four wells with interconnecting adits, approximately 40 feet deep. From the electrically-driven pumps (with stand-by steam plant) the water is pumped into the supply net-work and the surplus is diverted into the reservoir at Potter's Corner.

The above two supplies supply the whole of Central and South Ashford.

(iii) *Hinxhill.*

This water comes from a new bore-hole approximately 200 feet deep, being raised by compressed air into a storage adit. It is then pumped by Reciprocating and Centrifugal Pumps to a covered reservoir at Broomfields (100,000 gallons). From where it enters the supply network for the whole of North and South Willesborough. There is a connection for emergency use with the Central and South Ashford supplies at the Railway Bridge, Hythe Road.

The waters from these three sources are all chlorinated, as an additional measure of safety, though the untreated waters have in successive years been of excellent bacteriological and chemical quality.

SAMPLES.

By arrangement with the County Laboratory, 6 quarterly bacteriological samples are taken, 2 from each of the 3 sources. Also 3 samples for chemical analysis were taken half-yearly at the sources.

These samples were all highly satisfactory, and the waters are entitled to be graded Class 1.

THE MID-KENT WATER COMPANY

(i) *Barham.*

This water is taken from the chalk, the well being about 200 feet deep. It is pumped to Hastingleigh Reservoir (capacity 500,000 galls.) from where it reaches the Kennington supply network.

(ii) *Charing.*

This water is obtained from the greensand and the borings are approximately 160 feet deep. It is pumped to Fairbourne and Charing Hill reservoirs (capacity 1,000,000 and 283,500 galls. respectively). These reservoirs afford a subsidiary or auxiliary supply to Kennington.

SAMPLES.

Monthly bacteriological and quarterly chemical samples are taken. These, during the year were Class 1 waters bacteriologically and were chemically also of good organic quality.

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

2. DRAINAGE AND SEWERAGE.

Since the completion of the sewerage schemes for Willesborough and Kennington in 1939, no important improvements or alterations have been made. Only a small proportion of houses is not on main drainage. There is still a number of houses in Kennington with cesspools although a sewer is available. This is due to the cessation of the work of connection by builders owing to the war. All pail closets were connected where the sewer is within the statutory distance.

3. RIVERS AND STREAMS.

The sources of pollution of the River Stour were dealt with during the year, and it is now reasonably free from pollution within the bounds of the Urban District but samples taken as the River enters the boundaries still show evidence of recent pollution.

4. SWIMMING BATHS.

The Public Bath was the only bath in use during the season. The Bath is periodically emptied and filled with water from the mains. Regular samples taken during the season showed that chlorination was effective.

5. ERADICATION OF VERMIN.

(i) *Bugs.*

20 houses were found to be infested, of which 1 was a Council house and 19 were other houses.

(ii) *Fleas.*

9 houses were discovered to be infested, of which 1 was a Council house and 8 were other houses.

Methods of Treatment.

An insecticide incorporating D.D.T. in liquid form, D.D.T. in powder form and Gammexane are used. Insecticides containing D.D.T. are now readily obtainable by the public, and these will probably be of great help towards the domestic eradication of vermin. The results obtained from these insecticides have proved satisfactory.

(iii) *Rats.*

The destruction of rats is always proceeding and advice and help are always given. The greatest source of infestation was the Refuse Dump at Bybrook, but constant baiting with damp sausage rusk and zinc phosphide have kept their numbers well within control.

SANITARY INSPECTION OF THE DISTRICT.

Sanitary Inspection of District.	No. in District.	No. of visits in 1946.	No. of faults and defects found.	No. of faults and defects remedied
Bakehouses	18	42	8	8
Dairies	22	78	12	12
Slaughter-houses (Ministry of Food)	2	342	6	6
Other food preparing places which are, as such, subject to inspection ..	47	95	10	10
Common Lodging Houses ..	1	6	—	—
Offensive Trades	2	7	2	2
Houses-let-in-lodgings ..	—	—	—	—
Factories	113	169	15	15
Workshops	49			
Workplaces (other than out-workers homes) ..	4			

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

Overcrowding	28	Refuse receptacles	—
Keeping of animals	9	Tents, vans and sheds	3
Hop-pickers' camps	—	Smoke nuisances	2
Sanitary Accommodation :		Yard paving	16
(a) Insufficient	28	Dampness	39
(b) Defective	82	Roofs and rain-water pipes	81
Drainage :		Floors	29
(a) Re-constructed	12	Walls and Ceilings	71
(b) Repaired	36	Windows and Ventilation	36
(c) Cleansed	49	Baths, Lavatory basins	
Cesspools :		and sinks	11
(a) Abolished	4	Water supplies	9
(b) Repaired	—	Total number of visits of	
Offensive Accumulations	12	all kinds paid by the in-	
Miscellaneous	108	spectors during the year	5,265

SECTION D.

HOUSING.

Comment on the Housing conditions of the population is at present superfluous. The need for the required large number of houses is recognised as being the most urgent domestic problem of the time, and every nerve is being strained by the Council to provide the requisite number. The building of new houses must proceed as fast as possible for many years to come before these needs are met, and every year that passes aggravates the conditions of those people at present living in houses which are far below the standards of the permanent houses now being built, and because of the shortage of labour and materials, repairs to housing defects injurious to health are difficult to effect.

On 31st December, 1946, the number of families rehoused as follows was 132.

Prefabricated Temporary Bungalows	100
Permanent Houses (3 bedrooms)	4
Army Huts, Hothfield Common	28

The chief problem now confronting the Council is the rehousing of families with one child. At the time of writing there are approximately 300 of these families on the waiting list. It would seem that the most urgent need is for the building of a requisite number of 2 bed-roomed permanent houses. These will always be in demand, probably more so in future than the 3 bed-roomed type; and would absorb the greater number of families at present waiting.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLIES.

In the Urban District there are 4 Producer Retailers and 6 Producers. Of these Producers, 3 produced Tuberculin Tested Milk, 2 Accredited Milk and 5 undesignated milk. There are also 16 other Retailers of milk.

Dairy farms and Dairies are regularly inspected and a reasonable standard of cleanliness is maintained. Samples of milk are taken regularly from farms and dairies and with 2 exceptions all were satisfactory.

In addition, samples are taken frequently under the Milk Testing Scheme of the Ministry of Agriculture, whose Regional Laboratory is situate in this District. No samples, however, are taken by them for Tubercle Bacilli.

During the year, the following samples were taken for bacteriological examination :—

	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Tuberculin Tested	6	1
Accredited	16	1
Pasteurised	8	0
Undesignated	7	0

Examination of Milk for Tubercle Bacilli.

16 samples were taken from farms and retailers and none was positive.

Meat and Other Foods.

Unsound Food (Food and Drugs Act, 1938) :

1713 tins of meat, fruit, milk, brawns, etc., were certified unfit for food. The total weight of these articles was 1 ton, 12cwts. 2 qrs. 4lbs. The whole of 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 19 tons 2 qtrs. 14lbs.

No cases of food-poisoning were notified during the year and no deaths were certified as from this cause. Shops, stalls and vehicles where food is sold, and 23 registered food preparing places were regularly inspected for unsound food.

Adulteratoin (Food and Drugs Act, 1938).

The County Council is the Statutory Authority for the administration of this Section of the Act.

Meat Inspection.

There were 2 slaughterhouses controlled by the Ministry of Food, in operation during the year. These slaughterhouses are too small for the large amount of killing which takes place, and the inspection of carcasses is made very difficult by the over-crowded conditions. There is no possibility of extending or re-constructing these premises which are out-moded. The only solution is the construction of a Public Abattoir, with modern equipment and accommodation.

CARCASSES INSPECTED AND CONDEMNED.

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed ..	1,105	288	1,052	5,519	322
Number Inspected	1,105	288	1,052	5,519	322
<i>All Diseases Except Tuberculosis.</i> Whole carcasses condemned ..	9	2	2	20	5
No. of parts or organs condemned	483	7	4	233	12
<i>Tuberculosis Only.</i> Whole carcasses condemned ..	23	1	0	0	3
No. of parts or organs condemned	517	6	0	0	8

SECTION F.**PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE
ISOLATION HOSPITAL.****ACCOMMODATION.**

The beds are housed in 4 blocks. The modern cubicle block has 8 cells and a theatre. The other 3 blocks are used when necessary. The total bed complement is 68.

STAFF.

There is an insufficient number of trained Fever Nurses at the present time throughout the Country, and it is unlikely that the present rate of recruiting will meet the deficit. This is a serious situation. The Isolation Hospital was kept going throughout the year with insufficient staff, and since no cases were refused from the Districts which the Hospital serves, the staff deserves every appreciation for their untiring and unselfish devotion to service.

The following table describes the cases received and the Districts from which they come.

Disease	Ashford U.D.C.	West Ashford R.D.C.	East Ashford R.D.C.	Lydd M.B.	Romney Marsh R.D.C.	Military	Elham R.D.C.	Folkestone M.B.	Herne Bay U.D.C	Dover M.B.	Total
Scarlatina	21	4	7	1	8		1	1			43
Diphtheria	3	2		1		1					7
Rubella		1									1
Acute Tonsillitis	5	1			1	3					10
Mumps						3					3
Measles	2		2								4
Dysentery						1					1
Whooping Cough	1	3									4
Erysipelas	3			1							4
Cerebro-Spinal Fever										1	1
Chicken Pox						2					2
Etertic Fever									1		1
Cerebro-Spinal Fever (Observation)	1										1
Otorrhoea	1										1
Impetigo	1										1
Allergy	1										1
Infective Jaundice	1										1
Pneumonia	1										1
TOTAL											87

DIPHTHERIA.

There were 3 cases of Diphtheria during the year. One was a soldier on leave who had contracted the infection before arrival in this District. The other two patients were husband and wife both extremely early cases. Virulent Diphtherae bacilli were isolated from their throats. All of these patients completely recovered. It is very gratifying that there were no cases amongst the child or adolescent population and it is beyond doubt that immunisation is responsible for this. This serious and lethal disease is being gradually wiped out, and if immunisation were compulsory the disease would probably become one only of historical interest. Smallpox which was at one time endemic and widespread in this country was gradually eliminated by vaccination but relaxation of the compulsory code has encouraged its re-appearance and propagation as recent outbreaks have shown.

Local propaganda, in correlation with national propaganda is constantly maintained in the District and personal persuasion by the Health Visitors and Medical Officer is undertaken at every opportunity.

At the end of the year 73% of pre-school children, excluding those under one year of age, and 65% of school children up to 15 years, were immunised. The percentage of school-children immunised as actually recorded in the Public Health Department certainly does not represent the percentage actually immunised as enquiries at the Schools have shown. Many children were immunised during evacuation and no records of these were transferred from the reception authorities. The actual percentage is probably over 90%, if approximate figures submitted from the schools are correct.

WHOOPING COUGH.

38 patients were notified during the year, one patient was admitted to the Isolation Hospital with the complication Broncho-pneumonia and there were no deaths. Large scale experiments are being conducted by the Ministry of Health to test the efficacy of new vaccines, but proof is still lacking that they are as certain in effect as Diphtheria toxoid.

SCARLET FEVER.

21 cases were notified and all were admitted to the Isolation Hospital, and all made complete recoveries. The Haemolytic Streptococcus, which is the casual organism is ubiquitous and for this reason most of the population is immune. Fortunately it is a disease which is well understood and against which preventive measures and treatment are very effective.

MEASLES.

52 cases were notified, none required treatment in the Isolation Hospital and there were no deaths. Prophylactic serum is available in the County Laboratory on behalf of any child for whom passive immunity is desirable if, for example, the child is in poor health or suffering from other illness.

PNEUMONIA. (Acute Primary and Influenzal).

26 patients were notified amongst whom there were 9 deaths. Penicillin and sulphonamide are reducing the death-rate from this disease, to a considerable extent.

ERYSIPELAS.

7 patients were notified, one of whom was admitted to the Isolation Hospital. There were no deaths. Before the introduction of the Sulphonamide (M. & B.) group of drugs there was a large number of deaths in the Country, now there must be very few. Treatment is dramatic in its results, as this is one disease in which the progress can be assessed by the eye alone.

PUERPERAL SEPSIS AND PYREXIA.

There were no notifications. The Sulphonamide group of drugs is probably the reason why none was received, as these drugs are commonly used to prevent infection from arising, as well as being used so successfully in treatment.

There were no cases of other notifiable diseases such as Typhoid or Paratyphoid Fever, Cerebro-Spinal Fever, Infantile Paralysis, Smallpox, etc.

SCABIES INFESTATION.

11 cases were discovered amongst pre-school and school children during the year. The percentage of cases is now comparatively negligible. Cases are thoroughly treated with Benzyl Benzoate and/or C.M.R. Sulphur Jelly, and follow up inspections ensure its eradication. This contagion is now practically eliminated in this District.

LICE INFESTATION.

As with Scabies, the number of cases is small, 21 being discovered during the year, but constant vigilance is essential amongst those families whose personal habits are known to be uncleanly; and amongst children who are regularly inspected in Schools and Welfare Clinics.

BEETLE INFESTATION.

15 cases were dealt with by disinfestation of homes and personal clothing. This infestation is always associated with dirty homes and filthy personal habits and offenders deserve little leniency.

TUBERCULOSIS.
New Cases and Mortality during 1946.

Age Periods.	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	1	—	—	—	—	—
5	1	3	—	1	—	1	—	—
15	2	1	—	—	3	1	—	—
15	6	3	—	1	2	1	—	1
25	1	—	—	—	2	—	—	—
35	3	—	—	—	1	—	—	—
45 and upwards	—	—	—	—	1	—	—	—
TOTALS ..	13	7	1	2	9	3	—	1

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGS. 1925 AND PUBLIC HEALTH ACT 1936 (SECTION 172)

No action was necessary within the meaning of the above Acts.

It will be noted from the above table that there were 20 new cases of lung tuberculosis during the year. This number conforms to the usual average of new cases occurring in this District every year. Many beds in Sanatoria are at present not in use owing to the shortage of nursing and Domestic Staff, and many infectious patients, who should properly be isolated in Sanatorium or Hospital are mixing indiscriminately with the general public. It is somewhat surprising therefore that the number of new cases is not greater particularly in the aftermath of exhausting war years. It is fortunate, however, that the majority of the population is immune by reason of centuries of exposure, infection and survival.

There were only three new cases of other forms of tuberculosis in comparison with the usual average of 8. The close watch kept on milk supplies is probably the chief preventive factor.

The housing conditions of the tuberculous are regularly inspected and unhygienic circumstances remedied as far as practicable.

