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ASHFORD URBAN DISTRICT

A N N U A L R E P O R T

FOR

1954

ON THE

PUBLIC HEALTH OF ASHFORD

BY THE

MEDICAL OFFICER OF HEALTH

J. MARSHALL

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

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Medical Officer of Health (Ashford Urban District Council)
Principal Medical Officer (Kent County Council)

PUBLIC HEALTH OFFICERS OF THE

LOCAL AUTHORITY, 1954

Medical Officer of Health (A.U.D.C.) and Principal
Medical Officer (K.C.C.)

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

Chief Sanitary Inspector

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

Additional Sanitary Inspector

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

ASHFORD URBAN DISTRICT

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND CHIEF SANITARY INSPECTOR FOR THE YEAR 1954

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

Mr. Chairman, Ladies and Gentlemen,

It is my privilege to present to you my Annual Report for the year 1954.

According to the Registrar General's estimate, the Home Population, at mid-year, was 25,630; this represents an increase by 170 over that of 1953.

The number of live-births increased from 350 in 1953 to 391. During the high post-war birth-rate, the highest number of births i.e. 482 occurred in 1947, the corresponding rate having been 20.23 per 1,000 resident population. Since then the rate has declined and it would appear that it is becoming stabilised around 15 which approximates to that of the pre-war rate.

The number of still-births was 7, the equivalent rate per 1,000 live and still births being 17.59; that for England and Wales was 24. Unknown factors are involved in the causation of still-births, but it is known that skilled ante-natal attention is the predominating factor in keeping this rate within a reasonable limit.

Relative to the 391 live-births, there were 12 infant deaths and the corresponding infant mortality rate per 1,000 live births was 30.7; that for England and Wales was 25.5. It will be seen from the table on page 10 that Prematurity caused 50% of those deaths and that the others were due to miscellaneous congenital causes, excluding the death due to carbon monoxide poisoning. Prematurity is usually the major cause of infant deaths and the causes are closely related to those of still-births.

It is gratifying, however, to record that there were no deaths due to pregnancy, childbirth or abortion amongst the mothers who gave birth to the 391 live-births and the 7 still-births - which is an index of the care and skill of all who are engaged in the Maternity and Midwifery services.

The number of deaths was 276 and the crude death-rate was accordingly 10.77 per 1,000 resident population; when adjusted by the Registrar General's Comparability Factor which provides comparison with the death-rates of other Districts on the basis of a population standardised for age and sex distribution, the rate becomes 9.37; that for England and Wales was 11.3.

It will be noted from the table on Page 7 that Heart, Circulatory and Vascular Diseases were, as in previous years, the chief causes of death; this should be regarded as a natural and normal eventuality as the majority of those deaths occur amongst the very aged.

Deaths from Cancer, also as expected, caused the second largest number of deaths i.e. 56 an increase by 17 over that of

the previous year. The 8 deaths from Cancer of the Lung, which has been significantly increasing in recent years throughout the country, were, however, in this District less by one than in 1953 and although these figures are small for statistical comparisons there would not appear to be any significant increase in this District, in which the absence of gross atmospheric pollution is probably a favourable factor. The ages at death were 50, 57, 71, 72, 73, 74, 78, 80. Since 1950, when Cancer of the Lung and Bronchus became separately classified by the Registrar General there have been 3, 6, 6, 9 and 8 deaths in the succeeding years.

The other deaths were from miscellaneous causes, amongst which there was no exceptional grouping.

There was no death due to the Infectious Diseases, against which Medical Science, Preventive Medicine and Sanitary Engineering have made remarkable progress during this Century, particularly within the last twenty years. The introduction of the Sulphonamides and of the wide range of modern Antibiotics has revolutionised treatment and it is indeed fortunate that the most serious of these diseases can be prevented by immunisation and vaccination or successfully treated. It is virtually certain that Poliomyelitis which to-day remains the most formidable of these diseases in this Country, will in the near future be preventable by inoculation with modern vaccines and it is reasonable to hope that routine immunisation will be practicable, as with Diphtheria and Smallpox.

There was a localised outbreak of Poliomyelitis in the south-western part of the town, from where it spread, it may be assumed, to a neighbouring village. The first notified case was an infant aged 6 months (onset 14th July) who suffered from paralysis of one leg. The infant had been vaccinated six weeks previously, but it may be assumed that this was not an exciting cause; in fact, there was no possible exciting cause such as immunisation or tonsillectomy. The infant resided in a small community of pre-fabricated houses in which no secondary cases occurred. His brother, however, attended the Infant Class of a nearby Primary School in which two simultaneous cases were to occur on the 31st July, and it is interesting that both girls (aged 6½ years) sat at the same desk and both suffered from paralysis of the legs. The next case (onset 15th August) was a pre-school child aged 3½ years who lived in a near-by Council Estate, and within 50 yards from one of those girls; there had been, however, no social intercourse between the families, as far as was known. This child's brother also attended the Infant Class of the School, although he had been absent since the 14th June due to other illness. The next case to occur (onset 28th August) related to the School, was a girl aged 7 years, who attended the Junior Class; she also suffered from paralysis of the legs.

These facts seem to indicate that the virus had been wide-spread in the School and its neighbourhood and that it may be assumed that most of those exposed to infection were immune. It is also interesting that all of the affected children suffered from paralysis of the legs only, indicating that the virus had a predilection for the lumbar part of the spine.

On the 16th August, the first case in a near-by village occurred, but this was unfortunately bulbar in type and rapid fatal. She was a young mother, aged 19 years, who was breast

feeding her baby, aged 3 months and who had been shopping in the town, having travelled to and fro' by bus, within 12 - 15 hours from her death. It is very interesting that the Type 1 virus was isolated from the faeces of the baby, who apparently did not at any time suffer from any signs or symptoms of illness and who did not subsequently develop the disease.

On the 25th August, the second case occurred in the village and was similarly bulbar in type and rapidly fatal; he was also a young adult, aged 25 years and though he resided near-by, the families had not been mixing together as far as was known.

On the 27th August, the next case was a young nurse resident in a Chronic Sick Hospital which is about four miles from the village; she, too, suffered from the bulbar form of the disease which was rapidly fatal. No tangible link with this village could be elicited, but a further case occurred on the 28th August in another village where her home was and to which she travelled at the week-ends. This case was an adult aged 31 years, but fortunately the disease was not bulbar in his case.

The last case occurred on the 20th September. He was an adult, about 30 years of age, who resided in yet another village and who travelled daily to his employment in a Bank in the town; he was affected by paralysis of the L. shoulder only.

These epidemiological facts indicate that the virus had become wide-spread around the town, in villages in the north, south and west and that of all who were exposed to infection, only a few were susceptible. If it is assumed that the Virus was Type 1, then it may be inferred that it attacked the lumbar spine in children, causing paralysis of the legs, and in the majority of adults the bulbar region, causing fulminating death.

As stated previously, it is reasonable and encouraging to assume, in the light of the facts that the majority of the population possess immune bodies in their blood, enabling them to overcome exposure to infection.

Regarding Tuberculosis, there were 22 new cases (16 male and 6 female) of Respiratory, and 2 new cases (1 male, 1 female) of non-Respiratory Tuberculosis. This number of Respiratory cases is the highest for many years. Prior to 1950, the annual average had been 19, and post 1950, the numbers were 11, 7, 12 and 20 in 1950, 1951, 1952, 1953 respectively. Improved ascertainment, in particular by Mass Radiography is the probable cause. For example 11 new cases and 115 inactive cases and 1 Cancer of Lung, were discovered by Mass Radiography in June. Those 11 new respiratory cases were probably or would have become open sources of infection to others. The total number of adolescents and adults examined was 5,112, approximately one quarter of the adolescent and adult population and assuming that the other three-quarters had been examined, it is possible on a proportionate basis, that another 33 cases would have been discovered. There is no doubt that there is still a considerable reservoir of infection in the district. One of the new cases was a Hairdresser who conducted his business in a basement room adjoining a Public Convenience, in which the ventilation was very inadequate and stagnant.

It is probable that the chief source of infection is the

open lung case by direct contact with the susceptible, and as more are discovered and successfully treated (and modern treatment is highly successful) so should the number of people infected become less and less in future years.

The number of non-respiratory cases was 2. One suffered from Tuberculous Meningitis and the other from Tuberculosis of kidney and bladder. There were no cases of Cervical Adenitis and Abdominal Tuberculosis which at one time were common before measures to safe-guard the milk supplies became as comprehensive as they are today, although there are still many gaps to be closed. Ideally all milk should come from Tuberculin Tested herds and should then be Pasteurised. In this District, there are 25 Registered Distributors, 10 of whom are licensed to sell Pasteurised Milk, 12 Tuberculin Tested Milk and 11 Sterilised Milk (a number distribute two or three of these designations). Two Distributors sell undesignated milk which comes raw straight from the herds. It is in these supplies that potential danger of infection may exist, not only from Tuberculosis but also from other Infectious Diseases. However, 11 samples of undesignated milk were examined for the Bovine Tubercle Bacillus, and all were negative.

Food poisoning has been increasing in prevalence throughout the Country, but there has been no outbreak in the District since pre-war, in spite of the increase of communal meals being taken since then. This may be credited chiefly to the work of the Sanitary Inspectors, which includes the supervision of hygiene in food preparing and distributing establishments, including Restaurants and School Canteens. In the latter, the Supervisors and Staff employed by the Education Authority, have been trained in food hygiene and the excellent record of these Canteens is testimony to their care in the handling of food. Tribute must also be paid to the Inspectors for their excellent work in Meat Inspection, which is considerable and requires fine judgement particularly when a decision has to be made regarding the condemnation of expensive carcasses.

In conclusion, I wish to thank you for your interest and co-operation in the work of the Department and the staff for their very efficient and loyal service.

I am,

Your obedient Servant,

J. MARSHALL.

SECTION A.STATISTICAL AND SOCIAL CONDITIONS OF THEDISTRICT FOR 1954AREA: 5,719 acresREGISTRAR-GENERAL'S ESTIMATE OF:

The Resident Population 25,630

NUMBER OF INHABITED HOUSES ACCORDING
TO THE RATE BOOKS

8,681

RATEABLE VALUE:

£183,641

SUM REPRESENTED BY A PENNY RATE

£750

SOCIAL CONDITIONS

Ashford is an agricultural and an industrial town and a business and shopping centre for the large rural community which surrounds it. It merits importance by containing the largest agricultural market in Kent and in having a railway junction where five lines converge, associated with which is a large Railway Works. There is also a number of other Factories, viz. Cycle Works, Iron Foundry, Printing Works, Agricultural Repair Shops, Flour Mills, Marine and Industrial Works, an Ordnance Depot, and Bread Factory.

At present there is little unemployment in this District and in general apart from the shortage of houses, social conditions are fairly satisfactory.

EXTRACTS FROM VITAL STATISTICS

	<u>Total</u>	<u>M.</u>	<u>F.</u>		<u>Ashford Urban District</u>	<u>England and Wales</u>
1. Live Births	391	195	196	Birth Rate per 1,000 estimated resident population	15.26	15.2
(a) Legitimate	371	186	185			
(b) Illegitimate	20	9	11			
2. Stillbirths	7	2	5	Rate per 1,000 total (live and still) births	17.59	24.0
(a) Legitimate	6	2	4			
(b) Illegitimate	1	-	1			
3. Deaths	276	133	143	Death rate per 1,000 resident population	10.77	11.3
4. Deaths from Pregnancy, Childbirth and Abortion.	-	-	-	Rate per 1,000 (live and still) births.	-	Not availab
5. Deaths of Infants under One Year of Age	12	5	7			
(a) Legitimate	12	5	7			
(b) Illegitimate	-	-	-			
Infant mortality rate per 1,000 live births					30.69	25.5
Rate re legitimate infants					32.35	
Rate re illegitimate infants					-	
6. Deaths from Cancer (all ages)					56	
Deaths from Measles (all ages)					-	
Deaths from Whooping Cough (all ages)					-	
Deaths from Gastritis, Enteritis and Diarrhoea (all ages)					1	

CAUSES OF DEATH IN AHSFORD URBAN DISTRICT

DURING 1954

				Males	Females
ALL CAUSES				133	143
1.	Tuberculosis, respiratory	...	...	2	-
2.	Tuberculosis, other	...	...	1	-
3.	Syphilitic disease	...	...	2	-
4.	Diphtheria	...	...	-	-
5.	Whooping Cough	...	...	-	-
6.	Meningococcal infections	...	...	-	-
7.	Acute Poliomyelitis	...	...	-	-
8.	Measles	...	...	-	-
9.	Other infective and parasitic diseases	...	...	-	-
10.	Malignant neoplasm, stomach	...	...	4	6
11.	Malignant neoplasm, lung, bronchus	...	...	6	2
12.	Malignant neoplasm, breast	...	...	-	6
13.	Malignant neoplasm, uterus	...	...	-	3
14.	Other malignant and lymphatic neoplasms	...	...	14	15
15.	Leukaemia, aleukaemia	...	...	-	-
16.	Diabetes	...	...	-	2
17.	Vascular lesions of nervous system	...	...	18	21
18.	Coronary disease, angina	...	...	19	16
19.	Hypertension with heart disease	...	...	2	2
20.	Other heart disease	...	...	28	37
21.	Other circulatory disease	...	...	7	4
22.	Influenza	...	...	-	1
23.	Pneumonia	...	...	3	4
24.	Bronchitis	...	...	10	7
25.	Other diseases of respiratory system	...	...	-	-
26.	Ulcer of stomach and duodenum	...	...	3	-
27.	Gastritis, enteritis and diarrhoea	...	...	1	-
28.	Nephritis and nephrosis	...	...	1	-
29.	Hyperplasia of prostate	...	...	2	-
30.	Pregnancy, childbirth, abortion	...	...	-	-
31.	Congenital malformations	...	...	1	2
32.	Other defined and ill-defined diseases	...	...	3	12
33.	Motor vehicle accidents	...	...	2	1
34.	All other accidents	...	...	-	-
35.	Suicide	...	...	3	2
36.	Homicide and operations of war	...	...	1	-

SECTION B.GENERAL PROVISION OF HEALTH SERVICES FOR THEDISTRICT1. Laboratory Facilities

The Central Laboratory in County Hall, is the principal laboratory in the County for the Public Health Services and also for the Hospital and Practitioner Services where none is provided in the local Hospitals. The Service is comprehensive and adequately meets the needs of this District.

2. Ambulance and Hospital Car Service

The County Council is the responsible Authority for the administration of this Service in Kent, but in this District, the Service is conducted in co-operation with the St. John Ambulance Brigade, Ashford Corps (which incidentally is the oldest Corps in the Country) who provide a panel of Voluntary Ambulance Driver/Attendants whose efficiency and devotion to duty merits high appreciation. There are, in addition, seven full-time Driver/Attendants. The number of operative Ambulances is four and that of Sitting Cars, 2; the latter are engaged in about two-thirds of the Hospital Car Service, and the remainder of Sitting Cars are provided by a panel of Voluntary Private Car Owners, who are re-imbursed on a mileage basis of payment. The Service is adequate for the requirements of the District and is operated very efficiently.

3. Treatment Centres and Clinics.

All Maternity and Child Welfare, School, and Dental Clinics are administered by the County Council.

The following Clinics are held in Ashford:-

(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 Clinic.

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

Sessions are held at 2.15 p.m. on alternate Wednesdays.

(v) The Kingsford Memorial Hall, Kingsnorth Road, Ashford

Sessions at 2.15 p.m. on Wednesdays alternating with Kennington Clinic.

Ante-natal, Post-natal and Women's Welfare Clinics.

These Clinics are held in the Station Road centre on every Monday afternoon at 2.15 p.m.

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

- (a) Dental Clinic
- (b) Ophthalmic Clinic
- (c) Minor Ailment Clinic
- (d) Speech Therapy Clinic

(e) Orthopaedic Clinic

This clinic is held at Ashford Hospital, is administered by the Regional Hospitals Board and appointments are made by the County Public Health Department on behalf of school-children. It is held on the 1st Thursday of each month at 2 p.m.

(ii) Venereal Diseases Clinics.

This clinic is held at Ashford Hospital on Mondays and Wednesdays at 10 - 11 a.m. for Females and from 11 - 12 noon for Males.

(iii) Tuberculosis Clinic

This clinic is held at Ashford Hospital weekly on Tuesdays from 9.30 a.m.

(iv) Hospitals

- (a) Ashford General. Accommodations - approximately 138 beds
- (b) Willesborough General. Accommodation - 137 beds
- (c) Infectious Diseases. Accommodation 40 beds
- (d) Grosvenor Sanatorium (Private). Accommodation - 265 beds

4. Private Nursing Homes.

There is no Nursing Home in the District, the last Home having closed in 1953.

5. Home Nursing and Midwifery Services.

These Services are also administered by the County Council. There are six Home Nurse/Midwives on duty in the District who are engaged in Midwifery, Maternity Nursing, and Home Nursing of the sick. The standard of service given by the Nurses is high and there is excellent co-operation between them and the Practitioners. The majority of patients nursed in the home are elderly chronic sick, many of whom are awaiting beds in Hospital which are still inadequate in number to accommodate each new case as it arises. The service is fully adequate for the needs of the District.

6. The Maternity and Child Welfare Service

This Service, which is administered by the County Council, is of great value to the mothers and their children under five years. The five Centres are conveniently situated and attendances were well maintained at a satisfactory level. The work at the Clinics is chiefly preventive in character and is reflected in the improving health of the children and in the decreasing number of infant illnesses, defects and deaths. The work of the Health Visitors is unobtrusive

and unspectacular but is none-the-less of the greatest value in the prevention of illness in children; also infestations by lice, fleas and scabies in children are now few in this District and this is largely due to the constant supervision which has been maintained by the Health Visitors.

The following table gives the causes of death amongst infants during the year, most of which may be regarded as having been unavoidable.

Months	1	2	3	4	5	6	7	8	9	10	11	12
Prematurity	6	-	-	-	-	-	-	-	-	-	-	-
Meningocele	1	-	-	-	-	-	-	-	-	-	-	-
Asphyxia Pallida	1	-	-	-	-	-	-	-	-	-	-	-
Carbon Monoxide Poisoning	-	-	-	1	-	-	-	-	-	-	-	-
Intestinal Obstruction	1	-	-	-	-	-	-	-	-	-	-	-
Asphyxia Atelactasis	1	-	-	-	-	-	-	-	-	-	-	-
Congenital Abnormalities	1	-	-	-	-	-	-	-	-	-	-	-

7. The Domestic Help Service

This valuable Service is also administered by the County Council through Area and Local Domestic Help Organisers and the District Officers. Although a sliding scale of charges is made, the cost of the Service is high and the number of hours of help allocated to individual cases is restricted to a practicable minimum. Nevertheless, the real needs of a household are usually met. The majority of people requiring help are amongst the aged, infirm and chronic sick and those next on the list are Maternity patients who may have help for seven hours per day for two weeks; the minority are patients suffering from miscellaneous illnesses.

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 Company for Kennington.

Ashford Urban District Council Undertakings.

This supply is obtained from the following three sources.

(1) Westwell

An additional gravel-screen bore-hole, making four in

all, at this Station was completed in August, 1953. Pumping plant is installed to abstract 10,000 gallons perhour from each bore-hole. 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 gallons) 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 gallons 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 network and the surplus is diverted into the reservoir at Potter's Corner.

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

(iii) Hinxhill

This water comes from a borehole 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 samples for bacteriological examination are taken from the sources, reservoirs and points of the distribution network at the rate of seven each month. Samples for chemical analysis are also taken before and after treatment from the three sources at quarterly intervals.

Examination of Samples taken during the Year.

	No.	Bacteriological Results	No.	Chemical Results
Raw Water	34	Satisfactory	13	Satisfactory
Treated Water	61	Satisfactory	12	Satisfactory

There are 13 houses not connected to the public supply mains and 9 of these are situate in Beaver Lane and 4 in Chart Road. 8,668 houses are connected to the public mains.

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 gallons) 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 gallons 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 of good organic quality.

2. Drainage and Sewerage

There was no major development during the year.

Total number of inhabited houses (including flats) is	...	...	...	...	...	8,681
Total number of houses connected to the sewers	...	...	...	...	...	8,455
Number of houses not connected to the sewers	...	...	...	...	...	226

3. Swimming Baths

The Ashford Urban District Council bath was in full use during the season. The water is chlorinated by a break-point chlorinator and there is also an electric suction sweeper for cleansing the basin of the bath. The size of the bath is 100 x 25 yards, and its capacity 600,000 gallons. Regular samples of the water were sent for bacteriological examination, and all were satisfactory (B.Coli presumptive, absent in 100 c.c.s.)

4. Eradication of Vermin

The number of houses found to be infested with vermin was as follows:-

	<u>Bugs</u>	<u>Fleas</u>
Council houses	1	7
Other houses	3	12

All these premises were disinfested by means of 5% D.D.T. in Kerosene in spray form. This form of disinfestation proved very efficacious, as none of these houses needed a second treatment. The number of houses found to be infested with bugs has steadily decreased since the war, co-incident with the use of D.D.T.

Other forms of infestations occasionally dealt with included beetles, ants, earwigs and wasps.

5. Rats and Mice Destruction.

A free rodent destruction service has been built up and this is available to occupiers of dwelling-houses. A charge is made in the case of business premises. Routine measures to destroy rats in the area include the regular baiting of sewers which receive six-monthly treatments and more frequently in the town area where the sewers are more favourable to the spread of rat infestation. The Council refuse dump at Chilmington is regularly treated by the methods of gassing and poison-baiting.

The number of infestations treated during the year was 130 (rats) and 72 (mice).

6. Sanitary Inspection of the District

Details of Inspection work carried out:-

					<u>No. of Visits and re-visits.</u>
Bakehouses	...	...	...	...	24
Dairies	...	...	...	...	32
Slaughterhouses	...	...	...	...	489
Offensive Trades	...	...	...	...	2
Factories with Mechanical Power	}	...	...	...	205
Factories without Mechanical Power					
Workplaces	...	...	...	...	10
Butchers' Shops	...	...	...	...	61
Fish Frying Premises	...	...	...	...	15
Other Food Shops	...	...	...	...	169
Food Preparing Premises	...	...	...	...	140
Ice Cream Vendors	...	...	...	...	111
Rat and Mice Destruction	...	...	...	...	793
Other Vermin	...	...	...	...	51
Housing Repairs	...	...	...	...	1376
Housing, adequacy of	...	...	...	...	82
Tents, Vans and Sheds	...	...	...	...	19
Offensive Accumulations	...	...	...	...	12
Keeping of Animals	...	...	...	...	10
Dustbins	...	...	...	...	16
Drainage Repairs	...	...	...	...	51
Drainage Cleansing	...	...	...	...	33
Sanitary Accommodation	...	...	...	...	83
Water Samples	...	...	...	...	114
Milk Samples	...	...	...	...	41
Ice Cream Samples	...	...	...	...	30
Infectious Diseases	...	...	...	...	45
Smoke Abatement	...	...	...	...	17
Water Supply	...	...	...	...	41
Miscellaneous	...	...	...	...	451

Total 4,523

Work completed

Wash-hand basins	...	...	...	...	...	3
Brickwork repaired	...	...	...	...	...	12
Houses at which drains were repaired	...	...	...	...	...	18
Choked drains cleared	...	...	...	...	...	40
Intercepting traps fixed	...	...	...	...	...	3
Inspection chamber built	...	...	...	...	...	5
Soil and Vent pipes fixed or repaired	...	...	...	...	...	1
Water supply pipes renewed or repaired	...	...	...	...	...	10
Sink waste pipes renewed	...	...	...	...	...	4
Sinks renewed	...	...	...	...	...	4
W.C. Pans fixed	...	...	...	...	...	5
Additional W.C.'s fixed	...	...	...	...	...	3
W.C. seats renewed	...	...	...	...	...	4
W.C.'s repaired or rebuilt	...	...	...	...	...	3
New flushing cisterns provided	...	...	...	...	...	12
Flushing cisterns repaired	...	...	...	...	...	14
Roofs repaired	...	...	...	...	...	35
Eaves, gutters and fall pipes	...	...	...	...	...	39
Chimney stacks repaired	...	...	...	...	...	25
Outbuildings	...	...	...	...	...	1
Accumulations removed	...	...	...	...	...	4
Yard paving	...	...	...	...	...	6
Stoves repaired or renewed	...	...	...	...	...	6
Houses cleansed and/or disinfested	...	...	...	...	...	47
Window frames repaired or renewed	...	...	...	...	...	20
Sashcords repaired or renewed	...	...	...	...	...	41
Wall and ceiling plaster repaired	...	...	...	...	...	19
Rooms redecorated	...	...	...	...	...	4
Floors repaired	...	...	...	...	...	16
Miscellaneous	...	...	...	...	...	2
Dampness in walls remedied	...	...	...	...	...	58
Dampness in floors	...	...	...	...	...	1
Doors repaired or renewed	...	...	...	...	...	9
Staircase repaired	...	...	...	...	...	4
Sub-floor ventilation	...	...	...	...	...	7
External rendering	...	...	...	...	...	8
Window sill repaired	...	...	...	...	...	14
Fireplaces renewed	...	...	...	...	...	14
Fire-baskets provided	...	...	...	...	...	1
Draining boards provided	...	...	...	...	...	1
Putties perished and renewed	...	...	...	...	...	21
External painting	...	...	...	...	...	6
Ventilation	...	...	...	...	...	3
Light	...	...	...	...	...	3

FACTORIES ACT, 19371. Inspections for purposes of provision as to health
(including inspection made by Sanitary Inspectors)

Premises (1)	Number on Reg- ister (2)	Inspec- tions (3)	Number of Written Notices (4)	Occupiers Prosecuted (5)
1) Factories in which Section 1, 2, 3, 4 and 6, are to be enforced by Local Authorities	38	42	6	-
2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	153	163	3	-
3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	10	-	-	-
Total	201	205	9	-

2. Cases in which defects were found.

Particulars (1)	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	Number of cases in which Prosecutions were Instituted (6)
Defects of cleanliness (S.1)...	3	3	-	-	-
Overcrowding (S.2) ...	-	-	-	-	-
Unreasonable Temperature (S.3) -	-	-	-	-	-
Inadequate Ventilation (S.4) -	-	-	-	-	-
Ineffective drainage of floors (S.6) ...	-	-	-	-	-
Sanitary Convenience					
(a) insufficient ...	4	4	-	1	-
(b) unsuitable or defective	7	7	-	3	-
(c) not separate for sexes -	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork) ...	3	3	2	-	-
Total	17	17	2	4	-

SECTION D.HOUSING

The number of dwellings completed during the year was as follows:-

	1954	1946 - 1954 (Inclusive)
(i) <u>Prefabricated temporary bungalows</u>	-	144
(ii) <u>New permanent houses:-</u>		
<u>Woolreeds Estate</u>		
(a) 2 bedroom type	-	9
(b) 3 " "	-	364
(c) 4 " "	-	21
(d) 2 " maisonettes	8	8
<u>Musgrove Estate</u>		
(a) 2 bedroom type	-	40
(b) 3 " "	-	73
(c) 4 " "	-	3
<u>Osborne Road Estate</u>		
(a) 2 bedroom type	-	28
(b) 3 " "	-	175
(c) 4 " "	-	4
<u>Aylesford Green Estate</u>		
(a) 2 bedroom type	2	2
<u>Repton Estate</u>		
(a) 2 bedroom type	-	30
(b) 3 " "	-	60
<u>Burton Estate</u>		
(a) 2 bedroom type	32	56
(b) 3 " "	70	92
(iii) <u>Flats</u>		
<u>Musgrove Estate</u>		
(a) Gregory Flats	-	16
(b) Bed-sitting room type	-	20
(c) 2 bedroom Easiform type	-	16
<u>Woolreeds Estate</u>		
(a) Bed-sitting room type	-	6
(b) 2 bedroom type	-	6
<u>Godfrey Walk</u>		
(a) Bed-sitting room type	-	13
(b) 1 bedroom type	-	27
(c) 2 " "	-	28
<u>Waterside House and East Stour Farm</u>	-	13
<u>Repton Estate</u>	12	48
(iv) <u>Old People's Bungalows</u>		
(a) Burton Estate	-	12
(v) <u>Hutment Units</u> (Stanhope Camp)	-	30
Total number of units provided by the Council	124	1,344
Number provided by private enterprise	59	208

Analysis of Applications for Council Houses registered to 30th May, 1955.

Childless couples	...	...	...	...	202	
With one child	...	...	...	...	129	
" two children	...	...	...	...	64	
" three children	...	...	...	...	29	
" four children	...	...	...	...	12	
" five or more children	...	...	...	...	7	
Bed sitting room flats	...	...	...	...	33	476

Applicants working in Ashford who are adequately housed in other Districts

Childless couples	...	...	...	...	23	
With one child	...	...	...	...	29	
" two children	...	...	...	...	29	
" three children	...	...	...	...	15	
" four or more children	...	...	...	...	8	104

Applicants living in the Urban District who are householders, and considered to have adequate accommodation

162

Applicants not considered eligible, i.e. still serving in H.M. Forces etc., and not at present residing in the Urban District

27

TOTAL 769

SECTION E.

INSPECTION AND SUPERVISION OF FOOD

Milk Supplies

There are in the Urban District 7 Producers of milk of whom 3 are Producer Retailers. Of the Producers 4 produce Tuberculin Tested milk, and 2 Undesignated milk. There are 25 registered distributors of milk.

Dairies are regularly inspected to ensure that the standards prescribed by the Milk and Dairies Regulations 1949 are maintained. Samples of milk, in course of delivery, are taken regularly and were satisfactory. Periodic samples of milk are taken from dairies for examination of the presence of Tubercle Bacilli and during the year 11 such samples all gave negative results.

In addition samples are taken regularly under the Milk Testing Scheme of the Ministry of Agriculture, whose Regional Laboratory is situated in the District.

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

	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Tuberculin Tested	10	-
Sterilised	4	-
Pasteurised	5	-
Raw Milk	11	-

Ice Cream

A very large quantity of ice-cream is consumed by the Public not only during the Summer months but also throughout the Winter months. A high standard of hygiene in manufacture, storage and sale is therefore constantly essential to maintain bacteriological purity. Regular inspection of premises is necessary to ensure the observance of scrupulous cleanliness with particular regard to the method by which it is served to the customer. Hand washing facilities must be provided with both hot and cold water and soap and clean towels readily available.

78 shops sell pre-wrapped ice-cream only, and 1 shop sells unwrapped in addition to wrapped ice cream. Samples taken during the year showed that all were Grade 1 with 2 exceptions which were classified as Grade 1V by the County Laboratory (Methylene Blue Test), and no disease producing organisms were found. Where samples were not of Grade 1 standard investigations were made at the retailer's premises and where appropriate information was passed on to the local authority in whose district the ice cream was manufactured.

Manufacturers must comply with the Ice Cream (Heat Treatment etc.) Regulations, 1947 - 1951. All persons manufacturing, storing or selling ice-cream must register their premises with the Local Authority, (Food and Drugs Act, 1948), excepting Clubs, Hotels, Restaurants, Theatres and Cinemas.

Meat and Other FoodsUnsound Food (Food and Drugs Act, 1938)Unsound Food Surrendered

	<u>lbs.</u>		<u>lbs.</u>
Ham	71 $\frac{1}{2}$	Tinned Milk	460
Brawn	3 $\frac{1}{2}$	Vegetables	292
Tongue	9 $\frac{1}{2}$	Meat & Vegetables	1
Corned Beef	254 $\frac{1}{2}$	Soup	26
Veal Loaf or Beef Loaf	147 $\frac{1}{2}$	Fruit	836
Kidney	1	Fish bones	158
Bacon	1562	Tomatoes	2
Stewed Steak	75	Table Jellies	1
Luncheon Meat	201 $\frac{1}{2}$	Pudding Mix	4
Fish	58 $\frac{1}{2}$	Strained Foods	7
Cheese	42 $\frac{1}{2}$	Chicken	112
Flour	1	Cereal	5
Pork	1 $\frac{1}{2}$	Egg Powder	
Jam	19 $\frac{1}{2}$	Syrup	
Marmalade	25 $\frac{1}{2}$	Paste	
Vita-weat	3 $\frac{1}{2}$		
Spaghetti	12		
Mince-meat	22 $\frac{1}{2}$		
Sausages	13 $\frac{1}{2}$		

Total weight condemned : 1 ton 19 cwt. 2 qtrs. 11 $\frac{3}{4}$ lbs.

Twenty-seven registered food-preparing premises and shops, stalls and vehicles, etc., where food is sold were frequently inspected for unsound food.

Meat InspectionCarcases Inspected and Condemned

	<u>Cattle excluding Cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>
Number killed	538	117	266	1560	1272
Number inspected	538	117	266	1560	1272
<u>All diseases except Tuberculosis</u>					
Whole carcasses condemned ...	1	2	96	23	16
Carcasses of which some part or organ was condemned ...	201	43	5	108	524
Percentage of the number inspected affected with disease other than tuberculosis	38%	38%	38%	8%	42%
<u>Tuberculosis only</u>					
Whole carcasses condemned ...	4	2	-	-	5
Carcasses of which some part or organ was condemned ...	37	15	-	-	98
Percentage of the number inspected affected with tuberculosis	8%	15%	-	-	8%

During the year a special routine examination of cattle was continued for the detection of cysticercus bovis (more commonly known as "measles" in beef). A number of carcasses were subsequently found to have one or two C. bovis and the carcasses concerned, in appropriate cases, were detained for a period of cold storage which effectively kills any parasites and renders the meat safe. No instances of a generalised condition were found.

Notifiable Diseases During the Year, 1954

<u>Disease</u>			<u>Total Cases</u> <u>Notified</u>	<u>Cases admitted</u> <u>to Isolation</u> <u>Hospital</u>	<u>Total</u> <u>Deaths</u>
Scarlet Fever	...	...	14	6	-
Whooping Cough	...	...	135	4	-
Erysipelas	...	...	5	2	-
Measles	...	...	1	-	-
Acute Primary or Influenzal					
		Pneumonia	3	-	1
Acute Poliomyelitis (Paralytic)			3	3	-
Acute Poliomyelitis (Non-Paralytic)			1	1	-
Puerperal Pyrexia	...	...	13	-	-
Dysentery	...	...	1	1	-
Meningococcal Infection	...	...	1	-	-

Analysis Under Age Groups

<u>Disease</u>		<u>Under</u> <u>1</u> <u>Year</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5-</u> <u>9</u>	<u>10-</u> <u>14</u>	<u>15-</u> <u>19</u>	<u>20-</u> <u>34</u>	<u>35-</u> <u>44</u>	<u>45-</u> <u>64</u>	<u>65</u> <u>and</u> <u>over</u>	<u>Un-</u> <u>known</u>
Scarlet Fever	...	-	-	1	1	1	5	2	1	1	1	-	-	1
Whooping Cough	...	10	18	24	8	24	47	1	-	1	-	-	-	2
Measles	...	-	-	-	-	-	-	-	1	-	-	-	-	-
Acute Primary or Influenzal Pneumonia.		-	-	-	-	-	-	-	-	-	1	2	-	-
Acute Poliomyelitis (Paralytic)		1	-	-	-	-	2	-	-	-	-	-	-	-
Acute Poliomyelitis (Non-Paralytic)		-	-	-	-	-	1	-	-	-	-	-	-	-
Erysipelas	...	-	-	-	-	-	-	-	-	-	3	1	1	-
Puerperal Pyrexia	...	-	-	-	-	-	-	-	1	11	1	-	-	-
Dysentery	...	-	-	-	-	-	-	-	-	-	1	-	-	-
Meningococcal Infection		-	-	-	-	-	-	-	1	-	-	-	-	-

Public Health (Prevention of Tuberculosis)
Regulations, 1925 and Public Health Act, 1936
(Section 172)

No action was necessary during the year in accordance with the above powers.

TUBERCULOSISNew Cases and Mortality 1954

Age Periods	<u>New Cases</u>				<u>Deaths</u>			
	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Respiratory</u>		<u>Non-Respiratory</u>	
	M.	F.	M.	F.	M.	F.	M.	F.
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	1	-	1	-	-	-	-	-
15	2	1	-	-	-	-	-	-
25	7	2	-	1	1	-	-	-
35	5	2	-	-	-	-	-	-
45	1	1	-	-	-	-	-	-
55	-	-	-	-	-	1	-	-
65 and upwards	-	-	-	-	-	-	-	-
TOTALS	16	6	1	1	1	1	-	-

Immunisation against Diphtheria, 1954

The following is a return of the number of children under the age of 15 years on 31st December, 1954, who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1940.)

<u>Year of Birth</u>	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	Total
Last complete course of injections (whether primary or booster) 1950 - 1954	50	84	160	224	129	305	383	360	362	303	332	290	317	248	33	3,580
1949 or earlier	167	155	114	15	91	4	9	19	9	12	-	-	-	-	-	595

Immunisation against Diphtheria and Vaccination against Smallpox, 1954

The following is a return of (A) the number of children resident in the Urban District of Ashford who were immunised against diphtheria and (B) the number of persons who were vaccinated against smallpox, during the year ended 31st December, 1954.

<u>(A) Diphtheria Immunisation</u>																
<u>Year of Birth</u>	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	Total
Primary Inoculations	33	214	31	2	3	9	20	2	-	-	-	-	-	-	-	314
Re-inforcing Inoculations	-	-	-	-	9	202	107	12	23	30	6	120	2	-	-	511
<u>(B) Vaccination</u>																
Primary Vaccination	134	94	2	5	1	2	-	1	-	2	-	-	1	-	-	Before 1939 Total 248
Re-Vaccination	-	-	-	1	3	2	1	1	-	1	-	1	1	4	-	6 26 41

MASS RADIOGRAPHY SURVEY

(1st - 29th June, 1954)

Number of volunteers: (General Public)

Male	...	...	...	1959
Female	...	...	...	3153
Total				5112

Number recalled for Large Films

Male	...	...	...	82
Female	...	...	...	140
Total				222

% recalled for large films to number of volunteers: 4.34

Results

Active Tuberculosis	...	11
Inactive Tuberculosis	...	115
Carcinoma of Lung	...	1

Statistics relating to school children and staff

	No. of Volunteers			Large Film Recalls			Active T.B.	Inactive T.B.	Cardiac Abnorm- ality.
	M.	F.	Total	M.	F.	Total			
				<u>PUPILS</u>					
Shford North Modern y. Sec. School.	360	245	605	3	2	5	-	1	-
uthlands Cty. Sec.	98	88	186	2	1	3	-	3	-
Shford South " "	216	181	397	1	2	3	-	2	-
Shford Grammar Sch.	206	276	482	2	2	4	-	3	-
riars School	88	-	88	-	-	-	-	-	-
Shford School	-	328	328	-	7	7	-	3	-
				<u>STAFF</u>					
Shford North Modern y. Sec. School.	21	8	29	-	1	1	-	-	-
E.C.	1	-	1	-	-	-	-	-	-
uthlands Cty. Sec.	12	3	15	-	-	-	-	-	-
Shford South " "	6	15	21	1	-	1	-	1	-
Shford Grammar	7	-	7	-	-	-	-	-	-
Shford School	-	8	8	-	1	1	-	-	-
Other Small Schools	-	8	8	-	-	-	-	-	-

U.S. RADIATION SURVEY

(1951 - 1952 Survey)

Number of Volunteers (General Public)

1951	...	...	...
1952	...	...	...
Total	...	...	...

Number of Volunteers for Large Cities

1951	...	...	...
1952	...	...	...
Total	...	...	...

Number of Volunteers for Large Cities to number of volunteers: A. 24

Results

Active Volunteers	...
Inactive Volunteers	...
Number of Large Cities	...

Number of Volunteers for Large Cities and Small Cities

No. of Volunteers	Large Cities	Small Cities	Total
1951
1952

Results

Large Cities	Small Cities	Total
1951
1952
1953
1954
1955
1956
1957
1958
1959
1960
1961
1962
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