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Contributors

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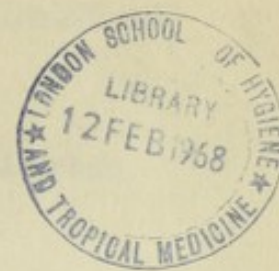
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ASHFORD URBAN DISTRICT

Kent

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



FOR

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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)

Ans

PUBLIC HEALTH OFFICERS OF THE

LOCAL AUTHORITY, 1956

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

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

Senior Public Health Inspector

HAMMOND, S.F., M.A.P.H.I., M.R.S.H.

Additional Public Health Inspector

RATHMELL, E.W.G., M.A.P.H.I.

ASHFORD URBAN DISTRICT KENT

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND
SENIOR PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1956

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

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my Annual Report for the year 1956.

The estimate by the Registrar General of the mid-year Home Population was 26,000 i.e. an increase of 230 over that of the previous year.

The number of live-births was 377 i.e. an increase of 14 over that of the previous year and the crude birth-rate was 14.5 per 1,000 resident population; when adjusted by the Registrar General's Comparability Factor which is based on a standard population balanced for age and sex distribution, the adjusted rate becomes 14.93. The high post-war birth-rates have gradually declined to an equilibrium around 15 where they are likely to remain stationary.

The number of still-births was 7, giving a rate of 18.23 per 1,000 total (live and still) births, which compares favourably with that of 23.0 for England and Wales and may be regarded as being an index of careful ante-natal supervision and obstetric attention.

There were 6 infant deaths, 4 male and 2 female, and the equivalent infantile mortality rate was 15.63 which also compares favourably with that of 23.8 for England and Wales. Three of the 6 deaths (see table on page 14) were due to prematurity which is invariably the chief cause of infant deaths, and 5 of the 6 deaths occurred within the first week, i.e. the neo-natal period.

It is again very pleasing to record that there was no maternal death due to pregnancy, childbirth or abortion, and that there has been no death since 1948. At the beginning of this Century, the rate throughout the Country was relatively high and remained more or less stationary at 4 deaths per 1,000 births until 1936, when it began to fall owing to a combination of various factors; for example, the introduction of the Sulphonamides in 1936 and of Penicillin in 1941 and of other later powerful antibiotics has reduced Puerperal Sepsis, which was a major cause of morbidity and mortality, to a minimum; the Midwives Act 1936 introduced a domiciliary service of the whole-time salaried Midwives, whose skill became available to a much larger number of expectant mothers; also Hospital facilities and equipment were greatly improved, including a greater number of beds and the more common use of blood transfusions; finally the National Health Service Act 1946 which came into operation in 1948 provided gratis the services of the family Doctor.

The total number of deaths from all causes was 253 (132 males, 121 females) and the corresponding crude death rate was 9.73; when adjusted by the Registrar General's Comparability Factor, as for births, the adjusted rate becomes 9.15; that for England and Wales was 11.7.

The chief cause of deaths was Heart and Circulatory or Vascular lesions, the majority of which occurred naturally amongst

the aged.

Disease of the Coronary Artery of the Heart is, however, an exception, in that it claims many victims amongst the middle-aged. There were 45 of these deaths, apart from those disabled by the disease. As is common experience, the deaths predominate in the males; 22% of the male deaths and 11% of the female deaths were under 60 years. This disease is one of three diseases, the other two being Cancer of the Lung and Leukaemia, which have been increasing in incidence during the last 25 years, notwithstanding the great advances that have been achieved in medical science and knowledge. The hypothesis that it is a psychosomatic disease precipitated by the stresses associated with the increasing pace of modern competitive existence and with excessive smoking which acts as a sedative to stress, has many advocates.

Cancer, as expected, caused the second highest number of deaths, in all 38. It is not known how many of these deaths were prolonged by treatment, but it is known that the great progress which has been made in modern surgical techniques and in radio-therapy can completely cure the disease if the diagnosis is made reasonably early.

Cancer of the Lung caused 10 of these deaths, and it is significant that they were all in males. The ages at death were 49, 53, 59, 60, 61, 65, 66, 66, 69 and 79 years; that is, 40% were 60 years or under, and 90% were under 70 years of age. It is unequivocal that the excessive inhalation of tobacco smoke acts as an irritant to the tissues of the lung and bronchi and that probably in susceptible individuals cancerous changes may become superimposed; particularly if these individuals work in vitiated atmospheres, such as those made impure by the fumes of combustion engines. If, however, smoking is a primary cause and not just a contributory cause, it is difficult to reconcile this supposition with the fact that the majority of smokers die a natural death in old age from other causes.

Bronchitis was the third major cause of deaths, but the majority of these were amongst the aged. Apart from the diathesis or hereditary disposition involved in this disease, vitiated atmospheres and the inhalation of tobacco smoke are aggravating factors. Much, however, has still to be learned about the causation, pathology and treatment of this disease.

The other causes of death were miscellaneous, amongst which there was no exceptional influence.

There was no death due to the infectious diseases.

An epidemic of Whooping Cough occurred (196 cases having been notified), as may be expected when there is a sufficient number of susceptible children. The first case occurred in February and gradually spread throughout the year reaching a peak in December. There is no effective method of preventing this disease as it is very highly infectious for about seven days before the parents fully realise its nature, and as children are usually allowed to attend school during the period, the infection spreads rapidly throughout the crowded class-rooms. Although it is a very distressing disease, it is not, on the whole, dangerous to life, apart from its chief complication viz. broncho pneumonia which infrequently supervenes; this complication is most dangerous in infants a few weeks or months old and may develop rapidly i.e. within 12 - 24 hours to an advanced stage; in infants, also asphyxiation and collapse of the lung, may occur from the excessive secretion of catarrh. Infants, therefore, should be protected from infection, where possible. The majority of cases of broncho-pneumonia are due to secondary bacteria invading the lung tissue and usually respond to antibiotic treatment. There are firm grounds for optimism that the modern vaccines will effectively prevent the disease, as

immunisation against Diphtheria has been proved. These vaccines will be available in the County Child Welfare Centres for immunisation in 1957 - 58, in addition to these now available through the family Doctor.

There was also an outbreak of Measles, which usually occurs every second year when there is a sufficient number of susceptible children; 123 cases were notified. Like Whooping Cough, this disease is most infectious for several days before it is recognised by the parents and also spreads rapidly throughout class-rooms. Fortunately, by itself, it is not a serious disease and it is preferable that it should occur in childhood rather than in adolescence or adult life. Occasionally, however, as in Whooping Cough broncho-pneumonia, which is its chief complication, supervenes, and particularly in infants, may be dangerous; the majority of cases, however, respond to antibiotic treatment, if not too advanced. There is no effective means of prevention apart from the use of Convalescent Serum or Gamma Globulin, which, however, only confers a temporary passive immunity and are only of practical value for use in children, who are suffering from some other serious or debilitating illness and who have been exposed to Measles within the past five days. Gamma Globulin is available at the Public Health Laboratory, Preston Hall, Maidstone, on application.

Twelve sporadic cases of Scarlet Fever were notified. In its present phase, this is a mild disease compared with its former virulence, and the majority of cases are nursed at home when social conditions are satisfactory. Treatment by the Sulphonamides and/or Antibiotics to which the organism is sensitive, has largely replaced the use of Antitoxin. The most common complication is Otitis Media. Occasionally types iv and xii are involved in small epidemics, and these types may cause Acute Nephritis. When a school-child suffers from this disease, it is advisable that negative swabs from the nose and throat should be obtained before the child is allowed to return to school as small outbreaks may be kept going by profuse convalescent carriers; immune nasal carriers are invariably the source of infection.

Two cases of Erysipelas were notified. This was formerly a very serious infection of the skin commonly terminating in death, before the use of Sulphonamides and/or Antibiotics, which are specific in treatment.

Six cases of Puerperal Pyrexia were notified. Puerperal Sepsis is now uncommon due to specific treatment by the Sulphonamides and/or Antibiotics when the causal organism is sensitive to them.

One case of Paratyphoid B. Fever occurred, the patient being a girl aged 15 years. The source of infection could not be traced. Appropriate preventive measures were taken and no secondary cases occurred.

Sixteen cases of Acute Primary Pneumonia were notified. As secondary Pneumonias are not notifiable, the total number is unknown. There were seven deaths, mostly in aged people. When the causal organism is sensitive to the Sulphonamides and/or Antibiotics treatment is usually specific; before the introduction of the latter, Pneumonia was a major cause of deaths.

No other infectious diseases were notified.

Almost all the infectious diseases caused by bacteria can today be successfully treated by the Sulphonamides and/or antibiotics; for example, those bacteria which cause Typhoid and Paratyphoid Fevers, Dysentery and Food Poisoning, Meningitis, Pneumonia, Scarlet Fever, Erysipelas, Puerperal Sepsis and

Staphylococcal infections and others.

The virus diseases, however, present a more complex problem.

There is sound reason for optimism, however, that the most formidable of these, viz. the virus of Poliomyelitis, will be made innocuous by the new British vaccine and that immunisation by this vaccine will become a routine measure in prevention as for Diphtheria, Whooping Cough and Smallpox, when sufficient vaccine becomes available.

Probably the next most formidable virus is that of Influenza; vaccines for immunisation against this disease are also being produced and it is hoped that they will prove effective.

There are other less known viruses which attack the central nervous system, such as those which cause Benign Aseptic Meningitis and Encephalitis which, clinically, may easily be mistaken for non-paralytic Poliomyelitis; and there are those which attack the respiratory system, causing atypical Pneumonias, Laryngo-tracheo-bronchitis, and throat and nasal infections with febrile catarrh. Although these groups of viruses are not usually dangerous to life, they are the cause of much illness and absenteeism from school and employment.

A Virological Service has been established within the Public Health Laboratory Service to study these viruses.

Regarding Tuberculosis, ten new cases of the Respiratory type were notified. The annual average since pre-war years has been 20 but since 1950 there has been a gradual decline both in morbidity and mortality. The Chest Physician for the area is responsible for the ascertainment, the investigation of sources of infection, including contacts and the arrangements for treatment; there is now no waiting list for beds in Sanatorium and patients are quickly admitted. Treatment has made great progress and unless the disease is too far advanced, it can be completely cured. In the field of prevention the Mass Radiography Service which visits the District periodically is invaluable in the detection of early, latent, or unsuspected cases who would have become open sources of infection to others, also X-ray facilities in Hospitals are more readily available to Practitioners. A notable step forward is the scheme to offer B.C.G. vaccination to children of 13 years through the agency of the School Medical Service.

Three new cases of the non-respiratory type were notified, of (i) kidney, (ii) hip-joint (iii) cervical gland. The source of infection were not traced through the milk supplies or from other source.

There were no deaths from Tuberculosis during the year, which reflects the success of modern treatment.

In conclusion, I would like to take this opportunity of thanking you for your interest and assistance in the work of the Department and also the staff for their very efficient services.

I am,

Your obedient Servant,

J. MARSHALL

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

SECTION A.

STATISTICAL AND SOCIAL CONDITIONS
OF THE DISTRICT FOR 1956

AREA: 5,719 acres

REGISTRAR-GENERAL'S ESTIMATE OF:

The Resident Population	...	...	26,000
<u>NUMBER OF INHABITED HOUSES ACCORDING</u> <u>TO THE RATE BOOKS</u>	...	...	8,454
<u>NUMBER OF BUSINESS PREMISES</u>	...	...	1,030
<u>RATEABLE VALUE</u>	...	...	£341,408
<u>SUM REPRESENTED BY A PENNY RATE</u>	...	...	£1,365

SOCIAL CONDITIONS

Ashford is both 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, 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	377	183	194	Birth Rate per 1,000 estimated resident population	14.5	15.
(a) Legitimate	362	174	188			
(b) Illegitimate	15	9	6			
2. Stillbirths	7	5	2	Rate per 1,000 total (live and still) births	18.23	23.0
(a) Legitimate	6	4	2			
(b) Illegitimate	1	1	-			
3. Deaths	253	132	121	Death rate per 1,000 resident population	9.73	11.
4. Deaths from Pregnancy, Childbirth and Abortion	-	-	-	Rate per 1,000 (live and still) births	-	Not availb
5. Deaths of Infants under One Year of Age.	6	4	2			
(a) Legitimate	5	4	1			
(b) Illegitimate	1	-	1			
Infant mortality rate per 1,000 live births					15.63	23.8
Rate re legitimate infants					13.81	
Rate re illegitimate infants					66.67	
6. Deaths from Cancer (all ages)					38	
Deaths from Measles (all ages)					-	
Deaths from Whooping Cough (all ages)					-	
Deaths from Gastritis, Enteritis and Diarrhoea (all ages)					1	

CAUSES OF DEATH IN ASHFORD URBAN DISTRICT

DURING 1956

ALL CAUSES				Males	Females
				132	121
1.	Tuberculosis, respiratory	...	...	-	-
2.	Tuberculosis, other	...	...	-	-
3.	Syphilitic disease	...	...	-	-
4.	Diphtheria	...	...	-	-
5.	Whooping Cough	...	...	-	-
6.	Meningococcal infections	...	...	-	-
7.	Acute Poliomyelitis	...	...	-	-
8.	Measles	...	...	-	-
9.	Other infective and parasitic diseases	...	...	-	-
0.	Malignant neoplasm, stomach	...	...	4	1
1.	Malignant neoplasm, lung, bronchus	...	...	10	-
2.	Malignant neoplasm, breast	...	...	-	3
3.	Malignant neoplasm, uterus	...	...	-	-
4.	Other malignant and lymphatic neoplasms	...	...	9	11
5.	Leukaemia, aleukaemia	...	...	-	-
6.	Diabetes	...	...	-	-
7.	Vascular lesions of nervous system	...	...	20	32
8.	Coronary disease, angina	...	...	27	18
9.	Hypertension with heart disease	...	...	3	3
0.	Other heart disease	...	...	17	24
1.	Other circulatory disease	...	...	3	3
2.	Influenza	...	...	1	-
3.	Pneumonia	...	...	4	3
4.	Bronchitis	...	...	14	3
5.	Other diseases of respiratory system	...	...	2	-
6.	Ulcer of stomach and duodenum	...	...	4	1
7.	Gastritis, enteritis and diarrhoea	...	...	-	1
8.	Nephritis and nephrosis	...	...	3	-
9.	Hyperplasia of prostate	...	...	1	-
0.	Pregnancy, childbirth, abortion	...	...	-	-
1.	Congenital malformations	...	...	-	1
2.	Other defined and ill-defined diseases	...	...	5	13
3.	Motor vehicle accidents	...	...	2	-
4.	All other accidents	...	...	2	4
5.	Suicide	...	...	1	-
6.	Homicide and operations of war	...	...	-	-

Notifiable Diseases During the Year, 1956

<u>Disease</u>	<u>Total Cases Notified</u>	<u>Cases Admitted to Isolation Hospital</u>	<u>Total Deaths</u>
Scarlet Fever	12	4	-
Whooping Cough	196	-	-
Erysipelas	2	-	-
Measles	123	1	-
Acute Primary or Influenzal Pneumonia	16	1	-
Puerperal Pyrexia	6	-	-
Enteric Fever (including Paratyphoid)	1	1	-

Analysis Under Age Groups

	Under 1 Year	1	2	3	4	5- 9	10- 14	15- 19	20- 34	35- 44	45- 64	65 and over	Unknown
Scarlet Fever ...	-	-	-	-	1	8	1	1	1	-	-	-	-
Whooping Cough ...	15	10	28	27	30	82	-	-	1	2	-	-	1
Measles ...	4	12	20	21	19	32	12	-	2	-	1	-	-
Acute Primary or Influenzal Pneumonia ...	-	-	1	-	-	-	1	1	-	4	5	4	-
Acute Poliomyelitis (Paralytic)	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas ...	-	-	-	-	-	-	-	-	-	1	-	-	1
Puerperal Pyrexia ...	-	-	-	-	-	-	-	1	2	3	-	-	-
Dysentery ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis (Infective or Post Infectious)	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever ...	-	-	-	-	-	-	1	-	-	-	-	-	-

TUBERCULOSIS

New Cases and Mortality, 1956

Age Periods	<u>New Cases</u>				<u>Deaths</u>				<u>Total Cases on Register</u>			
	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Respiratory</u>		<u>Non-Respiratory</u>	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0	-	-	-	-	-	-	-	-	124	88	14	25
1	-	-	-	-	-	-	-	-	-	-	-	-
5	1	-	1	-	-	-	-	-	-	-	-	-
15	3	3	-	1	-	-	-	-	-	-	-	-
25	1	-	-	1	-	-	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-	-	-	-	-
45	2	-	-	-	-	-	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-	-	-	-	-
65 and upwards	-	-	-	-	-	-	-	-	-	-	-	-
Total	7	3	1	2	-	-	-	-	-	-	-	-

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.

There was one death from Non-Pulmonary Tuberculosis of patients who had not been notified as suffering from this disease.

Immunisation against Diphtheria, 1956

The following is a return of the number of children under the age of 15 years on 31st December, 1956, who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1942).

Year of Birth	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	Total
Last complete course of injections (whether primary or booster)	137	159	209	184	248	380	366	331	363	349	332	298	288	251	47	3942
1954 or earlier	167	92	84	157	159	32	12	40	79	3	-	-	-	-	-	825

Immunisation against Diphtheria and Vaccination against Smallpox, 1956

The following is a return of (A) the number of children who were immunised against Diphtheria and (B) the number of persons who were vaccinated against Smallpox during the year ended 31st December, 1956.

(A) Diphtheria Immunisation																
Year of Birth	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	Total
Primary Inoculations	47	227	36	11	5	16	19	2	1	4	-	2	-	1	1	372
Re-inforcing Inoculations	-	-	-	-	7	218	72	4	27	42	11	123	10	11	29	554
(B) Vaccination																
Primary Vaccination	183	91	5	1	1	1	-	1	1	2	-	-	1	-	2	308
Re-Vaccination	-	1	1	2	-	2	1	-	1	-	3	2	3	1	1	43

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES

FOR THE DISTRICT

1. Laboratory Facilities

The Public Health Laboratory Service which is directed by the Medical Research Council for the Ministry of Health is situated in Preston Hall, British Legion Village, Maidstone, and provides valuable services on behalf of the Public Health Departments of District Councils. For example, samples of water, milk, ice-cream and other food-stuffs are regularly examined, and in relation to Infectious Disease their bacteriological reports are of great value.

The local General Hospitals also have their own Laboratories, which provide valuable services to the other local Hospitals and to the Practitioners.

2. Ambulance and Hospital Car Service.

The County Council, being the Local Health Authority administers this service throughout Kent, but in this District, the St. John Ambulance Brigade, Ashford Corps (which incidentally is the oldest Corps in the County), are responsible for the day to day execution of the service. There are four Ambulances in operation, manned by ten full-time Driver/Attendants, and by a panel of St. John Volunteers, whose devotion to duty merits high appreciation. There are also four Sitting-case Cars for ambulatory cases, which cope with approximately 90% of these cases. A few cars, when necessary are provided by a panel of volunteer private car owners, who are re-imbursed on a mileage basis of payment. The service is adequate for the needs 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 2.0 p.m.

(ii) Women's Institute Hall, Church Road, North Willesborough

Sessions are held at 2.0 p.m. on alternate Fridays.

(iii) The Adult School Hall, Gladstone Road, South Willesborough

Sessions are held at 2.0 p.m. on Fridays alternating with the North Willesborough Clinic.

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

Sessions are held at 2.0 p.m. on the 2nd and 4th Wednesdays of each month.

(v) The Community Centre, Beaver Lane, South Ashford.

Sessions are held at 2.0 p.m. on 1st, 3rd and 5th Wednesdays of each month.

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

These clinics were closed in April, 1957

School Medical Service Clinics

The following four clinics of the School Medical Service are now held at the main Station Road Clinic.

- (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.

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.

Tuberculosis Clinic

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

Hospitals

- (a) Ashford General - accommodation 138 beds
- (b) Willesborough General - accommodation 137 beds
- (c) Infectious Diseases - accommodation 40 beds

Private Nursing Homes

The Grosvenor Clinic

The Grosvenor Sanatorium ceased to admit patients suffering from Tuberculosis in June 1956 and from July 1956 was adapted as a Private Nursing Home, with ample and excellent accommodation for Maternity, Surgical and Medical patients. The standards maintained in the Home are first-class, and it is fully equipped including modern theatres and X-ray Department.

There is no other Nursing Home in the District.

Home Nursing and Midwifery Services

The County Council also administers these services. On the local staff, there are six full-time Home Nurse/Midwives who are engaged in Midwifery and Maternity Nursing and in the Home Nursing of the sick. The standard of service given by the Nurses is excellent and there is complete co-operation between them and the Practitioners. The majority of patients nursed in their homes are elderly chronic sick, many of whom are awaiting beds in Chronic Sick Hospitals which are still inadequate to cope with the waiting list.

The Maternity and Child Welfare Service.

This service is also administered by the County Council. There are five Child Welfare Centres within the District, which are conveniently situated for mothers, and the attendances are well maintained. The value of these Clinics is reflected in the gradually falling Infant Mortality rate in the District. Every

baby brought to the Clinic is regularly examined and weighed to ensure that no unsuspected defects exist and that growth is normal and vigorous. The sale of essential foods and vitamin complements at cost price is also of value to the mothers. Immunisation against Diphtheria and Vaccination against Smallpox are also valuable services of proved preventive value. available at these Clinics and immunisation against Whooping Cough will be made available in 1956.

The following table gives the number and causes of deaths amongst infants, i.e. under one year of age, during the year.

Months	1	2	3	4	5	6	7	8	9	10	11	12
Prematurity	3	-	-	-	-	-	-	-	-	-	-	-
Broncho-pneumonia	1	-	-	-	-	-	-	-	1	-	-	-
Neo-natal death due to obstetric complications	1	-	-	-	-	-	-	-	-	-	-	-

7. The Domestic Help Service, the Family Help and the Evening and Night Attendant Services.

(a) The Domestic Help Service of the County Council has become a very important health service in the home and has rapidly expanded within recent years. The service is administered peripherally by Area and Local Domestic Help Organisers and the assessment of incomes of applicants is done by the District Officers. In this District there is an adequate pool of Domestic Helps, who are paid 3/- per hour and there is a sliding scale of charges based on the family income of the applicant, the maximum charge being 3/9d. per hour.

The majority of those who benefit from the service are the aged and infirm and chronic sick and most of these receive the service free of charge. Regard, however, should be given to the fact that many would degenerate into Chronic Sick Hospital cases, without this service, where maintenance costs would far exceed the cost of domestic help. The service is also of great value to lying-in mothers and to those mothers who are discharged from Hospital following operations, and others suffering from miscellaneous illnesses. The service relieves anxiety and stress in the home particularly where there are children under five years of age and aids the recovery of the mother from illness.

(b) The Family Help Service

Prior to the recent introduction of this service, it was necessary to remove children, particularly those under five years of age, to expensive Children's Institutions from families in which the mother was absent from the home through severe illness, death, estrangement, desertion or separation or other cause. The service is designed to provide help and care for the children whilst the father is at work and the Family Help may be required to reside in the home. The maximum period of help is for three months, during which period the father is expected to make permanent arrangements for the care of his children. This is a valuable service and although there is only a small number of families who require this help, expensive Institutional maintenance, particularly where there is a large number of children in one family, is obviated.

(c) The Evening Attendant Service

This service is designed to provide help to old people living alone but who do not require more help than half to one

hours attention before retiring for the night. The number of old people who require this service is, however, not considerable.

(d) The Night Attendant Service

This service provides for old people who are seriously ill and live alone. The helpers usually go at 10 p.m. and stay until 7 a.m. the following morning, and attend each night, including Sunday, until the patient recovers or dies or is removed to Hospital. Assistance is also given for several nights to relatives who are unable to stay every night throughout. This service has proved to be of great value to old people living alone, most of whom have strong nostalgic attachments to their homes.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA

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.

Fluorine Analyses - At the request of the Dental Association five samples of water supplies from the various sources were taken to determine the fluorine content of the water. Fluorine has a relationship to dental caries. Fluorine was found to be naturally present in amounts which varied from 0.08 to 0.4 p.p.m. but mainly about 0.1 p.p.m.

Ashford Urban District Council Undertakings

This supply is obtained from the following three sources.

(i) Westwell

There are four gravel-screen bore-holes, each with pumping plant installed to abstract 10,000 gallons per hour from each bore-hole. A softening plant (Clark's Process) is in operation here and additional softening plant was installed during the year (to meet the demand for an increased outflow from 20,000 to 30,000 gallons per hour) incorporating the use of sulphate of alumina and calgon. This required increased filtration and four sand pressure filters were installed in a new extension. Alterations to the water tower were also carried out to permit the injection of sulphate of alumina and calgon and achieve a quicker contact period of treatment. 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 Public Health Laboratory Service 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

	<u>Bacteriological</u>		<u>Chemical</u>	
	<u>No.</u>	<u>Results</u>	<u>No.</u>	<u>Results</u>
Raw Water	60	Satisfactory	8	Satisfactory
Treated Water	63	58 Satisfactory 5 Unsatisfactory	12	Satisfactory

There are six houses not connected to the public supply mains, four of these are situate in Beaver Lane. 8,831 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 150 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.

Drainage and Sewerage

A 6" sewer (8,454 ft. long) was constructed to serve 65 new dwelling houses in the first instance but capable of serving an envisaged total of approximately 350 houses. Two privately developed Estates commenced draining to the town sewerage system, one by gravitation and the other (serving eventually 170 houses) by pumping. Sludge lagoons at the sewage disposal works were constructed during the year increasing the storage capacity by approximately 15,000 cubic yards.

Total number of inhabited houses (including Flats) is	...	...	...	...	8,945
Total number of houses connected to the sewers	...	...	...	...	8,709
Number of houses not connected to the sewers	...	...	...	...	236

Swimming Baths

The attendance at the Ashford Urban District Council bath suffered as a result of the cold, wet, summer 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.)

Disinfection

Now that so-called 'terminal' disinfection is considered to be of little value for the more common infectious diseases - though essential for a limited number - disinfection work was limited to houses vacated by tubercular patients in an infectious state, and there were six such disinfections and three other disinfections. With the increasing tendency for tubercular patients to be treated at home this figure may well decline further.

A case of Anthrax in a cow occurred on a farm in the district and it was necessary for radical measures to be taken to destroy residual infection. Milk from the herd is pasteurized.

Eradication of Vermin

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

	<u>Bugs</u>	<u>Fleas</u>	<u>Cockroaches</u>
Council houses	2	5	2
Other houses	4	14	6

Bug infestations are becoming increasingly rare and modern technique and insecticides secure complete eradication by a single treatment. Flea infestations are still troublesome, and especially where aged persons are concerned can be a problem to clear up without causing distress or discomfort. Where applicable, treatments with D.D.T. or Gammexane smokes have given excellent results. A number of requests were received from the public for assistance or advice to deal with invasions of their houses by various insects such as cluster flies, earwigs and ants - 27 infestations of the latter were dealt with. The use of aldrin powder has provided a cheap and very effective method of destroying ant infestations.

By arrangement with the Hospital Authorities a disinfection service is provided for the local General Hospitals and Isolation Hospital. Regular preventive treatments have brought about a very satisfactory level of control and in particular at one Hospital the use of chlordane has achieved the elimination of a stubborn infestation of the tiny Pharoahs ant (Monomorium Pharaonis).

At the beginning of the fly breeding season selected parts of (eight) School kitchen buildings in the district are sprayed and this has proved to effect a good measure of control.

6. Rats and Mice Destruction

Rodent infestations in domestic premises were, as before, dealt with free of charge and there were some 306 of these necessitating 833 visits. Such good results were obtained employing anti-coagulant poisons in special baiting boxes for both rat and mice destruction that this became the principal method used thereby reducing the number of calls necessary to each job. A charge has to be preferred in the case of infestations occurring on business premises. Although the number of infestations continue to decrease slowly, it is now noticeable that the infestations are lighter as a general rule. In the early autumn an increased incidence of rats was noticeable on the town fringe and there was constant re-infestation of the Council's Refuse Tip at Chilmington. This increase was noted elsewhere in the County.

The town sewerage system, as judged by two complete treatments of the older part of the system (around and including the town centre), and a 10% test baiting in the remainder, has a very low rat population. There seems no doubt that the decreased incidence of surface infestations is linked with this. The total number of infestations dealt with during the year were 134 rat involving 833 visits and 71 mice involving 306 visits.

7. Sanitary Inspection of the District

Details of inspection work carried out:-

						No. of Visits and re-visits
Bakehouses	...	...	...	...	...	13
Dairies	...	...	...	...	...	26
Slaughterhouses	...	...	...	...	...	620
Other Foods Examined	...	...	...	...	...	69
Factories with Mechanical Power	...	...	...	...	...	77
Factories without Mechanical Power	...	...	...	...	...	11
Workplaces	...	...	...	...	...	2
Restaurants	...	...	...	...	...	36
Butchers' Shops	...	...	...	...	...	48
Fish Frying Premises	...	...	...	...	...	5
Licensed Premises	...	...	...	...	...	30
Other Food Premises	...	...	...	...	...	103
Ice Cream Vendors	...	...	...	...	...	40
Rat and Mice Destruction	...	...	...	...	...	287
Other Vermin	...	...	...	...	...	20
Council House Inspections	...	...	...	...	...	131
House Repairs	...	...	...	...	...	471
Housing, adequacy of	...	...	...	...	...	46
Tents, Vans and Sheds	...	...	...	...	...	19
Offensive Accumulations	...	...	...	...	...	4
Keeping of Animals	...	...	...	...	...	16
Dustbins	...	...	...	...	...	2
Drain Testing	...	...	...	...	...	68
Drainage Repairs	...	...	...	...	...	248
Drainage Cleansing	...	...	...	...	...	21
Infectious Diseases	...	...	...	...	...	17

						<u>No. of visits and re-visits</u>
Smoke Abatement	...	...	...	...	...	22
Water Supply	...	...	...	...	...	60
Miscellaneous	...	...	...	...	...	532

				Total		3,064

Improvements and Repairs Effected.

Eaves, gutters and fall pipes repaired or renewed	...					58
Roofs repaired	...	...	...	...	...	41
Chimney stacks repaired	...	...	...	...	...	26
Chimney stacks rebuilt	...	...	...	...	...	5
Brickwork repaired	...	...	...	...	...	2
Brickwork, pointing renewed	...	...	...	...	...	10
Outbuildings	...	...	...	...	...	2
External rendering repaired	...	...	...	...	...	4
External rendering renewed	...	...	...	...	...	8
Accumulations removed	...	...	...	...	...	6
Yard paving	...	...	...	...	...	20
Window frames repaired or renewed	...	...	...	...	...	27
Sashcords repaired or renewed	...	...	...	...	...	39
Putties renewed	...	...	...	...	...	16
Wall and ceiling plaster repaired	...	...	...	...	...	41
Rooms redecorated	...	...	...	...	...	9
External painting	...	...	...	...	...	5
Floors repaired	...	...	...	...	...	20
Dampness in walls remedied	...	...	...	...	...	98
Dampness in floors	...	...	...	...	...	14
Doors repaired or renewed	...	...	...	...	...	14
Staircase repaired	...	...	...	...	...	11
Sub-floor ventilation improved	...	...	...	...	...	4
Window sills repaired	...	...	...	...	...	6
Fireplaces renewed or repaired	...	...	...	...	...	7
Stoves repaired or renewed	...	...	...	...	...	9
Wash coppers repaired or renewed	...	...	...	...	...	3
Ventilation improved	...	...	...	...	...	2
Lighting improved	...	...	...	...	...	2
Dustbins provided	...	...	...	...	...	1
Improvements to food premises	...	...	...	...	...	45
Improvements to factories	...	...	...	...	...	3
Houses cleansed and/or disinfested (not by Dept.)	...	...	...	...	...	3
Houses at which drains were repaired	...	...	...	...	...	25
Houses at which drains were renewed entirely	...	...	...	...	...	7
Choked drains cleared (not by Dept.)	...	...	...	...	...	7
Intercepting traps fixed	...	...	...	...	...	7
Inspection chambers built or covers renewed	...	...	...	...	...	14
Soil and vent pipes fixed or repaired	...	...	...	...	...	10
Water supply pipes renewed or repaired	...	...	...	...	...	11
Wash-hand basins provided or renewed	...	...	...	...	...	8
Sink waste pipes renewed	...	...	...	...	...	9
Sinks renewed	...	...	...	...	...	6
Draining boards renewed or provided	...	...	...	...	...	2
W.C. Pans fixed	...	...	...	...	...	12
W.C. Seats renewed	...	...	...	...	...	6
W.C.'s repaired or rebuilt	...	...	...	...	...	24
New flushing cisterns provided	...	...	...	...	...	4
Flushing cisterns repaired	...	...	...	...	...	27
Gully traps renewed	...	...	...	...	...	7
Cesspools discontinued	...	...	...	...	...	4
Miscellaneous	...	...	...	...	...	25

FACTORIES ACT, 1937

1. Inspections for purposes of provision as to health (including inspection made by Public Health Inspectors).

Premises	Number on Register	Number of Inspections	Written Notices	Occupies Prosecu
(1)	(2)	(3)	(4)	(5)
i) Factories in which Section 1, 2, 3, 4 and 6, are to be enforced by Local Authorities.	28	11	-	-
ii) Factories not included in (i) which Section 7 is enforced by the Local Authority	118	89	-	-
iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises).	4	5	1	-
Total	150	105	1	-

2. Cases in which defects were found.

Particulars	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	Number cases which Prosec were Instit
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	5	5	-	-	
Overcrowding (S.2)	-	-	-	-	
Unreasonable Temperature (S.3)	-	-	-	-	
Inadequate Ventilation (S.4)	1	-	-	-	
Ineffective drainage of floors (S.6)	-	-	-	-	
Sanitary Convenience					
(a) insufficient	3	2	-	-	
(b) unsuitable or defective	1	1	-	-	
(c) not separate for sexes	-	-	-	-	
Other offences against the Act (not including offences relating to outwork)	12	8	-	10	
Total	22	16	-	10	

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SECTION D.

HOUSING

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

	<u>1956</u>	<u>1946 - 1956</u> <u>(Inclusive)</u>
(i) Prefabricated temporary bungalows	-	144
(ii) New permanent houses:-		
<u>Woolreeds Estate</u>		
(a) 2 bedroom type	-	9
(b) 3 " "	-	364
(c) 4 " "	-	21
(d) 2 " maisonettes (Court Wurtin)	-	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	-	6
(b) 3 " "	-	10
<u>Repton Estate</u>		
(a) 2 bedroom type	-	30
(b) 3 " "	-	60
<u>Burton Estate</u>		
(a) 2 bedroom type	-	58
(b) 3 " "	-	94
<u>Beaver Green Estate</u>		
(a) 2 bedroom type	22	22
(b) 3 " "	43	43
(ii) <u>Flats</u>		
<u>Musgrove Estate</u>		
(a) Gregory Flats	-	28
(b) Bed-sitting room type	-	16
(c) 2 bedroom Easiform type	-	16
<u>Woolreeds Estate</u>		
(a) Bed-sitting room type	-	6
(b) 2 bedroom type	-	6
<u>Osborne Road Estate</u>		
(a) 3 bedroom type	-	1

<u>Godfrey Walk</u>		1956	1946 - 1956 (inclusive)
(a)	Bed-sitting room type	-	13
(b)	1 bedroom type	-	27
(c)	2 " "	-	28
<u>Aylesford Green Estate</u>			
(a)	2 bedroom type	-	20
(b)	1 " "	-	12
<u>Beaver Green Estate</u>			
(a)	Gregory Flats	-	28
<u>Waterside House and East Stour Farm</u>		-	13
<u>Repton Estate</u>		-	48
(iv) <u>Old People's Bungalows</u>			
(a)	Burton Estate	-	12
Total number of units provided by the Council		65	1,466
Number provided by private enterprise		150	436
Analysis of Applications for Council Houses registered to 30th June, 1957.			
Childless couples	...	...	168
1 child families	...	...	95
2 " "	...	...	47
3 " "	...	...	28
4 " "	...	...	8
5 or more child families	...	...	5
Applicants for bed-sitting room flats	...	44	39
Applicants working in Ashford, who are adequately housed elsewhere.			
Childless Couples	...	...	25
1 child families	...	...	34
2 " "	...	...	32
3 " "	...	...	14
4 or more child families	...	...	3
Local householders adequately housed	...	18	
Not considered eligible at present (Service applicants etc. applying for accommodation on discharge.			2
		TOTAL	71

SECTION E.

INSPECTION AND SUPERVISION OF FOOD

Milk Supplies

There are in the Urban District five producers of milk of whom one is a producer/retailer. Of the producers three have attested herds. From the surrounding districts four producer/retailers deliver in the Urban area. There are eighteen registered distributors of milk and nine dairies registered with the local authority.

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 21 such samples all gave negative results.

During the year, the following samples were taken for examination in accordance with the tests prescribed by the Milk and Dairies (Special Designations) Regulations.

		<u>Satisfactory</u>	<u>Unsatisfactory</u>
Tuberculin Tested	...	8	-
Sterilised	...	1	-
Pasteurised	...	9	-
Undesignated raw milk	...	2	-

Ice Cream

All ice cream consumed in the area is largely manufactured outside the district mainly by two or three large producers who maintain a high standard of cleanliness and safety in their product. Sixteen samples of ice cream were taken of which two unsatisfactory results were attributable to failure to sterilize serving equipment by the vendors. Test results following advice were satisfactory.

One cafe establishment produces ice cream by the cold mix process for which, owing to a small change in the wording in the new Food & Drugs Act, registration is not now called for. In my view this relaxation in the law governing such an important foodstuff is regrettable.

Some seventy shops and three school premises are now registered for the sale of ice cream. Compliance with the Food Hygiene Regulations are first necessary and registration is limited to the sale of pre-wrapped products. Although pre-packaged a number of lines of partially open packs are becoming popular as they facilitate making up cornets or sandwiches. The unwrapping by vendors is discouraged. Only one shop and a cafe retail ice cream loose for consumption off the premises.

Meat and other Foods

Unsound Food (Food and Drugs Act, 1938)

Unsound Food Surrendered

	lbs		lbs
Ham	45 $\frac{3}{4}$	Confectionery	4 $\frac{1}{4}$
Tongue	13 $\frac{3}{4}$	Tinned Milk	184 $\frac{1}{2}$
Corned Beef	400	Vegetables	379 $\frac{1}{4}$
Kidney	2	Meat and Vegetables	1
Veal Loaf or Beef Loaf	57	Soup	14 $\frac{1}{2}$
Bacon	541 $\frac{1}{2}$	Fruit	627
Stewed Steak	41 $\frac{1}{2}$	Tomatoes	134 $\frac{1}{2}$
Luncheon Meat	207 $\frac{1}{4}$	Paste	12 $\frac{1}{2}$
Fish	17 $\frac{1}{4}$	Pudding Mixture	3
Cheese	10	Cereal	3
Pork	4 $\frac{1}{4}$	Chicken	8
Fruit Juices	1 $\frac{1}{4}$	Butter	17 $\frac{1}{2}$
Jam	7	Fruit Cake	12
Beef	86	Liver	15
Biscuit Meal	4		

Total weight condemned : 1 ton 5 cwt. 1 qtr. 25 $\frac{3}{4}$ lbs.

Rejected meat from the slaughterhouse, unfit bacon and butchers meat is slashed and soaked with green aniline dye after which it is removed for the manufacture of byproducts in another part of the country. Other foodstuffs, comprising mainly unsound tinned foods are disposed of by dumping at the Council's refuse dump where controlled tipping is practiced.

Routine inspection of food preparing premises, which is so very essential, suffered some neglect during the year owing to staff difficulties and additional time spent on slum clearance work. There are 28 premises registered for the sale of meat products. Special attention was devoted, however, to these meat manufacturing premises and to the market stalls selling food. This work affords the best opportunity for impressing the need for hygienic practices and steps to be taken to avoid risk of food poisoning.

The Food Hygiene Regulations are of real assistance to the inspectorate in the drive for clean food and are in themselves good hygiene propaganda. Their implementation is a slow painstaking task and in the ignorance of the elementary principles of personal hygiene sometimes encountered is shown the need for this subject to be included in school curriculum.

Through the co-operation of the Surveyor appropriate plans are examined to ensure that food premises when constructed or altered comply with the Food Hygiene Regulations. This is of great assistance to all concerned, and thanks are due.

Carcases and Offal inspected and condemned in whole or in part

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed	438	83	511	4622	5417	-
Number inspected	438	83	511	4622	5417	-
<u>diseases except Tuberculosis</u>						
<u>Cysticerci</u>						
Whole carcasses condemned	-	2	8	16	11	-
Carcasses of which some part or organ was condemned	177	29	7	511	1250	-
Percentage of the number inspected affected with disease other than tuberculosis and Cysticerci	40.4	37.3	2.9	11.4	23.3	-
<u>Tuberculosis only</u>						
Whole carcasses condemned	-	-	-	-	9	-
Carcasses of which some part or organ was condemned	27	10	-	1	139	-
Percentage of the number inspected affected with Tuberculosis	6.2	12.0	-	-	2.7	-
<u>Sticercosis</u>						
Carcasses of which some part or organ was condemned	-	-	-	-	-	-
Carcasses submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

The output from the two licensed slaughterhouses increased over the year but the meat was produced under conditions which cannot be brought up to modern standards. Throughput of slaughterhouses is governed by many factors amongst which is included the charges made. Whilst it is legally possible to work small slaughterhouses to the limit for which they were designed the charges of large abattoirs are likely to be higher, and, in a highly competitive market this tends to discourage their use. The promised Regulations dealing with the standard of these important food preparing premises are overdue.

The standard of the animals slaughtered continues to be very high. Past wet summers have contributed to a large wastage of sheep liver from liver fluke.

