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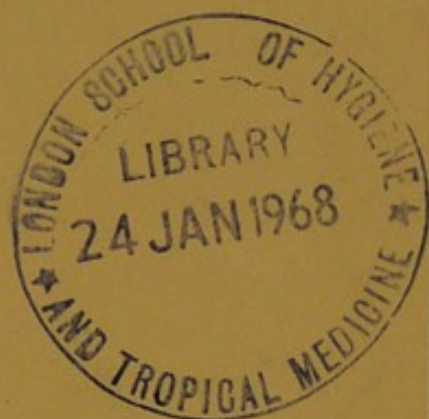


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City and County Borough of



Canterbury  
1953



# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

Including the Report of the

SENIOR SANITARY INSPECTOR

and the Report of the

Medical Director of the Child Guidance Clinic

for the year

1953





City and County Borough of



Canterbury

1953

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## CITY OF CANTERBURY — 1953

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*Mayor :*

ALDERMAN H. P. DAWTON

*Chairman—Health Committee :*

COUNCILLOR W. H. CHESSELL.

ALDERMAN

*Chairman—Education Committee :*

ALDERMAN F. HOOKER.

*Chairman—Sanitary and Licensing Committee :*

ALDERMAN MRS. E. M. HEWS, C.B.E.

*Town Clerk and Welfare Officer :*

J. BOYLE, LL.B.

*Director of Education :*

N. POLMEAR, M.A.

*Medical Officer of Health and School Medical Officer :*

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

*Medical Director, Child Guidance Clinic :*

E. WHATLEY, B.Sc., M.B., M.R.C.S., L.R.C.P.

*Chief Sanitary Inspector :*

T. L. MARTIN, A.R.S.I., M.S.I.A.

(Details of Committee Membership and other Staff are shown at  
the end of the Report.)



and does not allow a few selfish and small-minded people to ill-use the family doctors' time and strain the financial resources of the pharmaceutical side of the service. Don't debunk the family doctor! Let him be the master of your care and, as a good master, so will he be the servant of your health.

The sweeping changes in 1948, which overwhelmed so many child welfare authorities, and Canterbury may be grateful for her status, by the limitation of local health service responsibility to Counties and County Boroughs, also overwhelmed much local voluntary interest in the health services. On the hospital side we have seen the reappearance of the League of Hospital Friends. We were fortunate to be able to preserve the Canterbury District Nursing Association. Within each child welfare clinic in the City is a small group of voluntary helpers who represent a continuing recognition that these clinics belong to the townspeople and are run by the City Council for the townspeople. On occasions in the past I have expressed the view that when advances have been made by voluntary bodies who are not tied by the bonds of legislation, and the need for such services have been proved, then these services should be brought into the rate or state financed services. The unfortunate consequence of such a method of progress is that the interest of the people in a thing which belongs to them by right of their own activity in nurturing it, wanes and changes when it becomes a service provided by public funds, and in that change some of its value goes out. The conclusion is forced on me therefore that it may be better to use public funds to support a voluntary service to continue its work, or to widen the scope of its work, than to take that function within the cope of public services.

There are still a large number of voluntary organisations in the field: the Canterbury Diocesan Moral Welfare Association; the Alford Aid Society; the Old People's Welfare Committee; Red Cross activities such as the Darby and Joan Club and Meals on Wheels; the St. John Ambulance Brigade services; the Blind Welfare Association and other organisations in support of the handicapped, and many others, looked on as the fringe of public service. We should be ready to accept them as a permanent form of public self-help and to consider when and where they need a little supplementary help. This would seem to be the only way by which we may face up to the problems which will arise from an increasing number of elderly within the population.

Before ending this preface to the Annual Report, and having given you my personal comment on current health affairs, I should like to express to the voluntary workers my appreciation of their help, to the staff my gratitude for their support, and to the Committee and Council my thanks for their confidence.

Your obedient servant,

MALCOLM S. HARVEY.



# ANNUAL REPORT, 1953

## Social Circumstances.

The report on the Census of 1951 has provided us with much information on the social circumstances of the town, which was not previously available.

In the 20 years between 1931 and 1951 the population increased from 25,109 persons to 27,795 persons, the sex ratio 1,086 females to every 1,000 males. The increase of 2,686 persons, a 10.7% increase, resulted from an excess of 1,230 births over deaths, a population of 663 taken over by expansion, and an importation of 793. Thus percentage increases were 4.9% by excess of births over deaths, 3.1% by importation and 2.7% by added area.

The distribution of the population according to social classes in the five social classes defined by the Registrar General is of especial interest.

Proportion per 1,000 Occupied and Retired Males in the Social Classes shown			
	Canterbury	Kent	England and Wales
I Professional, etc. Occupations	35	46	33
II Intermediate Occupations	139	165	150
III Skilled Occupations	590	523	527
IV Partly Skilled Occupations	125	142	162
V Unskilled Occupations	111	124	128

Social Class III known as Skilled Occupations includes mine workers, transport workers, clerical workers, the armed forces and most of the makers of food.

It will be seen from this that Canterbury has a preponderance of males in the group of skilled occupations and fewer in the group of professional and intermediate occupations than either Kent or the country as a whole. The Census throws an interesting light on the percentage of males still in full-time attendance at an educational establishment within the ages of 15 to 19. Canterbury has the second lowest figure for the areas recorded in Kent. Only 14% of males between the age of 15 and 19 were in full-time attendance (Gillingham 13%, Beckenham 36%, Bromley 27%). The figure is only 5% for those in the age groups 17 to 19.

The town is shown by the Census to have 8,264 private households in 8,293 dwellings of which 277 were vacant at the time of the Census. The average density of occupation was 0.67 persons



per room and 1% of persons were living at a density of more than two persons per room. The Kent figures for size of dwelling show that since 1931 the number of dwellings of six or more rooms has decreased from 36% to 22% of all dwellings. The number of dwellings in each category in the City are as follows according to the number of rooms in the dwelling: 1/31, 2/206, 3/428, 4/2,915, 5/3,275, 6/934, 7/259, 8 or 9/178, 10 or more/67. There are 50 additional habitations and institutions housing non-private households. Thus we have now only 17.3% of dwellings in Canterbury of six or more rooms compared to 22% in the County of Kent.

The Census provides information on the position of certain arrangements in the households of the City. The information covers the possession of a pipe water supply, a cooking stove, a kitchen sink, a water closet and a fixed bath. It is shown that all but 19 households in the town had a piped water supply in 1951. 38% of the households had no fixed bath, and 3% shared a bath. 56% of households had the exclusive use of all five household arrangements. It will be recalled that the City Council had under consideration the provision of Public Slipper Baths in the town. Proposed legislation under the Housing Repairs and Rents Bill may, however, provide an alternative method by encouraging house owners to provide bathing facilities in this large number of the town's households.

The Census also provides information on the place of birth of the population. While 93.5% of the population were born in England only 66% were born in Kent. The Welsh represent 1.4%, the Scottish 1.34%, the Northern Irish 0.30% and those from Eire 0.7%.

The Manager of the Canterbury Employment Office of the Ministry of Labour has kindly supplied the following figures for unemployment during the year 1953:—

Mid 1953	... Men 112 (141)	Women ... 21 (37)
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End of 1953	... Men 163 (170)	Women ... 95 (93)
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(The 1952 figures are in parenthesis).

The slightly improved position of the men is due to the employment which was obtainable on sea defences following the flooding.

## GENERAL AND VITAL STATISTICS FOR 1953

### General:

Area: 4,810 Acres.

Number of Inhabited Dwellings (end of financial year 31.3.54 according to Rate Book): 8,543.

Rateable Value (31.3.54): £274,897.

Sum represented by penny rate: £1,100.

Registrar General's estimate of mid-year population, 1953: 29,400



The mid-year population figure is always due to a slight fluctuation within a few hundreds due to the variation in population in the barrack area.

### Vital:

	Male	Female	Total
BIRTHS:—			
Live Births: Within Marriage ...	238	216	454
Outside Marriage ...	4	1	5
Total Live Births ...	242	217	459
Stillbirths: Within Marriage ...	5	4	9
Outside Marriage ...	1	—	1
Total Stillbirths ...	6	4	10
DEATHS:—			
All Deaths ...	152	155	305
Deaths associated with Pregnancy, Childbirth or Abortion ...	—	—	—
Deaths of Infants under 1 year ...	6	5	11
(All births within marriage).			

The following rates are calculated from these figures and are corrected and compared with corresponding figures for elsewhere for 1953.

### Comparative Statistical Rates for 1953:

	Canterbury	England and Wales	160 Towns (popn. 25,000 to 50,000, 1951 Census)
Crude Live Births per 1,000 Population ...	15.61		
Corrected by Compara- bility Factor (1.02) ...	15.92	15.5	17.0
Stillbirths per 1,000 Popu- lation ...	0.34	0.35	0.43
Calculated per 1,000 Live and Stillbirths ...	21.3	22.4	24.8
Crude Death Rate (all causes) per 1,000 Popu- lation ...	10.37		
Corrected by Compara- bility Factor (0.90) ...	9.33	11.4	12.2
Infant Mortality Rate (Deaths under 1 year per 1,000 Live Births) ...	23.9	26.8	30.8

Although the number of births shows a slight increase over 1952 the age distribution of the population which has influenced the comparability factor gives us a corrected birth rate slightly lower than that for 1952. Nevertheless it is satisfactory to note that the birth rate is above that for England and Wales as a whole.

The following Table shows the causes of death listed in accordance with the abbreviated list of the International Classification.



TABLE I

No.	Causes of Death	1953		
		M.	F.	Total
1	Tuberculosis of Respiratory System ..	2	2	4
2	Tuberculosis, Other Forms ...	—	—	—
3	Syphilitic Diseases ...	—	—	—
4-9	Other infective and parasitic diseases ...	—	—	—
10	Malignant Neoplasm, stomach ...	2	1	3
11	Malignant Neoplasm, lung and bronchus...	7	2	9
12	Malignant Neoplasm, breast ...	—	6	6
13	Malignant Neoplasm, uterus ...	—	2	2
14	Other malignant and lymphatic neoplasms	10	14	24
15	Leukaemia and Aleukaemia ...	—	2	2
16	Diabetes ...	—	2	2
17	Vascular Lesions of Nervous System ...	26	29	55
18	Coronary Disease, Angina Pectoris ...	23	14	37
19	Hypertension with Heart Disease ...	2	2	4
20-21	Other Heart and Circulatory Diseases ...	32	34	66
22	Influenza ...	1	1	2
23	Pneumonia ...	2	2	4
24	Bronchitis ...	5	4	9
25	Other Diseases of Respiratory System ...	4	3	7
26	Ulcer of stomach and duodenum ...	4	—	4
27	Gastritis, Enteritis and Diarrhoea ...	1	—	1
28	Nephritis and Nephrosis ...	2	3	5
29	Hyperplasia of Prostate ...	3	—	3
30	Pregnancy, Childbirth and Abortion ...	—	—	—
31	Congenital Malformation ...	—	—	—
32	Other defined and ill defined diseases ...	16	23	39
33	Motor Vehicle accidents ...	2	1	3
34	All other accidents ...	3	8	11
35-36	Suicide, Homicide and War ...	3	—	3
TOTAL ...		150	155	305

## Infant Deaths.

TABLE II

Causes of Infant Deaths	Under 24 hours	24 hours to 2 weeks	2 weeks to 1 month	1-12 months	Total
Prematurity	1	2	—	—	3
Prematurity with Upper Respiratory Infection	—	1	—	—	1
Neonatal Shock	1	—	—	—	1
Hæmolytic Disease of the Newborn	1	—	—	—	1
Gastro Enteritis	—	—	—	1	1
Asphyxia	—	—	—	4	4
Male	2	2	—	2	6
Female	1	1	—	3	5
TOTALS	3	3	—	5	11



In the City of Canterbury during 1953 there were 11 deaths occurring in children in the first year of life. Out of 11 deaths six occurred in the first week of life—always a time associated with much loss of infant life and a time when there has been little change over the past 50 years. The first week of a baby's life is almost as risky today as in the past, in spite of intensive care and study. Of these early deaths the greatest single cause is prematurity—the birth of too small an infant from whatever cause. Three of the six deaths in the City under one week were due to prematurity. It is worthy of notice that in two of these three deaths the mother had previously given birth to one or more premature infants. Of these two, one case showed persistent, wilful parental neglect of ante-natal care. The three remaining deaths in the first week of life showed no common factor. In one there was Rhesus incompatibility so severe that despite all possible skill and care the baby died. In another case an acquired infection was combined with adverse economic circumstances which reduced the baby's chance of survival. Had this baby been born to a higher social class its fate might have been different. The third case, despite medical care, suffered the recognised risks associated with high parity of the mother. Perhaps the ideal of hospital delivery for cases where parity is high would have been beneficial here.

Over the age of one week, five children died in the first year of life, one due to an overwhelming acute infection. The remaining four were all accidental deaths from the same cause, i.e. accidental death from asphyxia due to inhalation of vomit—a serious single cause for so many deaths. This was exceptional and the possible cause was sought.

Two factors were common to most of these cases :

- (1) All these babies were bottle fed.
- (2) Most were bottle fed soon after birth.
- (3) In most cases there was a low general standard of both home care and home making.

One of these accidental deaths separated itself from the other three and appears due to a "pure accident." The child was well fed, strong and healthy, well cared for, from a good home and no possible explanation was found.

The other three causes had in common :

- (1) early weaning from the breast on to bottle feeding.
- (2) poor home circumstances affecting the whole family. These include finances which fluctuate, tempers which lead their hosts to violent outbursts and an inability to accept good advice from any source or even to profit by hard experience; illustrated in one of these families by a previous accidental infant death in exactly similar circumstances.



The previous two years show only this similar cause of accidental death, which suggests that parental standards of life and of home circumstances play a great part in the infant's chance in its first year.

TABLE III  
Deaths by Age Groups.

	0-1	1-15	15-25	25-45	45-65	65-80	80-90	90+	Total
Male	6	2	—	10	43	61	27	1	150
Female	5	1	1	2	30	70	36	10	155
TOTAL	11	3	1	12	73	131	63	11	305

### Infectious Diseases.

TABLE IV

	Total Cases Notified	Children Under 5 years	Children 5-15 years	Adults
Scarlet Fever ... ..	19	4	12	3
Whooping Cough ... ..	55	30	25	—
Measles ... ..	610	277	317	16
Dysentery ... ..	3	1	—	2
Pneumonia ... ..	8	—	2	6
Acute Poliomyelitis ...	6	1	2	3
Ophthalmia Neonatorum ...	1	1	—	—
Puerperal Pyrexia ... ..	34	—	—	34
Erysipelas ... ..	3	—	—	3
Malaria ... ..	1	—	—	1

The incidence of Scarlet Fever was very much lower in 1953 than in 1952. Whooping Cough was more prevalent and the incidence of Measles was greater than in the previous year. The one case of Malaria notified was acquired elsewhere.

### Tuberculosis.

The work on contact follow-up is referred to in a later part of the report.



TABLE V

Site/Sex	Number of Notifications													
	1947		1948		1949		1950		1951		1952		1953	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Lungs	13	7	9	7	16	9	11	10	9	10	14	4	14	6
Glands	1	—	—	—	1	—	—	1	—	1	—	1	1	—
Bones, Joints, etc.	3	—	3	1	4	2	—	—	3	—	—	—	3	1

### Venereal Diseases.

The centre for the diagnosis and treatment of Venereal Diseases is in the Kent and Canterbury Hospital, where males can be seen on Tuesday and Friday at 5.0 to 6.30 p.m. and females on Tuesday and Friday at 2.30 to 3.30 p.m.

The Physician in charge of the centre reports that two new cases of syphilis and 11 new cases of gonorrhoea were seen during 1953. There were 26 cases of other conditions seen during the year. While the incidence of syphilis has been falling the figures for gonorrhoea have been gradually increasing over the last two years.

### Hospital Accommodation for Infectious Disease.

The hospital for the area is the Haine Isolation Hospital, Ramsgate. The home nursing of Scarlet Fever is encouraged where the facilities are suitable. Cases of poliomyelitis have been nursed at the Kent and Canterbury Hospital.

### Laboratory Services.

1. For Pathological Work : Kent and Canterbury Hospital Laboratory.
2. For Public Health Laboratory Work (Milk, Ice-Cream, and Water) : Public Health Laboratory, County Hall, Maidstone.
3. For Analytical examinations and other Public Health examinations : Canterbury Public Analyst.

### Nursing Homes.

There was only one nursing home remaining in use in the town at the end of the year which provided five beds for maternity cases when required and seven beds for medical cases, including cases of chronic sick.

### Accommodation for Old People.

There is one registered home for aged persons providing accommodation for four persons. The Welfare Committee has



two old people's homes for elderly infirm or handicapped persons. A scheme was going forward at the end of the year for the extension of one of these homes. The Housing Committee has provided 54 units of accommodation for elderly persons and there are nine groups of almshouses provided by local charities.

## **LOCAL HEALTH SERVICES.**

A full comment was given in the Annual Report for 1952 on the administration and co-ordination of the local health services.

### **Care of Expectant and Nursing Mothers, and Children Under School Age.**

The ante- and post-natal clinic continues to run at Stour Street on Wednesdays at 10.30 a.m. and 2 p.m. The morning is an appointments session and the afternoon session is open. Midwives are in attendance on rota, with the medical officer, and the senior health visitor attends to book expectant mothers with the appropriate midwife. A successful sewing class was run during the autumn in conjunction with the further education arrangements and with the help of the Director of the Technical College. Further developments in this direction are envisaged, and by the time this report has appeared a class in relaxation exercises will have been established on Wednesday afternoons.

Thus we are developing the Wednesday clinic as a mothercraft centre, to supplement the medical ante-natal care provided elsewhere by the family doctors. There is still a need for the medical ante-natal session to be run at the Central Clinic, although the numbers in attendance are small.

(a) The following figures show the cases attending the Ante-Natal and Post-Natal Clinic :—

Ante-Natal Sessions held at Central Clinic and North-						
gate Clinic	...	...	...	...	...	122
Mothers in attendance on 1.1.1953	...	...	...	...	...	14
First attendances during 1953	...	...	...	...	...	102
Mothers still in attendance at end of 1953	...	...	...	...	...	28
Total attendances	...	...	...	...	...	576
Blood examinations carried out	...	...	...	...	...	162
Cases referred to Dental Officer	...	...	...	...	...	21
Number of Mothers who attended Post-Natal Examin-						
ations	...	...	...	...	...	18

The authority continues to supply maternity outfits free of charge to all expectant mothers booked for home delivery.

(b) **CHILD WELFARE CENTRES.**

Three child welfare centres are established :

1. The Central Clinic, Poor Priests Hospital, Stour Street. At the end of the year the clinic was being held for three sessions per week for child welfare and one session for immunisation and vaccination. From the 1st April, 1954,



this has been reduced to two afternoon sessions on Thursday and Friday. The medical officer is in attendance at the Thursday session at which Immunisation and Vaccination is available. Immunisation and Vaccination has also been available at other clinics since 1st April, 1954.

2. Wincheap Primary School. A clinic is run on Monday afternoon with the medical officer in attendance.
3. The Welfare Hut, Military Road, Old Infantry Barracks. The clinic session is run on Friday afternoon at 2 p.m. with the medical officer in attendance.
4. (A new clinic was opened on the 1st April, 1954, at the May Hooker Memorial Centre, London Road, Canterbury, to serve the new housing area. The session is on Tuesday afternoon).

Table VI shows the attendance at Child Welfare Clinics.

TABLE VI

Infant/Child Welfare Centre	Age Group	Central Clinic	Wincheap Clinic	Northgate Clinic	TOTAL
Children on Clinic Register 31.12.52	Under 1	146	48	61	255
	1-5 yrs.	162	37	100	299
First attendance during 1953	Under 1	252	59	82	393
	1-5 yrs.	89	21	56	166
Total No. of Children remaining on Register on 31.12.53 ...	Under 1	158	33	36	227
	1-5 yrs.	113	27	93	233
Total No. of Attendances made by children during 1953 ...	Under 1	3,442	773	1,131	5,346
	1-5 yrs.	1,403	617	981	3,001
Doctors' Consultations	Under 1	316	166	205	687
	1-5 yrs.	249	89	143	481

(c) SPECIAL CLINICS.

1. Artificial Sunlight Clinic: While this comes within the scope of the School Health Service it is run by the health visitors in the Central Clinic. It was transferred from accommodation in the Child Guidance Clinic to the Central Child Welfare Clinic as the latter is better placed to suit the convenience of mothers and children attending. A total of 47 children made 403 attendances during the year. Of these 47 children 6 were under the age of five and 41 were school children.
2. Breast Feeding: The health visitors see breast feeding and test feeding cases at the Central Clinic in the forenoon at 9.45 a.m. Mothers are helped to maintain or establish natural baby feeding. 28 such cases attended during 1953.



(d) **PREMATURE INFANTS.**

Equipment is maintained for the home care of premature infants as described in the Annual Report for 1952. The total number of premature births notified or recorded during 1953 numbered 70 of which 8 were delivered at home and 62 in hospital. The number of hospital cases resident in Canterbury numbered 16, making a total of 24 premature births out of the 459 live births which occurred during the year.

(e) **THE SUPPLY OF DRIED MILKS, ETC.**

The Child Welfare Clinics take part in the distribution of Ministry of Food welfare foods. In addition to this the authority has available for purchase at the child welfare clinics a variety of proprietary dried milks, nutrients and vitamin preparations. These are sold at cost price to mothers attending the child welfare clinics, on the advice or guidance of the medical officer. Cases of financial hardship can be helped with the free issue of milk foods where necessary.

(f) **DENTAL CARE.**

The Dental Officer reports as follows on the dental care and treatment provided to expectant and nursing mothers, and to children under five years of age.

(i) Numbers provided with dental care :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers .. ..	21	20	18	12
Children under Five ..	38	32	29	26

(ii) Forms of dental treatment provided :

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radio-graphs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	37	7	12	13	—	—	2	—	—	4
Children Under Five	45	1	29	1	10	5	—	—	—	—



(g) OTHER PROVISIONS.

There are no registered child minders in the City, although there are a considerable number of people who look after other people's children for the day or part of the day who do not come within the scope of the Child Minder Regulations. There is no day nursery or residential nursery running in the town. The Woodville Homes for children are run by the Children's Department, but the child life protection visiting is carried out by the Senior Health Visitor.

**Domiciliary Midwifery.**

The staff of four domiciliary midwives continues to be adequate for the needs of the City. One midwife receives a pupil from the Part II Training School at the Kent and Canterbury Hospital.

The confinements in the City during the year totalled 810 and occurred as shown in the following tabulation.

Births in Canterbury—At Home—

Doctor/Private Nurse	...	1
Doctor and/or Midwife	...	226
		<hr/>
		227

Elsewhere—

Nursing Home	...	25
Kent & Canterbury Hospital		558
		<hr/>
		583

Total ... 810

Cases of Puerperal Pyrexia—

Kent & Canterbury Hospital	...	9
Domiciliary Practice	...	—

Cases of Ophthalmia Neonatorum ... 1

Births to Canterbury Mothers occurring outside Canterbury ... \*65

Births to Canterbury Mothers in Kent & Canterbury Hospital ... 162

Births to Canterbury Mothers in Nursing Home ... 15

„ „ „ „ in Domiciliary Practice... 226

„ „ „ „ Privately ... 1

Total ... 469

The 226 home confinements (48% of total births), with which the district midwives were concerned were helped in the following ways:—

Delivered and nursed by midwife only	...	63
Delivered by or under supervision of Doctor	...	82



Delivered with visiting supervision of Doctor ... ..	11
Delivered before arrival of the Doctor ... ..	11
Delivered with Doctor on call ... ..	59

In addition 10 cases were transferred to hospital for emergency delivery or were received from hospital early in the puerperium for subsequent nursing by the midwife.

The 10 stillbirths occurred as follows :—

In domiciliary practice ... ..	3
In Kent & Canterbury Hospital ... ..	4
In Nursing Home ... ..	—
Elsewhere outside the City ... ..	3

\* Of the 65 births occurring outside Canterbury 37 occurred at St. Heliers Maternity Home, Tankerton (Canterbury Group H.M.C.) and 22 occurred at the Military Families Hospital, Shorncliffe.

There are no General Practitioner beds for maternity cases in Canterbury and no facilities for general practitioners to gain additional clinical experience of maternity work in the hospital maternity unit. At the time of writing this report the only private maternity home is about to close. The nearest maternity unit available to general practitioners will then be at Tankerton with a very limited number of Section 4 beds left over from the demand of "social grounds" admissions.

There is thus a serious lack of general practitioner beds, in one form or another, which one can only decry, no matter how enthusiastic one may be in favour of home midwifery in suitable home circumstances. We cannot ignore the social change of the last decade, which has reduced the amount of domestic help in the "middle class" households, and increased the social ambitions of the "working class" households. In the same decade the cost of staffing a private nursing home has raised the fees above the readily acceptable level for both groups of household. It seems that the Hospitals are squeezing out the general practitioner obstetrician, that other maternity bed units available to him are vanishing, and that the community is left with a serious gap in its services. The City Council has now no power to provide a maternity home and can offer no help.

There, then, is the situation, that there are practically no facilities for a family doctor to deliver a patient in a maternity unit in or around Canterbury. In the past that would have been a sufficient stimulus to the community to have started a local voluntary enterprise.

### Health Visiting.

The staff comprises four qualified or recognised health visitors, a shared tuberculosis health visitor (equivalent to  $\frac{1}{3}$  full-time) and a schools and special clinic nurse. There is also a Sponsored Trainee Health Visitor attending the Royal College of Nursing course. The visiting for 1953 compares well with that for 1952.



<i>Visits to Infants and Children—</i>				1953	1952
Under 1 year—First Visits ... ..				446	422
Other Visits ... ..				2,087	1,653
1-5 years —Total Visits ... ..				4,079	2,558
<i>Visits to Expectant Mothers—</i>					
First Visits ... ..				56	103
Other Visits ... ..				17	38
Child Life Protection Visits ... ..				72	42
Visits to Old Persons ... ..				47	63
Visits to cases of Infectious Disease ... ..				110	47

The figures for Tuberculosis Health visiting are as follows :

	1953	1952
No. of Clinic Sessions ... ..	106	109
No. of Refill Clinics ... ..	49	65
No. of Mantoux Test Clinics ... ..	34	58
No. of Home Visits ... ..	719	523
Contacts seen ... ..	240	164

### Home Nursing.

The Canterbury District Nursing Association now has an establishment of four Queen's Nursing Sisters. The headquarters of the Association moved to the Poor Priests Hospital during the year, and the nurses are now provided with a room in which they can prepare bags and sterilise equipment.

The District Nurses' register shows 616 new cases entered during 1953 compared to 515 new cases entered in 1952. The following table is based on the annual report of the Association for 1953.

TABLE VII

Types of Case	Medical Cases	Surgical Cases	Cases of T.B.	Others	Cases Nursed	Total Visits
July-Dec., 1948	109	57	—	—	166	3,494
" " 1949	356	98	—	—	454	8,688
" " 1950	346	125	3	—	474	11,682
" " 1951	427	130	16	1	574	15,784
" " 1952	383	124	13	22	542	16,705
" " 1953	527	105	21	1	654	16,016
<b>TOTAL</b>	<b>2,148</b>	<b>639</b>	<b>53</b>	<b>24</b>	<b>2,864</b>	<b>72,369</b>



## Vaccination and Immunisation.

It is a continual battle with apathy to maintain a satisfactory level of protection against smallpox and diphtheria in our child population. Our health visitors lay particular stress on the need for this protection when visiting mothers. The family doctors give us full support as shown by the figures in the following table.

TABLE VIII

			Under 1	1—4	5 to 15	Over 15	Total
Vaccination Against Smallpox	Primary Vaccination	Clinic	31	2	3	4	40
		Family Dr.	265	15	8	14	302
	Total		296	17	11	18	342
	Revaccination	Clinic	—	—	—	1	1
Family Dr.		—	1	5	64	70	
Total		—	1	5	65	71	
Diphtheria Immunisation	Primary Immunisation	Clinic	33	70	28	—	131
		Family Dr.	106	107	9	—	222
	Total		139	177	37	—	353
	Booster Dose	Clinic	—	21	115	—	136
Family Dr.		—	12	116	—	128	
Total		—	33	231	—	264	
Whooping Cough	No. of Cases Inoculated		106	170	22	—	298
			0 — 4	5 — 14		0 — 14	
Child Population Mid-1953			2,400	4,200		6,600	
Canterbury Births — 1953			—	—		459	
Canterbury Births — 1954			—	—		447	

## Ambulance Service.

The continuing rise in out-patient demand for transport by the Ambulance Service is the reason for the rise in the figures for the use of the joint ambulance service in 1953. Nevertheless, since the end of 1953 it has been found possible to reduce the staff by one team of ambulance driver attendants, and the depot staff is now one Superintendent Driver, 18 driver/attendants and one clerk. Wireless control is in use on six of the eight vehicles.

TABLE IX

	1950	1951	1952	1953
Total Patients Carried	15,712	18,383	19,315	22,598
Outpatients Only	11,599	13,865	14,899	18,633
Admissions, Transfers, Accidents, etc.	4,113	4,518	4,416	3,965
Mileage	144,387	124,616	118,515	153,790

TABLE X

Showing total mileage and patients carried by the Hospital Car Service (Canterbury only).

	Jan.	Feb.	Mar.	Apl.	May	June	Jly.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Patients Carried	—	—	—	—	—	—	1	—	5	5	8	3	22
Mileage	—	—	—	—	—	—	90	—	654	556	712	355	2,367

### Domestic Help Service.

One cannot speak too highly of the boon to the elderly in sickness or infirmity of this service. It provides the necessary supplement to the care of the sick by the district nurse, and of maternity cases by the midwife. It is, however, a costly service, even with the assessing and charging which we are bound to carry out. Therefore the Health Committee decided to apply a new system of assessment to include a minimum charge, and this was enforced at the end of the year.



**TABLE XI**  
Domestic Help Cases 1953 compared to 1952.

	1953		1952	
	Full-time	Part-time	Full-time	Part-time
Maternity ... ..	22	24	36	22
Acute Illness ... ..	3	74	2	27
Chronic Illness or Infirmary	1	231	1	183
Presence of Young Children	—	2	1	1
Tuberculosis ... ..	—	14	—	13
Totals ...	26	344	40	250
Total cases ...	370		290	

	1953	1952
Hours worked : Full-time ... ..	1,947	1,639
Part-time ... ..	37,675	28,735
These figures cover the Financial Year 1st April to 31st March. } Cost Incurred : £5,350	£4,240	
	Cost Recovered : £661	£593

### Health Education.

No exhibition or special activities have been carried out. Use is made of supporting literature, and display material, and a film strip library is being collected for use by the Health Visitors. Personal advice is the main channel of education. There is room for much more activity in the field for health education.

### Mental Health.

Two Duly Authorised Officers carried out the duties in the City. Mental Health visiting was done by one of the psychiatric social workers from the Child Guidance Clinic.

#### (a) ACTION ON CASES UNDER THE LUNACY AND MENTAL TREATMENT ACTS.

During the year Duly Authorised Officers investigated 23 cases of mental illness.

15 cases were certified and admitted to St. Augustine's Hospital under Section 16 of the Lunacy Act, 1890, and 2 cases were admitted as Temporary patients under Section 5 of the Mental Treatment Act, 1930, Duly Authorised Officers acting on behalf



of relatives in both cases. Five other patients were admitted on Urgency Orders made under Section 11 of the Lunacy Act, 1890, and 31 other patients were admitted as Voluntary patients, 2 were transferred from other mental hospitals and 1 voluntary patient was certified after escape.

The 1 remaining case investigated by a Duly Authorised Officer was admitted as a Temporary patient, a relative acting as informant.

(b) ACTION ON CASES UNDER THE MENTAL DEFICIENCY ACTS.

A	
Cases under Guardianship (under order) ... ..	2
Cases under Statutory Supervision (excluding cases on licence) ... ..	23
Cases under Friendly Supervision ... ..	9
Cases under Voluntary Supervision ... ..	1
Cases awaiting admission to Institutions ... ..	8
B	
Cases in attendance at the Occupation Centre (Canterbury only) ... ..	10
C	
Cases admitted to Institutions during the year ... ..	—
Cases reported by the Local Education Authority (Section 57, Education Act, 1944) ... ..	4
Total cases ascertained during the year as subject to be dealt with " ... ..	6
Other cases reported, not " subject to be dealt with " but in which Statutory action may be necessary later ... ..	—
D	
Cases " subject to be dealt with " placed under Statutory Supervision ... ..	4
Transferred from other areas " subject to be dealt with " and placed under Statutory Supervision ...	1
Cases " not subject to be dealt with " placed under Friendly Supervision ... ..	2
Cases removed from Supervision ... ..	3
Deaths of Mental Defectives under Supervision ...	—
Transport of Patients—	
Use of Ambulance vehicles by Duly Authorised Authorised Officers ... ..	24

(c) An occupation centre is established for the occupation and training of defectives. It is in unsatisfactory premises and a capital project is still in hand to house the centre in a new building.

The following table shows the ages of cases in attendance at the end of 1953.



	Male		Female		Total
	Under 16	Over 16	Under 16	Over 16	
Canterbury .. ..	5	4	—	1	10
Kent County Council	1	6	—	2	9
Total ..	6	10	—	3	19

### National Assistance Act, 1948.

#### (a) SECTION 47.

It was not found necessary to apply for any order during the year. Two cases were under observation.

#### (b) BLIND WELFARE.

The required procedure was brought into force during the year and is shown in the following tabulation.

### Blind Persons Register.

No. of cases notified on Form B.D.8 during 1953 ... 7.

#### A.—FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

(i) Number of Cases registered during the year in respect of para. 7(c) of Form B.D.8 recommends	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No Treatment	3	—	—	3
(b) Treatment— (medical, surgical or optical)	1	—	—	—
(ii) Number of Cases at (i)(b) above which on follow-up action have received treatment	—	—	—	—

#### B.—OPHTHALMIA NEONATORUM.

- (1) Total number of cases notified during the year ... 1
- (2) Number of cases in which :—
  - (a) Vision Lost ... .. —
  - (b) Vision Impaired ... .. —
  - (c) Treatment continuing at end of year ... .. —



# REPORT OF THE SANITARY INSPECTOR FOR THE YEAR 1953

Public Health Department,  
Dane John,  
Canterbury.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the report on the sanitary inspection services carried out in 1953.

With the opening of the Government Abattoir in the City in the early part of the year a new milestone was reached in the City's history, and this building together with the new Cattle Market now under construction, will, it is confidently felt, put Canterbury in its proper place as the hub of the agricultural area in East Kent.

The work of the Inspectors has been unspectacular, but nevertheless always striving towards an improvement in public health. Two new Bills before Parliament relating to the clean handling of food and to the rents and repairs, etc., of houses will, if they become law, bring the sanitary inspector into prominence again and, of course, will mean extra work for him to carry out.

I should like to record my indebtedness to the Chairman and Members of the Sanitary and Licensing Committee for the encouragement and sympathetic consideration they have given to the suggestions put before them, and my thanks are due to the Medical Officer of Health and Inspector colleagues and the staff of the Department for their help and co-operation during the year.

I am,

Your obedient servant,

T. L. MARTIN,

Chief Sanitary Inspector.

## General Statistics.

Complaints received and investigated	...	...	...	618
Visits regarding :				
Housing—				
Structural defects	...	...	...	1,112
Drainage defects	...	...	...	616
Drains tested	...	...	...	134
Housing survey	...	...	...	1,215
Council houses inspected	...	...	...	872
Provision of dustbins	...	...	...	216
Verminous rooms	...	...	...	39



Food premises—							
Abattoir	...	...	...	...	...	...	711
Food shops	...	...	...	...	...	...	277
Food inspection	...	...	...	...	...	...	423
Bakehouses	...	...	...	...	...	...	30
Dairies	...	...	...	...	...	...	122
Restaurants	...	...	...	...	...	...	185
Fish fryers	...	...	...	...	...	...	15
Food sampling	...	...	...	...	...	...	339
Public houses	...	...	...	...	...	...	73
Others—							
Infectious diseases	...	...	...	...	...	...	54
Keeping of animals	...	...	...	...	...	...	26
Marine stores	...	...	...	...	...	...	4
Rat and mice infestation	...	...	...	...	...	...	1,789
Factories	...	...	...	...	...	...	111
Fertilisers and feeding stuffs	...	...	...	...	...	...	26
Miscellaneous	...	...	...	...	...	...	449
Defects remedied :							
Housing—							
Dampness	...	...	...	...	...	...	197
Drainage	...	...	...	...	...	...	343
Ventilation	...	...	...	...	...	...	52
Other structural items	...	...	...	...	...	...	203
Houses disinfected	...	...	...	...	...	...	64
Dustbins	...	...	...	...	...	...	192
Food premises	...	...	...	...	...	...	35
Factories	...	...	...	...	...	...	19
Notices served :							
Informally—							
Houses	...	...	...	...	...	...	125
Food premises	...	...	...	...	...	...	63
Factories	...	...	...	...	...	...	11
Formally after a report to City Council—							
Houses	...	...	...	...	...	...	19
Prosecutions	...	...	...	...	...	...	—
Official warnings by City Council	...	...	...	...	...	...	6

### Housing Acts.

Number of New Houses erected during 1953 :—

(1) Permanent new houses erected by the Council	...	280
(2) New houses erected by private enterprise...	...	59
		<hr/>
		339
Houses demolished	...	17
		<hr/>
Net increases in number of houses	...	322
		<hr/>



## 1. Inspection of Dwelling-houses during the year :

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	790
(b) Number of Inspections made for the purpose	1215
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... ..	130
(b) Number of Inspections made for the purpose	130
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	5
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... ..	125

## 2. Remedy of Defects during year Without Service of Formal Notices :

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authorities or their officer ... ..	125
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## 3. Action Under Statutory Powers during the year :

A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ..	6
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By Owners ... ..	6
(b) By Local Authority in default of Owners	—
B.—Proceedings under Public Health Acts :—	
(1) Number of dwelling-houses in respect of which statutory notices were served requiring defects to be remedied ... ..	16
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By Owners ... ..	16
(b) By Local Authority in default of Owners	—
C.—Proceedings under Section 11 and 13 of the Housing Act, 1936 :—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made ... ..	5
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ..	17



D.—Proceedings under Section 12 of the Housing Act,  
1936 :—

- (1) Number of separate tenements or underground  
rooms in respect of which Closing Orders were  
made ... .. 1

In accordance with the instructions of the Council a detailed inspection was carried out of a Corporation estate of 179 houses and a comprehensive report was submitted to the Council. 20 cases of overcrowding were discovered and another interesting fact also discovered was that 6 houses of the 3-bedroom type were found to be occupied by 1 person and 17 by 2 persons only. Also, 6 2-bedroom type houses were found to be occupied by 1 person only. 16 cases of overcrowding and 7 discovered on surveys the previous year were outstanding at the end of the year.

A survey of privately owned houses which was commenced in 1952 was completed in 1953. 790 houses were the subject of a special report to the City Council. The report dealt with all the information which a preliminary survey furnishes and it is interesting to comment as a comparison to the Corporation estate previously referred to, that the overcrowding was of a much lower order, in fact less than 1%.

### **Water Supply.**

The Canterbury and District Water Co. own the water undertaking and maintain a very satisfactory supply as regards quantity and quality, supplying all except four houses in the City.

The supply is collected from deep wells in the chalk and is partially lime softened by the Company. A minimal dose of Chlorine is given, more to keep the apparatus in first-class working condition for an emergency than because the supply normally requires it.

Eleven samples of water from houses in various parts of the area were submitted for bacteriological examination and in every case the Pathologist reported the water to be good and B. Coli presumptive were absent in 100 ccs.

There is no plumbo solvent action and the water is free from contamination.

The 4 houses without a piped supply from the town's mains use well water and 4 samples taken during 1953 have shown the water to be free from faecal contamination.

The City Analyst reporting on 6 samples of water sent to him for chemical analysis, states that the supply is pure organic-



ally. The following is a typical copy of the Analyst's report :—

Appearance .....	Clear
Smell .....	None
Chlorine in Chlorides .....	1.54
Nitrogen in Nitrates .....	0.35
Ammonia .....	Nil
Albuminoid Ammonia .....	Nil
Oxygen absorbed in 15 minutes .....	Nil
Oxygen absorbed in 4 hours .....	0.004
Hardness after boiling (permanent) .....	3.3
Hardness before boiling (total) .....	11.0
Total Solid Matter .....	16.1
Microscopical Examination of Deposit	

Trace of chalk only

(The numerical results are expressed in grains per gallon).

This is a partially softened chalk water of the highest organic purity and free from "sewage percolation."

### Inspection of Food.

Until the Government Abattoir opened in February home-killed meat was brought from Woolwich for distribution in Canterbury and the adjoining areas. With the opening of the Abattoir, Canterbury ceased to be an importing area and became an exporter and it is estimated that 83% of the meat went to other areas.

As it was obvious that the existing staff of Inspectors could not cope with meat inspection in the Abattoir and also carry out the other various sanitary inspection duties, two additional Inspectors were appointed. This action was fully justified as will be seen from the amount of work involved at the Abattoir.

	Cattle excluding			Sheep and	
	Cows	Cows	Calves	Lambs	Pigs
Number killed .. ..	9,777	2,060	1,497	13,077	7,747
Number inspected .. ..	9,777	2,060	1,497	13,077	7,747

#### All Diseases Except T.B.

Whole carcasses condemned ..	4	4	11	75	25
Carcasses of which some part or organ was condemned ..	4,768	1,157	23	2,212	1,107
Percentage of the number inspected affected with disease other than T.B. .. ..	48.8	56.2	2.3	16.7	14.6

#### T.B. Only.

Whole carcasses condemned ..	21	28	2	—	8
Carcasses of which some part or organ was condemned ..	883	435	2	—	297
Percentage of the number inspected affected with T.B. ..	9.2	22.5	0.3	—	3.9



The following carcasses were found to be diseased and destroyed :—

28 Cows were found to be affected with generalised tuberculosis	... ..	19,557 lbs.
21 Other bovine carcasses were found to be affected with generalised tuberculosis	... ..	15,965 lbs.
2 Steers were found to be affected with generalised cysticercus bovis	... ..	1,257 lbs.
2 Bovines were found to be affected with extensive bruising and fever	... ..	994 lbs.
4 Cows were found to be affected with pyaemia, septic peritonitis, Johnes disease, fever and pathological emaciation	... ..	2,451 lbs.
75 Sheep were found to be affected with peritonitis, septicaemia, chronic fascioliasis, pyrexia, oedema and pathological emaciation	... ..	4,265 lbs.
8 Pigs were found to be affected with generalised tuberculosis	... ..	1,229 lbs.
25 Pigs were found to be affected with pneumonia, nephritis, fever, enteritis, pyaemia, urticaria, oedema and pathological emaciation	... ..	3,398 lbs.
2 Calves were found to be affected with congenital tuberculosis	... ..	89 lbs.
6 Calves were surrendered on account of immaturity	... ..	280 lbs.
5 Calves were found to be affected with umbilical pyaemia, enteritis, oedema and emaciation	... ..	268 lbs.
41 Bovine carcasses were found to be affected with localised cysticercus bovis. The affected offal was condemned and the remainder of the carcasses were frozen for 3 weeks before being released for sale	... ..	1,440 lbs.

Parts of carcasses and offal found to be unfit on account of :—

	lbs.
Tuberculosis	56,684
Distomatosis	33,965½
Cirrhosis	1,676
Abscesses	8,558½
Pneumonia, pleurisy and peritonitis	6,274
Actinomycosis	3,098
Parasitic other than C. bovis	2,727½
Miscellaneous conditions :—	
Cavernous angioma, oedema and bruising	24,544

The total weight of meat and offal found to be diseased—  
188,720½ lbs.



The meat and other food found to be unsound on inspection in food shops amounted to 17,551 lbs. :—

Meat	...	...	...	3,303½ lbs.
Canned meat	...	...	...	1,755 lbs.
Canned fish	...	...	...	66¾ lbs.
Fish	...	...	...	336 lbs.
Other canned food, etc.	...	...	...	12,089¾ lbs.

were found to be unfit for human food.

The unsound food with the exception of the meat was destroyed locally, but the meat, as the property of the Ministry of Food, was sold by them. The instructions regarding the dyeing of carcasses green were carried out, but it is extremely difficult to colour satisfactorily bovine carcasses. It is felt that the only proper method of disposal of diseased meat is for it to be taken direct from the Abattoir to a factory with a steam sterilising plant specially designed for the purpose. The present method of disposal to a firm over 100 miles away and collection by someone else in another part of the country leaves too much opportunity for meat to go astray.

It is perhaps not out of place to comment on the working of the Abattoir which it is readily admitted is almost beyond the realms of expectation of a quarter of a century ago when I became interested in slaughter houses. There are good facilities for the resting of animals prior to slaughter and an abundant supply of drinking water is provided. The treatment of the animals is in a most humane manner and all are slaughtered with up-to-date appliances, one at a time, and not in sight of the slaughtering processes. Every possible endeavour is made to produce clean meat and the daily practice of putting all carcasses in the chilled rooms until they leave the Abattoir greatly improves the appearance of meat, and what is more important, eliminates the possibilities of blow-fly contamination. Further, the concentration of slaughtering has enabled various by-products usually wasted in small-scale slaughtering, to be put to good account. The blood is collected for edible purposes or for artificial manure, and various glands such as pineal, pituitary, thyroid, supra renal, ovaries, and prostate, as well as certain unsound livers, are collected for manufacture into pharmaceutical products.

Unfavourable criticism has been made of the meat transport in previous years, and no improvements apart from providing the floors of the vans with a metal covering were carried out in 1953. The vans are provided with hanging rails so that the carcasses of mutton, pork, veal and hind quarters of all except very large beasts, may be hung clear of the floor. The forequarters of beasts are usually not hung and the danger of contamination from the boots of the personnel also applies to the carcasses which are hung, which are dragged about the floor of the van during loading and unloading. To overcome this possible contamination and the danger of injury to the employees handling heavy carcasses, it is



felt that the only real solution is a different type of van from that at present in use.

The transport methods are the weakest link in the distribution of clean meat. At present meat for the City and neighbouring areas is loaded at the Abattoir, taken one mile and unloaded at the depot, and re-loaded for distribution to the shops. It is hoped that this kind of practice will stop with the change of meat distribution in July, 1954.

### **Food Hygiene.**

In addition to the many shops selling grocery commodities there are 21 bakehouses, 30 butchers' shops, 7 fish fryers, 7 fish shops and 77 restaurant kitchens; and as much time as possible is spent by the sanitary inspectors in visiting these premises. Seven premises are registered for sausage making and 3 for ham boiling.

Most of the proprietors realise their responsibility to the customers in the clean handling of food, but there are some instances where it is hard uphill work trying to effect improvement. It is still felt that the way to achieve this, is to make frequent inspections and to take the health information to the staffs, including managers, in the places of employment. If enquiries at any time reveal any desire on the part of food handlers to have class meetings of instruction, the Inspectors would be pleased to assist in any way. Comment has been made in previous years on the value of registration of food premises and it is still felt that registration (particularly if it were to come up for review at intervals) would be a real incentive to the production of clean food.

Five complaints were received regarding the quality of food:—

1. Bread containing piece of glass thermometer. Warning by City Council.
2. Bread containing dirt. Found to be due to worn and charred baking tins. Baker cautioned.
3. Bread containing dark coloured streaks. Found to be fat from the greasing of tins. Public Analyst reported it to be harmless, but unsightly. Baker cautioned.
4. Milk powder containing dark coloured particles. Found to be particles of burnt milk from the milk drying rollers.
5. Meat pie with unusual flavour. Made in school canteen and found to be due to faulty manufacture, the meat having been allowed to cool overnight on the stove. All the pies were destroyed and the opportunity was taken to overhaul the cooking methods.

### **Public Houses.**

The modernising of public houses continued during 1953, but on a slower scale than before. This may be due to a loss of trade, and it is not for me to speculate on this beyond saying that perhaps



the improvement in dwelling-house standards has lessened the desire of the tenant to seek the comfort of the public house.

If times have changed permanently, surely it is better that the brewers should put some of the little used public houses to some other purpose and so be able to put the others in first-class condition.

The brewers were notified of the defects at the end of 1950 and since then the improvements at 41 of the 85 public houses have been completed. By the end of 1953 the following work had been carried out :—

Lead beer pipes taken out (the only house with such pipes)	...	...	...	...	...	...	1
New W.C.s built	...	...	...	...	...	...	19
New urinals made	...	...	...	...	...	...	12
Flushing cisterns to urinals provided	...	...	...	...	...	...	22
Flushing cisterns to W.C.s provided	...	...	...	...	...	...	2
Artificial lighting to conveniences	...	...	...	...	...	...	26
New bar sinks provided	...	...	...	...	...	...	12
Drainage to bar sinks provided	...	...	...	...	...	...	34
Hot water supply over bar sinks provided	...	...	...	...	...	...	41
Cold water supply over bar sinks provided	...	...	...	...	...	...	20
Cellar floors paved	...	...	...	...	...	...	2

## Food Supplies.

### Sampling.

As in previous years, Mr. E. S. Hawkins, O.B.E., B.Sc., A.R.C.S., F.R.I.C., continued to act as Public Analyst.

68 formal samples and 43 informal samples were submitted for chemical analysis :—

Article	No. of samples		Number genuine	Samples adversely reported upon
	Formal	Informal		
*Milk	44	1	45	
*Channel Island Milk	10	—	10	
*Cream	3	—	3	
*National Dried Milk	—	1	1	
*Cream Lollies	1	—	—	940
*Ice Cream	—	5	5	
*Butter	5	—	4	955
*Lollies	—	12	12	
*Sausage Meat	5	—	5	
Sweets	—	3	3	
Teething Powders	—	3	1	999, 1002
Cooling Powders	—	1	—	1001
*Tinned Damsons	—	1	—	980
White Oils Embrocation	—	1	—	918
Ground Nutmeg	—	1	—	920

and one each of the following which were all genuine :—\*dried



mint, \*sugared coconut, \*fruit sauce, \*marshmallow creme, \*tinned peas, \*tinned pineapple, \*tinned gooseberries, \*tinned carrots, \*tinned plums, \*bottled cockles, \*non-alcoholic wine, olive oil, boric acid crystals, and boric acid ointment.

### Remarks.

Sample No. 940—

Cream lollies containing 2.6% fat. Warning by Council.

Sample No. 955—

Butter containing 16.2% water against legal maximum of 16%. Warning by Council.

Samples No. 999 & 1001—

Teething powders made by same firm, but obtained from different shops. Found to contain calomel in what is now considered an excessive dose. Letters to manufacturers and Ministry of Health. Formula changed.

Sample No. 1001—

Cooling powder. According to the label the active ingredient was correctly dispensed. As the amount was considered to be too much, the firm reduced the proportion and amended the label.

Sample No. 980—

Tinned damsons containing 150 parts per million of tin. Found to be a small stock of old tins. Stock destroyed.

Sample No. 918—

White oils embrocation. Slight deficiency of ammonia and label did not declare whether ingredients are by weight or by volume. Letter to manufacturers. Label being amended.

Sample No. 920—

Ground nutmeg containing very little essential oil. Old stock—letter to manufacturers. Stock destroyed.

The average composition of the 45 samples of milk (excepting the Channel Island Milk) was 3.47 fat and 8.65 solids not fat).

Three samples of milk were low in fat content and five others low in solids-not-fat. The milk was given in this condition by the cows and, although inferior, it had to be classed as genuine. The facts were reported to the Milk Advisory Officer of the Ministry of Agriculture.

### Public Health (Preservative in Food) Regulations.

The samples of food marked \* in the preceding table were also examined under the above Regulations and in no case was there any contravention.



## Milk.

There are 11 milk retailers in the City. 7 of the retailers sell only tuberculin tested and pasteurised milk, the other 4 sell non-graded milk. 22 samples of non-graded milk obtained during delivery were tested for keeping quality and 16 were satisfactory. 15 samples of tuberculin tested milk were also checked for keeping quality and 13 were satisfactory. Information regarding the defective samples was sent to the Ministry of Agriculture Milk Production Officer for his attention.

29 samples of milk (15 ungraded milk, 12 tuberculin tested and 2 pasteurised) were obtained for biological tests. The County Pathologist reported all the samples to be free from tubercle bacilli and all except one of the tuberculin tested milks free from *Brucella Abortus*. The Ministry of Agriculture Animal Health Division was notified of the infected herd and the milk supply was pasteurised until negative samples were obtained.

Four firms (3 with holder type plants and one with an H.T.S.T. plant) are licensed by the City Council to pasteurise milk and during the year 143 samples of pasteurised milk were sent to the City Analyst with the following results :—

	Phosphatase	Methylene blue test
No. of satisfactory samples ...	94	45
No. of unsatisfactory samples ...	2	2

All the defective samples came from one plant.

(The phosphatase test is to determine effective pasteurisation and the methylene test is to check keeping quality).

It is particularly pleasing to be able to mention that the samples from one firm for the fourth year running (150 samples in all) were satisfactory.

### Milk in Schools Scheme.

All the Milk sent to schools has been pasteurised and the 22 samples obtained satisfied the tests.

### Milk (Special Designation) Regulations.

The following licences were granted by the City Council under the above :—

To bottle tuberculin tested milk ...	3
To pasteurise milk ...	4
To deal in tuberculin tested milk...	2
To deal in pasteurised milk ...	1
Supplementary licence to retail tuberculin tested (Certified) milk ...	1



## Ice Cream.

There are 5 premises registered for the manufacture and sale of ice cream and 107 for the sale of ice cream. Of the 112, 20 sell nothing but the packed variety. 59 samples submitted to the methylene blue test were classified as follows :—

		For comparison			
		1952	1951	1950	1949
Grade 1—47 samples	...	49	54	36	29
Grade 2— 8 samples	...	10	8	17	23
Grade 3— 4 samples	...	3	4	17	19
Grade 4— —	...	1	—	3	11

The results show an improvement in the cleanliness of the ice cream. The improvement is greater than is apparent as a selective sampling procedure is being carried out and concentrated upon ice cream plants whose history is not as satisfactory as others.

Five samples were also sent for chemical analysis and the fat content ranged between 5.2% and 13.7% and the solids-not-fat between 23.9% and 32.3%. All the samples were above the minimum standard.

The local manufacturers have vehicles which are enclosed on three sides and on top for the service of ice cream from bulk, and this must prevent much of the contamination which occurred to the ice cream retailed from the old-fashioned vehicles. It is felt that the real solution to the problem, however, is for only pre-packed ice cream to be sold in public thoroughfares, and it is gratifying to be able to record that the City Council, in making contracts for the sale of ice cream on the car parks and public gardens in the town, insist on the pre-packed article.



# FACTORIES ACT, 1937

## 1. Inspections.

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	65	37	2	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority .. .. .	131	74	9	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises .. .. .	—	—	—	—
<b>TOTAL .. ..</b>	<b>196</b>	<b>111</b>	<b>11</b>	<b>—</b>

## 2. Cases in which Defects were Found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Lack of cleanliness .. ..	7	7	—	1	—
Overcrowding .. .. .	—	—	—	—	—
Unreasonable temperature ..	—	—	—	—	—
Inadequate ventilation .. ..	—	—	—	—	—
Ineffective drainage of floors	1	1	—	—	—
Sanitary Conveniences:					
(a) Insufficient .. .. .	1	1	—	1	—
(b) Unsuitable or defective	2	2	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) .. ..	8	8	—	2	—
<b>TOTAL .. ..</b>	<b>19</b>	<b>19</b>	<b>—</b>	<b>6</b>	<b>—</b>



## Rodent Control.

Two part-time rodent operators are employed by the Council and the methods used are those recommended by the Infestation Branch of the Ministry of Agriculture.

Complaints were received from 219 persons, 162 were in respect of infestation in private houses and 57 were from occupiers of business premises. During the investigation of these complaints and in carrying out surveys of the district 96 additional infestations were discovered.

Maintenance treatments of the sewers were carried out in March and September. Attention was concentrated on areas previously infested and 177 manholes in other parts of the City were baited. Altogether only 27 manholes appeared to be infested mainly in a small degree.

The operators, who also assist with other public health work, were kept fully occupied and the following is a summary of the rodent work carried out:—

Visits to houses ... ..	1,290
Visits to other premises ... ..	285
No. of premises cleared:—	
<i>Rats.</i>	
Houses ... ..	182
Business premises ... ..	28
<i>Mice.</i>	
Houses ... ..	79
Business premises ... ..	31

No charge is made for rodent extermination in house property, but the Ministry of Agriculture insists that a charge for work done in business premises based on time spent and cost of materials, be made to the occupier.

## Fertilisers and Feeding Stuffs Act, 1926.

The following samples were obtained for analysis by Mr. E. S. Hawkins, the Public Analyst and Official Agricultural Chemist.

5 samples of poultry mash, 3 of pig meal, 2 of general fertiliser, 2 of super phosphate of lime and 1 each of the following: sulphate of potash, potato fertiliser, tomato fertiliser, sulphate of ammonia, layers pellets and intensive balancer meal. All were satisfactory except the intensive balancer meal, which was deficient in albumin, 15.8% against 19.5% declared at time of sale. The vendor was cautioned by the Council.

One sample of shoddy was obtained at the request of a farmer. The appropriate fee was collected and copies of analysis supplied.



## **Rag Flock and other Filling Materials Act, 1951.**

Two premises are registered under Section 2 of the Act, not so much because new articles are made, but so that they can execute orders for new work in the event of being asked. The business carried on is confined to the repair and renovation of customers' own articles, and the filling materials used for this work are now not subject to control. No samples were taken in 1953.

### **Dustbins.**

The scheme adopted in 1950 for the Council to supply dustbins at a rental of 5/- per year was continued and at the end of 1953, 1,349 bins had been supplied.

### **Verminous Houses.**

Eleven Council houses and 13 other houses were found to be verminous and were disinfested by the Public Health Department staff.

The scheme put into operation in 1948 to prevent the spread of vermin in Council properties was continued and

- a. the furniture and effects of every prospective tenant are inspected before the keys for the house are handed out, and
- b. before occupation commences every Council house, old or new, is given a precautionary spraying with insecticide in order to kill any vermin missed in the survey.

In 1953 precautionary spraying was done in 367 cases. Eight verminous houses were discovered during the survey and in these cases the contents of the houses were fumigated by the Department before the tenants were allowed to move into the new houses.

More requests are received each year for help in destroying wasp nests in houses and in 1953, 14 were destroyed.

From time to time complaints are received of unusual insects found in houses and the Natural History section of the British Museum is always ready to assist in the identification of specimens. One of the enquiries during the year was an extensive infestation of insects similar to bed bugs noticed when a large building was being re-roofed. They were identified as *Oeciacus Hirundinis*, the House-martin bug, and were no doubt due to birds of the swallow family nesting in the eaves over a long period.



# PRINCIPAL SCHOOL MEDICAL OFFICER'S REPORT FOR 1953

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Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report on the work of the School Health Service of the City of Canterbury during 1953. The report of the Medical Director of the Child Guidance Clinic is included. There is also a report from the Speech Therapist for the County of Kent, Miss Joan Pollitt, on the Canterbury children who attended the County Speech Therapy Centre in Whitstable Road. It is satisfactory to be able to report also that a Lip Reading class is now provided for our own and for County children, in the May Hooker Memorial Centre.

The School Health Service has continued to provide a routine of medical and dental supervision, enhanced by the school nursing service and special clinics, and by schools for the handicapped pupil. In cost it is but a dwarf beside the Education services as a whole. It is an insignificant brother in the family of National Health Services, not always understood or respected by its own kin. Nevertheless, the contribution which it makes in the health of the school child to the wealth of the nation is an ample reward for those who work in it.

My thanks go to the head teachers and staff who help us so willingly in our work, and to the local general practitioners whose co-operation with a service which sometimes puzzles or even irritates them is of inestimable value.

As this covering letter to the report is being written it is learned, with great sadness to us all, that we have lost a valued and respected colleague and a great friend to the children by the death of School Nurse Troy.

Your obedient servant,

MALCOLM S. HARVEY.

## School Health Service.

### General Information.

Number of School Departments :

Primary	...	...	...	...	...	...	...	12
Secondary	...	...	...	...	...	...	...	3

Number of Scholars on Roll at end of 1953 :

Primary	...	...	...	...	...	...	...	3,583
Secondary	...	...	...	...	...	...	...	836

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4,419

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## Medical Inspection.

### General Condition.

The number of pupils submitted to routine medical inspections totalled 1,628 or 36.84% of the pupils. Of those examined 27% were in very good health, 68% in average health and nutrition and 5% were in poor health or nutrition. (Table S.1).

### Cleanliness.

The valuable routine of Nurses Inspections is carried out in all Primary and some Secondary schools, at the beginning of each term. 145 children were the subject of 183 communications to parents with advice on what to do about it. Legal action was never called for.

### Defects of the Skin.

No cases of scabies or ringworm were identified during the year at schools or at the clinic. The credit for this should be given to the family doctor service. (Table S.2).

### Defects of Vision.

The following defects of vision were identified at routine or special inspections :—

Found at Routine Medical Inspections—

Number of children tested	...	...	...	...	1,076
Number found to be suffering for Visual Defect	...				65
Number found to be suffering from Squint	...				10
Number found to be suffering from Other Defects	...				10

Found at Special Inspection :

Number of children found with Visual Defects	...				41
Number of children found with Squint	...				2
Number of children found with Other Defects	...				3

Visual Defects treated by Ophthalmic Surgeon (Vision, Squint, etc.)—

Total cases of Visual Defect treated or under observation	...	...	...	...	...	169
Spectacles prescribed or already wearing glasses	...					143
Operations for Squint	...					14
Children attending Orthoptic Clinic	...					10

The number of children needing to wear spectacles has fallen to 169 from 198 in 1952 and only 33 required spectacles for the first time or new lenses, compared to 161 in the previous year. Colour vision is tested in male school leavers.



### **Defects of Nose and Throat.**

250 such defects were identified in the 1,628 examined. 192 were kept under observation. 20 were referred for specialist advice of whom 10 had operations, 1 had other treatment and in 9 of whom no treatment was considered necessary. One cannot accuse us of being enthusiasts in whipping out tonsils.

### **Defects of Hearing and Ear Disease.**

98 cases of hearing defect were identified and followed up. 21 cases of otitis media were disclosed and 20 other ear defects.

### **Tuberculosis.**

No cases were identified during the year. The Mass Radiography Unit made no visit. A number of school children received B.C.G. vaccination as contacts through the Chest Clinic. No general scheme for B.C.G. vaccination had been accepted.

### **Minor Ailments.**

There was a sharp fall in the attendances at the minor ailments clinic to 1,840 compared to 3,106 in 1952. 73 of these were for diphtheria immunisation. This clinic service is akin to the Factory First Aid Room service. It allows a child to attend school and yet have treatment for some injury or ailment, and so reduces absenteeism with no detriment to the child.

It offers facilities for daily or twice daily treatment as directed by the school doctor, or the family doctor if he will use the facilities, carried out by a fully qualified nurse.

### **Ultra Violet Light Clinic.**

This clinic is now run in the Central Child Welfare Clinic as a matter of convenience to staffing. 56 sessions were held for 47 children who made 403 attendances for the purpose. Six of the children were pre-school children referred from Child Welfare clinics.

### **Diphtheria Immunisation.**

(These figures are included in the general table in the report of the medical officer of health).

Three special sessions were held at which 73 children received booster injections.

### **Handicapped Pupils.**

The following table shows the number of children on the Handicapped Pupils Register:—



	On Register		Newly Ascer- tained	Attending Special School	Newly Placed	Requiring Placement
	M.	F.				
Blind or Partially Sighted	3	—	1	—	—	1
Deaf .. .. .	2	2	1	—	—	—
Delicate .. .. .	2	2	3	—	—	2
Epileptic .. .. .	1	—	—	—	—	—
Physically Handicapped ..	7	2	1	—	2	1
Maladjusted .. ..	7	4	2	—	1	2
Educationally Sub-normal	19	8	3	—	—	1

4 children were notified to the Health Committee under Section 57 (3) of the Education Act, 1944, as ineducable.

### Speech Therapy.

Miss Joan Pollitt, County Speech Therapist, has kindly supplied the following report on Canterbury children attending Miss Beaumont's speech therapy clinic in Whitstable Road.

"During 1953, 38 Canterbury City cases have been dealt with at the Speech Therapy Clinic held at 94 Whitstable Road, Canterbury. Thirteen of these cases have been closed during the year, and 25 will continue to attend at the Clinic in 1954.

The tables below show the reasons for closing the 13 cases, and the types of speech abnormality from which the 25 children who will continue to attend at the Clinic in 1954, were suffering when first seen at the Clinic.

### Cases Closed during 1953.

Very satisfactory result .. .. .	9
Reported by parent and Child Guidance Clinic to have improved when appoint- ments were offered .. .. .	1
Following investigatory interviews, it was found that this boy had a slight stammer, which did not inconvenience him; he did not wish for help and was about to leave school when he was first seen ..	1
Appointments offered but not kept ..	1
Left district prior to appointments being offered .. .. .	1
	—
	13
	—



### Contact with Clinic continuing into 1954.

Stammer	...	...	...	...	3
Stammer and Dyslalia	...	...	...	...	2
Stammer and Sigmatism	...	...	...	...	1
Little, if any, attempt at expression through speech, although muscular co-ordination, hearing and speech mechanism normal; together with cases of dyslalia, ranging from unintelligible speech to comparatively slight articulation defects unassociated with severe hearing loss or severe organic defect of speech mechanism	...	...	...	...	14
Lateral sigmatism	...	...	...	...	1
Nasal sigmatism	...	...	...	...	1
Hyper-rhinophonia due to cleft palate	...	...	...	...	1
Speech development affected by dual handicap of possibly severe mental retardation and blindness	...	...	...	...	1
Investigation commenced — investigation as yet incomplete	...	...	...	...	1
					—
					25
					—

Eight City cases were awaiting appointment at the Canterbury Clinic at the beginning of 1954."

### Lip Reading.

It is with real pleasure that I report the start of a lip reading class. This is run in the May Hooker Memorial Clinic Centre, 51 London Road, on Saturday mornings by Miss Vines, from the staff of the Royal School for the Deaf and Dumb, Margate, who also holds an adults' evening class in the Technical College.

It is a very small class, but is the only one in a wide area and serves a vital need for a small group of children. Four children were under treatment at the end of 1953.

### Educational Difficulties and Maladjustment.

See special report of the Medical Director of the Child Guidance Clinic.

### School Dental Service.

The School Dental Officer, Dr. Figdor, retired during the year after a long and valued period of service with the Authority. Miss D. Dawe was appointed temporarily to fill the vacancy.

The School Dental Officer reports below :—

79.12% of the children inspected required Dental Treatment and 41.13% were treated at the School Dental Clinic. This shows



a 7.64% increase on children requiring treatment and a 2.85% fall in the children seeking such treatment at the Dental Clinic.

### Table of Dental Treatment and Inspection.

(1) Number of children inspected by Dentist :—

(a) Routine Age Group—Age 3	...	...	5
4	...	...	25
5	...	...	486
6	...	...	571
7	...	...	507
8	...	...	409
9	...	...	378
10	...	...	351
11	...	...	245
12	...	...	279
13	...	...	486
14	...	...	432
15	...	...	235
16	...	...	40
17	...	...	25

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4,474

(b) Specials	...	...	...	...	334
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Total Routine and Specials	...	...	4,808
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(2) Number requiring treatment	...	...	3,540
(3) Number actually treated	...	...	1,456
4) Attendances made by children	...	...	3,006
(5) Half-days devoted to : Inspection	...	...	31
Treatment	...	...	382
Total	...	...	413
(6) Fillings : Permanent Teeth	...	...	1,446
Temporary Teeth	...	...	78
Total	...	...	1,524
(7) Extractions : Permanent Teeth	...	...	173
Temporary Teeth	...	...	1,289
Total	...	...	1,462
(8) Administration of :			
General Anaesthetics for extractions	...	...	532
Local Anaesthetics for extractions	...	...	444
Total	...	...	976

(9) Other treatment (Scalings, Polishings, etc.) ... 1,022

These figures show an improvement in the percentage of all school children inspected by the Dentist during the year but a fall in the percentage of those who accepted treatment through the School Dental Clinic.



### Orthodontic Treatment.

15 children are under treatment. 13 orthodontic plates were provided and 4 children were provided with partial dentures. An unsuccessful approach was made to the local dental profession to obtain the services of a dentist for orthodontic work on a sessional basis. At the end of the year we were without an orthodontic service, but the School Dental Officer was keeping current cases under observation.

### Employment of Children and Young Persons.

82 children were examined for part-time employment.

### Milk and Meals.

At the end of the year 3,670 children were having milk in school and 1,807 were taking school dinners, of whom 275 received the dinners free of charge. This was a drop of 577 on the total diners and 68 in the free meals when compared with 1952.

### Tabular Data concerning Medical Inspection and Treatment. General Details.

No. of inspections in the Prescribed Groups :				School Rolls (End of Winter Term, 1953).			
Entrants	...	...	552	Primary	...	3,583	
Second Age Group	...	...	528	Secondary	...	836	
Leavers	...	...	488				
							4,419
Total			1,568				
Other Routine Inspections			60				
Grand Total			1,628				

Others (Special and Re-inspections)—833.

TABLE S.1.

Condition of Children on Routine Medical Inspection.

Age Group	No. Inspected	A Excellent		B Fair		C Poor	
		No.	%	No.	%	No.	%
Entrants - -	552	159	28·80	371	67·21	22	3·99
Intermediates	528	163	30·87	338	64·01	27	5·12
Leavers - -	488	99	20·29	361	73·97	28	5·74
Others - - -	60	13	21·67	42	70·00	5	8·33
Total - - -	1,628	434	26·66	1,112	68·30	82	5·04



TABLE S.2

Defects found by Medical Inspection in the year ending  
31st December, 1953.

Defect Code No.	Defect or Disease  (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment  (2)	Requiring to be kept under observation, but not requiring treatment  (3)	Requiring treatment  (4)	Requiring to be kept under observation, but not requiring treatment  (5)
4	Skin .. .. .	35	31	8	7
5	Eyes (a) Vision .. .. .	17	48	4	37
	(b) Squint .. .. .	4	6	2	3
	(c) Other .. .. .	5	5	2	5
6	Ears (a) Hearing .. .. .	10	66	3	19
	(b) Otitis Media .. .. .	2	17	—	2
	(c) Other .. .. .	8	8	—	4
7	Nose and Throat .. .. .	34	140	24	52
8	Speech .. .. .	11	12	8	11
9	Cervical Glands .. .. .	4	34	6	16
10	Heart and Circulation .. .. .	8	51	3	21
11	Lungs .. .. .	7	75	7	17
12	Developmental—				
	(a) Hernia .. .. .	1	7	—	2
	(b) Other .. .. .	5	24	4	16
13	Orthopædic—				
	(a) Posture .. .. .	3	20	2	12
	(b) Flat foot .. .. .	15	50	4	22
	(c) Other .. .. .	3	42	1	17
14	Nervous System—				
	(a) Epilepsy .. .. .	—	1	—	2
	(b) Other .. .. .	—	32	2	10
15	Psychological—				
	(a) Development .. .. .	1	6	2	4
	(b) Stability .. .. .	—	9	2	—
16	Other .. .. .	9	61	15	52
Total Number of Children Inspected .. .. .		1,628		564	
Number of Children repre- sented in figures above ..		813		404	

NOTE: All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.



TABLE S.3.  
MINOR AILMENTS TREATED (excluding Uncleanliness  
shown in Table S.6.)

	No. of Defects Treated or under treatment during the year.
SKIN :	
Ringworm—Scalp :	
(1) X-ray treatment ... ..	—
(2) Other treatment ... ..	—
Ringworm—Body ... ..	5
Scabies ... ..	—
Impetigo ... ..	3
Other skin diseases ... ..	79
EYE Disease ... ..	48
(External and other, but excluding errors, refractions, squint and cases admitted to hospital).	
EAR Defects ... ..	25
(Treatment for serious disease of the ear is not recorded here).	
Miscellaneous ... ..	463
Total ...	623

(b) Total number of attendances at Authority's  
minor ailments clinics ... .. 1,840

TABLE S.4.  
TREATMENT OF DEFECTIVE VISION AND SQUINT.  
(Excluding Minor Eye Defects treated as Minor Ailments)

Errors of Refraction and Squint dealt with ... ..	169
Other Defects or Diseases of the Eye... ..	13
No. of children for whom Spectacles were prescribed ...	143

TABLE S.5.  
TREATMENT OF DEFECTS OF NOSE AND THROAT.

Defects which received operative treatment (through Education Committee arrangement) ... ..	10
Defects which received other forms of treatment ... ..	1

TABLE S.6.

(1) Average number of visits per school made during 1953 by School Nurses ... ..	7
(2) Home visits made as School Nurses ... ..	195
(3) No. of Individual Children found unclean ... ..	145
(4) No. of Individual Children cleansed under Section 54 of Education Act, 1944 ... ..	—
(5) No. of cases in which legal proceedings were taken ...	—



# **CANTERBURY CHILD GUIDANCE CLINIC**

## **ANNUAL REPORT—1953**

### **Comment on the Figures and Staff Changes.**

TABLE I: It is noticeable that the number of Canterbury referrals has increased markedly in 1953.

TABLE II: This table shows that in 1953 more children were referred for nervous disorders and habit disorders than for behaviour disorders. This indicates that outside workers and other services are making more use of the Clinic for genuine psychiatric problems, rather than referring the children mainly because of their nuisance value or for situations which proved to be basically social in origin.

TABLE III: This table shows that during 1953 the over-all cases seen increased from 222 to 306, and that of these rather more cases were taken on for supervision and rather fewer for treatment than in 1952. An increase in the number of cases for remedial coaching reflects an aspect of the psychologist's work during this year.

WAITING LIST. In spite of the increased number of new cases seen in 1953 the waiting list at the end of the year was slightly larger than at the end of 1952.

STAFF CHANGES: In December, 1953, Miss Harnett terminated her work as a psychotherapist and left the Clinic. The staff were all extremely sorry to lose Miss Harnett. She had worked at the Clinic for eight years, and during that time treated the majority of the younger patients who came for regular interviews—latterly sharing some of the work with Mr. Wollen. Miss Harnett has a rare gift for understanding and helping children to deal with their emotional tangles, and her wisdom, patience, and skill have been the means of bringing peace and order to many children who came to the Clinic.

### **Development of the Canterbury Child Guidance Clinic.**

It may be of interest to record something of the history of this Clinic since it was opened in September, 1943, to the end of 1953, i.e. a ten-year period.

The Clinic started as a small part-time Clinic to serve the needs of Canterbury children, many of them evacuees. In the war years the problems arising from evacuation of children caused many local authorities to seek the aid of a special service which would help disturbed evacuees, and the consequent problems which they presented to the families with whom they were billeted and to the local Health and Education services.

When the Clinic opened the staff consisted of a part-time Psychiatric Social Worker, an Educational Psychologist visiting one day a week, a Psychiatrist visiting first once a month, and



then once a week, and a part-time clerk. Within a matter of months the County Authorities asked if they could participate in the service, and the Clinic was expanded so as to take cases from the whole of East Kent.

The demand for this service continuously increased, and has always exceeded the amount of work that could be done. Staff increases were made from time to time, and at the end of 1953 the establishment consisted of six psychiatric sessions, one whole-time Educational Psychologist, a half-time Psychotherapist, three Psychiatric Social Workers (one of whom spent half the time doing psychotherapy), and two whole-time clerks.

The Canterbury Clinic was the first Kent Clinic to be opened, and in spite of the establishment of many clinics administered by the Kent Education Committee, remains the largest clinic in Kent, with the biggest case load. Since the Clinic was opened, a total of 2,028 children have been seen for diagnosis (746 in the first five years, and 1,282 in the last five years of this period), and 1,880 cases have been closed, many of them after long and thorough treatment by the various workers.

### **Psychiatric Services for Children and Adults.**

Child Guidance Clinic Service is in essence a family psychiatric service, and as such is closely related to the mental health services for the general population. Some points of similarity and difference between the psychiatric services for children and adults may be of interest to the readers of this report.

An adult patient attends a psychiatric out-patients' clinic on the advice and recommendation of his doctor, usually after he and his family have come to realise that he is anxious, depressed or behaving in an unusual way—in fact, showing evidence that he is emotionally or mentally disturbed. The patient is usually well aware that something is "wrong" with him or his way of reacting to life and its problems, and is often willing to have help. He can also describe and discuss his symptoms with his doctor. The processes which have led up to the illness for which he seeks help, processes which are part of his personality or of his life history, have often operated for a long time, and when he comes to the clinic, many of them are irreversible or unalterable. Treatment can sometimes be directed towards eradication of a cause of disturbance, but more often alleviation or "cure" of the condition results from acceptance of limitations and distorted development, and re-direction of the patient's energy and interests into channels which impose less strain on him, and give greater ease and satisfaction to himself and those around him. Many adult neurotics show evidence of their disturbance in their emotional relations with other people, family, workmates and friends, and diagnosis and treatment inevitably takes this into account, i.e.



the patient is assessed against his human and social environment. In this sense a psychiatric service for adults is in some ways a form of "social" medicine.

While much of the foregoing also applies to children, there are several important differences which make work in a child guidance clinic a very different and specialised field of psychiatry.

Very young children can be aware that they are disturbed or unhappy or can recognise that they are the cause of annoyance or disagreement to those around them. Few children, however, can express this verbally or give an intelligible account of what is amiss. In other words, the investigator is often confronted with the time-consuming task of establishing a relationship with the child, in which one can then "assess the inarticulate." This also means gathering in bits and pieces of information and impressions from doctors, teachers, social workers and all those who have had contact with the family. It is only with this framework completed that one can come to a wise decision after interviewing the parent as well as observing the child.

In adult psychiatry one is often dealing with past experiences and the distortion and havoc that these hidden fears can bring into the present. With children one is not only concerned with the past but with the present emotional climate which is strongly influencing the developing personality. Present pressures and family tensions have to be modified, as well as buried traumas accepted, and the changing of family attitudes and day-to-day relationships means a long-term and wide programme of treatment extended beyond the individual. Changing the atmosphere of environment can be more difficult and costly in time than mobilising the resources of the patient. In other words, the causes of emotional disturbances and consequent appearance of symptoms in children are often reversible, while in adults the causes preceding the symptoms have become irreversible and belong to the past.

Adults usually come to an out-patients' clinic with a definite complaint and often a clearly demonstrated pattern of symptoms which allow for precise diagnosis and recommendation. The actual symptom which brings a child to the clinic is often of minor importance and is of itself relatively slight, at least as far as the child is concerned. It is the anxiety and disturbance in relationships, often unrecognised, that have brought them to the clinic and with which we have to deal.

The child guidance clinic is not only the specialist service dealing with psychiatric problems in children but one of the most fruitful fields of preventive psychiatry. In the case of a child the work is more often with those who deal with him, particularly parents, and thus one is building up healthy family attitudes from which all the members will benefit. We hope the children we see



will also be the healthy adults and good parents of tomorrow so that the child guidance clinic may be reducing the pressure on the adult psychiatric services of the future.

As in previous years, we should like to record our thanks and appreciation of the many agencies and people in the local departments and elsewhere, who work with us so helpfully.

(Signed) ELIZABETH WHATLEY,  
*Consultant Psychiatrist.*

TABLE C.G.1.  
SOURCE OF REFERRAL.

	1952			1953		
	County	City	N.H.S. and Out of Area	County	City	N.H.S. and Out of Area
School Medical Officer	81	5	2	71	13	—
Private Doctor	35	2	11	45	3	14
Court or Probation Officer	11	2	—	11	2	3
Head Teacher or Education Officer	19	3	2	22	71	1
Parent or Foster Parent	6	2	1	14	2	1
Other Clinics or Psychiatrists	24	3	6	22	1	6
Miscellaneous Social Agencies, Infant Welfare, etc.	10	1	—	15	1	—
Education Psychologist	—	4	—	—	12	—
	186	22	22	200	105	25
	230			330		

TABLE C.G.2.  
PROBLEMS REFERRED.

	1952			1953		
	County	City	N.H.S. and Out of Area	County	City	N.H.S. and Out of Area
Nervous Disorders, etc.	15	2	1	26	11	5
Habit Disorders	49	8	7	63	4	3
Behaviour Disorders	94	8	10	77	18	9
Educational	23	2	4	18	70	5
Court Cases	5	1	—	10	2	3
Miscellaneous	—	—	—	6	—	—
	186	21	22	200	105	25
	229			330		



TABLE C.G.3.

## DISPOSAL OF NEW CASES SEEN.

	1952			1953		
	County	City	N.H.S. and Out of Area	County	City	N.H.S. and Out of Area
Diagnosis and Advice	35	4	6	33	11	5
Diagnosis and Placement	5	—	—	12	—	2
Taken on for Treatment	50	8	6	44	6	3
Taken on for Supervision	61	12	3	64	18	5
Remedial Coaching	1	1	1	4	—	1
Partial Diagnosis	14	1	—	6	68	1
Partial Service	12	2	—	21	—	2
	178	28	16	184	103	19
	222			306		

## CASES CLOSED.

TABLE C.G.4.

	1952			1953		
	County	City	N.H.S. and Out of Area	County	City	N.H.S. and Out of Area
<b>I NON-TREATMENT</b>						
Diagnosis and Advice	38	3	6	39	13	8
Diagnosis and Placement	10	—	—	9	2	—
Withdrawn, including non-co-operative	19	—	3	14	5	4
Moved Away	2	—	—	—	—	—
Partial Service	21	4	—	16	—	2
Placed	1	—	—	—	—	—
Total I	91	7	9	78	20	14
<b>II TREATMENT</b>						
Adjusted	15	8	3	18	2	1
Improved	42	11	2	34	10	8
No Change	17	—	—	20	1	5
Non-co-operative, including interrupted	18	3	7	9	—	2
Placed	—	—	—	3	3	—
Total II	92	22	12	84	16	16
Total I and II	183	29	21	162	36	30
<b>TOTAL FOR YEAR</b>	233			228		

## WAITING LISTS—

December 31st, 1952

December 31st, 1953

	County	City	N.H.S. and Out of Area	County	City	N.H.S. and Out of Area
Diagnostic ...	41	6	6	51	5	7
Treatment ...	26	5	2	24	4	



## COMMITTEE MEMBERSHIP

### Mayor:

ALDERMAN H. P. DAWTON.

### Health Committee:

**Chairman:** Alderman W. H. CHESSELL.

**City Council Members:** Alderman A. W. FOWLER, Alderman MRS. E. M. HEWS, C.B.E., Alderman P. BOTTING, Alderman H. P. DAWTON (Mayor), Councillor C. H. De LAUBENQUE, Sheriff H. M. KENNY, Councillor W. S. BEAN, Councillor W. THOMAS, Councillor A. J. CLARK, Councillor MRS. K. M. ELLIS.

**Co-opted or Representative Members:** MISS M. SHEEHAN, Matron, Kent and Canterbury Hospital; DR. F. L. CASSIDI, Local Medical Practitioner; MR. J. E. FRENCH, Kent and Canterbury Executive Council; MR. W. A. TERRY, Canterbury Group Hospital Management Committee.

### Mental Health Services Sub-Committee:

**Chairman:** Alderman A. W. FOWLER.

**City Council Members:** Councillor C. H. De LAUBENQUE, Sheriff H. M. KENNY.

**Co-opted or Representative Members:** DR. F. L. CASSIDI, MRS. M. A. SHARPE.

### Care Committee:

**Chairman:** Councillor C. H. De LAUBENQUE.

**Representative of Health Committee:** Alderman A. W. FOWLER, Alderman MRS. E. M. HEWS, C.B.E., and MISS M. SHEEHAN.

**Representatives of Voluntary Organisations:** MISS M. CLEMENTS, Canterbury Alford Aid Society; MRS. S. HAWKINS, St. John Ambulance Brigade; MRS. J. A. PECK, British Red Cross Society; MISS M. MATHESON, Women's Voluntary Service.

### Sanitary and Licensing Committee:

**Chairman:** Alderman MRS. E. M. HEWS, C.B.E.

**City Council Members:** Alderman H. P. DAWTON (Mayor), Alderman A. W. FOWLER, Alderman P. BOTTING, Councillor W. S. BEAN, Councillor J. G. B. STONE, Councillor P. L. WOOD, Councillor E. E. KINGSMAN.

### Education Committee:

**Chairman:** Alderman F. HOOKER.

**City Council Members:** Alderman MRS. E. M. HEWS, C.B.E., Councillor S. H. JENNINGS, O.B.E., Councillor C. H. De LAUBENQUE, Sheriff H. M. KENNY, Councillor G. H. G. KENNETT, Councillor W. THOMAS, Councillor T. E. CARLING, Councillor J. R. BARRETT, Councillor MRS. K. M. ELLIS.

### Other Staff of Health and School Health Services:

**Assistant Medical Officer of Health and Assistant School Medical Officer:** MRS. IRENE F. A. BLAKENEY, B.Sc., M.R.C.S., L.R.C.P., M.B., B.S., D.C.H.

### Dental Surgeon:

PAULINE FIGDOR, L.R.C.P., L.D.A. (Retired October, 1953).  
MISS D. DAWE, L.D.S., R.C.S. (Eng.).



**Chest Physician and Adviser on After Care of Tuberculosis :**

O. CLARKE, M.D., M.R.C.S.

**Approved Officer under Regulations 53 (b) and (c) of the Handicapped Pupils and School Health Service Regulations, 1945 :**

ELIZABETH WHATLEY, B.Sc., M.B., M.R.C.S., L.R.C.P.

(Maladjustment).

**Health Visitors :**

MISS G. E. MAGUIRE, S.R.N., S.C.M.

MRS. P. E. MATHEWS, S.R.N., S.C.M., H.V.Cert.

MISS G. M. OTTAWAY, S.R.N., S.C.M.

MRS. M. L. LEWIS, S.R.N., S.C.M., H.V.Cert.

**Tuberculosis Health Visitor (Part-time, Kent County Council Officer) :**

MISS E. JOBSON, S.R.N., S.C.M., H.V.Cert.

**School Nurse :** MISS P. TROY, S.R.N., S.C.M.

**Midwives :**

L. P. LYNES, S.C.M.

E. H. OWEN, S.C.M.

E. L. TEMPLETON, S.C.M.

A. G. WELLS, S.R.N., S.C.M.

**District Nurses (Canterbury District Nursing Association) :**

I. PHIPPS, S.R.N.

R. B. NICHOLLS, S.R.N., S.C.M.

M. WOOD, S.R.N., S.C.M., R.M.N., R.M.P.A.

H. FISHER, S.R.N.

H. INGLEFIELD, S.R.N. (Until May, 1953).

**Occupation Centre :**

MISS E. FORD (Supervisor).

MRS. E. ACOTT (Assistant).

**Duly Authorised Officers and Petitioning Officer (Mental Health) :**

F. FOWLER.

D. PLEDGE.

**Mental Health Social Worker (Part-time) :** C. A. WOLLEN, M.H.Cert.

**Supervisor of Home Help Service :** MRS. J. M. BARTON.

**Child Guidance Clinic:**

**Psychiatrist :** J. A. AINSLIE, B.Sc., M.R.C.S., L.R.C.P., D.P.M.

**Educational Psychologist :** MISS M. TIPPING, M.A., Ed.B. (Glasgow).

**Psychiatric Social Workers :**

MR. C. A. WOLLEN, M.H.Cert.

MISS S. INI, M.H.Cert.

MR. A. C. ADAMS, D.P.A., M.H.Cert.

**Psycho-Therapist :**

MISS S. HARNETT, Dip. Psych. Assoc. of Brit. Psych. Soc.

MR. C. A. WOLLEN, M.H.Cert. (Part-time).

**Staff of Public Health Service:**

**Deputy Chief Sanitary Inspector :**

A. R. CLARK, M.R.S.I., M.S.I.A., Meat Inspectors Certificate.

**Additional Sanitary Inspectors :**

R. G. GOODBODY, M.R.S.I., M.S.I.A., Meat Inspectors Certificate  
(Resigned 31.10.53).

K. G. ADAMS, M.R.S.I., M.S.I.A., Meat Inspectors Certificate.

L. O. COTTERELL, M.R.S.I., M.S.I.A., Meat Inspectors Certificate.

G. T. PARSONS, M.R.S.I., M.S.I.A., Meat Inspectors Certificate.

**Rodent Officers, Disinfectors and General Assistants :**

A. TOMKINS and H. S. COWELL.



## **Administrative and Clerical Staff to above Services:**

### **Administrative Assistant and Secretary, Care Committee :**

D. PLEDGE.

**Clerical Officer :** MISS E. W. EDGINGTON.

### **Clerical Staff :**

MISS M. CRUMP, MISS M. ING, MISS M. COURT.

MRS. M. WHITCOMBE (Public Health).

MISS B. AYERS (School Health).

MISS B. MOAT (School Health, Dental Clinic).

MISS M. HOPKINS (Retired April, 1953), MISS R. DAY, MISS J. HOGGIN (Child Guidance Clinic).

## **Public Analyst:**

E. S. HAWKINS, O.B.E., B.Sc., A.R.C.S., F.R.I.C., 33 New Dover Road.



