

**[Report 1956] / Medical Officer of Health, Canterbury Borough / City & County.**

**Contributors**

Canterbury (England). City & County Council.

**Publication/Creation**

1956

**Persistent URL**

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City and County Borough of



Canterbury  
1956



ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
AND  
PRINCIPAL SCHOOL MEDICAL  
OFFICER

Including the Report of the  
CHIEF PUBLIC HEALTH INSPECTOR  
and the Report of the  
Medical Director of the Child Guidance Clinic  
for the year  
1956

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CITY OF CANTON, MASS.

1900

THE BOARD OF

SELECTMEN

OF THE CITY OF CANTON

DO HEREBY CERTIFY

THAT THE FOLLOWING

IS A TRUE AND CORRECT

COPY OF THE

RECORDS OF THE

CITY OF CANTON

AS KEPT AT THE

CITY CLERK'S OFFICE

ON THIS DAY

OF THE MONTH

OF THE YEAR

1900

AT CANTON, MASS.

14 DANE JOHN,  
CANTERBURY.  
1957.

To the Mayor, Aldermen and  
Councillors of the City of Canterbury.

I have the honour to present my Annual Report for 1956 and include with it the report of Mr. T. L. Martin, Chief Public Health Inspector, my annual report as Principal School Medical Officer, and the report of Dr. E. Huband, Medical Director of the Child Guidance Clinic.

With the introduction of the National Health Service in 1948 the forces of progress seemed to swing towards the treatment services and the preventive health services appeared for a time to lose support. If there was leeway, it is being made up now, for during 1956 there was experienced a surge of urgency to go forward in many directions in the public health field of activity. Progress in food hygiene was demanded. Slum clearance was revived, although in small measure it had been proceeding on individual houses. B.C.G. vaccination of the 13 year olds begun in 1955 was followed by the introduction of poliomyelitis vaccination in 1956. Attention to the prevention of neglect of children in their own homes was extended to the consideration of the deprived or problem family. The welfare of the elderly and frail occupied a greater part of the attention of the Health Visitors. These and other less easily specified services had to be dealt with by existing staff, with concomitant demands to consider all possible economies, and you may justifiably read into this report that all members of my staff have served you faithfully and well during 1956.

In calling the report to your attention I should like to thank you for your confidence and understanding and to thank my staff for their loyal support and good service during 1956.

Your obedient servant,  
MALCOLM S. HARVEY.

# ANNUAL REPORT, 1956

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## Social Circumstances.

The City is influenced by the many activities centred on it. It is busier as a shopping centre than it ever has been since the recent war, and throngs with shoppers from the surrounding districts.

Throughout a long summer season visitors are drawn in great numbers from home and overseas to this centre of the Anglican Communion, but the City nevertheless retains its character as a community of families. Pre- and post-war housing development has surrounded the old City in a setting of family life and as the new schools are completed we see in their siting to overlook the Cathedral a desire to bring up future generations of Canterbury citizens in the full enjoyment of a Christian fellowship. There can be few more pleasant prospects than that from the steps of the Frank Hooker school on a sunny schoolday afternoon, and such a vista can hardly fail to stimulate a healthy outlook on life amongst the pupils.

One in four of the population are below school leaving age and we have a full proportion of the elderly. One feels some anxiety at the lack of local industrial training opportunities for young people, and certainly the introduction of modern light industry into the district would find a ready supply of young aspirants. The head of the Canterbury Employment Office supplies the following figures for unemployment for 1956. These cover a population approximately one and a half times that of Canterbury.

Mid 1956		End of 1956	
Men	73 (1955—71)	Men	199 (1955—116)
Women	29 (1955—31)	Women	88 (1955— 62)

Local sources of employment are various, in particular the catering and retail trade; wool, leather, printing and paper, corn marketing and milling, meat trading, agricultural supply, motor and agricultural engineering and trading, building, chalk and gravel working and the nearby coal mines, hospital services, insurance and other business and professional activity, with education as a prominent local industry.

Summer seasonal work in the surrounding district on soft fruit picking and later in the season in hop, apple and pear picking is part of the life of many of the mothers in the City and the young children go with them on the job. Thus town and country are well blended in their outlook. The regulations to be laid down under the Agriculture (Safety, Health and Welfare Provisions) Act, 1956, will have a significance here.

The social circumstances are therefore those of a City vital to the life of a much wider community and closely linked with the surrounding rural district, yet self-sufficient in many things, and as of old given to standing firm to defend its independence, and well able to draw on local loyalties to do so.

## GENERAL AND VITAL STATISTICS FOR 1956

### General.

Area : 4,810 acres.

Number of inhabited dwellings (end of financial year 31.3.57 according to Rate Book) : 10,893.

Rateable Value (31.3.57) : £532,496.

Sum represented by penny rate : £2,145.

Registrar General's estimate of mid-year population, 1956 : 30,000.

### Vital.

BIRTHS :—	Male	Female	Total
Live Births : Within Marriage ...	232	207	439
Outside Marriage ...	10	14	24
Total Live Births ...	242	221	463
Stillbirths : Within Marriage ...	10	5	15
Outside Marriage ...	—	—	—
Total Stillbirths ...	10	5	15
DEATHS :—			
All Deaths ... ..	166	166	332
Deaths associated with Pregnancy, Childbirth or Abortion ... ..	—	—	—
Deaths of Infants under 1 year ...	7	4	11

(All births were within marriage).

The following rates are calculated from these figures and are corrected and compared with corresponding figures for England and Wales for 1956.

### Comparative Statistical Rates for 1956.

	Canterbury	England and Wales
Crude Live Births per 1,000 Population...	15.43	
Corrected by Comparability Factor (1.02)	15.73	15.6
Stillbirths per 1,000 Population ... ..	0.50	
Calculated per 1,000 Live and Stillbirths	31.38	23.0
Crude Death Rate (all causes) per 1,000 Population ... ..	11.06	
Corrected by Comparability Factor (0.94)	10.39	11.7
Infant Mortality Rate (Deaths under 1 year per 1,000 Live Births) ... ..	23.75	23.8

The peri-natal mortality rate was 44 per 1,000 live and stillbirths (deaths in first week of life plus stillbirths).

These statistical rates remain satisfactory and the birth rate is well maintained.



## Deaths.

TABLE I

No.	Causes of Death	1956		
		M.	F.	Total
1	Tuberculosis of Respiratory System ..	3	—	3
2	Tuberculosis, Other Forms ... ..	—	—	—
3	Syphilitic Diseases ... ..	—	2	2
4-9	Other infective and parasitic diseases ...	—	—	—
10	Malignant Neoplasm, stomach ... ..	4	3	7
11	Malignant Neoplasm, lung and bronchus ...	7	1	8
12	Malignant Neoplasm, breast ... ..	—	3	3
13	Malignant Neoplasm, uterus ... ..	—	3	3
14	Other malignant and lymphatic neoplasms	19	15	34
15	Leukaemia and Aleukaemia ... ..	1	1	2
16	Diabetes ... ..	1	2	3
17	Vascular Lesions of Nervous System ...	19	26	45
18	Coronary Disease, Angina Pectoris ...	26	21	47
19	Hypertension with Heart Disease ...	7	4	11
20-21	Other Heart and Circulatory Diseases ...	31	55	86
22	Influenza ... ..	2	1	3
23	Pneumonia ... ..	4	5	9
24	Bronchitis ... ..	7	3	10
25	Other Diseases of Respiratory System ...	4	2	6
26	Ulcer of stomach and duodenum ...	4	—	4
27	Gastritis, Enteritis and Diarrhoea ...	—	—	—
28	Nephritis and Nephrosis ... ..	2	1	3
29	Hyperplasia of Prostate ... ..	3	—	3
30	Pregnancy, Childbirth and Abortion ...	—	—	—
31	Congenital Malformation ... ..	3	—	3
32	Other defined and ill defined diseases ...	11	16	27
33	Motor Vehicle accidents ... ..	2	1	3
34	All other accidents ... ..	4	—	4
35-36	Suicide, Homicide and War ... ..	2	1	3
	TOTAL ... ..	166	166	332

*An Analysis* over 1955 and 1956 has been made of the deaths and their causes according to social class. Although calculations of the population in social groups has been necessarily made on the basis of the 1951 census, as there has been no great social change except in the increase in population the figures have a reasonable approximation to accuracy. The combination of the two years gives a total of circa 640 deaths of which 5.2% could not be credited to a social class.

Our present population of 30,000 has the proportion of approximately 15,600 females to 14,400 males, and is distributed in the social classifications of the Registrar General in the following way: (I) Professional 3.5%; (II) Managerial, Proprietors, Executives 13.9%; (III) Transport, Clerical, Miners, skilled trades, etc. 59%; (IV) Agricultural workers, etc. 12.5%; (V) Building labour and unskilled labour 11.1%.

As age has some relationship to this distribution the total death rate according to classification, while interesting, should not be given particular significance. It is as follows. Total

Death Rate per annum, per 1,000 averaged for 1955 and 1956 for each social classification :—

I—13.8; II—14.75; III—7.65; IV—14.27; V—10.8.

It is of more significance to examine the Death Rate per 1,000 for males and females below age 65 according to social grading.

### Death Rates (1955-56) Under 65 per 1,000 population according to Social Grade.

Death Rate	Male	Female	
Grade 1	3.4	4.3	} 2.36
II	6.3	2.0	
III	3.3	2.1	
IV	4.1	2.1	
V	3.6	2.7	
Total ..	3.9	2.28	

**Population Under 65**  
Male 12,540  
Female 13,370

The apparent significance of female Grade I compared to the other grades is removed by combining with Grade II when the fallacy through small numbers is corrected and the rate is shown to be only slightly greater.

Combining Grade I and Grade II for Males under 65 does not remove the significant increase shown by Grade II males and it comes out clearly from the analysis that this section of the community, which is a section carrying responsibility of a high order, has a comparatively high death rate.

The causes and ages of the twenty-two deaths concerned were scanned. Age distribution was as follows :—

Infant Deaths— 2—Atelectasis, Prematurity.

Age 25-45 — 3—Two from infectious disease and 1 suicide.

Age 45-60 —11—No infectious disease, 2 Coronary Artery diseases, 1 accident (pedestrian), 3 Cancer of Lung or Bronchus or Larynx, 3 diseases of blood or circulation, 1 Peritonitis, 1 Cerebral tumour.

Age 61-65 — 6—2 Pulmonary tuberculosis, 1 coronary artery disease, 1 Duodenal ulcer, 2 Cancer of Lung, Bronchus or Larynx.

Thus of the 17 deaths between 45 and 65, pulmonary tuberculosis claimed 2, cancer of lung, bronchus or larynx claimed 5, and stress diseases (duodenal ulcer, and coronary artery disease) claimed 4.

Identification of pulmonary tuberculosis in the middle aged man is an important preventive necessity. Cancer of lung, bronchus and larynx is a subject in which the smoke of battle shrouds the field, but which needs to be prevented. Stress diseases may be seen as an industrial hazard of this social grade.

If the analysis is continued to its ultimate assessment of death rates, disregarding social grades over age 65, we find the following results :—

All classes death rate per 100 per annum 1955 and 1956.

Ages	Males	Females
65-69	3.8	2.5
70-74	5.6	3.3
75-79	8.0	5.4
80-84	16.0	14.0
85 +	28.0	22.0

### Infant Deaths.

There were 11 Infant Deaths of which 6 occurred in the first week of life. Seven were males, 4 females.

TABLE II  
Causes of Infant Deaths.

	Under 24 hours		24 hours to 1 week		1 week to 1 month		1 month to 1 year		Total	
	M	F	M	F	M	F	M	F	M	F
Prematurity including Atelectasis ... ..	1	-	1	-	-	-	-	-	2	-
Blood disease of New-born ... ..	1	1	-	-	-	-	-	-	1	1
Congenital Defect ... ..	-	-	1	-	1	-	1	-	3	-
Cerebral Anoxia ... ..	-	-	-	1	-	-	-	-	-	1
Misadventure ... ..	-	-	-	-	-	-	1	-	1	-
Birth Damage ... ..	-	1	-	-	-	-	-	-	-	1
Respiratory Infection ... ..	-	-	-	-	-	-	-	1	-	1
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>2</b>	<b>1</b>	<b>7</b>	<b>4</b>

TABLE III

## All Deaths by Age Groups.

	0-1	1-15	15-25	25-45	45-65	65-80	80-90	90+	Total
Male	7	2	1	4	42	72	33	5	166
Female	4	-	1	4	20	71	58	8	166
TOTAL	11	2	2	8	62	143	91	13	332

**Infectious Diseases.**

We had a fortunate absence of acute poliomyelitis during the year. No cases of food poisoning were notified but it is too much to assume that none occurred, for household cases of household origin seldom come to our notice.

Measles prevalence was a quarter of that during 1955 but with 99 cases was not as low as a "trough" year. This may reduce the height of the next "wave" in late 1957 and 1958.

TABLE IV

	Children 0 - 1 years	Children 2 - 4 years	Children 5 - 15 years	Adults	Total Cases Notified
Scarlet Fever ... ..	—	3	12	1	16
Whooping Cough ... ..	2	7	4	—	13
Measles ... ..	4	45	48	2	99
Ophthalmia Neonatorum ...	2	—	—	—	2
Puerperal Pyrexia ... ..	—	—	—	15	15
Sonne Dysentery ... ..	—	1	1	7	9

**Tuberculosis.**

The method used to deal with this problem was fully described in the 1955 annual report.

Table V below shows notification over 7 years, and the state of the Tuberculosis Register.

The Tuberculosis Health Visitor made 689 special home visits. District Nurses nursed 19 cases at home and Home Helps helped in 3 households because of the presence of tuberculosis.

The Mass Miniature Radiography Unit did not visit during the year.

B.C.G. Vaccination was carried out on 63 contact cases including a number of babies born into tuberculous households.

B.C.G. Vaccination was carried out on 434 school children

aged 13 years, who were all the Mantoux negative children amongst the 510 presented for vaccination.

Ancillary nourishment was provided in 24 home cases and rehabilitation training was sponsored in 2 cases.

The Care Committee meets in the Chest Clinic under the able chairmanship of J. B. Thompson, Esq., and is closely associated in membership and activity with other bodies concerned with welfare, after care and rehabilitation.

The Housing Committee continues to show sympathy towards cases submitted for priority in rehousing and backs up our care and after-care activities.

TABLE V

Site/Sex	Number of Notifications													
	1950		1951		1952		1953		1954		1955		1956	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Lungs	11	10	9	10	14	4	14	6	13	9	13	6	10	4
Non-Pulmonary	—	1	3	1	—	1	4	1	1	3	2	3	1	—

No. of Cases Remaining on Register 31.12.1956

<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
M.	F.	M.	F.
125	74	26	12

### Venereal Diseases.

The Venereologist reports that 4 new cases of syphilis and 4 new cases of gonorrhoea from Canterbury were seen during 1956. There were 21 cases of other disease dealt with. The times of the Clinic at the Kent and Canterbury Hospital are :—

Males—Tuesday and Fridays, 5-6.30 p.m.

Females—Tuesdays and Fridays, 2.30-3.30 p.m.

### Hospital Accommodation.

*Infectious Diseases*—Haine Isolation Hospital, Ramsgate. Home isolation of Scarlet Fever is encouraged where facilities are adequate.

*Tuberculosis*—The Canterbury Isolation Hospital is now ready to be used as an annexe for Chest Diseases.

*Chronic Sick*—Nunnery Fields Hospital, 136 beds, provides excellent treatment and rehabilitation.

*General (including Maternity)*—Kent and Canterbury Hospital, 252 beds, with Casualty Department and Out-Patient facilities, widely used and with full consultant

facilities. There are 25 beds at the Highland Court Annexe.

*Maternity*—There is a General Practitioner Maternity Unit at St. Helier's, Whitstable, but the 15 beds are taken up by social and medical cases and there is a great lack in the absence of adequate General Practitioner maternity beds.

### **Laboratory Services.**

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

### **Nursing Homes.**

There is only one nursing home in the city which provides 6 beds for medical cases and chronic sick cases.

### **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. Accommodation provides for 20 males and 24 females. The Housing Committee has provided 92 units of accommodation for elderly persons and there are nine groups of almshouses provided by local charities.

### **National Assistance Act, 1948.**

#### (a) SECTION 47.

It was not necessary to seek an order in respect of any case during the year. One case discharged herself from the chronic sick unit into circumstances which were anything but desirable, and is under observation with such help being rendered as is possible.

#### (b) BLIND PERSONS.

No. of cases notified on Form B.D.8 during 1956 ... 17.

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	5	1	—	4
(b) Treatment— (medical, surgical or optical)	5	—	—	2
(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 ... 2  
 (2) Number of cases in which :—  
 (a) Vision Lost ... .. —  
 (b) Vision Impaired ... .. —  
 (c) Treatment continuing at end of year ... .. —

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

*Ante-Natal Care*—No change occurred in arrangements for ante-natal care. The main clinic is held on Wednesday afternoons in the Central Clinic while a clinic for mothers booked for the Military Families Hospital, Shorncliffe, is held on Monday afternoons in the Barrack M.I. Room.

Seventy-nine mothers attended the relaxation classes held in the Ante-natal clinic, making 585 attendances. Advice is given on post-natal exercises also.

One hundred and three mothers were referred to and examined by the dentist under the priority service, of whose treatment details are given below.

The sewing class held at London Road Clinic continued.

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

Ante-Natal Sessions held at Central Clinic and Northgate Clinic ... ..	112
Mothers in attendance on 1.1.1956 ... ..	13
First attendances during 1956 ... ..	79
Mothers still in attendance at end of 1956 ... ..	21
Blood examinations carried out ... ..	163
Total attendances ... ..	436
Number of Mothers who attended Post-Natal Examinations ... ..	19

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

(b) CHILD WELFARE CENTRES.

1. Monday, 2 p.m.—London Road, May Hooker Memorial Clinic. Doctor and Health Visitors.
2. Tuesday, 2 p.m.—Hollow Lane (Wincheap Primary School). Doctor and Health Visitor.
3. Thursday, 2 p.m.—Central Clinic, Stour Street. Doctor and Health Visitors.
4. Friday, 2 p.m.—Welfare Hut, Military Road. Doctor and Health Visitor.
5. Friday, 2 p.m.—Central Clinic, Stour Street. Health Visitors only.

At all sessions attended by a doctor protective inoculation or vaccination is offered. Smallpox, diphtheria, whooping cough and tetanus are the diseases against which protection is offered.

Vaccination of children registered for protection against acute poliomyelitis was begun during the year, using welfare clinic or school clinic as found most convenient.

Some recovery of lost ground has been achieved in the protection against diphtheria, and the " booster " drive was gathering force at the end of the year and has continued through the welfare clinics and schools.

The voluntary workers continued to give support and invaluable help at our Child Welfare Clinics. We should be sadly off without their presence.

TABLE VI  
Attendances at Clinics.

Infant/Child Welfare Clinic	Age Group	Central Clinic	Wincheap Clinic	Northgate Clinic	London Road Clinic	TOTAL
Children on Clinic Register 31.12.55	Under 1	117	53	47	72	289
	1-5 yrs.	71	26	17	39	153
First attendance during 1956	Under 1	215	66	89	77	447
	1-5 yrs.	46	9	5	78	138
Total No. of Children remaining on Register on 31.12.56 ... ..	Under 1	141	39	46	47	273
	1-5 yrs.	106	37	32	76	251
Total No. of Attendances made by children during 1956 ...	Under 1	2,686	1,176	1,116	1,227	6,205
	1-5 yrs.	1,157	550	318	810	2,835
Doctors' Consultations	Under 1	443	305	247	253	1,248
	1-5 yrs.	255	112	104	228	699



(c) WELFARE FOOD SALES.

Supply Depot—Central Clinic, Stour Street.

Distribution Centres—All Child Welfare Clinics and Wincheap Post Office.

Total Welfare Foods distributed during 1956 :

National Dried Milk ... ..	15,633
Orange Juice ... ..	29,005
Cod Liver Oil ... ..	3,442
Vitamin A and D ... ..	1,761

These sales show an increase indicating that mothers are taking greater advantage of these benefits to their children.

(d) SUPPLY OF OTHER NUTRIENTS AND SUPPLEMENTS.

In addition to the Ministry's Welfare Foods the Authority has available for purchase at the Welfare Clinics a variety of proprietary dried milks, weaning supplements and vitamin preparations, sold at or near the cost price to mothers attending the clinics, subject to the advice or guidance of the doctor in attendance. Help where necessary is given to cases of financial hardship by the free issue of milk foods.

(e) SPECIAL CLINICS.

1. The Ultra Violet Light Clinic is run in the School Clinic. Thirty-one cases were treated.
2. Twenty-three mothers were helped with breast feeding at forenoon visits to the Central Clinic.

(f) PREMATURE INFANTS.

The equipment described in the 1952 Annual Report is kept for use in the home care of premature infants.

Ninety premature births were notified in 1956 of whom 10 were delivered at home and 80 in hospital. Of the latter only 21 were Canterbury cases, making a total of 31 premature births out of 463 live births or 67 per 1,000 live births. (68 per 1,000 in 1955).

(g) DENTAL CARE.

A dental surgery is run in an equipped centre at the Central Clinic on the afternoon of the Ante-Natal Clinic, and by appointment on Thursday afternoons. The following figures show an increase on 1955.

(i) Numbers provided with dental care :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers .. ..	103	100	112	55
Children under Five ..	100	92	100	72

## (ii) Forms of dental treatment provided :

	Extractions	Anæsthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radio-graphs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	141	4	50	35	39	8	13	—	12	11*
Children Under Five	67	—	50	—	2	124	15	—	—	—

\* 1 Repair      1 addition to existing partial.

## (h) OTHER PROVISIONS.

There are no day or residential nurseries. One child minder was registered but gave up during the year.

A mothers' club meets at the London Road Clinic in the evening monthly. Between March, 1955, and the end of December, 1956, 24 meetings were held or visits arranged. Thirty-eight individual mothers made 280 attendances. The subjects discussed or talk about by speakers covered a wide range. These are some of them: 'The Art of Mothering' by a male psychiatric social worker; meetings on several aspects of home craft; 'Preparing the Under Fives for School' by a headmaster; 'Sex Education of the Very Young'; 'First Aid Bandaging' by St. John Cadets; 'The Work of the W.V.S.' by our Clinic Voluntary Workers from the W.V.S.; 'The Magistrate' by a J.P.; 'Fashion' by an Art School Teacher; 'Flower Arrangements' by an expert florist; and so on. This club undoubtedly meets a need, and is the thriving creation of the Health Visitors' own efforts backed by the mothers who attend.

Child Life Protection visiting continues to be covered by the Senior Health Visitor who reports direct to the Children's Officer.

**Domiciliary Midwifery.**

The level of domiciliary confinement remains at the 50% of all births and staffing is as in 1955.

The confinements in the City during the year totalled 785 and occurred as shown in the following tabulation:—

Births in Canterbury—At Home—	
Doctor and/or Midwife ...	226
	————226
Elsewhere—	
Nursing Home ... ..	—
Kent & Canterbury Hospital	559
	————559
	————
Total ...	785
	————

Cases of Puerperal Pyrexia—			
	Kent and Canterbury Hospital...	6	
	Domiciliary Practice ... ..	1	
Cases of Ophthalmia Neonatorum ... ..		2	
Births to Canterbury Mothers in Kent and Canterbury Hospital ... ..		174	
Births to Canterbury Mothers occurring outside Canterbury ... ..		57	
Births to Canterbury Mothers in Nursing Home ...		—	
	„ „ „ „ in Domiciliary Practice	224	
	„ „ „ „ Privately ... ..	2	
	Total ...	467	

The 13 stillbirths occurred as follows:—

In domiciliary practice ... ..	4
In Kent and Canterbury Hospital ... ..	8
In Nursing Home ... ..	—
Elsewhere outside the City ... ..	1

Of the 57 births occurring outside Canterbury 25 occurred at St. Helier's Maternity Home, Tankerton (Canterbury Group H.M.C.) and 25 occurred at the Military Families Hospital, Shorncliffe.

There are still no facilities for a family doctor to deliver a patient in a private or national health service maternity unit in Canterbury.

### Health Visiting.

The staff is unchanged, being 4 health visitor/school nurses, one school and clinic nurse and a shared tuberculosis health visitor equivalent to  $\frac{1}{3}$  full-time.

<i>Visits to Infants and Children—</i>		1955	1956
Under 1 year—First Visits ... ..	421	453	
Other Visits ... ..	1,969	2,004	
1-5 years —Total Visits ... ..	3,845	3,181	

<i>Visits to Expectant Mothers—</i>			
First Visits ... ..	149	128	
Other Visits ... ..	89	57	

Child Life Protection Visits ... .. 40 35

Visits to Old Persons ... .. 344 687

(Visits to cases of Infectious Disease are included in the figures above).

The figures for the Tuberculosis Health Visiting are as follows:—

	1955	1956
No. of Clinic Sessions ... ..	109	85
No. of Refill Clinics ... ..	59	50
No. of Mantoux Test Clinics ... ..	46	45
No. of Home Visits ... ..	617	689
Contacts Seen ... ..	342	321

The Health Visitors maintain record cards for old people visited. One of their number sits on the Old People's Welfare Committee.

The Tuberculosis Health Visiting is centred on the Chest Clinic.

The Health Visitors respond to all requests from the family doctors to help with any case and follow the practice of approaching the family doctor on any case in which such co-operation is indicated. These contacts are direct between family doctor and health visitor and this direct contact is encouraged.

### Home Nursing.

The Canterbury District Nursing Association continued to provide a staff of 4 Queen's Nursing Sisters and one part-time relief nurse, who work from their rooms in the Poor Priests' Hospital (Central Clinic).

TABLE VII

Types of Case	Medical Cases	Surgical Cases	Cases of T.B.	Others	Cases Nursed	Total Visits	Cases Over 65	Visits to Patients Over 65
the year 1951	427	130	16	1	574	15,784	—	—
„ 1952	383	124	13	22	542	16,705	—	—
„ 1953	527	105	21	1	654	16,016	—	—
„ 1954	519	114	22	2	657	17,151	253	10,299
„ 1955	565	109	31	2	707	17,383	351	11,444
„ 1956	569	89	19	—	677	17,342	309	11,596

### Vaccination and Immunisation.

The Table VIII shows the work of protection done during the year at Welfare Clinics, by Family Doctors and at the School Clinic.

TABLE VIII

			Under 1	1—4	5 to 15	Over 15	Total
Vaccination Against Smallpox	Primary Vaccination	Clinic	83	7	—	3	93
		Family Dr.	258	12	15	21	306
		Total	341	19	15	24	399
	Revaccination	Clinic	—	2	1	21	24
		Family Dr.	—	8	12	52	72
		Total	—	10	13	73	96
Diphtheria Immunisation	Primary Immunisation	Clinic	114	42	35	—	191
		Family Dr.	187	72	10	—	269
		Total	301	114	45	—	460
	Booster Dose	Clinic	—	25	638	1	664
		Family Dr.	—	17	143	1	161
		Total	—	42	781	2	825
Whooping Cough	No. of Cases Inoculated	298	106	31	—	435	
Poliomyelitis	No. of Cases Inoculated	—	28	99	—	127	
Tenatus	No. of Cases Inoculated	163	46	12	—	221	
Canterbury Population Mid-1956			0 — 4	5 — 14		0 — 14	
			2,400	5,000		7,400	
Canterbury Births — 1956 ...			463				
Canterbury Births — 1955 ...			428				

Protection is offered against smallpox and against diphtheria, whooping cough and tetanus. During the year a start was also made on protection against acute poliomyelitis. Basal protection against tuberculosis is offered to the 13 year old school children and to case contacts, and this is reported on under tuberculosis and in the School Health Service section.

The combined vaccine against diphtheria, whooping cough and tetanus is used where asked for, unless there is some contra indication.

It was estimated that 28% of the possible eligible children were registered for ' Polio Vaccination ' representing 54.6% of the eligibles age 5 and over and 7.3% of the eligibles under 5.

## Ambulance Service.

TABLE IX

	1953	1954	1955	1956
Total Patients Carried	22,598	28,522	26,687	26,345
Outpatients Only	18,633	24,440	22,289	21,600
Admissions, Transfers, Accidents, etc.	3,965	4,082	4,398	4,745
Mileage	153,790	161,888	144,486	136,129

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	3	1	4	2	1	—	1	7	2	3	2	—	26
Mileage	346	119	671	100	117	—	110	375	272	140	96	—	2,348

## Domestic Help Service.

The changes in the assessment scale for this chargeable service and in the charges resulted in the reduction in total cases served. It is difficult to determine whether or not our charges have become so difficult to meet that cases of real need are being excluded. If it is so then these cases are to be found amongst those living off a small private income and not amongst those in receipt of National Assistance. It is the small private income group of elderly who feel the pinch of the rising cost of living, but who, prideful of their independence, suffer silently and seek no succour.

The percentage rate of recovery of cost which rose from 19.6% in 1953-4 to 31% in 1954-5 has not been greatly improved by subsequent changes in assessment and charges, and it is probable that between 27% to 30% is the maximum percentage recoverable from that section of our community served and that further increases will only create hardship and reduce the intrinsic value to the community of the service provided.

TABLE XI

Home Help Service Cases	1954		1955*		1956*	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Maternity ... ..	9	24	12	21	13	12
Acute Illness ... ..	5	65	1	35	2	40
Chronic Illness or Infirmity	2	217	1	135	—	129
Presence of Young Children	—	3	1	5	—	3
Tuberculosis ... ..	—	7	—	7	—	3
Problem Families ... ..	—	—	—	1	—	1
Totals ... ..	16	316	15	214	15	188
Total cases ... ..	332		229		203	

\* The figures for these years are in accordance with the Ministry's requirements.

		<u>1954</u>	<u>1955</u>	<u>1956</u>
Hours worked : Full-time	... ..	1,958	1,959	2,014
Part-time	... ..	31,852	29,002	27,961
These figures cover		1954/5	1955/6	1956/7
the Financial Year	Cost Incurred :	£5,039	£5,103	£5,337
1st April to 31st	Cost Recovered :	£1,565	£1,551	£1,737
March.				
	% of Cost Recovered :	31.0	29.8	32.5

An evening meeting, etc., for home helps is held one Monday night each month with guest speakers on subjects of interest. This developed out of one evening lecture course given by the Central Council for Health Education.

### Health Education.

Advantage is taken of all opportunities to enlighten mothers and children and other groups of the public. The Central Council for Health Education put on a course during the month of December, 1956. A practical discussion titled "Visual Aids and their Construction, Public Speaking and Group Leadership" was given to Health Visitors, Public Health Inspectors and Nursing Staff from the Kent and Canterbury Hospital. An address on Health Education was given to the Health Committee and a one-evening course was given to the Home Helps.

This was a stimulus to individual activity by the Health Visitors who continued to develop their techniques of communication according to each one's own special bent.

The Health Visitors have during the year made good progress in achieving access to teenagers in school, and Heads of schools are finding time for talks by the nurses to the pupils.

Dr. Blakeney and I take opportunities as they come to talk to community groups and the Health Visitors have had a number of invitations to speak to church groups of young wives.

### **Mental Health.**

#### (a) STAFF.

The staff is unchanged.

#### (b) HOSPITALS.

St. Martin's Hospital, Canterbury, has accommodation for the reception of female senile chronic cases under Section 20 of the Lunacy Act (Three Day Orders).

St. Augustine's Hospital, Chartham, receives other cases but there was still no Section 20 facilities in the locality for male cases.

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

During the year the Duly Authorised Officers made 42 enquiries into 30 cases of mental illness.

Fifteen cases were certified and admitted to St. Augustine's Hospital under Section 16 of the Lunacy Act, 1890, and 2 urgent cases were admitted under Section 11 of the same Act. The admission of 1 voluntary patient to St. Augustine's Hospital under Section 1 of the Mental Treatment Act, 1930, and 3 temporary patients under Section 5 of the same Act were arranged by the Duly Authorised Officers.

Of the other patients investigated, 1 was admitted to The Close, Bridge and 1 to the Kent and Canterbury Hospital. Three subsequently became voluntary patients and in 2 cases the Magistrate refused to make an Order. In the 2 remaining cases official action was not found to be necessary.

Fifty-one voluntary patients were admitted to St. Augustine's Hospital without reference to the Health Department.

During the year 22 patients admitted to St. Martin's Hospital for observation ("Three Day Orders") from other areas of Kent were subsequently dealt with by the Duly Authorised Officer, 4 as certified patients under Section 16 of the Lunacy Act, 1890, and 17 as temporary patients under Section 5 of the Mental Treatment Act, 1930. The remaining case was dealt with as a voluntary patient.

In addition the Duly Authorised Officers arranged for the extension of a Temporary Order made in 1955 and for the certification of two temporary patients admitted in the same year.

*After Care.* Arrangements have been made for the after-care of certain selected cases to be dealt with by the Health Visitors and during the year 86 visits were made to 25 such cases.



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

A

Cases under Guardianship (under order) ... ..	2
Cases under Statutory Supervision (excluding cases on licence) ... ..	24
Cases under Voluntary Supervision ... ..	15
Cases awaiting admission to Institutions ... ..	4

B

Cases in attendance at the Occupation Centre (Canterbury only) ... ..	11
---	----

C

Cases admitted to Institutions during the year ... ..	2
Cases reported by the Local Education Authority (Section 57, Education Act, 1944) ... ..	2
Total cases ascertained during the year as subject to be dealt with ... ..	7
Other cases reported, not "subject to be dealt with" but in which Statutory action may be necessary later	1

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 ...	2
Cases "not subject to be dealt with" placed under Voluntary Supervision ... ..	1
Cases removed from Supervision ... ..	—
Deaths of Mental Defectives under Supervision ... ..	—

*Transport of Patients :*

Use of Ambulance Vehicles by Duly Authorised Officers	32
---	----

(e) OCCUPATION CENTRE.

The Canterbury Occupation Centre, Woodville, Wincheap. It gives a real pleasure to report that the Centre is now established in what was the nursery block of the Children's Home at Woodville.

This provides space, separate rooms, toilet facilities, garden and playground space, and ample fresh air. Combine all this with regular transport arrangements for the young people in attendance and you have a ready explanation of the improvements in general health found at the annual medical survey.

Miss Ford continues to receive praise and approval from the Board of Control for her progressive work with these young people. Ruefully as she brings them on to the stage when they may be trained towards employment they must leave her centre.

The ages of cases in attendance at the end of 1956 were :—

	Male		Female		Total
	Under 16	Over 16	Under 16	Over 16	
Canterbury .. ..	3	4	2	3	12
Kent County Council	2	5	1	2	10
Total ..	5	9	3	5	22

### **Circular 78/50.**

(Children neglected or illtreated in their own homes).

Five meetings were held during the year to co-ordinate action of various interested workers on cases appropriate to this circular and subsequent circulars such as that on the prevention of break-up of families.

### **Family Planning Association.**

This local voluntary committee has established itself now as a local branch of the parent organisation. The Clinic is housed in the Poor Priests' Hospital and a lady doctor sees cases by appointment on the first, third or fifth Wednesday in the month from 6 to 7 p.m. The Health Committee has no part in its organisation but provides the premises.

### **Co-ordination with Voluntary Organisations.**

The close and happy relations with the several local voluntary organisations on the fringe of the health service continued undisturbed.

# REPORT OF THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1956

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Public Health Department,  
14 Dane John,  
Canterbury.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my tenth annual report on the sanitary inspection services carried out in 1956.

It will be obvious from a perusal of the items relating to environmental health and food that a considerable reduction has taken place in the amount of work done owing to shortage of staff. I should like to emphasise the point, however, that these serious staff difficulties have not been allowed to interfere with the meat inspection work at the abattoir and a 100% inspection has been maintained. It is still my opinion that in thorough meat inspection the Inspector can make an important, if not his best, contribution to the prevention of ill health.

The staff shortage existed throughout the year; at one period the full complement of 5 was down to 2 and perhaps the situation can be summed up by saying that had there been a full complement of Inspectors 260 weeks work would have been done, but the shortage of staff reduced this figure to 150.

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 Public Health Inspector.

## General Statistics.

Complaints received and investigated ... .. 498

	Houses	Food Premises	Factories
Number of visits ... ..	945	381	13
Defects remedied ... ..	463	15	4
Informal Notices sent ... ..	85	18	2
Formal Notices sent ... ..	22	—	—

Prosecutions ... .. None

Four official warnings were given by the Council in respect of:—

- Exposing for sale tuberculous liver.
- Cake containing strip of metal.
- Bread roll containing mouse droppings.
- Mouldy meat pie.

### Housing Acts.

Number of new houses erected in 1956:—

(1) By the Council ... ..	55
(2) By private enterprise ... ..	102
	157
Houses demolished ... ..	14
	143
Net increase ... ..	143

Number of houses in respect of which—

(a) Demolition orders were made ... ..	16
(b) Closing orders were made ... ..	11
(c) Undertakings not to use for human habitation were accepted ... ..	1
Houses repaired as a result of informal action ... ..	58
Houses repaired after the service of Statutory Notice under Public Health Act ... ..	16
Houses repaired after service of formal notice under Housing Act—	
(a) by owners ... ..	4
(b) by Council in default of owner ... ..	2

There is very little evidence of overcrowding according to the Housing Act standard. It was, however, necessary to serve a Notice to abate serious overcrowding in the case of a sub-letting. The Notice was soon complied with.

### **Unfit Housing Programme.**

Seven clearance areas involving 36 houses were represented in 1956. One block of 6 houses was subsequently dealt with under Clearance Order procedure; the other remaining 30 houses formed the basis of 2 Compulsory Purchase Orders. No decision had been received from the Minister at the end of the year.

#### *Disrepair Certificates.*

No applications were received and the position up to date is:—

Applications from tenants for certificates of disrepair ...	7
Disrepair certificates granted ... ..	7
Applications from owners for revocation of disrepair certificates ... ..	3
Revocation certificates granted ... ..	2

### **Water Supply.**

The Canterbury and District Water Company own the water undertaking and maintain a very satisfactory supply to all houses except one in the City. This house depends on well water which is filtered before use.

The public 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.

Five samples of water from houses in various parts of the area were sent for bacteriological examination and chemical analysis and all were of excellent quality and the Pathologist reported that B. Coli presumptive were absent in 100ccs.

There is no plumbo solvent action and the fluorides are insignificant.

### **Inspection of Food.**

The Government Abattoir which opened in February, 1953, continued to be operated by the City Council and meat is distributed over most of Kent and even into neighbouring counties.

The serious staff shortage in part of the year taxed almost to the extreme the resources of the depleted number and although some aspect of the Inspectors' work were much slowed down, it is with some satisfaction that I am able to say that every carcass and its offal was inspected before it left the Abattoir.

The work of meat inspection was made more onerous by the Sunday slaughtering which commenced in the late summer and persisted until the end of the year. It will be noticed from the summary below that more animals were slaughtered than in the previous year.

The Government's recommendations on the standards for meat inspection are adhered to and furthermore every animal is inspected at the time of slaughter.

	Cattle Exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed in 1956 ...	4,446	422	910	10,089	17,816
(Figures for 1955) ... ..	2,755	350	335	8,001	20,958
<b>All diseases except T.B. and Cysticercus bovis</b>					
Whole carcasses condemned	1	6	2	21	28
Carcasses of which some part or organ was con- demned ... ..	2,031	143	8	879	3,507
Percentage of the number inspected affected with diseases other than T.B. and Cysticercus bovis ...	45.7	35.3	1.1	8.9	19.8
<b>Tuberculosis only</b> ... ..					
Whole carcasses condemned	9	5	1	—	2
Carcasses of which some part or organ was con- demned ... ..	303	45	3	—	417
Percentage of the number inspected affected with Tuberculosis .. ..	7.0	11.8	0.4	—	2.4
<b>Cysticercus bovis</b>					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was con- demned ... ..	32	—	—	—	—
Percentage of the number inspected affected with Cysticercus bovis ...	0.7	—	—	—	—

CARCASES FOUND TO BE UNFIT FOR FOOD.

(B=bovine, P=pigs, S=sheep, C=calves).

	B	P	S	C
Tuberculosis .. .. .	13	2	—	1
Septic Mastitis .. .. .	—	2	—	—
Septic Metritis .. .. .	1	—	—	—
Septic Peritonitis .. .. .	1	4	1	—
Septicaemia, Oedema and Emaciation ..	—	3	4	—
Oedema and Emaciation .. .. .	2	2	5	—
Oedema, Emaciation and inflammation of serous membrane(s) accompanied in certain cases with injury .. .. .	1	8	1	—
Distomatosis and Emaciation .. .. .	—	—	6	—
Tumours and Emaciation .. .. .	—	—	1	—
Arthritis and Emaciation .. .. .	—	2	—	—
Johne's Disease .. .. .	3	—	—	—
Immaturity .. .. .	—	—	1	2
Moribund Animals .. .. .	—	3	2	—
Urticaria .. .. .	—	1	—	—
Multiple Abscess .. .. .	—	2	—	—
Decomposition .. .. .	—	1	—	—

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

Tuberculosis .. .. .	16,472 lbs.
Distomatosis .. .. .	29,418 lbs.
Cirrhosis .. .. .	4,829 lbs.
Abscesses .. .. .	3,242 lbs.
Pneumonia, pleurisy, pericarditis, peritonitis	2,467 lbs.
Actinomycosis .. .. .	1,038 lbs.
Cysts and Parasites .. .. .	2,312 lbs.
Cysticercus bovis .. .. .	568 lbs.
Miscellaneous conditions .. .. .	9,027 lbs.

Weight of carcasses condemned .. 69,373 lbs.  
 18,504 lbs.

Total weight of condemnations .. 87,877 lbs.

A detailed examination of every bovine carcass was made to discover the presence of cysticercus bovis which is the larval state of the tapeworm *Taenia saginata* found in man. Thirty-two localised infestations (0.7% of animals slaughtered) were discovered and an analysis of these cases is as follows:—

	Cows	Heifers	Steer
Site of lesion:—			
External masseter muscle...	—	5	12
Diaphragm ... ..	—	1	—
Heart ... ..	—	3	11

The beneficial results of the vigorous steps which have been taken to eliminate tuberculosis from animals during recent years is now being shown in the number of animals found to be diseased on slaughter. It would appear from our figures set out below that the forecast by several authorities on animal diseases to the effect that bovine tuberculosis in the 1960s will be for all practical purposes a thing of the past, is well within the realms of possibility.

#### PERCENTAGE OF ANIMALS AFFECTED BY TUBERCULOSIS.

	Cattle excluding Cows	Cows	Pigs
1956 ... ..	7.0	11.8	2.4
1955 ... ..	9.0	11.4	3.1
1954 ... ..	8.9	24.0	4.0
1953 ... ..	9.2	22.5	3.9

A butcher was found to be showing for sale in the shop window a tuberculous imported bovine liver. A warning was issued by the Council.

The meat and other food found to be unsound on inspection in food shops amounted to 8,102 lbs.

Meat	...	...	1,677 lbs.
Canned food	...	...	6,358 lbs.
Fish	...	...	67 lbs.

The unsound meat from the Abattoir, with the exception of pork, is sold to a pig keeper who has undertaken to boil the meat



before feeding it to his pigs. This pig farm is not in the City area, but the local authority concerned is aware of the arrangements. The unsound tinned food and fish is buried on the controlled refuse tip.

In previous years strong criticism was made about the unsatisfactory method of transporting meat from the Abattoir. This year, however, it is pleasing to be able to refer to the fleet of specially built vans operated by the Fatstock Marketing Corporation which convey meat in an ideal manner. These vans have prompted many expressions of appreciation from townsfolk.

### Food Hygiene.

Types of food premises in the area :—

Restaurants and cafes	...	...	...	...	...	...	78
Butchers	...	...	...	...	...	...	30
Bakers and confectioners	...	...	...	...	...	...	18
Grocers	...	...	...	...	...	...	84
Fried fish shops	...	...	...	...	...	...	7
Wet fish shops	...	...	...	...	...	...	7
Sweet shops	...	...	...	...	...	...	30
Public houses	...	...	...	...	...	...	81
Greengrocers	...	...	...	...	...	...	23

Number of registered premises :—

		Inspections
Dairies	9	69
Premises from which bottled milk is sold	23	43
For the manufacture and sale of ice-cream	4	34
For the sale of ice-cream	134	17
For the preparation of sausages or processed food	16	13

As much as time permitted, efforts have been made to secure compliance with the Food Hygiene Regulations and most of the traders, particularly the larger firms, realize the constructional requirements of the Regulations. But occasions do arise even in newly opened premises when the carrying out of constructional improvements is slow. When one reflects on the speed with which applicants carried out improvements a few years ago to obtain Ministry of Food licences, the thought remains that a licensing or registration procedure would encourage that alacrity which would be most welcome on occasions.

More attention has been directed to protecting food on sale and there now appears to be amongst certain traders the idea that it is good sales policy to protect food. Refrigerated display counters are now found in large and small grocers' shops and the enthusiasm of some of the small traders who have modernised their shops is most heartening. Perhaps it is that the customer is at last shopping at the more progressive and better designed shops and that this is slowly altering the old practice of displaying everything in the shop, unprotected and as close to the customer as possible. This change has not spread into the butchering trade to any extent and all too often there are too many joints on sale

at one time. In fact, is it really necessary to have the shop window crammed to the back edge with meat so that persons being served at the counter are only inches away from the meat? It is admitted that as the meat is cooked before consumption risk of infection is slight, but has the possible soiling of customers' clothing in a busy shop been lost sight of?

Attempts have been made by circularising all food traders and by visits, to ascertain the interest in courses of instruction on food hygiene, but the response was exceedingly small. It is suspected that the main obstacle is the reluctance of employers to allow staffs to attend during working time and the lack of enthusiasm of employees to attend in their spare time. If enquiries should reveal any desire on the part of food handlers to have classes of instruction, the Inspectors would be pleased to assist in any way.

The staff shortage interrupted regular visiting and this is unfortunate because it is still felt that the way to obtain all-round improvement is to make frequent inspections and to take health information to the staff and management in their places of employment.

To end on a different note. Has food poisoning, like the poor, always been with us? For Chaucer wrote 570 years ago in the preamble to the Cook's Tale in his Canterbury Tales:—

“ Now tell on, Roger, look that it be good;  
 For many a pasty hast thou drawn blood,  
 And many a Jack of Dover<sup>1</sup> has thou sold,  
 That has been twiés hot and twiés cold;  
 Of many a pilgrim hast thou Christé's curse,  
 For of thy parsely yet they fare the worse,  
 For they have eaten with thy fatted goose;  
 For in thy shop is many a flyé loose.

<sup>1</sup> Reheated pie.

## Food Supplies.

### Sampling.

Mr. C. Harcourt Wordsworth, B.Sc., F.R.I.C., was our Public Analyst throughout the year.

Forty-five formal samples and 33 informal samples were submitted for chemical analysis.

Article	No. of samples		
	Formal	Informal	Genuine
*Milk ... ..	20	2	22
*Channel Island Milk ... ..	5	—	5
*Butter ... ..	9	—	9
Cake ... ..	2	—	2
Sweets ... ..	—	8	8
*Mineral waters ... ..	—	6	6
*Lollies ... ..	—	8	8
*Ice cream ... ..	—	5	5
*Squashes and cordials... ..	3	—	3
Ground almonds and marzipan ... ..	6	—	6

and one each of the following:—cod roes, drinking chocolate, rose hip syrup, and pork sausage meat.

## Remarks.

All the samples were satisfactory.

The average composition of the 22 samples of milk (excluding the Channel Island Milk) was 3.89% fat and 8.83% solids not fat.

## Public Health (Preservative in Food) Regulations.

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

## Milk.

After the Order came into operation on the 6th December, 1955, declaring the City to be a designated area only tuberculin tested milk, pasteurised and sterilised milk has been sold by retail. It is perhaps worth recording that in years before 1955 it is estimated that the amount of ungraded milk sold by retail did not exceed 1% in the City area.

There are 9 milk retailers in the City and 23 general shops are registered for the sale of sterilised and/or pasteurised milk.

Six samples of raw tuberculin tested milk were tested for keeping quality and found to be satisfactory.

Nine samples were sent for biological examination and the Pathologist reported all the samples to be free from tubercle bacilli and *Brucella abortus*.

Three firms are licensed by the City Council to pasteurise milk. One has a holder process plant, one an H.T.S.T. plant and the third at the end of the year was modernising its plant and installing the latest H.T.S.T. process. Ninety-nine samples were obtained to check (a) the pasteurising process (phosphates test) and (b) the keeping quality of the milk at the point of distribution by the retailer (methylene blue test). It is very pleasing to be able to report again that all the samples were satisfactory.

## Milk in Schools Scheme.

All the milk sent to schools under the control of the Education Committee has been pasteurised and the 23 samples obtained satisfied the tests.

## Milk (Special Designation) Regulations.

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

To pasteurise milk	...	...	...	...	3
To deal in pasteurised milk	...	...	...	...	10
To deal in sterilised milk	...	...	...	...	17
To bottle tuberculin tested milk	...	...	...	...	2
To deal in tuberculin tested milk	...	...	...	...	3
Supplementary licences to retail tuberculin tested (certified milk)	...	...	...	...	2

## Ice Cream.

There are four premises registered for the manufacture and sale of ice cream and 130 for the sale of ice cream. Of these, 115 sell nothing but the pre-packed variety.

Four applications were received in 1956 for the registration of premises for the sale of ice cream.

Seventeen samples to the methylene blue test for bacterial cleanliness were classified as follows :—

	1956	1955	1954	Average of 1949/1953
Grade 1 ...	10	35	48	43
„ 2 ...	5	4	4	13.1
„ 3 ...	2	3	—	9.4
„ 4 ...	—	1	1	2.6

Both the Grade 3 samples were from ice cream brought into the town and served in cafes from a bulk supply. An investigation showed faulty technique in handling the serving equipment and when this was put right Grade 1 samples followed.

Five samples were also sent for chemical analysis and the fat content ranged between 6% and 11% against the permitted number of 5%.

## FACTORIES ACT, 1937

### I. Inspections.

Premises	Number on Register	Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. . . .	41	2	—	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority .. . . .	127	11	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) .. . . .	—	—	—	—
<b>TOTAL .. . .</b>	168	13	2	—

## Cases in which Defects were Found.

Particulars	Number of cases in which defects were found				Number of cases which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness .. ..	1	1	—	1	—
Overcrowding .. ..	—	—	—	—	—
Unreasonable temperature ..	—	—	—	—	—
Inadequate ventilation .. ..	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient .. ..	2	2	—	—	—
(b) Unsuitable or defective	1	1	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) .. ..	—	—	1	—	—
<b>TOTAL .. ..</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>—</b>

## Fertilisers and Feeding Stuffs Act, 1926.

Six samples of animal feeding stuffs and artificial manures were obtained for analysis by the Official Agricultural Chemist and all were satisfactory. One sample of shoddy was also obtained at the request of the purchaser.

## 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 192 persons; 153 were in respect of infestation in private houses and 39 were from occupiers of business premises. During the investigation of these complaints and in carrying out surveys of the district 66 additional infestations were discovered.

Maintenance treatments of the sewers were carried out in March and December and it would appear that the number of rats has been brought to a very low level.

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 ... ..	1,373
Visits to other premises ... ..	161
No. of premises cleared :—	
<i>Rats.</i>	
Houses ... ..	158
Business premises ... ..	14
<i>Mice.</i>	
Houses ... ..	89
Business premises ... ..	21

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

### **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 not now subject to control. No samples were taken in 1956.

### **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 1956, 1,827 bins had been supplied.

### **Verminous Houses.**

Two Council houses and six other houses were found to be verminous and were disinfected by the Public Health Department staff.

The scheme put into operation in 1948 to prevent the spread of vermin in Council houses 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 treatment with insecticide in order to kill any vermin missed in the survey.

In 1956 precautionary spraying was done in 196 cases. Three verminous houses were discovered during the survey and in these cases the contents of the house were fumigated by the Department before the tenants were allowed to move into the new houses.

Ten requests were received to rid houses of wasps' nests.

### **Infectious Diseases, etc.**

Thirty-five houses were fumigated on account of tuberculosis and other diseases.

### **Knackers Yard.**

One building is licensed by the Council for the slaughter of horses and other animals. Only a very small trade is carried on and visits have shown the business to be conducted in a satisfactory manner and the building to be kept in a clean condition.

The animals are slaughtered in a humane manner and the proprietors dispose of the meat uncooked for cat and dog food.

### **Contagious Diseases of Animals Acts.**

One outbreak of swine fever occurred and action regarding disposal of carcasses and disinfection in accordance with the regulations was carried out by the Department.

# PRINCIPAL SCHOOL MEDICAL OFFICER'S REPORT FOR 1956

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Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report on the work of the Canterbury School Health Service during 1956. You will find in it that one in three of the school children were medically examined during the year and that only 2.3% had defects or malnutrition sufficient to classify them as in an unsatisfactory condition. An increase in the cases of visual defects was found. This warrants observation, for television is a known visual hazard to the young.

Defects of nose and throat are common findings in the primary school children for they are meeting new infections in their new surroundings and contacts on school entry. We are in no hurry to suggest radical measures to deal with tonsil or adenoid enlargement, for we see this as a protective reaction to be watched over a period of time before any decisive advice is given. In general the enlargement settles as defences are developed. This explains why of the 295 children identified with defects of nose and throat only 50 were considered to need treatment and only 13 referred for specialist advice (with the knowledge of the family doctor), of whom 8 had operative treatment, 2 had other treatment and 3 were referred for further observation. This is a numerical expression of our outlook on the tonsils and adenoids situation.

The absence of fluoride from the local water supply is bound to reflect itself on local dental health but we have no survey of the level of decayed, missing, or filled teeth (d.m.f. ratio) at different ages on which to make a plea for fluoridation. Nevertheless this matter will come forward as a general public health measure within the coming decade, with benefit to children's dental health.

The general health of our school children is of a standard to justify a certain pride and as it improves it may call for a re-thinking of our scheme of periodic medical examinations. It is essential that the form of supervision should be of a periodic character and not confined to times of ill health. The latter is well covered by the family doctor. The school medical officers' preoccupation with minor troubles is sometimes decried by other members of the medical profession, but it must be recognised that it is the early identification of defects in times of apparent health that has done so much to raise the standard of health in school



children. Nevertheless the medical examination of a group of healthy children with few defects may threaten the doctor's efficiency through monotony or even automatism. Thus the development of a process of screening may be warranted, and if this brings in a closer association of parent, teacher and school nurse on, say, an annual review of each child's progress this could be a very beneficial development.

Your obedient servant,  
MALCOLM S. HARVEY.

### School Health Service.

#### General Information.

*Number of School Departments :*

Primary	...	...	...	...	...	...	9
Secondary	...	...	...	...	...	...	4
All age	...	...	...	...	...	...	2

*Number of Scholars on Roll at end of 1956 :*

Primary	...	...	...	...	...	...	2,677
Secondary	...	...	...	...	...	...	1,473
All Age	...	...	...	...	...	...	650
							<hr/> 4,800 <hr/>

#### Staffing.

The staff and premises are unchanged.

### Medical Inspection, Supervision and Follow-up.

#### General Condition of Health.

Altogether 1,668 pupils were medically examined, or one in three during the year. 2.3% were below average health and nutrition and 97.7% satisfactory.

#### Cleanliness.

Only 91 children were the subject of advice to parents on infestation or evidence of recent infestation. This form of inspection is carried out with circumspection.

#### Skin.

Fifty-one cases of skin troubles requiring treatment were brought to light through medical or nurses' inspections and 84 cases brought under observation. Twenty-one cases of impetigo and 170 cases of other skin troubles were treated at the Minor Ailments Clinic during the year.

## Vision.

The clinic arrangements at the Kent and Canterbury Hospital continue, with Mr. O'Neill the Consultant Ophthalmologist. The nurses carry out check tests at age 7 and 13 in addition to those at periodic medical examinations.

### *Found at Routine Medical Inspections :*

Number of children tested ... ..	1,020
Number found to be suffering from Visual Defect	186
Number found to be suffering from Squint ...	14
Number found to be suffering from Other Defects	14

### *Found at Special Inspection :*

Number of children found with Visual Defects ...	269
Number of children found with Squint ... ..	6
Number of children found with Other Defects ...	11

### *Visual Defects treated by Ophthalmic Surgeon (Vision, Squint, etc.) :*

Total cases of Visual Defect treated or under observation ... ..	178
Spectacles prescribed or already wearing glasses	146

Children with squint are given eye exercises at the Orthoptic Clinic as directed by the consultant. The number of children wearing glasses or having them prescribed has risen to 178. Seventy-seven required spectacles for the first time. Male school leavers are given a colour vision test.

## Defects of Nose and Throat.

Such defects were identified in 184 pupils at periodic medical examinations and in 111 special inspections. Eighteen of the former and 32 of the latter required some treatment. Thirteen cases were referred for specialist advice of whom 8 had operative treatment, 2 had other treatment and 3 did not need treatment.

## Defects of Hearing and Ear Diseases.

One hundred and twenty-five cases of hearing defect, 16 cases of middle ear disease and 3 cases of other ear disease were found at periodical examinations. Five of the cases of deafness called for treatment. Thirty-two cases of hearing defect, 15 cases of middle ear disease and 21 cases of other ear disease were found at special inspections. Four hearing, 8 middle ear disease and 6 other ear disease cases called for treatment. Eleven cases were referred for specialist advice, of whom 4 had operative treatment, 2 had other treatment and 5 required no treatment.

## Tuberculosis.

The Health Committee's scheme for B.C.G. Vaccination of 13 year olds entered its second year. As before the action was preceded by explanation to the pupils with advice by letter and

pamphlet to the parents. The acceptance rate represented 85% of the appropriate age group and following Mantoux testing to exclude those who had achieved their basic protection by the more dangerous method of chance experience of the infection, 72.5% of the age group were vaccinated. The tuberculin positives who were not vaccinated received a card to be shown to the family doctor and those vaccinated also received a card, which included advice on the progress and care of the vaccination.

The School Clinic remained staffed throughout the summer holiday to deal with any cases of doubt or apprehension.

The summarised figures are :—

No. Possible	No. Mantoux'd	No. +ve	% +ve	No. B.C.G.'d	% of Possible No.
599	510	76	14.9	434	72.45

The follow-up test of those vaccinated in 1955 was done and showed a very satisfactory conversion. The summarised figures are :—

No. Mantoux'd	No. +ve	No. Revaccinated
286	284	2

### **Diphtheria Immunisation.**

The intention of resuming the school round of immunisation visits, mentioned in the 1955 report, was carried out and by the end of the year consent forms had been gathered in and a start made on correcting the low level of full protection. 481 booster injections and 11 primary immunisations had been given to school children by the end of the year.

### **Minor Ailments.**

The clinic attendances number 2,152 against 2,658 in 1955 and 3,286 in 1954. It may be that fewer minor ailments require attention and that the better general health of the pupils is reflected in these falling figures.

## Handicapped Pupils.

	On Register		Newly Ascertained	Attending Special School	Newly Placed	Requiring Placement
	M.	F.				
Blind or Partially Sighted	1	—	2	—	—	—
Deaf .. .. .	1	—	—	—	—	—
Delicate .. .. .	10	5	3	4	4	—
Epileptic .. .. .	1	—	—	1	—	—
Physically Handicapped ..	10	2	2	4	—	1
Maladjusted .. .. .	4	3	—	2	—	1
Educationally Sub-normal	19	10	2	5	—	7

### Section 57, Education Act, 1944.

Children notified under Section 57(3) as ineducable ...	1
Children notified to the Health Committee under 57(5) as requiring supervision after leaving school ...	3

### Speech Therapy.

The County Speech Therapist has kindly supplied the following report on Canterbury children attending the Whitstable Road Speech Clinic during 1956.

“ During 1956, 33 Canterbury City children have attended at the Whitstable Road Speech Therapy Clinic. The cases of 11 of these children have been closed during the year and 22 will continue to attend at the clinic into 1957.

“ The cases of the 11 children have been closed for the following reasons:—

Satisfactory result following appointments at the clinic ... .. .	5
Little if any change following treatment ... .. .	1
Consultation only ... .. .	1
Found to have improved when first seen by speech therapist ... .. .	1
Reported to have improved when appointments were offered ... .. .	1
Appointments offered but no appointments kept and no reply received to letters sent to the parents ... .. .	2
	—
	11
	—

“ Fifteen City children were on the waiting list at the end of 1956.

“ Miss Barker, who had been responsible for the work at the clinic since April, 1955, resigned her appointment in August, 1956.

Miss McGuire, who was already on the County's staff, working in Maidstone and Chatham, asked to be transferred to Canterbury upon Miss Barker's resignation. She took over the work of the clinic at the end of August."

### Lip Reading.

Miss Vines reports as follows on her class which is held in the May Hooker Centre on Saturday mornings.

"Seven cases made 157 attendances during the year of which 3 cases were from outside the City."

### Educational Difficulties and Maladjustment.

See Child Guidance Clinic Report.

### School Dental Service.

Mr. Alvin Pryor, Principal Dental Officer reports for 1956 as follows:—

"74.14% of the children inspected required treatment and 43.84% were treated at the School Dental Clinic. This shows an 8.71% fall in children requiring treatment and a 16.89% rise in the children seeking such treatment at the Dental Clinic.

### Table of Dental Inspection and Treatment.

(1) Number of children inspected by Dentist:—

(a) Routine Age Group—Age 3	...	...	...	—
4	...	...	...	13
5	...	...	...	237
6	...	...	...	331
7	...	...	...	396
8	...	...	...	404
9	...	...	...	360
10	...	...	...	377
11	...	...	...	209
12	...	...	...	232
13	...	...	...	251
14	...	...	...	265
15	...	...	...	107
16	...	...	...	23
17	...	...	...	8
				3,213
(b) Specials	...	...	...	375
Total Routine and Specials	...	...	...	4,839

(2) (a) Routine exam. not needing treatment	...	...	1,251
(2) Number requiring treatment	...	...	3,588
(3) Number actually treated	...	...	1,573
(4) Attendances made by children	...	...	3,449
(5) Half-days devoted to : Inspection	...	...	37
Treatment	...	...	385
	Total	...	422
(6) Fillings : Permanent Teeth	...	...	756
Temporary Teeth	...	...	22
	Total	...	778
(7) Extractions : Permanent Teeth	...	...	369
Temporary Teeth	...	...	1,982
	Total	...	2,351
(8) Administration of :			
General Anaesthetics for extractions	...	1,082	
Local Anaesthetics for extractions	...	31	
	Total	...	1,113
(9) (a) Other treatment (Scalings, Polishings)	...	486	
(b) Silver Nitrate or dressings	...	2,328	
	Total	...	2,794
(10) OCCUPATION CENTRE.			
Examined	...	...	13
Needing Treatment	...	...	11
Not Needing Treatment	...	...	2
Completed Treatment	...	...	2

Only treatment by extraction was found to be possible. One child was referred to the Kent and Canterbury Hospital.

### Orthodontic Treatment.

New Cases commenced	...	...	128
Cases carried forward	...	...	62
Cases completed	...	...	74
Cases discontinued	...	...	20
Pupils treated with appliances	...	...	11
(Removable appliances	...	11).	
(Fixed appliances	...	—).	
	Total Attendances	...	279
Extractions : Permanent Teeth	...	...	78
Temporary Teeth	...	...	204
	Total	...	282

(These figures are included in the total extractions for 1956.  
Number of Radiographs ... .. 8

## Employment of Children and Young Persons.

147 children were examined for employment. The corresponding figure for 1955 was 118.

## Milk and Meals.

At the end of the year, 3,831 children were having milk in school and 2,442 were taking school dinners of whom 191 received the dinners free of charge. This was a decrease of 22 on the total diners and 27 in the free meals when compared with 1955.

## Tabular Data concerning Medical Inspection and Treatment.

### General Details.

No. of inspections in the Prescribed Groups :			School Rolls (End of Winter Term, 1956)		
Entrants	...	648	Primary	...	2,677
Second Age Group	...	546	Secondary	...	1,473
Leavers	...	427	All Age	...	650
		Total			Total
Other Routine Inspections		47			4,800
		Grand Total			
		1,668			

Others (Special and Re-inspections)—1,580.

TABLE S.1.

Condition of Children on Routine Medical Inspection.

Age Group	No. Inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
Entrants - -	648	632	97.5	16	2.5
Intermediates	546	533	97.6	13	2.4
Leavers - -	427	419	98.1	8	1.9
Others - - -	47	46	97.9	1	2.1
Total - - -	1,668	1,630	97.7	38	2.3

TABLE S.2

Defects found by Medical Inspection in the year ending  
31st December, 1956.

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 .. .. .	29	57	22	27
5	Eyes (a) Vision ..	21	165	71	198
	(b) Squint ..	1	13	2	4
	(c) Other .. ..	4	10	4	7
6	Ears (a) Hearing ..	5	120	4	28
	(b) Otitis Media	2	14	8	7
	(c) Other .. ..	—	3	6	15
7	Nose and Throat ..	18	166	32	79
8	Speech .. .. .	8	20	8	20
9	Cervical Glands ..	1	19	6	23
10	Heart and Circulation ..	2	36	—	11
11	Lungs .. .. .	2	50	7	23
12	Developmental—				
	(a) Hernia .. ..	1	8	—	3
	(b) Other .. ..	2	30	11	52
13	Orthopædic—				
	(a) Posture .. ..	1	26	1	10
	(b) Flat foot ..	5	44	1	17
	(c) Other .. ..	1	43	2	21
14	Nervous System—				
	(a) Epilepsy .. ..	—	2	1	—
	(b) Other .. ..	—	26	9	46
15	Psychological—				
	(a) Development	—	1	2	4
	(b) Stability .. ..	2	10	10	14
16	Abdomen .. .. .	—	12	—	4
17	Other .. .. .	1	28	11	64
Total Number of Children Inspected .. .. .		1,668		1,187	
Number of Children represented in figures above ..		824		843	

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 ... ..	1
Scabies ... ..	—
Impetigo ... ..	21
Other skin diseases ... ..	170
EYE DISEASE ... ..	57
(External and other, but excluding errors, refractions, squint and cases admitted to hospital).	
EAR DEFECTS ... ..	29
(Treatment for serious diseases of the ear is not recorded here).	
Miscellaneous ... ..	596
Total ...	874

(b) Total number of attendances at Authority's minor ailments clinic ... .. 2,152

TABLE S.4.

TREATMENT OF DEFECTIVE VISION AND SQUINT.

(Excluding Minor Eye Defects treated as Minor Ailments).

Errors of Refraction and Squint dealt with ... ..	178
Other Defects or Diseases of the Eye ... ..	8
No. of children for whom spectacles were prescribed ...	146

TABLE S.5.

TREATMENT OF DEFECTS OF NOSE AND THROAT

Defects which received operative treatment (through Education Committee arrangements) ... ..	8
Defects which received other forms of treatment ... ..	2

TABLE S.6.

(1) Average number of visits per school made during 1956 by School Nurses ... ..	7
(2) Home visits made as School Nurses ... ..	25
(3) No. of Individual Children found with nits ... ..	91
(4) No. of Individual Children cleansed under Section 54 of the Education Act, 1944 ... ..	3
(5) No. of cases in which legal proceedings were taken ...	—

# CANTERBURY CHILD GUIDANCE CLINIC, 1956

## Comment on the Tables and Staff Changes.

TABLE I—The total number of referrals for 1956 was slightly greater than for the previous year. The sources of referral have been approximately the same except that both schools and parents seem more confident in approaching the Clinic directly than formerly.

TABLE II—The types of problems referred are distributed in proportions similar to previous years. The group of Behaviour Disorders, always predominating, showed an even more marked ascendancy in 1956.

TABLE III—There was a drop in the number of cases disposed of after diagnosis and advice; the tendency has been for the Clinic to take a more active role.

TABLE IV—The first part of Table IV overlaps with Table III as far as diagnosis and advice, diagnosis and placement and partial service are concerned.

Cases withdrawn before examination are ones referred but not subsequently accepting appointments. This no doubt reflects to some extent the longer waiting list that has been developed in 1956 (see below). If there is much delay between the time of referral and time the child can be seen, the acute phase of the problem may be passed, and parents and others perhaps feel the need for attendance at the Clinic is gone also.

The second part of Table IV shows that the results of treatment procedures compare not unfavourably with the previous year, if allowance is made for the smaller number of treatment cases closed. The fact that the number is smaller indicates the tendency towards more long term treatment than before.

It may be noted that none of the above table shows the number of re-opened cases. That is, cases that had been closed within the previous five years but where signs of disturbance have reappeared necessitating re-referral. It is to be hoped that the more intensive treatment now pursued will minimise such recurrences.

WAITING LISTS : The Diagnostic Waiting List had increased from 63 to 91 by the end of 1956. In human terms, this represents an increasing number of disturbed children from whom our services are being withheld for a longer time than formerly. Taken in strict rotation there would be a lapse of at least six months

between the time a child is referred and the time it is first seen. In practice, the more urgent cases are selected for more immediate attention.

In the face of this waiting list, the running of the Clinic is being revised to ensure the most effective use of our resources. It is anticipated this will show results in 1957. However, it is apparent that the only ultimate alternative to long waiting lists is an increase in trained staff. The Canterbury Child Guidance Clinic is still the only one in East Kent.

**STAFF:** The Medical Director has continued throughout the year on the basis of four sessions a week. The total number of psychiatric sessions increased, however, when Dr. Turle's one weekly session was increased to four sessions weekly in August. Of the full-time staff, Miss Stephen, the Education Psychologist, left at the end of September, and was succeeded by Mr. Collins in October. Soon after his appointment, Mr. Collins agreed to be responsible for the day-to-day administration of the Clinic.

We were without a Psychiatric Social Worker at the beginning of 1956, but Miss Ini joined us on a temporary basis in March and stayed with us until the middle of December. We begin 1957 with vacancies for two full-time Psychiatric Social Workers.

There have been no other changes in staff. Miss Bassom, our Psycho-therapist, continues to be with us full-time.

There is reason to regard the year's work as satisfactory; in spite of the changes mentioned, all the staff who have worked here have served the Clinic and its patients most loyally. In this connection, it is pertinent to mention also our Secretarial Staff, Miss Day and Mrs. Clarke.

TABLE C.G.1.  
SOURCE OF REFERRAL.

	1956			1955		
	County	City	Out of Area	County	City	Out of Area
School Medical Officer ...	37	14	1	52	16	—
Private Doctor ... ..	41	5	—	46	6	—
Court or Probation Officer	5	2	—	10	—	—
Head Teacher or Education Officer ...	40	32	1	15	27	—
Parent or Foster Parent	13	2	—	2	2	—
Other Clinics or Psychiatrists . . .	29	3	—	35	6	—
Miscellaneous Social Agencies, including Children's Officer, Infant Welfare ...	18	—	—	6	—	—
Educational Psychologist	—	—	—	—	3	—
	183	58	2	166	60	—
	243			226		

TABLE C.G.2.  
PROBLEMS REFERRED.

	1956			1955		
	County	City	Out of Area	County	City	Out of Area
Nervous Disorders, etc.	19	6	—	26	3	—
Habit Disorders ... ..	42	4	—	47	5	—
Behaviour Disorders ...	90	15	2	69	18	—
Educational ... ..	25	31	—	13	34	—
Court Cases ... ..	2	2	—	7	—	—
Miscellaneous ... ..	5	—	—	4	—	—
	183	58	2	166	60	—
	243			226		

TABLE C.G.3.  
DISPOSAL OF NEW CASES SEEN.

	1956			1955		
	County	City	Out of Area	County	City	Out of Area
Diagnosis and Advice ...	10	26	—	23	34	—
Diagnosis and Placement	5	—	—	10	1	—
Taken on for Treatment	46	7	1	41	7	—
Taken on for Supervision	59	10	—	62	12	—
Remedial Coaching ...	4	5	—	5	—	—
Partial Service ... ..	16	5	—	4	1	—
	140	53	1	145	55	—
	194			200		

CASES CLOSED.

TABLE C.G.4.

1956

1955

I NON-TREATMENT	1956			1955		
	County	City	N.H.S. and Out of Area	County	City	N.H.S. and Out of Area
Diagnosis and Advice ...	10	26	—	23	34	—
Diagnosis and Placement	5	—	—	10	1	—
Withdrawn before examination, no service given	24	1	—	13	2	—
Withdrawn after Partial Service ... ..	16	5	—	4	1	—
Total I	55	32	—	50	38	—
II TREATMENT						
Adjusted ... ..	6	—	—	21	3	1
Improved ... ..	52	12	—	75	18	7
Unimproved ... ..	3	1	—	20	1	—
Non - co - operative, or Interrupted ... ..	18	1	—	14	3	1
Placed ... ..	5	—	—	15	—	1
Total II	84	14	—	145	25	10
Total I and II	139	46	—	195	63	10
TOTAL FOR YEAR	185			268		

WAITING LISTS—

December 31st, 1956

December 31st, 1955

	December 31st, 1956			December 31st, 1955		
	County	City	Out of Area	County	City	Out of Area
Diagnostic ... ..	82	8	1	59	4	—
Treatment or Supervision	25	4	—	22	3	—

# COMMITTEE MEMBERSHIP

## Mayor:

COUNCILLOR W. S. BEAN.

## 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, Councillor W. S. BEAN (Mayor), Councillor H. M. KENNY, Councillor W. THOMAS, Councillor H. H. RIMELL, Councillor MRS. M. A. SHARPE, Councillor E. G. SHERSBY.

**Co-opted or Representative Members:** MISS M. SHEEHAN, Matron, Kent and Canterbury Hospital; DR. L. V. GIMSON, 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 H. M. KENNY, Councillor MRS. M. A. SHARPE.

**Co-opted or Representative Members:** DR. L. V. GIMSON, MISS M. SHEEHAN.

## Sanitary and Licensing Committee:

**Chairman:** Councillor E. E. KINGSMAN,

**City Council Members:** Alderman W. H. CHESSELL, Alderman H. P. DAWTON, Alderman A. W. FOWLER, Councillor W. S. BEAN (Mayor), Councillor P. L. WOOD, Councillor C. A. L. ASH, Councillor E. G. SHERSBY.

## Education Committee:

**Chairman:** Councillor W. H. THOMAS.

**City Council Members:** Alderman A. W. FOWLER, Alderman S. H. JENNINGS, O.B.E., Councillor H. M. KENNY, Councillor G. H. G. KENNETT, Councillor J. R. BARRETT, Councillor T. E. CARLING, Councillor MRS. K. M. ELLIS, Councillor REV. C. R. PARE, Councillor P. W. TRUMPER.

## 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:

MR. ALVIN PRYOR, L.D.S., R.C.S. (Eng.).

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

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

### Health Visitors and School Nurses:

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

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

MISS J. M. MACKEN, S.R.N., S.C.M., H.V.Cert.

MISS J. C. BARBER, S.R.N., S.C.M., Q.A.I.M.N.S., H.V.Cert.

### Tuberculosis Health Visitor:

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

### Clinic Nurse:

MRS. C. V. JONES, 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.  
B. P. PEARSON, S.R.N., S.C.M., Q.D.N.S.  
J. E. THOMPSON, S.R.N., Q.D.N.S.  
M. K. GILLETT, S.R.N., S.C.M., Q.D.N.S. (Commenced 15.5.56).  
MRS. M. DEAL, S.R.N. (Relief Nurse)

**Occupation Centre :**

MISS E. FORD (Supervisor).  
MRS. E. ACOTT (Assistant).

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

F. FOWLER.  
D. PLEDGE.  
L. FULLBROOK.

**Mental Health Social Worker (Part-time) :**

MRS. E. M. BREAR (Child care certificate).

**Supervisor of Home Help Service :** MRS. J. M. BARTON, M.I.H.H.O.**Child Guidance Clinic:****Medical Director :**

ELIZABETH HUBAND, M.A., M.R.C.S., L.R.C.P., Dip. Psy.

**Educational Psychologist :**

MISS J. E. M. STEPHEN, M.A., Dip.Ed. (Resigned September, 1956).

MR. L. F. COLLINS, B.A., Dip. Psych. (Commenced 15.10.1956).

**Psychiatric Social Worker :**

MISS S. INI (Commenced 26.3.56. Resigned Mid-December, 1956).

**Psycho-Therapist :**

MISS I. H. BASSOM, B.A.

**Staff of Public Health Service:****Deputy Chief Public Health Inspector :**

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

**Additional Public Health Inspectors :**

W. C. B. GILHESPY, M.R.S.I., M.S.I.A., Meat Inspector's Certificate (Resigned 19.8.56).

F. W. BROMLEY, M.R.S.I., M.S.I.A., Meat Inspector's Certificate (Commenced 15.10.56).

J. H. TURNER, M.R.S.I., M.S.I.A. (Commenced 12.11.56).

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

A. TOMKINS and T. HEWITT.

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

**Administrative Assistant :** D. PLEDGE.

**Clerical Officer :** MISS J. MASHMAN.

**Clerical Staff :**

MISS M. CRUMP, MISS P. LAW, MRS. M. CLARKE (Resigned 29.12.56).

MRS. M. BULL (Resigned March, 1956), MISS E. P. RIGDEN (Commenced 2.4.56) (Public Health).

MISS B. AYERS (School Health).

MRS. E. M. GREENSTREET (School Health, Dental Clinic).

MISS R. DAY, MRS. M. CLARKE (Part-time) (Child Guidance Clinic).