

[Report 1961] / Medical Officer of Health, Canterbury Borough / City & County.

Contributors

Canterbury (England). City & County Council.

Publication/Creation

1961

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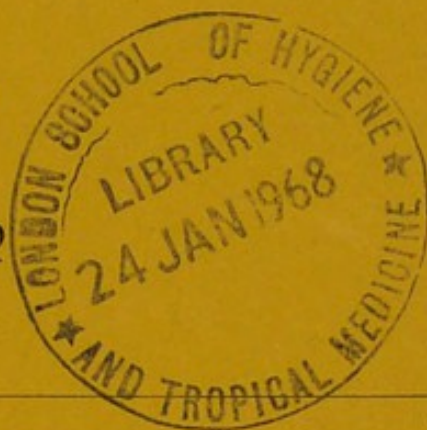


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City and County Borough of



Canterbury
1961



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
1961



City and County Borough of

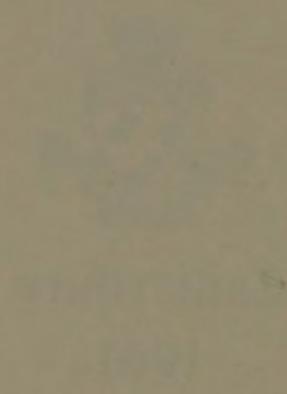


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CHIEF PUBLIC HEALTH INSPECTOR

Medical Director of the School Public Health

1961

CITY OF CANTERBURY—1962

Mayor :

COUNCILLOR THE REV. C. F. PARE

Chairman—Health Committee :

COUNCILLOR H. M. KENNY

Chairman—Education Committee :

COUNCILLOR W. H. THOMAS

Chairman—Sanitary and Licensing Committee :

COUNCILLOR K. G. HILLS

Town Clerk and Welfare Officer :

J. BOYLE, LL.B.

Director of Education :

N. POLMEAR, M.A.

Medical Officer of Health and Principal School Medical Officer :

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

Chief Public Health Inspector :

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

COMMITTEE MEMBERSHIP, 1962

Mayor :

COUNCILLOR THE REV. C. F. PARE.

Health Committee :

Chairman : Councillor H. M. KENNY.

City Council Members : Alderman A. W. FOWLER, Alderman MRS. E. M. HEWS, C.B.E., Alderman W. S. BEAN, Councillor B. A. PORTER, Councillor MRS. E. M. ROTHERMELL, Councillor J. J. ROOK, Councillor K. G. HILLS, Councillor H. H. RIMELL, Councillor W. H. THOMAS.

Co-opted or Representative Members : MISS M. SHEEHAN, Matron, Kent and Canterbury Hospital; DR. G. G. M. MILES, Local Medical Practitioner; MR. A. S. HAINES, Kent and Canterbury Executive Council; MRS. H. V. PAGE, Canterbury Group Hospital Management Committee; MRS. M. A. SHARPE.

Mental Health Services Sub-Committee :

Chairman : Councillor H. M. KENNY.

City Council Members : Councillor B. A. PORTER, Councillor MRS. E. M. ROTHERMELL, Councillor K. G. HILLS.

Co-opted or Representative Member : DR. G. G. M. MILES.

Sanitary and Licensing Committee :

Chairman : Councillor K. G. HILLS.

City Council Members : Alderman H. P. DAWTON, Alderman A. W. FOWLER, Alderman P. BOTTING, Councillor C. A. L. ASH, Councillor E. E. KINGSMAN, Councillor E. G. SHERSBY, Councillor P. L. WOOD, Councillor H. H. RIMELL, Councillor H. J. BUCKWORTH.

Education Committee :

Chairman : Councillor W. H. THOMAS.

City Council Members : Alderman A. W. FOWLER, Alderman S. H. JENNINGS, O.B.E., Councillor K. G. HILLS, Councillor H. M. KENNY, Councillor T. McCALLUM, Councillor REV. C. F. PARE, Councillor H. H. RIMELL, Councillor MRS. E. M. ROTHERMELL, Councillor E. G. SHERSBY.

The Right Worshipful the Mayor, the Aldermen and Councillors of the City and County of Canterbury.

I have the honour to present my Annual Report covering the year 1961. As is usual and for the convenience of the reader, the reports on the Local Health Service, Public Health Service and School Health Service are printed and presented together. In the course of considering the past year we have been required by the Ministry of Health to look into the future (Circular 2/62) and to project our services for ten years ahead. This task arose as the result of the publication of a Hospital Plan for England and Wales covering the years ahead to 1975. We look forward in hope and look back with interest, and avoid the slightest feeling of satisfaction with progress made for fear that it may lull us into lethargy. But a feature of the fourteen years since the start of the National Health Service in which the community may justly feel proud is the growth of voluntary service.

There was a feeling that flourished in the early years after 1948 that "the State would look after everything," that ran in parallel with the claiming of rights to this and that. This was quite out of place, because a community cannot renounce its interest in itself to a group of dominant officials, and our neighbour is always worthy of our love. Many of the health and welfare services which had owed their origins to voluntary promotion and service had over the years been absorbed into the statutory services and such absorption was hastened by the National Health Service and National Assistance Acts of Parliament. But it was quickly realised that such statutory absorption was not an abdication forced on voluntary organisations but an opportunity to seek new fields of service, and these opportunities, as we now see, have been well taken. On every hand the local health authority can turn to find some voluntary organisation interested in, if not already actively promoting help where it is needed. Co-ordination of effort has on occasion been necessary to avoid duplication of effort and here the Rotary Club helped some years ago in bringing all services together to learn of others' efforts. The City community is well practised in almsgiving and appeals to its charity are frequent. There is a limit to the extent to which voluntary organisations can go in meeting financial commitments, and it behoves us to sustain their efforts where the need is clearly seen, by grants in aid, so that their scope for service may be widened.

In the local health services we receive much voluntary help in the Child Welfare Clinics, in the after care of cases of tuberculosis or other chest troubles, in escorting patients on long journeys, in the interest taken in old people, in the help to our Junior Training Centre from the Association of Parents of Mentally Handicapped Children, in the first aid services at public gatherings, and in many

other ways. I would mention the Women's Voluntary Service, British Red Cross Society, St. John Ambulance Brigade, Association of Parents of Mentally Handicapped Children, Old People's Welfare Committee, Toc H, Alford Aid and the Tuberculosis Care Committee as only some of the voluntary organisations to whom we as a community owe gratitude for help given in 1961 and the years before.

In presenting this report may I express appreciation of the work of the staff in all sections, and my gratitude to the Council for a fair hearing at all times.

Your obedient servant,

MALCOLM S. HARVEY.

ANNUAL REPORT, 1961

Local and Social Circumstances.

After attempting a full description in the 1960 report it is enough to define observed development. A determined attack on the car parking problems of the City showed some benefit to the pedestrian shoppers in ease of movement in the central area. Parking space in the City is recognised by visitors as much more liberal than elsewhere but not by locals who use a car as a shopping basket.

The electrification of the second railway approach to the City has duplicated the quicker service from London. This will increase visitors more than commuters.

The state of employment was steady and the Manager of the Ministry of Labour Employment Exchange has kindly supplied the following details.

The following is a summary of the statistics of the unemployed :

		1961	1960	1959
Male—Mid	...	89	99	124
End	...	116	160	160
Female—Mid	...	22	25	29
End	...	36	65	45

Population Statistics.

Population (mid-1961) : 30,790.

Area : 4,810 acres.

Inhabited dwellings (on Rate Book at 31.3.62) : 9,790, an increase of 70 in the year.

Rateable value : £562,582 (up £15,664).

Penny rate represents £2,316.

Live birth rate per thousand population : 15.5.

Death rate all causes per thousand population : 13.5.

Infant mortality per thousand live births : 18.8.

Illegitimate live births per cent. of total live births : 6.5%.

More detail concerning these statistics is given later in the report.

Current Topics.

New or developing services during 1961 were seen in the field of Chiropody and in Mental Health.

Chiropody.

The administrative procedure was described on page 8, Annual Report 1960. The Chiropodist sees cases in his own surgery or by domiciliary visit. The service came into full operation on 1st January, 1961. Reviewing the experience of the first year it is quite clear that the physically handicapped, and in particular the aged, have appreciated the fact that this service is provided at reasonable cost and that they know exactly what charge will be levied before they commence treatment.

During the early part of the year referrals only trickled in, but as the service became established and more widely known referrals increased to such an extent that in November it appeared that the Budget provision would be exceeded and the Health Committee were asked to approve a supplementary estimate. At the same time it became apparent that there was a 'hardcore' of patients (arthritics, physical disabilities, aged, etc.) who were likely to require continuous treatment and the scheme was amended so that a year's treatment could be given to such cases before review.

General Practitioners referred 63 patients and district nurses 17. A total of 393 treatments were given by the chiropodist. Thirty-three of the patients had limited mobility or were housebound and received domiciliary treatment.

The types of patients referred are given below :

Elderly and Physically Handicapped	...	29
Elderly		36
Physically Handicapped		14
Expectant Mothers		1
		—
Total	...	80
		—

Of the above cases 76 received treatment at the minimum cost.

Mental Health.

The decision to appoint a full-time Mental and Social Welfare Officer was implemented during the year and this officer who is $\frac{3}{4}$ mental health and $\frac{1}{4}$ welfare has proved to be a great acquisition to the two departments. His work illustrates the ill defined boundary between Health and Welfare and the addition of a social worker has enhanced the potential of the Health Department.

Staff.

Miss G. E. Maguire, S.R.N., S.C.M., after many years of capable and faithful service to the City as Senior Health Visitor, retired at the end of the year. She is well nigh a tradition in the City and young mothers, old mothers and grandmothers think of her with gratitude. She was the oracle at the Central Clinic who could be approached without any intermediary for sound advice and understanding guidance, respecting and respected by the family doctors, and loved by the children.

We also lost Dr. Irene Blakeney, Assistant M.O.H., who moved to Kesteven parts of Lincolnshire as Deputy County M.O.H., and who in the ten years in Canterbury had endeared herself to the young mothers and the school girls as a wise adviser on social and clinical problems.

The post of Deputy M.O.H. for the City was revived and linked with the United M.O.H. District around and Dr. Geoffrey F. Slocombe was appointed. Dr. Mary Watson and Dr. Barbara Chese, General Medical Practitioners, have been brought in on a sessional basis to assist in clinical work.

Mr. Alvin Pryor, L.D.S., moved to Exeter as Principal Dental Officer and his place has been taken by Mr. P. B. Taylor, L.D.S., who brings much experience with him to the post.

Miss A. Grey, S.R.N., H.V.Cert., was appointed to succeed Miss Maguire as Senior Health Visitor/School Nurse.

HOME HEALTH SERVICES

Care of Mothers and Young Children.

Four clinics are provided, one central and three outlying. Child Welfare Sessions are held at each, but antenatal sessions, and special immunisation sessions, are only held at the Central Clinic.

An ante-natal clinic for mothers booked for Shorncliffe Military Families' Hospital was held at the Barracks but during 1962 this has been abandoned and such cases attend for continuation ante-natal supervision at the Central Clinic with interchange of records with the medical officer at the Shorncliffe Hospital through a personal progress record held by the mother and brought to each examination.

The Women's Voluntary Service has taken over the sale of Welfare Foods at all branch clinics, and these ladies as well as individual voluntary workers help with records and baby weighing at all clinics to leave the Health Visitors free to talk with the mothers.

The Ante-Natal Clinic is staffed by the domiciliary midwives while the Relaxation and Mothercraft Clinic is run by the health visitors and physiotherapist. Pupil midwives attend each and also the child welfare clinics.

Ante-Natal Clinic Sessions (Central Clinic and Barracks)	90
Mothers in attendance on 1.1.61	52
First attendances during 1961	176
Blood tests carried out	152
Total attendances 1961	467
Post-Natal examinations	21
Mothers still in attendance 31.12.61	44
Relaxation Classes, etc.	
Mothers in attendance during 1961	93
Attendances made	594

Ante-Natal Clinics (including Post-Natal).

Wednesdays, 2.30 p.m., Central Clinic, Stour Street : This clinic also deals with blood tests, poliomyelitis vaccination for expectant mothers, and routine chest X-rays.

Also Barracks M.I. Room (for wives of military personnel booked for the Military Families Hospital, Shorncliffe) on Monday afternoons.

Relaxation Classes, Post-Natal Exercises and Mothercraft Talks.

Wednesdays, 2.30 p.m., Central Clinic, Stour Street.

Priority Dental Care for expectant and nursing mothers and pre-school children, is started in a dental inspection surgery in the Central Clinic, Stour Street.

Breast Feeding Cases. Health visitors helped 18 cases by test feeds and advice at special interviews. Out of the 197 home delivered babies 116 were completely breast fed at completion of the midwife's care.

Maternity Outfits. The contents are as follows. These are supplied free to cases booked for home delivery :

- 1 sheet waterproof (tarred) paper.
- 1 Accouchment sheet 25in. x 28in.
- 6 pkts. cord powder.
- 6 umb. pads. 3 cord ligatures.
- 4 x 2 oz. packets cotton wool.
- 1 doz. size 3a Sanitary Pads.
- 1 doz. size 2a Sanitary Pads.

Child Welfare Centres.

1. Monday, 2 p.m.—London Road, May Hooker Memorial Clinic. Doctor and Health Visitors. (Doctor every other week). W.V.S. Voluntary workers assist.
2. Tuesday, 2 p.m.—Hollow Lane (Wincheap Primary School). Doctor and Health Visitor. (Doctor every other week). Voluntary workers assist with records.
3. Thursday, 2 p.m.—Central Clinic, Stour Street. Doctor and Health Visitors. Voluntary workers assist with records.
4. Friday, 2 p.m.—Welfare Hut, Military Road. Doctor and Health Visitor. (Doctor every other week). Voluntary workers assist with records.
5. Friday, 2 p.m.—Central Clinic, Stour Street. Health Visitors only. Voluntary workers assist with weighing.

At all sessions attended by a doctor protective inoculation or vaccination is offered against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis.

Out of the 2,396 attendances made by children over the age of 1 year, 1,083 were made by children between the ages of 2 and 5 years.

Attendances at Clinics.

Infant/Child Welfare Clinic	Age Group	Central Clinic	Wincheap Clinic	Northgate Clinic	London Road Clinic	TOTAL
Children on Clinic Register 31.12.60	Under 1	170	84	58	110	422
	1-5 yrs.	212	122	75	89	498
First attendance during 1961	Under 1	171	70	77	67	385
	1-5 yrs.	25	35	3	15	78
Total No. of Children remaining on Register on 31.12.61	Under 1	184	55	66	101	406
	1-5 yrs.	332	72	57	78	539
Total No. of Attendances made by children during 1961 ...	Under 1	2,472	958	913	1,127	5,470
	1-5 yrs.	936	643	345	472	2,396
Doctors' Consultations	Under 1	494	157	209	147	1,107
	1-5 yrs.	243	84	147	128	602

Welfare Foods.

These are issued from the Central Clinic which is also the supply depot to the three other centres.

The amount of Welfare Foods issued from all Clinics was as follows :

	1961	1960
National Dried Milk	7,993	7,632
Orange Juice	10,879	16,062
Cod Liver Oil	1,182	1,629
Vitamins A and D Tablets ...	1,436	1,789

Other Nutrients and Supplements.

For the convenience of mothers in attendance at the child welfare clinics a variety of proprietary baby foods and supplements is held. Sale at slightly reduced cost is possible and supply is subject to the guidance of the doctor in attendance.

Premature Infants.

The equipment for home care is held in the Central Clinic but is to be renewed and held by each domiciliary midwife.

Premature births to Canterbury mothers : 30; born at home—3, in hospital—2. Premature stillbirths both born in hospital.

Premature rate for 1961=69 per 1,000 total births. Rates for 5 previous years : (1956) 67; (1957) 76; (1958) 55; (1959) 73; (1960) 60.

Priority Dental Care.

Sixty-six sessions were held in the Central Clinic for the purpose.

Numbers provided with dental care :

	Examined	Needing Treatment	Treated	Made Dentally Fit	Number of Attendances
Expectant and Nursing Mothers	58	58	58	40	196
Children under Five ..	68	68	66	55	86

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	75	1	31	31	7	6	10	—	13	20*
Children Under Five	74	—	36	—	1	36	5	—	—	—

*Repairs to Dentures—2.

Additions to existing dentures—3.

Play Centre.

The W.V.S. runs a very useful Friday afternoon play centre in Sturry Road Social Club Hall which is helpful to mothers of the area and an aid to child development and training. It would be a great benefit to the community to have this voluntary service extended in other parts of the City.

Domiciliary Midwifery.

There is a home delivery rate of 42% of births to Canterbury mothers, 194 out of 464, but if one excludes the 21 delivered at the Military Families Hospitals it makes a home delivery rate of 44%.

The confinements in the City during the year totalled 946 and occurred as shown in the following tabulation :

Births in Canterbury—At Home—

Doctor and/or Midwife	...	197
Elsewhere—		
Hospital		749
Total	...	946

Births to Canterbury Mothers in Kent and Canterbury Hospital	213
Births to Canterbury Mothers occurring outside Canterbury	57
Births to Canterbury Mothers in Domiciliary Practice ...	193
„ „ „ „ Privately—1 notified by Dr.	1
Total ...	464

Four stillbirths occurred as follows :—

In domiciliary practice	—
In Kent and Canterbury Hospital	3
Elsewhere outside the City	1

Of the 57 live births occurring outside Canterbury 28 occurred at St. Helier's Maternity Home, Tankerton (Canterbury Group H.M.C.) and 21 occurred at the Military Families Hospitals.

Cases of Puerperal Pyrexia—

Kent and Canterbury Hospital ...	15
Domiciliary Practice	2
Cases of Ophthalmia Neonatorum	—

Health Visiting.

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

<i>Visits to Infants and Children—</i>	1960	1961
Under 1 year—First Visits	461	466
Other Visits	1,370	1,975
1-5 years—Total Visits	2,585	2,739

<i>Visits to Expectant Mothers—</i>		
First Visits	125	113
Other Visits	45	57
Child Life Protection Visits	31	25
Visits to Old Persons	324	235
Other Visits, including infectious diseases, T.B. and after care and mental health	317	378

The figures for the Tuberculosis Health Visiting are as follows :

	1960	1961
No. of Clinic Sessions	101	95
No. of Mantoux Test Clinics	55	52
No. of Home Visits	551	581
No. B.C.G. Clinics	17	18

The possibility of associating Health Visitors with the surgeries of general medical practitioners was again studied and the opportunity has been given to the family doctors to express views on

such an arrangement. A colleague in general practice in the City comments as follows:

"I think the present scheme is satisfactory in that liaison between G.P. and H.V. is a personal matter (another scheme will not particularly change attitudes). Both parties are perfectly free and do contact each other when necessary. Health Visitor work is mainly filling a gap in the medico-social field and not reciprocating our work as the midwife often does. Canterbury is not too large for satisfactory working arrangements to exist and all parties know each other. Further, I think it is an advantage for a health visitor to have a district as she gets to know the environment and social (etc.) characteristics of the people living there—with this background knowledge she can often help on individual cases better.

"It would not do to have a health visitor attached to a practice and having to liaise with another health visitor, because the patient happens to be in her district—the 'sense' of the care would be lost in such lines of communication.

"My own feeling is to leave the present health visitors scheme as it is (a very satisfactory and helpful service on the whole)."

On that judgment I rest content.

We have not developed any specialised follow-up of hospital discharges such as has been done elsewhere for diabetics, gastric cases and others. Nevertheless where the hospital staff considers such follow-up necessary the Health Visitor of the district concerned does this. More often than not such follow-up is on a district nursing basis for after treatment. An exception to this vague arrangement is the follow-up of infant cases, in which there is a close liaison from the paediatric ward direct to the health visitor.

Mental illness is also a field in which after care may involve the health visitor, where the hospital staff and mental welfare officer consider it expedient that she visits.

For some time home accidents attending the Hospital Casualty Department have been followed up by a visit by the health visitor. This may be thought to be too late to matter. The purpose is to keep an active line of thought on this subject and where young or very old are involved to encourage such steps or care as will prevent recurrence. The Hospital staff have co-operated in this voluntary arrangement to notify us of such cases despite their load of work, and this help is much appreciated.

Home Nursing

The Canterbury District Nursing Association has a staff of 5 nurses of whom 3 are Queen's Nursing Sisters. These nurses are centred on the Poor Priests' Hospital (Central Clinic) and work under the direction of the family doctor in attendance.

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 1956	569	89	19	—	677	17,342	309	11,596
" " 1957	561	120	5	4	690	19,295	294	13,492
" " 1958	569	82	11	2	664	19,187	283	13,366
" " 1959	588	101	6	2	697	14,445	336	12,937
" " 1960	539	80	2	2	623	17,756	372	12,369
" " 1961	469	93	3	1	566	18,269	353	14,753

Vaccination and Immunisation.

Protection is offered against smallpox, whooping cough, diphtheria, tetanus and poliomyelitis and there is also a scheme for B.C.G. vaccination (see below). The family doctors take part in the former scheme but not in B.C.G. programme. A combined vaccine for diphtheria, whooping cough and tetanus is offered.

SMALLPOX. 311 children under school age were vaccinated for the first time and 24 others, while 19 revaccinations were given to persons up to age 15.

DIPHTHERIA. A total of 532 children were immunised for the first time, 465 of them under school age. Reinforcing inoculations were given to only 326.

WHOOPING COUGH. 487 children received protection against this disease. In the majority of cases this protection was combined in a triple vaccine with that of diphtheria and tetanus.

			Under 1	1—4	5 to 15	Over 15	Total
Vaccination Against Smallpox	Primary Vaccination	Clinic	92	14	2	2	110
		Family Dr.	181	24	9	11	225
	Total		273	38	11	13	335
	Revaccination	Clinic	—	2	2	4	8
		Family Dr.	2	2	11	43	58
Total		2	4	13	47	66	
			Born in 1961	1960 /57	1956 /46	Others	Total
Diphtheria Immunisation	Primary Immunisation	Clinic	48	114	34	1	197
		Family Dr.	114	189	32	—	335
	Total		162	303	66	1	532
	Booster Dose	Clinic	—	5	135	2	142
		Family Dr.	—	14	164	6	184
Total		—	19	299	8	326	
Whooping Cough	No. of Cases Inoculated Booster Dose		162	292	33	—	487
			—	7	68	—	75
Tetanus	No. of Cases Inoculated		159	299	61	2	521
Canterbury Population Mid-1961			0 — 4	5 — 14		0 — 14	
			2,500	5,700		8,200	
Canterbury Births — 1960			... 468				
Canterbury Births — 1961			... 478				

POLOIMYELITIS VACCINATION—PROTECTION PROVIDED IN 1961.

	2nd Injections			3rd Injections		
	Clinic	G.P.s	Total	Clinic	G.P.s	Total
Children born 1943-61 ..	301	397	698	245	312	557
Young persons born 1933-42	16	94	110	40	60	100
Persons born 1920-1932 ..	97	291	388	373	497	870
Others	2	9	11	5	1	6
Expectant Mothers ..	8	45	53	4	72	76
Doctors and Families ..	—	—	—	—	—	—
Ambulance Staff and Families	—	—	—	—	—	—
Hospital Staff	—	—	—	—	—	—
(Vaccine issued to Hospital, not included in figures—147).						
			1,260			1,609
Children—4th Injection :						
Born 1949/1956 :	Clinic	1,144				
	G.P.s	837				
Out of Age Group	G.P.s	73				

The introduction of Oral Poliomyelitis vaccine was seen as an opportunity to protect those who had held off the needle and every encouragement has been given to the 15 to 40 age group to come forward, by running special Saturday clinics during 1962. The response has been frankly disappointing and our problem seems to be that the laggards are only motivated by fear to seek protection. As we do not wish for a situation to create that fear we must contain our impatience.

B.C.G. Vaccination.

This is provided for two groups of persons : (a) the contacts of known cases of tuberculosis and (b) school children and students of 13 years upwards. The scheme extends to the local public schools as well as to all Education Authority establishments.

Contacts—the following work of protecting contacts was carried out at the Chest Clinic.

The work done is summarised :

Contacts—

No. skin tested ... 82

No. found negative ... 73

No. vaccinated with B.C.G. ... 73

Routine protection— 13-year olds Older age group

No. skin tested ... 695 170

No. found negative ... 639 148

No. vaccinated ... 634 148

B.C.G. VACCINATION OF SCHOOL CHILDREN, 1956-1961.

Year	13-yr. School popula- tion	Test	No. Tested	% Poss- ible	Test +ve	%	Test -ve	Vacd. B.C.G.
1956	599	Mantoux	510	85	76	14.9	434	434
1957	618	Mantoux	481	78	48	10.0	433	433
1958	710	Heaf	639	90	56	8.7	583	583
1959	937	Heaf	712	85	81	11.4	631	631
1960	612	Heaf	511	83	37	7.0	474	474
1961	801	Heaf	695	86	31	4.4	639	634
Total 6 years	4,277		3,548	84.5	329	9.4	3,194	3,189

Ambulance Service.

During the year the demand on the service has been constant. The number of outpatients carried shows an increase of 749 but the overall total of patients carried shows an increase of only 701.

This is brought about by the fact that Admissions, Transfers, Accidents, etc., were 48 less than in 1960. Despite the constancy of the demand, careful co-ordination and the co-operation of the hospitals, etc., has reduced the total mileage by 3,229.

Although the increased demand on the service during the year was not spectacular it was steady and will undoubtedly continue to increase as the development of the hospital services in the area gain momentum and further increases in staff and vehicles will be inevitable.

The present complement of vehicles remains at 6 ambulances and 3 sitting case cars. Two ambulances and two sitting case cars being provided by the City and the remainder by the County Council. This is barely sufficient to meet the demands of the service and to allow for adequate vehicle maintenance. The County Council has therefore been asked to increase its contribution to the fleet and I am hopeful that an additional vehicle will be provided during 1962.

Rail transport is used for long distance journeys where the patient's condition permits. However the increasing use by British Railways of centre gangway coaches which do not provide direct access from the platform makes it increasingly difficult to transport stretcher patients in this way. Only 62 patients were conveyed by rail during the year compared with 83 in 1960.

It is only fitting to record that a very close liaison exists with the officers of the County Council Stations in East Kent and that their help in co-ordinating journeys and assisting with discharged patients is greatly appreciated.

	1952	1956	1960	1961
Total Patients Carried	19,315	26,345	33,390	34,091
Outpatients	14,899	21,600	27,926	28,675
Admissions, Transfers, Accidents, etc.	4,416	4,745	5,712	5,416
Mileage	118,515	136,129	157,268	154,039

During the year the Hospital Car Service carried 112 patients for a total mileage of 6,461.

Domestic Health Service.

A slight increase in the number of cases helped was appreciated and a gradual increase year by year is to be anticipated as the population over 65 increases, for the majority of the cases are in the category of chronic illness or infirmity. Mrs. Barton resigned as Organiser during the year and we are fortunate to find Mrs. Amos to fill her place, who brings good business experience to the task and is well respected by the staff of 27 home helps.

Home Help Service	1961	
	Full-time	Part-time
Maternity	1	10
Acute Illness	—	13
Chronic Illness or Infirmary	—	229
Presence of Young Children	1	—
Tuberculosis	—	—
Totals ...	2	252
Total cases	254	

Mental Health Service.

1. Administration.

The Mental Health Service is administered by a Sub-Committee of the Health Committee and consists of four members of the Council and a co-opted member representing the medical profession.

2. Staff.

(a) Medical.

The medical examination of the mentally subnormal is carried out by the Medical Officer of Health who is an approved practitioner for the purpose of Parts IV and V of the Mental Health Act, 1959.

(b) Social.

(a) During the year the Council appointed Mr. F. T. Rainer as Social and Mental Welfare Officer. Mr. Rainer, who had previously been employed as a Child Care Officer with the London County Council, commenced duties on 1st July, 1961, but resigned on 31st January, 1962, to return to his former employment.

Mr. A. W. Head, an Assistant District Officer with the Kent County Council, was appointed to fill the vacancy and commenced duties on the 16th April, 1962.

(b) Two of the part-time Mental Welfare Officers have retained their designations so that relief can be provided as necessary.

(c) The Supervisor and two assistant supervisors at the Training Centre. During the year Mrs. E. M. Brear, one of the assistant supervisors, qualified by examination as a teacher of the mentally handicapped.

Since the end of the year a general assistant has been appointed to the staff to teach the elementary principles of hygiene and to train the younger pupils in toilet habits.

The Council has authorised the appointment of a male instructor to be appointed when the extensions to the Centre, referred to later in this report, are completed.

(d) The arrangements with the British Red Cross Society to accept mental health after-care cases into their clubs for the physically handicapped still exist but it is understood that attendances are small.

Close contact is maintained with the Canterbury Society for Mentally Handicapped Children.

3. **Mental Illness.**

During 1961 it has been possible to observe the effect of the Mental Health Act, 1959. Formal admissions by mental welfare officers during the year were only 10. Their advice was, however, frequently sought by general practitioners, relations, Police, etc., and informal admission was advised when appropriate.

All the formal admissions were for observation. One for a period of 28 days and 9 for a period of 3 days in accordance with Sections 25 and 29 of the Act.

During 1961 responsibility for the supervision of selected patients discharged from psychiatric hospitals was transferred to the Social and Mental Welfare Officer. Following discussions with the Psychiatric Social Workers of St. Augustine's Hospital 30 cases were removed from supervision. Thirteen new cases were referred for after-care and at the end of the year 40 such cases were being helped by visits and advice.

4. **Cases of Sub-normality.**

Training.

During the early part of the year the extensions to the Training Centre were discussed with the Ministry of Health officials and the plans revised. On the 20th July the amended plans were finally approved by the Ministry and it is with pleasure that in writing this report (May, 1962) I can record that building work is in progress and occupation of the extensions by January, 1963, is anticipated.

When completed, workshop facilities will be available for males, a domestic science room for females and a nursery for the younger pupils. The maximum capacity of the Centre will be 50 places.

At the end of 1961 the following pupils were attending the Centre :

	Male		Female		Total
	Under 16	Over 16	Under 16	Over 16	
Canterbury	4	3	3	3	13
Kent County Council	3	6	5	7	21
Total ..	7	9	8	10	34

The following table summarises the cases dealt with during the year :

Cases under Supervision	...	...	...	...	41
Cases awaiting admission to hospitals	...	...	...	...	4
Cases admitted to hospitals during the year	...	...	...	...	—
Cases reported by the Local Education Authority	...	...	...	...	2
Total cases ascertained during the year	...	...	...	...	2
New cases placed under Supervision	...	...	...	...	2
Cases removed from supervision	...	...	...	...	4
Deaths of cases under Supervision	...	...	...	...	—
Total visits	...	...	...	...	65
Cases admitted to temporary care (Circular 5/52)	...	...	...	...	4

Health Education.

The arrangements described on page 7 Annual Report, 1960, have been continued.

Ministry of Health Circular 78/50—Co-ordinating Procedure.

Two cases were the subjects of meetings during 1961.

Voluntary Organisations.

The Health Department has frequent contact with the following Alford Aid Society (also acting for Invalid Children's Aid Association, Save the Children Fund, The Services Aid Associations, and the Council of Social Service).

The Care Committee (Clinic for Diseases of the Chest).

Old People's Welfare Committee.

St. John Ambulance Brigade.

British Red Cross Society.

Women's Voluntary Service (who give great help at our Child Welfare Clinics).

East Kent and Canterbury Marriage Guidance Council.

The Canterbury Society for Mentally Handicapped Children.

The Diocesan Moral Welfare Association.

The Southwark Catholic Rescue Society.

The Family Planning Association and other Community Service organisations and municipal charities.

Civil Defence.

The Ambulance and First Aid Section continued under the able leadership of Mr. Wead of St. John Ambulance Brigade with Mr. A. Poole, a member of the City and County joint ambulance

service, as instructor. The National Hospital Service Reserve is also well supported by members of St. John Ambulance Brigade and British Red Cross Society.

National Assistance Act, Section 47.

No orders required to be sought during 1961.

Accommodation for Old People.

The accommodation for old persons in the City is provided in :

(a) Charity almshouses, 7 groups (3 with wardens and 53 places, 4 unwardened with 30 places).

(b) Old people's bungalows, 108 units.

(c) Old person's flats, 100 units.

(d) Old people's units with wardens, Flats 80, Bungalows 62.

(e) Homes for elderly and infirm :

1. Private—one, 4 places.

2. Local Authority—two, 50 places (30 Female, 20 Male).

Total places 345.

The total accommodation for old persons is therefore 11.2 per 1,000 population, of which 8.08 per 1,000 are in supervised units and 3.1 per 1,000 in unsupervised units. Out of the 249 supervised units, 192 are local authority places, 53 charity places and 4 are private.

Blind Persons.

No. of cases notified on Form B.D.8 during 1961 ... 6

	Cataract	Glaucoma	Retrolental Fibroplasia	Others
No Treatment ...	2	—	—	3
Treatment needed ...	1	—	—	—
Treated on follow-up	—	—	—	—

Nursing Homes.

There is still only one nursing home in the City. This has accommodation for 6 medical cases.

Homes for the Handicapped.

The National Institute for the Deaf has a registered home in Roper House, Canterbury. This provides for 30 persons. Some of those looked after have additional handicaps. The home is under the close and regular supervision of a general medical practitioner.

Infectious Disease Tables.

Cases Notified during 1961.

Disease	Age Group											Quarterly Incidence				
	Age Un-known	Under 1	1-2	2-3	3-4	4-5	5-9	10-14	15-24	25+	Total	1st	2nd	3rd	4th	Total
Measles ...	4	9	38	57	76	65	248	8	2	—	505	273	208	20	4	505
Scarlet Fever	—	—	—	—	—	—	2	—	—	—	2	1	—	—	1	2
Whooping Cough	—	2	1	4	4	—	4	1	—	1	17	—	2	9	6	17
Dysentery ...	—	—	—	—	—	—	4	—	—	—	4	3	—	1	—	4
Erysipelas ...	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	1
Food Poisoning	—	—	—	—	—	—	—	—	—	2	2	—	—	—	2	2

Other Infectious Diseases Notified.

Diseases	Age Group								Quarterly Incidence				
	Age Un-known	Under 5 yrs.	5-14	15-44	45-64	65+	Total		1st	2nd	3rd	4th	Total
Acute pneumonia	1	3	—	1	6	2	13		11	1	—	1	13
Acute Encephalitis (infective)	—	—	—	—	—	—	—		—	—	—	—	—
		Under 5 yrs.	5-14	15-24	25-44	45-64	65+	Total	1st	2nd	3rd	4th	Total
Tuberculosis Respiratory		2	—	3	1	2	1	9	3	3	3	—	9
Other forms		—	2	—	1	1	2	6	—	2	2	2	6

Puerperal Pyrexia.

Seventeen cases were notified, 15 from hospital, 2 in domiciliary practice.

The causal conditions were identified as :

DOMICILIARY :

1 Sinusitis, 1 unidentified cause.

HOSPITAL :

4 Breast trouble.

2 Urinary infection.

1 Genital tract infection.

1 Transfusion reaction.

7 unidentified cause.

Tuberculosis.

Annual Occurrence of Respiratory Tuberculosis over seven years.

	1955	1956	1957	1958	1959	1960	1961
Male ...	13	10	5	8	6	12	5
Female ...	6	4	4	1	8	7	4
	19	14	9	9	14	19	9

No. of Cases on T.B. Register 31.12.1961.

Pulmonary		Non-Pulmonary	
M.	F.	M.	F.
119	72	22	12

Haine Isolation Hospital, Ramsgate, admitted both the notified cases of Scarlet Fever.

Venereal Diseases.

Special Clinics are provided in East Kent at the following hospitals. The V.D. almoner service is run from the clinics under the direction of the Venereologist. An increase in cases of Gonorrhoea was noted.

Canterbury (Kent and Canterbury Hospital)—

Male—Tuesday, 3-4 p.m.

Female—Tuesdays, 2-3 p.m.

Dover (Royal Victoria Hospital)—

Male—Monday, 4.30-5 p.m.

Wednesday, 4.30-5 p.m.

Female—Monday, 4-4.30 p.m.

Wednesday, 4-4.30 p.m.

Margate (General Hospital)—

Male—Friday, 11 a.m.-12 noon.

Female—Friday, 10-11 a.m.

Laboratory Services.

Public Health Laboratory—Preston Hall, Maidstone.

Public Analytical Laboratory—South Eastern Laboratory,
33 New Dover Road, Canterbury.

Pathological Laboratory Service—Kent and Canterbury Hos-
pital Laboratory and Preston Hall, Maidstone.

VITAL AND MORBID STATISTICS

Population : Mid-1961—30,790.

Live Births :	Male	251	Illegitimate :	Male	11
	Female	227		Female	20
	Total	478		Total	31

Live birth rate per 1,000 population : 15.5.

Corrected (1.02) for comparison : 15.8. England and Wales : 17.4.

Stillbirths :	Male	4	Illegitimate :	Male	—
	Female	—		Female	—
	Total	4		Total	—

Stillbirth rate per 1,000 live and stillbirths : 8.3. England and Wales : 18.7.

Total live and stillbirths : 482.

Infant Deaths :	Male	5	Illegitimate :	Male	—
	Female	4		Female	1
	Total	9		Total	1

Infant Mortality per 1,000 live births (total) : 18.8. England and Wales : 21.4.

Infant Mortality per 1,000 live births (legitimate) : 17.9.

Infant Mortality per 1,000 live births (illegitimate) : 32.3.

Infant deaths under 4 weeks : Male 1
Female —

Total 1

Note :

1 male—1 month.

1 female—5 months.

Under 1 week : Male 3
Female 3

Total 6

Neonatal Mortality Rate per 1,000 live births (total) : 14.6.

Illegitimate live births per cent. of total live births : 6.5.

Maternal Deaths (including abortions) : Nil.

Maternal Mortality per 1,000 live and stillbirths : Nil.

Deaths : Male 167
Female 251

Total 418

Death rate (all causes) per 1,000 population : 13.5.

Corrected (0.81) for comparison : 10.93. England and Wales : 12.0.

Infant Deaths—total 9.

	Age	Sex	Cause
Neonatal	15 minutes	F	Prematurity
	19 hours	F	Prematurity Atelectasis
	2 hours	M	Toxaemia in mother
	2 days	F	Toxaemia with prematurity
	17 hours	M	Congenital (cardiac hypertrophy)
	18 hours	M	Haemolytic disease of new born
	2 weeks	M	Haemolytic disease of new born with prematurity
Over 1 month	1 month	M	Acute pneumonia
	5 months	F	Acute pneumonia with mongolism

All Deaths by Age Groups.

	0-1	1-15	15-25	25-45	45-65	65-80	80-90	90+	Total
Male	5	2	—	10	56	58	29	7	167
Female	4	1	1	4	30	103	82	26	251
TOTAL	9	3	1	14	86	161	111	33	418

Causes of Death	1960	1961
Tuberculosis of Respiratory System	—	1
Tuberculosis, Other Forms	—	—
Syphilitic Diseases	—	—
Other infective and parasitic diseases	2	—
Malignant Neoplasm, stomach	8	5
Malignant Neoplasm, lung and bronchus	12	11
Malignant Neoplasm, breast	7	7
Malignant Neoplasm, uterus	3	4
Other malignant and lymphatic neoplasms	38	32
Leukaemia and Aleukaemia	—	6
Diabetes	4	2
Vascular Lesions of Nervous System	65	58
Coronary Disease, Angina Pectoris	66	101
Hypertension with Heart Disease	13	13
Other Heart and Circulatory Diseases	85	65
Influenza	1	4
Pneumonia	8	16
Bronchitis	16	20
Other Diseases of Respiratory System	4	3
Ulcer of stomach and duodenum	1	8
Gastritis, Enteritis and Diarrhoea	4	4
Nephritis and Nephrosis	5	6
Hyperplasia of Prostate	3	2
Pregnancy, Childbirth and Abortion	—	—
Congenital Malformation	2	1
Other defined and ill defined diseases	26	37
Motor Vehicle accidents	5	6
All other accidents	5	1
Suicide, Homicide and War	4	5
TOTAL	387	418

REPORT OF THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1961

Public Health Department,
Canterbury.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the annual report on the health inspection services carried out in 1961.

It is with reluctance that I refer once more to the staff shortage which existed throughout the year and obviously this is reflected in some aspects of our work. I am very pleased to be able to report, notwithstanding a 17% increase in the number of animals slaughtered in your abattoir, that 100% inspection at the time of slaughter was maintained. Your Inspectors, while regretting the late hours of work that meat inspection entails, viewed with very much concern a request from the Fatstock Marketing Corporation to carry out regular Sunday slaughtering. It is no exaggeration to say that the Inspectors were greatly relieved when the proposal was rejected. In the days of shorter working weeks, it is difficult not to be dismayed with the prospect of a seven day working week and there is evidence to show that even now meat inspection is a deterrent to Inspectors applying for posts in Canterbury. Before leaving the subject of the slaughter of animals it is perhaps worth mentioning that the Sunday Observance Act, 1627, which was passed in the reign of Charles I, provides that "if any butcher kill any victual on Sunday, then every such butcher shall forfeit and lose for every such offence the sum of 6s. 8d." While not much is heard today of this ancient Act which is still on the Statute Book, I suspect that it would have been of some importance in Canterbury in the 17th century.

I should like to record my indebtedness to the Chairman and Members of the Sanitary and Licensing Committee and Housing 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 583

	Houses	Food Premises	Factories
Number of visits	828	503	23
Defects remedied	243	71	—
Informal Notices sent	42	12	—
Formal Notices sent	25	—	—

Prosecutions :—

- For selling a piece of mutton in a dirty condition with a piece of steel wool adhering. Fined £60 and £10. 10s. 0d. costs.
- For selling a savoury roll containing a piece of bent wire. Fined £15 and £5. 5s. 0d. costs.
- For selling a mouldy sausage roll. Fined £5 and £6. 3s. 0d. costs.
- For smoking while handling unwrapped bread. Fined £5 and £3. 3s. 0d. costs.

Housing Acts.

Number of new houses/units erected in 1961 :

1. By the Council	81
2. By private enterprise	128
	209
Houses demolished	66
Net increase ...	143

Number of houses in respect of which :

(a) Demolition orders were made	—
(b) Closing orders were made	13
(c) Undertakings not to use for human habitation were were accepted	—
(d) Closing orders were determined after houses had been made fit	5
Houses repaired as a result of informal action	49
Houses repaired after the service of Statutory Notice under Public Health Act	22
Houses repaired after service of formal notice under Housing Act—	
(a) by owners	—
(b) by Council in default of owner	—

No routine inspection of houses apart from that done on clearance areas was done during the year.

One notice was served to abate overcrowding and the tenant left the house.

Thirty-three notices have been served to improve conditions in houses let in lodgings. This has been done to remove the "spring board" for priority in re-housing. The sub-tenants have been re-housed and the persons controlling the houses can now choose between having no sub-tenants, or doing the work to make the houses fit for habitation.

Improvement Grants.

The applications for Improvement Grants are investigated and the houses inspected to ascertain state of repairs. Fifty-one houses were inspected and in 29 cases the owners were asked to carry out repairs.

Unfit Housing Programme.

The list of unfit houses prepared in 1955 comprised 632 houses and at the end of 1961 383 houses had been dealt with. During this period 75 unfit houses not included in the list were also closed for human habitation or demolished.

During 1961, 2 clearance areas involving 44 houses were represented and both areas are being dealt with as a Compulsory Purchase Order. The owners of 11 houses appealed on the grounds that the houses were not unfit, and the Minister's decision was awaited at the end of the year.

Closing Order procedure was adopted for 13 individual unfit houses.

Rent Act, 1957.

	1961	Total to date
No. of applications for certificates	1	136
No. of decisions not to issue certificates	—	1
No. of decisions to issue certificates	1	135
(a) in respect of some but not all defects	1	100
(b) in respect of all defects	—	35
No. of undertakings given by landlords	—	37
No. of undertakings refused by local authority	—	—
No. of disrepair certificates issued	1	90
No. of applications by landlords to local authority for cancellation of certificates	4	45
Objections by tenants to cancellation of certi- ficates	—	16
Decision by local authority to cancel in spite of tenant's objections	—	—
Certificates cancelled by local authority	4	32
No. of certificates invalid owing to tenant leav- ing or house demolished	—	35
No. of certificates in operation at end of year...	—	23

During the inspections it was found that 57 of the 136 applicants for certificates of disrepair were living in houses which had been included in the Council's list of unfit houses.

As there was only one application for a certificate of disrepair, does it mean that owners are maintaining houses in a better condition, or have tenants now adjusted their living to the increased rents? I should like to think that it is the former. One point noted in discussions with tenants is the belief that once a tenant has held a certificate of disrepair he is precluded from applying again. Perhaps there is a need for an official announcement on this.

Water Supply.

The Canterbury and District Water Company own the water undertaking and maintain a very satisfactory supply both as regards quality and quantity. Every house in the area has a piped supply of town's water inside the house.

There is close co-operation between the Water Company and the Public Health Department and anything unusual revealed by Company's sampling would be disclosed. The Company carry out bacteriological tests 3 times weekly of the raw water and an independent analyst carries out bacteriological tests monthly and chemical analysis quarterly. All the samples were satisfactory.

The public supply is collected from deep wells in the chalk and it receives a minimal dose of chlorine, more to keep the apparatus in first-class working condition for an emergency than because the supply normally requires it.

The total hardness is 278 parts per million of which 240 is temporary (i.e. deposited on boiling).

Four 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. The Public Health Laboratory reported that B.Coli presumptive were absent in 100 c.c.s.

There is no plumbo solvent action in the town's water and the fluorides are insignificant.

Two samples of water were obtained from swimming baths at schools and in each case the bath water was free from B.Coli presumptive in 100 c.c.s.—a most satisfactory state of affairs.

Sewerage and Sewage Disposal.

Apart from a few isolated properties, all the premises within the City have facilities for main drainage.

The sewerage system appears to be reasonably adequate to cope with normal foul flows, although there is heavy infiltration of subsoil water in some sections.

The Sewage Disposal Works, however, are overloaded and analyses of samples indicate that the effluent does not always conform to the recommended standards. Consulting engineers have been appointed to prepare a preliminary report for either improving the existing works or constructing entirely new works on a new site.

Sampling.**Food Supplies.**

Mr. C. Harcourt Wordsworth, B.Sc., F.R.I.C., was our Public Analyst until his death in June and after then, Mr. J. H. E. Marshall, M.A., F.R.I.C., who had been Mr. Wordsworth's deputy, acted as temporary Public Analyst.

Forty-eight formal samples and 24 informal samples were submitted for chemical analysis.

Article	No. of samples	
	Formal	Informal
Milk	10	—
Channel Island Milk	9	—
British Wines	7	—
Non-alcoholic drinks	—	4
Mineral waters	—	6
Puff Pastry	—	1
Dairy Cream Cakes	2	—
Buttered Kipper Fillets	—	1
Ice Cream	—	12
Butter	5	—
Ground Almonds	6	—
Sausage Meat	9	—

All except 1 were satisfactory and this was a sample of producer bottled milk in which both fat and non-fatty solids were deficient. The figures being 2.73% of fat and 8.39% of non-fatty solids against the minimum standards of 3% and 8.5%. As the freezing point test did not indicate extraneous water, the producer was interviewed and subsequent testing showed a satisfactory improvement.

Public Health (Preservative in Food) Regulations.

All the samples in the preceding table were examined under the above Regulations and in no case was there any contravention.

Food Hygiene.

Types of food premises in the area :—

	Inspections	
Restaurants and cafes	93	150
Butchers	31	79
Bakers and confectioners	22	44
Grocers	87	84
Fried fish shops	6	4
Wet fish shops	7	9
Sweet shops	22	5
Public houses	84	5
Greengrocers	21	11
Other food premises	4	7

Number of registered premises :—

Dairies	5	12
Premises from which bottled milk is sold	31	32
For the manufacture and sale of ice-cream	4	87
For the preparation of sausages or processed food	38	9

Steady progress is being made concerning improvements to the many food shops, but progress has been rather slow on account of staff shortage and the time which has to be spent on meat inspection and housing work.

Eighteen complaints were received concerning irregularities in food and the following action was taken :—

1. Stewing mutton in dirty condition and with piece of steel wool adhering. Vendor fined £60 and £10. 10s. 0d. costs.
2. Buns with a pronounced "yeasy" smell. Sent to baker for laboratory examination.
3. Pickles containing glass. No action in view of the unsatisfactory witness.
4. Chocolate containing piece of metal approximately 3/16in. long. Letter to manufacturers.
5. Savoury roll containing piece of bent wire approximately 1 in. long. Baker fined £15 and £5. 5s. 0d. costs.
6. Loaf containing pieces of dark coloured material approximately $\frac{1}{4}$ in. in diameter. Analyst reported the material to be fragments of yeast. No action.
7. Milk bottle with brown stain on interior. Analyst reported "the extraneous matter was mainly structureless organic matter to which were adhering small mould colonies. Dairyman interviewed.
8. Loaf containing small piece of grease. Baker cautioned.
9. Puff pastry containing mould. Manufacturer interviewed and cautioned.
10. Strawberry jam containing piece of punnet. Manufacturer cautioned.
13. Cheese containing nail (head visible in rind). Shop-keeper cautioned.
14. Mouldy sausage rolls. Vendor fined £5 and £6. 3s. 0d. costs.
15. Ham roll containing fly. Vendor cautioned.
16. Loaf containing small piece of grease. Baker cautioned.
17. Unwrapped sweets containing live grub. The grub was a type normally found in fruit. Vendor cautioned.
18. Frozen minced beef in which decomposition had begun. Supplier cautioned.

A baker's roundsman who was found to be smoking while delivering unwrapped bread was summoned and fined £5 and £3. 3s. 0d. costs.

Inspection of Food.

The meat from the Council-owned Abattoir is distributed over most of Kent and into adjoining counties.

Although the Inspectors have not been able to give as much attention as I should like to some aspects of our work, it is with some satisfaction that I am able to report again that every carcase and its offal was inspected before it left the Abattoir. 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	Pigs
Number killed	8,903	1099	1,751	20,001	17,802
Number inspected	8,903	1099	1,751	20,001	17,802
(Figures for 1960)	5,681	675	1,459	17,148	17,373
(Figures for 1959)	2,826	505	956	18,664	17,117
All diseases except T.B. and Cysticercus bovis					
Whole carcasses condemned	3	14	22	56	53
Carcasses of which some part or organ was condemned	4,003	444	6	1,294	4,141
Percentage of the number inspected affected with diseases other than T.B. or Cysticercus bovis ...	44.88	41.66	1.59	6.74	23.55
Tuberculosis only					
Whole carcasses condemned	2	—	—	—	—
Carcasses of which some part or organ was condemned	125	117	—	—	510
Percentage number inspect- ed affected with T.B. ...	1.43	10.65	—	—	2.86
Cysticercus bovis					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	51	1	—	—	—
Percentage of the number inspected affected with Cysticercus bovis ...	0.57	0.09	—	—	—

CARCASES FOUND TO BE UNFIT.

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

	B	P	S	C
Tuberculosis	2	—	—	—
Septicaemia/Pyæmia	2	15	4	7
Septic Pneumonia	—	3	1	3
Septic Pleurisy	—	13	—	—
Septic Peritonitis	1	3	3	—
Joint—Ill	—	—	—	3
Pregnancy Toxaemia	2	1	1	—
Pleurisy/Peritonitis/Pericarditis ..	—	3	1	—
Johnes Disease	3	—	—	—
Jaundice	—	1	—	1
Uraemia	1	1	—	—
Swine Fever	—	1	—	—
Acute Swine Erysipelas	—	2	—	—
Leukaemia	1	—	2	—
Immaturity	—	—	1	7
Oedema and Emaciation	5	4	29	1
Injuries with complications	1	3	4	—
Extensive Bruising	1	—	2	—
Moribund	—	2	7	—
Decomposition (animals slaughtered elsewhere)	—	1	1	—
Totals ..	19	53	56	22

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

Tuberculosis	...	...	...	...	12,678 lbs.
Distomatosis	...	...	...	...	51,365 lbs.
Cirrhosis	...	...	...	...	2,608 lbs.
Abscesses	...	...	...	...	5,090 lbs.
Pneumonia, pleurisy, pericarditis, peritonitis...					2,933 lbs.
Actinomycosis	...	...	...	...	2,541 lbs.
Cysts and Parasites	...	...	...	...	6,701 lbs.
Cysticercus bovis	...	...	...	...	1,426 lbs.
Miscellaneous conditions	...	...	...	...	13,288 lbs.

Weight of carcasses condemned ... 19,630 lbs.

Total weight of condemnation ... 118,526 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. 52 localised infestations (0.51 of animals slaughtered) were found and an analysis of these cases is as follows :—

	Cows	Heifers	Steers	Bulls
Site of lesion:—				
External Masseter ...	1	7	11	—
Internal Masseter ...	—	5	8	—
Heart ...	—	2	12	—
External Masseter and Heart ...	—	—	1	—
Diaphragm ...	—	—	4	—
Internal and External Masseter	—	—	1	—

Percentage of animals affected by tuberculosis based on the total number of animals entering the abattoir.

	Cattle excluding Cows	Cows	Pigs
1961 ...	1.43	10.65	2.86
1960 ...	2.7	4.7	3.5
1959 ...	3.8	15.6	3.6
1958 ...	7.2	26.5	3.6

During the year 238 cattle which had reacted to the tuberculosis test carried out by Ministry veterinary surgeons were sent in for slaughter. This is a substantial increase over the 101 the previous year. If the 238 reactor cattle which came from various parts of the region were excluded, the figures for normal entry cattle would be :—

				Cattle including Cows	Cows
1961	...	...	...	1.22%	Nil

The meat and other food found to be unsound on inspection in food shops amount to 7,262 lbs.

Meat	...	...	...	...	2,166 lbs.
Canned food	...	...	...	...	4,867 lbs.
Fish	...	...	...	...	229 lbs.

The unsound meat from the Abattoir, with the exception of pork which is converted into fertiliser, 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.

Milk.

There are nine milk retailers in the City and 30 general shops are registered for the sale of sterilised and/or pasturised milk.

All the milk sold by retail, with the exception of a few pints of tuberculin tested sold by a producer/retailer, is either pasteurised or sterilised. The untreated milk comes from an adjoining district, and as the local authority concerned carries out biological sampling, it is not considered necessary for the Canterbury authority to carry out any testing for the presence of tubercle bacilli and *Brucella abortus*.

Three firms are licensed by the City Council to pasteurise milk. Two have H.T.S.T. plants and one a holder type of plant. 107 samples were obtained to check (a) the pasteurising process (Phosphatase test) and (b) the keeping quality of the milk at the point of delivery to the retailer (methylene blue test). All except one were satisfactory. The defective sample failed the methylene blue test in hot weather.

Milk in Schools Scheme.

All milk sent to schools under the control of the Education Committee has been pasteurised and the 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	21
To deal in sterilised milk	20
To bottle tuberculin tested milk	2
To deal in tuberculin tested milk	2

Ice Cream.

There are four premises registered for the manufacture and sale of ice cream, two for the storage of ice cream and 107 for the sale of ice cream. Of them, 99 sell nothing but the pre-packed variety.

Four applications were received in 1961, three of which were for the registration of premises for the sale of ice cream and one for the manufacture of ice cream.

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

			Figures for comparison			
			1961	1960	1959	1958
Grade	1	...	19	16	28	27
"	2	...	13	12	6	1
"	3	...	5	9	5	1
"	4	...	1	5	6	2

(9 samples which were delayed in transit on the railway were not tested).

There was some improvement in the results compared with the previous year. One grade four and two grade three samples were from bulk supplies of proprietary brands of ice cream and it is strongly suspected that faulty serving technique on the part of the retailers was responsible for the poor results. The retailers were advised on methods of sterilising the equipment.

The investigation continued into the local made ice cream manufactured from milk and butter which showed unsatisfactory grading, particularly in hot weather. It should be stated that the ice cream was in no way dangerous, in fact there was no growth of coliform organisms and the total count of organisms was 150 colonies per m.l., which is not unsatisfactory. Further testing was carried out to isolate *B. Cereus* and the laboratory confirmed that some colonies were probably *B. Cereus*. These organisms are found in milk in the warmer weather and they can survive the pasteurising process. They have the property of decolourising methylene blue, thus affecting the test. Sterilisation of the equipment with an acid sterilising agent was recommended and the investigation will continue.

Health Education.

The Inspectors have always realised the importance of health education and have done whatever has been possible during visits to food premises and in talks to groups of townspeople.

The staff shortage was most acute in the summer and owing to a considerable rise in animal throughput in the abattoir, it was not possible to arrange a display of public health material as in previous years. It is felt that sticking up posters exhorting people "to do this or don't do that" makes very little impact on people and that a display strategically placed, with publicity, arouses more interest. This can be both costly and time-consuming to arrange but it is hoped to stage as effective a display in 1962 as can be managed on the very limited funds available.

Shops Act, 1950

The department is responsible for the following matters under the Act : ventilation, heating, sanitary conveniences, lighting, washing facilities and facilities for taking meals.

47 shops were inspected and apart from some minor defects which were attended to, they were found to be satisfactory.

Noise Abatement Act, 1960

Complaints were received concerning machinery in 2 factories and after investigation it was decided that the complaints were justified, particularly one which on occasions went on throughout the night and was likely to interfere with nearby residents' sleep.

It was possible in both cases to effect substantial improvements to the satisfaction of the complainants.

While it is admitted that complaints of noise have been few and far between, it is felt that this piece of new legislation in the armoury of the public health department can make a useful contribution to the comfort of persons living near industrial premises. To try to effect improvement previous to the Act, the persons affected had to resort to private legal action, a matter beyond the reach of most people likely to be affected.

Clean Air Act, 1956

The Council's Model Byelaws relating to new building contain a provision that heating and cooking appliances are to be of a type suitable for the burning of approved fuels.

The City Engineer is responsible for section 10 of the Act which concerns the height of chimneys and close co-operation exists between our departments over this matter.

It was only possible to continue smoke observations on a limited scale on account of staff shortage.

Details of 2 new boiler installations were received and approved under Section 3 (2).

Fertilisers and Feeding Stuffs Act, 1926

Five samples of animal feeding stuffs were obtained for analysis by the Official Agricultural Chemist and all except one were satisfactory. The unsatisfactory sample of growers' pellets was 0.15% outside the permissible variation in the amount of oil. This sample was being followed up at the end of the year.

Diseases of Animals Acts.

Nine licences granted by the Council under the Diseases of Animals (Waste Foods) Order, 1957, for the boiling of waste food for feeding to pigs were in operation at the end of the year. The plant operators were visited and reminded to give strict compliance to the Order.

Two cases of swine fever were discovered in the Abattoir. The premises were disinfected and the carcass disposed of in accordance with the Act.

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 1961.

Dustbins.

The scheme adopted in 1950 for the Council to supply dustbins at a rental was continued. Since 1957 the rental has been 7/- per year and at the end of 1961 2,601 bins had been supplied. During 1961, 146 new dustbins were supplied.

Infectious Diseases, etc.

Three visits were made and 3 houses were fumigated on account of tuberculosis and scarlet fever.

Foul Linen Service

The part-time rodent operator also assists in the foul linen service which is operated by the Council to help elderly ailing people. The work involved is checking the articles for the laundry; taking the clothing to the Nunnery Fields Hospital Laundry and returning the clean clothing to the owners. 739 bundles of clothing were handled in 1961.

Knackers' Yard

One building is licensed by the Council for the slaughter of horses and other animals. Only a small trade is carried on. All animals are slaughtered in a humane manner and the proprietors dispose of the meat uncooked for cat and dog food.

Verminous Houses.

Two Council houses and 3 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, but owing to staff shortage it was not possible to inspect the furniture and effects of prospective tenants. As in the past, each house, whether old or new, is given a precautionary spraying with insecticide before occupation commences and in the year 241 such sprayings were done.

The staff carried out 31 fumigations to rid premises of wasps' nests.

Rodent Control.

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

Complaints were received from 253 persons; 241 were in respect of infestation in private houses and 12 were from occupiers of business premises. During the investigation of these complaints 35 additional infestations were discovered.

Maintenance treatments of the sewers was carried out in June and it would appear that the number of rats is being kept at a very low level.

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

Visits to houses	1,782
Visits to other premises	84
No. of premises cleared :—	

Rats

Houses	232
Business premises	9

Mice

Houses	56
Business premises	3

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

Agriculture (Safety, Health and Welfare Provisions) Act, 1956.

Seven farms were inspected and the sanitary accommodation for employees was found to be reasonably satisfactory. This is the Council's only duty under the Act and when it is considered that central government staff carry out the other functions, including securing the provision of washing facilities it seems logical that the local authorities' duty should be transferred to them on the grounds of efficiency and to the convenience of the farmers.

FACTORIES ACTS, 1937 to 1959

1. Inspections for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Inspection (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	31	2	—	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	155	18	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	—	—	—	—
TOTAL	186	20	—	—

Cases in which Defects were Found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature ..	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	1	1	—	—	—

PRINCIPAL SCHOOL MEDICAL OFFICER'S REPORT FOR 1961

My Chairman, Ladies and Gentlemen,

During 1961 one in three of the schoolchildren received a routine medical inspection, and the findings showed a very satisfactory general level of health. Looked at generally only 2.3% of those examined were categorised as unsatisfactory although 55% of the children were found to have some condition or defect that required further observation, investigation or treatment.

Early identification of hearing defects in young children in the pre-school years is of prime importance if hindrance to speech development is to be avoided, and the health visitors are trained in deafness identification in infants. But defects in hearing resulting from ear disease or following illness may arise in the course of schooling and may be an unrecognised hindrance to educational progress. It is therefore a satisfactory development that we can now report facilities for audiometric assessment of such schoolchildren by the school medical officer. Any case of hearing defect warranting further investigation or treatment is then dealt with in conjunction with the family doctor and the E.N.T. consultant.

It has been frustrating to have no local day school for the backward child who requires special schooling and it has been natural enough that parents have not always been co-operative in agreeing to such children going to residential special schools outside Canterbury. There is an unwillingness to relax the protective home nurture of one who is mentally and socially young for the age attained and to abdicate responsibility to the education authority and a distant school. (In fact one regrets that so many parents of teenagers adolescents too readily abdicate their responsibilities in maintaining personal standards of behaviour amongst the young people and tend to grant freedom, independence, and liberal pocket money in advance of the social maturity to justify it). The teaching staff have done wonderful work in helping these backward children in the ordinary school, and greater attention is now being given to identifying such cases, in anticipation of the development of some day classes locally. The School Psychological Service is dealing with another problem, that of backwardness in particular subjects in an otherwise normal child.

The provision of teaching for children in the children's wards of Kent and Canterbury Hospital continues and is a valuable fringe to medical care in these wards, greatly appreciated as a contribution to the happiness of the children. In fact it has changed the outlook towards learning in many cases, for education appears suddenly as an interest and enjoyment when you lie in bed. This is not to suggest that the schoolboy creeping like snail unwillingly to school should be sent to hospital for radical treatment and a new view on education. It is, however, good to see the blessings that come from such hospital teaching in times of trouble for child and parent, and right to recognise it.

Your obedient servant,

MALCOLM S. HARVEY.

General Information.

Number of School Departments :

Primary	...	...	...	...	...	9
Secondary	...	...	...	...	...	4
All age	...	...	...	...	...	1

Number of Scholars on Roll at end of 1961 :

Primary	...	...	...	...	...	2,451
Secondary	...	...	...	...	...	2,341
All age	...	...	...	...	...	388

Total ... 5,188

Staff—details are shown in the appendix at the end of the report. The function of Health Visitor is combined with that of School Nurse.

Children given routine medical examination—1,678.

Other special examinations—1,722.

The number of children found to be suffering from skin conditions, evidence of infestation, and other defects are referred to in Tables S2 to S6 which are given at the end of the report. The following details are of particular interest :

Nose and Throat.

31 children were referred to the consultant after prior reference to the family doctor and 16 received operative treatment. The total of children found to have defects requiring observation was 230

Ear Disease.

	at Routine Examination	at Special Inspection
<i>Middle Ear Disease :</i>		
Requiring observation	... 13	2
Requiring treatment	... 4	4
<i>Other Ear Disease :</i>		
Requiring observation	... 1	1
Requiring treatment	... —	—

Hearing Defects.

	at Routine Examination	at Special Inspection
For observation	... 99	83
For investigation or treatment	... 19	22

Vision.

Found at Routine Medical Inspections :

Number of children tested	1,678
Number found to be suffering from Visual Defects	184
Number found to be suffering from Squint ...	6
Number found to be suffering from Other Defects	23

Found at Special Inspection :

Number of children found with Visual Defects ...	312
Number of children found with Squint	12
Number of children found with Other Defects ...	13

The E card and Hand card are used for school entrants.

Speech.

12 cases at periodic inspection and 3 at special inspections were found with defects warranting treatment and 14 cases were referred to the Speech Therapist. 37 other cases were put under observation as to progress. Our arrangement continued with the Kent County School Health Service for cases to be accepted at their Speech Therapy Clinic in Whitstable Road.

Cases referred 1961	14
Interviewed—no treatment necessary ...	2
Cases closed	5
Non-attendance	1
Satisfactory progress	2

Lip Reading.

Classes for partially deaf children are held in the May Hooker Centre on Saturday mornings and cases from Canterbury and the surrounding County area are assisted. The class is run in two sections according to age and close contact is maintained with the consultant of the Hearing Aid Centre of the Kent and Canterbury Hospital. There is a course for lip reading which runs at the Canterbury Technical College to which school leavers move in due course.

Nine children attended in 1961, 4 from Canterbury and 5 from Kent County. Of these 7 were over 10 and 2 were under 10.

Handicapped Pupils.

The following table summarises the position at the end of 1961. Ascertainments are carried out at the School Clinic, by home visit, or by the consultants concerned.

Handicapped Pupils.

	On Register		Newly assessed as needing special education treatment	Newly Placed	Newly Placed (Assessed prior Jan. 1961)	Requiring Special Schools	Under 5 Requiring Special Schools	Reached 5 Parents refused Special Schools	On Registers - Boarding Schools		
	Male	Fem.							Maintained Schools	Non-Main-tained Sch'ls	Independent Schools
Blind ...	—	—	—	—	—	—	—	—	—	—	—
Partially-sighted ...	4	—	—	—	—	—	—	—	—	—	—
Deaf ...	1	—	1	1	—	—	—	—	—	—	—
Partially-Deaf ...	—	—	—	—	—	—	—	—	—	—	—
Physically Handicapped ...	4	1	1	—	1	1	1	—	1	1	—
Delicate ...	15	13	3	2	2	—	—	6	2	3	—
Maladjusted	6	1	4	1	—	2	—	—	—	2	2
E.S.N. ...	14	5	2	—	2	2	—	—	6	1	—
Epileptic...	3	—	—	—	—	—	—	—	—	1	—

Minor Ailments Clinic.

5,136 attendances were made at this Clinic. It opens at 8.30 a.m. in order to treat cases on their way to school and pupils can be treated again on their way home between 3.30 p.m. to 4.30 p.m. Provision is also made for minor ailment attention in two of the outlying schools when the school nurse is in attendance.

Ultra Violet Light Clinic.

16 cases attended such sessions on the recommendation of the School Medical Officer or family doctor.

Audiometry.

Audiometric investigation of hearing defects is now carried out at the School Clinic.

Eyesight Clinic.

Sessions are held in the Kent and Canterbury Hospital by a Specialist Ophthalmologist to see school children referred, preliminary preparation being carried out at the School Clinic by the school nurse who attends with the specialist. See Table S.4.

B.C.G. Vaccination.

This protection is offered to children in Education Authority schools and in private schools in the City (including Public Schools). Visits to Education Authority schools are preceded by explanatory talks to pupils at the time of issue of consent forms. In the Public Schools such talks are left to be given by the school's own medical officer and only the vaccination and follow-up service is given. There was an 86% acceptance. Out of 801 in the age groups covered 695 accepted test, 31 showed a positive reaction (4.4%) and 634 accepted vaccination. The follow-up of positive tests by x-ray and further enquiry where indicated is carried out by the Chest Physician and Tuberculosis Health Visitor. Reference is also made to B.C.G. Vaccination in the Medical Officer of Health's Annual Report.

Other Protective Inoculations.

The co-operation and help of the staff of all schools is acknowledged and very much appreciated, in our intermittent visits to carry out immunisation procedures including protection against acute poliomyelitis and diphtheria immunisation boosting.

School Dental Service.

Principal Dental Officer :

Mr. Alvyn Pryor, L.D.S., resigned on June 30th to move to a similar appointment at Exeter and was succeeded by Mr. Peter B. Taylor, L.D.S., from Poole, Dorset, who took up his appointment on October 1st, 1961.

A scheme was presented to modernise the equipment in the School Dental Clinic and was under way at the end of the year, to be completed during this financial year.

During the period of vacancy sessional dental work was carried out by Mr. D. F. Crouch, B.D.S., who has continued to assist Mr. Taylor on a sessional basis as demand has proved necessary.

Table of Dental Inspection and Treatment.

(1) Number of children inspected by Dentist needing treatment :	2,306
Specials	400
Total Routine and Special Examinations	4,118
(2) Routine examination not needing treatment	1,412
(3) Number actually treated	792
(4) Attendances made by children	1,711
(5) Half-days devoted to : Inspection	30
Treatment	342
Total	372
(6) Fillings : Permanent Teeth	511
Temporary Teeth	12
Total	523
(7) Extractions : Permanent Teeth	362
Temporary Teeth	892
Total	1,254
(8) Administration of :	
General Anaesthetics for extractions	584
Local Anaesthetics for extractions	12
Total	596
(9) (a) Other treatment (Scalings, Polishings)	58
(b) Silver Nitrate or dressings	477
Total	535

Dentures.

Partial Dentures provided	14
Full Dentures	—
Additions to existing plates	1
Repaired	11
(7 dentures were for immediate insertion following extractions).	

Orthodontic Treatment.

New cases commenced	17
Cases carried forward	17
Cases completed	26
Cases discontinued	8
Pupils treated with appliances	8
(Removable appliances 9)	
(Fixed appliances Nil)	
Total Attendances	87
Extractions : Permanent Teeth	27
Temporary Teeth	33
(These figures are included in the total extractions).	
Number of Radiographs	8

Dental Examinations at Junior Training Centre.

Examined	...	...	21
Found fit	...	...	9
Treatment	...	...	12

(Remainder absent or impossible to examine).

Treatment Completed	4
---------------------	---

Milk and Meals.

School Milk—3,924 children. School dinners—3,449. Meals provided free of charge to 226 children.

TABLE S.1.

Condition of Children on Routine Medical Inspection.

Age Group	No. Inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
Entrants - -	362	359	99	3	1
Intermediates	523	512	97·9	11	2·1
Leavers - -	643	626	97·3	17	2·7
Others - - -	150	142	94·6	8	5·4
Total - - -	1,678	1,639	97·7	39	2·3

TABLE S.2.

Defects found by Medical Inspection in the year ending
31st December, 1961.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	29	68	15	51
5	Eyes (a) Vision ..	40	144	65	247
	(b) Squint ..	1	5	1	11
	(c) Other	4	19	3	10
6	Ears (a) Hearing ..	19	99	22	83
	(b) Otitis Media ..	4	13	4	2
	(c) Other	—	1	—	1
7	Nose and Throat ..	26	102	31	71
8	Speech	12	16	3	21
9	Cervical Glands ..	3	13	1	2
10	Heart and Circulation ..	8	26	—	11
11	Lungs	9	41	—	16
12	Developmental—				
	(a) Hernia	—	6	—	2
	(b) Other	2	22	1	24
13	Orthopaedic—				
	(a) Posture	2	32	3	11
	(b) Flat foot ..	7	54	4	23
	(c) Other	1	32	1	12
14	Nervous System—				
	(a) Epilepsy	—	4	—	—
	(b) Other	1	12	1	4
15	Psychological—				
	(a) Development ..	—	7	3	16
	(b) Stability	—	12	2	7
16	Abdomen	2	13	4	14
17	Other	2	7	5	26
Total Number of Children Inspected		1,678		1,722	
Number of Children represented in figures above ..		920		834	

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	—
Scabies	—
Impetigo	6
Other skin diseases	480
EYE DISEASE	111
(External and other, but excluding errors, refractions, squint and cases admitted to hospital).	
EAR DEFECTS	36
(Treatment for serious diseases of the ear is not recorded here).	
Miscellaneous	708
	1,341
Total number of attendances at Authority's minor ailments clinics	5,136

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

Errors of Refraction and Squint dealt with	202
Other Defects or Diseases of the Eye	107
No. of children for whom spectacles were prescribed	140

TABLE S.5

Defects which received operative treatment (through Education Committee arrangements)	23
Defects which received other forms of treatment	10

TABLE S.6

(1) Average number of visits per school made by School Nurses	7
(2) Home visits made as School Nurses	246
(3) No. of Individual Children found with nits	33
(4) No. of Individual Children cleansed under Section 54 of the Education Act, 1944	—
(5) No. of cases in which legal proceedings were taken	—

CANTERBURY CHILD GUIDANCE CLINIC

ANNUAL REPORT, 1961

Comment on the Figures and Staff Changes.

- Table 1**—The total number of referrals for 1961 dropped very slightly. There was a significant decrease in the number of referrals from private doctors (nearly 50%) which was offset however by a larger number of cases sent in by the Courts and probation officers. The appointment of two psychologists operating within the school psychological service has meant a greater number of direct referrals from them and fewer from head teachers or school medical officers. The ratio of referrals between the County and City areas remains approximately the same at 5 : 1.
- Table 2**—The types of problems referred are distributed in similar proportions to previous years with a large preponderance of behaviour disorders.
- Table 3**—There was a large increase in cases disposed of after diagnosis and advice. The tendency has been for the Clinic to see fewer cases for intensive treatment and more for supervision.
- Table 4**—The number of cases seen at the Clinic for diagnosis has remained steady despite Dr. Huband's illness and prolonged absence during the second half of 1961. There was a marked increase in cases seen only for diagnosis and advice and also a gratifyingly higher percentage of cases discharged as improved. These figures reflect a more vigorous approach by the Clinic staff, now up to its normal establishment.

Waiting Lists.

The diagnostic waiting list has increased by nearly 30% by comparison with the 1960 figures and stood at 153 at the end of the year. There has been, however, a steady and continuous decrease in the waiting list since September, 1961, and this trend is fortunately persisting. The treatment and supervision waiting list is also decreasing.

Staff.

In May, 1961, we were very fortunate in securing the services of Miss Cripps as full-time psychiatric social worker. This has meant that for the first time in several years a full psychiatric team has been functioning at the Clinic. The School Psychological Service as represented by Miss Powell and Mr. Joynt has now

become well established and as well as providing excellent liaison with the schools is also giving better documented information on all the school children referred here. Many of these are referred early to the Clinic by the psychologists who can assess more readily when a child needs help.

Subsequent to the period covered by this report it was with great sadness that we heard of Dr. Huband's death which occurred in March, 1962. Dr. Huband had been consultant psychiatrist to the Child Guidance Clinic since October, 1954, and many young patients owed her a debt of gratitude for all the help she was able to give them.

TABLE C.G.1.

SOURCE OF REFERRAL.

	1961				1960			
	County	City	N.H.S.	Out of Area	County	City	N.H.S.	Out of Area
School Medical Officer ...	44	26	—	—	66	17	1	—
Private Doctor ...	45	2	—	—	83	10	—	—
Court or Probation Officer	41	3	—	—	6	2	—	—
Head Teacher or								
Education Officer ...	18	2	—	—	42	7	—	—
Parent or Foster Parent	10	2	—	—	9	—	—	—
Other Clinics or								
Psychiatrists ...	27	5	—	2	26	4	—	1
Miscellaneous Social								
Agencies, including								
Children's Officer,								
Infant Welfare ...	11	—	—	—	13	—	—	1
Educational Psychologist	39	4	—	—	6	—	—	—
	235	44	—	2	251	40	1	2
	281				294			

TABLE C.G.2.

PROBLEMS REFERRED.

	1961				1960			
	County	City	N.H.S.	Out of Area	County	City	N.H.S.	Out of Area
Nervous Disorders ...	39	6	—	1	43	3	—	—
Habit Disorders...	37	10	—	—	40	9	—	—
Behaviour Disorders ...	143	25	—	1	149	20	1	2
Organic Disorders ...	2	1	—	—	2	—	—	—
Psychotic Behaviour ...	1	—	—	—	1	—	—	—
Educational and								
Vocational Difficulties	12	2	—	—	16	8	—	—
Unclassified ...	1	—	—	—	—	—	—	—
	235	44	—	2	251	40	1	2
	281				294			

TABLE C.G.3.

DISPOSAL OF NEW CASES SEEN.

	1961				1960			
	County	City	N.H.S.	Out of Area	County	City	N.H.S.	Out of Area
Diagnosis and Advice ...	31	4	—	—	12	5	—	—
Diagnosis and Placement	6	—	—	—	6	—	—	—
Taken on for Treatment	56	16	—	1	96	10	—	1
Taken on for Supervision	62	15	—	1	49	9	—	1
Remedial Coaching ...	5	2	—	—	7	1	—	—
Partial Service ...	25	5	—	—	29	3	—	—
	185	42	—	2	199	28	—	2
	229				229			

TABLE C.G.4.

CASES CLOSED.

	1961				1960			
NON-TREATMENT	County	City	N.H.S.	Out of Area	County	City	N.H.S.	Out of Area
Diagnosis and Advice ...	31	4	—	—	12	5	—	—
Diagnosis and Placement	6	—	—	—	6	—	—	—
Withdrawn before examination, no service given	18	4	—	—	31	5	1	—
Withdrawn after Partial Service	25	5	—	—	29	3	—	—
Total I	80	13	—	—	78	13	1	—
I TREATMENT								
Adjusted	1	—	—	—	3	1	—	—
Improved	79	14	—	—	43	5	—	1
Unimproved	8	1	—	—	4	—	1	—
Non - co - operative, or Interrupted	23	4	—	1	29	3	—	—
Placed	16	—	—	—	19	2	—	—
Total II	127	19	—	1	98	11	1	1
Total I and II	207	32	—	1	176	24	2	1
TOTAL FOR YEAR	240				203			

WAITING LISTS—

December 31st, 1961

December 31st, 1960

	County	City	N.H.S.	Out of Area	County	City	N.H.S.	Out of Area
Diagnostic ...	130	23	—	—	98	26	—	—
Treatment or Supervision	58	13	—	—	63	13	—	1

Staff of Home Health and School Health Services :

Medical Officer of Health and Principal School Medical Officer :
MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

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., D.P.H. (Resigned 31st August, 1961).

Deputy Medical Officer of Health and School Medical Officer :
DR. G. F. SLOCOMBE, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Com-
menced 1st January, 1962).

Principal Dental Officer :
MR. ALVIN PRYOR, L.D.S., R.C.S.(Eng.), M.R.S.H. (Resigned 30th
June, 1961).
MR. P. B. TAYLOR, L.D.S., R.S.D.S.D. (Commenced 1st October,
1961).

Chest Physician and Adviser on After Care of Tuberculosis :
O. CLARKE, M.D., M.R.C.S.

Medical Officers and Dental Officers (Part-time) :
DR. F. B. CHEESE, M.B., Ch.B.
DR. J. A. CHEESE, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.
DR. M. B. WATSON, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.,
D.Obst.R.C.O.G.
MR. D. F. CROUCH, B.D.S.

Health Visitors and School Nurses :
MISS G. E. MAGUIRE, S.R.N., S.C.M. (Retired 31st December, 1961).
MISS A. GREY, S.R.N., H.V.Cert. (Commenced 1st November, 1961).
MRS. P. E. MATHEWS, S.R.N., S.C.M., H.V.Cert.
MISS J. M. MACKEN, S.R.N., H.V.Cert.
MISS J. C. BARBER, S.R.N., H.V.Cert.
TWO NURSES (Part-time).

Tuberculosis Health Visitor :
MISS A. J. BLUCK, S.R.N., S.C.M., H.V.Cert.

Other Nurses :
MRS. A. F. HARRIS, S.R.N., S.C.M.

Midwives :
J. A. SOULSBURY, S.R.N., S.C.M.
O. A. ELKINGTON, S.C.M.
L. McKAY, S.R.N., S.C.M.
N. E. THOMAS, S.R.N., S.C.M., Q.D.N.S.

District Nurses (Canterbury District Nursing Association) :
B. PEARSON, S.R.N., S.C.M., Q.D.N.S.
J. E. THOMPSON, S.R.N., Q.D.N.S.
M. K. GILLET, S.R.N., S.C.M., Q.D.N.S.
MRS. M. DEAL, S.R.N.
MRS. J. D. REDSHAW, S.R.N. (Commenced 6th March, 1961).

Training Centre :
MISS E. FORD (Supervisor).
MRS. E. M. BREAR (Assistant Supervisor).
MRS. W. COOMBES (Assistant Supervisor).

Mental Welfare Officers :
F. FOWLER.
D. PLEDGE.
L. FULLBROOK.

Social and Mental Welfare Officer :

MR. F. T. RAINER (Commenced 1st July, 1961; Resigned 31st January, 1962).

MR. A. W. HEAD (Commenced 16th April, 1962).

Supervisor of Home Help Service :

MRS. J. M. BARTON, M.I.H.H.O. (Resigned January, 1961).

MRS. J. F. AMOS (Commenced 26th January, 1961).

Child Guidance Clinic :**Consultant Psychiatrists :**

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

(Died March, 1962).

G. C. TURTLE, M.D., D.P.M.

Educational Psychologists :

MR. G. H. JOYNT, B.A., Ed.B.

MISS J. M. POWELL, M.A., Dip.Ed.

Psycho-Therapist : MISS I. H. BASSOM, B.A.

Social Worker :

MISS M. E. CRIPPS, A.A.P.S.W. (Commenced 1st May, 1961).

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

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

Senior Meat Inspector :

A. R. CLARK, M.A.P.H.I., Meat Inspector's Certificate.

Additional Public Health Inspectors :

F. W. BROMLEY, M.A.P.H.I., Meat Inspector's Certificate.

L. G. BOWYER, M.A.P.H.I., A.R.S.H., Meat Inspector's Certificate
(Commenced 17th July, 1961).

T. Y. YAU, Cert.R.S.H., Meat Inspector's Certificate (Commenced
12th February, 1962).

H. MALLOY, Cert.R.S.A.(Scotland), Meat Inspector's Certificate
(Scotland) (Commenced 1st March, 1962).

Trainee Public Health Inspector :

G. HOWITT.

Rodent Officer, Disinfector and General Assistant :

A. C. TOMPKINS.

Administrative and Clerical Staff :

Lay Assistant : D. PLEDGE.

Senior Clerk : MISS J. MASHMAN.

Clerical Officer : MRS. J. SPICE.

Clerical Staff :

MRS. H. KELLEY (School Health).

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

MISS N. DRURY (Child Guidance Clinic).

MRS. A. BURTON (Central Clinic).

and

THREE CLERKS (Full-time).

ONE CLERK (Part-time).

...and
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University of New York

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