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KENT COUNTY COUNCIL.



Annual Report

OF THE

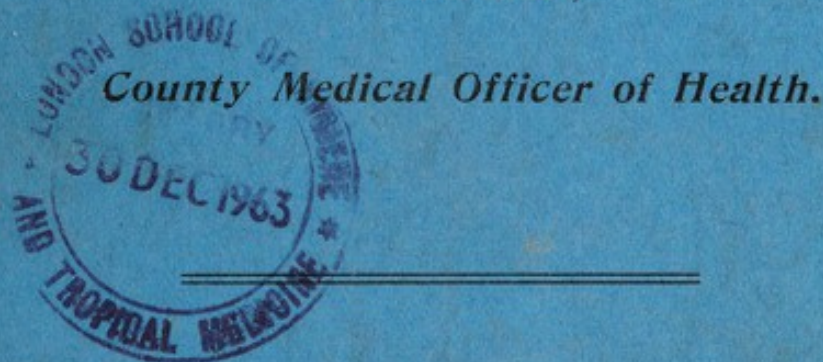
MEDICAL OFFICER OF HEALTH

For the Year 1917,

BY

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,


BARRISTER-AT-LAW,



Maidstone :

W. P. DICKINSON, POST OFFICE PRINTING WORKS, HIGH STREET.

1918.



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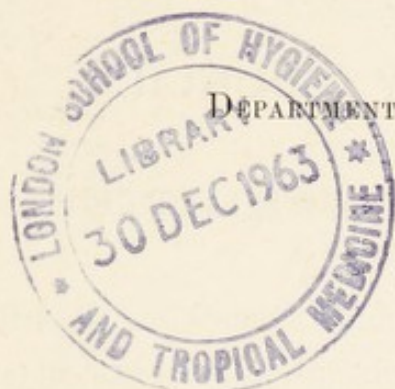
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1918.

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DEPARTMENT OF THE COUNTY MEDICAL OFFICER,

SESSIONS HOUSE,

MAIDSTONE,

November 22nd, 1918.

To the Chairman and Members of the Kent County Council.

MY LORDS AND GENTLEMEN,

In accordance with General Order No. 55,475 of the Local Government Board, I beg to submit herewith my sixth Annual Report on the Public Health and Sanitary Condition of the County of Kent for the year ended December 31st, 1917.

I wish to express my appreciation and thanks to the district medical officers of health who have invariably given me every possible assistance in the execution of my duties.

Also I should like to state that all the members of my staff—both permanent and temporary—have again worked unstintingly during the year, and have carried out their duties in a highly creditable manner, under very difficult conditions.

I am, my Lords and Gentlemen,

Yours obediently,

ALFRED GREENWOOD.

KENT COUNTY COUNCIL.

PUBLIC HEALTH COMMITTEE.

This Committee reports to the County Council on all matters concerning the Public Health, and the administration of the Midwives Act. Its constitution for 1918 is as follows:—

ALEXANDER, S. R., M.D.	HUSSEY, E. W. (Vice-Chairman of the County Council and Chairman of the Finance Committee)
AMES, W.	
BARKER, W. COBBETT	HYSLOP, SIR ROBERT M.
BILLINGHURST, E. A.	IGGLESDEN, C.
CHILD, COLES	LAWRENCE, G.
COLLET, SIR MARK E., BART.	MARSHAM, GEORGE
CORNWALLIS, COL. F. S. W., C.B.E. (Chairman of the County Council)	MAY, T.
CRUNDALL, E. R.	MUMFORD, C. E.
DARNLEY, THE RIGHT HON. THE EARL OF (Chairman of the Committee)	NICHOLSON, MAJOR H.
FLINT, ARTHUR, M.D.	PASSBY, COL. R. J.
GOWER, R. VAUGHAN	PAYNE, F. WALTER
GUILFORD, THE RIGHT HON. THE EARL OF	RADCLIFFE, W.
HARDY, RIGHT HON. LAURENCE, M.P. (Vice Chairman of the Committee)	RULE, W. N.
HARRIS, THE RIGHT HON. LORD, G.C.S.I., G.C.I.E., C.B.	SACKVILLE, THE RIGHT HON. LORD
HARRISON, W. J.	SHEA, S.
HARSTON, C.	SMITH, S. LEE
	SMITH-MASTERS, W. A.
	VINSON, A.
	WATSON, C. H.
	WHYMAN, H. F.
	WILFORD, JOSHUA

LOCAL AUTHORITIES.

5

BOROUGH AND URBAN.

Urban and Borough Councils.	Clerks.	Medical Officers of Health.	Public Health Staff.			Date of Receipt of Annual Summary.
			Inspectors of Nuisances.		Clerical	
			Perma- nent.	Tem- porary.		
Ashford U..	J. Creery ..	A. M. Watts ..	1‡	—	—	November 20th†
Beckenham U	F. Stevens..	H. B. Bolus ..	—	1	3	December 1st‡
Bexley U ..	T. G. Baynes ..	O. Sunderland ..	1	—	1	October 7th
Broadstairs U	L. A. Skinner ..	*D. MacDougall (Acting)	1	1	—	December 4th
Bromley B	F. H. Norman ..	J. Mathewson (Acting) ..	2‡	—	—	August 10th
Chatham B	A. B. Lee ..	*J. Holroyde ..	2 (1‡)	—	1	November 9th
Cheriton U	A. Atkinson ..	A. J. Gore (Acting) ..	—	1	1	June 17th
Chislehurst U	J. J. Brown ..	*J. S. Tew ..	1	1	—	October 18th
Dartford U	W. Kay ..	J. Hamilton ..	1‡	—	1	November 12th†
Deal B ..	A. C. Brown ..	A. Mason ..	1‡	—	1	November 13th
Dover B ..	R. E. Knocker ..	*D. MacDougall, (Acting)	—	—	—	—
Erith U ..	J. Atkinson ..	*A. E. Jerman ..	2‡	—	1	May 31st
Faversham B	Guy Tassell ..	C. J. Evers ..	1‡	—	—	July 13th
Folkestone B	A. F. Kidson ..	M. G. Yunge Bateman ..	1‡	—	2	June 30th†
Footscray U	A. E. Leonard ..	*J. S. Tew ..	1	—	—	October 18th
Gillingham B	F. C. Boucher ..	*E. C. Warren ..	3‡	—	1	November 9th
Gravesend B	H. H. Brown ..	*C. D. Outred ..	1‡	—	1	July 17th
Herne Bay U	G. H. Beatonson ..	*D. MacDougall (Acting)	—	1	—	December 4th†
Hythe B ..	B. C. Drake ..	*D. MacDougall (Acting)	1	—	—	December 13th†
Lydd B ..	G. G. H. Witchell ..	M. B. S. Button ..	1	—	—	November 15th
Maidstone B	S. Lance Monckton	C. Pye Oliver ..	1	—	1	May 27th
Margate B	E. Brooke ..	*R. McCombe ..	1‡	—	1	May 29th
Milton Regis U	J. Dixon, jun. ..	*T. B. Heggs ..	—	1	1	November 9th
New Romney B	W. Lamacraft ..	H. Hick ..	1	—	—	June 28th
Northfleet U	C. E. Hatten ..	H. T. Sells ..	1‡	—	—	November 11th
Penge U ..	A. E. Eves ..	R. Wilkinson ..	2 (1‡)	—	—	June 15th†
Queenborough B	C. B. Harris ..	*T. B. Heggs ..	1	—	—	November 9th
Ramsgate B	A. Blasdale Clarke	*J. Dundas ..	—	1‡	1	November 9th
Rochester City	A. Kennette ..	*S. J. Pritchett ..	2 (1‡)	—	1	November 9th
Sandgate U	J. Shera Atkinson ..	C. E. Perry ..	—	1‡	—	November 10th
Sandwich B	E. C. Byrne ..	J. W. Harrison ..	1	—	—	November 12th
Sevenoaks U	F. W. Tipton ..	*J. S. Tew ..	1‡	—	—	October 18th†
Sheerness U	V. H. Stallon ..	*T. B. Heggs ..	1‡	—	—	November 9th
Sittingbourne U	C. B. Harris ..	*T. B. Heggs ..	—	1‡	1	November 9th
Southborough U	P. Hanmer ..	*J. S. Tew ..	—	1	—	October 18th
Tenterden B	H. B. Mace ..	*J. S. Tew ..	1	—	—	October 18th
Tonbridge U	H. W. Peach ..	*J. S. Tew ..	—	1	—	October 18th
Tunbridge Wells B	W. C. Cripps ..	*F. C. Linton ..	3	—	1	June 13th
Walmer U..	F. W. Hardman ..	E. L. Davey ..	1‡	—	—	November 13th
Whitstable U	J. F. Whichcord ..	F. P. Piper ..	1	1	—	November 28th†
Wrotham U	H. E. Pyle..	A. A. Lipscomb ..	1	—	1	May 27th

RURAL.

Ashford, East	J. Kingsford ..	*D. MacDougall (Acting)	1	—	—	December 4th
Ashford, West	J. M. Poncia ..	*D. MacDougall (Acting)	1	—	—	December 4th
Blean ..	W. T. Brooks ..	*D. MacDougall (Acting)	—	—	—	—
Bridge ..	T. L. Collard ..	*D. MacDougall (Acting)	1	—	1	December 4th
Bromley ..	E. Haslehurst ..	*J. S. Tew ..	2	—	—	October 18th†
Cranbrook	S. F. Williams ..	*J. S. Tew ..	1	—	—	October 18th†
	(Acting)					
Dartford ..	E. J. Hobbs ..	*S. Richmond ..	3	—	—	November 9th†
Dover ..	E. Carder (Acting)	*D. MacDougall (Acting)	—	—	—	—
Eastry ..	F. S. Cloke ..	*D. MacDougall (Acting)	1	2	—	December 4th
Elham ..	B. C. Drake ..	*D. MacDougall (Acting)	—	1	—	December 4th
Faversham	Guy Tassell ..	P. G. Selby ..	1‡	—	—	May 30th
Hollingbourn	H. J. Bracher ..	G. M. Tuke ..	1	—	—	November 7th
Hoo ..	R. P. Smyth ..	*C. D. Outred ..	1	—	—	June 10th†
Maidstone..	F. Post ..	*J. S. Tew ..	1	—	—	October 18th†
Malling ..	F. J. Allison ..	A. H. Roberts ..	1	—	—	November 9th†
Milton ..	E. C. Harris ..	*T. B. Heggs ..	—	1‡	1	November 9th
Romney Marsh	W. Lamacraft ..	H. Hick ..	1	—	—	June 28th
Sevenoaks..	F. H. Vibert ..	*J. S. Tew ..	1‡	—	—	October 18th†
Sheppey ..	H. T. Copland ..	T. R. Wigglesworth	1	—	—	August 16th
Strood ..	J. E. Povey ..	C. Flood..	1	—	—	November 13th†
Tenterden..	H. B. Mace (Acting)	*J. S. Tew ..	1	—	—	October 18th†
Thanet ..	C. Taylor ..	*D. MacDougall (Acting)	1‡	1‡	—	December 13th
Tonbridge..	N. R. Stone ..	*J. S. Tew ..	1	—	1	October 18th†

*These Medical Officers devote their whole time to Public Health work.

For information as to medical officers of health on military service, and temporary appointments in consequence thereof, see page 7.

† Each medical officer of health has supplied information in reply to a summary of questions addressed from the County Health Department, on which this report is mainly based. The annual report has also been used where available. Those districts where the report had not been received on November 1st are indicated

‡ Inspector of Nuisances holds meat inspectors' certificate.

DUTIES OF THE COUNTY MEDICAL OFFICER WITH RESPECT TO
THE PREPARATION OF AN ANNUAL REPORT

These duties are set out in Articles 7 and 8 of the General Order of the Local Government Board dated July 29th, 1910, and are as follows:—

“(7.) The Medical Officer of Health of the County shall as soon as practicable after the 31st day of December in each year make an Annual Report to the County Council up to the end of December on the sanitary circumstances, the sanitary administration and the vital statistics of the County.

“In addition to any other matters upon which the Medical Officer of Health may consider it desirable to report, his Annual Report shall contain the following sections:—

“(a) A digest of all annual and special reports made by the Medical Officers of Health of all County districts within the County ;

“(b) a section as to the isolation hospital accommodation available for each County district and as to the steps which should be taken to remedy any deficiencies which may exist ;

“(c) a section on the administration of the Housing of the Working Classes Acts, 1890 to 1909, within the County ;

“(d) a section on the water supply of the several County districts within the County ;

“(e) a section on the pollution of streams within the County and as to the steps for the prevention of pollution taken :—

(i.) by the local authorities, and

(ii.) by the County Council ;

“(f) a section on the administration within the County of the Midwives Act, 1902 ; and

“(g) a section on the administration of the Sale of Food and Drugs Acts, 1875 to 1907, within that part of the County in which the County Council have jurisdiction for the purposes of those Acts.

“(8.) The Medical Officer of Health of the County shall send to Us two copies of his Annual Report and two copies of any Special Report ; he shall also send one copy of his Annual Report to the Council of every County district in the County and shall send three copies of any Special Report to the Council of every such County district affected by the Special Report.”

ANNUAL REPORT.

ADMINISTRATION.

During the war the following officials have been called up for military duty, and temporary appointments have been made as stated :—

District.	Medical Officer of Health.	Temporary substitute during period of War.
Ashford	Dr. A. M. Watts	Dr. C. M. Vernon
Beckenham	„ J. M. Clements	„ H. B. Bolus
Dartford	„ J. Hamilton	„ T. Farthing
Deal... ..	„ A. Mason	„ J. Wood
Erith... ..	„ A. E. Jerman	„ L. J. J. Barnes
North-East Kent... ..	„ T. B. Heggs	„ H. C. Mends Gibson
United District		
Ramsgate	„ J. Dundas	„ T. G. Styan
Sandwich	„ J. W. Harrisson	„ H. Kerswill
Tunbridge Wells	„ F. C. Linton	„ W. Stamford
Walmer	„ E. L. Davey	„ J. Wood

Dr. Mason terminated his civil duties in May, 1917, and the other officers mentioned were on military service prior to the year under review.

Dr. Oliver, of Maidstone, who had been on military service since the commencement of hostilities, returned to his civil duties in March, 1918.

Dr. Grace H. G. Dundas terminated her appointment as deputy medical officer to Dr. J. Dundas, of Ramsgate, in February, 1917, since which date Dr. Styan has undertaken the duties.

Since April, 1916, Dr. Scott, deputy to Dr. Heggs for the North-East Kent United District, has been undertaking special work for the Local Government Board and Dr. Mends Gibson has acted for him in the public health work.

In addition to the above, Dr. J. Holroyde, of Chatham, Dr. S. J. Pritchett, of Rochester, Dr. E. C. Warren, of Gillingham, Dr. C. D. Outred, of Gravesend, Dr. J. S. Tew, of Tonbridge (West Kent Combined District), Dr. T. R. Wiglesworth, of Sheppey, Dr. C. J. Evers, of Faversham, and Dr. P. G. Selby, of Faversham Rural, have likewise undertaken military service although continuing their civil duties at the same time. Of these officers, the six first-named have, I understand, resigned their military appointments.

I regret to report the death of Dr. A. F. G. Codd, of Bromley, on May 24th, 1917. Dr. J. Mathewson is acting as temporary medical officer of health pending a permanent appointment being made after the war.

Dr. C. E. Perry resigned his appointment as medical officer of health of Sandgate in September, 1918, and Dr. J. C. O. Bradbury has been appointed in his stead.

LOCAL GOVERNMENT BOARD INQUIRIES.

No inquiries into applications for loans, or other matters, have been held during the year 1917.

OFFICIAL CIRCULARS, &c., RESPECTING PUBLIC HEALTH MATTERS.

Public Health (Milk and Cream) Regulations, 1912, Amendment Order, 1917.—Order of the Local Government Board to County Boroughs and County Councils, prescribing that not more than 0·4 % of boric acid shall be added to cream, that cream to which boric acid has been added shall be sold as preserved cream and that there shall be affixed to the receptacle a label stating that cream containing boric acid is unsuitable for infants and invalids.

The accompanying circular states that the order is an interim measure pending an enquiry into the question of the use of preservatives in cream by an expert committee.

February 8th, 1917.

Public Health (Small Pox Prevention) Regulations, 1917.—Regulations empowering medical officers of health, on the occurrence of a case of small-pox, to perform vaccination on any person who has come in contact with infection and is willing to be vaccinated.

February 12th, 1917.

Housing of the Working Classes.—Circular of the Local Government Board to local district councils asking for a detailed report as to housing conditions in the district, additional housing required and particulars of schemes in contemplation to meet any deficiency.

The circular draws attention to the fact that it will be necessary after the war to rely to a greater extent than previously upon local authorities to provide the houses required, and suggests that substantial government financial assistance will be afforded to those authorities who are prepared to

carry through, without delay, at the conclusion of the war, an approved programme of housing for the working classes.

July 28th, 1917.

(A summary of the returns of the Kent Local Authorities in this connection, is given on pages 60 to 74 of this report.)

SPECIAL REPORTS OF THE COUNTY MEDICAL OFFICER.

During the year the following reports were made :—

- | | |
|--|------------------------------|
| (1) Scheme for the Provision of Midwifery Facilities | March. |
| (2) Prevention and Treatment of Venereal Diseases..... | March, June,
Sept. & Dec. |
| (3) Compulsory removal to Hospital of certain Tuberculous
Cases | June. |
| (4) Delegation of Supervision of Midwives | June. |
| (5) Dymchurch Water Supply | Sept. |
| (6) Malaria and Mosquitos | Sept. and Dec. |

In addition, various reports concerning temporary administrative arrangements necessitated by the war, special reports received, special visits of enquiry, work under the Housing, Town Planning, &c. Act, administration of the Midwives Act and the Maternity and Child Welfare Scheme, tuberculosis work, laboratory work, etc., were presented during the year under consideration.

VITAL STATISTICS.

POPULATION.—It has been found impossible, for the last three years, to adhere to the usual methods of estimation of local populations, based on the census returns, owing to the large number of men usually in civil occupations who have been recruited for the Army, and to the unprecedented migration of persons into new areas to engage in munition work, etc. The Registrar General has, therefore, worked out two estimates of population—one of the *civilian* population for calculating the death-rate (the death returns exclude entirely members of H.M. Forces) and one of the *total* population for calculating the birth-rate, and these populations have been used for the purpose of the statistics in this report.

The estimated total population of the Administrative County at the middle of 1917 was 1,029,529 ; and the division of this total into urban and rural,

TABLE 1.—Information relating to Population, Acreage, etc., in the **Urban Districts** of the County of Kent.

DISTRICT.	Total Population 1917, as estimated by Registrar General.	Civil Population 1917, as estimated by Registrar General.	Total Census population 1911.	Total Census population 1901.	Acreage inclusive of water.	Persons per acre, 1917. (Total population).
Ashford	15,305	13,730	13,688	12,808	2,850	5·4
Beckenham	34,124	30,612	31,692	26,288	3,890	8·8
Bexley... ..	23,356	20,953	15,895	*13,476	4,942	4·8
Broadstairs and St. Peter's... ..	7,974	7,153	*9,921	*7,107	*2,770	2·9
Bromley (Borough)	35,539	31,882	33,646	27,397	4,696	7·6
Chatham (Borough)	40,600	36,422	42,250	37,057	4,356	9·4
Cheriton	5,643	5,062	7,577	7,091	1,159	4·9
Chislehurst	9,046	8,115	8,666	7,429	2,791	3·3
Dartford	23,417	21,007	23,609	18,644	4,242	5·6
Deal (Borough)	11,070	9,931	11,295	10,581	1,114	10·0
Dover (Borough)	39,779	35,685	43,645	42,672	1,948	20·5
Erith	36,929	33,129	27,750	25,296	3,859	9·6
Faversham (Borough)	13,276	11,910	10,619	11,290	685	19·4
Folkestone (Borough)	35,510	31,856	33,042	30,379	2,325	15·3
Footscray	9,050	8,119	8,493	*6,920	2,043	4·5
Gillingham (Borough)	49,130	44,074	52,252	42,745	4,988	9·9
Gravesend (Borough)	29,910	26,832	28,115	27,196	1,260	23·8
Herne Bay	7,641	6,855	7,780	6,726	887	8·7
Hythe (Borough)	7,450	6,683	6,387	5,557	2,608	2·9
Lydd (Borough)	2,385	2,140	2,874	2,675	12,082	0·2
Maidstone (Borough)	34,329	30,796	35,475	33,516	4,008	8·6
Margate (Borough)	21,639	19,412	*28,458	*24,127	*2,463	8·8
Milton Regis	7,465	6,697	7,475	7,086	2,554	3·0
New Romney (Borough)	1,290	1,157	1,333	1,328	1,364	1·0
Northfleet	15,184	13,621	14,184	12,906	3,932	3·9
Penge	23,937	21,474	22,330	22,465	770	31·1
Queenborough (Borough)	3,245	2,911	*2,738	*1,555	*695	4·7
Ramsgate (Borough)... ..	23,813	21,362	29,603	27,733	2,306	10·4
Rochester (City)	32,211	28,896	31,384	30,590	2,936	11·0
Sandgate	1,918	1,721	2,827	2,294	430	4·5
Sandwich (Borough)... ..	3,525	3,162	3,040	3,170	707	5·0
Sevenoaks	9,215	8,267	9,182	8,106	3,259	2·9
Sheerness	16,866	15,130	17,487	18,179	864	19·6
Sittingbourne... ..	9,205	8,258	8,380	8,943	1,004	9·2
Southborough	6,994	6,274	7,001	6,977	1,702	4·2
Tenterden (Borough)	3,294	2,955	3,379	3,243	8,946	0·4
Tonbridge	14,633	13,127	14,796	12,736	1,356	10·9
Tunbridge Wells (Borough)... ..	34,279	30,751	35,697	33,373	3,991	8·6
Walmer	3,987	3,577	5,347	5,614	988	4·1
Whitstable	8,311	7,456	7,982	7,086	795	10·5
Wrotham	4,094	3,673	4,169	3,571	8,883	0·5
	716,568	642,827	711,443	643,932	119,448	6·00

The Civil Parish of Folkestone-next-Sandgate is included in Sandgate for Public Health Administrative Purposes.

*Corrected for areas transferred from rural to urban districts since the date of the census.

TABLE 2.—Information relating to Population, Acreage, etc., in the **Rural Districts** of the County of Kent.

DISTRICT.	Total population, 1917, as estimated by Registrar General.	Civil population, 1917, as estimated by Registrar General.	Total Census population, 1911.	Total Census population, 1901.	Acreage inclusive of water.	Persons per acre, 1917. (Total population).
Ashford, East	14,414	12,931	13,616	13,112	54,800	0·27
Ashford, West	7,229	6,485	7,964	7,751	39,490	0·19
Blean... ..	7,384	6,624	7,597	7,054	26,884	0·28
Bridge	10,269	9,212	11,194	10,971	41,797	0·25
Bromley	22,787	20,442	21,958	18,808	28,839	0·80
Cranbrook	12,159	10,908	13,689	12,944	41,315	0·30
Dartford	45,433	40,757	39,909	37,532	37,997	1·20
Dover	7,263	6,516	8,299	6,270	27,121	0·27
Eastry	13,661	12,255	13,161	12,168	43,682	0·32
Elham	7,714	6,920	7,441	6,813	37,154	0·21
Faversham	15,151	13,592	14,129	15,132	44,000	0·35
Hollingbourn	12,369	11,096	12,845	12,546	57,670	0·22
Hoo	4,429	3,973	3,965	4,262	19,727	0·23
Maidstone	16,181	14,516	16,398	15,570	34,996	0·47
Malling	23,521	21,100	24,233	24,724	38,458	0·62
Milton	13,812	12,391	12,453	12,161	27,727	0·50
Romney Marsh	2,678	2,402	2,797	2,563	30,376	0·09
Sevenoaks	22,784	20,439	24,029	22,684	63,336	0·36
Sheppey	4,134	3,709	*4,157	*2,541	*20,806	0·20
Strood	16,380	14,694	15,354	14,438	32,498	0·51
Tenterden	5,859	5,256	6,001	5,523	38,378	0·16
Thanet	9,909	8,889	*10,564	*9,494	*18,639	0·54
Tonbridge	17,441	15,646	17,769	17,247	46,853	0·38
Total in Rural Districts	312,961	280,753	309,522	292,308	852,543	0·37
„ Urban „	716,568	642,827	711,443	643,932	119,448	6·00
Total for County ..	1,029,529	923,580	1,020,965	936,240	971,991	1·06

* Corrected for areas transferred from rural to urban districts since the date of the census.

shows that 716,568 persons were grouped as living in urban areas, and 312,961 in rural, these figures being reductions of 13,381 and 6,215 respectively on the 1916 populations. The density of population in the urban districts was 6.0 persons per acre and in rural 0.37. The greatest density of population is to be noted in Penge, where there are 31.1 persons per acre, in Gravesend with 23.8, in Dover with 20.5, in Sheerness with 19.6, and in Faversham with 19.4. There are certain urban districts in which the density is simply that of a rural district, *e.g.*, Lydd, Tenterden, Wrotham and New Romney. The rural district which shows the greatest density of population is Dartford with 1.20 per acre.

The estimated civil population of the urban districts, was 642,827 with a density of 5.4 per acre, and of the rural districts 280,753, with a density of 0.33. The local *civilian* densities are correspondingly lower than the *total* densities.

POPULATION OF THE COUNTY.

	Total Census Population, 1911.	Estimated Civil Population, 1917.	Estimated Total Population, 1917.
Urban (41 districts)	*711,443	642,827	716,568
Rural (23 districts)	*309,522	280,753	312,961
TOTAL	1,020,965	923,580	1,029,529

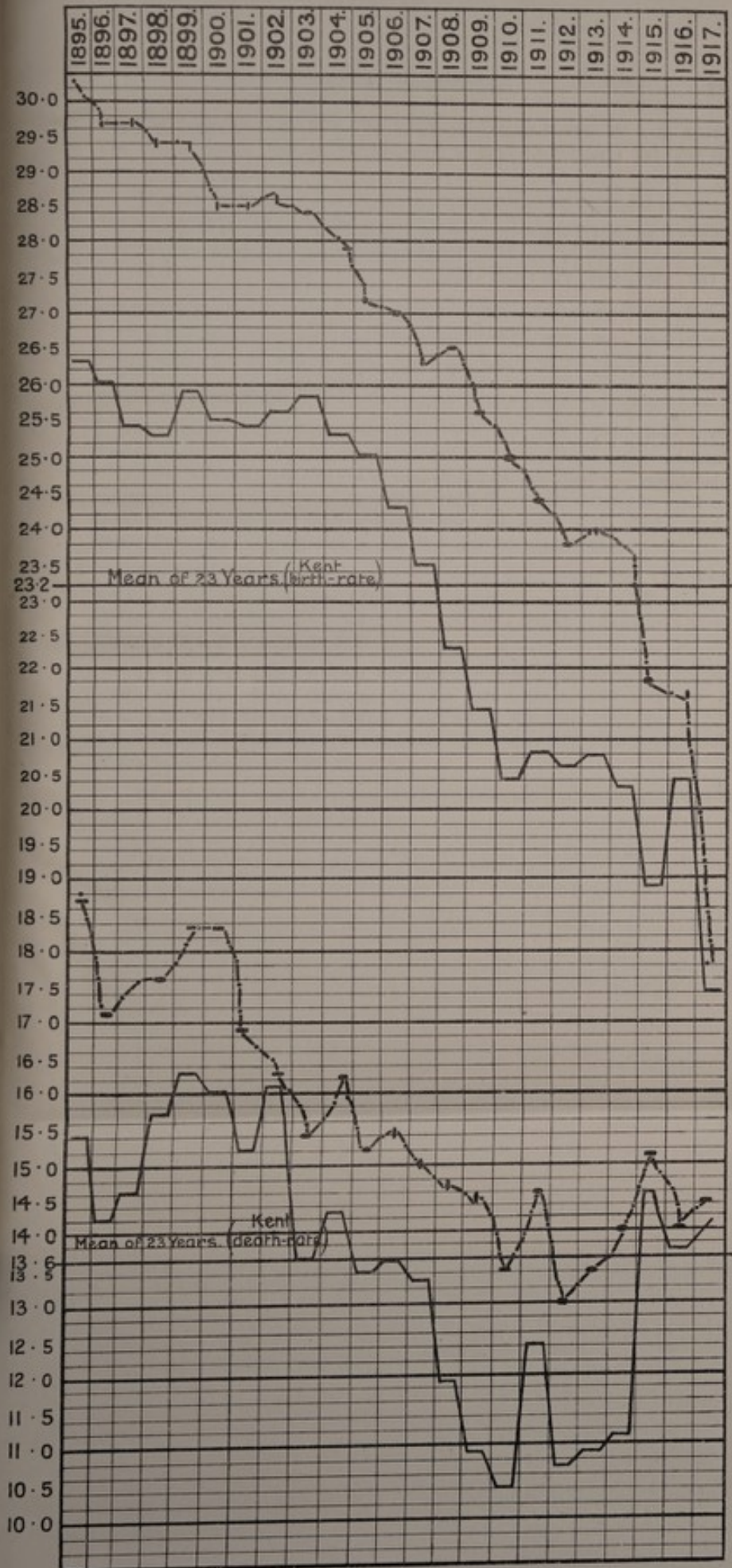
*Corrected for areas transferred from rural to urban districts since the date of the Census.

BIRTHS.—During the year, the births of 17,903 living children were registered, which is considerably lower than the total of the previous year. Male births numbered 9,230, and females 8,673. The total excess of births over deaths was 4,954, *viz.*, 2,806 males and 2,148 females.

In the following districts the numbers of civilian deaths during the year exceeded the total number of births to the extent shown by the figures in brackets :—Broadstairs (17), Herne Bay (9), Margate (26), Ramsgate (30), Southborough (4), Tunbridge Wells (72), Blean Rural (4), Hollingbourn Rural (3), Tonbridge Rural (22).

As the births registered include children of soldiers as well as of civilians, the calculation of birth-rates is worked out on the estimated *total* population.

Diagram showing the Birth Rates and Death Rates in the County of Kent, for the years 1895-1917 inclusive, compared with similar rates for England and Wales.



The two top lines show the birth-rates and the two bottom lines the death-rates.

Kent shown thus ————— England and Wales shown thus - - - - -

The above records are for the Administrative County, from and including 1908; previous to that year, records for the Registration County (shown) only are available.

The birth-rate was 17·4 per 1,000, as compared with 20·4 in 1916. The rate in urban districts has decreased in 1917 by 3·2 per 1,000, and in rural districts by 2·5.

The rate for England and Wales was 17·8, compared with 21·6 in 1916. The rate for Kent is invariably lower than the rate for the country as a whole.

Year.	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917
Urban Districts	22·5	20·9	19·8	21·2	20·8	20·7	20·4	19·0	20·8	17·6
Rural Districts	21·9	22·6	21·8	19·8	20·1	20·9	20·1	18·7	19·6	17·1
Whole County	22·3	21·4	20·4	20·8	20·6	20·8	20·3	18·9	20·4	17·4

In the following urban districts, rates of over 24 per 1,000 were registered:—Cheriton 26·8, Queenborough 25·0, while in six other districts rates of between 20·0 and 24·0 were recorded, viz., Chatham 22·6, Hythe 22·6, Dover 21·9, Sandwich 21·9, Sheerness 21·5 and Gillingham 20·5.

The lowest urban birth-rate was recorded in Broadstairs, viz., 11·5, and rates not exceeding 14 per 1,000 were recorded as follows:—Tunbridge Wells 11·6, Beckenham 12·3, Margate 12·8, Chislehurst 13·1, Sevenoaks 13·9. Bromley 14·0, New Romney 14·0.

In the rural districts there was only one with a rate exceeding 24 per 1,000, viz., Hoo, 24·9. Sheppey was the next highest, with 22·3. It is to be noted that Hoo had the highest rural rate in the years 1912, 1913, 1914 and 1915, and the second highest in 1916. The lowest rates were registered in Tonbridge, 13·4, and Thanet, 13·7.

The majority of the above districts remain fairly constant with either high or low rates, as the case may be.

STILL-BIRTHS.—These number 408 altogether. In those districts where this information has not been supplied by the medical officers of health the figures have been taken from the records of the health visitors.

In the section devoted to consideration of the work of midwives it will be observed that 180 notifications of still-birth were received by the local supervising authority during 1917, as compared with 221 in the previous year. These figures do not even approximate to the total of such occurrences.

ILLEGITIMATE BIRTHS.—It will be seen that 6·93 per cent. of all births were

TABLE 3.—Showing the total number of deaths, deaths under one year of age, and the number of births—legitimate and illegitimate—which were registered in the different **Urban Districts** in the County of Kent during the year 1917.

DISTRICT.	DEATHS.		BIRTHS.				INFANTILE MORTALITY.			No. of still-births.	
	Net number of deaths of civilians at all ages.	Net death-rate per 1,000 of the civil population.	Legitimate.	Illegitimate.	Total.	Birth-rate. (Total population).	Deaths of Infants under one year of age.		Deaths of Infants under one year of age per 1,000 Births.		
							Legitimate.	Illegitimate.			Total.
Ashford	181	18.2	258	22	280	18.3	29	*	29	104	—
Beckenham	320	10.5	405	14	419	12.3	23	2	25	60	7
Bexley... ..	240	11.5	411	30	441	18.9	30	4	34	78	6
Broadstairs and St. Peter's... ..	108	15.1	82	9	91	11.5	11	—	11	121	—
Bromley (Borough)	396	12.5	443	52	495	14.0	31	8	39	79	9
Chatham (Borough)	567	15.6	868	48	916	22.6	71	21	92	101	44
Cheriton	74	14.7	135	16	151	26.8	15	1	16	106	7
Chislehurst	92	11.4	105	13	118	13.1	2	4	6	59	6
Dartford	267	12.8	390	25	415	17.8	21	2	23	56	11
Deal (Borough)	167	16.9	180	21	201	18.2	19	—	19	95	4
Dover (Borough)	562	15.8	822	46	868	21.9	92	*	92	107	—
Erith	358	10.9	699	35	734	19.9	45	3	48	81	13
Faversham (Borough)	167	14.1	213	21	234	17.7	20	3	23	99	4
Folkestone (Borough)	470	14.8	600	84	684	19.3	43	14	57	84	23
Footscray	72	8.9	128	10	138	15.3	7	1	8	58	3
Gillingham (Borough)	579	13.2	976	31	1,007	20.5	84	7	91	91	31
Gravesend (Borough)	398	14.9	507	24	531	17.8	34	1	35	66	10
Herne Bay	123	18.0	99	15	114	15.0	11	*	11	97	1
Hythe (Borough)	104	15.6	149	19	168	22.6	11	*	11	66	3
Lydd (Borough)	32	15.0	33	7	40	16.8	1	—	1	25	1
Maidstone (Borough)	502	16.4	503	65	568	16.6	49	6	55	97	16
Margate (Borough)	301	15.6	254	21	275	12.8	13	1	14	51	7
Milton Regis	92	13.8	134	11	145	19.5	8	3	11	76	3
New Romney (Borough)	17	14.7	16	2	18	14.0	1	—	1	56	nil
Northfleet	200	14.7	256	23	279	18.4	27	3	30	108	12
Penge	345	16.1	348	13	361	15.1	30	3	33	92	10
Queenborough (Borough)	32	11.0	78	3	81	25.0	5	—	5	62	nil
Ramsgate (Borough)... ..	414	19.4	356	28	384	16.2	32	9	41	107	17
Rochester (City)	373	13.0	562	36	598	18.6	48	6	54	91	15
Sandgate	29	16.9	32	3	35	18.3	3	—	3	86	nil
Sandwich (Borough)	55	17.4	69	8	77	21.9	9	—	9	117	1
Sevenoaks	99	12.0	115	13	128	13.9	7	—	7	55	—
Sheerness	226	15.0	352	10	362	21.5	33	—	33	92	nil
Sittingbourne	123	14.9	148	17	165	18.0	11	—	11	67	7
Southborough	109	17.4	92	13	105	15.1	9	2	11	105	4
Tenterden (Borough)	43	14.6	49	1	50	15.2	3	—	3	60	nil
Tonbridge	162	12.4	226	21	247	16.9	13	4	17	69	2
Tunbridge Wells (Borough)... ..	468	15.3	357	39	396	11.6	27	6	33	84	21
Walmer	51	14.3	58	5	63	15.9	7	—	7	112	1
Whitstable	96	12.9	124	11	135	16.3	6	—	6	45	3
Wrotham	62	16.9	60	5	65	15.9	11	1	12	185	2
TOTAL URBAN	9,076	14.2	11,692	890	12,582	17.6	952	115	1,067	86	304

The above totals are taken from the Registrar General's statistics, and the rates are worked out on the populations supplied by him. In many instances the figures given by the local medical officers of health differ from those shown herewith.

*The numbers of deaths of illegitimate infants are not given in these districts, and therefore all the deaths have been classed as legitimate.

TABLE 4.—Showing the total number of deaths, deaths under one year of age, and the number of births—legitimate and illegitimate—which were registered in the different **Rural Districts** in the County of Kent during the year 1917.

DISTRICT.	DEATHS.		BIRTHS.				INFANTILE MORTALITY.				No. of still births.
	Net number of deaths of civilians at all ages.	Net death-rate per 1,000 of the civil population.	Legitimate.	Illegitimate.	Total.	Birth-rate. (Total population).	Deaths of Infants under one year of age.			Deaths of Infants under one year of age per 1,000 births.	
							Legitimate.	Illegitimate.	Total.		
Ashford, East	180	14.0	226	17	243	16.9	19	*	19	79	2
Ashford, West	93	14.4	107	10	117	16.2	3	*	3	26	Nil
Blean	114	17.3	97	13	110	14.9	11	*	11	100	4
Bridge... ..	108	11.8	155	11	166	16.2	10	*	10	61	3
Bromley	280	13.7	369	28	397	17.5	35	5	40	101	5
Cranbrook	162	14.9	165	12	177	14.6	12	3	15	85	2
Dartford	480	11.8	875	35	910	20.1	71	6	77	85	21
Dover	91	14.0	106	7	113	15.6	10	*	10	89	1
Eastry... ..	173	14.2	212	12	224	16.4	25	*	25	*112	5
Elham... ..	125	18.1	115	14	129	16.8	13	*	13	101	4
Faversham	195	14.4	287	17	304	20.1	19	—	19	63	6
Hollingbourn... ..	176	15.9	162	11	173	14.0	10	2	12	70	3
Hoo	43	10.9	107	3	110	24.9	3	—	3	28	2
Maidstone	209	14.4	240	16	256	15.9	17	6	23	90	8
Malling	310	14.7	350	37	387	16.5	23	5	28	73	20
Milton... ..	179	14.5	240	18	258	18.7	18	1	19	74	4
Romney Marsh	22	9.2	48	6	54	20.2	3	—	3	56	2
Sevenoaks	276	13.6	290	27	317	14.0	14	2	16	51	2
Sheppey	36	9.8	87	5	92	22.3	7	—	7	77	Nil
Strood... ..	189	12.9	303	15	318	19.5	14	—	14	45	5
Tenterden	78	14.9	94	5	99	16.9	11	—	11	112	2
Thanet	100	11.3	126	9	135	13.7	7	*	7	52	Nil
Tonbridge	254	16.3	210	22	232	13.4	17	4	21	91	3
Total in Rural Districts ...	3,873	13.8	4,971	350	5,321	17.1	372	34	406	77	104
„ in Urban Districts ...	9,076	14.2	11,692	890	12,582	17.6	952	115	1,067	86	304
Total for County	12,949	14.1	16,663	1,240	17,903	17.4	1,324	149	1,473	83	408

The above totals are taken from the Registrar General's statistics, and the rates are worked out on the populations supplied by him. In several instances the figures given by the local medical officers of health differ from those shown herewith.

* The numbers of deaths of illegitimate infants are not given in these districts, and therefore all the deaths have been classed as legitimate.

illegitimate, which is higher than in any previous year for which records are available. The percentage was 6.58 in rural and 7.08 in urban districts.

The following shows the percentage of illegitimate births, to the total births registered, in Kent, each year since 1895:—

1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906
3.89	3.93	4.16	3.82	3.95	3.96	3.94	3.75	4.07	4.02	3.99	4.17
1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	
4.15	3.94	3.85	3.68	4.13	4.14	4.36	3.85	4.54	6.00	6.93	

DEATHS.—The net number of deaths registered in the county was 12,949. This is 247 less than the net aggregate of the previous year. 6,424 of the deaths were of males and 6,525 females.

In present circumstances it has been found impracticable to assign to the district of residence, all deaths of soldiers occurring during 1917, and it has therefore been decided by the Registrar-General to limit the tabulation of deaths by local areas to deaths of civilians only. As the estimated populations also exclude members of H.M. Forces, the limitation referred to enables an accurate death-rate to be obtained relating to the *civil* population only. *It should especially be noted, however, that the death-rates for 1917 (and also 1915 and 1916), thus obtained, are hardly comparable with the rates of previous years, and many medical officers of health (who, of course, have special knowledge of local circumstances affecting this question) apparently do not agree that the populations of their particular districts, on which the rates are based, are approximately correct.* It must also be noted that the death-rate amongst men of military age would naturally be lower than the rate amongst the population above and below that age, and therefore the exclusion of men on service will affect adversely, to a slight extent, the rates as calculated.

The death-rate for Kent, per 1,000 of the civil population for 1917, is 14.1. This is a satisfactory return, and compares favourably with a death-rate of 14.4 for England and Wales. Owing to the variations of population, as previously mentioned, the 1917 rates for the sanitary districts in Kent have not been standardised as in years previous to 1915.

In the urban districts of Kent, 9,076 net deaths were registered, which is 232 lower than the previous year's total and represents a rate of 14.2 per

1,000. In the combined rural districts there were 3,873 deaths. This is a decrease of 15 on the previous year, and represents a rate of 13·8 per 1,000. The rural rate was, as has been the case for the past few years, lower than the urban rate.

Of the forty-one urban districts, a reference to Table 3 shows that seven areas had death-rates of twelve per 1,000 or less. These were Footscray 8·9, Beckenham 10·5, Erith 10·9, Queenborough 11·0, Chislehurst 11·4, Bexley 11·5 and Sevenoaks 12·0. On the other hand, two areas had rates of eighteen per 1,000 or over, viz., Ramsgate 19·4, Herne Bay 18·0; Sandwich and Southborough had rates of 17·4, and Deal, Maidstone, Penge, Sandgate and Wrotham had rates of between 16 and 17 per 1,000.

As regards rural districts, the following six had rates of under twelve per 1,000, viz.: Bridge 11·8, Dartford 11·8, Thanet 11·3, Hoo 10·9, Sheppey 9·8 and Romney Marsh 9·2. The highest rate recorded among rural districts was in Elham, 18·1. Three others had rates of over fifteen per 1,000, Blean 17·3, Tonbridge 16·3 and Hollingbourne 15·9, whilst ten had rates between fourteen and fifteen, in addition to those enumerated.

The record for the administrative county for the years 1908—1917 is as follows:—

Year	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917
Urban Districts	11·7	10·6	9·9	12·9	11·0	11·1	11·5	14·2	13·9	14·2
Rural Districts	12·5	11·7	11·5	11·3	9·7	10·3	10·2	13·8	13·3	13·8
Whole County	11·9	10·9	10·4	12·4	10·7	10·9	11·1	14·5	13·7	14·1

(The death-rates recorded in the different sanitary areas are more accurate than was the case in years previous to 1911, as from that year it has been the practice of the Registrar-General to forward to the County Medical Officer information relating to the deaths of persons who may have died in an area other than that in which they were usually resident. The details are classified by the County Medical Officer's staff, who transmit them to the districts concerned. This fact of more fully debiting deaths against the districts has, of course, resulted in an increased death-rate in those districts where it had not been possible to arrange for this correction previously).

The diagram facing page 12 shows the fluctuations in the rate for the last twenty-three years, compared with the rate for England and Wales.

Infantile Mortality.

INFANTILE MORTALITY.—The infantile mortality rate is expressed as the rate per 1,000 births, of children dying under the age of one year. There were 17,903 births registered during the year, and 1,473 deaths of children under one year of age. The infantile mortality was therefore at the rate of 83 per 1,000 births. The rate of mortality in towns was higher than in the country, the figures being 86 and 77 respectively, as compared with rates of 75 and 68 in the previous year. The record for the administrative county and for England and Wales, for the years 1908-1917, is as follows:—

Year.	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917
Urban Districts	89	82	79	111	78	79	79	92	75	86
Rural Districts	84	77	80	103	72	80	71	82	68	77
Whole County	88	81	79	109	76	80	77	89	73	83
England and Wales	121	109	106	130	95	109	105	110	91	97

A comparison between the different causes of death registered among infants in the years 1915, 1916 and 1917, is instructive. These points are set out in the following tabulation:—

TABLE 5.—Showing the chief causes of death among infants, in the years 1915, 1916 and 1917.

CAUSE OF DEATH.	URBAN.			RURAL.		
	Numbers of Deaths.			Numbers of Deaths.		
	1915.	1916.	1917.	1915.	1916.	1917.
Premature birth	243	470	447	106	172	151
Congenital malformations	65			17		
Atrophy, debility and marasmus	155			66		
Bronchitis	110	82	92	51	36	44
Pneumonia	192	89	115	56	28	38
Whooping Cough	61	45	31	17	26	24
Diarrhœa, &c.	128	129	88	37	56	28

Out of the 1473 deaths of infants, 149 were of illegitimate children. There were only 1240 births of illegitimate children registered, so that the infantile mortality rate among them was 121 per 1,000, as against a rate of 80 among those born in wedlock.

The following summary shows a comparison of the death-rates among illegitimate children per thousand such births, with the death-rates among legitimate infants, for each of the years 1908 to 1917 :—

Year.	1908	1909	1910	1911	1912	1913	1914	1915	*1916	*1917	
Rate of deaths per 1000 births among	Legitimate infants ...	80	77	75	104	74	76	73	86	69	80
	Illegitimate infants ...	178	164	185	228	138	149	175	150	118	121

* In several districts the deaths have not been divided into legitimate and illegitimate, in which cases they have been regarded as legitimate. Therefore, the actual disparity of rates in 1916 and 1917 is greater than is shown by the figures.

The variations in the infantile mortality rates in the different districts are considerable and urban rates are recorded from 25 in Lydd to 185 in Wrotham. It will be observed generally, that if there are any extremely high or extremely low rates, they are recorded in small districts where the difference of a few deaths makes a large variation in the rate. For instance Wrotham had the second lowest rate in 1916, whilst the rate in Lydd was the seventh lowest.

The lowest rates after Lydd were Whitstable 45, Margate 51, Sevenoaks 55, Dartford 56, New Romney 56, and Footscray 58; and the highest rates, after Wrotham, were Broadstairs 121, Sandwich 117 and Walmer 112.

In the rural districts there were very satisfactory rates in West Ashford 26 and Hoo 28, whilst relatively high rates were recorded in Eastry 112, Tenterden 112, Elham 101, Bromley 101 and Blean 100.

ZYMOTIC MORTALITY.

For statistical purposes, only the mortality from the seven chief zymotic diseases is included in the return known as "zymotic mortality." The diseases are small-pox, scarlet fever, diphtheria (and membranous croup), enteric (and typhus and continued fevers), measles, whooping cough and diarrhœa (including enteritis). The following table gives particulars relating to the prevalence of, and the mortality from, these diseases in the whole county (*civil population only*) and a comparison with the mortality recorded in the whole of England and Wales for the year 1917 :—

TABLE 6.

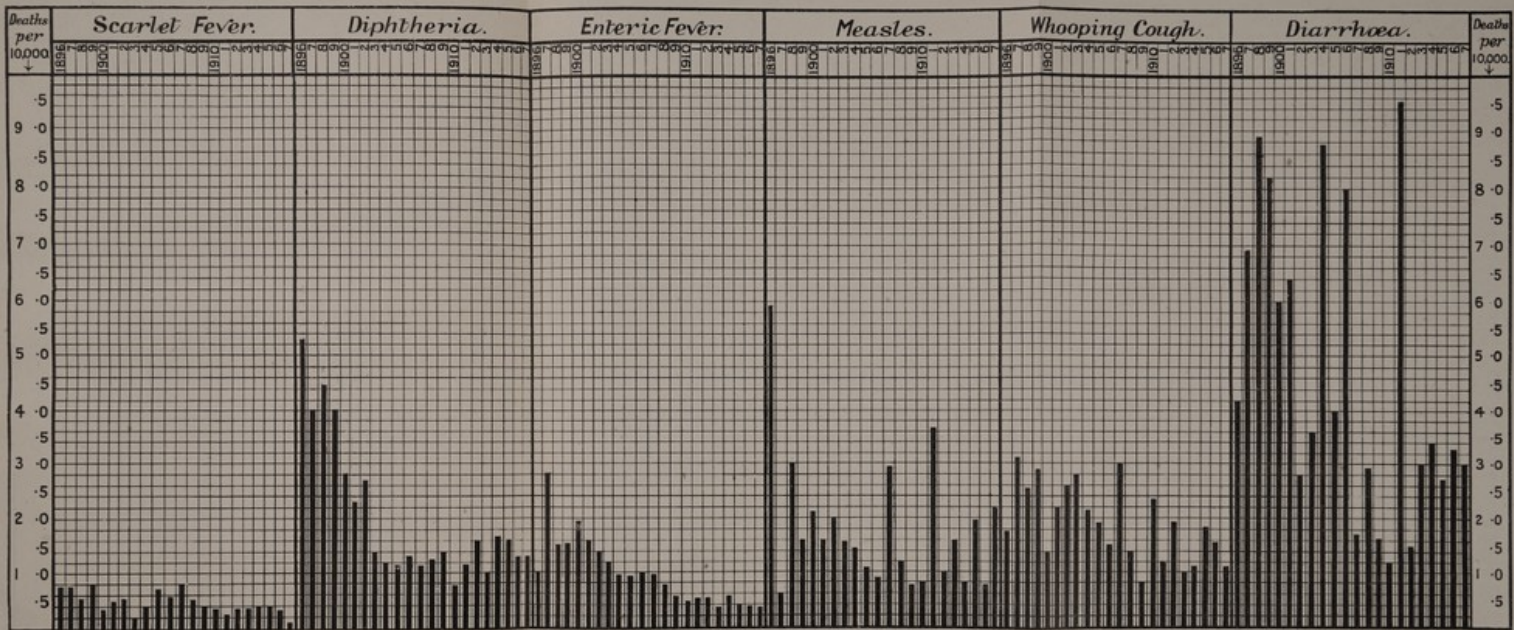
Disease.	No. of Cases.	No. of Deaths.	Rates of Deaths.		Death-rate in England and Wales in 1917 per 1,000 Living Persons.
			Per 100 Persons Attacked.	Per 1,000 Persons Living.	
Small-pox	—	—	—	—	0·00
Scarlet Fever	1079	7	0·65	0·01	0·02
Diphtheria and Membranous Croup ...	1477	111	7·52	0·13	0·13
Enteric, Typhus and Continued Fevers ...	134	21	15·68	0·03	0·03
Measles and Rubella...	17651	198	1·13	0·22	0·30
Whooping Cough ...	Not notifiable	100	?	0·11	0·13
*Diarrhœa, including Enteritis (under 2 years)... ..	do.	151	?	*8·44	*12·18
Totals	—	588	--	0·64	—

* The figures relating to diarrhœa have reference to children dying under two years of age per 1,000 births.

Compared with the previous year, it is found that in each of the notifiable diseases above tabulated, with the exception of measles and rubella, there was a lesser number of cases in 1917 (the figures for 1916 were also in each instance lower than in 1915), and the number of deaths was less in the year under review. The zymotic mortality *per 1,000 persons living* was lower than that recorded in the previous year, diarrhœa and whooping cough showing the chief reductions.

The diagram facing this page is interesting as showing a comparison of the death-rates in Kent per 10,000 persons living, from each of the zymotic diseases except small-pox, during the last twenty-two years.

Diagram showing the Death-rates (per 10,000 persons living) from Scarlet Fever, Diphtheria, Enteric Fever, Measles, Whooping Cough, and Diarrhœa, in the County of Kent, for each of the years 1896 to 1917 inclusive.



The above records are for the Administrative County from and including 1908; previous to that year, records for the Registration County (shown) only are available.

ISOLATION HOSPITALS.

A detailed list of all the isolation hospitals in the county, both for the ordinary infectious diseases and for small-pox, was contained in my last annual report. There are forty-four of the former (including five large joint hospitals) providing accommodation for 1,447 patients, and twenty-three of the latter, containing a total of 303 beds. In addition, four authorities have made arrangements with the Metropolitan Asylums Board for the isolation of small-pox.

The following developments have been reported during the year:—At *Gillingham* small improvements were undertaken; At *Herne Bay* the heating and hot water supply were improved; at *Sevenoaks* the outside woodwork was painted; and at *Whitstable* general repairs were carried out.

The following deficiencies are noted:—At *Folkestone* there is a lack of ward accommodation; at *Gillingham* the hospital still requires much attention; at *Wrotham* painting and repairs are needed; at *Dartford Rural* further additions are urgently needed; and at *Faversham Rural* the medical officer of health suggests that the small-pox hospital should now be completed (foundations for an additional ward are laid) and a hut erected to accommodate nurses and serve as a kitchen.

NOTIFIABLE INFECTIOUS DISEASES.

The county death-rates from the chief notifiable ailments are set out on page 20, and table 9 shows the attack-rates of scarlet fever, diphtheria and enteric fever in each sanitary district, together with a comparison with the rates in the combined counties, &c.

Certain points respecting these different diseases require separate mention.

SMALL-POX.—Numbers of cases notified, and mortality, during the past ten years:—

Year.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	
										Kent.	England and Wales.
Cases notified	15	0	2	27	3	1	2	2	0	0	7
Death Rate	0·00	nil	0·00	0·00	nil	nil	0·00	nil	nil	nil	0·00

Dr. Outred mentions the fact that only 65% of the children born in Gravesend during 1917 were vaccinated.

TABLE 7.—Shewing the Number of Cases of Infectious Disease among the Civil Population notified in each of the **Urban Districts** in the County of Kent, and the Number of such Cases which were treated in Hospital, during the year 1917.

DISTRICT.	Diphtheria including Membranous Group	Erysipelas.	Fevers.			Cerebro-spinal Meningitis.	Poliomyelitis.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	*Measles.	*Rubella.	Cases removed to Hospital.						
			Scarlet.	Enteric.	Puerperal.								Small pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.	Cerebro-spinal Meningitis.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.
Ashford ...	44	...	21	...	...	...	...	...	...	...	...	...	39	21	...	...	...	...	...
Beckenham ...	18	11	16	5	1	5	...	1	10	36	937	...	18	9	1	5	...	...	...
Bexley ...	12	4	42	1	1	2	...	9	36	7	291	...	7	33	...	1	...	...	...
Broadstairs & St. Peter's...	17	4	15	1	...	...	...	...	9	9	134	102	...	10	10	...	...	...	...
Bromley (Borough)...	36	9	21	1	1	13	...	9	31	7	145	613	...	30	17	...	8	...	...
Chatham (Borough)...	34	...	52	2	...	...	...	12	81	30	355	79	...	21	43	2	12	...	...
Cheriton ...	3	1	10	1	...	3	...	...	3	1	23	...	...	...	10	1	...	...	...
Chislehurst ...	5	1	12	1	...	...	...	...	8	1	165	...	...	1	6	1	...	...	...
Dartford ...	116	7	31	12	...	...	...	...	23	3	97	...	116	30	1	...	...	...	...
Deal (Borough) ...	1	...	14	1	1	1	...	...	8	2	47	42	...	...	11	...	...	...	...
Dover (Borough) ...	30	5	14	1	1	...	...	19	30	7	336	...	...	†	†	†	†	...	...
Erith ...	55	13	35	7	2	...	...	5	61	18	587	29	...	52	30	5	...	...	...
Faversham (Borough)...	16	5	16	1	...	1	...	2	17	...	507	7	...	16	16	1	1	...	...
Folkestone (Borough)...	46	14	36	1	3	4	2	13	38	9	316	221	...	44	32	...	4	...	166
Footscray ...	124	3	4	...	...	...	...	...	6	...	39	109	...	124	3	...	...	...	...
Gillingham (Borough)...	37	15	108	4	...	7	...	...	65	16	1042	...	...	26	89	3	7	...	33
Gravesend (Borough)...	32	7	30	7	...	2	...	1	15	3	200	...	...	18	26	7	2	...	...
Herne Bay ...	20	...	1	1	...	...	...	1	19	5	73	117	...	18	1	...	...	...	...
Hythe (Borough) ...	21	1	18	1	...	...	...	...	10	...	22	60	...	14	9	1	...	...	...
Lydd (Borough)...	2	1	3	...	...	1	...	...	3	...	13	...	...	2	3	...	...	...	...
Maidstone (Borough)...	28	9	9	11	1	4	...	9	126	3	678	...	...	26	9	1	4	...	11
Margate (Borough) ...	58	2	25	3	...	...	...	4	53	46	131	355	...	53	23	3	...	...	...
Milton Regis ...	28	...	8	2	1	2	...	1	8	2	248	78	...	27	8	1	2	...	...
New Romney (Borough)...	2	...	...	1	...	...	1	...	1	...	1	...	...	...	...	1	...	...	...
Northfleet ...	59	6	24	12	...	...	...	1	11	7	25	61	...	...	...	...	...	...	...
Penge ...	20	2	29	4	2	1	...	3	23	11	531	216	...	16	22	2	1	...	11
Queenborough (Borough)...	14	1	26	1	...	...	...	...	1	1	17	8	...	10	12	1	...	...	...
Ramsgate (Borough)...	33	19	14	1	...	...	...	9	46	24	56	54	...	31	10	...	...	...	...
Rochester (City) ...	40	14	36	3	1	3	...	10	50	46	249	215	...	25	33	...	3	...	33
Sandgate... ..	1	...	2	...	...	1	...	...	2	...	25	...	...	...	2	...	...	...	...
Sandwich (Borough)...	2	1	...	...	...	...	...	...	4	...	115	109	...	2	...	...	...	...	...
Sevenoaks ...	3	1	3	1	1	...	...	...	8	6	67	6	...	1	3	1	...	...	11
Sheerness ...	16	4	10	8	...	1	...	3	24	8	177	66	...	14	6	8	...	...	...
Sittingbourne ...	41	3	10	2	...	2	...	3	8	8	410	99	...	38	7	2	2	...	...
Southborough ...	5	4	...	...	...	...	...	3	8	...	91	...	...	3	...	...	...	...	...
Tenterden (Borough)...	...	...	1	...	...	...	...	...	4	...	39	...	...	...	...	...	...	...	...
Tonbridge ...	16	3	17	...	...	1	...	2	27	5	301	97	...	15	13	...	1	...	15
Tunbridge Wells (Borough)...	40	14	12	2	...	...	...	2	45	14	91	600	...	39	12	1	...	...	1
Walmer ...	...	1	13	...	...	...	...	...	4	2	9	23	...	...	13	...	...	...	...
Whitstable ...	4	...	10	...	...	1	...	...	17	3	242	...	...	4	4	...	...	...	...
Wrotham ...	5	...	...	...	1	...	...	...	7	...	52	...	...	2	...	...	...	...	...
TOTAL URBAN...	1084	185	748	99	17	55	3	122	950	310	8884	3366	...	862	576	44	53	...	43

*Several medical officers of health have not differentiated between measles and rubella, and in these districts the cases are included in the measles column, † No information.

TABLE. 8.—Shewing the number of Cases of Infectious Disease among the Civil Population notified in each of the **Rural Districts** in the County of Kent, and the Number of such Cases which were treated in Hospital, during the year 1917.

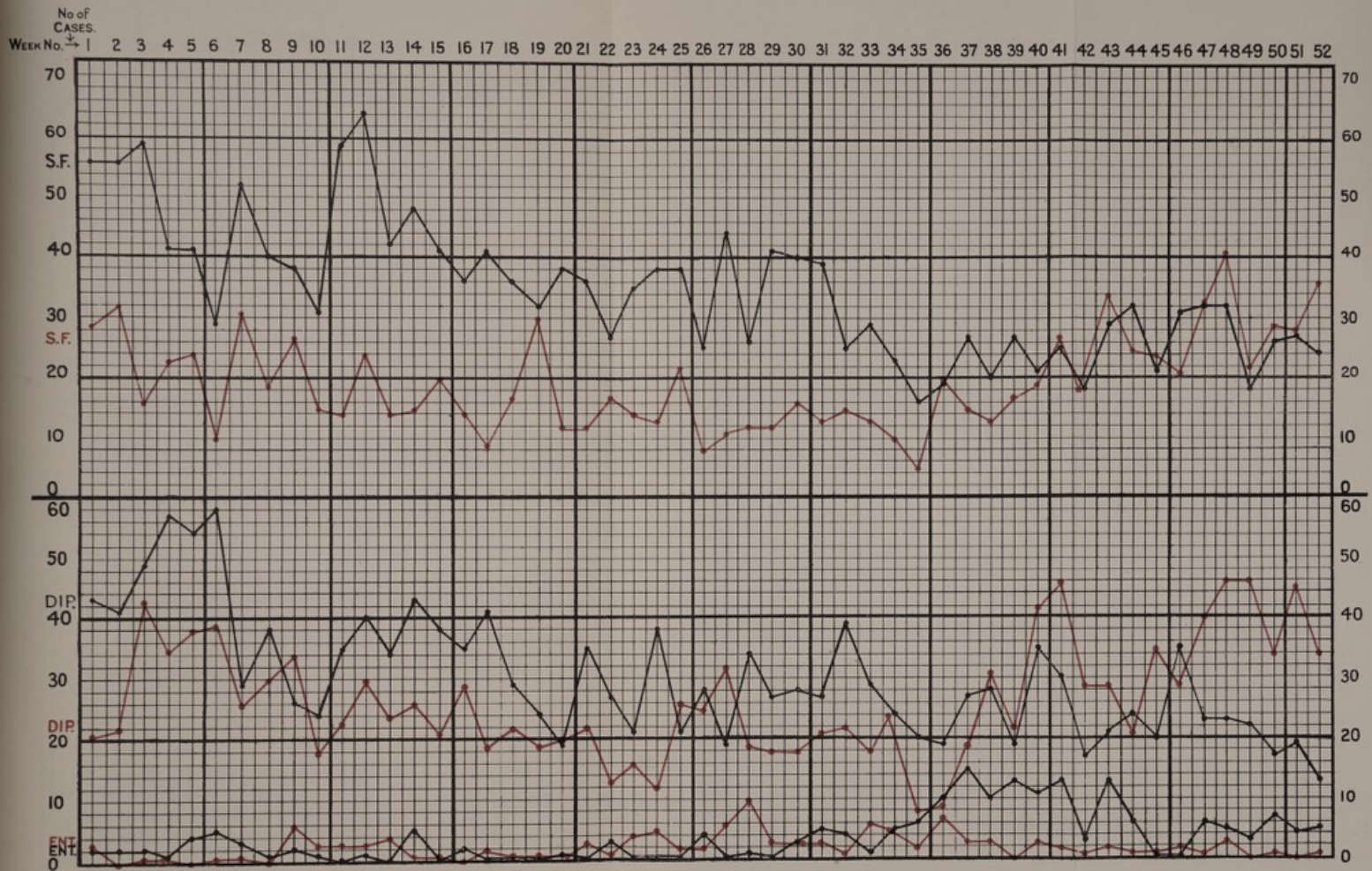
DISTRICT.	Diphtheria including Membranous Group		Erysipelas.		Fevers.			Cerebro-spinal Meningitis	Polomyelitis.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	*Measles.	*Rubella.	Cases removed to Hospital.							
					Scarlet.	Enteric.	Puerperal.								Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.	Cerebro-spinal Meningitis.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Others.
Ashford, East ...	5	1	7	3	...	...	...	...	...	...	13	3	421	64	...	3	4	1	...	...	...	...
Ashford, West ...	5	2	3	...	...	1	...	1	...	1	8	2	232	12	...	2	3	...	1	...	...	...
Blean ...	4	4	1	...	1	1	...	...	...	...	12	5	106	...	...	†	†	†	†	†	†	†
Bridge ..	11	2	7	2	...	...	1	...	...	...	14	1	127	35	...	11	6	2	...	...	...	...
Bronley ...	16	17	27	1	...	3	...	...	...	...	17	3	102	71	...	14	26	...	2	...	...	...
Cranbrook ...	7	1	4	1	...	...	...	...	...	...	17	4	226	39	...	6	3	1	...	...	...	...
Dartford ...	132	14	85	6	1	2	...	4	77	21	335	58	...	119	77	6	...	...	...	...	...	...
Dover ...	10	1	4	...	...	...	...	...	...	3	1	39	...	...	†	†	†	†	†	†	†	†
Eastry ...	6	3	19	1	...	...	...	...	...	16	2	293	86	...	2	8	...	...	...	...	...	...
Elham ...	3	3	14	...	...	...	...	...	...	6	3	66	22	...	1	6	...	...	...	...	...	...
Faversham ...	27	3	28	3	...	...	...	...	...	...	...	...	...	...	26	28	3	...	...	...	...	...
Hollingbourn ...	6	5	7	1	1	...	...	1	22	...	189	...	...	...	1	1	...	...	...	...	...	...
Hoo ...	2	...	...	1	...	...	...	...	5	...	25	...	...	...	1	...	1	...	...	...	...	...
Maidstone ...	8	1	17	4	...	1	...	1	19	11	260	65	...	...	7	12	3	...	...	...	...	...
Malling ...	40	6	29	7	4	1	...	...	75	22	667	18	...	...	36	25	3	...	...	...	...	...
Milton ...	22	7	28	...	1	1	...	1	17	2	384	389	...	...	22	25	...	1	...	...	...	...
Romney Marsh ...	6	...	4	...	...	...	...	...	2	2	4	1	...	...	5	4	...	...	...	...	...	...
Sevenoaks ...	32	11	17	...	...	...	...	4	42	16	93	150	...	...	28	14	...	...	...	...	...	2
Sheppey ...	6	...	4	2	...	...	...	...	...	...	4	49	...	...	4	1	2	...	...	...	...	...
Strood ...	14	5	12	1	1	3	...	...	23	6	308	55	...	...	3	9	1	1	...	...	...	...
Tenterden ...	10	1	1	...	...	...	...	...	1	...	37	...	...	...	...	...	...	...	...	...	...	...
Thanet ...	5	3	6	1	...	...	...	1	15	2	65	63	...	...	4	6	1	...	...	...	...	...
Tonbridge ...	16	5	7	1	2	...	...	...	...	...	123	118	...	...	16	7	1	...	...	...	...	1
Total in Rural Districts ...	393	95	331	35	11	13	1	13	404	106	4106	1295	...	...	311	265	25	5	...	...	...	3
Total in Urban Districts ...	1084	185	748	99	17	55	3	122	950	340	8884	3366	...	...	862	576	44	53	...	...	...	43
Total in County	1477	280	1079	134	28	68	4	135	1354	446	12990	4661	...	...	1173	841	69	58	...	...	...	46

*Several medical officers of health have not differentiated between measles and rubella, and in these districts the cases are included in the measles column. † No information.

TABLE 9.—Incidence per 1,000 of population of notified cases of Scarlet Fever, Diphtheria, and Enteric Fever (excluding Naval and Military cases).

URBAN.				RURAL.				
District.	Diphtheria.	Scarlet Fever.	Enteric Fever.	District.	Diphtheria.	Scarlet Fever.	Enteric Fever.	
Ashford	3·21	1·53	0·00	Ashford, East	0·39	0·55	0·24	
Beckenham	0·59	0·53	0·17	Ashford, West	0·78	0·47	0·00	
Bexley	0·58	2·01	0·05	Blean... ..	0·61	0·16	0·00	
Broadstairs and St. Peter's	2·38	2·10	0·14	Bridge	1·20	0·76	0·22	
Bromley (Borough)... ..	1·13	0·66	0·04	Bromley	0·79	1·33	0·05	
Chatham (Borough)... ..	0·94	1·43	0·06	Cranbrook	0·65	0·37	0·10	
Cheriton	0·60	1·98	0·20	Dartford	3·24	2·09	0·15	
Chislehurst	0·62	1·48	0·13	Dover	1·54	0·62	0·00	
Dartford	5·53	1·48	0·58	Eastry	0·49	1·56	0·09	
Deal (Borough)	0·11	1·41	0·11	Elham	0·44	2·03	0·00	
Dover (Borough)	0·85	0·40	0·03	Faversham	1·99	2·07	0·23	
Erith	1·67	1·06	0·22	Hollingbourn	0·55	0·64	0·10	
Faversham (Borough)	1·35	1·35	0·09	Hoo	0·51	0·00	0·26	
Folkestone (Borough)	1·45	1·14	0·04	Maidstone	0·56	1·18	0·28	
Footscray	15·28	0·50	0·00	Malling	1·90	1·38	0·34	
Gillingham (Borough)	0·84	2·46	0·10	Milton	1·78	2·26	0·00	
Gravesend (Borough)	1·20	1·12	0·27	Romney Marsh	2·50	1·67	0·00	
Herne Bay	2·92	0·15	0·15	Sevenoaks	1·57	0·84	0·00	
Hythe (Borough)	3·15	2·70	0·15	Sheppey	1·62	1·79	0·54	
Lydd (Borough)	0·94	1·41	0·00	Strood	0·96	0·82	0·07	
Maidstone (Borough)	0·91	0·30	0·36	Tenterden	1·91	0·20	0·00	
Margate (Borough)	2·99	1·29	0·16	Thanet	0·57	0·68	0·12	
Milton Regis	4·19	1·20	0·30	Tonbridge	1·03	0·45	0·07	
New Romney (Boro')	1·73	0·00	0·87	VARIOUS.				
Northfleet	4·34	1·77	0·89	1917. Kent. {	Urban Districts	1·69	1·17	0·16
Penge	0·94	1·36	0·19		Rural Districts	1·40	1·18	0·13
Queenborough (Boro')	4·81	8·94	0·35		Whole County	1·60	1·17	0·15
Ramsgate (Borough)	1·55	0·66	0·05	1916. Kent. {	Urban Districts	1·74	2·08	0·26
Rochester (City)	1·39	1·25	0·11		Rural Districts	1·43	1·58	0·14
Sandgate	0·59	1·17	0·00		Whole County	1·64	1·93	0·22
Sandwich (Borough)	0·64	0·00	0·00	1917. {	Aggregate of English Administrative Counties	1·20	1·32	0·15
Sevenoaks	0·37	0·37	0·13		Urban Districts (less County Boroughs) England	1·31	1·36	0·15
Sheerness	1·06	0·67	0·53		Rural Districts, England	1·02	1·26	0·17
Sittingbourne	4·97	1·22	0·25		England & Wales	1·28	1·45	0·14
Southborough	0·80	0·00	0·00					
Tenterden (Borough)	0·00	0·34	0·00					
Tonbridge	1·22	1·30	0·00					
Tunbridge Wells (Borough)... ..	1·31	0·40	0·07					
Walmer	0·00	3·64	0·00					
Whitstable	0·54	1·35	0·00					
Wrotham	1·37	0·00	0·00					

WEEKLY NOTIFICATIONS OF SCARLET FEVER, DIPHThERIA AND ENTERIC FEVER.



The BLACK lines indicate the weekly incidence in 1916, the RED lines the weekly incidence in 1917.
 The lines at the TOP of the Chart represent Scarlet Fever, in the CENTRE of the Chart Diphtheria, and at the BOTTOM of the Chart Enteric Fever.

SCARLET FEVER.—Number of cases notified, and rates of mortality, during the past ten years :—

Year	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	
										Kent.	England and Wales.
Cases notified	2847	2649	2033	2330	3141	2408	3784	2862	1856	1079	48817
Death-rate	0·05	0·04	0·03	0·02	0·03	0·03	0·04	0·04	0·03	0·01	0·02

The district reports contain very few references of interest in connection with scarlet fever, probably due to the fact that the disease continued mild and showed what is probably a record low incidence and death-rate, as will be noted from the above table. Although military cases are excluded from the figures, they may be regarded as very satisfactory.

Dr. Mathewson, of Bromley, draws attention to the fact that there were only twenty-one cases in that town in 1917, compared with as many as 200 in some previous years; and Dr. Styan states that there have been no deaths from this cause in Ramsgate during the last four years.

DIPHTHERIA.—Numbers of cases notified, and rates of mortality, during the past ten years :—

Year.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	
										Kent.	England and Wales
Cases notified.	1212	1225	928	1392	2008	1738	2631	2136	1581	1477	43315
Death rate.	0·12	0·14	0·07	0·11	0·16	0·10	0·17	0·16	0·14	0·13	0·13

The figures for 1916 and 1917 do not include cases occurring among the military and naval units stationed in the county, but I think it can be taken that diphtheria was considerably less prevalent than in recent years.

The following observations of interest are extracted from the reports of the district medical officers of health :—

Chatham.—“Respecting diphtheria, I would draw attention to the fact that antitoxin—which is supplied free to medical practitioners—was *only used in fifteen cases, or rather less than half*. The value of this remedy is undoubted, and even if the case is to be removed to hospital for further treatment, if antitoxin is administered before removal, the prospect of recovery is materially improved.”

Footscray.—Of the total of 124 notifications of diphtheria, 119 were “bacteriological” only, *i.e.*, carrying diphtheria bacilli in the throat or nose without showing symptoms of an attack.

Margate Borough.—“The number of cases of infectious disease, notably diphtheria, was, proportional to the number of children at the schools, largely in excess of previous years. There was no particular epidemic of the disease, nor were the cases confined to any particular school or part of the town, so the explanation of this increase is rather difficult.

“The following facts are, however, significant. Fully ninety per cent. of the cases occurred in dirty and neglected households. The husband is away, and the mother, either for the want of incentive or other reasons, has gradually lost the grip of things, the consequence being that the children are left to fend for themselves, and the house to get into a dirty, uncared-for state.

“Then again it is the custom, and we noticed it particularly in houses where diphtheria occurred, to make all the children sleep in a room on the ground floor (on account of air raids) in the clothes which they wear every day. Added to this the congregation at times of many children and adults in a hot, stuffy dug-out for hours at night, and we have a pretty clear picture of unhealthy surroundings, the lowering of vitality and the power of natural resistance to disease.”

Ramsgate.—“The number of patients notified was thirty-three, of whom eight exhibited no symptoms of the disease. They were resident, however, in houses in which definite cases occurred and swabs taken from their throats were pronounced to give positive results, so they were placed in isolation.”

ENTERIC FEVER.—Numbers of cases notified, and rates of mortality during the past ten years :—

Year.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	
										Kent.	England and Wales.
Cases Notified	493	323	292	334	362	197	270	221	210	134	4,601
Death Rate.	0·07	0·05	0·04	0·05	0·05	0·03	0·05	0·04	0·04	0·03	0·03

The figures for 1916 and 1917 relate to cases occurring among the civil population only, and it will be seen that the disease showed the lowest incidence for the past ten years. This is eminently satisfactory.

Northfleet.—An outbreak of enteric fever, which occurred in February and March, was attributed by the medical officer of health to the eating of winkles in five cases, the other three patients being “contacts.” Of the former, three were members of the same family and ate winkles about a fortnight before they were taken ill; the other two also partook of winkles. All the patients, with the exception of one of the contacts, lived in the same street. Two of the patients died.

The medical officer in charge of local troops was warned immediately of the occurrence of these cases among the civil population, and as to the probable cause, and warning posters were displayed, on the recommendation of Dr. Sells, in the neighbourhood and also in the large V.A.D. hospital at Rosherville.

MEASLES.—Mortality from measles during the past ten years :—

Year.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	
										Kent.	England and Wales.
Rate per 1,000	0·12	0·07	0·08	0·36	0·10	0·16	0·08	0·19	0·08	0·22	0·30

The number of cases of measles and rubella notified among the civil population during 1917 was 17,651, with a sickness rate of 19·2 per thousand, compared with the 1916 figures of 10,349 and 10·62. The cases notified in England and Wales during 1917 totalled 533,833, with a sickness rate of 15·84 per thousand.

A number of medical officers of health do not give separate totals of measles and rubella, thus detracting from the value of any comparison of figures.

The following extracts from district reports are of interest :—

Bromley.—“ It is worthy of note that 743 of these (cases) occurred in the first seven months, and only fifteen notifications were received during the last five months : this is a repetition of what occurred in the previous year, when 16 cases occurred in the last five months and 494 in the first seven months.”

Chatham.—Commenting upon the large number of cases of measles (355) and rubella (79) the Medical Officer of Health remarks :—“ Compulsory notification, home visitation and inquiry, combined with advice given to parents, are making people realise that measles, if neglected, is a serious and fatal disease, which in the past has caused a higher mortality amongst children than any other infectious disorder. Its most frequent complications are bronchitis and pneumonia, but their effect is greatly mitigated by early treatment, and above all by intelligent advice and management. Where these can be secured, recovery is the rule ; when they are lacking, the fatality of measles is very marked.”

Sittingbourne.—“ During 1917 there was a very large outbreak of measles ; 509 cases came under my observation. You must expect this to occur every four or five years, owing to the impossibility of isolating these cases in infectious hospitals, as is done in other forms of infectious diseases. From my clinical observations, I am of the opinion that measles is by far the most infectious of all notifiable diseases, and very few reach the adult age without being affected. The mortality was exceptionally small, only five, all these from pneumonia following measles, and all over one year of age. I consider the small number of deaths is entirely due to the skill and indefatigable work which has been given to this large outbreak of disease by your health visitor, of which work I cannot speak too highly.”

TUBERCULOUS DISEASES.—Number of cases of phthisis and other tuberculous diseases, and mortality, during the past ten years :—

Year.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.		
										Kent.	England and Wales.	
Phthisis	Cases Notified	—	—	—	—	2501	1936	1744	1448	1554	1408	73654
	Death-rate	0·84	0·78	0·78	0·87	0·88	0·81	0·86	0·96	0·99	1·03	Not available
Other Tuberculous Diseases.	Cases Notified	—	—	—	—	931	525	446	383	399	399	22,096
	Death-rate	0·35	0·31	0·28	0·33	0·30	0·31	0·28	0·37	0·29	0·31	Not available

(The mortality rates for tuberculosis are calculated on the *total*, and not the *civilian*, population. Military deaths are seldom recorded from this cause, as any soldier found to be so suffering is discharged from the army).

The deaths from phthisis in 1917 numbered 1,055, 749 being recorded in urban districts and 306 in rural, the mortality rates being 1·05 and 0·98 respectively.

As regards other tuberculous diseases, 217 deaths occurred in urban and 96 in rural areas, the rate being 0·31 in each case.

Table 10 gives a summary of the cases notified from December 31st, 1916, to December 29th, 1917, and Table 11 shews the number of notified cases and deaths in 1917 and the average deaths during the five years 1913-1917, both of cases of pulmonary and other forms of tuberculosis, in the various districts in the county.

It will be seen from Table 11, that the total number of cases notified during 1917 was 1,807, and the total number of deaths was 1,368, so that the ratio of notifications to deaths was approximately four to three. The ratio for 1916 was three to two, for 1915 three to two, for 1914 two to one and for 1913 five to two.

The following are a few details of interest relating to the year 1917 in connection with the county tuberculosis scheme, which is dealt with at length in my annual tuberculosis report :—

Number of county tuberculosis dispensaries, twenty-one.

TABLE 10.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Summary of Notifications during the period from December 31st, 1916, to December 29th, 1917,
in the County of Kent.

AGE PERIODS.	Notifications on Form A.													Notifications on Form B.			Notifications on Form C.			
	Number of Primary Notifications.													Number of Primary Notifications.			Total Notifications on Form B.	Poor Law Institutions.	Sanatoria.	
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.	Total Primary Notifications.	Under 5	5 to 10	10 to 15	Total Notifications on Form A.				
Pulmonary Males...	2	5	26	24	76	85	192	164	77	47	11	709	730	—	13	6	19	19	14	167
" Females ...	—	8	24	41	99	88	155	87	55	29	8	594	604	—	9	8	17	17	12	86
Non-pulmonary Males ...	7	46	39	29	23	6	9	7	10	5	1	182	183	—	2	3	5	5	4	4
" Females ...	3	26	32	40	31	21	20	11	4	5	3	196	200	—	6	5	11	11	3	7

NOTE.—FORM A is the form of notification to be used by every medical practitioner (except a school medical inspector) for cases not previously notified.

FORM B is the form of notification to be used by school medical inspectors for cases not previously notified by them.

FORM C is the form of notification to be used by medical officers of poor law institutions and sanatoria, for cases which have been notified before admission (Cases not notified before admission are reported on Form A.)

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Tuberculosis officers, five whole-time, and two part-time; nurses—five whole-time, and five part-time; clerks—five whole-time and five part-time (excluding head office staff).

New patients who attended the dispensaries—insured 1,273, uninsured 1,545.

Attendances of old and new patients—insured 10,598, uninsured 11,679.

Contacts examined at dispensaries—tuberculous 124, non-tuberculous 290, under observation 151.

Patients attending or under observation at end of year—insured 1,178, uninsured 1,889.

Nurses' visits to homes of patients—3,601.

Prescriptions and medicines issued (including cod liver oil preparations) 47,878.

Patients treated in institutions—admitted, insured 316, uninsured 164. discharged, insured 264, uninsured 143.

The county sanatorium contains 145 beds, but, owing to difficulties of staffing and equipment, it has been lent to the Canadian Red Cross for the period of the war. In addition, the County Council have an agreement for forty hospital beds at Keycol Hill Hospital, and ten surgical beds at general hospitals in Kent.

Shelters (seventy-seven) are loaned to patients, and the County Council pay travelling expenses to institutions or dispensaries to uninsured necessitous patients, and also provide surgical appliances as part of the treatment offered.

Dr. Warren, of Gillingham, refers to the advantages offered by the dispensary, as follows:—

“With the tuberculosis dispensary in our midst expert advice is always available, and I have personally to thank the officer in charge, Dr. Clark, for informing me of any cases going for treatment which have not been otherwise notified, and also for the great attention paid to school children sent up by me. The necessary medicine and extra nourishment is of great benefit to those with large families and limited means.”

MALARIA.—This disease has been made notifiable in certain districts in Kent, namely, Queenborough, Sheerness, Sheppey, Sandwich, New Romney, Romney Marsh, Hoo and Lydd. The step was taken in view of the possibility of the disease being introduced among the civil population by troops returning from Eastern campaigns. The disease is transmitted from man to man by means of the bite of the female anopheline mosquito, which is abundant in certain marshy districts of Kent.

During the year a considerable number of cases occurred among the military units stationed in the Isle of Sheppey and in the camps adjoining Sandwich, as well as several cases among the civil population. The majority of the military cases in the latter locality had contracted the infection in the camps and had not been out of England, and as an abundance of mosquitos and larvæ had been found in several parts of this area, my school medical inspector, Dr. Day, who has had considerable malaria experience, kindly agreed to make a special examination of school children.

His report is of interest and I therefore give a brief resumé, although the result of his investigation was negative:—

He states that the whole district surrounding Sandwich, for miles, is an ideal breeding place for mosquitos, being low-lying, marshy and cut up by numerous dykes and more or less stagnant water-courses. For a number of years he has noted the presence, and has found breeding places, all over the area, of many anopheline mosquitos. Therefore, one of the factors for the development of the disease in the district is existent in abundance. Nevertheless, in his twenty years' experience in the neighbourhood he has only known of one case of indigenous malaria having occurred, in an aged man who had never been more than a few miles away from his house. A fair number of cases acquired in the tropics have been to him for treatment, but apparently they have never given rise to indigenous cases.

In 1916 suspicious cases were noted amongst the troops in this vicinity and in 1917 indigenous malaria became prevalent among the military, some eighty to ninety cases altogether being reported up to December, 1917.

The troops in the beach camp are recruited from men whose employment takes them to malarious districts where they acquire the disease. Although they are apparently healthy fit men, yet they are active "carriers" of the disease, hence the second necessary factor for the production of the disease indigenously in the district exists largely.

With regard to the examination of children, Dr. Day decided to examine the scholars attending the council schools at Sandwich, Worth, Westmarsh, Preston and Stourmouth.

Nearly all the children attending these schools live in the marshy districts of the neighbourhood, and so would be most likely to show evidences of the disease, if it existed indigenously in the areas. The head teachers kindly co-operated with Dr. Day to the fullest extent possible, providing each child with a form to record the results of the examination under different headings, and notifying the parents of the inspection.

Each child was thoroughly examined for signs of previous attacks, viz., enlargement of the spleen and liver, protuberance of the abdomen, delayed development and the presence of anæmia.

Dr. Day examined, in all, 708 children of both sexes and of ages varying from four to fourteen years, and in no case was he able to find any clinical evidence of the existence of indigenous malaria.

Dr. Hick, of New Romney, also took seventy films of blood from children and others, but no sign of the disease was found. Dr. Wilkinson, of the Local Government Board, in company with Drs. Mends-Gibson and Wiglesworth, examined five hundred children of the Queenborough and Halfway Houses Schools for signs of malaria, and four of these were found to have the benign tertian parasite in their blood.

The Kent County Council, on my report, made a representation to the War Office, that if that department could arrange to avoid sending any soldiers returning from abroad, who were known to have had malaria, to any marshy district where anopheline mosquitos abound, a most important practical preventive measure would be at once adopted.

The War Office could not see their way to adopt this suggestion, owing to administrative difficulties, but they agreed that certain steps should be taken in "mosquito areas," namely, (1) the investigation into a patient's movements for the three weeks preceding the commencement of his illness; (2) the search of his quarters and at least the six adjoining quarters for the presence of anophelines, together with the examination of farm buildings, cowsheds, &c., near the camps and a search for larvæ in likely breeding places; (3) the filling-in, oiling, &c., of breeding places if discovered; (4) the housing of all men in the same unit, known to have had malaria within the year, in quarters free of, or protected from, mosquitos, and quinine in suitable doses to be given to all men who have had malaria within two months; and (5) that in infected areas every possible endeavour should be made to keep hospitals, huts, billets and other quarters free from anopheline mosquitos, both by providing self-closing doors and gauze or muslin covers for all apertures; by systematic daily efforts to destroy or drive out adult mosquitos; by routine brushing of ceilings and walls; by occasional fumigation or spraying; and by getting the occupants of the quarters to catch in test-tubes or kill with fly traps all mosquitos which they can detect. The instructions also pointed out the importance of co-operation between the military and civil sanitary authorities.

CEREBRO-SPINAL MENINGITIS.—Sixty-eight cases of this disease occurred in Kent during 1917, viz., fifty-five in urban districts and thirteen in rural districts, compared with sixty-eight and seven respectively in 1916.

The facilities of the county bacteriological laboratory have been offered freely to district medical officers of health, in the examination of cerebro-spinal fluid from suspected cases, and of throat swabs from contacts. Full advantage of this offer has been taken in many cases, and during the year twenty-nine specimens of cerebro-spinal fluid and two hundred and eighty-one swabs from contacts, were examined in the laboratory.

The distribution of the cases among the sanitary areas is set out in tables 7 and 8 of this report.

NON-NOTIFIABLE INFECTIOUS DISEASES.

WHOOPING COUGH.—Mortality from whooping cough during the past ten years :—

Year.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	
										Kent.	England and Wales.
Rate per 1,000	0·14	0·08	0·23	0·12	0·19	0·10	0·11	0·18	0·16	0·11	0·13

Whooping cough was less prevalent than in the previous year, 100 deaths being attributed to this cause as against 150 in 1916. The chief mortality was in Bromley Rural with twelve deaths, and Gillingham with ten. Thirteen schools were closed on account of this disease in the non-autonomous areas.

DIARRHŒA.—Mortality from diarrhœa during the past ten years :—

Year.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	*1916.	*1917.	
										Kent.	England and Wales.
Rate per 1,000	0·29	0·16	0·12	0·95	0·15	0·30	0·34	0·27	10·06 0·23	8·44 0·17	12·18 —

* For 1916 and 1917 the death-rates from diarrhœa relate to children dying under two years of age per 1,000 births (upper figure), and to total deaths per 1,000 of the population (lower figure). The latter shews the comparison with previous years.

There was a decrease in the number of deaths from diarrhœa, as compared with the previous year, the numbers being 151 and 215 respectively. 118 of the deaths occurred in urban districts and thirty-three in rural, and the chief mortality is noted in Chatham with nineteen deaths, Dartford Rural with eleven, Dover Borough with ten and Gillingham with eight.

CANCER AND MALIGNANT DISEASES.

CANCER.—Mortality from cancer during the past ten years:—

	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.
URBAN.										
No. of Deaths	648	669	676	765	783	798	842	869	851	849
Death-rate ...	0·89	0·90	0·89	1·08	1·09	1·10	1·14	1·24	1·17	1·19
RURAL.										
No. of Deaths	281	281	276	327	324	360	348	349	357	372
Death-rate ...	0·94	0·93	0·91	1·05	1·05	1·14	1·11	1·14	1·12	1·19
TOTAL.										
No. of Deaths	929	950	952	1092	1107	1158	1190	1218	1208	1221
Death-rate ...	0·90	0·91	0·90	1·07	1·08	1·11	1·13	1·21	1·16	1·19

Reference to the above table will show that the death rate from malignant disease appears to be increasing steadily.

ANTHRAX.

Dr. Holroyde, of Chatham, refers to an outbreak of anthrax.

Two fatal cases occurred in the Royal Naval Hospital, after the use of a cheap shaving brush purchased at a shop in Chatham, and the matter was referred to Dr. Holroyde by the Surgeon-General, for such action as might be thought fit. A similar brush purchased at the same shop for experimental purposes was found to contain a bacillus similar to the anthrax bacillus. Dr. Holroyde at once visited the shop, and forwarded six of the brushes to the county laboratory for examination, at the same time giving formal notice to the proprietor to discontinue the sale until permission was given. The report from the county laboratory stated that an organism suspicious of *bacillus anthracis* was cultivated from two of the brushes, and inoculation tests were carried out, but the animals remained healthy, and the six brushes had, therefore, to be considered negative. A copy of this report was sent to the Surgeon-General, and later a telegram was received from the Local Government Board, asking for specimens of the brushes to be sent to the Board for examination. The whole of the stock of brushes was handed to Dr. Holroyde by the proprietor, and nine were forwarded to the Board, the rest remaining in Dr. Holroyde's custody. The names of the wholesale firms who had supplied the brushes were also forwarded. An emulsion from two of the brushes was found to contain anthrax spores.

The brushes were of two kinds, and it was interesting that the anthrax spores were found in one kind, while the patient had purchased one of the other variety. All the brushes had been mixed together, and some were of old consignments.

One point of interest emerged, viz, that one of the wholesale dealers concerned had supplied brushes which had caused infection in other places, and that he obtained his brushes from a manufacturer whose goods had been responsible for more shaving brush anthrax than those of any other manufacturer.

Finally, all the brushes of one variety were destroyed, and the remainder were returned to the retailer, leaving the responsibility of selling them to him.

VENEREAL DISEASES.

The county scheme for the diagnosis and treatment of venereal diseases, which came into effect in 1917, has now been completed with the exception of one clinic to be established at the Royal Victoria Hospital, Folkestone, at an early date.

A summary of the Public Health (Venereal Diseases) Regulations, together with supplementary memoranda and circulars issued by the Local Government Board, was contained on pages 10 to 16 of my annual report for 1916.

At the time of writing this report, centres are in operation at the following hospitals in Kent :—

Name of Hospital.	Days and hours for men.	Days and hours for women.	Date of opening of Centre.
Canterbury, Kent and Canterbury Hospital	Saturdays between 11 a.m. and 1 p.m.	Thursdays between 11 a.m. and 1 p.m.	May 16th, 1918.
Dartford, 37, West Hill	Mondays and Wednesdays between 6 and 7 p.m.	Mondays and Wednesdays between 5 and 6 p.m.	Oct. 1st, 1917.
Dover, Royal Victoria Hospital	Thursdays at 4 p.m.	Tuesdays at 5 p.m.	Sept. 4th, 1917.
Gravesend, General Hospital	Fridays between 5 and 6 p.m.	Wednesdays between 5 and 6 p.m.	April 11th, 1917.
Rochester, St. Bartholomew's Hospital	Tuesdays and Thursdays between 5.30 and 7.30 p.m.	Thursdays between 3 and 5 p.m.	July 3rd, 1917.
Tunbridge Wells, General Hospital	Wednesdays and Fridays between 11 a.m. and 1 p.m.	Wednesdays and Fridays between 11 a.m. and 1 p.m.	Jan. 10th, 1917.

The Kent County Council are also participants in the treatment scheme of the London County Council, which embraces twenty-five hospitals, and in the facilities offered by the Croydon General Hospital.

The following are particulars of the work carried out at the different clinics during the period for which they were opened in 1917 :—

TABLE 12.

Institution.	Patient Days.	New Patients.		Attendances.		In-patient Treatment.		Patients discharged.	Still under Treatment.	Salvarsan Substitutes.	
		Gonorrhoea.	Syphilis.	Gonorrhoea.	Syphilis.	Patients.	Days.			Patients.	Doses.
Dartford	26	21	—	64	—	—	—	22	4	—	—
Dover	28	—	2	—	7	1	12	1	—	2	5
Gravesend	50	11	29	57	214	21	59	20	39	32	56
Rochester	62	45	50	248	322	1	1	111	65	29	111
Tunbridge Wells	26	5	12	24	80	13	51	15	19	18	28
London	?	170	242	1086	1903	?	3335	16	?	296	993
Totals	192 +	252	335	1479	2526	36 +	3458	185	127 +	377	1193

Any medical practitioner may consult the medical officers of the clinics, respecting any case, or suspicious case, of venereal disease under his care. The medical officers are also prepared to give demonstrations to medical practitioners of the methods of taking and transmitting materials for laboratory diagnosis, and of the best known methods for the systematic treatment of venereal disease. When any part of the treatment can be given by the patient's usual medical attendant, the medical officer of the clinic will furnish the practitioner concerned with a report on the patient's treatment at the clinic, together with suggestions as to continued treatment.

The scheme also includes the following facilities :—

EXAMINATIONS OF PATHOLOGICAL SPECIMENS FOR THE DETECTION OF SPIROCHÆTES AND GONOCOCCI, are undertaken at the bacteriological laboratory attached to the County Medical Officer's department. The numbers of examinations carried out during 1917, were one hundred and thirty-one for gonococci and seven for spirochætes.

TESTS FOR WASSERMANN RE-ACTION are carried out at the King's College Hospital Laboratory. The number of such tests performed during 1917 was twenty-four.

In this connection, the attention of medical practitioners has been called to the importance of the test for patients who have had miscarriages, and of examination of materials from cases of still-birth. On receipt of a notification of still-birth, an enquiry is addressed to the medical practitioner if one was in attendance at the time of birth.

THE PROVISION OF APPROVED "SALVARSAN" SUBSTITUTES to medical practitioners producing satisfactory evidence of experience in the administration of these drugs. My office index contains the names of twenty-four accredited practitioners, and during the year three hundred and sixty-eight doses were supplied, namely, thirty-one to private doctors and three hundred and thirty-seven to medical officers of treatment centres.

REPAYMENT OF TRAVELLING EXPENSES OF PATIENTS FROM THEIR HOMES TO THE NEAREST CLINIC, IN NECESSITOUS CASES.—In cases where a patient cannot receive the treatment which the case requires, unless travelling expenses are paid, the County Council defray the cost. The patient is required to produce a certificate, signed by the medical officer of the clinic, stating that he (or she) has been instructed to attend on a certain number of occasions, and on receipt of this, together with evidence of inability to pay the fares, the money is advanced by the County Medical Officer. Further certificates are also required in due course to the effect that the patient has attended at the clinic on the stated dates. The fare of only one patient was paid during 1917.

THE EDUCATIONAL AND PROPAGANDA ARRANGEMENTS have been undertaken by the National Council for Combating Venereal Diseases, the Council conferring with the County Medical Officer as to arrangements. Up to the end of 1917, lectures and conferences were held in eight centres and the work has continued throughout the county during 1918. Local Propaganda Committees have been formed in various towns and urban districts.

VENEREAL DISEASES ACT, 1917.—Section I. of this Act, which prohibits any person other than a duly qualified medical practitioner, from treating any person for venereal disease, or prescribing any remedy therefor, has been applied to Kent by order of the Local Government Board.

The total estimated cost of the Kent scheme for the year ending March 31st, 1919, is £5,040.

Gillingham	...	14	20	12	5	115	37	3.2	10	9	4	2.5	112	65	1.8	1	17	2	257
" Hospital	...	—	3	75	0	50	32	1.6	4	1	7	0.6	35	15	2.4	1	0	16	106
Gravesend	...	—	25	10	15	34	20	3.2	1	1	1	1.0	23	19	1.3	7	0	2	97
" Hospital	...	10	0	0	0	0	21	3.9	4	1	1	4.0	23	10	2.3	2	0	3	112
Herne Bay	...	—	23	7	34	0	2	0.5	0	0	0	0.0	0	3	0.0	2	0	1	4
" Hospital	...	7	1	0	0	1	2	0.5	0	0	0	0.0	0	3	0.0	2	0	1	4
Hythe	...	2	0	0	0	0	28	9.4	509	11	11	46.3	146	126	1.2	167	0	238	1323
Lydd	...	—	74	4	34	263	28	9.4	509	11	11	46.3	146	126	1.2	167	0	238	1323
" Hospital	...	17	26	125	0	80	58	1.4	6	3	3	2.0	65	53	1.3	16	0	3	170
Maidstone	...	—	58	1	21	80	28	3.6	2	2	2	1.0	9	8	1.2	7	3	0	120
" Hospital	...	8	7	16	76	99	28	3.6	2	2	2	1.0	9	8	1.2	7	3	0	120
Margate	...	10	7	4	11	22	2	11.0	1	1	1	1.0	10	1	10.0	0	0	1	34
Milton Regis	...	2	7	4	11	22	2	11.0	1	1	1	1.0	10	1	10.0	0	0	1	34
New Romney	...	7	2	0	5	7	59	0.2	0	12	0	0.0	4	11	0.4	1	0	0	12
Northfleet	...	16	4	24	3	31	20	1.6	2	4	4	0.5	23	23	1.0	1	0	1	58
Penge	...	4	15	1	134	150	14	10.8	0	1	1	0.0	2	1	2.0	1	0	0	153
Queenborough	...	11	38	2	15	55	33	1.7	1	1	1	1.0	41	46	0.9	38	1	2	138
Ramsgate	...	18	29	3	0	32	40	0.8	1	3	3	0.4	74	50	1.5	28	22	0	157
Rochester	...	2	0	0	0	0	1	0.0	0	0	0	0.0	1	2	0.5	0	0	2	3
Sandgate	...	2	0	0	0	0	2	0.0	0	0	0	0.0	4	4	1.0	0	0	0	4
Sandwich	...	5	18	12	5	35	3	11.7	0	1	1	0.0	38	8	4.8	0	0	4	77
Sevenoaks	...	—	0	0	0	0	16	1.2	3	8	8	0.4	40	24	1.7	48	18	1	129
" Hospital	...	7	11	1	7	19	16	1.2	3	8	8	0.4	40	24	1.7	48	18	1	129
Sheerness	...	10	64	18	111	193	41	4.8	9	2	2	4.5	27	8	3.4	8	0	0	237
Sittingbourne	...	7	11	2	1	26	5	5.2	1	0	0	—	19	8	2.4	0	0	0	46
Southborough	...	—	0	12	0	0	0	—	0	0	0	0.0	3	4	0.8	2	0	0	6
" Hospital	...	2	1	0	0	1	0	—	0	0	0	0.0	3	4	0.8	2	0	0	6
Tenterden	...	8	10	6	7	72	16	4.5	1	0	0	—	31	27	1.2	0	2	3	109
Tonbridge	...	—	9	40	0	0	0	4.5	1	0	0	—	31	27	1.2	0	2	3	109
" Hospital	...	13	100	22	45	425	40	10.7	5	2	2	2.5	101	45	2.3	38	0	73	642
Tunbridge Wells	...	—	33	214	11	0	0	10.7	5	2	2	2.5	101	45	2.3	38	0	73	642
" Hospital	...	—	0	0	1	1	0	—	0	0	0	0.0	7	4	1.8	20	0	1	29
Walmer	...	3	0	0	1	1	0	—	0	0	0	0.0	7	4	1.8	20	0	1	29
Whitstable	...	4	18	6	3	27	4	6.8	2	0	0	—	13	17	0.8	0	1	0	43
Wrotham	...	3	5	0	1	6	5	1.2	0	0	0	0.0	10	7	1.5	2	0	1	19
" Hospital	...	—	0	0	0	0	5	1.2	0	0	0	0.0	10	7	1.5	2	0	1	19
Totals in Urban Districts	...	991	1767	1734	4492	1084	4.2	589	99	6.0	1386	950	1.5	586	72	637	7762		

TABLE 14.—Analysis of Work carried out in the County Bacteriological Laboratory.

RURAL DISTRICTS.

DISTRICT.	Number of Doctors sending in Specimens.		DIPHTHERIA.				TYPHOID FEVER.			PHTHISIS.			Number of Examinations.	Kingworm.	Waters.	Various.	Total Number of Examinations.
	Acute Stage.	Convalescent Stage.	Number of examinations made.		Number of Notifications.	Number of Examinations per Notification.	Number of Examinations.	Number of Notifications.	Number of Examinations per Notification.	Number of Examinations.	Number of Notifications.	Number of Examinations per Notification.					
			Contacts.	Total.													
Ashford, East ... Hospital...	12	0	0	21	5	4.2	2	3	0.8	31	13	2.4	13	1	0	68	
Ashford, West ... Hospital...	19	5	1	25	5	5.0	4	—	—	16	8	2.0	1	0	12	58	
Blean ... Hospital...	6	1	0	40	4	10.0	1	—	—	5	12	0.5	0	1	9	56	
Bridge ... Hospital	7	2	0	148	11	13.5	0	2	0.0	12	14	0.9	11	0	1	172	
" ... Hospital	1	35	0	30	16	1.9	2	1	2.0	29	17	1.8	17	0	11	89	
Bromley ...	9	6	15	202	7	33.0	4	1	4.0	18	17	1.1	8	0	1	262	
Cranbrook ... Hospital	0	6	0	231	132	1.2	2	6	0.4	48	77	0.7	19	1	3	223	
Dartford ...	28	8	114	150	10	1.1	0	—	—	8	3	2.7	0	0	0	19	
Dover ...	8	2	1	11	6	5.2	0	1	0.0	26	16	1.7	2	0	2	61	
Eastry ... Hospital	8	14	0	31	3	1.4	1	—	—	7	6	1.2	7	0	0	19	
" ... Hospital	2	0	2	4	3	1.4	1	—	—	7	6	1.2	7	0	0	19	
Faversham ... Hospital	14	0	0	181	27	6.8	4	3	1.4	39	—	—	8	0	6	238	
Hollingbourn ... Hospital	14	120	30	17	6	2.9	0	1	0.0	23	22	1.1	12	0	6	58	
Hollingbourn ... Hospital	10	7	0	17	6	2.9	0	1	0.0	23	22	1.1	12	0	6	58	
Hoo ... Hospital	15	0	0	2	2	1.0	1	1	1.0	3	5	0.6	0	0	0	6	
" ... Hospital	1	1	0	2	2	1.0	1	1	1.0	3	5	0.6	0	0	0	6	

Maidstone Hospital ...	14	11	0	0	15	8	1.9	5	4	1.3	38	19	2.0	5	1	6	70	
" Hospital ...	15	1	3	0	0	0	3.3	8	7	1.2	43	75	0.6	15	0	14	211	
Malling Hospital ...	13	26	12	29	131	40	2.6	1	—	—	27	17	1.6	6	0	0	91	
" Hospital ...	2	2	6	34	57	22	4.9	0	—	—	3	2	1.5	7	0	0	39	
Romney Marsh Hospital ...	16	36	21	182	382	32	12.0	6	—	—	53	42	1.3	16	0	7	464	
Sevenoaks Hospital (Hever) ...	—	0	63	0	0	0	4.2	1	2	0.5	22	—	—	3	0	6	57	
" Hospital (Otford) ...	2	10	6	9	25	6	6.0	1	1	1.0	4	23	0.2	9	0	6	103	
Sheppey Hospital ...	7	3	0	80	83	14	0.3	0	—	—	4	1	4.0	7	0	0	14	
Strood Hospital ...	3	3	0	0	3	10	12.2	0	1	0.0	47	15	3.2	8	0	6	122	
Tenterden Hospital ...	5	6	0	55	61	5	6.2	3	1	3.0	45	—	—	8	0	5	160	
Thanet Hospital ...	17	19	2	33	99	16	—	—	—	—	—	—	—	—	—	—	—	
Tonbridge Hospital ...	—	0	44	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS IN RURAL DISTRICTS	—	300	575	901	1776	393	4.6	46	35	1.4	551	404	1.4	182	4	101	2660	
COMBINED HOSPITALS.																		
Bromley and Beckenham Joint Hospital	—	4	7	0	11	—	—	0	—	—	0	—	—	0	0	0	11	
Isle of Thanet Joint Hospital...	—	0	137	0	137	—	—	0	—	—	0	—	—	0	0	0	137	
St. William's Hospital, Rochester	—	6	47	6	59	—	—	0	—	—	0	—	—	0	0	0	59	
Keycol Hill Hospital, Bobbing	—	21	292	0	313	—	—	32	—	—	1	—	—	0	0	14	360	
Deal and Walmer Hospital	—	0	0	0	0	—	—	0	—	—	0	—	—	0	0	0	0	
Dartford Joint Hospital	—	0	0	0	0	—	—	0	—	—	0	—	—	0	0	0	0	
Tonbridge Hospital	—	0	0	0	0	—	—	0	—	—	0	—	—	0	0	0	0	
TOTAL COMBINED HOSPITALS	—	31	483	6	520	—	—	32	—	—	1	—	—	0	0	14	567	
Total Urban Districts ...	—	991	1767	1734	4492	1084	4.2	589	99	6.0	1386	950	1.5	586	72	637	7762	
Total Rural Districts ...	—	300	575	901	1776	393	4.6	46	35	1.4	551	404	1.4	182	4	101	2649	
Total Combined Hospitals	—	31	483	6	520	—	—	32	—	—	1	—	—	0	0	14	567	
Examinations for Military authorities (not included in above)	—	1	2	C	3	—	—	0	—	—	3	—	—	0	0	0	6	
GRAND TOTAL ...	—	1323	2827	2641	6791	1477	4.6	667	134	5.0	1941	1354	1.5	768	76	752	10984	

DIPHTHERIA.—The tables on pages 40 to 43 show the numbers of diphtheria examinations carried out for each district, and its hospital, and also the numbers of throat swabs collected from patients in the acute stage and the convalescent stage respectively, and from persons who had been in contact with cases of diphtheria.

Taking the ratio between examinations and cases notified as a basis, the figures are satisfactory in certain districts, notably in Ashford, Erith, Folkestone, Maidstone, New Romney, Queenborough, Sevenoaks, and Tunbridge Wells, and in the Blean, Bridge, Cranbrook, Sevenoaks and Thanet Rural Districts.

The figures which show the numbers of "contact" throat swabs examined are still too low. This figure should be at least three times the number of cases of diphtheria notified. Thus the number of "contact" throat swabs, instead of being 2641, should have been about 4431, since there were 1477 cases of diphtheria notified in the county during the year. There is thus room for considerable improvement.

The adoption of such precautionary measures is one of the most valuable directions in which the laboratory can be utilized.

TYPHOID FEVER.—There was a decrease in the number of cases of typhoid fever notified during 1917, as compared with 1916. The ratio of examinations to cases notified, was 6.0 in the urban and 1.4 in the rural districts of the county.

PHTHISIS.—The numbers of examinations in 1917, per case notified, were 1.5 and 1.4 in the urban and rural districts respectively. These figures show an improvement as compared with the year 1916, but there is a need for still further improvement in this respect. When the examination of a specimen of sputum produces a negative result, other (perhaps many) specimens should be examined before the decision is given by the medical practitioner that tuberculosis is not present in the lungs of that patient.

RINGWORM.—The number of examinations of specimens of hair from children suspected to be suffering from ringworm, was 768 during 1917 compared with 783 in 1916.

WATER EXAMINATIONS.—The number of samples of water examined bacteriologically during 1917 was seventy-six, compared with one hundred and three such examinations during 1916.

VARIOUS EXAMINATIONS.—Details are given in table 16 as to the "various" bacteriological examinations carried out during 1917. These have increased to no less than 752, as compared with 326 such examinations during 1916. This figure shows the wide scope of the utility of this laboratory.

TABLE 15.—Showing the numbers of specimens of each kind sent to the Laboratory for examination from **Urban** and **Rural Districts** during the years 1912, 1915, 1916 and 1917.

Districts.	Diphtheria.				Typhoid Fever.				Phthisis.			
	1912. (First Year.)	1915.	1916.	1917.	1912. (First Year.)	1915.	1916.	1917.	1912. (First Year.)	1915.	1916.	1917.
Urban	2526 (1·8)	4521 (3·15)	4212 (3·6)	4492 (4·2)	290 (1·1)	218 (1·17)	237 (1·4)	589 (6·0)	295 (0·2)	1268 (1·1)	1507 (1·3)	1386 (1·5)
Rural.....	785 (1·6)	3462 (4·9)	4104 (9·8)	1776 (4·6)	44 (0·6)	61 (1·5)	48 (1·2)	46 (1·4)	70 (0·1)	409 (1·07)	487 (1·1)	551 (1·4)
Total..... (including Combined Hospitals and additional Military specimens.)	3487 (1·8)	8964 (4·2)	9331 (5·9)	6791 (4·6)	335 (1·0)	300 (1·35)	311 (1·5)	667 (5·0)	365 (0·2)	1803 (1·24)	2082 (1·4)	1941 (1·5)

Districts.	Ringworm.				Water.				Various.				Grand Total.				Milk.	
	1912. (First Year.)	1915.	1916.	1917.	1912. (First Year.)	1915.	1916.	1917.	1912. (First Year.)	1915.	1916.	1917.	1912. (First Year.)	1915.	1916.	1917.	1914.	1915, 1916 AND 1917.
Urban	517	589	551	586	41	74	91	72	59	362	271	637	3858	7031	6869	7762	44	Tuberculosis Order suspended.
Rural.....	168	231	232	182	13	9	12	4	7	95	54	90	1087	4267	4937	2649		
Total..... (including Combined Hospitals and additional Military specimens.)	685	820	783	768	54	83	103	76	66	694	326	752	4992	12663	12936	10984		

NOTE.—The figures in brackets show the numbers of specimens examined per case notified.

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Included in the previous totals are the following specimens, examined in connection with troops stationed in the county of Kent during 1917 :—

Swabs for diphtheria	382
Blood for typhoid fever	8
Sputum for tubercle bacilli	369
Various	16
Total.....	775

Also the following specimens were examined for the County Borough of Canterbury :—

Swabs for diphtheria.....	4
Sputum for tubercle bacilli	20
Various	3
Total.....	27

Number of doses of tuberculin prepared during the year 60

TABLE 16.—Details of various specimens examined at the County Laboratory during 1917 :—

Examinations of swabs taken from contacts with cerebro-spinal meningitis	281
Examinations of pus for <i>Gonococcus</i>	131
Examinations of faeces for <i>B. Typhosus</i>	77
Examinations of serum for <i>B. Dysenteriae</i> (agglutination)	71
Examinations of urine for <i>B. Typhosus</i>	65
Examinations of cerebro-spinal fluid	29
Examinations of urine for tubercle bacilli	21
Examinations of serum for <i>B. Para-typhosus</i> (agglutination) ..	18
Examinations of urine for <i>B. Coli Communis</i>	6
Examinations of pus for <i>Spirochaeta Pallida</i>	6
Examinations of shaving brushes (?) anthrax	6
Testing virulence of <i>B. Diphtheriae</i>	5
Examinations of pleuritic fluid for tubercle bacilli	5
Examinations of tissue (?) nature of growth	4
Examinations of sputum (?) organisms	3
Examinations of swabs from cat's throat for <i>B. Diphtheriae</i>	3
Examinations of urine (?) organisms	3
Examinations of blood (?) organisms	3
Examinations of gland for tubercle bacilli.....	2
Examinations of urine for casts	2
Examinations of swabs (?) organisms	2
Examinations of animal's blood (?) organisms	2
Examination of tissue (?) colitis (?) typhosus	1
Examination of swab for tubercle bacilli or actinomycosis	1
Examination of pus (?) organisms	1
Examination of faeces (?) occult blood	1
Examination of pus for tubercle bacilli	1
Examination of urine (?) albumen and blood	1
Examination of faeces (?) organisms.....	1
Total..	752

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ADMINISTRATION OF THE MIDWIVES ACT, 1902.

The two whole-time inspectors of midwives, Miss Harrison and Miss Berry, have continued to carry out their duties in a praiseworthy manner. All midwives are visited at frequent intervals, and special visits are paid to those who report cases of inflammation of the eyes or puerperal fever, or having been in contact with infection.

TABLE 17.—SHEWING THE NUMBER OF MIDWIVES IN THE COUNTY OF KENT IN EACH SANITARY AREA AT THE END OF 1917.

District.	Registered.		*Certified Midwives on the register but not practising.	District.	Registered.		*Certified Midwives on the register but not practising.
	Trained.	Bona-fide.			Trained.	Bona-fide.	
Urban.							
Ashford	3	—	—	Margate	1	—	—
Beckenham	1	2	1	Milton Regis	—	1	—
Bexley	4	1	2	New Romney	—	—	—
Broadstairs and St. Peter's	3	—	1	Northfleet	—	3	—
Bromley	3	1	—	Penge	1	1	—
Chatham	5	4	—	Queenborough	—	1	—
Cheriton	3	2	—	Ramsgate	2	—	2
Chislehurst	3	1	—	Rochester	10	5	3
Dartford	6	—	—	Sandgate	—	—	—
Deal	1	2	—	Sandwich	2	1	3
Dover	5	—	2	Sevenoaks	4	4	2
Erith	7	1	2	Sheerness	4	1	—
Faversham	3	1	—	Sittingbourne	2	—	—
Folkestone	3	1	2	Southborough	1	—	—
Footscray	—	—	—	Tenterden	2	—	—
Gillingham	14	2	2	Tonbridge	—	4	3
Gravesend	1	1	—	Tunbridge Wells	6	4	3
Herne Bay	2	—	1	Walmer	—	1	—
Hythe	1	—	—	Whitstable	1	—	1
Lydd	1	—	1	Wrotham	4	1	1
Maidstone	7	4	1		116	50	33
Rural.							
Ashford, East	3	3	—	Milton	—	1	—
Ashford, West	—	—	—	Romney Marsh	—	—	—
Blean	1	3	—	Sevenoaks	10	5	3
Bridge	5	3	—	Sheppey	2	1	—
Bromley	10	3	—	Strood	3	1	1
Cranbrook	2	—	—	Tenterden	2	—	1
Dartford	8	7	3	Thanet	4	—	—
Dover	3	4	—	Tonbridge	12	2	2
Eastry	4	1	—				
Elham	1	—	—	Rural	87	58	15
Faversham	4	1	—	Urban	116	50	33
Hollingbourn	3	—	—				
Hoo	1	4	2	Total	203	108	48
Maidstone	4	2	—				
Malling	5	17	3		311		

*Included in previous columns.

NOTIFICATIONS RECEIVED FROM MIDWIVES.—The improvement in complying with the requirements of the Central Midwives Board is still being maintained. It will be observed that medical help has been advised in an increasing number of cases, and that there has been likewise a considerable increase in the number of letters of enquiry received from midwives. To a large extent the improvement is due to the efforts of the inspectors to educate those women who are certified but who have not been trained, and those recently trained but with little experience. The notifications for the years 1916 and 1917 are set out in the following table:—

	1916.			...	1917.		
	District.		Total.		District.		Total.
	North-west.	South-east.			North-west.	South-east.	
Still-births	147	74	221	...	99	81	180
Deaths before arrival { mother	1	—	1	...	—	3	3
of doctor { child	17	5	22	...	2	13	15
Medical help for mother	396	276	672	...	408	288	696
" " child	250	139	389	...	228	172	400
Notice of having laid out a dead body.....	50	16	66	...	20	25	45
Letters forwarded by County Medical Officer drawing attention to breaches of rules	5	7	12	...	4	7	11
Letters received explaining failure to comply with the rules	9	17	26	...	19	11	30
Letters of enquiry received	22	20	42	...	4	70	74

DETAILS RESPECTING THE NUMBER OF MIDWIVES:—

	North-west District.	South-east District.	Total.
Number of midwives on the register on January 1st, 1917	199	143	342
Deaths during the year.....	2	2	4
Midwives who were not practising, or who were working in Institutions and not subject to supervision	29	22	51
Resigned during the year.. ..	10	7	17
Removed out of county.....	21	25	46
Certificates cancelled.....	1	1	2
Additional midwives who notified their intention to practise during the year	27	11	38
Number of midwives practising at end of year....	163	97	260
Total number on the Register in the County of Kent, December 31st, 1917.....	192	119	311

The majority of the resignations during the year have been due to old age and inability to comply with the rules of the Central Midwives Board. It will be observed that there was a total reduction of thirty-one registered midwives in 1917, but under the scheme outlined on page 51 it is hoped speedily to cover the districts where there is a shortage, and also to replace a few other midwives who cannot be regarded as entirely satisfactory, but in whose cases pressure to resign has not previously been brought to bear, owing to the needs of the district in which they practice. But for the vigilant supervision of the inspectors in such cases it is likely that circumstances

would have arisen which would have necessitated their being reported to the Central Midwives Board.

PUERPERAL FEVER.

	North-West.	South-East.	Total.
Cases notified	17	11	28
Attended by Midwives alone	5	5	10
" Doctors.....	9	4	13
Attended by Midwives as Nurses	3	2	5

AMOUNT OF WORK CARRIED OUT BY MIDWIVES.—From enquiries made from each registered midwife, it has been ascertained that 6,904 births were attended by midwives alone out of a total number of 17,903 births registered in the administrative County of Kent during the year 1917.

173	midwives	attended	25	cases	or	less.
43	"	"	26	to	50	cases.
24	"	"	51	to	75	"
18	"	"	76	to	100	"
4	"	"	101	to	125	"
9	"	"	126	to	150	"
3	"	"	151	to	175	"
2	"	"	176	cases	upwards.	

The number of midwives who attended twenty-five cases or less is very striking, and is a considerable increase on the number for last year (134). In very few of the rural areas are there sufficient cases to enable a midwife to earn a livelihood without assistance, and the majority of rural midwives are either married women or also act as local district nurses under a nursing association.

VISITS PAID BY INSPECTORS.—The following is a summary of the visits made by the inspectors in each district:—

	DISTRICTS.		TOTAL.
	North-West.	South-East.	
Total visits paid by inspectors	789	672	1461
Inspections of midwives and unregistered women—			
Bonâ-fide women	105	112	217
Trained women	200	226	426
Unregistered women	7	11	18

The difference between the number of *visits* and the number of *inspections* is accounted for by special visits, e.g., to patients who have been attended by unsatisfactory midwives or uncertified women; *re* disinfection, high temperature, inflammation of the eyes, puerperal fever, etc.; or attendance at Court and at the Penal Committee meetings of the Central Midwives Board; and interviews with persons interested, in various ways, in the administration of the Midwives Act.

The following tabulations shew the numbers of notifications received from midwives during each of the years 1909 to 1917, inclusive, together with various other details for the nine years. Appended also are particulars of the penal cases (reported to the Central Midwives Board) in each inspector's area, and detailed lists of the complications which necessitated midwives sending for medical help during the year 1917.

NORTH AND WEST KENT (MISS HARRISON).

Notifications received.	1909	1910	1911	1912	1913	1914	1915	1916	1917
Medical help for mother	143	306	290	372	354	382	357	396	408
" " child	37	74	127	163	196	267	272	250	228
Still-births	100	150	149	162	149	165	131	147	99
Death of mother	1	—	1	1	3	—	1	1	—
" child	15	16	30	21	20	13	17	17	2
Total No. of Midwives at end of year	225	248	218	217	222	251	232	199	192
Certificates cancelled by Central Midwives Board (1909-1917) ..									23
Midwives censured ..									6
Total penal cases									29
No. of women prosecuted for practising as midwives (1909-1917) ...									21
" midwives .. not notifying intention to practise ..									1
Of the 225 midwives at the end of 1909, 75 were trained and 150 were " <i>bond-fide</i> ."									
" 192 ..			1917, 118			74			
Penal Cases.—None.									

SUMMARY OF REASONS OF SENDING FOR MEDICAL HELP (1917):—

For the mother:—

Abnormal presentations	31
Abnormal labours (? obstructed).....	32
Abortions	11
Ante-partum hæmorrhage	19
Delayed labour	57
Post-partum hæmorrhage.....	16
Rise of temperature	22
Retained placenta	25
Torn perineum	144
Varicose veins.....	6
Miscellaneous illness.....	45
Total.....	408

For the child :—

Convulsions	8
Dangerous feebleness.....	28
Deformities.....	20
Inflammation of the eyes	105
Premature birth.....	33
Skin trouble	10
Miscellaneous	24
<hr/>	
Total.....	228
<hr/>	

SOUTH AND EAST KENT (MISS BERRY.)

Notifications received.	1909	1910	1911	1912	1913	1914	1915	1916	1917
Medical help for mother	121	227	226	287	325	333	285	276	288
„ „ child	41	88	126	141	155	172	107	139	172
Still-births.....	38	74	85	87	75	86	75	74	81
Death of mother	1	—	4	1	2	—	1	—	3
„ child	7	10	17	16	11	11	10	5	13
Total No. of midwives at end of year	115	113	166	176	166	195	173	143	119
<hr/>									
Certificates cancelled by Central Midwives Board (1909-1917)									17
Midwives censured „ „ „ „ „									2
<hr/>									
Total penal cases									19
<hr/>									

No. of unregistered women prosecuted for practising as midwives (1909-1917) 11

„ midwives prosecuted for not notifying intention to practise 1

Of the 115 midwives at the end of 1909, 40 were trained and 75 were *bonâ fide*.

„ 119 „ „ 1917, 85 „ 34 „ „

PENAL CASE (1917).—Failing to cleanse the baby's eyes at birth or immediately after. Failing to advise medical help sufficiently early when there was inflammation of, and discharge from, the child's eyes. Failing to notify the Local Supervising Authority that medical help had been advised. Failing to swab daily and otherwise secure the comfort of the patient. Failing to keep her register of cases up to date and failing to keep a record of pulse and temperature. Result—Certificate cancelled.

SUMMARY OF REASONS OF SENDING FOR MEDICAL HELP (1917):—

For the mother :—

Abortions	12
Ante-partum hæmorrhage	15
Complications during puerperium	14
Eclampsia	6
Obstructed labour	62
Post-partum hæmorrhage.....	19
Retained placenta	20
Rise of temperature	35
Ruptured perineum	61
Uterine inertia	3
Miscellaneous	41
	288

For the child :—

Convulsions	2
Deformities	22
Inflammation of eyes.....	66
Pemphigus	9
Prematurity and feebleness	54
Miscellaneous.....	19
	172

PROVISION OF MIDWIFERY FACILITIES.—Early in 1917 the Kent County Council decided to establish a number of “subsidised” midwives in areas where the service was inadequate or where it was not possible for one to earn a livelihood without assistance. There are many such areas in Kent with small or scattered populations, and at the time of writing nine midwives have accepted appointments under this arrangement.

The minimum guaranteed income is £80 per annum, and the annual subsidies payable by the County Council vary from £20 to £50, according to the number of confinements which it is expected that the midwife will be able to undertake. In addition, school nursing work is included among the duties.

The Kent County Nursing Association have likewise displayed great activity in the establishment of midwives for areas where there was a shortage, and the County Council have assisted that association in the formation of new local nursing associations for this purpose by means of grants varying from £25 to £50 per annum to meet the estimated deficit for the first year, with a promise of future grants based on the annual balance sheet if such grants might be needed. These associations will also undertake general district nursing, but it is understood that the midwifery work shall receive primary consideration. In a number of cases the inspectors of midwives, on my instructions, have taken the initial steps in forming

associations in instances where I have judged that the needs of the district would be better served than by directly subsidising a midwife.

The map included at the end of this report shows the districts where the midwifery service is inadequate at the present time, together with those parishes where midwives have been placed either directly by the County Council or by the formation of nursing associations as above outlined.

MATERNITY AND CHILD WELFARE.

During 1916 a comprehensive county scheme for the administration of the Notification of Births Acts, in those districts which had not yet appointed health visitors, was put into operation. Since that year several additional areas have transferred from local to county administration, and the complete scheme is shown in the following tabulation and in the map at the end of this report :—

TABLE 18.

District No.	Present Health Visitor.	Acreage.	Total Population, 1917.	No. of Births, 1917.	Nos. of Visits paid by Health Visitors.			Complaints dealt with.	
					First.	Subsequent.	Special and Fruitless.	Housing Conditions.	Other Matters.
1	A. M. Hutchins.....	18,558	128,605	1449	413	1,211	136	2	—
2	B. F. Miles	55,436	131,906	1515	488	1,293	384	23	8
3	A. Stanford.....	92,666	28,550	429	538	1,236	286	22	21
4	F. Barnes (April 2/17)....	52,225	20,809	428	(a)	(a)	(a)	(a)	(a)
5	B. E. Dockrill	29,429	110,367	1208	225	220	16	—	—
†6	F. E. Grant.....	42,935	133,755	1609	411	1,552	111	9	5
†7	M. Morris	22,296	25,524	340					
8	M. F. Orpin.....	83,148	32,994	649	610	1,729	300	9	10
9	A. Smithson	72,905	35,981	601	683	1,450	157	49	6
10	K. Hastings	88,039	21,312	324	270	782	159	17	11
11	M. Todd	43,822	6,353	112	152	230	38	8	—
12	E. G. Young (April 1/18)	39,490	7,229	117	—	—	—	—	—
13	6 Local Nurses (Oct. 1/17)	54,800	14,414	243	21	48	13	—	—
14	7 Local Nurses (K.C.N.A.)	41,442	112,493	1174	115	492	65	—	—
15	10 Local Nurses (K.C.N.A.) March 1/17	27,138	121,809	1380	181	404	81	—	—
16	Local Nurse (Mar. 1/17)..	2,043	9,050	138	201	173	48	—	—
17	2 Local Nurses (July 1/17)	2,791	9,046	118	39	130	9	1	—

* See map at end showing the boundaries of the different districts.

† These areas were combined until September 30th, 1918. Herne Bay was included on March 12th, 1917, Whitstable on May 1st, 1918, and Broadstairs on September 30th, 1918.

‡ Approximate.

(a) The health visitor met with an accident immediately after her appointment, and did not resume duties until January 1st, 1918.

In District No. 4 the nurse devotes four and a half days per week to health visiting and one day to school nursing.

In District No. 5 the nurse devotes two days to health visiting, two days to school nursing and one and a half days to tuberculosis nursing.

In District No. 10 the nurse devotes four days to health visiting and one and a half days to school nursing.

Districts Nos. 11 to 17 inclusive are all part-time areas, the health visiting being undertaken by district nurses.

In Districts 4, 12, 13, 15, 16, 17 there is not a full year's working to record, and the date of commencing is shown in brackets in column 2.

Index cards for all births notified are distributed to the health visitors each week, particulars from the notification cards being filled in at my office. To ensure uniformity each health visitor is instructed, in detail, respecting the filling in of information on the inquiry cards. Each health visitor is also supplied with a complaint book on which to report (a) infringements of C.M.B. rules by midwives, (b) the practice of midwifery by unqualified persons (c) sanitary defects noted at houses visited, (d) cases in which a report to the N.S.P.C.C. is called for, (e) other matters. Special inquiry forms are filled in relating to still-births, and births not notified are reported to the County Medical Officer.

By arrangement with the War Pensions, etc., Kent Local Committee, the health visitors now perform very useful work in making recommendations for grants for extra nourishment to the dependents of soldiers in necessitous cases. These recommendations are required, under Regulation 13 (a), Part 2, of the War Pensions Statutory Committee, to be in the form of a medical certificate, and they are therefore considered and countersigned by me before they are sent to the local committee concerned.

The recommendation is in the following form:—

I hereby certify that, to the best of my knowledge, the following particulars respecting..... of.....are correct, and I recommend the case for special grant by the War Pensions, etc., Kent Local Committee, owing to.....requiring, through illness, more nourishment than.....can afford:—

Nature of illness.....What extra nourishment is recommended.....Period during which extra nourishment should be supplied.....Total income of household..... Dependents.....Rent of house.....Name of husband and unit to which he is attached.....

Signed.....

County Health Visitor.

Department of the County Medical Officer of Health, Sessions House, Maidstone.

Date.....

I certify the above case to be a proper one for a grant.

Signed.....

County Medical Officer.

Date.....

Health visiting has made important progress under county administration, and I hope to see the remaining sanitary areas in which the work is not sufficient for a whole-time health visitor, transferred to the County Council

at an early date. This will lead to uniformity in working, and I think also to economy, with certainly no loss in efficiency. It will also facilitate the preparation of a scheme, which is under consideration at the present time, for the combination of various other duties, such as tuberculosis and school nursing, with the work of health visiting,

MATERNITY CENTRES.—The following particulars relate to the maternity centres under the county scheme :—

District and Date of Opening.	Situation of Premises.	Day and time of opening.	Medical Officer.	Nurse.
County Council Centres :— Tonbridge. (31st January, 1917).	Sussex Road Council School	Each Wednesday, 2 p.m. to 4 p.m.	Dr. C. de Villiers	Nurse A. M. Hutchins (Health Visitor)
Whitstable. (10th April, 1918).	64, Oxford Street	Each Wednesday, 3 p.m. to 5 p.m.	Medical practitioners of the town in rotation	Nurse F. E. Grant (Health Visitor)
Cheriton. (27th March, 1918).	The Village Hall	Each Wednesday, at 2.30 p.m.	Medical practitioners of the town in rotation Three month sessions.	Nurse Stokes, (District Nurse) Nurse M. F. Orpin (Health Visitor)
Deal and Walmer. (12th September, 1918).	Masonic Hall, Sondes Road	Each Friday, at 2.30 p.m.	Ditto	Nurse A. E. Smithson (Health Visitor)
Voluntary Centres :— Westerham. (*17th April, 1917).	Alms Houses, London Road	Each Tuesday, at 3.0 o'clock	None	Nurse Wilson (Health Visitor attends once a month)
Borough Green. (*3rd January, 1918).	Welfare House, High Street	Each Thursday, at 2 p.m.	Dr. Lipscomb attends fortnightly	Nurse Miles (Health Visitor)
Meopham. (*1st February, 1918).	Village Hall	First Friday in each month at 2.30 p.m.	Dr. Garrett	Nurse Hewitson
Southborough. (*17th September, 1918).	Colebrooke Road, High Brooms	Each Tuesday, at 3.0 o'clock	Dr. Neil	Nurse Stevens (Health Visitor attends once a fortnight)
Barham. (*16th July, 1918).	Institute, Deringstone	First Monday in each month at 1.30 p.m.	Dr. Henderson	Nurse Orpin (Health Visitor)

* Date of affiliation to County Scheme.

The following particulars relate to the sanitary areas in which the Notification of Births Acts are administered by the Local District Councils :—

TABLE 19.

Sanitary District.	Number of Health Visitors.		Births, 1917.	Visits of Health Visitor, 1917.	Maternity Centre Average Attendance.
	Whole-time.	Part-time.			
Ashford.....		1	280	‡	*
Beckenham	1	†1	419	2702	35
Bexley	2		441	1816	No centre
Bromley	1		495	2377	No centre
Chatham	1	†1	916	5237	26
Dartford	1		415	2323	12
Dover			868	‡	‡
Erith	2		734	3483	Two centres, 60 at each
Folkestone	1		684	1453	29
Gillingham		†1	1007	1397	*
Gravesend.....	1		531	1254	30
Maidstone.....	2		568	3051	30
Margate	1		275	1233	23
Milton Regis		1a	145	407	43
Northfleet.....		†1	279	541	*
Penge	1	1	361	1987	19
Queenborough		1b	81	582	14
Ramsgate	1		384	2198	7
Rochester	2		598	3015	No centre
Sandwich	1		77	351 for 6 months	13
Sevenoaks.....		1	128	240	About 50 babies on register
Sheerness		1b	362	734	30
Sittingbourne		1a	165	493	43
Tunbridge Wells.....		†2	396	2132	11
Dartford Rural	2	1	910	3347	10 (five centres)
Milton Rural		1a	258	497	11
Sheppey Rural.....		1b	92	‡	*
Tonbridge Rural		11	232	781	No centre

* Establishment of Maternity centre contemplated.

† Whole-time officials, dividing their time between health visiting and school nursing.

a & b. Combined whole-time H. V.

‡ No information.

Dr. Holroyde, of Chatham, refers to the question of the provision of a "maternity home" as follows :—

Chatham Borough.—"In any future extension of maternal and child welfare work, the provision of a maternity home should claim a foremost place. Few people realise the difficulties which beset many working-class households during the lying-in period of the mother. The lack of adequate

preparation and the unsatisfactory surroundings into which many an infant is ushered, and amongst which the mother has to struggle towards recovery, are only too common. In some cases, no matter how squalid the house, nothing will induce the mother to leave it for her confinement, but there are many others who would appreciate the quiet and well-ordered routine of a maternity home conducted on simple lines. Fees would, of course, be charged, and there should be no underselling of local midwives. A home of this character might form the nucleus of a training school for midwives and have other activities. In a district of this character, where there are three contiguous authorities, co-operation in this matter seems desirable."

N.B.—At the time of writing, the County Council have approved proposals for the establishment of a maternity home in one district in Kent, in co-operation with two adjoining local authorities, and when this has been successfully established, proposals for an extension of the scheme will be considered.

MILK SUPPLY.

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912.—In accordance with the circular of the Local Government Board, dated October 17th, 1913, I beg to report as follows on the administration of the above Regulations in the area under the jurisdiction of the County Council during the year 1917. I am indebted to the County Analyst for the information here contained:—

1.—Milk and Cream (not sold as Preserved Cream).

	(a) Number of samples examined for a preservative.	(b) Number in which a preservative was reported present.
Milk	1177	1
Skimmed Milk.....	9	0
Cream	7	2

2.—Cream sold as preserved cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the labels as to preservatives were correct.

(i.) Correct statements made.....	17
(ii.) Statements incorrect	0

Total..... 17

(b) Determinations of milk fat in cream sold as preserved cream.

(i.) Above 35%	17
(ii.) Below 35%	0

Total..... 17

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (i.) and the proviso in Article V. (ii.) of the Regulations have not been observed.

No such instances reported.

(d) Cases in which the Regulations have not been complied with.

Milk	105 Chatham	Contained	0·036 %	boric acid.
Cream	9 Elham	„	0·54 %	„
„	115 Wingham	„	0·30 %	„

3.—*Thickening Substances.*—No evidence of the addition of any of these substances to a sample of cream or preserved cream was detected.

DAIRIES, COWSHEDS AND MILKSHOPS.—Under this heading, several district medical officers of health comment on the question of a “clean milk supply,” as follows:—

Bexley.—“I regard this (milk sampling) as a very necessary portion of the inspector’s work and one from which the public should reap good results. The price of this important article of diet is now so high that all possible means should be taken to ensure that it is of the proper quality.”

“The cleanliness of the milk supplied is a matter to which a good deal more attention might profitably be paid, and I have repeatedly mentioned in reports the dirty methods usually engaged in milking and handling milk. Compared with the actual handling of the milk, the limewashing and proper ventilation of the sheds are minor matters.”

Chatham.—“There are many undesirable factors in connection with the production, handling, distribution and storage of milk. The problem will probably be solved in the future by more effective control at the source, and by the establishment in districts of receiving and distributing depôts, fitted with up-to-date appliances and methods for filtering, pasteurising and bottling. If milk could be protected from dirt and bacteria between the cow and the consumer, pasteurisation would be unnecessary. It is merely an attempt to destroy organisms which should never be allowed in the milk.”

Rochester City.—“There can be no doubt that, arising from various causes, such as want of care, want of knowledge, and shortness of labour, a large proportion of the milk produced in this district is not clean, and therefore its quality as a food, especially for infants, is greatly vitiated. It is lamentable that such a perfect food should suffer in this way, and means should be found to maintain the splendid purity which it has when it leaves the cow’s udder.”

HOUSING, TOWN PLANNING, &c., ACT, 1909.

The reports which have been received are, in many instances, not framed in accordance with paragraph 5 of the Regulations of the Local Government Board, and in these cases the desired information has been obtained by direct enquiry.

In a number of the districts the operation of the Act has been suspended during the war, and this cause has also resulted, in many instances, in strictly limiting the inspection of houses presenting, or likely to present,

TABLE 20.—Showing the number of houses inspected under, and for the purposes of, Section 17 of the Housing, Town Planning, &c. Act, 1909, in the Urban Districts of the County of Kent.

DISTRICT	Number of dwelling-houses inspected.	Number of dwelling-houses which were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation.	Number of representations made to the local authority with a view to the making of closing orders.	Number of closing orders made.	Number of dwelling-houses, the defects in which were remedied without the making of closing orders.	Number of dwelling-houses which, after the making of closing orders, were put into a fit state for human habitation.
Ashford	—	—	—	—	—	—
Beckenham	157	—	—	—	157	—
Bexley	2	—	—	—	—	—
Broadstairs and St. Peter's	10	1	1	1	8	—
Bromley (Borough)...	40	—	—	—	21	—
Chatham (Borough) ...	7	7	7	7	—	—
Cheriton	*	—	—	—	*	—
Chislehurst	—	—	—	—	—	—
Dartford	155	—	—	—	29	—
Deal (Borough)	—	—	—	—	—	—
Dover (Borough)	—	—	—	—	—	—
Erith... ..	515	—	—	—	51	—
Faversham (Borough) ...	20	—	—	—	13	—
Folkestone (Borough) ...	584	2	2	2	102	—
Footscray	—	—	—	—	—	—
Gillingham (Borough) ...	6	6	6	6	—	—
Gravesend (Borough) ...	61	13	13	13	48	—
Herne Bay	152	—	—	—	24	—
Hythe (Borough)	—	—	—	—	—	—
Lydd (Borough)	13	—	—	—	3	—
Maidstone (Borough) ...	—	—	—	—	—	—
Margate (Borough)	Opera	tion of Act	suspended	during the war		
Milton Regis	93	6	—	—	—	—
New Romney (Borough) ..	7	1	1	1	—	—
Northfleet	—	—	—	—	—	—
Penge	150	—	—	—	145	—
Queenborough (Borough) ...	—	—	—	—	—	—
Ramsgate (Borough)	Opera	tion of Act	suspended	during the war		
Rochester (City)	—	—	—	—	—	—
Sandgate	198	—	—	—	—	—
Sandwich (Borough)	20	—	—	—	8	—
Sevenoaks	—	—	—	—	—	—
Sheerness	520	—	—	1	5	1
Sittingbourne	596	—	—	—	90	—
Southborough	—	—	—	—	—	—
Tenterden (Borough)	—	—	—	—	—	—
Tonbridge	4	2	—	—	4	—
Tunbridge Wells (Borough)	Cases	dealt with	under P. H. Acts	when necessary		
Walmer	80	1	—	—	1	—
Whitstable	12	—	—	—	1	1
Wrotham	Opera	tion of Act	suspended	during the war		
Total Urban	3402	39	30	31	710	2

* No accurate records available.

TABLE 21.—Showing the number of houses inspected under, and for the purposes of, Section 17 of the Housing, Town Planning, &c. Act, 1909, in the Rural Districts of the County of Kent.

DISTRICT.			Number of dwelling-houses inspected.	Number of dwelling-houses which were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation.	Number of representations made to the local authority with a view to the making of closing orders.	Number of closing orders made.	Number of dwelling-houses, the defects in which were remedied without the making of closing orders.	Number of dwelling-houses which, after the making of closing orders, were put into a fit state for human habitation.
Ashford, East	...	...	12	12	2	3	1	1
Ashford, West	...	...	12	Operation	of Act	suspended	during	the year
Blean...	...	...	—	—	—	—	—	—
Bridge	...	...	27	10	10	10	17	10
Bromley	...	...	45	—	45	45	—	—
Cranbrook	...	...	16	—	—	—	10	—
Dartford	...	...	—	—	—	—	—	—
Dover	...	...	—	—	—	—	—	—
Eastry	...	...	21	—	—	—	10	—
Elham	..	...	8	1	1	1	6	—
Faversham	...	...	651	—	—	—	113	—
Hollingbourn	...	...	237	6	3	3	—	—
Hoo	...	...	—	—	—	—	—	—
Maidstone	...	...	—	—	—	—	—	—
Malling	...	...	299	8	8	8	64	—
Milton	...	...	420	—	—	—	111	—
Romney Marsh	...	...	18	3	3	3	—	2
Sevenoaks	...	...	1	—	—	—	—	—
Sheppey	...	...	140	1	—	—	1	—
Strood	...	...	Operation	ion of Act p	ractically	suspended	during	the war
Tenterden	...	...	—	—	—	—	—	—
Thanet	...	...	—	—	—	—	—	—
Tonbridge	...	...	277	—	—	—	82	—
1917.	Total in Rural Districts		2184	41	72	73	415	13
	,, Urban Districts		3402	39	30	31	710	2
	Total for County		5586	80	102	104	1125	15
1916.	Total Rural		2483	72	22	13	1316	43
	Total Urban		4631	100	87	76	1198	15
	Total County		7114	172	109	89	2514	58

defects requiring urgent attention. The shortage of labour and the cost and shortage of materials are factors which must necessarily be taken into account in dealing with owners of property at the present time.

The County Council appointed a county sanitary inspector during the last quarter of 1914 to assist in the supervision of housing conditions of the rural districts, and in various other duties pertaining to sanitary administration. He is at the present time on military duty and it is to be hoped that his services will again be available in the near future.

LOCAL GOVERNMENT BOARD HOUSING ENQUIRY.—In connection with the housing enquiry of the Local Government Board, referred to on page 8 of this report, I was able to obtain, through the courtesy of the majority of the clerks of the local district councils, copies of the details supplied at the same time as these were forwarded to the Board. Several of the clerks failed to comply with my request, although I sent to each a stencil form for the purpose, and in these cases the Secretary of the Local Government Board supplied me with the details. In view of the important position which County Councils occupy in relation to public health and sanitary administration, it would appear desirable that the Board, in connection with their periodical inquiries on various matters, should request district councils to forward duplicate information to the County Medical Officer.

The following is a summary of the position in the administrative County of Kent, as elicited by this inquiry :—

The figures given show—(1) Increase or decrease of working-class population due to the war. (2) Dwelling-houses in district of (a) rateable value up to £12, (b) rateable value between £12 and £20. (3) Houses erected since last census (a) lower limit, (b) higher limit. (4) Houses demolished or permanently closed since last census (a) lower limit, (b) higher limit. (5) Vacant houses suitable for working-class population, and reasonably fit for human habitation.

A.—DISTRICTS IN WHICH THERE IS DEFINITELY STATED TO BE A NEED FOR ADDITIONAL HOUSING ACCOMMODATION EITHER AT THE TIME OF MAKING THE RETURN OR AFTER THE WAR.

BOROUGH AND URBAN DISTRICTS.

Chatham.—(1) + 5,000. Permanency depends to a great extent on post-war strength of Government establishments. (2) (a) 7,818, (b) 911. (3) (a) 134, (b) 173. (4) (a) 135, (b) 2. (5) Nil.

200 houses are required now and 250 after the war. The local authority is prepared to submit a scheme for 100 houses. In addition, plans for demolition and re-construction in Brook area have been prepared. Over-crowding is more prevalent than in 1911.

Dartford.—(2) (a) 2,814, (b) 1,036. (3) (a) 58, (b) 153. (4) (a) 45. (5) Nil.

A number of houses await condemnation, when other accommodation is available. 102 houses are required now and 400 after the war. The local authority is prepared to submit a scheme for 400 houses. Private enterprise is not expected to meet the needs for a considerable period. Over-crowding is existent.

Erith.—(1) + 10,000. Permanency depends on future of munition workers. (2) (a) 3,257, (b) 1680. (3) 54. (5) Nil.

1,000 houses are required now and post-war requirements depend on (1) above. The council does not intend to prepare a housing scheme at present, bearing in mind their experience after the South African war. Private enterprise is not expected to meet the deficiency without Government assistance. Over-crowding exists at present.

Faversham.—(1) + 3,200. Permanency depends on future of munition works. (2) (a) 2,331, (b) 271. (3) (a) 5, (b) 2. (4) (a) 23, (b) 2. (5) Nil.

200 houses are required now and post-war requirements (? 200) depend on (1) above. The council has no housing scheme prepared, but may possibly desire to put one forward at a later date for from sixty to one hundred houses. There is very little likelihood of private enterprise meeting the needs of the district. Over-crowding exists at present.

Folkestone.—(1) + 600, probably permanent. (2) (a) 1,818, (b) 2352. (3) (a) 7, (b) 126. (4) (a) 31. (5) Nil.

Seventy-five houses are required now and seventy-five after the war. No housing scheme has been prepared, but the council would be willing to consider one for from 100 to 150 houses. In addition, an unhealthy area of about sixty houses will be dealt with after the war. Private enterprise depends on reduction of present prices, but local builders have the erection of about thirty houses at present in contemplation.

Gillingham.—(1) An increase. Permanency depends on work in military and naval establishments. (2) (a) 8,698, (b) 1,097. (3) (a) 403, (b) 350. (4) (b) 75. (5) Nil.

500 houses are required under war conditions. A scheme for the erection of seventy-four is in contemplation. Private enterprise is not expected to move unless materials become cheaper.

Gravesend.—(2) (a) 2,887, (b) 1,561. (4) (a) 17, (b) 78. (5) Practically none.

A scheme for additional housing is required after the war, and the council is prepared to submit plans for from 50 to 60 houses as a first instalment, providing satisfactory Government assistance is forthcoming. Private enterprise is not expected to meet requirements.

Hythe.—(2) (a) 620, (b) 485. (3) (a) 32, (b) 77. (5) Nil.

About twenty-five houses are required to meet present demands and about thirty after the war. A scheme has been prepared for the erection of twelve cottages and the council is prepared to supplement these if Government assistance is forthcoming. Private enterprise is not expected to provide houses owing to prohibitive cost. Over-crowding is prevalent in one or two districts.

Lydd.—(1) + 8 % to 10 %, probably permanent. (2) (a) 477, (b) 51. (3) (a) 8. (5) Nil.

About fifty additional houses will be required after the war. No scheme has been prepared by the council, but one would be considered in accordance with the Local Government Board's suggestions. Private enterprise is not expected to meet the needs for a considerable time.

Maidstone.—(1) Considerable increase, probably permanent. (2) (a) 4,264, (b) 2,209. (3) (a) 36, (b) 84. (4) (a) 14. (5) Nil.

About 200 additional houses are required, and a special committee is preparing a scheme for their erection. Private enterprise is not expected to meet the needs, owing to the high cost of materials.

Margate.—(1) Temporary decrease. (2) (a) 1,251, (b) 1,629. (3) (a) Nil, (b) 70. (4) (a) Nil, (b) 39. (5) 800. Temporary removals due to air raids, chiefly residential and boarding houses.

A scheme for forty-two cottages to replace houses demolished since 1911 has already received the sanction of the Local Government Board. Including this scheme and the number of houses to replace unfit ones, at least 150 houses are required. Private enterprise is not expected to build. There has always been a shortage of houses of low rentals in Margate.

Milton Regis.—(2) (a) 1,190, (b) 350. (3) (a) 317, (b) 35. (4) (a) Nil (b) 6.

About fifty houses will be required at the end of the war, and the local authority is prepared to consider a scheme to build these.

Northfleet.—(1) Slight decrease, but an increase is expected after the war. (2) (a) 2,404, (b) 442. (3) (a) 14, (b) 65. (4) (a) 6, (b) Nil. (5) Nil.

There is a present shortage of about 100 houses. A scheme for 147 houses was prepared just before the war, but the Board refused their sanction to a loan (17/1/16). The council is anxious to carry out this scheme provided a loan will be approved and can be obtained at low interest. Private enterprise had almost ceased to provide working-class houses for several years before the war.

Queenborough.—No return submitted. The council has decided to put forward a scheme for the erection of 150 houses on a selected site.

Rochester.—(1) Increase, permanency depending upon post-war conditions. (2) (a) 5,092, (b) 804. (3) (a) 1, (b) 42. (4) (a) 114, (5) Nil.

300 houses are required now and an additional two hundred will be needed after the war. A scheme is in course of preparation for sixty-five houses. Private enterprise is not expected to provide houses for some time after the war. It is estimated that there are at least 500 persons living in the district under conditions of bad housing.

Sevenoaks Urban.—No return submitted. Sanction has been applied for to build 150 cottages, but the Local Government Board have up to the present approved only sixty. The Board have been asked to reconsider their decision and grant at least one hundred.

Sittingbourne.—No return submitted. The council has resolved to formulate a scheme for the provision of fifty houses, subject to the Treasury increasing their grant. (See page 74, para 2.)

Tonbridge.—(1) + 500. Strictly temporary. (2) (a) 2,230, (b) 544. (3) (a) 3, (b) 21. (4) (a) 11, (b) 4. (5) Nil.

Twenty houses are required now and about fifty after the war. The council is willing to prepare a scheme to build these seventy houses, provided adequate Government assistance is forthcoming. Private enterprise will not provide one-fourth of the needed accommodation.

Wrotham.—(2) (a) 643, (b) 113. (3) (a) 31. (4) (a) 6, (b) Nil. (5) Nil.

It is estimated that twenty houses will be required after the war. The council will be willing to consider a scheme to build these if necessary. Proposals for erecting houses by the Public Utility Society are likely to mature immediately after the war.

RURAL DISTRICTS.—(In rural districts the limits of rental covered by (2) (3) and (4) are up to £8 and £16 respectively.)

Ashford, East.—(1) Temporary increase in two parishes and decrease of from 10 % to 15 % in the remainder of the district. (2) (a) 2,339, (b) 849. (3) (a) 28, (b) 139. (4) (a) 31, (b) Nil. (5) 41.

It is impossible to estimate the exact needs of each parish, but provisional figures are given suggesting that thirty-three houses are required now, with an additional 109 after the war. Qualifications are made in certain parishes, and in others no figures are given. The council is willing to consider a scheme to meet the needs of each parish when these can be ascertained. Private enterprise is expected to assist to only to a very small extent.

Bridge.—(1) Slight decrease, probably temporary. (2) (a) 1902, (b) 263. (3) (a) 53, (b) 16. (4) (a) 19, (b) (1). (5) 25.

It is estimated that about fifty houses are required, and probably private enterprise will meet the needs of the district.

Bromley.—(1) 50 % increase at Mottingham—permanency depends on future of munition works; in other parishes there is a marked temporary decrease. (2) (a) 1,679, (b) 701. (3) (a) 80, (b) 63. (4) (a) 24. (5) Nil.

Fifty houses will be required in Orpington after the war, and the council is prepared to consider a scheme to build these. The requirements at Mottingham depend on the permanency or otherwise of the increased population.

Cranbrook.—(1) Approximately 1,500—2,000 decrease, probably temporarily. (2) (a) 2,204, (b) 502. (3) (a) 61, (b) 26. (4) (a) 17. (5) 99.

From six to twelve houses are required in isolated places. Private enterprise is expected to meet building needs to only a slight extent.

Dartford.—(1) Considerable increase. Permanency depends on future of munition works. (2) (a) 3,254, (b) 4,469. (3) (a) 41, (b) 1,111. (4) (a) 65, (b) 4. (5) 11.

Pre-war requirements (now accentuated by demands of munition workers) were as follows:—Eynsford 20, Darenth 12, Farningham 12-20, Sutton-at-Hone 36, Ash 12, Swanscombe 200, Hartley 6, Lullingstone 10. The council will be prepared to submit schemes for housing, and have already prepared one for twelve houses in Southfleet. Private enterprise will be insufficient to meet the needs of the district generally. (See extract at end from M.O.H.'s report.)

Elham.—(1) Decrease. (2) (a) 1,227, (b) 495. (3) (a) 17, (b) 33. (4) 5. (5) 20.

Present additional houses required include fifty at Lympne, twenty at Stanford, and ten at Hawkinge. Extra housing will also be required in several parishes after the war. The council is prepared to consider schemes for the provision of houses, provided there will be a fair return on capital expended. Private enterprise is not expected to build.

Faversham.—(1) Marked increase, permanency depending on the future of munition works. (2) (a) 2,869, (b) 348. (3) (a) 34, (b) 2. (4) 19. (5) Nil.

The numbers of houses required now are stated to be Boughton 25, Goodnestone 2, Graveney 4, Faversham-Without 50, Sheldwich 23, and Teynham 20; and after the war, additional housing to the same extent will be needed in the three first-mentioned parishes, together with six each at Doddington and Norton. In several of the districts the needs are stated to be "indefinite." The additional housing required generally, appears to depend entirely on the future extent of the manufacture of munitions, and therefore no scheme has been prepared by the district council, although very little private enterprise in this direction is expected.

Hoo.—(1) +1,500. Permanency or otherwise will depend on Government establishments. (2) (a) 663, (b) 211. (3) (a) 21, (b) 80. (4) (a) 23. (5) Nil.

The present needs for additional houses are in Allhallows 15, Hoo 50, Grain 25, St. Mary's 10, and Stoke 28, and post-war needs are Cooling 10, High Halstow 15. The council would be prepared to consider a scheme for 128 houses but private enterprise is expected to meet the whole of the requirements if money can be obtained at a low rate of interest, or building schemes subsidised.

Malling.—(2) (a) 3,310, (b) 1504. (3) (a) 96, (b) 29. (4) (a) 29. (5) Approximately 100 temporarily, majority being due to tenants moving.

Ten additional houses are stated to be required now and 234 after the war. In due course the council will prepare a scheme for any reasonable number of houses. Very little private enterprise in this direction is expected. Over-crowding may be expected after the war.

Sevenoaks.—(2) (a) 3,385, (b) 998. (3) (a) 98, (b) 123. (4) (a) 89. (5) 49.

Present needs for additional houses are in Edenbridge 20, and Otford, Riverhead, Shoreham and Westerham 10 each; and post-war requirements are Halstead 12, Westerham 15 and Brasted, Otford, Riverhead and Shoreham 10 each.

A scheme for eight additional houses at Westerham has already been approved by the Local Government Board, and additional schemes will be prepared if financial assistance is such that houses can be built without becoming a burden on the rates. The "Otford Smallholders, Ltd.," are prepared to build the cottages required at Otford and probably also at Riverhead if Government assistance is forthcoming.

Thanet.—(1) Small temporary decrease. (2) (a) 974, (b) 981. (3) Practically nil. (4) (a) 3. (5) Nil.

Additional houses required after the war will be at Birchington 20, Manstone 10, Minster 10, Monkton 5, St. Nicholas 5, and St. Lawrence Extra 4. Owing to the war a scheme which was in hand for the purchase of land for the erection of workmen's dwellings, was not proceeded with. It is improbable that private enterprise will meet the needs of the district.

Tonbridge.—(1) Considerable temporary decrease, but a 15% increase is expected after the war. (2) (a) 1,641, (b) 1,630. (3) (a) 54, (b) 45. (4) (a) 5, (b) 2. (5) About 10.

The housing needs are stated to be at Brenchley 12, Capel 6, Hadlow 10, Hildenboro' 10, Horsmonden 4, Lamberhurst 12, Pembury 12 and Speldhurst 6. Plans for the erection of these cottages, at a cost of £20,500, are already in hand. Private enterprise has not met past needs and cannot be expected to in future.

B. IN THE FOLLOWING DISTRICTS THE NEED FOR NEW HOUSES IS QUALIFIED OR IS NOT DEFINITELY STATED.

BOROUGH AND URBAN DISTRICTS.

Ashford.—(2) (a) 2,444, (b) 467.

No definite housing requirements are given, but it is stated that the council has decided to consider a scheme for the erection of dwellings when more precise information as to the financial assistance to be afforded by the Government, is forthcoming.

Beckenham.—(2) (a) 759, (b) 2,383. (5) Nil.

Few industries exist and consequently no great demand arises for working-class dwellings.

Bexley.—(1) + 6,000 temporary. (2) (a) 1,905, (b) 1,712. (3) (a) 8, (b) 675. (4) (a) 29. (5) Nil.

The war has produced a marked increase in the working-class population of the district, but the position to-day is not permanent. The council are of the opinion that they ought not to any considerable extent, if at all, undertake the provision of working-class dwellings.

Bromley.—(1) Temporary decrease. (2) (a) 1,763, (b) 2,590. (3) (a) 52, (b) 128. (4) (a) 6, (b) 2. (5) 12.

This is a residential district with a fixed population, and the council do not anticipate that any exceptional number of houses are or will be required, but private enterprise may reasonably be expected to meet demands.

Cheriton.—(1) 30 % decrease. Permanency or otherwise depends on military establishments at Shorncliffe Camp. (2) (a) 547, (b) 236. (3) (a) 6, (b) 31. (4) (a) 2, (b) 1. (5) Nil.

No additional housing is required now and future developments depend upon (1) above. Private enterprise will probably meet all needs of a normal character.

Chislehurst.—(1) Slight temporary increase. (2) (a) 486, (b) 607. (3) (a) 1, (b) 1. (4) (a) 3. (5) Nil.

There will be little need for the erection of working-class dwellings after the war, but if provision is necessary the council will be willing to consider a scheme.

Dover.—(2) (a) 4,959, (b) 2,037. (3) (a) 36, (b) 44. (4) (a) 181, (b) 38. (5) Nil.

Many persons now residing in the borough for various reasons will doubtless leave on the termination of the war. The future working-class population will depend upon garrison, naval and docking port arrangements, and the development of Kent coal-fields after the war. It is therefore impossible to estimate housing requirements, but a local builder states that he intends to erect about 200 houses "immediately the state of affairs becomes normal."

Ramsgate.—No return submitted. There is a large number of empty houses at present, owing to removals to munition areas and to people having left the town in consequence of air raids. Working-class people are now returning, and the council is considering the question of providing any necessary additional accommodation.

Sheerness.—(2) (a) 2,370, (b) 1,120. (3) (a) 120, (b) 84. (4) (a) 13. (5) Nil.

The question of post-war requirements in housing depends on the position of the town as a naval and military establishment. Private enterprise has met past needs when sites have been available. The present price of land practically prohibits the construction of working-class dwellings.

Tenterden.—(1) - 400. (2) (a) 560, (b) 121. (3) (a) 18, (b) 6. (4) (a) 11, (b) 2. (5) 8.

The district council cannot state requirements, but they will be willing to consider a scheme of housing, if necessary. 19% of houses inspected had more than two persons to a room.

Walmer.—(2) (a) 615, (b) 157. (3) (a) 17, (b) 2. (5) 6.

No *urgent* demand for new houses and any requirements are sufficiently met by private enterprise.

RURAL DISTRICTS.

Ashford West.—(1) Estimated decrease of 10%, probably half of this being permanent. (2) (a) 1,315, (b) 313. (3) (a) 17, (b) 6. (4) (a) 6. (5) 21.

The district council cannot state requirements (if any) of the different parishes after the war, although no houses are required at present. They are willing to prepare a scheme after the war, when the position of affairs can be ascertained. Private enterprise depends on cost of labour and building materials.

Blean.—(1) - 500, probably temporary. (2) (a) 968, (b) 457. (3) (a) 27, (b) 11. (5) 18.

A considerable number of houses now occupied by persons from other districts, on account of air raids, will probably become vacant. Private enterprise will possibly build when materials become cheaper.

Eastry.—(1) 10% temporary decrease. (2) (a) 2,281, (b) 523. (3) (a) 75, (b) 43. (4) (a) 21, (b) 3. (5) 20.

The additional housing accommodation needed in this district will depend entirely on the development of the coal mines. Plans have been submitted to the Local Government Board for the erection of six houses in Ash. Private enterprise (including collieries) may reasonably be expected to provide any additional accommodation required.

Hollingbourn.—(1) Slight temporary decrease. (2) (a) 2,488, (b) 427. (3) (a) 40, (b) 15. (4) (a) 16. (5) Practically nil.

Present and post-war requirements cannot be stated. District entirely agricultural. If the need should arise for additional housing, the local authority will prepare a scheme. Private enterprise cannot be relied upon.

Milton Rural.—No return submitted. Not such a shortage of housing accommodation that cannot be dealt with by private enterprise.

Strood.—(2) (a) 1,770, (b) 1,320. (3) (a) 14, (b) 116. (4) (a) 44. (5) Nil.

The uncertainty of labour conditions, as affected by munition works, makes it impossible to state additional housing requirements. In the event of the local authority erecting houses after the war, very little, if any, building will be carried out by private enterprise.

Tenterden.—(1) - 700. (2) (a) 1,060, (b) 284. (3) (a) 31, (b) 15. (4) (a) 4. (5) 56.

The district council is unable to state whether additional housing will be required, but no need exists for the preparation of a scheme under present conditions. Private enterprise is not to be relied upon to build. There are more than two persons to a room in a large number of houses.

C.—IN THE FOLLOWING DISTRICTS IT IS DEFINITELY STATED THAT THERE IS NO NEED FOR ADDITIONAL HOUSING ACCOMMODATION :—

BOROUGH AND URBAN DISTRICTS.

Broadstairs.—No return submitted. The council is not of opinion that there is any housing need at the present time.

Deal.—(1) A marked decrease, which will probably continue for some time.

There is no lack of houses in the borough and private enterprise will meet any need to the full extent.

Foots Cray.—(1) Temporary increase. (2) (a) 341, (b) 514. There are no industries in this district.

Herne Bay.—(1) Temporary decrease. (2) (a) 413, (b) 738. (3) (a) 21, (b) 37. (4) (a) 2, (b) 2. (5) About 6.

There is no apparent shortage of houses, and private enterprise would meet any future need.

New Romney.—(2) (a) 231, (b) 36. (3) (a) 8, (b) 3. (5) 7.

No additional houses are required now or after the war.

Penge.—(2) (a) 712, (b) 1,751. (5) 230.

Present accommodation is considered adequate.

Southborough.—(1) Temporary decrease. (2) (a) 1,300, (b) 300. (3) (a) 8, (b) 1. (4) (a) 7. (5) 15.

There is no probability of any increase in the working-class population.

Tunbridge Wells.—(1) Temporary decrease. (2) (a) 2,939, (b) 1,618. (3) (a) 61, (b) 49. (4) (a) 42. (5) 62.

The housing accommodation of the district is regarded as sufficient.

Whitstable.—(2) (a) 1,311, (b) 544. (3) (a) 8. (4) (a) 3. (5) Nil.

There is ample accommodation in the district and private enterprise would be likely to meet future needs.

RURAL DISTRICTS.

Dover.—(2) (a) 786, (b) 351. (3) (a) 3, (b) 3. (4) (a) 9. (5) Nil.

The district is practically an agricultural one, and no additional housing is required. There has been a temporary rush into the district to escape air-raids, hence the fact that no houses are vacant. Private enterprise would provide any additional demands.

Maidstone Rural.—No return submitted. No necessity at the present time for providing houses for the working-classes.

Romney Marsh.—(2) (a) 536, (b) 121. (3) (a) 13, (b) 7. (4) (a) 8. (5) 15.

No additional accommodation is needed.

Sheppey.—(1) Permanent increase at Eastchurch. (2) (a) 350, (b) 250. (3) (a) 40, (b) 40. (5) Nil.

The council consider that present accommodation is sufficient, and private enterprise will meet future needs.

I was unable to elicit any information from the district councils of Sandwich and Sandgate, and on writing to the Local Government Board six months after the date of the inquiry I was informed that returns had not been furnished from these areas.

It will be seen from the above summary, that in nineteen urban and twelve rural districts information is given as to additional houses required (a) now and (b) after the war. In the urban districts the ascertainable totals are (a) 3,222 and (b) 1,385, and in the rural (a) 885 and (b) 582. These totals understate the requirements, as in several districts no figures are given owing to difficulties of estimation. In eleven urban and seven rural districts the need for additional housing is doubtful, and in part depends upon the future of military, naval or munition establishments.

In nine urban and four rural districts it is definitely stated that no further accommodation is required at present, nor is any need likely to arise after the war. Two urban district councils did not submit any return or reply to my letter.

The total number of houses in the county (excluding the eleven districts for which no figures are given) within the lower limit of rental referred to is 108,450, and within the higher limit 49,463. The respective numbers erected since the last census are 2,256 and 4,237, and the numbers demolished or permanently closed 1,138 and 261. The number of vacant houses totals 1,631. It will be noted that in only a very few instances is private enterprise expected to meet post-war housing requirements, and even these will depend to a large extent on the cost of materials and labour.

Special points of difficulty and interest elicited by the return are as follows :—

“Local authorities should have greater control over vacant land in their areas, and the process of acquisition should be simplified.”

“The experience of the council has unfortunately been that immediately upon the cessation of hostilities the Government enter upon a policy of retrenchment, and large discharges of workmen employed in H.M. Dockyard and other government establishments are made.”

“During the South African war, trade was exceedingly good in this district, and in consequence the population increased considerably. A large number of houses was erected, but soon after the termination of that war people left the district and between the years 1902 to 1911 the number of unoccupied houses varied between 300–750.”

“Land is burdened with restrictions that houses shall not be built thereon excepting at a certain value and this value prohibits the land being used for the erection of houses for the working-classes.”

“In many cases where men are away in the Army two or more families are occupying one house, which will be impossible when the men return.”

“Unless accommodation can be provided at a low cost, over-crowding is caused by two or three families sharing the expense of a modern house.”

“Probably compulsory powers might be required to acquire the most suitable sites, but these powers should be quick and inexpensive.”

“Attention is called to the deficiency in available houses for the working-classes, by the letting of cottages to “week enders” from London. Steps should be taken to secure that houses erected for the working-classes should be available for them only.”

“It is suggested that the Local Government Board should allow the building bye-law to be modified in rural districts.”

“The council strongly recommend that the whole building schemes should be executed privately, with national assistance. The council are of opinion that more houses would have been built but for the restriction placed on the operation of the Small Dwellings Acquisition Act, 1899. It is suggested that a financial scheme should be devised for the granting of loans, through the local authority, to such owners (of property in which bed-room accommodation is deficient) who could then be compelled to carry out such structural additions or improvements as would make the houses more suitable or occupation by families.”

“Difficulties are inevitable in acquiring land at a price which will yield a reasonable interest on the capital. Until a basis is fixed (not necessarily the only one) on the average amount paid by the owner in respect of rates or taxes for so many years past, the very expensive method of arbitration will continue.”

“In view of the fact that private enterprise has provided 95 % of the existing houses, every effort should be made to restore such private enterprise and financial assistance given for this purpose.”

“Before the war building had practically ceased largely owing to new taxes and the uncertainty felt as to their scope, and the fears of further like taxation and the consequent withdrawal of capital from building finance. What was uncertain has on one point become certain, viz. :—That increment value would be levied not only on increase in value of sites, but on builders’ profits too. Private enterprise would doubtless be operative again if the

misgivings of some persons could be removed, but trust and other funds will not be so freely available owing to moneys becoming concentrated in war loans and gradually in an almost single hand, which is probably withdrawing such capital from availability for building work and finance."

"If land now the property of the State were put in the market at a reasonable rate, the result would be to give a great stimulus to private enterprise."

"Even the small investor no longer looks with favour on the building of working-class houses owing to the returns from this class of property not being adequate to attract private capital."

It will be seen from the above that, so far as Kent is concerned, the housing problem will be met, in general, by the local district councils, or by private enterprise, provided building materials and labour become available at reasonable cost and also provided that the Government assistance is regarded by the councils as adequate. In this connection the following extracts from a further circular issued by the Local Government Board in 1918, are of interest :—

"The full cost of the scheme should, in the first instance, be met out of the funds of the Local Authority by means of a loan to be raised by them and for a period of years, which my Lords think should not be less than seven, the necessary State assistance should be given in the form of a grant of a percentage of the loan charges sufficient to relieve the authority of 75 per cent. of the estimated annual deficit; the deficit in each case should be estimated, with due regard to the actual increase in the cost of construction in the particular locality, on the basis of the estimated annual expenditure and the estimated annual income over a period of years; the interest charge on loan moneys should be taken as the amount actually paid where loans are raised from an outside source specifically for the purpose, or at the current market rate where the money is provided from accumulated funds in the hands of the Local Authority. At the end of the period above referred to the property should be valued, and 75 per cent. of the excess, if any, of the amount of the loan outstanding over the then value of the property should be met by the State, either by writing off a portion of the outstanding liability (if the money was borrowed from State sources), or by the Government undertaking responsibility for the appropriate proportion of the loan charges for the remainder of its currency.

Any loans by the State for the purpose of assisted schemes would be made at the full market rate of interest current from time to time, and not at the preferential rates ordinarily allowed for housing loans, in order (1) that

the whole of the State assistance may be given under one head, and (2) that Local Authorities may be encouraged to borrow on their own credit rather than to have recourse to State capital funds."

"My Lords are willing to agree that the Board should have discretion, in cases in which 25 per cent. of the deficit in respect of any scheme would exceed the produce of a rate of a penny in the £ on the area chargeable, to increase the grant beyond 75 per cent., subject to the condition that the amount of the deficit to be borne by the Local Authority shall not be reduced below the produce of a rate of a penny in the £."

The following are a few extracts of interest from the district medical officers' annual health reports relating to housing conditions:—

Bexley Urban.—"The practice of the tenants of the houses sub-letting rooms is very general and there is every reason to believe that day and night occupation of the bedrooms is still carried out to a large extent. The tenants frequently get far more rent (by sub-letting) than the owners, and without having to pay rates and taxes or do repairs, though the wear and tear of the property are much increased. The erection of the hutments in the East Wickham Ward does not appear to have made any appreciable difference in the general over-crowding."

Rochester City.—Dr. Pritchett writes:—"No further steps with regard to the building of workmen's dwellings have been taken during the year and the position is practically the same as reported last year. I should like to point out that the site for such dwellings is of no less importance than the character of the houses to be erected, and the great point in choosing sites is to see that they are in such a position as will ensure plenty of pure and fresh air. A convenient and cheap site, in an already congested locality, no matter how structurally perfect the dwellings erected on it might be, should never be chosen."

Dartford Rural.—Housing accommodation is stated by Dr. Richmond to be insufficient throughout the district. The council contemplates building some 600 houses after the war, if the conditions of government help prove satisfactory.

RIVERS POLLUTION.

No comment is made in the district reports concerning this question, and there appears to be no great cause for complaint at the present time. The Medway is polluted by several towns at or near the mouth of the river, but

schemes of sewage disposal have been proposed and will, I hope, shortly be put in hand which should remedy the condition considerably.

SANITATION OF HOPPER ENCAMPMENTS.

These huts were inspected regularly and efficiently in the various districts. The water-supply was kept under close supervision, and attention has again been paid to lighting and ventilation. For the most part the regulations were followed satisfactorily.

Dr. Tew commented in February, 1917, on an adverse report made by Dr. Farrar, of the Local Government Board, on accommodation for hop-pickers in the Tonbridge rural district.

The report referred to over-crowding and inadequate ventilation and lighting of huts, inadequate latrine accommodation and lack of scavenging

In his comments Dr. Tew pointed out that Dr. Farrar, at his own request, had only visited places where conditions were known to be at their worst, and at those encampments work was either in hand or under notice to be carried out. These bad conditions were not general. Shortage of labour rendered it difficult for farm hands to be spared to look after sanitary conditions, and no substitute had been found for the assistant inspector of nuisances, who was on military service.

As regards lighting, Dr. Tew's opinion differs from Dr. Farrar's in relation to the respective merits of glass lights and the present wooden ventilators, and he states that over-crowding is frequent where there is sufficient accommodation, owing to the bad distribution of the occupants. Bad ventilation in some places is admitted. The Local Government Board's ruling is asked as to the percentage of latrines required.

With respect to scavenging, &c., Dr. Tew states that it should be insisted upon that a responsible man be employed at each encampment or group of encampments, either to undertake or to supervise the necessary work regularly.

UNSOUND FOOD.

The question of unsound food was dealt with fully in my 1913 report, as regards the general action taken in the different districts with respect to discovery and condemnation.

No questions of particular interest are dealt with in the district reports.

WATER SUPPLIES AND SEWAGE DISPOSAL.

Many deficiencies exist, as dealt with in the last few preceding reports, but there have been practically no developments during 1917, owing to war conditions.

The following are a few matters of interest :—

Romney Marsh.—The water-supply of Dymchurch is extremely unsatisfactory, and in my opinion this locality should be supplied by the Littlestone Water Company.

During the year I learned that the War Office was negotiating with this Company for a supply of water to Jesson Farm (where a flying camp is established) half way between New Romney and Dymchurch. In view of the possibility of the introduction of a small main, the County Council, on my recommendation, made a representation that the Company should be empowered to lay a main of such capacity that at a future date a supply of water could be carried on to Dymchurch at a cost which might be within the means of that village, and without extra cost to the War Office.

Dr. Hick, in co-operation with whom I made an investigation into this question, also took steps in this direction, and it has been decided that a suitable main shall be laid as soon as the necessary labour is available.

Sittingbourne.—Dr. Mends Gibson writes :—“There is a good supply of water, but of an exceedingly hard quality, and I do hope that in the near future something will be done to reduce the present hardness which is now over twenty-one degrees. No water for domestic purposes should be over fourteen degrees.

“This abnormal hardness must be the cause of a large expense as regards the quantity of soap required to be used, neither is it conducive to the general health of your district. From personal enquiry, I find the Rainham water has under one degree of hardness, and they are quite prepared to supply you with enough water to reduce the twenty-one degrees to fourteen degrees, at tenpence, or very likely less, per thousand gallons. I think this would be preferable to reducing the hardness by a chemical process, and I fancy the cost would be smaller. I always prefer a natural water to a made one.”

New Romney. Drainage.—Dr. Hicks says :—“I have from time to time during the last five years called your attention to the drain at the workhouse, and the Guardians, in response to your notices, have endeavoured to renew the drainage complained of, but so far have failed to get permission from the Local Government Board to carry out such work as they consider needful. I have repeated my warnings, and recently the nurse in the workhouse had enteric fever, the nursing of which cost much more than the altering and renewal of drainage would have cost. Were this house occupied by a private person and

was found by a Local Government Board Medical Inspector in this condition I should be sorry for the medical officer of health who was answerable for the place. It is a scandal that it should be allowed to remain."

Sheerness.—"A water-carriage system of sewerage serves the whole of the district. Owing, however, to the absence of a continuous water-supply, and the expense of storage cisterns, there are still 1,900 houses in Sheerness without flushing cisterns to water closets. There is no treatment of sewage, which is held up in storage tanks and discharged at ebb-tide into the Medway. The necessity of dealing with the main drainage of the district and with the sewage pumping station has been accepted by the council, and energetic steps are being taken to deal with the matter in the near future."

Wrotham.—"The cesspool system of drainage is most unsatisfactory and nuisances are very frequent owing to the overflowing of sewage on the premises and along the highway in several parts of the district, as the emptying cannot be properly carried out owing to the lack of labour. Nuisances also arise from the emptying of the sewage wagon, as no suitable place can be obtained for this purpose."

SCAVENGING.

My report for 1915 contained full details of the arrangements existing in each district in the county under this heading, and very few developments have taken place since then on account of the war. I append extracts from district reports in this connection:—

Bexley.—"The difficulty of obtaining suitable shoots still has its influence upon the cost of removal and disposal and until some suitable method of disposal can be found the expenditure will continue to be heavy."

Queenborough.—"There is still room for improvement in the provision of sanitary dust-bins for the use of householders. The present stringent restrictions on the supply of metal articles by the Ministry of Munitions give little hope for better conditions in the near future."

Sandgate.—"There are a large number of houses in the district which are not provided with proper sanitary dust-bins. This is a most serious matter. The inspector of nuisances reported on this, and laid the same before the council for their consideration during last year when it was decided to postpone action until after the war. There is no doubt that strong action should be taken by the council in this matter as besides improving the sanitary condition it would greatly assist the work of collection."

Walmer.—"So far as it goes the present system is satisfactory, but everything points to the desirability of direct management by the council on properly equipped premises, where it would be possible to deal with the refuse without creating a nuisance and at the same time meet the urgent national call for utilization of waste, such as rags, paper, tins, &c."

THE WAR.

My staff has been depleted considerably through the members being released for military service.

The members of the whole-time medical staff serving include the assistant county medical officer (who is also the bacteriologist), the assistant school medical officer, two of the five tuberculosis officers, and two of the three whole-time school medical inspectors. Only the last mentioned have been replaced, and I have myself temporarily undertaken responsibility for the bacteriological laboratory work at Maidstone. The three remaining tuberculosis officers have willingly carried out additional work, assisted by two part-time officers..

The school dentist, county sanitary inspector and one of the two laboratory assistants have also joined H.M. Forces, only the first and last mentioned having been replaced.

All the members of the clerical staff, with one exception, have been released for military duty, and thirteen lady clerks have been appointed temporarily.

I wish to acknowledge the valuable help of Mr. F. Meakin, chief clerk, Mr. H. R. Stroud, second clerk (who was discharged from the army during 1917 on account of illness contracted whilst on foreign service), and Mr. E. Arnold, chief laboratory assistant, who have shown great willingness and energy in carrying out additional work, and whose extremely valuable help has enabled the department to be carried on satisfactorily. The majority of the clerical staff volunteered for military service in the early days of the war, and although the temporary staff has been trained efficiently many additional responsibilities have naturally fallen upon the shoulders of the three officials specially named above.

I regret that two members of my staff have died since joining the forces, namely, Dr. Holmes, school medical inspector, from typhoid fever, and Mr. A. Walls, dispensary clerk, from wounds received in action.

I served as a sanitary officer to the Forces from the commencement of the war until March, 1916, when I was demobilised, so that I might devote the whole of my time again to the medical supervision of the public health administration of the county.

It will be seen from page 7 that of the thirty-five district medical officers of health in Kent ten have vacated their positions temporarily for the war, in addition to one who has since returned to his civil appointment. Several others have combined their civil with military duties, and the

remainder have co-operated most willingly with the military medical officers in public health work. Nineteen inspectors of nuisances are on military service.

The restrictions on borrowing have been continued as previously reported, and the only new works carried out have been those of pressing necessity for reasons of public health or on account of war requirements. Shortage of labour and cost of materials have also hampered sanitary work generally, but it is hoped that the year 1919 will see a considerable revival of activity in these directions.

I hope to give in my next annual report a detailed account of improvements needed, under the various headings.

Very few references have been made in the district annual health reports to war conditions, other than matters of routine which have been dealt with at length in previous reports, and I only append one extract of interest relating to "rationing":—

Faversham Borough.—Dr. Evers states:—"The food question and the introduction of rationing has been the one great point from the view of public health. On the whole, there is no question that the compulsory limitation of food, especially meat, has had a good effect on numbers of people, which effect has been assisted by the increased amount of vegetables consumed, in consequence of the spread of the allotment movement; the alteration in the quality of bread and the scarcity of fats for cooking are on the other hand unfavourable influences; although the amount of illness caused by the "war bread" has been enormously exaggerated; good samples of it are very nutritious and not at all harmful to the stomach, even if not pleasing to the eye."

ADOPTIVE ACTS, BYE-LAWS AND REGULATIONS.

The appended summaries on pages 79d and 79e show the various adoptive Acts, Bye-Laws and Regulations which are in force in each of the urban and rural districts of the County of Kent.

New Bye-Laws are stated by the medical officers of health to be needed in the following districts:—

Faversham Borough.—Bye-Laws for houses let in lodgings. (These are being obtained.)

Folkestone Borough.—Building Bye-Laws need revision.

TABLE 22.—In regard to Births and Deaths, Zymotic, Phthisis and Infantile Mortality, and Incidence of Scarlet Fever, Diphtheria and Enteric Fever—showing the amount of the rate above or below the Urban District average for the years 1917, 1916 and the five years' average 1911–1915, in each Urban District in the County of Kent.

DISTRICT.	Birth Rate.			Death Rate.			Zymotic Death Rate.			Phthisis Death Rate.			Infantile Mortality per 1,000 births.			Incidence Rate of Infectious Diseases per 1,000 of the population.								
	1917.	1916.	Aver. 1911–1915.	1917.	1916.	Aver. 1911–1915.	1917.	1916.	Aver. 1911–1915.	1917.	1916.	Aver. 1911–1915.	1917.	1916.	Aver. 1911–1915.	Scarlet Fever.			Diphtheria.			Enteric Fever.		
																1917.	1916.	Aver. 1911–1915.	1917.	1916.	Aver. 1911–1915.	1917.	1916.	Aver. 1911–1915.
Ashford	0.7	1.0	0.9	1.0	0.6	0.0	0.16	0.12	0.10	0.13	0.18	0.15	18	11	3	0.36	0.23	0.87	1.52	0.21	1.12	0.16	0.04	0.47
Beckenham	5.3	3.4	2.6	3.7	3.2	2.5	0.29	0.50	0.33	0.25	0.18	0.31	26	13	21	0.64	0.26	0.93	1.10	1.41	0.14	0.01	0.03	0.14
Bexley	1.3	1.4	1.9	2.7	0.6	0.2	0.22	0.37	0.10	0.06	0.18	0.17	8	23	10	0.84	4.72	1.58	1.11	0.72	1.06	0.11	0.20	0.29
Broadstairs and St. Peter's...	6.1	8.4	7.9	0.9	3.7	2.8	0.09	0.36	0.64	0.42	0.09	0.16	35	50	37	0.93	0.82	0.24	0.69	1.60	0.26	0.02	0.14	0.10
Bromley (Borough)...	3.6	2.8	2.0	1.7	2.1	2.1	0.39	0.20	0.34	0.31	0.16	0.22	7	9	21	0.51	1.24	0.05	0.56	0.31	0.04	0.12	0.22	0.25
Chatham (Borough)	5.0	4.2	4.3	1.4	1.2	2.8	0.40	0.38	0.83	0.19	0.05	0.55	15	9	26	0.26	0.24	0.27	0.75	0.26	1.54	0.10	0.19	0.05
Cheriton	9.2	4.5	5.0	0.5	0.9	0.0	0.45	0.11	0.86	0.34	0.05	0.11	20	10	12	0.81	4.51	1.39	1.09	0.19	0.28	0.04	0.26	0.30
Chislehurst	4.5	2.9	2.1	2.8	2.6	3.5	0.03	0.21	0.53	0.71	0.13	0.39	35	13	30	0.31	0.87	1.56	1.07	1.01	1.02	0.03	0.13	0.19
Dartford	0.2	0.9	0.8	1.4	2.8	1.2	0.21	0.40	0.08	0.06	0.05	0.20	30	3	7	0.31	1.87	1.03	3.84	0.96	0.81	0.42	0.07	0.30
Deal (Borough)	0.6	0.4	1.2	2.7	0.8	2.4	0.04	0.20	0.23	0.22	0.20	0.11	9	10	4	0.24	0.50	0.24	1.58	1.44	1.59	0.05	0.16	0.05
Dover (Borough)	4.3	3.4	1.3	1.6	2.0	1.2	0.00	0.10	0.21	0.11	0.11	0.14	20	2	12	0.77	0.68	0.45	0.84	0.55	0.31	0.13	0.13	0.09
Erith	2.3	1.0	4.9	3.3	3.8	1.2	0.02	0.39	0.03	0.12	0.33	0.06	20	17	11	0.11	3.09	2.31	0.02	1.64	0.05	0.06	0.14	0.01
Faversham (Borough)	0.1	3.0	1.4	0.1	3.9	1.3	0.61	0.35	0.03	0.01	0.19	0.04	13	13	2	0.18	0.33	0.02	0.34	0.18	1.41	0.07	0.27	0.34
Folkestone (Borough)	1.7	1.2	3.0	0.6	0.0	0.3	0.14	0.16	0.09	0.06	0.20	0.08	2	4	3	0.03	0.13	0.57	0.24	0.00	0.50	0.12	0.23	0.17
Footscray	2.3	5.5	3.8	5.3	2.4	3.2	0.03	0.46	0.31	0.38	0.05	0.50	28	9	28	0.67	1.38	0.87	13.59	0.94	0.21	0.16	0.26	0.23
Gillingham (Borough)	2.9	4.8	1.9	1.0	0.4	0.2	0.06	0.29	0.14	0.05	0.24	0.04	5	5	4	1.29	0.15	0.87	0.85	0.76	0.71	0.06	0.07	0.10
Gravesend (Borough)	0.2	2.8	2.1	0.7	2.5	1.6	0.27	0.55	0.20	0.09	0.16	0.18	20	7	4	0.05	0.46	0.12	0.49	0.65	0.20	0.11	0.11	0.07
Herne Bay	2.6	5.2	4.6	3.8	0.3	0.1	0.21	0.13	0.41	0.39	0.62	0.40	11	35	22	1.02	0.52	0.52	1.23	0.25	1.21	0.01	0.26	0.17
Hythe (Borough)	5.0	0.3	0.9	1.4	0.5	0.0	0.20	0.40	0.41	0.11	0.06	0.19	20	4	14	1.53	1.15	0.53	1.46	0.32	1.71	0.01	0.26	0.27
Lydd (Borough)	0.8	0.5	3.6	0.8	3.7	1.4	0.65	0.19	0.03	0.21	0.20	0.06	61	15	6	0.24	2.08	1.41	0.75	1.74	1.85	0.16	0.26	0.21
Maidstone (Borough)	1.0	1.0	0.5	2.2	3.0	1.0	0.13	0.08	0.07	0.35	0.34	0.41	11	3	4	0.87	1.11	0.15	0.78	0.93	0.99	0.20	0.94	0.07
Margate (Borough)	4.8	8.8	4.5	1.4	1.3	0.6	0.18	0.21	0.22	0.39	0.20	0.12	35	8	6	0.12	0.23	0.70	1.30	0.45	0.67	0.00	0.09	0.00
Milton Regis	1.9	0.6	2.2	0.4	2.6	0.3	1.00	0.04	0.07	0.29	0.07	0.11	10	8	23	0.03	1.78	2.41	2.50	1.22	0.97	0.14	0.26	0.08
New Romney (Borough)	3.6	2.3	4.1	0.5	1.2	2.6	0.65	1.82	0.68	1.05	0.25	0.14	30	25	40	1.17	2.08	1.30	0.04	0.06	0.77	0.71	0.26	0.30
Northfleet	0.8	4.0	6.9	0.5	0.0	1.3	1.34	0.84	0.35	0.40	0.14	0.06	22	0	14	0.60	0.54	1.32	2.65	0.29	1.00	0.73	0.23	0.02
Penge	2.5	2.2	1.3	1.9	0.1	0.8	0.15	0.56	0.09	0.04	0.02	0.00	6	19	2	0.19	0.72	1.37	0.75	0.47	0.56	0.03	0.21	0.20
Queenborough (Borough)	7.4	10.6	7.3	3.2	3.7	1.4	0.39	1.60	0.48	1.05	0.41	0.41	24	8	11	7.77	14.34	2.92	3.12	7.46	1.23	0.19	0.07	0.37
Ramsgate (Borough)	1.4	2.1	1.6	5.2	3.0	1.4	0.20	0.41	0.05	0.93	0.25	0.02	21	9	7	0.51	1.55	1.06	0.14	0.36	0.80	0.11	0.17	0.25
Rochester (City)	1.0	0.8	2.2	1.2	0.3	0.9	0.26	0.16	0.31	0.18	0.08	0.11	5	0	0	0.08	0.57	1.04	0.30	0.84	1.49	0.05	0.34	0.51
Sandgate	0.7	4.6	10.2	2.7	5.6	1.7	0.65	0.70	0.05	0.52	0.51	0.38	0	75	17	0.00	0.98	2.14	1.10	1.74	1.49	0.16	0.26	0.30
Sandwich (Borough)	4.3	1.8	1.8	3.2	4.7	1.0	3.15	0.34	0.19	0.48	0.29	0.16	31	12	4	1.17	1.36	2.51	1.05	1.74	1.49	0.16	0.10	0.24
Sevenoaks	3.7	7.1	3.3	2.2	0.9	1.4	0.08	0.34	0.37	0.50	0.41	0.01	31	19	21	0.80	1.12	0.36	1.32	0.43	1.55	0.03	0.14	0.26
Sheerness	3.9	7.5	3.5	0.8	0.1	1.5	0.15	0.60	0.02	0.08	0.41	0.00	6	2	5	0.50	0.21	1.24	0.63	0.98	0.49	0.37	1.19	0.36
Sittingbourne	0.4	3.3	4.7	0.7	0.2	0.4	0.69	0.16	0.14	0.07	0.33	0.22	19	9	5	0.05	1.10	3.27	3.28	5.47	0.72	0.09	0.26	0.20
Southborough	2.5	1.5	1.1	3.2	2.2	0.8	0.49	0.38	0.08	0.19	0.14	0.09	19	15	10	1.17	1.60	1.48	0.89	0.32	4.18	0.16	0.10	0.25
Tenterden (Borough)	2.4	5.7	2.5	0.4	0.1	1.1	0.65	0.70	0.45	0.17	0.49	0.42	26	5	22	0.83	1.09	1.01	1.69	1.74	1.78	0.16	0.26	0.24
Tonbridge	0.7	1.3	0.8	1.8	0.3	0.5	0.49	0.40	0.29	0.19	0.20	0.06	17	9	12	0.13	0.97	0.11	0.47	0.69	0.47	0.16	0.03	0.01
Tunbridge Wells (Borough)	6.0	6.5	5.2	1.1	1.4	0.1	0.48	0.20	0.39	0.08	0.25	0.14	2	13	14	0.77	1.73	1.88	0.38	0.19	0.55	0.09	0.13	0.20
Walmer	1.7	4.8	4.1	0.1	0.8	2.4	0.37	0.17	0.75	0.29	0.29	0.64	26	1	16	2.47	0.02	1.34	1.69	0.95	1.76	0.16	0.26	0.21
Whitstable	1.3	1.2	1.2	1.3	2.6	0.4	0.51	0.44	0.22	0.08	0.37	0.07	50	10	3	0.18	1.20	0.95	1.15	1.15	2.53	0.16	0.00	0.20
Wrotham	1.7	2.6	1.1	2.7	1.4	2.4	0.1	0.70	0.42	0.18	0.08	0.26	99	49	24	1.17	1.06	2.26	0.32	0.04	1.68	0.16	0.26	0.11
Average rates of the 41 Urban Districts	17.6	20.8	20.4	14.2	13.9	12.2	0.65	0.70	0.99	1.05	1.02	0.89	86	75	88	1.17	2.08	2.98	1.69	1.74	2.02	0.16	0.26	0.30

The figures printed in red represent the balance of the rate above the rate for the aggregate Urban Districts, and the figures in black the balance of the rate below the average. (The actual rate is obtained by adding or deducting the figures shown, to or from the average rates given in the last line).

TABLE 23.—In regard to Births and Deaths, Zymotic, Phthisis and Infantile Mortality, and Incidence of Scarlet Fever, Diphtheria and Enteric Fever—showing the amount of the rate above or below the Rural District average for the years 1917, 1916 and the five years' average 1911–1915, in each Rural District in the County of Kent.

DISTRICT.	Birth Rate.			Death Rate.			Zymotic Death Rate.			Phthisis Death Rate.			Infantile Mortality per 1,000 births.			Cases of Infectious Diseases per 1,000 of the population.								
	1917.	1916.	Aver. 1911–1915.	1917.	1916.	Aver. 1911–1915.	1917.	1916.	Aver. 1911–1915.	1917.	1916.	Aver. 1911–1915.	1917.	1916.	Aver. 1911–1915.	Scarlet Fever.			Diphtheria.			Enteric Fever.		
																1917.	1916.	Aver. 1911–1915.	1917.	1916.	Aver. 1911–1915.	1917.	1916.	Aver. 1911–1915.
Ashford, East	0·2	0·8	1·1	0·2	0·9	0·1	0·15	0·07	0·09	0·49	0·17	0·14	2	6	5	0·63	0·32	0·97	1·01	0·39	0·37	0·11	0·06	0·08
Ashford, West	0·9	3·3	3·6	0·6	0·8	0·2	0·63	0·24	0·17	0·13	0·41	0·01	51	3	26	0·71	0·01	0·68	0·62	0·56	0·45	0·13	0·14	0·13
Blean	2·2	1·1	2·3	3·5	2·5	0·0	0·17	0·05	0·28	0·79	0·66	0·02	23	36	26	1·02	1·29	0·59	0·79	0·15	0·01	0·13	0·01	0·03
Bridge	0·9	2·5	0·1	2·0	1·0	0·2	0·19	0·37	0·01	0·00	0·09	0·20	16	2	22	0·42	0·00	0·02	0·20	0·37	0·56	0·09	0·14	0·08
Bromley	0·4	1·0	0·1	0·1	0·2	0·2	0·60	0·17	0·06	0·40	0·15	0·17	24	21	19	0·15	0·63	0·94	0·61	0·71	0·49	0·08	0·00	0·02
Cranbrook	2·5	2·1	2·0	1·4	1·0	0·1	0·44	0·11	0·35	0·26	0·15	0·33	8	20	1	0·81	0·58	1·20	0·75	0·56	0·74	0·03	0·05	0·09
Dartford	3·0	3·6	2·5	2·0	0·9	0·5	0·28	0·49	0·30	0·07	0·31	0·02	8	5	10	0·91	1·11	1·01	1·84	0·12	0·05	0·02	0·04	0·13
Dover	1·5	3·5	1·8	0·2	2·3	0·2	0·14	0·03	0·19	0·26	0·40	0·18	12	12	8	0·56	0·38	0·54	0·14	0·87	0·84	0·13	0·14	0·08
Eastry	0·7	1·6	0·7	0·4	0·8	0·4	0·19	0·12	0·29	0·12	0·47	0·11	35	2	6	0·38	0·36	0·70	0·91	0·78	0·18	0·04	0·05	0·14
Elham	0·3	1·9	4·2	4·3	0·8	0·8	0·63	0·25	0·25	0·06	0·29	0·18	24	10	24	0·85	0·20	0·27	0·96	1·29	0·94	0·13	0·00	0·11
Faversham	3·0	3·1	2·0	0·6	4·5	0·8	0·33	0·38	0·07	0·25	0·14	0·15	14	1	3	0·89	1·95	0·51	0·69	3·36	2·51	0·10	0·08	0·26
Hollingbourn	3·1	0·6	1·6	2·1	0·2	0·6	0·63	0·11	0·13	0·09	0·23	0·03	7	7	5	0·54	0·41	0·17	0·85	0·84	0·58	0·03	0·14	0·08
Hoo	7·8	5·0	6·2	2·9	1·0	1·2	0·38	0·27	0·04	0·07	0·45	0·45	49	39	10	1·18	1·32	0·53	0·89	0·92	0·72	0·13	0·14	0·09
Maidstone	1·2	2·3	0·4	0·6	0·6	1·3	0·07	0·00	0·23	0·17	0·29	0·21	13	1	13	0·00	0·52	0·84	0·84	0·37	0·30	0·15	0·14	0·16
Malling	0·6	0·5	2·1	0·9	0·7	0·7	0·13	0·63	0·08	0·12	0·03	0·01	4	16	2	0·20	1·23	1·73	0·50	0·49	0·11	0·21	0·09	0·04
Milton	1·6	1·1	2·2	0·7	0·7	0·2	0·02	0·12	0·14	0·33	0·62	0·03	3	19	3	1·08	0·11	0·26	0·38	2·23	0·52	0·13	0·27	0·03
Romney Marsh	3·1	1·4	0·3	4·6	1·8	0·0	0·63	0·14	0·30	0·98	0·83	0·52	21	10	4	0·49	0·83	1·43	1·10	1·04	1·50	0·13	0·14	0·07
Sevenoaks	3·1	2·3	1·7	0·2	1·4	0·6	0·04	0·21	0·32	0·17	0·23	0·13	26	13	13	0·34	0·37	0·67	0·17	1·26	0·21	0·13	0·14	0·13
Sheppey	5·2	7·8	0·6	4·0	3·1	0·0	0·09	0·05	0·23	0·73	0·48	0·11	0	13	18	0·61	1·10	0·06	0·22	0·69	1·18	0·41	0·14	0·24
Strood	2·4	2·7	3·2	0·9	0·5	0·2	0·08	0·14	0·23	0·24	0·00	0·06	32	17	1	0·36	1·11	1·55	0·44	0·49	0·15	0·06	0·13	0·71
Tenterden	0·2	1·9	0·5	1·4	1·6	0·5	0·05	0·53	0·50	0·29	0·47	0·14	35	38	13	0·98	1·58	1·66	0·51	0·10	1·26	0·13	0·05	0·18
Thanet	3·4	5·0	4·3	2·5	2·4	0·1	0·40	0·36	0·04	0·34	0·10	0·15	25	3	20	0·50	0·02	0·36	0·83	0·98	0·50	0·01	0·31	0·15
Tonbridge	3·7	1·9	1·0	2·5	1·9	0·1	0·43	0·40	0·17	0·97	0·30	0·04	14	30	6	0·73	0·01	0·46	0·37	0·39	0·66	0·06	0·23	0·13
Average rates of the 23 Rural Districts	17·1	19·6	19·9	13·8	13·3	11·0	0·63	0·53	0·73	0·98	0·92	0·84	77	68	82	1·18	1·58	2·45	1·40	1·43	1·72	0·13	0·14	0·21

The figures printed in red type represent the balance of the rate above the rate for the aggregate Rural Districts, the figures in black the balance of the rate below the average. (The actual rate is obtained by adding or deducting the figures shewn to or from the average rates given in the last line).

TABLE 24.—SHOWING CAUSES OF DEATH IN THE **URBAN DISTRICTS** OF THE COUNTY OF KENT DURING THE YEAR 1917 (EXCLUDING NAVAL AND MILITARY DEATHS).

District.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Erysipelas.	Pulmonary Tuberculosis.	Tuberculous Meningitis.	Other Tuberculous Diseases.	Cancer, Malignant Disease.	Rheumatic Fever.	Meningitis.	Organic Heart Disease.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Diarrhoea, &c. (Under 2 years).	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Alcoholism.	Nephritis and Bright's Disease.	Puerperal Fever.	Parturition, apart from Puerperal Fever.	Congenital Debility, &c.	Violence, apart from Suicide.	Suicide.	Other defined Diseases.	Causes ill-defined or unknown.	Special Causes (included above). Cerebro-Spinal Fever.	Poliomyelitis.	Plague.			
Ashford	...	...	6	...	1	3	1	...	14	1	4	15	...	1	27	13	7	2	1	1	3	1	3	1	...	11	7	...	57	1	...	1	...	
Beckenham	...	1	7	...	1	1	11	3	27	9	2	34	2	4	26	22	26	3	1	5	1	...	10	...	8	12	1	101	...	3	...	...		
Bexley	...	1	...	...	1	1	2	...	23	2	4	22	1	1	29	23	18	...	6	3	...	...	8	2	...	11	7	1	74	...	...	...	...
Broadstairs and St. Peter's	...	...	...	3	...	4	1	5	...	4	14	1	1	14	2	7	4	...	...	1	1	...	1	...	1	3	4	1	36	...	...	...	...
Bromley (Borough)	1	...	1	3	8	3	26	6	4	43	1	10	48	36	25	6	2	5	1	...	20	...	1	19	10	3	112	1	10	...	...	...	...
Chatham (Borough)	...	...	8	...	9	2	2	1	50	4	3	42	3	15	52	49	38	6	19	7	4	...	18	...	2	29	18	6	172	8	11	...	...	
Cheriton	1	...	...	...	...	1	...	4	1	...	2	...	3	4	7	4	...	...	1	2	...	1	1	1	1	4	16	...	21	...	3	...	...	
Chislehurst	...	...	5	...	...	...	3	...	3	...	2	5	1	...	17	10	5	...	...	...	2	...	2	...	4	2	1	35	...	...	...	...	...
Dartford	1	...	1	...	12	2	...	23	4	5	35	3	1	33	16	18	3	4	1	1	2	...	2	...	2	10	9	4	76	1	...	...	...
Deal (Borough)	...	...	1	...	4	3	...	14	1	1	13	...	1	24	18	10	1	1	1	2	...	7	...	1	10	1	1	49	3	1	...	...	...
Dover (Borough)	...	...	2	...	7	4	18	1	37	4	6	48	1	...	59	59	33	9	10	1	1	...	7	4	2	39	32	3	173	2	...	...	...
Erith	...	...	13	...	2	1	1	...	34	5	3	31	1	7	48	25	24	6	6	3	3	...	7	4	2	21	15	...	99	1	...	...	...
Faversham (Borough)	1	...	12	...	...	1	1	...	14	...	4	15	...	2	9	13	11	4	2	3	1	...	4	2	...	15	4	...	50	2	1	...	...	
Folkestone (Borough)	1	...	7	...	2	3	1	...	35	4	4	37	1	2	55	34	24	8	3	2	9	...	10	2	...	30	78	3	114	1	1	1		
Footscray	...	...	4	...	...	...	1	6	...	2	14	...	...	...	7	8	7	...	1	...	1	...	1	...	...	...	...	17	...	...	...	...	...
Gillingham (Borough)	3	...	6	3	10	1	5	...	54	8	13	53	...	10	63	49	33	5	8	3	9	1	10	1	1	36	12	4	170	8	4		
Gravesend (Borough)	...	...	...	1	2	6	...	34	6	7	33	2	6	46	47	20	5	7	2	4	...	8	...	2	11	9	4	135	1	2	...	...	...
Herne Bay	3	11	2	3	18	18	3	3	1	3	1	2	...	4	...	1	3	3	1	43		
Hythe (Borough)	2	2	...	7	10	1	3	10	6	13	...	1	...	2	...	2	1	...	6	3	1	34	1		
Lydd (Borough)	3	3	2	1	1	4	2	1	1	4	...	1	4	...	6	2		
Maidstone (Borough)	...	16	...	2	4	3	1	48	5	3	50	2	8	62	46	36	4	2	3	6	1	15	1	4	27	11	1	140	1	5	...	...	...
Margate (Borough)	...	...	1	2	4	3	1	31	4	4	34	2	3	38	16	21	2	2	2	3	...	5	...	...	6	14	2	101	...	...	...	...	...
Milton Regis	...	4	3	2	...	10	1	...	6	7	3	2	3	4	2	1	5	3	1	32	3		
New Romney (Borough)	1	2	1	1	1	...	11		
Northfleet	3	...	1	...	3	13	...	22	1	5	19	...	1	11	24	18	4	7	1	11	...	1	10	1	1	43		
Penge	1	...	6	3	7	...	24	2	3	31	2	3	29	29	32	4	7	2	2	...	17	1	...	18	11	3	107	1	1		
Queenborough (Borough)	1	3	...	1	1	3	2	...	2	1	...	1	1	1	2	1	13	
Ramsgate (Borough)	8	5	4	1	47	3	5	40	1	1	38	37	14	9	5	4	2	...	11	15	23	...	134	7		
Rochester (City)	2	5	1	...	28	3	10	26	1	7	32	39	19	4	4	2	4	...	10	...	1	27	12	1	133	2	2		
Sandgate	2	3	1	...	2	...	1	1	2	1	1	1	...	2	2	1	...	9		
Sandwich (Borough)	...	12	1	...	2	3	...	4	9	5	1	1	2	14	1	
Sevenoaks	...	4	5	...	5	...	1	14	18	9	2	1	2	2	1	1	2	1	...	33		
Sheerness	5	2	4	...	19	3	4	15	...	1	14	7	18	2	5	1	1	...	6	19	13	1	84	2	1	
Sittingbourne	...	6	4	1	...	9	...	3	10	10	8	7	3	1	2	6	4	...	49	
Southborough	1	1	1	6	...	2	10	16	9	7	1	1	...	1	7	5	1	40	
Tenterden (Borough)	2	...	4	1	1	6	7	1	1	1	19
Tonbridge	...	2	2	1	18	2	3	17	...	3	16	17	6	1	1	...	2	1	...	10	4	...	56	
Tunbridge Wells (Borough)	1	...	2	...	1	10	3	33	3	8	56	1	1	66	37	27	7	1	5	3	...	8	2	3	14	8	3	161	4		
Walmer	1	...	3	2	1	3	8	3	5	...	1	1	1	...	3	3	16	1	
Whitstable	...	1	1	1	8	...	2	9	13	11	1	4	2	5	1	37	
Wrotham	...	3	1	...	5	...	6	1	5	6	7	4	...	23	1
Total Urban	17	131	4	62	82	120	19	749	91	126	849	28	99	995	753	547	110	118	91	80	3	224	21	27	457	369	49	2829	55	47	2	1		

TABLE 25. SHOWING CAUSES OF DEATH IN THE **RURAL DISTRICTS** OF THE COUNTY OF KENT DURING THE YEAR 1917 (EXCLUDING NAVAL AND MILITARY DEATHS).

District.	Enteric Fever	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Influenza	Erysipelas	Pulmonary Tuberculosis	Tuberculous Meningitis	Other Tuberculous Diseases	Cancer, Malignant Disease	Rheumatic Fever	Meningitis	Organic Heart Disease	Bronchitis	Pneumonia (all forms)	Other Respiratory Diseases	Diarrhoea, &c. (Under 2 years)	Appendicitis and Typhlitis	Cirrhosis of Liver.	Alcoholism	Nephritis and Bright's Disease	Puerperal Fever	Parturition, apart from Puerperal Fever	Congenital Debility, &c.	Violence, apart from Suicide.	Suicide	Other defined Diseases	Causes ill-defined or unknown	Special Causes (included above) Cerebro-Spinal Fever	Poliomyelitis.	Plague.
Ashford, East ...	...	...	6	...	2	1	4	...	7	...	2	17	...	...	26	14	12	3	1	1	2	...	5	...	...	5	2	2	65	3	...	...	...
Ashford, West ...	...	...	...	...	...	...	3	...	8	...	...	15	...	1	15	4	1	...	...	...	...	...	1	...	...	3	...	1	39	2	1	...	...
Blean ...	...	...	1	1	...	1	2	...	13	2	...	8	...	2	10	9	3	...	...	...	...	...	1	...	1	5	3	...	51	1	1	...	...
Bridge ...	1	...	1	...	1	1	4	...	10	2	1	9	...	1	18	5	2	4	...	...	...	...	4	...	1	2	3	...	37	1	...	...	...
Bromley ...	...	...	8	...	12	2	5	2	13	3	5	22	2	2	36	32	11	8	3	1	...	...	6	...	1	13	7	2	83	1	2	...	...
Cranbrook ...	...	...	...	...	...	1	7	...	15	...	4	20	1	2	26	15	4	3	1	...	...	...	7	...	1	7	2	...	45	...	...	...	...
Dartford ...	...	...	9	2	7	8	5	1	41	5	8	50	1	6	60	46	23	7	11	4	3	...	11	2	2	32	13	3	119	1	1	...	...
Dover ...	...	...	...	...	1	3	2	...	9	2	1	9	...	...	8	9	10	1	1	...	...	...	1	...	...	3	6	...	25	...	...	...	...
Eastry ...	...	...	3	...	3	...	2	1	15	1	1	9	2	2	34	14	13	2	4	...	...	...	3	...	...	8	7	...	48	1	1	...	...
Elham ...	...	...	...	...	...	...	1	...	8	2	1	8	...	...	18	11	4	3	...	1	...	...	2	...	...	8	6	...	50	2	...	...	...
Faversham ...	...	...	12	...	...	...	2	...	11	3	4	14	3	1	22	15	15	5	1	...	...	...	5	...	1	4	5	3	67	2	...	...	...
Hollingbourn ...	...	...	...	...	...	...	4	...	11	1	3	22	1	2	21	12	7	2	...	1	1	...	5	...	...	6	3	...	72	2	1	...	...
Hoo ...	...	...	4	...	...	...	4	...	4	...	...	5	...	...	2	1	1	1	...	...	...	...	...	...	...	...	1	...	19	1	...	...	...
Maidstone ...	...	...	3	...	2	...	3	...	13	1	3	30	...	4	26	17	18	4	3	...	2	...	2	...	...	8	6	1	62	1	1	...	...
Malling... ..	...	...	9	...	...	3	13	...	20	3	11	27	1	...	25	24	16	4	4	2	2	...	11	1	1	10	12	...	108	3	...	...	...
Milton ...	...	...	2	...	2	2	5	1	18	2	2	18	2	2	22	9	6	1	2	1	1	...	7	...	...	8	7	...	59	...	1	...	...
Romney Marsh ...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	2	1	...	...	...	...	...	...	...	...	3	1	...	10	1	...	...	...
Sevenoaks ...	1	...	4	...	4	3	8	...	26	2	3	33	...	...	47	15	16	3	...	2	1	...	13	...	...	3	7	...	84	1	...	1	...
Sheppey ...	1	...	...	...	1	...	...	...	1	...	1	2	...	...	...	4	2	...	...	...	...	...	...	...	...	7	2	...	14	1	...	...	...
Strood ...	...	...	5	...	...	3	2	1	12	2	7	19	...	1	12	22	13	2	...	2	1	...	5	...	...	5	6	...	68	1	...	...	3
Tenterden ...	...	...	...	...	2	...	2	...	4	...	...	4	...	...	15	6	2	2	1	...	1	...	2	...	...	5	1	...	31	...	...	...	...
Thanet ...	1	...	...	...	1	...	2	...	13	...	...	10	...	...	11	2	4	2	...	1	...	...	5	...	...	3	5	...	38	2	...	...	...
Tonbridge ...	...	...	...	...	1	1	9	...	34	2	5	20	...	2	31	16	9	1	1	2	...	...	3	...	...	10	9	1	95	2	...	...	...
Total in Rural Districts ...	4	...	67	3	38	30	89	6	306	33	63	372	13	28	487	304	193	58	33	18	14	...	99	3	8	158	114	13	1289	29	9	1	3
Total in Urban Districts ...	17	...	131	4	62	82	120	19	749	91	126	849	28	99	995	755	547	110	118	61	80	3	224	21	27	457	369	49	2829	55	47	2	1
Total for County ...	21	...	198	7	100	112	209	25	1055	124	189	1221	41	127	1482	1059	740	168	151	79	94	3	323	24	35	615	483	62	4118	84	56	3	4

TABLE 27. Information respecting the various Adoptive Acts, Bye-Laws and Regulations which are in Force in the URBAN DISTRICTS of the County of Kent.

DISTRICT.	Common Lodging Houses (P.H. Act, 1875, S. 80.)	Houses let in Lodgings (P.H. Act, 1875, S. 80.)	Cleaning, Ac. and Removal of Refuse (P.H. Act, 1875, S. 84.)	Tents, Vans, Sheds, Ac. (H.W.C. Act, 1885, S. 9 (2).)	Public Mortuaries (P.H. Act, 1875, S. 14.)	Hop-Pickers and Fruit Pickers (P.H. Act, 1875, S. 21A and P.H. Act, 1892.)	Slaughter-houses (P.H. Act, 1875, S. 109.)	Prevention of Nuisances (P.H. Act, 1875, S. 44.)	Keeping of Animals (P.H. Act, 1875, S. 44.)	Offensive Trades (P.H. Act, 1875, S. 113.)	New Streets and Buildings (P.H. Act, 1875, S. 112 and P.H.A.A. Act, 1891, S. 25.)	Removal of Offensive Matters and House Refuse (P.H.A.A. Act, 1891, S. 26.)	Public Conveniences (P.H.A.A. Act, 1891, S. 26.)	Public Baths and Wash-houses (P.H. Act, 1891, S. 34.)	Regulations under District Councils and Sanitary Orders, 1888.	Infectious Disease (Prevention) Act, 1890.	Public Health Acts Amendment Act, 1891.	Public Health Acts Amendment Act, 1907.
Ashford	Yes	Yes	Yes				Yes	Yes	Yes	Yes (Sal-frying)	Yes	Yes		Yes	Yes	Yes	Yes	Yes (S. 30 & 31)
Beckenham	Yes	Yes	Yes				Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Beley	Yes		Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes†
Broadstairs and St. Peter's			Yes				Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes†
Bromley (Borough)	Yes		Yes (less house-refuse removal)				Yes	Yes	Yes	Yes	Yes	Yes, less as to removal of house refuse	Yes		Yes	Yes	Yes	Yes
Chatham (Borough)	Yes	Yes	Yes	Yes	No. Local regulations for management of mortuaries		Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes
Chariton							Yes				Yes				Yes	Yes	Yes	Yes†
Chislehurst						Yes	Yes		Yes (Swine only)		Yes				Yes	Yes	Yes	Yes†
Dartford	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Parts)
Deal (Borough)	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Parts)
Dover (Borough)	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes†
Erith	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Parts)
Faversham (Borough)	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Folkestone (Borough)	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes†
Foston	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gillingham (Borough)	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Parts)
Gravesend (Borough)	Yes	Yes	The L.A. re- more refuse themselves	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Parts)
Herne Bay	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes†
Hythe (Borough)	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes†
Lydd (Borough)	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Maidstone (Borough)	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Margate (Borough)	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Milton Regis	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
New Romney (Borough)	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Parts)
Northfleet			Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	P. B. in the Dist. not property of the Council		Yes	Yes	Yes	Yes†
Pease	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Parts)
Queenborough (Borough)	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ramsgate (Borough)	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rochester (City)	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sandgate																		
Sandwich (Borough)	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Parts)
Seynocks	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes†
Shornsea	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sittingbourne	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Parts)
Southborough	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Parts)
Tenterden	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Parts)
Tonbridge	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes†
Tunbridge Wells (Borough)	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Parts)
Walmer	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Whitstable	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (Parts)
Wrotham			Yes	Yes		Hop-pickers	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* In the Borough of Sandwich, Bye-Laws as to Cleaning, Ac., and Removal of Refuse, Slaughterhouses, Prevention of Nuisances, Keeping of Animals and Removal of Offensive Matters and House-refuse were made under the Local Government Act, 1858.
 † Public Health Acts Amendment Act, 1907.—In the following districts only the sections stated are in force:—
 Dover.—Parts II. and III. Sec. 32 to 37 of Part IV, Part V, Sec. 61 and 62 of Part X.
 Faversham.—Parts II., III., IV., V., VI., Sections 81 and 86 of Part VII. Parts VIII., IX. and Section 95 of Part X.
 Herne Bay.—Parts II. to X. inclusive.
 Hythe.—Sections 15 to 25, 27 to 31, and 33 of Part II.; Sections 34 to 38, 41 to 46 and 51 of Part III.; Sections 52 to 56, and 62 to 66 of Part IV.
 Maidstone.—Except Sections 39, 40, 41, 42 and 47.
 New Romney.—Parts II., III. and IV., Sections 15 to 17, 21, 23, 25 to 30, 32 to 38, 41 to 43, 45 to 50, 62 to 65 and 67.
 Tonbridge.—Parts I. and II., Sections 34 to 51 inclusive of Part III., Sections 52 to 67 inclusive of Part IV. and Parts V., VI., IX. and X.

TABLE 28. Information respecting the various Adoptive Acts, Bye-Laws and Regulations which are in force in the RURAL DISTRICTS of the County of Kent.

DISTRICT.	Common Lodging Houses (P.H. Act, 1873, S. 80).	Houses let in Lodgings (P.H. Act, 1873, S. 90).	Cleaning, Ac. and Removal of Refuse (P.H. Act, 1873, S. 40).	Tents, Vans, Stalls, Ac. (H.W.C. Act, 1888, S. 9 (2)).	Public Mortuaries (P.H. Act, 1873, S. 110).	Hot-Pickers and Fruit Pickers (P.H. Act, 1873, S. 34 and P.H. Act, 1873, S. 309).	Slaughter-houses (P.H. Act, 1873, S. 309).	Prevention of Nuisances (P.H. Act, 1873, S. 40).	Keeping of Animals (P.H. Act, 1873, S. 40).	Offensive Trades (P.H. Act, 1873, S. 113).	New Streets and Buildings (P.H. Act, 1873, S. 137 and P.H.A. Act, 1893, S. 213).	Removal of Offensive Matters and House Refuse (P.H.A. Act, 1893, S. 20).	Public Conveniences (P.H.A. Act, 1893, S. 20).	Public Baths and Washhouses (H. & W. Act, 1866, S. 30).	Regulations under the Dairies, Cow-sheds and Milkshops Order, 1885.	Infectious Disease (Prevention) Act, 1890.	Public Health Acts Amendment Act, 1890.	Public Health Acts Amendment Act, 1907.
Ashford, East				Yes		Yes	In 18 contributory places.				In 4 contributory places.				Yes	Yes	Yes (P. 2)	Yes†
Ashford, West				Yes		Yes									Yes	Yes	Yes	Yes†
Blenn				Yes		Yes									Yes	Yes	Yes	Yes†
Bridges				Yes		Yes									Yes	Yes	Yes	Yes†
Bromley	Yes			Yes		Yes	Yes								Yes	Yes	Yes (R.D.S's)	Yes†
Cranbrook				Yes		Yes	Yes	Yes	Yes						Yes	Yes	Yes (P. 3, R.D.S's)	Yes†
Dartford				Yes		Yes	Yes	Yes	Yes						Yes	Yes	Yes (San. S's)	Yes (San. S's)
Dover		Yes	Yes a	Yes		Yes	Yes	Yes	Yes		Yes o	Yes (in certain parishes)	Yes		Yes	Yes	Yes	Yes (P. 3 & 4)
Eastry				Yes		Yes					Yes				Yes	Yes	Yes	Yes†
Elham				Yes		Yes	Yes	Yes	Yes		Yes				Yes	Yes	Yes (P. 3)	Yes†
Faversham			Yes	Yes		Yes	Yes	Yes	Yes		Yes				Yes	Yes	Yes	Yes†
Hollingbourn				Yes		Yes					Yes				Yes	Yes	Yes	Yes†
Hoo				Yes		Yes					Yes				Yes	Yes	Yes	Yes†
Maidstone				Yes		Yes					Yes				Yes	Yes	Yes	Yes†
Malling				Yes		Yes					Yes				Yes	Yes	Yes (R.D.S's)	Yes
Milton				Yes		Yes					Yes				Yes	Yes	Yes	Yes (S. 50)
Romney Marsh				Yes		Yes					Yes				Yes	Yes	Yes (P. 3, R.D.S's)	Yes†
Sevenoaks				Yes		Yes					Yes				Yes	Yes	Yes (R.D.S's)	Yes (S. 67 & 86)
Sheppey				Yes		Yes	Yes				Yes				Yes	Yes	Yes (P. 3)	Yes†
Strood				Yes		Yes	Yes				Yes				Yes	Yes	Yes (R.D.S's)	Yes†
Tenterden				Yes		Yes					Yes				Yes	Yes	Yes (Paris)	Yes†
Thanet				Yes		Yes	In 8 contributory places.		In 8 contributory places.		Yes				Yes	Yes	Yes	Yes†
Tonbridge	Yes					Yes	Yes, in 4 contributory places.				Yes				Yes	Yes	Yes (P. 3, R.D.S's)	Yes†

* Urban Powers obtained for the Parishes of Boughton, Lysted, Ospringe, Teynham, Preston and Faversham (Without only), in 1875. Bye-Laws made in 1879.

† In the remaining five contributory places, the rural Code of Bye-Laws with respect to New Buildings, etc., are in force.

o New buildings and certain matters connected with buildings (not streets).

a In force in parishes of Crayford, Stone, Swanscombe, Wilmington, Sutton-at-Hone, Eynsford; & Special building bye-laws, etc., in force in the parish of Darvath.

c In parishes of Frindsbury, Denton and Strood.

† Public Health Acts Amendment Act, 1907.—In the following districts, only the Sections stated are in force:—

Ashford, East.—Part IV, and Sections 34-38 inclusive, 45-47 inclusive, 49 and 50 of Part III.

Blenn.—Sections 15, 16, 17 and 23 of Part II. Sections 34, 35, 38, 43, 44, 46 and 49 of Part III.

Bromley.—Part II., Sections 29 to 34 inclusive, 29 to 33 inclusive; Part III., Sections 36 to 38 inclusive, 43 to 45 inclusive, 49 and 51; Part IV., Sections 52 to 65 inclusive; for the whole of Bromley R.D.; and Part II., Sections 15 to 18 inclusive, and Section 27, for ten contributory places, and one special drainage district.

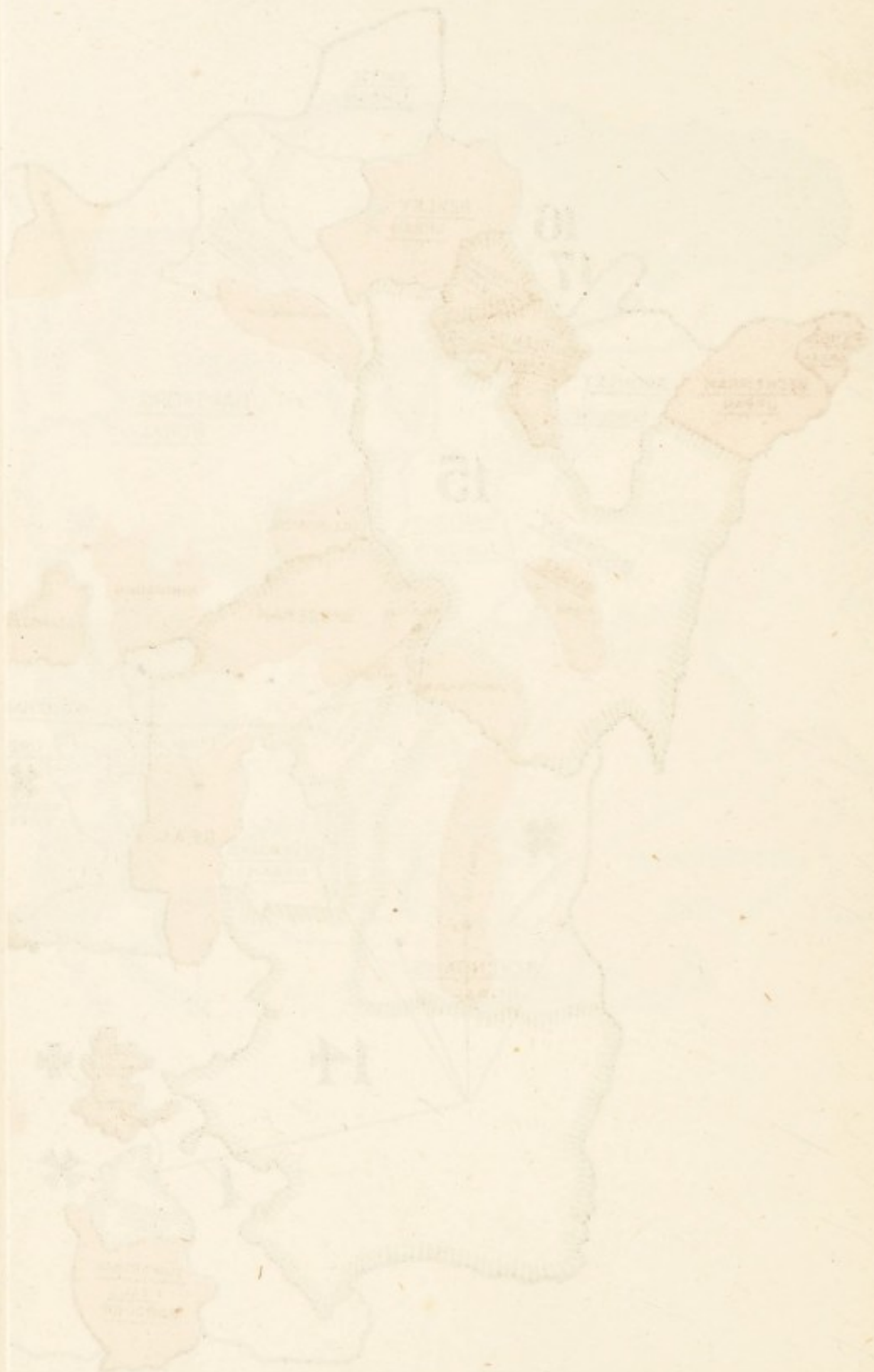
Cranbrook.—Section 25 of Part II. and Sections 34, 35, 36, 37, 38, 43, 44, 45, 46 and 49 of Part III.

Elham.—Sections 23 and 25 of Part II.; 34 to 46, 48, 49 and 50 of Part III.; and the whole of Part IV.

Faversham.—Part IV., and certain Sections of Part III.

Romney Marsh.—Urban powers under Section 23 (3), 25 and 33. (Act of 1890).

Thanet.—Section 38. Only in three contributory places.



— KENT —

MAP SHOWING THE VARIOUS WATERS OF THE COUNTY OF KENT
AND THE COURSE OF THE GREAT RIVERS AND STREAMS
AND THE SEVERAL TOWNS AND VILLAGES
AND THE SEVERAL CASTLES AND FORTS
AND THE SEVERAL BISHOPS SEES
AND THE SEVERAL ABBEYS AND MONASTRIES
AND THE SEVERAL COLLEGES AND SCHOOLS
AND THE SEVERAL HOSPITALS AND CHURCHES
AND THE SEVERAL CASTLES AND FORTS
AND THE SEVERAL BISHOPS SEES
AND THE SEVERAL ABBEYS AND MONASTRIES
AND THE SEVERAL COLLEGES AND SCHOOLS
AND THE SEVERAL HOSPITALS AND CHURCHES



KENT

MAP SHOWING THE VARIOUS UNITS OF THE KENT COUNTY COUNCIL'S MATERNITY AND CHILD WELFARE SCHEME, AND THE POSITION OF THE MIDWIFERY SERVICE.

- Inadequacy of Midwives:
- County Council Midwives (retained):
- New Nursing Associations formed for Midwifery (grant-aided by County Council):
- Whole-time Health Visitors' areas:
- Part-time Health Visitors' areas (nurses engaged direct or through Nursing Associations):
- Maternity Centres - County Council:
- Maternity Centres - Voluntary, but co-ordinated with County Scheme:

Based upon the Ordnance Survey Map with the sanction of the Controller of H.M. Stationery Office.
W.P. SIMMONS, LONDON AND MAIDSTONE.

