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KENT COUNTY COUNCIL

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1933.

BY

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

BARRISTER-AT-LAW,

County Medical Officer of Health.

PRINTED BY

WALTER R. GEERING, 80, HIGH STREET, ASHFORD, KENT.



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DEPARTMENT OF THE COUNTY MEDICAL OFFICER,
SESSIONS HOUSE, MAIDSTONE.

September 29th, 1934.

To the Chairman and Members of the Kent County Council.

MY LORDS, LADIES AND GENTLEMEN,

I beg to submit herewith my Twenty-second Annual Report on the Public Health and Sanitary Condition of the County of Kent, for the year ended December 31st, 1933.

The preparation of an annual report is a duty prescribed by Article 14 (3) of the Sanitary Officers' Order of 1926. A medical officer of health is required to report, annually, on the sanitary circumstances, sanitary administration, and vital statistics of his district; to include such information as may, from time to time, be required by the Minister of Health; and to embody those other matters upon which he may consider it desirable to report.

In the following pages will be found information as to the vital statistics of each sanitary area in the county, and brief observations on such improvements or deficiencies as have come to my notice during 1933. Matters of public health which are directly administered by the Kent County Council, are reviewed in more detailed fashion.

I have endeavoured throughout to keep this report within limits comparable to the reports of previous years; at the same time, no subject bearing upon the public health has been neglected.

The work of my department has been smoothly and efficiently carried out throughout the year, and my staff has rendered praiseworthy service.

Upon all occasions I have received the support and encouragement of your Council; and would here express my continued appreciation of the helpful co-operation and willing assistance of the district medical officers of health throughout the county.

I am, My Lords, Ladies and Gentlemen,

Yours obediently,

ALFRED GREENWOOD.

KENT COUNTY COUNCIL.

PUBLIC HEALTH AND HOUSING COMMITTEE.

This Committee reports to the County Council on all matters concerning the Public Health. Its constitution for 1934 is as follows :—

AYLING, H. E.	*HIGGS, RICHARD.
*BARHAM, COLONEL A. S., C.M.G.	*IGGLESDEN, SIR CHARLES.
*COLTHUP, W. (Chairman of the Finance Committee).	JENNER, G.
CORNWALLIS, THE RIGHT HON. LORD, C.B.E.	MILLEN, W.
*CORNWALLIS, CAPTAIN THE HON. W. S. (Vice-Chairman of the County Council).	MONK, A. J.
DUNCANSON, E. F.	MORGAN, The Rev. S. J. W.
ELGOOD, C. A.	*PAYNE, F. WALTER (Chairman of the County Council).
GIFFARD, CAPT. H. G.	PRESTEDGE, T. H.
*GULLY, GRIERSON J. (Chairman of Committee).	PYM, MAJOR C. E., O.B.E.
	SKINNER, J. E.
	TAPP, A. W.
	*WIGAN, MISS E. J.

The Public Health Committee, as above, with the following additional members, constitutes the Maternity and Child Welfare Committee :—

MRS. WINSTON CHURCHILL, of Chartwell, Westerham.
 MRS. M. J. DANIELL, of Danedale, Bearsted.
 DR. MARJORIE K. DAY, of The Hobby, College Road, Maidstone.
 MRS. E. E. FRENCH, of Little Rayham, Newington, Sittingbourne.

The following members are nominated by the Kent Insurance Committee to serve on the Public Health Committee when matters dealing with the treatment of tuberculosis are under consideration :—

J. E. FRENCH, of Newington, Sittingbourne.
 MRS. G. L. MUNN MACE, 10 East Cross, Tenterden.
 MRS. A. E. OSBORNE, of Betsham, Gravesend.

The Members marked * constitute the Lenham and Cranbrook Institutions Sub-Committee.

The County Council has five representatives on the Committee of Management of the Alexandra Hospital for Children, at Swanley, in connection with the County Orthopædic Scheme.—Mrs. Winston Churchill, Mrs. Deed, Mrs. Lyle, and Messrs. R. T. Lang and W. Millen.

LOCAL AUTHORITIES.

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BOROUGH AND URBAN

Urban and Borough Councils.	Clerks. (1934.)	Medical Officers of Health. (1934.)	Public Health Staff.		†Date of Receipt of Annual Summary in 1934.
			Sani- tary Inspec- tors.	Clerical.	
Ashford U.	J. Sudlow ..	*D. MacDougall ..	1‡	2	June 13th
Beckenham U.	C. E. Staddon ..	*T. P. Cole ..	2	4	April 25th
Bexley U.	T. G. Baynes ..	T. W. Hinds ..	3(2‡)	1	July 28th
Broadstairs U.	E. F. Owen ..	*A. M. Watts ..	1‡	—	April 4th
Bromley B.	S. C. Auty ..	*K. E. Tapper ..	3‡	4	August 17th
Chatham B.	E. B. Lee ..	*J. Holroyde ..	4(3‡)	3	June 26th
Cheriton U.	A. Atkinson ..	*D. MacDougall ..	1	1	June 13th
Chislehurst U.	J. J. Brown ..	*P. N. Cave ..	1	—	July 14th
Crayford U.	L. B. Burslem ..	C. M. Ockwell ..	1‡	—	March 28th
Dartford B.	J. J. Hartley ..	T. Farthing ..	2‡	1	May 12th
Deal B.	D. A. Daniels ..	D. W. Kirk ..	2	1	July 16th
Dover B.	R. E. Knocker ..	*A. B. McMaster ..	4(3‡)	3	July 20th
Erith U.	D. S. Twigg ..	*C. Herington ..	2‡	3	May 15th
Faversham B.	Guy Tassell ..	C. J. Evers ..	1‡	—	March 28th
Folkestone B.	C. F. Nicholson ..	*A. Priestman ..	4‡	3	July 17th
Gillingham B.	R. Booth ..	*W. A. Muir ..	4(2‡)	3	June 29th
Gravesend B.	H. H. Brown ..	*C. D. Outred ..	4(2‡)	2	April 27th
Herne Bay U.	A. H. Edwards ..	*A. M. Watts ..	1	—	April 3rd
Hythe B.	H. Stainer ..	*D. MacDougall ..	1‡	1	June 13th
Lydd B.	W. Lamacraft ..	O. C. S. Tandy ..	1	—	April 23rd
Maidstone B.	G. Wilson ..	*P. J. Gaffikin ..	2‡	2	August 2nd
Margate B.	P. T. Grove ..	*G. L. Brocklehurst ..	3(2‡)	1	July 17th
New Romney B.	W. Lamacraft ..	A. McMillan ..	1	—	May 12th
Northfleet U.	F. W. Jones ..	H. T. Sells ..	1‡	—	June 20th
Penge U.	A. J. Elson ..	R. Wilkinson ..	2‡	2	June 4th
Queenborough B.	E. C. Harris ..	*W. C. D. Hills ..	1	—	April 5th
Ramsgate B.	A. Blasdale Clarke ..	*W. J. Bannister ..	2(1‡)	1	May 31st
Rochester City	J. L. Percival ..	*J. O. Murray ..	3‡	1	June 4th
Sandgate U.	T. L. Kendrick ..	J. C. O. Bradbury ..	1	—	April 3rd
Sandwich B.	E. C. Byrne ..	*J. J. Day ..	1	—	April 27th
Sevenoaks U.	G. T. Bradbury ..	*P. N. Cave ..	1‡	—	April 30th
Sheerness U.	H. V. Stallon ..	*W. C. D. Hills ..	1‡	—	April 5th
Sidecup U.	F. Bird ..	*P. N. Cave ..	1	1	May 9th
Sittingbourne and Milton U.	G. H. Potter ..	*A. J. Wernet ..	1‡	—	May 26th
Southborough U.	W. N. Wood ..	*S. N. Galbraith ..	1	—	May 22nd
Swanscombe U.	H. Tuffee ..	C. M. Ockwell ..	1	—	April 28th
Tenterden B.	J. Munn Mace ..	*S. N. Galbraith ..	1	—	May 22nd
Tonbridge U.	H. W. Peach ..	*S. N. Galbraith ..	1‡	—	May 22nd
Tunbridge Wells B.	J. Whitehead ..	*F. C. Linton ..	4(3‡)	3	July 21st
Walmer U.	G. W. Hardman ..	F. M. Hughes ..	1‡	—	May 8th
Whitstable U.	A. B. Baker ..	C. E. Etheridge (Temp'ry) ..	1‡	—	May 2nd
Wrotham U.	H. E. Pyle ..	N. H. Bolton ..	1	1	July 16th
RURAL					
Ashford, East	F. Webb ..	*D. MacDougall ..	1	—	June 13th
Ashford, West	W. H. Carter ..	*D. MacDougall ..	1	—	June 13th
Blean	W. T. Brooks ..	*A. M. Watts ..	1	—	April 9th
Bridge	I. J. Williams ..	*J. J. Day ..	1‡	—	April 27th
Bromley	L. O. Wall ..	*P. N. Cave ..	3(2‡)	—	May 4th
Cranbrook	Eric Clarke ..	*S. N. Galbraith ..	2	—	May 22nd
Dartford	E. J. Hobbs ..	C. M. Ockwell ..	3(1‡)	1	April 11th
Dover	E. T. Lambert ..	*J. J. Day ..	1	—	April 27th
Eastry	F. A. Cloke ..	*J. J. Day ..	1	—	April 27th
Elham	D. S. Harrison ..	*D. MacDougall ..	1	—	June 13th
Faversham	Guy Tassell ..	P. G. Selby ..	1‡	2	April 28th
Hollingbourn	F. Miskin ..	J. Temperley Grey ..	1	—	May 18th
Hoo	H. G. Davies ..	*M. F. McDonnell ..	1	—	June 26th
Maidstone	F. D. Thomas ..	*S. N. Galbraith ..	1‡	—	May 22nd
Malling	F. Miskin ..	H. R. R. Mavor (Acting) ..	1	1	June 29th
Milton	E. C. Harris ..	*A. J. Wernet ..	1‡	—	May 26th
Romney Marsh	W. Lamacraft ..	A. McMillan ..	1	—	May 12th
Sevenoaks	J. Mudd ..	*P. N. Cave ..	3‡	—	May 23rd
Sheppey	H. T. Copland ..	*W. C. D. Hills ..	1‡	—	April 5th
Strood	J. E. Povey ..	*M. F. McDonnell ..	1	—	May 22nd
Tenterden	I. T. Emberson ..	*S. N. Galbraith ..	1	—	May 22nd
Thanet	C. Taylor ..	*A. M. Watts ..	2(1‡)	1	April 5th
Tonbridge	B. Lee ..	*S. N. Galbraith ..	1‡	—	May 22nd

* Denotes whole-time officer.

† 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.

‡ Holds meat inspector's certificate of the Royal Sanitary Institute.

MEDICAL AND SPECIAL STAFF.

COUNTY MEDICAL OFFICER, CHIEF SCHOOL MEDICAL OFFICER AND CHIEF TUBERCULOSIS OFFICER.

A. Greenwood, M.D., B.Sc., D.P.H., Barrister-at-Law.

DEPUTY COUNTY MEDICAL OFFICER AND COUNTY PATHOLOGIST.

C. W. Ponder, M.A., M.D., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICER AND OPHTHALMIC SURGEON.

J. W. Fox, M.B., D.P.H.

ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE.

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

COUNTY TUBERCULOSIS OFFICERS.

Seven whole-time (for list, see pp. 51-52).

SCHOOL MEDICAL INSPECTORS.

Eight whole-time (six male, two female) and one part-time (male).

SCHOOL DENTAL SURGEONS.

Eight whole-time (seven male, one female) and one part-time (male).

STAFF OF COUNTY SANATORIA.

See p. 65 (Lenham) and 72 (Cranbrook).

VENEREAL DISEASES MEDICAL OFFICERS.

Nine part-time (see p. 81).

ORTHOPAEDIC SURGEONS.

Four part-time (see p. 101).

MEDICAL OFFICERS OF CHILD WELFARE CENTRES AND ANTE-NATAL CLINICS.

66 part-time (see pp. 112b and 114a).

INSPECTORS OF MIDWIVES.

Miss M. M. Berry, Cert. C.M.B., Cert. R.S.I., General Training
Miss A. A. Harrison, Cert. C.M.B., Cert. R.S.I., Children's
Hospital Training.

COUNTY HEALTH VISITORS.

The following six whole-time nurses undertake Tuberculosis nursing and School nursing, and Nurses Bowman and Drew attend at Venereal Diseases Clinics in addition :—

Miss M. Anderson, General Training.

Miss A. E. Bowman, General Training and Cert. C.M.B.

Miss E. M. Clarkson, S.R.N., H.V. Certif., and Cert. C.M.B.

Miss B. Dockrill, General Training and Cert. C.M.B.

Miss K. P. Hart, S.R.N., H.V. Certif., and Cert. C.M.B.

Miss H. Drew.

The 33 whole-time nurses who undertake Maternity and Child Welfare work in addition to Tuberculosis nursing and School nursing, are enumerated in detail on p. 112a.

In addition, 17 district nurses undertake health visiting in a part-time capacity (see Table 20); and 20 midwives are subsidized by the County Council (see p. 105).

WHOLE-TIME NURSES FOR VENEREAL DISEASES CLINICS AT ROCHESTER AND GRAVESEND.

Miss P. Monnot.

Miss M. Payne.

COUNTY PHARMACIST.

J. P. Marmion, Ph.C., M.P.S.

(The above are all members of the Staff of the County Health Department.)

The following Officers come within the purview of the Public Health Committee and the County Medical Officer of Health, so far as Public Vaccination duties are concerned; and are Officers of the County Public Assistance Committee in respect of their duties in connexion with Public Assistance Work.

PUBLIC VACCINATORS, PUBLIC ASSISTANCE INSTITUTION MEDICAL OFFICERS AND PUBLIC ASSISTANCE DISTRICT MEDICAL OFFICERS.

Name and Qualifications of Doctor.	District.	Appointment held :—		
		Vaccinator.	Public Institution Medical Officer.	District Medical Officer.
Ashford and District Area.	*Population 45,000.	Acreage 134,000		
Betts, A. J., M.B., M.R.C.S., L.R.C.P.	Biddenden, etc.	Yes	..	..
Bentall, S. W. T., B.M., B.Ch. (Oxon)	Rolvenden, etc.	..	..	Yes
Cole, H. A., M.B.	Rolvenden, etc.	Yes	..	..
Fennell, T. L., M.B., Ch.B.	Chilham, etc.	Yes	..	Yes
Fox, C. T., M.R.C.S., L.R.C.P.	Ashford	Yes	Yes	..
	(Institution only)			
Garman, J. M., M.R.C.S., L.R.C.P.	Brabourne, etc.	Yes	..	Yes
Gaskell, K. H., M.R.C.S., L.R.C.P.	Woodchurch, etc.	..	..	Yes
Gray, J. D., M.D.	Ashford	Yes	..	Yes
Hale, E. R. S., L.R.C.P., L.R.C.S., L.R.F.P.S.	Kennington, etc.	Yes	..	Yes
Littledale, H. E., B.A., M.D., Ch.B., B.A.O., D.P.H.	Charing, etc.	Yes	Yes	Yes
McLaren, R., M.D., Ch.B., D.P.H.	Tenterden, etc.	Yes	..	..
McMillan, A., L.R.C.P., L.R.C.S.	New Romney, etc.	Yes	..	Yes
McVittie, A. C., M.A., M.B., Ch.B.	Aldington, etc.	Yes	..	Yes
Milne, A. Y., M.B., Ch.B.	Willesborough, etc.	Yes	..	Yes
Nicoll, D. A., M.R.C.S., L.R.C.P.	Wittersham, etc.	Yes	..	Yes
Palmer, R., M.A., L.R.C.P., M.R.C.S.	Lydd, etc.	Yes	..	Yes
Stanley, E. H. B., M.R.C.S., L.R.C.P.	Biddenden, etc.	..	..	Yes
Taylor-Jones, T. H. E., M.R.C.S., L.R.C.P.	Tenterden	..	..	Yes
Ticehurst, C. B., M.A., B.C., M.R.C.S., L.R.C.P.	Warehorne, etc.	Yes	..	Yes
Johnson, J. M., M.B., B.S.	Smarden, etc.	Yes	..	Yes
Whitby, F., M.B., B.S.	Brookland, etc.	Yes	..	Yes

* Figures as to population and acreage are estimated figures in each area of this tabulation.

Name and Qualifications of Doctor.	District.	Appointment held :—		
		Public Institution	District Vaccinator. Medical Officer.	District Medical Officer.
Bromley and District Area.	Population 112,368.	Acreage 43,187.		
Blake, W., M.D., L.R.C.P., M.R.C.S., L.S.A.	West Wickham	Yes ..	Yes	Yes
Davies, W. Haydn, M.R.C.S., L.R.C.P.	Orpington	Yes Yes	Yes	Yes
Dysart, C., M.R.C.S., L.R.C.P.	Bromley North	Yes ..	Yes	Yes
Elden, J., M.B., B.Ch.	Farnborough (Institution only)	.. Yes ..	Yes	..
Enraght, V. W., M.R.C.S., L.R.C.P.	Penge	Yes ..	..	..
Giddings, G. T., M.B., M.R.C.S.	Beckenham	Yes ..	Yes	Yes
Grant, J., M.B., Ch.B.	Bromley	.. Yes	..	..
Gray, J. M., M.B., B.Ch., B.A.O.	Farnborough	.. Yes	..	..
Hackwood, J. F., M.D., F.R.C.S., F.R.C.S.E.	Farnborough (Institution only)	Yes Yes ..	Yes	..
Jepson, A. C., B.A., B.Ch., M.A., M.R.C.S., L.R.C.P.	Farnborough	.. Yes ..	Yes	..
Miller, T. D., M.B., B.S., M.R.C.S., L.R.C.P.	Sideup	.. ..	Yes	Yes
Milner, G. C., M.A., Ch.B., M.R.C.S., L.R.C.P.	Chislehurst (part), etc.	Yes ..	..	..
Pease, M. E., M.D., B.S., M.R.C.S., L.R.C.P.	Knockholt, etc.	Yes ..	Yes	Yes
Power, J. D., L.R.C.P., L.R.C.S.	Mottingham	Yes ..	Yes	Yes
Scott-Turner, A., M.R.C.S., L.R.C.P.	Penge	.. ..	Yes	Yes
Shannon, R. A., L.R.C.P., L.R.C.S., L.S.A.	Farnborough, etc.	Yes ..	Yes	Yes
Tallent, J. H., B.A., M.B., B.S., L.R.C.P., M.R.C.S.	Chislehurst (part)	Yes ..	Yes	Yes
Yolland, R. H., C.B.E., M.R.C.S., B.A., L.M.S.S.A.	Bromley South	Yes ..	Yes	Yes
Dartford and District Area.	Population 128,494.	Acreage 51,035.		
Carrie, J., M.R.C.S., L.R.C.P.	Erith (part)	Yes ..	Yes	Yes
Carroll, C. K., L.R.C.P., L.R.C.S., L.R.F.P.S.	Crayford (part) Bexley, etc.	Yes ..	Yes	Yes
Cochrane, T. S., M.R.C.S., L.R.C.P.	Dartford	.. Yes	Yes	Yes
Crawford, R. A., L.R.C.S.I. & L.M. L.R.C.P.I. & L.M.	Sutton-at-Hone (part), etc.	Yes ..	Yes	Yes
Critchley, A. N. F., L.R.C.P., M.R.C.S.	King Edward Avenue Hospital, Dartford, (House Surgeon)	.. Yes ..	Yes	..
Cumming, R. W., M.A., M.B., Ch.B.	Bexley, etc.	.. ..	Yes	Yes
Farthing, T., M.B.	Dartford	.. ..	Yes	Yes
Harrison, L. F. A., M.R.C.S., L.R.C.P.	Farningham District	.. ..	Yes	Yes
MacDonald, P. H., M.B., Ch.B.	Erith (part)	Yes ..	Yes	Yes
Miskin, L. J., L.R.C.S., L.R.C.P.	Dartford	.. Yes	Yes	Yes
Newnham, F. M., M.R.C.S., L.R.C.P.	Dartford, etc.	.. ..	Yes	Yes
Ockwell, C. M., M.B., B.S., F.R.C.S., L.R.C.P., D.P.H.	Dartford, etc.	Yes ..	..	..
Priestly, John L.R.C.P., M.R.C.S.	Longfield, etc.	Yes ..	Yes	Yes

Name and Qualifications of Doctor.	District.	Appointment held :—		
		Public Vaccinator.	Institution Medical Officer.	District Medical Officer.
Dartford and District Area—continued.				
Renton, M. W., M.D., C.M., D.P.H.	Dartford (Institution only)	Yes	..	..
Rhys-Jones, G. C., L.M.S.S.A.	Dartford	..	..	Yes
Rogers, J. S., M.R.C.S., L.R.C.P.	Farningham, etc.	..	..	Yes
Shand, T., L.R.C.P., M.R.C.S.	Dartford	..	..	Yes
Smith, S. H., M.R.C.S., L.R.C.P.	Farningham, etc.	Yes	..	Yes
Stacey, R. D., M.R.C.S., L.R.C.P.	Crayford	Yes	..	Yes
Standley, D. W., M.B., CH.B.	Swanscombe, etc.	Yes	Yes	Yes
Dover and Easry District.				
	Population 90,861.	Acreage 75, 562.		
Adamson, C. H., M.B., C.M., F.R.C.S.	Alkham, etc.	Yes	..	Yes
Anderson, C. A., M.R.C.S., L.R.C.P.	Sandwich, etc.	Yes	..	Yes
Bellamy, G. E., M.R.C.S., L.R.C.P.	Eythorne, etc.	Yes	..	Yes
Elliott, E., M.R.C.S., L.R.C.P.	Dover (Institution only)	Yes	Yes	..
Homan, W. T., L.M.S.	Dover	Yes	..	Yes
Hughes, F. M., M.D., M.R.C.S., L.R.C.P.	Deal, etc.	Yes	..	..
Hulke, S. B., F.R.C.S., L.R.C.P.	Walmer, etc.	Yes	..	Yes
Kirk, D. W., M.B., CH.B.	Deal, etc.	..	..	Yes
McAnally, A. A., M.R.C.S., L.R.C.P.	Easry, etc.	Yes	Yes	Yes
McCall Smith, N., M.D., B.S.	Ash, etc.	Yes	..	Yes
Molesworth, T. H., B.A., M.B., CH.B., F.R.C.S., L.R.C.P.	St. Margaret's, etc.	Yes	..	Yes
Nettelfield, W. H., M.R.C.S., L.R.C.P.	Wingham, etc.	Yes	..	Yes
Richardson, R. P., M.R.C.S., L.R.C.P.	Buckland, etc.	Yes	..	Yes
Stevens, H., M.R.C.S., L.R.C.P.	Dover	Yes	..	Yes
Faversham and District Area.				
	Population 76,243.	Acreage 94,894.		
Clark, J. S., M.B., CH.B., D.P.H.	Sittingbourne	..	..	Yes
Gange, F. W., M.D., M.R.C.S., L.R.C.P.	Faversham	Yes	Yes	Yes
Ind, C. U., M.D., M.R.C.S., L.R.C.P.	Sittingbourne	Yes	..	..
Kennedy, A., M.A., M.B., CH.B.	Boughton, etc.	Yes	..	Yes
McAnally, E. A., M.R.C.S., L.R.C.P., L.S.A.	Newington, etc.	Yes	..	Yes
Madwar, H. A., L.R.C.P., L.R.C.S., L.R.F.P.S.	Queenborough and Sheerness, etc.	Yes	Yes	Yes
Manning, H. P. O., M.R.C.S., L.R.C.P.	Buckland, etc.	Yes	..	Yes
Southwell, B., M.R.C.S., L.R.C.P., M.B., B.S.	Teynham, etc.	Yes	..	Yes
Wilson, C. L., B.A., L.R.C.P.I., L.R.C.S.I. & L.M.	Sittingbourne (for Institution only)	Yes	Yes	Yes
Folkestone and District Area.				
	Population 82,079.	Acreage 99,262.		
Garman, J. M., M.R.C.S., L.R.C.P.	Sellindge, etc.	Yes	..	Yes
Gore, A. J., M.R.C.S., L.R.C.P.	Cheriton, etc.	Yes	..	Yes
Ince, A. G., F.R.C.S., L.R.C.P.	Sturry	Yes	..	Yes
McCausland, C. E., B.A., M.B., CH.B., B.A.O.	Folkestone	Yes	..	Yes
Mercer, E. B., M.B., CH.B.	Littlebourne, etc.	Yes	..	Yes
Mitcheson, V. S., M.R.C.S., L.R.C.P., B.A.	Lyminge, etc.	Yes	Yes	Yes

Name and Qualifications of Doctor.	District.	Appointment held :—		
		Public Institution Vaccinator.	District Medical Officer.	District Medical Officer.
Folkestone and District Area—continued.				
Parker, F. G., M.B., B.CH., M.R.C.S. L.R.C.P.	Sandgate	Yes	..	Yes
Preston, H. O., L.R.C.P., M.R.C.S.	Bridge, etc.	Yes	..	..
Rashleigh, H. G., M.R.C.S., L.R.C.P.	Chartham, etc.	Yes	..	Yes
Rogerson, C. S., (Temporary)	Bridge, etc.	..	..	Yes
Scoones, H. E., M.R.C.S., L.R.C.P.	Hythe, etc.	Yes	..	Yes
Twomey, T., M.B., B.CH., B.A.O.	Elham, etc.	Yes	..	Yes
Wilson, A. T., M.B., B.CH., B.A.O.	Bridge, etc.	..	Yes	Yes
Gravesend and District Area.		Population 72,610.	Acreage 56,418.	
Cowan, F., M.R.C.S., L.R.C.P.	Strood Institution, etc.	Yes	Yes	Yes
Dismorr, C., M.R.C.S., L.R.C.P.	Gravesend Institution, etc.	Yes	Yes	..
Edwards, J. C. S., M.B., CH.B.	Halling, etc.	Yes	..	Yes
Horrocks, F., M.B., CH.B., M.R.C.S., L.R.C.P.	Gravesend	..	..	Yes
McDonnell, M. F., M.B., CH.B., B.A.O., N.U.I., D.P.H.	Northfleet, etc.	Yes	..	Yes
Rogers, A. B., L.S.A.	Cliffe	Yes	..	Yes
Wall, D. L., M.B., CH.B.	Hoo	Yes	..	Yes
Wilson, H. F., M.B., B.S., M.R.C.S., L.R.C.P.	Gravesend	..	..	Yes
Wykes, W. H., M.R.C.S., L.R.C.P.	Higham, etc.	Yes	..	Yes
Maidstone and District Area.		Population 109,860.	Acreage 182,871.	
Adam, W. J., M.B., CH.B.	Marden	Yes	..	Yes
Bolton, N. H., M.D., CH.B., D.T.M., F.R.C.S.	Wrotham, etc.	Yes	..	Yes
Cole, A. F., F.R.C.S., L.R.C.P.	West Malling, etc.	Yes	Yes	Yes
Cole, H. A., M.B.	Benenden	Yes	..	Yes
Collins, H. S., M.D., B.CH., D.P.H.	Hollingbourn, etc.	Yes	..	Yes
Combe, W., B.Sc., M.B., CH.B.	Snodland, etc.	Yes	..	Yes
Cotman, J. S., M.R.C.S., L.R.C.P.	East Peckham	Yes	..	Yes
Falwasser, A. T., D.S.O., M.R.C.S., L.R.C.P.	Maidstone, etc.	Yes	..	Yes
Hallam, M., M.R.C.S., L.R.C.P.	Yalding, etc.	Yes	..	Yes
Hamilton, G. E. R., M.B., B.S. M.R.C.S., M.R.C.P.	East Malling, etc.	Yes	..	Yes
Hardwick, R. H., M.R.C.S., L.R.C.P.	Heathcote, etc.	Yes	..	Yes
Hitchings, D. B., M.R.C.S., L.R.C.P.	Sandhurst	Yes	..	..
Jamieson, A. M., M.B., CH.B.	Cranbrook, etc.	Yes	Yes	Yes
Jones, E. C., M.B., B.CH.	Sandhurst	..	..	Yes
Kirkman, A. H. B., F.R.C.S., L.R.C.P.	Staplehurst, etc.	Yes	..	Yes
Laird, W. J. A., L.R.C.P., L.R.C.S.	Lenham, etc.	Yes	..	Yes
McAnally, E. A., M.R.C.S., L.R.C.P. L.S.A.	Stockbury, etc.	Yes	..	Yes
Marshall, R. P., M.R.C.S., L.R.C.P.	Goudhurst	Yes	..	Yes
Oliver, C. P., Junr., B.A., M.B., CH.B., M.R.C.S., L.R.C.P.	Boxley (part), etc.	Yes	..	Yes
Prentiss, H. H., M.B., CH.B., B.A.O., R.U.I.	Hawkhurst	Yes	..	Yes

Name and Qualifications of Doctor.	District.	Appointment held :—		
		Public Institution Vaccinator.	District Medical Officer.	District Medical Officer.
Maidstone and District Area—continued.				
Richmond, F., B.A., M.B., B.CH.	Aylesford, etc.	Yes	..	Yes
Severne, A. de M., M.A., M.R.C.S., L.R.C.P.	Wateringbury, etc.	Yes	..	Yes
Smith, J., M.B., CH.B.	Sutton Valence, etc.	Yes	..	Yes
Taylor, L. H., M.B., B.S., M.R.C.S., L.R.C.P.	Loose, etc.	Yes	Yes	Yes
Medway Towns Area.				
	Population 140,000.	Acreage 15,724.		
Drake, D. J., M.R.C.S., L.R.C.P.	Rainham	..	..	Yes
Gray, R. E., L.M.S.S.A.	Chatham West	Yes	..	Yes
Gross, E. C., L.M.S.S.A.	Rochester	Yes	..	Yes
Hoby, H. J., M.R.C.S., L.R.C.P.	Chatham East	Yes	..	Yes
McAnally, E. A., M.R.C.S., L.R.C.P.	Rainham	Yes	..	..
McHugh, J. E., M.B., CH.B.	Medway Hospital	Yes	Yes	..
Whyte, E. C., M.B., CH.B.	Medway Hospital	..	Yes	..
Woodruff, D. W., L.R.C.P., L.R.C.S.	Gillingham	Yes	..	Yes
Dimond, J. L., M.B., CH.B.	Medway Hospital	..	Yes	..
Thanet and District Area.				
	Population 120,235.	Acreage 42,852.		
Barker, A., M.B., B.CH., M.R.C.S., L.R.C.P.	Whitstable, etc.	Yes	..	..
Dunlop, W. J., F.R.C.S.I., L.R.C.P.I.	Manston Cottage Homes	Yes	Yes	..
Dunwoody, W. G., B.A., M.D., B.A.O., B.CH.	Ramsgate, etc.	Yes	..	Yes
Glynn, T., M.B., CH.B., B.A.O., F.R.C.P., M.R.C.S.	Whitstable	..	..	Yes
Groome, W., M.B.E., M.B., C.M.	Margate, etc.	Yes	..	Yes
Harris, R. J., M.R.C.S., L.R.C.P.	Minster, etc.	Yes	Yes	Yes
Hayes, J. B., M.R.C.S., L.R.C.P.	Birchington, etc.	Yes	..	Yes
Laurie, L., M.D., CH.B.	Herne Bay, etc.	Yes	Yes	Yes
Palmer, E. A. E., M.A., M.B., CH.B., M.R.C.S., L.R.C.P.	St. Peters	Yes	..	Yes
Tonbridge and District Area.				
	Population 143,720.	Acreage 184,089.		
Archer, E. C., M.B., B.S., M.R.C.S., L.R.C.P.	Riverhead, etc.	Yes	..	..
Alexander, J. F., M.A., M.D., B.CH.	Sevenoaks, etc.	..	..	Yes
Andrews, H. A., M.R.C.S., L.R.C.P.	Tonbridge, etc.	Yes	..	Yes
Brown, M. S., M.B., B.S., M.R.C.S., L.R.C.P.	Sevenoaks, etc.	Yes	..	..
Crawford, A. N., F.R.C.S.I., L.R.C.P.I., L.M.	Seal, etc.	Yes	..	Yes
Fraser, F., M.D., M.R.C.S.	Leigh, etc.	Yes	..	Yes
Grasby, E. D. Y., M.B., B.S., M.R.C.S., L.R.C.P.	Tunbridge Wells (part), etc.	Yes	Yes	Yes
Hart-Smith, H. M., B.A., M.B., CH.B., M.R.C.S., L.R.C.P.	Broadwater Down	Yes	..	..
Hepper, J. E., M.R.C.S., L.R.C.P.	Brenchley, etc.	Yes	..	Yes
Magill, A., L.M.S.S.A.	Pembury, etc.	..	Yes	Yes
Mansfield, P. A., M.D., B.CH.	Sevenoaks	..	..	Yes

Name and Qualifications of Doctor.	District.	Appointment held :—		
		Vaccinator.	Public Institution Medical Officer.	District Medical Officer.
Tonbridge and District Area—continued.				
Mitchell, T. W., M.D., C.M.	Hadlow	Yes	..	Yes
Newington, C. W. H., M.R.C.S., L.R.C.P., L.S.A.	Edenbridge, etc.	Yes	..	Yes
Pain, B. H., B.A., M.B., CH.B., M.R.C.S., L.R.C.P.	Southborough, etc.	Yes	..	Yes
Pickles, H. D., M.R.C.S., L.R.C.P.	Westerham, etc.	Yes	..	Yes
Ward, K. L. S., M.B., CH.B.	Brasted (Institution only)	Yes	Yes	..
Whittome, A., M.B., CH.B., F.R.C.S.	Lamberhurst	Yes	..	Yes

The Doctors whose names are given in italics appear in two districts on the list.

VACCINATION OFFICERS—For list see page 88a.

COUNTY VETERINARY INSPECTORS

Whole-time Officer—S. B. Vine, Sessions House, Maidstone.

District Officers :

Ashford—F. C. Gillard.	Faversham—E. Morgan.
G. Wachter.	Romney Marsh—H. S. Head.
Bearsted & Malling—	St. Augustine's—J. G. Cattell.
C. Crowhurst.	Sandwich—T. F. Hogben.
Beckenham—A. Cornish-	Sevenoaks—L. P. Pugh.
Bowden.	Sittingbourne—A. Scotson.
Bromley—P. J. Turner.	Strood—E. Ebbetts.
Cranbrook—F. Crowhurst.	Thanet—L. Dixon.
Dartford—F. W. Robards.	E. P. Barrett.
Deal—A. T. Crowther.	Tonbridge—F. F. Horton.
Elham & Wingham—	Tunbridge Wells—C. Roberts.
H. P. Hogben.	

ANNUAL REPORT

ADMINISTRATION.

There was no change in public health administration in Kent during 1933; but in 1934, Dr. S. I. Pritchett, of *Rochester City*, retired and was succeeded, in June, 1934, by Dr. J. O. Murray.

MINISTRY OF HEALTH INQUIRIES.

The following inquiries were held by the Ministry of Health during 1933:—

Date.	District.	Amount of Loan.	Purposes for which Loan required, or other reason of Inquiry.	Result.
Jan. 24th	Chislehurst U.	—	Application for approval of Town Planning Scheme	Scheme not approved, in view of new Town Planning Act. Scheme will be re-drafted.
Feb. 22nd	Dover B.	—	Proposed Clearance Area	Clearance Order confirmed, subject to minor alterations.
March 29th	Dover B.	£8,660	Works of sewerage	Loan sanctioned.
April 7th	Tenterden R.	£4,500	Works of water-supply at Stone-cum-Ebony and Wittersham.	Loan sanctioned.
May 16th	Tunbridge Wells B.	£38,909	Works of sewerage and sewage-disposal.	Loan sanctioned.
June 27th	Maidstone R.	£6,400	Works of sewerage and sewage - disposal at Staplehurst	Loan sanctioned.
July 6th	Bromley B.	(a) £10,250 (b) £2,435	(a) Works of surface-water drainage (b) Private Street Improvements	(a) Loan sanctioned (b) Loan sanctioned.
July 11th	Tonbridge R.	£2,000	Works of water-supply at Bidborough.	Loan sanctioned.
July 18th	Margate B.	(a) £46,186 (b) £14,641	(a) Works of water-supply. (b) Works of sewerage.	(a) Loan sanctioned (b) Loan of £5,375 granted for certain of the specified works. The remaining sums not granted.

Date.	District.	Amount of Loan.	Purposes for which Loan required, or other reason of Inquiry.	Result.
Sept. 13th	Ramsgate B.	£12,500	Works of water-supply	Loan sanctioned.
Oct. 10th	Folkestone B.	£5,400	Improvement of refuse-disposal plant.	No information yet to hand.
Dec. 12th	Rochester and Chatham Joint Sewerage Board	£27,750	Works of sewage-disposal	Loan sanctioned, with slight modifications of works proposed.

OFFICIAL CIRCULARS, ETC., RESPECTING PUBLIC HEALTH MATTERS.

Diseases of Animals.—The Animals (Landing from Ireland, Channel Islands, and Isle of Man) Order, 1933 (17/1/1933) revoked many former orders and consolidated certain powers in respect of the prevention of diseases of animals. Part I. prescribed the landing regulations which were to apply in the case of animals imported from Ireland, the Channel Islands, and the Isle of Man, and the marking of such animals. Part II. contained provisions applicable to landing places, including the supply of food and water, disinfection, the disposal of refuse, etc. Part III. prescribed the procedure in case of disease among animals at a landing-place, and the disinfection to be undertaken in the case of certain specified diseases. Part IV. dealt with the regulation of movement of imported animals, their detention or temporary detention, and the dipping of sheep. Part V. dealt with the disinfection of trucks, road vehicles, etc., and defined the offences which could be committed in contravention of the Order.

Tuberculosis.—Circular 1365 (7-12-1933) notified certain changes in the arrangements for the provision of treatment, etc., to tuberculous ex-Service men. By the provisions of Memorandum 146/T, issued in 1930, lists of "accepted" cases have been compiled; and where the Council, since a case was listed, have arranged to provide the man with a second or further course of residential treatment, the Ministry of Pensions have up to the present assumed liability without the case being reviewed again on their behalf. The Ministry of Pensions, however, can only accept liability for the cost of residential treatment where the condition requiring treatment at the time is accepted to be

due to War service ; and it is essential that that department should not in future assume liability for the cost of a course of residential treatment in any case, without first being satisfied from a review of the case-records that the condition requiring treatment can still be accepted to be due to war service. This change of procedure was to come into operation on January 1st, 1934 ; and from that date it would no longer be necessary for Tuberculosis Officers to transmit certain certificates to the Ministry of Pensions.

Circular 1368 (28-12-1933) announced that from the beginning of 1934 certain amendments should be made in Annual Returns.

Housing.—Circular 1331 was issued by the Ministry of Health on April 6th, 1933, and drew attention to “ a matter that deeply and urgently concerns social welfare, the clearance of slums and the improvement of bad housing conditions.” Action in respect of slums was too slow, and concerted action was advocated to ensure a speedier end to the problem within a limited time. It was necessary to concentrate upon direct action, to fix a limited time for the work, and to prepare a time-table for progress and completion within the time thus limited. Local authorities should be able to take immediate action, since their records (for over twenty years) of the condition of working-class property in their areas would be available—particularly records under the Consolidated Regulations of 1925 and the Amendment Regulations of 1932.

Accordingly, they were to prepare and adopt a programme showing areas for clearance, areas for improvement, a time-table in respect of these areas, and a time-table of rehousing ; and they were to make an immediate beginning by “ declaring ” such areas and making the necessary orders. Programmes were to be completed by September 30th, and should be drawn on the basis of clearing all areas requiring clearance not later than 1938. It was emphasized that there were few towns or even villages in which, although the areas concerned might not extend to more than half a dozen houses, there was not an urgent need for some action under the 1930 Act.

The rate of subsidy would be maintained and applications for loan sanctions would be dealt with expeditiously. Finally, conditions were now exceptionally favourable, for with low building costs and cheap money, houses built with the subsidy payable under the Housing Act of 1930 could be let at rents well within the capacity of the poorest of the working classes.

Housing—Execution of Works.—Case before the Court of Appeal. Under Section 17 (1) of the Housing Act of 1930, a medical officer of health reported to his local authority that certain houses were unfit for human habitation, but capable of being made fit at a reasonable expense. The housing committee of the local authority then served notices upon the owner, requiring him to execute the necessary repairs ; and the owner did not appeal against the order to the county court under Sec. 22 of the Housing Act. He appealed to the High Court, on the ground that there was no proof that the authority had duly considered the matters set out in the notices, or the necessity for sending them and that therefore the notices were invalid. The High Court held that the notices were valid, and the owner appealed to the Court of Appeal. It was held that Section 17 of the 1930 Act was intended to be a wide section ; that the local authority were entitled to act upon their officer's report and were not obliged to make a precise estimate, based upon the report of a surveyor, as to reasonable expense of rendering the premises fit for habitation. Failure to obtain such a report did not necessarily mean that the housing committee had been guilty of negligence, and the notice was therefore valid.

Housing (Financial Provisions) Act 1933—This Act (18/5/1933) was accompanied by Circular 1334 (22/5/1933). The first section provided for the cessation of subsidies under portions of the Housing Act of 1923, and under the Housing (Financial Provisions) Act of 1924, in respect of houses, unless these were provided in pursuance of proposals submitted before December 7th, 1932. There was, however, a proviso to this section, that proposals already prepared and substantially ready for submission might be granted a further period in which to receive approval—until June 30th, 1933.

Section 2 was designed to provide an additional supply of finance on easy terms, for builders and investors requiring it. In the Act of 1925 there was power for local authorities or county councils to guarantee advances made by a building society for the provision of houses. The present Act extended this power, and enabled the Minister of Health to take a one-third share of risk involved in making advances up to 90 per cent. of valuation.

It was contemplated that subsidy would be continued at the present rate in respect of houses completed by March 31st, 1934.

Local authorities might be able to facilitate the erection of working class houses by private enterprise, in two ways. Land originally acquired for housing or other purposes might be placed at the disposal

of private enterprise on reasonable terms ; and width of roads, and the standard of road construction, might be respectively reduced and lowered.

Circular 1335 (22/5/1933) was addressed to rural authorities, and drew attention to the application of Circular 1334 to rural conditions.

Housing—Interest on Loans. Circular 1339 (16/5/1933) announced certain changes in rates of interest, on loans for any purposes of the Housing Acts, the Housing (Rural Workers) Acts, and the Small Dwellings (Acquisition) Acts. The Circular was accompanied by the Ministry of Health (Rate of Interest) Amendment Order 1933 (11/5/1933) which authorised such changes of interest.

Housing—Temporary Buildings. Case before the King's Bench Division of the High Court of Justice. It was held that movable vehicles, such as caravans, tramcars, and pantechicon vans, which have been adapted for use as dwellings, are temporary buildings within the meaning of Sec. 27, Public Health Acts Amendment Act, 1907. The local authority therefore have power under sub-section 4 of that section, to pull down or remove such structures without obtaining the order of any court ; but in order to protect themselves from the risk of subsequent litigation, they are entitled to a declaration that the structures are temporary buildings and are liable to be removed or pulled down. Such a declaration can be made in an action brought against a person who is in control of the structures and is the owner of the site whereon they are placed, without proving that such defendant person erected the structures or is the owner of them.

Housing—Rent and Mortgage Interest Restrictions (Amendment) Act, 1933. This Act (18/7/1933) was accompanied by Circular 1348 (24/7/1933), which circular contained the following paragraph :—" One of the main objects of the Act is to prevent further diminution of the existing supply of working-class accommodation available for letting at controlled rents by abrogating the present system of automatic decontrol under Section 2 of the Act of 1923. . . . As a corollary to the continued control of small houses, Section 2 contains, in the succeeding sub-sections, provisions for the registration by Local Authorities of such of them as had become decontrolled before the 18th July, 1933." A further explanatory Circular of certain points arising in the Act was issued later (Circular 1354—5/9/1933), also Provisional Regulations (dated 19/7/1933) which prescribed certain forms of notices and application for registration under the Act.

Town and Country Planning Act. This Act (passed 12/7/1932) was the subject of several circulars, orders, memoranda, etc., issued during 1933.

Circular 1305 (4/3/1933) notified that the Act would come into operation on April 1st, 1933, with the exception of one section which was operative from the date of the passing of the Act. The circular pointed out the extension of the powers of local authorities in the matter of planning, and advocated the adoption of broad outlines of schemes, leaving details of development until a later date. Regional schemes, and the co-operation of county councils in the preparation of schemes, were discussed, and it was pointed out that "planning is of first importance for County Councils for their own work." Areas already developed could be brought within schemes, subject to approval of the Minister of Health, and with certain conditions. The powers of including rural land in schemes were extended, and there were additional opportunities given of preventing unsightly and wasteful ribbon development (both in rural areas and in the neighbourhood of towns) and sporadic development—some of the latter having "been so lacking in modern decencies as to be scarcely credible in this country in the twentieth century." The design and external appearance of buildings might be regulated in schemes, and orders might be made for the preservation of special buildings, of architectural or historic interest. Compensation, "betterment," Parliamentary procedure in respect of schemes, interim development, and the general procedure of local authorities, were among the other matters dealt with in the Circular.

Memo T. and C.P.1 (March, 1933) enclosed Provisional Regulations (13/3/1933) which dealt mainly with matters of procedure.

Memo. T. and C.P. 2 (March, 1933) and the Town and Country Planning (General Interim Development) Order, 1933 (21/3/1933) were published together. The Order revoked special Orders made under the Housing and Town Planning Act of 1919 and the Town Planning Act of 1925, with certain exceptions : and it provided that certain specified classes of development should be permitted to proceed as a matter of course. Interim Permissions to this end may be given by specified authorities, and the permissions will be governed by the conditions obtaining in each individual case. The procedure of application for these Interim Permissions is laid down ; and there is provision for the suspension, in certain cases, of Local Acts, Bye-laws, Orders or Regulations, with the consent of the Minister of Health.

Memo. T. and C.P. 3 (March, 1933) accompanied the Town and Country Planning (General Transitional) Order, 1933 (21/3/1933). This Order applied the procedure under the Act to schemes already in train when the Act came into operation, the schemes being grouped according to their stage of preparation at the time of such coming into operation. Certain alternative points of procedure were also specified by the Order.

The Town and Country Planning Regulations, 1933 (27/7/1933) superseded the Provisional Regulations of March (referred to above) and laid down the whole procedure to be observed in Planning Schemes.

Memo. T. and C.P. 1A (8/8/1933) drew attention to one minor alteration in the substantive Regulations, as compared with the Provisional Regulations of March.

Local Government Act, 1933. This Act (dated 17/11/1933) will come into operation on June 1st, 1934. Among its clauses are paragraphs relating to the appointment of county medical officers of health, district medical officers of health and sanitary inspectors; the qualifications, duties, etc., of those officers; the payments by county councils towards the salaries of district medical officers of health and district sanitary inspectors; their tenure of office; the duty of securing that medical officers of health shall not engage in private practice; the power of districts to unite for the purpose of appointing a medical officer of health; and the relations between district medical officers of health and county medical officers.

Qualifications of Health Visitors. The Local Government (Qualifications of Medical Officers and Health Visitors) (Amendment) Regulations, 1933 (8/5/1933) were accompanied by Circular 1336 (13/5/1933). These regulations amended the corresponding regulations of 1930, by providing that a further qualification should be the health visitor's certificate issued by the Royal Sanitary Association of Scotland, under conditions approved by the Department of Health for Scotland, and duly endorsed by the Association as rendering the holder eligible for appointment as a whole-time health visitor in England and Wales as well as in Scotland.

Dangerous Drugs. The date of operation of the Dangerous Drugs Act of 1932, was fixed for July 9th, 1933, by an Order in Council of 25/5/1933.

Rural Water Supplies. Circular 1338 (12/5/1933) stated that the Minister of Health was anxious that every effort should be made towards the improvement of rural water supplies. The powers conferred by the Local Government Act of 1929 should be used to the full, by County Councils and Rural District Councils, for the assistance of well-considered schemes.

To the Rural District Councils belongs the duty of seeing that their districts are supplied with pure and wholesome water, but the adequacy of supplies is a matter of close concern to County Councils because of their general interest in the health and well-being of their inhabitants. The need was for a thorough survey of rural areas, "in order that reliable information may be obtained as to the conditions of existing supplies and the availability of new supplies, and consideration given to the improvement of conditions." Joint advisory committees might be formed where there was community of interest between two or more districts, and their action should be taken in conjunction with any other council which was a leading water-supplier in the area. County Councils might initiate and carry out surveys, and set up joint advisory committees.

County Councils might advise Rural District Councils as to the best use to be made of local sources, and the best measures for protecting sources from pollution.

A Report on Rural Water Supplies, by the Advisory Committee on Water, was issued by the Ministry of Health in 1929, and this report dealt comprehensively with the general problem, and with various methods of supply.

In conclusion, the Circular stated that "the Minister feels sure that a thorough investigation will show that much can be done for improving rural water supplies within local financial resources, particularly if County Councils and Rural District Councils make, as he trusts they will, generous use of their powers of contributing to the cost."

Food. Circular 1325 (1/5/1933) accompanied the Public Health (Imported Food) Amendment Regulations, 1933 (25/4/1933). The Regulations of 1925 had prohibited the importation of any edible part of a pig, unless accompanied by the recognised "Official Certificate": the principal purpose of the present Amendment Regulations was to extend the existing scheme of certification so that it would apply to the edible parts of cattle, sheep and goats in the same way as to the edible parts of pigs.

Schedules to the present Amendment Regulations embodied various amendments which experience had shown to be desirable; these Schedules showing respectively the classes of meat the importation of which is prohibited, and the classes of meat the importation of which is prohibited unless the meat is accompanied by a recognised Official Certificate.

Circular 1345 (26/7/1933), Circular 1350 (30/8/1933) and Circular 1364 (14/12/1933) gave notice of the recognition of certificates for the purposes of the Imported Food Regulations of 1925 and the Amendment Regulations of 1933.

Circular 1349 (30/8/1933) accompanied the Slaughter of Animals Act, 1933 (28/7/1933)—an Act which came into operation on January 1st, 1934, and which conferred new powers and new duties upon local authorities. It was already the statutory duty of all local authorities to make bye-laws for preventing cruelty in slaughter-houses; many of these authorities had made bye-laws requiring animals to be stunned, and most of them required the use of mechanical stunning-instruments for all or most animals. It was the latter point which was the central requirement of the new Act. Such requirement did not, however, apply to sheep unless the local authority applied it by resolution, while goats could be excluded by resolution. Any existing bye-laws covering the same ground were superseded; but bye-laws dealing with matters not covered by the Act were not affected, nor were the powers and duties to make bye-laws for the licensing and registering of slaughter houses and for securing their sanitary condition. A new duty imposed by the Act was the licensing of slaughtermen by the local authority.

Antimony Poisoning. Memo. 171/Med. issued by the Ministry of Health in February, 1933, drew attention to three specific outbreaks of antimony poisoning due to the use of enamelled vessels of inferior quality for the preparation of acid drinks such as lemonade. (One of these outbreaks occurred at Folkestone, and was referred to on page 136 of my report for 1929).

Antimony oxide is widely used, in place of tin oxide, as an opacifying agent in the enamelling of hardware, on account of its comparative cheapness. The vessels in which the lemonade had been prepared in the above outbreaks, were examined, and it was found that the enamel coating had been heavily attacked and disintegrated by the acid, and the lemonade itself contained a large quantity of antimony in solution.

The Memorandum pointed out that it is cheap low-grade enamels that are the danger. These are made from a mixture relatively low

in silica-content and are fired at a comparatively low temperature. They are not acid-proof, and appear to be readily dissolved by citric, tartaric, acetic and other acids present in foods. When tin oxide was the only opacifying agent available, enamelled vessels have probably been used with impunity on many occasions. "Now that the use of antimony in place of tin has become common, it is advisable that the public should be warned that enamelled hollow-ware vessels obviously intended for other purposes may be dangerous if used for the preparation or storage of food or drink."

Port Sanitary Regulations. Circular 1296 (13/2/1933) accompanied the Port Sanitary Regulations, 1933 (4/2/1933) which came into operation on May 1st, 1933. These Regulations replaced several general and special regulations of former years; and also included provisions for carrying out obligations assumed under the International Sanitary Convention of Paris, 1926, for preventing the access of rats, and for controlling persons suffering from, or contacts with, infectious diseases. The aim of these Regulations was to consolidate in one code all the Regulations relating to the sanitary control of shipping in ports, with the single exception of one Order which relates to cleansing and disinfection of ships.

General quarantine procedure has been modified; and special measures are prescribed for dealing with ships infected with typhus fever or small-pox as well as those infected with plague, cholera or yellow fever.

Ambulance Services. Circular 1356 (2/11/1933) referred to difficulty which had arisen owing to the lack of reciprocal arrangements between the local authorities of adjoining districts for the use of Ambulances; and pointed out that in certain districts it is the practice to transfer patients from one ambulance to another at the boundary of the district, instead of allowing the patient to be conveyed direct to hospital in the same ambulance. Ambulance arrangements may vary in different districts: but it is common ground that there should be in existence in every area arrangements which will ensure the service of an ambulance with the minimum of delay, and each local authority should consider whether its present provision is adequate, and if not, what steps can be taken to remedy the deficiency. It was not suggested that every local authority should provide an ambulance; for many districts provision may most suitably be made by the County Council, while

for others the local authority may be able to make arrangements for the use of an ambulance belonging to another local authority or a voluntary organisation.

"It is an essential feature of any such arrangements that there should be a clear understanding with respect to the treatment of calls received by an ambulance of an authority from outside its area. It appears to the Minister in the first place, that no rule should be applied to restrict the use of an ambulance to the area of the employing authority; secondly, that each Local Authority should include as part of their arrangements suitable agreements with other authorities, who possess ambulances and into whose areas their own ambulance is likely to be called, for the use of any of the ambulances in any of the districts concerned, as occasion may require; and thirdly, that no sick person should be required to change from one ambulance to another on his way to hospital."

Certification of Blindness. Circular 1353 (5/10/1933) restated the views of the Minister of Health as to the criteria to be adopted for determining whether or not a person satisfies the condition of blindness laid down in the Blind Persons Act of 1920. The Circular then reiterated the importance of securing that a person should not be registered as blind until satisfactory medical evidence of blindness is produced, and the desirability of securing such evidence from medical practitioners with special experience in ophthalmology. A definition of this latter sentence had been given, and with this there was general concurrence; and while certain reservations might be made it was recommended that local authorities should as far as possible aim at securing that all certification was undertaken by practitioners having the special qualifications described.

A form of certificate (Form B.D.8) was recommended for general adoption, which would not only provide for the actual certification but would enable the compilation of statistics which should be of value in the prevention of blindness.

The Deaf and Dumb. Circulars 1337 and 1337a were issued together on 22/5/1933. They drew attention to the Report by Dr. Eichholz, entitled "A Study of the Deaf." Although much excellent work has been done by special schools, missions, welfare societies, etc., there was some lack of co-operation, and many of the missions were

hampered by lack of funds. A large amount was expended each year on the education and training of the deaf and dumb, and it was in the public interest to do whatever was possible to ensure that this money was not wasted, and that persons who had received special education and training at public cost did not become a charge on the rates. A wider use of the powers of Section 67 (b) of the Poor Law Act of 1930, would be justified in order to assist the missions for the deaf and dumb to extend and improve their efforts to secure employment for these persons.

The second circular drew particular attention to what was said in the Report on the *prevention* of deafness. The vital factor in dealing with deafness lies along the lines of prevention; and Maternity and Child Welfare Authorities should give close attention to the early and continuous treatment of infants suffering from ear defects—with a view to preventing the deafness and deaf-mutism which are otherwise likely to ensue. The particular measures recommended in the Report were (a) the early and effective treatment of ear disease resulting from infectious diseases, and (b) the particular observation and treatment of nose and throat defects. It was hoped that all authorities would consider the use of their existing facilities, and any additional measures required, to ensure the early detection of aural defects and diseases in infants; and what arrangements could best be made for providing any necessary treatment.

VITAL STATISTICS.

POPULATION, ETC.—The population of the Administrative County at the middle of 1933, as estimated by the Registrar-General, was 1,250,000; and the distribution of this population, in each sanitary district of the county, is shown in Tables 1 and 2. It will be seen in those tables that 894,300 were resident in the urban areas and 355,700 in the rural districts; and these figures show an all-round increase over those of 1932, the urban increase being 21,200, the rural 9,200, and the county as a whole 30,400.

The density of population for the whole of Kent was 1.29 persons per acre. In the combined urban districts it was 6.97, varying from 35.4 in Penge and 28.0 in Gravesend, to the low figures of 0.3 in Lydd, 0.4 in Tenterden and 0.6 in Wrotham. In the combined rural districts it was 0.43, ranging from 0.11 in Romney Marsh to 1.69 in Bromley Rural.

BIRTHS.—During 1933 the births of 17,514 living children were registered—a decrease of 211 on the total of the previous year. The total is made up of 9,082 males and 8,432 females. The total excess of births over deaths was 2,914—1,729 males and 1,185 females.

The birth-rates for the year were 13.9 for the combined urban districts, 14.5 for the combined rural districts, and 14.1 for the whole county.

The birth rates for Kent are invariably lower than the rates for the country as a whole, as will be seen from the figures for the past ten years, which are set out below :—

Year	1924.	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933
Urban Districts ..	16.6	16.6	16.2	15.6	15.4	15.4	15.2	15.0	14.6	13.9
Rural Districts ..	16.7	16.3	16.3	15.1	15.4	15.1	15.3	14.9	14.5	14.5
Whole County ..	16.6	16.5	16.2	15.4	15.4	15.3	15.2	15.0	14.6	14.1
Percentage Illegitimate	4.29	4.22	4.21	4.45	4.34	4.51	4.47	4.19	4.33	4.31
England and Wales	18.8	18.3	17.8	16.7	16.7	16.3	16.3	15.8	15.3	14.4

It may be mentioned, however, that the Kent figure has shown a tendency, for some years past, to approximate more and more closely to the national average. Such tendency is clearly to be seen in the tabulation above.

Once again it has to be observed that the birth-rate has reached a new low record. For some twelve years past this rate has slipped downward with scarcely a check in any one year.

The percentage of illegitimate children shows a fractional fall, but there is very little variation in this rate from year to year.

Cheriton Urban once more recorded the highest birth-rate in the county—18.9; and next below this were the rates of 17.6 in Deal Borough, 17.5 in Northfleet Urban, and 17.2 in New Romney Borough and in Sittingbourne and Milton Urban, among the towns, and 17.4 in Eastry Rural and 17.1 in Sheppey Rural.

The lowest birth-rates were those of Broadstairs Urban 7.8, Herne Bay Urban 8.6, and Whitstable Urban 9.3, among the towns, and Cranbrook Rural 11.3 among the rural districts.

Details of births in the sanitary districts, showing legitimate and illegitimate totals are contained in Tables 1 and 2 ; and in Tables 27 and 28 will be found a comparison of the district rates with those of the total urban and total rural rates.

STILL-BIRTHS.—603 still-births were recorded during the year, compared with 630 and 597 respectively in the two years preceding. The number of still-births in each sanitary district in the county is shown in Tables 1 and 2.

The rate of still-births in the county, per thousand of the population, was 0.49, which compares favourably with the rate of 0.62 for the whole of England and Wales. In the urban districts it was 0.48, and in the rural districts 0.50.

DEATHS.—The net number of the deaths registered in the county was 14,600, which figure shows an increase of 518 on the previous year. Male deaths numbered 7,353 and female deaths 7,247.

The allocation of the deaths to the individual areas gives a death-rate of 11.7 for the combined urban districts, the combined rural districts, and the county. The rate in each of these groups in the preceding year was 11.6.

The following tabulation shows the rates recorded in Kent over a period of ten years, and the rates for England and Wales are added for comparative purposes :—

Year	1924.	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.
Urban Districts ..	11.3	11.5	11.2	12.2	11.6	12.9	11.0	11.8	11.6	11.7
Rural Districts ..	10.8	11.3	10.6	11.7	11.2	12.4	10.7	11.3	11.6	11.7
Whole County ..	11.1	11.5	11.0	12.1	11.5	12.8	10.9	11.7	11.6	11.7
England and Wales	12.2	12.2	11.6	12.3	11.7	13.4	11.4	12.3	12.0	12.3

Details of deaths in sanitary districts, and deaths in age-groups, are given in Tables 29, 30 and 31 at the end of this report, while Tables 27 and 28 show the comparison of district rates with those of total urban and total rural areas.

Among the towns, the highest death-rate was that of Walmer Urban—18.4 ; this was the highest rate recorded in the county. Other high rates were recorded in New Romney Borough (17.8) and Southborough Urban (17.5) among the towns, whilst the highest figures among the rural districts were in Tenterden Rural (14.5), West Ashford Rural (14.4) and Faversham Rural (14.0).

Low rates are to be noticed in Crayford Urban (7.9), Bexley Urban (8.3) and Lydd Borough (8.5) among the urban areas, and in Bromley Rural (8.7).

The principal causes of death will be seen in Tables 29 and 30, and the highest totals are under the headings of heart disease (3,590), cancer (2,049) and tuberculosis of the respiratory system (803).

TABLE 1—Information relating to Population, Acreage, Deaths, Births and Infantile Mortality in the different URBAN DISTRICTS of the County of Kent in the year 1933.

DISTRICT.	Population, 1933 (as estimated by the Registrar General)*	Acreage inclusive of water.	Persons per acre. 1933.	DEATHS.			BIRTHS.					INFANTILE MORTALITY.		
				Number of deaths at all ages.	Net death-rate per 1,000 of the population.	†Standardized death-rate.	Legitimate.	Illegitimate.	Total.	Birth-rate per 1,000 of the population.	Still-births	Legitimate.	Illegitimate.	Total.
Ashford U. . .	15,340	2,850	5.4	201	13.2	11.19	187	4	191	12.5	4	7	—	7
Beckenham U. . .	50,120	3,889	12.9	474	9.5	8.57	550	8	558	11.2	17	15	—	15
Bexley U. . .	44,860	4,942	9.1	371	8.3	7.62	714	10	724	16.2	28	33	2	35
Broadstairs & St. Peter's U. . .	13,080	2,770	4.8	140	10.8	9.99	99	3	102	7.8	4	3	—	3
Bromley B. . .	48,270	4,697	10.3	489	10.2	9.04	564	34	598	12.4	17	24	1	25
Chatham B. . .	44,810	4,356	10.3	517	11.6	10.65	699	19	718	16.1	28	39	5	44
Cheriton U. . .	8,750	1,160	7.6	80	9.2	†	160	5	165	18.9	6	8	—	8
Chislehurst U. . .	10,700	2,791	3.9	105	9.9	†	142	1	143	13.4	3	5	—	5
Crayford U. . .	18,550	2,455	7.6	145	7.9	8.01	256	3	259	14.0	5	5	1	6
Dartford B. . .	30,210	4,242	7.2	283	9.4	9.51	409	19	428	14.2	12	16	2	18
Deal B. . .	15,390	1,114	13.9	197	12.9	9.86	257	13	270	17.6	14	16	—	16
Dover B. . .	41,250	1,948	21.2	511	12.4	10.97	562	46	608	14.8	21	31	2	33
Erith U. . .	34,950	3,859	9.1	387	11.1	11.22	477	15	492	14.1	10	26	9	35
Faversham B. . .	10,210	685	15.0	159	15.6	12.75	118	6	124	12.2	3	4	—	4
Folkestone B. . .	35,000	2,482	14.2	464	13.3	11.30	394	35	429	12.3	7	19	5	24
Gillingham B. . .	60,830	8,975	6.8	679	11.2	10.19	921	33	954	15.7	26	48	—	48
Gravesend B. . .	35,180	1,260	28.0	398	11.4	10.23	568	21	589	16.8	15	30	4	34
Herne Bay U. . .	10,980	887	12.4	162	14.8	12.20	90	4	94	8.6	2	4	1	5
Hythe B. . .	8,390	2,608	3.3	83	9.9	†	88	10	98	11.7	6	1	1	2
Lydd B. . .	2,851	12,082	0.3	24	8.5	†	28	4	32	11.3	1	1	—	1
Maidstone B. . .	42,800	4,105	10.5	491	11.5	9.99	566	19	585	13.7	18	18	—	18
Margate B. . .	30,160	2,463	12.3	375	12.5	12.25	310	19	329	11.0	14	13	3	16
New Romney B. . .	1,691	1,364	1.3	30	17.8	†	26	3	29	17.2	—	2	2	4
Northfleet U. . .	17,250	3,932	4.4	213	12.4	11.67	293	8	301	17.5	7	8	2	10
Penge U. . .	27,210	770	35.4	319	11.8	10.07	396	31	427	15.7	19	12	4	16
Queenboro' B. . .	3,061	695	4.5	29	9.5	†	43	3	46	15.1	1	5	1	6
Ramsgate B. . .	33,630	2,306	14.6	477	14.2	11.82	432	39	471	14.1	20	25	3	28
Rochester City . . .	30,700	2,936	10.5	383	12.5	11.00	379	17	396	12.6	19	13	1	14
Sandgate U. . .	2,828	273	10.4	40	14.2	†	30	3	33	11.7	2	2	—	2
Sandwich B. . .	3,367	708	4.8	46	13.7	†	40	1	41	12.2	1	3	—	3
Sevenoaks U. . .	10,990	3,259	3.4	138	12.6	†	110	2	112	10.2	3	1	—	1
Sheerness U. . .	16,160	864	18.8	191	11.9	11.37	212	9	221	13.7	10	7	—	7
Sidecup U. . .	22,300	2,043	11.0	231	10.4	†	343	13	356	16.0	17	18	—	18
Sittingbourne & Milton U. . .	20,350	3,559	5.8	256	12.6	†	337	13	350	17.2	14	22	—	22
Southboro' U. . .	7,459	1,702	4.4	130	17.5	†	90	2	92	12.4	3	4	—	4
Swansea U. . .	8,498	2,142	4.0	107	12.6	†	124	4	128	15.1	4	12	—	12
Tenterden B. . .	3,353	8,946	0.4	50	15.0	†	37	2	39	11.7	5	6	—	6
Tonbridge U. . .	16,940	1,578	10.8	211	12.5	10.97	197	11	208	12.3	6	9	3	12
Tunbridge Wells B. . .	34,470	3,991	8.7	530	15.4	11.26	387	14	401	11.7	20	13	1	14
Walmer U. . .	5,178	988	5.3	95	18.4	†	65	2	67	13.0	5	5	—	5
Whitstable U. . .	11,570	794	14.6	176	15.3	†	101	6	107	9.3	7	6	—	6
Wrotham U. . .	4,614	8,883	0.6	58	12.6	†	71	4	75	16.3	4	4	—	4
TOTAL IN URBAN DIST.	894,300	128,353	6.97	10,445	11.7	—	11,872	518	12,390	13.9	428	543	53	596

*The figures given in this column are the populations, as estimated by the Registrar-General, at June 30, 1933, and it is on these figures that the vital statistics are computed.

†A "standardizing factor" is supplied by the Registrar-General, but only in respect of districts with a population of 10,000 or over at the last census. Such factor is the figure by which the crude death-rate should be multiplied in order to correct for differences of age and sex constitution of the population.

TABLE 2—Information relating to Population, Acreage, Deaths, Births and Infantile Mortality in the different RURAL DISTRICTS of the County of Kent in the year 1933.

DISTRICT.	Population, 1933 (as estimated by the Registrar General)*	Acreage inclusive of water.	Persons per acre, 1933.	DEATHS.			BIRTHS.					INFANTILE MORTALITY.			
				Number of deaths at all ages.	Net death-rate per 1,000 of the population.	†Standardized death-rate.	Legitimate.	Illegitimate.	Total	Birth-rate per 1,000 of the population.	Still-births.	Legitimate.	Illegitimate.	Total.	Deaths of Infants under 1 year of age per 1,000 births.
Ashford, East	15,930	54,799	0.30	210	13.2	10.13	191	7	198	12.5	5	8	—	8	41
Ashford, West	8,380	39,489	0.22	120	14.4	†	96	8	104	12.5	3	8	1	9	87
Blean ..	11,780	26,882	0.44	131	11.2	†	159	9	168	14.3	2	11	—	11	66
Bridge ..	11,920	41,796	0.29	142	12.0	8.68	159	5	164	13.8	5	9	—	9	55
Bromley ..	48,550	28,839	1.69	422	8.7	7.52	744	42	786	16.2	29	17	9	26	34
Cranbrook ..	13,710	41,315	0.34	161	11.8	8.73	147	7	154	11.3	3	7	—	7	46
Dartford ..	31,000	33,400	0.93	298	9.7	9.96	425	14	439	14.2	8	22	2	24	55
Dover ..	9,100	27,121	0.34	99	10.9	†	95	9	104	11.5	6	5	—	5	49
Eastry ..	18,660	43,683	0.43	216	11.6	8.61	305	19	324	17.4	18	22	—	22	68
Elham ..	8,920	37,153	0.25	117	13.2	†	141	6	147	16.5	8	5	—	5	35
Faversham ..	13,650	44,002	0.32	191	14.0	10.69	205	9	214	15.7	7	11	1	12	57
Hollingbourn	14,530	57,574	0.26	199	13.7	10.36	190	13	203	14.0	4	9	—	9	45
Hoo ..	4,597	19,727	0.24	58	12.7	†	72	3	75	16.4	8	4	—	4	54
Maidstone ..	17,750	34,996	0.51	222	12.6	9.62	233	10	243	13.7	9	13	1	14	58
Malling ..	25,700	38,458	0.67	318	12.4	10.07	346	10	356	13.9	11	19	1	20	57
Milton ..	7,207	23,740	0.31	88	12.3	10.03	96	2	98	13.6	3	6	—	6	62
Romney Marsh	3,098	30,375	0.11	34	11.0	†	38	2	40	13.0	2	3	—	3	75
Sevenoaks ..	27,350	63,335	0.44	308	11.3	9.03	350	17	367	13.5	16	9	—	9	25
Sheppey ..	6,056	20,806	0.30	73	12.1	†	100	3	103	17.1	1	2	—	2	20
Stroud ..	18,090	32,499	0.56	237	13.2	11.66	291	13	304	16.9	11	21	2	23	76
Tenterden ..	6,442	38,379	0.17	93	14.5	†	78	11	89	13.9	2	1	—	1	12
Thanet ..	13,960	18,639	0.75	156	11.2	9.65	162	9	171	12.3	7	9	—	9	53
Tonbridge ..	19,320	46,630	0.42	262	13.6	10.59	265	8	273	14.2	7	10	—	10	27
TOTAL IN RURAL DISTRICTS ..	355,700	843,637	0.43	4,155	11.7	—	4,888	236	5,124	14.5	175	231	17	248	49
TOTAL IN URBAN DISTRICTS ..	894,300	128,353	6.97	10,445	11.7	—	11,872	518	12,390	13.9	428	543	53	596	49
TOTAL FOR COUNTY ..	1,250,000	971,990	1.29	14,600	11.7	—	16,760	754	17,514	14.1	603	774	70	844	49

*The figures given in this column are the populations, as estimated by the Registrar-General, at June 30th, 1933, and it is on these figures that the vital statistics are computed.

† A "standardizing factor" is supplied by the Registrar-General, but only in respect of districts with a population of 10,000 or over at the last census. Such factor is the figure by which the crude death-rate should be multiplied in order to correct for differences of age and sex constitution of the population.

During the past few years I have given figures showing the percentage of deaths from violence, in Kent, and have commented upon the influence of road-deaths. The following tabulation brings the figures up to date :—

Year.	Total Deaths.	Deaths from violence (excluding suicide).	Per-cent. age.	Year.	Total Deaths.	Deaths from violence (excluding suicide).	Per-cent. age.
1908	12,356	187	1.6	1920	11,577	297	2.6
1909	12,121	261	2.2	1921	12,164	302	2.5
1910	11,499	280	2.4	1922	12,467	314	2.6
1911	13,059	359	2.8	1923	11,318	328	2.9
1912	12,195	370	3.1	1924	12,046	325	2.7
1913	12,371	369	3.0	1925	12,426	379	3.1
1914	12,835	426	3.4	1926	12,068	397	3.3
1915	14,577	447	3.1	1927	13,331	426	3.2
1916	13,196	570	4.4	1928	12,899	461	3.6
1917	12,949	483	3.8	1929	14,565	488	3.4
1918	14,705	289	2.0	1930	12,548	477	3.9
1919	12,403	310	2.5	1931	13,530	444	3.3
				1932	14,082	476	3.4
				1933	14,600	521	3.6
						Average	3.0

It will be seen that the upward tendency in these figures is continued and that the percentage in 1933 was well above the average figure.

This matter is again the subject of comment by Dr. Galbraith, of the South West Kent United Area, who points out that there were forty of these "deaths from violence" in his area, compared with three deaths from the combined notifiable infectious diseases. Dr. Galbraith writes :—"The restoration of a speed limit of thirty miles an hour which we advocated may, when re-imposed, effect an improvement ; but the motor menace has for so many years been out of control that it needs to be dealt with firmly and fearlessly, if the limbs and lives of the people are going to be saved. We cannot grasp the amount of suffering and misery caused by the total fatalities and injuries ; the machine is becoming more merciless than war, and all in the name of progress. Who in authority is going to be strong enough to say "Enough ! This slaughter must cease ?"

INFANTILE MORTALITY (Rate of deaths among children under twelve months of age, per thousand births)—The records for the admini-

strative county and for England and Wales, together with a comparison of the rates among legitimate and illegitimate infants, for the ten years 1924-33 are as follows :—

Year	1924.	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.
Urban Districts ..	56	56	57	53	48	62	45	47	50	49
Rural Districts ..	47	56	51	51	44	57	46	48	49	49
Whole County ..	53	56	55	52	47	61	45	47	50	49
England and Wales	75	75	70	69	65	74	60	66	65	64
Legitimate (Kent)	51	53	53	50	45	59	44	45	48	47
Illegitimate (Kent)	100	125	106	104	84	105	69	111	85	93

The rates in the different sanitary districts will be found in Tables 1 and 2 and Tables 27 and 28 show the district rates in comparison with the total urban or total rural rates, and Table 31 shows the causes of death in children under one year of age. It will be seen from the latter that the chief causes of death are congenital debility and malformation and premature birth(466)pneumonia of all forms(110), diarrhoea, etc.(62) whooping-cough (31) and bronchitis (24).

In the urban districts the rates varied from 9 in Sevenoaks to 154 in Tenterden, 138 in New Romney and 131 in Queenborough.

In the rural districts the figures ranged from 12 in Tenterden to 87 in West Ashford.

The satisfactory figure of 49 for the whole county may be compared with those for England and Wales (64), the 118 great towns (67), the 132 smaller towns (56) and London (59).

MATERNAL MORTALITY.—The following tabulation shows the number of deaths of women in child-birth, in Kent, since 1924. For comparative purposes, the average figures for the five years 1929-33, and the twenty-six years 1908-33, are shown :—

Year.	Number of births.	Puerperal Sepsis.		Other puerperal causes.		Total deaths.	Total rate per 1,000 births.
		Number of deaths.	Rate per 1,000 births.	Number of deaths.	Rate per 1,000 births.		
1924	18,326	16	0.9	44	2.5	60	3.3
1925	18,320	19	1.1	31	1.7	50	2.8
1926	18,101	29	1.7	35	2.0	64	3.6
1927	17,402	23	1.4	48	2.8	71	4.1
1928	17,631	25	1.5	31	1.8	56	3.2
1929	17,824	26	1.5	36	2.1	62	3.5
1930	17,859	29	1.7	40	2.3	69	3.9
1931	17,673	23	1.4	30	1.7	53	3.0
1932	17,725	17	1.0	40	2.3	57	3.3
1933	17,514	35	2.0	35	2.0	70	4.0
Average of five years, 1929-33 ..	17,719	26	1.5	36	2.1	62	3.6
Average of twenty-six years, 1908-33	19,746	23	1.2	47	2.4	70	3.6
England and Wales.	—	—	1.79	—	2.63	—	4.42

Although there was a fall in the rate for "other puerperal causes," this was more than off-set by the rise in the rate for puerperal sepsis; and in consequence the total rate reached its highest level since 1927, and was above both the five-year and the twenty-six year averages.

ZYMOTIC MORTALITY.—The following tabulation gives particulars relating to the prevalence of, and the mortality from, the seven chief zymotic diseases in Kent during 1933. The figures relate to the civil population only, and the table also shows (for purposes of comparison) the mortality recorded in the whole of England and Wales during 1933 :—

DISEASE.	Number of Cases.	Number of Deaths.	Rates of Deaths.		Death-rate in England and Wales in 1932 per 1,000 living persons.
			Per 100 persons attacked	Per 1,000 persons living	
Small-pox	3	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	0.00
Scarlet Fever ..	3273	20	0.62	0.016	0.02
Diphtheria and Membranous Croup	980	44	4.49	0.036	0.06
Enteric, Typhus and Continued Fevers	54	3	5.56	0.003	0.01
Measles and Rubella	Not notifiable	6	?	0.005	0.05
Whooping-cough ..	Not notifiable	57	?	0.046	0.05
Diarrhoea, including Enteritis (under two years) ..	Not notifiable	72	?	4.111*	7.1*
Totals ..	—	202	—	0.162	—

*The figures relating to diarrhoea have reference to children dying under two years of age, per thousand births.

Tables 27 and 28 show the zymotic death rates in the different sanitary districts, in comparison with those of the total urban and total rural districts.

The total rate of 0.162 per thousand persons living shows a marked decrease compared with the rate of 0.235 of the preceding year. The decrease is due to the greatly lessened mortality from enteric, measles, whooping-cough and diarrhoea; for both scarlet fever and diphtheria there was a slight rise in the rate.

NOTIFIABLE INFECTIOUS DISEASES.

The incidence of notifiable infectious diseases in each of the sanitary districts in Kent is shown in Tables 3 and 4, whilst district incidence rates, compared with the total urban or rural rates, are given in Tables 27 and 28.

The following is a summary of the numbers of notifications of small-pox, scarlet fever, diphtheria and enteric fever, and the death-rates per thousand of the civil population from these diseases, during the past ten years :—

Year.	1924.	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933	
										Kent	England and Wales
Small-pox cases ..	3	0	0	2	13	40	106	6	38	3	
Death-rate ..	nil.	0.001	nil.	nil.	0.0009	0.006	nil.	nil.	nil.	nil.	0.00
Scarlet Fever Cases ..	1,492	1,518	1,997	2,659	3,337	3,255	2,965	2,188	2,239	3,273	
Death-rate ..	0.02	0.01	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
Diphtheria Cases ..	767	1,100	1,462	1,779	2,486	1,941	1,823	1,056	607	980	
Death-rate ..	0.06	0.08	0.09	0.10	0.15	0.13	0.07	0.05	0.03	0.04	0.06
Enteric Fever Cases ..	196	109	184	284	92	124	96	60	84	54	
Death-rate ..	0.02	0.009	0.004	0.02	0.02	0.02	0.004	0.007	0.06	0.01	0.01

Zymotic Mortality is set out in the Table on page 33.

SMALL-POX. The cases of small-pox during 1933 totalled three, compared with 38 in the preceding year, and Tables 3 and 4 show the districts in which these cases arose. There were no deaths.

The following comments are taken from the reports of the district medical officers of health :—

Dover B. The one case of small-pox occurred in an unvaccinated girl. All contacts were traced, and the necessary vaccinations and re-vaccinations carried out, and there was no further extension of the disease.

Gravesend B. The one case of small-pox was of very mild type. It was not possible to trace the source of the infection. Thirty-five contacts were vaccinated, and no further case occurred.

SCARLET FEVER. The cases of scarlet fever totalled 3,273 as compared with 2239 in the previous year. The incidence rate was 2·62 per thousand.

There were twenty deaths from this disease.

The following comments are extracted from the district annual reports :—

Chatham B. There were 146 notifications during the year, and Dr. Holroyde writes : “ For many years scarlet fever has been of a very mild type and in my opinion the majority of the uncomplicated cases could very well be kept and supervised at home. Whenever accommodation is suitable I adopt this practice. The real reason why so many cases desire to go to hospital is an economic one.

“ Measles and whooping-cough are both more serious than scarlet fever, and when they are complicated with severe bronchitis or pneumonia are certainly more in need of hospital treatment than mild cases of scarlet fever.”

Erith U. Dr. Herington writes that although the notifications of scarlet fever have diminished there is a tendency for the disease to assume a graver type and for complications to be more evident ; in fact, during 1933 the number of uncomplicated cases was considerably less than those in whom sequelae were detected. The principal complications were enlargement of the lymphatic glands, and otitis media.

Herne Bay U. Of the thirty-one cases of scarlet fever in this area, nineteen occurred in two convalescent homes.

Maidstone B. Dr. Gaffikin comments upon the increased incidence of scarlet fever, which occurred chiefly during the summer months. The disease was of mild type—a fact which contributed to the long continuation of the outbreak, for although it persisted for many weeks there was no particularly heavy incidence in any one week. Several cases were only discovered and admitted to hospital when in the desquamating stage, and it is possible that some were missed altogether. Dr. Gaffikin writes : “ I am sure that, far from helping to control such outbreaks, school closure is only a hindrance and a means of increasing the incidence. The growth of a more active conscience

TABLE 3—Shewing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the Urban Districts in the County of Kent, the Number of such Cases which were treated in Hospital, and the incidence per 1,000 of the population of cases of Diphtheria, Scarlet Fever, and Enteric Fever, during the year 1933.

DISTRICT.	Small-pox	Diphtheria (including Membranous Croup)	Erysipelas.	Fevers.										Other forms of Tuberculosis.	Malaria.	Dysentery.	Pneumonia.	Cases removed to Hospital.				Incidence per 1,000 of the population, of notified cases		
				Scarlet.	Enteric.	Puerperal.	Puerperal Pyrexia.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Respiratory Tuberculosis.					Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.	Diphtheria.	Scarlet Fever.	Enteric Fever.
Ashford U.	—	41	2	29	—	—	1	1	—	—	—	11	1	—	—	51	41	29	2	68	1.90	0.00		
Beckenham U.	—	14	10	91	1	3	8	2	—	—	2	23	13	—	—	49	12	61	10	28	1.82	0.02		
Bexley U.	—	56	6	257	1	—	2	2	1	—	—	54	12	—	—	17	51	213	11	25	5.73	0.03		
Broadstairs & St. Peter's U.	—	11	7	71	—	—	1	—	—	1	—	21	3	2	—	26	10	65	—	85	5.43	0.00		
Bromley B.	—	29	11	155	5	—	8	—	2	—	—	49	12	—	—	27	28	133	10	61	3.22	0.11		
Chatham B.	—	25	10	146	2	1	1	2	—	—	2	50	9	—	—	29	24	110	20	56	3.26	0.05		
Cheriton U.	—	4	—	5	1	—	—	—	—	—	—	6	2	—	—	9	4	5	—	46	0.58	0.12		
Chislehurst U.	—	4	4	51	—	1	1	1	—	—	—	2	—	1	—	3	4	46	—	38	4.77	0.00		
Crayford U.	—	9	2	46	—	1	1	1	—	—	—	13	3	1	1	12	9	32	—	49	2.48	0.00		
Dartford B.	—	26	8	61	—	1	1	1	—	—	—	35	6	—	—	17	25	49	—	87	2.02	0.00		
Deal B.	—	3	1	33	—	1	—	1	—	—	—	10	6	—	—	4	4	42	—	20	2.15	0.00		
Dover B.	1	7	15	75	3	1	8	—	—	—	4	46	10	—	—	52	1	4	58	20	17	1.82	0.08	
Erith U.	—	44	25	77	—	1	3	—	—	—	1	37	12	—	—	95	44	74	—	26	2.21	0.00		
Faversham B.	—	6	4	15	—	2	—	1	—	—	—	11	3	—	—	29	6	15	—	59	1.48	0.00		
Folkestone B.	—	65	13	103	6	2	3	—	—	—	2	40	9	1	—	62	65	102	61	86	2.95	0.18		
Gillingham B.	—	17	15	194	—	3	8	3	—	—	4	72	14	—	—	69	15	115	—	28	3.19	0.00		
Gravesend B.	1	84	8	88	—	3	4	—	1	1	4	37	5	—	—	13	1	77	—	39	2.51	0.00		
Herne Bay U.	—	11	1	31	—	1	1	—	—	—	1	12	5	—	—	32	10	29	—	01	2.83	0.00		
Hythe B.	—	—	—	11	—	1	—	—	—	—	—	10	—	—	—	—	—	11	—	00	1.32	0.00		
Lydd B.	—	2	—	1	—	—	—	—	—	—	—	1	—	—	—	—	2	1	—	71	0.36	0.00		
Maidstone B.	—	13	12	133	2	2	2	3	—	—	2	21	13	—	—	22	13	127	20	31	3.11	0.05		
Margate B.	—	24	6	232	3	1	2	—	—	1	—	48	10	—	—	33	24	192	20	80	7.70	0.10		
New Romney B.	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	8	—	1	—	00	0.60	0.00		
Northfleet U.	—	11	2	32	—	1	—	—	—	—	—	12	9	—	—	12	6	7	—	64	1.86	0.00		
Penge U.	—	19	9	101	1	3	1	1	—	—	2	23	7	—	—	18	17	89	10	70	3.72	0.04		
Queenborough B.	—	3	—	5	—	1	—	—	—	—	—	3	—	—	—	—	3	5	—	99	1.64	0.00		
Ramsgate B.	—	9	8	118	—	3	3	—	3	1	1	36	13	21	—	48	9	94	—	27	3.51	0.00		
Rochester C.	—	50	7	129	—	1	—	1	—	—	4	39	7	—	—	22	46	120	—	63	4.21	0.00		
Sandgate U.	—	2	—	10	—	—	1	—	—	—	—	1	—	—	—	—	2	10	—	71	3.54	0.00		
Sandwich B.	—	—	1	1	—	—	—	—	—	—	—	2	1	—	—	3	—	1	—	00	0.30	0.00		
Sevenoaks U.	—	9	—	21	1	—	—	—	—	—	1	12	2	—	—	2	7	20	10	82	1.92	0.10		
Sheerness U.	—	4	2	14	—	—	—	1	—	—	—	7	4	—	—	12	4	13	—	25	0.87	0.00		
Sidecup U.	—	40	6	60	2	2	6	1	—	—	—	24	5	—	—	16	39	56	11	80	2.70	0.09		
Sittingbourne & Milton U.	—	8	9	47	1	1	—	—	—	—	—	24	1	—	—	9	8	45	10	40	2.31	0.05		
Southborough U.	—	16	2	3	—	—	—	—	—	—	—	8	2	—	—	2	16	3	—	15	0.41	0.00		
Swanscombe U.	—	15	12	22	—	—	—	—	—	—	1	17	—	—	—	—	13	19	—	77	2.59	0.00		
Tenterden B.	—	1	1	7	1	—	—	—	—	—	—	1	—	—	6	—	1	6	10	30	2.09	0.30		
Tonbridge U.	—	5	8	19	1	—	1	—	—	—	1	16	8	—	—	33	5	18	—	30	1.13	0.06		
Tunbridge Wells B.	—	36	18	40	—	5	7	—	2	2	1	25	14	—	—	27	35	39	—	05	1.17	0.00		
Walmer U.	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	00	0.20	0.00		
Whitstable U.	—	4	3	35	—	1	—	—	—	1	—	15	7	—	—	19	2	19	—	35	3.03	0.00		
Wrotham U.	—	2	1	16	—	1	—	—	—	—	—	—	1	—	—	11	2	16	—	44	3.47	0.00		
TOTAL IN URBAN DISTRICTS	2	729	251	2587	31	39	75	14	19	1	6	33	874	229	528	889	2687	2163	220	82	2.90	0.04		

TABLE 4—Showing the number of Cases of Infectious Disease among the Civil Population, notified in each of the Rural Districts in the County of Kent, the Number of such Cases which were treated in Hospital, and the incidence per 1,000 of the population of cases of Diphtheria, Scarlet Fever, and Enteric Fever, during the year 1933.

DISTRICT.	Small-pox.	Diphtheria (including Membranous Group)	Erysipelas.	Fevers.			Puerperal Pyrexia.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Dysentery.	Pneumonia.	Cases removed to Hospital.				Incidence per 1,000 of the population, of notified cases.		
				Scarlet.	Enteric.	Puerperal.												Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.	Diphtheria.	Scarlet Fever.	Enteric Fever.
Ashford, East	—	18	3	11	—	—	—	—	—	—	—	—	17	5	—	—	7	18	11	—	1.13	0.70	0.00	
Ashford, West	—	17	2	14	—	—	—	—	—	—	—	—	12	7	—	—	15	17	12	—	2.03	1.68	0.00	
Blean	—	5	5	16	—	1	2	—	—	—	—	1	12	3	1	—	15	5	15	—	0.43	1.36	0.00	
Bridge	—	1	—	3	1	—	—	—	—	—	—	—	11	2	—	—	12	1	3	10	0.09	0.26	0.09	
Bromley	—	19	46	98	2	1	4	—	1	—	—	3	31	11	1	—	40	19	84	20	40	2.02	0.05	
Cranbrook	—	6	4	19	7	1	—	—	—	—	—	—	7	7	—	—	19	6	15	60	44	1.39	0.52	
Dartford	—	47	21	82	1	1	1	—	1	—	—	—	15	5	—	—	14	45	71	—	52	2.65	0.04	
Dover	—	1	—	7	—	—	1	—	—	—	—	—	10	3	—	—	3	1	7	—	11	0.77	0.00	
Eastry	—	2	4	7	1	—	—	—	1	—	—	—	21	7	—	1	24	2	5	10	11	0.38	0.06	
Elham	—	3	1	19	2	—	—	—	1	—	—	1	9	1	—	—	11	3	19	20	34	2.14	0.23	
Faversham	1	7	5	10	—	1	—	1	—	—	2	—	16	9	—	—	22	1	7	8	—	52	0.74	0.00
Hollingbourn	—	7	6	26	1	—	3	—	1	—	—	—	3	6	—	—	12	7	23	10	49	1.79	0.07	
Hoo	—	8	1	10	1	—	—	—	—	—	—	—	1	2	—	—	1	6	6	—	75	2.18	0.22	
Maidstone	—	7	3	41	—	3	2	—	—	—	—	—	22	6	—	—	4	7	36	—	40	2.31	0.00	
Malling	—	38	6	56	1	1	1	—	—	—	—	1	17	12	—	—	32	21	62	11	48	2.18	0.04	
Milton	—	10	1	20	—	—	—	—	1	—	—	—	5	2	—	—	1	10	19	—	39	2.78	0.00	
Romney Marsh	—	3	1	4	1	—	—	—	—	—	—	—	—	—	—	—	7	—	—	10	97	1.30	0.33	
Sevenoaks	—	1	6	33	4	1	—	—	1	1	1	—	19	3	—	—	14	1	33	30	04	1.21	0.15	
Sheppey	—	—	—	13	—	—	—	—	—	—	—	2	5	3	1	—	1	—	13	—	00	2.15	0.00	
Strood	—	19	2	51	—	—	—	—	—	—	—	2	20	8	—	—	9	19	47	—	06	2.82	0.00	
Tenterden	—	1	1	2	—	1	—	—	—	—	—	1	4	1	—	—	2	1	2	—	16	0.32	0.00	
Thanet	—	7	8	70	—	—	1	—	—	—	—	2	8	2	—	—	30	7	62	—	51	5.02	0.00	
Tonbridge	—	24	13	74	1	2	1	—	—	—	—	1	15	19	—	—	19	24	71	11	25	3.84	0.06	
TOTAL IN RURAL DISTRICTS	1	251	139	686	23	13	17	2	6	1	3	14	280	124	3	1	314	1	227	624	19	0.71	1.93	0.07
TOTAL URBAN DISTRICTS	2	729	251	2587	31	39	75	14	19	1	6	33	874	229	5	28	889	2	687	2163	22	0.82	2.90	0.04
TOTAL IN COUNTY	3	980	390	3273	54	52	92	16	25	2	9	47	1154	353	8	29	1203	3	914	2787	41	0.79	2.62	0.05
DEATHS, 1933	—	36	?	17	2	27	?	10	2	—	10	?	615	105	?	?	530	—	—	—	—	—	—	—
Urban	—	8	?	3	1	8	?	2	1	—	4	?	188	49	?	?	227	—	—	—	—	—	—	—
Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
County	—	44	?	20	3	35	?	12	3	—	14	?	803	154	?	?	757	—	—	—	—	—	—	—

among parents in the matter of keeping contacts from mixing with other children, in the parks, the cinemas and children's fetes, is one of the most needed aids to the control of infection."

Whitstable U. The scarlet fever cases were all of mild type, and where possible were isolated at home.

Dartford R. The number of scarlet fever cases shows an increase, and Dr. Ockwell writes: "It has again raised the question of the treatment of these cases in hospital. May I again emphasize the fact that the effect of isolation in hospital in the prevention of the spread of the disease has been very disappointing. This is mainly owing to the fact that the most infectious stage is the incubation period—i.e., before the rash comes out. The disease also is very much milder now than formerly.

"In view of these two facts, and the danger of cross infection in hospital, discrimination in the matter of hospital admission is very essential."

"Return" cases of scarlet fever totalled 50 and were recorded in the following districts:—

Broadstairs U, 1; Bromley B, 7; Dartford B, 1; Gillingham, B, 3; Maidstone B, 2; Margate B, 19; Ramsgate B, 9; Sidecup U, 1; Sittingbourne and Milton U, 2; Bromley R, 1; Dartford R, 1; and Thanet R, 3.

DIPHTHERIA. There were 980 notifications of diphtheria during 1933, compared with 607 in 1932; and the incidence-rate was 0.79 against the 0.50 of the previous year.

The notifications in each area will be found in Tables 3 and 4.

Some extracts from the district reports are appended:—

Ashford U. During July, diphtheria assumed epidemic form, the majority of the cases occurring among children in the elementary schools. Wholesale swabbing at the schools involved, and the swabbing of contacts at home, was undertaken, and then the closure of the schools resulted in abatement. Only a few more cases arose, and in October the outbreak had ceased altogether. There were two deaths.

Beckenham U. Diphtheria immunisation was continued. In the six years during which this work has been carried out in the district, 2,275 children have received the complete course of protective doses, and 466 have been found to be naturally immune. The cost of carrying out immunisation amounts to about 3s. 9d. per head.

Chatham B. Diphtheria immunisation is carried out at weekly sessions, and 459 new cases were dealt with during the year.

Herne Bay U. Of the eleven cases of diphtheria, nine occurred in one convalescent home.

Maidstone B. "The arrangements by which diphtheria anti-toxin is available for the use of medical practitioners in the Borough are the same as outlined in previous reports, but I have again to record that it is only very occasionally that the serum has been asked for. I should be glad to see this service more freely used by the doctors in the Borough and would urge that the earlier the serum is used the more valuable is its aid and that it is neither necessary nor wise to wait for laboratory confirmation of the diagnosis before administering anti-toxin."

Northfleet U. Two of the eleven cases of diphtheria proved fatal. Dr. Sells writes: "The more one sees of this disease the more one is impressed with the importance of the early recognition and treatment of it. Early treatment is insured in this district by the free distribution of anti-diphtheritic serum (a good supply of which is always available) to all medical men practising in Northfleet. I am glad to say that the doctors do not wait for the result of a swab, but use the serum in all doubtful cases. This early treatment undoubtedly saves many lives."

Southborough U. Nine of the diphtheria cases occurred in a holiday home in the district, the patients being children from the London slums. There was no doubt that the infection was brought from London. The medical officer of health recommended that the rules of the home be made more stringent, so as to allow of negative nose and throat swabs being shown before admission of children, and that no child with enlarged tonsils be admitted. It was also recommended that a resolution be passed, forwarded to the County Council and to District Councils for their support, and then forwarded to the

London County Council and the Ministry of Health, "that the Council, as advised by its Medical Officer of Health, is of opinion that the principles of the transfer to the place of permanent domicile of deaths by the Registrar-General, and of cases of non-infectious diseases by the Public Assistance Services, be applied to the transfer of cases of infectious diseases by the Public Health Services."

West Ashford R. Sixteen out of the seventeen notified cases of diphtheria occurred at the Stanhope Industrial School at Kingsnorth. The disease was introduced by a boy from a London district, who was a carrier at the time of his arrival. Many visits were made to the school, recommendations were made with regard to sanitation, etc., and it was suggested that every fresh arrival should be swabbed before mixing with the other boys, in order to detect carriers.

Bromley R. The work of the diphtheria immunisation clinic was continued throughout the year, on the same lines as previously. Out of the twenty-seven children tested, twenty-five were positive; then, after the course of injections with toxoid-antitoxin mixture, the children were re-tested, and practically every child gave a negative re-action.

Six "return" cases of diphtheria occurred, as follows :—

Bexley U, 1; Erith U, 1; and Gravesend B, 4.

ENTERIC FEVER. There was a decline in the number of cases of enteric fever, the notifications totalling 54 as compared with 84 in 1932. The distribution of the cases is shown in Tables 3 and 4. There were three deaths from the disease.

In Cranbrook Rural. six out of the seven cases of enteric were cases of Paratyphoid B., and occurred in one isolated group of farm cottages. Near these cottages are some hop-pickers' huts; and these huts, in turn, are near the open spring which supplies the cottages with water. Analysis showed this water to be unfit for drinking purposes, unless boiled. Dr. Galbraith considered that the spring-water had been contaminated, either directly by hop-pickers, or indirectly from manure in the hop-field; and it was ascertained that one of the pickers had

been convalescent from typhoid fever, and another had been ill with diarrhoea. The spring has been closed and an alternative source of supply has been provided.

DYSENTERY. It will be seen from Tables 3 and 4 that, of the 29 cases of dysentery notified during the year, twenty-one are recorded in *Ramsgate Borough*. Dr. Bannister, writing on this disease, states that a large number of cases of enteritis arose during the autumn, chiefly among children. In many of the cases the symptoms were slight and corresponded to the diarrhoea which often occurs at this season of the year; but some others were of a very acute nature, with definite signs of toxæmia, and two cases proved fatal. In the first of these fatal cases, *B. dysenteriae* of the *Sonne* type was cultivated; in the second, *B. dysenteriae* of the *Flexner* type Z. Extensive enquiries were made as to food and drink consumed, and as to the existence of dysentery "carriers," but the enquiries gave negative results. Altogether there were twenty-eight notifications of dysentery in the borough, but seven of these were withdrawn subsequently.

MALARIA. The low rate of incidence of this disease, to which I referred in my last report, was continued in 1933. There were eight notifications, and the distribution of the cases will be seen in Tables 3 and 4.

ANTHRAX. In a case of anthrax, occurring in the person of a stockman on a farm in *Tonbridge Rural*, it was ascertained that the patient had been engaged in scattering bone-meal upon hop-fields. A specimen of this bone-meal was forwarded to the County Laboratory and it yielded organisms of the *B. anthracis* type. The consignment came originally from India. The remainder of the meal at the farm, and the stock of the wholesale merchants who supplied it, were temporarily impounded, and the Ministry of Health were notified of the circumstances. Investigation then showed that although anthracoid organisms were present they were apparently not true *B. anthracis*. Arrangements were made for the release of the bone-meal, but precautionary measures were advised among all users of the substance.

CEREBRO-SPINAL FEVER. The notifications of this disease fell to 16 as compared with twenty-seven notifications in 1932.

POLIOMYELITIS. The twenty-five notifications of this disease compare with twenty-one notifications in the preceding year.

CHICKEN-POX. This disease was notifiable during 1933 in certain districts, and the following notes show such districts, the period during which notification existed, and the numbers of cases recorded :—*Broadstairs Urban* (whole year) 73 cases ; *Dartford Urban* (whole year) 73 cases ; *Herne Bay Urban* (whole year) 57 cases ; and *Margate Borough* (whole year) 117 cases. In the case of the last-mentioned town the order making the disease notifiable was revoked as from the end of the year.

MEASLES. This disease is notifiable in *Folkestone Borough* (19 cases of measles and 49 cases of rubella). *Herne Bay Urban* (six cases of measles and 3 cases of rubella). *Sevenoaks Urban* (4 cases). *Bromley Rural* (90 cases). *Sevenoaks Rural* (16 cases), and *Thanet Rural* (35 cases of measles and seven cases of rubella).

The county death-rate from the disease was 0.005 as will be seen from the table on page 33 of this report.

SUMMER DIARRHOEA. This disease is notifiable in *Beckenham Urban* from July 15th to October 15th of each year. No cases were notified in 1933.

PUERPERAL FEVER, PUERPERAL PYREXIA and OPTHALMIA NEONATORUM.—Information under these headings is given on pages 108 and 122.

TUBERCULOUS DISEASES.

There were 1154 cases of phthisis and 353 cases of other tuberculous diseases notified in the county during the year, as shown in Tables 3 and 4. There was a decrease of 103 in the number of pulmonary cases notified compared with the previous year, and the number is well below the average for the past ten years.

The deaths from phthisis numbered 803 and of these 615 were recorded in *urban* districts and 188 in *rural* districts—the mortality rates being 0.68 and 0.53 respectively, per thousand of the population living. The mortality rate for the whole county was 0.64.

The mortality rate has remained the same (0.64) during the past three years and is well below the average for the past ten years.

The following table shows the cases of *pulmonary tuberculosis* notified, the number of deaths, and the death-rates in Kent, compared with those of England and Wales, during recent years:—

TABLE 5.

Year.	Administrative County of Kent.					England and Wales.		
	No. of Cases Notified.	Total No. of Deaths	Death-rate per 1,000 population.			Mortality per cent. of total Deaths (County).	Death-rate per 1,000 population.	Mortality per cent. of total Deaths.
			Urban.	Rural.	Whole County.			
1914	1,744	903	0.84	0.89	0.86	7.2	1.04	7.5
1915	1,448	954	1.00	0.92	0.96	6.4	1.16	7.4
1916	1,554	1,034	1.02	0.92	0.99	7.8	1.17	8.2
1917	1,408	1,055	1.05	0.98	1.03	8.1	1.25	8.7
1918	1,652	1,184	1.20	1.08	1.16	8.0	1.34	7.6
1919	1,455	995	0.97	1.00	0.98	8.0	0.99	7.3
1920	1,489	836	0.83	0.73	0.80	7.2	0.88	7.2
1921	1,438	876	0.82	0.80	0.81	7.2	0.88	7.3
1922	1,518	812	0.80	0.64	0.75	6.8	0.89	7.0
1923	1,668	835	0.76	0.77	0.76	7.4	0.83	7.2
1924	1,520	846	0.77	0.75	0.76	7.0	0.84	7.0
1925	1,549	796	0.75	0.65	0.72	6.5	0.84	6.9
1926	1,486	787	0.76	0.55	0.70	6.6	0.78	6.7
1927	1,357	806	0.78	0.61	0.73	6.0	0.80	6.5
1928	1,266	819	0.76	0.65	0.73	6.4	0.76	6.5
1929	1,271	788	0.72	0.61	0.69	5.5	0.80	6.0
1930	1,309	803	0.73	0.61	0.70	6.4	0.74	6.5
1931	1,388	743	0.66	0.56	0.64	5.5	0.74	—
1932	1,257	783	0.67	0.57	0.64	5.5	0.69	5.7
10 years' average	1,407	801	0.74	0.63	0.71	6.3	0.78	—
1933	1,154	803	0.68	0.53	0.64	—	—	—

The following figures show the variations in the incidence of, and mortality from *other tuberculous diseases* during the past eleven years:—

1933

	1923.	1924.	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	10 years' average.	Kent.	England & Wales
Cases Notified	489	504	622	553	493	454	401	434	382	398	473	353	—
Death-rate	0.17	0.19	0.18	0.15	0.15	0.14	0.13	0.14	0.13	0.13	0.15	0.12	—

109 deaths from non-pulmonary tuberculosis occurred in *urban* and 47 in *rural* districts, the mortality rates being 0.12 and 0.11 respectively. The death-rate for the whole county was 0.12, this compares very favourably with the average county rate of 0.15 for the previous ten years.

The figures relating to notifications in the foregoing tabulations and in Table 7 are taken from the annual reports of the local medical officers of health, whilst those in the three following returns are obtained from the weekly statements from the same officers.

Particulars of new cases of tuberculosis, and of deaths from the disease, in Kent during 1933 :—

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary		Pulmonary.		Non-pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 ..	—	2	3	5	—	1	6	5
1—5 ..	2	5	31	27	3	4	29	16
5—10 ..	9	16	60	36	6	5	17	10
10—15 ..	10	21	32	20				
15—20 ..	43	62	12	20	57	85	14	8
20—25 ..	83	98	18	21				
25—35 ..	170	168	17	19	218	156	13	10
35—45 ..	123	83	10	9				
45—55 ..	104	45	9	3	163	61	11	7
55—65 ..	80	25	1	1				
65 and upwards	19	16	2	3	25	19	2	6
Totals ..	643	541	195	164	472	331	92	62

1,543

957

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS.

Summary of Notifications during the period from the 1st January, 1933, to the 31st December, 1933, in the County of Kent.

AGE PERIODS.	Formal Notifications.												Total Notifications.
	Number of Primary Notifications of new cases of Tuberculosis.												
	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 up- w'rds	Total (all Ages)	
Pulmonary—													
Males ..	—	2	8	10	41	80	153	111	93	71	18	587	672
Females ..	2	4	16	19	57	94	147	74	42	22	13	490	562
Non-pulmonary													
Males ..	2	26	60	27	11	17	15	9	6	—	1	174	184
Females ..	3	25	33	19	20	20	14	7	2	1	2	146	153

SUPPLEMENTAL RETURN.

Showing new cases of Tuberculosis coming to the knowledge of the Chief (Administrative) Tuberculosis Officer during the above-mentioned period, *otherwise* than by formal notification :—

Age Periods.	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 up-wards	Total Cases.
Pulmonary :												
Males ..	—	—	1	—	2	3	17	12	11	9	1	56
Females ..	—	1	—	2	5	4	21	9	3	3	3	51
Non-pulmonary :												
Males ..	1	5	—	5	1	1	2	1	3	1	1	21
Females ..	2	2	3	1	—	1	5	2	1	—	1	18

SOURCE OF INFORMATION.

		Number of Cases	
		Pulm.	Non-Pulm.
Death Returns	from local Registrars	36	14
	transferable deaths from Registrar		
	General	6	1
Posthumous notifications		11	3
"Transfers" from other areas (other than transferable deaths)		48	18
Other sources		6	3

TABLE 6.—Cases of Tuberculosis remaining on the Registers of Notifications kept by Medical Officers of Health in the County, on December 31st, 1933.

URBAN DISTRICTS.	Total Cases.	Pulmonary.			Non-Pulmonary.		
		M.	F.	Total.	M.	F.	Total.
Ashford	232	99	82	181	29	22	51
Beckenham	179	65	59	124	37	18	55
Bexley	208	86	74	160	25	23	48
Broadstairs and St. Peter's	81	21	43	64	8	9	17
Bromley (Borough) ..	329	112	93	205	52	72	124
Chatham (Borough) ..	170	64	59	123	27	20	47
Cheriton	97	35	36	71	20	6	26
Chislehurst	77	29	20	49	10	18	28
Crayford	153	58	47	105	27	21	48
Dartford (Borough) ..	262	115	88	203	26	33	59
Deal (Borough)	131	47	54	101	19	11	30
Dover (Borough)	257	107	95	202	29	26	55
Erith	459	163	152	315	80	64	144
Faversham (Borough) ..	42	11	16	27	2	13	15
Folkestone (Borough) ..	222	93	69	162	25	35	60
Gillingham (Borough) ..	263	125	53	178	49	36	85
Gravesend (Borough) ..	148	68	43	111	20	17	37
Herne Bay	50	13	20	33	12	5	17
Hythe (Borough)	101	39	50	89	4	8	12
Lydd (Borough)	24	11	9	20	3	1	4
Maidstone (Borough) ..	300	122	104	226	33	41	74
Margate (Borough)	281	82	89	171	54	56	110
New Romney (Borough) ..	4	2	2	4	—	—	—
Northfleet	125	50	37	87	25	13	38
Penge	193	64	67	131	35	27	62
Queenborough (Borough) ..	32	15	10	25	4	3	7
Ramsgate (Borough) ..	425	130	154	284	68	73	141
Rochester (City)	137	68	32	100	24	13	37
Sandgate	3	1	1	2	—	1	1
Sandwich (Borough) ..	27	5	13	18	5	4	9
Sevenoaks	86	20	27	47	17	22	39
Sheerness	140	50	52	102	23	15	38
Sidecup	84	26	30	56	18	10	28
Sittingbourne and Milton	274	116	112	228	32	14	46
Southborough	91	27	39	66	16	9	25
Swanscombe	75	24	25	49	17	9	26
Tenterden (Borough) ..	15	8	4	12	2	1	3
Tonbridge	189	64	48	112	45	32	77
Tunbridge Wells (Borough)	178	64	55	119	26	33	59
Walmer	33	21	7	28	3	2	5
Whitstable	75	18	29	47	18	10	28
Wrotham	20	5	6	11	6	3	9
Total Urban	6,272	2,343	2,105	4,448	975	849	1,824

Continued.

Table 6 (continued).

RURAL DISTRICTS.	Total Cases.	Pulmonary.			Non-Pulmonary.		
		M.	F.	Total.	M.	F.	Total.
Ashford, East ..	245	114	80	194	23	28	51
Ashford, West ..	169	57	64	121	24	24	48
Blean	54	21	20	41	7	6	13
Bridge	70	24	27	51	11	8	19
Bromley	212	80	80	160	21	31	52
Cranbrook	142	56	41	97	20	25	45
Dartford	161	66	50	116	28	17	45
Dover	64	25	28	53	7	4	11
Eastry	154	61	56	117	15	22	37
Elham	144	62	56	118	13	13	26
Faversham	58	22	14	36	10	12	22
Hollingbourn ..	69	25	31	56	7	6	13
Hoo	22	8	6	14	7	1	8
Maidstone	177	54	68	122	31	24	55
Malling	366	231	81	312	25	29	54
Milton	90	24	37	61	13	16	29
Romney Marsh ..	13	4	5	9	—	4	4
Sevenoaks	177	55	61	116	35	26	61
Sheppey	30	11	8	19	8	3	11
Strood	124	30	35	65	33	26	59
Tenterden	30	12	13	25	1	4	5
Thanet	58	13	29	42	7	9	16
Tonbridge	181	53	59	112	41	28	69
Total Rural ..	2,810	1,108	949	2,057	387	366	753
Totals for County ..	9,082	3,451	3,054	6,505	1,362	1,215	2,577
No. of cases removed from the Registers during the year by reason <i>inter alia</i> of :—							
1. Withdrawal of notification ..	49	7	16	23	13	13	26
2. Recovery from the disease ..	373	111	105	216	87	70	157
3. Death	851	450	315	765	50	36	86

TABLE 8.—Showing Occupations of Patients who were notified for the first time under the Public Health (Tuberculosis) Regulations, during 1933.

Occupations.	Pul-monary.	Non-pulmonary.	Total.
MALES.			
Agents, including Travellers, Collectors, &c.	15	2	17
Attendants of all kinds	12	2	14
Building Trades, including Painters, Decorators, Carpenters, Joiners, Plumbers, &c...	52	3	55
Carmen, including Chauffeurs, Motor Men, Carriage Drivers, Engine Drivers, &c. ..	27	—	27
Clerks, including Secretaries, Valuers, Reporters, &c.	48	2	50
Domestic Servants, including Butlers, Coachmen, Gardeners, Stewards, Caretakers, Footmen, &c.	16	2	18
Engineers, including Instrument Makers, Tool-makers, &c.	25	2	27
Factory and Mill Workers, including Paper-makers, Leathermakers, &c.	29	3	32
Labourers of all kinds, both skilled and unskilled	113	18	131
Mechanics, including Boilermakers, Engine-makers, Brass Finishers, &c.	21	—	21
Miners	9	1	10
Musicians, including Pianoforte Tuners, &c.	3	—	3
Postmen, Policemen, Firemen, &c.	3	2	5
Printers, including Compositors, &c.	10	—	10
Railway Workers, including Carriage Cleaners, Repairers, Platelayers, &c. ..	7	1	8
School Children & Children under school age	21	106	127
Shipwrights, including Ship Fitters, Ship Riggers, Cableworkers, &c.	1	1	2
Shopkeepers and Shop Assistants	32	7	39
*Soldiers and Sailors, including ex-Soldiers and ex-Sailors	17	—	17
Stokers	—	—	—
Tailors and Allied Tradesmen	5	1	6
Teachers	6	—	6
Tradesmen, including Butchers, Bakers, Dairymen, Grocers, &c.	30	1	31
Watermen, including Bargemen, Lightermen, Seamen, &c.	10	1	11
Unknown, various, or of no occupation ..	75	19	94
Total Males	587	174	761
FEMALES.			
Clerks	27	9	36
Domestics, including Housewives, Cooks, Nurses, &c.	337	35	372
Factory Workers	13	3	16
Laundresses	7	—	7
Printing Trades	3	—	3
School Children & Children under school age	36	79	115
School Teachers	—	1	1
Shop Assistants	28	6	34
Tailoresses, including Dressmakers	8	1	9
Unknown, various, or of no occupation ..	31	12	43
Total Females	490	146	636

* In whose cases tuberculosis was considered to be attributable to War service.

TABLE 7.—Number of cases of Tuberculosis notified in each district in Kent under the Public Health (Tuberculosis) Regulations during 1933; together with the number of deaths occurring from Tuberculosis, and the average figures for five years (1928-32).

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URBAN DISTRICTS.	Estimated Popula- tion, 1933.	Notifications, 1933.			Deaths.					
		Pulmonary.	Other.	Total.	Pulmonary.			Other.		
					Average of five years, 1928-32.	1933.	Rate per 1,000, 1933.	Average of five years, 1928-32.	1933.	Rate per 1,000, 1933.
Ashford	15,340	11	1	12	8	6	0.39	3	1	0.07
Beckenham	50,120	23	13	36	21	26	0.52	3	1	0.02
Bexley	44,860	54	12	66	20	37	0.82	4	4	0.09
Broadstairs and St. Peter's	13,080	21	3	24	11	7	0.53	2	4	0.31
Bromley (Borough) ..	48,270	49	12	61	29	31	0.64	5	6	0.12
Chatham (Borough) ..	44,810	50	9	59	38	30	0.67	6	4	0.09
Cheriton	8,750	6	2	8	4	5	0.57	1	—	—
Chislehurst	10,700	2	—	2	5	3	0.28	1	—	—
Crayford	18,550	13	3	16	9	9	0.49	2	1	0.05
Dartford	30,210	35	6	41	22	22	0.66	3	2	0.06
Deal (Borough)	15,390	10	6	16	8	6	0.39	2	2	0.13
Dover (Borough)	41,250	46	10	56	37	29	0.70	6	4	0.10
Erith	34,950	37	12	49	26	32	0.92	4	5	0.14
Faversham (Borough) ..	10,210	11	3	14	8	12	1.18	1	—	—
Folkstone (Borough) ..	35,000	40	9	49	26	27	0.77	5	9	0.26
Gillingham (Borough) ..	60,830	72	14	86	41	49	0.81	7	10	0.16
Gravesend (Borough) ..	35,180	37	5	42	23	22	0.63	7	2	0.06
Herne Bay	10,980	12	5	17	6	5	0.46	3	2	0.18
Hythe (Borough)	8,390	10	—	10	5	10	1.19	1	1	0.12
Lydd (Borough)	2,851	1	—	1	3	2	0.70	—	—	—
Maidstone (Borough) ..	42,800	21	13	34	31	41	0.96	8	4	0.09
Margate (Borough)	30,160	48	10	58	22	21	0.70	3	7	0.23
New Romney (Borough)	1,691	—	—	—	—	—	—	—	—	—
Northfleet	17,250	12	9	21	15	16	0.93	2	6	0.35
Penge	27,210	23	7	30	21	21	0.77	4	—	—
Queenborough (Borough)	3,061	3	—	3	3	1	0.33	—	—	—
Ramsgate (Borough) ..	33,630	36	13	49	24	21	0.66	4	6	0.18
Rochester (City)	30,700	39	7	46	22	25	0.81	3	3	0.10
Sandgate	2,828	1	—	1	1	2	0.70	—	—	—
Sandwich (Borough) ..	3,367	2	1	3	2	3	0.89	1	1	0.30
Sevenoaks	10,990	12	2	14	6	9	0.82	1	1	0.09
Sheerness	16,160	7	4	11	13	8	0.50	1	2	0.12
Sidcup	22,300	24	5	29	7	11	0.49	1	1	0.04
Sittingbourne and Milton	20,350	24	1	25	14	17	0.83	2	1	0.05
Southborough	7,459	8	2	10	4	5	0.67	1	2	0.27
Swanscombe	8,498	17	—	17	6	6	0.71	1	1	0.12
Tenterden (Borough) ..	3,353	1	—	1	2	—	—	—	—	—
Tonbridge	16,940	16	8	24	11	8	0.47	4	1	0.06
Tunbridge Wells (Borough)	34,470	25	14	39	18	14	0.41	4	4	0.12
Walmer	5,178	—	—	—	4	6	1.16	1	3	0.58
Whitstable	11,570	15	7	22	6	7	0.61	1	2	0.17
Wrotham	4,614	—	1	1	2	3	0.65	—	2	0.43
Totals	894,300	874	229	1103	582	615	0.68	109	105	0.12
RURAL DISTRICTS.	Estimated Popula- tion, 1933.	Notifications, 1933.			Deaths.					
		Pulmonary.	Other.	Total.	Pulmonary.			Other.		
					Average of five years, 1928-32.	1933.	Rate per 1,000, 1933.	Average of five years, 1928-32.	1933.	Rate per 1,000, 1933.
Ashford East	15,930	17	5	22	8	11	0.69	2	2	0.13
Ashford, West	8,380	12	7	19	4	6	0.72	1	1	0.12
Blean	11,780	12	3	15	5	3	0.25	1	3	0.25
Bridge	11,920	11	2	13	7	5	0.42	1	3	0.25
Bromley	48,550	31	11	42	22	20	0.41	5	5	0.10
Cranbrook	13,710	7	7	14	7	5	0.36	2	4	0.29
Dartford	31,000	15	5	20	17	20	0.65	4	2	0.06
Dover	9,100	10	3	13	5	3	0.33	1	1	0.11
Eastry	18,660	21	7	28	8	8	0.43	2	6	0.32
Elham	8,920	9	1	10	6	3	0.34	1	2	0.22
Faversham	13,650	16	9	25	6	7	0.51	3	2	0.15
Hollingbourn	14,530	3	6	9	7	6	0.41	3	2	0.14
Hoo	4,597	1	2	3	1	1	0.22	—	—	—
Maidstone	17,750	22	6	28	12	11	0.62	3	3	0.17
Malling	25,700	17	12	29	27	33	1.28	5	5	0.19
Milton	7,207	5	2	7	10	3	0.42	1	—	—
Romney Marsh	3,098	—	—	—	2	—	—	—	—	—
Sevenoaks	27,350	19	3	22	12	12	0.44	3	3	0.11
Sheppey	6,056	5	3	8	4	6	0.99	—	1	0.17
Strood	18,090	20	8	28	12	10	0.55	1	2	0.11
Tenterden	6,442	4	1	5	2	1	0.16	1	1	0.16
Thanet	13,960	8	2	10	7	8	0.57	3	—	—
Tonbridge	19,320	15	19	34	13	6	0.31	3	1	0.05
Totals in Rural Districts	355,700	280	124	404	205	188	0.53	47	49	0.11
Totals in Urban Districts	894,300	874	229	1103	582	615	0.68	109	105	0.12
Totals for County ..	1,250,000	1154	353	1507	787	803	0.64	156	154	0.12

COUNTY TUBERCULOSIS SCHEME.

The administration of the county tuberculosis scheme was carried on satisfactorily during the year under review, and the extent to which its services are appreciated is evidenced by the fact that of a total of 9,082 patients whose names were on the registers of local medical officers of health in accordance with the provisions of the Public Health (Tuberculosis) Regulations at the close of the year, 5,264 were receiving some form of treatment under the county scheme.

1,490 new cases were registered for treatment during the year, and 827 of these (548 male and 279 female) were insured under the National Health Insurance Acts. Of the remainder, 100 were men, 266 women and 297 children.

Of the 1,245 cases of *phthisis* registered during the year 670 were classified as coming within the early or first stage of the disease, 457 within the intermediate or second stage, and 118 within the advanced or third stage of the disease. The relation of these figures, one to another, changes little from year to year, although there is some improvement in the number of "early" cases compared with previous years. A number of the cases registered during the year as new cases under the Kent scheme, have previously received treatment from another authority, and this explains to some extent the number of advanced cases. There is still, however, a fairly general failure to seek medical advice during the early stages of the disease. It cannot be too strongly urged that such symptoms as persistent cough, loss of weight, undue fatigue on exertion or blood-spitting, call for medical advice, and that in the usual type of chronic pulmonary tuberculosis, the earlier treatment is begun the greater are the prospects of recovery. Full facilities are available at the County Council dispensaries (vide p. 51) for the diagnosis and treatment of tuberculosis and all notifications are treated confidentially.

Only 39% of the cases registered during the year applied for treatment within three months of the onset of their illness, 60% within six months and 75% within twelve months. In as many as 17% of the cases the period between the first symptoms of tuberculosis and the date of application for treatment under the county scheme was between one year and five years, whilst even this period appeared to be exceeded in about 8 % of the cases. These figures, however, are affected to some extent by the transfer of patients into the county, who,

for statistical purposes, are regarded as "new" cases, although they may have been receiving treatment from other authorities for some years. In spite of these transfers the figures show a gradual improvement and it is all to the good that the facilities of the scheme should be sought at an earlier stage of the illness and the prospects of permanent benefit being thereby increased.

3,414 new cases and contacts were examined during the year at the County Council tuberculosis dispensaries and of those 1,069 were found to be definitely tuberculous.

Special efforts are made to ensure that the attention of all persons notified under the regulations as suffering from tuberculosis, is directed to the facilities available under the county scheme, and the closest co-operation is being maintained with the various public health services and with private practitioners.

The following tabular statements show various details relating to diagnosis, work of dispensaries, institutional treatment, etc., and this information has been drawn up largely in accordance with the model tables suggested by the Ministry of Health in Mem. 37/T.

It will be seen from Table 9 that 5466 cases were on the dispensary registers, i.e., having some form of public medical treatment, at the commencement of the year under review. There were 3,414 new cases examined during the year (including 854 contacts) and 277 cases were transferred from other counties, or resumed public medical treatment.

402 cases were written off the dispensary registers as recovered and 2,360 were written off owing to the fact that after a period of observation the patients were found not to be suffering from tuberculosis.

540 cases were transferred to other areas during the year and 591 died whilst receiving treatment under the county scheme.

At the end of 1933, 5,264 cases remained on the dispensary registers.

It will be seen from Tables 12 and 12a that 27,650 patients have been dealt with since the inception of the County Tuberculosis Scheme.

TUBERCULOSIS DISPENSARY SERVICE.—The services of the tuberculosis officers are available for the purpose of consultation in all cases

receiving domiciliary treatment, and, at the request of the medical attendant, a certain number of patients are kept under the supervision of the tuberculosis officers.

There are twenty-two dispensaries in the county. Particulars as to the tuberculosis officer in charge, the address of the dispensary and the hours of attendance are given below. Information is also given as to the additional area allocated to each tuberculosis officer for visitation purposes :—

District No. 1.—Population, approx., 226,588.

(Tuberculosis Officer in Charge, WILLIAM BEARE MARTIN, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.P.H.)

	<i>Address.</i>	<i>Day and Time of Opening.</i>	<i>Additional Area for Domiciliary Visitation.</i>
*DARTFORD (Tel. No. 378)	41 Overy Street..	Monday, 1.30-3.30 p.m. Thursday, 5.30-6.30 p.m.	Dartford R., Crayford, Swanscombe, Bexley
Erith	65 Bexley Road..	Monday, 5.0-6.0 p.m. Thursday, 2.0-4.0 p.m.	Northfleet and part of Strood R.
Gravesend	22 Cobham Street	Wednesday, 1.0-3.0 p.m.	

District No. 2.—Population, approx., 181,214.

(Tuberculosis Officer in Charge, CHARLES ROPER, B.A.(Camb.), M.D., B.C., D.P.H.)

*ROCHESTER (Tel. No. Chatham 2182)	13 New Road ..	Friday, 9.30-10.30 a.m. Tuesday, 2.0 3.0 p.m. and 5.0-6.0 p.m.	Hoo R., part of Strood R. Chatham, N.E. fringe of
Gillingham	228 Nelson Road	Tuesday, 9.30-10.30 a.m. Friday, 2.0-3.0 p.m. and 4.0-5.0 p.m.	Malling R., N.W. fringe of Hollingbourn R., W. quarter of Milton R.,
Sheerness	Granville Villa, Granville Road	Thursday, 11.0 a.m. 1.0 p.m.	Queenborough and Sheppey.

District No. 3.—Population, approx., 131,239.

(Tuberculosis Officer in Charge, HENRY LEATHAM GRABHAM, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P. (Lond.), D.P.H.)

*TONBRIDGE (Tel. No. 228)	53 Pembury Road	Monday, 1.30-3.30 p.m. Thursday, 5.15-6.0 p.m.	Sevenoaks R., Tonbridge R., Southborough U.,
Sevenoaks	Dorset House ..	Tuesday, 1.30-3.30 p.m.	Cranbrook R., S. fringe of Malling R.
Tunbridge Wells	34 Calverley Street	Monday, 5.0-5.45 p.m. Thursday, 1.30-3.0 p.m.	

District No. 4.—Population, approx., 152,811.

(Tuberculosis Officer in Charge, JAMES ALEXANDER ROBSON, M.D., B.Ch., B.A.O.(Belf.), D.P.H.)

*MAIDSTONE (Tel. No. 2987)	4 Station Road	Tuesday, 12.30-3.0 p.m. Friday, 12.30-3.0 p.m.	Wrotham, Malling R. (except N.E. and S. fringes), Maidstone R.,
Sittingbourne	36 Albany Road	Monday, 12.0 noon-2.0 p.m.	Milton R. (except W. quarter), Hollingbourn R. (except N.W. fringe) and Faversham R.
Faversham	13 South Road	Wednesday, 11.0 a.m.-1.0 p.m.	

District No. 5.—Population, approx., 181,243.

(Vide note † below)

(Tuberculosis Officer in Charge, THOMAS MASSEY PEARCE, M.D.(Lond.), M.R.C.S., L.R.C.P.(Lond.), D.P.H., R.C.P.S.)

*FOLKESTONE	80 Dover Road . .	Monday, 10.0 a.m.-12.0 noon and 2.30-6.0 p.m.	Bridge R., Elham R., part of Dover R., Cheriton, Sandgate and Hythe,
(Tel. No. 3040)			
Canterbury	11 Longport Street	Friday, 10.0 a.m.-12.0 noon and 1.15-2.30 p.m.	Ashford E. and W. R.,
Dover	9 Eastbrook Place	Tuesday, 10.0 a.m.-12.0 noon and 1.30-3.30 p.m.	Romney Marsh, New Romney and Lydd.
Ashford	1 Barrow Hill Place	1st and 3rd Wednesdays, each month, 10.0 a.m. 12.0 noon, and 1.0-2.0 p.m.	Tenterden B. and R.

District No. 6.—Population, approx., 169,755.

(Tuberculosis Officer in Charge, CAROL C. ALEX. DE VILLIERS, M.B., B.S.(Lond.), M.R.C.S.(Eng.), L.R.C.P.(Lond.), B.A., B.Sc.)

*RAMSGATE . . .	Charlotte Cottage, Market Place	Wednesday, 1.30-3.30 p.m.	Blean R., Whitstable, Thanet R., Broadstairs
(Tel. No. 640)			
Herne Bay	16 High Street . .	1st and 3rd Thursday each month 1.15-3.15 p.m.	U., Eastry R., part of Dover R., Sandwich and Walmer.
Margate . .	Eton House, St. Peter's Road	Friday, 2.0-4.0 p.m.	
Deal	16 Clanwilliam Road	2nd and 4th Thursday each month 2.0-4.0 p.m.	

District No. 7.—Population, approx. 207,150.

(Tuberculosis Officer in Charge, BASIL GORDON A. EDELSTON, M.D., B.Ch.).

Penge	1 Westbury Road	Wednesday, 5.0-6.0 p.m. Friday, 1.30-3.30 p.m.	Beckenham, Anerley, and parts of Sydenham and
*BROMLEY	2 Park Road . .	Wednesday, 1.30-3.30 p.m. Friday, 5.0-6.0 p.m.	Upper Norwood, Bromley R., Chislehurst and Sidecup.
(Tel. No. 2686 Ravensbourne)			

* Tuberculosis Officer's Head Office.

† Dr. Pearce is also the Tuberculosis Officer for the City of Canterbury, with an approximate additional population of 24,446.

There are thirty-nine health visitors, who devote part time to the visitation of patients at their homes, and attendance at dispensaries where necessary and their duties are also combined with those of health visiting and school nursing. The aggregate number of days per week devoted to tuberculosis work is equivalent to the time of 7.7 whole-time nurses. Local nurses attend at the Bromley, Sevenoaks and Penge dispensaries.

Medicines are supplied to dispensaries from the county dispensing station, and particulars are given on page 65.

TABLE 9.—Showing the work of the Dispensaries during the year 1933.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL.				GRAND TOTAL.	
	Adults.		Children		Adults.		Children		Adults.		Children			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A. NEW CASES examined during the year (excluding contacts) :—														
(a) Definitely tuberculous ..	437	304	11	20	36	41	62	47	473	345	73	67	958	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	56	64	55	40	215	
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	359	416	307	305	1387	
B. CONTACTS examined during the year :—														
(a) Definitely tuberculous ..	21	47	4	9	—	4	15	11	21	51	19	20	111	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	6	14	22	22	64	
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	78	156	230	215	679	
C. Cases written on the Dispensary Register as														
(a) Recovered	89	96	32	22	24	22	62	55	113	118	94	77	402	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	494	660	622	584	2,360	
D. Number of Persons on Dispensary Register on December 31st :—														
(a) Definitely tuberculous ..	1965	1493	136	132	246	261	440	302	2211	1754	576	434	4,975	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	62	82	79	66	289	

1. Number of cases on Dispensary Register on January 1st	5,466	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	277
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	540	4. Cases written off during the year as dead (all causes)	591
5. Number of attendances at the Dispensary (including Contacts)	22,163	6. Number of Insured Persons under Domiciliary Treatment on the 31st December	930
7. Number of consultations with medical practitioners:— (a) Personal	815	8. Number of other visits by Tuberculosis Officers to homes (including personal consultations)	1,206
(b) Other	2,635		
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	10,145	10. Number of:— (a) Specimens of sputum, etc., examined	2,799
		(b) X-ray examinations made in connexion with Dispensary work	511
11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above ..	23	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	1,948

TABLE 10.—Return showing the extent of Residential Treatment and Observation during the Year 1933 in Institutions (other than Public Assistance Institutions) approved for the treatment of Tuberculosis :—

		In Institu- tions on Jan. 1st.	Admitted during the year.	Dis- charged during the year.	Died in the Institu- tions.	In Institu- tions on Dec. 31st
Number of definitely tuberculous patients admitted for treat- ment	Adults M. . .	273	517	425	89	276
	„ F. . .	181	378	351	45	163
	Children . .	186	163	133	8	208
	Total . .	640	1058	909	142	647
Number of doubtfully tuberculous cases admitted for observation	Adults M. . .	2	30	31	—	1
	„ F. . .	1	26	26	—	1
	Children . .	—	16	14	—	2
	Total . .	3	72	71	—	4
Grand Total . .		643	1130	980	142	651

TABLE 11.—Return showing the immediate results of treatment of definitely tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis :—

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institutions.															Grand Totals			
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			Totals.						
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.				
Pulmonary Tuberculosis.	Class T. B. minus. †	Quiescent	6	14	—	31	28	1	17	25	10	—	1	4	54	68	15	137		
		Not Quiescent	7	16	2	7	9	1	1	4	1	2	1	2	17	30	6	53		
		Died in Institution	4	4	1	1	1	—	1	1	—	1	—	—	7	6	1	14		
	Class T. B. plus • Group 1.	Quiescent	2	—	—	14	5	—	9	6	1	2	—	—	27	11	1	39		
			Not Quiescent	7	3	—	13	7	2	19	14	2	3	5	—	42	28	5	75	
			Died in Institution	1	—	—	3	—	—	3	—	—	—	—	1	7	—	1	8	
	Class T. B. plus • Group 2.	Quiescent	5	6	—	14	9	1	7	9	2	3	—	—	29	24	3	56		
			Not Quiescent	60	40	—	54	48	2	58	27	—	9	6	—	181	121	2	304	
			Died in Institution	21	10	—	13	6	—	5	3	—	7	1	—	46	20	—	66	
	Class T. B. plus • Group 3.	Quiescent	—	1	—	1	1	—	—	—	—	—	1	—	1	3	—	4		
			Not Quiescent	17	8	—	11	9	—	12	5	1	2	1	—	42	23	1	66	
			Died in Institution	15	10	—	4	5	—	2	2	—	3	—	—	24	17	—	41	
		Totals (pulmonary)	145	112	3	166	128	7	134	96	17	32	16	7	477	351	35	863		
	Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent	—	2	1	1	2	3	4	4	3	9	8	27	14	16	34	64	
				Not Quiescent	2	4	5	3	—	—	1	—	—	4	—	3	10	4	8	22
				Died in Institution	1	1	1	2	—	1	—	—	3	—	1	—	3	2	5	10
		Abdominal.	Quiescent	—	1	2	—	2	4	—	1	6	2	3	3	2	7	15	24	
			Not Quiescent	—	4	3	—	—	—	1	—	1	—	—	1	5	4	10		
			Died in Institution	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	1	
Other Organs.		Quiescent	—	—	—	—	1	—	—	1	—	—	—	—	—	2	—	2		
			Not Quiescent	1	3	—	—	—	—	—	—	—	1	—	—	2	3	—	5	
			Died in Institution	1	—	—	—	—	—	—	—	—	1	—	—	2	—	—	2	
Peri-pheral Glands.		Quiescent	1	1	6	—	1	7	1	3	13	—	—	3	2	5	29	36		
			Not Quiescent	1	—	8	—	1	1	—	—	—	—	—	1	1	10	12		
			Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Totals (non-pulmonary)	7	16	27	6	7	16	7	9	27	17	13	36	37	45	106	188		

† Class T.B. minus—Cases in which tubercle bacilli have never been demonstrated.

• Class T.B. plus—Cases in which tubercle bacilli have been found. (Group 1) Cases with slight constitutional disturbance, if any; (Group 3) Cases with profound systemic disturbance or constitutional deterioration with marked impairment of function, and with little or no prospect of permanent improvement; (Group 2) Other cases.

Seventy-seven patients were admitted periodically to the County Sanatorium at Lenham for Artificial Pneumothorax refills, for one or two days. (Total patient days 905).

Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis :—

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	5	3	—	3	—	4	—	1	—	1	—	1	9	4	5
Non- tuberculous	3	1	—	7	14	1	—	—	—	5	2	6	15	17	7
Doubtful ..	1	—	—	5	5	—	—	—	—	1	—	2	7	5	2
Totals ..	9	4	—	15	19	5	—	1	—	7	2	9	31	26	14

(NOTE.—Only those cases diagnosed as tuberculous are included in Tables 11 & 13).

TREATMENT IN INSTITUTIONS.—The table facing this page gives a list of residential institutions and shows the number of Kent patients admitted to, and discharged from, those institutions during the year. This table does not include those cases admitted for a period of observation and ultimately diagnosed and discharged as non-tuberculous or doubtful (*vide* Table 10). The number of beds normally available for Kent patients is shown in brackets against the names of the various institutions. In cases where no such figure is given, accommodation is only obtained as required. Every effort is made to ensure that the accommodation in the county sanatorium at Lenham (*vide* p. 65) shall be reserved chiefly for patients suffering from the disease (phthisis) in its early stages. The table is set out under headings which show the type of case for which the beds are used.

There has been a further increase in the accommodation available in residential institutions under the county scheme, and the number of beds in use at the end of the year was 647.

TABLE 13.—Showing numbers of patients who were treated at various Institutions during 1933.

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INSTITUTION.	Receiving Treatment 1st Jan.				Admitted during the year.				Discharged during the year.				Died in the Institution.				Receiving Treatment 31st Dec.				Patients who received Institutional Treatment during the year.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.		Adults.		Children.		Adults.		Children.		Adults.		Children.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Sanatoria.																								
Burrow Hill Colony, Frimley ..	—	—	1	—	2	—	—	—	1	—	1	—	—	—	—	—	1	—	—	—	2	—	1	—
County Sanatorium, Lenham (165) ..	85	65	3	6	159	114	1	15	150	120	3	10	7	4	1	1	87	55	—	10	244	179	4	21
East Anglian Sanatorium, Nayland ..	—	—	1	2	—	—	5	2	—	1	2	2	—	—	—	—	—	—	—	—	1	4	—	—
Frimley Sanatorium, Surrey ..	1	—	—	—	—	4	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Grosvenor Sanatorium, near Ashford ..	30	23	—	—	85	76	—	—	65	68	—	—	12	5	—	—	38	26	—	—	115	99	—	—
Holy Cross Sanatorium, Haslemere ..	—	—	2	7	—	—	—	10	—	—	—	5	—	—	—	—	—	—	—	—	—	4	—	17
King George's Sanatorium, Bramshott ..	2	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—
Midhurst Sanatorium, Sussex ..	1	1	—	—	2	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—
National Sanatorium, Benenden ..	—	—	—	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	—	—
Old Manor House, Broadstairs ..	—	—	1	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—
Papworth Hall, Cambridge ..	2	2	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Preston Hall, Aylesford ..	63	—	—	—	96	—	—	—	70	—	—	—	33	—	—	—	56	—	—	—	159	—	—	—
Rizwan Nursing Home, Dorset ..	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Royal National Sanatorium, Ventnor ..	1	—	—	—	2	1	—	—	2	—	—	—	—	—	—	—	1	1	—	—	3	1	—	—
Hospitals.																								
Acacia Nursing Home, Wimbledon ..	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—
Brompton Hospital, S.W. ..	1	1	—	—	1	6	—	—	1	4	—	—	1	—	—	—	—	3	—	—	2	7	—	—
City of London Chest Hospital, Victoria Park, E. ..	—	—	—	—	4	1	—	—	4	1	—	—	—	—	—	—	—	—	—	—	4	1	—	—
Eversfield Chest Hospital, St. Leonards ..	13	12	—	—	13	21	—	—	14	22	—	—	5	3	—	—	7	8	—	—	26	33	—	—
Isolation Hospital, Dover (9) ..	9	—	—	—	22	—	1	—	18	—	1	—	4	—	—	—	9	—	—	—	31	—	1	—
†Keycol Hill Sanatorium, near Sittingbourne (42) ..	21	20	—	—	81	60	—	1	58	49	—	—	20	13	—	—	24	18	—	1	102	80	—	1
Medway Hospital, Chatham ..	1	5	—	—	8	11	—	—	2	3	—	—	3	6	—	—	4	7	—	—	9	16	—	—
Oak Lane Hospital, Sevenoaks (12) ..	—	12	—	—	—	26	—	—	19	—	—	—	—	9	—	—	—	10	—	—	38	—	—	—
Petersfield Lodge Nursing Home, Sydenham ..	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—
*St. Anthony's Hospital, Cheam ..	2	3	—	—	2	1	—	—	1	2	—	—	1	—	—	—	2	2	—	—	4	4	—	—
*St. James' Hospital, S.W. ..	—	—	—	—	2	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—
*University College Hospital, W.C. ..	—	1	—	—	1	6	—	—	1	1	7	—	—	—	—	—	—	—	—	—	1	7	—	1
Institutions for Children.																								
*Alexandra Hospital, Swanley (48) ..	—	—	47	21	—	—	15	5	—	—	15	3	—	—	2	2	—	—	—	—	45	21	—	62
*Bruce Porter Home, Folkestone (6) ..	—	—	3	5	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	3	4	—	3
*Children's Hip Hospital, Sevenoaks ..	—	—	20	8	—	—	5	8	—	—	4	4	—	—	—	—	—	—	—	—	21	12	—	25
Church Army Sanatorium, Farnham ..	—	—	11	—	—	—	6	—	—	—	9	—	—	—	—	—	—	—	—	—	8	—	—	17
*Heatherwood Hospital, Ascot ..	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2
Highwood Hospital, Brentwood ..	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
*Holy Cross Convent, Ramsgate ..	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	3	—	—
*Lord Mayor Treloar's Cripples' Hospital, Alton ..	—	—	1	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
*South-Eastern Hospital, Sydenham ..	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	8	3	—	11
*St. Nicholas Hospital, near Bournemouth ..	—	2	2	—	—	9	3	—	—	3	2	—	—	—	—	—	—	—	—	—	2	5	—	12
*Victoria Home, Margate ..	—	—	4	6	—	—	8	7	—	—	10	8	—	—	—	—	—	—	—	—	—	—	—	13
Institutions for Treatment of Non-Pulmonary Tuberculosis.																								
County Convalescent Home, Cranbrook (26) ..	2	3	13	9	1	1	21	10	2	4	19	10	—	—	—	—	1	—	15	9	3	4	34	19
Kent and Canterbury Hospital ..	1	—	—	—	—	—	1	1	1	—	1	1	—	—	—	—	—	—	—	—	1	—	1	1
King's College Hospital, London ..	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—
Leysin, Switzerland ..	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
London Hospital, E. ..	—	1	—	—	—	—	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	3	—
Metropolitan Hospital, London ..	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—
Royal National Orthopaedic Hospital, London ..	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Royal Sea Bathing Hospital, Margate ..	37	23	3	3	23	14	2	5	24	18	1	3	2	1	1	—	34	18	3	5	60	37	5	8
Royal Victoria Hospital, Dover ..	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Royal Victoria Hospital, Folkestone ..	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Shropshire Surgical Home ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
St. Bartholomew's Hospital, Rochester ..	—	—	—	—	1	2	4	2	1	2	3	2	—	—	—	—	—	—	—	—	—	—	—	—
St. Columba's Hospital, N.W. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Michael's Home, Ayrbridge ..	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Michael's Hospital, Hayle ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Michael's Orthopaedic Hospital, Clacton ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Thomas's Hospital, London ..	—	—	—	—	—	4	—	—	—	2	—	—	—	1	—	—	—	—	—	—	1	1	—	—
St. Vincent's Hospital, Pinner ..	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tait Convalescent Home, Broadstairs ..	—	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Kent and Sussex General Hospital ..	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Kent General Hospital, Maidstone ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whitstable and Tankerton Cottage Hospital ..	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ..	273	181	116	70	517	378	87	76	425	351	77	56	89	45	4	4	276	163	122	86	790	559	203	146
	640				1,058				909				142				647				1,698			
Canterbury City Cases under treatment at Lenham (County) Sanatorium.	2	3	—	—	11	8	—	—	10	7	—	—	—	1	—	—	3	3	—	—	13	11	—	—

The figures in brackets against the names of certain Institutions, show the numbers of beds normally available for Kent patients by arrangement.

† Advanced Cases. * Non-Pulmonary Cases. 50 patients were under observation and diagnosed at the County Sanatorium during the year; this figure includes 2 patients from Canterbury City.

It will be seen that 1,698 patients received residential treatment during the year, including 207 children admitted to special institutions for children, 372 patients admitted to various hospitals, 897 to sanatoria and 222 to surgical institutions.

The average duration of treatment of patients suffering from pulmonary tuberculosis was 175 days for males and 161 days for females. In cases of non-pulmonary tuberculosis, the figures were 412 days for males and 323 days for females. These figures include those patients who left institutions before completion of treatment, and against medical advice, on account of domestic or financial troubles, and also those discharged, after a short stay, for disciplinary reasons, or as being unsuitable for treatment.

At the end of 1933 the state of the waiting list was as follows :—

For Sanatoria	Men	8	Women	2	Children	—	Total	10
For Hospitals	"	14	"	1	"	—	"	15
For Surgical Institutions	"	3	"	6	"	10	"	19
Total number on waiting list								44

The following general hospitals in Kent have applied to, and been approved by, the Minister of Health for the treatment of cases of pulmonary tuberculosis :—Gravesend, Canterbury, Folkestone, Margate, Tunbridge Wells and St. Bartholomew's Hospital, Rochester. Particulars of any tuberculous patients from the county area who present themselves direct at these hospitals, are submitted to the nearest tuberculosis officer, so that the patient may be dealt with under the county scheme.

The large majority of adult patients suffering from tuberculosis of bones and joints, as well as other cases of surgical tuberculosis, are admitted for treatment at the Royal Sea Bathing Hospital, Margate. Other institutions used for this purpose will be seen from Table 13.

Reference is made on page 101 to the county orthopædic scheme which came into operation early in 1927. So far as tuberculosis is concerned a minimum of forty-eight beds is provided for under these arrangements at the Alexandra Hospital, Swanley, for children suffering from tuberculosis of the bones and joints.

SPECIAL METHODS OF DIAGNOSIS AND TREATMENT.—The arrangements made with various hospitals throughout the county and in London for the X-ray examination of patients, where needed, in order to assist diagnosis, have been continued. Five hundred and eleven such examinations were made during the year in connexion with the county scheme. Facilities are also available at a number of hospitals for the treatment, by Finsen Light, etc., of lupus and tuberculous skin diseases. Sixty-three patients received this form of treatment during the year. Special arrangements were made in several of these cases for the patients to be "boarded-out" near the hospital in London, as it was impossible for them to travel from their homes each day for treatment. In certain other cases where daily treatment was necessary the County Council provided railway season tickets.

One hundred and thirty-three patients received Artificial Pneumothorax treatment (refills) during the year, and assistance was given in several of these cases towards the cost of travelling expenses.

Payment has also been made in respect of certain patients attending general hospitals as out-patients for special dressings, and massage and electrical treatment.

Specimens of sputum are examined in all cases where possible and the following table shows the result of such bacteriological work during the past fourteen years :—

Year	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
No of Specimens of Sputum examined	2,714	2,571	2,958	3,315	3,501	3,532	3,625	3,737	4,167	4,513	4,775	5,222	5,595	6,015
Percentage positive i.e., Tubercle Bacilli present	23	25	27	26	24	28	27	28	26	25	24	24	24	24

It will be seen that the total number of specimens of sputum examined shows a considerable increase over previous years and that the percentage of specimens in which tubercle bacilli were found to be present, was about the average.

DENTAL TREATMENT.—Forty-two patients received dental treatment (ranging from a single extraction to total extractions and provision of complete dentures) under the county tuberculosis scheme during the year, at a total cost of a little under £160. Such treatment is only given

where, in the opinion of the tuberculosis officer, it is necessary for the proper treatment of the disease, and where the patient has not the means to meet the cost of such treatment.

ANCILLARY NOURISHMENT.—Ancillary nourishment is provided on the recommendation of the district tuberculosis officers, and careful enquiry is made into the financial circumstances of every applicant for this benefit. The tuberculosis officers do their best to ensure that all articles of food supplied are consumed by the patient, the assistance of the medical practitioner in this connexion proving of great value. The nurses and voluntary workers are also helpful in this work.

There are three scales of nourishment in general use, viz., A, B and C, and the following table shows the number of orders issued during the year under each scale :—

" A " (one pint of milk per day)	.. ..	27
" B " (one pint of milk and one egg per day)		778
" C " (one pint of milk and one egg per day, and half a pound of butter per week)	.. ..	299
Special (two pints of milk per day)	.. ..	33
		—
		1,137
		—

All orders issued are for ninety-one days' supply, if required.

SURGICAL APPLIANCES.—The County Council provides surgical appliances on the recommendation of the tuberculosis officers in cases where the financial circumstances of the patient are insufficient to meet the cost. In a few instances, patients or their relatives make some contribution towards the cost of the apparatus.

The following appliances or apparatus were provided during 1933:—

Belt, sacro-iliac	..	1	Splints, ankle	.. ..	1
Boots, surgical	.. ..	25 prs.	„ knee	.. ..	3
Brace, Taylor's	.. ..	1	„ hip	.. ..	3
Calipers	.. ..	6	Straps, Groin and Shoulder	..	1
Crutches	.. ..	6 prs.	Supports, spinal	.. ..	13
Frame, Bradford	.. ..	1	Urinal, rubber	.. ..	1
Pattens	.. ..	3			

The cost of repairs and alteration to various surgical appliances was also met by the County Council.

OPEN-AIR SHELTERS.—No new shelters were purchased during 1933. Ninety-eight shelters are now in use throughout the county, and they continue to be much appreciated. These shelters are loaned to the patients on the recommendation of the tuberculosis officers, and they were used during the year by 147 patients.

Many of these shelters have now been in use for a considerable number of years, and some have been found to be beyond repair and have been condemned.

I wish to thank medical officers of health and sanitary inspectors throughout the county for much valuable help in connexion with the disinfection of the shelters before removal, and also for their assistance in connexion with various repairs.

HOME NURSING.—The present limited nursing staff does not permit of the home nursing of tuberculous patients being undertaken. In a few special cases the dispensary nurse may attend at the home of the patient daily for carrying out dressings, etc. In a few other special cases the local nursing associations have undertaken home nursing. Otherwise in this direction, nothing else has been undertaken under the county scheme.

AFTER-CARE.—The scheme of after-care in the County of Kent is undertaken by the Kent Council of Social Service and my Annual Report for 1927 gave details of the initial organization.

The following is a report issued by the above-mentioned body on the after-care work carried out during the year ended 31st March, 1934 :

Statistics.—In all, 525 patients have been dealt with during the year, as compared with 472 in the previous year. Of these 270 were referred by tuberculosis officers for the first time, and 255 are patients previously referred to whom further help has been given.

Excluding cases still under investigation and applications withdrawn, the needed help has been found for 94 p.c. of the patients referred.

The number of cases referred in each district and an analysis of the types of help given are shewn below :—

Type of help.	Total number of cases.	Needed help given.	Help at present unobtainable.	Application		Percentage of cases successfully dealt with, excluding applications withdrawn and those under investigation.
				with-drawn	still under investigation.	
Employment	75	21	13	6	35	62%
Housing	29	9	3	2	15	75%
Training	7	5	—	1	1	100%
Food	53	48	—	—	5	100%
Care of Children	8	5	—	—	3	100%
Convalescence	32	28	—	2	2	100%
Surgical	7	5	—	1	1	100%
Supervision	95	80	3	1	11	96%
Financial	36	30	1	—	5	97%
Clothes	39	37	—	1	1	100%
General	67	54	—	3	10	100%
Totals	448	322	20	17	89	94%

Not yet classified.

(Detailed reports still awaited from districts) 94

Total 542

Cases referred by tuberculosis officers for the first time during the year	270
Cases referred in previous years on which further action has been taken	255

The total number of patients referred under the scheme since 1928 is 1,279.

TYPES OF HELP GIVEN.—The assistance provided by Local Committees and liaison officers or from the Central Office has included employment, housing, training, education, convalescence, equipment for entry into a sanatorium, the provision of additional garments for patients and members of their families, the provision of food and financial help.

It is gratifying to note that by co-operation between local officers and committees and the Central Committee, constructive help of permanent value to the patient and his family is given, and original

reference on some relatively minor point may lead to more important provision for the patient's welfare. One of the most gratifying features of the work is the tenacity with which the Council's helpers continue their efforts on behalf of individual patients until the desired result is obtained. The high percentage of successes is evidence of this. Action is, however, taken only in consultation with the tuberculosis officer, and the further extension of the scheme depends, therefore, on an increasing measure of co-operation between the tuberculosis officer and liaison officer.

The central clothing store is adequate to meet nearly all demands and two volunteer organisers now assist. A mending group meets regularly to repair and alter clothing presented.

Convalescent Home letters and Surgical Aid letters continue to be collected and used—the former mainly for the benefit of pre-tuberculous children.

LOCAL ORGANISATION.—Following on the removal from the district of the liaison officer for Gravesend, considerable trouble has been experienced in finding a successor. For the time being the more urgent Gravesend cases are being dealt with from the Central Office, and it is hoped that the persistent efforts which have been made during the past year will shortly result in the needed help becoming available.

For all other dispensary districts there is a liaison officer, and in twelve districts these officers are now being assisted by local Committees.

During the year influential representative meetings have been held at Ramsgate and Dover. As a result a particularly good committee has been set up at Ramsgate and has already done much useful work. A committee is about to be established at Dover.

The setting up of committees in other districts is being considered, and further meetings are contemplated.

The Hon. Correspondent to the Lenham Sanatorium has done valuable work and has dealt with seventy-three patients, due for early discharge; normally the circumstances are reported to the local liaison officer, who makes every effort to ensure that the patient will return to satisfactory conditions.

OCCUPATION AND EMPLOYMENT.—A glove-making class has been arranged at Dover and as a result, several pupils are now making gloves. A second glove-making class was arranged at Lenham and is still in progress. Close touch has been kept with the woodworking class started at Lenham Sanatorium and as members of this class leave the Sanatorium efforts are made to help them. A few individual patients continue to make stools and have been considerably assisted with instructions and designs. For gloves and stools the Central Office acts as selling agent and additional volunteer help has been obtained for this purpose.

At the County Fair, the Kent County Agricultural Show and the Tunbridge Wells Agricultural Show, gloves, stools, pewter work and leather work by patients was exhibited and sold. Orders for stools have been placed by four London firms and satisfactory sales were effected in the county at Christmas time.

PUBLIC LECTURES.—Lectures have been organised in conjunction with the National Association for the Prevention of Tuberculosis at Maidstone, Ramsgate and Canterbury.

An instructional Conference of Health Helpers (the fourth of its kind) was held at Tonbridge.

CASE AID.—The Council continues to administer a case fund, raised from voluntary sources, from which assistance is given in cases of special difficulty, more especially where constructive help is needed, e.g., for training purposes.

In conjunction with the National Association for the Prevention of Tuberculosis a Christmas Seal Sale was organised experimentally in ten districts to assist this case fund, and to provide local funds to be at the disposal of liaison officers for case work. A profit of £281 was shown; of this £168 was distributed among the districts concerned and £113 was retained in the central case fund. It is hoped that this source of income will be substantially increased next year and that this annual effort will provide the means for regularly replenishing the central and district case funds, thereby enabling a wider measure of constructive help to be given. The central case fund received a contribution of £25 from the Community Council.

GENERAL.—With the assistance of the County Medical Officer of Health, notes for the guidance of liaison officers and Care Committees under the title "Tuberculosis Care Work in Kent" have been revised and will be republished.

TUBERCULOUS EX-SERVICE MEN.—The following certificates and reports were issued during the year by the tuberculosis officers on behalf of the Ministry of Pensions :—

1.—Certificates on M.P.M.S.D. 81 (Revised) on admission of an ex-service man to residential treatment or to dispensary treatment	30
2.—Certificates on M.P.M.S.D. 81A where the Tuberculosis Officer considers that treatment allowances may be payable by the Ministry of Pensions in respect of general practitioner treatment or in respect of dispensary treatment or certificates called for by the Ministry of Pensions on M.P.M.S.D. 81B	14
3.—Reports called for by the Deputy Commissioner of Medical Services on a case appearing before a Medical Board (M.P.M.S.D. 122)	6
4.—Reports on a case of a man in receipt of special rates of pension on account of pulmonary tuberculosis (M.P.A. 36T.O.)	12

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925 AND SECTION 62 OF THE PUBLIC HEALTH ACT, 1925.—No action was taken during 1933. Early in 1926, the County Council applied to the Ministry of Health to be declared an authority to execute and enforce the Prevention of Tuberculosis Regulations, and this was granted by Order No. 70909, dated 9th June, 1926.

COUNTY DISPENSING STATION.—Particulars of medicines supplied for the use of the tuberculosis service during the last financial year are as follows :—

	Bottles of Medicine (including Cod Liver Oil Preparations).	Lozenges and Pastilles.	Ointments.	Surgical Dressings.	Bandages.	Pills, Capsules, etc.
1933-34.		lbs.	Boxes.	lbs.	No.	No.
To Dispensaries	35,712	99	268	38	48	7,220
To Lenham Sanatorium	5,685	184	132	632	1,224	8,400
To Cranbrook Convalescent Home	250	8	20	36	168	—

This statement does not include such items as clinical thermometers, inhalers, acids, spirits, etc., or disinfectants, etc., supplied in bulk.

LENHAM SANATORIUM.

ACCOMMODATION.—165 Beds. 90 Male. 75 Female.

STAFF.—Medical Superintendent—

Frederick James Pierce, M.R.C.S. (Eng.), L.R.C.P. (Lond.),
D.P.H. (Camb.).

Assistant Medical Officer—James Stuart Robertson, M.B.,
Ch.B., D.P.H.

Matron—Miss R. C. Goodwin, S.R.N.

Chaplain—Rev. O. F. R. Strickland.

Nonconformist Chaplain—Mr. V. C. Feesey.

Roman Catholic Priest—Rev. Father M. E. Lynch.

In addition the staff consists of two engineers, two clerks, six sisters, fifteen nurses, one cook, one storekeeper, twenty domestics (eight male and twelve female), two laundry maids, two stokers, four porters, one maintenance man, one bailiff, one laundry man and two gardeners.

Dr. Pierce has assisted me in writing the following report :—

During the year 350 patients were discharged (185 males and 165 females). These figures include fifty patients admitted for diagnosis, 14 of whom, after a period of observation, proved to be tubercular and were recommended for further treatment. During the year there were 14 deaths (8 males and 6 females).

The average length of stay for males was 182 days and for females 157 days. There were six more discharges as compared with the previous year.

Ninety patients attended the sanatorium for special radiographs (43 males and 47 females), a decrease of 39 compared with the previous year.

The number of out-patient attendances for pneumothorax refills was 905 (582 males and 323 females). The total number attending the Sanatorium for this treatment is 77 (46 males and 31 females).

During the year there were 41 pneumothorax inductions (21 males and 20 females), 5 of which had to be abandoned (2 males and 3 females). Approximately 88% were, therefore, successful.

Treatment by Gold Salts is still continued, 35 cases receiving this special form of treatment. Although not accepted by all, it is of definite value in suitable cases. Approximately ten per cent. of the patients discharged were recommended for treatment by Gold Salts and in a certain number of these cases it was discontinued for various reasons.

Six patients have been transferred to hospital for special surgical treatment.

Dental treatment was recommended in 15 cases during the year (12 males and 3 females).

On the male side, no alteration has been made in the routine exercises, which are mostly undertaken in the garden. An addition to the garden is a rockery adjacent to the female section, in which quite a number of female patients are interested.

Under one of the staff, acting as instructor, a number of male patients are learning to make small wooden toys, for which there seems a ready sale among their friends and visitors to the Sanatorium; the proceeds are handed over to the patients aid fund. This form of occupational therapy has considerable value and may be profitable.

A classification is given in Table "A" below of cases discharged and the results of treatment. In reading these tables, the following short summary of the classification used should be referred to :—

Class " A " Cases in which tubercle bacilli have never been demonstrated in the sputum.

Class " B " Cases in which tubercle bacilli have at any time been found.

Group 1. Cases with slight constitutional disturbance, if any, e.g., there should not be marked acceleration of pulse nor elevation of temperature except of very transient duration ; gastro-intestinal disturbance or emaciation , if present, should not be excessive.

The obvious physical signs should be of very limited extent as follows :—either present in one lobe only and in the case of an apical lesion of one upper lobe not extending below the second rib in front or not exceeding an equivalent area in any one lobe ; or where these physical signs are present in more than one lobe they should be limited to the apices of the upper lobes and should not extend below the clavicle in front or the spine of the scapula behind.

No complication (tuberculous or other) of prognostic gravity should be present. A small area of dry pleurisy should not exclude a case from this group.

Group 3. Cases with profound systemic disturbances or constitutional deterioration ; with marked impairment of function, either local or general, and with little or no prospect of recovery.

Group 2. All cases which cannot be placed in Groups 1 and 3.

TABLE A.

Classification on admission to the Institution.		Condition of lungs on discharge.	Duration of Treatment in the Institution.																Total	
			Under 3 months.				3-6 months.				6-12 months.				More than 12 months.					
					Ch.				Ch.				Ch.				Ch.			
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Pulmonary Tuberculosis.		Class A.	Quiescent ..	3	8	—	—	27	22	1	—	13	25	1	3	1	—	—	—	1044
			Not Quiescent	1	3	—	—	7	8	—	—	6	6	—	3	1	1	—	—	366
			Died	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	—	33
		Class B. Group 1.	Quiescent	2	—	—	—	9	5	—	—	6	5	—	1	1	—	—	—	299
			Not Quiescent	2	3	—	—	4	3	—	—	7	3	—	—	1	1	—	—	244
			Died	1	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	44
		Class B. Group 2.	Quiescent	—	—	—	—	9	4	—	—	3	6	1	—	1	1	—	—	255
			Not Quiescent	11	2	—	—	15	8	—	1	20	10	—	1	5	3	—	—	766
			Died	2	—	—	—	—	2	—	—	—	—	—	1	1	—	—	—	66
		Class B. Group 3.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
			Not Quiescent	—	1	—	—	1	—	—	—	3	—	—	—	1	—	—	—	63
			Died	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	11
Observation for diagnosis.				Under 1 week.				1-2 weeks.				2-4 weeks.				More than 4 weeks.				
		Tuberculous	1	1	—	—	—	—	—	—	—	4	1	—	—	3	1	—	3	141
		Non-Tuberculous ..	—	—	—	—	—	1	—	—	—	4	1	—	—	5	15	—	—	261
		Doubtful	—	—	—	—	—	—	—	—	—	1	—	—	—	4	5	—	—	101

The various groups to which these patients are classified are :—

	Males—	Females—
Group A.	62 or 36.2%	81 or 56.6%
Group B. 1.	36 or 21.0%	21 or 14.7%
B. 2.	68 or 39.9%	39 or 27.3%
B. 3.	5 or 2.9%	2 or 1.4%
Quiescent ..	158, i.e., 50.3%	Of total patients discharged (excluding " Non-tuber- cular " and " Doubtful " cases)
Not Quiescent	142, i.e., 45.2%	
Died ..	14, i.e., 4.5%	

Table "A" shows a definite improvement in the type of case admitted, there being fewer in groups B 2. and B 3., as compared with the previous year. Consequently there were more in Groups—Class "A" and B 1., the type of patient in which there is a greater chance of improvement.

The number of patients discharged as "quiescent" has also increased as compared with the previous year.

The general improvement has also been reflected in Table "B." which shows a larger number of patients as "fit for work" on discharge.

TABLE "B."—Showing numbers of patients considered to be fit for work on discharge from the Lenham Sanatorium during the year 1933 :—

MALES.		FEMALES.	
Classifications :—(X) Fit for the highest grade Sanatorium work. (Y) Fit for light work. (Z) Unfit for work.			
	Classification on Discharge.		Classification on Discharge.
Class " A "	61 $\begin{matrix} X & \left\{ \begin{matrix} 21 & (34.4\%) \\ Y & \left\{ \begin{matrix} 33 & (54.1\%) \\ Z & \left\{ \begin{matrix} 7 & (11.5\%) \end{matrix} \end{matrix} \right. \end{matrix} \right. \end{matrix}$	Class " A "	79 $\begin{matrix} X & \left\{ \begin{matrix} 38 & (48.1\%) \\ Y & \left\{ \begin{matrix} 21 & (26.6\%) \\ Z & \left\{ \begin{matrix} 20 & (25.3\%) \end{matrix} \end{matrix} \right. \end{matrix} \right. \end{matrix}$
Class " B " 1	32 $\begin{matrix} X & \left\{ \begin{matrix} 7 & (21.9\%) \\ Y & \left\{ \begin{matrix} 18 & (56.2\%) \\ Z & \left\{ \begin{matrix} 7 & (21.9\%) \end{matrix} \end{matrix} \right. \end{matrix} \right. \end{matrix}$	Class " B " 1	21 $\begin{matrix} X & \left\{ \begin{matrix} 6 & (28.6\%) \\ Y & \left\{ \begin{matrix} 4 & (19.0\%) \\ Z & \left\{ \begin{matrix} 11 & (52.4\%) \end{matrix} \end{matrix} \right. \end{matrix} \right. \end{matrix}$
Class " B " 2	65 $\begin{matrix} X & \left\{ \begin{matrix} 12 & (18.5\%) \\ Y & \left\{ \begin{matrix} 25 & (38.4\%) \\ Z & \left\{ \begin{matrix} 28 & (43.1\%) \end{matrix} \end{matrix} \right. \end{matrix} \right. \end{matrix}$	Class " B " 2	36 $\begin{matrix} X & \left\{ \begin{matrix} 9 & (25.0\%) \\ Y & \left\{ \begin{matrix} 13 & (36.1\%) \\ Z & \left\{ \begin{matrix} 14 & (38.9\%) \end{matrix} \end{matrix} \right. \end{matrix} \right. \end{matrix}$
Class " B " 3	5 $\begin{matrix} X & \left\{ \begin{matrix} — & (—) \\ Y & \left\{ \begin{matrix} 1 & (20.0\%) \\ Z & \left\{ \begin{matrix} 4 & (80.0\%) \end{matrix} \end{matrix} \right. \end{matrix} \right. \end{matrix}$	Class " B " 3	1 $\begin{matrix} X & \left\{ \begin{matrix} — & (—) \\ Y & \left\{ \begin{matrix} — & (—) \\ Z & \left\{ \begin{matrix} 1 & (100.0\%) \end{matrix} \end{matrix} \right. \end{matrix} \right. \end{matrix}$

Excluding 14 deaths (8 males and 6 females).

Analysis of above table :—

	Males.	Females.
Fit for highest grade sanatorium work ..	40	53
Fit for light work	77	38
Unfit for work	46	46

TABLE "C."—Showing the increase of weight of patients discharged from the Lenham Sanatorium during the year 1933.

Classification on Admission.	INCREASE (in pounds).					Weight Stationary.	Weight Lost.	Percentage showing increase.	Totals.
MALES	0—5	5—10	10—15	15—20	Over 20				
Class " A "	5	11	22	16	5	—	2	96·7	61
Class " B " 1	8	9	8	3	2	—	2	93·7	32
Class " B " 2	13	18	16	7	1	2	8	84·6	65
Class " B " 3	—	3	1	—	—	—	1	80·0	5
FEMALES.									
Class " A "	14	20	19	13	10	—	3	96·2	79
Class " B " 1	5	4	2	4	3	—	3	85·7	21
Class " B " 2	9	7	6	6	2	2	4	83·3	36
Class " B " 3	—	—	—	—	—	1	—	—	5

Excluding 14 deaths (8 males and 6 females).

TABLE "D."—Showing results of examination of sputum on admission to, and discharge from the Lenham Sanatorium during the year, 1933.

Sex.	Total.	No Sputum.	— On admission. — On discharge.	— On admission. + On discharge.	+ On admission. — On discharge.	+ On admission. + On discharge.
Males ..	171	35	58	16	36	26
Females	143	76	28	3	20	16
Totals ..	314	111	86	19	56	42

Plans for a new male patients' recreation room and general entertainment hall, have been considered. During the coming year it is hoped the work on this building will be in progress.

The enlargement to the X-ray room, which provides a dark room and waiting room, has been completed. This has proved a great comfort to both staff and patients.

Certain additions to the male and female sections have been completed. These comprise a Sister's office on the ground floor and an examining room on the upper floor. These additions have been of great service.

A library, well conducted by the male patients, continues to provide recreation for a number of bed patients, for which books are received from time to time from the County Library. Also magazines and periodicals have been given by private individuals and are greatly appreciated.

CRANBROOK CONVALESCENT HOME.

STAFF.—Visiting Surgeon—R. A. Ramsay, M.A. (Camb.), M.C., M.B. F.R.C.S. (Eng.), L.R.C.P. (Lond.).

Local Visiting Medical Officer—H. C. M. Brett, M.R.C.S., L.R.C.P., L.S.A.

Chaplain—Rev. C. H. Tompkins.

Matron—Miss A. E. Pleasance.

Three nurses, three maids, one gardener and one part-time clerk.

The accommodation at this institution, 26 beds, has been fully occupied throughout 1933. 37 patients were discharged during the year, including 2 men, 5 women and 30 children, and their average duration of stay was 356 days.

The condition of 30 patients had improved with treatment, 7 of these had the disease arrested, and 7 were regarded as cured. 16 were fit for school or light work, on discharge. In six cases there was no improvement and nine patients were transferred to various hospitals for operative treatment.

Three patients were removed from the institution by parents before treatment was completed, one patient was discharged as non-tuberculous, and one case as doubtful.

Arrangements continue with the authorities of the Tunbridge Wells General Hospital for the X-ray examination of patients receiving treatment at this institution, when recommended by the Visiting Surgeon. Dental treatment when necessary is carried out by a local dentist and minor operations are undertaken by the Visiting Surgeon.

Several gifts (e.g., books and toys) have been made to the Home, and the donors are assured that their kindness is much appreciated.

NON-NOTIFIABLE DISEASES.

Mortality rate per thousand of the civil population from measles, whooping-cough and diarrhoea during the past ten years :—

Year.	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	
										Kent	England and Wales.
Measles ..	0.07	0.04	0.09	0.002	0.07	0.05	0.04	0.05	0.08	0.005	0.05
Whooping Cough ..	0.05	0.14	0.06	0.09	0.03	0.13	0.03	0.03	0.06	0.046	0.05
Diarrhoea ..	4.37 0.08	3.94 0.07	5.97 0.10	4.77 0.08	4.37 0.07	6.85 0.11	3.53 0.06	2.89 0.05	4.97 0.08	4.111 0.058	7.1 ?

The death-rates from diarrhoea 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).

MEASLES. As mentioned on page 42, this disease was notifiable in certain areas during the year—the districts, the period during which notification was in force, and the numbers of cases notified, being as follows: *Folkestone Borough* whole year, 19 cases of measles and 49 cases of rubella; *Herne Bay Urban* (whole year) 6 cases of measles and 3 cases of rubella; *Sevenoaks Urban* (whole year) 4 cases of measles; *Bromley Rural* (whole year) 90 cases of measles; *Sevenoaks Rural* (whole year) 16 cases of measles; and *Thanet Rural* (whole year) 35 cases of measles and 7 cases of rubella.

The deaths from measles in the whole of the county totalled six—a striking diminution compared with the ninety deaths of 1932; and the death rate fell from 0.08 to 0.005.

All teachers in the area of the Kent Education Committee are supplied with forms on which to notify to the local medical officers of health and to the County Medical Officer any definite or suspected cases of measles among their scholars. These notifications are forwarded by the County Health Department to the County health visitors, who visit the homes of the children where possible.

No school closures were necessary on account of measles; but certificates are issued by the County Medical Officer when the weekly average attendance at any school in the Kent Education Committee's area falls below 60 p.c. in consequence of infectious diseases. During 1933, nine of the 218 certificates so issued were the result of measles prevalence, while in ten other cases either measles or rubella was associated with other illness as the cause of the low attendance. These figures show the greatly lessened incidence of the disease as compared with 1932.

There are but few references to the disease in the district reports. In *Penge Urban* measles was rather prevalent during the middle period of the year; and in *Malling Rural* reference is made to "a heavy measles epidemic."

WHOOPING-COUGH. This disease also would appear to have been less prevalent in 1933 than in the preceding year. The deaths showed a slight decline, from 63 to 57, and the death-rate fell from 0.06 to 0.046. No school closures were necessary; but eleven of the certificates mentioned above were the result of outbreaks of whooping-cough, and in twenty-one other cases this disease was one of the causes of the low attendance necessitating such certificates.

DIARRHOEA. The deaths from this disease totalled 72—60 in urban districts and 12 in rural districts. The death-rates fell to 4.111 (per thousand births) and 0.058 (per thousand of population), in each case a reduction on the figures of the previous year. The highest total recorded was six deaths in *Gillingham Borough*. As mentioned on page 42 the disease is notifiable in *Beckenham Urban* during the summer months of each year.

CHICKEN-POX. This disease is notifiable in certain districts, set out on page 42. The notifications in such districts during 1933 totalled 320, a sharp increase on the figure of 234 in 1932.

INFLUENZA. There was again a sharp rise in the number of deaths from influenza—from 410 in 1932 to 593 in 1933. The death-rate rose from 0.34 to 0.48. In *Whitstable Urban* reference is made to the prevalence of influenza in the early part of the year; and Dr. Selby, of *Faversham, Rural*, states that "influenzal pneumonia and lobar pneumonia were very prevalent—twenty-two cases notified, with thirteen deaths; and many cases not notified, died."

HOME NURSING. The arrangements for the home-nursing of certain specified illnesses, in various districts of the county, have been referred to in my reports for the past few years. I have no information of any changes during 1933.

CANCER. The following tabulation shows the mortality from cancer recorded in Kent during the past ten years :—

Kent.	1924.	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.
URBAN.										
No. of Deaths ..	1,094	1,132	1,162	1,204	1,244	1,255	1,322	1,324	1,385	1,470
Death-rate ..	1.41	1.46	1.47	1.51	1.54	1.52	1.58	1.57	1.59	1.65
RURAL.										
No. of Deaths ..	434	448	434	474	521	511	477	503	530	579
Death-rate ..	1.32	1.36	1.32	1.43	1.54	1.51	1.42	1.49	1.53	1.63
TOTAL.										
No. of Deaths ..	1,528	1,580	1,596	1,678	1,765	1,766	1,799	1,827	1,915	2,049
Death-rate ..	1.38	1.43	1.43	1.49	1.54	1.52	1.53	1.55	1.58	1.64
England and Wales.										
Death-rate ..	1.29	1.33	1.36	1.38	1.43	1.44	1.46	1.49	—	—

Table 14 sets out the average annual death-rates from cancer in each sanitary district in the county arranged in diminishing sequence. The age and sex distribution of the deaths, during the past ten years, is as follows :—

		All ages.	0-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 up- wards.
1924.	{ M. ..	708	—	—	2	4	9	37	293	363
	{ F. ..	820	—	—	—	2	4	61	350	403
1925.	{ M. ..	737	—	—	2	3	1	32	298	401
	{ F. ..	843	—	—	—	1	1	73	330	438
1926.	{ M. ..	691	1	—	3	2	4	29	292	360
	{ F. ..	905	—	1	3	2	1	80	379	439
1927.	{ M. ..	821	—	—	—	—	7	42	327	445
	{ F. ..	857	—	—	2	2	4	68	350	431
1928.	{ M. ..	813	1	2	2	1	5	40	337	425
	{ F. ..	952	—	—	—	—	2	90	386	474
1929.	{ M. ..	782	—	—	4	5	3	42	295	433
	{ F. ..	984	1	—	1	2	4	89	379	508
1930.	{ M. ..	853	—	—	—	2	—	30	332	489
	{ F. ..	946	1	—	2	1	5	69	371	497
1931.	{ M. ..	819	—	—	—	3	2	33	308	473
	{ F. ..	1,008	1	—	1	1	3	76	415	511
1932.	{ M. ..	938	—	—	—	2	5	40	394	497
	{ F. ..	977	—	1	1	—	4	76	409	486
1933.	{ M. ..	914	—	—	2	4	4	43	322	539
	{ F. ..	1,135	1	—	1	3	4	73	443	610

Once again the death-rate shows an increase, in which both the urban and the rural areas share.

There is no mention of special enquiries or special action in any of the district summaries ; neither is there any evidence of undue prevalence of the disease in particular areas, or in particular organs.

TABLE 14.—CANCER DEATH RATES in each Sanitary District in the County of Kent, arranged in diminishing sequence.

District.	Average yearly death- rate of 26 years, 1908-1933.	Death-rate, 1908.	Death-rate, 1932.	Death-rate, 1933.	District.	Average yearly death- rate of 26 years, 1908-1933.	Death-rate, 1908.	Death-rate, 1932.	Death-rate, 1933.
Tunbridge Wells B.	1.85	1.35	1.66	2.33	Lydd B.	0.99	0.36	0.71	1.41
Whitstable U.	1.79	1.02	1.68	2.77	Dartford U.	0.99	0.62	1.68	1.10
Southborough U.	1.66	1.67	1.36	2.15	Cheriton U.	0.84	0.75	0.84	0.92
Raingate B.	1.65	1.25	2.37	1.79	Queenborough B.	0.81	1.00	1.02	0.66
Deal B.	1.63	0.94	2.17	1.89	Crayford U.	—	—	0.97	1.41
Herne Bay U.	1.62	1.02	1.27	2.74	Swanscombe U.	—	—	1.28	1.18
Broadstairs U.	1.58	1.86	1.18	1.61	All Urban Districts	1.32	0.89	1.59	1.65
Folkestone B.	1.52	0.85	2.05	2.00	Elham	1.55	1.31	1.61	2.14
Ashford U.	1.49	0.76	2.33	2.16	Ashford, West	1.54	1.22	1.57	2.15
Sevenoaks U.	1.49	1.07	1.84	1.64	Cranbrook	1.52	1.30	1.25	1.39
Margate B.	1.48	1.09	1.83	1.99	Ashford, East	1.45	1.12	2.60	2.14
Tenterden B.	1.43	nil.	1.79	2.09	Hollingbourn	1.44	0.24	1.47	1.93
Wrotham U.	1.43	0.77	1.74	1.31	Bridge	1.39	0.39	1.44	1.68
Sidecup U.	1.41	1.19	1.73	1.84	Tonbridge	1.35	1.29	1.31	2.39
Faversham B.	1.37	1.08	1.36	1.57	Maidstone	1.34	0.79	1.62	1.47
Hythe B.	1.37	1.44	1.92	1.55	Sevenoaks	1.33	1.13	1.82	1.80
Bromley B.	1.37	0.99	1.67	1.46	Blean	1.33	0.84	1.87	1.36
Beckenham U.	1.36	0.94	1.68	1.56	Tenterden	1.32	1.03	1.58	1.71
Penge U.	1.36	0.92	1.52	1.22	Malling	1.31	0.78	1.65	1.37
Maidstone B.	1.35	0.95	1.65	1.38	Bromley	1.28	1.77	1.14	1.22
Gravesend B.	1.33	0.90	1.43	1.71	Dover	1.25	0.49	1.69	2.09
Walmer U.	1.32	0.33	2.51	2.71	Faversham	1.25	1.27	1.49	1.62
Dover B.	1.29	0.93	1.50	1.63	Milton	1.20	0.83	1.11	0.98
Rochester C.	1.26	0.77	1.30	1.76	Eastry	1.19	0.90	1.66	1.51
Tonbridge U.	1.25	0.74	1.54	1.54	Thanet	1.17	0.55	1.16	1.65
Sandwich B.	1.23	0.32	2.40	1.49	Hoo	1.14	0.97	1.74	1.53
New Romney B.	1.22	1.51	1.22	2.96	Strood	1.12	0.91	1.66	2.00
Sandgate U.	1.22	nil.	1.09	1.77	Romney Marsh.	1.05	0.79	1.34	0.97
Chatham B.	1.16	0.84	1.19	1.52	Dartford	0.97	0.61	1.37	1.55
Sittingbourne and Milton U.	1.14	0.65	1.53	1.43	Sheppey	0.92	1.22	1.69	1.00
Bexley U.	1.14	0.77	1.31	0.92	All Rural Districts	1.27	0.94	1.53	1.63
Northfleet U.	1.10	0.50	2.01	2.15	All Urban Districts	1.32	0.89	1.59	1.65
Sheerness U.	1.09	0.69	1.97	1.18	Whole County ..	1.30	0.90	1.58	1.64
Chislehurst U.	1.07	0.62	1.01	1.41					
Gillingham B.	1.06	0.62	1.13	1.76					
Erith U.	1.04	0.52	1.87	1.81					

BRITISH EMPIRE CANCER CAMPAIGN. In the Eleventh Annual Report of the British Empire Cancer Campaign it is stated that knowledge is increasing about the cancer cell and about the chemical reactions which occur within it, in the body. "Such knowledge is certainly of a kind to justify a sober optimism for the enigma of the cancer cell may be looked upon as the last defence of the disease. If this defence crumbles, as it seems to be doing, the attack can at last be pushed home."

This study of the cancer cell is being made from many different angles. One enquiry is into the way in which the cell obtains the energy necessary for its growth, and the exact nature of the chemical processes involved; another is elucidating the effects on the growing cell produced by the hormones; another, the manner in which the cell divides; another, the changes in the cell which are produced by exposure to the *Gamma* rays of radium, and so on.

In the meantime, study of those chemical agents which are known to be capable of producing cancer is being actively pursued. "The discovery of these agents was made many years ago, when it was observed that workers in the Scottish shale industry tended to develop warts on their hands which, not infrequently, became cancerous. This observation attracted widespread attention. In process of time some association was recognized between the chimney-sweep's cancer of an earlier age, the shale-worker's cancer and a form of cancer met with among mule spinners, and connected, apparently, with the paraffin lubricant of their machines. Knowledge remained scanty, however, until the late Dr. Archibald Leitch instituted, at the Research Department of the Cancer Hospital, a careful new survey of the ground and showed that chemical agents capable of producing cancer undoubtedly existed in some mineral products. This work was carried to a triumphant conclusion by his successors, who have been able, as was recounted last year, to obtain the cancer-producing substance in a pure form, and in addition to prepare synthetically a similar product endowed with the same power." As a natural result of this achievement the question arose as to whether or not there can be produced in the human body substances capable of acting as carcinogenic agents. A careful study was made of the relations existing between the body hormones and the growth of cancer cells—and this study has been helped by the discovery of the exact chemical composition of some of the hormones, and this in turn has enabled such hormones to be made, synthetically, in the laboratory.

Work has been carried on for some time, in the production of an anti-cancer serum. Such an anti-serum could be produced, but it possessed two serious drawbacks—there was a lack of potency since tumours could be made to diminish but not always to disappear completely, and it was effective only when newly prepared. Further work in this direction has been successful; the anti-serum can now be concentrated, and it can be kept in a state of potency for three or four months.

It has been known for a long time that heredity is important in determining the incidence of cancer, but the exact nature of the hereditary factor remains undiscovered. It is supposed, however, that there exists in certain people an inherited tendency for some of the body cells to undergo mutation for excessive growth at a given age; and this view is supported by work during the year on the disease known as multiple adenomatosis.

Another branch of work is proceeding in the inbreeding of mice to two main strains—one which is highly susceptible to artificially induced cancer, the other possessed of a high degree of resistance.

Search has been continued for chemical substances which have a definite, specific, noxious effect on cancer cells exclusively; and this has proved to be a very difficult enterprise. 164 compounds have been tried, but only forty-four of these have been found suitable for use upon tumours, and only three have been admitted as suitable for trial in the treatment of human cancer. Each of these three compounds is now being so used.

Another line of work is in the grading of malignant tumours in relation to the observed results of operative removal. Observations are being made to determine the paths of spread, the frequency of involvement of the lymphatics, and the nature of such involvement.

Reference is made above to the work on cancer-producing substances and the association of these substances with mineral oils. "This work, happily, has had an important practical result in the discovery of a simple method of rendering such oils harmless. The new method ought to bring about the abolition of mule spinner's cancer. Further, it is now possible without resort to animal experiments, to ascertain whether or not any sample of a commercial oil possesses cancer-producing powers. These achievements furnish excellent examples of the prevention of cancer as a result of scientific study."

A new serum test for the detection of cancer has been tested in some three hundred cases, and has furnished correct information in about 80 p.c. of instances. This percentage is too low to be of great practical worth, but hopes are entertained that the method can be developed and improved.

Great improvements have taken place in the method of using radium bombs. The earlier dangers of this method have been overcome, and the bombs have become comparatively safe, and are proving effective, particularly in certain areas of the body.

There have been some striking examples of "a real advance in treatment" by the evolving of a new way of using X-rays in cases of cancer of the œsophagus or gullet; in some cases there has been complete disappearance of the tumour. It is impossible at present to make any claim that permanent cure has been achieved, but the work will be continued.

VENEREAL DISEASES.

The following is a list of the Kent county clinics :

Situation of Clinic.	Days and Times of Consultations.	Days and Hours for Irrigation.	Medical Officers in Charge.
1 Barrow Hill Place, Ashford	Men : Mondays 5 p.m. to 6 p.m. Women : Mondays 4 p.m. to 5 p.m.	Men Mon. to Fri., 6.30 to 8 p.m.	C. M. Ockwell, M.B., B.S., F.R.C.S., L.R.C.P., D.P.H.
Kent and Canterbury Hospital, Canterbury	Men : Thursdays 6 p.m. Women : Tuesdays 6 p.m.	Women Daily, 9.30 a.m. Men Daily except Sun., 5.30 to 6.30 p.m.	H. S. Wachter, M.R.C.S., L.R.C.P., and F. L. Cassidi, M.B., Ch.B., M.R.C.S., L.R.C.P.
37 West Hill, Dartford	Men : Mondays 4.30 p.m. to 6.30 p.m. Wednesdays 5 p.m. to 6 p.m. Women : Tuesdays 4 p.m. to 6 p.m.	Men Daily except Sat. and Sun., 6 to 7 p.m. Women Mon., Wed., Thurs. and Fri., 2 to 5 p.m., Tues., 2 to 5.30 p.m.	M. W. Renton, M.D., D.P.H., and C. M. Ockwell.
Royal Victoria Hospital, Dover	Men : Mondays 8 p.m. Thursdays 4 p.m. Women : Mondays 8 p.m. Thursdays 4 p.m.	Men and Women Daily (except Sun.) by arrangement.	T. J. Cobbe, M.B., Ch.B., B.A.O., F.R.C.S.
13 South Road, Faversham	Men : Mondays 6.30 p.m. to 7.30 p.m. Women : Saturdays 1.30 p.m. to 2.30 p.m.	Men Mon., Tues., Thurs. and Sat. at 6 p.m. Women Daily by appointment.	C. M. Ockwell.
Royal Victoria Hospital, Folkestone	Men : Fridays 7.30 p.m. to 9.30 p.m. Women : Mondays 3.30 p.m. to 5.30 p.m.	Men Daily, except Sun., 6.30 to 7.30 p.m. Women by appointment.	W. C. P. Barrett, M.R.C.S., L.R.C.P.
22 Cobham Street, Gravesend	Men : Tuesdays 11 a.m. to 12.45 p.m. Thursdays 4.45 p.m. to 6.30 p.m. Women : Tuesdays 12.45 p.m. to 2.30 p.m. Thursdays 3 p.m. to 6.30 p.m. (See footnote)	Men Mon., Wed., Fri., 5.30 to 7 p.m., Tues., 11 a.m. to 12.45 p.m., 5.30 to 7 p.m., Thurs 4.45 to 7 p.m., Sat., 2 to 3 p.m. Women Mon., 9 a.m. to 12 noon and 1 to 5 p.m., Tues., 12.45 to 3 p.m., Wed., 9 to 11.30 a.m., Thurs., 2.30 to 4.45 p.m., Fri., 9 a.m. to 12 noon and 1 to 5 p.m., Sat., 9 a.m. to 12 noon.	H. Nicol, F.R.C.S., L.R.C.P.
Eton House, St. Peter's Road, Margate	Men : Saturdays 5 p.m. to 6.30 p.m. Women : Saturdays 3.30 p.m. to 5 p.m.	Men Mon. to Fri., 6.30 to 8 p.m.	C. M. Ockwell.
36 New Road, Rochester	Men : Tuesdays 3 p.m. to 7 p.m. Thursdays 11 a.m. to 2.30 p.m. Women : Tuesdays 3 p.m. to 7 p.m. Thursdays 11 a.m. to 2.30 p.m. (See footnote)	Men Mornings (except Tues.) 10 a.m. to 1 p.m., Afternoons (except Sat.), 2 to 4.30 p.m., Evenings (except Fri.), 5.30 to 8.30 p.m., Fri., 7.15 to 9 p.m. Women daily, except Tues. and Sat., 9 a.m. to 12 noon, and 1 p.m. to 4 p.m. Tues. 1 to 6.30 p.m. Sat. 9 a.m. to 12 noon.	H. Nicol, R. Erskine Gray, L.M.S.S.A. (Assistant).
61 Alma Road, Sheerness	Men : Saturdays 11 a.m. to 12 noon. Women : Saturdays 12 noon to 1 p.m.	Men Daily by arrangement. Women by appointment.	C. M. Ockwell.
General Hospital, Tunbridge Wells	Men : Fridays 3 p.m. Women : Wednesdays 5 p.m.		R. W. Ranking, B.A., M.D., B.Ch., M.R.C.S., M.R.C.P. and F. B. Manser, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P.

GRAVESEND. On the first and third Thursdays in each month the Gravesend Clinics open and close on hour later.
 ROCHESTER. On the first and third Thursdays in each month the Rochester Clinics remain open for one hour longer.

The Kent County Council are participants in the London and Home Counties scheme.

The following are figures relating to the work of the Kent clinics :—

TABLE 15—Summary of work at separate clinics during 1933.

Clinic.	Number of openings.	Number of persons re-moved from the register during any previous year who returned for treat-ment or observation of the same infection.	New Patients.				Number of persons (ex-clusive of those under previous heading) dealt with for the first time, known to have received treatment at other centres for the same infection.	Attendances.						In-Patient Treatment.		Patients discharged, including transfers.	Still under Treatment.	Number of doses of arsenebenzene com-pounds given.
			Syphilis.	Soft Chancre.	Gonorrhoea.	Not Venereal Diseases.		Syphilis.	Soft Chancre.	Gonorrhoea.	Not Venereal Diseases.	Attendances of Patients for Irrigation.	Patients.	Days.				
Ashford ..	47	1	2	—	5	3	5	264	—	74	4	85	—	—	13	24	68	
Canterbury	84	6	10	—	11	22	10	398	—	56	88	143	1	62	40	40	266	
Dartford ..	149	3	8	—	40	38	5	273	—	566	72	2,913	—	—	84	42	98	
Dover ..	101	10	14	—	34	17	8	945	—	272	55	1,732	5	29	34	88	682	
Faversham	86	2	4	1	3	8	2	175	6	139	16	359	—	—	15	19	75	
Folkestone	100	6	7	1	7	8	13	156	3	78	17	212	—	—	24	19	128	
Gravesend	104	67	67	12	132	55	28	2,809	48	2,336	87	6,376	—	—	274	350	1,125	
Margate ..	51	1	19	1	32	36	6	964	3	350	72	2,512	—	—	81	54	157	
Rochester	156	75	107	13	217	147	54	6,297	103	4,847	226	13,871	—	—	645	505	3,552	
Sheerness ..	51	1	2	—	3	5	2	103	—	106	10	123	—	—	18	12	39	
Tunbridge Wells ..	104	—	14	—	35	12	—	419	—	434	12	373	5	210	19	139	105	
Totals 1933	1,033	172	254	28	519	351	133	12,803	163	9,258	659	28,699	11	301	1,247	1,292	6,295	
London Hospitals } 1933	?	?	88	5	190	177	?	11,021						?	1,953	?	?	1,001

RETURN SHOWING THE WORK OF THE COMBINED KENT CLINICS.

		Males.	Females.
(1) Number of persons who, on 1st January, 1933, were under treatment or observation for :—	Syphilis	559	327
	Soft chancre ..	16	—
	Gonorrhœa ..	420	139
	Conditions other than venereal ..	24	12
	Total	1,019	478
(2) Number of persons removed from the register during any previous year who returned during the year for treatment or observation of the same infection :—	Syphilis	33	35
	Soft Chancre ..	2	—
	Gonorrhœa ..	56	43
	Conditions other than venereal ..	1	2
	Total	92	80
(3) Number of persons dealt with during the year, at, or in connexion with the out-patients clinics, for the first time (exclusive of persons under (4) below) suffering from :—	Syphilis primary ..	62	14
	„ secondary ..	17	8
	„ latent in ..		
	„ first year of infection ..	1	1
	„ all later stages ..	71	41
	„ congenital ..	14	25
	Soft chancre ..	28	—
	Gonorrhœa, first year of infection ..	281	118
	„ later ..	98	22
	Conditions other venereal ..	228	123
	Total	800	352
(4) Number of persons dealt with for the first time during the year known to have received treatment at other centres for the same infection :—	Syphilis	52	15
	Soft chancre ..	1	—
	Gonorrhœa ..	54	9
	Conditions other than venereal ..	—	2
	Total	107	26
(5) Number of persons discharged after completion of treatment and final tests of cure :—	Syphilis	135	41
	Soft chancre ..	30	—
	Gonorrhœa ..	269	93
	Conditions other than venereal ..	235	125
	Total	669	259

		Males.	Females
(6) Number of persons who ceased to attend before completion of treatment and who were, on first attendance, suffering from :—	Syphilis, primary ..	28	13
	„ secondary ..	3	16
	„ latent in first year of infection ..	4	—
	„ all later stages ..	48	47
	„ congenital ..	10	12
	Soft chancre ..	6	—
	Gonorrhœa, first year of infection ..	70	53
	Gonorrhœa, later ..	11	6
	Total ..	180	147
(7) Number of persons who ceased to attend after completion of treatment but before final tests of cure :—	Syphilis ..	11	8
	Soft chancre ..	—	—
	Gonorrhœa ..	44	19
	Total ..	55	27
(8) Number of persons transferred to other centres or to institutions, or to care of private practitioners :—	Syphilis ..	102	26
	Soft chancre ..	5	—
	Gonorrhœa ..	144	42
	Total ..	251	68
(9) Number of persons remaining under treatment or observation on 31st December, 1933 :—	Syphilis ..	468	303
	Soft chancre ..	6	—
	Gonorrhœa ..	371	118
	Conditions other than venereal ..	14	12
	Total ..	859	433
(10) Number of persons in the following stages of syphilis, included in (6) above, who failed to complete one course of treatment :—	Syphilis, primary ..	14	5
	„ secondary ..	—	10
	„ latent in first year of infection ..	—	—
	„ all later stages ..	15	19
	„ congenital ..	3	2
	Total ..	32	36
(11) Total attendances of all persons at the out-patients clinics who were suffering from :—	Syphilis ..	7,687	5,116
	Soft chancre ..	163	—
	Gonorrhœa ..	5,530	3,728
	Conditions other than venereal ..	404	255
	Attendances for Irrigation ..	21,335	7,364
	Total ..	35,119	16,463

(12) Number of doses of arseno-benzene compounds given in the out-patient clinics and in-patient departments	6,295
Number of injections (included above) given to patients who on first attendance at centres were suffering from primary and secondary syphilis	1,478

Sixteen Kent patients were admitted to London Hostels during the year 1933, aggregating 2,355 days in residence.

The provision of approved "arsenobenzene" compounds to medical practitioners producing satisfactory evidence of experience in the administration of these drugs is undertaken direct from the County Health Department. My office index contains the names of one hundred and fifty-one accredited practitioners, and during the year 5,913 doses were supplied, namely, 513 to private doctors and 5,400 to medical officers of treatment centres.

The number of patients under the care of private doctors for whom these compounds were supplied during the year was 58.

In cases where patients cannot receive the treatment required unless travelling expenses are paid, the County Council defrays the cost. The fares of 48 patients were paid during 1933.

Examinations of pathological specimens for the detection of spirochætes (syphilis) and gonococci (gonorrhœa), and tests for the Wassermann reaction, are undertaken at the bacteriological laboratory attached to the County Medical Officer's Department. The numbers of examinations during the past five years are shown below :—

		1929.	1930.	1931.	1932.	1933.
For the detection of spirochætes	For treatment centres ..	18	15	9	32	20
	„ practitioners ..	7	3	5	2	7
For the detection of gonococci	„ treatment centres ..	1,483	1,786	1,742	1,747	1,702
	„ practitioners ..	212	240	291	311	488
For Wassermann reaction	„ treatment centres ..	959	993	1,345	1,284	1,632
	„ practitioners ..	1,328	1,579	1,620	1,857	2,159
	„ Ministry of Health ..	—	168	44	—	—
Other examinations	.. .. .	84	133	169	473	478
Totals	.. .. .	4,091	4,917	5,225	5,706	6,486

Particulars of the medicines, etc., supplied from the County Dispensing Station for the use of the Venereal Diseases Clinics during the last financial year are as follows :—

Bottles of Medicine	4,524
Ointments	496
Dressings	1,236
Bandages	1,332
Pills, Capsules, etc.	71,158

These figures do not include such items as acids, spirits, powders, disinfectants, etc.

Dr. Nicol, the medical officer of the Gravesend and Rochester Clinics, has submitted some interesting comments upon the work in those districts. In the combined clinics he has treated over two thousand cases during the year, and has discharged, as cured, nearly seven hundred.

Several minor improvements have been effected in both clinics, and further matters will be attended to early in 1934.

As regards Gravesend a total of 717 persons received treatment, and new patients totalled 294. The number of males remains practically stationary, but there was a marked increase in the number of females. 190 cases were discharged cured. The attendances totalled 11,656 against 15,597 of the preceding year; but this figure was largely affected by the number discharged cured, although there was some influence, also, from the fact that male irrigation sessions had to be curtailed. Pathological specimens sent to the County Laboratory totalled 906—a considerable increase.

Analysing the total of 717 cases which received treatment, it was found that there were 515 males and 202 females. Among the males, gonorrhœa showed the heaviest incidence with roughly 48%, closely followed by syphilis with 42%. Among the females, the gonorrhœa figure was 38% as compared with a syphilis percentage of nearly 48.

Taking the 294 new cases separately, these were 209 male and 85 female. Of the former, 53% were gonorrhœa and 28% syphilis; of the latter 43% were gonorrhœa and 25% syphilis.

Dr. Nicol makes an analysis of the last hundred male cases of the year, as regards the history of infection; and it is interesting to note that 28% were infected in Gravesend itself, 25% abroad, and 15% in other parts of Kent.

At Rochester, during the year, some vigorous action on the part of the police has resulted in many prostitutes leaving the district; and the number of new infections has since declined.

Most useful co-operation has been maintained between the clinic and the Royal Navy authorities, and several matters of principle have been arranged to mutual advantage.

Dr. Nicol made an investigation into the efficacy or otherwise of the modern treatment of syphilis. He arrived at the following conclusions:—(a) That less than 50% of syphilis cases attend during the

first year of the disease ; (b) that a patient treated regularly during the commencement of the disease rarely relapses ; (c) that those who do not so attend are liable to relapse, even though the blood Wasserman reactions may have been negative for a considerable period. (d) That no patient with tertiary syphilis received adequate treatment within a reasonable period of becoming infected.

The total number of cases at Rochester was 1,299, new patients totalling 538. There was a gratifying increase in the number of cases discharged cured—489. The total attendances fell from about 33,000 in 1932 to 25,344 in 1933—the fall being largely due to the cured cases. Pathological specimens sent to the County Laboratory totalled 2,048, another marked increase.

The total figure of 1,299 was composed of 900 males and 399 females. Among the males syphilis and gonorrhœa were practically equal in incidence—about 42%. Among the females, syphilis was responsible for about 53% and gonorrhœa about 38%. These figures are quite closely approximate to the Gravesend findings.

Of the 538 new cases (401 male and 137 female) the apportionment is as follows :—Of the males, 23% were syphilis, and 45% gonorrhœa, and of the females 32% syphilis and 45% gonorrhœa. These figures again are interestingly approximate to those for Gravesend.

An analysis of the last 200 male cases of the year showed that about 52% were infected in Chatham, Rochester and Gillingham, about 21% in other parts of Kent, and only about 7% abroad.

Treatment has been continued, at both clinics, upon much the same lines as in previous years. Several cases have been sent to St. Thomas' Hospital for the malaria treatment, with very marked improvement.

Dr. Nicol repeats the opinion given in last year's report, that in the treatment of merchant seamen there is much room for improvement. He has reported upon this aspect of the work to the Medical Advisory Board of the British Social Hygiene Council, who are taking up the question.

PUBLIC VACCINATION.

The functions relating to vaccination were transferred to the Councils of Counties and County Boroughs from the Boards of Guardians under the Local Government Act, 1929.

At the present time there are one hundred and twenty-five medical practitioners in the county who act as public vaccinators.

Vaccination officers are, generally speaking, either the relieving officers or registrars of births and deaths or act in both these capacities. Their duties are to act as registrars of vaccination for the districts to which they are appointed ; to see that all children resident therein are duly accounted for as regards vaccination ; and generally to carry into effect all such provisions of the Vaccination Acts and the Vaccination Order, 1930, as are applicable to their office.

There are fifty vaccination officers in the county and the majority are paid by fees. A list of these officers will be found on page 88a.

On the same page is printed a summary of the Returns of Vaccination Officers to the Registrar General, respecting children whose births were registered from January 1st to December 31st, 1932. From column 11 it will be observed that 238 of these births were not accounted for as regards vaccination on 31st January, 1934.

From enquiries made of Vaccination Officers, the reasons for these outstanding cases are mainly :—

- (a) Alleged default of two Public Vaccinators, one of whom has since died.
- (b) Alleged default of two Vaccination Officers, one since resigned and the other deceased.
- (c) Default of parents.

The necessary action is being taken in the cases of alleged default.

In many cases the children have now been accounted for as regards vaccination, since the returns were made to the Registrar General.

It is interesting to note that the number of cases outstanding on the 31st January, 1931, was 490, and on January 31st, 1933, 239.

From enquiries made of Public Vaccinators (of whom there are 125 in the County—see list on pages 7 and 12), it has been ascertained that during the year ended 30th September, 1933, 6,436 persons were successfully vaccinated and 868 successfully re-vaccinated, *at the cost of the rates*. Of the 6,436 persons vaccinated, 5,783 were under one year of age.

TABLE 16.—Summary of Returns of Vaccination Officers to the Registrar General respecting the vaccination of children whose births were registered from 1st January to 31st December, 1932, inclusive.

TABLE 10.—Summary of Returns of Vaccination Officers to the Registrar-General for the Calendar Year 1933.															
Registration Sub-Districts comprised in the Vaccination Officer's District.	Name of Present Vaccination Officer.	Number of Births returned in the "Birth List Sheets" as registered from 1st January to 31st December, 1932.	Number of these Births duly entered by 31st January, 1933, in Columns I, II, IV, and V, of the "Vaccination Register" (Birth List Sheet), viz.:					Number of these Births which on 31st January, 1933, remained unentered in the "Vaccination Register" on account (as shown by the "Report Book") of:			* Total number of Certificates and copies of Certificates of Successful Primary Vaccination of Children under 14 received during the Calendar Year 1933.	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer prospective of the dates of birth of the children to which they relate, during the Calendar Year 1933.	Number of children successfully vaccinated after the Declaration of Conscientious Objection had been made and included in column 6.	Total number of Certificates for the year 1933 sent to other Vaccination Officers.	
			Col. I. Successfully Vaccinated	Col. II.		Col. IV. Number in respect of whom Statutory Declarations of Conscientious Objection have been received	Col. V. Died unvaccinated	Postponement by Medical Certificate.	Removal to Districts the Vaccination Officers of which have been duly applied.	Removal to places unknown or of which can not be reached, and Cases not having been found.					
				Inoculated by Vaccination.	Had Small-pox.										
1		2	3	4	5	6	7	8	9	10	11	12	13	14	15
East Ashford (Brabourne)	A. G. Chandler	151	65	1	—	76	5	—	2	2	—	82	74	—	12
do. (Wye)	H. H. Sutton	81	45	1	—	30	2	—	1	5	6	54	27	—	5
West Ashford	W. J. Gilham	324	130	1	—	163	18	1	5	6	—	146	141	—	14
Blean	G. Linkstead	383	164	—	—	184	10	4	7	14	—	162	177	1	16
Bridge	W. H. Wass	154	87	1	—	51	5	1	1	7	—	72	23	—	17
Bromley (Beckenhams & Penze)	S. J. Osborne	1,093	575	8	—	288	44	10	14	42	112	668	319	8	45
do. (North)	C. C. Newington	390	194	1	—	142	7	17	19	10	—	191	149	—	24
do. (South)	E. C. Williams	218	102	1	—	100	6	2	4	3	—	162	113	—	12
do. (Chislehurst)	A. E. Petchey	368	208	1	—	129	13	4	2	10	10	292	178	—	96
do. (Orpington)	C. G. Hancock	469	192	1	—	150	15	—	53	21	32	283	146	—	31
Crabbrook (Hawthurst)	J. H. Durrant	84	68	—	—	8	3	—	1	2	—	84	18	—	20
do. (Crabbrook)	E. V. Richardson	95	45	1	—	25	14	—	9	1	—	45	25	—	2
Dartford	F. J. Vickery	2,087	874	6	—	1,093	73	10	17	14	—	809	991	2	52
do. (Farningham)	A. H. Grimsey	211	146	—	—	55	8	—	1	1	—	169	62	—	26
Dover	H. F. Abbott	697	331	3	—	265	34	12	11	26	15	344	258	—	19
Eastry (Deal)	F. E. Hall	379	137	9	—	197	14	—	4	18	—	164	229	—	4
do. (Wingham)	A. S. Coleman	40	26	—	—	10	3	—	—	—	—	34	17	—	—
do. (Sandwich)	A. H. Davis	115	36	1	—	110	7	—	2	8	—	49	73	—	3
do. (Fythorne)	L. R. Hampshire	165	38	—	—	49	5	—	—	—	—	33	68	—	1
Elham (Folkestone)	H. G. Wilkins (Miss)	716	406	11	—	237	18	8	23	13	—	73	45	—	10
do. (Hythe)	C. E. Hurler (Mrs.)	135	69	2	—	49	5	2	—	—	—	48	11	—	5
do. (Elham)	G. Coolson	91	69	4	—	5	5	1	7	—	—	161	140	1	6
Faversham	A. R. Spillett	356	163	—	—	161	18	3	2	6	3	237	400	—	13
Hollingbourn & Maidstone	F. J. Cooper	705	227	—	—	430	28	4	9	5	—	33	13	—	4
Hollingbourn (Lenham)	A. C. Joy	44	28	—	—	14	1	—	—	—	—	49	21	—	—
do. (Healdcorn)	J. C. Marshall	83	40	—	—	33	3	—	—	1	—	100	7	—	3
Hoo	A. E. Terry	77	63	—	—	55	6	—	7	7	—	107	43	—	13
Maidstone (Loose)	A. Tapsfield (Miss)	166	91	—	—	17	2	—	—	—	—	68	12	—	10
do. (Yalding)	F. W. Horrell	77	56	—	—	65	3	1	—	—	—	63	71	—	5
Malling (Wrotham)	S. E. Winn	136	63	—	—	133	5	8	4	2	4	64	137	—	7
Malling (Aylesford)	G. Todd	279	122	1	—	259	12	—	2	7	—	175	266	—	16
Sittingbourne & Milton	W. I. Porter	448	165	2	—	29	3	—	—	10	—	43	29	—	3
Romney Marsh	H. Keatch	97	55	—	—	90	4	2	17	9	21	208	66	—	15
Sevensoaks	R. E. Milton	314	169	2	—	45	5	5	7	3	—	55	49	—	4
do. (Penshurst)	T. Hooker	146	81	5	—	226	8	—	4	7	—	91	207	—	6
Sheppey (Minster)	W. R. Filer	335	85	—	—	12	1	—	—	—	—	6	162	—	19
do. (Eastchurch)	C. F. Rosewarne	29	15	—	—	187	3	—	2	—	—	137	101	—	15
Strood	R. J. Beany	210	117	1	—	115	20	1	5	2	1	219	72	—	36
do. (Northfleet)	D. A. Gough	346	199	3	—	43	5	3	—	6	—	47	37	—	14
Tenterden	A. W. Pulley	119	61	1	—	42	8	7	3	7	9	151	210	—	17
Thurst (Broadstairs)	J. R. Taylor	124	47	1	—	204	11	10	6	23	9	104	113	—	21
do. (Margate)	do.	359	95	—	—	99	4	—	1	4	—	151	132	—	10
do. (Ramsgate East)	J. W. Woods	186	78	—	—	145	15	—	7	17	—	53	40	—	16
do. (Ramsgate West)	H. W. Clayton	309	123	—	—	37	13	2	18	2	4	114	188	—	—
do. (Minster)	P. T. Golder	105	60	—	—	165	13	2	18	2	4	208	374	1	—
Tonbridge	R. Salt	286	81	1	—	316	22	7	67	—	—	80	37	—	12
do. (Tunbridge Wells)	P. W. Austin	577	163	2	—	4	1	—	2	1	—	294	200	—	8
do. (Brenchley)	P. J. Palmer	167	64	—	—	210	24	1	7	10	5	—	—	—	—
Gravesend	K. E. Hammond (Miss)	583	321	5	—	803	80	10	24	39	4	1,194	714	—	43
Medway	C. H. Mardon (Acting Temp.)	2,142	1,171	11	—	15	—	—	—	—	—	111	60	—	12
Teehurst (Part of)	W. Ford	19	4	—	—	—	—	—	—	—	—	—	—	—	—
Total		17,310	8,016	94	—	7,417	629	145	378	393	238	8,717	7,247	15	747

* These figures include any Certificates relating to births registered in previous years.

ISOLATION HOSPITALS.

My Annual Report for 1930 included a table showing the accommodation available at each of the isolation hospitals in the county ; and minor improvements or deficiencies have been recorded in succeeding Annual Reports.

Alterations, improvements, deficiencies and matters of general interest taken from the district reports for 1933 are as follows :—

Ashford U. “ Amalgamation with the other Ashford districts is needed, and a definite medical superintendent is required.”

Beckenham U. Certain enlargements have been made and a new administrative block has been erected.

Bexley U. Additional accommodation is needed for both scarlet fever and diphtheria.

Broadstairs U. Dr. Watts is of opinion that the fourteen beds for diphtheria in the Thanet Joint Hospital is an insufficient number.

Chatham B. An arrangement has been made with the London County Council for the reception by that body of cases of small-pox.

Dartford B. Increasing population necessitates the provision of more beds, and this matter is receiving the attention of the Hospital Committee.

Dover B. A new bedding-van has been provided for the Isolation Hospital.

Folkestone B. The much-needed operating theatre has been installed and equipped at the Isolation Hospital.

Herne Bay U. The present system of providing isolation hospital accommodation is not satisfactory, and new arrangements are under consideration.

Maidstone B. Electric heating has been installed in the wards. Dr. Gaffikin points out that the design of the isolation hospital is such that the utmost use cannot be made of the accommodation available. "The provision of a cubicle-block and the adoption of the system of cubicle nursing would allow greater use to be made of the beds and provide hospital treatment for a greater number of infectious diseases. As at present planned the isolation hospital only provides accommodation for scarlet fever and diphtheria and in previous reports I have urged that facilities for the treatment of other infections are very desirable. Measles and whooping-cough were prevalent in the Borough during the year, and I hope that it will soon be possible to provide hospital accommodation for complicated cases of these diseases."

New Romney B. and Romney Marsh R. The old hospital which served these two areas has been demolished and both Councils now contract for the admission and treatment of cases at the Folkestone Isolation Hospital.

Rochester C. Cases of small-pox may now be admitted to the London County Council Hospital at Joyce Green.

Swanscombe U. Arrangements have been completed with the West Kent Joint Hospital Board to admit cases of small-pox.

Tunbridge Wells B. A nurses' sitting-room was added to the administrative block at the isolation hospital; and a self-regulating electric heater for baths was installed in that block.

East Ashford R. The hospital should be closed and cases sent to the Urban District Hospital, and any small-pox cases to Hothfield.

Dartford R. Extensions at the Bow Arrow Hospital are to be undertaken. Dr. Ockwell states that some of the extra accommodation will be in the form of cubicles, "which it is hoped will enable those responsible to mitigate the big bug-bear of infectious diseases hospitals, i.e., cross-infection, and also to admit cases of other infectious diseases not usually admitted, e.g., measles and whooping-cough."

Faversham R. "Beacon Hill Hospital has had about £700 spent on it by the Rural District Council in making it thoroughly up-to-date and efficient."

Hollingbourn R. A modern disinfecting apparatus is required. This will be installed when the proposed extension of the building is carried out.

Malling R. The latest pattern of bed-pan sinks and W.C.'s have been installed.

"Difficulty arises in respect of the hospital treatment of some diseases, such as enteric fever. The Public Assistance Institution will not accept them, neither will general hospitals; and no special accommodation is present at the isolation hospital."

Strood R. Further bath accommodation was provided. The system of bucket-closets for the wards and the burning of their contents in an incinerator is antiquated and it is proposed to instal a more up-to-date method.

VOLUNTARY HOSPITALS.

A full list of the Voluntary Hospitals in the county was published in my Annual Report for 1930, and any changes have been recorded in the subsequent reports.

There are but few references to changes or inadequacies in this direction, in the reports from the districts for 1933.

In *New Romney Borough* and *Romney Marsh Rural*, it is stated that more beds are required in the Folkestone General Hospital, which serves these two districts.

Dr. Pritchett of *Rochester City* again refers to the "somewhat cramped" accommodation available for the district.

In *Sidcup Urban* the rapid growth of the area calls for further general hospital accommodation.

In *Tonbridge Urban* the old isolation hospital of this district, at Vauxhall Lane, is going to be taken over as a general hospital, and the "small and noisy" Cottage Hospital in Quarry Hill, closed.

AMBULANCE SERVICES.

A statement of the ambulances available in the county was contained in my Annual Report for 1930, and changes since then have been recorded in the corresponding reports. So far as infectious diseases are concerned, there appears to have been no change during 1933.

For non-infectious and accident cases the following improvements in facilities were recorded during 1933 :—

Whitstable U. A new ambulance of the latest type was provided by public subscription.

Faversham R. An additional motor ambulance has been added by the Greenstreet Division of the St. John Ambulance Brigade.

Hoo R. Arrangements have been made with the St. John Ambulance Brigade for the removal of patients, on special terms.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

My Annual Report for 1930 contained a list of the institutions provided by, or partly used by, the Kent County Council, for the accommodation of mentally defective cases, and variations in that list have been reported in succeeding Annual Reports. During 1933, the use of three of these institutions was terminated, but four other institutions replaced them, as follows :—

Rowley Lodge Approved Home, Barnet.

The Western Counties Institution, Starcross.

Moss Side State Institution, Maghull, Liverpool.

The Ellen Terry Home, Reigate.

On December 31st, 1933, there were 854 Kent cases being maintained in Certified Institutions and Approved Homes—395 males and 459 females.

NURSING ASSOCIATIONS.

A list of all districts in the county which are served by nursing associations, or by committees undertaking general district nursing, was printed in my Annual Report for 1930, and changes have been noted in the Reports issued since then. The following notes refer to changes during 1933 :—

West Ashford R.—Bethersden is now included in the Smarden and Biddenden Association.

Dartford R.—Kingsdown is now included in the area of the Farningham and District Association.

Eastry R.—The activities of the Betteshanger and District Association are now extended to Worth.

Sevenoaks R.—A new Association has been formed at Chiddingstone.

Sheppey R.—A new Association has been formed at Minster-in-Sheppey.

Tenterden R.—Woodchurch is now served by a newly-formed Association.

PUBLIC ASSISTANCE.

The following system of classification of Institutions is in force :—

Willesborough Institution.—The position at this Institution has not varied and it is still the practice to use the whole of the accommodation to relieve, as far as possible, the pressure at the Mental Hospitals.

Hothfield Institution.—This Institution is still used as a mixed Institution. The majority of the accommodation is for house cases and chronic sick cases. The more complicated sick cases which arise are, wherever possible, transferred either to the Pembury Hospital or one of the other Public Assistance Hospitals in the County.

Farnborough Hospital.—The Farnborough Hospital continues to be used very extensively. During recent months there has been extreme pressure on the accommodation owing particularly to the still increasing number of accident cases and also to the very rapid growth of the district.

The Public Assistance Committee has approved the provision of temporary accommodation; and in addition a scheme for enlarging the hospital, which will provide 100 beds, has also been approved, and a further scheme is under consideration.

A mental clinic has now been established and is reported to be working very satisfactorily. It is felt that the clinic is meeting a real need in the district.

King Edward Avenue Hospital, Dartford.—This hospital continues to be used to its full capacity. A scheme has been approved by the Public Assistance Committee for its extension which will provide additional hospital accommodation for adult sick cases and sick children and maternity cases.

A mental clinic has also been provided at this hospital on similar lines to the one at Farnborough.

Dover Institution.—The schemes for the remodelling of the Dover Institution are now in hand. Certain of the mental patients have been transferred from this institution to Easry and it is hoped that when the remodelling has been completed the institution will meet the normal requirements of the area.

The remodelling will result in the greater portion of the institution being practically rebuilt except the existing infirmary.

Easry Institution.—This institution continues to be used very largely for the reception of mentally defectives and mental patients, and although the accommodation is not entirely suitable for this purpose the institution has done much to relieve other institutions of the very difficult cases.

With the approval of the Board of Control the amount of certified accommodation has been extended and at the present time the whole of the available accommodation for mentally defective cases is filled.

Faversham Institution.—Very little alteration has taken place at this institution, which continues to be used as a mixed institution, and is normally able to meet the requirements of the district.

Milton Institution.—This institution continues to be used very much as formerly although the proportion of chronic sick cases is much higher than prior to the transfer of the Guardians to the County Council. This is mainly due to the fact that it has been necessary to arrange for the institution to relieve the pressure on the Farnborough Hospital.

Sheppey Institution.—The scheme for the alterations and additions to the Sheppey Institution is now well in hand, and when the work has been completed it is anticipated that the institution will be run more or less on the lines of a cottage hospital. The Public Assistance Committee has agreed that when the alterations have been completed the institution should be designated the "Sheppey Hospital."

The special facilities for the reception of maternity cases continues to be very widely used to meet the needs of the Isle of Sheppey, and the practice of allowing patients to be treated by their own doctors has proved to be very acceptable to the patients.

A scheme for the erection of a small operating theatre is at present under consideration.

Bridge Institution.—Although this institution continues to be used very much the same as in previous years and provides accommodation generally for house cases, and a small proportion of chronic sick cases, minor improvements have been effected in the wards, particularly by enlarging the windows of the wards and day rooms.

Lyminge Institution.—This institution continues to be used as a mixed institution for the Folkestone and District area. A scheme is at present under consideration for the provision of additional infirmary accommodation, not only to meet the needs of the Folkestone and District Area, but also to relieve the accommodation in the Dover and Eastry area.

Gravesend and Strood Institutions.—Very little alteration has taken place in regard to these two institutions and they continue to be used for the reception of mixed institution cases.

Coxheath Institution.—The scheme for the remodelling of the Coxheath Institution is well in hand. This will provide new administrative blocks and re-organise the heating services. In addition a scheme has been devised for the adaptation of the old school block for the reception of male mental defectives.

The Public Assistance Committee has also given consideration to the question of providing temporary accommodation for juvenile mental defectives at the institution, but the proposals have not yet received the approval of the Board of Control.

Cranbrook Institution.—Very little alteration has been effected at this institution, which continues to be used for the reception of house cases, chronic sick cases and a number of mental defective cases. This latter class of case occupies a portion of the Institution which has been certified by the Board of Control under the Mental Deficiency Acts.

Malling Institution.—This institution continues to be used as previously.

A number of male infirm cases have been transferred from the Pembury Hospital to relieve the accommodation there, in order that patients requiring hospital treatment might be transferred to Pembury from the Farnborough Hospital. Otherwise the institution continues to meet the needs of the district and provides accommodation for ordinary house cases and chronic sick cases, with a small portion of the Institution set aside for the reception of certified female mental defective cases.

The practice of sending sick cases for skilled nursing or operations to the Pembury Hospital has been continued.

Medway Hospital.—The scheme for the provision of additional accommodation at the Medway Hospital is well in hand. The new nurses' home is now occupied and the hospital continues, to meet the needs of the Medway towns area and also a portion of the Gravesend and District Area for the reception of sick cases and ordinary house cases. The arrangement whereby most of the surgical work is undertaken at St. Bartholomew's Hospital, continues, but provision has been made for emergency operations to be undertaken at the Medway Hospital. Owing to the shortage of accommodation in the mental

hospitals it has not been possible to transfer all the male mental cases from the Medway Hospital, but it is hoped that it will be possible to close the male mental wards, in the very near future.

The phthisis wards have proved extremely useful and have admitted a large number of cases from other institutions in the County and in addition a certain number of cases chargeable to the Public Health Committee.

Blean Institution.—This institution continues to be used as previously, the infirmary being used for mental cases.

Thanet Institution.—This institution has so far been able to meet the normal requirements of the Thanet and District area, but there is no surplus accommodation and it may be necessary to give consideration to the question of providing additional accommodation for sick cases in the near future.

Sundridge Institution.—There has been practically no change in the type of cases admitted to the Sundridge Institution. It has been possible to take a number of cases from the mental hospitals to relieve the accommodation there.

Pembury Hospital.—This institution continues to be used for the reception of acute sick cases and all types of cases requiring skilled hospital treatment. It has not only been necessary to use this institution to serve the Tonbridge and District area, but also to relieve the Farnborough Hospital and to take difficult sick cases from West Kent.

The hospital has now been approved by the General Nursing Council as a complete training school.

CHILDREN'S HOMES.—Additional accommodation provided by six cottages at the Eastry Cottage Homes has now been completed and the Homes are in charge of a Superintendent and Matron. By the provision of additional accommodation at these Homes it has been possible to bring back to Kent practically the whole of the Kent children in Children's Homes outside the County

Additional accommodation at the Cheriton Cottage Homes has now been provided and is in use.

The new nursery block at the Medway Cottage Homes has been equipped and re-arrangement of the accommodation has released a complete cottage to relieve the pressure on the accommodation in the Homes generally. Consideration is being given to the question of commencing occupational training at these Homes, and it is hoped that the Public Assistance Committee will be able to arrange something in this direction in the near future.

Owing to the provision of additional accommodation, the position has been much relieved and it is now possible to take the whole of the children from the Farnborough and Dartford areas into the Medway Cottage Homes, thereby releasing the accommodation at Eastry and Cheriton for the children from East Kent.

PUBLIC ASSISTANCE MEDICAL OUT-RELIEF.—The position with regard to medical out-relief has remained practically unchanged.

The special arrangements in the Dartford area have been continued and pending a decision by the Public Assistance Committee as to the action which should be taken on this matter in regard to the County generally, the appointments of district medical officers to fill vacancies as and when they arise are made on a temporary basis.

LOCAL GOVERNMENT ACT, 1929.—Under Section 13 of the Local Government Act, 1929, a consultation was held in March last between representatives of the Royal Victoria Hospital, Folkestone, and representatives of the Public Assistance Committee. Consideration was then given to the possibility of providing additional accommodation for sick patients at the Lyminge Institution.

CASUAL WARDS.—The following Casual Wards have now been closed :—Blean, Bridge, Eastry, Milton (Sittingbourne), and considerable improvement has been effected in a number of the casual wards where the accommodation was originally of a very poor type. Of these, particular mention might be made of the following :—

Farnborough Hospital (Bromley).—The new building to accommodate twenty men was completed in January, 1934, and although this has been of great assistance by relieving the pressure on the accommodation it is possible that a further scheme may be necessary at a later date.

Cranbrook Institution.—The accommodation in these wards was totally inadequate and a scheme has been approved by the County Council for the erection of a building to accommodate a disinfecter, and dwelling accommodation for approximately 54 male casuals. This work is now well in hand.

Dover Institution.—The accommodation in these wards was inadequate and additional accommodation has been approved which will provide a new block for sixty-eight male casuals.

Faversham Institution.—The accommodation at Faversham was inadequate and unsatisfactory, and a scheme was approved to provide accommodation for fifty male casuals and the adaptation of the existing male accommodation for female casuals. The new buildings have been completed and the wards were occupied on the 1st April, 1934.

Hothfield Institution.—These wards were entirely inadequate. The bathing and sanitary arrangements were insufficient and there was no day-room. As it was impossible to enlarge the existing wards a scheme was approved for the erection of additional accommodation for forty-five men. The new block was completed and occupied in September, 1933.

Medway Hospital.—These wards were not satisfactory and improvements were approved. The work is now in hand.

Pembury Hospital.—Owing to the fact that the sleeping accommodation at these wards was inadequate, for some time past it had been necessary to use the dayroom for sleeping purposes. A scheme was approved for the provision of additional dormitory accommodation for thirty male casuals, and the work has now been completed.

Sundridge Institution.—The sleeping accommodation at these wards was inadequate and a scheme for the provision of new dormitories for thirty-four male casuals was approved and the work has been completed.

Thanet Institution.—The accommodation at these wards was inadequate and it was necessary, during the summer months of 1932, to erect tents to provide sufficient accommodation. A scheme for the erection of an entirely new building to provide accommodation for one hundred beds was approved and the new building was occupied in April, 1933.

PATHOLOGICAL LABORATORIES.

I have to report another most successful year of work in the Pathological Laboratories of the County Council.

The gross total of examinations made was 33,957, which is made up of the 27,471 specimens as set forth in Table 19 on page 100c, and 6,486 examinations in connexion with venereal diseases, as shown on page 85. This gross figure represents an average of more than 93 per day.

It will be observed that the total shows a marked increase, being 3,256 more than the figure recorded in the previous year. The work is greatly affected by fluctuations in the prevalence of diphtheria from year to year, and an increase in incidence during 1933 resulted in diphtheria specimens increasing from 14,414 in 1932, to 15,561 in 1933. The influence of these diphtheria examinations is shown in the figures which follow, which are for the first three and the last six years of the Laboratories' existence :—

Year.	Number of specimens examined of all kinds	Number of specimens examined, less diphtheria.
1911 (3 months)	337	97
1912	4,992	1,505
1913	6,476	2,351
1928	33,005	10,727
1929	34,572	11,990
1930	39,080	13,193
1931	33,264	14,592
1932	30,701	16,287
1933	33,957	18,396

These figures show that after making allowance for the increase in the number of diphtheria specimens, there was a greater increase than ever in the general utilization of the resources of the laboratories—the “special” examinations for example (see Table 17 on page 100a) showing the interesting figure of 5,395 against the previous year's 4,246.

It is gratifying to have these proofs of the continued success of this branch of my Department's activity.

TABLE 17.—Details of various specimens examined at the County Laboratory during 1933.

(i) SPECIAL EXAMINATIONS IN CONNECTION WITH INFECTIOUS DISEASES.			
Milk for biological test for tubercle bacilli	538		
Examinations of faeces for Typhoid group of organisms	128		
Testing virulence of <i>B. diphtheriae</i>	90		
Examinations of faeces—? <i>B. dysenteriae</i>	76		
Examinations of urine for Typhoid group of organisms	55		
Examinations of pus—? tubercle bacilli	55		
Examinations of urine—? tubercle bacilli	49		
Urine for biological test for tubercle bacilli	39		
Pleural fluid for biological test for tubercle bacilli	36		
Various fluids for biological test for tubercle bacilli	24		
Examinations of cerebrospinal fluid—? tubercle bacilli	20		
Milk for microscopical examination for tubercle bacilli	15		
Examinations of blood films—? malaria	15		
Examinations of cerebrospinal fluid—? meningococcus	14		
Examinations of pleural fluid—? tubercle bacilli	14		
Pus for biological test for tubercle bacilli	8		
Examinations of faeces—? tubercle bacilli	9		
Examinations of pus, etc.—? <i>B. anthracis</i>	5		
Serum for agglutination test against <i>Br. abortus</i>	5		
Serum for agglutination test against <i>B. dysenteriae</i>	3		
Examinations of swabs—? meningococcus	2		
Examinations of various fluids—? tubercle bacilli	2		
Faeces for biological test for tubercle bacilli	2		
Examinations of urine—? <i>B. dysenteriae</i>	2		
Examinations of sputum—? <i>B. diphtheriae</i>	2		
Sputum for biological test for tubercle bacilli	1		
Total	1,209		
(ii) SPECIAL EXAMINATIONS IN CONNECTION WITH NON-INFECTIOUS DISEASES.			
Histological examinations of tissues	522		
Preparation of autogenous vaccines	174		
Bacteriological examinations of urine	486		
Microscopical examinations of urine	161		
Chemical examinations of urine	63		
General examinations of urine	6		
Examinations of swabs—? organisms	777		
Examinations of pus—? organisms	234		
Examinations of blood—differential count, &c.	213		
Blood sugar tests	129		
Examinations of various fluids—? organisms	100		
Examinations of blood cultures—? organisms	97		
Examinations of cerebrospinal fluid—? cells, sugar, etc.	97		
Examinations of faeces—? occult blood	87		
Examinations of faeces—? organisms	60		
Blood grouping tests	41		
Examinations of cerebrospinal fluid—? organisms	30		
Bacteriological examinations of ice cream	25		
Examinations of tonsils—? organisms	22		
Examinations of faeces—? ova, worms, &c.	15		
Examinations of pus, &c.—? cancer cells	10		
Examinations of sputum—? organisms	9		
Examinations of milk—? pus, Streptococci, &c.	6		
Examinations of pus—? actinomycosis	5		
Examinations of teeth—? organisms	4		
Testing sterility of maternity outfits	2		
Examinations of bone—? organisms	2		
Identification of worms, larvae, etc.	2		
Examinations of seminal fluid, &c.—? spermatozoa	2		
Examinations of faeces and vomit—? food poisoning organisms	1		
Blood coagulation test	1		
Identification of material from gall bladder	1		
Examination of fluid from abdomen—? bile	1		
Examination of vomit—? blood	1		
Examination of potato—? <i>B. prodigiosus</i>	1		
Examination of smear from eye—? eosinophils	1		
Examination of foodstuffs—? food poisoning organisms	1		
Examination of gall stone—? composition	1		
Total	3,390		
(iii) EXAMINATIONS OF WATER, MILK, ETC.			
Bacteriological examinations of water	234		
Government examinations of graded milk	311		
Bacteriological examinations of milk (District M.O.'s H.)	231		
Bacteriological examinations of milk (Kent Milk Recording Society)	8		
Examinations of milk, etc., under Tuberculosis Order	12		
Total	796		
Grand Total	5,395		
(iv) EXAMINATIONS CARRIED OUT IN THE SHEERNESS AUXILIARY LABORATORY (DR. W. C. D. HILLS).			
Nature of Examination.	Positive.	Negative.	Total.
Bacteriological examinations of swabbings taken from the throat in cases of suspected diphtheria	1	38	39
Bacteriological examinations of sputum from patients suspected to be suffering from phthisis	0	8	8
Microscopical examinations of hairs from children suspected to be suffering from "ringworm"	3	10	13
Totals	4	56	60

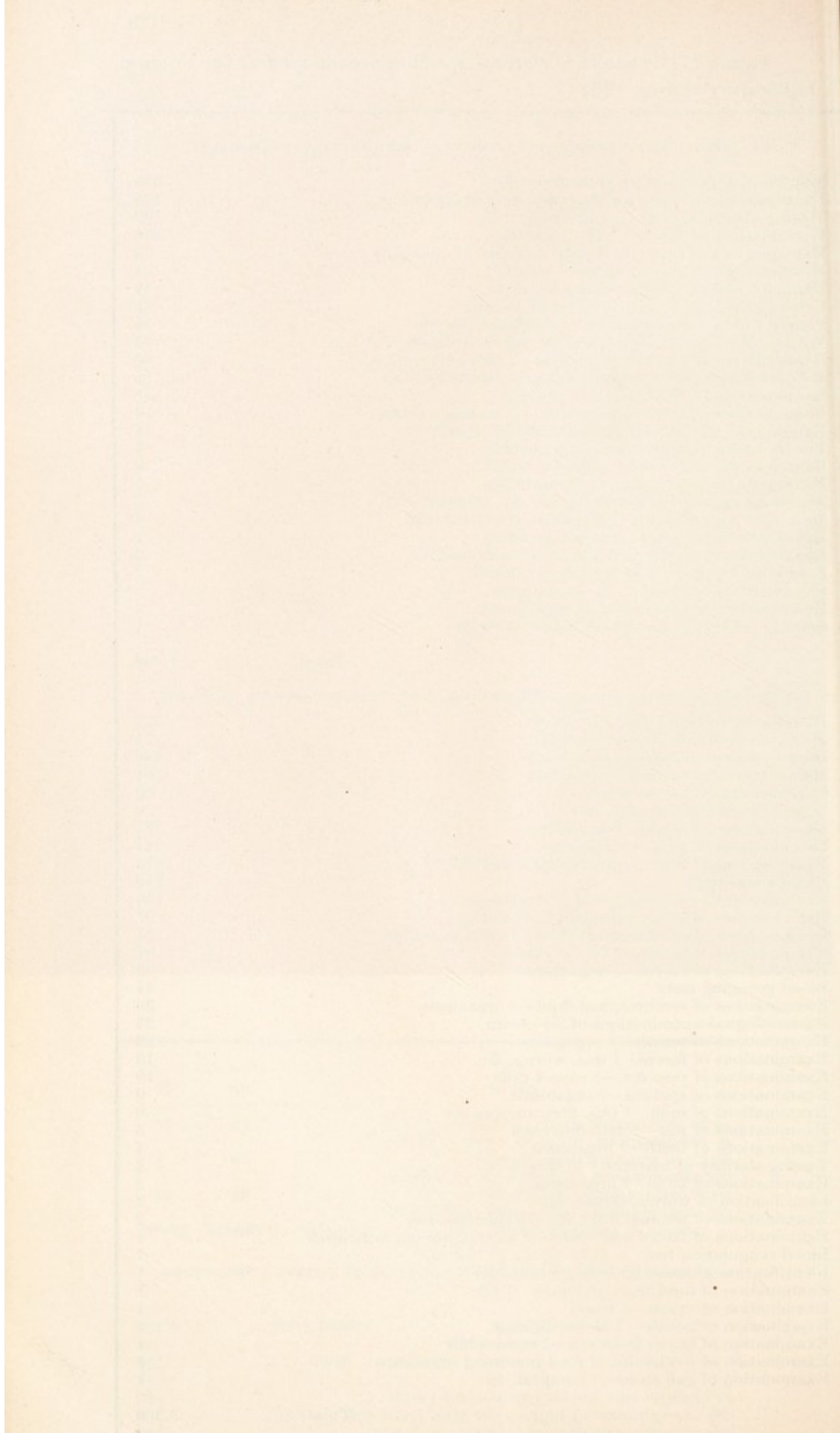


TABLE 18.—Showing the numbers of specimens of each kind sent to the Laboratory for examination from the URBAN and RURAL DISTRICTS during the years 1912, 1931, 1932 and 1933.

100b

Districts.	Diphtheria.				Typhoid Fever.				Phthisis.			
	1912. (First Year.)	1931.	1932.	1933.	1912. (First Year.)	1931.	1932.	1933.	1912. (First Year.)	1931.	1932.	1933.
Urban	2,656 (1·8)	7,805 (11·3)	6,182 (14·0)	6,683 (9·2)	290 (1·1)	283 (6·3)	351 (5·1)	201 (6·5)	295 (0·2)	3,930 (3·9)	4,215 (4·5)	4,571 (5·3)
Rural	785 (1·6)	5,536 (15·3)	2,980 (18·2)	2,873 (11·5)	44 (0·6)	95 (6·4)	80 (5·8)	97 (4·3)	70 (0·1)	1,211 (3·3)	1,293 (4·4)	1,369 (4·9)
Total (including Combined Hospitals, etc.)	3,487 (1·8)	18,672 (17·7)	14,414 (23·9)	15,561 (15·9)	335 (1·0)	385 (6·5)	446 (5·4)	301 (5·6)	365 (0·2)	5,222 (3·8)	5,595 (4·4)	6,015 (5·3)

Districts.	Ringworm.				Water.				Various.				Grand Total.			
	1912. (First Year.)	1931.	1932.	1933.	1912. (First Year.)	1931.	1932.	1933.	1912. (First Year.)	1931.	1932.	1933.	1912. (First Year.)	1931.	1932.	1933.
Urban	517	236	185	173	41	156	124	218	59	2,212	2,765	3,580	3,858	14,622	13,822	15,426
Rural	168	201	109	26	13	10	28	14	7	863	1,165	1,467	1,087	7,916	5,655	5,846
Total (including Combined Hospitals, etc.)	685	437	294	199	54	167	153	234	66	3,156	4,093	5,161	4,992	28,039	24,995	27,471

*To this figure should be added the 6,486 examinations in connexion with venereal diseases. Particulars of those examinations will be found on page 85.

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

TABLE 19.—Analysis of Work carried out in the County Pathological Laboratories during 1933

100c.

District.	Number of Doctors attending in Specimens.	DIPHTHERIA.				Number of Notifications.	Number of Examinations Per Notification.	TYPHOID FEVER.			PHTHISIS.			RINGWORM.	WATERS.	VARIOUS.	Total Number of Examinations.
		Number of Examinations Made.						Number of Examinations.	Number of Notifications.	Number of Examinations per Notification.	Number of Examinations.	Number of Notifications.	Number of Examinations per Notification.				
		Acute Stage.	Convalescent Stage.	Contacts.	Total.												
Canterbury.	17	110	12	283	465	41	0-9	3	—	94	11	8-6	6	1	131	640	
Canterbury.	21	218	8	247	473	14	0-5	7	1	41	23	1-8	—	—	12	87	
Canterbury.	15	193	11	229	432	56	8-5	2	1	145	54	2-7	—	—	32	652	
Canterbury.	36	8	3	15	26	29	0-9	11	5	392	21	18-7	2	38	102	968	
Canterbury.	22	121	12	11	144	25	5-8	9	2	208	49	4-3	9	4	212	470	
Canterbury.	24	24	—	16	40	4	10-0	1	4	340	50	6-8	4	2	101	600	
Canterbury.	6	2	—	—	2	4	0-5	—	1	29	7	3-4	5	—	11	77	
Canterbury.	16	12	1	2	15	9	1-7	1	—	41	13	3-2	4	1	9	71	
Canterbury.	18	79	1	41	121	26	4-7	2	—	169	35	4-6	15	4	112	416	
Canterbury.	9	29	3	1	33	3	11-0	3	—	90	10	2-0	—	—	108	233	
Canterbury.	20	112	8	66	186	7	20-6	15	3	291	46	6-4	10	—	161	661	
Canterbury.	17	175	10	24	209	10	4-8	7	3	152	37	4-0	2	1	46	417	
Canterbury.	7	45	2	8	55	6	0-2	—	—	43	11	4-0	—	—	46	151	
Canterbury.	31	245	9	194	448	65	0-9	18	6	166	49	4-2	3	54	309	999	
Canterbury.	25	165	1	30	196	17	11-8	10	—	309	72	4-3	28	4	61	411	
Canterbury.	18	205	14	264	483	44	5-8	6	—	141	37	3-9	31	—	107	673	
Canterbury.	12	34	3	10	47	11	4-3	3	—	74	12	6-2	7	2	87	218	
Canterbury.	13	15	—	—	15	—	—	—	—	34	19	3-4	—	—	29	82	
Canterbury.	1	6	—	17	23	2	11-5	—	—	7	1	7-0	—	—	2	32	
Canterbury.	20	200	—	156	356	13	27-4	22	2	276	21	13-2	7	20	814	1,495	
Canterbury.	23	116	9	29	154	24	6-5	11	3	142	48	3-0	—	—	241	548	
Canterbury.	1	7	—	—	7	1	—	—	—	13	3	—	—	—	7	34	
Canterbury.	13	34	14	6	54	11	5-0	1	—	70	12	5-4	1	1	3	129	
Canterbury.	25	32	3	12	47	19	2-3	7	1	100	23	4-9	19	1	7	177	
Canterbury.	1	12	—	—	12	3	—	—	—	20	3	6-7	—	—	3	45	
Canterbury.	17	23	5	36	64	9	7-2	4	—	134	36	3-8	—	16	74	292	
Canterbury.	20	134	17	24	175	50	3-5	3	—	194	39	5-0	3	2	447	1,015	
Canterbury.	7	2	—	—	2	2	1-0	1	—	16	1	10-0	—	1	15	35	
Canterbury.	6	2	—	2	10	—	—	—	—	14	2	7-0	—	3	11	39	
Canterbury.	15	29	1	14	44	9	4-9	7	1	27	12	2-3	—	—	122	200	
Canterbury.	10	8	—	10	18	4	4-5	1	—	101	7	14-3	6	11	45	199	
Canterbury.	12	4	—	70	74	40	1-9	2	2	91	24	3-8	—	—	29	199	
Canterbury.	9	126	—	18	144	8	18-0	9	1	9-0	327	15-7	—	8	103	3,541	
Canterbury.	12	14	—	54	68	16	4-3	1	—	39	17	2-3	2	1	3	75	
Canterbury.	23	7	—	30	37	1	2-0	—	—	16	8	2-5	—	—	12	102	
Canterbury.	5	19	—	4	23	1	23-0	1	1	39	17	2-3	2	1	3	75	
Canterbury.	12	85	—	28	113	5	22-6	1	1	16	1	16-0	—	—	102	199	
Canterbury.	7	33	6	80	128	36	3-6	14	—	50	16	2-0	2	16	211	599	
Canterbury.	2	10	—	—	10	—	—	—	—	66	25	2-7	1	4	41	37	
Canterbury.	10	77	20	53	150	4	37-5	2	—	70	15	4-7	—	—	29	70	
Canterbury.	7	24	—	3	27	2	13-5	13	1	13	—	—	—	—	—	—	
Canterbury.	—	2,821	173	2,083	5,077	729	7-0	199	31	6-5	4,571	874	5-3	173	218	3,517	13,755
Canterbury.	17	69	—	39	99	18	5-5	1	—	49	17	2-9	—	—	39	179	
Canterbury.	13	57	—	97	155	17	9-3	1	—	68	12	5-7	—	—	36	260	
Canterbury.	46	49	2	97	5	5	19-4	1	—	38	12	5-2	1	4	55	196	
Canterbury.	11	11	—	9	20	1	30-0	1	1	34	11	14-1	—	—	14	69	
Canterbury.	22	43	2	24	55	19	2-8	9	1	245	31	7-6	4	—	195	496	
Canterbury.	21	47	2	75	6	6	12-5	16	7	47	7	6-6	1	1	80	220	
Canterbury.	29	100	6	85	191	47	4-1	1	1	67	15	4-5	—	—	369	999	
Canterbury.	12	10	—	12	12	1	12-0	3	—	15	10	1-5	—	—	9	37	
Canterbury.	29	25	—	14	39	2	10-5	1	2	58	21	2-8	1	—	54	156	
Canterbury.	8	16	1	2	19	3	6-4	2	2	39	9	12-5	—	1	49	129	
Canterbury.	13	45	—	24	69	7	9-9	8	—	156	16	6-7	2	—	43	222	
Canterbury.	15	57	3	169	229	7	32-8	2	—	54	3	18-0	—	—	377	1,015	
Canterbury.	3	7	—	11	18	8	2-3	1	—	15	1	13-0	—	—	38	88	
Canterbury.	27	87	3	32	122	7	17-5	13	1	90	22	4-1	—	—	84	301	
Canterbury.	27	227	3	159	299	38	7-9	1	13-0	131	17	7-9	5	—	147	597	
Canterbury.	11	1	—	26	55	10	5-5	3	—	35	—	7-0	—	—	152	400	
Canterbury.	5	15	—	3	18	3	6-0	1	—	14	1	—	—	—	2	37	
Canterbury.	32	76	1	6	83	1	83-0	4	1	64	19	3-4	2	1	151	318	
Canterbury.	7	—	—	—	—	—	—	—	—	26	5	5-2	—	—	5	87	
Canterbury.	27	37	1	65	103	19	5-5	2	—	49	20	2-5	4	—	29	187	
Canterbury.	12	5	—	1	6	1	6-0	1	—	19	4	4-8	—	—	34	89	
Canterbury.	14	91	2	150	243	91	34-8	1	1	53	8	6-7	7	—	397	1,015	
Canterbury.	27	134	1	102	237	24	9-9	9	1	78	15	5-2	—	—	175	499	
Canterbury.	—	1,145	30	1,068	2,243	251	9-0	97	23	4-3	1,369	280	4-9	26	14	1,611	5,160
Canterbury.	—	2,821	173	2,083	5,077	729	7-0	199	31	6-5	4,571	874	5-3	173	218	3,517	13,755
Canterbury.	—	1,145	30	1,068	2,243	251	9-0	97	23	4-3	1,369	280	4-9	26	14	1,611	5,160
Canterbury.	—	48	1,558	—	1,606	—	—	2	—	—	—	—	—	—	56	686	
Canterbury.	—	37	588	5	630	—	—	—	—	—	—	—	—	1	91	6,094	
Canterbury.	—	1,099	4,902	—	6,001	—	—	—	—	1	—	—	—	—	16	89	
Canterbury.	—	2	—	—	2	7	—	—	—	70	7	7	—	—	7	16	
Canterbury.	—	2	—	—	2	—	—	3	—	4	—	—	—	—	—	—	
Canterbury.	—	2	—	—	2	—	—	—	—	—	1,154	5-2*	199	234	5,161	27,471	
Canterbury.	—	5,154	7,251	3,156	15,561	—	Excluding the examinations carried out for the City of Canterbury.	301	54	5-6	6,015	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canterbury.	—	—															

TREATMENT OF CRIPPLED CHILDREN.

The county scheme for the treatment of crippled children continued to operate satisfactorily during 1933.

The scheme includes the provision of eighty beds at the Alexandra Hospital at Swanley, not less than forty-eight being for tuberculous cripples and not more than thirty-two for patients suffering from crippling defects due to other causes. For those children who are of school age education is provided. The whole of these beds are now occupied by Kent patients.

In addition, the following three hospitals have provided a limited number of beds for patients who do not require prolonged institutional treatment, viz. :—

(a) West Kent General Hospital, Maidstone.

(b) Kent and Canterbury Hospital, Canterbury.

(c) King Edward Avenue Hospital, Dartford.

These three hospitals have each established a properly equipped orthopædic out-patient department, and a complete list of out-patient clinics is set out below :—

Address.	Day and time of Opening.	Orthopædic Surgeon Attends.	Name of Surgeon.
Ashford Child Welfare Centre, Station Road, Ashford.	Each Wednesday at 11.30 a.m.	First and third Wednesdays in each month.	A. L. Moreton, Esq., M.S., M.B., F.R.C.S., L.R.C.P.,
Wesleyan Methodist Church Rooms, York Street, Broadstairs.	Each Tuesday at 11.30 a.m.	First and third Tuesdays in each month.	Ditto
Kent and Canterbury Hospital, Canterbury.	Each Wednesday, from 10 a.m. to about 1 p.m.	Each Wednesday.	A. B. Beresford-Jones, Esq. M.S., M.B.
King Edward Avenue Hospital, Dartford.	First Tuesday in each month at 4.0 p.m. and third Tuesday in each month at 2.30 p.m.	At each opening.	H. E. Batten, Esq., F.R.C.S., L.R.C.P.
*Tuberculosis Dispensary, 41 Overy Street, Dartford.	First Tuesday in each month at 3.0 p.m.	Ditto.	Ditto.
West Kent General Hospital, Maidstone.	Each Friday. New Patients should arrive at the Union Street entrance of the hospital before 10 a.m., if possible. No patient is admitted after 11.15 a.m.	Ditto.	A. H. Todd, Esq., M.S., M.B., B.Sc., F.R.C.S., L.R.C.P.
Dorset House, St. John's Road, Sevenoaks.	Each Monday at 10.30 a.m.	Second and fourth Mondays in each month.	A. L. Moreton, Esq.
Sheerness Town Welfare Centre, Marine Parade, Sheerness.	Each Monday at 11.30 a.m.	First and third Mondays in each month.	Ditto.

*For tuberculous cripples only.

Voluntary Committees of Ladies interested in the work, assist at the Ashford, Broadstairs Sevenoaks and Sheerness Clinics.

Necessary surgical appliances are provided for patients on the recommendation of the orthopædic surgeons, and X-ray films are taken at various approved institutions. Cases arising for electrical treatment, massage, exercises, etc., receive daily treatment, where necessary, at certain of the clinics, at St. Mary's Convalescent Home, Birchington, or at the homes of the children.

The parents of patients are asked to contribute towards the cost of institutional treatment and surgical appliances, in accordance with their means.

Travelling expenses of patients are met by the Kent County Council in necessitous cases.

The above arrangements apply to :—

- (i.) All crippled children under five years of age living in the area in which the County Council is responsible for maternity and child welfare.
- (ii.) All children attending schools of the Kent Education Committee.
- (iii.) All tuberculous cripples up to sixteen years of age.
- (iv.) Children (under five years of age or attending elementary schools) in the following autonomous districts, the Councils of which have arranged to participate in the County scheme :—

Boroughs of Faversham, Gravesend, Margate, Sandwich.

Urban Districts of Ashford, Bexley, Crayford, Dartford, Milton and Sittingbourne, Northfleet, Sevenoaks, Sheerness.

Rural Districts of Dartford, Milton, Tonbridge.

The following are particulars of attendances of patients at the orthopædic *out-patient* clinics during the year ended December 31st, 1933 :—

Clinic.	New Patients	Attendances	Old Patients	Attendances	Total Attendances of all Patients	Allocation of Attendances.				No. of Openings of Clinic.
						County Tuberculosis.	County M.C.W.	Kent Education Committee.	Autonomous Authorities.	
Ashford ..	88	501	73	550	1051	19	54	935	43	52
Broadstairs..	34	186	47	282	468	77	6	237	148	51
Canterbury..	86	185	27	58	243	35	50	156	2	47
Dartford ..	163	351	153	367	718	83	8	570	57	24
Maidstone ..	88	223	44	112	335	43	89	202	1	51
Sevenoaks ..	76	511	58	361	872	19	98	684	71	49
Sheerness ..	69	403	86	562	965	37	31	781	116	48
Special Attendances for Massage etc. ..	—	—	—	—	4203	1	228	3817	157	—
Totals ..	604	2360	488	2292	8855	314	564	7382	595	322

Classification of defects of the 604 children who attended the out-patient clinics for the first time during 1933 :—

Defect.	Tuberculosis Cases.		M.C.W. Cases.		School Cases.		Autonomous Cases.	
	M.	F.	M.	F.	M.	F.	M.	F.
Clubfoot	—	—	6	11	19	27	11	7
Congen. disloc. of Hip ..	—	—	1	1	—	—	—	—
Congen. malformations ..	—	—	2	1	3	5	1	—
Congen. paralyses ..	—	—	7	3	6	6	3	1
{ Hip ..	8	7	—	—	—	—	—	—
{ Knee, ..	—	—	—	—	—	—	—	—
{ Ankle ..	—	—	—	—	—	—	—	—
{ Foot ..	7	2	—	—	—	—	—	—
{ Joints of ..	—	—	—	—	—	—	—	—
{ Upper ..	—	—	—	—	—	—	—	—
{ Limb ..	2	2	—	—	—	—	—	—
{ Spine ..	4	6	—	—	—	—	—	—
Deformities due to Rickets ..	—	—	20	12	9	6	14	7
Poliomyelitis and resulting deformities	—	—	3	3	6	4	—	—
Flatfoot	—	—	4	4	74	58	3	1
Curvature of Spine ..	—	—	1	—	45	67	—	—
Deformities, etc., the result of fracture	—	—	2	1	15	5	—	—
Amputations for injury or disease	—	—	—	—	—	2	—	—
Disabilities from osteitis and periostitis	—	—	—	—	2	1	2	—
Arthritis	—	—	—	—	1	—	—	—
Deformities due to Nerve injury or disease ..	—	—	1	1	3	1	1	—
Other deformities ..	—	—	6	2	19	14	7	2
No information ..	—	—	2	3	2	1	—	—
No defect discovered ..	—	—	1	2	2	2	1	—
Totals	21	17	56	44	206	199	43	18

The following is a statement of *in-patient* treatment :—

	Alexandra Hospital.	Kent and Canterbury Hospital.	King Edward Avenue Hospital, Dartford.	West Kent General Hospital, Maidstone.	Total.
Number of patients admitted during the year	66	16	22	10	114
Number of patients discharged during the year	59	18	21	9	107
Number of patients under treatment on January 1st, 1934	97	2	3	2	104

The numbers of tuberculous cripples who received in-patient treatment during 1933, are included in the section of this report dealing with the County Tuberculosis Scheme (p. 56c). In addition twenty-seven children received in-patient treatment under the County M.C.W. Scheme, seventy-four through the Kent Education Committee, twelve from the areas of autonomous authorities, and one through the Public Assistance Committee.

Number of patients on the waiting list for institutional treatment on December 31st, 1933—7.

Contributions towards the cost of in-patient treatment of cripples under five years of age, who were admitted to institutions during 1933 :—

	County M.C.W.
i. Number of patients voluntarily contributing	9
ii. Number of cases unable or unwilling to contribute	12
iii. Number of patients whose parents are box holders or pay day contributors to the hospitals concerned	6
iv. Number of cases in course of settlement	—

(No charge is made against parents for out-patient treatment under the County M.C.W. scheme, nor is any charge made against parents who are box holders or pay day contributors for in-patient treatment under the County M.C.W. Scheme.)

Additional matters dealt with during the year :—

	County M.C.W.	Kent Education Committee.	Public Assistance Committee.	Autonomous Authorities.	Total
Patients X-rayed for diagnosis purposes	5	17	—	3	25
Surgical Appliances provided for patients	20	206	1	20	247
Necessitous cases for travelling expenses :					
New cases in 1933	14	69	—	—	83
Old cases	2	29	—	—	31

The cases arising for travelling expenses, include patients who were unable to pay their own expenses in making journeys to the out-patient clinics, to institutions, or to obtain surgical appliances or special treatment recommended by the orthopaedic surgeon, e.g., massage, special exercises, sunlight clinic treatment, etc.

ADMINISTRATION OF THE MIDWIVES' ACTS, 1902-1926.

The two whole-time inspectors of midwives, Miss Harrison and Miss Berry, have continued to carry out their duties in a praiseworthy manner.

STATEMENT SHOWING THE NUMBER OF MIDWIVES PRACTISING AT THE END OF 1933 IN THE SANITARY AREAS WHERE THE ACTS ARE ADMINISTERED BY THE COUNTY COUNCIL.

District.	Trained.	Bona-fide	District.	Trained.	Bona-fide	District.	Trained.	Bona-fide
Urban.			<i>Urban (cont.)</i>			Rural.		
Ashford ..	4	—	New Romney ..	1	—	Ashford, East ..	5	—
Beckenham ..	10	—	Northfleet ..	2	—	Ashford, West ..	3	—
Bexley ..	21	—	Penge ..	4	—	Blean ..	3	—
Broadstairs and			Queenborough ..	1	—	Bridge ..	6	—
St. Peter's ..	4	—	Ramsgate ..	12	—	Bromley ..	17	1
Chatham ..	7	1	Rochester ..	5	—	Cranbrook ..	3	—
Cheriton ..	4	—	Sandgate ..	—	—	Dartford ..	10	1
Chislehurst ..	2	1	Sandwich ..	2	—	Dover ..	6	1
Crayford ..	7	—	Sevenoaks ..	6	—	Eastry ..	9	—
Dartford ..	8	—	Sheerness ..	4	—	Elham ..	7	—
Deal ..	6	—	Sidcup ..	10	—	Faversham ..	7	—
Dover ..	9	—	Sittingbourne			Hollingbourn ..	5	—
Erith ..	9	—	and Milton ..	2	—	Hoo ..	2	—
Faversham ..	3	—	Southborough ..	4	—	Maidstone ..	11	—
Folkestone ..	5	—	Swanscombe ..	1	—	Malling ..	11	—
Gravesend ..	13	—	Tenterden ..	2	—	Milton ..	3	—
Herne Bay ..	4	—	Tonbridge ..	5	—	Romney Marsh ..	1	—
Hythe ..	3	—	Tunbridge Wells ..	10	—	Sevenoaks ..	15	—
Lydd ..	2	—	Walmer ..	4	—	Sheppey ..	3	—
Maidstone ..	10	—	Whitstable ..	5	—	Strood ..	8	—
Margate ..	4	—	Wrotham ..	3	—	Tenterden ..	2	—
						Thanet ..	2	—
						Tonbridge ..	13	—
				218	2	Rural ..	152	3
						Urban ..	218	2
						Totals ..	370	5
								375

In Bromley and Gillingham Boroughs, the Midwives Acts are administered by the respective Town Councils.

MIDWIFERY SERVICES.—The following districts (where there is not a livelihood for a midwife) are served by subsidized midwives, who receive either a guaranteed minimum annual income of £120, or a fixed annual grant:—Aylesford and district; Charing; Chelsfield; Chevening, Dunton Green, Ide Hill and Toys Hill; East Malling; Elvington; Hadlow and district; Halling and district; Hoo, Hoo St. Mary and High Halstow; Borough of Hythe; Kemsing and district; Loose and

district ; Selling and district ; Shorne and Higham ; Sidcup ; Snodland ; Stoke, Allhallows and Grain ; Tenterden and district ; Wingham and district ; Wouldham and Burham.

Grants, as shown below, were made during the year to newly-formed associations or established associations in danger of lapsing through lack of funds :—

					£	s.	d.
Woodchurch	..	..	..	..	20	0	0
Hayes	..	..	..	..	25	0	0
Teynham and Lynsted	..	..	..	..	12	10	0

Financial assistance is given towards the provision of a motor car and/or telephone for midwives in certain sparsely populated districts, so that a wider area may be covered and there is a guarantee to midwives of the usual confinement fee (not exceeding two guineas) where women are unable to afford such fee.

TRAINING AND SUPPLY OF MIDWIVES.—Three candidates approved for training under the County Scheme, passed the examination of the Central Midwives Board and commenced practising during the year. Thirteen claims for grants were received from the Kent County Nursing Association during the year in respect of the provision of trained midwives.

WORK OF MIDWIVES.—The following tabulation shows various details respecting the numbers of midwives, notifications received, etc., during the first two years of county administration, and each of the last five years :—

	1909 (from May 1).	1910.	1929.	1930.	1931.	1932.	1933.		
							North and West. Miss Harrison.	South and East. Miss Berry.	Total
Number of Midwives practising in the County on January 1st	351	361	328	345	322	330	188	154	342
Removed during year.. ..	16	15	46	70	51	45	29	17	46
Died	6	8	—	—	—	3	—	1	1
Resigned	7	13	2	—	1	—	1	—	1
Certificates cancelled by Central Midwives Board during the year	—	8	—	—	—	—	—	—	—
Number of additional Midwives who notified their intention to practise in the County during the year	39	24	65	47	58	60	52	29	81
Number of Midwives practising on December 31st	361	341	345	322	330	342	210	165	375*
Number of cases censured and cautioned by the Central Mid- wives Board strictly to observe the Rules	—	3	—	—	—	—	—	—	—
Number of Midwives prosecuted for not notifying their intention to practise	—	1	—	—	—	—	—	—	—
Uncertified women prosecuted for practising as Midwives, etc. ..	—	4	—	—	—	—	—	—	—

* Of these midwives 370 were trained as compared with 115 trained in 1909.

Numbers of Notifications, Inspections, etc. :—

Stillbirths	..	..	..	..	138	222	184	166	133	143	96	78	174
Deaths	{	Mother	..	..	2	2	6	8	3	3	6	2	8
		Child	..	..	22	26	45	55	38	31	18	19	37
Medical Help	{	Mother	..	..	264	533	1,641	1,758	1,632	1,775	968	838	1,806
		Child	..	..	80	162	457	401	354	397	176	189	356
Notifications of having laid out a dead body	..	..	..	..	—	—	68	66	82	89	44	49	93
Notifications of liability to be a source of infection	..	..	..	..	—	—	60	61	61	43	34	40	74
Notifications of having advised artificial feeding	..	..	..	..	—	—	84	80	79	64	18	24	42
Total Visits paid by Inspectors	..	..	..	..	1,487	2,255	1,354	1,232	1,295	1,282	665	714	1,379
Inspections of Bona-fide Midwives	..	..	..	..	449	710	36	15	10	14	10	—	10
Inspections of Trained Midwives	..	..	..	..	197	359	749	769	752	709	354	384	738

From enquiries made of each midwife, it has been ascertained that 9,136 births were attended by midwives alone out of a total number of 15,962 births registered in the county midwifery area during the year 1933.

The following figures show the numbers of cases attended alone by midwives.

*240	midwives	attended	25	cases	or	less
62	"	"	26	to	50	cases.
25	"	"	51	to	75	"
14	"	"	76	to	100	"
6	"	"	101	to	125	"
3	"	"	126	to	150	"
1	"	"	151	to	175	"
2	"	"	more	than	176	cases.

* Of this number, 126 were either district nurses or midwives who had commenced practising during the year.

SUMMARY OF REASONS FOR SENDING FOR MEDICAL HELP, 1933 :—

(a) For the mother :—

					North and West Kent	South and East Kent	Whole County
Abnormal Presentation	..	..	..	..	79	24	103
Abortion	..	..	..	..	52	44	96
Ante-partum hæmorrhage	..	..	..	..	30	43	73
Obstructed or Delayed Labour	..	..	..	..	247	248	495
Post-partum hæmorrhage	..	..	..	..	21	24	45
Rise of Temperature	..	..	..	..	60	46	106
Retained placenta	..	..	..	..	35	27	62
Torn perineum	..	..	..	..	311	215	526
Miscellaneous	..	..	..	..	71	70	141
Ante-natal	..	..	..	..	62	97	159
Totals	..	..	..	..	968	838	1806

(b) For the child :—

					North and West Kent	South and East Kent	Whole County
Prematurity and feebleness	..	..	..	..	71	59	130
Deformities	..	..	..	..	32	9	41
Inflammation of the eyes	..	..	..	..	43	50	93
Skin eruptions	..	..	..	..	4	6	10
Miscellaneous	..	..	..	..	26	56	82
Totals	..	..	..	..	176	180	356

SUSPENSION FROM PRACTISE TO PREVENT THE SPREAD OF INFECTION.—During the year seventy-three midwives were suspended from practise, for varying periods, to prevent the spread of infection.

Seven applications from midwives for compensation for loss of practice during periods of suspension were received during the year, the total amount claimed and paid being £12 2s. 6d.

PUERPERAL PYREXIA, PUERPERAL FEVER AND OPHTHALMIA NEONATORUM.—Tables 3 and 4 show the number of cases of these diseases which were notified during the year. Those cases occurring in the practice of midwives are investigated in the ordinary course by the two Inspectors. See pages 122-123 for particulars of notifications, facilities for treatment, etc.

PAYMENT OF DOCTORS CALLED IN BY MIDWIVES (SECTION 14 OF THE MIDWIVES ACT, 1918).—1,335 claims were received from doctors during the year. The payments amounted to £1,991, £1,063 of which was recovered from patients in a position to refund the fee.

POST-CERTIFICATE EDUCATION.—A further post-certificate course for midwives was held at the Sessions House, Maidstone, from 2nd to 6th October, 1933, and comprised the following arrangements :—

Lectures on—

“ The Use of Drugs and Anaesthetics in Midwifery,” by *L. C. Rivett, Esq., M.A., M.C., F.R.C.S., L.R.C.P., M.C.O.G.

“ Childbearing and Gynaecological Diseases,” by G. F. Stebbing, Esq., M.B., B.S., M.R.C.S., L.R.C.P.

“ Delayed and Obstructed Labours,” by *R. Brews, Esq., M.D., M.S., F.R.C.S., M.R.C.P.

"Skin Diseases of Infants," by W. J. O'Donovan, Esq., O.B.E., M.D., M.P.

"Psychology of Nursing in Cardiac Diseases," by Miss V. M. Paffard, Sister Tutor, West Kent General Hospital, Maidstone.

"Physiology of Menstruation and Menopause," by *F. W. Roques, Esq., M.A., M.D., M.CH., F.R.C.S., L.R.C.P., M.C.O.G.

"Sex Education and the Parents," by H. Crichton-Miller, Esq., M.A., M.D., CH.B., M.R.C.P.

"Breech Delivery," by *G. F. Gibberd, Esq., M.B., M.S., F.R.C.S., M.C.O.G.

"Structure of the Breast and Breast Feeding," by Miss Margaret Lowenfeld, M.R.C.S., L.R.C.P.

"Prevention of Foot Deformities," by Miss H. S. Angove, Sister in Charge, Massage Department, Guy's Hospital, London.

"Physiology and Anatomy of the Pelvis and Pelvic Floor," by *A. J. Wrigley, Esq., M.D., B.S., F.R.C.S., L.R.C.P.

"Urinary Infections during Pregnancy and the Puerperium," by C. W. Ponder, Esq., M.A., M.D., D.P.H., L.R.C.P., M.R.C.S.

Demonstrations of the examinations required during the antenatal period and at the onset of labour were conducted by the lecturers marked with an asterisk, prior to their lectures. These demonstrations included abdominal palpations, foetal heart sounds, external measurements, the dose and method of administration of drugs which should be used during labour, etc.

Visits were paid by parties of midwives to the County Bacteriological Laboratory where lectures and demonstrations were given by the County Bacteriologist; and several demonstrations of Remedial Exercises suitable for expectant and nursing mothers were given by the Sister in Charge, Massage Department, Guy's Hospital, London.

Assistance in travelling expenses was given to necessitous midwives who would have been unable otherwise to attend the course.

Teas were provided, free of charge, and musical programmes took place during the tea intervals.

Two hundred and eleven individual midwives attended part or all of the course, and the total attendances were 1,976. The figures for the previous year's course were 206 and 1,850 respectively.

NURSING HOMES REGISTRATION ACT, 1927.

The County Council has delegated its powers and duties under this Act to thirty-four Local Sanitary Authorities in the county, in the areas of which authorities there are 160 nursing homes registered, having about 200 maternity beds and over 700 "other" beds.

In the remaining thirty sanitary districts, as below, the Act is administered direct by the County Council :—

Boroughs.—Deal, Faversham, Hythe, Lydd, Maidstone, New Romney and Sandwich.

Urban Districts.—Bexley, Cheriton, Crayford, Dartford, Northfleet, Penge, Sandgate, Swanscombe, Walmer, Whitstable and Wrotham.

Rural Districts.—Bridge, Dartford, Dover, Eassey, Elham, Faversham, Hollingbourn, Hoo, Malling, Romney Marsh, Strood and Ten-terden.

The following statistics relate to applications, etc., received during the year :—

	Maternity Homes.	Other Homes.
Number of applications for registration	4	3
„ „ homes registered	4	3
„ „ orders made, refusing or cancelling registration	—	—
„ „ appeals against such orders	—	—
„ „ applications for exemption from registration (including renewals)	—	9
Number granted	—	9

The certificates of ten homes were cancelled by request.

Fifty-four nursing homes were registered in the county area at the end of the year and are classified as follows :—

Homes for maternity and other cases	24
„ „ „ cases only	16
„ „ other cases only	14

Registers of cases, copies of bye-laws, etc., have been supplied to the keepers of all Homes which have been registered.

MATERNITY AND CHILD WELFARE.

The County Council is responsible for the administration of the Notification of Births Acts, 1907—1915, the Maternity and Child Welfare Act, 1918, and Part 1 of the Children Act, 1908, in the following districts :

Boroughs.—Deal, Faversham, Hythe, Lydd, New Romney, Queen borough, Sandwich, Tenterden.

Urban Districts.—Broadstairs, Cheriton, Chislehurst, Herne Bay, Sandgate, Sidcup, Southborough, Swanscombe, Tonbridge, Walmer, Whitstable and Wrotham.

Rural Districts.—Ashford East, Ashford West, Blean, Bridge, Bromley, Cranbrook, Dover, Eastry, Elham, Faversham, Hollingbourn, Hoo, Maidstone, Malling, Romney Marsh, Sevenoaks, Sheppey, Strood, Tenterden and Thanet.

These districts constitute the area covered by the county maternity and child welfare scheme, and the population during 1933 was 469,383.

Dr. Anne Simpson, the Council's Medical Officer for Maternity and Child Welfare, exercises general supervision over this work and the work of the whole-time and part-time nurses on the staff. In particular, Dr. Simpson is always willing to confer personally with medical practitioners in any cases of difficulty in connexion with a pregnancy or a confinement as well as in cases of puerperal infection and ophthalmia neonatorum, where a second opinion is required.

HEALTH VISITING.—The duties of the whole-time nurses on the County Medical Officer's staff include health visiting, infant life protection visiting, school nursing and tuberculosis visiting where undertaken by the County Council.

Thirty-three whole-time nurses work as health visitors in the county maternity and child welfare area, and the aggregate number of days per week devoted to child welfare work under this arrangement, is equivalent to the time of seventeen whole-time health visitors. In addition, there were seventeen part-time nurses serving in the following areas :—

Chislehurst Urban.

Bromley Rural (six parishes).

Sevenoaks „ (six parishes and parts of two parishes).

East Ashford „ (ten parishes).

These part-time nurses are, with one exception, all practising midwives.

Table 20 shows the work of health visitors in home-visiting during the year under review. It will be seen that 73,877 visits were paid, as compared with 65,162 in 1932 and 56,589 in 1931. The work done by the health visitors is of a very high standard of efficiency.

Visitation of children under one year of age is undertaken generally about each two months. Subsequently, children are visited, as far as possible, quarterly during the second year and twice yearly during the third, fourth and fifth years. In addition, such children are very often seen when visits are made by the nurses in respect of younger children or in their capacities as school nurse, tuberculosis nurse or infant life protection visitor.

These arrangements have proved satisfactory and adequate.

ANTE-NATAL, ETC., WORK.—Table 20 shows particulars of the ante-natal clinics established throughout the county with the object of preventing maternal morbidity and death, by advising and examining all expectant mothers. Post-natal advice has been undertaken also at these clinics, and midwives and nurses have been advised to co-operate in this work.

In most instances the work is done by a local practitioner with the assistance of the health visitor and district nurse for the area.

In necessitous cases help is given in the form of milk food if indicated on grounds of health. Dental treatment is also available for expectant and nursing mothers, and it is a very valuable adjunct. (See tabulation on page 121).

The clinics are much appreciated by the mothers themselves and there is no doubt that many catastrophes and disasters of childbirth are prevented by timely intervention and advice during the pre-natal period.

Arrangements have been made for medical practitioners to undertake the routine ante-natal examination of uninsured women who have engaged midwives for their confinements and who are unable to pay the fee of a doctor. One hundred-and-twenty-six have agreed to undertake such examinations of patients residing in the County area.

The provision of sterilized maternity outfits where the doctor or midwife considers the provision desirable, appears to meet a real need, and they are steadily in demand.

Home helps are provided in very special cases.

HEALTH VISITING IN COUNTY AREA DURING 1933.

TABLE 21.

ANTENATAL CLINICS IN COUNTY AREA, 1933.

ANTE-NATAL CLINICS IN COUNTY AREA, 1933.

Name and Address of Clinic, and date of commencement.	Day and Time of Session.	Medical Officer.	Nurses.	No. of Sessions held.	No. of Attendances of Expectant Mothers.								No. of Antenatal Attendances Midwife
					Primipara—First Attendances.			Multipara—First Attendances.					
					Sent by Doctors.	Sent by Midwives.	Sent by Others.	Sent by Doctors.	Sent by Midwives.	Sent by Others.	Primip.	Multip.	
Aylesham, Glyn Vivien Miners' Mission Room (8/1/31) ..	1st Thursday each month 10.0 a.m. ..	Dr. G. Bellamy ..	Mrs. D. Jervis ..	12	—	9	2	—	34	4	6	39	17
Birchington, Church House, Canterbury Road (5/2/31) ..	1st Thursday each month 2.0 p.m. ..	Dr. F. Moor ..	Mrs. M. Poyon ..	12	—	11	—	—	20	—	19	40	12
Deal, Baptist Rooms (9/4/31) ..	1st Thursday each month 10.0 a.m. ..	Dr. D. W. Kirk ..	Mrs. M. Kilner ..	12	5	27	6	1	35	18	13	19	30
Dunton Green, Village Hall (5/11/30) ..	2nd Wednesday each month 2.45 p.m. ..	Dr. Margaret Scott Brown ..	Mrs. E. Watt ..	11	—	18	2	1	28	6	16	25	27
Elvington, Village Hall (Voluntary) (1933) ..	1st Monday each month 2.0 p.m. ..	Dr. G. Bellamy ..	Mrs. K. Nugent ..	12	9	10	—	2	15	—	9	28	9
Faversham, Queen's Hall (27/1/31) ..	4th Tuesday each month 4.30 p.m. ..	Dr. J. W. Cannon ..	Mrs. M. Edwards ..	12	—	24	—	—	17	—	11	5	25
Goudhurst, Ex-Service Men's Club (20/1/31) ..	2nd Thursday each month 2.0 p.m. ..	Dr. R. D. Marshall ..	Mrs. W. Saunders ..	12	2	3	—	2	9	2	7	5	10
Hythe, M.C.W. Centre, Prospect Road, Hythe (1/1/31) ..	1st Thursday each month 10.0 a.m. ..	Dr. Anne Simpson ..	Mrs. A. Hopwood ..	12	1	6	3	2	19	17	6	64	16
Southborough, Wesleyan Schoolroom (9/1/31) ..	2nd Friday each month 10.0 a.m. ..	Dr. Anne Simpson ..	Mrs. A. Stanford ..	10	—	3	1	1	8	5	15	29	18
Staplehurst, Village Hall (8/10/30) ..	2nd Wednesday each month 2.0 p.m. ..	Dr. Gladys McCabe ..	Mrs. W. Saunders ..	12	—	12	—	—	13	—	15	19	21
Sturry, Parish Room (7/4/31) ..	1st Tuesday each month 10.30 a.m. ..	Dr. Anne Simpson ..	Mrs. M. Tustain ..	10	—	17	7	—	10	7	25	36	12
Greenhithe (Swancombe), British Legion Hall (12/1/31) ..	2nd Monday each month 2.0 p.m. ..	Dr. M. F. B. Lynch ..	Mrs. J. Macintyre ..	12	3	6	5	7	21	9	24	37	22
Tonbridge, Parish Church Hall (2/1/31) ..	1st Friday each month 10.0 a.m. ..	Dr. Anne Simpson ..	Mrs. M. Orpin ..	12	—	16	3	—	31	—	16	58	16
West Malling, Badminton Hall (9/11/26) ..	2nd and 4th Tuesday each month 2.0 p.m. ..	Dr. G. R. Hamilton ..	Mrs. M. Milner ..	24	4	28	—	2	34	8	47	65	78
Total ..	..	..	..	175	24	190	29	18	294	76	229	469	313

No.	Date	Description	Amount				Total	Balance	Remarks
			To	By	For	On			
1	1890	Jan 1							
2	1890	Jan 1							
3	1890	Jan 1							
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99	1890	Jan 1							
100	1890	Jan 1							

Consultations were asked for in twenty-one difficult cases during the year and Dr. Simpson met the medical practitioners concerned (in most cases at the homes of the patients) for this purpose.

Arrangements have been made with the medical officers of health concerned for particulars to be forwarded to me of cases of maternal death at childbirth occurring in their areas. Such deaths are then investigated by the Medical Officer for Maternity and Child Welfare and reports forwarded to the Ministry of Health.

MATERNITY AND CHILD WELFARE CENTRES.—Table 22 shows the maternity and child welfare centres coming within the administration of the Kent County Council, with information as to the attendances, etc.

The establishment of voluntary centres, by local ladies interested in child welfare, is encouraged, and the health visitors are active in this connexion. The object is to ensure the success of a centre before the County Council take over responsibility.

In addition to the centres shown in Table 22 new voluntary centres have been started during 1934 at Appledore, Cobham, Cudham, Four Elms and Kemsing, and a County Centre at Mill Hill (Deal).

Dried milk, Virol, cod liver oil, etc., are sold at cost price, on the medical officer's advice, to mothers who cannot afford to pay store prices. The County Dispensing Station issued 3,024 cartons of malt and oil, 1,902 cartons of Virolax, and 2,160 bottles of cod liver oil, to centres during the year. Dried milks, etc., are supplied to centres, either direct from the manufacturers or distributed through my office, and 20,269 lbs. of dried milk, 1,776 lbs. of Virol, 936 lbs. of Groats and 708 tins of Lactagol were ordered during the year.

At the majority of the centres short talks are given to the mothers, either occasionally or at each session, by the medical officers and the nurses. These talks are being extended, and a syllabus of information for such talks is issued to each centre.

Each medical officer and nurse makes an annual report to me on the work of the centre under their charge. The majority of them refer to the excellent work carried out by the voluntary committees (the doctors also refer to the health visitors in this connexion) in making for the success of the centres, and the following are a few extracts which, generally speaking, are typical of many :—

"The year 1933 was a year of quiet, useful work. The mothers have attended well considering the difficulties of distance, weather, and having so often to go out to work in the fields. To encourage those mothers who have been outstanding in their regular attendance this year we are to give prizes and certificates for good attendance.

"The mothers are keen, and one was glad to see that at the recent Welfare Exhibition in the town nearby, one of our mothers took the prize for the best essay about the exhibition. A large party of the mothers went to visit the exhibition, and were much interested.

"The talks to the mothers have been arranged with a view to covering child illnesses prevalent at the time of the talk. This has the advantage of putting the mothers on their guard in regard to infection, and helping mothers whose infants do become ill. The talks covered such matters as rashes, feeding, laxatives, artificial feeding, minor accidents in the home, otorrhoea, Winter colds, Summer diarrhoea, infantile mortality, the expectant mother, modes of entry of disease, etc.

"One of our difficulties is having to talk to the mothers with the infants in the same room, but on the whole we manage. We hope one day to have a separate room in which to talk to the mothers. The health of the children has been excellent, and undoubtedly above the average of non-clinic children in the district. Our nurse has given several demonstrations to the mothers on garments, improvised cots, etc. These are very valuable to mothers who have to practise rigid economy on a farm-labourer's wage of 32/- per week.

"Our Committee of ladies has been, as always, of the greatest help, and their regular attendance and interest most praiseworthy."

"During the year the Centre has made still further progress, both in attendances and in the scope of its activities. It had been found that the increased attendance at the weekly clinics had made the work unwieldy, and in consequence since February, 1934, the clinic has been held twice weekly with definite increase in usefulness and efficiency.

"The general principles of infant welfare have been kept well in the foreground, especially in the insistence on breast feeding wherever possible and in the inculcation of correct infant management.

"I have attended the dental clinic weekly as anaesthetist and further experience only emphasizes this as one of the most beneficent parts of the welfare services.

Name of Centre (Year of opening when by County Council or Voluntary)	Situation of Premises	Present day and time of opening	Medical Officer and frequency of attendance	Name in Charge (Whole time Health Visitor unless otherwise stated)	No. of open- ings	Total Attendances					No. of Individual Children who at- tended and who at the end of year were			Name of Centre	Situation of Premises	Present day and time of opening	Medical Officer and frequency of attendance	Name in Charge (Whole time Health Visitor unless otherwise stated)	No. of open- ings	Total Attendances					No. of Individual Children who at- tended and who at the end of year were			
						Children																						
						Under 1 year	1-5 years	Expected Mothers	Expected Mothers	Expected Mothers	Under 1 year	1-5 years	over 5 years							Under 1 year	1-5 years	Expected Mothers	Expected Mothers	Expected Mothers	Under 1 year	1-5 years	over 5 years	
1. Green Vicar Mission House (1929)	Green Vicar Mission House Village Hall	2 p.m. Each Monday	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	68	465	410	—	—	—	13	136	4	2. Mattington (1930)	Parish Hall	2nd and 4th Floors	Dr. Turner (Fortnightly)	Mrs. Lyle	23	219	237	—	—	—	12	43	2	
3. Women's Institute (1929)	Women's Institute	2 p.m. 2nd and 4th Floors	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	4. Newham (1929)	Village Hall	2 p.m. Each Friday	Dr. Selby (Fortnightly)	Mrs. Turner	52	408	780	—	—	—	24	43	7	
5. Richmond Institute (1929)	Richmond Institute	2 p.m. 2nd and 4th Floors	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	6. Oxford (1929)	Church Hall, High Street	2 p.m. 1st and 2nd Floors	Dr. Walker (Fortnightly)	Mrs. Watt	24	234	411	—	—	—	32	10	8	
7. Church House Cathedral Road (1929)	Church House Cathedral Road	2 p.m. Each Monday	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	8. Parnell (1924)	Women's In- stitute	2 p.m. 2nd and 4th Floors	Dr. Walker (Fortnightly)	District Nurse	24	132	233	—	—	—	1	3	61	2
9. Western Hall (1929)	Western Hall	2 p.m. Each Tuesday	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	10. Quaker (1929)	Rear of Town Hall, Whitney's Rd.	2 p.m. Each Monday	Dr. Hills (Fortnightly)	Mrs. Levent	50	736	942	9	3	1	30	101	6	
11. Church Hall (1929)	Church Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	12. Ringwood (1929)	Village Hall	2 p.m. Each Monday	Dr. Walker (Fortnightly)	Mrs. Nagel	36	762	275	2	—	—	6	12	24	4
13. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	14. Robinson (1929)	Church House	2 p.m. 1st and 2nd Floors	Dr. Taylor Jones (Fortnightly)	Mrs. Blackmore	23	188	208	—	—	—	—	10	49	11
15. Parish Room, Bundridge (1929)	Parish Room, Bundridge	2 p.m. 1st and 2nd Floors	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	16. St. Clement's Hall (1929)	St. Clement's Hall	2 p.m. Each Monday	Dr. Smith (Fortnightly)	Mrs. Cheesman	51	402	437	—	—	—	—	14	46	8
17. The Windmill (1929)	The Windmill	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	18. Soling (1928)	Village Hall	2 p.m. Alternate Wednesdays	Dr. Kennedy (Fortnightly)	Mrs. Turner	19	120	337	—	—	—	—	11	30	4
19. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	20. St. Andrew's Hall (1931)	St. Andrew's Hall	2 p.m. Each Monday	Dr. Bellamy (Fortnightly)	Mrs. Jervis	26	153	311	—	—	—	—	8	28	4
21. Reading Room (1929)	Reading Room	2 p.m. 1st and 2nd Floors	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	22. St. Mary's Hall (1932)	St. Mary's Hall	2 p.m. Each Monday	Dr. S. S. M. Wood (Fortnightly)	Mrs. Lyle	45	2113	1325	—	—	—	—	142	146	3
23. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	24. M. & C. W. Carter Mailing Road	M. & C. W. Carter Mailing Road	2 p.m. Each Monday	Dr. Cole (Fortnightly)	Mrs. Lyle	40	201	1229	1	2	2	45	52	13	37
25. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	26. Wesleyan School- room (1929)	Wesleyan School- room	2 p.m. Each Friday	Dr. Paine (Fortnightly)	Mrs. Stoddard	51	788	901	—	—	—	3	40	83	4
27. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	28. St. Matthew's Parish Hall (1929)	St. Matthew's Parish Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	50	431	246	1	—	—	—	29	58	5
29. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	30. St. George's Parish Hall (1929)	St. George's Parish Hall	2 p.m. 2nd and 4th Floors	Dr. Gould (Fortnightly)	Mrs. Hopwood	23	88	195	—	—	—	—	7	25	7
31. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	32. The School (1929)	The School	2 p.m. 2nd Floor	Dr. Bellamy (Fortnightly)	Mrs. Stoddard	12	61	138	—	—	—	—	8	9	1
33. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	34. St. Michael's Village Hall (1929)	St. Michael's Village Hall	2 p.m. 1st and 2nd Floors	Dr. McCall (Fortnightly)	Mrs. Stoddard	24	249	471	—	—	—	—	28	39	8
35. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	36. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Gould (Fortnightly)	Mrs. Lyle	51	1941	1038	—	—	—	—	101	143	18
37. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	38. St. Lawrence Hall (1929)	St. Lawrence Hall	2 p.m. 1st and 2nd Floors	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	21	41	242	—	—	—	—	14	24	7
39. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	40. St. Peter's Hall (1929)	St. Peter's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	51	309	911	—	—	—	—	49	78	9
41. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	42. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
43. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	44. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
45. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	46. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
47. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	48. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
49. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	50. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
51. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	52. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
53. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	54. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
55. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	56. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
57. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	58. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
59. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	60. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
61. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	62. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
63. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	64. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
65. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	66. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
67. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	68. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
69. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27	7	70. St. Mary's Hall (1929)	St. Mary's Hall	2 p.m. Each Monday	Dr. Stoddard (Fortnightly)	Mrs. Stoddard	24	197	310	—	—	—	—	12	48	3
71. Village Hall (1929)	Village Hall	2 p.m. Alternate Wednesdays	Dr. C. E. Bellamy (Fortnightly)	Mrs. Jervis	23	134	330	—	—	—	15	27																

"The ante-natal clinic has been held monthly and is now well-recognised by expectant mothers as a very necessary service. I am glad to state that I have been fortunate in having the whole-hearted co-operation of the doctors and midwives in the district."

"We now have one large room for undressing, tea and the sale of foods, etc., one room for weighing and the keeping of the records, and one room for myself and medical officer for examinations. The rooms communicate with each other, which makes for easier working for all of us. A very nice suite—big, airy and comfortable."

"Owing to the request of the County Medical Officer lectures on vaccination are repeated at suitable intervals and the advisability of vaccination in infancy insisted on at the interviews. Owing to the fact that I am the Public Vaccinator for the district I may, I think, say that a certain number of hesitant mothers are persuaded to have their babies vaccinated, instead of postponing it indefinitely."

"Altogether fifteen lectures were given during the course of the year on various subjects."

"The mothers have shown considerable keenness in coming in some cases a distance of four miles including much across fields, to the centre. Even in mid-winter, when there was a lot of mud to be negotiated they came fairly regularly."

"There has been a definite improvement in the health and cleanliness of the children who attend and, in particular, mothers have been very glad to have somewhere where they can come for advice on the smaller matters without appearing fussy and without running into large expense."

"The work at these centres has continued to be most satisfactory. the outstanding feature is the keenness of the mothers."

"Children who cry and are frightened at first, later seem to enjoy coming, and those old enough to do so, take a personal interest in their weights and progress, which is very amusing to the helpers."

"During the past twelve months work has progressed in a satisfactory and uninterrupted manner. Mothers are shewing even more keenness and intelligence about the welfare of their children. Monthly talks are well attended and the simple rules learnt thereat put into practice."

"Voluntary and paid workers continue to pull together in complete unison making both centres run smoothly and apparently efficiently."

"The centre has enabled me to keep an eye on some cases of tuberculous glands and weak chests which might not otherwise have had attention and which appears to be a very useful thing, as I can refer them to the Tuberculosis Officer at an early stage if necessary."

"Each new baby born in the parish has attended which seems very good. Lectures on infectious diseases, vaccination, etc., are given. The centre is thriving well."

"The babies come regularly, days of poor attendance being accounted for by bad weather."

"There is no doubt that the steady work put in by the nurse and voluntary helpers was a prominent factor in keeping up attendances."

"There were quite a few babies suffering from a considerable degree of malnutrition at the beginning of the year, well under their normal weight, and not gaining, and these benefited obviously by the milk allowance granted."

"This centre is progressing satisfactorily and is popular among the mothers. Many cases of carious teeth and several tonsil cases have been referred for treatment. A short talk has been given to the mothers on subjects such as—'Measles' and 'Rickets'. 'Illnesses during the first three years of life,' etc., each month, and advice re feeding, weaning, etc., has been given individually."

"I am satisfied, after comparison with the beginning of these centres and the present time, that their establishment has been more than justified. There is a very marked improvement in the general welfare of the infants and an obvious better understanding and co-operation on the part of the mothers. Very little actual disease is detected with the exception of defective teeth, tonsils and adenoids, middle ear suppuration, hernias, strabismus. Breast feeding is almost universal in first 3 months. Many pre-natal abnormalities have been seen and corrected."

"Advice as to the feeding of infants and other matters connected with their health was given to a large number of those attending, special stress being laid on breast feeding."

"At the ante-natal clinic there were five patients last year with small pelves, one of whom was admitted to the General Hospital for induction, but finally had a caesarian section."

"This centre undoubtedly fills a need in the district, mothers

coming from villages situated several miles away. The general condition of the children has considerably improved. Lectures on child-welfare have been given at every session."

"Very great improvement in the care of children is particularly noticeable in mothers who were very careless and haphazard and have become really good mothers."

"The centres continue satisfactorily and are attended by a number of healthy well-nourished children, the great majority are breast-fed and vaccinated, generally clean, but mostly overclothed."

"I found that the majority of expectant mothers of the lower, middle and labouring classes were willing enough to attend the centre for examination and indeed welcomed the opportunity, many of them attending on several occasions once they had 'broken the ice.'"

"There were no cases of contracted pelvis and I have found this condition to be far less frequent here than in London, where overcrowding and lack of fresh air and sunshine predisposes to rickety conditions."

"The health of the babies during the past year has been good, and I must say that I have been struck with the care with which the mothers carry out any advice given them. It has been a very great help to me the excellent way in which the Nurse follows up the cases from the centre. Two of the mothers have had twins, and in the case of one mother the twins were delicate—one particularly so—and difficult to rear. I may say the child's life is due to the help and attention Nurse has given the mother. It is a real boon to our work that such experienced practical nurses are employed in the welfare work as they undoubtedly lessen the infant mortality of the country."

"I have given lectures taking the child from birth, 'First instructions after birth' with a few ante-natal hints, and continuing via 'congenital abnormalities' 'feeding' (two lectures), 'vaccination' as the child grows. We have now done 'teething,' 'miscellaneous diseases of infancy,' and are now going through bowels and urine, diseases of childhood, etc. I usually have five or ten minutes question time after lectures, and a general knowledge 'viva' about the end of June."

"The attendances throughout the year have been good. The mothers evince a keen, and for the most part intelligent interest in the welfare centre, and endeavour to put into practice the advice they

receive. It is obvious that for the most part the mothers are slowly accepting and assimilating modern ideas of feeding, etc., and dropping old prejudices.

"The majority of infants and children attending are a fine sturdy set and we are proud of them.

"With regard to the ante-natal clinic there is very little prejudice in this particular area, either among the nurses who bring cases, or their patients, and every effort is made to allay apprehension and to present the objectives of the Clinic in a sane and common sense light."

"Almost every baby in this town of all classes attends this welfare, quite 90 p.c.

"Every baby has improved in health, and no baby attending the welfare regularly has died.

"There was only one case of rickets, which under early and appropriate treatment and advice has been almost cured.

"As far as can be ascertained all babies with one exception have been vaccinated."

"The only innovation of note this year has been my introduction of a megaphone. We found it an almost impossible task to get the mothers away from their children into the smaller room for the talks. So now, by using my megaphone, we give the mothers the talks over the children's heads."

"The mothers much appreciate what is done for them and obviously enjoy the meetings."

"The progress of the work at the clinic is satisfactory and the people take an intelligent interest and seem grateful."

"The attention of parents to the instruction given and particularly the value of breast feeding is very satisfactory, and the general attendances of mothers of all classes exhibiting interest in the work is most encouraging.

"The importance of the welfare centre is thoroughly appreciated and continues to secure the support of the Borough Council. The importance of being able to pass on children to the schools in a fit state with regard to the condition of the eyes, teeth and general health, is being constantly impressed upon the mothers and apparently with increasing success."

"The ante-natal clinic has been well attended, and is appreciated by the mothers."

"During the last twelve months one noticeable feature in the attendances at the clinic has been the age at which children have been brought, in the case of new attendances to us. Mothers are turning up earlier in the child's age with the result that any bad habits, feeding mistakes and hygienic blunders, are caught and corrected earlier in the children's lives and in consequence better results should accrue. The clinic seems to be becoming more widely known and parents from outlying villages are arriving."

"We had a course of lectures on diets especially with regard to small incomes and large families. At the finish an open discussion was held and one mother submitted a weekly budget for a family consisting of husband, wife and four children, spending 30/- on food and cooking. We discussed how this budget could be improved and came to the conclusion that milk and fresh fruit should be increased, and the starchy foods cut down.

"In July, 1933, a lecturer came down from Carnegie House and demonstrated how to clothe babies and toddlers, and two Health films were shown, one from the National Baby Week Council and one from the Health and Cleanliness Council.

"Competitions in needlework, knitting and cooking were held for the mothers."

"The result of the infant welfare centres is most encouraging especially in the case of young educated mothers, who now instead of taking advice from their friends come to the centre and ask about the slightest variation in the change of the baby's diet, etc. The numbers are increasing at each centre except in the summer months when the mothers work in the fields. The talks are appreciated. There is no difficulty in getting voluntary helpers."

"The people are appreciating the care and thought that is being given to their children's health, and many ask for knowledge of the aims and work of the school clinics, child welfare centres, and tuberculosis dispensaries. Several of the nursing mothers have taken advantage of the dental treatment under the maternity scheme and have been very grateful and appreciative of the real kindness and care shewn at the clinics. Many new members were brought by the old ones, and the mothers and children benefited by the advice and help given there."

"The medical officer gives his services ungrudgingly, attending every session although only 'officially' on alternate openings."

"The attendance has been good especially seeing many mothers have to bring their infants five miles to the centre."

"The work continues to increase in usefulness."

"The general health of the children is very satisfactory."

Voluntary committees of local ladies assist the nurses to carry on the social functions of the centres.

Again I desire to place on record my appreciation of the excellent work carried out by these voluntary committees, as they contribute in a great measure to making the centres the success they are.

The attendance of children at the centres was higher than in 1933 by 4,258.

The following are a few figures of interest in this connexion, relating to the last five years :—

	1929.	1930.	1931.	1932.	1933.
No. of openings	2,419	2,703	3,024	3,150	3,311
First Attendance Mothers	145	180	253	167	108
" Children	2,950	3,415	3,413	4,190	4,176
Total Attendances Mothers	507	539	626	385	335
" Children	63,920	80,827	91,944	98,492	102,750

The county centres (including voluntary centres where the services of a county health visitor are utilized), are visited periodically by the Maternity and Child Welfare Medical Officer, who discusses with the medical officers and the health visitors any matters of interest or difficulty in connexion with the administration of the centres.

At these visits the work of the health visitors is supervised. Where the work of part-time health visitors cannot be supervised in this way they are visited periodically by one of the whole-time nurses.

DENTAL TREATMENT.—Clinics for the dental treatment of expectant and nursing mothers and of children under five years of age are situated in the following districts, and the whole of the county maternity and child welfare area is now served by these clinics.

Address.	Dental Surgeon.
Borough Green, Western Hall	Mr. F. J. Saunders, L.D.S.
Elvington, Village Hall	Mr. W. W. F. Dawe, L.D.S.
Faversham, Wesleyan Hall, Preston Street	Mr. D. W. Lamb, L.D.S.
Herne Bay, Parochial Institute	Mr. H. Cantor, L.D.S.
Hythe, M.C.W. Centre, Prospect Road ..	Mr. W. W. F. Dawe, L.D.S.
Marden Hop-pickers' Hospital	Miss M. Cross, L.D.S.
Northfleet, 5 Station Road	Mr. L. S. Hayes, L.D.S.
Snodland, M. & C.W. Centre	Miss M. Cross, L.D.S.
*Tonbridge, School Clinic, Sussex Road	Mr. F. J. Saunders, L.D.S.
St. Mary Cray, Village Hall	Mr. F. A. Markham, L.D.S.
Walmer, Baptist Rooms, Park Road East, Dover Road	Mr. W. W. F. Dawe, L.D.S.
Westerham, Women's Institute	Mr. F. A. Markham, L.D.S.

*Treatment is given at the Edenbridge School Dental Clinic in this area when it is more convenient for the patients

The following figures relate to the work carried out in 1933 :—

		TABLE 23	
		Number of	
		Other items of Treatment.	
Mothers	Children	Total Attendances at Clinic.	
		Extractions.	
..	..	Fillings.	
		Sealings.	
..	..	Gum Treatment.	
		Impressions.	
..	..	Bites.	
		Try-ins.	
..	..	Dressings, etc.	
		No. of Patients fitted with Dentures, or Repaired Dentures.	
..	..	No. of Dentures fitted and repaired, i.e., Upper and Lower.	
		Local.	
..	..	General.	
		No. Inspected.	
..	..	No. requiring Treatment.	
		After inspection at an M.C.W. Centre.	
..	..	Without inspection at an M.C.W. Centre	
		No. commencing Treatment at Dental Clinic.	
3,391	448	6,475	207
3,839	7,298	422	96
76	561	344	385
334	213	308	525
574	1,125	15	15
1,273	148	10	25
30	5	8	923
25	292		

No. of Half-day Sessions for Treatment .. 524
 " " attended by Anaesthetists .. 176
 " " Inspections at M.C.W. Centres .. 3

NOTIFICATION AND TREATMENT OF OPHTHALMIA NEONATORUM, PUERPERAL FEVER AND PUERPERAL PYREXIA.—The following figures show the number of notifications during the past five years :—

<i>Puerperal Pyrexia.</i>		1929.	1930.	1931.	1932.	1933.
Whole County	..	106	98	111	98	92
County Area	..	32	29	39	38	27
<i>Puerperal Fever.</i>						
Whole County	..	42	40	52	40	52
County Area	..	21	13	22	13	17
<i>Deaths from Puerperal Fever.</i>						
Whole County	..	26	29	23	17	35
County Area	..	8	8	8	11	14

It will be seen from page 107 that in one hundred and six cases midwives sent for medical help for rise of temperature (pyrexia) in the current year.

Of the seventeen cases of puerperal fever which occurred in the County area five were attended by midwives in the first instance and twelve by doctors.

OPHTHALMIA NEONATORUM.—The figures shown, refer to the County Area, but a comparison with the figures for the whole County is shown for 1933 :—

		1929.	1930.	1931.	1932.	1933.	Whole County (1933).
Cases Notified	.. ..	19	27	27	14	15	47
Treated	{ At Home	.. ..	14	15	16	8	25
	{ In Hospital	.. ..	5	12	11	6	22
Vision	{ Unimpaired	.. ..	18	25	27	11	44
	{ Impaired	.. ..	1	—	—	2	—
	{ Total blindness	.. ..	—	—	—	—	—
Death	{ No information	.. ..	—	2	—	2	1
	{ .. ..	.. ..	—	—	1	—	2

As a precautionary measure against Ophthalmia Neonatorum all midwives in the County are provided with dropper bottles containing a 1 per cent. solution of Silver Nitrate with instructions to place one drop in each eye of newly-born infants immediately after the baby has been first bathed and the eyes carefully wiped with cotton wool.

Arrangements have been made with the following hospital authorities for the treatment of these diseases :—Ashford Urban (Isolation Hospital), Deal Borough (Isolation Hospital), Dover Borough (Isolation Hospital), Dartford (King Edward Avenue (Public Assistance) Hospital), Farnborough (Public Assistance) Hospital, Faversham Rural (Isolation Hospital), Gravesend Hospital, Lydd Borough (Isolation Hospital), Pembury (Public Assistance) Hospital, Sevenoaks Rural (Isolation Hospital), Royal Victoria Hospital, Folkestone, Tunbridge Wells General Hospital, London County Council Hospitals, *Kent and Canterbury Hospital, *Kent County Ophthalmic and Aural Hospital, Maidstone, *Ramsgate General Hospital, *Sheppey (Public Assistance) Hospital, *Thanet (Public Assistance) Hospital, *Tunbridge Wells Homœopathic Hospital, †Blean Rural Isolation Hospital, †Medway (Public Assistance) Hospital, †Isle of Thanet Joint Isolation Hospital.

In the case of the six hospitals marked * only ophthalmia neonatorum cases are admitted, whilst those hospitals marked † accept cases of puerperal infection only.)

The two institutions named below have agreed to provide nursing assistance for cases of puerperal infection as required : Kent Nursing Home, Tunbridge Wells ; Kent Nursing Institution, West Malling.

Three cases of puerperal fever received institutional treatment under these arrangements in 1933.

Fifty-six district nursing associations in the county child welfare area have also arranged for their nurses to treat cases of ophthalmia on request, and the whole-time county health visitors will attend when other nursing is not available. The total number of district nursing associations in the county is 140.

DENTAL SURGEONS.

The following extracts from the reports of the dental surgeons are of interest :—

“ It is gratifying to note that the number of patients willing to avail themselves of the treatment at their disposal is gradually increasing, it will be noted that practically all of my new cases commencing treatment during the year, received such treatment after prior inspection at the welfare centre at which they attend. This practical method has been adopted by me, in co-operation with the health visitor or nurse in charge of the centre.

"It is pleasing to note the general improvement in health, week by week, of those patients who have been subjected to bacterial absorption as a result of septic oral conditions, extending over a period of many years. These patients often assure me that they have not enjoyed such good health for years, and that it is a great relief to be free from neuralgic head pains, which in the majority of cases can be attributed to the septic conditions prevailing in the oral cavity.

"Much propaganda work remains to be done, for in many cases where scaling and cleaning of the teeth has been done for a patient and definite instructions have been given respecting the cleaning of the teeth, both mechanically and natural cleansing, one is horrified at the end of six months upon seeing the patient to learn that the teeth have never once been brushed since visiting the dental clinic. I am forced to the conclusion that scaling and cleaning of the teeth in many cases is a waste of time, and money, without the after co-operation of the patient concerned."

"One is often struck with the marked improvement in the health seen in some of the mothers returning for dentures to be fitted. This must of necessity reflect on the general health of the children."

"Pyorrhoea is still very prevalent amongst the mothers one meets at this clinic—generally the disease is very advanced with deep 'pocketing' of pus. Attendances have been well maintained and there is no question as to the appreciation of the mothers as to the benefits conferred by the facilities afforded at the dental clinic."

"It is to be regretted that the necessity for conservative work in the case of infants is still overlooked by parents. Too many only bring their toddlers when pain indicates that extractions are urgent."

ADMISSION OF CONFINEMENT CASES TO HOSPITALS, MATERNITY HOMES, ETC.—Arrangements have been made with the following hospitals and maternity homes for the reception of patients in complicated cases or where the home conditions of the patients are unsuitable. Only occupied beds are paid for, and no accommodation is reserved specially :—

Ashford Hospital ; Homeleigh Nursing Home, South Willesborough Ashford ; Beckenham and Penge Maternity Home, Beckenham ; Bromley and Chislehurst Maternity Hospital, Bromley ; Kent and Canterbury Hospital, Canterbury ; Maternity Hostel, Dane John,

Canterbury ; Medway (Public Assistance) Hospital, Chatham ; King Edward Avenue (Public Assistance) Hospital, Dartford ; Royal Victoria Hospital, Dover ; Public Assistance Hospital, Farnborough ; Royal Victoria Hospital, Folkestone ; Royal Naval and Marine Maternity Nursing Home, Gillingham ; Gravesend and North Kent Hospital, Gravesend ; St. George's Nursing Home, Grand Drive, Herne Bay ; Public Assistance Institution, Lyminge ; Public Assistance Hospital, Pembury ; General Hospital, Ramsgate ; Public Assistance Institution, Sheppey ; Public Assistance Institution, Thanet ; General Hospital, Tunbridge Wells ; Tunbridge Wells Maternity Home, 10 and 12 Calverley Park Gardens, Tunbridge Wells ; Westgate Maternity Home, Whitstable.

The number of patients admitted to institutions under these arrangements during the past year was fifty-two.

ST. FAITH'S HOME, BEARSTED.—Arrangements have been made for unmarried mothers from the county area to be admitted to the above home for their first confinement. The girls are admitted approximately two months before, and the home retains them and their children for approximately six months afterwards.

TREATMENT OF SQUINT.—The services of the school oculist and the facilities of school ophthalmic clinics are available for cases of squint in children under school age. Spectacles are provided free and travelling expenses are paid in necessitous cases. The school oculist examined the eyes of sixty-eight infants during the year and spectacles were prescribed in thirty-two instances. In five cases spectacles were provided free. All health visitors have been instructed to report cases of squint which come to their notice among the infants on their visiting lists.

ORTHOPAEDIC TREATMENT.—Details of the county maternity and child welfare cases treated under the orthopaedic scheme are given in the section on orthopaedic work—pages 101-104.

VARIOUS.—Arrangements exist with the Kent County Nursing Association for a nurse to be available for home nursing, where necessary, in cases of measles, whooping cough, diarrhoea and poliomyelitis. The services of the whole-time health visitors are also available for the home visiting of measles and whooping cough, and information respecting outbreaks is obtained in the usual way from school teachers.

Recommendations for a supply of milk free or at less than cost price are made by the health visitors, to the County Medical Officer in accordance with the conditions laid down by the Ministry of Health. During the year 4,252 grants were made, and orders for 17,357 gallons of cows' milk and 1,289 lb. of dried milk were issued, the actual expenditure being £1,857.

In connexion with the arrangements for the medical examination and treatment of children from one to five years of age as suggested in Circular 1054 of the Ministry of Health, dated December 5th, 1929, and approved by the County Council, very few cases arose for treatment during the year. The majority of such cases were dealt with privately at hospitals.

On 22nd May, 1933, the Minister of Health issued Circular No. 1337a (see page 23) with respect to further efforts being made to arrest child deafness and post-natal deaf-mutism. The attention of all Medical Officers in charge of Infant Welfare Centres was drawn to this circular with a request to endeavour to ensure the early detection of possible cases of deafness and nose and throat defects with a view to appropriate treatment being obtained. It was pointed out that parents should be advised to consult their own doctors and that in a number of hospitals in the County there are specialists on the staffs who deal specially with cases in these categories.

Stillbirths are investigated and reported upon by the health visitors. In 95 instances, in 1933, the following causes were given definitely :— Injury to child 17, injury to mother 14, various abnormalities 24, shock and worry 20, suspected venereal disease 11, various illnesses 9.

The following figures show certain infantile mortality rates per thousand births during each of the last six years :—

	1928.	1929.	1930.	1931.	1932.	1933.
Kent Urban Districts ..	47·55	61·98	44·87	46·59	49·76	48·11
Kent Rural Districts ..	43·46	56·95	45·02	47·93	48·38	48·40
Whole County ..	46·34	60·54	44·91	46·97	49·37	48·20
Area of County Scheme	42·22	55·79	43·37	45·47	45·08	50·90
Rest of Kent ..	48·53	63·15	45·76	47·81	51·82	46·58
England and Wales ..	65	74	60	66	65	64

Reference to maternal mortality is contained on page 32, and to infantile mortality on page 30. Systematic enquiry is undertaken by the county health visitors into infant deaths.

INFANT LIFE PROTECTION.—The functions under Part I. of the Children Act, 1908 (which relates to the supervision of persons who undertake for reward the nursing and maintenance of one or more infants, apart from their parents or who have no parents) are undertaken by the County Council so far as the county maternity and child welfare area is concerned.

Part V (Sections 65 to 69) of the Children and Young Persons Act, 1932, which came into force on January 1st, 1933, contained substantial alterations to the above enactment.

In thirty-two of the forty sanitary districts for which the County Council is responsible, the whole-time health visitors act as infant life protection visitors, and in the remaining eight districts this work is carried out by whole-time and district nurses, or by officers of the Public Assistance Committee. In the latter case these officers were taken over from the late Boards of Guardians.

The following is an extract from the instructions to infant life protection visitors :—

To visit all children "maintained for reward," and their foster-parents, not less often than once each three months. The visitors should satisfy themselves that the children are properly nursed and maintained and should give any necessary advice in this direction (special attention should be paid, amongst other things, to the preparation of food and the condition of cots and perambulators). Foster parents should be advised to take the children regularly to an Infant Welfare Centre.

In the case of new foster-parents coming on the register a report should be submitted as soon as possible to the County Medical Officer, on a form supplied for the purpose.

Any unregistered person coming to notice should be advised to make proper application to the Clerk of the County Council, and the name and address should be notified by the visitor to the County Medical Officer.

To inspect the premises in which children are kept—the foster-parents should be advised as to minor conditions which need remedy

(e.g., relating to ventilation, to storage of food, etc.), and any unsatisfactory condition of the property should be reported to the County Medical Officer.

To make an immediate report in writing to the County Medical Officer if there is reason to believe that any of the requirements of the Act are not being complied with (see Memo. L.G.A. 28, for these requirements).

If a case comes to the notice of a Visitor in which the question arises of the removal of an infant under Section 6 of the Memorandum, a telephone message or a telegram should be sent to the County Medical Officer, in order that steps may be taken for a visit by a Medical Officer of the Department.

To keep a record of inspections in the required form and to enter up the record immediately after each visit.

There is full co-operation between the infant life protection visitors, the National Society for the Prevention of Cruelty to Children and the County Police, and health visitors in their work generally co-operate with the various voluntary agencies operating in their area.

The Assistant Medical Officer for Maternity and Child Welfare supervises the work of the infant life protection visitors, visits all new foster-parents or new premises, and investigates complaints.

Both the systematic visitation and supervision are carried out satisfactorily; but as opportunity permits, advantage is taken to transfer to the County Health Visitors the work in those few areas in which they do not at present act as visitors.

Proceedings were taken in three cases during the year, in one of which an order was obtained for the removal of a nurse-child to a place of safety.

At the end of the year, 367 persons were on the Register as receiving 729 children for reward. One child died, and on whom an inquest was held.

SECTION 101.—LOCAL GOVERNMENT ACT, 1929.—Under the above Section the County Council is required to make contributions towards the expenses of voluntary associations providing maternity and child welfare services in, or for the benefit of, the county.

The following bodies provided such services, and contributions were made to them during the year.

MIDWIFERY.—The Kent County Nursing Association; and the unaffiliated District Nursing Associations of Ash-next-Ridley, Boxley, Eastry, Ightham, Stansted, Tenterden Cottage Benefit Association, Frindsbury Extra, Wye, Swanscombe, Lethbridge Sick Nursing Association, Sheerness.

INFANT WELFARE CENTRES.—Aylesford, Broadstairs, Meopham, Waterringbury.

MATERNITY HOMES.—Bromley, Chislehurst and District Maternity Hospital; Royal Naval and Marine Maternity Nursing Home, Gillingham; Tunbridge Wells and District Maternity Home.

MOTHER AND BABY HOMES.—St.Faith's Home, Maidstone.

BABIES' HOMES.—“Hurstleigh,” Tunbridge Wells (National Society of Day Nurseries); Babies Castle, Hawkhurst (Dr. Barnardo's Homes).

DISTRICT ADMINISTRATION.—The following table gives particulars of the maternity and child welfare work carried out in those areas in which the local district councils are responsible for this administration.

TABLE 24

District.	Number of Health Visitors.		Births in 1933.	Visits of Health Visitors 1933.	Maternity and Child Welfare Centres—Average Attendance of		Total amount of milk granted during year (free or at reduced price).
	Whole-time.	Part-time.			Mothers (Ante- and post-natal).	Children.	
Ashford ..	1	—	191	1,357	27	26	9,573 pints and 4 lb. dried milk.
Beckenham ..	1	†1	558	4,371	5	56	4,050 pints and 224 lb. dried milk.
Bexley ..	2	—	724	6,953	24	148	£331.
Bromley ..	—	†5	598	7,281	228	270	7,463 pints and 25 lb. dried milk.
Chatham ..	3	—	718	13,438	5	72	4,967 lb. dried milk.
Crayford ..	1	—	259	6,516	—	58·27	3,175 pints and 4,307 lb. dried milk.
Dartford ..	2	—	428	5,896	10·34	62·17	13,352 pints and 166 lb. dried milk free : 257 pints at half-price.
Dover ..	—	†4	608	5,218	5	32	50,049 pints and 202 lb. dried milk.
Erith ..	2	—	492	8,461	18	181	58,802 pints and 863 lb. dried milk.
Folkestone ..	—	—	429	5,224	7·5	72·7	4,769 pints and 888 lb. dried milk.
Gillingham ..	—	—	954	7,151	13	321	11,367 lb. dried milk.
Gravesend ..	2	—	589	2,684	44	60	5,573 lb. dried milk.
Maidstone ..	2	—	585	8,766	65·3	90·13	1,055 pints and 44 lb. dried milk.
Margate ..	—	—	329	3,763	89	76	714 lb. dried milk.
Northfleet ..	1	—	301	2,032	69·2		2,792 lb. dried milk.
Penge ..	1	—	427	2,803	35·4	83·3	485 pints and 2,626 lb. dried milk.
Ramsgate ..	—	†4	471	8,844	179·25	112·46	Fresh milk valued at 5/3.
Rochester ..	2	—	396	7,301	No centre		7,170 lb. dried milk.
Sevenoaks ..	1	—	112	1,426	50	62·9	420 pints.
Sheerness ..	1	—	221	1,280	45	51	1,151 pints and 192 lb. dried milk.
Sittingbourne and Milton ..	1(a)	—	350	795	1·2	91·6	3,382 pints and 192 lb. dried milk.
Tunbridge Wells ..	—	†4	401	6,351	93	105	6,371 pints and 231 lb. dried milk.
Dartford Rural ..	2	—	439	7,829	—	32·8	38,970 pints and 1,223 lb. dried milk.
Milton Rural	1(a)	—	98	421	—	17	880 pints and 82 lb. dried milk.
Tonbridge Rural	—	12	273	4,697	(Eight centres)		

† Whole-time officials but dividing their time between health-visiting and other duties.
 (a) Whole-time health visitor for combined districts as shown.

Beckenham and *Penge* possess a joint maternity home at 80, Croydon Road, *Beckenham*, managed by a joint committee of the two authorities, the object being to provide facilities for confinement for those women who have not sufficient accommodation in their own homes, or are unable to pay for adequate attention. This home has fourteen beds, in two general wards of four beds each, a cubicle ward of four beds, and two private wards; and the necessary labour ward, isolation block, etc. 324 cases were admitted in 1933—227 from *Beckenham* and 97 from *Penge*. The average duration of stay was 16·0 days. The home is recognized by the Ministry of Health and the Central Midwives Board as a training centre for midwives, and is allowed to have five pupils in training. Women who do not wish to enter the home for their confinement, and cannot afford the services of a private doctor, can be attended in their own homes by a midwife working in conjunction with the Joint Maternity Home, and 102 cases were dealt with under this arrangement during 1933. Every case—whether in-patient or out-patient—attends at the home for ante-natal supervision, a clinic for this purpose being held twice weekly; and 241 expectant mothers made 2,240 attendances.

In *Bexley Urban* the District Council provides a maternity home of six beds at 315, The Broadway, *Bexley Heath*. 160 cases were dealt with during the year. The medical officer of health again emphasizes the need for increased accommodation—the present home is insufficient for the needs of the district.

In *Erith Urban* there is a maternity home provided by the Urban District Council, with six beds in two general wards, one isolation bed, and a labour ward. 127 cases were admitted during 1933.

In some districts there is an arrangement for the use of beds provided by voluntary bodies. The following shows these districts, the hospitals or homes concerned, and the beds so reserved :—

Bromley Borough—*Bromley and Chislehurst Maternity Hospital*—no definite number.

Crayford Urban—*Barnes Cray Nursing Home*—twelve beds.

Dartford Borough—*British Hospital for Mothers and Babies, Woolwich*—no definite number.

Maidstone Borough—*West Kent General Hospital*—two beds.

Ramsgate Borough—*Ramsgate General Hospital*—twenty beds.

Tunbridge Wells Borough—Tunbridge Wells Maternity Home—ten beds.

<i>Chatham Borough</i>	} Each of these districts has an arrangement with the Royal Naval and Marine Maternity Nursing Home at Gillingham for such beds as are required and available for civilian cases.
<i>Gillingham Borough</i>	
<i>Sittingbourne and Milton Urban</i>	
<i>Milton Rural</i>	

Provision is made in several districts for the use of hospital beds for complicated maternity cases, as follows :—*Beckenham Urban, Bexley Urban, Bromley Borough, Chatham Borough, Dartford Urban, Dover Borough, Erith Urban, Folkestone Borough, Gravesend Borough, Maidstone Borough, Margate Borough, Northfleet Urban, Penge Urban, Rochester City, Sandwich Borough, Sittingbourne and Milton Urban, Milton Rural, Tunbridge Wells Borough, and Dartford Rural.* Particulars of these arrangements will be found in my annual report for 1930.

Developments of the district maternity and child welfare schemes during 1933 were as follows :—In *Ashford Urban*, provision was made for the treatment of eye-diseases, and especially squint. In *Bexley Urban*, an additional ante-natal session was commenced towards the end of the year—there is now a monthly ante-natal session at each of the two centres. In *Gillingham Borough*, the Corporation undertook the payment of midwives' fees in necessitous cases where no maternity benefit is forthcoming. In *Rochester City*, a scheme for providing "home-helpers" has been adopted. In *Sevenoaks Urban* a dental centre was established for the treatment of children and expectant mothers; and this has met a very real need and has accomplished much valuable work. In *Sheerness Urban* the treatment of deafness or mastoid disease has been considered, and arrangements have been made to ensure the necessary treatment of this defect when required. In *Sittingbourne and Milton Urban* and *Milton Rural*, a scheme was inaugurated for the dental treatment of expectant and nursing mothers.

According to my information, the following areas now have schemes for the dental treatment of expectant and nursing mothers, and infants : *Ashford Urban, Beckenham Urban, Bromley Borough, Chatham Borough, Crayford Urban, Dartford Urban, Erith Urban, Maidstone Borough, Penge Urban, Ramsgate Borough, Sevenoaks Urban, Sheerness Urban,*

Sittingbourne and Milton Urban, Tunbridge Wells Borough, Dartford Rural, and Milton Rural; and in *Folkestone Borough* the facilities of the Sassoon Clinic are available.

THE INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.—The district medical officers of health continue to exercise close supervision over dairies, cowsheds and milkshops, and pay much attention to all matters connected with the subject of milk supplies. The Tables 26 and 27 at the end of this report show the numbers of visits, the defects found, and the prosecutions undertaken in this connexion.

I have made arrangements with certain medical officers of health of the county districts, to submit at intervals samples of mixed milk from the farms in their areas, in order that such samples may be examined in the county bacteriological laboratory for the presence of tubercle bacilli. In 1933, 124 samples were examined in accordance with this scheme, as well as certain other mixed samples, and twenty-two visits were paid to farms involved by the discovery of positive milks. One hundred and one samples were taken from individual animals, and these were examined at the laboratories with the result that fourteen positive animals were detected on twelve different farms.

The district medical officers of health inform me when they have had occasion to condemn a tuberculous carcass, and I am also informed of all animals slaughtered under the provisions of the Tuberculosis Order. A sample of mixed milk is then obtained from the farm from which the animal came, and this is examined to ascertain whether it is tubercle-infected. Seventy-two such samples were examined in 1933, and of these five were positive and sixty-seven negative; and following up these positive samples, five visits were paid to farms, and eleven samples taken, of which two were positive and nine negative.

Also in connection with the Tuberculosis Order, twelve milks were submitted to the laboratories—eleven for biological test for tuberculosis and one for microscopical examination. The latter came from the county area, and was positive. Of the eleven for biological test, three (all negative) were from the county area, and eight (three positive and five negative) from autonomous areas.

Special examinations were made of milks supplied to three institutions, and to nine elementary schools in the county, all with negative

results. A number of the district samples examined also included school supplies.

Two separate visits were made to one farm, as the result of milk examinations in areas outside Kent—examinations reported to me by the public health officials of the authorities concerned. Nine samples were taken on these visits, but all were negative. It should be noted, however, that four animals on this farm had been dealt with under the Tuberculosis Order, before such visits were made.

Special examinations were made of fifty-one milks involved in forty-five cases of tuberculous disease, and of these milks, five were positive and forty-six negative. Visits were paid to the five farms indicated and twenty-two samples taken, of which two were positive and twenty negative.

The number of licences granted by the County Council during 1933, under the Milk (Special Designations) Order, 1923, for Grade A milk comprised five to producers for wholesale supply, and five to producers for retail supply. No licences were refused or revoked. In connection with these licences, thirty-two bacteriological examinations of samples were undertaken, twenty-nine of which conformed to standard.

The following references are taken from the reports and summaries of the local medical officers of health, with regard to the matter of milk supplies generally :—

Bexley U.—Under the Special Designations Order, five licences were issued for Grade A (T.T.) milk, eight for pasteurised, four for certified, and one for Grade A. Almost the whole of the milk sold within the area is bottled before leaving the dairies.

Chislehurst U.—Monthly samples were taken of the milk supplied to the Queen Mary Hospital of the London County Council, also of the certified milk produced at a farm in the district. All reports were satisfactory.

Dartford B.—Samples were taken from the supplies of all dairymen supplying the schools, and examined for tuberculosis at the County Laboratory.

Dover B.—Bacteriological examinations were made of nineteen samples of various milks—"ordinary," Grade A (T.T.), certified and pasteurised—also of four condensed milks and four dried milks.

Erith U.—Twenty samples of milk were submitted to the County Laboratory for examination, but no legal action was called for.

A large proportion of the milk sold is pasteurised, and Dr. Herington writes :—" The question of treating milk by heat has gained prominence recently in the lay press—usually the point stressed is the spread of tuberculous infections. This, however, is not the whole story as it is an established fact that many diseases, including scarlet fever, diphtheria, enteric fever, undulant fever, and many others, are conveyed by raw milk. Until the purity of milk can be guaranteed there does not appear to be any satisfactory method of being reasonably certain that milk is free from contamination, other than pasteurisation by the 'holder' process."

Faversham B.—Ten samples of milk were taken under the Special Designations Order—five of Grade A and five of pasteurised. Only two had a count of above 7,000, and those in the summer months.

Thirteen samples of ungraded milks gave bacterial counts varying from 8,900 per c.c. with *B. coli* absent in 1 c.c., to over one million per c.c. with *B. coli* present in 1/1000 c.c.

Folkestone B.—Thirty-five samples from farms, dairies and individual cows, were submitted to bacteriological examination—sixteen of them for inoculation tests.

The sanitary inspectors carried out sedimentation tests in respect of nineteen samples.

Herne Bay U.—Seventeen samples of milk were taken for bacteriological examination ; and four samples were sent to the County Laboratory for examination for tubercle, with negative results.

Five licences were issued by the Council to retailers, to sell graded milks—Certified, and Grade A (T.T.).

Lydd B.—Milk from the dairy supplying the schools was submitted for bacteriological examination. The report was quite satisfactory.

Margate B.—There has been a great increase in the number of shops which are selling milk in cartons or bottles, and a decrease in the number of dairies.

Penge U.—Sixty-six informal samples showed that eight were below standard, the worst being 6% deficient in fat. Five formal samples proved to be genuine..

Four dealers' licences and eight supplementary licences were issued, under the Special Designations Order.

Thirty persons are now registered to sell milk in sealed containers only—mostly in cartons.

Rochester C.—Two more dairies have been fitted with pasteurising plant, and the greater part of the milk now sold in this area is so treated.

There were no changes in the cowsheds, but negotiations were proceeding for improvements at the only two farms within the City area that have not been completely re-modelled. Plans were submitted for one new cowshed and dairy, and these will be of a very satisfactory type when completed.

Sevenoaks U.—Frequent inspections are made of all premises registered under the Order. 36 samples of graded milk were submitted for bacteriological examination, and one sample for the detection of tubercle bacilli.

Sittingbourne and Milton U.—Milk supplies are examined periodically, for general bacterial content and for the presence of specific micro-organisms.

Tunbridge Wells B.—Samples of milk from all the dairy farms were examined for the presence of tuberculosis.

West Ashford R.—Many improvements were effected in cowsheds and dairies. Fourteen samples of mixed milks were taken for biological tests.

Blean R.—There are 96 registered producers, and 84 registered retail purveyors, in this district. One retailer is licensed to sell Certified milk, Grade A (T.T.) milk and Grade A milk; one to sell Certified, Grade A (T.T.) and pasteurized milks; and one to sell Certified milk.

Sixteen samples of ordinary milk were submitted for bacteriological examination, and nineteen samples for examination for tubercle.

Dartford R.—One Grade A (T.T.) licence was temporarily suspended, due to re-actors not being properly isolated.

Elham R.—Several mixed samples were examined for tuberculosis at the County Laboratory.

Faversham R.—The examination of all supplies in this district, by the County Bacteriological Laboratory, was completed during the year.

Hollingbourn R.—The importance of clean milk production is being constantly impressed on cowkeepers and dairymen. "Whilst the general standard is satisfactory there is not sufficient attention paid in some instances to the cleanliness of the animals, the milkers and the dairy utensils, and it is necessary that the cowkeepers responsible for these conditions should realise that the slovenly and dirty methods which were all too prevalent in years gone by can no longer be tolerated."

Malling R.—Six samples of mixed milk submitted to the County Laboratory showed one to be tubercle-infected, and this was followed up. Samples for cleanliness were all up to standard.

Milton R.—Milk supplies are examined periodically, for bacterial content and for the presence of specific micro-organisms.

Thanet R.—Licences under the Special Designations Order, 1923, were issued to four retailers. One cowkeeper is licensed to produce "Certified" and "Grade A (T.T.)" milks.

(b) MILK AND CREAM REGULATIONS.—Among the formal samples examined by the County Analyst during the year (a summary of which samples will be found on page 140 of this report) were 1,808 of new milk, and forty-three of cream. All were found to be free from preservative.

(c) MEAT SUPPLY.—Figures showing the number of inspections of slaughter-houses in each district, will be found in Tables 26 and 27 at the end of this report; and it will be realized that a great deal of time and care is exercised in supervision of this article of food. In addition to the examination of several thousands of carcasses, the actual structure and condition of the slaughter-houses is continually under observation.

The following extracts are taken from the district reports and summaries :—

Bexley U.—3,880 carcasses slaughtered within the area were examined before being offered for sale.

Chatham B.—Referring to the Slaughter of Animals Act of 1933, Dr. Holroyde calls it "a humanitarian rather than a hygienic Act,"

and makes the following comment :—" Its intention is to abolish cruelty, but if authorities who for some years have had bye-laws regulating humane slaughtering in operation, do not by resolution add sheep and goats to the list of animals coming within the provisions of the Act, then their bye-laws lapse. The inference of the Act is that unless an animal is previously rendered unconscious the act of killing is cruel ; but on account of religious scruples Jews and Mahomedans may practice cruelty, but the Gentile is forbidden to do so."

Faversham B.—The percentage of total weight of meat and organs surrendered an account of tuberculosis was less than in former years.

Folkestone B.—With the exception of a small percentage of sheep slaughtered locally, all meat is inspected before exposure for sale.

" In view of the present state of the law as regards contamination of meat exposed for sale in shops with open windows and shop-fronts, no action has been taken ; but of course action has been taken as regards the transport and handling of meat."

Hythe B.—The public abattoir has been found an acquisition for the district, and all the butchers of the town use it.

Maidstone B.—872 inspections of slaughterhouses were made whilst killing was in progress ; but Dr. Gaffikin points out that the number of slaughterhouses, often all in use at the same time, makes it impossible to secure the inspection of all meat killed in the borough. He stresses the need for a public abattoir.

Margate B.—The Council has decided that existing slaughterhouses should be improved, and as a result five have been re-conditioned and brought up to date, and in some cases additional lairage has been provided. One registered slaughter-house was closed under a Private Act, and the licence of another was revoked.

Penge U.—About two-thirds of all the meat condemned was tuberculous. Frequent inspections were made at butchers premises, and warnings given regarding inadequate protection of meat from dirt, etc.

Rochester C.—Systematic inspection of carcasses of animals slaughtered in the City was continued, and a considerable quantity of meat was condemned.

Walmer U.—One slaughter-house was re-constructed after demolition by fire, and was placed under licence.

(d) OTHER FOODS.—In recent reports I have quoted from the district reports references to ice-cream as an article of human consumption. Several of the reports for 1933 refer to this commodity, and I may quote the following :—

Chatham B.—"The method of distribution of ice-cream is greatly improved, and the street barrow, where it was ladled out with a dirty spoon into a dirty glass by individuals not conspicuous for personal cleanliness, is rarely seen."

Herne Bay U.—"During the season twelve samples of ice-cream were obtained and taken to the County Laboratory for bacteriological examination. The reports on the bacterial content of these samples varied considerably, the highest (which was imported into the district) containing 25,500,000 bacteria per c.c., with coliform bacillus in 1/1000 c.c., and the lowest was a perfect report of no bacteria whatever.

"In the absence of a standard of cleanliness for ice-cream, action can be of an advisory and educational nature only. The importance sterilizing utensils, the careful selection of ingredients, and constant attention to cleanliness are the factors inculcated whenever an adverse report is received. In one case, the elimination of a certain ingredient reduced the bacterial count from many millions to a few thousands."

A few other articles of food are mentioned. In *Sevenoaks Rural* a special watch has been kept on dried fruits and greengrocery. In *Dover Borough*, Dr. McMaster writes that it is disquieting to find the extent to which certain brands of sardines were found to be contaminated with lead; the eleven samples taken during the year were all so contaminated, and the vendors were cautioned. Investigation into this matter was still proceeding at the end of the year.

SALE OF FOOD AND DRUGS ACTS.

I am indebted to the County Analyst for the information contained in the following table—which includes the figures quoted under the heading of "Milk and Cream Regulations," on page 137 of this report.

I would acknowledge the help and co-operation extended to me at all times by the County Analyst and his department.

TABLE 25.

Article.	Submitted by County Inspectors.					Submitted by Local Sanitary Authorities.				Submitted by Private Purchasers.	
	Number examined.	Adulterated.	Genuine.	Inferior.	Percentage Adulterated.	Number examined.	Adulterated.	Genuine.	Inferior.	Number examined.	Adulterated.
Ammoniated Tincture of Quinine	17	—	17	—	—	—	—	—	—	—	—
Arrowroot	4	—	4	—	—	—	—	—	—	—	—
Baking Powder	5	—	5	—	—	—	—	—	—	—	—
Brandy	23	—	23	—	—	—	—	—	—	—	—
Brawn	3	—	3	—	—	—	—	—	—	—	—
Butter	334	—	334	—	—	5	—	5	—	4	—
Camphorated Oil	10	—	10	—	—	—	—	—	—	—	—
Cheese	5	—	5	—	—	—	—	—	—	—	—
Cinnamon, Ground	6	—	6	—	—	1	—	1	—	—	—
Citric Acid	2	—	2	—	—	—	—	—	—	—	—
Cocoa	49	—	49	—	—	—	—	—	—	2	—
Cod Liver Oil	10	—	10	—	—	—	—	—	—	—	—
Coffee	65	—	65	—	—	—	—	—	—	1	—
Coffee and Chicory	2	—	2	—	—	—	—	—	—	—	—
Cornflour	9	—	9	—	—	—	—	—	—	1	1
Cream	43	2	41	—	4.7	1	—	1	—	4	—
Custard Powder	5	—	5	—	—	—	—	—	—	—	—
Flour	23	—	23	—	—	—	—	—	—	—	—
Flour, Self-raising	22	—	22	—	—	2	—	2	—	—	—
Fruits, Dried	18	—	18	—	—	—	—	—	—	—	—
Gin	25	—	25	—	—	—	—	—	—	—	—
Ginger, Ground	5	—	5	—	—	—	—	—	—	—	—
Iodine, Tincture of	5	—	5	—	—	—	—	—	—	—	—
Jam	65	—	65	—	—	—	—	—	—	—	—
Lard	84	—	84	—	—	1	—	1	—	—	—
Lemon Curd	2	—	2	—	—	1	—	1	—	—	—
Linseed, Crushed	5	—	5	—	—	—	—	—	—	—	—
Margarine	186	—	186	—	—	—	—	—	—	—	—
Mercury Ointment	4	—	4	—	—	—	—	—	—	—	—
Milk, New	1808	50	1758	57	2.8	35	3	32	—	241	22
„ Condensed	1	—	1	—	—	1	—	1	—	—	—
Mustard	21	—	21	—	—	2	—	2	—	—	—
Nitrous Ether, Spirits of	3	—	3	2	—	—	—	—	—	—	—
Oatmeal	13	—	13	—	—	—	—	—	—	—	—
Olive Oil	16	—	16	—	—	1	—	1	—	—	—
Pearl Barley	2	—	2	—	—	—	—	—	—	—	—
Peas, Preserved	16	—	16	—	—	—	—	—	—	—	—
Pepper	17	—	17	—	—	2	—	2	—	—	—
Pickles, Mixed	3	—	3	—	—	1	—	1	—	—	—
Rice	20	—	20	—	—	—	—	—	—	—	—
Rice, Ground	9	—	9	—	—	2	—	2	—	—	—
Rum	17	—	17	—	—	—	—	—	—	—	—
Sago	3	—	3	—	—	—	—	—	—	—	—
Sausages	12	—	12	—	—	—	—	—	—	—	—
Semolina	2	—	2	—	—	—	—	—	—	—	—
Suet, Shredded	10	—	10	—	—	—	—	—	—	—	—
Sugar	56	—	56	—	—	5	—	5	—	1	—
Tapioca	16	—	16	—	—	—	—	—	—	—	—
Tartar, Cream of	4	—	4	—	—	—	—	—	—	—	—
Tea	7	—	7	—	—	—	—	—	—	—	—
Vinegar	5	—	5	—	—	1	—	1	—	—	—
Whisky	56	—	56	—	—	—	—	—	—	—	—
Various other specimens	19	—	19	—	—	17	—	17	—	103	4
Totals	3172*	52	3120	59	1.64	†78	3	75	—	357	27

* In addition to these examinations, seventeen informal samples were examined—including nine milks and two condensed milks; two of the milks were adulterated, all the other samples were genuine.

† Thirty-one informal samples were also received from Local Sanitary Authorities, and three of these were found to be adulterated—two of sausage and one of milk.

Apart from the examinations shown in the above tabulation, 3,377 samples of milk taken from individual cows and herds were examined during the year.

SANITATION OF HOPPER ENCAMPMENTS.

The following comments are taken from the reports and summaries of the district medical officers of health :—

East Ashford R.—Considerable improvements have been carried out. There was one outbreak of infectious disease due to “foreign” pickers.

Blean R.—Main-water is now available for the pickers at the one encampment in this area.

Hollingbourn R.—Improved sanitation and water-supply are required in some encampments, and this matter is receiving attention.

Maidstone R.—Improvements are being carried out at the camps, especially with regard to closet accommodation.

Sevenoaks R.—Much improvement has been effected during the past three years, and there is little to complain of. Four cases of defective accommodation were abated by informal action.

One isolated case of scarlet fever occurred, but the general health of the pickers was good.

Tenterden R.—Huts and buildings were found to be satisfactory.

Dr. Galbraith (*South-West Kent United Health Area*) again devotes a special section of his Annual Report to the matter of hop-picking. There was an increase in the acreage under hops; and South-West Kent now has 5,730 acres on 386 farms out of a total in the county of 9,366 acres. There was an increased yield per acre, the quality of the crop was very satisfactory, and weather conditions were ideal—which probably shortened the picking season, and the area left unpicked was considerably less than in 1932. Added to these facts was a marked increase in the market price of the hops.

Dr. Galbraith writes :—“The improved prospects of the hop-growing industry indicate the value of co-operation; similar measures might well be adopted regarding the hop-pickers. Some years ago I suggested that a welfare scheme like that in force for the miners could be applied to the pickers. In the case of the former a levy of one penny a ton of coal provides funds for the construction of pithead baths and other facilities; a similar levy on each hundredweight of hops would

provide the means to improve housing of the hoppers and for their medical supervision and treatment. It does not seem right that such a wealthy industry as hop-growing should allow itself to be dependent upon charitable organisations for the welfare, medical and nursing work done for its employees, the hop-pickers."

Early in the season a tour of the encampments was carried out. Generally it was found that everything was in readiness—the huts had been cleansed and disinfected, the water-supply tanks fixed, the cooking-houses put in order, and refuse-bins placed along the lines of huts. Dr. Galbraith says that "more than ever we find the growers are willingly co-operating with the Local Authorities in improving conditions. On one large farm we found new huts erected of an even more advanced design than those required by the bye-laws. Strong benches were fixed in the cookhouses. The large, airy well-lighted huts had a concrete path outside and floor inside, a strong bedstead was provided, and shelves had been fixed to add to the comfort of the pickers. On other farms we found more use being made of coppers to provide a hot water supply to the pickers."

There were few complaints regarding accommodation, but the problem of week-end overcrowding remains as insoluble as ever.

It was necessary to report eight farms for lack of effective scavenging, but no legal proceedings were taken, as the growers complied with the bye-laws after warning letters had been sent to them.

Infectious diseases amongst the pickers totalled twenty-five; ten cases of scarlet fever and fifteen of diphtheria. Eleven of these cases occurred in the district; the remaining fourteen were notified on return to London.

Voluntary medical work among the pickers was again a noticeable and praiseworthy feature.

HOUSING.

It is no longer a requirement of the Ministry of Health that detailed statistics as to housing should be incorporated in the Annual Report of a county. The County Medical Officer is required, however, to comment upon housing conditions generally, within his county.

The Tables which it was my custom to include in my Annual Reports have been omitted, therefore, since 1931 ; but for purposes of comparison some figures for the past five years are set out below :—

	1929.	1930.	1931.	1932.	1933.
Houses Inspected :					
Urban	17,916	19,887	16,415	16,772	21,663
Rural	6,924	4,745	6,125	6,361	7,190
Houses found unfit for human habitation :					
Urban	243	152	435	291	824
Rural	98	171	282	130	456
Houses demolished :					
Urban	36	44	69	267	178
Rural	10	33	23	16	57
Houses where remedy of defects was effected :					
Urban	10,350	10,713	10,808	9,642	10,556
Rural	2,476	2,277	2,704	2,911	2,681
New houses erected :					
Urban	5,782	5,679	7,057	7,077	10,424
Rural	2,619	2,549	2,908	3,228	4,457
Approximate shortage :					
Urban	4,502+	6,997+	4,256+	3,346+	3,640+
Rural	1,095+	1,674+	1,145+	883+	1,000+

The number of houses inspected shows a marked increase, the figure reaching the highest total for several years.

The number of houses found to be unfit for human habitation shows a remarkable increase. Both in urban and rural areas this figure has advanced to a level far beyond anything recorded in recent years, due to intensified work under the Act of 1930, and is a natural outcome of such work and of the fore-planning which has received encouragement during the past year or so.

The number of houses demolished shows a slight decrease in the county as a whole, although the rural figure has increased. The total figure, however, is markedly above the average of the years previous to 1932.

The number of houses where remedy of defects was effected shows a slight increase over the previous year, but is very close to the average for many years past. The rural areas show some falling off in this direction, but the urban areas present a definite advance on the 1932 figure.

The figures relating to new houses erected are particularly interesting. The county figure reached the creditable total of 14,881, the highest for several years, the increase taking place in both urban and rural areas.

Despite such increase in the erection of new houses, however, the approximate shortage has again increased, and it is estimated that nearly 5,000 houses are still needed in the county.

Having regard to the duties in respect of rural housing which have been placed on County Councils, I append a few additional details with reference to the *rural* areas of Kent.

7,190 houses were inspected under the Public Health or Housing Acts, and 13,135 inspections were made for the purpose. The houses inspected include 2,322 which were inspected and recorded under the Housing (Consolidated) Regulations of 1925.

Of the total number inspected, 456 were unfit for human habitation and 2,183 others were not in all respects reasonably fit for human habitation.

1,861 defective houses were rendered fit as a consequence of informal action by the local authorities or their officers.

Notices under Sections 17, 18 and 23 of the 1930 Act, were served upon the owners of 322 houses, requiring repairs to be executed; and during the year 275 houses have been rendered fit by their owners, in consequence of such notices.

581 houses were dealt with under the Public Health Acts, by notices served on the owners; and in 545 cases the defects were remedied as a result.

144 demolition orders were made (Sections 19 and 21 of the 1930 Act) and 57 houses were demolished.

In only one case was a closing order made under Section 20 of the 1930 Act, and this order was subsequently determined when the premises were rendered fit.

4,037 houses are now owned by the rural district councils in Kent.

4,457 new houses were built in rural areas during the year—299 by local authorities, and 4,158 by private enterprise.

The shortage of houses for rural districts is estimated at 1,000 (as a minimum).

District.	New Houses built during 1933.		Houses required for the accommodation of the working classes.		District.	New Houses built during 1933.		Houses required for the accommodation of the working classes.	
	By the Local Authority.	By other bodies or persons.	To replace unsatisfactory property.	To provide additional accommodation.		By the Local Authority.	By other bodies or persons.	To replace unsatisfactory property.	To provide additional accommodation.
Ashford, East	—	78	20	—	Romney Marsh	10	33	19	30
Ashford, West	46	38	30	24	Sevenoaks	8	231	100	?
Blean ..	30	217	30	75	Sheppey ..	—	122	—	—
Bridge ..	22	49	36	—	Strood ..	—	812	26	—
Bromley ..	—	1359	?	?	Tenterden ..	—	16	—	—
Cranbrook ..	26	32	20	26	Thanet ..	—	143	6	4
Dartford ..	88	165	?	?	Tonbridge ..	9	88	46	—
Dover ..	—	142	3	—					
Eastry ..	—	46	14	22					
Elham ..	—	58	10	20					
Faversham ..	—	46	13	?					
Hollingbourn	22	79	29	?	Totals in Rural Districts	299	4158	496+	504+
Hoo ..	—	30	20	—					
Maidstone ..	—	210	—	—	Totals ..	4457		1000+	
Malling ..	38	110	64	303					
Milton ..	—	54	10	—					

The following comments upon matters of housing in general, are taken from the reports and summaries of the district medical officers of health :—

Ashford U.—Overcrowding is mainly centred in certain areas, which have been scheduled as " Clearance Areas " under the 1930 Act.

The overcrowding is accentuated by the small size of rooms in these houses, and the low ceilings.

Beckenham U.—The houses required to provide additional accommodation are estimated at thirty per annum for three years.

Bexley U.—There are approximately 261 applicants for Council houses, with a five-year's residential qualification.

Chatham B.—Slum areas are being cleared, individual unfit houses demolished, and provision to relieve overcrowding is being considered.

Chislehurst U.—There are no cases of overcrowding which could be dealt with ; but it would be desirable if approximately 100 houses could be built for working-class occupation.

Crayford U.—The Sanitary Inspector writes :—" Shortage of houses in Crayford presents a complex problem to the Local Authority. No matter how many houses are built the list of applicants never seems to diminish very much.

" This may be due in part to the presence of the various estates built during the War period. These estates have passed into the hands of private housing companies, who in letting empty houses, introduce people from other districts, many of whom, in order to pay the high rentals, sub-let rooms, and so in turn introduce still more people.

" Thus Crayford, because of its sympathetic leaning towards housing applicants, is repeatedly faced with the need for more houses.

" Personally, I should like to see the whole housing policy tackled in a different manner. We are so much concerned with the slum clearance problem of the present era that we are inclined to lose sight of the future.

" I would suggest (1) the registration of all dual lettings, in order that a check can be kept on overcrowding of individual houses ; (2) grading of property and areas to a definite standard.

" To allow the reconditioning of certain types of property is simply to give licence to what at the best amounts to slum property.

" I am of the opinion that property more than fifty years old has shown a fair return on the money invested in it, and where it falls below a certain standard of fitness, the question of reconditioning should not be considered at all.

“ Let us take a step forward, and town plan our districts in such a way that the old areas will gradually be brought up to the standard of the new areas.”

Dartford B.—The local authority has built a total of 999 houses, and 129 have been sold under the “ owner-occupier ” scheme.

The figures as to shortage of housing accommodation were obtained as the result of a survey made in January, 1934.

Erith U.—Fifty houses are scheduled as unfit for human habitation and are not capable of being rendered fit at a reasonable cost. Steps are being taken to deal with these as individual unfit houses—no clearance or improvement areas have been represented.

Dr. Herington writes :—“ In my opinion one direction to be followed is the preservation of existing property in a habitable condition and the instruction of householders in homecraft. I respectfully submit for the consideration of the Council that the appointment of a woman property manager trained in the Octavia Hill system would not only raise the general standard of housing but would also repay the Authority by the greater care which would be bestowed by the occupiers. Women property managers have been appointed in many urban areas and I have yet to hear of an authority which has regretted employing them. It has been found that in addition to the advantages outlined, arrears of rent have been substantially reduced.”

Special means have been devised by the Medical Officer of Health to prevent the importation of bugs, with the furniture and bedding, when tenants are transferred to new property. Such means have been very successful, and inspections carried out at intervals, for several months after, have shown no evidence of the recurrence of bugs.

There is a demand for the cheaper type of house—about nine shillings inclusive weekly rent.

Folkestone B.—“ The houses mostly required are those which can be let at a low rent to persons who are not and never will be able to purchase a house either by the aid of Building Societies or other means. Where overcrowding exists it is mainly due to the fact that the tenants are so poor that they share a house owing to their being unable to pay rent.”

Gillingham B.—There is a surplus of houses to let at a rental of 15/- per week and upwards.

Gravesend B.—A scheme for the erection of more Council houses, for the relief of overcrowding, is now under consideration.

Dr. Outred summarises the work under the 1930 Act on unhealthy areas and insanitary houses, up to the end of 1933, as follows :— Four areas approved as ' clearance areas ' in 1931 have been dealt with, the thirty-eight houses therein having been demolished and the sites cleared.

Nine areas were scheduled to be dealt with as improvement areas under the five-year programme. Three of such areas have been " approved," and bye-laws made and confirmed. In area No. 1 (403 houses) eight houses have been demolished, displacing 92 persons ; and 114 persons were displaced to abate overcrowding. In area No. 2 (438 houses) there were no houses for demolition ; this area has been inspected for overcrowding, and re-conditioning is now being dealt with. Area No. 3 (397 houses) has been inspected for overcrowding, re-conditioning is now in progress, and notices under Section 17 served in respect of twenty-seven houses. In the remaining six areas, the preliminary survey has not yet been completed.

In all, 197 houses have been demolished, and thirty-two houses made fit.

Herne Bay U.—Cases of overcrowding are occasionally met with, families are still living in rooms who would take houses if available, and within their means.

Lydd B.—A scheme is being considered for the erection of twelve houses by the Borough Council—six of small type for aged people, and six at small rental for the working classes.

Maidstone B.—There is still a large amount of overcrowding in the district, and a large number of applications for Council houses.

Dr. Gaffikin, speaking of the school children who are below the average of nutrition, mentions that " the children who are of poor physique are more frequently the victims of the housing shortage of the past years than of unemployment."

Margate B.—There is still a shortage of houses suitable for the artisan class. There is a certain amount of overcrowding during the summer months, which is of a temporary nature.

Northfleet U.—There are quite forty houses or tenements to let, at various rentals from ten shillings per week upwards—made up mostly of flats, decontrolled cottages and large houses.

The largest demand is for the four or five-roomed self-contained cottage at about eight shillings per week.

The 217 houses erected by private enterprise are, on the whole, built to be sold, and eventually become possessed by owner-occupiers.

Penge U.—In the larger types of houses there are many empty rooms and flats, but the rents charged are still too high for the poorer classes to pay.

Queenborough B.—Supply by private enterprise meets the present needs of the district.

Ramsgate B.—During the year, orders in reference to three "Clearance areas" were confirmed by the Ministry of Health; at the end of the year the houses in two of these areas had been demolished and those in the other area were in the course of demolition.

There is no doubt that much has been done in recent years towards the relief of overcrowding, and further improvements will have been effected with the completion of the housing programme. There still exists a demand for the smaller type of house at low rental.

Rochester C.—There is still an appreciable amount of sub-letting in the case of small families, and there are a number of cases of overcrowding in families needing four-bedroomed houses, but who cannot get this accommodation at rents they can pay.

Sandgate U.—The Council has decided to demolish twenty-one houses, and re-condition eight, as a slum clearance scheme under the Housing Act of 1930. Notices have not yet been issued.

Sandwich B.—"There still exists a slight shortage of houses for the working classes, and the tendency appears to be to build above the means of this class. It is, however, gratifying to note that two cottages

are in course of construction under private enterprise in the Borough, and that the Council contemplates the early erection of a further three on their Sandwood Estate. These are much needed for the accommodation of families at present living in rooms and for the reduction of overcrowding, although at present I have only seven cases of the latter on record."

Sevenoaks U.—"There is no acute shortage of houses in this area, as by the erection of a smaller type of house by private enterprise, this has been overcome."

Sheerness U.—There are about a hundred houses of wooden or partly wooden structure, which cannot be re-constructed on modern lines and which are scheduled for demolition.

There is no evidence of overcrowding.

Sittingbourne and Milton U.—There are very few serious cases of overcrowding; but there is still a demand for houses by young married couples living in rooms.

Southborough U.—A further twenty-two houses are under construction by the Council.

Swanscombe U.—There are still many cases of overcrowding, and approximately 300 applicants are entered on the waiting list for Council houses.

Tonbridge U.—The figure of 200 houses required to provide additional accommodation, is based on the Council's waiting-list of housing applicants.

Tunbridge Wells B.—"The completion of eighty-six houses by the Council during the year slightly eased the housing situation, but there is still need for further working-class houses as sub-letting continues acute. While there may not be much overcrowding the conditions in sub-let houses are often most unsatisfactory. The difficulty of providing houses for the poorest-paid workers still remains and will do until further financial aid is forthcoming."

West Ashford R.—There are fourteen known cases of overcrowding. To abate some of these it may be necessary to provide the four-bedroom type of house.

Blean R.—Overcrowding occurs mainly in the colliery village of Hersden.

Bridge R.—Several cases of overcrowding still exist, although housing shortage is less acute than since the War.

Bromley R.—There is still a shortage of houses at rents within the means of the lower-paid workers.

Dartford R.—The Council has obtained sanction from the Ministry of Health to erect a further 140 houses—these will supply the needs of the district.

Easry R.—The twenty-two houses which are required to provide additional accommodation, are in process of construction.

Overcrowding in the areas of heavy birth-rate is being closely watched.

Elham R.—Housing shortage still exists.

Faversham R.—The Council has under consideration the question of the provision of further houses for the working-class population, in addition to the 218 already built.

Hoo R.—Forty-five houses were scheduled during the year, fifteen of these are to be included in three small clearance areas, and ten are for ultimate demolition.

Malling R.—There is a bad percentage of overcrowding in two-bedroomed houses—198 cases in the district, with a percentage of 26·7, involving seven parishes.

Milton R.—There is no serious shortage of houses.

Romney Marsh R.—The Council is arranging for the erection of a further four houses.

Sevenoaks R.—Nine houses were demolished during 1933, in pursuance of Demolition Orders served in 1932. Eight Demolition Orders were served in 1933, but no houses were actually demolished, the difficulty being the question of alternative accommodation.

A detailed survey of the whole district is to be made in 1934, with a view to the scheduling of very defective premises, and for the purpose of obtaining figures as to the need for more houses because of moral or legal overcrowding, if found.

Sheppey R.—The increased building of semi-temporary structures, beyond the control of bye-laws, is a serious question and will require constant watch, as such a type, especially when put up in numbers, is most undesirable, raising as it does questions as to sanitation and water supply.

Thanet R.—There is no acute need for additional Council houses. Some small cottages are overcrowded, but the tenants are unable to pay increased rents.

Tonbridge R.—The forty-six houses which are required to replace unsatisfactory property, are now in course of erection.

South West Kent United Area.—"One thing we greatly regret doing is to have to condemn any of the old timbered cottages which, when kept in order, are such picturesque features of the Kent countryside. We have met some public-spirited gentlemen to whom it is an interesting hobby to recondition these 'magpie' houses, but in the quaint villages, such as Goudhurst and Yalding, timber dwellings are falling down through sheer neglect." Dr. Galbraith appeals to Kent men "to preserve the monuments of their glorious past in their beautiful county."

"The ease of motor transport and the growth of hiking and caravaning in popularity has given another problem to rural and seaside authorities. A few tents appear in a beautiful meadow by a river—then, if the officers are not active, these may be replaced by old railway carriages, sheds, etc., creating what we can only describe as a 'shack settlement.' Such had appeared in a pleasant woodland in Cranbrook Rural District. We advised the Council to approach other Councils and the Kent County Council with the purpose of the latter body obtaining powers to deal with the matter as a whole in special relation to not only public health, but also to amenities, annoyance and property value depreciation. The County Council decided to apply for powers, or alternatively to press for general legislation applicable to the whole country. The latter would be probably the more satisfactory, as the problem is a widespread one."

WATER SUPPLY.

In my Annual Report for 1930 was set forth the sources of water supply of each district in the county, and (in the case of the rural districts) note was made of the parishes which are supplied mainly by wells or other sources. Such information has been brought up to date in succeeding reports; and in the following paragraphs, extensions, complaints, and other matters of interest in 1933, are recorded, while Tables 26 and 27 show the number of premises in each area which are not connected to public supplies :—

Ashford U.—Further supplies are being sought. A bore-hole has been sunk at Westwell, and the sinking is still proceeding.

Broadstairs U.—Two supply-mains for the high-level reservoir were provided, instead of one, and the trunk-mains were scraped. Numerous samples were taken for bacteriological examination.

Folkestone B.—A new supply from Drellingore became available during May. This supply receives treatment with chlorine and ammonia.

There is need for control of cesspits and the surroundings of farms, at Lower Standen and Drellingore, and for the covering of service reservoirs.

The Hart reservoir was cleansed. There were complaints of smell of the water, and this was attributed to the action of chlorine on oil in the pipes. Removal was undertaken by flushing with chloros.

Herne Bay U.—The installation of a new pumping-plant, commenced in the previous year, was not completed. The water has been chlorinated, and samples taken give satisfactory reports. The works are situated at Forde, in the Blean Rural District.

Hythe B.—The wells produced an insufficient quantity during the year, and the supply had to be augmented from that of the Folkestone Water Company. Expert advice was obtained as to increasing the Hythe supply, and an application has now been made to the Ministry of Health for sanction to a loan for sinking another well at Postling.

Lydd B.—The question of water-supply to the new estate is still under consideration, as is the possibility of danger to supplies from this estate. There was a shortage of water from the Company during the summer, and this is being remedied. The quality of the water is good.

Maidstone B.—The supply was augmented by taking into use the water from the source at Ewell. The Water Company installed plant for the sterilization of this water by the addition of the requisite amount of chlorine, and this step has proved very satisfactory.

New Romney B.—There was a complaint of shortage in the summer, and the Ministry of Health have since investigated this, with the result that the Company is carrying out improvements at their works, and laying down larger mains.

Queenborough B.—Although there are eighteen premises not connected to public supplies, as shown in Table 26, such premises have a satisfactory laid-on supply from the wells of the Southern Railway Company.

Ramsgate B.—There was some diminution of supply for a short period, at the height of the holiday season in August, following an exceptional decrease in the rainfall. It has been decided to extend the adits and thus secure increased supply and storage.

Sevenoaks U.—The mains were extended by some 670 yards during the year.

Sheerness U.—Provision of an efficient modern chlorination plant is still under consideration. Duplicate pumping-machinery is to be provided at Sheerness East.

Swanscombe U.—Extensions of the Metropolitan Water Board's mains were made at three places in the district.

Tenterden B.—The Cranbrook Water Company has constructed a new reservoir on high ground at St. Michael's, outside the town. This should improve the supply, making it constant instead of intermittent, as in the past.

Whitstable U.—There was a scarcity in August, due to insufficient pressure, but this was remedied by arrangements being made with the Canterbury Water Company.

East Ashford R.—A system of mains serves the more populated areas of the district, but many houses are dependent upon wells and rain-water.

West Ashford R.—An addition of some fourteen miles of mains has been approved by the Ministry of Health.

Blean R.—The mains were extended at the Studd Hill Estate, at the West end of Herne Bay ; and extensions are needed to Bullockstone, Herne and Radfall.

The drought caused some shortage at Chislet.

Dartford R.—There was shortage in the parish of Kingsdown, at the Hever Estate, the East Hill Estate and the Knatts Farm Estate. Extension of mains is needed.

Eastry R.—“Although the district is fortunate in drawing its main water supply from the chalk, and the Water Companies report no danger of immediate shortage, it must be remembered that there was a serious deficiency in the rainfall during the year. The water supply from the chalk is as liable to exhaustion as any other supply. Failing heavy rainfall during the coming months the position will become serious, and there may be necessity for a curtailment of the supply.”

Elham R.—The dry weather caused difficulty in some of the parishes, where supplies are obtained from springs, shallow wells and stored rainwater.

Faversham R.—Extensions took place in the parishes of Dunkirk and Faversham Without ; and further extensions are under consideration, from Selling into the parishes of Sheldwich, Badlesmere, Goodnestone and Graveney.

Hollingbourn R.—Main supplies are needed in several parts of the district. “The long drought caused some inconvenience from shortage of water in parts of the district which are dependent on rain water for their supply, but the Mid-Kent Water Company was able to maintain a full service in its mains throughout the year. Extension of mains to certain areas where water is badly needed presents a difficult problem, but I hope that it may be possible to find a solution in the near future.”

Hoo R.—With the exception of Cooling and the Isle of Grain, the district is served by the mains of the Higham and Hoo Water Company. Grain is supplied from the War Office wells at Grain Fort ; but Cooling is dependent upon wells, and the diminution in this source of supply is a matter for some concern.

Maidstone R.—Some complaints were received from East Farleigh, as to the taste and smell of the water; but this arose probably from the fact that, as a temporary expedient, water from a spring was being utilised during abnormal weather conditions, and this water was being chlorinated as a precautionary measure. The installation of a de-chlorinating plant would be considered if it should be necessary to continue supply from this spring.

Malling R.—Failure of a well at Blue Bell Hill is being dealt with.

Romney Marsh R.—A public supply is badly needed in those parts not already served (i.e., the whole area, except Dymchurch and part of St. Mary's). During the summer there were complaints of shortage at Dymchurch; and the Ministry has since investigated such complaints, with the result that the Water Company is carrying out improvements at the works, and laying new mains.

Sevenoaks R.—There were extensions of mains at Chevening, Otford and Penshurst.

In the Chiddingstone Hoath area the wells and springs gave rise to anxiety and there is urgent necessity for a main supply.

Sheppey R.—A new bore-hole is being sunk by the Water Company.

Strood R.—An extension of main to Haven Street, in Frindsbury Extra, is advised.

Tenterden R.—The main was extended from Wittersham to Stone-cum-Ebony, and all parishes of this rural district now have company water available.

Thanet R.—In the autumn an extension of adits was commenced at the Acol works of the Westgate Water Company, and in December all the water needed for Westgate and Birchington was obtained from these works.

Tonbridge R.—Extensions of mains to Ashurst and to the out-lying parts of Horsmonden, were completed, and the relaying of mains in Bidborough has been approved. All parishes in this rural district now have company water available.

DRAINAGE, SEWERAGE AND SEWAGE DISPOSAL.

In Tables 26 and 27 at the end of this Report is shown the number of premises in each district containing the different types of sanitary conveniences, and the number of drainage nuisances dealt with during the year.

The following comments upon matters of drainage, etc. are taken from the reports and summaries of the medical officers of health :—

Bexley U.—Nearly seven miles of new sewers were constructed during the year.

Broadstairs U.—A scheme for sewerage the Dumpton area was commenced in the autumn.

Crayford U.—Sewers were extended to provide for the drainage of the Ideal Homesteads, Wedlock's, and part of Erith Road. A sewer to 280 new houses at Martin's Grove is to be constructed.

Dartford B.—Extensions of the sewerage system have been carried out by private enterprise, to enable the Priory Estate to be developed.

Erith U.—The Urban District Council became a constituent member of the West Kent Main Sewerage Board as from August 1st, 1933.

Over six thousand yards of new sewer has been laid, and five new pumping stations erected.

Herne Bay U.—A further section of the scheme for the segregation of surface water from the foul sewers, has been completed.

Hythe B.—The drainage of West Hythe is still under consideration and a Ministry of Health inquiry will be held shortly. A drainage engineer has been engaged to report on the best means of draining this area, because there is considerable difficulty owing to the condition of the land, and the problem of providing a proper fall.

Lydd B.—"Main-drainage is certainly most desirable, but at the moment the cost appears to be prohibitive."

Maidstone B.—Further sewers were laid to drain the Corporation houses on the Ringlestone Estate.

Margate B.—Sewers are being laid in the outlying portions of the town which are now being developed for building purposes.

New Romney B.—The Council is considering the question of the drainage of the old part of the borough, and of purifying the effluent of the portion already drained.

Northfleet U.—The main-drainage scheme is almost completed, and nearly all the houses are now connected with the main sewers; the only part not yet sewered is the low-level area, and that is now under construction.

Rochester C.—During the year a further 735 premises were connected with the new sewerage system, making a total of 5,790 since the system became available for use. Progress in this direction continues, but at a slower rate than formerly.

Sandwich B.—"Cesspools show an increase of six over the total of the previous year, and indications point to yet further increase in the number. This is due to new building in the Sandown Road, where the early provision of a sewer would be welcomed, both from the point of view of public health, and the comfort of the residents."

Southborough U.—Sewers were extended in Kibble's Lane, in connection with the Council's housing scheme.

Several acres of land have been acquired at the sewage works, and are now used for the treatment of effluent before it is discharged into the stream. A flow-recorder also is being installed.

Swanscombe U.—A scheme has been prepared to sewer the Taunton Road area, with a view to entering the Northfleet sewer.

Tunbridge Wells B.—Loans for relaying the whole of the main southern sewer, and for an improvement scheme at the South Sewage Farm, were approved by the Ministry of Health.

Wrotham U.—An extension of the existing Borough Green sewerage scheme was carried out during the year.

East Ashford R.—The Council will consider the question of drainage of Kennington during 1934. The present conditions are not at all

satisfactory, as the sewage is discharged almost crude into the stream adjoining Faversham Road, and there have been many complaints of nuisance from this source.

West Ashford R.—The filter-beds at Great Chart were re-laid. At Smarden, the tanks were converted to settlement and septic chambers, and filter-beds; the tank-floors and filtering-media were renewed; and tidal valves were provided to the outlets.

Blean R.—Sewers were laid over the Studd Hill Estate, and through Chestfield, both sections being completed early in 1934.

New works are required to deal with the sewage from Hersden.

Bridge R.—The Harbledown sewage works are unsatisfactory, but the Rural District Council is in active negotiation for the purchase of further land. This matter is urgent, as the present land is "sewage-sick" and too small.

The deposit of cesspool-contents is a matter especially needing revision.

Bromley R.—Hayes is now sewerred, and house-drains are being connected to the sewer.

Cranbrook R.—Complaint was made as to unsatisfactory drainage conditions at Benenden, and an extension of sewer was carried out.

At Hawkhurst, arrangements are in hand to acquire a site for outfall works.

Dartford R.—Short extensions of sewers were made at Sutton-at-Hone and Wilmington.

Elham R.—Further consideration should be given to the establishment of main-drainage for Elham and Lyminge.

Hollingbourn R.—Main drainage is required in several parishes in the Len valley, notably those of Harrietsham, Leeds and Hollingbourn.

Hoo R.—Sewage-disposal works were completed at Allhallows-on-Sea.

Maidstone R.—The Council is preparing a further scheme of drainage for Staplehurst (this has been approved by the Ministry of Health), and a scheme for Yalding.

Malling R.—The East Malling and Ditton sewerage scheme was completed early in the year ; and by the end of the year 352 properties had been connected to the sewer.

Romney Marsh R.—The Council has engaged experts to draw up a scheme for the drainage of Dymchurch.

Sevenoaks R.—There were extensions of sewers at Chevening and Edenbridge.

Sheppey R.—A new sewage-disposal works is approaching completion.

Strood R.—Main drainage is advised for the parishes of Denton and Frindsbury Extra.

Thanet R.—The connection of dwellings to the new sewerage system at Birchington was continued during the year, 120 additional premises being so connected.

Tonbridge R.—Additional pumping-plant and disposal-works have been installed at Paddock Wood and at Hildenborough. Some difficulty has been experienced at the Paddock Wood works, in the matter of renewal of clinker. A scheme for Brenchley and Horsmonden is being prepared.

SCAVENGING AND THE DEPOSITION OF HOUSE REFUSE.

In the Annual Report for 1930 particulars were given of the frequency of collection, the responsibility for collection, and the method of disposal of house-refuse, in each sanitary district of the county ; and such particulars have been brought up to date in each Report since then.

The following paragraphs set out the alterations, improvements or deficiencies recorded during 1933, and in Tables 26 and 27 is shown the

number of nuisances dealt with in respect of offensive accumulations and the provision of refuse receptacles.

Beckenham U.—A new and enlarged destructor is to be erected in the near future.

Bexley U.—In April, 1933, the Council commenced the collection and disposal of house refuse by direct labour. A weekly collection is maintained, and the refuse is disposed of by controlled tipping at Bursted Wood.

Erith U.—Refuse is deposited on a tip at South Road, and the Bradford system is employed. In order to obviate nuisance from flies, the refuse is sprinkled with creosote immediately after being "shot"; in addition each vehicle, as it becomes fully loaded, is sprayed with creosote before proceeding to the tip. In spite of the warm summer, the presence of flies was almost negligible.

Faversham B.—Improved methods of treating house-refuse have been adopted at Preston, and have obviated the possibility of nuisance arising.

Folkestone B.—During the year two hygienic refuse-vehicles have been introduced; and the destructor is being re-organised by altering the back-feed into top-feed, which will be a great improvement.

Herne Bay U.—Controlled tipping was continued on land in Sea Street until June, when the system was transferred to a site adjoining the small-pox hospital at Westbrook in the Blean Rural area.

Hythe B.—The Council is considering the purchase of a "general purpose" vehicle, which will assist in the work of refuse collection, and make more frequent collections where needed.

Lydd B.—There were a few complaints as to house-refuse, and as to the camp incinerator. These have been remedied.

Maidstone B.—The separation and incineration plant, which was opened in November, 1932, has proved very satisfactory. The whole of the refuse of the borough can be dealt with, and any probable extension or growth of the district to be served, has been provided for.

Rochester C.—Domestic storage of refuse is still unsatisfactory in the majority of houses—old pails, boxes, etc., being used instead of covered sanitary dustbins. This matter is to be considered again by the Council.

Sandgate U.—Refuse is still “tipped” within the Elham Rural District.

Sandwich B.—The medical officer of health draws attention to the state of the dump. It is very full, and liable to become a nuisance; and he urges the provision of some form of destructor.

Sevenoaks U.—There is now weekly scavenging throughout the district, and all refuse is disposed of by controlled tipping.

Sidcup U.—House-refuse is tipped, on the “open” system, in the Bromley Rural district, and the medical officer of health considers this to be “most unsatisfactory.”

Swanscombe U.—Refuse collected during the year has been utilised to raise the level of the ground adjoining the outfall-works, which was liable to flooding.

Tonbridge U.—Complaints have been received regarding the refuse-dump, which has become a greater nuisance as the town has grown out towards it. A refuse-destructor would be an improvement.

Tunbridge Wells B.—An improvement has been effected by the daily collection of hotel-refuse.

Walmer U.—Improvement has taken place in the provision of proper sanitary receptacles.

Whitstable U.—Action has now been taken with a view to the provision of further sites for controlled tipping.

West Ashford R.—There are no scavenging arrangements in this district. Various refuse-dumps exist, and complaints are made from time to time concerning these.

Blean R.—Scavenging was extended to cover the whole of the parish of Whitstable-cum-Seasalter.

Bridge R.—The system of dumping which is in vogue is unsatisfactory.

Cranbrook R.—A scheme for the remaining portions of this district is urgently necessary. Complaints have been received from Hawkhurst regarding the present voluntary scheme of refuse-disposal.

Faversham R.—Scavenging is needed in Ospringe and North Preston, but both places will probably be transferred to Faversham Borough; and the question of scavenging in Oare has been deferred until after the revision of county districts.

Maidstone R.—Complaints have been received as to refuse collection, etc., at Bearsted and at Loose. At the latter village a scheme of weekly collection has been commenced, disposal being at the Maidstone Borough destructor; and at Bearsted a scheme has been drawn up, but its operation has been postponed until experience has been gained of the operation of the Loose scheme.

Sevenoaks R.—As from the beginning of 1933, a system of refuse-collection by direct labour was instituted. Collection is weekly in the northern part of the district, fortnightly in the southern portion and in outlying parts, or monthly in a few cases. Three motor lorries are employed, each with driver and loader. Disposal is by tipping on sites at Otford and Edenbridge; the Bradford system is used, and appears to be satisfactory, and the provision of a destructor is not necessary at present.

Sheppey R.—It has been decided to end the scavenging contract, and to undertake collection and disposal of refuse as a direct service.

Strood R.—Only in Denton is there a scheme of collection and disposal. Elsewhere the custom has been to store refuse in heaps for using on the land; but owing to the increase in the number of houses this method is not satisfactory, and a scheme of refuse-collection is being considered by the Council.

Tonbridge R.—A scheme of scavenging covers the whole of this area, and a fortnightly collection is maintained.

NUISANCES FROM THE DEPOSITION OF REFUSE BY OUTSIDE AUTHORITIES.

The reports of the district medical officers of health make but few references to this question, and it would appear that there has been improvement generally during the past few years. Some extracts from the reports are quoted below :—

Dartford B.—A contractor for the Borough of Shoreditch commenced tipping refuse in a sandpit in this district, in the early part of the year, but on representations being made by the Council this tipping was discontinued and the refuse previously deposited was properly covered.

Bridge R.—Complaint was made as to the deposit of refuse from Aylesham, in Eastry Rural, and this matter was dealt with.

Bromley R.—Nuisance is said to arise from the deposit of refuse from Sidcup Urban district.

Dartford R.—The improvement was maintained at Longfield Hill, the dump of the Southwark Borough Council.

Elham R.—Some complaints were received of nuisance arising from the dumping of refuse at Exted ; but if properly layered and covered, no nuisance should arise.

Faversham R.—Nuisance from the Faversham Borough tip has been abolished by the adoption of the Bradford system of disposal at that tip.

Maidstone R.—Complaints were received of nuisance from the dump just outside the Maidstone Borough boundary. There was no statutory nuisance, but certain recommendations were made as to improvement.

Sevenoaks R.—House refuse from the Borough of Southwark is deposited by open tipping near Otford, and trouble has been experienced by reason of smoke and effluvium from this tip, particularly during hot weather. The tip will probably be closed, however, during 1934.

Strood R.—Complaints were received of nuisance caused by the deposition of refuse in this area by the Boroughs of Southwark and Gravesend, and the City of Rochester.

RIVERS POLLUTION.

The following references, from the reports and summaries of the district medical officers of health, have been divided according to the stream or streams referred to :—

VARIOUS SMALL WATERCOURSES.

Dover B.—Observation is kept on the River Dour. to check pollution.

Penge U.—A further section of some 200 feet of the Boundary Stream was culverted, and there was periodical removal of rubbish from this stream.

Elham R.—Complaint was made concerning the condition of a stream at Lyminge. This stream was cleaned out, and is not now offensive.

THE THAMES.

Dartford B.—A case of pollution of the Dartford Creek, by suction-gas effluent (discovered in 1932, and referred to in my Report for that year) was finally dealt with by disconnection of the drain from the surface-water sewer and its transference to the foul-water sewer.

THE DARENT.

Dartford R.—Part of the River Darent, at Eynsford, was cleansed.

THE STOUR AND ITS TRIBUTARIES.

Ashford U.—There is still a certain amount of pollution of the River Stour, from the South Ashford sewage works.

Sandwich B.—The sewage of the town is discharged untreated into the River Stour. Quarterly analyses do not disclose any marked pollution, but the waters are of bad organic quality, and it is obvious that some form of treatment will have to be adopted in the future.

East Ashford R.—The sewage of areas which are semi-urban in character is at present insufficiently dealt with, and consequently the effluent is apt to be discharged into the River Stour not purified up to modern standards.

Bridge R.—The effluent from the Harbledown sewage works is polluting a tributary of the River Stour.

THE MEDWAY AND ITS TRIBUTARIES.

Maidstone B.—There is still some pollution of the River Medway, and its tributary the Len, by trade effluents. The firms concerned have shown willingness to co-operate, but further measures are necessary to check pollution of these rivers.

Rochester C.—Pollution of the Medway is still diminishing.

Southborough U.—The acquisition of more land at the sewage disposal works will enable treatment of the effluent to be carried out, before its discharge into the stream.

Tonbridge U.—"Analyses show that the condition of the River Medway is improving."

Tunbridge Wells B.—The gas-works effluent has been somewhat improved, but the small North Stream is still under observation.

Wrotham U.—Every endeavour is made to check pollution. Both paper-mills have filters and settling-tanks with scum-boards, but the effluent is by no means always satisfactory.

West Ashford R.—There is some pollution of the stream at Smarden (a tributary of the Medway), by drainage from cottages in the vicinity.

Cranbrook R.—Pollution was reported at Hawkhurst and steps are being taken by the Rural District Council to prevent this.

Maidstone R.—Pollutions of the River Medway and its tributaries at Yalding, Loose and Nettlestead, are being considered by the Council.

Sevenoaks R.—There were four cases of pollution by sewage, and one case of pollution by debris. Informal action resulted in abatement in each case.

Tonbridge R.—Complaints were received and investigated, from Hildenborough and Hadlow. The Tunbridge Wells Corporation is constructing new works at its South Sewage Farm, above Groombridge ; and the Tonbridge R.D.C. has carried out works at Paddock Wood and Hildenborough, and is constructing new works for Groombridge Village.

METEOROLOGICAL OBSERVATIONS.

The facilities existing in the various districts of the county, for meteorological observation and recording, were set out in detail in my Annual Report for 1930, and have been amended as necessary since then. The only addition in this matter, in 1933, is that in *Erith Urban* a meteorological station was established during the year. The station is equipped with minimum and maximum thermometers, a sunshine-recorder, a rain-gauge, hygrometer (wet and dry bulb), and anemometer, and monthly reports are rendered.

ADOPTIVE ACTS AND BYE-LAWS.

During 1933, the following additions were made to the Adoptive Acts in force in the various districts of the county :—Slaughter of Animals Act, 1933—*New Romney Borough* (Section I.), *Queenborough Borough* (Section II.), *Sheerness Urban* (Section III.) and *Romney Marsh Rural* (Section I.).

Public Health Acts (Amendment) Act, 1907—*Sevenoaks Urban* (Section 19).

Public Health Act, 1875—*Faversham Rural* (Section 66, in respect of the parish of Faversham Without), and *Romney Marsh Rural* (Section 25, with regard to drainage of buildings at Dymchurch).

The adoption of certain Acts, or parts of Acts, is advocated in *Crayford Urban* (Secs. 19, 76 and 77, Public Health Acts Amendment Act, 1907), *West Ashford Rural* (Part II. of the 1907 Act), *Romney Marsh Rural* (Sec. 27 of the 1907 Act), and *Thanet Rural* (Sec. 27 of the 1907 Act and Sec. 43 of the 1925 Act).

Bye-laws or regulations adopted during the year were as follows :—

New streets and buildings, *Romney Marsh Rural*. Tents, Vans and Sheds, *Romney Marsh Rural*. Improvement areas, *Gravesend Borough*. Offensive trades, *Queenborough Borough*. Nursing Homes, *Tonbridge Rural*. Regulation of Promenades, *Queenborough Borough*.

Various bye-laws or regulations are said to be needed in the following districts :—Houses-let-in-lodgings, *Dartford Borough* (under consideration), *Dover Borough* (under consideration) and *Sittingbourne and Milton Urban* (the model bye-laws will be adopted here). Tents, Vans and Sheds, *Ashford Urban*, *Herne Bay Urban*, *Hythe Borough*, *East Ashford Rural* (revision, which will be made in 1934) and *Strood*

Rural (already under consideration). New Streets and Buildings, *Strood Rural*. Keeping of animals, *Maidstone Rural*. Preventing waste, etc., of water, and prescribing the size, nature, etc., of water-fittings, *Broadstairs and St. Peter's Urban* (already under consideration). Collection of house-refuse, *Maidstone Rural* (for the parish of Loose). Hop-pickers' camps, *Tonbridge Rural* (under consideration).

In *Chatham Borough*, the conversion of houses intended for one family, into flats, may need new bye-laws.

In *Erith Urban*, bye-laws made under Section 4 of the Nursing Homes Registration Act of 1927, are awaiting confirmation by the Ministry of Health.

In *Swanscombe Urban*, a committee has been set up to consider the whole question of bye-laws for the district.

In *Hollingbourn Rural*, some legislation is needed in respect of caravans, etc.—to control their settlement in places where they constitute a nuisance.

CLEANSING AND DISINFECTION OF VERMINOUS PERSONS AND THEIR BELONGINGS.

In my Annual Report for 1930 was included a table showing the facilities available in each district for the cleansing, etc., of verminous persons, their clothing and belongings. There have been few changes or extensions since then.

The following references are taken from the reports or summaries for 1933 :—

Erith U.—A scheme was in operation during the year, for disinfecting furniture and other belongings of persons transferred from condemned houses to a new Council housing estate.

Herne Bay U.—The steam-disinfector of the Blean Public Assistance Institution, hitherto used by this district, was no longer available ; and arrangements were made for the use of the steam-disinfector belonging to the Whitstable Urban District Council.

Rochester C.—There is no provision for the disinfestation of persons ; but the Medway Institution is available for indigent persons needing such treatment.

The disinfestation of verminous rooms and their contents caused a considerable increase of work.

LEGAL PROCEEDINGS AND RESULTS

The following paragraphs give information as to the legal proceedings taken during the year, in various districts, and the results thereof :

Ashford U.—One case—retailing milk without being registered under Milk and Dairies Order—retailer fined.

Beckenham U.—One case—slaughtering in unlicensed premises—fined £2, and £1 1s. 0d. costs.

Bexley U.—One case—Shops Act—failure to close at appointed time—fined £1.

Broadstairs and St. Peter's U.—One case—milk 10·6% deficient in fat—case dismissed.

Dartford B.—One case—Sec. 89, Dartford Improvement Act, 1902—house without proper water supply—fined £2, and continuing penalty £10 5s. 6d.

Dover B.—One case—Factory & Workshops Act, 1901—occupation of underground bakehouse contrary to Sec. 101—order prohibiting such use ; on appeal to Quarter Sessions, order upheld. One case, Sec. 116, Public Health Act, 1875—corned beef unfit for human consumption—fined £2. One case—Sec. 116, Public Health Act, 1875—four tins of fruit “ blown ” and unsound—fined £1.

Faversham B.—One case—infringing Order made in 1932, prohibiting nuisance caused by occupation of land by tents and caravans, without proper water supply and sanitary accommodation—fined 10/- per day for twenty-one days, and £5 5s. 0d. costs, or one month's imprisonment.

Folkestone B.—One case—milk 13% deficient in fat—fined £5 and £1 10s. 0d. costs. One case—milk 10% deficient in fat—dismissed. One case—milk 8% deficient in fat—dismissed. One case—milk 6% deficient in fat—dismissed. One case—milk 4·6% deficient in fat—fined £4 and 15/- costs. One case—Sec. 117, P.H. Act, 1875—in respect of food deposited for the purpose of preparation for sale—dismissed.

Gravesend B.—Two cases—failure to use humane killers in slaughtering—fined £1 in each case. Two cases—Housing Act, 1930—failure

to vacate premises for which demolition orders had become operative—orders for possession in 28 and 14 days, respectively. One case—three samples of milk containing added water—fined £3 for each offence.

Maidstone B.—One case—milk 29·6% deficient in fat—dismissed. One case—milk 16% deficient in fat—dismissed. One case—milk 11% deficient in fat—dismissed. One case—using rag-flock with excess of chlorine—fined £5 and £2 2s. 0d costs.

Margate B.—One case—failure to cleanse verminous room—fined 5/-, and 1/- per day for non-compliance. One case—milk 26% deficient in fat—fined £1.

Penge U.—One case—failure to abate nuisance caused by housing defect—order to comply within twenty-one days and pay costs. One case—failure to abate nuisance caused by housing defect—fined £2, and order to comply within seven days and pay costs. One case—establishing trade of fish-frying without consent—fined £5. One case—(same defendant) carrying on trade of fish-fryer—fined £4 12s. 0d. and £2 2s. 0d. costs.

Ramsgate B.—One case—milk 38% deficient in fat—fined £2. One case—milk 17% deficient in fat—dismissed on technical error in service of summons.

Tunbridge Wells B.—One case—milk 12% deficient in fat—fined £5. One case—milk containing 4% extraneous water—fined £3 and £1 8s 0d. costs.

Whitstable U.—One case—ejectment order obtained.

West Ashford R.—One case—failure to abate overcrowding, and to provide water supply and sanitary accommodation to a caravan—order to cease the use of this caravan as a place of human habitation, in any area of the West Ashford Rural District, within two months.

Bromley R.—One case—contravening bye-laws with respect to new buildings, and contravention of Public Health (Water) Act, 1878—fined £11 0s. 0d. and £3 3s. 0d. costs, or 77 days imprisonment.

Romney Marsh R.—One case—overcrowding—order for ejectment

TABLE 27.—Showing Record of Sanitary Work undertaken by RURAL District Sanitary Inspectors during the year 1935

TABLE 28.—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 1933, 1932, and the five years' average 1927-1931, in each Urban District in the County of Kent.

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DISTRICT.	Birth-Rate.			Death-Rate.			Zymotic Death-Rate.			Phthisis Death-Rate.			Infantile Mortality per 1,000 births.			Incidence of Infectious Diseases per 1,000 of the population.								
																Scarlet Fever.			Diphtheria.			Enteric Fever.		
	1933.	1932.	Aver. 1927-1931.	1933.	1932.	Aver. 1927-1931.	1933.	1932.	Aver. 1927-1931.	1933.	1932.	Aver. 1927-1931.	1933.	1932.	Aver. 1927-1931.	1933.	1932.	Aver. 1927-1931.	1933.	1932.	Aver. 1927-1931.	1933.	1932.	Aver. 1927-1931.
Ashford	1.4	0.5	0.9	1.5	1.7	1.5	0.03	0.02	0.12	0.29	0.35	0.02	12	33	7	1.00	0.67	0.34	1.86	0.14	1.21	0.04	0.09	0.08
Beckenham	2.7	1.7	2.3	2.2	1.8	1.3	0.11	0.09	0.07	0.16	0.27	0.25	22	7	10	1.08	0.93	0.69	0.54	0.32	0.66	0.02	0.25	0.12
Bexley	2.3	2.4	1.2	3.4	1.5	2.1	0.01	0.19	0.02	0.14	0.24	0.02	0	13	11	2.83	1.51	0.60	0.43	0.03	0.32	0.01	0.06	0.02
Broadstairs & St. Peter's	6.1	5.3	5.6	0.9	0.1	0.4	0.01	0.06	0.24	0.15	0.23	0.08	19	18	9	2.53	1.33	1.46	0.03	2.09	0.21	0.04	0.09	0.00
Bromley (Borough) ..	1.5	1.6	0.5	1.5	0.8	1.0	0.06	0.09	0.04	0.04	0.09	0.06	7	16	3	0.32	0.75	0.07	0.21	0.25	0.29	0.07	0.02	0.02
Chatham (Borough) ..	2.2	3.3	3.5	0.1	0.9	1.2	0.03	0.19	0.42	0.01	0.27	0.15	13	11	15	0.36	1.43	0.10	0.26	0.26	2.50	0.01	0.27	0.04
Cheriton	5.0	5.4	4.6	2.5	4.5	1.4	0.06	0.24	0.02	0.11	0.19	0.04	0	32	13	2.32	1.06	0.57	0.36	0.27	0.21	0.08	0.09	0.12
Chislehurst	0.5	1.9	4.5	1.8	2.4	2.2	0.02	0.13	0.17	0.40	0.03	0.28	14	10	3	1.87	0.19	1.29	0.44	0.10	0.05	0.04	0.12	0.01
Crayford	0.1	3.8	2.4	3.8	4.7	3.0	0.05	0.01	0.05	0.19	0.06	0.01	25	17	5	0.42	0.21	0.05	0.33	0.08	0.26	0.04	0.09	0.06
Dartford (Borough) ..	0.3	1.1	0.6	2.3	1.9	2.6	0.07	0.14	0.01	0.02	0.04	0.04	6	1	1	0.88	0.36	0.36	0.05	0.09	0.45	0.04	0.05	0.06
Deal (Borough)	3.7	3.9	0.5	1.2	4.3	0.1	0.17	0.04	0.22	0.29	0.04	0.13	11	3	16	0.75	0.61	0.28	0.62	0.47	1.43	0.04	0.09	0.00
Dover (Borough)	0.9	1.0	1.8	0.7	0.0	0.0	0.03	0.02	0.08	0.02	0.30	0.15	6	5	1	1.08	1.39	0.72	0.65	0.37	0.05	0.04	0.09	0.09
Erith	0.2	0.7	0.3	0.6	1.0	1.1	0.09	0.17	0.03	0.24	0.03	0.13	23	14	8	0.69	1.64	0.10	0.44	0.21	0.09	0.04	0.06	0.02
Faversham (Borough)	1.7	1.1	0.6	4.5	1.1	1.8	0.07	0.05	0.12	0.50	0.10	0.03	16	6	8	1.42	1.80	0.77	0.23	0.51	0.36	0.04	0.01	0.02
Folkestone (Borough) ..	1.6	2.7	1.7	1.6	2.4	0.7	0.11	0.02	0.06	0.09	0.31	0.02	7	8	5	0.05	0.28	0.13	1.04	0.44	0.39	0.14	0.09	0.05
Gillingham (Borough) ..	1.8	1.6	0.1	0.5	0.9	0.1	0.05	0.12	0.13	0.13	0.12	0.04	2	14	2	0.29	0.46	1.14	0.54	0.38	0.45	0.04	0.04	0.06
Gravesend (Borough) ..	2.9	2.3	3.5	0.3	1.0	0.0	0.15	0.44	0.18	0.05	0.22	0.07	9	18	7	0.39	0.44	0.01	1.57	0.19	0.27	0.04	0.09	0.16
Herne Bay	5.3	3.6	4.7	3.1	0.9	0.5	0.17	0.14	0.18	0.22	0.31	0.19	5	17	20	0.07	2.25	0.39	0.16	0.94	1.08	0.04	0.09	0.08
Hythe (Borough)	2.2	1.2	2.1	1.8	0.5	0.5	0.17	0.24	0.04	0.51	0.17	0.04	28	5	13	1.58	0.94	0.65	0.82	0.51	1.35	0.04	0.09	0.06
Lydd (Borough)	2.6	5.1	2.9	3.2	2.1	1.0	0.17	0.24	0.24	0.02	0.32	0.38	17	50	20	2.54	1.90	0.64	0.11	0.51	1.04	0.04	0.09	0.12
Maidstone (Borough) ..	0.2	0.3	0.3	0.2	0.7	0.3	0.00	0.07	0.07	0.28	0.04	0.04	18	1	3	0.21	0.98	0.11	0.51	0.27	0.43	0.01	0.10	0.02
Margate (Borough)	2.9	4.4	2.7	0.8	0.2	0.0	0.10	0.17	0.10	0.02	0.13	0.03	0	0	7	4.80	0.07	0.13	0.02	0.72	0.18	0.06	0.01	0.04
New Romney (Borough)	3.3	3.6	0.5	6.1	4.2	1.5	0.43	0.24	0.07	0.68	0.67	0.36	89	50	14	2.30	0.68	1.31	0.82	0.51	0.98	0.04	0.09	0.27
Northfleet	3.6	1.3	3.4	0.7	1.9	0.5	0.01	0.43	0.10	0.25	0.06	0.17	15	42	2	1.04	0.56	0.26	0.18	0.28	0.06	0.04	0.09	0.19
Penge	1.8	1.4	1.6	0.1	0.7	0.6	0.06	0.09	0.04	0.09	0.06	0.08	11	0	2	0.82	0.63	0.01	0.12	0.04	0.02	0.00	0.02	0.04
Queenborough (Borough)	1.2	3.7	0.9	2.2	5.1	2.9	0.16	0.24	0.27	0.35	0.67	0.31	82	6	25	1.26	1.90	0.90	0.17	0.51	1.58	0.04	0.09	0.05
Ramsgate (Borough) ..	0.2	0.4	0.5	2.5	1.3	1.4	0.05	0.03	0.11	0.02	0.10	0.00	11	6	6	0.61	0.54	0.47	0.55	0.24	0.92	0.04	0.09	0.07
Rochester (City)	1.3	0.8	0.0	0.8	0.1	0.2	0.03	0.04	0.01	0.13	0.07	0.01	13	14	2	1.31	0.35	0.02	0.81	0.02	0.32	0.04	0.04	0.08
Sandgate	2.2	2.3	3.9	2.5	1.1	1.2	0.17	0.24	0.32	0.02	0.05	0.27	12	20	6	0.64	0.81	0.85	0.11	0.58	1.44	0.04	0.28	0.05
Sandwich (Borough) ..	1.7	1.1	0.3	2.0	3.7	1.9	0.17	0.24	0.02	0.21	0.07	0.20	25	5	0	2.60	1.69	0.04	0.82	0.51	0.10	0.04	0.21	0.12
Sevenoaks	3.7	2.0	3.1	0.9	0.6	0.8	0.11	0.14	0.24	0.14	0.21	0.18	40	28	7	0.98	0.59	0.65	0.00	0.23	1.51	0.06	0.09	0.06
Sheerness	0.2	0.3	0.6	0.2	0.7	0.8	0.04	0.17	0.13	0.18	0.25	0.05	17	0	3	2.03	1.34	0.85	0.57	0.20	0.71	0.04	0.09	0.08
Sidcup	2.1	1.4	3.0	1.3	1.3	1.4	0.01	0.11	0.13	0.19	0.16	0.15	2	2	10	0.20	4.94	0.06	0.98	1.28	0.73	0.05	0.02	0.01
Sittingbourne & Milton	3.3	2.9	2.6	0.9	0.6	0.9	0.03	0.11	0.52	0.15	0.08	0.11	14	15	3	0.59	0.02	3.63	0.42	0.23	3.60	0.01	0.09	0.05
Southborough	1.5	3.4	0.9	5.8	3.8	3.5	0.17	0.24	0.12	0.01	0.13	0.22	5	1	2	2.49	0.67	1.47	1.33	0.23	0.52	0.04	0.09	0.11
Swancombe	1.2	2.4	1.4	0.9	0.7	1.0	0.42	0.12	0.05	0.03	0.02	0.07	45	9	3	0.31	0.86	0.19	0.95	0.07	0.35	0.04	0.09	0.05
Tenterden (Borough) ..	2.2	3.2	2.8	3.3	7.5	2.3	0.43	0.06	0.20	0.68	0.22	0.25	105	56	3	0.81	1.30	0.56	0.52	0.21	1.59	0.26	0.21	3.08
Tonbridge	1.6	2.2	0.5	0.8	0.4	0.0	0.07	0.12	0.10	0.21	0.39	0.05	9	11	6	1.77	0.54	0.48	0.52	0.15	0.33	0.02	0.03	0.02
Tonbridge Wells (Boro.)	2.2	3.1	3.1	3.7	3.8	3.4	0.08	0.09	0.17	0.27	0.33	0.45	14	13	1	1.73	1.38	1.17	0.23	0.36	0.88	0.04	0.06	0.05
Walmer	0.9	2.0	3.5	6.7	2.7	3.1	0.17	0.24	0.09	0.48	0.29	0.10	26	34	11	2.70	1.70	0.22	0.82	0.31	1.19	0.04	0.09	0.12
Whitstable	4.6	4.3	1.9	3.6	0.6	1.7	0.01	0.24	0.13	0.07	0.23	0.17	8	24	3	0.13	0.13	1.24	0.47	0.42	0.07	0.04	0.00	0.02
Wrotham	2.4	1.5	1.0	0.9	0.5	0.5	0.27	0.02	0.18	0.03	0.24	0.19	5	22	11	0.57	0.27	1.23	0.38	0.79	1.21	0.04	0.13	0.06
Average rates of the 42 Urban Districts ..	13.9	14.6	15.3	11.7	11.6	11.9	0.17	0.24	0.32	0.68	0.67	0.73	49	50	51	2.90	1.90	2.56	0.82	0.51	1.71	0.04	0.09	0.12

The figures printed in red represent the balance of the rate above the average rate for the aggregate Urban Districts, 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 29.—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 1933, 1932, and the five years' average 1927-1931, 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.			Incidence of Infectious Diseases per 1,000 of the population.								
																Scarlet Fever.			Diphtheria.			Enteric Fever.		
	1933.	1932.	Aver. 1927-1931.	1933.	1932.	Aver. 1927-1931.	1933.	1932.	Aver. 1927-1931.	1933.	1932.	Aver. 1927-1931.	1933.	1932.	Aver. 1927-1931.	1933.	1932.	Aver. 1927-1931.	1933.	1932.	Aver. 1927-1931.	1933.	1932.	Aver. 1927-1931.
Ashford, East ..	2.0	0.9	0.7	1.5	0.7	0.4	0.02	0.16	0.12	0.16	0.13	0.05	8	11	6	1.23	0.80	1.25	0.42	0.29	0.91	0.07	0.05	0.03
Ashford, West ..	2.0	0.1	0.1	2.7	0.3	0.3	0.03	0.14	0.21	0.19	0.21	0.10	38	2	3	0.25	0.13	1.53	1.32	0.35	1.14	0.07	0.05	0.07
Blean ..	0.2	0.8	0.7	0.5	0.4	0.0	0.28	0.23	0.10	0.28	0.13	0.17	17	3	12	0.57	0.53	1.20	0.28	0.30	0.67	0.07	0.13	0.04
Bridge ..	0.7	0.9	1.4	0.3	0.8	0.0	0.02	0.06	0.05	0.11	0.06	0.01	6	10	3	1.67	1.43	1.02	0.62	0.39	0.61	0.02	0.04	0.02
Bromley ..	1.7	1.4	0.7	3.0	2.3	1.4	0.08	0.09	0.03	0.12	0.09	0.00	15	8	6	0.09	0.27	0.56	0.31	0.07	0.49	0.02	0.02	0.01
Cranbrook ..	3.2	0.8	1.3	0.1	2.2	1.6	0.00	0.08	0.05	0.17	0.06	0.02	3	21	3	0.54	0.58	0.60	0.27	0.40	0.71	0.45	0.05	0.05
Dartford ..	0.3	0.0	0.7	2.0	2.0	2.0	0.08	0.29	0.12	0.12	0.08	0.06	6	19	11	0.72	0.49	1.15	0.81	0.66	0.52	0.03	0.05	0.04
Dover ..	3.0	3.3	2.3	0.8	0.3	0.8	0.04	0.11	0.02	0.20	0.22	0.19	0	18	5	1.16	1.24	0.18	0.60	0.25	0.03	0.07	0.05	0.12
Eastry ..	2.9	3.6	4.4	0.1	1.8	0.6	0.23	0.15	0.02	0.10	0.25	0.00	19	23	1	1.55	0.45	0.18	0.60	0.33	0.93	0.01	0.05	0.02
Elham ..	2.0	0.9	0.9	1.5	2.1	0.8	0.15	0.23	0.04	0.19	0.00	0.08	14	11	5	0.21	0.31	1.11	0.37	0.48	0.68	0.16	0.05	0.07
Faversham ..	1.2	1.5	1.2	2.3	0.7	0.9	0.00	0.15	0.07	0.02	0.33	0.29	8	8	7	1.19	0.10	0.34	0.19	0.10	0.01	0.07	0.03	0.09
Hollingbourn ..	0.5	0.3	0.1	2.0	2.2	0.4	0.08	0.02	0.03	0.12	0.15	0.11	4	9	9	0.14	0.64	0.40	0.22	0.20	0.75	0.00	0.09	0.03
Hoo ..	1.9	2.3	1.9	1.0	2.2	1.2	0.15	0.01	0.18	0.31	0.57	0.31	5	3	19	0.25	3.74	0.61	1.04	0.48	1.03	0.15	0.05	0.01
Maidstone ..	0.8	1.7	0.7	0.9	2.6	1.1	0.02	0.18	0.01	0.09	0.06	0.05	9	12	1	0.38	0.62	0.54	0.31	0.13	0.46	0.07	0.05	0.04
Malling ..	0.6	0.5	1.0	0.7	1.2	1.0	0.07	0.11	0.03	0.75	0.29	0.45	8	23	1	0.25	0.62	0.63	0.77	0.40	0.40	0.03	0.07	0.05
Milton ..	0.9	2.7	0.7	0.6	0.4	1.4	0.15	0.23	0.15	0.11	0.81	0.26	13	32	6	0.85	2.32	2.23	0.68	0.20	1.83	0.07	0.05	0.04
Romney Marsh ..	1.5	0.6	1.1	0.7	0.1	2.0	0.15	0.23	0.11	0.53	0.24	0.12	26	18	7	0.63	1.32	0.45	0.26	0.14	1.01	0.26	0.05	0.05
Sevenoaks ..	1.0	0.7	0.2	0.4	0.6	0.1	0.07	0.00	0.15	0.09	0.13	0.15	24	19	4	0.72	0.06	0.56	0.67	0.03	0.86	0.08	0.01	0.06
Sheppey ..	2.6	1.9	0.5	0.4	0.9	0.7	0.02	0.23	0.09	0.46	0.44	0.14	29	28	7	0.22	1.18	1.15	0.71	0.14	0.70	0.07	0.05	0.01
Strood ..	2.4	0.1	0.9	1.5	0.4	0.3	0.19	0.01	0.14	0.02	0.19	0.17	27	15	1	0.89	0.09	0.61	0.35	0.06	0.52	0.07	0.01	0.01
Tenterden ..	0.6	0.5	0.4	2.8	4.6	2.4	0.01	0.07	0.07	0.37	0.41	0.29	37	19	7	1.61	1.53	0.64	0.55	0.48	0.49	0.07	0.05	0.01
Thanet ..	2.2	3.0	2.0	0.5	1.3	0.0	0.14	0.23	0.07	0.04	0.28	0.01	4	4	6	3.09	3.28	0.08	0.20	1.11	0.01	0.07	0.05	0.03
Tonbridge ..	0.3	2.0	0.4	1.9	1.4	0.7	0.15	0.09	0.06	0.22	0.06	0.08	12	19	2	1.91	0.43	0.22	0.54	0.31	0.31	0.01	0.05	0.01
Average rates of the 23 Rural Districts ..	14.5	14.5	15.2	11.7	11.6	11.5	0.15	0.23	0.24	0.53	0.57	0.61	49	49	49	1.93	1.69	2.47	0.71	0.48	1.34	0.07	0.05	0.12

The figures printed in red represent the balance of the rate above the average 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 shown, to or from the average rates given in the last line.)

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TABLE 31.—SHOWING CAUSES OF DEATH IN THE RURAL DISTRICTS OF THE COUNTY OF KENT
DURING THE YEAR 1933.

District.	Typhoid and Paratyphoid Fevers.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Cerebrospinal Fever.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Syphilis.	General paralysis of the insane, tabes dorsalis.	Cancer, Malignant Disease.	Diabetes.	Cerebral Hemorrhage, etc.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Peptic Ulcer.	Diarrhoea, &c. (Under 2 years.)	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, etc.	Other Digestive Diseases.	Acute and Chronic Nephritis.	Puerperal Septicæ.	Other Puerperal Causes.	Congenital debility, premature birth, malformation, etc.	Senility.	Suicide.	Other violence.	Other defined diseases.	Causes ill-defined or unknown.	Special Causes (included also under the heading "Other defined diseases").				
																																						Small-pox.	Polio-myelitis.	Polio-encephalitis.	
Ashford, East ..	—	—	—	2	—	12	1	—	11	2	—	—	34	4	8	57	3	10	3	6	1	2	—	2	—	—	—	6	2	—	—	5	5	4	6	24	—	—	—	—	
Ashford, West ..	—	—	—	1	—	5	—	—	6	1	—	1	18	3	4	31	—	5	4	7	—	1	—	—	—	1	—	4	—	—	1	3	7	—	7	9	1	—	—	—	—
Blean ..	—	—	—	3	1	4	1	—	3	3	2	—	16	3	—	35	—	1	2	3	1	—	1	2	—	—	4	7	—	—	7	7	1	10	14	—	—	—	—	—	
Bridge ..	—	—	—	2	—	14	—	—	5	3	1	—	20	1	3	21	—	4	7	8	—	2	—	3	1	—	5	8	—	—	3	8	4	9	10	—	—	—	—	—	
Bromley ..	—	—	1	—	—	11	—	2	20	5	—	2	59	4	15	129	2	11	8	29	3	1	2	3	2	3	12	11	1	4	16	3	9	19	34	1	—	—	—	—	
Cranbrook ..	—	—	—	1	1	6	—	—	5	4	1	—	19	1	12	46	—	7	5	6	1	2	—	1	2	1	7	2	2	1	2	7	—	5	14	—	—	—	—	—	
Dartford ..	—	—	—	1	1	11	1	—	20	2	—	1	48	3	10	95	1	3	10	14	—	3	5	1	1	1	6	6	1	—	13	5	2	13	20	—	—	—	—	—	
Dover ..	—	—	—	1	—	3	—	—	3	1	—	—	19	2	4	20	—	4	1	9	2	—	—	1	—	—	4	2	1	—	2	3	1	6	10	—	—	—	—	—	
Eastry ..	—	—	1	6	—	10	—	—	8	6	—	—	28	1	14	35	1	6	12	14	3	—	—	—	1	—	2	2	4	—	12	15	1	10	24	—	—	—	—	—	
Elham ..	—	—	—	—	—	11	—	—	3	2	—	—	19	3	8	26	2	4	5	6	—	1	—	—	—	1	1	3	—	—	4	3	—	6	9	—	—	—	—	—	—
Faversham ..	—	—	—	2	—	12	—	—	7	2	—	—	22	3	13	42	—	6	6	13	3	—	—	3	2	1	3	1	—	1	6	8	1	12	22	—	—	—	—	—	
Hollingbourn ..	—	1	—	—	—	8	—	—	6	2	1	1	28	2	8	54	—	6	13	12	2	3	—	1	—	—	7	6	—	—	8	6	1	6	16	1	—	1	—	—	
Hoo ..	—	—	—	—	—	3	—	—	1	—	—	—	7	—	2	11	—	4	4	3	1	1	—	—	—	—	—	1	—	1	1	9	—	4	5	—	—	—	—	—	—
Maidstone ..	—	—	—	2	—	14	—	—	11	3	—	—	26	1	5	59	1	15	12	8	2	2	1	—	1	1	11	6	1	1	8	5	2	9	14	1	—	—	—	—	—
Malling ..	—	—	—	1	1	17	—	—	33	5	1	2	35	2	9	57	1	18	16	18	4	4	—	6	2	1	7	12	1	2	8	13	5	16	21	—	—	—	—	—	
Milton ..	—	—	—	—	—	7	—	—	3	—	—	—	7	—	5	23	—	4	3	2	—	—	—	1	—	—	1	6	1	—	5	3	2	3	12	—	—	—	—	—	
Romney Marsh ..	—	—	—	—	—	2	—	—	—	—	—	—	3	—	1	10	—	3	2	1	1	—	—	—	—	1	2	2	—	—	3	1	—	1	1	—	—	—	—	—	—
Sevenoaks ..	1	—	—	—	—	16	1	—	12	3	—	—	49	4	15	79	—	13	12	21	1	4	1	—	1	3	7	3	—	1	6	13	2	19	19	2	—	—	—	—	—
Sheppey ..	—	1	—	—	—	4	—	—	6	1	1	—	6	—	4	15	—	6	1	6	—	—	—	—	1	—	2	2	—	—	—	4	1	4	8	—	—	—	—	—	—
Strood ..	—	—	—	1	4	12	—	—	10	2	—	2	36	1	7	44	—	5	10	14	—	4	1	1	—	1	7	17	—	2	12	11	2	8	22	1	—	—	—	—	—
Tenterden ..	—	—	—	1	—	8	—	—	1	1	—	—	11	1	5	21	—	8	6	6	2	1	—	—	—	—	—	5	—	—	1	3	1	—	11	—	—	—	—	—	
Thanet ..	—	—	2	1	—	11	—	—	8	—	—	—	23	2	10	29	—	5	6	3	—	1	1	1	4	2	1	4	—	—	4	12	2	9	15	—	—	—	—	—	—
Tonbridge ..	—	—	—	—	—	7	—	—	6	1	2	—	46	4	13	75	—	17	8	18	2	3	—	1	—	—	4	10	—	—	10	4	4	10	17	—	—	—	—	—	—
Totals in Rural Districts ..	1	3	3	25	8	208	4	2	188	49	9	9	579	45	175	1,014	11	165	156	227	29	35	12	28	17	19	99	124	8	14	139	155	45	192	351	7	—	1	—	—	
Totals in Urban Districts ..	2	3	17	32	36	385	10	10	615	105	32	36	1,470	129	529	2,576	43	453	394	530	123	99	60	86	27	48	254	279	27	21	334	348	129	329	860	14	—	2	—	—	
Totals in County	3	6	20	57	44	593	14	12	803	154	41	45	2,049	174	704	3,590	54	618	550	757	152	134	72	114	44	67	353	403	35	35	473	503	174	521	1211	21	—	3	—	—	

