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KENT COUNTY COUNCIL.

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Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1944

BY

CONSTANT PONDER, M.A., M.D., D.P.H.

*County Medical Officer of Health.*

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PUBLIC HEALTH DEPARTMENT,  
COUNTY HALL, MAIDSTONE.

20th September, 1945.

**To the Chairman and Members of the Kent County Council.**

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit my final report on the Public Health and Sanitary conditions in the Administrative County of Kent for the year ended December 31st, 1944.

Owing to the fact that the report is again confined to a war-time brevity of essentials and because the staff have made a special effort to accelerate its production, I was able to see it in manuscript form before relinquishing my duties, so that consequently I am enabled to write this preface before the time comes for me to retire, but it will actually be presented to you by my successor, Dr. Elliott.

This report deals with the last complete year of the war, and now that peace has been declared we may be indeed grateful that, thanks to all concerned, we can feel satisfied that the Department has maintained its position and integrity and is in a strong position to deal with the manifold developments and difficulties which loom in the near distance now that we are again in a position to organize our work under peace conditions.

I desire to draw particular attention to the statistics and comments made thereon in regard to Pulmonary Tuberculosis in Section D. of the Report on pages 17-22 and I would like to reiterate the sentence relating to the hardship and distress caused by the long waiting list "the sad and heart-breaking fact that the Council could, from its own resources, provide most, if not all, of the beds which would be required to abolish entirely the waiting list for pulmonary tuberculosis, if the necessary nursing and domestic staff were forthcoming."

I have little further comment to make on the body of the Report beyond, perhaps, a reference to the valuable work carried out on behalf of the Ministry of Health by the staff of the Section dealing with Maternity and Child Welfare, described on page 10. The provision and care for the welfare of women during their confinement, when the County was battered by frequent bombing and, later, when evacuation to another part of the country became necessary on account of the threat of invasion, are matters in which I feel the Council can feel proud and satisfied.

My final duty in laying down my work is to take this opportunity of thanking Dr. Elliott and the staff of the Department for their most loyal assistance during my period of office: of thanking all the senior and other officers of other Departments for their most helpful co-operation at all times—and while on this subject I should like especially to mention the wise advice and assistance given at all times by Mr. Lightfoot, our Committee Clerk who is on the staff of the County Clerk.

Finally, of course, I have to recognize with the utmost gratitude the encouragement and assistance given at all times by the Members of the Public Health Committee and other County Councillors who have forwarded our work.

I am,

Yours obediently,

CONSTANT PONDER,

County Medical Officer.

# KENT COUNTY COUNCIL

## PUBLIC HEALTH COMMITTEE

The Committee reports to the County Council on all matters concerning the Public Health. Its constitution as at 1st November, 1945, was as follows:—

BARLAS, Mrs. E. G. M.	NEWMAN, W.
BURGES, The Rev. R.	POTTER, A. R.
COPE, V.	PRESTEDGE, T. H.
COLTHUP, W. (Chairman of the Finance Committee).	PYM, MAJOR C. E., C.B.E., (Vice-Chairman of the County Council).
HARDY, SIR EDWARD (Chairman of the County Council).	RENTON, Dr. M. W.
HASLUCK, E. L.	RULE, R. W.
HEILBRON, LT-COL. E. J.	RULE, W. N.
HOLNESS, A. H.	SKINNER, J. E.
IGGLEDEN, SIR CHARLES.	SMITH, LT.-COL. C. A. Johnstone, (Chairman of the Committee).
KIRBY, MAJOR M. T., D.S.O.	STORER, H. N.
LARKING, C. G.	WEBB, G.
MORGAN, The Rev. S. J. W.	

### Persons who are not Members of the Council:—

Mrs. E. E. FRENCH, of Greta House, Newington, Sittingbourne.  
 J. E. FRENCH, of Greta House, Newington, Sittingbourne.  
 Mrs. A. E. OSBORNE, of North End House, Southfleet.  
 Mrs. A. Y. SPURRELL, of "Dornhurst," Dunton Green.

CLERK OF THE COUNTY COUNCIL AND CLERK OF THE PUBLIC HEALTH COMMITTEE AND ITS SUB-COMMITTEES:—W. L. Platts.

# ANNUAL REPORT

## Section A

### VITAL STATISTICS.

**POPULATION.**—The population of the Administrative County at the middle of 1944 was estimated by the Registrar-General to be 1,154,350: and the distribution of this population, in each sanitary district of the county, is shown in Table 6. It will be seen that 887,460 were resident in the urban areas, and 266,890 in rural districts.

The density of population, for the county as a whole, was 1.19 persons per acre—4.66 per acre in the towns, and 0.35 per acre in the combined rural districts. There are, of course, marked differences in the densities of individual districts, the figures ranging from 23.2 per acre in *Penge Urban* to 0.2 per acre in *Lydd Borough*, among the towns, and from 0.92 per acre in *Dartford Rural* to 0.09 per acre in *Romney Marsh Rural*.

**BIRTHS.**—The births of 23,094 living children were registered during 1944, which is an increase of 1,739 on the previous year's total. Male births numbered 11,865, female births 11,229.

The total excess of births over deaths was 7,663—3,920 males and 3,743 females.

The birth-rates for the year were 20.3 for the urban districts, 19.2 for the rural districts, and 20.1 for the county as a whole: and in each case the rate shows a definite increase over the figures for the previous year.

The following figures may be quoted for comparative purposes:—England and Wales, 17.6; 126 great towns, 20.3; 148 smaller towns, 20.9; London, 15.0.

The figures for Kent for the past ten years are as follows:—

Year.	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.
Urban Districts ...	14.7	14.7	14.8	15.1	15.2	15.4	15.3	17.9	18.6	20.3
Rural Districts ...	14.6	14.6	14.4	14.4	14.6	13.7	14.6	17.0	17.4	19.2
Whole County ...	14.7	14.7	14.7	15.0	15.1	15.0	15.1	17.7	18.3	20.1
Percentage Illegitimate	4.11	3.77	3.91	4.15	3.86	3.90	5.41	5.50	6.06	6.88
England and Wales ...	14.7	14.8	14.9	15.1	15.0	14.6	14.2	15.8	16.5	17.6

**STILL-BIRTHS.**—The still-births recorded in the county during the year totalled 556, compared with an average of 637 during the preceding ten years.

The rate of still-births in the county, per thousand of the population, was 0.49, which may be compared with the rates for England and Wales (0.50), the 126 great towns (0.64), and the 148 smaller towns (0.61). In the combined urban areas of Kent it was 0.50, and in the rural areas 0.45.

The number of still-births in each sanitary district in the county is shown in the Tables 7 and 8 at the end of this report.

**INFANTILE MORTALITY.**—(Rate of deaths among children under twelve months of age, per thousand births).

The following figures show the records for the administrative county, and for England and Wales, during the past ten years, and show also the comparison of the rates among legitimate and illegitimate infants:—

Year.	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.
Urban Districts ...	45	46	50	43	36	43	43	42	41	47
Rural Districts ...	40	51	47	46	43	47	42	43	37	42
Whole County ...	44	47	49	43	37	44	43	42	40	46
England and Wales ...	57	59	58	53	50	55	59	49	49	46
Legitimate (Kent) ...	42	46	47	43	36	43	43	41	39	44
Illegitimate (Kent) ...	81	85	96	62	77	61	51	71	60	74

The rates in the different sanitary districts will be found in Tables 7 and 8 at the end of this report; and Table 13 shows the causes of death in children under one year of age. From the latter table it will be seen that chief among such causes were congenital malformations, birth injury and infantile diseases (317 deaths), prematurity (265), diarrhoea (159) and pneumonia (134).

In the urban districts the rates ranged between 15 in *Queenborough Borough* and 108 in *Penge Urban*; and in the rural districts the extremes were 11 in *Tenterden Rural* and 66 in *Strood Rural*.

DEATHS.—The net number of deaths registered in the county during 1944 was 15,431—an increase of 364 on the total for the previous year. Male deaths numbered 7,945, female deaths 7,486.

The crude death-rates were 13·5 for the urban areas, 13·2 for the rural districts, and 13·4 for the whole county.

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.	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.
Urban Districts ..	11·0	11·1	11·2	10·6	11·3	13·8	13·8	12·7	13·0	13·5
Rural Districts...	11·4	12·0	11·9	11·4	11·5	12·3	12·8	12·5	12·6	13·2
Whole County ...	11·1	11·3	11·3	10·8	11·3	13·5	13·6	12·7	12·9	13·4
England and Wales ..	11·7	12·1	12·4	11·6	12·1	14·3	12·9	11·6	12·1	11·6

The number of deaths in each sanitary district, and the deaths in age-groups, are shown in the tables at the end of this report. The principal causes of death were heart disease (3,931 deaths) and cancer (2,314).

ZYMOTIC MORTALITY.—The following tabulation shows the prevalence of, and the mortality from, the seven chief zymotic diseases, in Kent during 1944. For purposes of comparison, the mortality recorded in the whole of England and Wales during the year, is added to the table :—

DISEASE.	Number of Cases.	Number of Deaths.	Rates of Deaths.		Death-rate in England and Wales per 1,000 persons living.
			Per 100 persons attacked.	Per 1,000 persons living	
Small-pox ... ..	None	None	—	—	0·00
Scarlet Fever ... ..	2,367	1	0·043	0·001	0·00
Diphtheria and Membranous Croup ...	297	24	8·081	0·021	0·02
Typhoid and Paratyphoid Fevers ...	17	3	17·648	0·003	0·00
Measles ... ..	6,307	8	0·127	0·007	0·01
Whooping-cough ...	3,223	22	0·683	0·020	0·03
*Diarrhœa (under two years) ... ..	Not notifiable	162	?	7·015*	4·8*
Totals ... ..	—	220	—	0·191	—

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

## NOTIFIABLE INFECTIOUS DISEASES.

The number of notifications of infectious diseases in each of the sanitary districts in Kent is shown in Tables 9 and 10 at the end of this report.

The following is a summary of the death-rates, and the numbers of notifications of small-pox, scarlet fever, diphtheria and enteric fever during the past ten years, and the death rates from measles and whooping cough during the same period:—

Year.	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944	
										Kent.	England and Wales
Small-pox cases	0	0	0	4	0	0	0	0	0	0	
Death-rate ...	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	0.002	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>
Scarlet Fever Cases ...	2,670	2,339	2,423	2,913	2,721	1,293	1,214	2,431	4,151	2,367	
Death-rate ...	0.01	0.02	0.02	0.008	0.005	0.003	0.001	0.003	0.003	0.001	0.00
Diphtheria Cases ...	1,248	768	1,109	1,361	951	527	517	444	379	297	
Death-rate ...	0.05	0.03	0.03	0.042	0.017	0.026	0.023	0.019	0.023	0.021	0.02
Enteric Fever Cases ...	59	62	60	54	47	48	107	18	38	17	
Death-rate ...	0.004	0.006	0.004	0.003	0.003	0.004	0.002	0.003	0.003	0.003	0.00
Measles Cases ...	<i>Not notifiable</i>					2972	17094	9354	11675	6,307	
Death-rate ...	0.010	0.052	0.002	0.032	0.001	0.003	0.019	0.003	0.016	0.007	0.01
Whooping Cough Cases ...	<i>Not notifiable</i>					380	5148	2917	1801	3,223	
Death-rate ...	0.014	0.038	0.033	0.008	0.026	0.007	0.054	0.025	0.019	0.020	0.03

SCARLET FEVER.—The total of 2,367, notifications represents an incidence-rate of 2.06 per thousand of the population. There was only one death from the disease.

DIPHTHERIA.—There was a further fall in the number of notifications, to 297. This, the lowest figure for many years, gives an incidence-rate of 0.26; and the 24 deaths represent a death-rate of 0.021.

There is now an immunisation scheme in every district in the county, and the average proportion of immunised children under fifteen years of age is very good; several districts show figures of 70, 80 or 90 per cent.

ENTERIC FEVER.—The seventeen notifications of this disease represent the very low incidence rate of 0.015 per thousand; and the death rate was 0.003, a figure unchanged during the last few years.

MEASLES.—There were 6,307 notifications, and eight deaths, both figures showing a marked reduction on those for the previous year.

WHOOPIING-COUGH.—There was a considerable increase in this disease, the notifications totalling 3,223, compared with 1,801 in 1943. There were 22 deaths, as in the previous year.



## NON-NOTIFIABLE DISEASES.

Mortality rates per thousand of the civil population, from influenza and diarrhoea during the past ten years :—

Year.	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	
										Kent	England and Wales
Influenza	0.139	0.121	0.390	0.127	0.209	0.192	0.155	0.082	0.316	0.121	0.12
Diarrhoea	4.244 0.063	3.072 0.045	5.588 0.082	4.210 0.063	3.420 0.052	3.095 0.047	3.235 0.049	3.864 0.069	5.011 0.092	7.015 0.141	4.8 —

The diarrhoea death-rates shown in the above tabulation relate to children dying under two years of age, per thousand births (upper figure) and per thousand of the population (lower figure).

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

Kent.	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.
URBAN.										
No. of Deaths ...	1,715	1,732	1,661	1,889	1,833	1,801	1,766	1,804	1,845	1,790
Death-rate ...	1.68	1.64	1.54	1.72	1.66	1.79	2.01	2.02	2.06	2.02
RURAL.										
No. of Deaths ...	449	487	485	479	511	480	513	486	566	524
Death-rate ...	1.61	1.75	1.73	1.70	1.71	1.55	1.80	1.77	2.09	1.97
TOTAL.										
No. of Deaths ...	2,164	2,219	2,146	2,368	2,344	2,281	2,279	2,290	2,411	2,314
Death-rate ...	1.67	1.67	1.58	1.71	1.67	1.73	1.96	1.96	2.07	2.01
England and Wales.										
Death-rate ...	1.59	1.63	1.64	1.67	1.67	1.72	1.78	1.84	1.90	

The age and sex distribution of the deaths, during the same period of ten years, is as follows :—

		All ages.	0-1.	1-5.	5-15.	15-45.	45-65.	65 upwards.
1935.	(M. ...	1,038	2	2	—	46	419	569
	(F. ...	1,126	—	1	3	87	429	606
1936.	(M. ...	1,023	—	1	3	57	390	572
	(F. ...	1,196	1	1	—	68	465	661
1937.	(M. ...	1,051	—	1	7	58	386	599
	(F. ...	1,095	1	—	3	71	433	587
1938.	(M. ...	1,095	—	2	—	56	427	610
	(F. ...	1,273	1	2	—	99	490	681
1939.	(M. ...	1,153	—	2	2	64	388	697
	(F. ...	1,191	—	1	2	86	472	630
1940.	(M. ...	1,111	—	2	2	64	416	627
	(F. ...	1,170	—	—	1	88	457	624
1941.	(M. ...	1,075	—	3	3	69	387	613
	(F. ...	1,204	—	1	4	112	437	650
1942.	(M. ...	1,156	—	2	4	72	411	667
	(F. ...	1,134	1	1	2	94	440	596
1943.	(M. ...	1,154	—	3	2	53	409	687
	(F. ...	1,257	1	—	—	90	468	698
1944.	(M. ...	1,094	—	—	4	54	397	639
	(F. ...	1,220	1	1	4	85	484	645

#### PREVENTION OF BLINDNESS.

A full report of the Council's scheme for the Prevention of Blindness was made in the report for the year 1937.

The following is an analysis of the notifications received during the year under review :—

<i>Defect.</i>	<i>Number.</i>
Defective vision ... ..	4
Myopia ... ..	2
Right eye enucleated, left eye defective ... ..	1
Cataract ... ..	2

#### *Recommendations made.*

To see Ophthalmologist... ..	5
Under care of County Oculist ... ..	3
Referred to Ophthalmic Surgeon for examination in connection with registration under the Blind Persons Act, 1920 ... ..	1

## Section C

### MATERNITY AND CHILD WELFARE.

Of the fifty-six County Districts in the Administrative County, the County Council is the Welfare Authority in thirty-two, the Local Supervising Authority under the Midwives Acts in fifty-four and is responsible for the registration of Nursing Homes in twenty-three districts.

The scope of the work of this section was set out in detail in my report for the year 1942 and the services were fully maintained during the year 1944.

**GOVERNMENT EVACUATION SCHEME—EXPECTANT MOTHERS.** The number of women admitted to the four Hostels and the three Emergency Maternity Homes during the year under review is as follows:—

#### *Pre-Natal Hostels.*

The Paveys, Langton ... ..	174
Romford Farm House, Pembury ... ..	202
13 Broadwater Down, Tunbridge Wells ... ..	236
15 Broadwater Down, Tunbridge Wells ... ..	466

#### *Maternity Homes.*

Northfield, Langton ... ..	312
22 Broadwater Down, Tunbridge Wells ... ..	382
Hurstmead, Tunbridge Wells ... ..	173

Owing to flying bomb attacks during the summer the staffs and patients from the three Maternity Homes and three of the Hostels were transferred to safer areas in other counties. One Hostel at Broadwater Down was retained for those patients for whom evacuation could not be arranged, and they were admitted to the County Hospital, Pembury, for confinement. By the end of the year, however, the staffs had all returned except from one Home, and two Homes and four Hostels were again functioning in Kent. With the decreasing use of the Homes and Hostels for patients from the evacuation areas more accommodation became available for patients from the County Welfare Area, thus relieving the pressure on the existing maternity units in the hospitals. More use was made of the Ante-Natal Hostels for patients requiring rest and medical supervision, but who were not ill enough to need the full resources of a general hospital. They also serve a useful purpose in admitting patients who live at a distance from the Homes and Hospital and who cannot wait until labour has commenced before seeking admission.

**THE CARE OF ILLEGITIMATE CHILDREN.**—Ministry of Health Circular 2866 of October, 1943, indicated to Local Authorities that the care of the unmarried mother with her child was primarily the concern of the Maternity and Child Welfare Services.

Many of the recommendations made in the Circular were already being carried out in the County Welfare Area, particularly those relating to the co-operation with, and financial aid to, the Diocesan Moral Welfare Councils and other voluntary organisations.

There has also been a scheme for assisting unmarried mothers in their payments to foster mothers, which was instituted by the Council in 1941, with the object of obtaining stability for the many children who previously were moved from one foster home to another on account of the mother's inability to maintain payments. An extension of this scheme will be possible as more women become available to act as foster mothers.

In order to co-ordinate the working of the recommendations of the circular throughout the Administrative County, a conference of autonomous Welfare Authorities and voluntary and religious organisations, under the chairmanship of the Chairman of the Public Health Committee, was convened on the 20th March, 1944.

There was general agreement with the proposals contained in Circular 2866, but it was then considered that special attention should be directed towards

- (a) The question of the County Council providing residential accommodation for children up to five years of age.
- (b) The County Council providing hostel accommodation for mothers with young babies pending their rehabilitation in their own homes or in industry.

As regards (a), the Public Health and Public Assistance Committees subsequently agreed that 50 more places should be established in long stay nurseries by the Public Assistance Committee and that the Public Health Committee should endeavour to acquire premises for nurseries to accommodate 100 children under five years, for short periods during the confinement or illness of the mother, or in the case of illegitimate children pending arrangements being made for a foster home or for adoption.

In connection with (b), plans were in hand towards the end of 1944 for the establishment of a hostel for mothers and young babies at 15, Broadwater Down, Tunbridge Wells, and this has since been opened.

The measures adopted by the Public Health Committee are mainly directed towards maintaining the relationship between the mother and her child as it is felt that this course is in the best interests of the child. In certain cases, such as the mother being extremely young or being the wife of a man not the father of the child, this policy would be varied in favour of adoption arrangements.

Of the twenty-five autonomous Welfare Authorities in the Administrative County, twenty-two indicated approval, in principle, to the County Council proposals.

The extent of the problem in the County of Kent and in the Country as a whole, is illustrated in one of the accompanying graphs. It will be seen that there has been a sharp rise in the illegitimacy rate during the two European wars, and that this reached its peak in 1918 after which there was a rapid drop. Whether we can anticipate a similar drop following upon the cessation of hostilities in Europe is a matter of conjecture. The fact that the rise in the illegitimacy rate in Kent was higher than that for England and Wales during both wars, may be associated with the greater emotional tension in an area so vulnerably situated in relation to the enemy.

A further point to be noted is that neither in the country as a whole nor in Kent has the rate in this war reached that of the 1914-1918 war.

One reason for this may be a greater sense of responsibility as a result of better education in sex matters, together with a more widespread knowledge in regard to the use of contraceptives. It should be remembered, however, that the figures shown in the graph are not an altogether accurate picture of the state of affairs, as, particularly during the present war, a large number of children are born to women whose husbands are not the fathers, and such children are not shown in the illegitimacy rates.

The second graph, showing the relative mortality rates of legitimate and illegitimate infants indicates clearly the need for special social and educational methods in regard to the care of the latter group.

**CARE OF PREMATURE INFANTS.**—Circular No. 20/44 of the Ministry of Health, on the Care of the Premature Infant, was issued on 22nd March, 1944, and is directed towards the conservation of child life.

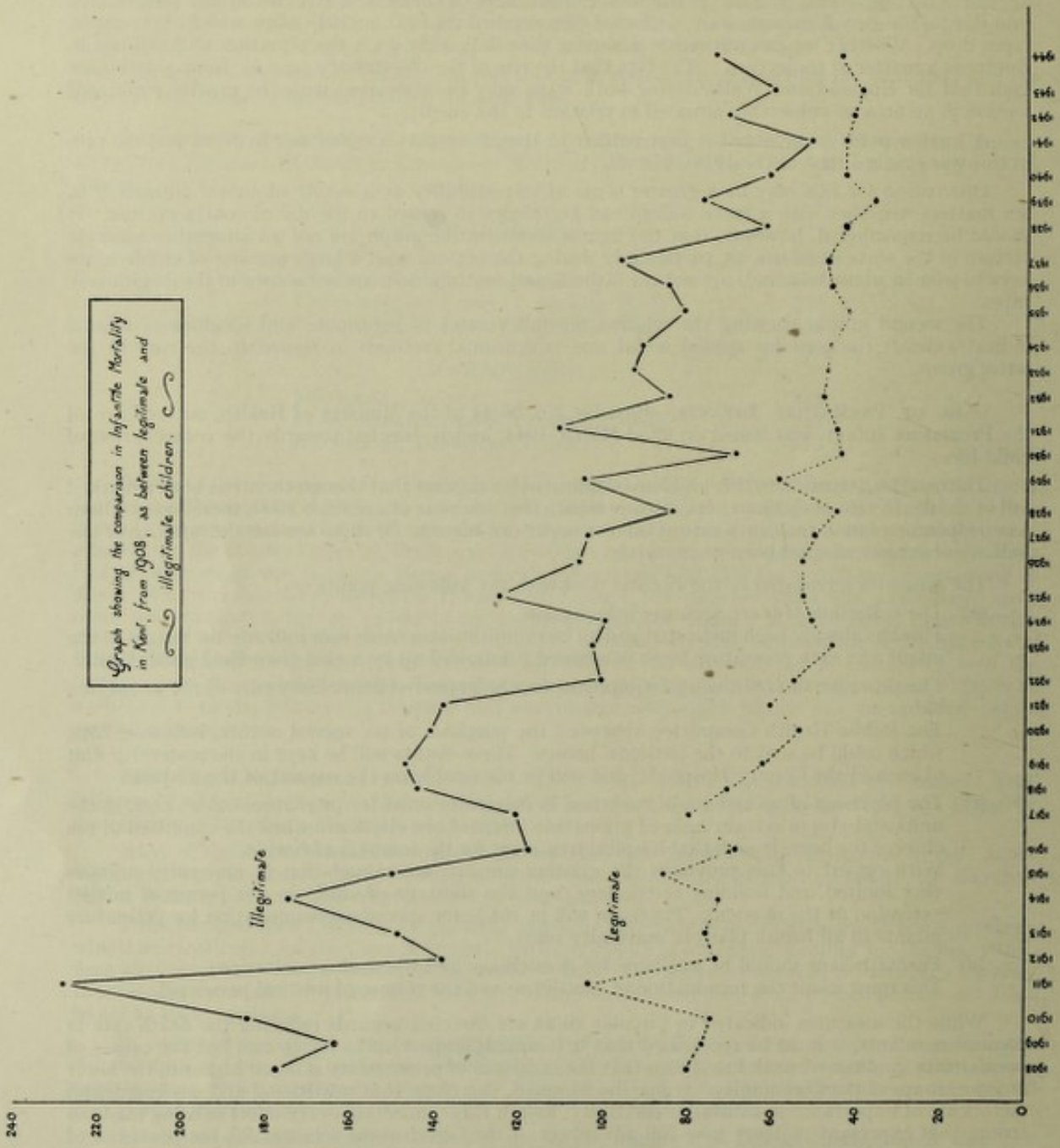
The need for attention to this problem is indicated by the fact that though there has been a marked fall in the death rate of children between one month and one year of age since 1900, there has not been a corresponding fall in the death rate of infants under one month. Of these neo-natal deaths, over one half are of infants who are born prematurely.

The measures advocated in the circular deal with the following points :—

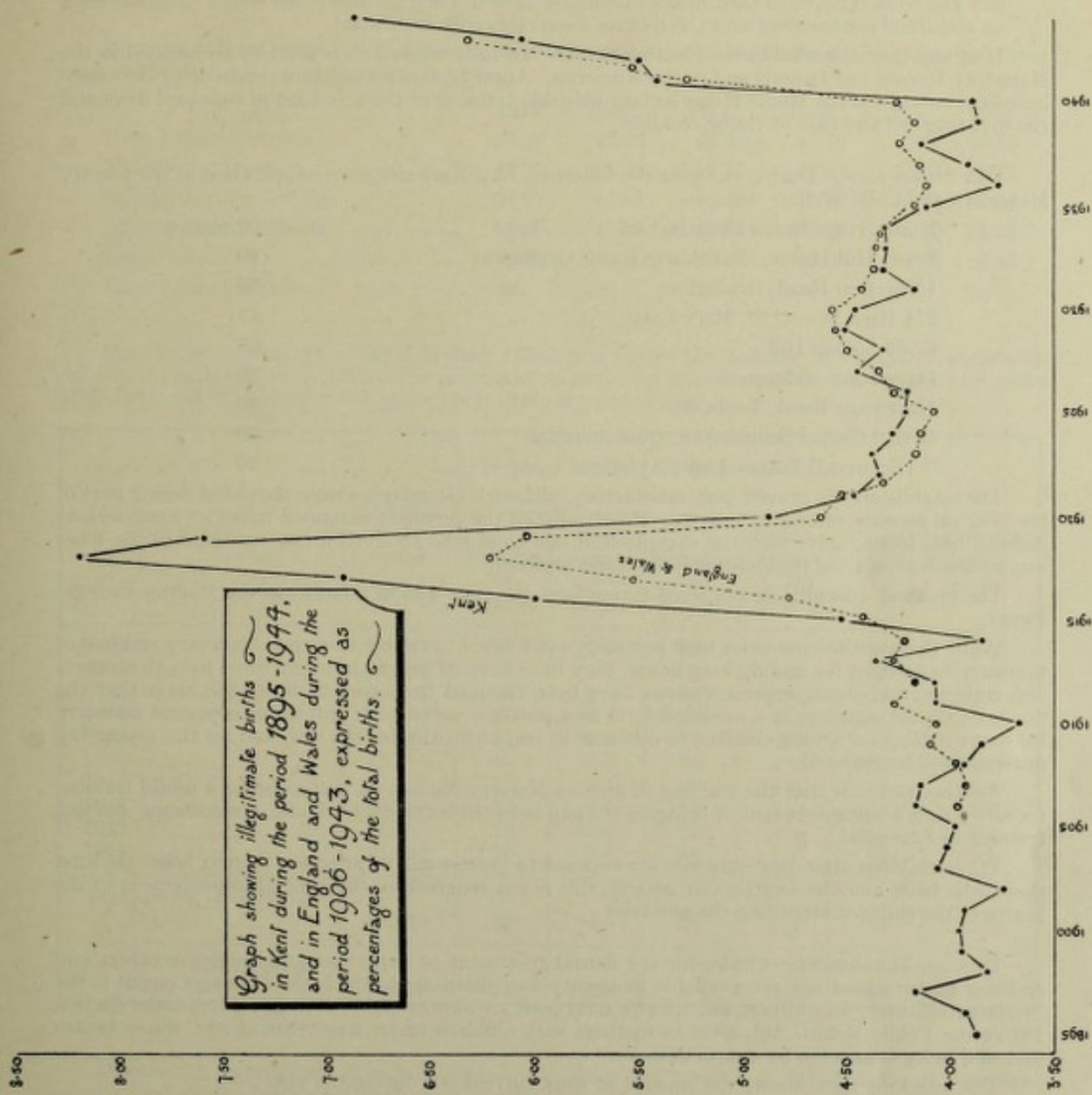
- (a) The collection of more accurate information.  
This has already been instituted and all birth notification cards now indicate the weight of the infant and each premature birth so notified is followed up by a visit from the Health Visitor.
- (b) The provision of facilities and equipment for the improved domiciliary care of the premature baby.  
The Public Health Committee approved the purchase of six special outfits, including cots, which could be sent to the patients' homes. These outfits will be kept in the maternity unit of each of the County Hospitals, and will be obtainable on the request of the midwife.
- (c) The provision of special accommodation in maternity units for premature babies born in the units and also in certain cases of premature infants born elsewhere when the condition of the child or the home is such that hospital treatment for the infant is advisable.  
With regard to this provision the existing nursery accommodation in maternity units is very limited, and building restrictions, and the shortage of staff, do not permit of further extension at the moment. Provision will be made for special accommodation for premature infants in all future plans of maternity units.
- (d) Paediatricians should be available for domiciliary and hospital consultations.  
This must await the termination of hostilities, and the release of medical personnel.

While the measures indicated in Circular 20/44 are directed towards reducing the death rate in premature infants, it must be recognised that it is equally important to try to find out the causes of prematurity, and recent work has shown that the incidence of prematurity is much higher in the lower income groups of the Community. It may be assumed, therefore, that nutritional and environmental factors are of importance in causing prematurity, and in this connection every effort is being made to ensure that expectant mothers take full advantage of the Government schemes for the provision of vitamins and extra nourishment, and that the facilities for rest afforded by the Ante-Natal Hostels are made available to women who have shown a tendency to have premature births.

**HOME HELPS.**—This scheme provides suitable women to undertake the domestic duties in the home during the confinement of the mother or during the illness of any woman who has a child or children under five years of age. Owing to war time conditions and the absorption of women into industry it has not been possible to develop the scheme to its full extent, but it has proved of great value in its limited application and has been much appreciated by the mothers. If full use is to be made of the County Domiciliary Midwifery Service a comprehensive Home Help Service is essential, and it is hoped that with the release of women from industry it will be possible to recruit a sufficient number of candidates for this service to enable training courses to be established.



Graph showing the comparison in Infantile Mortality in Kent, from 1908, as between legitimate and illegitimate children.



Graph showing illegitimate births in Kent during the period 1895-1949, and in England and Wales during the period 1906-1943, expressed as percentages of the total births.

There are at present three categories of Home Help :—

(1) Whole time Home Helps.

- (a) Those who are willing to work in any part of the county and who reside in the patients' home.
- (b) Those who live in their own homes and work in the surrounding area. The hours being from 8 a.m. to 6 p.m.

(2) Women who do not desire constant employment but are willing to act in the capacity of Home Helps from time to time. This group is paid on a daily basis—the hours being the same as those of the whole time non-resident Home Helps.

(3) Women who work and are paid on an hourly basis. This group is particularly useful in the ante-natal period when certain patients are required on medical grounds to have rest during the day and to be relieved of their heavier domestic duties. They are also of use where there has been an abnormal confinement and the mother's convalescence is delayed.

If at any time the whole-time Home Helps are not fully booked their services are utilised in the Maternity Homes and Hostels and in the Nurseries. Apart from the assistance rendered to the establishments concerned the Home Helps receive valuable training in the provision of balanced diets and the management and care of young children.

DAY NURSERIES.—During the year the following Day Nurseries were in operation in the County Maternity and Child Welfare Area :—

Kimmeridge House, Mottingham	...	...	...	...	...	80	places
Scads Hill House, Chislehurst Road, Orpington	...	...	...	...	...	80	„
19 Station Road, Orpington	...	...	...	...	...	25	„
274 High Street, St. Mary Cray	...	...	...	...	...	45	„
67/69 Sidcup Hill	...	...	...	...	...	65	„
Days Lane, Sidcup	...	...	...	...	...	50	„
Hectorage Road, Tonbridge	...	...	...	...	...	40	„
Bethel Chapel Schoolroom, Queenborough	...	...	...	...	...	40	„
" Tilehurst," Teapot Lane, Aylesford	...	...	...	...	...	30	„

The establishments proved very satisfactory, although attendances were restricted during part of the year on account of enemy activity. Practically all the premises sustained minor or more serious damage but, fortunately, with the exception of one child who received a few scratches in the most serious incident, none of the children or staff was injured.

The greatest difficulty encountered throughout the year was in relation to the staffing arrangements.

While the war-time nurseries were primarily established to release women for industry and had of necessity to be open for unduly long hours, they have been of benefit in many ways to both mothers and children, and strong representations have been received from parents in all the areas that the nurseries should continue in a modified form as a post-war service. It will be an economic necessity for many mothers of young children to continue in employment after the war, and for this group day nurseries will be essential.

Another factor is that the training of girls as Nursery Nurses, as well as being a useful training for any girl, is a suitable means of bridging the gap between leaving school and commencing nursing training in a hospital.

While children attending nurseries are exposed to greater risk of infection than at home (at least those who have no older brothers or sisters), this is out-weighed by the general improvement in the health of the children attending the nurseries.

DENTAL TREATMENT.—Clinics for the dental treatment of expectant and nursing mothers and children under school age are available in twenty-four districts in which the County Council is the Welfare Authority. In addition, facilities for treatment are now available at these centres under Section 181 of the Public Health Act, 1936 to mothers with children under five years of age, whose health and well being is affected by dental disease.

The following table shows the amount of work carried out during the year :—

	Total Attendances	Extractions	Fillings Inserted	Scalings	Gum Treatment	Dressings, etc.	Impressions	Bites	Try-ins	Patients fitted with Dentures	Dentures Fitted	Repaired	Re-made	Suction Disc.
Adults ...	5669	6369	810	292	180	117	1034	438	547	564	835	91	24	2
Children under school age...	662	589	340	—	—	312	—	—	—	—	—	—	—	—
TOTAL ...	6331	6958	1150	292	180	429	1034	438	547	564	835	91	24	2

Number of half-day sessions devoted to treatment	...	...	=	890 $\frac{1}{2}$
" " " attended by anaesthetist	...	...	=	118
" patients treated under nitrous oxide anaesthesia	...	...	=	779
" local anaesthetics administered	...	...	=	1444
Average daily attendance	...	...		14.3.

Owing to the increasing demand for dental treatment and to the shortage of labour, it was impossible for the Council's Dental Mechanical Workshop at Maidstone to undertake the construction of all the mechanical appliances connected with the Maternity and Child Welfare Service, the Kent Education Committee and certain autonomous Authorities, and it was necessary to refer some of the work to the Dental Mechanics Guild.

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

	1939.	1940.	1941.	1942.	1943.	1944.
Kent Urban Districts	35.55	42.84	42.86	41.70	40.27	46.15
Kent Rural Districts	42.33	46.38	41.39	42.47	36.04	41.33
Administrative County	36.90	43.63	42.49	41.86	39.34	45.08
<b>Area of County Scheme</b>	<b>40.05</b>	<b>43.68</b>	<b>42.98</b>	<b>39.88</b>	<b>34.23</b>	<b>39.15</b>
Rest of Kent	35.21	43.60	42.20	43.01	42.28	48.47
England and Wales	50	55	59	49	49	46

MATERNAL MORTALITY.—The following tabulation shows the number of deaths of women in child-birth, in Kent, since 1935. For comparative purposes, the average figures for the five years 1940-1944 and the thirty seven years 1908-1944, are added:—

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.		
1935	19,087	22	1.2	39	2.1	61	3.2
1936	19,534	25	1.3	32	1.7	57	3.0
1937	20,044	15	0.8	40	2.0	55	2.8
1938	20,666	19	0.9	33	1.6	52	2.5
1939	21,080	12	0.6	33	1.7	45	2.1
1940	19,715	10	0.6	29	1.5	39	2.0
1941	17,623	12	0.7	28	1.6	40	2.3
1942	20,709	12	0.6	32	1.6	44	2.2
1943	21,355	16	0.8	29	1.4	45	2.2
1944	23,094	10	0.5	24	1.1	34	1.5
Average of five years 1940-44	20,499	12	0.6	28	1.4	40	2.0
Average of thirty-seven years 1908-44	19,857	21	1.1	43	2.2	64	3.3

PUERPERAL INFECTION.—The following figures show the number of notifications of puerperal pyrexia and deaths from puerperal sepsis during the past five years:—

*Notifications of Puerperal Pyrexia.*

	1940.	1941.	1942.	1943.	1944.
Administrative County	142	145	200	281	260
County Welfare Area	52	41	60	103	102

*Deaths from Puerperal and Post-abortive Sepsis.*

	1940.	1941.	1942.	1943.	1944.
Administrative County	10	12	12	16	10
County Welfare Area	4	2	6	4	2



OPHTHALMIA NEONATORUM.—The figures below refer to the notification and treatment of ophthalmia neonatorum in the county Welfare area, but a comparison with the figures for the Administrative county is shown for 1944 :—

									Adminis- trative County	
				1939.	1940.	1941.	1942.	1943.	1944.	1944.
Cases Notified	...	...	...	9	4	10	17	13	8	36
Treated	}	At Home	...	7	—	5	11	6	3	16
		In Hospital	...	2	4	5	6	7	5	20
Vision	}	Unimpaired	...	7	3	9	15	9	2	30
		Impaired	...	—	—	—	—	—	—	—
		Total blindness	...	—	—	—	—	—	—	—
Death	}	No information	...	2	1	1	2	4	6	6
		...	...	—	—	—	—	—	—	—

Modern methods of treatment have greatly facilitated the rapid cure of ophthalmia neonatorum, but investigation of all ante-natal patients as to the possibility of gonorrhœal infection is still an essential preventive measure.

MIDWIFERY SERVICE.—At the end of the year there were 403 midwives practising in the area. Of the 21,062 births registered in the area for which the Council is the Local Supervising Authority, 14,392 were attended by midwives as such (8,042 domiciliary and 6,350 institutional confinements) and 4,522 by midwives as maternity nurses (2,301 domiciliary and 2,221 institutional confinements).

CHILD LIFE PROTECTION.—At the end of the year some 223 children were in the care of 161 foster parents.

REGISTRATION OF NURSING HOMES.—One home was registered during the year, making a total of 27 homes now registered. These homes provide accommodation for 188 patients.

## Section D

### TREATMENT OF TUBERCULOSIS.

The statistical tables given below show, for the past ten years, the responsibilities that have devolved upon the Council in respect of the provision of institutional treatment for persons suffering from pulmonary tuberculosis. A study of these tables must create disquieting conclusions and some of the implications are discussed below:—

#### PULMONARY TUBERCULOSIS.

NO. OF BEDS OCCUPIED ON	MALE.			FEMALE.			CHILDREN.			GRAND TOTAL
	County	Non-County	TOTAL	County	Non-County	TOTAL	County	Non-County	TOTAL	
31st December, 1935	97	180	277	71	96	167	12	19	31	475
31st December, 1936	102	183	285	79	112	191	9	25	34	510
31st December, 1937	118	199	317	90	98	188	13	19	32	537
31st December, 1938	122	213	335	93	101	194	16	16	32	561
31st December, 1939	68	138	206	69	69	138	19	10	29	373
31st December, 1940	84	175	259	95	76	171	19	11	30	460
31st December, 1941	176	156	332	154	75	229	29	10	39	600
31st December, 1942	173	168	341	151	67	218	36	16	52	611
31st December, 1943	165	151	316	163	93	256	24	20	44	616
31st December, 1944	177	164	341	198	97	295	12	25	37	673

The 10 County Beds reserved for the City of Canterbury are included in the above figures.

The increase in County Beds from 1941 onwards is accounted for by the taking over of Kettlewell Hospital, Swanley.

#### PULMONARY TUBERCULOSIS—WAITING LIST.

AWAITING BEDS ON	MEN.				WOMEN.				CHILDREN.				GRAND TOTAL
	Early	Inter- mediate	Advan- ced	TOTAL	Early	Inter- mediate	Advan- ced	TOTAL	Early	Inter- mediate	Advan- ced	TOTAL	
31st December, 1935 ...	15	35	1	51	11	16	4	31	5	2	—	7	89
31st December, 1936 ...	16	21	10	47	10	22	2	34	—	—	—	—	81
31st December, 1937 ...	9	26	5	40	20	25	3	48	4	—	—	4	92
31st December, 1938 ...	12	17	3	32	4	7	1	12	4	—	—	4	48
31st December, 1939 ...	8	20	—	28	8	15	2	25	2	—	—	2	55
31st December, 1940 ...	10	9	3	22	2	3	1	6	4	—	1	5	33
31st December, 1941 ...	8	19	1	28	13	8	—	21	4	—	—	4	53
31st December, 1942 ...	28	27	2	57	30	37	6	73	2	1	—	3	133
31st December, 1943 ...	32	55	8	95	49	67	12	128	11	—	—	11	234
31st December, 1944 ...	30	68	19	117	43	75	15	133	21	—	—	21	271

	1935	1944
Population (Mid-year) ... ..	1,303,600	1,154,350
No. of deaths from pulmonary tuberculosis ...	723	664

It will be noticed that the number of deaths from pulmonary tuberculosis has shown very little relative change over the past ten years. The waiting list of 89 in December, 1935, meant that the maximum time that any patient had to wait for a bed was six weeks, but the list of 271 in December, 1944, meant that some patients might have to wait longer than six months before a bed was available. A carefully planned system to effect priority of admission when clinical or social conditions require it is in force, but the fact remains that the number of staffed beds available is considerably less than the number required and the principle of allowing priority of admission to certain classes of patients results in an increase in the waiting period of non-priority cases, some of whom have had to wait much longer than six months.

	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944
Number of male patients requiring or receiving treatment	328	332	357	367	234	281	360	398	411	458
Number of female patients requiring or receiving treatment	198	225	236	206	163	177	250	291	384	428
Number of children requiring or receiving treatment	38	34	36	36	31	35	43	55	55	58
TOTAL ...	564	591	629	609	428	493	653	744	850	944

It should be observed that the figures for December, 1939, are low, probably by reason of the fact that patients in a number of tuberculosis units, who could continue treatment at home, were discharged at the outbreak of war in order that their beds would be available for the reception of casualties. The Tuberculosis Officers supervised these patients and, except in cases where the need was urgent, did not recommend re-admission. A study of the above tables does, however, shew that from the year 1935 up to the end of 1941, there had been a slight rise in the number of patients for whom institutional treatment was necessary. This increase was not serious and in some part must be attributed to the re-organisation of the Tuberculosis Service, which was commenced in 1936 and had provided improved facilities for diagnosis. The figures for 1942 and subsequent years, when contrasted with those for 1935, shew, however, that a clinical, administrative and social problem of the first magnitude has arisen. In 1944 the number of male patients requiring treatment had risen to 458, an increase of almost 40% on the figure for 1935. For women, however, the figure has risen to 428, an increase of 116% on the figure for 1935. This marked increase in the number of women patients can be attributed to the fatigue and strain of the war years, factors which would affect housewives, as well as women working in industry, many of them for the first time, and the probability that many women would consume less than their proper share of rationed goods in an effort to ensure that their children and husbands had as full a diet as possible. This increase in the number of women suffering from pulmonary tuberculosis means an increase in the "contact" problem, for it is axiomatic that contacts, particularly children, are more likely to be infected when the mother and not the father is suffering from pulmonary tuberculosis.

That there would be an increase in pulmonary tuberculosis during the war was certain, but it could not have been foreseen that this increase would have been accompanied by so serious a shortage of nursing and domestic staff in the Council's Tuberculosis Institutions. It will be seen that up to the end of 1941 the Council had been able to provide the increased number of beds to meet the increasing number of patients requiring treatment, but the subsequent figures shew that after this time the gap between needs and requirements began to increase. Writing in September, 1945, it must be recorded with regret that this gap continues to grow. The sad and heartbreaking fact is that the Council could, from its own resources, provide most, if not all, of the beds which would be required to abolish entirely the waiting list for pulmonary tuberculosis, if the necessary nursing and domestic staff were forthcoming.

#### DISPENSARY SERVICES.

	1944	1943
Notifications under the Public Health (Tuberculosis) Regulations, 1930 ... ..	2,170	1,827
Number of patients on Dispensary Register ... ..	7,252	6,570
Number of patients on Tuberculosis Register ... ..	11,494	10,672
Number of X-ray examinations made ... ..	12,220	8,988

The disparity between the numbers of patients on the Tuberculosis Register and the Dispensary Register is due to the fact that certain patients, whilst notified to the District Medical Officers of Health, do not desire to avail themselves of the treatment afforded under the County Tuberculosis Scheme. In addition, many patients have, for various reasons, temporarily left the County. Their names must remain on the Tuberculosis Register but must be removed from the Dispensary Register during temporary absence in order that their records may be sent to the Authority responsible for the treatment in the area of temporary residence.

Every assistance is given by the Tuberculosis Officers to the District Medical Officers of Health with regard to notifications of additions to and withdrawals from their Registers.

From the figures which have been given it will be appreciated that during the year 1944 a greater burden of work fell upon the staff in the County Tuberculosis Service and their responsibilities were greatly increased by conditions arising from the resumption of enemy air attacks.

During the year a Branch Dispensary was established at the First Aid Post, Sherwood Park Avenue, Lamorbey, Sidcup. A new Dispensary was opened at 18, New Dover Road, Canterbury, replacing the dispensary previously situated at 11, Longport Street, Canterbury, which was destroyed by enemy action in May 1942.



Position on 31.12.44 :—

A. Domiciliary patients receiving allowances ... ..	230
B. Sanatorium patients receiving allowances :—	
(i) Maintenance for dependants ... ..	71
(ii) Pocket money ... ..	9
C. Patients receiving allowances in supplementation of part-time earnings ... ..	6
Total number of patients receiving allowances ... ..	316
D. Nil assessments (on Medical or financial grounds) :—	
(i) Domiciliary patients ... ..	93
(ii) Sanatorium patients ... ..	71
E. Number of patients who have returned to full-time employment ... ..	38
F. Number of deaths ... ..	20
	538

### TUBERCULOUS DISEASES.

TABLE I.—Particulars of new cases of tuberculosis, and of deaths from the disease in Kent during 1944.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 ... ..	1	—	—	4	—	1	2	4
1—5 ... ..	14	14	24	23	2	4	18	12
5—10 ... ..	26	19	51	40	} 3	2	4	8
10—15 ... ..	29	27	28	32				
15—20 ... ..	113	112	17	20	} 192	202	11	18
20—25 ... ..	139	177	17	19				
25—35 ... ..	207	205	18	29				
35—45 ... ..	203	114	15	14	} 162	53	14	9
45—55 ... ..	148	51	5	10				
55—65 ... ..	96	34	1	9				
65 and upwards ...	45	13	2	5	27	16	1	6
Totals ... ..	1021	766	178	205	386	278	50	57
	2,170				771			

TABLE 2.—Showing number of cases of Tuberculosis notified in each district in Kent during 1944: together with the number of deaths occurring from the disease, and the death-rates.

DISTRICT	Population 1944  (estimate of Registrar-General)	Notifications 1944			Deaths 1944			
		Pulmonary	Other	Total	Pulmonary		Other	
					Number	Rate per 1,000 pop'n.	Number	Rate per 1,000 pop'n.
<b>URBAN</b>								
Ashford U. ...	20,180	22	8	30	4	0.20	1	0.05
Beckenham B. ...	55,540	68	10	78	33	0.60	4	0.08
Bexley B. ...	71,130	98	14	112	56	0.79	4	0.06
Broadstairs and St. Peters U. ...	5,568	8	1	9	4	0.72	—	—
Bromley B. ...	49,730	65	11	76	14	0.29	7	0.15
Chatham B. ...	35,180	92	11	103	29	0.83	5	0.15
Chislehurst and Sidcup U. ...	57,470	81	6	87	39	0.68	5	0.09
Crayford U. ...	21,910	41	3	44	14	0.64	2	0.10
Dartford B. ...	33,910	49	13	62	21	0.62	4	0.12
Deal B. ...	12,680	23	4	27	13	1.03	1	0.08
Dover B. ...	17,960	36	4	40	18	1.01	2	0.12
Erith B. ...	36,780	50	10	60	28	0.77	5	0.14
Faversham B. ...	10,850	13	7	20	7	0.65	2	0.19
Folkestone B. ...	19,450	23	8	31	15	0.78	4	0.21
Gillingham B. ...	52,800	122	26	148	38	0.72	6	0.12
Gravesend B. ...	35,080	34	8	42	15	0.43	2	0.06
Herne Bay U. ...	14,050	7	5	12	10	0.72	—	—
Hythe B. ...	4,798	6	3	9	—	—	—	—
Lydd B. ...	1,521	—	1	1	—	—	—	—
Maidstone B. ...	45,190	63	13	76	24	0.54	3	0.07
Margate B. ...	16,640	37	10	47	6	0.37	1	0.07
New Romney B. ...	1,182	4	—	4	—	—	—	—
Northfleet U. ...	15,950	25	4	29	6	0.38	4	0.26
Orpington U. ...	46,980	46	9	55	19	0.41	3	0.07
Penge U. ...	17,860	33	6	39	14	0.79	3	0.17
Queenborough B. ...	2,648	—	1	1	4	1.52	—	—
Ramsgate B. ...	18,320	47	7	54	14	0.77	2	0.11
Rochester C. ...	34,820	77	19	96	22	0.64	6	0.18
Sandwich B. ...	2,926	4	—	4	—	—	—	—
Sevenoaks U. ...	12,720	8	2	10	3	0.24	2	0.16
Sheerness U. ...	12,970	8	1	9	5	0.39	1	0.08
Sittingbourne and Milton U. ...	18,790	14	3	17	7	0.38	1	0.06
Southborough U. ...	7,585	4	—	4	3	0.40	—	—
Swanscombe U. ...	6,756	10	4	14	6	0.89	1	0.15
Tenterden B. ...	3,456	1	1	2	1	0.29	1	0.29
Tonbridge U. ...	17,320	10	5	15	10	0.58	2	0.12
Tunbridge Wells B. ...	35,440	25	5	30	15	0.43	3	0.09
Whitstable U. ...	13,320	9	6	15	3	0.23	—	—
<b>TOTALS—URBAN</b> ...	<b>887,460</b>	<b>1,263</b>	<b>249</b>	<b>1,512</b>	<b>520</b>	<b>0.59</b>	<b>87</b>	<b>0.10</b>
<b>RURAL—</b>								
Ashford, East ...	8,490	5	4	9	3	0.36	—	—
Ashford, West ...	7,978	7	2	9	3	0.38	—	—
Bridge-Blean ...	17,730	10	3	13	10	0.57	—	—
Cranbrook ...	13,290	8	2	10	8	0.61	—	—
Dartford ...	31,210	29	4	33	17	0.55	1	0.04
Dover ...	6,507	12	3	15	2	0.31	2	0.31
Eastry... ...	18,370	30	13	43	11	0.60	1	0.06
Elham ...	7,256	13	5	18	7	0.97	—	—
Hollingbourn ...	13,330	10	3	13	5	0.38	3	0.23
Maidstone ...	16,490	7	4	11	6	0.37	—	—
Malling ...	30,060	41	10	51	29	0.97	5	0.17
Romney Marsh ...	2,558	1	—	1	3	1.18	—	—
Sevenoaks ...	27,920	18	38	56	8	0.29	4	0.15
Sheppey ...	7,217	3	3	6	2	0.28	—	—
Strood ...	16,290	20	10	30	10	0.62	2	0.13
Swale ...	16,780	20	7	27	12	0.72	1	0.06
Tenterden ...	6,074	7	—	7	2	0.33	—	—
Tonbridge ...	19,340	18	4	22	6	0.32	1	0.06
<b>Totals in Rural Districts</b>	<b>266,890</b>	<b>259</b>	<b>115</b>	<b>374</b>	<b>144</b>	<b>0.54</b>	<b>20</b>	<b>0.08</b>
<b>Totals in Urban Districts</b>	<b>887,460</b>	<b>1,263</b>	<b>249</b>	<b>1,512</b>	<b>520</b>	<b>0.59</b>	<b>87</b>	<b>0.10</b>
<b>To rCounty</b> ...	<b>1,154,350</b>	<b>1,522</b>	<b>364</b>	<b>1,886</b>	<b>664</b>	<b>0.58</b>	<b>107</b>	<b>0.10</b>

## PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS.

Summary of Notifications during the period from the 1st January, 1944, to the 31st December, 1944, 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 upwards	Total (all ages)		
Pulmonary—														
Males ... ..	1	11	24	24	108	121	179	164	129	90	31	882	921	
Females ... ..	—	11	16	19	103	143	160	90	40	27	12	621	643	
Non-pulmonary														
Males ... ..	—	20	48	24	15	14	15	10	2	1	1	150	151	
Females ... ..	3	21	40	27	16	17	25	12	9	6	4	180	184	

## SUPPLEMENTAL RETURN.

Showing new cases of Tuberculosis coming to the knowledge of the Medical Officer of Health 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 upwards	Total Cases.
Pulmonary—												
Males... ..	—	3	2	5	5	18	28	39	19	6	14	139
Females ... ..	—	3	3	8	9	34	45	24	11	7	1	145
Non-pulmonary—												
Males ... ..	—	4	3	4	2	3	3	5	3	—	1	28
Females ... ..	1	2	—	5	4	2	4	2	1	3	1	25

## SOURCE OF INFORMATION.

	No. of Cases.	
	Pul.	Non-Pul.
Death Returns ... from local Registrars ... ..	38	10
... transferable deaths from Registrar General ... ..	17	2
Posthumous notifications ... ..	13	6
“ Transfers ” from other areas (other than transferable deaths) ... ..	196	28
Other sources ... ..	20	7

## Section F

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### COUNTY PATHOLOGICAL SERVICES.

During the year 1944 the number of specimens examined in the Central Laboratory was 124,940 which was an increase of 9,314 over 1943. The number of examinations in the hospital laboratories was 67,848, a decrease of 4,633 in comparison with 1943. This decrease was due to the restriction on the admission of civilian patients which was imposed by the Ministry of Health in the early months of the year so as to have beds available for casualties from military operations in Europe.

There has been a steady increase in the work undertaken by the Central Laboratory, since not only has the number of investigations more than trebled in the past 10 years, but the nature of the examinations has also changed considerably during this period—routine investigations in connection with infectious diseases have not kept pace with the more highly specialised examinations, e.g., biochemical, haematological, etc. This is no doubt due, to a large extent, to a fuller appreciation by general practitioners in the County of the value of the comprehensive pathological service provided by the County Council. In order to ascertain the views of medical practitioners in general practice as to what additional laboratory facilities would be appreciated by them in the care and treatment of their patients, a circular letter was sent at the end of the year, through the courtesy of the Kent Insurance Committee, to all practitioners undertaking National Health Insurance work in the County asking for suggestions as to how the present service could be extended to assist them still further in their work. 106 replies were received, and with few exceptions most of these wrote in appreciative terms of the service already provided. One important point which emanated from this enquiry was the general desire of doctors in areas some distance from Maidstone to have branch laboratories established within easier reach than Maidstone. This matter is one which had already received consideration by the Public Health Committee.

It will be seen that in 1944, there was another increase in the V.D. examinations: the number has now probably reached its peak as there is likely to be a decrease in the number of specimens examined for the Blood Transfusion Service. Haematological investigations again showed a very big increase from 3,740 in 1943 to 6,255 in 1944. Apart from these two branches of the work, there were no great differences from the previous year. Milk examinations fell in numbers by nearly 900; this is explained by the increasing numbers of schools supplied with milk in bulk instead of in the 1/3 pint bottles and with the existing arrangements it was found impracticable to examine these bulk supplies for cleanliness. All school milk supplies were, however, examined every term for tubercle bacilli, and of 288 raw milks examined biologically, the number found infected with tubercle bacteria was 7, i.e. 2.43 per cent. None of the 72 samples of pasteurised milk showed evidence of living tubercle bacilli. Of the 289 samples of school milk examined for cleanliness, 19, i.e., 6.6 per cent, failed to pass the prescribed standards—this cannot be regarded as unsatisfactory having regard to present day conditions.

No serious outbreaks of infectious diseases were investigated during the year. Mild epidemics of intestinal infections occurred in some of the children's nurseries and institutions in the County.

1,959 water samples were examined and again it can be reported that the main water supplies of the County were bacteriologically very satisfactory.



TABLE 3.—Showing comparative figures of laboratory examinations for the past ten years.

Year	Diphtheria Swabs	Widals (Typhoid Fever)	Sputum (Pulmonary Tuberculosis)	Veneral Diseases	Water Examinations	Milk Examinations	Histological Examinations	Biochemistry	Haematology	Various	Totals
1935 ...	20,899	262	5,584	7,648	190	2,870	492	—	—	4,589	42,534
1936 ...	14,274	294	5,802	8,364	282	3,678	555	—	—	7,196	40,445
1937 ...	18,107	308	6,303	11,942	599	3,612	591	1,226	313	13,426	56,427
1938 ...	21,732	371	6,231	15,078	2,105	4,077	823	1,477	558	14,224	66,676
1939 ...	20,163	348	6,272	18,131*	2,089	3,874	927	1,975	998	15,273	70,050
1940 ...	8,759	405	7,009	29,501*	1,826	2,881	998	3,175	1,464	10,385	66,383
1941 ...	9,060	617	7,994	32,544*	2,362	2,983	1,273	6,201	2,184	14,462	79,680
1942 ...	7,664	452	8,690	30,269*	2,288	3,229	1,771	8,575	2,686	17,099	82,733
1943 ...	12,776	437	10,241	45,871*	1,959	3,743	2,134	6,282	3,740	28,443	115,626
1944 ...	9,483	577	11,321	58,268*	1,920	2,854	2,276	5,552	6,255	26,434	124,940

\*The increase in this figure since 1939 is to a great extent due to routine examinations made in connection with Ante-natal clinics, and to blood specimens examined for the Blood Transfusion Service.

## Section H

## REPORT ON HOSPITAL SERVICES FOR THE YEAR 1944.

The statistical tables given below show the work carried out in the Council's Public Health and Public Assistance Hospitals in the year 1944. The ten hospitals provide approximately 4,700 beds for the care of the sick.

	PUBLIC HEALTH HOSPITALS.					PUBLIC ASSISTANCE HOSPITALS.				TOTAL (4,685 beds)	
	County Hospital Farnborough (1,060 beds)	County Hospital Pembury (750 beds)	Willes- borough Hospital (212 beds)	County Hospital Sherpey (150 beds)	Royal Victoria Hospital Folkestone (100 beds)	County Hospital Dover (100 beds)	County Hospital Chatham, (419 beds)	County Hospital Dartford (344 beds)	County Hospital Orpington (1,400 beds) (700 for chronic sick)		Hothfield Emergency Hospital (150 beds)
<b>A. IN-PATIENTS.</b>											
1. Number of Admissions (in- cluding infants born in Hospital) ... ..	8,261	5,972	1,933	1,781	1,822	1,597	4,017	3,952	4,991	774	35,100
2. Number of Surgical Opera- tions under general anaes- thetic (excluding dental operations) ... ..	3,115	1,303	969	792	1,056	732	857	1,004	3,080	279	13,187
3. Number of women confined in Hospital ... ..	1,127	961	1	238	52	-	668	884	-	-	3,931
4. Number of X-rays taken ...	10,018	12,824	1,686	2,276	4,552	7,043	1,144	6,228	12,781	1,147	59,699
5. Number of treatments carried out in massage and electro- therapy departments ...	61,275	54,460	3,900	12,106	10,049	2,927	4,305	6,995	96,686	3,842	256,545
<b>B. OUT-PATIENTS.</b>											
1. Total of new patients seen in Out-patient Department	6,935	2,965	1,899	2,281	6,190	2,996	1,189	11,650	4,990	1,781	42,876
2. Total number of attendances Ante-Natal Clinic.	36,786	6,929	6,380	8,757	23,123	4,430	11,992	40,252	5,100	4,304	148,053
(a) Number of expectant mothers seen ... ..	1,254	695	-	218	92	-	714	1,130	-	-	4,103
(b) Total number of attend- ances ... ..	3,748	3,426	-	765	368	-	5,112	7,137	-	-	20,556

The number of patients treated was slightly less than in the previous year and this arises from the fact that for a number of months during the early part of the year the Ministry of Health required the reservation of a larger number of beds for casualties and gave instructions that only the urgent hospital needs of the civilian population could be met. Later in the year the resumption of enemy air attack necessitated the evacuation of a relatively small number of patients from the County Hospitals to other parts of the country. It will, however, be noted that in spite of the military events of the year and the resumption of heavy enemy air attack the number of maternity patients admitted to County Hospitals during the year increased from 3,798 to 3,931.

Considerable difficulty has continued to be experienced by reason of the shortage of nursing and domestic staff and towards the end of the year it was necessary to close a number of beds.

Although many schemes for improvement were considered and approved by the Members during the year the war situation did not permit of any major works of adaptation or provision of new building in the Council's hospitals.

Towards the end of the year further consideration was given to the appropriation of the hospitals still remaining under the control of the Public Assistance Committee and proposals were approved for the transfer of the four hospitals mentioned in the statistical table above to be transferred to the control of the Public Health Committee on the 1st April, 1945. The institutional services for which the Public Health Committee assumed responsibility on April 1st, 1945 can, therefore, be summarised as follows:—

County Hospitals ... ..	4,685 beds.
Sanatoria ... ..	265 ..
Convalescent Homes ... ..	106 ..
Maternity Homes and Ante-natal Hostels—	
(a) Lying-in beds ... ..	38 ..
(b) Ante-natal beds ... ..	82 ..

This is a convenient opportunity to refer to the position at the commencement of the war in September, 1939. At this stage the Public Health Committee was directly responsible for one sanatorium of 165 beds and two convalescent homes of 96 beds. In spite of the difficulties imposed by the war, which were particularly severe in this County by reason of the fact that it was the nearest part of the country to enemy occupied territory, the transfer of hospitals from the control of the Public Assistance Committee to the Public Health Committee has been completed. This step has made it possible to associate even more closely the general Public Health activities of the Council with the general hospital provision made by the Council and it is hoped that in the post-war years a programme of expansion to meet the needs of the community can be undertaken. It must, however, be said that during the war the services provided by the Council's Hospitals have been greatly expanded and improved and the greatest credit reflects upon the medical, nursing and domestic staffs of these hospitals for the work that they have done under the most trying and arduous circumstances.

**DOVER AND FOLKESTONE.**—An unusual interest attaches to the hospitals at Dover and Folkestone, respectively the County Hospital, Dover and the Royal Victoria Hospital, Folkestone. These two hospitals were the nearest civilian residential establishments for the sick to enemy occupied Europe and the greatest credit reflects on the whole of the staffs for the way in which the services were maintained during the war years. The Medical Superintendents of the hospitals have been kind enough to furnish reports on the work done at these two establishments and extracts from them are given below:—

*“ Royal Victoria Hospital, Folkestone.*

“ For the first few months of the war the Hospital carried on in a normal manner, but plans were already advanced to receive casualties through enemy action and preparations made.

“ At the beginning of 1940, the Committee of Management was compelled to appeal to the Ministry of Health for financial aid owing to the position of our finances and the steady decrease of population in this area. As a result the Ministry of Health took over the hospital completely in June, 1940, for the duration of the war, the administration being carried on by the Kent County Council as their agent. Our bed complement had been reduced to 75 but provision was made for an additional 93 E.M.S. cases. In 1939, we were already admitting Service Sick by arrangement with the Military Authorities, and at the end of May and beginning of June, 1940, we received a large number of Allied Soldiers through the evacuation of Dunkirk, and these, after emergency treatment, were transferred to Hospitals inland. This was our first experience of dealing with casualties in large numbers, and I should like to record here the devotion to duty of the whole staff who had no other thought than the care and comfort of these men, and also the willingness of all voluntary workers who came along at that time.

“ As the year proceeded it appeared that invasion from the Continent was imminent and plans were completed for the evacuation of the hospital if necessary. Provision was made for the deep shelter of patients and staff during raids and precautions taken against gas attacks. Admissions to the Hospital were restricted by the Ministry of Health and we were in effect a Casualty Clearing Hospital.

“ Throughout the war period we maintained a full staff for any possible emergency and although there were numerous incidents through enemy action, resulting in casualties both Service and Civilian, there were also lulls which must have been very trying for the staff and more difficult to bear than their busy periods.

" After ' D ' day, admissions were again curtailed and we held ourselves in readiness to receive overseas casualties but as is generally known these were not as high as expected and they were easily absorbed into other hospitals.

" Hospital premises suffered damage from time to time through bombing and cross-Channel shelling, culminating in a direct hit by shelling in September, 1944, when members of the staff lost their lives and others were injured. This is the only time that the Hospital was closed throughout the war and as the wards were not seriously affected, it was re-opened with the least possible delay. We had always been in the line of shelling, and bombs and shells had fallen very close from time to time, and patients are to be commended for their exemplary behaviour during these attacks.

" For her devotion to duty under shell-fire, Miss M. A. Crowther, Matron, was awarded the M.B.E.

" The total number of E.M.S. patients treated in this Hospital was 3,863.

J. W. D. BUTTERY,  
Medical Superintendent.

" County Hospital, Dover.

Statistics September, 1939—May, 1945.

Total Number of In-patients	...	...	...	...	6,871
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" Casualties from Enemy Action :

Army and Air Force	...	...	...	...	1,171
Navy and Merchant Navy	...	...	...	...	1,118
Civilian	...	...	...	...	449

Total Casualties	...	...	...	...	2,738
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" Sick including accidents :

" In the Army group this includes a number of serious casualties from accidental wounds and road accidents :

Army and Air Force	...	...	...	...	2,720
Navy and Merchant Navy	...	...	...	...	814
Civilian	...	...	...	...	567

Total	...	...	...	...	4,101
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" About 50 German Prisoners have passed through the Hospital and 60 or 70 refugees from Belgium and Holland in 1940.

" Out-patients :

" About 10,000 have attended, about 2,500 being Naval and the majority of the remainder were Army.

" X-ray :

" 14,568 patients have been X-rayed, 29,027 films being taken.

" In view of its position in the centre of the town it was decided before the War to evacuate the Royal Victoria Hospital, which is a voluntary hospital, to Waldershare in the event of hostilities. The Public Assistance Institution at Buckland, in a safer position on the edge of Dover, was adapted as a Casualty Hospital and retained this name until 1943 when the Public Health Department of the County Council took it over and it became the County Hospital, Dover. The visiting medical staff was that of the Royal Victoria Hospital with a resident Medical Superintendent—the late Dr. Birdwood. The Master and Matron and staff of the Institution remained with additions from the C.N.R. to the Nursing Staff and, later, a detachment of Friends Ambulance Unit men to act as stretcher bearers. The building used for the Hospital was a newly-completed one which accommodates 110 beds and has made a perfectly satisfactory Hospital except for the absence of a lift.

" For the first few months very few patients were admitted and there was very considerable difficulty in obtaining adequate equipment. By the late Spring this had been remedied to a large extent and about 800 medical cases mostly of influenza were dealt with from the Army.

" In May, 1940, with the German invasion of France, casualties came to the Hospital for the first time and it was suddenly called upon to deal with the largest influx it ever had to encounter. The activity began on 25th May with the admission of some wounded sailors and sick and wounded French and Belgian civilians as the enemy approached Boulogne, and increasing numbers of Army and Navy casualties came in reaching a maximum on 26th and 27th. By now the British Expeditionary Force was being evacuated from the Beaches of Dunkirk largely through Dover. The harbour was crammed with shipping as it has never been before or since, and for some reason was never bombed though the ships were often attacked on the way across and some of our wounded had been shipwrecked and rescued again. We received the worst cases—those unfit to travel further and there were a number with Gas-Gangrene. At this time the two tables in the Theatre were at work almost continuously night and day and teams from Folkestone relieved our own Surgeons. Later on Mr. Hedley Atkins with House Surgeons, Dressers and Nurses arrived from Guys Hospital and various other Surgical Teams assisted. In all just under 400 wounded were dealt with in about nine days, nearly all being serious and heavy cases. On the whole the work in the Theatre went perfectly well but there was at first a serious breakdown in the ward work and after-treatment, which was gradually remedied with the arrival of more trained Nurses. Considering the fact that only two or three members of the staff had any experience of this type of work and that the rush was quite unexpected and found the Hospital with only one junior Medical Officer (Dr. Johnstone, who did extremely good work) in charge, the emergency of the Dunkirk evacuation was dealt with quite reasonably well.

" The year 1940 continued full of events till November.

" Before the bombing of London, during the early stages of the Battle of Britain, the Dover area was certainly the liveliest place in England from a military point of view, a position it did not occupy again until September, 1944. Air activity was almost incessant. In July, there were repeated and heavy dive-bombing attacks on the Destroyer Flotilla in the harbour and these came to a climax on July 24th and 25th with a rush for the Hospital almost comparable to that in May. About 112 Naval Casualties were dealt with. On August 12th, about 10.30 a.m., the first cross-channel shells fell in the town within half a mile of the hospital. Some small houses were demolished and a number of civilian casualties received. On August 19th a bomb was dropped on an Army v. Navy Football match behind the Castle. All the players and some of the spectators were killed or wounded, and this kept the Hospital Theatre busy for 24 hours, many of the cases being very serious. There were frequent casualties but no large number in one day until September 12th, when the town was simultaneously bombed and shelled and the Grand Hotel, containing a number of Journalists—War Correspondents expecting Invasion—was partially wrecked. One American journalist impressed us with his courage in telephoning his ' story ' before he was operated on, but spoilt the effect by remarking in the Theatre, ' You know, I reckon you're going to lose this War ! '

" The winter of 1940—41 passed fairly quietly in Dover though the fear of Invasion remained acute and various plans were discussed as to action with regard to the Hospital if it ever materialised. It would be tedious to give details of all the various incidents of the intermediate years of the War. A few of the more interesting are worth noting. In the Spring of 1941 a land-mine was dropped quite near the Hospital and demolished an entire small street of about 40 houses. It burst and ignited the large Gas holder at the Gas Works which, however, did not explode—thus settling a debated question as to what might happen to the Hospital if the Gas Works went up. A large number of casualties resulted. In the Autumn of this year the worst bombing attacks on the town took place. On one occasion two bombs were dropped in the Hospital grounds, and one of them penetrated a deep shelter killing most of the inmates and throwing on its side a concrete structure containing the Warden, who was bounced about but not seriously injured.

" The worst raid on the town took place in three waves one evening. On this occasion a stick of bombs was dropped across the line of the Hospital while the Theatre was in action from the casualties of the first wave. Some of the staff consider this their most terrifying experience and remember the exemplary way in which the nurses took it.

" The air-raids lessened after this and in later years they almost ceased.

" ' D ' Day in 1944 :

" In September with the advance of the Allied Armies into the Pas de Calais the cross-Channel guns became more active than ever before. On September 1st, our own guns made a prolonged attack on enemy shipping escaping from Calais and Boulogne and there was the usual German retaliation on the town with casualties. Towards the middle of the month with the capture of Boulogne, the shelling became more and more frequent until on 14th and 15th with shell warnings lasting all day the town began to take on the aspect of a besieged city. The fact that the Hospital was just off the regular shelling line became more and more of a comfort especially after the news that Folkestone Hospital had received a direct hit. Bus services and delivery of goods were suspended and shops only opened for an hour or two. The Assistant Steward would rush out in these intervals to obtain supplies. The visiting staff made strange detours by narrow country lanes to get to the Hospital when the town was under fire. It may be mentioned here that all the visiting doctors were bombed or shelled out of their own houses during the War and saw patients at the Victoria Hospital instead of their own surgeries. There were some difficulties about non-resident domestic and laundry staff getting to the Hospital which were overcome by some of them sleeping in, and visitors to patients and others had to do the same. A considerable number of casualties were admitted but not more than could be easily dealt with as the majority of the population were in shelters. The Hospital residents in fact had an easy time compared with the doctors who had to get about the town to see their patients somehow. The worst single incident of the War in Dover occurred during this period with a direct hit on a Salvation Army shelter crowded with troops, the great majority of whom were killed. Another, which produced more casualties for us, was when a shell burst just outside the Priory Station after a train had come in. On September 25th and 26th continuous heavy shelling occurred again coinciding with the capture of Calais. The siege conditions in the town were resumed and there were many heavy casualties admitted, a surgical team from Deal being called in to help.

" The remaining six months were an anti-climax here. No V-weapons came near us and the only admissions from enemy action were from ships torpedoed or mined.

" The actual work of this Hospital during the War, a summary of the Statistics of which is given, was essentially of the nature of a Casualty Clearing Station.

" All serious cases were evacuated as soon as they were fit to travel, mostly by means of American Red Cross Ambulances and to Hospitals in Kent. Special cases were sent to Head, Faciomaxillary and Chest Centres and the Chest Unit was especially helpful sending specialists down on several occasions and once an entire team. The blood-transfusion service also worked admirably with never a hitch even when demands were made in the middle of the night.

" As to the Surgical work done we encountered almost every type of injury including underwater blast injuries, and lung blast and some cases of the Crush Syndrome. Our numbers were too small to permit of useful percentage mortality rates but in our small series of over 30 abdominal wounds over half recovered, which if not equal to the best Army series compares favourably with those from the London Bombing raids.

A. R. JORDAN,  
*Medical Superintendent."*

**NURSING SERVICES.**—In common with other Hospital Authorities the Council has found increasing difficulties in meeting its obligations to provide institutional treatment by reason of the serious shortage of nursing staff. It is a matter of grave concern to have to record that the position continues to deteriorate.

The intake of students for training in general hospitals, sanatoria, the nursing of the chronic sick and midwifery, is considerably below the level needed to maintain the services at an efficient level and were it not for the assistance which has been given by personnel of the Civil Nursing Reserve and nurses transferred under the Emergency Hospital Scheme, a considerable number of hospital beds would have had to be closed.

In regard to the supply of qualified nurses and midwives, the numbers again are inadequate for the beds of the various establishments and, in particular, the shortage of staff nurses is extremely serious.

At the present time the shortest period that a student nurse can take to become a state registered nurse is three years, so that it follows that even if the immediate post-war years see a sharp increase in the number of student nurses no immediate relief can be experienced for at least three years, since the number of nurses now in training is not enough to supply the necessary trained staff. Apart, therefore, from the difficulty of maintaining the hospital and institutional services at their present level, the expansion of the Hospital Services which has been foreshadowed by the Government in the White Paper will be greatly hampered by the shortage of the necessary staff.

It will be known that the shortage of nurses is, of course, not confined to Kent but is a national problem. Much has been written about the matter, but it must be said that when the wide responsibilities that the major Local Authorities have for the treatment of the sick are reviewed some proposals for bringing about a better state of affairs lack reality; e.g., the proposal that student nurses should pay for training instead of receiving salary and that the period of training should be increased to at least four years appears unreal in light of the fact that the present intake of nurses for training needs to be quadrupled if a satisfactory standard of training in nursing is to be achieved when personnel from the Civil Nursing Reserve and other sources arising from the administration of the Emergency Hospital Scheme are no longer available.

An inter-related problem is also the shortage of domestic labour in establishments for the treatment of the sick because nurses of all grades have to undertake domestic tasks which are not related to training and which increase the burden already imposed by the shortage of staff and the wide demands of the community for hospital and institutional treatment.

Although the Council has adopted the Rushcliffe scales of salary and conditions of service in their entirety the result has not been an arrest in the decline of recruitment to the nursing services. It is interesting to observe that in regard to the regulations governing the payment of sick pay and the appointment of student nurses in Sanatoria, the Kent County Council's conditions were better than those prescribed by the Rushcliffe Committee. In general the Rushcliffe Committee has done much to improve the position of senior nurses but the improvements in relation to the salaries of student nurses and the more junior trained nurses are relatively small when compared with the conditions which the County Council had formulated prior to the Rushcliffe Committee's recommendations being adopted.

It is impossible to forecast with any exactitude what will be the position as regards recruitment of nursing staff after the war but it should be remembered that recruitment was not keeping pace with the ever increasing requirements even before the war, and considering the general increase in wages and salaries and the relatively high standard of living in County hospitals before the war, there does not appear any reason for adopting an optimistic view that in more settled times the Rushcliffe salaries and conditions of service will result in a sharp increase in the number of recruits to the nursing profession. It is true that as already stated the Rushcliffe Committee has greatly improved the financial reward in the higher branches of the nursing profession, but it is a matter of opinion whether the ultimate rewards for senior appointments which are relatively few in relation to the numbers engaged in the profession are, in themselves, an inducement to those about to embark upon a career to select nursing.

In the past nursing has been a profession which has asked much of those who have adopted it, and in general the appeal has been to a sense of duty and vocation. It would seem that while the number of women in the community with a sense of vocation and duty has not declined the demands for nursing have increased at such a rate as to require other considerations to be taken into account in attracting recruits.

At the present stage the wastage in student nurses undergoing general training is great and only some 40 per cent of those who commence training become state registered nurses. Apart from the disillusionment of some of those who enter the profession and do not qualify, this wastage represents a loss of endeavour and teachers' time that would appear to be reflected in the existing shortage of Sister Tutors.

In the fields of nursing for the care of tuberculous patients and chronic sick patients, the same serious position prevails. It is not widely known that the risk of a nurse contracting pulmonary tuberculosis in sanatoria is less than in general nursing, but it is to be regretted that nursing the tuberculous sick is not popular and that recruits are extremely few. It is unfortunate that the General Nursing Council has for so long refused any recognition to the nurse specialising in the care of the tuberculous patient, but so far as experience goes in Kent it would not appear that this attitude is primarily responsible for the shortage of recruits. Two of the Council's chief tuberculosis units are now training schools for the Certificate of the Tuberculosis Association and for the Preliminary Part of the State General Examination, but since these training schools have been set up the number of nurses coming forward has been less than before.

With regard to the nursing of the chronic sick the Council has for some time been unable to meet its obligations and patients who have been certified as being in need of institutional treatment have not been able to obtain it. This position arises solely by reason of the shortage of assistant nurses.

Up to the present three training schools for assistant nurses have been set up in Kent, but the supply of students falls far short of the numbers required. When one reflects upon the arduous and frequently unpleasant nature of the nursing responsibilities that have to be undertaken by an assistant nurse it is surprising that anyone can be found to undertake the work for the salary prescribed by the Rushcliffe Committee. It must not be forgotten that in nursing the chronic sick there is little of the varied, interesting and rewarding work that is the lot of the nurse in the general hospital. The nursing of the chronic sick does not have these attractions but it is arduous, exacting and monotonous in the sense that the majority of patients have to be nursed until they die. It does, nevertheless, call for a considerable degree of skill in nursing, besides the highest qualities of patience and kindness, yet its rewards are less than those that can be obtained in domestic service.

When it is remembered that the Local Authorities provide the great proportion of all the beds for the treatment of the sick in the country it must be doubted whether they have that degree of authority and attention that such a position demands in the deliberations of those concerned with the future of nursing. There is still the generally held impression that the views and requirements of those connected with the large and well-known voluntary teaching hospitals are a guide that should be followed in regard to the future, but the number of beds which these establishments provide for the community is only a small fraction of the beds provided by the Local Authorities.

If these are the facts concerning the present and immediate future the question must be asked what steps should the County Council take in order to ensure that in its establishments for the sick an adequate number of nurses and domestics are available for the maintenance of an adequate level of treatment.

Clearly the conditions under which nurses live and work must be of the best and this in itself means an extensive building programme. It will be appreciated that during the war the Council's responsibilities to the civil sick have increased in every respect for those who are acutely ill, for those suffering from tuberculosis and for those suffering from some form of chronic sickness. The increase is particularly marked in the demand for acute hospital services. In six years some of the Council's hospitals have doubled the number of patients treated, but there has not been, by reason of the restrictions imposed by the war, a corresponding increase in the amenities that would have normally been provided to meet the requirements of the additional staff.

It is still not sufficiently recognised that if a voluntary hospital has 100 beds it need only nurse 100 patients at a time and that if the demands of the community require more than the services of 100 beds the additional patients are not bound to be treated in the voluntary hospital. If, however, these patients are in urgent need of hospital attention it is the municipality that has to shoulder the responsibility.

By reason of conditions arising from the war the Council has not been able to increase its nursing staff and to provide proper buildings to meet this position.

Assuming that the necessary buildings and alterations could be provided to bring about a high standard of living accommodation for nursing staff, with every labour saving device in the hospital wards and ancillary units and the recruitment of an adequate domestic staff so as to relieve nurses from non-nursing duties, could it then be said that an adequate recruitment would follow? Clearly no dogmatic assertion can be made on such a question, but the opinion can be hazarded that it will not.

The question must, therefore, be asked along what lines action should be taken to secure an improvement and the following proposals are advanced :—

- (1) No opportunity should be lost of bringing before men and women about to be discharged from the Forces the needs of the nursing profession and the hospital services. The propaganda in relation to the need for nursing and hospital services should not be confined to nurses and nursing orderlies in the Forces, but should be extended to all who may be seeking some employment in civilian life.
- (2) The housing of nurses and other staff at hospitals and residential institutions for treatment of the sick should have high priority next to, if not equal to, housing civilians. Before any question of extensions to hospitals are considered it should be insisted upon that prior consideration should be given to housing of staff that would be required for these extensions. All too frequently in the past additional ward units have been built and then at some subsequent date additional extensions have been put in hand to house the staff that is required.
- (3) In light of the general salary and wages level there should be a revision of nurses' salary scales, particularly in the lower grades. If necessary separate consideration should be given to the difficulties that arise in regard to the nursing of the chronic sick and the tuberculous patients, and it should not necessarily follow that the salary scales paid to nurses in these branches should be related to the salary scales paid to nurses working in general hospitals.
- (4) Greater attention should be given to the recruitment and conditions of service for domestic staff and greater use should be made of ward orderlies; they should undertake that part of the routine of looking after patients which does not necessarily involve nursing procedures.
- (5) Greater encouragement should be given to those who desire to continue nursing after they are married, and day nurseries should be provided in hospitals for the children of married staff, both nursing and domestic.
- (6) More attention will need to be given to the group of girls between the ages of 16 and 18 who express an interest in nursing. This attention should take the form of part-time technical education along the lines of the existing County pre-nursing courses and part-time work looking after children and helping with convalescent patients.
- (7) In the internal administrative arrangements in establishments for the treatment of the sick a new conception of the position and status of the nursing staff is required. The abolition of restrictions in off duty time should be pursued, and the provision of residential facilities for those members of the staff who do not elect to live out, should not be a part of the nursing administration.

### VENEREAL DISEASES.

As indicated in the Report for the year 1943, Civil Defence Regulation 33B came into operation in November, 1942. This Regulation imposes certain duties on Medical Officers of Health of Counties and County Boroughs and upon special practitioners who are defined as those medical practitioners qualified to be Venereal Diseases officers. The duties include the following :—

- (a) When special practitioners receive from patients under treatment for venereal diseases information about the sources of infection they will furnish this information under confidential cover on the prescribed Form 1 to the Medical Officer of Health of the County or County Borough in which the contact stated to be the source of infection resides ;
- (b) On receiving information suggesting that two or more patients have been infected by the same person, the Medical Officer of Health will require that person (the " contact ") on the prescribed Form 2 to submit to medical examination by a special practitioner within a specified period and to furnish him with a certificate of compliance with the requirements on the prescribed Form 4 ;
- (c) the special practitioner on examining the contact will furnish this certificate ;
- (d) if the contact is found to be free from venereal disease in a communicable form the special practitioner will send to the Medical Officer of Health a " clearance certificate " to that effect (Form 5) ;
- (e) if, however, further examination or treatment is necessary the special practitioner will require the contact by written notice in prescribed form (Form 3) to attend and to follow his directions until certified free from venereal disease in a communicable form.

The greatest care has to be observed in any preliminary action and in any procedure under the Regulation. On receipt of a notice from a special practitioner which represents a second notice in regard to one contact the Medical Officer of Health has to first satisfy himself as far as possible that the information is *prima facie* reliable and if so every effort is made through the Social Worker to persuade the contact to undertake treatment voluntarily. Form 2 referred to above is not, therefore, served on the person concerned unless it is clear that attendance will not be made voluntarily. The County Council is charged with the responsibility of initiating proceedings in respect of offences against the Regulation. Where only a single notification on Form 1 is received in respect of a contact attempts are made outside the scope of the Regulation to persuade the person to be examined before the latter has been named on a second Form 1.

The following statistics were furnished to the Ministry of Health in regard to notifications received under the Regulation for the period 1st January, 1944, to 31st December, 1944 :—

	<i>M.</i>	<i>F.</i>
1. Total number in respect of whom Form 1 was received ... ..	13	133
2. Number of cases in (1) in which attempts were made outside the scope of the Regulation to persuade the contact to be examined before the latter had been named on a second Form 1 :—		
Contacts found ... ..	—	57
" examined ... ..	—	50
3. Number of those in (1) in respect of whom two or more Forms 1 were received ... ..	—	17
4. Number of those in (3) who were :—		
(a) found ... ..	—	12
(b) examined after persuasion ... ..	—	9
(c) served with Form 2 ... ..	—	3
(d) examined after service of Form 2 ... ..	—	1
(e) prosecuted ... ..	—	2

During the year under review the County Council had recourse for the first time to prosecution in two instances. In one case the Court imposed a fine of £10 and the defendant subsequently attended for treatment. In the other case the Court bound the person over for three years in the sum of £5 on the condition that she attended to receive treatment as required. This she failed to do, frequently changing her address, moving from Kent to another County so that great difficulty was experienced in tracing her and taking further proceedings. Eventually, however, she was traced, the County Council concerned taking proceedings against her and she was sentenced to three months imprisonment.

The Social Workers referred to in the Report for 1943 have continued their efforts in following up contacts and defaulters and the results have been on the whole satisfactory. The whole-time Social Worker, who covers most of the County, has furnished the following information concerning her work during the year :—

" Of the 14 persons referred to me where two or more notifications were received, 12 were contacted, 1 had gone away and 1 could not be traced.

" Of the 12 contacted, 11 attended without service of Form 2, 1 refused and was served with a Notice followed by Legal Proceedings.



" Of the 11 who attended 1 persistently defaulted and was served with a Notice.

" 77 single notifications were referred to me. Of the 50 contacted, 37 attended for examination, 2 had attended previously, 2 were admitted to Hospital, 4 promised to attend, 1 promised to go to her own doctor for tests, 2 refused, 1 was not followed up, and 1 had already been visited by a Moral Welfare Worker so was not re-visited by me.

" Of the 27 not contacted, 14 could not be traced, 5 had gone away, 6 were already attending the Clinics, 1 had been admitted to hospital and 1 has not yet been visited.

" 55 defaulters and a few persons for whom single notifications have been received in the previous year had to be visited and of these 42 were contacted. Of the 42 contacted 24 attended, 15 promised to attend but have not yet done so, 1 refused, 1 had attended elsewhere previously and 1 was too ill to attend.

" Of the 13 not contacted 6 had gone away, 2 could not be traced, 2 I was unable to contact, 1 had been admitted to a mental hospital, 1 was not followed up, and 1 may have attended the Rochester Clinic.

SUMMARY.

	<i>Total cases to be visited.</i>	<i>Total cases contacted.</i>	<i>Number who attended.</i>
2 or more notifications per contact received	14	12	11
Form 1 New	77	50	37
Form 1 Old	14	42	24
Defaulters	41		
Other Cases	6	5	3
	<u>152</u>	<u>109</u>	<u>75</u>

<i>Total Visits and Calls.</i>	<i>Visits.</i>	<i>Calls.</i>
2 or more notifications per contact received	21	43
Form 1 New	97	210
Defaulters and Old Form 1 Cases	84	80
Other Cases	14	3
	<u>216</u>	<u>336 "</u>

It will be appreciated that there are a number of contacts notified where insufficient or false information makes it practically impossible to trace; these are probably the worst offenders and deliberately avoid giving information.

Under the auspices of the Central Council for Health Education lectures were given on Venereal Disease and Sex Education to various groups in the County including Youth Clubs, Girls Training Groups and N.F.S., and steps are being taken to intensify this service and other forms of publicity during the year 1945.

The County Council continued to participate in the London and Home Counties Scheme and the following summary relates to the work of the Kent Clinics in 1944.

TABLE 4.

Clinic.	Number of openings.	Number of persons removed from the register during any previous year who returned for treatment or observation of the same infection.	New Patients				Number of persons (exclusive 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	
			Syphilis.	Soft Chancre	Gonorrhoea	Non-venereal or undiagnosed conditions.		Syphilis.	Soft Chancre.	Gonorrhoea.	Non-venereal or undiagnosed conditions.	Attendances of Patients for Irrigation.	Patients.			Days.
Ashford ...	52	3	13	—	15	28	59	507	—	340	239	534	—	—	131	47
Canterbury ...	156	3	41	6	76	269	372	2,639	26	1,253	1,196	391	13	59	792	169
Dartford ...	52	5	22	—	24	226	28	843	—	404	400	2,242	9	401	303	74
Dover ...	104	2	15	—	18	71	148	1,258	—	177	132	22	—	—	298	69
Gravesend ...	104	—	40	—	54	149	80	1,334	—	698	323	1,094	—	—	335	162
Maidstone ...	52	—	25	1	44	88	83	1,274	3	854	533	435	—	—	253	115
Margate ...	53	4	18	—	15	32	149	943	—	622	475	2,306	—	—	219	69
Rochester ...	104	—	44	—	58	230	53	3,071	—	647	621	1,457	—	—	433	247
Sheerness ...	53	—	6	—	4	16	18	149	—	42	47	—	—	—	49	2
Tunbridge Wells ...	52	3	12	—	19	174	97	1,674	—	203	525	137	4	168	336	95
Totals 1944 ...	782	20	236	7	327	1,283	1,087	13,692	29	5,240	4,491	8,618	26	628	3,149	1,049

TABLE 5.—Number of persons discharged or transferred or who ceased to attend Clinics.

Clinic.	Number of persons discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal.	Number of persons who ceased to attend before completion of treatment and were, on first attendance, suffering from:—			Number of persons who ceased to attend after completion of treatment but before final tests of cure.	Number of persons transferred to other Centres or to institutions, or to care of private practitioners.
		Syphilis.	Soft Chancre.	Gonorrhoea.		
Ashford ...	44	—	—	—	—	87
Canterbury ...	364	2	—	1	5	420
Dartford ...	268	—	—	—	7	28
Dover ...	77	18	—	—	8	195
Gravesend ...	217	6	—	3	2	107
Maidstone ...	115	1	—	—	5	132
Margate ...	41	1	—	—	2	175
Rochester ...	312	12	—	5	9	95
Sheerness ...	25	—	—	—	3	21
Tunbridge Wells ...	198	6	—	—	—	132
Totals ...	1,661	46	—	9	41	1,392

## RETURN SHOWING THE WORK OF THE COMBINED KENT CLINICS.

		Males.	Females.
(1) Number of persons who, on 1st January, 1944 were under treatment or observation for :—	Syphilis ... ..	571	261
	Soft chancre ... ..	—	—
	Gonorrhœa ... ..	101	127
	Non-venereal or undiagnosed conditions	72	105
	Total ... ..	744	493
(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 ... ..	6	3
	Soft chancre ... ..	—	—
	Gonorrhœa ... ..	5	6
	Total ... ..	11	9
(3) Number of persons dealt with during the year, at, or in connection with the out-patients clinics, for the first time (exclusive of persons under (4) below) suffering from —	Syphilis primary ... ..	27	23
	„ secondary ... ..	10	32
	„ latent in first year of infection ... ..	5	16
	„ all later stages ... ..	52	47
	„ congenital ... ..	10	14
	Soft chancre ... ..	7	—
	Gonorrhœa, first year of infection ... ..	168	147
	„ later ... ..	9	3
	Non-venereal or undiagnosed conditions	539	744
	Total ... ..	827	1,026
	(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 ... ..	570
Soft chancre ... ..		7	—
Gonorrhœa ... ..		256	19
Non-venereal or undiagnosed conditions		164	9
Total ... ..		997	90
(5) Number of persons discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal :—	Syphilis ... ..	34	32
	Soft chancre ... ..	5	—
	Gonorrhœa ... ..	218	124
	Non-venereal or undiagnosed conditions	519	729
	Total ... ..	776	885
(6) Number of persons who ceased to attend before completion of treatment and who were, on first attendance, suffering from :—	Syphilis, primary... ..	5	2
	„ secondary ... ..	2	6
	„ latent in first year of infection ... ..	—	—
	„ all later stages ... ..	10	12
	„ congenital ... ..	—	3
	Soft chancre ... ..	—	—
	Gonorrhœa, first year of infection ... ..	1	8
	„ later ... ..	—	—
Total ... ..	24	31	
(7) Number of persons who ceased to attend after completion of treatment but before final tests of cure :—	Syphilis ... ..	9	10
	Soft chancre ... ..	—	—
	Gonorrhœa ... ..	9	13
	Total ... ..	18	23

				Males.	Females.
(8) Number of persons transferred to other centres or to institutions, or to care of private practitioners :—	Syphilis	...	...	828	72
	Soft chancre	...	...	8	—
	Gonorrhœa	...	...	222	45
	Non-venereal or undiagnosed conditions			203	14
	Total	...	...	1,261	131
(9) Number of persons remaining under treatment or observation on 31st December, 1944 :—	Syphilis	...	...	357	321
	Soft chancre	...	...	1	—
	Gonorrhœa	...	...	89	112
	Non-venereal or undiagnosed conditions			53	116
	Total	...	...	500	549
(10) Total attendances of all persons at the out-patients clinics who were suffering from :—	Syphilis	...	...	7,548	6,144
	Soft chancre	...	...	29	—
	Gonorrhœa	...	...	2,138	3,102
	Non-venereal or undiagnosed conditions			1,822	2,669
	Attendances for Irrigation			2,302	6,316
Total	...	...	13,839	18,231	

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. During the year, 7,188 doses were supplied to accredited medical practitioners, namely 358 to nine of the private practitioners on the list of approved medical practitioners in Kent, and 6,830 to four 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 48.

In cases where patients cannot receive the treatment required unless travelling expenses are paid, the County Council defrays the cost. The fares of 39 patients were paid during 1944.

TABLE 6.—Showing Population, Acreage and Density of Population of the various Districts of the County of Kent, in 1944 (mid-year).

DISTRICT	Population 1944 (as estimated by the Registrar-General)	Acreage, inclusive of Water	Persons per Acre
<b>URBAN—</b>			
Ashford U. ... ..	20,180	5,657	3.6
Beckenham B. ... ..	55,540	5,937	9.4
Bexley B. ... ..	71,130	4,861	14.7
Broadstairs and St. Peter's U. ...	5,568	2,771	2.1
Bromley B. ... ..	49,730	6,513	7.7
Chatham B. ... ..	35,180	4,356	8.1
Chislehurst and Sidcup U. ... ..	57,470	8,959	6.5
Crayford U. ... ..	21,910	2,544	8.7
Dartford B. ... ..	33,910	4,233	8.1
Deal B. ... ..	12,680	2,903	4.4
Dover B. ... ..	17,960	3,447	5.3
Erith B. ... ..	36,780	4,607	8.0
Faversham B. ... ..	10,850	2,994	3.7
Folkestone B. ... ..	19,450	4,006	4.9
Gillingham B. ... ..	52,800	8,351	6.4
Gravesend B. ... ..	35,080	4,014	8.8
Herne Bay U. ... ..	14,050	8,566	1.7
Hythe B. ... ..	4,798	3,013	1.6
Lydd B. ... ..	1,521	11,932	0.2
Maidstone B. ... ..	45,190	5,976	7.6
Margate B. ... ..	16,640	6,960	2.4
New Romney B. ... ..	1,182	1,514	0.8
Northfleet U. ... ..	15,950	3,770	4.3
Orpington U. ... ..	46,980	20,842	2.3
Penge U. ... ..	17,860	770	23.2
Queenborough B. ... ..	2,648	1,103	2.5
Ramsgate B. ... ..	18,320	3,624	5.1
Rochester C. ... ..	34,820	3,759	9.3
Sandwich B. ... ..	2,926	2,137	1.4
Sevenoaks U. ... ..	12,720	3,716	3.5
Sheerness U. ... ..	12,970	943	13.8
Sittingbourne and Milton U. ...	18,790	4,935	3.9
Southborough U. ... ..	7,585	1,758	4.4
Swanscombe U. ... ..	6,756	2,142	3.2
Tenterden B. ... ..	3,456	8,946	0.4
Tonbridge U. ... ..	17,320	4,599	3.8
Tunbridge Wells B. ... ..	35,440	6,034	5.9
Whitstable U. ... ..	13,320	7,658	1.8
<b>TOTALS—Urban</b> ... ..	<b>887,460</b>	<b>190,850</b>	<b>4.66</b>
<b>RURAL—</b>			
Ashford, East ... ..	8,490	51,398	0.17
Ashford, West ... ..	7,978	39,455	0.21
Bridge-Blean ... ..	17,730	55,868	0.32
Cranbrook ... ..	13,290	41,315	0.33
Dartford ... ..	31,210	34,103	0.92
Dover ... ..	6,507	26,098	0.25
Eastry ... ..	18,370	54,276	0.34
Elham ... ..	7,256	36,676	0.20
Hollingbourn ... ..	13,330	56,796	0.24
Maidstone ... ..	16,490	34,709	0.48
Malling ... ..	30,060	45,655	0.66
Romney Marsh ... ..	2,558	31,035	0.09
Sevenoaks ... ..	27,920	62,959	0.45
Sheppey ... ..	7,217	20,319	0.36
Strood ... ..	16,290	48,811	0.34
Swale ... ..	16,780	62,015	0.28
Tenterden ... ..	6,074	38,002	0.16
Tonbridge ... ..	19,340	41,687	0.47
<b>TOTAL—Rural</b> ... ..	<b>266,890</b>	<b>781,177</b>	<b>0.35</b>
<b>TOTAL—County</b> ... ..	<b>1,154,350</b>	<b>972,027</b>	<b>1.19</b>

TABLE 7.—Showing Deaths, Births and Infantile Mortality in the different Urban Districts of the County of Kent in the year 1944.

DISTRICT.	DEATHS.		BIRTHS.					INFANTILE MORTALITY.			
	Number of deaths at all ages.	Net death rate per 1,000 of the population.	Legitimate.	Illegitimate.	TOTAL.	Birth-rate per 1,000 of the population.	Still-births.	Legitimate.	Illegitimate.	TOTAL.	Deaths of Infants, under one year of age per 1,000 births.
Ashford U. ...	248	12.3	338	37	375	18.6	8	11	3	14	38
Beckenham B. ...	717	13.0	848	40	888	16.0	24	24	2	26	30
Bexley B. ...	726	10.3	1,435	63	1,498	21.1	30	44	3	47	32
Broadstairs and St. Peter's U. ...	94	16.9	82	11	93	16.8	3	4	2	6	65
Bromley B. ...	661	13.3	755	65	820	16.5	20	24	8	32	40
Chatham B. ...	501	14.3	750	61	811	23.1	28	67	6	73	91
Chislehurst and Sidcup U. ...	617	10.8	1,092	60	1,152	20.1	22	28	2	30	27
Crayford U. ...	242	11.1	483	24	507	23.2	11	18	3	21	42
Dartford B. ...	367	10.9	612	39	651	19.2	18	23	3	26	40
Deal B. ...	241	19.1	305	30	335	26.5	4	19	4	23	69
Dover B. ...	318	17.8	337	37	374	20.9	15	19	2	21	57
Erith B. ...	463	12.6	863	32	895	24.4	18	40	4	44	50
Faversham B. ...	154	14.2	173	16	189	17.5	5	8	-	8	43
Folkestone B. ...	331	17.1	328	38	366	18.9	9	14	1	15	41
Gillingham B. ...	668	12.7	1,129	83	1,212	23.0	28	52	5	57	48
Gravesend B. ...	435	12.5	688	37	725	20.7	18	25	1	26	36
Herne Bay U. ...	270	19.3	212	20	232	16.6	8	12	2	14	61
Hythe B. ...	98	20.5	81	8	89	18.6	5	1	4	5	57
Lydd B. ...	25	16.5	24	5	29	19.1	-	-	1	1	35
Maidstone B. ...	603	13.4	872	99	971	21.5	21	73	10	83	86
Margate B. ...	311	18.7	282	22	304	18.3	5	9	4	13	43
New Romney B. ...	17	14.4	27	1	28	23.7	2	1	-	1	36
Northfleet U. ...	167	10.5	329	7	336	21.1	10	5	2	7	21
Orpington U. ...	536	11.5	1,020	48	1,068	22.8	17	25	5	30	29
Penge U. ...	365	20.5	318	27	345	19.4	12	32	5	37	108
Queenborough B. ...	25	9.5	65	5	70	26.5	3	1	-	1	15
Ramsgate B. ...	295	16.2	322	36	358	19.6	10	7	3	10	28
Rochester C. ...	499	14.4	787	46	833	24.0	15	60	3	63	76
Sandwich B. ...	32	11.0	46	3	49	16.8	-	1	-	1	21
Sevenoaks U. ...	168	13.3	212	14	226	17.8	7	10	1	11	49
Sheerness U. ...	151	11.7	263	13	276	21.3	10	8	1	9	33
Sittingbourne and Milton U. ...	231	12.3	340	31	371	19.8	9	17	3	20	54
Southborough U. ...	134	17.7	103	14	117	15.5	4	4	1	5	43
Swanscombe U. ...	101	15.0	125	4	129	19.1	4	5	-	5	39
Tenterden B. ...	51	14.8	50	6	56	16.3	4	2	-	2	36
Tonbridge U. ...	216	12.5	311	28	339	19.6	9	13	2	15	45
Tunbridge Wells B. ...	615	17.4	538	67	605	17.1	14	17	2	19	32
Whitstable U. ...	220	16.6	249	17	266	20.0	6	9	-	9	34
TOTALS IN URBAN DISTRICTS ...	11,913	13.5	16,794	1,194	17,988	20.3	436	732	98	830	47

TABLE 8.—Showing Deaths, Births and Infantile Mortality in the different Rural Districts of the County of Kent in the year 1944.

DISTRICT.	DEATHS.		BIRTHS.					INFANTILE MORTALITY.			
	Number of deaths at all ages.	Net death rate per 1,000 of the population.	Legitimate.	Illegitimate.	TOTAL.	Birth-rate per 1,000 of the population.	Still-births.	Legitimate.	Illegitimate.	TOTAL.	Deaths of Infants under one year of age, per 1,000 births.
Ashford, East ... ..	140	16.5	158	15	173	20.4	7	10	-	10	58
Ashford, West ... ..	124	15.6	123	15	138	17.3	3	2	1	3	22
Bridge-Blean ... ..	212	12.0	290	20	310	17.5	7	13	1	14	46
Cranbrook ... ..	179	13.5	204	19	223	16.8	5	5	1	6	27
Dartford ... ..	383	12.3	546	31	577	18.5	19	23	2	25	44
Dover ... ..	91	14.0	130	9	139	21.4	2	2	-	2	15
Eastry ... ..	240	13.1	323	36	359	19.6	7	16	4	20	56
Elham ... ..	108	14.9	132	13	145	20.0	5	2	1	3	21
Hollingbourn ... ..	165	12.4	232	20	252	19.0	9	7	-	7	28
Maidstone ... ..	210	12.8	306	19	325	19.8	7	14	1	15	47
Malling ... ..	394	13.2	545	51	596	19.9	14	25	3	28	47
Romney Marsh ... ..	38	14.9	44	8	52	20.4	1	1	-	1	20
Sevenoaks... ..	396	14.2	464	48	512	18.4	9	13	1	14	28
Sheppey ... ..	83	11.6	174	9	183	25.4	1	9	1	10	55
Strood ... ..	204	12.6	303	17	320	19.7	7	19	2	21	66
Swale ... ..	238	14.2	312	30	342	20.4	8	18	-	18	53
Tenterden ... ..	94	15.5	87	7	94	15.5	3	1	-	1	11
Tonbridge ... ..	219	11.4	339	27	366	19.0	6	13	-	13	36
TOTALS IN RURAL DISTRICTS ... ..	3,518	13.2	4,712	394	5,106	19.2	120	193	18	211	42
TOTALS IN URBAN DISTRICTS ... ..	11,913	13.5	16,794	1,194	17,988	20.3	436	732	98	830	47
TOTALS IN COUNTY ... ..	15,431	13.4	21,506	1,588	23,094	20.1	556	925	116	1,041	46

TABLE 9.—Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the URBAN DISTRICTS in the County of Kent, and the number of such Cases which were treated in Hospital, during the year 1944.

DISTRICT.	Small-pox.	Diphtheria (including Membranous Croup).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Pyrexia.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Dysentery.	Pneumonia.	Whooping Cough.	Measles.	Cases removed to Hospital.			
																			Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.
Ashford U. ...	—	6	54	—	—	2	—	—	—	—	1	22	8	—	14	20	15	42	—	—	48	—
Beckenham B. ...	26	13	167	—	—	10	—	1	—	—	—	68	10	—	2	40	50	131	—	25	105	—
Bexley B. ...	5	27	206	—	—	24	—	—	—	—	—	98	14	—	6	59	214	342	—	5	74	—
Broadstairs and St. Peter's U. ...	—	3	11	—	—	—	—	—	—	—	—	—	—	—	—	15	3	10	—	—	8	—
Bromley B. ...	10	7	117	1	—	6	2	1	—	—	—	65	11	—	14	28	81	117	—	9	68	1
Chatham B. ...	12	—	48	—	—	18	3	—	—	—	3	92	11	—	—	29	182	201	—	11	25	—
Chislehurst & Sidcup U.	40	20	206	2	—	4	1	—	—	—	—	81	6	4	5	48	247	492	—	40	128	1
Crayford U. ...	—	7	36	—	—	3	—	—	—	—	1	41	3	—	—	29	109	98	—	—	16	—
Dartford B. ...	10	20	63	—	—	13	3	1	—	—	—	49	13	—	37	27	40	85	—	10	12	—
Deal B. ...	12	—	29	1	—	1	—	—	—	—	—	23	4	—	—	—	7	573	—	12	28	1
Dover B. ...	4	13	11	—	—	1	—	—	—	—	—	36	4	1	—	27	30	137	—	4	10	—
Erith B. ...	4	13	89	—	—	5	1	1	—	—	4	50	10	—	4	28	99	44	—	4	57	—
Faversham B. ...	3	1	4	2	—	3	1	—	—	2	1	13	7	—	—	1	24	117	—	3	4	2
Folkestone B. ...	13	12	24	—	—	—	2	—	—	—	1	23	8	—	—	33	33	18	—	13	24	—
Gillingham B. ...	9	14	83	—	—	—	2	—	—	—	2	122	26	—	3	46	130	488	—	9	26	—
Gravesend B. ...	3	13	36	1	—	6	—	—	—	—	1	34	8	—	—	4	9	164	—	3	12	1
Herne Bay U. ...	3	1	42	2	—	2	—	1	—	—	—	7	5	—	1	21	7	262	—	3	35	2
Hythe B. ...	1	1	23	—	—	—	1	—	—	—	—	6	3	—	—	6	—	14	—	1	23	—
Lydd B. ...	—	—	1	—	—	1	—	—	—	—	—	—	1	—	—	8	8	—	—	1	1	—
Maidstone B. ...	16	4	99	—	—	7	—	—	—	—	—	63	13	—	10	23	26	—	—	16	94	—
Margate B. ...	2	—	6	—	—	2	—	—	—	—	—	37	10	—	—	—	2	201	—	2	6	—
New Romney B. ...	—	—	1	—	—	—	—	—	—	—	—	4	—	—	—	2	19	—	—	—	1	—
Northfleet U. ...	3	—	17	—	—	2	—	1	—	—	—	25	4	—	—	8	12	68	—	3	1	—
Orpington U. ...	20	22	136	1	—	67	3	1	—	—	1	46	9	2	22	34	199	432	—	19	88	1
Penge U. ...	3	6	24	1	—	1	—	—	—	—	—	33	6	—	—	13	48	74	—	3	21	1
Queenborough B. ...	—	—	9	—	—	—	—	—	—	—	—	—	1	—	—	14	13	—	—	—	9	—
Ramsgate B. ...	—	—	20	—	—	1	—	—	—	—	1	47	7	—	—	20	95	365	—	—	5	—
Rochester C. ...	20	9	103	1	—	2	1	—	—	—	2	77	19	—	5	27	155	137	—	20	75	1
Sandwich B. ...	—	4	7	—	—	—	—	—	—	—	—	4	—	—	—	5	2	72	—	—	4	—
Sevenoaks U. ...	4	—	27	—	—	—	3	—	—	—	—	8	2	—	—	2	2	2	—	4	23	—
Sheerness U. ...	1	2	13	—	—	1	1	—	—	—	—	8	1	—	6	13	23	6	—	1	6	—
Sittingbourne & Milton U. ...	1	—	46	—	—	3	1	—	—	—	3	14	3	—	—	6	119	10	—	1	46	—
Southborough U. ...	1	—	9	—	—	3	—	—	—	—	—	4	—	—	—	30	31	—	—	1	9	—
Swanscombe U. ...	—	—	25	—	—	—	—	—	—	—	—	10	4	—	—	3	2	65	—	—	6	—
Tenterden B. ...	—	—	17	—	—	2	—	—	—	—	—	1	1	—	22	—	16	6	—	—	14	—
Tonbridge U. ...	4	4	27	2	—	4	—	—	—	—	1	10	5	—	—	36	63	96	—	4	27	1
Tunbridge Wells B. ...	—	5	34	1	—	16	1	1	—	—	3	25	5	9	3	29	135	99	—	—	33	—
Whitstable U. ...	13	5	19	—	—	2	—	—	—	—	—	9	6	—	—	15	44	70	—	11	6	—
TOTALS IN URBAN DISTRICTS	244	232	1889	15	—	212	26	8	—	2	29	1263	249	16	144	692	2296	5108	—	238	1178	12



TABLE 10.—Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the RURAL DISTRICTS in the County of Kent, and the number of such Cases which were treated in Hospital, during the year 1944.

DISTRICT.	Small-pox.	Diphtheria (including Membranous Group).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Pyrexia.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Dysentery.	Pneumonia.	Whooping Cough.	Measles.	Cases removed to Hospital.				
																			Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.	
Ashford, East ...	—	—	—	18	—	—	—	—	—	—	—	5	4	—	—	8	14	12	—	—	12	—	
Ashford, West ...	1	—	—	15	1	—	—	—	—	—	—	7	2	—	—	8	—	114	—	—	9	—	
Bridge-Blean ...	6	4	—	29	—	—	—	—	—	—	—	10	3	—	—	29	47	112	—	5	24	—	
Cranbrook ...	8	10	—	29	—	1	—	1	—	—	—	8	2	—	4	19	47	67	—	8	23	—	
Dartford ...	11	13	—	63	—	2	—	1	—	—	—	29	4	—	8	19	55	81	—	1	2	—	
Dover ...	4	—	—	1	—	1	—	—	—	—	1	12	3	—	—	1	8	161	—	4	1	—	
Eastry ...	1	6	—	27	—	1	—	—	—	—	—	30	13	—	—	28	93	456	—	1	23	—	
Elham ...	1	—	—	7	1	1	—	2	—	—	—	13	5	—	—	5	64	13	—	—	4	—	
Hollingbourn ...	1	2	—	28	—	1	—	1	—	—	—	10	3	—	—	4	13	2	—	1	24	—	
Maidstone ...	1	—	—	23	—	3	—	—	—	—	1	7	4	—	2	16	117	29	—	1	22	—	
Malling ...	5	—	—	38	—	2	—	2	—	—	—	41	10	—	—	26	72	6	—	4	39	—	
Romney Marsh ...	—	—	—	12	—	—	—	—	—	—	—	1	—	—	—	2	35	—	—	—	12	—	
Sevenoaks ...	3	7	—	66	—	1	—	2	1	—	1	18	38	2	2	40	94	36	—	3	51	—	
Sheppey ...	—	4	—	3	—	—	—	—	—	—	—	3	3	—	—	35	81	14	—	—	3	—	
Strood ...	—	4	—	47	—	1	—	2	1	—	—	20	10	—	—	7	5	12	—	—	25	—	
Swale ...	—	—	—	33	—	1	—	1	—	—	—	20	7	—	—	14	41	54	—	2	29	—	
Tenterden ...	—	—	—	9	—	—	—	—	—	—	—	7	—	—	7	1	18	3	—	2	8	—	
Tonbridge ...	—	2	—	30	—	32	—	1	—	—	1	18	4	—	26	48	123	37	—	6	29	—	
TOTALS IN RURAL DISTRICTS ...	53	52	—	478	2	48	11	4	—	—	7	259	115	2	49	310	927	1199	—	38	340	—	
TOTALS IN URBAN DISTRICTS ...	244	232	—	1889	15	212	26	8	—	2	20	1263	249	16	144	692	2296	5108	—	238	1178	12	
TOTALS IN COUNTY ...	297	284	—	2367	17	260	37	12	—	2	26	1522	364	18	193	1002	3223	6307	—	276	1518	12	
DEATHS, 1944—																							
Urban ...	—	21	?	—	2	9	8	?	?	?	?	520	87	?	?	498	16	7	—	—	—	—	
Rural ...	—	3	?	1	1	1	1	?	?	?	?	144	20	?	?	148	6	1	—	—	—	—	
County ...	—	24	?	1	3	10	9	?	?	?	?	664	107	?	?	646	22	8	—	—	—	—	



TABLE 12.—Showing causes of deaths in the RURAL DISTRICTS of Kent during the year 1944.

DISTRICT.	Typhoid and Paratyphoid Fevers.	Cerebro-spinal Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Tuberculosis of Respiratory System.	Other forms of Tuberculosis.	Syphilitic Diseases.	Influenza.	Measles.	Acute Poliomyelitis and Encephalitis.	Acute infectious Encephalitis.	Cancer of Buccal Cavity and Oesophagus (M) & Uterus (F).	Cancer of Stomach and Duodenum.	Cancer of Breast.	Cancer of all other sites.	Diabetes.	Intertricular Vascular Lesions.	Heart Disease.	Other Diseases of Circulatory System.	Bronchitis.	Pneumonia.	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhoea, under two years of age.	Appendicitis.	Other Digestive Diseases.	Nephritis.	Puerperal and Post-Abortive Sepsis.	Other Maternal Causes.	Premature Birth.	Congenital Malformations, Birth Injury, Infant Disease.	Suicide.	Road Traffic Accidents.	Other Violent Causes.	All Other Causes.	All Causes.						
Ashford, East	...	...	...	1	...	3	...	4	1	...	...	...	1	3	...	14	1	17	39	8	6	6	1	1	2	...	...	5	1	...	...	...	...	...	7	13	140						
Ashford, West	...	...	...	...	...	3	...	1	1	...	...	...	...	...	...	9	2	11	31	31	4	3	6	1	1	...	...	...	...	...	...	...	...	...	...	...	16	17	124				
Bridge-Blean	...	...	...	...	...	10	...	1	3	...	...	...	...	...	...	25	4	14	64	4	3	7	4	7	4	...	...	...	...	...	...	...	...	...	...	...	...	8	22	212			
Cranbrook	...	...	...	...	...	8	...	...	3	...	...	...	...	...	...	15	4	26	48	4	4	3	4	2	2	...	...	...	...	...	...	...	...	...	...	...	...	13	26	179			
Dartford	...	...	...	1	...	17	...	1	3	...	...	...	...	...	...	41	5	32	96	14	24	16	4	4	5	...	...	...	...	...	...	...	...	...	...	...	...	...	10	32	383		
Dover	...	...	...	...	...	2	...	1	1	...	...	...	...	...	...	7	...	8	34	2	3	4	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	91	...		
Eastry	...	...	...	...	...	11	...	1	1	...	...	...	...	...	...	16	1	26	67	6	15	14	4	4	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17	240		
Elham	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	8	15	29	29	5	7	3	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14	108		
Hollingbourn	...	...	...	...	...	5	...	...	2	...	...	...	...	...	...	14	1	32	50	10	11	10	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15	210		
Maidstone	...	...	...	1	...	29	...	1	4	...	...	...	...	...	...	46	4	45	94	11	20	14	7	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21	394		
Malling	...	...	1	...	...	3	...	1	1	...	...	...	...	...	...	6	31	13	13	1	2	11	18	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	38	...		
Romney Marsh	...	...	...	...	...	8	...	1	1	...	...	...	...	...	...	31	2	34	115	9	11	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	55	306	
Sevenoaks	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	10	3	4	3	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	83	
Sheppey	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	11	5	48	7	11	5	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	83
Strood	...	...	...	...	...	10	...	...	1	...	...	...	...	...	...	11	1	23	48	7	11	5	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	25	201
Swoale	...	...	...	2	...	12	...	...	6	...	...	...	...	...	...	22	3	16	59	8	10	11	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13	238	
Tenterden	...	...	...	...	...	2	...	...	1	...	...	...	...	...	...	5	...	9	31	1	4	3	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	94
Tonbridge	...	...	...	1	...	6	...	1	5	...	...	...	...	...	...	18	...	24	53	7	15	16	4	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15	219
TOTALS IN RURAL DISTRICTS	...	1	1	6	3	144	20	11	39	1	1	1	59	96	55	314	28	361	938	103	159	148	51	32	20	17	86	108	1	8	51	81	23	46	182	322	3518						
TOTALS IN URBAN DISTRICTS	...	2	8	16	21	520	87	68	100	7	1	7	203	297	198	1092	79	1240	2993	334	608	498	144	161	142	43	234	270	9	16	214	270	55	77	929	970	11913						
TOTALS IN COUNTY	...	3	9	22	24	664	107	79	139	8	2	8	262	393	253	1406	107	1601	3931	437	767	646	195	193	162	60	320	378	10	24	265	351	78	123	1111	1292	15431						

TABLE 13.—SHOWING CAUSES OF DEATH AT DIFFERENT AGE PERIODS IN THE COUNTY OF KENT DURING THE YEAR 1944.

Age.	Sex.	All Causes.	Typhoid and Paratyphoid Fevers.	Cerebro-spinal Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Tuberculosis of Respiratory System.	Other forms of Tuberculosis.	Syphilitic Diseases.	Influenza.	Measles.	Acute Poliomyelitis and Polioencephalitis	Acute Infectious Euccephalitis	Cancer of Buccal Cavity and Oesophagus (M) & Uterus (F)	Cancer of Stomach and Duodenum.	Cancer of Breast.	Cancer—all other sites	Diabetes.	Intercranial Vascular Lesions	Heart Disease.	Other Diseases of Circulatory System	Bronchitis.	Pneumonia	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum	Diarrhoea, under two years of age	Appendicitis.	Other Digestive Diseases.	Nephritis	Puerperal and Post-Abortive Sepsis	Other Maternal Causes	Premature Birth	Congenital Malformations, Birth Injury, Infant Disease	Suicide.	Road Traffic Accidents	Other Violent Causes	All Other Causes																							
AGGREGATE URBAN DISTRICTS.																																																													
Under 1 year ...	M.	479	—	2	—	2	—	—	2	1	2	1	—	—	—	—	—	—	—	1	—	1	17	68	1	—	—	74	1	6	—	—	—	126	146	—	—	—	—	19																					
	F.	351	—	—	3	—	—	1	3	—	1	—	—	—	1	—	—	—	—	1	—	9	37	2	—	—	65	—	2	1	—	88	97	—	—	—	—	—	20																						
1 year and under 5 years ...	M.	87	—	—	3	—	—	—	13	—	2	2	—	—	—	—	—	—	—	—	—	2	16	4	—	—	2	1	3	—	—	—	—	—	—	—	—	—	—	15																					
	F.	69	—	—	4	—	—	3	8	—	1	3	—	—	—	—	—	—	—	—	—	3	14	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	12																					
5 years and under 15 years	M.	97	—	3	—	1	—	—	4	—	1	1	—	—	—	—	—	—	—	—	6	1	1	5	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8																					
	F.	96	—	—	1	—	—	2	8	—	3	1	—	—	—	—	—	—	—	1	1	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4																					
15 years and under 45 years	M.	602	—	1	—	—	—	1	9	4	6	—	—	1	—	5	—	—	—	6	40	6	14	22	4	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10																				
	F.	642	—	—	—	—	—	1	13	—	5	—	—	—	14	5	—	—	—	13	53	6	3	21	8	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	37																				
45 years and under 65 years	M.	1625	—	1	—	—	—	122	12	31	12	—	—	1	23	57	1	—	—	117	326	47	119	63	33	70	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18																				
	F.	1185	—	—	—	—	—	1	9	4	10	—	—	1	57	55	98	168	6	134	208	24	21	27	15	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	145																				
65 years and over ...	M.	3234	1	—	—	—	—	21	—	19	26	—	—	4	64	87	2	336	18	409	1132	208	110	38	46	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2																				
	F.	3446	—	—	—	—	—	12	6	9	31	—	—	44	88	75	280	35	558	1225	124	210	115	33	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	326																				
All ages—Urban ...	M.	6,124	1	8	—	6	10	302	40	55	49	4	—	6	87	149	3	611	29	533	1505	180	362	279	83	129	76	22	108	138	—	—	—	126	159	37	61	469	494																						
	F.	5,789	—	—	10	11	218	47	13	51	3	3	1	1	116	148	195	481	50	707	1488	154	246	219	61	32	66	21	126	132	9	16	88	111	18	13	460	476																							
AGGREGATE RURAL DISTRICTS.																																																													
Under 1 year ...	M.	116	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3	18	1	—	—	9	—	4	—	—	—	30	39	—	—	—	—	—	4																					
	F.	95	—	—	3	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	4	11	—	—	—	11	—	—	—	—	—	21	35	—	—	—	—	—	—	4																				
1 year and under 5 years ...	M.	31	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																				
	F.	33	—	—	1	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	1	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																				
5 years and under 15 years	M.	39	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																				
	F.	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																				
15 years and under 45 years	M.	148	—	—	—	—	—	36	2	1	2	—	—	—	1	3	—	—	—	1	7	—	1	10	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																				
	F.	148	—	—	—	—	—	42	5	—	—	—	—	—	3	1	4	7	1	6	16	—	6	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																				
45 years and under 65 years ...	M.	424	—	—	—	—	—	40	2	5	11	—	—	—	8	16	—	—	—	41	79	10	12	10	12	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																				
	F.	301	—	—	—	—	—	13	—	2	—	—	—	—	18	9	28	51	4	27	61	7	3	15	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																				
65 years and over ...	M.	1,063	—	—	—	—	—	6	1	1	8	—	—	—	16	31	—	103	5	123	366	41	79	28	15	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																				
	F.	1,095	—	—	—	—	—	4	—	2	15	—	—	—	13	36	23	86	15	163	408	45	56	40	12	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																				
All Ages—Rural ...	M.	1,821	1	—	1	1	3	84	10	8	22	—	1	1	25	50	—	169	8	165	453	51	95	68	33	23	9	10	42	69	—	—	30	45	16	38	96	189																							
	F.	1,697	—	—	1	1	5	60	10	3	17	1	—	—	34	46	55	145	20	196	485	52	64	80	18	3	11	7	44	39	1	8	21	36	7	8	86	133																							

