

[Report 1957] / Medical Officer of Health, Kent County Council.

Contributors

Kent (England). County Council. n 50045898

Publication/Creation

1957

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KENT COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1957

A. ELLIOTT, M.D., D.P.H.
County Medical Officer of Health



Printed by

F. A. Clements (Chatham) Ltd., 399 High Street, Chatham, Kent.

KENT COUNTY COUNCIL

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(August 1958)

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HEALTH DEPARTMENT,

COUNTY HALL,

MAIDSTONE.

October, 1958.

To the Chairman and Members of the Kent County Council.

In presenting my annual report for the year 1957 I am following the usual practice of including a review of services provided under the National Assistance Act which are administered by the Health Committee and which form part of the work of the Health Department.

The vital statistics for the Administrative County show that the population has increased by 12,800 over the previous year and totals 1,613,800. The birth rate for the year was 15.30, an increase over previous years, and the number of births was 24,693. The infantile mortality rate, that is the number of deaths of infants under one year for each thousand live births, was 20.25, which was the lowest figure recorded for the County. A comparison between this figure and those of 49 in 1937 and 96 in 1907 indicates the improvement that has taken place in the expectation of life of newly-born infants.

The report follows the usual lines in describing each of the services provided by the Health Committee and in this prefatory letter I am only commenting on certain points of particular interest.

One aspect of the rise in the economic well-being of the community is displayed in the sharp decrease in the incidence of the common notifiable infectious diseases; thus it is now ten years since anyone died from scarlet fever in the County; it is four years since a case of diphtheria occurred in a child under fifteen years of age and no case of smallpox has occurred in children for the past eleven years. During the year the number of deaths from tuberculosis was 8 for each 100,000 of the population as compared with 56 twenty years ago for the same unit of people. On the other hand, during the year 1957 there was an increased incidence in poliomyelitis. In the whole of the County there were 380 cases notified and, of these, 114 occurred in the Borough of Maidstone and the three surrounding Rural Districts during the months June to October. During the year steady progress was made in offering vaccination against poliomyelitis to children within the age groups specified by the Ministry of Health but the supply of vaccine was never enough to meet all demands. The acceptance rate for vaccination against poliomyelitis has been high in the County ever since the first offer was made in 1956. Because it is not known exactly how many children there are in each age group, it is not possible to say with precision the percentages of registrations but from using figures that are available, e.g., birth rates, as a basis of calculation, it would appear that the number of consents given by parents is approximately equal to 76% of all children eligible. 52.3% of children under the age of fifteen received a course of immunisation against diphtheria during the year and this level is approximately the same as that obtaining in the previous two years. On the other hand, the number of children under one year of age who were vaccinated against smallpox showed an increase to 65.37%, this being the highest figure ever recorded and considerably in excess of the national average. It is worth recording that the main reliance in advocating these vaccinating and immunising procedures is placed upon propaganda conducted by word of mouth and that little use is made of printed material by way of posters, pamphlets, etc. The high acceptance rates for these procedures is a tribute to the effectiveness of the educational work done by medical officers, health visitors, midwives and nurses.

The Domestic Help Service continued to increase during the year, particularly in the provision of services for old people and an increasing use was made of the three developments of this service, i.e., evening and night services for old people, the Family Help Service and the Child Help Service, which commenced on the 1st April, 1957, to provide rehabilitation for problem families. I have in previous reports described the operation of all these services except that of the Child Help Service, which was commenced on an experimental basis for a period of twelve months. Its success has been such that it is now being incorporated as a regular part of the Committee's services and it has achieved a substantial measure of success in the rehabilitation of problem families. A full description of the service appears on page 21.

In the administration of the County Midwifery Service a determined effort was made in the immediate post-war years to train all midwives in the use of inhalational analgesics for the relief of pain in childbirth and when the National Health Service Act came into effect in July 1948, all midwives had been trained and provided with the necessary apparatus. Since that time the number of mothers receiving analgesia during childbirth has steadily increased from 30.7% in 1948 to 87.1% in 1957. There was also an increasing use of Pethidine by County midwives to assist in the relief of pain at childbirth and at approximately 47.7% of the deliveries attended by midwives this drug was used.

There was again a further small decline in the total number of patients—599,688—carried by the Ambulance Service, the peak year being 1954 when 614,505 patients were carried. Of the number carried, 15,298, i.e., 2.6% of the total, were accident and emergency cases and the arrangements for dealing with this group are part of the general ambulance administration in that no separate part of the service is created for the purpose. It is, therefore, an excellent achievement that the average time over the whole County in reaching the scene of accidents and emergencies from the receipt of the call was only 5.7 minutes. In view of the ever increasing density of traffic and the serious difficulties that arise in certain parts of the County during periods of heavy traffic, this average time is noteworthy.

In the section dealing with mental health I would draw attention to the special report that was submitted to the Health Committee on an investigation made into the certification of the aged. In that report I said it would be a serious matter affecting magistrates, general practitioners, psychiatrists and County staff if there was substantial evidence that old people in Kent were being certified and admitted to mental hospitals either because no other effort was made to secure alternative care or because alternative care which might be suitable to the needs of these old people could not be obtained. An analysis of the action taken under the Lunacy and Mental Treatment Acts in dealing with 124 old people showed that certification and removal to a mental hospital is only considered as a last resort when either the safety of the old person is imperilled or their aggressive and violent acts require restraint for the protection of others. This investigation supports the conclusion reached by the Royal Commission on Mental Illness and Mental Deficiency who said that they had received no evidence to show that old people admitted to mental hospitals were not suffering from mental disturbance or deterioration that made them of unsound mind within the meaning of the present law. In the services provided under the National Assistance Act the position concerning the residential care of old people is not satisfactory in that the rate of providing new accommodation has, by reason of national economic difficulties, not been fast enough to keep pace with the needs of those who require this form of care. Since 1948 the waiting list has steadily grown and whilst the Council has voted money for the provision of new Homes, it has not been possible to obtain loan sanction from the Ministry of Health for the provision of new buildings within that financial programme. The consequence is that while the Council at the present time is financially responsible, either directly or indirectly, for the residential care of 2,582 old people, the waiting list stands at 810.

An unusual form of residential care was undertaken by the Department during the early months of the year in the management of a hostel for those Hungarian refugees who were being accommodated in this country pending their transfer to Canada. I am reproducing in full the report that I made to the Health Committee on this provision.

I would like to express my very sincere thanks on behalf of the staff of the Health Department for the kindness and encouragement shown by Members of the Council and to record my own thanks to the members of the staff for their work during the year.

A. ELLIOTT,

County Medical Officer.

ANNUAL REPORT

Vital Statistics

POPULATION.—The Registrar-General's estimate of the population of the Administrative County at the middle of 1957 was 1,613,800: and this population is the basis of the rates quoted in this Report. Table 1 at the end of the Report shows the population in each area in the County: and from that Table it will be seen that 1,267,720 persons were resident in the urban areas, and 346,080 in the rural districts. The increase in the population of the County was 12,800, as compared with an increase of 16,800 in the previous year.

These figures give densities of population of 1·66 per acre in the county as a whole: and 6·65 per acre in the towns and 0·44 per acre in the rural districts. Compared with the previous year, there is little change in any of these figures, and the densities show the same wide range. In the towns, the extremes were 33·26 in *Penge Urban* and 0·26 in *Lydd Borough*, and in the rural districts 1·34 in *Dartford Rural* and 0·15 in *Romney Marsh Rural*.

The following tabulation shows the populations, together with the percentages in urban and rural districts in Kent, for the census years 1921, 1931 and 1951, and the Registrar-General's estimates for 1941 and 1957.

	Population									
	1921		1931		1941		1951		1957	
	No.	%	No.	%	No.	%	No.	%	No.	%
Urban Districts	795,035	71·11	847,090	71·50	882,900	75·56	1,225,800	79·12	1,267,720	78·55
Rural Districts	323,094	28·89	337,720	28·50	285,500	24·44	323,560	20·88	346,080	21·45
County ..	1,118,129	100	1,184,810	100	1,168,400	100	1,549,360	100	1,613,800	100

BIRTHS.—The births of living children, registered during 1957, totalled 24,693, an increase of 1,375 on the total for the previous year. Male births numbered 12,658, female births 12,035.

The crude* birth-rates for the year were 15·27 (comparable rate† 15·56) in the urban districts, 15·41 (comparable rate 16·49) in the rural districts, and 15·30 (comparable rate 15·76) in the County as a whole. The figure for England and Wales was 16·1 (Provisional).

The following tabulation shows the live-birth, still-birth, and death-rates, divided into urban and rural districts, and for the whole County divided into legitimate and illegitimate. The rates for England and Wales are added for comparison.

In all cases in this report the two years, 1938, the last normal year before the war, and 1956, have been taken for comparative purposes.

	No. of Live Births per 1,000 Home Population			No. of Still-Births per 1,000 Total (Live and Still) Births			No. of Deaths under 1 year of age per 1,000 Live Births		
	1938	1956	1957	1938	1956	1957	1938	1956	1957
Urban District	15·1	14·48	15·27	33·6	19·78	19·05	42·3	21·55	20·51
Rural District	14·4	14·87	15·41	36·5	19·29	22·37	45·0	23·21	19·31
Whole County	14·9	14·56	15·30	34·2	19·68	19·76	42·8	21·91	20·25
England and Wales ..	15·1	15·60	16·10	38·3	23·00	22·50	52·8	23·80	23·10

The number of births, and the birth rates, in each sanitary district of the County, are set out in Table 2 at the end of this report.

The excess of births over deaths was 6,485—3,339 males and 3,146 females: and the varying margin of this excess of births over deaths for the years 1938, 1956 and 1957 is shown below:—

	Male	Female	Total
1938 ..	3,146	2,645	5,791
1956 ..	2,443	2,097	4,540
1957 ..	3,339	3,146	6,485

The sex-ratio of the births, on the figures shown above, represents a proportion of slightly more than 105 males to 100 females.

* Crude birth- and death-rates are the number of births or deaths per 1,000 of the population.

† For explanation see page 44.

STILL-BIRTHS.—The number of still-births recorded during the year was 498. This number represents a proportion of 19·77 per thousand of all births in the County, as against 19·68 in the previous year.

The rate of still-births (per thousand of the population) was 0·30 in urban and 0·35 in rural districts, and 0·31 in the County as a whole. This proportion may be compared with the rate for England and Wales (0·37).

The number of still-births in each sanitary district of the County is shown in Table 2 at the end of this report.

INFANTILE MORTALITY.—There were 500 deaths of infants under one year of age in Kent during the year, which represents an infantile mortality rate (number of deaths among children under one year of age per thousand live births) of 20·25, as compared with 21·91 in the preceding year.

These deaths of infants formed 2·75 per cent. of the total deaths at all ages (2·72 per cent. in 1956).

The rates in the different sanitary districts will be found in Table 2 at the end of this report; and Table 7 shows the causes of death in children under one year of age, for the years 1938, 1956 and 1957.

DEATHS.—The number of deaths registered in the County (i.e. the number of deaths of persons resident in Kent) during 1957 was 18,208—a decrease of 570 on the total for the previous year. Male deaths totalled 9,319, female deaths 8,889.

Crude death-rates were 11·05 for the urban areas, 12·15 for the rural districts, and 11·28 for the whole County.

The following tabulation shows the crude death-rates recorded in Kent during 1938, 1956 and 1957. The rates for England and Wales are added for comparative purposes.

	1938	1956	1957
Urban Districts	10·6	11·4	11·05
Rural Districts	11·4	12·8	12·15
Whole County	10·8	11·7	11·28
England and Wales.. .. .	11·6	11·7	11·5*

* Provisional.

The number of deaths in each sanitary district, and the deaths in age-groups, and by cause, are shown in Tables 5, 6 and 8 at the end of this report.

The causes of death in order of importance show little variation from year to year, and the following table shows the order of the principal causes in the three years, 1938, 1956 and 1957, the number of deaths under each heading, the death-rate, and the percentage of each group to the total number of deaths from all causes:—

Cause of death	1938			1956			1957		
	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes
Heart Disease	4,144	2·90	27·86	6,316	3·95	31·81	5,948	3·69	32·67
Cancer (all sites)	2,368	1·71	15·92	3,305	2·06	17·60	2,029	1·26	11·14
Diseases of circulatory system (other than Heart Disease)	817	0·59	5·49	885	0·55	4·71	868	0·54	4·77
Bronchitis	358	0·26	2·41	978	0·61	5·21	865	0·54	4·75
Violence (all forms)	699	0·50	4·70	697	0·44	3·71	714	0·44	3·93
Pneumonia	727	0·52	4·89	881	0·55	4·69	889	0·55	4·88
Tuberculosis (all forms)	778	0·56	5·23	161	0·11	0·86	132	0·08	0·72
Nephritis	370	0·27	2·49	162	0·11	0·86	151	0·09	0·83
Ulcer (Stomach and Duodenum)	156	0·11	1·05	241	0·15	1·28	208	0·13	1·14
Diabetes	201	0·15	1·35	116	0·07	0·62	110	0·07	0·60
Gastritis, Enteritis & Diarrhoea	87	0·06	0·58	94	0·06	0·50	87	0·05	0·48
Influenza	175	0·13	1·18	71	0·07	0·38	177	0·11	0·97
TOTALS	10,880	7·85	73·14	13,907	8·69	74·06	12,178	7·55	66·88

There was a small increase in the proportion of deaths in the age groups under 1 year (0·1%), 5 to under 15 years (0·1%), 15 to under 45 years (0·5%) and 45 to under 65 years (0·1%). The age group 1 to under 5 years shows a decrease of 0·1% and 65 years and over a decrease of 0·7%. It will be seen that in the last 19 years there has been a marked decline in each of the age groups under 65 years with a corresponding rise in the 65 years and over group (15·7%).

In the following summary the deaths in age-groups are expressed as percentages of the total deaths:—

Year	Percentage of Total Deaths Age-Group						Total
	Under 1 year	1 to under 5	5 to under 15	15 to under 45	45 to under 65	65 years and over	
1938	5.9	1.7	1.7	11.4	23.9	55.4	100.0
1956	2.7	0.5	0.5	4.0	20.5	71.8	100.0
1957	2.8	0.4	0.6	4.5	20.6	71.1	100.0

NOTIFIABLE INFECTIOUS DISEASES

The number of notifications of infectious diseases in each of the sanitary districts in Kent is shown in Table 3 at the end of this report.

A summary of the notifications, incidence-rates, deaths and death-rates of the principal infectious diseases in the County is shown in Table 4 at the end of this report.

SMALLPOX.—Once again no cases occurred during the year. It is now eleven years since the last case was notified.

SCARLET FEVER.—Once again the decline in the number of cases has been maintained (1957—872, 1956—986). It is ten years since there was a death from the disease.

DIPHTHERIA.—One case of diphtheria occurred in an adult, it is now four years since a case occurred in a child under 15 years of age.

ENTERIC FEVER.—A decrease in the number of cases, 12 as against 45 in 1956.

MEASLES.—In comparison with last year, a large number of cases were notified, 23,560 as against 3,228 in 1956. There were five deaths, all in children under 5 years of age.

WHOPPING COUGH.—A further increase in the number of notifications, 6,082 as against 4,224 in 1956. There were four deaths all in children under 5 years of age.

POLIOMYELITIS AND POLIOENCEPHALITIS.—The number of cases more than trebled those in 1956, 380 as against 112 in 1956. The division between paralytic and non-paralytic cases being 217 to 163. There were nineteen deaths.

OPHTHALMIA NEONATORUM.—Only half the number of cases occurred in comparison with 1956, 8 as against 16 last year.

MALIGNANT NEOPLASM.—Once again there was an increase in the number of deaths, the total being 3,375 as against 3,305 in 1956. (18.53% of the recorded total of deaths from all causes.) The mortality rate of 2.09 per thousand of the population is 0.03 higher than in 1956.

The following tabulation shows the mortality from cancer recorded in Kent during the years 1938, 1956 and 1957:—

KENT	1938	1956	1957
URBAN			
No. of Deaths	1,889	2,566	2,631
Death-rate	1.72	2.04	2.08
RURAL			
No. of Deaths	479	739	744
Death-rate	1.70	2.20	2.16
TOTAL			
No. of Deaths	2,368	3,305	3,375
Death-rate	1.71	2.06	2.09

Once again deaths from cancer have shown a small increase, the increase being 70; 12 more males and 58 more females. There was a small decrease in the deaths in the age group 45 to under 65 but increases in the age groups 15 to under 45 years and 65 years and over. The percentage of the total number of deaths from all causes increased by 0.93 to 18.53.

The age-sex distribution of the deaths is shown below, and for comparison there is added the years 1938 and 1956.

	All ages	Per-centage	Under 1	1 to under 5	5 to under 15	15 to under 45	45 to under 65	65 and over
1938 M.	1,095	46.2	—	2	—	56	427	610
F.	1,273	53.8	1	2	—	99	490	681
TOTAL ..	2,368	100.0	1	4	—	155	917	1,291
1956 M.	1,757	53.2	1	4	5	75	657	1,015
F.	1,548	46.8	—	4	5	89	517	933
TOTAL ..	3,305	100.0	1	8	10	164	1,174	1,948
1957 M.	1,769	52.4	—	5	1	94	647	1,022
F.	1,606	47.6	1	1	4	111	522	967
TOTAL ..	3,375	100.0	1	6	5	205	1,169	1,989

DIPHTHERIA IMMUNISATION

Once again it can be reported that no case of diphtheria occurred in the County in a child under the age of 15 years, this being the fourth year in succession. The percentage of all children under the age of 15 years immunised against diphtheria as at the 31st December, showed a drop of 0.4% compared with the same date in 1956. It must be viewed with some concern that almost 50% of these children are at risk and that should any cases of diphtheria occur the outcome could be very serious.

The following table shows the notifications and deaths for Kent and England and Wales since 1948:—

Year	Deaths		Corrected Notifications	
	Kent	England and Wales	Kent	England and Wales
1948	1	156	52	3,575
1949	1	84	29	1,890
1950	3	49	16	962
1951	1	33	5	664
1952	1	32	4	376
1953	—	23	2	266
1954	—	9	1	173
1955	—	13	—	169
1956	—	8	—	63
1957	—	6*	1	40

* Provisional.

The following table shows the number of children under the age of 15 years at 31st December, 1957, who had at any time prior to that date received a course of immunisation:—

Age on 31.12.1957 (i.e. born in year)	Under 1 1957	1 to 4 1953-1956	5 to 9 1948-1952	10 to 14 1943-1947	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1953-1957	2,229	62,137	84,293	45,940	194,599
B. Number of Children whose last course (primary or booster) was completed in the period 1952 or earlier	—	—	34,322	44,298	78,620
C. Estimated mid-year child population	23,600	94,500	253,900		372,000
Immunity Index 100 A/C	9.4	65.8	51.3		52.3

The Immunity Index shown on the last line of the return represents the true percentage of immunisation in the County or, in other words, children who have had a completed course of injections during the last five years. Once again the Immunity Index of children under one showed a slight rise, 6.8 in 1955, 9.3 in 1956 to 9.4 in 1957, whereas in the other two age groups 1-4 and 5-14 there was a decline of 0.1 and 0.4 respectively. The decline in the older age group and in the total is probably as a result of the policy to stop offering, as a routine, a second re-inforcing injection to children aged about 9 or 10 years. This was decided on because children immunised in infancy with a re-inforcing injection just before or just after commencing school have attained sufficient immunity.

The same facilities for immunisation were available at all child welfare centres, doctors' surgeries and schools. Personal persuasion by doctors, midwives and health visitors was still relied upon, more than paper and poster publicity.

The following table shows the number of children who received a course of immunisation during 1957. There was a decrease of 165 in the number of children who received a primary injection and of 10,092 in the number of children who received a reinforcing injection, the latter decrease resulting from the change of policy mentioned above. It should be pointed out that these figures are only based on actual records received and can, therefore, be regarded as a minimum.

Year of Birth	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	Total
Primary	2,229	12,031	2,182	611	359	460	572	218	217	412	187	97	42	30	36	19,683
Reinforcing	--	--	86	78	506	6,247	2,896	688	954	4,158	2,143	904	263	64	39	19,028

The following table shows the division between immunisations carried out by general practitioners and those carried out under County Council arrangements at clinics and schools during 1957.

<i>Children aged</i>	<i>Immunisation at Clinics</i>		<i>Immunisation at Schools</i>		<i>Immunisation by G.P.'s</i>	
	Primary	Booster	Primary	Booster	Primary	Booster
Under 5 years	4,561	280	11	19	12,844	399
Over 5 years and under 15	642	5,961	973	6,789	652	5,578
Totals	5,203	6,241	984	6,808	13,496	5,977

Total number of children immunised at Clinics and Schools 19,236—49.69% of total

Total number of children immunised by General Practitioners .. 19,473—50.31% of total

Once again the majority of children under the age of 5 years were immunised by general practitioners, whereas the majority of school children were immunised at schools and clinics. As a result of the policy to discontinue second re-inforcing injections at schools the division between general practitioners and schools and clinics for all children under 15 years of age was 50.3% to 49.7%.

VACCINATION AGAINST SMALLPOX

During the year, 19,603 persons were vaccinated against smallpox by their own general practitioners or at child welfare clinics. Of this number 14,264 were children under one year of age (1956—14,565) and once again a greater percentage of them were vaccinated by general practitioners, the proportion being 7,828 to 6,436.

No cases of general vaccinia were reported during the year.

The following table shows the number of persons vaccinated during the year in age groups:—

Age at date of vaccination	Under 1	1 to 4	5 to 14	15 and over	Totals
No. vaccinated (1) ..	14,264	1,179	842	911	17,105
No. re-vaccinated (2) ..	—	148	513	1,746	2,498
TOTALS	14,264	1,327	1,355	2,657	19,603
General practitioners (1) ..	7,828 (54·87%)	1,062 (80·03%)	1,307 (96·46%)	2,637 (99·25%)	12,834 (65·47%)
Clinics and others (2) and (3)	6,436 (45·13%)	265 (19·97%)	48 (3·54%)	20 (0·75%)	6,769 (34·53%)
TOTALS	14,264 (100·0%)	1,327 (100·0%)	1,355 (100·0%)	2,657 (100·0%)	19,603 (100·0%)

The following table shows, for purposes of comparison, the number of children under one year of age, who have been vaccinated each year since 1949:—

Birth Year	Number of Live Births	Vaccinated During Year	Number Vaccinated	Percentage of Live Births	Total No. Vaccinated	Percentage of Live Births
1949	24,546	1949	7,280	29·66%	12,152	49·5%
		1950	4,872	19·84%		
1950	22,909	1950	7,945	34·68%	13,237	57·78%
		1951	5,292	23·10%		
1951	23,002	1951	8,322	36·18%	13,430	58·39%
		1952	5,108	22·21%		
1952	22,707	1952	8,211	36·16%	13,394	58·98%
		1953	5,183	22·82%		
1953	23,078	1953	8,366	36·25%	13,845	59·98%
		1954	5,479	23·73%		
1954	22,879	1954	8,529	37·28%	13,967	61·05%
		1955	5,438	23·77%		
1955	22,545	1955	8,519	37·79%	14,407	63·90%
		1956	5,888	26·12%		
1956	23,318	1956	8,963	38·44%	15,242	65·37%
		1957	6,279			
1957	24,693	1957	8,200	33·20%		

Once again the percentage of infants vaccinated against smallpox has shown a rise, a gradual increase having been reported since vaccination ceased to be compulsory in 1948. The percentage in 1949 was 49·5% whereas in 1957 this had risen by 15·77% to 65·37%; this position has been reached as a result of the personal persuasion of doctors, health visitors and midwives.

The following table shows the division between vaccinations carried out by general practitioners and those carried out under County Council arrangements during 1957.

	Under 1 year	1 to 4 years	5 to 14 years	15 and over
Vaccinations by G.P.s	7,828	1,062	1,307	2,637
Vaccinations by A.C.M.O.s	6,436	265	48	20

Total number of children under five vaccinated by general practitioners	8,890—57·02% of total.
Total number of children under five vaccinated by Assistant County Medical Officers	6,701—42·98% of total.

It will be seen that the majority of children both under one and under five were vaccinated by general practitioners.

VACCINATION AGAINST POLIOMYELITIS

Following the suspension of vaccination at the end of June 1956, and the giving in December of the second injections to children who had only received their first injections prior to the suspension, no further supplies of vaccine were received until April. In January, a further Ministry Circular was received stating that all general practitioners should be given an opportunity to carry out the injections under Section 26 of the National Health Service Act, 1946. This necessitated writing to approximately 65,000 parents, just over 60% of whom requested the vaccinations to be carried out under County Council arrangements.

The injections were again started in April, the Ministry of Health having stated in Circular 6/57, issued on the 14th May, that they were to be continued throughout the year and would only be suspended if considered necessary after consultation with the local Medical Officer of Health in an area where an outbreak of poliomyelitis occurred. This did not prove necessary during the year. In the same circular the scheme was extended to include all children born in 1955 and 1956, and children born in 1947 to 1954, not previously registered, it now being a continuing offer to these groups. In view of the greater risk of poliomyelitis in the younger age group, these children were to be given priority. By the end of the year 96,838 registrations had been received. As supplies of vaccine were received vaccinations were carried out by County districts, commencing in the north-west, the most densely populated part of the County and moving easterly towards the coast. Vaccine was made available to general practitioners for patients in the particular age groups who had elected to be vaccinated by them and for whom they had signified their willingness, it being stored at 41 special storage points. Owing to the uncertainty of the supply of vaccine, sufficient was always made available to each doctor and clinic to ensure that each child had both injections. Special sessions were held at suitable centres for children whose parents had requested vaccination under County Council arrangements and appointments were issued on the basis of ten every quarter of an hour. The day and time of the second injection was issued for each child at the time of attendance for the first injection. No report was received of any untoward reaction following vaccination.

In November, Ministry of Health Circular 16/57 was issued which again extended the scheme to include expectant mothers, children born between 1943 and 1946 inclusive and those born in 1957 and over six months of age. Also included were priority groups, persons who were most likely to come into direct contact with poliomyelitis cases in an infectious stage; general practitioners and their families, ambulance staff and their families and staff of infectious diseases hospitals or those working in infectious diseases wards or in poliomyelitis units and their families. Consent forms were made available through all Secondary, Grammar, Technical and Independent schools, general practitioners, District Medical Officers of Health, child welfare and ante-natal clinics, midwives and hospitals.

Following is a table showing the number of children who had received both injections by the 31st December:—

Year of Birth	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	Total
Clinics ..	7,519	6,403	5,867	5,035	1,952	1,315	1,309	1,060	166	214	30,840
Doctors ..	3,354	3,107	3,082	2,913	1,363	1,065	983	814	445	532	17,658
TOTAL ..	10,873	9,510	8,949	7,948	3,315	2,380	2,292	1,874	611	746	48,498

During the year 227 cases of paralytic poliomyelitis and 156 cases of non-paralytic poliomyelitis were notified.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The various services provided under Section 28 of the National Health Service Act, 1946, have been maintained during the year.

TUBERCULOSIS

NOTIFICATIONS

During the year 1,135 (1956—1,225) persons were notified as suffering from tuberculosis. On the 31st December, 18,773 (1956—19,196) persons remained on the registers of medical officers of health. Summaries of notifications will be found on pages 15 and 16.

PROVISION OF EXTRA FOODS

3,400 recommendations were made by chest physicians, of which 3,114 were approved, the remainder not being approved as, at the time of recommendation, the patients' financial circumstances brought them outside the application of the Council's assessment regulations.

REHABILITATION

Persons suffering from inactive tuberculosis who are fit enough to undertake five hours' work a day can, on the recommendation of the chest physician, be admitted to rehabilitation units established at Preston Hall, Maidstone; Papworth Hall, Cambridge, and Enham Alamein, Andover. At the end of 1956, 28 were receiving rehabilitation; during 1957, 5 were admitted, 10 discharged and 23 remained at the end of the year.

BEDS AND BEDDING

113 patients, on the recommendation of chest physicians and general practitioners, were provided, on loan, with beds and bedding during the year.

SHELTERS

During the year 4 open-air shelters were issued, 20 being in use.

With the gradual alleviation of the acute housing shortage, the need for open-air shelters is slowly disappearing.

KENT COUNCIL OF SOCIAL SERVICE

This Council has continued to afford assistance to patients and their dependants in the form of extra milk, beds and bedding, clothing, holidays, materials for diversional therapy, finding suitable employment, fares to visit patients in sanatoria and hospitals, re-housing and removal expenses. The County Council make an annual grant for administrative expenses only.

B.C.G. VACCINATION

The carrying out of this vaccination has now been extended to include schoolchildren aged between 13 and 14 years as well as persons in close contact with patients suffering from tuberculosis. By the end of the year 6,468 schoolchildren had been vaccinated and 2,942 contacts. The schoolchildren were vaccinated at schools by Assistant County Medical Officers who attended a special course of instruction, and the contacts by chest physicians at the chest clinics.

MEANS OF CONTROLLING TUBERCULOSIS

The means of controlling tuberculosis are the same as given in the Annual Report for 1953, when a full description of the measures taken was included.

ASCERTAINMENT OF CONTACTS

Contacts of persons known to be suffering from tuberculosis are persuaded by the health visitors to attend the chest clinics for examination.

The following table shows the extent of contact examination during the years 1953-1957:—

Year	1953	1954	1955	1956	1957	Total
Number notified as suffering from tuberculosis ..	1,402	1,311	1,188	1,225	1,135	6,261
Number of contacts examined	4,709	3,624	7,862	12,491	10,876	39,562
Number found to be tuberculous	140	87	93	130	84	534

EMPLOYMENT OF PERSONS KNOWN TO BE SUFFERING FROM TUBERCULOSIS

Sputum positive cases are not generally encouraged to return to work but if they do, every precaution is taken to ensure that there is no spread of infection. Where the previous employment is not considered suitable, the Disablement Resettlement Officer of the Ministry of Labour, endeavours to find alternative employment or in certain cases the patient will undertake a course of training for work suitable to his condition.

ILLNESSES GENERALLY

RECUPERATIVE CARE

The following table shows the extent of recuperative care provided during the year:—

				No. of Persons		Average Stay	
				Admitted	Total Weeks	Weeks	Days
Adults	Male ..	32	85.4	2	5		
	Female ..	115	323.0	2	6		
School Children	Male ..	6	23.4	3	6		
	Female ..	9	35.0	3	6		
Children under 5 years of age	Male ..	6	30.6	5	1		
	Female ..	4	37.0	9	2		
Mother and Baby .. .. .	.. .. .	6	8.5	1	3	
TOTALS .. .. .	.. .. .	178	543.5	3	—	

Recuperative residential care is provided under Sections 22 and 28 of the Act. This is restricted to instances where a person has suffered from an illness which has been treated either in a hospital or at home and whilst needing further medical and/or nursing care of the type that can be provided by a general practitioner and home nurse, cannot have that care at home.

It may be of interest to note that 258 applications for recuperative care were received of which 178 were accepted. The other 80 cases were either withdrawn before going away, or were found to be outside the scheme approved by the County Council.

NURSING REQUISITES

The British Red Cross Society and St. John Ambulance Brigade, as agents of the County Council, continued to provide from their depots nursing requisites to persons ill at home.

BEDS AND BEDDING

Sixty-seven persons were provided with beds and bedding during the year. *Paraplegics*—a hospital-type bed, lifting pole and handle, together with such special nursing equipment as may be recommended by the hospital concerned is provided for persons suffering from paraplegia.

VENEREAL DISEASE

The two female Social Workers carried out the following visits in connexion with their duties in tracing contacts and following up persons who have not maintained attendance at clinics:

Number of persons visited	..	..	..	716
Number who attended for treatment	..	..	..	597

HEALTH EDUCATION

The services of a health education lecturer, on a part-time basis, were maintained during the year. Lectures were given at 116 meetings of various organisations on different aspects of health education covering social hygiene, including venereal disease and other associated problems as well as sex education; also aspects of physical education, general physical fitness, food handling and prevention of contamination; diphtheria immunisation and vaccination, control of infectious diseases and local health services.

ORTHOPAEDIC SERVICES

The arrangements made for the treatment of children suffering from crippling defects continued to operate satisfactorily during the year.

In 1957 there were 25,369 attendances at the non-hospital clinics compared with 23,316 attendances during 1956. Of the former figure, 93.6 per cent were children in attendance at maintained schools and 6.4 per cent children under school age.

Public Health (Tuberculosis) Regulations, 1952.

SUPPLEMENTAL RETURN

Showing new notifications of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period, 1st January, 1957, to the 31st December, 1957, otherwise than by formal notification.

Source of Information		Number of cases in Age Groups											Total				
		0 to 1	1 to 2	2 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 to 75	75 & upwards		
Death Returns from local Registrars	Respiratory	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
Death Returns from Registrar-General (Transferable Deaths)	Respiratory	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Posthumous Notifications	Respiratory	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-Respiratory	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS .. (A) 20, (B) 6, (C) —, (D) 2.																	

Particulars of primary notifications of new cases of tuberculosis, and of deaths from the disease, in Kent during 1957:—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	2	—	—	—	—	—	—
1—2	—	3	—	1	} 1	—	—	2
2—5	8	6	2	2		—	—	—
5—10	12	11	6	3	} —	—	—	—
10—15	9	14	2	3		—	—	—
15—20	37	32	4	7	} —	—	—	1
20—25	43	48	7	7		—	—	—
25—35	103	84	9	8	} 17	10	2	—
35—45	87	46	5	11		—	—	—
45—55	121	38	4	6	} 44	9	1	2
55—65	94	17	3	2		—	—	—
65—75	61	19	1	1	24	7	—	3
75 and upwards ..	17	10	—	2	6	1	—	2
TOTALS	592	330	43	53	92	27	3	10
	1,018				132			

CARE OF MOTHERS AND YOUNG CHILDREN

The main features of the Council's scheme for the care of mothers and young children remained as in previous years. During the year there were extensive surveys concerning certain blood disorders in childhood and the incidence of poliomyelitis virus in the faeces of pre-school children

NOTIFICATION OF BIRTHS UNDER THE PUBLIC HEALTH ACT, 1936

An analysis of all births notified during 1957 shows the place of confinement:—

Number of Births	Place of Confinement		
	Domiciliary	Hospital	Nursing Home
25,021	8,934 (35·7%)	15,039 (60·1%)	1,048 (4·2%)

The adjusted totals of notifications received during the year, i.e., the deduction of those births occurring within the County but relating to non-County residents, and the addition of those births occurring outside the County but relating to Kent residents, gives the following result:—

	Domiciliary	Institutional	Total
Live births	8,827	15,937	24,764
Still births	90	398	488
TOTALS	8,917	16,335	25,252

MATERNAL MORTALITY

The following table gives details of the deaths in the County of women in childbirth during each of the last ten years. For purposes of comparison the average figures for the five years 1953-1957 are added.

Year	No. of maternal deaths	No. of live births	No. of still-births	Maternal mortality rates	
				per 1,000 of all births	per 1,000 of live births
1948	33	26,258	548	1.3	1.3
1949	29	24,546	522	1.2	1.2
1950	10	22,909	470	0.5	0.5
1951	21	23,002	497	0.9	1.0
1952	12	22,706	495	0.5	0.5
1953	22	23,078	468	0.9	1.0
1954	12	22,879	474	0.5	0.5
1955	15	22,545	428	0.7	0.7
1956	12	23,318	468	0.5	0.5
1957	8	24,457	474	0.3	0.3
Average of five years, 1953-1957	13.8	23,273	462	0.6	0.6

Enquiries have been made into eight deaths of women normally resident in the Administrative County, that were due to or associated with pregnancy, childbirth or abortion and the following information was obtained:—

	<i>Death from Sepsis</i>	<i>Death from Other Causes</i>	<i>Total</i>
Women who had arranged for a home confinement	—	5	5
Women who had arranged to be confined in a nursing home	—	—	—
Women who had arranged to be confined in a hospital	—	3	3
Women who had made no arrangements for their confinement	—	—	—

Three of these women died at home and the remaining five died in hospitals to which they had been admitted for confinement or removed in emergency.

CHILD WELFARE CENTRES

At the end of the year there were 282 child welfare centres and 62 ante-natal and post-natal clinics in the County. 214 of these were staffed by general practitioners and the remainder by the Council's Medical Officers. The total attendances during the year were 438,987 covering 58,633 children; of these, 20,926 under one year of age attended for the first time during the year, which represents 85% of the total live births in the year. At ante-natal and post-natal clinics there were 5,877 first attendances and 21,427 subsequent attendances.

Seven additional centres were opened during the year: one in the extended accommodation at the County Council's premises in Foster Street, Maidstone, and the remainder in premises which are not the property of the Council, viz., at the R.A. Barracks, Sheerness, St. John's Ambulance Hall at St. George's Avenue, Sheerness, the Congregational Hall at Milton Regis, the Village Hall at Sutton-at-Hone, St. Augustine's Church Hall at Bridge Road, Slade Green, and St. Andrew's Church Hall at Wren Road, Sidcup.

Centres were closed at Alkham, Wilmington and North Cray.

Ante-natal clinics were opened during the year at Foster Street, Maidstone, and at the Women's Institute, Hartley. Three ante-natal clinics were closed during the year because of decreased attendances but the number of mothercraft classes continues to increase.

SPECIAL CARE OF PREMATURE INFANTS

During the year notifications were received of 1,483 babies who weighed 5½ lbs. or less at birth. Details of these are given in the following tabulation from which it will be seen that 1,099 were born in hospital and 46 in nursing homes. The remaining 338 were born at home, although 75 were subsequently transferred to hospital.

Notifications were received relating to 236 premature still-births, and details of these are also given in the following table:—

Weight at Birth (1)	PREMATURE LIVE BIRTHS															PREMATURE STILL-BIRTHS		
	*Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital (17)	Born at home (18)	Born in nursing home (19)
	Total (2)	Died within 24 hrs. of birth (3)	Survived 28 days (4)	Total (5)	Died within 24 hrs. of birth (6)	Survived 28 days (7)	Total (8)	Died within 24 hrs. of birth (9)	Survived 28 days (10)	Total (11)	Died within 24 hrs. of birth (12)	Survived 28 days (13)	Total (14)	Died within 24 hrs. of birth (15)	Survived 28 days (16)			
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	138	68	44	4	4	—	19	3	3	1	—	—	1	—	—	94	12	3
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	213	16	177	18	—	18	26	3	17	5	1	4	3	—	2	49	9	1
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	252	13	229	36	—	36	7	1	4	8	—	8	1	—	1	26	2	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	496	3	485	205	1	202	23	6	10	25	—	25	2	1	1	28	10	2
TOTALS	1099	100	935	263	5	256	75	13	34	39	1	37	7	1	4	197	33	6

* The group under this heading includes babies who were born in one hospital and transferred to another.

CARE OF ILLEGITIMATE CHILDREN

The main provision for the institutional care of unmarried mothers and their babies is through voluntary organisations, usually at homes administered by the Canterbury and Rochester Diocesan Councils for Moral Welfare. During the year there were 166 admissions at the request of the Council to voluntary homes.

The Council's Mother and Baby Home, which has twenty-two beds and fourteen cots, admitted 106 patients during the year, and these included a number who would not normally be accepted in the Diocesan Homes because of previous pregnancies or other considerations. Special arrangements needed to be made for the future care of some of these women and their babies, and there is close liaison between the officers of the Council and the workers for the voluntary organisations.

HEALTH VISITING

The approved establishment of health visitors remains at 275, but the numbers employed at the end of the year were 242 whole-time and 10 part-time. The majority of the health visitors are engaged on combined duties, e.g., care of mothers and children and the School Health Service. The work of tuberculosis home visiting continues to be carried out by health visitors who also attend the Chest Clinics. In certain parts of the County the health visitors also act as Assistant Mental Health Officers as described in the Mental Health Section of this report.

The number of children under five years of age visited during the year totalled 103,585. First visits were paid during the year to 3,098 expectant mothers and to 26,745 children under one year of age. The number of families or households visited during the year was 90,459, and the total number of visits paid by health visitors was as follows:—

To expectant mothers	5,573
To children under 1 year	147,038
To children aged 1 and under 2 years	75,317
To children aged 2 and under 5 years	126,516
To patients with tuberculosis	44,865
Other visits (hospital care, care of old people, etc.)	28,249
TOTAL VISITS	427,558

NURSERIES AND CHILD MINDERS (REGULATION) ACT

At the end of the year 13 premises were registered as nurseries under the Act, with total accommodation for 314 children. There were also 79 registrations for child minders covering a total provision for 623 children. Regular inspections of the premises are carried out by health visitors.

DENTAL TREATMENT

Apart from the appointment of the oral hygienist to undertake the work of scaling and polishing of teeth, there has been no variation of the arrangements made in 1948 for the care of mothers and young children under Section III of the National Health Service Act. During the year the equivalent of 1 3/11ths whole-time dental surgeons spent 746½ half-day sessions to the inspection and treatment of 965 mothers and 1,620 children in 56 permanent clinics and in four caravans visiting rural districts.

Details of the work carried out during the year for mothers and young children with comparable figures for 1956 are given in the table below:—

(a) *Expectant and Nursing Mothers*

	1956	1957
Number treated	911	965
Number made dentally fit	572	521
Number of attendances	3,848	3,403
Number of extractions	2,451	2,105
Number of scalings and gum treatments ..	479	465
Number of teeth filled	844	779
Number of fillings inserted	879	798
Number of other operations	1,243	1,407
Number of dentures supplied	461	342
Number of dentures repaired	53	32

(b) *Children under School Age*

Number treated	1,526	1,620
Number made dentally fit	1,242	1,264
Number of attendances	3,091	3,127
Number of extractions	1,675	1,535
Number of silver nitrate treatments ..	555	549
Number of teeth filled	1,387	1,201
Number of fillings inserted	1,439	1,238

The oral hygienist working under the direction of the dental surgeon at Chatham, Gravesend, Orpington, Sidcup, Welling and St. Paul's Cray carried out 2,152 scalings and polishing of teeth in 512 half-day sessions in addition to those shown in the table above.

WORKSHOPS

The five technicians employed in the manufacture of orthodontic appliances for school children in the Council's workshops in Dover and Maidstone were increased to eight during the first three months of the year, by the appointment of three more technicians to work in Maidstone. The denture work for expectant and nursing mothers undertaken by two firms of contractors was transferred to the workshop in Maidstone on 1st April, 1957. By the end of the year the work in its various stages was being returned to the dental surgeons within four weeks from the time of receiving the impressions. The apprentice who left the service in 1945 will be replaced on 1st January next year by an indentured apprentice for a period of five years.

Below in Tables "A" and "B" is a summary of the work carried out during 1957 and Table "C" shows the work carried out in the County Workshops and by the Contractors up to the end of March.

TABLE "A"

	Referred for Examination	Requiring Treatment	Treatment provided (including cases brought forward from previous year)	Patients made dentally fit
Expectant and Nursing Mothers	957	957	965	521
Children under five ..	1,585	1,572	1,620	1,264

TABLE "B"

	Extractions	Anaesthetics		Fillings	Scalings or scaling and gum treatment	Silver Nitrate Treatment	Dressings	Dentures Provided	
		Local	General					Complete	Partial
Expectant and Nursing Mothers.. .. .	2,105	698	1,070	798	465	—	300	119	223
Children under five ..	1,535			1,238	—	549	868	—	—

TABLE "C"

WORK CARRIED OUT IN COUNTY DENTAL WORKSHOPS—
MOTHERS AND YOUNG CHILDREN

Dentures	Remakes	Repairs
153	—	20

SCHOOL CHILDREN

Dentures	Remakes	Repairs	Orthodontic Appliances	Remakes	Repairs	Oral Screens
335	7	86	1,310	1	197	163

WORK CARRIED OUT BY CONTRACTORS UP TO 31ST MARCH

Dentures	Remakes	Repairs
189	1	12

DOMESTIC HELP SERVICE

The figures given below of the various categories of the 13,651 households where service was provided during the year show a similarity to the totals for the previous year, which are indicated by the bracketed figures:—

Maternity (lying-in) patients	1,921	(2,087)
Tuberculosis patients	239	(296)
*Person or persons over 65 years	8,725	(8,303)
Others, e.g., illness, mental defective, etc.	2,766	(2,897)
Total households served	13,651	(13,583)

* Regular short period service was maintained for this group throughout the year and they received approximately 74% of the total service given.

The average number of helps engaged remained at approximately 1,400 and the average total hours worked each week was equivalent to the whole-time service of 650 persons.

FAMILY HELP SERVICE

This service, which functions within the organisation of the domestic help service, continued to operate, and during the year, 548 applications were received compared with 529 during the previous year. All applications were received from the Children's Officer for temporary help to be provided during the absence of the mother and as an alternative to the children being taken into care by the Children's Committee. Help was provided for 398 families for an average of twenty-six days and covered the care of 1,455 children. The circumstances calling for the provision of this service were mainly the admission of the mother to hospital for treatment (215) and for confinement or complication in pregnancy (128) or to a convalescent home (7). In twenty cases the need arose because of the death of the mother and twenty-eight from desertion by the mother.

CHILD HELP SERVICE

This service, to which reference was made in the preface to my report last year, came into operation on the 1st April, 1957, to provide a rehabilitation service for problem families. Up to the end of the year 26 families had been accepted as suitable for the service.

The health visitors are responsible for submitting applications for Child Help Service in suitable cases where the parents have agreed to accept the service. The family is then visited by the County Domestic Help Service Organiser in order to assess the extent of the need; to investigate the childhood background of the parents and to gain their co-operation; and to emphasise to the parents that this is a teaching service to teach the mother new methods of managing her household for the improvement of the family. The choice of the helper to be engaged and instructions to her as to the lines on which she shall work are regarded as of the greatest importance. The progress of the work in each household is discussed regularly between the officers concerned and on the termination of the extensive service a final meeting is held to assess the results. In many cases "follow-up" service is maintained and further assessment made. Special attention has been given to devising a scheme whereby there could be an objective analysis of the progress made in problem families where rehabilitation was being attempted and the points system which has been adopted provides a basis of assessment of conditions when the service starts and by it is measured subsequent progress. Such assessments are made before the service commences, at the termination of service, three months after service and, where possible, six months later.

From the commencement of the service until the end of the year, of the 26 families accepted, 11 had been re-assessed three to nine months after the termination of service; 4 families had commenced service late in the year and were re-assessed at the termination of service only and the remaining 11 families were still receiving service at the end of the year and were not due for re-assessment. In every case dealt with during the period under review case points were increased at the termination of service; the average increase was 25 points, the lowest improvement being 4 points and the highest 60 points.

Experience of the service has shown that the original plan drawn up for dealing with the families is satisfactory and needs no substantial alteration. The permitted length of service—three months—has proved to be the right amount for most of the families. The majority of the cases started off with full-time service for two weeks but in others full-time help was given up to 4 weeks. After this the service was gradually decreased till in the last two weeks of service only two hours' help, three times a week was being provided.

The scheme provides for a period of "follow-up" service up to six hours weekly for a period not exceeding six months and wherever possible this is provided by the same helper.

Quite one of the main difficulties experienced in the operation of this service is the shortage of bedding, clothing and domestic equipment and it is hoped that as voluntary bodies become more aware of the service it should be easier to get material help when it is needed.

Many of these families are known to the N.S.P.C.C. and co-operation of the Society's officers has been excellent and in a number of cases they have been able to assist with furniture and other equipment.

Fortunately the problem for which this service has been established is a limited one and it is estimated that it can deal with 50 new cases each year without difficulty. These problem families have been the despair of many social workers and social agencies for years; yet on the other hand, from the experience of the Domestic Help and Family Help Services, it was clear that there existed a group of women, drawn from the unskilled and artisan classes, anxious to do social work and revealing admirable qualities of compassion, sympathy and understanding. Also, large Health Departments contain excellent groups for work with problem families—the health visitor with her knowledge of maternity and child welfare, diet, nutrition and understanding of human relations is available; also the organisers of the Domestic Help Service have built up a wide knowledge and experience of household management in many grades of society and in the management and best utilisation of the Domestic Help Service workers. The Child Help Service seeks to harmonise these two groups of staff to provide rehabilitation and it is my view that the arrangements have been more successful than could possibly have been anticipated.

NIGHT ATTENDANT AND EVENING SERVICE

This service, which is provided under Section 28 of the National Health Service Act, 1946, and which also operates within the general organisation of the domestic help service, continued on the lines as previously reported. During the year 612 applications were received and in 567 of these, help was provided by the Council, 372 for night service and 195 for evening service. The sources from which these requests for service were received followed the usual pattern, 300 coming from the patients' doctors. 538 cases were terminated during the year and in the majority of instances this was because of admission to hospital or to home (163) or through death (128).

MIDWIFERY AND HOME NURSING SERVICES

The staff at the end of the year consisted of 6 administrative midwifery and nursing officers, 122 whole-time midwives, 180 whole-time home nurses, 129 whole-time nurse-midwives and 20 part-time nurses and midwives. By arrangement with the East Sussex County Council a small amount of midwifery and home nursing is undertaken in an adjoining part of Kent by one of the East Sussex District Nursing Associations.

MIDWIFERY SERVICE

In the following four tables the corresponding figures for the previous year are shown in brackets for the purpose of comparison.

The number of midwives practising in the County at 31st December, 1957, and the number of deliveries attended by midwives during the year were:—

	<i>Number of Midwives practising at 31.12.57</i>	<i>Number of Patients delivered by Midwives during the year</i>
<i>Domiciliary Midwives (including those employed part-time)</i>		
Midwives and nurse-midwives employed by the Council..	256 (252)	8,642 (8,145)
Nurse-midwives employed by voluntary bodies	1 (1)	2 (—)
Midwives in private practice	24 (26)	103 (117)
TOTALS	281 (279)	8,747 (8,262)
<i>Institutional Midwives (including those employed part-time)</i>		
Employed by Hospital Management Committees ..	256 (246)	12,623 (11,989)
Employed by Voluntary Institutions	2 (2)	47 (50)
In private nursing homes	23 (22)	349 (309)
In Military families hospitals	15 (9)	258 (234)
TOTALS	296 (279)	13,277 (12,582)
Totals for all midwives	577 (558)	22,024 (20,844)

The number of occasions Medical Aid was sought by Midwives during 1957 is shown below:—

	<i>By Domiciliary Midwives</i>	<i>By Institutional Midwives</i>	<i>Total</i>
For the Mother	1,728 (1,438)	36 (18)	1,764 (1,456)
For the Child	322 (284)	11 (5)	333 (289)
TOTALS	2,050 (1,722)	47 (23)	2,097 (1,745)

Notifications of the following occurrences during the year were:—

	<i>By Domiciliary Midwives</i>	<i>By Institutional Midwives</i>	<i>Total</i>
Still-birth	61 (72)	42 (39)	103 (111)
Death of mother	3 (—)	1 (1)	4 (1)
Death of infant	9 (16)	16 (10)	25 (26)
Laying out a dead body	43 (24)	1 (—)	44 (24)
Liability to be a source of infection..	28 (23)	2 (2)	30 (25)
Adoption of artificial feeding	640 (514)	1,732 (1,645)	2,372 (2,159)
TOTALS	784 (649)	1,794 (1,697)	2,578 (2,346)

During the year the Council's midwifery staff made approximately 19,000 visits to 7,127 patients who had been confined in hospital and discharged home before the fourteenth day of the lying-in period.

DOMICILIARY AND INSTITUTIONAL CONFINEMENTS

In 1951, the Minister of Health made certain recommendations as to the policy which should be adopted in the selection of maternity cases for admission to hospital, having regard to the continued demand for hospital beds for persons suffering from chronic forms of sickness. He suggested that, in general, it would seem appropriate for about half the total number of confinements to take place in hospital and about half at home.

The figures given below show the proportion of institutional and domiciliary births in the County classified according to areas:—

ANALYSIS OF BIRTHS IN THE ADMINISTRATIVE COUNTY OF KENT CLASSIFIED AS TO DOMICILIARY, NURSING HOME AND HOSPITAL

<i>Area showing Main Towns</i>	<i>Population*</i>	<i>Place of Confinement</i>					<i>Percentage</i>		
		<i>D.</i>	<i>N.H.</i>	<i>H.</i>	<i>Total</i>	<i>D.</i>	<i>N.H.</i>	<i>H.</i>	
No. 1. Ashford, Deal, Dover, Folkestone.									
1952 Whole Year	197,466	1,341	277	1,348	2,966	= 45.21	9.34	45.45	
1954	200,700	1,373	216	1,337	2,926	= 46.91	7.31	45.78	
1956	206,320	1,339	207	1,476	3,022	= 44.31	6.85	48.84	
1957	205,840	1,298	236	1,513	3,047	= 42.60	7.74	49.66	

Area showing Main Towns	Population*	Place of Confinement				Percentage				
		D.	N.H.	H.	Total	D.	N.H.	H.		
No. 2. Thanet Towns, Herne Bay, Whitstable, Sandwich.										
1952	Whole Year	176,449	1,047	125	935	2,107	=	49.69	5.93	44.38
1954	" "	176,880	1,081	156	940	2,177	=	49.65	7.16	43.19
1956	" "	178,640	964	211	1,261	2,436	=	39.57	8.66	51.77
1957	" "	179,090	1,043	282	1,332	2,657	=	39.26	10.61	50.13
No. 3. Maidstone.										
1952	Whole Year	139,430	1,028	106	1,039	2,173	=	47.31	4.88	47.81
1954	" "	141,850	1,044	109	1,010	2,163	=	48.26	5.03	46.71
1956	" "	143,650	1,035	98	1,047	2,180	=	47.47	4.49	48.03
1957	" "	144,450	1,057	91	1,086	2,234	=	47.32	4.07	48.61
No. 4. Tunbridge Wells, Sevenoaks.										
1952	Whole Year	138,453	517	69	1,273	1,859	=	27.81	3.71	68.48
1954	" "	140,460	585	73	1,266	1,924	=	30.41	3.79	65.80
1956	" "	142,710	554	100	1,279	1,933	=	28.66	5.17	66.17
1957	" "	143,910	625	73	1,413	2,111	=	29.61	3.46	66.93
No. 5. Medway Towns, Faversham, Sittingbourne, Sheerness, Gravesend, Northfleet.										
1952	Whole Year	350,332	2,629	408	2,364	5,401	=	48.68	7.55	43.77
1954	" "	350,970	2,533	433	2,485	5,451	=	46.47	7.94	45.59
1956	" "	356,360	2,535	368	2,746	5,649	=	44.88	6.51	48.61
1957	" "	360,150	2,718	308	2,985	6,011	=	45.22	5.12	49.66
No. 6. Bexley, Crayford, Dartford, Erith.										
1952	Whole Year	240,260	685	11	2,421	3,117	=	21.98	.35	77.67
1954	" "	241,800	660	3	2,451	3,114	=	21.19	.10	78.71
1956	" "	249,630	777	18	2,920	3,715	=	20.92	.48	78.60
1957	" "	253,800	879	9	3,089	3,977	=	22.10	.23	77.67
No. 7. Beckenham, Bromley, Chislehurst, Orpington, Penge.										
1952	Whole Year	314,010	1,011	10	3,215	4,236	=	23.86	.24	75.90
1954	" "	317,740	1,069	16	3,214	4,299	=	24.86	.38	74.76
1956	" "	323,690	1,140	37	3,519	4,696	=	24.28	.79	74.93
1957	" "	326,560	1,314	49	3,621	4,984	=	26.36	.98	72.66
TOTALS:										
1952	Whole Year	1,556,400	8,257	1,006	12,595	21,859	=	37.78	4.60	57.62
1954	" "	1,570,400	8,345	1,006	12,703	22,054	=	37.83	4.58	57.59
1956	" "	1,601,000	8,345	1,039	14,248	23,632	=	35.31	4.40	60.29
1957	" "	1,613,800	8,934	1,048	15,039	25,021	=	35.70	4.19	60.11

*Registrar-General's Estimates of Population at 30th June, each year.

(D. = Domiciliary. N.H. = Nursing Home. H. = Hospital.)

On the 25th May, 1956, the Minister of Health issued Circular 9/56 dealing with the provision of ante-natal care. This circular arose from a report on ante-natal care related to toxæmia issued by the Standing Maternity and Midwifery Advisory Committee of the Central Health Services Council.

The report said it was clear that toxæmia of pregnancy is the principal cause of avoidable maternal deaths and whilst in the present state of knowledge not all deaths from this cause are avoidable, many could be prevented by early detection and treatment. The report went on to outline the various considerations that those concerned with the provision of ante-natal care should take into account in clinical and administrative practice.

The Ministry of Health asked the Chairmen of Hospital Management Committees of hospital groups having a substantial number of maternity beds, to arrange for the holding of meetings of professional representatives from the three parts of the National Health Service to discuss the professional issues raised by the report of the Advisory Committee.

The arrangements made in Kent followed no set pattern since in some cases the Chairmen of individual Hospital Management Committees arranged local meetings, whilst in other cases Hospital Management Committees joined together to hold meetings. There were invited to all meetings, however, doctors concerned with maternity services in hospital, general practice and County clinics, together with representatives of the midwifery profession.

In Kent the first meeting was convened in July 1956 by the Dartford Hospital Management Committee; on the 29th July by the Kent and Canterbury, South East and Isle of Thanet Hospital Management Committees; on the 28th November by the Mid-Kent, Medway and Gravesend Hospital Management Committees; on the 3rd December by the Woolwich Hospital Management Committee and finally on the 11th January, 1957, by the Bromley Hospital Management Committee. All these meetings lasted some considerable time and examined in detail the whole of the services provided for ante natal care in light of the views expressed by the Standing Maternity and Midwifery Advisory Committee. Inevitably, discussion also included other aspects of the maternity services available in Kent. In general, it was considered that the arrangements as they now stand provide a high degree of care for maternity patients but there is no particular change in policy or organisation that appears to me to have arisen as a result of these meetings.

INHALATIONAL ANALGESICS

Relief of pain at child-birth can be provided by midwives administering to their patients either a mixture of nitrous oxide and air or a mixture of trichloroethylene and air. The former of these two methods has been in use by County midwives in Kent since 1945; the latter method has only recently been approved by the Central Midwives Board as a safe means of procuring analgesia at child-birth by practising midwives. During 1955 a commencement, on a small scale, was made in the use of trichloroethylene by the Council's midwives who, in 1957, administered it to 606 patients.

The following figures show how, over the last ten years, the use of inhalational analgesics by domiciliary midwives has increased in Kent.

Year	<i>Approximate percentage of Domiciliary Confinements at which analgesia was administered</i>				
1948	30.7
1949	52.0
1950	63.8
1951	66.4
1952	72.0
1953	76.9
1954	79.1
1955	83.0
1956	83.8
1957	87.1

USE OF PETHIDINE BY MIDWIVES

Midwives are permitted to use Pethidine which assists in the relief of pain at childbirth. During 1957, domiciliary midwives used this drug in approximately 47.7 per cent of the deliveries attended by them, compared with 46.3 per cent in the previous year.

DISTRICT TRAINING OF PUPIL-MIDWIVES

A part of each pupil-midwife's training is received from a domiciliary midwife with whom she works for a period of three months attending patients in their homes. The scheme was operated during the year by 28 midwives employed by the Council and approved by the Central Midwives Board to provide this district training in conjunction with the following hospitals:—

- Pembury Hospital, near Tunbridge Wells
- All Saints' Hospital, Chatham
- West Hill Hospital, Dartford
- Bexley Maternity Hospital, Bexleyheath
- Kent and Canterbury Hospital, Canterbury

During the year 106 pupil-midwives completed their domiciliary training with County midwives.

During the year effect was given for the first time to the contents of the Ministry of Health Circular 8/56 dealing with the cost of Second Part Midwifery Training of pupil midwives. After arriving at the costs jointly incurred by the Council and each of the above-mentioned hospitals in training pupils during the financial year ended 31st March, 1957, a payment was made to each relevant hospital authority of such an amount as resulted in the Council meeting only 40 per cent of the total.

COURSES OF INSTRUCTION FOR MIDWIVES

Statutory effect was given during 1955 to the revised Sec. G. of the Rules of the Central Midwives Board, requiring the attendance of practising midwives, each five years, at courses in midwifery approved by the Board.

During 1957, 85 midwives attended residential courses organised by the Royal College of Midwives and approved by the Central Midwives Board, and 2 Assistant Supervisors of Midwives attended a refresher course organised by the Association of Supervisors of Midwives.

It has been the practice for the Council to hold its own annual non-residential post-certificate course for midwives, but this was suspended in 1957 in view of the number of County midwives and nurse-midwives who were required to attend the above-mentioned statutory residential courses.

HOME NURSING SERVICE

At the 31st December, 1957, the number of home nurses employed in the home nursing service, including nurse-midwives, was composed as follows:—

Employed by the Council 329 (including 20 employed part-time only)

The following table shows that while the number of patients seen each year may vary, there is a continued ingress in the number of attendances made by the nurses.

Patients attended during:—				Nursing attendances made during:—			
1954	1955	1956	1957	1954	1955	1956	1957
31,080	31,312	29,984	28,890	773,802	823,519	830,386	837,786

The yearly increase in the number of attendances is largely due to the increasing proportion of elderly patients now being attended who come within the category of chronic cases remaining under the care of the nurses for long periods.

In the following table, showing the number of patients attended and the number of attendances received, classified under the different types of patients dealt with by the nurses during the year, the total of 28,890 patients included 57·0 per cent, who were 65 or over. The attendances made to these elderly patients accounted for 68·0 per cent of the total made to patients of all ages, these percentages show an increase on the corresponding figures for 1956 which were 54·6 per cent and 63·4 per cent, respectively.

The table also shows that of the patients of all ages who were attended in 1957 less than 3 per cent were infants of five years of age or less, as was the case in 1956.

	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Totals	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year	Children included in (2)-(7) who were under 5 at the time of the first visit during the year	Patients included in (2)-(7) who have had more than 24 visits during the year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
No. of patients attended	25,487	2,482	6	640	255	20	28,890	16,485	623	7,668
No. of Nursing Attendances made by Home Nurses	729,963	74,346	41	31,576	1,783	77	837,786	571,378	4,894	611,279

With the increasing use of antibiotics in treatment, many patients are visited solely to receive injections. The giving of an injection takes little of a nurse's time in contrast to some of the more lengthy nursing procedures of the past.

During 1957, 327,377 visits were made to 9,540 patients solely to provide injections of various kinds.

BLIND PERSONS

The number of registered blind persons in the County at the 31st December, 1957, was 3,289, and the age-sex grouping is:—

Age group	Male	Female	Total		Approx. number of registered blind persons per 10,000 population in respective age groups
Under 1	0	0	0	}	2·20
1	3	0	3		
2	0	2	2		
3	1	1	2		
4	3	1	4	}	26·17
5—10	26	20	46		
11—15	16	13	29		
16—20	14	5	19		
21—29	33	27	60		
30—39	78	64	142		
40—49	95	79	174		
50—59	146	150	296		
60—64	104	134	238		
65—69	131	173	304		
70—79	334	566	900		
80—84	181	342	523		
85—89	98	245	343		
90 and over	35	168	203		
Unknown	0	1	1		
TOTAL	1,298	1,991	3,289		

The following table shows the action taken concerning the examination of persons alleged to be blind, during 1957:—

	Number of examinations	Certified blind		Not certified blind	
		Male	Female	Male	Female
NEW CASES	479	122	222	47	88
RE-EXAMINATIONS:—					
Previously blind—still blind	9	9	—	—	—
Previously blind—now not blind	11	—	—	4	7
Previously not blind—still not blind	38	—	—	12	26
Previously not blind—now blind	44	22	22	—	—

ST. DUNSTANERS

The number of St. Dunstaners registered in this County is 84, of whom 50 are in employment, 30 are unemployable, 2 are unemployed, and 2 are receiving training.

REGISTER OF BLIND PERSONS

The central register of the blind is kept in the Health Department, and arrangements have been made to keep the Kent County Association for the Blind informed of action taken concerning blind persons.

The Blind Welfare Services provided are:—

HOME TEACHERS

There are 15 home teachers who regularly visit the registered blind persons, and keep in touch with those who are classed as partially sighted. Their duties include reporting on new cases with a view to registration, and teaching Braille, Moon and pastime handicrafts in suitable cases. This pastime work is taught either in the homes of the blind persons, or at special classes when the number attending justifies such arrangement. The home teachers have formed and in some cases attend social clubs, where an opportunity is provided for refreshment, education and games. Their duties are arranged to enable them to undertake certain enquiries and services for the Kent County Association for the Blind.

During the past year the home teachers made 18,966 visits, gave 777 lessons in Braille or Moon and 6,837 lessons in pastime handicrafts.

WORKSHOP EMPLOYMENT

There were 13 men and 4 women employed in workshops administered by the following Organisations:—

London Association for the Blind.
Blind Employment Factory.
Royal School for the Blind.
Royal London Society for the Blind.
General Welfare of the Blind.
West Ham Municipal Workshops for the Blind.
Catholic Vocational Training Centre for the Blind.

These workshop employees were occupied as follows:—

					<i>Male</i>	<i>Female</i>
Injection moulder	..	..	..	..	1	—
Basket makers	..	..	..	..	5	—
Brush makers	..	..	..	..	*4	—
Mat maker	..	..	..	..	1	—
Machine knitters..	..	..	..	..	—	4
Boot repairer	..	..	..	..	1	—
Telephonist	..	..	..	..	1	—
					—	—
TOTAL	..	..	..	..	13	4
					—	—

* Includes one partially sighted person.

The rates of pay in the workshops are agreed rates fixed through the appropriate negotiating procedure. The workers' actual earnings are augmented by a sum of 15s. a week, and additional supplementation as is necessary to bring the earnings plus augmentation up to an agreed minimum wage. The augmentation and supplementation is paid by the Council.

HOME EMPLOYMENT

Arrangements are made under the Home Workers Scheme whereby blind persons desiring to work on their own account can do so in their homes, at occupation centres or elsewhere other than in special workshops, except that no blind person is allowed to participate in these arrangements unless he is capable of earning such minimum sum each week and for such period as may be determined by the Council.

The earnings of Home Workers are augmented by the County Council. Up to 31st July, 1957, the rates of augmentation for men ranged between £3 a week on net earnings of up to £4 a week and 15s. a week on net earnings of £8 8s. 0d. a week and over, with reduced rates for women. From 1st August, 1957, the rates were increased to £3 15s. 0d. for men on net earnings of up to £4 10s. 0d. a week, reducing to 15s. a week on net earnings of £10 8s. 0d. a week and over, with corresponding increases for women.

The scheme also provides for payments during sickness, unemployment and holidays, and tests for admission to and retention in the scheme.

At 31st December, 1957, there were 56 persons in the Home Workers Scheme—40 males and 16 females. The trades followed, and the number in each, were as follows:—

					<i>Male</i>	<i>Female</i>
Basket makers	..	..	..	..	11	—
Chair seaters	..	..	..	..	*5	—
Hand knitters	..	..	..	..	—	2
Machine knitters..	..	..	..	..	—	14
Mat-makers	..	..	..	..	3	—
Mattress-maker	..	..	..	..	1	—
Piano-tuners	..	..	..	..	15	—
Braille copyists	..	..	..	..	2	—
Woodworkers	..	..	..	..	2	—
Shopkeeper	..	..	..	..	1	—

* Includes one partially-sighted person.

Home Workers are supervised by the Royal National Institute for the Blind, the National Library for the Blind, the Home Teachers and District Officers of the Department, and receive assistance in the disposal of their products.

The Department has continued to consult with the Ministry of Labour and National Service regarding suitable training and employment for employable blind persons.

The Service for placement of blind persons in open industry is provided by the Royal National Institute for the Blind on behalf of the County Council.

FOLLOW-UP OF TREATMENT RECOMMENDED FOR REGISTERED BLIND
AND PARTIALLY-SIGHTED PERSONS

Number of cases registered during 1957 in respect of whom Section F. of forms B.D.8 completed by examining ophthalmologists recommended:—	Cause of disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
(a) No treatment	74	50	1	194	319
(b) Treatment:					
(i) Medical	16	11	—	52	79
(ii) Surgical	78	9	—	17	104
(iii) Optical	14	3	—	19	36
TOTALS ..	182	73	1	282	538
Number of cases at (b) above which, on follow-up action, have:—					
received treatment	36	10	—	25	71
Commenced and were continuing to receive treatment	9	7	—	31	47
Decided to have treatment some time in the future ..	17	6	—	18	41
Been found unfit to undergo treatment	10	—	—	3	13
Refused treatment	20	—	—	5	25
Died since recommendation was made	13	—	—	3	16
Left the County before follow-up completed	3	—	—	3	6
TOTALS ..	108	23	—	88	219

OPHTHALMIA NEONATORUM

Eight cases of Ophthalmia Neonatorum were notified during the year, but in no instance was there loss or impairment of vision and no case remained under treatment at the end of the year.

WELFARE SERVICES FOR THE HANDICAPPED

HANDICAPPED PERSONS OTHER THAN THE BLIND, PARTIALLY-SIGHTED AND DEAF OR DUMB

The implementation of the Council's scheme for the provision of welfare services for handicapped persons other than the blind, partially-sighted and deaf or dumb, is limited at present to the exercise of the mandatory duties prescribed therein and the carrying out of adaptations at the homes of handicapped persons. District Officers act as Welfare Officers for the purpose of ascertaining the existence of handicapped persons and their needs and for assisting in their general social welfare.

The County register of handicapped persons other than the blind, partially-sighted and deaf or dumb comprised, at 31st December, 1957, the names of 78 handicapped persons who had applied for and had been assisted under the scheme.

During the year, adaptations were carried out at the homes of 36 persons. In all but 9 of such cases, the adaptations were to facilitate the use of invalid tricycles provided by the Ministry of Health. The 9 exceptions represented cases where adaptations were carried out to secure the greater comfort or convenience of the handicapped persons by the installation of such things as handrails and grab chains.

Consideration was given during the year to the extended implementation of the scheme to enable handicapped persons to engage in handicrafts in their homes or in centres and as a first step, a craft instructor was to have been appointed. Consequent, however, upon the indication given by the Government of the need for economy by local authorities, financial provision for this purpose had to be deleted from the Council's estimates for the time being.

PERSONS WHO ARE DEAF OR DUMB

Arrangements have been made for the Canterbury Association for the Deaf and The Royal Association in Aid of the Deaf and Dumb to act in their respective areas as agents for the County Council in the implementation of the mandatory provisions in the Council's approved scheme for the welfare of the deaf or dumb.

AMBULANCE SERVICE

The Ambulance Service provided under Section 27 of the National Health Service Act, 1946, operates from twenty-one ambulance stations with which are associated six places with telephones where vehicles can be stationed, generally in the day-time. Five of the smaller stations are operated by voluntary associations under agency arrangements, two of them being small country stations manned entirely by volunteers. In addition a service to cover Canterbury and the adjacent county area is operated jointly by the Canterbury City Council and the County Council from a station in Canterbury. The Hospital Car Service is used to provide supplementary transport for sitting patients.

The County Council has arrangements with neighbouring local health authorities, on a reciprocal basis, for the nearest available ambulance to answer an emergency call and assistance is also given when appropriate in the event of a major accident. Ambulances of the Kent Ambulance Service assisted the London Ambulance Service in the removal of casualties resulting from a serious railway accident in dense fog at Lewisham on 4th December, 1957.

The County Council also has arrangements with the London County Council and the Canterbury City Council for the conveyance of patients suffering from typhus or smallpox; and in one small country district the County Council provides a general ambulance service for the East Sussex County Council.

OPERATIONAL CONTROL

(a) *Stretcher Patients*

Requests, other than emergencies, for transport for stretcher patients are only accepted from medical practitioners, hospitals, midwives and nurses. Medical certificates are not required but the reason for the journey must be given to show that it is one for which the provision of special transport is justified.

(b) *Sitting Patients*

Except in an emergency, transport for sitting patients is usually only provided on receipt of a special form which includes information as to the nature of case, reason for the journey and a certificate which must be signed by a medical practitioner. In the case of continuing journeys, a new form is required each calendar month for each patient.

EMERGENCY CALLS

The control rooms at the ambulance stations at Broadstairs, Bromley, Chatham (which also covers the Maidstone, Sittingbourne and Sheerness Stations) and Tunbridge Wells (which also covers the Cranbrook and Sevenoaks Stations) are manned on a 24-hour basis. In the areas served by these ambulance stations all emergency calls are sent by the Post Office direct to the ambulance service. In the other areas of the County such calls are routed by the Post Office to the nearest manned fire station which then passes the call to the nearest manned ambulance station. This arrangement effects a substantial economy in staff time. Special stocks of blankets, stretchers and first aid equipment are kept at certain ambulance stations for use in major disasters.

The total number of accident and emergency patients attended to during the year was 15,298, which represents 2.6 per cent of all patients conveyed by the service and the average time taken to reach the scenes of accidents and emergencies from the receipt of the call was 5.7 minutes.

CO-ORDINATION OF JOURNEYS

Journeys are co-ordinated whenever possible so that a number of patients can be conveyed together in the same vehicle. All journeys of twenty miles or over are reported to the County Health Department for co-ordination and shorter journeys are co-ordinated at the ambulance stations and, where appropriate, in conjunction with neighbouring stations.

RAIL JOURNEYS

Rail transport is used for long distance journeys where practicable and specially designed stretchers are available which can be used in railway carriages and also on the standard stretcher fittings in ambulances. During 1957, 4,337 patients were conveyed by rail as compared with 3,633 in 1956 and it is right to place on record the excellent arrangements made by the staff of British Railways for the welfare and comfort of these patients. It should be mentioned, however, that difficulties concerning the transport by rail of stretcher and other patients for whom a reserved compartment is essential are created by the increasing use of passenger trains consisting of non-compartment, centre gangway, multiple-unit train sets, in which it is not practicable to provide a compartment coach for such patients.

RADIO-TELEPHONY

The whole County is covered by the radio-telephone system of communication but the arrangements can only become fully effective in the Bexley, Crayford, Dartford and Erith area when the new ambulance station incorporating a radio control centre for the area, to be built at Barnehurst, is completed. The system comprises six main transmitting stations and 170 two-way mobile sets in vehicles. All vehicles operating locally are radio-controlled and the equipment permits of inter-vehicle communication, which is of considerable value. Steps are being taken to re-organise the system to conform to a new system of "narrow channel" frequencies which the General Post Office has intimated is to be introduced.

MAINTENANCE AND REPAIR ORGANISATION

The maintenance and repair of ambulance service vehicles is done by mechanics attached to the ambulance service organisation, where practicable by the Roads Department's Central Repair Depot and the Fire Brigade's Workshops and, under the supervision of the Ambulance Service engineers, by commercial garages. Workshop facilities are now provided at three ambulance stations and similar provision will also be made in new station buildings. Ambulance stations where workshop facilities are not available are visited by mechanics, who are provided with specially fitted service vans, to carry out routine inspections, maintenance and minor repairs.

STATION ACCOMMODATION

Many of the Ambulance Service premises are unsatisfactory being inadequate both as to office and staff accommodation generally and also as regards garage accommodation. Consequently heavy expenditure is incurred in hiring private garage accommodation and in taking vehicles to and from these garages. The costs resulting from the deterioration of vehicles which have to be left in the open also have to be met. The Council has accordingly approved a policy of improvement to include the provision of eight further new stations and the extension of two others. In 1956 it was proposed to proceed with four of the new stations, namely those at Barnehurst (Crayford), to replace the present stations at Bexley, Dartford and Erith; at Maidstone and at Northfleet, respectively, to replace the present stations in those towns; and at Southborough to replace the existing station at Tunbridge Wells. Because of the restrictions on capital expenditure, however, the Minister of Health, whilst recognising the need for these stations to be provided as soon as possible, has only been able to approve of the new station at Barnehurst proceeding and it is anticipated this station will be completed in 1959.

STATISTICS

The following table shows the decrease effected in the number of miles per patient as a cumulative result of the measures introduced to promote economy in the ambulance service:—

Period	Patients	Mileage	Mileage per Patient
Year ended 31.12.51 ..	436,233	3,894,912	8.93
" " 31.12.52 ..	520,675	3,899,458	7.49
" " 31.12.53 ..	572,108	3,972,118	6.94
" " 31.12.54 ..	614,505	4,022,462	6.54
" " 31.12.55 ..	609,224	3,886,692	6.38
" " 31.12.56 ..	608,838	3,700,494	6.08
" " 31.12.57 ..	599,688	3,647,768	6.08

The following statement shows the vehicle position at the end of 1957:—

	Ambulances for recumbent patients	Ambulances for sitting patients
Vehicles operated by the Council	136	97
County vehicles allocated to the Canterbury Joint Service	4	1
County vehicles loaned to Voluntary Associations ..	12	8
Vehicles owned and operated by Voluntary Associations	1	—
	<u>153</u>	<u>106</u>
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OPERATIONAL STATISTICS

Ambulance Service Vehicles	1957	1956
Total Mileage	3,546,655	3,560,857
Number of Journeys	129,812	136,788
.. .. Patients carried ..	593,435	599,423
.. .. Emergency cases ..	15,298	14,506
<i>Hospital Car Service</i>		
Total Mileage	101,113	139,637
Number of journeys	2,264	3,245
.. .. patients carried ..	6,253	9,415
<i>Whole Service</i>		
Total Mileage	3,647,768	3,700,494
Number of journeys	132,076	140,033
.. .. patients carried ..	599,688	608,838

MENTAL HEALTH

There have been no major changes in the organisation of the Mental Health Service. The medical staff employed comprises a Senior Assistant County Medical Officer, whose duties are principally in connection with mental deficiency, and who receives part-time assistance from two whole-time Medical Officers and part-time assistance on a sessional basis from qualified medical practitioner. Certain whole-time officers of the Regional Hospital Board are also available for consultation.

During the year, medical staff carried out 460 examinations in connection with ascertainment, certification and discharge.

MENTAL DEFICIENCY

The number of mental defectives under supervision at home has decreased and at the end of the year there were 1,990 compared with 2,014 at the end of 1956, but this figure does not include 73 under Guardianship and 57 on licence supervised by Officers of the Council on behalf of the Regional Hospital Boards; 356 defectives, discharged from Mental Deficiency Institutions, who were visited to see if help or advice were needed.

Supervisory staff comprises one Mental Health Officer, six Assistant Mental Health Officers and, in certain districts, five Health Visitors. The Guardianship Society, Hove, on behalf of the County Council, supervises 16 of the defectives under Guardianship.

With the transfer of one of the Assistant Mental Health Officers to employment in an Occupation Centre, the employment of Health Visitors, for the purpose of supervision, was again extended and the area covered by them now includes the Boroughs of Beckenham and Bromley, and the Urban Districts of Orpington and Penge, where they are responsible for the supervision of all female and juvenile male defectives. Adult male defectives are supervised by the District Officers for the areas. The District Officers are also responsible for the legal procedure in connection with the certification and admission of defectives to institutions.

No additional Occupation Centres were opened during the year but in November the Centre, in hired premises, at Tunbridge Wells was replaced by a Centre, specially built for the purpose, at Hildenborough. The new Centre, which includes an assembly hall, and fully equipped workshop, is designed to accommodate 60 defectives, but the kitchen and toilet facilities are such that, with the addition of an extra classroom, 80 defectives could be accommodated. This centre, the first entirely new one to be built by the Council, is a model of its kind.

An extra classroom at the Maidstone Centre was brought into use in January 1957 and this Centre now has accommodation for 50 defectives instead of 45.

The air-raid shelter at the Orpington Centre was converted into a workshop and this was brought into use in October.

Additional coaches have been hired for use at the Ashford, Hildenborough and Orpington Centres and routes at other Centres have been extended. The result is that there were at the end of the year 431 defectives on the registers of the Centres as against 391 in the previous year. The staff at the Centres has necessarily increased to 10 Supervisors, 31 Assistant Supervisors and 2 male Assistant Supervisors, who are employed full-time at the Crayford and Orpington Centres.

The number of defectives receiving Home Teaching shows little change and the 8 Home Teachers were instructing 141 defectives at the end of the year, a decrease of 8 compared with last year. The class at St. Paul's Cray closed during the year owing to lack of numbers.

As a new enterprise, a two-day instructional course was arranged at County Hall for all members of the teaching staffs and the unqualified success of this has led to a similar course for 1958.

During the year, 2 Assistant Supervisors completed the two-year "In-Service" course run by the National Association for Mental Health and were successful in obtaining their diplomas.

The waiting list for institutional care for the second year running shows a slight decrease and at the end of the year there were 349 defectives waiting compared with 353 in 1956 and 379 in 1955. Applications for short-term care continued to increase and 91 defectives received this type of care during the year.

LUNACY AND MENTAL TREATMENT

The duties of duly authorised officers under the Lunacy and Mental Treatment Acts are carried out by 21 District Officers of the Health Department and 22 Assistant District Officers, are authorised to act similarly in emergency or by way of relief. The number of patients dealt with by these officers during the year under the Lunacy and Mental Treatment Acts was 1,329.

No defined arrangements exist for the joint use of officers of the Regional Hospital Board in the supervision of patients discharged from mental hospitals. Such duties are normally discharged by officers of the Board, but the Council's officers assist with such visitation, when requested, and liaison is maintained between the duly authorised officers and the psychiatric social workers at mental hospitals.

After-care of patients discharged from the Services on psychiatric grounds is undertaken by the duly authorised officers.

Having regard to public statements that old people on being certified and removed to mental hospitals when other forms of care could, and should, be used, I undertook a review of the position in this County, as a result of which, the following report was submitted to the Health Committee:—

MENTAL ILLNESS AND CERTIFICATION OF THE AGED

In a Debate in the House of Commons on the 29th November 1957 reference was again made to the certification and removal to mental hospitals of old people. One Member drew attention to the criticisms of another who had "introduced into this Debate the fact that on a very big scale under the National Health Service old people who are not insane are, because of expediency, being certified in a terrifying way and are being committed to mental institutions or hospitals because we have failed to provide other treatment or accommodation for them".

There were, of course, references in the Debate to the Report of the Royal Commission on Mental Illness and Mental Deficiency and in his reply the Minister of Health drew attention to the conclusion expressed in paragraph 320 of the Report. The Commission reported:—"We have received no evidence to show that old people admitted to mental hospitals are not in fact suffering from mental disturbance or deterioration which makes them of unsound mind within the meaning of the present Lunacy and Mental Treatment Acts; neither do we subscribe to the view that elderly patients should never be sent to mental hospitals".

The difficulties of dealing with various forms of senile dementia did not, of course, suddenly appear in 1948 since I have been concerned with this matter for some twenty-five years. The difficulties that were discussed in the Parliamentary Debate appear to me to have been aggravated over the past decades by two main causes:—(a) biological and (b) administrative. The biological cause stems from the fact that the proportion of old people in the population is increasing and hence numerically there will be an increasing number of elderly patients presenting symptoms of senile dementia. It will be known, for example, that in 1871 there were one million old people in this country; today there are over five million and in twenty years' time there will be well over seven million. Clearly, therefore, the number of old people showing senile mental changes will have substantially increased over the past decades and will, in all probability, continue to do so.

As to the administrative changes, I believe they derive from the operation of the Local Government Act of 1929 which abolished Boards of Guardians and by setting up larger units of administration, i.e., County and County Borough Councils, began to bring about a selection and grading of accommodation for specified classes of patients; and the National Health Service Act of 1946. One purpose of the National Health Service Act was to secure one type of organisation, the Regional Hospital Board, being made responsible for all forms of accommodation for persons physically and mentally ill but economics and staffing difficulties have militated against substantial changes in the residential arrangements for the care of elderly mental patients.

Up till 1948, when Boards of Guardians and subsequently the County and County Borough Councils were the responsible bodies for arranging certification and accommodation of mental patients in varying ways, they were able to maintain old people suffering from mental changes either in mental hospitals or in approved accommodation in Poor Law institutions and hospitals. Statutory provision was also made for the discharge of patients from mental hospitals and for their removal to Poor Law institutions or hospitals, a procedure which ceased in 1948 on the abolition of the Poor Law. Nevertheless, it had been possible up till 1948 to deal with old persons suffering from senile mental changes in Poor Law institutions by retaining them there on permanent Detention Orders which, although providing the same measure of care and restraint as would obtain in a mental hospital, did not require the form of certification and transfer to a mental hospital which is the case today. Legislation, therefore that became effective in 1948 and which was designed to abolish the Poor Law, made the care of senile dementia a hospital responsibility but it had the consequence for the majority of old people of providing that form of care only after certification under the Lunacy Acts and for a minority still permitted voluntary admission under the Mental Treatment Act of 1930.

I can recall taking part in conferences prior to 1948 between representatives of the Public Health, Public Assistance and Mental Hospital Committees of the Council where discussions centred on the arrangements for dealing with old people who were mentally ill without the need for certification procedure and admission to mental hospitals and, as I have said, this was done under Section 24 of the Lunacy Act whereby restraint and care was provided in Poor Law institutions. Since 1948 it is not possible to provide restraint in the sense of restricting the liberty of the individual in residential establishments provided under the National Assistance Act which are, so far as old people generally are concerned, the type of accommodation provided in lieu of Poor Law institutions.

The Health Committee is, of course, directly concerned with the management of a number of services for old people both in the community and in residential establishments. These services directly caring for old people include the bulk of the Domestic Help Service, the Evening and Night Service for old people, more than half the Home Nursing Service and the provision of old people's homes.

The District Officers, in exercising their offices as Duly Authorised Officers, are directly responsible for duties under the Lunacy and Mental Treatment Acts in dealing with mental illness.

It would, of course, be a serious matter affecting magistrates, general practitioners, psychiatrists and County staff if there were substantial evidence that old people in Kent were being certified and admitted to mental hospitals either because no other effort was made to secure alternative care or because alternative care which might be suitable to the needs of these old people could not be obtained. The responsibilities, particularly concerning old people, that devolve upon the Duly Authorised Officers can be divided in two main ways:—(a) in a case of urgency they can act on their own responsibility and arrange for a patient to be dealt with under the Lunacy Acts by admission for a period of not longer than three days and (b) in cases where a more formal procedure can be achieved a Justice can be called in with a view to certification being arranged on the basis of a medical report. Whilst these are the two main ways, there are, of course, variations, e.g., in the arranging of admission for mental

patients on a voluntary basis, a procedure which is generally more appropriate for mentally ill people in the younger age groups and there are many cases where the patient's own doctor will already have had the services of a consultant for domiciliary visitation under the National Health Service. As one of the duties of District Officers is to arrange the conveyance of patients to mental hospitals, they are usually fully acquainted with the circumstances of all patients and whilst in those cases where a justice and a medical practitioner are concerned they have no responsibility for the final decision, they will, of course, be aware of the circumstances in which the decisions were taken and can supply information from the documents in their possession. No one would dispute the necessity of ensuring that in every case where an old person becomes mentally ill certification and removal to a mental hospital should be the last procedure contemplated, but from much of what I read and hear I feel that those who believe that certification is too readily done fail, in the existing state of the law, to appreciate that other methods of care, which it is so frequently suggested should be used, are not suitable for the majority of old people who are, in Kent at least, certified and sent to mental hospitals.

At the present time individuals in this country may only be forcibly deprived of their liberty in one of two ways. One is by arrest and the other is under the provisions of the Lunacy, Mental Treatment or Mental Deficiency Acts. The reason that certification under the Lunacy Acts is adopted for people of unsound mind is that no other procedure is appropriate in circumstances where the patient concerned needs to be deprived of his freedom of action for his own welfare or for the protection of others. Whilst it is sometimes argued that other forms of care, i.e., admission to a chronic sick ward, should be the method of choice, the fact remains that in a chronic sick ward, or for that matter a hospital general ward, there can, short of the continued and heavy use of sedative drugs, be no restraint upon an individual patient either in relation to that patient's activities so far as his own safety is concerned or his activities so far as the welfare of other patients is concerned.

On the 9th December, 1957 I asked all District Officers to give me a list of all persons of 65 years and over dealt with by them in their capacity as Duly Authorised Officers for five months starting from the 1st July, 1957. I asked for details of each case, the section or sections of the Lunacy or Mental Treatment Acts under which action was taken and in particular whether an alternative form of care, say, chronic sick wards, might have been satisfactory and, if so, whether efforts had been made to obtain such care. I said the determining point as to the alternative choice would be whether the patient's condition was such that restriction of his or her movements was necessary for the protection of patients or others. It will be realised from what I have said that the reason for this last request was that the only way in which an old person can be restrained and deprived of his liberty is by taking action under the Lunacy Acts. All but one District Officer, who had not dealt with any mental cases of old people during this period, supplied me with details and these showed that during the five month period 124 patients were removed to mental hospitals under compulsory powers and 17 were admitted as voluntary patients, making a total of 141 in all. The age groups of those compulsorily removed are as follows:—

Aged 65—74	..	..	..	..	..	..	..	54
Aged 75—84	..	..	..	..	..	..	..	55
Aged 85 and over	..	..	..	..	..	..	..	15 (maximum age 89)
								<u>124</u>

Of the 124 old people removed compulsorily, in 117 cases there was ample evidence to justify their being dealt with in this way and of the remaining 7 it is possible that for a short period at least they might have been dealt with in sick or geriatric wards had such accommodation of the type needed for the particular requirements been available.

After studying the details of every one of the cases reported to me, I believe that the Duly Authorised Officers are using an imaginative and humanitarian approach to the question of dealing with these old people and wherever possible are avoiding the use of compulsory powers. For example, during the five months under review they were able to arrange for 17 old people to be admitted as voluntary patients. It should also be borne in mind that under existing conditions of lack of accommodation in mental hospitals the Duly Authorised Officers must make an approach to a mental hospital for a vacancy in each individual case before proceedings can be taken and this involves discussion with the medical staff of the hospitals as to the nature of each case. In Beckenham, for example, a domiciliary visit is made by the consultant from the mental hospital in all except urgent cases before admission is agreed.

Of the total patients dealt with, 7 were certified from chronic sick wards, 11 were in the general wards of hospitals at the time action was taken and 7 were in old people's homes but their mental condition was such that it was imperative that they should be removed from the residential accommodation they were in.

Whilst this is my conclusion and whilst it would be wearisome to give the details of every case reported to me by the District Officers, I hope that if I give one case from each area the reasons for certification will be apparent. To make the selection a random one, I am taking alternately from District Officers' reports the first and last cases as they appear in their notes.

Mrs. A.—aged 65

This patient was the subject of complaints by persons living in the neighbourhood to the police. The patient had been continually shouting and reading out the burial service. She was known to the District Officer, having been certified before, and it was found on re-examination that she was starving herself, the whole house was in a state of confusion and she was resistant to any suggestion of care or reasonable approach. Restriction of her movements was necessary both for the protection of the patient and the peace of the immediate neighbourhood. The District Officer concludes by saying that in his opinion there was no alternative.

Mrs. B.—aged 85

This patient's son asked that action should be taken to place his mother under care as she was living by herself and had several times refused to answer the door to him. When he did eventually see her he found that food taken to her two days before had remained untouched and she was suffering from malnutrition. She refused all efforts of assistance on the grounds that her food was being drugged, that people were entering her home at night and taking away her property and that she was forced to sit up all night in an endeavour to catch them. She refused to go to hospital and she refused the invitation of her son to go and live with him. This patient had previously been certified while living in Birmingham and at the son's request had been transferred to a hospital in Kent in 1956 and had been discharged a month after her arrival in Kent to the care of her son. She lived with the son for a few weeks and then left him to rent a room next door. She had made various complaints to the police, neighbours and her medical practitioner as to how she had been treated by her son and his wife and as she resisted all attempts to do anything for her or removal, certification was the only way of giving her the care she needed.

Mrs. C.—aged 74

This lady was certified whilst in a general hospital. The District Officer was called to deal with this case because she was so noisy that she was disturbing and distressing other patients. She was throwing her food about the ward and tearing her bedding. The District Officer reports that no other form of care was possible.

Mrs. D.—aged 85

This patient had been known to the District Officer for a number of years as she had been suffering from senile dementia for a long period. He reports that action could have been considered before but her husband, although also aged, wanted to look after her as long as possible. The patient was partially paralysed and had to be pushed everywhere in a wheel-chair and although she had a number of delusions, including the fact that children were sleeping on her bed, she was not violent. Nevertheless, the husband could not get sleep for many nights because of her constant demands and the nature of her delusions. When her condition deteriorated to such an extent that some form of care had to be provided, her own doctor was consulted and, in the first place, a geriatrician was asked to see her to ascertain whether she could be admitted to Part III accommodation. He decided that this was not the proper course to adopt and arranged with a consultant psychiatrist that she should be certified and admitted to mental hospital.

Mrs. E.—aged 81

This patient was in a nursing home but suffering from advanced senile changes that made her resist feeding and treatment. It was considered that her condition necessitated her detention in a mental hospital since this was the only place where the necessary care and attention could be provided.

Mrs. F.—aged 68

This patient was first seen following a request from her daughter for help. The daughter, a State Registered Nurse, maintained a home for children but found that her mother, suffering from mental senility, had a mania for gas taps and fire to such an extent that her daughter had had to make her staff account to her for each box of matches used in the home every day. The District Officer reports that the fire risk with this patient was extreme and, as she required constant supervision, no alternative existed but for admission to a hospital with restraint.

Mr. G.—aged 65

This patient was removed from the chronic sick wards of a hospital because he was confused, restless and aggressive. He had delusions of being poisoned by medicines prescribed by the doctor and in the opinion of the Duly Authorised Officer he could not continue to be cared for in chronic sick accommodation.

Mrs. H.—aged 86

This patient was admitted from a County Old People's Home where she had been for a long time until, in the words of the District Officer, "The position became intolerable". The reason for her admission was because of her acts of violence towards other people in the Home.

Mr. I.—aged 80

This patient was suffering from acute senile dementia and was violent and irresponsible. He needed to be constantly under supervision and restraint and no alternative form of care could be considered suitable.

Mrs. J.—aged 74

This patient was, in the first place, certified because she was living alone and had become restless and lost as to time and place. Because of her activities, particularly shouting at night, she was disturbing other people living in the vicinity but although she was able-bodied she refused to consider any form of care. Because she could not be left alone and because of her refusal to accept any form of care, she was certified, subsequently became a voluntary patient and after treatment returned home.

Mrs. K.—aged 72

This patient had been dealt with on three previous occasions by reason of mental illness by the District Officer. She was admitted to the mental wards of a general hospital in the early hours of the morning as she had for some time been wandering about the house and streets at all hours of the day and night. She was a danger to herself and other people, suffering from depression and loss of memory. She was not prepared to accept hospital treatment and the only method of dealing with her was by certification.

Mrs. L.—aged 70

This patient was living alone and was completely confused and out of touch with reality. Her condition demanded constant supervision and attention even for her personal bodily functions. She was examined by a consultant psychiatrist before admission and he considered that the only way of dealing with her was by removal to a mental hospital.

Mrs. M.—aged 73

This patient was living with her aged husband and had been a voluntary patient prior to certification. She was suffering from starvation as a result of refusal to take food and the District Officer reports that certification was necessary following a domiciliary examination by a consultant psychiatrist for the protection of the patient.

Mrs. N.—aged 67

This patient had a previous history of mental illness and action was required because she stated she did not want to continue living and she was getting up at night and burning her clothes. Action was necessary as she required constant supervision and restriction for her own safety.

Mr. O.—aged 67

This man was reported by a Justice of the Peace following the patient having caused trouble at his house. The patient had been into the nearest town in the early hours of a Sunday morning trying to sell his furniture and during the night had removed his stair-carpet and painted the steps a variety of colours. He was violent and required a great deal of restraint and the District Officer reports that chronic hospital care could not have been effective.

Mrs. P.—aged 87

This patient was in a nursing home suffering from senile dementia. The medical practitioner who initiated action said that she had required, over the past year, constant day and night supervision and observation. The patient had tampered with fires while in her night clothes and had escaped supervision, walking out into the main road in her nightclothes.

Mrs. Q.—aged 89

This patient lived with her daughter and son-in-law whom the District Officer reports were very good to her. Her language and habits became very bad but until the 1st September the District Officer considered that her condition did not merit certification. Nevertheless, he had seen this patient first in June following continued complaints about her from her relatives, local Councillor and the family doctor. Certification was eventually necessary because the patient had smeared faeces all over her bedroom and window and had behaved indecently in the garden. She was resistant to any form of care and the actual physical removal to a mental hospital was only carried out with great difficulty.

Mrs. R.—aged 85

This lady was a voluntary patient in a mental hospital but she refused to stay although her condition was so bad that the medical superintendent of the hospital asked that action for certification should be taken.

Miss S.—aged 68

This woman had been a patient in a mental hospital from 1922 until February 1956 when she was discharged to the care of an elderly sister. This sister, however, found she was unable to provide adequate care because of the patient's outbursts of uncontrolled anger, loss of memory and the danger she presented to herself and others in tampering with the gas and electricity services. The District Officer reports that this patient would not be suitable for any other form of care.

Mr. T.—aged 81

This patient suffered from acute depression but certification was needed because of his attacks on his wife who was quite unable to look after him and control him.

Miss U.—aged 81

This patient was suffering from loss of memory, continually wandering away from home, creating difficulties when she was found and being in danger herself from her inability to deal with traffic. Drugs and sedatives had been used but their effect was not sufficient to enable her to be looked after and controlled at home.

The Council's old people's homes are, so far as is possible, graded and staffed to meet varying conditions and needs. Some of the larger homes, and in particular Hartley House, Cranbrook, are used for the care of old people who show advanced changes, both physical and mental, of old age. At Hartley House there are likely to be at any one time about six elderly women whose mental condition is such that they could be regarded as certifiable, e.g., suffering from pronounced delusions that they are being poisoned by medicine, that some items of food are poisonous to them or that a person, or persons, are persecuting them and so on. It is, however, regarded as proper that if such people are not a danger to themselves or others, certification is not considered. In the case of these old people, certification needs to be considered if they become so confused as to leave the establishment and wander on the main road without knowledge or understanding of what they are doing and also if such old people become violent to others who they believe are wrongfully occupying their beds or some parallel situation. From my experience of the administration of old people's homes I am sure that certification and removal to a mental hospital is only considered as a last resort when either the safety of the old person is imperilled or their aggressive and violent acts require restraint for the protection of other elderly residents.

It is, of course, probable that there will be changes in the law following the report of the Royal Commission, but what must be accepted is that whatever the law, there will still continue to be an increasing number of old people whose condition is such that they will require to be restrained for the protection of others and deprived of their liberty for the protection of themselves. No matter what this procedure is called in future and no matter the place to which they are removed, whether it be a mental hospital, an annexe to a mental hospital or a special establishment for the care of old people suffering from mental degeneration, the fact remains that some measure of restraint must continue to be inevitable. It will no doubt be the case that such new units as can be provided for the care of old people of this type will be physically separated from mental hospitals but the type of care that can now only be provided in a mental hospital, i.e., in the form of restraint and continued supervision, and the form of procedure which is necessary to deprive old people of their liberty in admitting them to mental hospitals against their will, will in one form or another, still continue to be necessary.

RESIDENTIAL SERVICES

RESIDENTIAL ACCOMMODATION FOR ELDERLY AND DISABLED PERSONS

Homes provided directly by the County Council and residential accommodation at hospitals are:—

	<i>County Homes</i>	<i>At Hospitals</i> Administered by Hospital Management Committees unless otherwise indicated.
AREA 1 (Pop. approx. 196,380)	Old Rectory, Smarden 30	
	Woodside, Dover 20	St. Mary's, Etchinghill 102
	Leahurst, Dover 20	West View, Tenterden 48
	Cairn Ryan, Dover 25	
	General's Meadow, Walmer 38	
	133	150
AREA 2 (Pop. approx. 188,550)	Eastry House, Eastry 28	The Close, Bridge (K.C.C.) 51
	Brendon, Margate 26	Hill House, Minster 76
	Radley, Tankerton 30	Eastry Hospital 45
	84	172
AREA 3 (Pop. approx. 144,450)	East Hall, Maidstone 19	Linton Hospital 79
	Hartley House, Cranbrook 107	
	126	79
AREA 4 (Pop. approx. 143,910)	Pembury Grange, Tunbridge Wells .. 40	Sundridge Hospital 2
	Sandhurst, Tunbridge Wells 30	
	Court Royal, Tunbridge Wells 31	
	Oakhurst, Hildenborough 24	
	Hardwick, Hildenborough 60	
	Kippington House, Sevenoaks 41	
	226	2
AREA 5 (Pop. approx. 360,150)	Blackburn, Sheerness 37	Bensted House, Faversham (K.C.C.) 112
	Medway Homes, Rochester 162	Milton Regis 77
		All Saints', Chatham 17
		St. James', Gravesend 80
	199	286
AREA 6 (Pop. approx. 253,800)	St. Mary's, Bexley 39	West Hill, Dartford 73
	The Mount, Nr. Dartford 32	
	Manor Gate, Nr. Dartford 31	
	Darenth Grange, Nr. Dartford 58	
	Old Downs, Hartley 39	
	Holywell, Nr. Meopham 48	
	Russell House, Bexleyheath 50	
	297	73
AREA 7 (Pop. approx. 326,560)	*Lubbock House, Orpington 20	Orpington 56
	Elmbank, Bromley 37	
	Durham House, Beckenham 60	
	Selwood, Chislehurst 38	
	155	56
	*Evacuated in March 1957 to allow an adaptation and extension contract to proceed.	
	Total for Homes 1,220	Total for Hospitals 818
	TOTAL	2,038

During 1957, 132 additional places came into commission, namely, Russell House, Bexleyheath, 50; Hardwick, Hildenborough, 60; and "C" Block, Bensted House, Faversham, 22. The evacuation for extension schemes of Lubbock House, Orpington, in March 1957 and East Hall, Maidstone, in August 1957, however, temporarily reduced the accommodation available by 39 places. While the addition of 132 beds in the year was greater than in each year since 1953, it was far less than required to keep pace with the growing waiting list. In January 1957 there were 595 names on the list but by the end of the year it had risen to 706. Even so, the net increase of 111 names on the waiting list in the year does not provide a complete description of the position. For instance in the second half of the year, 61 names were removed from the list because the applicants had died and the number of admissions where the need was so sudden and urgent that previous applications had not been made, numbered 64. Altogether 1,122 applications were accepted during the year. The restrictions placed on the Council's capital programme for expansion continues to be a matter of concern and the only accommodation which it is known will come into use during 1958 is 43 beds when Lubbock House is re-occupied in May. East Hall should be reopened in April 1959. Portal House, St. Margaret's-at-Cliffe will provide 67 beds for the more infirm type of old person in about March 1959.

The scheme to install a lift at Darenth Grange has been approved and, although this will not provide any additional places, it will mean that all the beds are available for persons unable to climb stairs, thus in the future, reducing the need for persons from that part of the County having to move as their infirmity increases. The installation of a lift at Holywell has been approved in principle but does not, so far, feature in the capital programme for 1958/59. The first priority in the capital programme is the scheme to adapt the bungalow building at the Medway Homes for 28 very infirm persons. That scheme also provides for improved staff accommodation and an increase of 8 in the accommodation for persons able to climb stairs to first floor level.

Two major schemes which will greatly relieve the situation are approved by the Council and all preparatory work has been completed so that immediately the Ministry indicate that loan sanction is obtainable tenders may be invited. These schemes are the new bungalow type home in the grounds at The Mount, Wilmington, and a home on two floors with a lift in the grounds of Selwood, Chislehurst. Both schemes are designed for the very infirm and will give 60 and 52 additional places, respectively.

1957 saw the completion and occupation of Hardwick, Hildenborough, which was the first Home specially planned for the very infirm type of person and is the prototype for all current schemes. Of the 60 beds, 50 were taken for residents from other homes where they could not receive all the care they required unless the staff was drastically increased. Experience has shown that action to inform friends and relatives in advance of the reasons for transferring an old person produces an understanding and acceptance of the necessity for the additional care to be provided. The greater facilities, both in the way of staff and equipment, have shown good results to the extent that several of the persons transferred to Hardwick are showing enough improvement to suggest that in due course they will be able to return to one of the smaller homes in the area from whence they came.

The change in emphasis in the type of person accommodated in local authority Homes, as between the early days after the Act came into effect in 1948 and the present times which has been the subject of past reports to the Health Committee, received official acknowledgement when the Ministry of Health issued a Circular (14/57) in October 1957. This circular, making a number of suggestions, followed a survey made in 1954/5 by officers of the Ministry. The suggestions made did not necessitate any change in the organisation and planning of the service provided in Kent since they covered matters on which action had already been taken. I did, however report on some incidental matters arising from experiences and these included the probable need for higher staff establishments at most of the Homes; a review of remuneration for Matrons, Assistant Matrons, and, possibly, Attendants at Homes dealing with the very infirm and senile type of resident because of the heavy, exacting and often unpleasant work involved; the improvement generally of standards of staff accommodation, and, of course, the necessity for further building. In general the Council's programme of expansion has only been one-third effective because of the inability of the Ministry of Health to approve, by reasons of national economic difficulties, the necessary financial arrangements.

During the year the Committee conducted a complete review of the staff establishments at all Homes, bearing in mind the type of care each Home was expected to provide and some additions in staff were authorised, mostly by way of part-time posts, to provide relief workers when full-time staff have their off-duty days.

VOLUNTARY ORGANISATIONS

There has been no significant change in the now long-established policy of entering into arrangements with voluntary organisations providing Homes supplementary to the Council's own provision and at the end of the year the number of persons financially assisted by the Council was:—

Old People's Homes	..	..	..	..	..	432
Special Homes:—						
Blind	..	..	..	..	..	77
Deaf and Dumb	..	..	..	..	..	9
Cripples	..	..	..	..	..	19
Epileptics	..	..	..	..	..	53
Others	..	..	..	..	..	14
					—	172
						604

As in previous years, financial assistance was afforded to the Kent and the North-West Kent Councils of Social Service towards the administrative expenses of their old people's advisory services and to bodies providing home meals services.

WELFARE SERVICES AT HOUSING UNITS

During the year the Council approved of arrangements being entered into, where desired, with the County District Councils, as Housing Authorities for the provision of welfare services, such as the employment of Wardens, full or part-time, at housing units specially designed for old people and a general scheme of arrangements was agreed. No actual arrangements were brought into effect during the year with the Housing Authorities but financial assistance was authorised to the Trustees of the Faversham United Charities in respect of the services of a Warden to serve the 56 modernised flatlets, provided at some considerable cost, in the Faversham Almshouses.

TEMPORARY ACCOMMODATION

Last year I mentioned that in the third quarter of 1956 there was a greatly increased demand for temporary accommodation for a few weeks leading to five refusals of accommodation. The Committee authorised the provision of five more units of temporary accommodation at King Hill Hostel and these came into commission in June 1957. For the whole of 1957, however, temporary accommodation was never fully occupied and vacancies ranged from nine to twenty-one.

Although the Health Department has had considerable experience in providing temporary accommodation for homeless persons the provision of hostel care for refugees from Hungary presented new and unusual issues and I think it worth reproducing the gist of a report I made after the hostel had been closed.

1. On the 6th December, 1956, the County Council was asked to undertake, for the British Council for Aid to Refugees, the management of a hostel for some 400 refugees who wanted to go to Canada and whom transport arrangements would be made in the Spring by the Canadian Government. The hostel was to be at the former R.A.F. Station—a site well known for its bleakness and isolation—some five miles from Maidstone.

2. The first intention was that an advance party of refugees who could act as cooks, stokers and cleaners would move to Detling on the 17th December and that the whole place would be got ready by the 21st December for some 400 people. It was envisaged that the transit camp situated in some of the barracks at Dover would provide the advance party and possibly some, if not all, of the remainder of the refugees to be accommodated. The necessity to evacuate the barracks at Dover because of the need to have them available for the return of troops from the Suez operation forestalled this arrangement from being put into effect, which was fortunate since the proposal was quite unrealistic in light of the work that needed to be done in restoring the buildings to use and providing living facilities.

3. The camp had not been used since the end of World War II and although there had been there a small holding party from the R.A.F., the Ministry of Works needed to carry out a great deal of work to bring the buildings back into a state fit for habitation. Except for a small section used by the R.A.F. party the main services, such as water, heating and lighting, had all to be restored and essential equipment supplied from Government stocks. The Government equipment consisted only of beds, mattresses, blankets, sheets, pillows and tables and chairs, whilst cooking equipment and utensils were provided by the County Supplies Department at the cost of the British Council. The meagre equipment that was first available provided bare necessities and the buildings provided shelter—all things such as mirrors, wardrobes, curtains, easy chairs and recreational facilities were acquired by gifts, borrowing and possibly, on occasion, by methods unorthodox in County administration.

4. Immediate consultations were inaugurated by the Acting Chairman of the Health Committee, Mr. L. V. Homewood, with the voluntary bodies working in the area and immediately before Christmas appeals were launched on their behalf for public support. The response was not enthusiastic so what was given was most welcome.

5. The first party of refugees, to be used as a working party of cooks, stokers and cleaners, arrived on the 28th December from Tidworth. The thirteen men included an electrical engineer, two oil technologists and an unduly large number of men who, according to our translation of their occupations, were apparently locksmiths. No member of the working party had, however, any claim to being a cook, cleaner or stoker and most of the instruction in these tasks was by precept and pantomime.

6. Mr. Searle, the Superintendent of the Medway Homes, was appointed as Warden for the first three weeks of the hostel's existence to get the arrangements under way and was then replaced by Mr. H. Saunders, who retired from the Council's service as Superintendent District Officer on the 14th November, 1955.

7. Catering arrangements were made the responsibility of Mr. S. Perrin, the Emergency Meals Officer working in the Civil Defence Section of the Health Department.

8. The advance party worked hard in preparing the hostel for the reception of their fellow countrymen and a great deal was achieved in a short time. All the beds and bedding needed to be allocated to the various hutments, the cookhouse still needed a great deal of work to be done on it and the facilities there needed to be augmented mainly for boiling and stewing. During the period of the advance guard working at the hostel, water boilers were still being installed, equipment was being received and considerable trouble was experienced in restoring some of the facilities that were essential for the hostel to be put on a proper basis. The Hungarian appointed as head cook was selected for that

job because, being aged 44, he was much older than the other Hungarians in the first party. He had the additional qualification of having been a sergeant in the Hungarian Army and a brewery worker and turned out to be a hard and excellent worker who became a favourite of everyone who had any dealings with the kitchen. He determined to stay on as long as the hostel was open and only left for Toronto on the 19th May.

9. When the advance party arrived there were no interpreters available and all communication with them had to be done through an officer of the Health Department who spoke German to the only two of the first thirteen who spoke that language.

10. From then onwards the hostel began to fill with men but it was not until the 20th March that families were accommodated. In all, 743 refugees passed through the hostel and whilst the majority were young males, there was a cross section of Hungarian society. There was a small percentage of professional men, engineers and technicians, who were of a good type and the families, who had already been some months in England by the time they arrived in March, were, as family units, stable and relatively easily managed.

11. The chief difficulties in dealing with the refugees were experienced in the large numbers of younger men who formed the bulk of the hostel population for several months. When they arrived they had been in transit camps and their morale was low. Many of them were young and irresponsible and it certainly seemed that not more than 15% to 20% had borne arms in the uprising. There had been no emigration permitted from Hungary since 1948 and many of the younger men had taken the opportunity, resulting from the fighting, to leave Hungary because of the better opportunities offered elsewhere.

12. All the Hungarians accommodated in Detling had already decided to go to Canada and in the first few months their main preoccupation was how soon they could leave England and go overseas. Many of them did not understand why direct flights had not been organised from the Continent to Canada and regarded their stay in England as a breach of promises that had been made that they should go to Canada as soon as possible.

13. In summing up the impressions of the five months during which the hostel was open I distinguish four phases:—

- (a) The enthusiasm and interest that were forthcoming during the opening of the hostel and the first few weeks of its work.
- (b) The arrival of several hundred men when enthusiasm and interest had to contend with many problems, suspicions and doubts that only slowly began to be resolved.
- (c) The commencement of arrangements, towards the end of March, for transferring refugees to Canada when it was at last realised by them that the promises which had been made that they would go overseas were, as had been consistently stated, at last to be kept.
- (d) The arrival of families, representing what appears to be an average section of Hungarian middle-class society and the reception of individuals, often for periods of only a few days, who had been working and living on their own in England.

14. The two greatest difficulties that had to be met arose from the language barrier and the differences in social background and experiences as between the United Kingdom and Hungary. The following points illustrate the differences in viewpoint.

15. The Hungarians considered that in the political field the Western powers had failed to help them during the uprisings. Whilst there was general agreement that the B.B.C. had, in its broadcasts, been impartial, they were not prepared to say the same about other broadcasting services that they alleged had encouraged them to believe that help and assistance would be forthcoming.

16. It was said on many occasions that in the Austrian transit camps the picture had been painted that in the United Kingdom there was a great shortage of labour and that wages of £12 to £16 a week were commonplace. Only thirty-nine Hungarians got employment from Detling and only twenty could be employed in the hostel itself. All these workers found that the wages they had been led to expect were far from commonplace. There were suspicions freely expressed that because of the stated shortage of labour the British Government would not let them go to Canada and there was undoubtedly, in the minds of many of the refugees, a feeling that they had been betrayed in that the promises made that they would go to Canada were not going to be kept. As those that could not obtain work were receiving only 12s. 0d. a week pocket money from the Lord Mayor's Fund, the lack of money was always a source of complaint. Many refugees, therefore, were torn between two understandable desires; one to get to Canada as soon as possible, and the other to get work so that they might have some money and yet, even when they were working, not to put themselves in the position of, as they mistakenly thought, being compelled to stay in the United Kingdom. A number of men with families who had left those families in Hungary wanted money because they found it possible to send back English goods such as nylon stockings and coffee which command high prices in Hungary.

17. At the first meeting with the leaders of the first party it was said that a large local firm could offer work at once to 50 refugees. It subsequently transpired, however, that this statement was made without the authority of the firm and far from it being the case the refugees could be given work by that firm, there was difficulty by reason of petrol rationing and trade recession in keeping the existing workers fully employed. The original statement was, of course, made in good faith but the failure of its realisation took a considerable time to be forgotten and in fact never was forgotten by the original arrivals. To them it was another illustration of the brave promises that they alleged were made to them when they were heroes, to be conveniently forgotten when international attention moved from the Hungarian uprisings.

18. The Hungarians never really understood why neither the County Council nor the British Government could order the Canadian Government to make immediate arrangements to receive them. Accustomed to a system of autocratic government that dealt, by decree, with what appeared to them to be a simple issue of arranging transport, the explanation that the British Government could no more order the Canadian Government to do something than it could the Hungarian Government was not well received. One Hungarian was interpreted to me as saying that the transport arrangements from Hungary to Siberia were far better arranged than from Britain to Canada.

19. Bearing in mind that these men had few personal possessions and that the bulk of their belongings had been given to them in Austria and during their journey to England, small personal necessities such as shaving soap, razor blades, brushes, combs and so on had to be obtained either by gift or purchase from the 12s. 0d. a week which was all the majority of them had as pocket money. Most of them were heavy cigarette smokers and cigarettes in this country are at least four times as dear as they are in Hungary. Wine, of course, is similarly just as expensive so that the two main solaces of leisure seemed to them extremely costly. As the return fare by bus from Detling to Maidstone was 2s. 2d and as petrol rationing diminished very considerably the amount of hospitality and visitation that could be offered, it took a long time for the Hungarians to realise that the cost of such things as shoes, coffee, butter, clothing, etc., was far below what it was in Hungary. So far as can be ascertained, the standard of living in Hungary is at least 50% below that in the United Kingdom, but it will be readily understood that to a man with only 12s. 0d a week pocket money the cheapness and ready availability of such things as suits, shoes and food, which he already possesses enough for his immediate needs, are of academic interest when compared to the relatively high cost of cigarettes and wine.

20. In reviewing the difficulties of language the appointment of interpreters was the responsibility of the British Council. On an average, five interpreters were available but towards the end of the work of the hostel when the completion of documents for emigration greatly increased the administrative work, six were provided. The interpreters worked on a rota system and were entitled, by the terms of their engagement, to two days' leave a week. All the interpreters were themselves Hungarians who had spent some time in this country, but their English was not always as good as it might have been and sometimes even their understanding of the English social scene was not adequate. There were never enough interpreters as they were needed not only for the daily running of the hostel but for settling individual problems, attendance of refugees at public offices, medical, dental examinations and treatment, etc.

21. The only department of the hostel that managed without interpreters at all was in the kitchen. Here Mr. Perrin organised all the catering and service arrangements for meals by methods of his own devising. Meals were called for at short notice and at odd hours since arrivals and departures were at all times, including the middle of the night. For example, parties that left for Prestwick Airport in Scotland departed between 2 and 4 a.m. and needed to have meals before they left and meals provided for the journey. It was rarely possible to be certain of the number of persons to be catered for. All the kitchen and waiting staff were untrained, with two exceptions where a chef and a pastry cook were available for ten days each only. The staple diet of the Hungarians appeared to be soup, goulash and sauerkraut. Although it was continually emphasised that they would need to accustom themselves in Canada to different foods, the general view seemed that the place to worry about Canadian food was in Canada and not Detling. As they had never seen salt water fish it was useless including fish in the diet and, as in the British Army, mutton of any sort was detested. After several hundreds of Hungarians had expressed their dissatisfaction with mutton by shouts of "Baa Baa" it was considered desirable to leave the importance of mutton in the human diet to the Canadians. Bread was a staple item of diet since to the Hungarians white bread was treated much as cake. When the families arrived it was common to see very small children eating and enjoying half a loaf of bread at a time. One of the greatest difficulties experienced in the kitchen was that when Hungarians were coming into the hostel and leaving within a short period of time for Canada continued changes were necessary and over one period of 14 days the 20 places in the catering department were occupied by 46 Hungarians. In spite of all difficulties, however, it should be said that the Hungarians who came from other hostels spoke very highly of the food at Detling and letters have been received from Hungarians transferred to Canada in which they compare County Council cooking favourably with Canadian cooking.

22. Whilst some of the hutments were heated by slow combustion stoves, most of the heating and the supply of domestic hot water came from eight boilers. Night stoking presented no difficulty as it was done by a stoker taken over from the R.A.F., but day stoking was done by the Hungarians themselves and since there was no maintenance staff, unusual and novel situations sometimes arose from the efforts of these amateur stokers. A major difficulty was the absence of maintenance staff because the engineer who was familiar with the complexities of the layout of the main services of the camp had been transferred by the Air Ministry to another R.A.F. station. Although he lived on the perimeter of the airfield at Detling no amount of representations ever succeeded in obtaining his return. Before the hostel was taken over it was understood that this maintenance engineer would be made available and the fact that he was not made management far more difficult than it need have been. Fortunately the weather during the winter months was mild but even so all maintenance questions had to be dealt with by reference to the Ministry of Works' staff at Canterbury and it can, therefore, hardly be a matter of surprise that on occasion the Hungarians, over such matters as blown fuses, relied upon odd pieces of wire to short-circuit official channels for repairs. Some of the wiring was in a dangerous condition and the Ministry of Works' staff removed the fuses in those circuits. After some time representations were made by a group of Hungarians that they failed to understand why the English persistently removed the fuses in these particular circuits because it put them to considerable trouble in improvising new ones. Indeed, to certain of the Hungarians electrical systems seemed to have a peculiar and

inexplicable fascination and no amount of argument could ever convince them that English electricity could have fatal consequences to those who made too close an acquaintance with it. It seems that the Hungarian type of electricity is not capable of electrocuting human beings.

23. The Education Committee was responsible for organising classes for teaching English and giving film shows of life in Canada and elsewhere and also provided woodwork facilities. These activities were of great value to those Hungarians who chose to attend. Nevertheless, only a relatively small proportion of Hungarians were prepared to attend English classes regularly. Those who did attend the classes were Hungarians of the more educated type and this was probably because most of the refugees regarded their stay at Detling as a brief interregnum between Hungary and Canada. Nevertheless, letters are now being received from Canada from some Hungarians regretting that they did not take more advantage of the Education Committee's arrangements. The work done, however, by the officers of the Education Committee was extremely good in relation to those who took advantage of it and rapid progress was made during March and April with the younger children. Children of school age attended local schools.

24. In the initial stages two meetings of the voluntary organisations working in the Maidstone area agreed that the Y.M.C.A. should co-ordinate the welfare activities. These activities were based at the old N.A.A.F.I. building and during the major part of the time were under the control of a Y.M.C.A. officer. He was a very competent individual and in conjunction with other voluntary bodies, notably the W.V.S. and Maidstone Rotary, gave invaluable help. When it is borne in mind that the basic equipment of the camp covered only the bare necessities of life and such things as pillow cases, mirrors, facilities for storing clothes, etc., had to be improvised or obtained by approaching generous donors, it will be appreciated that the process of building up even a modest standard of life was inevitably slow and fraught with difficulties. In addition to the regular features of social activities organised within the hostel, there were also visiting speakers who took part in discussions. One of the best was a meeting attended by some 70 Hungarians at which a Chief Superintendent of the County Police answered questions on British justice and British police methods. This meeting lasted a long time because the police and their methods seemed to fascinate the Hungarians present. Polite disbelief greeted the statement that the Government do not employ and organise the police forces of this country. In fact I doubt whether we ever did succeed in convincing the Hungarians that there are no Secret Police in the United Kingdom and that the police forces are not in some way controlled and guided by the Government itself for its own purposes. There were persistent rumours in the hostel that members of the Hungarian Secret Police were there but although the statements to this effect were made by individual Hungarians, no proof was ever forthcoming.

25. During the first part of the existence of the hostel officers of the Ministry of Labour attended daily and every Hungarian was interviewed to see if work could be provided for him. Only 39 of the Hungarians could be placed in work and it was unfortunate that their stay at Detling coincided with a period of difficulty when, because of the season, petrol rationing and trade recession as a consequence of the Suez crisis, casual employment was scarce. Apart from the Hungarians who left the camp and those who were transferred to other camps at the request of the British Council, four men absconded and three others went to the Hungarian Legation to make enquiries about repatriation, they did not return.

26. The provision of health services created no unusual difficulties apart from those of using lay interpreters to deal with technical issues. Medical services were provided by placing all the Hungarians upon the list of a local general practitioner. Many of the Hungarians were, however, in urgent need of dental care. Where treatment was immediately necessary they were taken to the County Clinic at Sittingbourne but conservative care was provided through the National Health Service by Maidstone dental surgeons. The provision of spectacles under the National Health Service was a welcome and unexpected feature of the Welfare State to some of the refugees. A sick bay was maintained at the hostel, staffed by two health visitors who, on a rota basis, provided services for the whole of the five months. The health visitors, in addition to providing nursing facilities, also gave considerable help in dealing with social services, particularly in the care of mothers and young children who arrived from March onwards. Towards the end of March work in the sick bay became very heavy. All the occupants of the hostel had to be vaccinated against smallpox before transfer to Canada and have a medical examination by the Canadian Medical Services after being X-rayed at County Hall. This had to be done because each adult Hungarian had to have an X-ray of the chest which could not be done by the Mass Radiography Unit as it was out of action following a road accident. Twenty-five X-ray sessions were necessary to get the films required by the Canadian Government within the time limit that was set for the commencement of emigration. The maximum number of chest X-rays taken, developed, dried and documented in any one day was 72—no mean feat for any X-ray department. On occasion the two officers at County Hall who do the X-ray work in addition to their normal duty had to work for twelve hours a day to get the work done in time. No case of active tuberculosis was found.

27. The permanent management staff of the hostel consisted only of five people, all of whom first came from County Hall staff but after Mr. Searle returned to his work in the Medway Homes on the 15th January Mr. Saunders took over the post of Warden. It was necessary at all times to have available a responsible person on duty at night and there were twenty-four volunteers from the staff of the Health Department who did this regular duty on a rota basis. They arrived at the hostel at 5.30 p.m. and remained there until next morning, when they returned for duty at County Hall. Sometimes they had an uninterrupted night's sleep but more often did not. I am indebted to these officers for their work.

28. The Canadian Visa Team arrived on the 28th March to commence arrangements for transfer to Canada. All the transfers were done by air, approximately half being from London Airport and half from Prestwick. Originally it was intended that the Hungarians would have passage by sea, to be

arranged, I understand, during April and May. The Canadian Government had, however, organised air transport that was intended for the use of British emigrants but it was found that, by reason of the shortage of notice that was being given to such emigrants, many seats could not be taken up. The consequence was that the arrangements were revised and air passages intended for British emigrants were given to Hungarians. One consequence of this arrangement was, of course, that very short notices only were available of air passages becoming available and preparation and documentation of the refugees for transfer necessitated intensive and long periods of activity. Each Hungarian had to have completed a four page document in English and French. Two photographs had to be taken, each of which had to be certified by a senior officer on the Council's staff. All the documents had to be accompanied by the X-ray film, or films in the case of a family, International Vaccination Certificate and authority to travel, and by the time each dossier had been completed a formidable mass of paper had been accumulated. This would not have been unduly difficult in the case of English families but Hungarian names made this procedure a very lengthy one, particularly when, in interpreting what appears to be a simple statement in English, the consequence seems quite a speech in Hungarian. Thus at one time there were 12 Toth's, 15 Kovac's and 7 Nagy's in the hostel and as many of them had the same Christian name the only way of differentiation was by dates of birth. Some Hungarians, in their anxiety to get to Canada, had completed more than one preliminary application form and since it was a general experience that time and the keeping of appointments means little to Hungarians, the problems of sorting out all the difficulties that arose over documentation were at times formidable. One particular incident stands out and it was that after the Visa-Team had collected about 240 sets of documents for "processing" in London, in one way or another between the London offices about 100 sets were lost and all had to be redone by the Detling staff and County Hall volunteers on a Sunday.

29. The first party of 69 men left the hostel for London Airport on the 4th April. On the 7th April the next party of 72 men were to go from London Airport to Edmonton but on arrival in London mechanical trouble to the aircraft led to the cancellation of the flight. The men returned to Detling and on that day the atmosphere in the hostel was near explosion point. Good humour was, however, restored when, on the following day, a further party went and on the 10th April the men of the cancelled flight also left. On enquiry to see why such high feelings were aroused by the return of the party from London Airport, it was found that they had not been informed why the flight was cancelled but had only been told that it was cancelled and they were to return to Detling. Whether this was true or not is not known but it does illustrate something that the Hungarians felt had happened to them on a number of occasions before when decisions had been taken about their movements and full explanations had not been given to them so that they might have more fully understood the reasons for some particular action or series of actions.

30. Letters are now being received from Canada from refugees who passed through the hostel at Detling and without exception they are most appreciative now of what was done for them and the help and advice they received from the County and voluntary workers. Some express regret at leaving England and compare Canada unfavourably in expressing a wish to return when they have accumulated sufficient money to do so. It would be unrealistic to say that every Hungarian who passed through Detling is going to make a good Canadian citizen but everyone who worked with them agrees that many of them will, with patience and understanding, prove an acquisition to the Dominion.

31. This report sets out my own summing up of the organisation and management of the Detling hostel and is based upon my own experience there and on reports made by the Warden and other senior officers. Mr. Saunders, the Warden for the major part of the hostel's existence, has had an extensive experience of the care of the homeless and refugees when, whilst in the Council's service, he was loaned to U.N.R.R.A. towards the end of the war and worked in refugee camps in a number of countries. It is, therefore, appropriate that this report should end with the final part of his last report to me:—

"What I have said might give the impression that these refugees were all irresponsible and of poor character. Some undoubtedly were. But there were excellent men among them, including some professional men and University students. Also to judge them by their conduct in a Camp like this would be unfair, even if such conduct was, at times, bad.

"There is no doubt that many promises were made to them at various places before they arrived here, which could not possibly be fulfilled. This led to frustration, despair and lack of confidence.

"I consider the work done to help these men and women in this Camp well done taking everything into account. The staff and voluntary workers did all that was possible to help these unfortunate people among whom there were many in most distressing circumstances and for whom life starts all over again. The whole must not be painted by the colours of the very bad ones.

"Personally I would not regard this experience as the most constructive work I have done with refugees. In a transit camp—for that is what this was—opportunities for good constructive work are few, but it is evident from what many of the refugees have said that much that was done by the staff here has been appreciated. I cannot speak too highly of the way the staff worked, never complaining at unusual and long hours of duty. Mr. Woodruffe's help and experience was also greatly appreciated by me, and again I repeat, Mr. Perrin's work in the Kitchen was outstanding."

STATISTICAL TABLES

TABLE 1

Showing Population, Acreage and Density of Population of the various Districts of the County of Kent, in 1957 (mid-year)

DISTRICT	Mid-year Home* Population 1957 (as estimated by the Registrar-General)	Acreage inclusive of Water	Persons per Acre
Urban—			
Ashford U.	26,140	5,657	4.62
Beckenham B.	75,440	5,937	12.71
Bexley B.	90,020	4,869	18.49
Broadstairs and St. Peter's U.	16,570	2,771	5.98
Bromley B.	65,550	6,513	10.10
Chatham B.	50,220	4,371	11.49
Chislehurst and Sidcup U.	87,790	8,959	9.80
Crayford U.	29,980	2,544	11.78
Dartford B.	41,980	4,233	9.92
Deal B.	25,500	2,922	8.73
Dover B.	35,130	3,765	9.33
Erith B.	46,010	3,860	11.92
Faversham B.	12,300	2,994	4.11
Folkestone B.	44,180	4,006	11.03
Gillingham B.	79,280	8,351	9.49
Gravesend B.	46,930	4,014	11.69
Herne Bay U.	18,130	8,566	2.12
Hythe B.	9,730	3,013	3.23
Lydd B.	3,070	11,932	0.26
Maidstone B.	56,000	6,198	9.04
Margate B.	43,290	6,960	6.22
New Romney B.	2,370	1,514	1.65
Northfleet U.	20,110	3,768	5.33
Orpington U.	72,170	20,842	3.46
Penge U.	25,610	770	33.26
Queenborough B.	3,210	1,103	2.91
Ramsgate B.	36,010	3,624	9.94
Rochester B.	46,840	3,744	12.51
Sandwich B.	4,550	2,137	2.13
Sevenoaks U.	16,570	3,716	4.46
Sheerness U.	15,480	943	16.42
Sittingbourne and Milton U.	22,260	4,935	4.51
Southborough U.	8,910	1,758	5.07
Swanscombe U.	8,930	2,142	4.17
Tenterden B.	4,660	8,946	0.52
Tonbridge U.	20,460	4,599	4.45
Tunbridge Wells B.	38,930	6,034	6.45
Whitstable U.	17,410	7,640	2.28
TOTALS—Urban	1,267,720	190,650	6.65
Rural—			
Ashford, East	10,540	51,398	0.21
Ashford, West	10,360	39,455	0.26
Bridge-Blean	19,080	55,868	0.34
Cranbrook	15,100	41,315	0.37
Dartford	45,810	34,103	1.34
Dover	12,870	25,780	0.50
Eastry	24,050	54,276	0.44
Elham	9,460	36,676	0.26
Hollingbourn	16,700	56,796	0.29
Maidstone	18,870	34,487	0.58
Malling	37,780	45,655	0.83
Romney Marsh	4,540	31,035	0.15
Sevenoaks	35,620	62,959	0.57
Sheppey	9,510	20,319	0.47
Strood	24,690	48,811	0.51
Swale	20,390	62,015	0.33
Tenterden	7,290	38,002	0.19
Tonbridge	23,420	41,687	0.56
TOTALS—Rural	346,080	780,637	0.44
TOTALS—County	1,613,800	971,287	1.66

* The figures given in this column are the home populations, including members of the armed forces stationed in the area, and these populations form the basis of calculation of most of the rates given in this report.

TABLE 2

Showing Deaths, Births and Infantile Mortality in the different Urban and Rural Districts of the County of Kent in the year 1957.

DISTRICT	DEATHS			BIRTHS					INFANTILE MORTALITY				
	Number of deaths at all ages	Deaths per 1,000 of the population	Comparable Death-rate*	Legitimate	Illegitimate	TOTAL	Births per 1,000 of the population	Comparable Birth-rate*	Still-births	Legitimate	Illegitimate	TOTAL	Deaths of Infants under one year of age per 1,000 births
URBAN—													
Ashford U. . .	282	10.79	10.14	324	18	342	13.08	13.28	7	6	—	6	17.54
Beckenham B. . .	787	10.43	9.56	904	27	931	12.34	13.08	22	13	2	15	16.11
Bexley B. . .	828	9.19	11.30	1,192	33	1,225	13.60	13.87	24	28	—	28	22.86
Broadstairs U. . .	216	13.03	9.12	188	10	198	11.95	14.34	1	5	2	7	35.35
Bromley B. . .	699	10.66	10.02	875	33	908	13.85	13.85	14	10	2	12	13.21
Chatham B. . .	473	94.2	9.98	883	45	928	18.48	17.92	17	17	—	17	18.32
Chislehurst and Sidcup U. . .	733	8.35	11.02	1,192	35	1,227	13.98	13.56	23	20	—	20	16.30
Crayford U. . .	285	9.51	12.46	484	15	499	16.64	15.81	10	17	—	17	34.07
Dartford B. . .	551	13.12	9.71	676	21	697	16.60	16.27	11	6	—	6	8.61
Deal B. . .	269	10.55	10.34	406	21	427	16.75	17.76	7	8	—	8	18.73
Dover B. . .	392	11.16	11.04	569	25	594	16.91	16.91	15	14	1	15	25.25
Erith B. . .	465	10.11	11.72	646	19	665	14.45	14.45	10	11	1	12	18.05
Faversham B. . .	258	20.98	9.65	217	6	223	18.13	18.85	6	8	—	8	35.87
Folkestone B. . .	545	12.33	10.60	524	38	562	12.72	13.36	12	23	1	24	42.70
Gillingham B. . .	783	9.87	11.15	1,178	67	1,245	15.70	16.17	15	30	1	31	24.90
Gravesend B. . .	445	9.48	10.71	754	39	793	16.90	16.39	28	11	—	11	13.87
Herne Bay U. . .	347	19.14	9.95	213	11	224	12.36	15.57	3	5	1	6	26.79
Hythe B. . .	118	12.13	8.73	94	9	103	10.59	12.81	2	2	—	2	19.42
Lydd B. . .	31	10.09	12.00	66	1	67	21.82	26.62	3	2	—	2	29.85
Maidstone B. . .	681	12.16	10.33	789	40	829	14.80	15.39	31	11	—	11	13.27
Margate B. . .	532	12.29	9.59	657	79	736	17.00	18.53	12	13	5	18	24.46
New Romney B. . .	37	15.61	13.74	31	1	32	13.50	13.91	—	—	—	—	—
Northfleet U. . .	198	9.85	11.42	326	16	342	17.00	16.49	4	6	—	6	17.54
Orpington U. . .	628	8.70	9.74	1,285	17	1,302	18.94	17.86	13	25	—	25	19.20
Penge U. . .	285	11.13	11.02	506	35	541	21.12	19.01	10	11	1	12	22.18
Queenborough B. . .	42	13.08	14.64	61	3	64	19.94	20.34	—	3	—	3	46.87
Ramsgate B. . .	437	12.14	10.56	499	44	543	15.08	15.38	16	15	2	17	31.30
Rochester B. . .	457	9.76	10.54	782	32	814	17.38	17.03	15	14	—	14	17.20
Sandwich B. . .	36	7.91	6.96	62	1	63	13.85	15.93	2	1	—	1	15.87
Sevenoaks U. . .	196	11.83	8.99	228	4	232	14.00	14.84	6	3	—	3	12.93
Sheerness U. . .	189	12.20	12.93	230	16	246	15.89	17.16	9	3	1	4	16.26
Sittingbourne U. . .	398	17.88	10.55	362	19	381	17.12	17.46	11	11	—	11	28.87
Southborough U. . .	91	10.21	7.86	104	2	106	11.90	13.80	3	2	—	2	18.86
Swanscombe U. . .	78	8.73	10.74	114	9	123	13.77	12.80	2	2	—	2	16.26
Tenterden B. . .	92	19.74	8.88	68	2	70	15.02	15.77	—	1	—	1	14.29
Tonbridge U. . .	238	11.63	10.58	325	10	335	16.37	16.86	8	8	—	8	23.88
Tunbridge Wells B. . .	594	15.26	10.06	490	26	516	13.25	14.44	6	6	—	6	11.62
Whitstable U. . .	287	16.48	10.55	219	9	228	13.10	15.33	3	5	1	6	26.32
TOTALS IN URBAN DISTRICTS	14,003	11.05	10.50	18,523	838	19,361	15.27	15.56	376	376	21	397	20.51
RURAL—													
Ashford, East . .	114	10.82	8.98	128	7	135	12.81	14.21	6	—	—	—	—
Ashford, West . .	190	18.34	9.72	150	7	157	15.15	15.90	5	3	2	5	31.84
Bridge-Blean . .	320	16.77	8.55	257	9	266	13.94	17.43	8	4	—	4	15.03
Cranbrook . . .	191	12.65	10.00	211	9	220	14.57	15.15	3	4	—	4	18.18
Dartford . . .	486	10.61	10.71	831	17	848	18.51	18.88	20	20	1	21	24.76
Dover . . .	128	9.95	8.76	175	4	179	13.91	16.13	2	2	1	3	16.76
Eastry . . .	388	16.13	9.84	372	18	390	16.22	19.14	11	11	1	12	30.76
Elham . . .	221	23.36	7.48	122	9	131	11.96	12.68	4	1	—	1	7.63
Hollingbourn . .	160	9.58	9.00	251	11	262	15.69	16.47	9	10	—	10	38.17
Maidstone . . .	337	17.86	9.37	271	22	293	15.53	16.30	7	3	1	4	13.65
Malling . . .	399	10.51	10.82	529	34	563	14.90	15.65	17	9	1	10	17.76
Romney Marsh . .	57	12.56	11.56	66	4	70	15.42	17.73	—	—	—	—	—
Sevenoaks . . .	357	10.00	9.10	512	19	531	14.91	16.10	7	10	—	10	18.83
Sheppey . . .	103	10.83	10.50	126	10	136	14.30	16.16	5	5	—	5	36.76
Strood . . .	226	9.15	9.79	427	10	437	17.70	17.70	7	1	—	1	2.28
Swale . . .	189	9.27	9.18	273	14	287	14.08	14.50	6	4	—	4	13.93
Tenterden . . .	65	8.92	7.94	106	5	111	15.23	16.45	1	1	—	1	9.01
Tonbridge . . .	274	11.69	9.84	296	14	310	13.24	13.11	4	6	2	8	25.81
TOTALS IN RURAL DISTRICTS	4,205	12.15	9.72	5,109	223	5,332	15.41	16.49	122	94	9	103	19.31
TOTALS IN URBAN DISTRICTS	14,003	11.05	10.50	18,523	838	19,361	15.27	15.56	376	376	21	397	20.51
TOTALS IN COUNTY . . .	18,208	11.28	10.45	23,632	1,061	24,693	15.30	15.76	498	470	30	500	20.25

* Comparable rates are calculated in respect of each district, by applying to the crude-rate a factor which enables true comparison to be made with other areas after allowing for variations of age and sex in the constitution of the population.

TABLE 3

Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the DISTRICTS in the County of Kent during the year 1957.

DISTRICT	Small-pox	Diphtheria (including Membranous Croup)	Erysipelas	Scarlet Fever	Enteric Fever	Puerperal Pyrexia	Acute Poliomyelitis including Acute Poliо-encephalitis		Acute Encephalitis		Meningococcal Infection	Ophthalmia Neonatorum	Respiratory Tuberculosis	Other forms of Tuberculosis	Acute Pneumonia (Primary or Influenzal)	Measles	Whooping Cough	Dysentery	Chicken-pox	Malaria
							Paralytic	Non-Paralytic	Infective	Post-Infectious										
							URBAN—													
Ashford U.	—	—	2	14	—	3	1	—	—	—	—	1	11	1	9	388	250	4	—	—
Beckenham B.	—	—	6	49	—	21	4	8	—	—	—	—	36	1	36	751	153	5	—	—
Bexley B.	—	—	7	68	—	16	7	—	2	—	2	—	43	4	31	1,246	178	1	—	—
Broadstairs U.	—	—	2	9	—	—	14	3	—	—	1	—	4	1	20	253	74	1	151	1
Bromley B.	—	—	6	25	—	26	4	3	—	—	—	—	61	1	29	744	135	16	—	—
Chatham B.	—	—	1	18	—	41	9	5	—	—	—	—	36	1	36	1,588	151	—	—	—
Chislehurst and Sidcup U.	—	—	5	56	1	7	—	3	1	1	—	4	52	2	45	1,448	279	81	—	—
Crayford U.	—	—	—	16	—	4	3	3	—	—	—	—	15	2	12	701	122	1	—	—
Dartford B.	—	—	4	26	—	26	3	3	—	—	—	—	35	2	21	767	75	34	—	—
Deal B.	—	—	3	34	—	—	3	3	—	1	—	—	19	2	7	82	102	211	—	1
Dover B.	—	—	2	6	3	—	2	4	—	—	—	—	41	2	48	903	269	1	—	—
Erith B.	—	—	5	11	—	7	1	—	—	—	—	—	51	2	37	612	158	1	—	—
Faversham B.	—	—	—	6	—	1	1	3	—	—	—	—	4	2	23	74	202	—	—	—
Folkestone B.	—	—	4	12	1	4	9	5	—	—	1	—	28	6	88	215	175	1	—	—
Gillingham B.	—	—	8	20	—	3	7	1	—	—	—	—	61	8	102	1,158	213	5	—	—
Gravesend B.	—	—	1	29	—	10	—	—	—	—	3	—	29	6	21	345	182	1	—	—
Herne Bay U.	—	—	—	3	—	—	1	3	—	—	—	—	6	—	3	284	7	—	223	—
Hythe B.	—	—	—	3	—	1	4	2	—	—	—	—	8	—	—	4	136	28	—	—
Lydd B.	—	—	—	3	—	—	1	—	—	—	—	—	1	—	21	149	56	—	—	—
Maidstone B.	—	—	4	21	—	11	34	32	—	—	3	—	55	5	35	427	192	1	4	—
Margate B.	—	—	—	19	2	—	7	8	—	1	—	—	16	6	48	648	49	6	—	—
New Romney B.	—	—	—	—	—	—	2	—	—	—	—	—	1	—	22	22	27	2	—	—
Northfleet U.	—	—	1	46	—	1	—	2	—	—	—	—	24	—	9	224	98	—	—	—
Orpington U.	—	—	3	30	1	72	3	4	—	—	—	—	58	1	17	1,874	228	33	—	—
Penge U.	—	—	5	11	—	3	2	1	—	—	—	—	19	1	18	662	69	1	—	—
Queenborough B.	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1	13	1	—	—	—
Ramsgate B.	—	—	—	13	—	6	9	5	—	—	—	1	27	2	23	307	106	1	—	—
Rochester B.	—	—	7	14	—	—	4	1	—	1	1	—	25	1	48	1,015	122	1	—	—
Sandwich B.	—	1	—	4	—	—	1	1	—	—	—	—	1	—	—	—	2	—	—	—
Sevenoaks U.	—	—	—	2	—	—	—	—	—	—	—	—	12	3	1	120	54	—	—	—
Sheerness U.	—	—	2	4	—	—	—	1	—	—	—	—	18	—	5	127	9	1	—	—
Sittingbourne U.	—	—	—	25	—	—	4	2	—	—	—	—	27	—	1	737	139	—	—	—
Southborough U.	—	—	—	1	—	—	1	2	—	—	—	—	6	1	1	33	35	—	—	—
Swanscombe U.	—	—	—	8	—	—	1	1	—	—	—	—	6	1	6	35	80	—	—	1
Tenterden B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	2	1	—	—
Tonbridge U.	—	—	—	3	—	1	5	1	—	—	1	—	6	—	10	17	70	6	—	—
Tunbridge Wells B.	—	—	1	7	—	9	4	3	—	—	—	—	8	4	13	89	56	4	—	—
Whitstable U.	—	—	3	17	—	3	4	—	—	—	—	—	4	—	7	433	117	—	—	—
TOTALS IN URBAN DISTRICTS	—	1	82	634	8	276	155	113	3	4	12	6	855	68	814	18,505	4,373	448	378	5
RURAL—																				
Ashford, East	—	—	1	—	—	—	1	—	—	—	—	—	1	—	5	164	84	—	—	—
Ashford, West	—	—	3	4	—	—	—	1	—	—	—	—	1	—	1	140	31	—	—	—
Bridge-Blean	—	—	1	24	—	—	2	2	—	—	1	—	16	3	8	115	49	4	—	—
Cranbrook	—	—	4	12	—	—	—	—	—	—	—	—	4	3	7	92	69	1	—	—
Dartford	—	—	3	10	1	—	10	9	—	—	1	—	33	3	12	1,045	153	2	—	—
Dover	—	—	—	3	—	2	—	—	—	—	—	—	7	1	3	230	48	—	—	—
Eastry	—	—	—	23	—	1	5	2	—	—	—	—	18	1	8	275	71	1	26	—
Elham	—	—	—	3	—	1	5	1	—	—	—	—	9	—	1	92	63	—	—	—
Hollingbourn	—	—	1	8	1	2	4	7	—	—	—	—	5	4	2	313	48	—	—	—
Maidstone	—	—	1	43	1	1	10	4	—	1	1	—	4	—	21	165	55	3	1	—
Malling	—	—	2	47	—	1	10	13	—	—	—	—	22	4	54	421	166	4	—	1
Romney Marsh	—	—	1	3	—	—	2	—	—	—	—	—	1	—	16	47	49	—	—	—
Sevenoaks	—	—	4	3	1	—	3	4	—	—	—	—	19	2	105	381	218	8	—	—
Sheppey	—	—	—	12	—	1	1	1	—	—	—	1	5	—	10	70	67	—	—	—
Strood	—	—	1	26	—	—	2	2	—	—	—	—	14	4	13	882	99	—	—	—
Swale	—	—	—	8	—	2	5	3	—	—	—	—	16	—	58	491	239	—	—	—
Tenterden	—	—	—	—	—	—	—	—	—	—	—	—	1	1	8	68	27	—	—	—
Tonbridge	—	—	2	9	—	3	2	1	—	—	—	—	10	—	7	64	173	1	—	—
TOTALS IN RURAL DISTRICTS	—	—	24	238	4	14	62	50	—	1	2	2	186	26	332	5,055	1,709	26	27	1
TOTALS IN URBAN DISTRICTS	—	1	82	634	8	276	155	113	3	4	12	6	855	68	814	18,505	4,373	448	378	5
TOTALS IN COUNTY	—	1	106	872	12	290	217	163	3	5	14	8	1,041	94	1,146	23,560	6,082	474	405	6

TABLE 4

Showing the number of notifications, incidence rates, deaths and death-rates of the principal infectious diseases in the County.

Year	1938	1956	1957	
			Kent	England and Wales (provisional)
SMALL POX				
No. of cases notified ..	4	—	—	2
Incidence rate	0·004	—	—	0·000
No. of deaths	2	—	—	2
Death rate	0·001	—	—	0·000
SCARLET FEVER				
No. of cases notified ..	2,913	986	872	29,544
Incidence rate	2·102	0·616	0·540	0·658
No. of deaths	10	—	—	10
Death rate	0·007	—	—	0·000
DIPHTHERIA				
No. of cases notified ..	1,361	—	1	40
Incidence rate	0·982	—	0·001	0·001
No. of deaths	58	—	—	6
Death rate	0·042	—	—	0·000
ENTERIC FEVER				
No. of cases notified ..	54	45	12	433
Incidence rate	0·039	0·028	0·002	0·010
No. of deaths	5	—	—	10
Death rate	0·005	—	—	0·000
MEASLES				
No. of cases notified ..	—*	3,228	2,3560	633,596
Incidence rate	—*	2·016	14·599	14·109
No. of deaths	10	1	5	95
Death rate	0·007	0·001	0·003	0·002
WHOOPING COUGH				
No. of cases notified ..	—*	4,224	6,082	85,004
Incidence rate	—*	2·638	3·775	1·893
No. of deaths	10	2	4	88
Death rate	0·007	0·001	0·002	0·002
POLIOMYELITIS AND POLIOENCEPHALITIS				
No. of cases notified ..	36	112	380	4,841
Incidence rate	0·026	0·070	0·235	0·108
No. of deaths	—	8	19	336
Death rate	—	—	0·012	0·007

* Not compulsorily notifiable.

TABLE 5
Showing causes of deaths in the URBAN DISTRICTS of Kent during the year 1957.

DISTRICT	Malignant neoplasm				Leukaemia, aetukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes
	Stomach	Lung, bronchus	Breast	Uterus																								Other malignant and lymphatic neoplasms
Ashford U.	1	4	8	3	34	2	51	43	4	35	11	2	7	14	2	7	3	3	3	—	1	18	4	6	2	—	282
Beckenham B.	3	23	26	8	83	5	110	145	16	87	40	9	30	38	6	12	3	3	3	—	11	51	2	18	11	787	
Bexley B.	3	23	40	26	80	3	96	148	20	72	35	4	48	56	6	11	3	3	3	—	8	91	17	10	9	828	
Broadstairs and St. Peters U.	1	5	9	1	27	1	29	33	4	40	10	1	7	8	—	2	—	7	5	—	5	13	1	6	2	216	
Bromley B.	2	1	19	27	17	4	102	120	16	75	36	5	37	39	10	10	3	8	5	—	3	53	10	9	9	699	
Chatham B.	6	11	25	14	8	39	5	51	63	14	60	20	4	17	28	2	5	4	5	—	9	44	8	12	7	473	
Chislehurst and Sidcup U.	6	19	34	10	6	82	7	127	14	91	37	8	49	36	14	12	5	3	4	—	8	49	8	13	2	733	
Crayford U.	1	6	15	8	1	32	2	42	3	36	11	5	21	13	3	5	2	3	1	1	3	34	2	5	3	285	
Dartford B.	5	2	9	14	6	3	63	76	14	89	44	4	64	35	9	4	5	3	4	—	3	35	3	10	4	551	
Deal B.	1	11	21	7	2	37	2	48	11	48	11	9	15	21	6	7	2	2	3	—	2	31	4	14	2	269	
Dover B.	5	1	12	9	2	39	4	61	23	69	20	1	21	29	1	6	1	2	7	—	1	35	2	8	5	392	
Erith B.	5	2	14	21	8	5	59	61	23	69	20	1	21	29	1	6	1	2	7	—	1	35	2	8	5	465	
Faversham B.	1	11	14	8	3	56	1	80	22	10	81	25	7	11	22	7	—	3	2	—	6	66	6	15	5	545	
Folkestone B.	5	1	19	34	14	4	84	8	3	110	129	9	22	45	38	4	11	2	4	—	12	52	8	15	13	783	
Gillingham B.	7	1	8	14	11	4	37	3	6	80	59	8	17	23	7	2	3	2	2	—	2	36	2	5	8	445	
Gravesend B.	3	8	8	6	4	33	2	54	35	9	74	17	1	19	10	4	7	1	8	—	3	27	2	6	4	347	
Herne Bay U.	2	1	1	2	2	10	1	12	2	14	7	1	10	6	1	1	1	1	1	—	1	18	—	1	1	118	
Hythe B.	—	1	1	1	—	4	1	5	2	6	—	—	1	1	—	—	—	—	—	—	2	—	—	—	—	31	
Lydd B.	6	18	22	11	3	57	2	88	94	18	151	30	9	35	36	4	5	3	7	—	4	35	8	11	7	681	
Maidstone B.	3	1	8	17	1	51	3	95	8	80	27	1	20	21	1	7	1	5	5	—	1	45	5	14	3	532	
Margate B.	—	1	6	4	—	2	9	8	1	2	1	—	2	—	—	—	—	—	—	—	3	3	—	1	1	37	
New Romney B.	1	1	12	3	1	18	1	31	32	3	35	5	1	18	3	2	1	3	1	—	2	16	3	2	2	198	
Northfleet U.	3	1	12	3	16	2	73	96	16	41	38	4	52	31	5	6	3	7	9	—	7	56	5	8	8	698	
Orpington U.	2	6	12	2	2	22	2	37	40	10	49	14	3	19	17	3	4	1	2	—	4	18	3	3	6	285	
Penge U.	1	1	2	2	—	1	7	5	1	6	2	—	4	1	1	1	—	—	—	—	6	58	3	7	2	42	
Queenborough B.	1	1	10	17	7	3	54	67	7	57	23	4	16	25	1	5	1	3	1	—	6	58	3	7	2	437	
Ramsgate B.	4	1	14	19	7	5	67	65	12	74	22	7	20	16	1	1	8	3	5	—	4	41	4	13	5	457	
Rochester B.	1	2	2	—	3	—	7	7	—	—	—	—	2	1	—	—	—	—	—	—	2	—	—	—	—	36	
Sandwich B.	—	5	12	3	3	22	2	27	34	2	19	15	4	10	4	3	1	2	2	—	—	18	—	5	1	196	
Sevenoaks U.	—	6	6	1	4	26	2	25	32	5	31	3	3	9	11	2	2	1	1	—	1	11	3	3	1	189	
Sheerness U.	—	12	8	12	2	25	1	76	42	3	147	5	1	13	8	—	2	—	4	—	4	22	2	7	1	398	
Sittingbourne and Milton U.	1	3	4	1	1	9	10	18	5	15	5	2	1	6	1	—	1	—	—	—	3	—	3	1	—	91	
Southborough U.	—	2	3	1	—	14	2	11	11	3	4	1	1	5	10	2	1	—	1	—	4	—	4	1	—	78	
Swancombe U.	—	4	2	3	—	10	—	6	8	—	43	—	1	4	2	1	—	—	—	—	5	—	—	—	—	82	
Tenterden B.	2	3	10	9	1	22	3	41	36	5	23	19	13	7	3	1	1	—	—	—	2	24	1	7	—	238	
Tonbridge U.	4	8	24	13	3	53	4	79	94	15	104	41	6	22	20	3	7	4	3	—	4	45	4	14	6	594	
Tunbridge Wells B.	—	15	11	4	—	24	2	37	48	4	43	26	1	11	12	2	8	—	—	—	3	19	1	3	2	287	
Whitstable U.	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS IN URBAN DISTRICTS	89	340	546	287	104	1,346	86	2,561	316	2,070	682	139	687	680	124	178	71	108	102	5	1,117	125	266	144	5	14,003	

TABLE 6
Showing causes of deaths in the RURAL DISTRICTS of Kent during the year 1957.

DISTRICT	Malignant neoplasms					Leukaemia, leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes
	Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																							
Ashford, East	4	9	1	1	10	1	18	17	41	14	5	5	1	5	10	1	1	1	1	1	1	10	10	10	10	10	114	
Ashford, West	5	6	1	1	10	1	30	25	41	14	5	5	1	5	10	1	1	1	1	1	1	10	10	10	10	10	190	
Bridge-Blean	1	1	1	1	15	1	33	43	61	16	10	10	1	26	19	1	1	1	1	1	1	10	10	10	10	10	190	
Cranbrook	1	1	1	1	15	1	30	36	38	10	6	6	1	26	19	1	1	1	1	1	1	10	10	10	10	10	320	
Dartford	1	1	1	1	14	1	17	63	78	20	3	3	1	26	35	1	1	1	1	1	1	10	10	10	10	10	486	
Dover	1	1	1	1	14	1	14	14	1	1	1	1	1	19	15	1	1	1	1	1	1	10	10	10	10	10	128	
Easby	1	1	1	1	14	1	14	14	1	1	1	1	1	19	15	1	1	1	1	1	1	10	10	10	10	10	368	
Elham	1	1	1	1	14	1	14	14	1	1	1	1	1	19	15	1	1	1	1	1	1	10	10	10	10	10	321	
Hollingbourn	1	1	1	1	14	1	14	14	1	1	1	1	1	19	15	1	1	1	1	1	1	10	10	10	10	10	321	
Maidstone	1	1	1	1	14	1	14	14	1	1	1	1	1	19	15	1	1	1	1	1	1	10	10	10	10	10	357	
Malling	1	1	1	1	14	1	14	14	1	1	1	1	1	19	15	1	1	1	1	1	1	10	10	10	10	10	357	
Romney Marsh	1	1	1	1	14	1	14	14	1	1	1	1	1	19	15	1	1	1	1	1	1	10	10	10	10	10	357	
Sevenoaks	1	1	1	1	14	1	14	14	1	1	1	1	1	19	15	1	1	1	1	1	1	10	10	10	10	10	357	
Sheppy	1	1	1	1	14	1	14	14	1	1	1	1	1	19	15	1	1	1	1	1	1	10	10	10	10	10	357	
Strood	1	1	1	1	14	1	14	14	1	1	1	1	1	19	15	1	1	1	1	1	1	10	10	10	10	10	357	
Swale	1	1	1	1	14	1	14	14	1	1	1	1	1	19	15	1	1	1	1	1	1	10	10	10	10	10	357	
Tenterden	1	1	1	1	14	1	14	14	1	1	1	1	1	19	15	1	1	1	1	1	1	10	10	10	10	10	357	
Tonbridge	1	1	1	1	14	1	14	14	1	1	1	1	1	19	15	1	1	1	1	1	1	10	10	10	10	10	357	
TOTALS IN RURAL DISTRICTS	30	106	67	46	386	23	567	603	98	701	105	38	106	185	40	40	40	16	43	28	3	27	413	43	87	32	1	4,205
TOTALS IN URBAN DISTRICTS	89	340	287	104	1,346	86	78	1,518	2,661	316	2,070	682	139	687	680	124	178	71	108	162	5	136	1,117	125	266	144	5	14,003
TOTALS IN COUNTY	119	446	354	150	1,732	109	110	2,085	3,164	414	2,771	877	177	883	865	164	218	87	151	180	8	163	1,530	168	353	176	6	18,208
Rural Districts	0.87	0.14	0.14	—	0.03	0.03	0.14	0.06	0.17	0.06	0.17	0.06	0.03	0.14	0.06	0.17	0.06	0.03	0.03	0.03	0.08	0.78	11.03	1.24	2.61	0.92	0.03	1.21
Urban Districts	0.71	0.06	0.29	—	0.02	0.05	0.11	0.02	0.17	0.02	0.17	0.02	0.05	0.11	0.02	0.17	0.02	0.05	0.05	0.05	0.04	1.07	8.81	0.99	2.10	1.14	0.04	1.10
Administrative County of Kent	0.74	0.08	0.26	—	0.02	0.04	0.12	0.03	0.17	0.02	0.17	0.02	0.04	0.12	0.03	0.17	0.02	0.04	0.04	0.04	0.05	1.01	8.86	1.04	2.19	1.09	0.03	1.13

TABLE 7

Showing the allocation of deaths to causes, in children under one year of age.

Causes of Death	Deaths under One Year of Age		
	1938	1956	1957
Whooping Cough	4	1	2
Cerebro-spinal Fever	2	2	3
Diphtheria	1	—	—
Tuberculosis—Respiratory	1	—	—
—Other Forms	9	—	—
Syphilitic Diseases	4	—	—
Influenza	4	—	1
Measles	4	—	—
Acute Poliomyelitis and Polioencephalitis, Acute Infectious Encephalitis	—	—	—
Malignant Neoplasm—all sites	1	1	1
Intracranial Vascular Lesions	—	—	1
Heart Disease, Diseases of Circulatory System	—	1	1
Bronchitis	19	18	23
Pneumonia	125	57	46
Other Respiratory Diseases	4	3	2
Ulcer of Stomach or Duodenum	—	—	—
Appendicitis, Diarrhoea, other Digestive Diseases	92	9	3
Nephritis and Nephrosis	1	1	—
Premature Birth, Congenital malformations, other defined and ill-defined diseases.. .. .	593	390	394
Violence	21	13	23
All Other Causes	—	15	—
All Causes	885	511	500

