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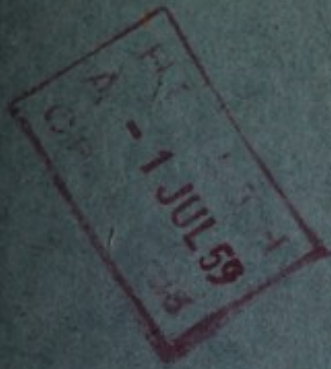
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BOROUGH OF MAIDSTONE



The Health of Maidstone

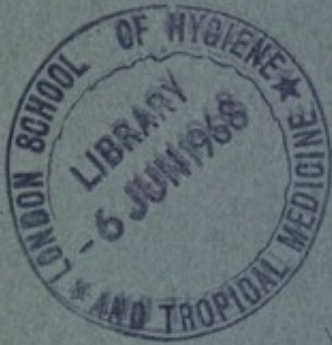
1958



Annual Report of the
Medical Officer of Health
F. H. M. DUMMER, M.B., Ch.B., D.P.H.

RS

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BOROUGH OF MAIDSTONE

ANNUAL REPORT

FOR

- 1958 -

ON THE

HEALTH OF MAIDSTONE

BY THE

MEDICAL OFFICER OF HEALTH

F. H. M. DUMMER, M.B., Ch.B., D.P.H.

HEALTH COMMITTEE 1958

CHAIRMAN:	Councillor H. B. Cannell.
VICE-CHAIRMAN:	Councillor J. E. Evans.
MEMBERS:	Aldermen Brittain, Harman, Mrs. Relf. Councillors Appleton, Boardman, Mrs. Cameron, Mrs. Goodchild, Parker, Tippet.

PUBLIC HEALTH OFFICERS OF THE MAIDSTONE CORPORATION

MEDICAL OFFICER OF HEALTH:	F. H. M. Dummer, M.B., Ch.B., C.P.H., D.P.H.,
DEPUTY MEDICAL OFFICER OF HEALTH:	A. E. Warren, L.R.C.P.I. and L.M., L.R.C.S.I. and L.M.
CHIEF PUBLIC HEALTH INSPECTOR:	A. H. Basford, D.P.A., (1, 2, 3 and 4)
DEPUTY CHIEF PUBLIC HEALTH INSPECTOR:	G. S. Adams (1 and 2)
ADDITIONAL PUBLIC HEALTH INSPECTORS:	R. A. R. Key (1, 2 and 3) J. Arnold (1 and 2) F. H. Piggott (1 and 2) B. G. Willis (1)

- Key:
1. Certificate of Royal Sanitary Institute of Sanitary Inspectors Examination Joint Board.
 2. Meat and Other Foods Inspection Certificate of Royal Society of Health.
 3. Smoke Inspectors Certificate of Royal Society of Health.
 4. Sanitary Science Certificate of Royal Society of Health.

CLERKS: M.O.H. Office:

Mrs. L. Thurlow.
(Died 24.10.58.)

Miss H. Wood.
(Appointed 1.12.58.)

Public Health Inspector's Office:

L. Acott.

Mrs. B. Jones.

Miss C. Gosling.

BOROUGH OF MAIDSTONE

To The Worshipful The Mayor, Aldermen and Councillors of the Borough
of Maidstone.

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the Health of Maidstone in
1958.

This is the first year for which the health services operating on your behalf
have been my responsibility, and I have therefore felt it fitting to start an
entirely new series of reports, the first of which I hope you will find acceptable.
From the comments and tables to be found in the pages of this Report, you will note
the increasing scope of the field of the health services and the changing emphasis
being placed on the individual items.

In the last few years, "a quiet revolution" has taken place in the outlook on
preventive medicine and social welfare. A more acute awareness has shown itself
in the realisation that physical and mental illness may well be inseparable from
the individual's relationship to his environment. More and more cases are
occurring where treatment of the person intimately concerned must be extended to his
family and even his community ties. It is becoming recognised that many illnesses
arise from a complexity of environmental causes. No man can live in isolation as a
complete being and it is a reasonable deduction that many of the strains and stresses
of twentieth century life resulting in mental and physical incapacity have their
origin in domestic conditions.

Our predecessors knew that bad housing, bad water supplies and bad food played a
major part in the poor standard of health of the people. We have gone further and
now hold that good housing, good water supplies and clean food are merely the
elementary basic requirements of healthy living. There must be a great deal more
before a standard of "positive health" can be achieved. On mere elementary needs,
civilised man in this highly sophisticated century should be brimming over with health
and boundless energy - but the indications of disease as shown in this Report, point
to the fact that such an ideal is not yet within our grasp. The scope which remains
for the exercise of imagination and helpful planning in community services is still
one of considerable dimensions.

In one of the main sections of this Report I have contrasted the pattern of
disease in the years 1908 and 1958. Although wide variations are shown in the table,
I would draw your attention to the relatively high death rate which is still seen in
the case of chest diseases other than tuberculosis and cancer. It has been held that
one of the main reasons for this state of affairs is pollution of the atmosphere.
It is hoped that the Clean Air Act will go a considerable way towards the amelioration
of such diseases, and plans are now being made to try to assess, as far as is
practicable, how this factor operates in Maidstone.

On the subject of tuberculosis, I have this year given a considerable amount of publicity to the work of the Tuberculosis Care Committee in Maidstone and District. This is an organisation which I commend to your notice both for the need which still exists for such voluntary associations, and the wide scope of the help being given by the Care Committee.

When you come to read the pages which follow, you will appreciate that the work involved in the compilation of this Report is a joint effort by all those whose duties directly or indirectly touch on the public health. I acknowledge with thanks the reports and assistance given me by the officers of every department of the Corporation, especially the Borough Treasurer, the Borough Surveyor, the Chief Public Health Inspector, and the Housing Manager. I am also grateful to Dr. D. L. Pugh, the Chest Physician, for an account of the work of the Chest Clinic on which my comments are based. Mr. R. A. Hollands of the Borough Treasurer's Department has given me valuable assistance in his advice and criticism on the layout of this Report: this has involved a considerable amount of work for the members of the Printing Section, Miss J. Sisley and Miss M. Chambers, who have been most helpful and co-operative. In particular my secretary Miss Helen Wood has had a formidable task in typing and arranging the many sections of this report and her work has contributed very greatly to the final presentation.

I regret to have to report the death, in October 1958, of my former secretary Mrs. L. Thurlow at a comparatively early age. Mrs. Thurlow was a most efficient and conscientious worker and is greatly missed by all her colleagues.

The work undertaken in 1958 in the Health Department has been very considerable and I wish to thank the Chief Public Health Inspector and the whole staff of the Department for the enthusiastic and efficient way they have carried out their duties.

I have the Honour to be,
Madam Mayor, Ladies and Gentlemen,

Your obedient Servant,

F. H. M. DUMMER.

Medical Officer of Health.

Health Department,
13, Tonbridge Road,
Maidstone.
(Maidstone 4072)

15th June, 1959.

VITAL STATISTICS 1958

AREA 6194 acres

ESTIMATED RESIDENT
POPULATION 56,500SUM REPRESENTED BY
A PENNY RATE £3,565

Population - Census 1952	54,206		
Number of inhabited houses (end of 1958)	16,875		
Rateable value	£900,257		
	Male	Female	Total
LIVE BIRTHS	426	421	847
LIVE BIRTH RATE per 1,000 population		crude	14.99
		corrected	15.58
STILL-BIRTHS	9	6	15
STILL-BIRTH RATE per 1,000 live and still-births			17.40
TOTAL LIVE AND STILL-BIRTHS	435	427	862
INFANT DEATHS	13	10	23
INFANT MORTALITY RATE per 1,000 live births - total			27.15
INFANT MORTALITY RATE per 1,000 live births - legitimate			26.86
INFANT MORTALITY RATE per 1,000 live births - illegitimate			35.71
NEO-NATAL MORTALITY RATE per 1,000 live births			21.25
ILLEGITIMATE LIVE BIRTHS per cent of total live births			3.35
MATERNAL DEATHS (INCLUDING ABORTION)			1
MATERNAL MORTALITY RATE per 1,000 live and still- births			1.16
DEATHS	315	309	624
DEATH RATE per 1,000 of estimated resident population		crude	11.04
		corrected	9.71
DEATH RATE FOR ENGLAND AND WALES			11.7

THE CHANGING PATTERN OF DISEASE

Reference to the histogram under this heading will show how markedly the disease pattern has changed in the past 50 years.

HEART DISEASE.

By far the greatest single cause of death today is heart disease, which in 1958 accounted for 33.8 per cent of the total deaths in the year. This category has displaced, over the half-century, pneumonia and bronchitis from a position of priority that amounted to 14.2 per cent of all deaths in 1908.

PNEUMONIA.

Pneumonia at that time was called by the great physician Sir William Osler, "The Captain of the Cohorts of Death". At the beginning of the century pneumonia was a death-dealing disease at all age groups. Today with a percentage of 10.4 it attacks mainly the elderly age group and the very young. At all other times of life it is much more amenable to treatment through the discovery of the antibiotic group of drugs.

CANCER.

The runner-up in 1958 to heart disease was cancer, which, in the 50 years under discussion has moved up the table from 7.3 per cent to 19 per cent, and is showing nationally an increasing incidence year by year. As a specific disease, cancer is referred to in another part of the report.

SUICIDE.

Despite the heightening tension of modern living, and the increasing stress of living conditions - in spite, indeed, of the growing impression that psychological disturbances are a commonplace - it is gratifying to be able to report that the suicide rate today is almost half of what it was 50 years ago. Yet, it is a sad fact that 7 deaths were recorded last year from this cause.

ACCIDENTS.

No satisfaction can be gained from the accident mortality which in Maidstone has approximately trebled in the half-century. Although a considerable proportion of this incidence is due to the number of motor vehicles on the road, a large percentage has been the result of accidents occurring in the home. The national figure of deaths from accidents in the home exceeds that of deaths on the road.

The accident rate in Maidstone apart from motor vehicle accidents is largely made up from accidents in the home and at work, and of a total of 24 deaths in this combined category, 15 were accounted for through accidents occurring other than in motor vehicles.

INFECTIOUS DISEASES.

One of the most remarkable instances of the changing pattern of disease is shown in the difference during this era in deaths caused by infectious diseases. In 1908 6.6 per cent were placed in this category, while today the figure is 0.1 per cent. This has come about through the vast improvement in the environmental health of the community, the biological evolution of the organisms, the impressive extension of immunisation and vaccination, and through the use of specific drugs which have been discovered for individual diseases.

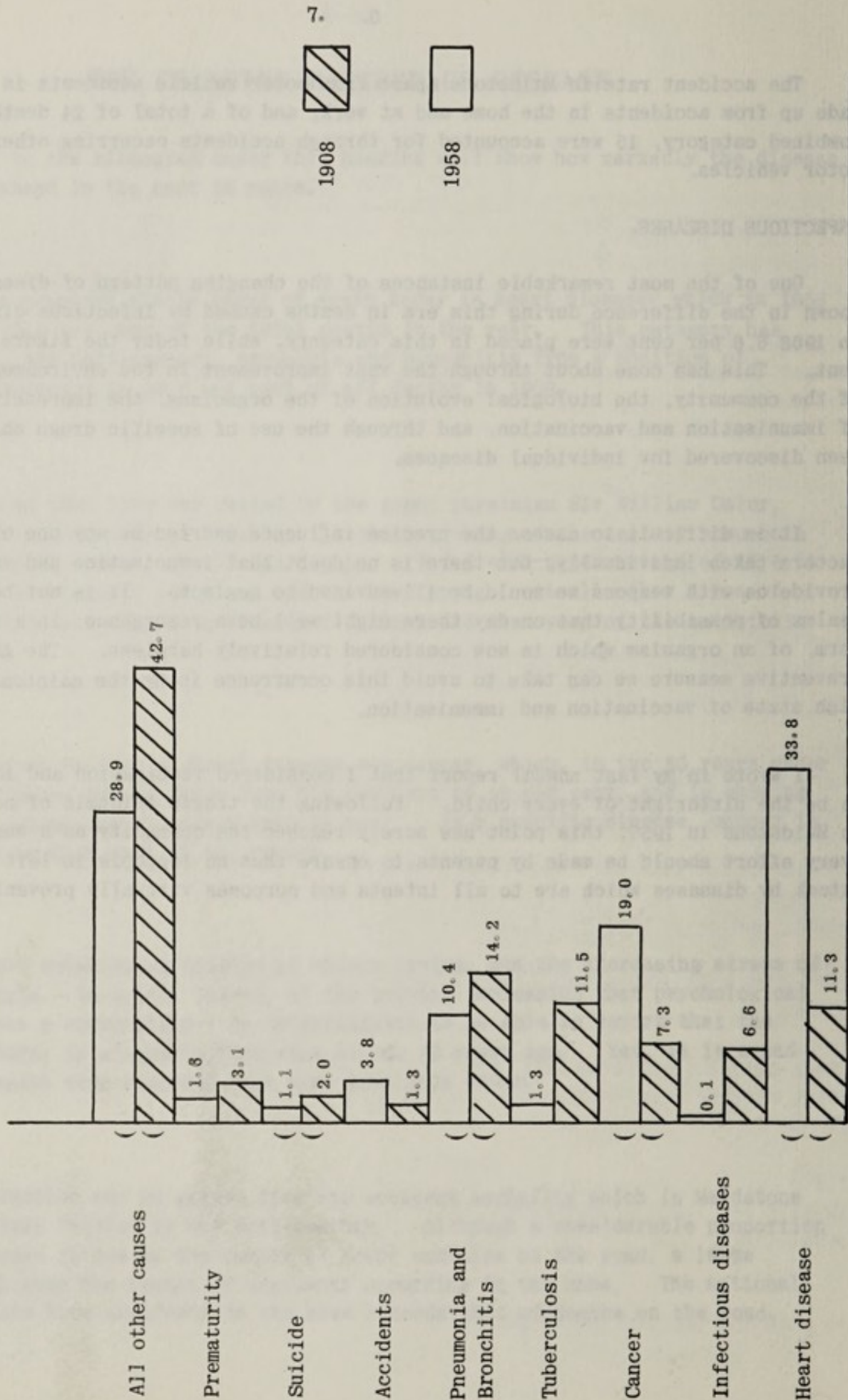
It is difficult to assess the precise influence exerted by any one of these factors taken individually, but there is no doubt that immunisation and vaccination provide us with weapons we would be ill-advised to neglect. It is not beyond the realms of possibility that on day there might well be a resurgence, in a virulent form, of an organism which is now considered relatively harmless. The greatest preventive measure we can take to avoid this occurrence is by the maintenance of a high state of vaccination and immunisation.

I wrote in my last annual report that I considered vaccination and immunisation to be the birthright of every child. Following the tragic epidemic of poliomyelitis in Maidstone in 1957, this point has surely reached the community as a whole, and every effort should be made by parents to ensure that no loophole is left for an attack by diseases which are to all intents and purposes virtually preventable.

THE CHANGING PATTERN OF DISEASE

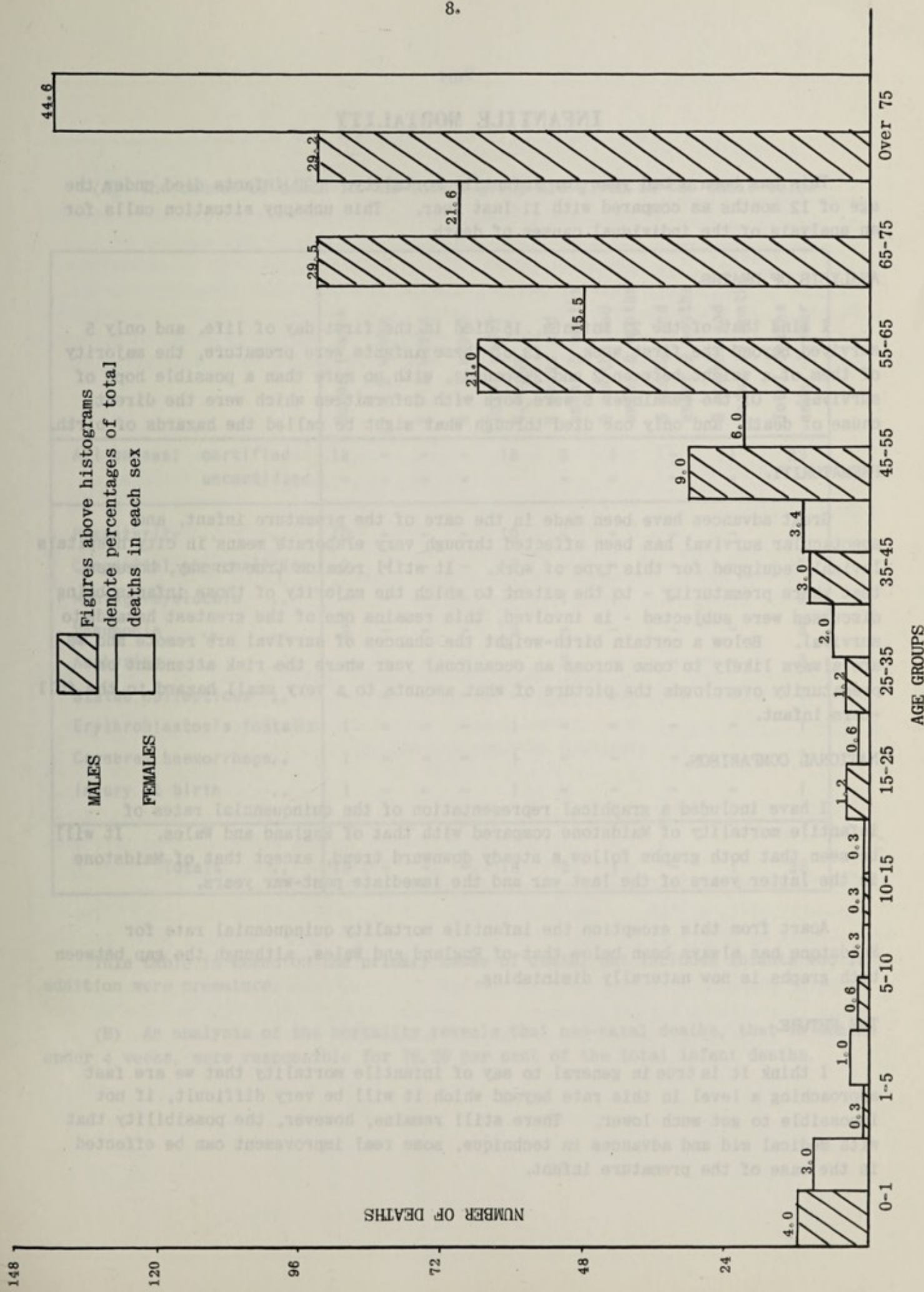
Specific diseases shown as percentages of the total number of deaths.

1908 and 1958



All causes of death
100 per cent base-line.

DEATHS IN AGE GROUPS 1958



INFANTILE MORTALITY

This has been a bad year for infantile mortality. 23 infants died under the age of 12 months as compared with 11 last year. This unhappy situation calls for an analysis of the individual causes of death.

ANALYSIS OF DEATHS.

I find that of the 23 infants, 15 died in the first day of life, and only 5 survived beyond the first week. 13 of these infants were premature, the majority of them of a weight between 2 and 3½ pounds, with no more than a possible hope of survival. Of the remainder 6 were born with deformities which were the direct cause of death, and only one died through what might be called the hazards of birth.

PREMATURITY.

Great advances have been made in the care of the premature infant, and spectacular survival has been effected through very elaborate means in city hospitals lavishly equipped for this type of work. It still remains true to say, however, that where prematurity - to the extent to which the majority of those infants being discussed were subjected - is involved, this remains one of the greatest hazards to survival. Below a certain birth-weight the chances of survival are remote and we are always likely to come across an occasional year where the risk attendant on prematurity overclouds the picture of what amounts to a very small hazard to the full-term infant.

NATIONAL COMPARISON.

I have included a graphical representation of the quinquennial rates of infantile mortality of Maidstone compared with that of England and Wales. It will be seen that both graphs follow a steady downward trend, except that of Maidstone in the latter years of the last war and the immediate post-war years.

Apart from this exception the infantile mortality quinquennial rate for Maidstone has always been below that of England and Wales, although the gap between both graphs is now naturally diminishing.

THE FUTURE.

I think it is true in general to say of infantile mortality that we are fast approaching a level in this rate beyond which it will be very difficult, if not impossible to get much lower. There still remains, however, the possibility that with medical aid and advances in technique, some real improvement can be effected in the case of the premature infant.

(A) The causes of death in the infant group are given in the table below

	Under 1 week	1 - 2 weeks	2 - 3 weeks	3 - 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
All causes: certified	18	-	-	-	18	3	1	-	1	23
uncertified	-	-	-	-	-	-	-	-	-	-
Prematurity	10	-	-	-	10	-	-	-	-	10
Congenital abnormalities	2	-	-	-	2	-	-	-	-	2
Meningo-myelocoele ..	-	-	-	-	-	1	1	-	-	2
Pneumonia	3	-	-	-	3	-	-	-	-	3
Asphyxia	-	-	-	-	-	2	-	-	-	2
Status epilepticus ..	-	-	-	-	-	-	-	-	1	1
Erythroblastosis foetalis	1	-	-	-	1	-	-	-	-	1
Cerebral haemorrhage..	1	-	-	-	1	-	-	-	-	1
Injury at birth ..	1	-	-	-	1	-	-	-	-	1
Totals	18	-	-	-	18	3	1	-	1	23

This table is based on the primary cause of death, but includes infants who in addition were premature.

(B) An analysis of the mortality reveals that neo-natal deaths, that is deaths under 4 weeks, were responsible for 78.26 per cent of the total infant deaths.

THE INFECTIOUS DISEASES IN 1958.

SCARLET FEVER 64 cases

This is a disease which today seldom requires hospitalisation, apart from the isolated severe case or the urgency of admission through social factors. In 1958 the cases were generally of a mild nature, and did not give rise to any anxiety. No deaths occurred in this disease. The diagnosis between scarlet fever and severe tonsillitis is not nearly as clear cut as it used to be, and there is often some difficulty in deciding whether a particular case should be so notified. The number of cases increased this year from 21 in 1957.

WHOOPIING COUGH 38 cases

There has been a considerable decrease in the number of cases notified, 38 as compared with 192 in 1957. There is a reasonably adequate protection against this disease by way of immunisation, and although cases are generally mild these days, whooping cough is still a dangerous disease in the very young. It is one of the illnesses which, because of the reasonable preventive action which can be taken against it, parents are ill-advised to neglect.

MEASLES 96 cases

In 1958, 96 cases of measles were notified, as compared with 427 in 1957. The two-yearly cycle of measles has already been commented upon, and we expect that this will again be manifest in 1959, as an outbreak.

POLIOMYELITIS Nil

There were no cases of poliomyelitis notified in 1958, a very considerable difference in the situation from 1957 when there were 66 cases with 5 deaths. The position today in poliomyelitis is totally different from a couple of years ago, due entirely to the use of the Salk vaccine and the British-made vaccines. The aftermath of paralytic poliomyelitis is so crippling that a community which has once seen the ravages of this disease is surely convinced that all action that can be taken to prevent it, should be given a chance. This chance lies in the vaccine which is available for all persons up to the age of 26. More will be said on the position in relation to the use of vaccines in another section of the report.

DIPHTHERIA
Nil

This is the eighth successive year in which no case of diphtheria has been notified. This happy state of affairs is due, and solely due, to the use of diphtheria immunisation. The generation now composing the younger parents of today have no idea of the terrible ravages of this disease. This is as it should be, since the aim of science is to prevent rather than to cure all diseases which take such a toll of life as diphtheria once did. The community, however, would be making a tragic mistake to view such a situation with complacency. It is only by the maintenance of a high state of immunisation that diphtheria can be kept under in the way it has been in Maidstone for the past 8 years.

SMALLPOX
Nil

Again there has been no case of smallpox reported. Although the vast majority of communities in this country enjoy a similar immunity from smallpox, the same remarks which I made in respect of diphtheria apply here. There is no mystery about this: smallpox can spread like wildfire in a community which does not keep up its barrier state of protection. The protection is simple, painless and most effective, there is no reason why every inhabitant of these islands should not provide himself with the protection offered by vaccination.

DYSENTERY
Nil

Although a considerable number of cases of Sonne dysentery occurred in the environs of Maidstone, no cases were notified in the town area. Dysentery is a highly infectious disease, and the only known protection against it is rigid attention to the basic principles of hygiene. In this connection soap and water plays a most important part, and much can be done through the education of the young in personal habits.

**PUERPERAL
PYREXIA**
5 cases

Five cases of this disease occurred in the present year, three of which were admitted to hospital. This low rate for an illness which can arise from a very large number of causes, is an indication of the high quality of the midwifery and nursing services in this area. The use of antibiotics has shorn this condition of its terrors.

PNEUMONIA
23 cases

The vast majority of cases in this disease occurred in the elderly group of the population, along with a few cases in the very young - particularly as a hazard of prematurity. You will see from the table that the number of deaths is greater than the total number of cases notified. This is because the only notifiable forms of this disease are acute primary pneumonia and the influenzal type. There are, of course, other types outside the range of notification, and all these have been included in the total of deaths. The division between acute primary pneumonia and other types of pneumonia is not a very happy one from our point of view, and causes some confusion in notification.

ERYSIPELAS
6 cases

This is an acute condition of the skin associated with toxic symptoms. The number of cases is approximately the same each year, and is not normally associated with complications.

FOOD POISONING
2 cases

Two cases of food poisoning were notified in the same family. The vehicle of infection was not discovered. The diagnosis was made on clinical grounds alone, and bacteriological investigations proved to be negative.

Although food poisoning nationally is a source of great worry to the health authorities, and has a direct relationship to the standard of hygiene of food shops and that of personal habits, it has not been much of a problem to this department in 1958.

TUBERCULOSIS

INFECTIOUS DISEASES - DIVISION INTO WARDS

	North Ward	Shepway Ward	South Ward	Bridge Ward	Heath Ward	High Street Ward	King Street Ward	Total
Scarlet Fever	18	32	2	2	1	4	5	64
Whooping Cough	9	8	-	6	4	5	6	38
Measles	4	77	5	2	2	4	2	96
Poliomyelitis	-	-	-	-	-	-	-	-
Tuberculosis (pulmonary) ..	6	8	1	1	8	3	8	35
Tuberculosis (non-pulmonary) ..	1	5	-	1	-	1	1	9
Diphtheria	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-
Meningococcal infection.. ..	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-
Ophthalmia neonatorum	-	-	-	-	-	-	1	1
Puerperal pyrexia	-	1	-	1	1	-	2	5
Pneumonia	3	4	4	4	1	3	4	23
Typhoid Fever	-	-	-	-	-	-	-	-
Food Poisoning	-	2	-	-	-	-	-	2
Erysipelas	2	-	2	-	1	-	1	6
Chicken Pox	4	12	7	9	34	-	1	67
Totals	47	149	21	26	52	20	31	346

Measles - Biennial comparison.

1953 - 637

1954 - 5

1955 - 898

1956 - 101

1957 - 427

1958 - 96

ANALYSIS OF CASES OF NOTIFIABLE DISEASES UNDER AGE GROUPS

	Under 1 year	1-2	3-4	5-9	10-14	15-24	25 & over	Total all ages
Scarlet Fever	-	-	10	46	7	1	-	64
Diphtheria	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-
Puerperal pyrexia	-	-	-	-	-	4	1	5
Pneumonia	1	2	1	5	-	-	14	23
Erysipelas	-	-	-	-	-	-	6	6
Ophthalmia neonatorum	1	-	-	-	-	-	-	1
Whooping Cough	1	7	8	19	-	-	3	38
Chicken Pox	1	5	5	47	6	1	2	67
Measles	4	19	26	41	4	1	1	96
Malaria	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	1	-	1	2
Meningococcal infection	-	-	-	-	-	-	-	-
Typhoid Fever	-	-	-	-	-	-	-	-
Totals	8	33	50	158	18	7	28	302

TUBERCULOSIS

Since the inception of the National Health Service Act in 1948, the duties in the responsibility for diagnosis, treatment and prevention of tuberculosis, and the care of the tuberculous patient have been discharged in the County of Kent by three main agencies:

1. Regional Hospital Board, acting through Hospital Management Committees, which is responsible for the provision of hospital clinic and specialist services.
2. Kent and Canterbury Executive Council, which is responsible for making arrangements, through medical and dental practitioners, for the provision of personal medical and dental services to all members of the community.
3. County Council (Local Health Authority) which is responsible for services in connection with prevention, care and after-care of disease and the provision of home nursing, home help, and health visiting services.

For the purposes of administration, the County is divided into eleven areas, each being under the control of a Chest Physician mainly employed by the Regional Hospital Board but also a part-time officer of the County Council and who is responsible for all recommendations of treatment of care and after-care. The officer in the case of the Maidstone area is Dr. D. L. Pugh, The Chest Clinic, Foster Street.

Although the scope of the Chest Clinic has been enlarged and it is inclusive of conditions other than tuberculosis, the primary responsibility still remains the management of this particular disease.

ADVANCES IN TECHNIQUES.

Successes in surgical procedure and the discovery of specific drugs have resulted in a marked drop in mortality. It should be clearly understood, however, that tuberculosis is by no means conquered. Case finding and prevention are still of paramount importance and are being pursued with undiminished vigour by means of mass radiography surveys and the follow up of contacts of known cases. In addition, as a part of the B.C.G. vaccination of school leavers all children found on initial skin-testing to be "tuberculin positive" are notified to the Chest Clinic, and all contacts of these children are also followed-up. B.C.G. vaccination is also offered to all contacts with a negative tuberculin skin test.

Reference to the graphical representation of the quinquennial deaths and new cases notified will show that although mortality has fallen very steeply indeed in the last 10 years, a similar decrease has not been maintained in the number of new cases notified.

WORK OF THE CHEST CLINIC.

Non-tuberculous chest diseases, while not the direct responsibility of the Local Health Authority, form a significant part of the work of the Clinic, and conditions such as chronic bronchitis, asthma and lung cancer require an all-out attack, both medically and socially, if the present increase in incidence is to be thwarted.

The work then of the Chest Clinic is both medical and social - the medical unit being the individual patient, and the social unit being the family. Although in the modern Welfare State there are extensive provisions to meet many of the requirements, it is impossible to legislate for every contingency. In the sphere of care much more is needed, and this has involved the formation of a voluntary organisation - the Care Committee.

TUBERCULOSIS CARE COMMITTEE.

I am glad to be able to give some publicity to the work of this most important body who play a very decisive role in the settlement of a family whose domestic happiness has been disturbed by the onslaught of tuberculosis. The needs of such a family are unlimited, and the terms of reference of this Committee follow no hard and fast rules. Anything which is needed by such a family is within the power of the Committee to provide if the family is worthy of assistance. Due regard is paid to the fact that even in the occasional "undeserving" case, help may be given in order to prevent the spread of infection in the community.

Bearing in mind the fact that the National Assistance Board should be the first source of application if a family is in receipt of a regular allowance, the Care Committee often make special grants for the following purposes:

- Holidays for convalescent cases and families.
- Payment of fares of relatives to visit patients.
- Provision of amenities such as wireless sets and television sets.
- Payment of debts that have an effect on the health of patients.
- Supply of clothes.
- Assistance with home helps.
- Provision of extra nourishment.
- Supply of hobbies.

and almost any other aspect of care which has a contributory effect on the health of patients or their families.

THERAPY.

Tuberculosis is one of the major diseases where the effect of idleness is almost disproportionate in relation to the health of the patient. For this reason occupational therapy is considered part of the treatment of the tuberculous patient. The teaching of suitable handicrafts in the home is often a very difficult part of the treatment, and the cost of organising such instruction makes it a very expensive form of care work. At the same time, the pleasure and profit derived by the patient is such that it is regarded by the Care Committee as very well worthwhile.

MONEY ALWAYS NEEDED.

The valuable work undertaken by the Care Committee, performed on an entirely voluntary basis, is made possible by the money derived from the sale of Christmas Greetings Seals, from flag days and dances, whist-drives, concerts and film shows, all of which are organised by the local Committees during the year, with the exception of the Seal Sale which is a combined effort of the County and District Committees. The money so obtained is used solely for the benefit of local patients.

THE COMMUNITY AND THE PATIENT.

With regard to the care of the tuberculous patient, and indeed all people whose lives have been disturbed by illness, the following points should be borne in mind.

1. That in a Welfare State, there is need for voluntary service.
2. That voluntary service is the service of individual persons freely given.
3. That voluntary service produces its best results by considering the needs of the patient as an individual, and also as a member of a family.
4. That the patient and the family are comforted and encouraged by the practical assurance that other folk care.
5. That the assistance given is appreciated.
6. That such appreciation issues in further service by those so helped.

1958 TUBERCULOSIS STATISTICS

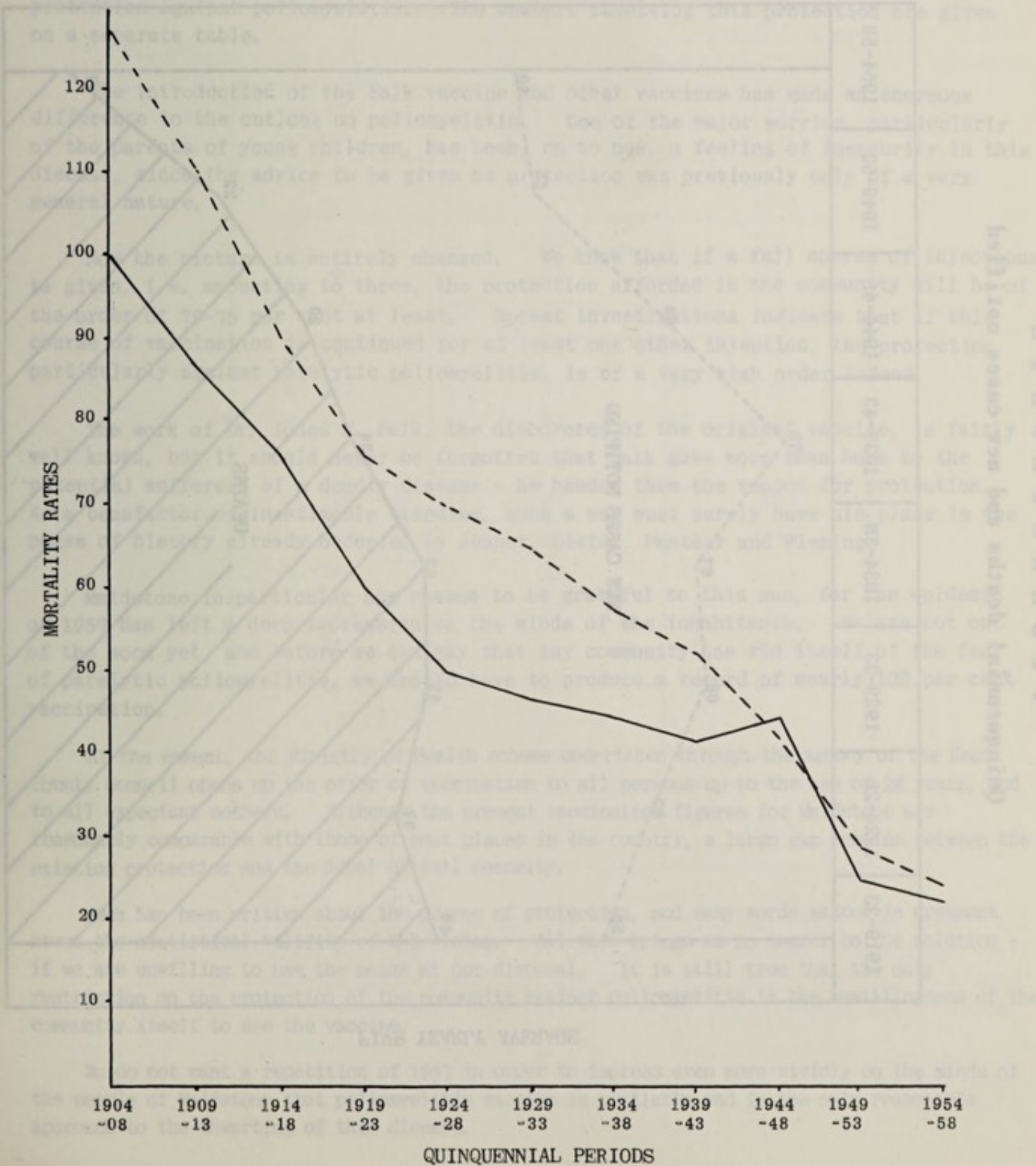
Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non- pulmonary		Pulmonary		Non- pulmonary	
	M	F	M	F	M	F	M	F
0 - 1	-	-	-	-	-	-	-	-
2 - 5	1	-	-	-	-	-	-	-
6 - 15	2	-	-	-	-	-	-	-
16 - 25	2	3	1	2	-	-	-	-
26 - 35	5	3	-	1	-	-	-	-
36 - 45	4	2	1	1	1	1	-	-
46 - 55	6	3	1	-	2	-	-	-
56 - 65	3	1	-	-	1	2	-	-
66 & over	-	-	-	-	-	1	-	-
	23	12	3	4	4	4	-	-

- (a) Number of contacts, seen during 1958, of newly notified cases of tuberculosis 436
- (b) Number of contacts, examined during 1958, of cases notified prior to 1958 457
- (c) Number of contacts in (a) found to be suffering from pulmonary or non-pulmonary tuberculosis 3
- (d) Number of contacts in (b) found to be suffering from pulmonary or non-pulmonary tuberculosis 2

VACCINATION AND IMMUNISATION

INFANT MORTALITY

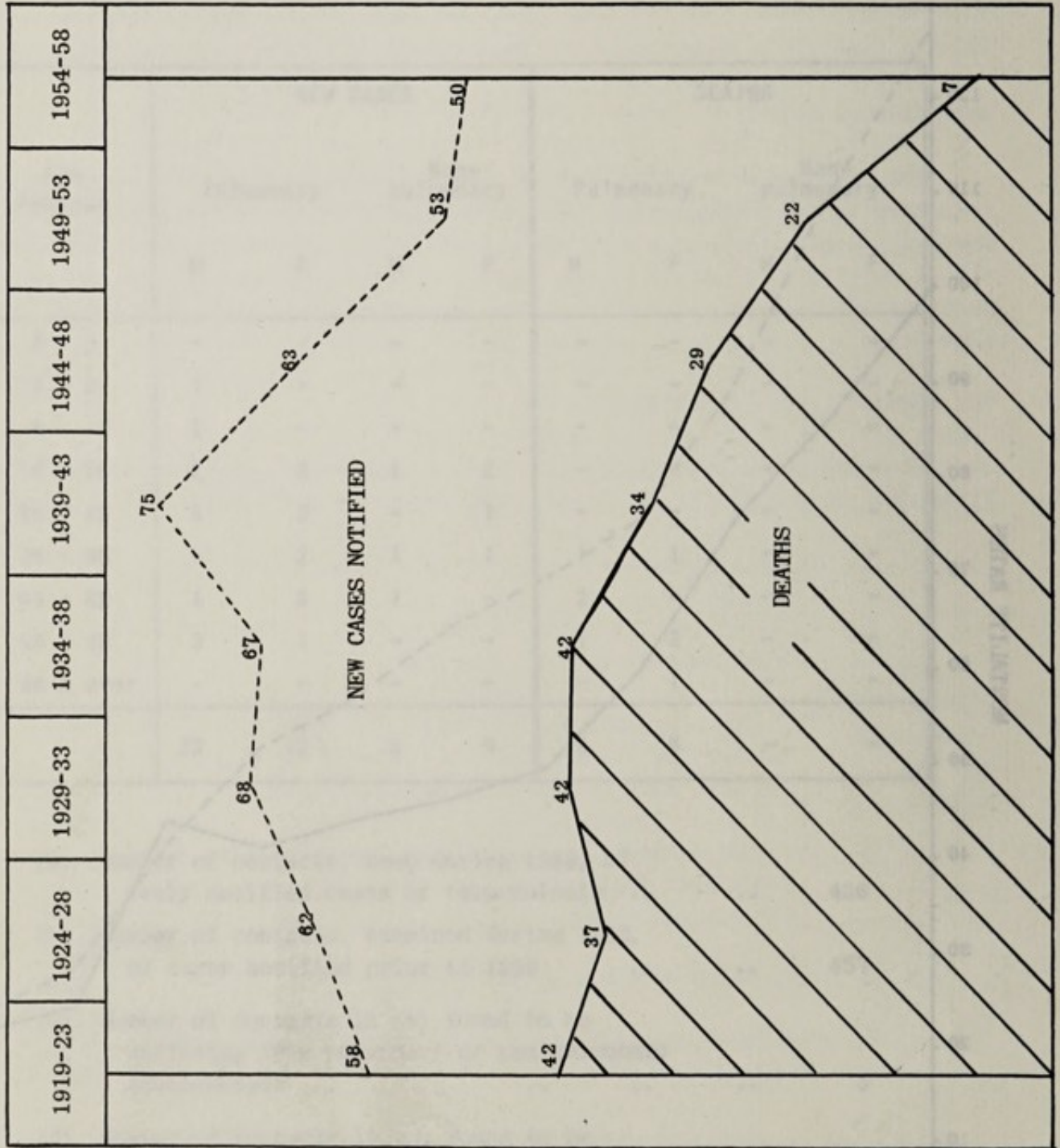
Maidstone —————
 England and Wales - - - - -



P I S T O J O C R I S T

TUBERCULOSIS

Quinquennial deaths and new cases notified



FIVE YEARLY AVERAGE

Averages calculated to whole numbers

VACCINATION AND IMMUNISATION

POLIOMYELITIS VACCINATION.

The outstanding feature of 1958 as far as vaccination and immunisation is concerned has been the introduction, on a considerably increased scale, of the protection against poliomyelitis. The numbers receiving this protection are given on a separate table.

The introduction of the Salk vaccine and other vaccines has made an enormous difference to the outlook on poliomyelitis. One of the major worries, particularly of the parents of young children, has been, up to now, a feeling of insecurity in this disease, since the advice to be given on protection was previously only of a very general nature.

Now the picture is entirely changed. We know that if a full course of injections is given, i.e. amounting to three, the protection afforded in the community will be of the order of 70-75 per cent at least. Recent investigations indicate that if this course of vaccination is continued for at least one other injection, the protection particularly against paralytic poliomyelitis, is of a very high order indeed.

The work of Dr. Jones E. Salk, the discoverer of the original vaccine, is fairly well known, but it should never be forgotten that Salk gave more than hope to the potential sufferers of a deadly disease - he handed them the weapon for protection. As a benefactor of inestimable standing, such a man must surely have his place in the pages of history already occupied by Jenner, Lister, Pasteur and Fleming.

Maidstone in particular has reason to be grateful to this man, for the epidemic of 1957 has left a deep impression on the minds of the inhabitants. We are not out of the wood yet, and before we can say that any community has rid itself of the fear of paralytic poliomyelitis, we should have to produce a record of nearly 100 per cent vaccination.

At the moment, the Ministry of Health scheme undertaken through the agency of the Kent County Council opens up the offer of vaccination to all persons up to the age of 26 years, and to all expectant mothers. Although the present vaccination figures for Maidstone are reasonably comparable with those of most places in the country, a large gap remains between the existing protection and the ideal of full security.

Much has been written about the degree of protection, and many words wasted in argument about the statistical validity of the claims. All this brings us no nearer to the solution - if we are unwilling to use the means at our disposal. It is still true that the only restriction on the protection of the community against poliomyelitis is the unwillingness of the community itself to use the vaccine.

We do not want a repetition of 1957 in order to impress even more vividly on the minds of the people of Maidstone that poliomyelitis vaccine is available and is the only reasonable approach to the thwarting of this disease.

VACCINATION AND IMMUNISATION
POLIOMYELITIS VACCINATION, 1958

The following table gives the numbers of persons resident in the Borough of Maidstone, who received injections against poliomyelitis during the year ended 31st December, 1958:-

Year of Birth	Given third injection	Given two injections
1958	-	99
1957	19	741
1956	72	706
1955	52	601
1954	37	606
1953	30	630
1952	33	639
1951	21	542
1950	35	363
1949	26	377
1948	32	360
1947	68	441
1946	5	980
1945	3	665
1944	1	739
Others	20	1,354
Total	453	9,853

Last year there was a total of 1,793 persons who received a course of two injections of vaccine. Permission for an extension to the scheme to enable a third injection to be given was not issued until September 1958, and therefore the figure of 453 bears very little relation to the total for 1957.

WHOOPIING-COUGH IMMUNISATION

Whooping-cough in general has become a relatively minor disease, but in the very young is still a potential hazard. This is another disease for which there is a reasonable degree of protection, and every advantage should be taken of the facilities.

Immunisation can be carried out at a very young age at any of the Welfare Clinics in the Borough, or through the services of the general practitioner. The protection afforded is well worth while for what can still be a distressing type of illness.

Year of Birth	Whooping-Cough Immunisation Primary
1958	207
1957	445
1956	128
1955	67
1954	32
1953	29
1952	5
1951	6
1950	-
1949	-
1948	1
1947	-
1946	-
1945	1
1944	-
Before 1944	-
Total	921

SMALLPOX VACCINATION.

Smallpox vaccination, apart from its obvious vital health implication, is almost one of the social necessities of these days of modern travel. The risk of primary vaccination in infancy is negligible, but for an adult who is vaccinated for the first time at a late age, inconvenience may be quite considerable.

Since International Certificates of Vaccination are required for travel to almost any part of the world, the advantages of the primary vaccination attended by little or no inconvenience, with a revaccination done in adult life, should outweigh any arguments against smallpox protection.

There are also large areas of the world where smallpox is still an endemic disease, and the risk of bringing in the illness through air travel is still a very real one.

Year of Birth	Smallpox Vaccination	
	Primary	Revaccination
1958	139	-
1957	199	-
1956	9	-
1955	6	1
1954	3	-
1953	3	-
1952	3	1
1951	2	-
1950	3	-
1949	2	1
1948	1	-
1947	1	-
1946	-	-
1945	-	-
1944	1	1
Before 1944	11	14
Total	383	18

DIPHTHERIA IMMUNISATION.

The total number of completed courses of immunisation under the age of 15 years in the period 1944 to 1958 is now 8,985. Maintenance of a level of protection is vital in this disease. The enormous improvement in the national protection from diphtheria is dependent upon this community barrier. As recently as 1942 there were 55,000 cases occurring annually with nearly 2,800 deaths, in England and Wales. The latest national figures for this disease are 37 notifications and 6 deaths in 1957. This almost incredible improvement has been due to the extension of diphtheria immunisation, and such a state of protection can only be maintained by our increasing awareness of that fact.

The following tables refer to (A) the number of children under the age of 15 years on December 31st 1958, who had completed a course of immunisation at any time since January 1st 1944, and (B) the record of immunisation referring only to the year 1958.

TABLE A

Year of Birth	Last complete course of injections, (whether primary or booster) 1954-1958	1953 or earlier
1944	37	687
1945	208	472
1946	370	488
1947	739	273
1948	599	114
1949	560	173
1950	494	231
1951	457	221
1952	393	205
1953	501	18
1954	444	
1955	431	
1956	433	
1957	398	
1958	39	
Total	6,103	2,882

TABLE B

Year of Birth	Diphtheria Immunisation	
	Primary	Reinforcing
Before 1944	-	-
1944	-	3
1945	-	-
1946	-	2
1947	1	18
1948	3	68
1949	4	74
1950	4	18
1951	21	86
1952	20	164
1953	8	206
1954	8	8
1955	17	-
1956	85	1
1957	350	9
1958	39	-
Total	560	657

HEALTH SERVICES OPERATING IN THE AREA

SCHOOL HEALTH SERVICE.

The School Health Service, with school inspections and clinics, the Maternity and Child Welfare Service and the Domiciliary Midwifery Service, are now administered by the Kent County Council, and are controlled by the County Medical Officer.

HOSPITALS.

The hospitals are administered by the Mid Kent Hospital Management Committee and the South Eastern Metropolitan Regional Hospital Board. The services of the consultant staff are available at the West Kent Hospital and the County Ophthalmic and Aural Hospital. Available also is Preston Hall Chest Hospital, and use is made by patients from Maidstone of the hospitals in the Tunbridge Wells area, particularly Pembury and the Kent and Sussex Hospital. Additional beds are in use at Linton Hospital and the Fant Lane Isolation Hospital caters for post-operative cases from the West Kent Hospital as well as for infectious diseases for which admission is required. The nursing staff for all the hospitals has been difficult to obtain, and there is a shortage of beds for the chronic sick and for the care of old folk. This latter requirement increases year by year and is a reflection of the steadily increasing elderly age group in the population.

DOMESTIC HELP SERVICE.

This service is administered by the County Council and is of great value in providing care for aged and disabled patients, and thus relieving pressure on the available hospital beds. I often find that by the judicious use of this service, elderly people are given the advantage of essential domestic help, and tides them over a difficulty, which in other circumstances would undoubtedly require hospitalisation.

It is surprising to find such a large number of elderly people with no near relatives, and often, I am sorry to say, relatives are unwilling to help out at this dependent stage of life.

The services rendered by the Maidstone Personal Service Society and the Red Cross are greatly appreciated, and contribute very markedly to the welfare of the old folk.

EPILEPTICS AND SPASTICS.

For these handicapped members of the community efforts have been made in recent years to provide much assistance and encouragement in overcoming their disabilities. Modern surgery and medicine give new hope to cases which might formerly have been regarded as beyond improvement. There are several organisations in the town associated with the handicapped patient, and in particular I would mention the Maidstone branch of the National Spastics Association which has found much local interest and support.

Even in the Welfare State the need for voluntary organisations is very considerable, as I have already referred to in the report on tuberculosis.

CARE OF THE ELDERLY.

The problem of the elderly is one which is assuming major proportions. The background reason for this is the growing number of elderly people in the population.

In 1957 the estimated population of England and Wales was approximately 45 millions, of whom nearly 5,200,000 were aged 65 and over, a proportion of 1 in 9. Applying the same factor to Maidstone, the aggregate would be 6,200 for the age group 65 and over. This is a very substantial problem when one considers that the number exceeds either the primary or the secondary school children population of the Borough, and one must now have the objective of placing the welfare services for the elderly on a similar plane to that enjoyed by the young.

The shift in population grouping is interesting: at the beginning of the century this factor was 1 in 21 and in another 18 years it will be 1 in 7. Certainly there will be some compensation by the fact that a larger proportion of elderly people will remain at work beyond the age of 65, but one must also take into consideration the growing incidence of the degenerative diseases, principally heart disease, closely followed by cancer.

Approximately 95 per cent of elderly people live at home, and one of the main factors in the care of the elderly is the recognised ideal of retaining them at home, in some cases in spite of incapacity.

At the moment a large proportion of the work done by local authorities has been provided for by affiliation with voluntary associations. These local authorities have either taken an active part in the administration of voluntary organisations, or have generously given financial aid. Through the local authorities the following services are available - home helps, district nurses and health visitors, social workers and occupational therapists.

The voluntary services supply - Meals on Wheels, Darby and Joan Clubs, visiting and advice.

Material help is offered by the Care Committees, and the National Assistance Board also helps out with money. Additional assistance tried out in Kent with some success has been the provision of a night attendant service and evening service.

The Borough Council have given very real help by providing homes for the elderly either in the form of flats, or bungalows. The statistical returns for this kind of assistance are given in another section of the report.

Mention too, should be made of the experiment undertaken by Messrs. Sharps in the employment of a number of the older members of the community in the packing of confectionery. The Maidstone Personal Service Society also opened work-rooms in the British Legion Village Hall, where the number of elderly people employed was 20. One of the difficulties in this latter service is the distance of the Hall from the town.

It will be seen that the agencies catering for the welfare of the elderly in Maidstone are multiple. One of the difficulties, however, expressed by the Borough Council, has been the lack of real integration in these services, with a possibility of overlapping. The decisions taken by the Borough Council in this respect are not for discussion in this annual report which is confined to 1958. It is sufficient here to say that the welfare of the elderly is regarded by the Council as a major interest, and steps are being taken to try to bring a closer liaison between the various interested groups.

WATER SUPPLIES

The Maidstone Waterworks Company supply the Borough of Maidstone and parts of the surrounding rural districts. The demand for water both for domestic and commercial use is steadily increasing. Nearly 99 per cent of the area served by the Company has a piped water supply.

There was throughout the year an appreciable surplus of yield of the various sources of supply in relation to demand.

The Company laid just under two miles of mains, some 3", some 6", but mostly 4", and the greater lengths were laid on the new Loose Court Estate and the Palace Wood Estate. I am indebted to Mr. Harden, Director and Engineer of the Maidstone Waterworks Company, for the following table on the work carried out during the year.

SIZES AND LENGTHS OF MAINS LAID WITHIN THE BOROUGH OF
MAIDSTONE DURING 1958

Size of Main	Location	Length in Yards
3"	Loose Court Estate	367
4"	Loose Court Estate	827
4"	Lancet Lane	84
4"	Tudor Avenue	189
3"	Palace Wood Estate	254
4"	Palace Wood Estate	524
4"	Gatland Lane	503
6"	Allington Way	88
3"	Bower Street	42
4"	Hillary Road	135
3"	Stevensons Wood, Sutton Road	83

	Totals	3" main	..	..	..	746 yards
		4" main	..	..	..	2,262 yards
		6" main	..	..	..	88 yards
						3,096 yards

Chemical analyses and bacteriological examinations of the water are carried out monthly, some by the Company's own Analyst, and some at the Public Health Laboratory. The results of examinations are consistently satisfactory, showing the water to be of a high standard. The following table denotes the average of the results of the chemical analyses of water during the year.

	Boarley Springs	Cossington Springs	Forstal Well	Farleigh Engine House	Cossington Well	Boxley Well	Boxley Borehole	Hockers Lane Borehole
	Parts per Million							
Total solid residue	386	358	554	525	180	290	266	355
Chlorine	21.0	20.5	40.5	30.5	18.5	18.5	20.0	30.0
Nitrogen (nitrites)	-	-	-	-	-	-	-	-
Nitrogen (nitrates)	2.8	2.5	4.1	5.5	0.5	1.5	0.5	2.5
Ammonia saline	-	-	-	-	-	-	-	-
Ammonia albuminoid	-	-	-	-	-	-	-	-
Iron	-	-	-	-	-	-	-	-
Oxygen absorbed ($\frac{1}{4}$ hour at 27°C)	0.04	0.09	0.09	0.07	0.06	0.07	0.05	0.05
Oxygen absorbed (4 hours at 27°C)	0.16	0.14	0.12	0.10	0.11	0.12	0.15	0.11
Total hardness	271	238	397	333	134	233	133	201

INSPECTIONS AND NOTICES

Bakehouse inspections	8
Chimneys repaired	5
Cement sinks removed and glazed provided	1
Cooking stoves renewed or repaired	2
Dairies and Milkshops inspected	122
Common lodging House inspections	33
Coppers repaired	1
Drains choked and cleansed by flushing staff	403
" reconstructed	15
" inspection chambers provided	4
" stoneware pipes laid, feet	37
Dustbins provided	11
Factory, workplaces and outworkers' premises inspected	259
Grates renewed or repaired.. .. .	1
Houses, floors to living-rooms provided or repaired	1
" chuting or guttering repaired or renewed	14
" roofs repaired	26
" rooms where dirty or loose paper has been removed and walls and ceilings repaired and distempered	21
" walls made dry by insertion of damp course or other method.. .. .	20
Inquiries into cases of Infectious Diseases	75
Inspection of houses on complaint or otherwise	3,156
Re-inspections	3,390
Miscellaneous defects remedied	31
Public Houses inspected	9
Restaurants and Cafes inspected	18
Schools inspected	7
Sink or other wastepipes removed, disconnected or trapped	5
Sinks, new channels provided or repaired	3
Stoneware gullies provided	4
W.C's, Walls and ceilings repaired.. .. .	8
W.C's, new pans, traps and seats provided	6
Window, frames required	10
Verminous rooms cleansed	19
Yard pavement repaired or provided in connection with houses	2
Preliminary Notices served.. .. .	296
Statutory Notices served	9

HOUSING STATISTICS

I. INSPECTION OF DWELLING-HOUSES DURING THE YEAR.

(1) (a)	Total number of dwelling-houses inspected for Housing defects (under Public Health or Housing Acts) ..	1,728
(b)	Number of inspections made for that purpose ..	3,157
(2) (a)	Number of dwelling-houses (included under sub-section (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	-
(b)	Number of inspections made for that purpose ..	-
(3)	Number of dwelling-houses found to be in a state so injurious to health as to be unfit for human habitation	-
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ..	395

II. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.

	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	280
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III. ACTION UNDER STATUTORY POWERS DURING THE YEAR.

A. PROCEEDINGS UNDER THE HOUSING ACT, 1957.

(1)	Number of dwelling-houses which were rendered fit after service of formal notices:-	
(a)	by owners	-
(b)	by Local Authority in default of owners..	-

B. PROCEEDINGS UNDER PUBLIC HEALTH ACTS.

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied..	9
-----	--	---

(2) Number of dwelling-houses in which defects were remedied after service of formal notice:-

(a) by owners	2
(b) by Local Authority in default of owners ..	-

C. PROCEEDINGS UNDER THE HOUSING ACT, 1957.

(1) Number of dwelling-houses in respect of which Demolition Orders were made	4
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	45
(3) Number of separate tenements or underground rooms in respect of which Closing Orders were made ..	10
(4) Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit ..	-

IV. HOUSING ACT, 1936 - PART 4 - OVERCROWDING.

(a) Number of new cases of overcrowding reported during the year	1
(b) (1) Number of cases of overcrowding relieved during the year	6
(2) Number of persons concerned in such cases ..	39
(c) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	-

V. RENT ACT, 1957.

(1) Certificates applied for	167
(2) Visits made	320
(3) Undertakings accepted	147
(4) Certificates of Disrepair granted	18
(5) Applications not accepted	2

NEW BUILDING.

The following table sets out the provision of accommodation completed in 1958 by the Local Authority:

WARDS	FLATS	HOUSES	BUNGALOWS	DESIGNED AS OLD PEOPLE'S DWELLINGS
Shepway Mangravet	69	16	2	2
Shepway South	50	34	-	-
Shepway Central	126	27	-	-
TOTALS	245	77	2	2

The total of 324 dwellings represents an increase of 84 on 1957, and is largely accounted for by the concentration on flats. In addition to the small number specifically designed as Old People's Dwellings, 97 bed-sittingroom flats, or one bedroom units were provided in this category. The proportion, therefore, of accommodation which is suitable for elderly people, amounts to approximately one-third of the total.

In addition there were 242 houses, compared with 141 in 1957, erected by private enterprise. It is virtually impossible to locate the position of those 242 houses in a table, since the development is widely scattered, and is not in any majority sense restricted to one specific area.

The housing waiting list at 31st December, 1958, amounted to 1,672, which is a decrease of 46 on the 1957 total. Of this figure 279 were registered for Old People's Dwellings, and no fewer than 929 for either childless couples or couples with one child. It will be seen, therefore, that the main burden of the problem of rehousing in relation to the family needs of couples with more than one child has been well carried by the Borough. Although the general problem of rehousing in Maidstone has not been entirely solved, as indeed is the case throughout the country, the fact that families with more than one child are in the minority on the waiting list indicates that very real progress has been achieved in this vital aspect of health and welfare.

(1) **INSPECTION OF FACTORIES AND WORKPLACES** - Including inspections made
by Public Health Inspectors

Premises (1)	Inspections (2)	Number of Written Notices (3)	Occupiers Prosecuted (4)
Factories with Mechanical Power ..	256	10	-
Factories without Mechanical Power ..	39	6	-
Other Premises	14	-	-
Total	309	16	-

(2) **DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES**

PARTICULARS (1)	Number of Defects			Number of Prosecutions (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Nuisances under the Factories Act, 1937 and the Public Health Act 1936				
Want of Cleanliness	6	5	-	-
Want of ventilation	-	-	-	-
Overcrowding	-	-	-	-
Want of drainage floors	-	-	-	-
Other nuisances	-	-	-	-
Sanitary Accommodation:				
Insufficient	1	-	-	-
Unsuitable or defects	-	14	-	-
Not separate for sexes	15	-	-	-
Offences under the Factories Act 1937:				
Illegal Occupation of underground bakehouse (s.54)	-	-	-	-
Other offences (Excluding offences relating to outwork)	-	-	2	-
Total	22	19	2	-

FOOD HYGIENE

Automatic milk vending machines were introduced in the town during the year. These machines provide fresh milk in ½-pint cartons and the milk is refrigerated while it is awaiting sale. By the end of the year 12 machines had been installed in different parts of the town.

Although many traders improved their premises and food handling practice, it was necessary to warn several firms concerning offences under the Food and Drugs Act, 1955, and to prosecute others.

Four persons were prosecuted successfully for smoking whilst handling food and another for wrapping fish directly into newspaper and for selling fish from an unsuitable vehicle.

A firm which had been fined in the previous year for conducting a food business in insanitary premises, carried out considerable works to bring the factory up to the standard required by the Food Hygiene Regulations, 1955.

Towards the end of the year the Council discontinued providing full slaughtering facilities on their own behalf at Mill Street and Tufton Street slaughterhouses. The premises remained public slaughterhouses but the work was carried on by a contractor who had been granted a sub-tenancy of the premises from the Council.

	Number of Written Occasions				
Automatic milk vending machines...					
Although many traders improved their premises...					
Four persons were prosecuted successfully for smoking whilst handling food...					
A firm which had been fined in the previous year for conducting a food business in insanitary premises...					
Towards the end of the year the Council discontinued providing full slaughtering facilities on their own behalf at Mill Street and Tufton Street slaughterhouses. The premises remained public slaughterhouses but the work was carried on by a contractor who had been granted a sub-tenancy of the premises from the Council.					
	3	19	22		Total

FOOD AND DRUGS, 1958. During the year the following samples of Food and Drugs were taken for analysis and the results are recorded below:-

Article	Number of Samples obtained	Number Genuine
Milk	94	75
School Milk	20	20
Milk for M.A.F.F.	88	88
Sterilised Milk.. .. .	12	12
Tea	1	1
Mixed Spices	2	2
Golden Syrup	1	1
Soups	2	2
Margarine	1	1
Marmalade	2	2
Aspirins	1	1
Sweetmeats	5	5
Stewed steak	1	1
Dried fruit	5	5
Gelatine	1	1
Camphorated Oil.. .. .	1	1
Glauber Salts	1	1
Liquid Paraffin	1	1
Saccharin Tablets	1	1
Butter	2	2
Pork Sausages	7	6
Beef Sausages	1	1
Custard Powder	1	1
Ice Cream	5	5
Bread Rolls	1	1
Bismuth tablets.. .. .	1	1
Herrings	1	1
Sardines	2	2
Tinned Cream	1	1
Tinned Fruit	1	1
Orange Squash	1	1
Cream of Magnesia	1	1
Luncheon Meat	3	3
Fish and Meat Paste	2	2
Gin	2	2
Whisky	2	2
Port	1	-
Rum Cocktail	1	1
Soft Drinks	2	2
	278	257

During 1958, foods of various descriptions, in the following quantities were found to be unfit for human consumption. This unfit food, which in every case was surrendered, included the following:-

Ham, tinned	..	..	..	..	12 cwts., 0 qrs., 26 lbs.
Milk, tinned	..	..	..	..	704 tins
Peas, tinned	..	..	..	..	1,192 tins
Fruit, tinned	..	..	..	..	2,667 tins
Vegetables, tinned	..	..	..	..	620 tins
Soup, tinned	..	..	..	..	491 tins
Meat, tinned	..	..	..	..	1 ton, 16 cwts., 2 qrs., 11 lbs.
Fish and Fish Paste	..	..	..	..	591 tins
Fish, fresh	..	..	..	..	53 stones
Beans, tinned	..	..	..	..	698 tins
Cheese	..	..	..	..	4 cwts, 25 lbs.
Eggs	..	..	..	..	-
Jam	..	..	..	..	2 tins or jars
Sweetmeats	..	..	..	..	6 lbs.
Fresh and Dried Fruit	..	..	..	..	246 lbs.
Bacon	..	..	..	..	1 ton, 3 cwts., 2 qrs., 2 lbs.
Puddings, tinned	..	..	..	..	200 tins
Pies	..	..	..	..	3
Beverages	..	..	..	..	-
Sausages	..	..	..	..	15 lbs.
Biscuits	..	..	..	..	-
Cereals	..	..	..	..	1 cwt., 5 lbs.
Butter	..	..	..	..	5 cwts., 1 qr., 26 lbs.

DISPOSAL OF CONDEMNED FOOD.

Such meat condemned at the public slaughterhouses as is fit for pet food is sold to a knackerman, while the remaining meat and offal is sold for conversion into fertilizers and glue.

Small consignments of other unsound food are burned at the Refuse Destructor. No unsound food was reprocessed for human consumption during the year.

MEAT INSPECTION.

The number of carcasses inspected and the amount condemned in 1958 are as follows:-

1958	Cattle	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed) Number inspected)	1209	739	764	2152	7755	-
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCI.						
Whole carcasses condemned ..	2	4	-	16	5	-
Carcasses of which some part or organ was condemned ..	212	230	8	397	1983	-
Percentages of the number inspected affected with disease other than tuberculosis and cysticerici	17.7	31.6	1.0	19.2	25.6	-
TUBERCULOSIS ONLY						
Whole carcasses condemned ..	-	-	-	-	1	-
Carcasses of which some part or organ was condemned ..	53	66	-	-	133	-
Percentage of the number inspected affected with tuberculosis	4.4	9.0	-	-	1.7	-
CYSTICERCOSIS						
Carcasses of which some part or organ was condemned ..	6	3	-	-	-	-
Carcasses submitted to treatment by refrigeration	3	1	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

CANCER

The tables set out below show (1) the number of deaths from malignant disease for the past 9 years, (2) the age groups of deaths recorded from this cause during 1958, and (3) the distribution according to sites.

(1)

1950	..	..	..	98
1951	..	..	..	95
1952	..	..	..	106
1953	..	..	..	82
1954	..	..	..	98
1955	..	..	..	107
1956	..	..	..	93
1957	..	..	..	111
1958	..	..	..	119

(2)

Age Periods	Male	Female
0 - 15	1	2
16 - 25	-	1
26 - 45	3	3
46 - 55	8	7
56 - 65	16	16
66 & over	31	31
TOTALS	59	60

(3) Distribution according to Sites.

	Male	Female
Cancer of Lung	17	3
Cancer of Stomach	13	4
Cancer of Uterus.. ..	-	6
Cancer of Breast.. ..	-	13
Cancer of Alimentary Tract	9	14
Other sites	20	20
TOTALS	59	60

Although the majority of deaths from cancer still occur in the age group 66 and over, it will be seen from the table that a substantial number fall in the middle years of life where the economic and domestic burden is paramount.

The total number of deaths from cancer of the lung, a condition which is nationally on the increase, has fallen very slightly in Maidstone from 22 in 1957 to 20 in 1958. No firm conclusion should be drawn from a comparison of only two years, and the fact that there has been a slight reduction is regarded as entirely fortuitous.

SMOKING.

The extraordinary thing about cancer of the lung in relation to cigarette smoking is that despite all the evidence produced by the Medical Research Council, and the nation-wide publicity on this relationship, the amount of tobacco being smoked today is substantially greater than it was a few years ago.

Certainly there has been a proportionate swing to the filter type of cigarette, but scientific opinion is certainly not unanimous on the increased safety margin obtained by this modification. The advice on the relationship still stands - youngsters who have not started to smoke should be discouraged from possible addiction to the habit (and I do not think "addiction" is too strong a term to use in this context). Those who are already established heavy smokers should be advised to cut down.

I know that the habit of cigarette smoking has no simple explanation, and there are psychological complexities which might well be advanced in justification for continuation. The massive statistical evidence, however, is generally regarded as both valid and impressive.

RESEARCH AND EDUCATION.

On the general subject of cancer it cannot be claimed that the last year has seen much improvement in the prognosis for cancer. There is an increasing and intensive research programme being undertaken in all parts of the world on the aetiology of this disease which has now become one of the major causes of death in all the civilised countries.

A great deal of interest is being aroused by the efforts made in certain quarters to "educate" the public about cancer in general. Opinions differ on the value of such propaganda, but I think it is reasonable to assume that in a world where education is to the forefront, the elimination of fear can only come through knowledge. The element of fear in cancer is an extraordinarily dangerous one because in this disease, almost above all others, it is vital that the earliest moment should be taken for the opportunity of diagnosis. If it is lost through fear the resulting procrastination of action may well be, and often is, the turning point in the prognosis.

As a Borough Council you have not yet engaged in any campaign in this respect, and I feel that before any decision is taken in this direction the views of a considerable number of interested parties would have to be known before a project could be launched with a real hope of success.

MISCELLANEOUS

VERMINOUS DWELLINGS.

During the year 1958, the following work in the eradication of bugs and other vermin in houses was carried out:-

(a) Council Houses found to be infested	..	..	..	14
(b) Other houses found to be infested	..	..	..	41

Council Houses disinfested:-

(a) By gassing	..	..	..	..	-
(b) By spraying and the burning of insecticides	..	..	..	..	14

Other Houses disinfested:-

(a) By gassing	..	..	..	..	-
(b) By spraying and the burning of insecticides	..	..	..	..	41

Verminous households fumigated before removal to a Council House or during transfer to another Council House 55

Council Houses inspected and found clean 588

Other Houses inspected and found clean 315

PREMISES CONTROLLED BY BYELAWS.

Common Lodging Houses	..	..	..	..	4
Slaughterhouses	..	..	..	..	2
Houses let in lodgings	..	..	..	..	6
Dairies	..	..	..	..	3

CLOSET FACILITIES.

Properties with W.C's. discharging into the sewer system	..	16,444
Properties with W.C's. discharging into cesspits	..	419
Properties with pail closets	..	12

CORPORATION SWIMMING BATHS.

The water in the Corporation Baths undergoes a process of constant change, filtration and purification, and the purity of the water is secured by chlorination. Samples of the water from both the large and the small baths are taken monthly for laboratory examination. Forty-eight samples were examined and in no case was there an unsatisfactory report.

As the Borough Council are well aware, the Swimming baths are old, and the establishment of new baths would be a boon. The trouble is, as I well realise, the considerable financial burden inherent in such a project. It may well be that an attempt should be made to divide any proposed new building into phases to ease the outlay.

The purity of the water in the Swimming Baths is undoubted, and the baths provide a major amenity in this town both from the point of view of the instruction of the young in the practical art of swimming, and as a recreation for the inhabitants at large.

AIR POLLUTION.

The remaining provisions of the Clean Air Act, 1956, came into force on the 1st June, 1958. One of these had the effect of transferring responsibility for dealing with the Gas Works and Electricity Generating Station in the town from the Council's Public Health Inspectors to Inspectors of the Ministry of Housing and Local Government. In the previous month the Chief Public Health Inspector wrote to the owners of all industrial furnaces in the Borough drawing attention to the provisions of the new Act and offering advisory assistance.

In September the Public Health Committee considered their responsibilities under the Act and took several decisions. They approved in principle a survey of the Borough so as to obtain information which would enable them to assess the type and amount of pollution in different parts of the Borough, and to show the degree or urgency involved in dealing with air pollution. The Committee also asked the Plans Committee to amend heating and cooking arrangements in new buildings.

No applications were received during the year for prior approval of the installation of new furnaces under Section 3 of the Clean Air Act, 1956. Smoke nuisances were detected from four industrial chimneys, and approaches made to the firms concerned resulted in some improvement over a long period.

CORONARY DISEASE.

This increasing cause of disability and death now accounts for deaths in the following proportions of the percentage of all causes.

				Males	Females
Maidstone ..	..	..	..	16.2	8.7
England and Wales ..	..	..	..	17.9	11.4

Over-all, the Maidstone rate is 12.5 as compared with England and Wales at 14.8. The vast majority of the local cases still fall in the age group above 65, but there has been of late an increasing tendency for the disease to strike at a much earlier age, that is, between 45 and 55.

A considerable amount of work is being carried out into the aetiology of coronary disease, but it is still too early to say that a real significance has been established between diet and the incidence of the disease, and certainly it is too early to recommend purposeful changes in basic diet.

Psychological and psychosocial stress factors have been considered to play some part, but again the precise relationship is not fully understood. The only real preventive advice at this stage can be "moderation in all things", especially food, and the avoidance as far as possible, of stress factors.

MASS RADIOGRAPHY SERVICE.

During the period 10th September to 16th December 1958, the Mass Radiography Unit operated in Maidstone. Details of the survey, showing the results obtained, are referred to in tabular form elsewhere in the report. The total number x-rayed amounting to 17,528 included 4,165 school children.

The usefulness of the survey, which was one of the longest undertaken in Maidstone, is shown in the figures under active and inactive tuberculosis, and cancer of the lung. This latter condition was found to be present in four cases. It may seem at first glance that the work did not in fact, result in the finding of many cases of disease, but it should be borne in mind (a) that all cases that were found were potential foci of infection for the spread of disease throughout the community, and therefore the opportunity has been afforded of following up contacts of disease who would be otherwise unknown; and (b) the assurance is given to the community that an overwhelming number of people were found on a specific date to be free of chest disease.

MAIDSTONE MASS RADIOGRAPHY SURVEY, AUTUMN, 1958.

CENTRE	MINIATURE FILMS TAKEN		
	Male	Female	Total
Y.M.C.A., Union Street	3,474	3,625	7,099
Penenden Heath	142	166	308
Springfield	387	364	751
South Park	12	230	242
Vinters School	13	2	15
Foster Clark Estate	210	243	453
Girls Grammar School	2	43	45
Technical College	7	0	7
Senacre C.C.S.	120	165	285
Shepway	184	381	565
Barming (Fant Lane)	298	330	628
Oldborough Manor C.C.S.	282	309	591
Tovil	635	256	891
Sharps	842	641	1,483
SCHOOL CHILDREN	2,242	1,923	4,165
	8,850	8,678	17,528

SURVEY FINDINGS

ACTIVE TUBERCULOSIS			INACTIVE TUBERCULOSIS			CANCER OF LUNG		
M.	F.	Total	M.	F.	Total	M.	F.	Total
5	3	8	52	53	105	4	-	4

This survey was carried out under the direction of Dr. G. I. Rees-Jones who has kindly supplied me with the above information.

SEWER EXTENSIONS.

Neville Estate - Complete

Foul Sewer	4"	353 lin. yards
	6"	328 lin. yards
	9"	53 lin. yards

Palace Wood Estate

Surface Water Sewer	9"	210 lin. yards - complete
Foul Sewer	4"	387 lin. yards) complete except for
	6"	645 lin. yards) lengths between manholes
		) 6 - 8.

Loose Court

Foul Sewers only	4"	492 lin. yards) Northern side of road
	6"	378 lin. yards) from Loose Road to Pump
	9"	87 lin. yards) House, 4 pairs of houses
		adjoining Pump House
		Rising Main.

Allington Way

Foul Sewers only	4"	41 lin. yards
	6"	124 lin. yards

Park Wood

Surface Water Sewers	21"	79 lin. yards
	15"	237 lin. yards
	12"	241 lin. yards
	9"	1161 lin. yards
Foul Sewers	9"	1021 lin. yards
	6"	298 lin. yards

RADIATION HAZARDS.

One of the main public health interests of the year has been the concern expressed on the subject of radiation hazards, due to nuclear fission fall-out and the build-up of radioactivity by the growing use of radioactive isotopes in medicine and industry.

This is a subject of immense complexity, and we are at a stage in its development making it seldom possible to be dogmatic on any single aspect. We do, however, know that the natural background radiation, even in this nuclear age, is of a far higher degree than any addition attributed to it by the so-called "man-made radiation". Man has been subject to natural radiation throughout his existence, and no suggestion has been made that it, in itself, is responsible for any of the untoward effects which have been ascribed to the artificial increase.

As the building of atomic power stations, and the more widespread use of nuclear reactors, proceeds (something which is inseparable from technological progress in the near future) the interest of public health will be centred around the question of the decreasing margin of safety which is bound to occur.

The main concern of local authorities will be to see that the handling of all radioactive materials is made as safe as can be where the public interest is involved, and that the disposal of radioactive waste shall be rigidly controlled. The problem of radioactive waste from special undertakings such as power stations, Atomic Energy Establishments and public works, is a very important one, and considerable research is at the moment being carried out to ascertain whether by dilution, or concentration into small bulk, the present rather cumbersome and empirical methods can be improved upon. Interest too, centres around the possible contamination of food and water, and here again the local authority is involved.

In the past there has been too much of the "cloak and dagger" secrecy attitude towards this subject. Now that the whole question of radiation hazards has been aired almost daily in the world press, the authorities responsible for the health and welfare of the people should be, and are likely in the future to be, in possession of all the facts to enable them to form a realistic policy on any aspect which effects the health of the community.

NATIONAL ASSISTANCE ACTS, 1948 AND 1951.

It was not necessary to take any action under these Acts to remove to an institution persons in need of care and attention.

THE PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS, 1953.

It was necessary in one case to issue a Notice under the above Regulations in order to prevent the spread of infection in the case of a food handler in the Borough. The Notice was in operation for 12 days.

CAUSES OF DEATH.

Condition	M.	F.
1. Tuberculosis, respiratory	4	4
2. Tuberculosis, other	-	-
3. Syphilitic disease	1	-
4. Diphtheria	-	-
5. Whooping cough	-	-
6. Meningococcal infections	-	-
7. Acute Poliomyelitis	-	1
8. Measles	-	-
9. Other infective and parasitic diseases	1	1
10. Malignant neoplasm, stomach	13	4
11. Malignant neoplasm, lung, bronchus	17	3
12. Malignant neoplasm, breast	-	13
13. Malignant neoplasm, uterus	-	6
14. Other malignant and lymphatic neoplasms	29	34
15. Leukaemia, aleukaemia	1	1
16. Diabetes	-	3
17. Vascular lesions of nervous system	28	45
18. Coronary disease, angina	51	27
19. Hypertension with heart disease	4	13
20. Other heart disease	50	66
21. Other circulatory disease	10	16
22. Influenza	-	-
23. Pneumonia	14	17
24. Bronchitis	23	8
25. Other diseases of respiratory system.. .. .	3	-
26. Ulcer of stomach and duodenum	4	2
27. Gastritis, enteritis and diarrhoea	1	2
28. Nephritis and nephrosis	1	2
29. Hyperplasia of prostate	4	-
30. Pregnancy, childbirth, abortion	-	1
31. Congenital malformations	2	1
32. Other defined and ill-defined diseases	30	32
33. Motor vehicle accidents	8	1
34. All other accidents	10	5
35. Suicide	6	1
36. Homicide and operations of war	-	-
Totals	315	309

DEATHS APPORTIONED TO THE WARDS OF THE BOROUGH

MONTH	North Ward	Shepway Ward	South Ward	Bridge Ward	Heath Ward	High Street Ward	King Street Ward	TOTAL
January	9	4	6	6	18	14	6	63
February	8	6	3	8	17	5	14	61
March	10	5	5	3	23	10	9	65
April	5	5	6	11	23	4	5	59
May	4	7	4	11	9	4	2	41
June	2	3	8	7	5	6	5	36
July	6	2	4	4	16	10	5	47
August	5	3	7	8	9	5	5	42
September	6	4	4	7	20	5	7	53
October	5	2	3	8	11	6	1	36
November	7	4	7	6	11	9	5	49
December	10	9	5	12	25	5	6	72
TOTALS	77	54	62	91	187	83	70	624

Birth-Rates, Death-Rates and Analysis of Mortality in the
year, 1958.

	Rate per 1,000 Population	Annual Death-rate per 1,000 population				Rate per 1,000	
		All causes	Tuberculosis	Cancer of Lung	Other Cancer	Live Births	Related Births
England and Wales	16.4	11.7	.09 (P)	.43 (P)	1.68 (P)	22.5	21.6
Hollingbourn R.D.C.	17.14	10.86	.23	.17	1.07	21.89	21.42
Maidstone R.D.C.	16.31	8.56	.05	.31	1.89	10.13	10.03
Malling R.D.C.	16.49	10.71	.16	.43	1.21	20.58	16.86
Maidstone Borough	15.58	9.71	.14	.35	1.75	27.15	17.40
Kent County Council	15.51	11.85	.09	.46	1.64	20.05	18.97

(P) - Provisional Rates.

METEOROLOGICAL RECORDS.

MONTH	Average Barometer	Average Thermo- meter (maximum)	Average Thermo- meter (minimum)	Rainfall	Number of days on which .01 fell	Sunshine	
						Hours	Minutes
January	29.76	42	32	2.56	16	4	30
February	29.79	46	38	2.18	15	33	21
March	29.77	44	33	1.12	13	114	42
April	29.86	51	37	1.50	9	145	36
May	29.80	61	45	2.23	13	191	42
June	29.78	65	49	3.79	16	136	36
July	29.84	70	53	1.43	10	189	42
August	27.96	67	53	3.98	18	112	21
September	30.83	67	52	3.14	10	138	30
October	30.35	56	46	2.70	15	80	24
November	30.29	46	38	1.55	11	9	24
December	29.74	46	35	3.39	17	-	-
Average and total for the year	29.81	55	42	29.57	163	1156	48

BOROUGH OF MAIDSTONE

GENERAL SUMMARY

Population (Estimated 1958)	56,500
Number of inhabited houses (1921)	8,472
Number of inhabited houses (end of 1958) according to Rate Books ..	16,875
Average number of persons per house (1921)	4.6
Average number of persons per house (1958)	3.3
Area (in acres)	6,194
Density (persons per acre)	9.121
Annual Birth Rate per 1,000 population	15.58
Annual Death Rate per 1,000 population	9.71
Phthisis Death Rate per 1,000 population .. .. .	.14
Cancer Death Rate per 1,000 population	2.12
Infantile Death Rate per 1,000 Births.. .. .	27.15
Live Births. Males - 426, Females - 421	847
Deaths, Males - 315, Females - 309	624
Excess of Births over Deaths	223

ELEVATION - The population reside at a mean elevation of 70 feet above sea level, ranging from 20 to 150 feet.

I N D E X

Accidents	5	Inspections	32
Acknowledgements	3	Kent County Council	27
Air Pollution	45	Maidstone Personal Service Society	29
Analyses: Water Supplies	31	Maidstone Waterworks Company	30
Mortality rates	52	Mass Radiography Survey	46, 47
Area	4	Measles	11, 14
Baths	45	Meat Inspection	41
Birth rates.. .. .	4, 52	Meteorological Records	53
Building programme	35	National Assistance Acts	49
Byelaw Control	44	Neonatal mortality	4
Cancer	5, 42, 43	Overcrowding	34
Chest Clinic	17	Pneumonia	5, 13
Closet facilities	44	Poliomyelitis.. .. .	11, 22, 23
Coronary Disease	46	Population	4
Death rates	4, 8, 50, 51, 52	Prematurity	9
Defective dwellings.. .. .	33	Public Health (Infectious Diseases) Regulations, 1953	49
Diphtheria	12, 26	Puerperal Pyrexia	12
Disease, changing pattern	5, 7	Quinquennial reviews	20, 21
Domestic Help Service	27	Radiation Hazards	49
Dysentery	12	Scarlet Fever.. .. .	11
Elderly, Care of	28	School Health Service.. .. .	27
Epileptics	28	Sewer Extensions	48
Erysipelas	13	Smallpox	12, 25
Factories	36	Spastics	28
Flats	35	Staff	1
Food Hygiene	37-41	Still-births	4
Food Poisoning	13	Suicide	5
General Summary	54	Swimming Baths	45
Health Committee	1	Tuberculosis	16-19
Health Services	27-29	Tuberculosis Care Committee	17
Heart Disease	5, 46	Vaccination	22
Hospitals	27	Verminous dwellings	44
Housing	35	Vital Statistics	4
Housing Statistics	33, 34	Water Supplies	30
Immunisation	22	Whooping Cough	11, 24
Infantile mortality.. .. .	9, 10, 20		
Infectious Diseases.. .. .	11-15		