

[Report 1959] / Medical Officer of Health, Maidstone U.D.C. / Borough.

Contributors

Maidstone (England). Urban District Council.

Publication/Creation

1959

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BOROUGH OF MAIDSTONE



The Health of Maidstone

1959

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



BOROUGH OF MAIDSTONE

ANNUAL REPORT

FOR

- 1959 -

ON THE

HEALTH OF MAIDSTONE

BY THE

MEDICAL OFFICER OF HEALTH

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

HEALTH COMMITTEE 1959

CHAIRMAN: Councillor H.B. Cannell.
 VICE-CHAIRMAN: Councillor J.E. Evans.
 MEMBERS: Aldermen Brittain, Harman, Mrs. Relf, and
 Councillors Appleton, Boardman, Mrs. Cameron,
 Clark, 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., M.I.P.H.E.,
 (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, 2 and 3)
 F. H. Piggott (1, 2 and 3)
 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:

Miss H. Wood.

Public Health Inspector's Office:

L. Acott.

Mrs. B. Jones.

Miss C. Gosling. (Resigned 12.12.58.)

Mrs. V. Pattenden. (Appointed 7. 1.59.)

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 third Annual Report on the Health of Maidstone.

This is the second report which follows the new series started last year. I understand that this form of report has received your approval, and I am hoping to continue with the present series without amendment for at least a few years.

The year 1959 was in general a good one for the health of Maidstone. An outstanding feature of the statistical return is the diminution of infantile mortality from 27.15 per thousand in 1958 to 20.8 in 1959. This incidence is below that of the general infantile mortality for England and Wales, which now stands at 22. From the quinquennial graph given in the following pages, it will be seen that with one exception only, the infantile mortality in Maidstone has always run parallel with the national average and on a slightly lower plane.

Very real efforts are still being made to reduce this mortality to an even lower level. It may be that that stage is nearly reached now, but there is at least some way to go before one can feel that everything is being done to save infant life.

The general death rate has increased very slightly, but the main burden of this increase has fallen on the very advanced age group, and is not reflected in any way in a significant swing to other age groups. Nevertheless a substantial part of the death rate, in cancer for example, still falls on the middle years of life. In addition to cancer this age group also suffers an undue proportion of deaths from coronary disease. In last year's Annual Report I discussed coronary disease at length, and the advice given at that time still remains - "Moderation in all things". Much work has been done in the recent past to tie down coronary disease to one or two specific factors, but so far these efforts have not resulted in a clear-cut conclusion.

A considerable amount of time has been devoted in the Council's affairs this year to the welfare of the elderly, and an increasing interest is being taken in the ways and means whereby the great work being done by the voluntary organisations can be canalised into more integrated pattern. The Borough will shortly embark on an ambitious programme for the housing of the elderly, and I know that it is your intention to use those pilot schemes as a means to further extension of these services. It should never be forgotten that important although housing certainly is for the elderly, the mere provision of accommodation does not end the problem of welfare for the elderly. The real problem lies in loneliness, mainly through inability to make the effort to maintain contact with the community.

However we may deplore it, it is an undoubted fact that the ties of family life are not nearly as strong today as they were 20 or 30 years ago, and increasing demands are being made on institutional care for old people. Two or three decades ago this demand was not nearly so insistent, because the care of an elderly relative was a matter for concern and pride in the family circle, and institutional care was considered as a last and most desperate resort. Today the picture is changed, and although there are very many people who still maintain strong family ties, and an inherent sense of pride in the welfare of relatives, the ties are weakening and we have got to recognise that institutional care will become more and more a matter of urgent provision.

I should not like the Report on the year 1959 to pass without comment being made on the very large measure of support and interest which has been shown by the many voluntary organisations in the town, in welfare care generally. It may not be known that there are so many voluntary organisations in Maidstone, and so many people who carry out a great deal of social service without payment and with many demands being made on their time. Many of those associations are mentioned in the Handbook which is referred to in the body of this Report, and I would be very grateful to any organisations whose names have been omitted if they would contact me in order that I may include them in future issues.

Once again this report has been the composite work of many people whose work I am very pleased to bring to public notice. In particular I would like to thank Mr. Dixon the Borough Surveyor who has recently retired, Mr. Thwaites the Housing Manager, Mr. Fisk the Borough Treasurer, Dr. Pugh of the Chest Clinic, and Mr. Harden of Maidstone Waterworks Company, for the reports they have given me both for the Report and throughout the year.

Much of the routine work in health matters falls on the staff of the Health Department, and I am grateful to the Chief Public Health Inspector and the District Inspectors for the very valuable services they have contributed to health in the town during the year.

The members of the printing section of the Borough Treasurer's Department have put in yeoman work in the preparation of the Report, and I am most grateful to my secretary Miss Helen Wood who has had a continuous task in formulating the material on which this report has been based.

Finally with great regret I have to record that during the year the Health Committee lost its enthusiastic and very knowledgeable Chairman, Mr. Horace Cannell, who died on 15th December. Mr. Cannell did a great deal for Maidstone both through his personal work, and in the publicity he was able to give to health matters in the local press. I am sure that the foundations he laid in this connection will, by his example, be built upon in the years to come.

I have the Honour to be
Your Worship, Ladies and Gentlemen,

Your obedient Servant,

F. H. M. DUMMER.

Medical Officer of Health.

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

1st June, 1960.

VITAL STATISTICS 1959

AREA 6,194 acres

ESTIMATED RESIDENT
POPULATION 56,680SUM REPRESENTED BY
A PENNY RATE £4,035

Population - Census 1952	..	..	..	..	..	54,206
Number of inhabited houses (end of 1959)	..	..	..	..	..	17,174
Rateable Value	..	..	..	..	..	£990,215

	Male	Female	Total
LIVE BIRTHS	479	431	910
LIVE BIRTH RATE per 1,000 population		crude 16.05	corrected 16.69

ILLEGITIMATE LIVE BIRTHS per cent of total live births	3.51
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STILL-BIRTHS	13	10	23
STILL-BIRTH RATE per 1,000 live and still-births			24.65
TOTAL LIVE AND STILL BIRTHS	492	441	933

INFANT DEATHS	12	7	19
TOTAL INFANT DEATHS per 1,000 total live births			20.87
LEGITIMATE INFANT DEATHS per 1,000 legitimate live births			21.64
ILLEGITIMATE INFANT DEATHS per 1,000 illegitimate live births			-

NEO-NATAL MORTALITY RATE per 1,000 total live births	14.28
EARLY NEO-NATAL MORTALITY RATE per 1,000 total live births	13.18
PERINATAL MORTALITY RATE per 1,000 total live and still births	37.51

MATERNAL DEATHS (including abortion)	nil
MATERNAL MORTALITY RATE per 1,000 total live and still births	-

DEATHS	338	333	671
DEATH RATE per 1,000 of estimated resident population		crude 11.53	corrected 10.49

DEATH RATE FOR ENGLAND AND WALES	11.6
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THE NOTIFIABLE DISEASES IN 1959

SCARLET FEVER 78 cases

There was a slight increase in the total number of cases of scarlet fever this year, a rise of 14 as compared with 1958. All the cases were of a minor nature and only exceptionally required hospitalisation. The bulk of the cases arose in the age group 5-14 years, the majority falling in the group 5-9 years. Undoubtedly entrance to school is a factor in the dissemination of this disease, which often gives rise to some difficulty in deciding its nature, due to the general mildness in most cases.

WHOOPING COUGH 34 cases

There was a slight fall in the incidence of this disease in 1959; the total being 34 cases as compared with 38 in the previous year. Again the age group affected is on first entry to school, but the number of cases is very small compared with the total at risk. A factor which undoubtedly operates in this disease is immunisation against whooping cough, which although not taken up with great enthusiasm by the population, nevertheless confers a certain amount of immunity on the community.

MEASLES 875 cases

1959 was a year of epidemicity in measles. There were 875 cases as compared with 96 in 1958. This was referred to in the last Annual Report, and follows the expected pattern. An unusual feature in the incidence this year was the fact that several cases occurred over the age of 25, but none of them were of such a nature as to give rise to concern.

POLIOMYELITIS Nil

For the second year in succession no case of poliomyelitis was confirmed during 1959. Undoubtedly a factor operating in this absence of disease has been the introduction of the Salk vaccine, and particularly the decision to allow a third injection as a completion of the vaccination course, along with the extension to older age groups. This disease will be commented upon more fully in the section of the Report devoted to vaccination and immunisation.

DIPHTHERIA Nil

This is the ninth successive year in which no case of diphtheria has been notified. Although this is a happy state of affairs for the Borough of Maidstone, it is not one which should give rise to any complacency, since throughout 1959 minor outbreaks were reported from other parts of the country. When those outbreaks did occur, the disease was of a grave type, and but for the fact that a certain amount of immunity was still apparent, would have given rise to more widespread trouble. Without the continuation of immunisation locally, there is no guarantee that diphtheria will not again assume considerable proportions.

SMALLPOX
Nil

Once again no case of smallpox has been reported, and the major factor operating in this state of affairs is the careful control which is exercised internationally on the vaccinal state of travellers. This again is a preventable disease, and one in which the public would do well to take advantage of the free facilities which are offered.

DYSENTERY
Nil

There were no notified cases of dysentery in the Borough of Maidstone, although there was a considerable amount of work done in following up cases which occurred outside the Borough boundaries. On several occasions schools had to be alerted to maintain rigorously, or tighten up, the precautions in elementary hygiene which are exercised in all schools. Dysentery is a very highly infectious disease, and is passed from person to person, especially in young children, with the utmost ease. The main difficulty which arises in the administrative control of this illness is the fact that positive findings are intermittent, and a person without clinical symptoms may well be responsible for spreading the disease to others. Once again, control of the illness is mainly through educational channels, and with due regard to the basic principles of hygiene, effective control within each family should be easy to carry out.

PUERPERAL PYREXIA
4 cases

Four cases of this disease occurred during the year, as compared with 5 in 1958. It was only necessary in one instance to admit the patient to hospital. Considering the large number of people who are at risk of the infection of the various illnesses which may be regarded as puerperal pyrexia, the low incidence is once again a tribute to the standard of midwifery and nursing practised in this area.

PNEUMONIA
29 cases

There was a slight increase in the incidence of pneumonia this year, being 29 cases as compared with 23 in 1958. The majority of cases were over the age of 25, and principally in the very much older age groups. The fact that no cases were notified under the age of 3 years is a tribute to child care in the area. Pneumonia is a disease which is often terminal in elderly persons, and the grouping of the cases this year would tend to demonstrate that fact.

ERYSIPELAS
5 cases

There was one case less of erysipelas than in 1958. This is an acute condition of the skin with toxic symptoms, which can be, in a debilitated person, a serious illness. It is not, however, normally associated with complications.

FOOD POISONING
5 cases

Not all cases of food poisoning are notified, and even when notified cases are followed up as quickly as possible, the infecting agent is not always discovered. Where the agent was discovered in this year's cases, it was found to be of the

salmonella group. In none of the cases was the vehicle of infection proved, but suspicion fell on made up meat products.

The elimination of food poisoning requires a very high standard of hygiene, both in restaurants and at home, and also envisages a considerable knowledge of the proper use of the various adjuncts to good living, for example, refrigerators, as well as scrupulous attention to cleanliness. Standards of food hygiene are essentially set by the public, and departures from those standards are matters which should be brought to the attention of the shop assistants as soon as they occur.

NOTIFIABLE DISEASES - DIVISION INTO WARDS

	North Ward	Shepway Ward	South Ward	Bridge Ward	Heath Ward	High Street Ward	King Street Ward	Totals
Scarlet Fever	6	44	5	8	7	1	7	78
Whooping Cough	3	15	8	3	2	1	2	34
Measles	126	342	116	68	110	59	54	875
Poliomyelitis	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-
Meningococcal Infection	-	-	-	-	2	-	-	2
Dysentery	-	-	-	-	-	-	-	-
Ophthalmia neonatorum	-	-	-	-	-	-	-	-
Puerperal pyrexia	-	-	1	-	2	-	1	4
Pneumonia	1	8	7	2	7	1	3	29
Typhoid fever	-	-	-	-	-	-	-	-
Food Poisoning	-	4	-	1	-	-	-	5
Erysipelas	2	1	-	1	1	-	1	5
Chicken Pox	4	13	-	8	-	-	1	26
Totals	142	426	137	91	131	62	69	1058

ANALYSIS OF CASES OF NOTIFIABLE DISEASE UNDER AGE GROUPS

	Under 1 year	1-2	3-4	5-9	10-14	15-24	25 & over	Total all ages
Scarlet Fever	-	4	8	41	24	1	-	78
Whooping Cough	1	6	9	17	-	-	1	34
Measles	25	153	221	453	17	-	6	875
Polio myelitis	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-
Meningococcal Infection	-	1	-	1	-	-	-	2
Dysentery	-	-	-	-	-	-	-	-
Ophthalmia neonatorum ..	-	-	-	-	-	-	-	-
Puerperal pyrexia	-	-	-	-	-	-	4	4
Pneumonia	-	-	2	3	-	5	19	29
Typhoid Fever	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	1	4	5
Erysipelas	-	-	-	-	-	-	5	5
Chicken Pox	-	2	3	16	1	3	1	26
Totals	26	166	243	531	42	10	40	1058

Measles - Biennial comparison.

1954 - 5

1955 - 898

1956 - 101

1957 - 427

1958 - 96

1959 - 875

VACCINATION AND IMMUNISATION

POLIOMYELITIS VACCINATION.

Vaccination against poliomyelitis was first offered in 1956, but in this area the supply of vaccine was not available before the end of that year. Today the situation is very different, and we not only have a considerable percentage of the community protected as fully as possible against poliomyelitis, but we also have enough vaccine to be able to extend our programme confidently to the very wide age groups now being offered this facility.

One of the aspects of this work which is always puzzling is the failure of the public to grasp with real enthusiasm the chance of protection against one of the foulest of diseases. It is only a few years since demands were made on a large scale for some intensive research into poliomyelitis with a view to discovering a suitable vaccine for protection.

One would have thought that with the discovery of such a vaccine, the demand would far outweigh the supply: in fact, the opposite is the case, and on a national basis only about half of the people of this country who are being offered the vaccine appear to take advantage of the facilities. One wonders whether a similar viewpoint would be taken of a prophylactic vaccine for, for example, cancer. It must be very discouraging for research workers to feel that their discoveries are not treated with respect and joy by the population at large.

It may be that one reason for this apathy is the fact that we cannot guarantee protection against poliomyelitis by the use of the vaccine. The cover is not fool-proof, but it certainly would appear to be such a nature as to contribute very largely to the protection of the community from this disease.

Work is now being undertaken on the use of an oral live attenuated vaccine, and it may well be that with the absence of injections people will be encouraged to make more use of poliomyelitis vaccine. At the moment however, this work is incomplete, and we will have to rely on the very considerable assistance given us by the Salk vaccine. Although a full course involves three injections, that is surely a very small price to pay for the service which is rendered by such material.

The poliomyelitis vaccination scheme is now open to all persons up to the age of 40 years, and includes special groups above this age of people whose work would bring them in hazardous contact with poliomyelitis. These groups include the members of the staffs of Health Departments in likely contact with the risk, and all members of the staff have been advised of the facilities, and recommended to make full use of them.

I would like to repeat a paragraph I wrote in last year's Annual Report on this subject; it is still true, and is likely to remain true while the risk of poliomyelitis exists.

"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."

I am indebted to Dr. A. Elliott, the County Medical Officer, for the statistics referring to vaccination and immunisation which appear on the following pages.

1957	119	1958
1956	228	1957
1955	142	1956
1954	87	1955
1953	48	1954
1952	67	1953
1951	87	1952
1950	88	1951
1949	73	1950
1948	88	1949
1947	88	1948
1946	71	1947
1945	107	1946
1944	68	1945
1943	73	1944
1942	87	1943
1941	119	1942
1940	1,082	1941
1939	1,082	1940
1938	1,082	1939
1937	1,082	1938
1936	1,082	1937
1935	1,082	1936
1934	1,082	1935
1933	1,082	1934
1932	1,082	1933
1931	1,082	1932
1930	1,082	1931
1929	1,082	1930
1928	1,082	1929
1927	1,082	1928
1926	1,082	1927
1925	1,082	1926
1924	1,082	1925
1923	1,082	1924
1922	1,082	1923
1921	1,082	1922
1920	1,082	1921
1919	1,082	1920
1918	1,082	1919
1917	1,082	1918
1916	1,082	1917
1915	1,082	1916
1914	1,082	1915
1913	1,082	1914
1912	1,082	1913
1911	1,082	1912
1910	1,082	1911
1909	1,082	1910
1908	1,082	1909
1907	1,082	1908
1906	1,082	1907
1905	1,082	1906
1904	1,082	1905
1903	1,082	1904
1902	1,082	1903
1901	1,082	1902
1900	1,082	1901

POLIOMYELITIS VACCINATION

The following table gives (A) the number of second injections and (B) the number of third injections given during the year ended 31st December, 1959:-

BORN	(A)	(B)
1959	119	-
1958	529	312
1957	142	507
1956	57	468
1955	49	425
1954	67	469
1953	57	493
1952	68	528
1951	73	529
1950	55	528
1949	65	544
1948	71	596
1947	101	771
1946	68	767
1945	43	499
1944	87	593
1943	114	318
Before 1943	3,056	1,238
Others	482	286
Total	5,303	9,871

WHOOPIING COUGH IMMUNISATION

Year of Birth	Primary
1959	272
1958	338
1957	54
1956	30
1955	16
1954	18
1953	7
1952	5
1951	1
1950	1
1949	-
1948	1
1947	-
1946	-
1945	-
Before 1945	1
Total	744

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 early 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.

SMALLPOX VACCINATION.

Year of Birth	Primary	Revaccination
1959	157	-
1958	230	-
1957	14	-
1956	1	-
1955	3	1
1954	2	1
1953	1	-
1952	1	-
1951	5	-
1950	-	1
1949	2	-
1948	-	-
1947	1	-
1946	1	-
1945	-	-
Before 1945	9	11
Total	427	14

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 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.

DIPHTHERIA IMMUNISATION.

The following is a return of the number of children under the age of 15 years on 31st December, 1959, who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1945).

Year of Birth	Last complete course of injections (whether primary or booster) 1955 - 1959	1954 or earlier
1945	9	671
1946	218	640
1947	672	347
1948	509	232
1949	505	286
1950	539	228
1951	566	188
1952	534	179
1953	533	138
1954	602	8
1955	448	-
1956	454	-
1957	485	-
1958	394	-
1959	102	-
Total	6,570	2,917

These figures show a slight increase in the total number who have completed a course of injections. The figure is now 9,487 as compared with 8,985 in 1958.

Although I have stressed in another section of this report the importance of poliomyelitis vaccination, protection should not be bought at the expense of diphtheria immunisation. Diphtheria is still a serious disease, and one which could cause a major outbreak but for the maintenance of an effective level of protection in the community. All too recently the number of cases of diphtheria ran into tens of thousands, with a very high death rate, and such a picture is yet too vivid to allow any relaxation of immunisation.

TUBERCULOSIS

1959 STATISTICS

	NEW CASES				DEATHS			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	M	F	M	F	M	F	M	F
0 - 1	-	-	-	-	-	-	-	-
2 - 5	-	-	-	-	-	-	-	-
6 - 15	-	-	-	-	-	-	-	-
16 - 25	4	-	-	1	-	-	-	-
26 - 35	4	3	-	-	-	-	-	-
36 - 45	4	-	-	-	2	-	-	-
46 - 55	4	1	-	1	-	1	-	-
56 - 65	7	-	-	-	1	-	-	-
66 & over	3	-	-	-	3	1	-	-
Totals	26	4	-	2	6	2	-	-

The above combined figure of 32 for pulmonary and non-pulmonary new cases of tuberculosis represents the lowest total that has ever been achieved in the Borough of Maidstone. This is a reflection of the general increase in hygiene and nutrition standards prevailing today, and also indicates the care with which contacts of new cases are immediately investigated, and if necessary, in the case of children, vaccinated against tuberculosis. The increase in the use of B.C.G. vaccine has been an outstanding feature of the last few years, and there is no doubt it has contributed very greatly to the figure under discussion. It will also be seen from the above table that a considerable proportion of new cases are in the older age groups, and indeed that the deaths - again a low figure - are also in the older age groups. We are still cautious in expressing too optimistic a view for the conquest of tuberculosis, but it is fair to say that a comparison of the year 1959 with 1939 would indicate a measure of control over this disease far in excess of what we could have expected 20 years ago.

TUBERCULOSIS

The following figures refer to the combined areas of Maidstone Borough, Maidstone, Malling and Hollingbourn Rural Districts.

1.	Number of contacts, seen during 1959, of newly notified cases of tuberculosis	236
2.	Number of contacts, seen during 1959, of cases notified prior to 1959	751
3.	Number of contacts in 1. found to be suffering from pulmonary or non-pulmonary tuberculosis	2
4.	Number of contacts in 2. found to be suffering from pulmonary or non-pulmonary tuberculosis	6

THE WORK OF THE CHEST CLINIC AND THE VOLUNTARY TUBERCULOSIS CARE COMMITTEE.

The Annual Report for 1958 gave a complete and factual statement of the work undertaken at the Chest Clinic and of the necessity for voluntary service in the management of tuberculosis and diseases of the chest.

Tuberculosis still provides a formidable task even though the mortality rate has declined and the morbidity rate is lessening. The type of the disease found today is frequently extensive, and the problem of resistance to the present forms of drug treatment is one which requires vigilance in management. The searching out of unsuspected cases by examination of known "contacts", by means of Mass Radiography, and by the co-operation of a lively general practitioner service, constitute a three-fold drive in the prevention of spread of the disease. B.C.G. vaccination of those who are "tuberculin negative" in the specified groups - nurses and medical students, contacts to known cases, and school leavers - provides a valuable means of prevention of the development of severe forms of the disease. In fact, there is a good case to be made for the vaccination of all new-born children in the first two weeks of life. Social and economic betterment and freedom from "stress" contribute to the eventual success in controlling and eradicating tuberculosis.

The further aspects of the work of the Chest Clinic focus attention upon bronchitis (The English Disease), asthma and lung cancer. This latter, with a high mortality rate - the Chief Medical Officer at the Ministry of Health reports 19,820 deaths from lung cancer in England and Wales for the year 1958 - gives cause for concern at the magnitude of the problem and the need for greater financial support, both from official and voluntary sources, for research into the causes of this disease.

Bronchitis in its chronic form presents a problem comparable to tuberculosis, and threatens to become a major issue. Even in 1958 the deaths from respiratory causes to the nearest thousand in England and Wales were as follows:-

Bronchitis	29,396.	Lung Cancer	19,820.
Pneumonia	24,575.	Tuberculosis	5,273.

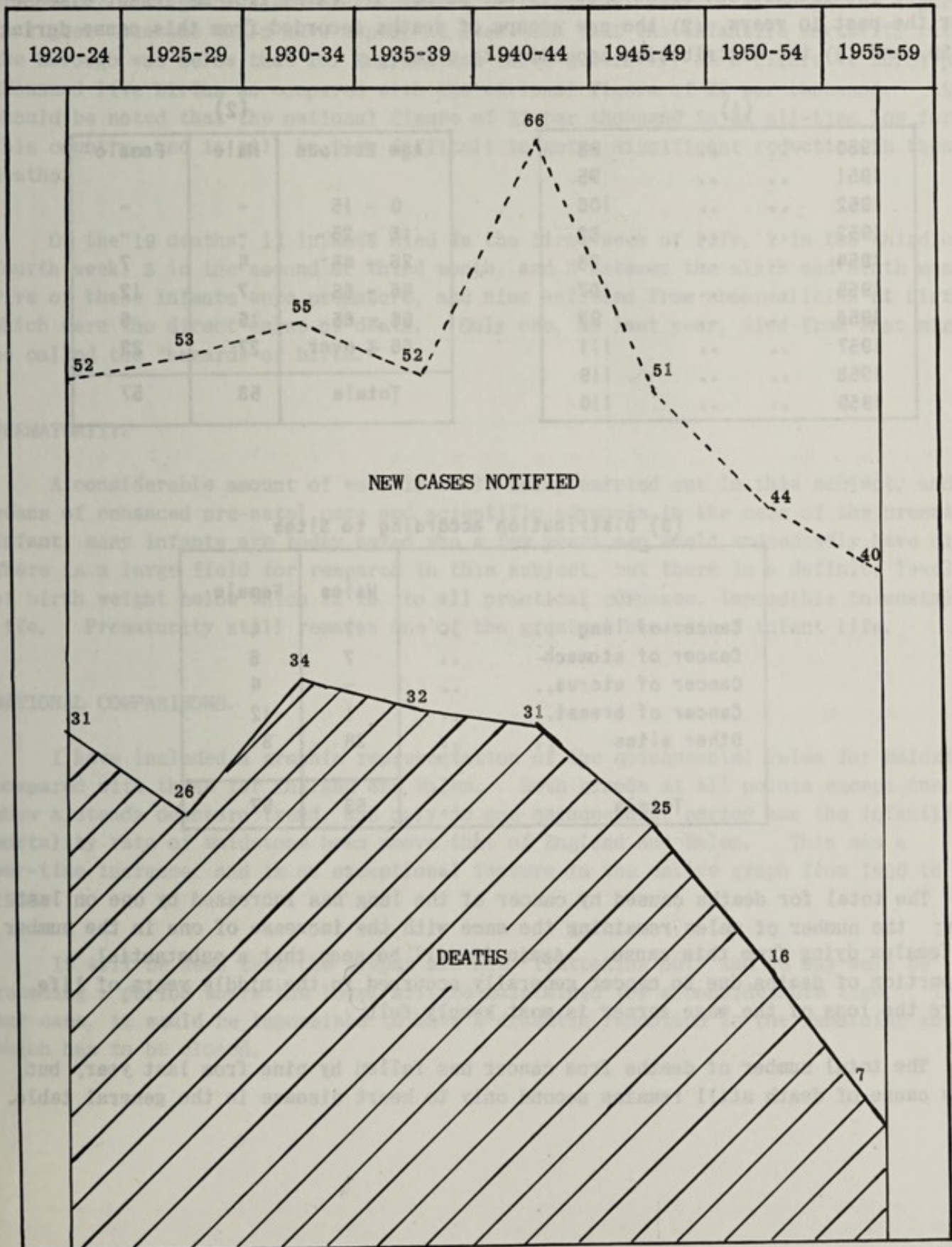
Consideration of certified sickness from various respiratory causes shows bronchitis heads the list with 9.3 per cent of the total sickness from all causes and must be regarded as the most important cause of incapacity for work in this group of diseases. Respiratory tuberculosis lies second. Few bronchitics are able to face a polluted fog or dusty atmosphere with equanimity, and thus the question of smoke abatement requires priority of consideration. In addition there is a consistently higher prevalence of bronchitis in those who indulge in cigarette smoking.

The work of the voluntary Tuberculosis Care Committee continues as described in the previous report. Success in the management of tuberculosis has not affected the work to any degree - in fact, the lowering of the mortality rate indicates a greater number of patients under supervision and therefore requiring one or other form of assistance. In addition, the increase in chronic bronchitis provides a further group of patients for whom "care" is essential. It is not possible, even in a Welfare State, to legislate for all contingencies, and thus there is an ever present need for voluntary service - the League of Friendly Minds - of people who care.

The Council's representative on the Care Committee is Alderman Mrs. Dorothy Relf, and Mr. Councillor A. Appleton has recently accepted office as Chairman of the associated "Friends of Foster Street." Both are Vice-Chairmen of the main Care Committee.

TUBERCULOSIS

Quinquennial deaths and new cases notified



Averages calculated to whole numbers

CANCER

The tables set out below show (1) the number of deaths from malignant disease for the past 10 years, (2) the age groups of deaths recorded from this cause during 1959, and (3) the distribution according to sites.

(1)				(2)		
				Age Periods	Male	Female
1950	..	..	98	0 - 15	-	-
1951	..	..	95	16 - 25	-	-
1952	..	..	106	26 - 45	4	7
1953	..	..	82	46 - 55	7	12
1954	..	..	98	56 - 65	15	6
1955	..	..	107	66 & over	27	32
1956	..	..	93			
1957	..	..	111			
1958	..	..	119			
1959	..	..	110	Totals	53	57

(3) Distribution according to Sites

			Males	Female
Cancer of lung	..	..	17	4
Cancer of stomach	..	..	7	6
Cancer of uterus	..	..	-	4
Cancer of breast	..	..	1	12
Other sites	..	..	28	31
Totals	..	..	53	57

The total for deaths caused by cancer of the lung has increased by one on last year; the number of males remaining the same with the increase of one in the number of females dying from this cause. Again it will be seen that a substantial proportion of deaths due to cancer generally occurred in the middle years of life, where the loss of the wage earner is most keenly felt.

The total number of deaths from cancer has fallen by nine from last year, but this cause of death still remains second only to heart disease in the general table.

INFANTILE MORTALITY

1959 has been a much better year for infantile mortality than 1958. 19 infants died under the age of one year as compared with 23 last year. Although the figure is higher than one would have hoped, it does mean that the infantile mortality rate of the Borough was below that for England and Wales generally, at a figure of 20.87 per thousand live births as compared with the national figure of 22 per thousand. It should be noted that the national figure of 22 per thousand is an all-time low for this country, and it will be very difficult to get a significant reduction in these deaths.

Of the 19 deaths, 12 infants died in the first week of life, 1 in the third or fourth week, 3 in the second or third month, and 3 between the sixth and ninth months. Five of these infants were premature, and nine suffered from abnormalities at birth which were the direct cause of death. Only one, as last year, died from what might be called the "hazards of birth."

PREMATURITY.

A considerable amount of work is still being carried out in this subject, and by means of enhanced pre-natal care and scientific advances in the care of the premature infant, many infants are today saved who a few years ago would undoubtedly have died. There is a large field for research in this subject, but there is a definite level of birth weight below which it is, to all practical purposes, impossible to sustain life. Prematurity still remains one of the greatest hazards of infant life.

NATIONAL COMPARISONS.

I have included a graphic representation of the quinquennial rates for Maidstone compared with those for England and Wales. Both graphs at all points except one, show a steady downward trend, and only in one quinquennial period has the infantile mortality rate of Maidstone been above that of England and Wales. This was a war-time increase, and is an exceptional feature in the entire graph from 1900 to 1959.

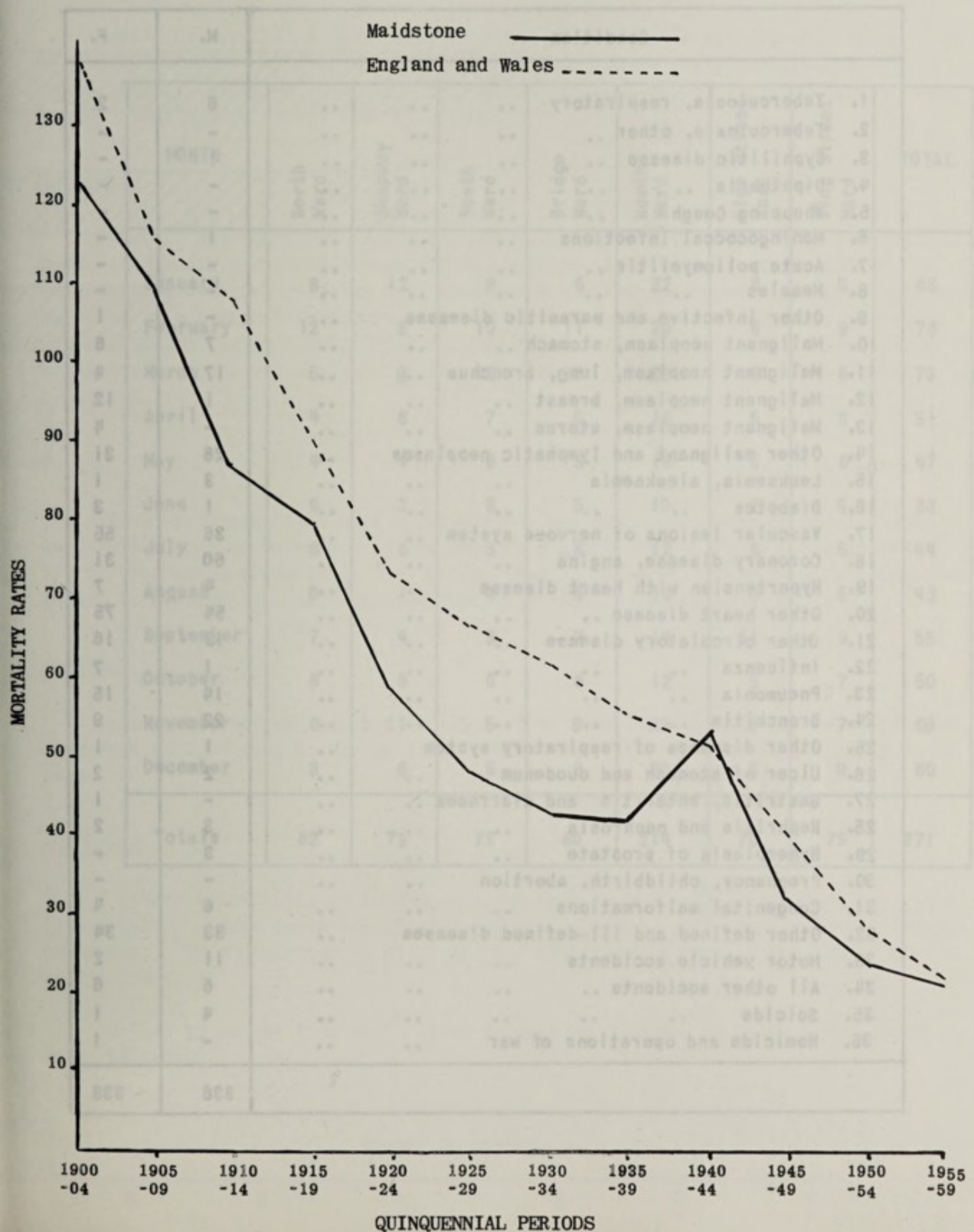
It will be seen that the graphs are now "flattening out" and we may well be reaching a period where the level will be maintained for a considerable time. In any case, it would be impossible to have a dramatic reduction in the remaining gap which has to be closed.

INFANTILE MORTALITY

- CANCER -

	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 uncertified	12 -	- -	- -	1 -	13 -	3 -	- -	3 -	- -	19 -
Prematurity	5	-	-	-	5	-	-	-	-	5
Congenital heart disease	3	-	-	-	3	-	-	-	-	3
Meningitis	-	-	-	-	-	2	-	-	-	2
Hydrocephalus ..	-	-	-	-	-	1	-	1	-	2
Encephalitis	-	-	-	-	-	-	-	1	-	1
Septicaemia	-	-	-	-	-	-	-	1	-	1
Erythroblastosis foetalis	2	-	-	-	2	-	-	-	-	2
Injury at birth ..	1	-	-	-	1	-	-	-	-	1
Atelectasis	1	-	-	-	1	-	-	-	-	1
Congenital malformations of vascular system	-	-	-	1	1	-	-	-	-	1
Totals	12	-	-	1	13	3	-	3	-	19

CAUSES OF DEATH INFANT MORTALITY



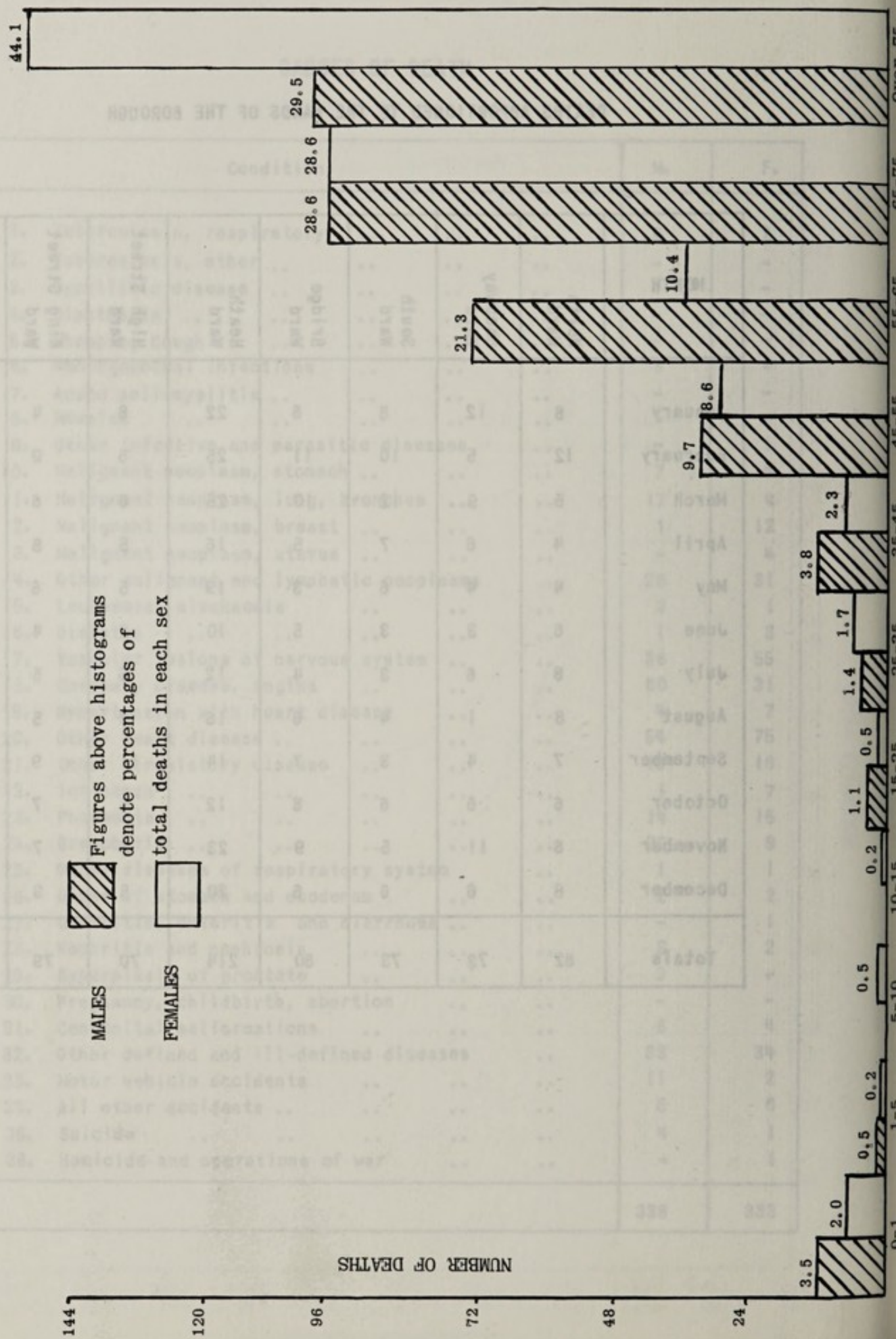
CAUSES OF DEATH

Condition					M.	F.
1.	Tuberculosis, respiratory	..	..	..	6	2
2.	Tuberculosis, other	..	..	..	-	-
3.	Syphilitic disease	..	..	..	1	-
4.	Diphtheria	..	..	..	-	-
5.	Whooping Cough	..	..	..	-	-
6.	Meningococcal infections	..	..	..	1	-
7.	Acute poliomyelitis	..	..	..	-	-
8.	Measles	..	..	..	-	-
9.	Other infective and parasitic diseases	..	..	..	-	1
10.	Malignant neoplasm, stomach	..	..	..	7	6
11.	Malignant neoplasm, lung, bronchus	..	..	..	17	4
12.	Malignant neoplasm, breast	..	..	..	1	12
13.	Malignant neoplasm, uterus	..	..	..	-	4
14.	Other malignant and lymphatic neoplasms	..	..	..	28	31
15.	Leukaemia, aleukaemia	..	..	..	3	1
16.	Diabetes	..	..	..	1	3
17.	Vascular lesions of nervous system	..	..	..	36	55
18.	Coronary disease, angina	..	..	..	60	31
19.	Hypertension with heart disease	..	..	..	4	7
20.	Other heart disease	..	..	..	54	75
21.	Other circulatory disease	..	..	..	13	16
22.	Influenza	..	..	..	1	7
23.	Pneumonia	..	..	..	14	15
24.	Bronchitis	..	..	..	22	9
25.	Other diseases of respiratory system	..	..	..	1	1
26.	Ulcer of stomach and duodenum	..	..	..	2	2
27.	Gastritis, enteritis and diarrhoea	..	..	..	-	1
28.	Nephritis and nephrosis	..	..	..	3	2
29.	Hyperplasia of prostate	..	..	..	3	-
30.	Pregnancy, childbirth, abortion	..	..	..	-	-
31.	Congenital malformations	..	..	..	6	4
32.	Other defined and ill-defined diseases	..	..	..	33	34
33.	Motor vehicle accidents	..	..	..	11	2
34.	All other accidents	..	..	..	6	6
35.	Suicide	..	..	..	4	1
36.	Homicide and operations of war	..	..	..	-	1
					338	333

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	8	12	8	6	22	8	4	68
February	12	5	10	11	25	6	9	78
March	5	9	12	10	25	6	6	73
April	4	6	7	5	16	5	8	51
May	4	4	6	3	19	5	6	47
June	6	3	3	5	10	2	4	33
July	8	6	3	4	12	6	5	44
August	8	1	4	6	16	3	5	43
September	7	4	3	7	14	11	9	55
October	6	6	6	8	12	5	7	50
November	6	11	5	9	23	8	7	69
December	8	6	6	6	20	5	9	60
Totals	82	73	73	80	214	70	79	671

DEATHS IN AGE GROUPS 1959



THE CHANGING PATTERN OF DISEASE

HEART DISEASE.

Again the greatest single cause of death in 1959 was heart disease, which accounted for 34.4 per cent of all deaths. This figure has slightly, but not significantly increased from last year and is unlikely to be displaced or approximated by any other figure except that for cancer.

PNEUMONIA.

Deaths to pneumonia and bronchitis have decreased from last year by about 1.5 per cent. Although in the older age groups pneumonia is likely to remain one of the hazards of growing old, deaths from bronchitis and the incidence of bronchitis itself may well take a significant turn if the schemes for the reduction of air pollution prove as effective as hoped. There is no doubt that pollution of the atmosphere mitigates very heavily against all those liable to suffer from any kind of chest complaint.

CANCER.

There was a reduction of 3.0 per cent in the death rate from cancer in 1959, the main fall occurring in cancer of the stomach and the breast. The total figure of 110 is the lowest since 1956, but the decrease is not significant. A section of this report is devoted to a more detailed survey of the incidence of cancer.

SUICIDE.

From the detailed table given it will be seen that the suicide rate today is less than half of what it was in 1909. There were two less deaths in 1959 than in 1958.

ACCIDENTS.

A rather astonishing percentage will be seen in this year's table of the years 1909 & 1959. There is no significant difference between the accident rates for the two years. No explanation is given for the high rate in 1909 in the Annual Report of that year.

In 1959 25 people lost their lives through this cause, 13 being involved in motor accidents.

One of the features of 1959 has been the increased interest being taken in the high accident rate, and in this connection, a Home Safety Committee has been set up in Maidstone to study this problem. In the elderly age group one of the most common causes of death by accident is due to a fall, and it is felt that a considerable amount of this wastage of life could be cut out by more careful design in household amenities provided for elderly people.

Another cause of death through accident is burning, in the young age groups, and it is very often occasioned by material being caught up in unguarded fires. The new clothing fabric now on the market will greatly help in this connection, and would be even more attractive if the housewife did not have to take into account the considerable difference in price between that and traditional material.

INFECTIOUS DISEASES.

In 1909 over 5 per cent of all deaths were due to infectious diseases, while in 1959 only 0.29 per cent was accounted for by this category. This reduction has come about through the vast improvement in the environmental health of the community, the biological evolution of the organisms, the impressive increase in vaccination and immunisation, and the specific drugs used in infectious diseases.

One is apt to forget in this connection that the infectious diseases as killers have not been eradicated, but merely suppressed, and a great deal of that suppression must be due to the immunity conferred by artificial means on the community. Unless this immunity is maintained the infectious diseases may well again become one of the major causes of disability and death. Even in the report under review meningococcal infection and one other cause in a similar group were responsible for two deaths. If any relaxation were permitted on the general environmental standards quoted above, this figure could very easily be exceeded with tragic results.

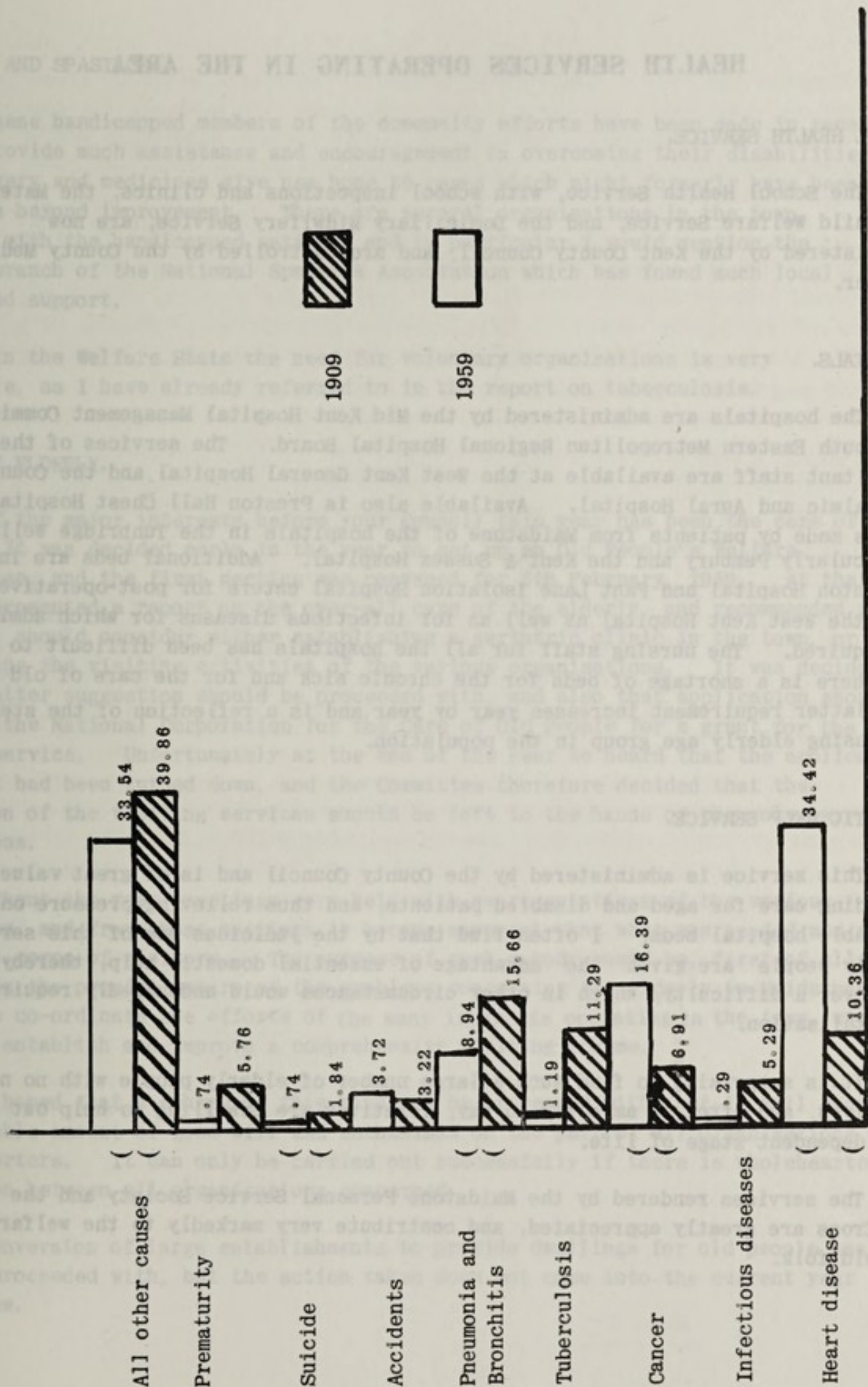
TUBERCULOSIS.

The tuberculosis death rate in 1959 is only a tenth of what it was 50 years ago. Today tuberculosis, though still a very serious disease, is generally diagnosed at an early stage, and full facilities are available for the treatment of such cases. The elderly still constitute dangerous foci of infection from the point of view of the chronic case; until all such foci of infection have at least been located, and are under surveillance, it is too much to say that tuberculosis is on the way out. All that we can say at the moment is that the disease is being vigorously pursued and the weapons at our disposal are infinitely superior to what they were even ten years ago.

THE CHANGING PATTERN OF DISEASE

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

1909 and 1959



----- All causes of death -----
100 per cent base-line.

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 General 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 & Sussex Hospital. Additional beds are in use at Linton Hospital and 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, thereby tiding 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 medicines 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.

One of the major interests before your Council this year has been the care of the elderly. It was decided early in the year to set up an Old People's Welfare Sub-committee, and the first meeting was convened for 6th February, 1959. At that meeting I presented a report on the over-all care of the elderly, and recommended that the Council should consider either establishing a geriatric clinic in the town, or co-ordinating the visiting activities of the various organisations. It was decided that the latter suggestion should be proceeded with, and also that application should be made to the National Corporation for the Care of Old People for a grant for the expenses of such a service. Unfortunately at the end of the year we heard that the application for a grant had been turned down, and the Committee therefore decided that the organisation of the visiting services should be left in the hands of the voluntary organisations.

Throughout the year, meetings were held with representatives of the various associations, and from those meetings it became apparent that what was needed was a substantial corps of visitors. The purpose of such a body would be, first of all, to ascertain the precise nature of the problems concerning the elderly in Maidstone, secondly to co-ordinate the efforts of the many interests operating in the town, and thirdly to establish and improve a comprehensive visiting scheme.

It is hoped that a scheme of this kind can be proceeded with, but it will require a considerable amount of good-will and enthusiasm on the part of all organisations and their supporters. It can only be carried out successfully if there is wholehearted co-operation between all organisations concerned.

The conversion of large establishments to provide dwellings for old people has also been proceeded with, but the action taken does not come into the current year under review.

Throughout the year a considerable amount of assistance has been given by many organisations, among them the various Care Committees, the National Assistance Board, The British Red Cross Society, the Tuberculosis After-Care Committee, the Maidstone Personal Service Society, and the Women's Voluntary Services.

I would like to stress again the importance of what I consider to be the most pressing need of the elderly - the alleviation of loneliness. It is quite true that the material help of housing, with financial support goes very far in solving the problems of the elderly, but it is quite obvious that the basic problem is loss of touch with the community. This can only be solved by a visiting service which will bring old people once more into the "body of the Kirk".

Although a considerable amount of welfare work is carried out in connection with the handicapped, there remains a large number of people fit enough to take part in communal life, but who are nevertheless withdrawn into themselves by this awful isolation of loneliness.

It is with this latter group that I feel the major amount of work remains to be done. I know that there is no organisation in the town which would regard its visiting panel as anywhere near complete; there must also be in this town many people who feel that they would wish to make some contribution of time and effort to help with this work.

During the year a Handbook was prepared giving details of voluntary services and the many statutory bodies which are in some way concerned with the welfare of the elderly. Through the good offices of the Head Postmaster, nearly 3,000 copies were distributed through the General Post Office and the sub-offices in Maidstone to all pensioners. Many comments have been made on the usefulness of such a handbook, and the time has come when a revision will shortly have to be made and a new issue distributed throughout the town.

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.

Due to the extraordinarily dry summer in 1959, it was necessary to curtail some of the services, for example, the supply of water from standpipes etc. outdoors, to maintain an equitable supply in the unusual circumstances prevailing.

The Company laid just over half a mile of mains, some 3", some 6", but mostly 4", and the greater lengths were laid on the new Park Wood and Foley Park Estates. I am indebted to Mr. Harden, Director, Engineer & Manager 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 1959

Size of Main	Location	Length in Yards
3"	Stevensons Wood, Sutton Road.	92
4"	Tudor Avenue.	208
4"	Blythe Road.	51
3"	Queen Elizabeth Square, Sutton Rd.	159
4"	Queen Elizabeth Square, Sutton Rd.	107
6"	Bell Road, - Park Wood Estate.	224
4"	Pickering Street.	79
4"	Shernold Farm Estate.	54

Totals	3" main	..	..	..	251 yards
	4" main	..	..	..	499 yards
	6" main	..	..	..	224 yards
					<hr/> 974 yards <hr/>

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 shows 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
Total solid residue	390	361	568	536	186	295	269	370
Chlorine	21.7	21.2	43.2	32.4	19.0	18.5	20.2	31.4
Nitrogen (nitrites)	"	"	"	"	"	"	"	"
Nitrogen (nitrates)	4.9	3.8	3.2	6.5	0.3	1.9	0.3	2.6
Ammonia saline	"	"	"	"	"	"	"	"
Ammonia albuminoid	"	"	"	"	"	"	"	"
Iron	"	"	"	"	"	"	"	"
Oxygen absorbed ($\frac{1}{4}$ hour at 27°C)	0.05	0.05	0.04	0.04	0.05	0.04	0.05	0.06
Oxygen absorbed (4 hours at 27°C)	0.10	0.11	0.11	0.11	0.10	0.11	0.12	0.12
Total hardness	282	252	416	344	136	245	139	192

DRAINAGE.**SEWER EXTENSIONS.****Palace Wood Estate.****Foul Sewer.**

6" diameter .. 60 lin yards.

4" diameter .. 40 lin yards.

Loose Court Estate.**Foul Sewer.**

6" diameter .. 1,544 lin yards.

4" diameter .. 441 lin yards.

Hart Street.**Surface Water Sewer.**

12" diameter .. 63 lin yards.

Hook Wood Estate.**Foul Sewer.**

6" diameter .. 128 lin yards.

4" diameter .. 37 lin yards.

Willington Place.**Foul Sewer.**

6" diameter .. 40 lin yards.

4" Cast Iron

Rising Main.. 140 lin yards.

Bellmeadow Estate.**Surface Water Sewers.**

9" diameter .. 127 lin yards.

6" diameter .. 137 lin yards.

4" diameter .. 90 lin yards.

Foul Sewer.

6" diameter .. 324 lin yards.

4" diameter .. 57 lin yards.

Blythe Road.**Foul Sewer.**

6" diameter .. 70 lin yards.

4" diameter .. 43 lin yards.

Heath Road.**Foul Sewer.**

6" diameter .. 198 lin yards.

FOOD HYGIENE

1. NUMBER OF FOOD PREMISES IN THE BOROUGH 457

Class	Number
Restaurants and Cafes	33
Hotels	10
School Canteens	22
Public Houses	82
Food Shops:-	
Butchers	42
Fruit and Greengrocers	45
Bakers	22
Fishmongers	13
Fried Fish shops	13
Grocers and Provision Merchants	104
Others	56

2. FOOD PREMISES BY TYPE REGISTERED WITH THE LOCAL AUTHORITY UNDER SECTION 14 OF THE FOOD DRUGS ACT, 1938, LOCAL BYELAWS AND THE MILK AND DAIRIES REGULATIONS, 1949.

Ice-cream manufacturers	2
Ice-cream sellers	183
Sausage manufacturers	35
Margarine, Margarine-cheese and Milk-blended Butter (Wholesale Dealers)	9
Artificial cream dealers	2
Milk Distributors (Sterilised Milk - 75)	96
Dairies	4

3. NUMBER OF INSPECTIONS OF REGISTERED FOOD PREMISES 373

Two food traders in Maidstone Market were prosecuted for contraventions of the Food Hygiene Regulations 1955. One man was fined 10/- under Regulation 26 (1)(a) for not displaying his name and address on his stall. The same man and another were fined 40/- each under Regulation 9 (e) for smoking while handling unwrapped sweets.

FOOD AND DRUGS, 1959. 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	101	84
School Milk	22	22
Milk for M.A.F.F.	86	84
Sterilised Milk	12	12
Tea	1	1
Mixed spices	2	2
Golden syrup	1	1
Margarine	1	1
Sweetmeats	5	5
Dried fruit	4	4
Gelatine	1	1
Camphorated oil	1	1
Glauber salts	1	1
Liquid paraffin	1	1
Saccharin tablets	1	1
Butter	1	1
Pork sausages	6	4
Beef sausages	4	2
Custard powder	1	1
Ice cream	8	8
Luncheon meat	1	1
Gin	2	2
Whisky	2	2
Zinc & Castor Oil Cream	1	1
Flour	1	1
Fruit Pie	1	1
Jellies	2	2
Cereals	7	7
Tartaric acid	1	1
Bicarbonate of Soda	1	1
White Pepper	1	1
Ground Nutmeg	1	1
Ground Ginger	1	1
Dring Chocolate	2	2
Senna Pods	1	1
Epsom Salts	1	1
Apricot Jam	1	1
Orange Squash	1	1
Lard	1	1
Instant Icing	1	1
Bread	2	2
	292	269

During 1959, the 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	..	..	..	..	16 cwts., 2 qrs., 10 lbs.
Milk, tinned	..	..	..	..	456 tins
Peas, tinned	..	..	..	..	673 tins
Fruit, tinned	..	..	..	..	3,343 tins
Vegetables, tinned	..	..	..	..	172 tins
Soup, tinned	..	..	..	..	324 tins
Meat, tinned	..	..	..	1 ton 13 cwts., 0 qrs., 25 lbs.	
Fish, tinned	..	..	..	..	330 tins
Fish, fresh	..	..	..	..	57 stones
Beans, tinned	..	..	..	..	364 tins
Cheese	..	..	..	..	3 qrs., 7 lbs.
Jam	..	..	..	..	1 tin
Sweetmeats	..	..	..	..	18 lbs
Bacon	..	..	..	1 ton 0 cwts., 3 qrs., 23 lbs.	
Puddings, tinned	..	..	..	..	75 tins
Pies, meat	..	..	..	..	13
Beverages	..	..	..	..	2 tins
Sausages	..	..	..	3 cwts., 2 qrs., 21 lbs.	
Spaghetti	..	..	..	..	21 tins
Tea	..	..	..	..	11 lbs., 8 ozs.
Sugar	..	..	..	..	3 qrs., 9 lbs.
Mixed Spices	..	..	..	..	77 drums.

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 1959 are as follows:-

1959	Cattle	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed) Number inspected)	1125	786	687	5133	6200	-
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCI.						
Whole carcasses condemned ..	2	2	3	43	9	-
Carcasses of which some part or organ was condemned ..	362	316	11	1063	1710	-
Percentages of the number inspected affected with disease other than tuberculosis or cystercerci.	32.3	40.5	2.0	21.5	27.7	-
TUBERCULOSIS ONLY.						
Whole carcasses condemned ..	-	2	-	-	4	-
Carcasses of which some part or organ was condemned ..	31	30	-	-	161	-
Percentage of the number inspected affected with tuberculosis	2.8	4.0	-	-	2.7	-
CYSTICERCOSIS.						
Carcasses of which some part or organ was condemned ..	11	4	-	-	-	-
Carcasses submitted to treatment by refrigeration ..	11	4	-	-	-	-
Generalised and totally condemned ..	-	-	-	-	-	-

HOUSING STATISTICS

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR.

(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ..	2,478
(b)	Number of inspections made for that purpose ..	4,044
(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	10
(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 ..	105

11. 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	72
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111. ACTION UNDER STATUTORY POWERS DURING THE YEAR.

A. PROCEEDINGS UNDER THE HOUSING ACT, 1857.

(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 defect to be remedied	16
-----	---	----

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

(a) by owners	5
(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	5
(3) Number of separate tenements or underground rooms in respect of which Closing Orders were made ..	4
(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	2
(b) (1) Number of cases of overcrowding relieved during the year	2
(2) Number of persons concerned in such cases ..	9
(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	22
(2) Visits made	97
(3) Undertakings accepted	14
(4) Certificates of Disrepair granted	7
(5) Applications not accepted	1

NEW BUILDING.

The following table sets out the provision of accommodation erected in 1959 by the Local Authority:

Site	Flats	Houses	Bungalows	Designed as Old People's Dwellings
Parkwood Estate	48	7	14	21

In addition 343 houses were built by private enterprise.

HOUSING STATISTICS (for the period 1. 4.59. to 31. 3.60.)

(a)	Number of new properties handed over	94
(b)	Families rehoused (including 53 from condemned property)	249
(c)	Number of transfers	93
(d)	Number of exchanges between Council Tenants	77
(e)	Housing Applications as at 31st March, 1960	1,923
(f)	Number of families rehoused on condition that Child Help Service was put into operation	6

INSPECTIONS AND NOTICES

Bakehouse inspections	31
Chimneys repaired	14
Cement sinks removed and glazed provided	1
Cooking stoves renewed or repaired	-
Dairies and Milkshops inspected	187
Common lodging house inspections	78
Coppers repaired	-
Drains choked and cleansed by flushing staff	329
" reconstructed	94
" inspection chambers provided	2
" stoneware pipes laid, feet	90
Dustbins provided	3
Factory, workplaces and outworkers' premises inspected	457
Grates renewed or repaired	2
Houses, floors to living-rooms provided or repaired	9
" chuting or guttering repaired or renewed	13
" roofs repaired	31
" rooms where dirty or loose paper has been removed and walls and ceilings repaired and distempered	20
" walls made dry by insertion of damp course or other method	38
Inquiries into cases of Infectious Diseases	91
Inspection of houses on complaint or otherwise	4,589
Re-inspections	4,766
Miscellaneous defects remedied	47
Public Houses inspected	71
Restaurants and Cafes inspected	15
Schools inspected	8
Sink or other wastepipes removed, disconnected or trapped	6
Sinks, new channels provided or repaired	4
Stoneware gullies provided	-
W.C's, Walls and ceilings repaired	3
" new pans, traps and seats provided	15
Window frames required	9
Verminous rooms cleansed	8
Yard pavement repaired or provided in connection with houses	2
Preliminary Notices served	129
Statutory Notices served	7

(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 ..	193	5	-
Factories without Mechanical Power ..	285	-	-
Other Premises	12	2	-
Total	490	7	-

(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	-	1	-	-
Want of ventilation	-	-	-	-
Overcrowding	-	-	-	-
Want of drainage floors	-	-	-	-
Other nuisances	-	-	-	-
Sanitary Accommodation:				
Insufficient	1	2	-	-
Unsuitable or defects	4	4	-	-
Not separate for sexes	-	-	-	-
Offences under the Factories Act 1937:				
Illegal occupation of underground bakehouse (s.54)	-	-	-	-
Other offences (Excluding offences relating to outwork)	-	-	2	-
Total	5	7	2	-

Factories

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1959 FOR THE BOROUGH OF MAIDSTONE IN THE COUNTY OF KENT

Prescribed Particulars on the Administration of the Factories Act, 1937.

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors.)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, & 6 are to be enforced by Local Authorities.	40	285	5	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	263	193	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	15	12	2	-
Total	318	490	7	-

2. Cases in which DEFECTS were found.
(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars (1)	Number of cases in which defects were found				No. of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H & M Inspector (4)	By H & M Inspector (5)	
Want of Cleanliness (S.1.) ..	-	1	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4) ..	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	1	2	-	-	-
(b) Unsuitable or defective ..	4	4	-	4	-
(c) Not separate for sexes ..	-	-	-	-	-
Other offences against the Act, (not including offences relating to Outwork) ..	-	-	2	-	-
Total ..	5	7	2	4	-

PART VIII OF THE ACT

Outwork

(Sections 110 and 111)

Nature of Work (1)	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing) Making apparel) etc.	2	-	-	-	-	-
) Cleaning	-	-	-	-	-	-
) and	-	-	-	-	-	-
) Washing	-	-	-	-	-	-
Household Linen	-	-	-	-	-	-
Lace, lace curtains & nets	-	-	-	-	-	-
Curtains and furniture hangings	-	-	-	-	-	-
Furniture and upholstery	6	-	-	-	-	-
Electro-plate	-	-	-	-	-	-
File making	-	-	-	-	-	-
Brass and brass articles	-	-	-	-	-	-
Fur pulling	-	-	-	-	-	-
Iron and steel cables & chains	-	-	-	-	-	-
Iron and steel anchors and grapnels	-	-	-	-	-	-
Cart gear	-	-	-	-	-	-
Locks, latches and keys	-	-	-	-	-	-
Umbrellas, etc.	-	-	-	-	-	-

PART VIII OF THE ACT - Outwork - Contd.

Nature of Work (1)	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Artificial flowers	-	-	-	-	-	-
Nets, other than wire nets	-	-	-	-	-	-
Tents	-	-	-	-	-	-
Sacks	-	-	-	-	-	-
Racquet and tennis balls	-	-	-	-	-	-
Paper bags	-	-	-	-	-	-
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	-	-	-	-	-	-
Brush making	-	-	-	-	-	-
Pea picking	-	-	-	-	-	-
Feather sorting	-	-	-	-	-	-
Carding etc. of buttons etc.	-	-	-	-	-	-
Stuffed toys	-	-	-	-	-	-
Basket making	-	-	-	-	-	-
Chocolates and sweetmeats	-	-	-	-	-	-
Cosaques, Christmas stockings etc.	-	-	-	-	-	-
Textile weaving	-	-	-	-	-	-
Lampshades	-	-	-	-	-	-
Total	8	-	-	-	-	-

VERMINOUS DWELLINGS.

During the year 1959 the following work in the eradication of bugs and other vermin was carried out:-

(a) Council Houses found to be infested	12
(b) Other houses found to be infested	19

Council Houses disinfested:-

(a) By gassing	-
(b) By spraying and the burning of insecticides	12

Other houses disinfested:-

(a) By gassing	-
(b) By spraying and the burning of insecticides	19

Verminous households fumigated before removal to a Council House or during transfer to another Council House 2

Council Houses inspected and found clean	371
Other houses inspected and found clean	174

PREMISES CONTROLLED BY BYELAWS.

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

CLOSET FACILITIES.

Properties with W.C.'s discharging into the sewer system ..	16,730
Properties with W.C.'s discharging into cesspits ..	432
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-seven samples were examined during 1959, and only in one case was there an unsatisfactory report.

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.

In April, 1959, the Council made a building byelaw under Section 24 of the Clean Air Act, 1956, to ensure that suitable appliances were provided in future in new buildings.

The Public Health Committee approved details of a survey of air pollution in the Borough and the recording instruments were installed with a view to recordings commencing on the 1st January, 1960.

No applications were received for prior approval of the installation of new furnaces under Section 3 of the Clean Air Act, 1956.

Since the Clean Air Act came into force 76 emissions of dark smoke have been detected and the contraventions of the Act taken up informally with the managements concerned.

FOOD AND FOOD HYGIENE.

There are now 13 refrigerated milk vending machines in the town. Under strict technical control and provided that the inherent potential nuisance of empty cartons does not arise, it would appear that this is a reasonably safe method of milk distribution. It is one, in any case, which meets the demand of the age. This is a time of national publicity for the sale of milk as a wholesome and essential item of diet, and one would hesitate to do anything which would diminish milk consumption.

There is still a considerable amount of work to be done in Maidstone on the whole subject of food hygiene in shops and catering establishments. We often hear complaints from foreign visitors that the standard of food hygiene throughout the United Kingdom is low, more so than that, for example, of America. This may be so, but it is still a fact that the United States has an incidence in food poisoning which has been viewed with alarm on the other side of the Atlantic.

My personal opinion is that the real criterion for food hygiene lies with the purchaser. If the purchaser is willing to demand a high standard, and to bring to the notice of shop assistants any falling off of standards, much can be done to maintain a level of cleanliness, safety and efficiency which could compare with any other country in the world. As long as the public are willing to put up with a low standard of hygiene, for example, accepting cooked meats handled with dirty fingers, we can expect very little co-operation. It is wrong to close our eyes to these things, and although it may be unpleasant and uncomfortable for the customer to bring attention to himself by such complaints, he is at the same time helping in the potential spread of disease if he does not do so.

More and more managements are coming to recognise the real importance of hygiene, and it is essential that new recruits to catering establishments should be trained in food handling by experienced managers. Where shops require any advice on such matters, the services of the Health Department are always available.

There are many simple ways in which the public can be protected in food handling. The days of the open fronted shop should have passed by now. It is a relatively minor matter protect to all classes of food from the many vehicles of infection which are brought to bear on goods during display even within a few hours exposure in unprotected premises. I know that many shopkeepers are just as anxious as us to maintain a good standard, and I would urge them to look again at their premises to see what could be done in the way of achieving the highest ideals of food hygiene.

This is a matter which I know your Health Committee have very much at heart, and would wish to see considerably improved in standard.

THE PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS, 1953.

It was necessary in three cases to issue Notices under the above Regulations in order to prevent the spread of infection in the case of food handlers in the Borough. The Notices were in operation for periods of 14, 15 and 21 days each.

RADIATION HAZARDS

This subject was fully discussed in the Annual Report for 1958, and interest in it has been maintained throughout the year.

During 1959 there was an application by a firm in Maidstone for permission to dispose of radioactive waste through the public sewerage system. The questions of handling this waste and the possible hazards involved were very fully discussed with the Ministry of Housing and Local Government, and as a result recommendation was made that the application be granted for a maximum amount not exceeding five microcuries per day, provided that the material shall first have been diluted to as near as possible back-ground level, and have the proper amount of non-active carrier present.

The majority of the isotopes in question were not for immediate use, and were in general such a short half-life as not to constitute any foreseeable hazard.

Concern was expressed in my last annual Report on the lack of information on the disposal of radioactive waste, and the possible administrative confusion arising therefrom. Since last year the Radioactive Substances Bill has dealt with the vast majority of the administrative procedures and the various controls which have to be exercised over the discharge of radioactive waste, and this has gone a long way towards allaying the concern referred to. At the time of writing this Report the Bill has not yet been enacted.

It seems obvious that there should be no limit to the extent of control over the emission or discharge of any ionizing radiation. No matter how careful are the controls exercised locally or even nationally each area is still liable to radiation hazard through the products of nuclear fission circulating the world as a result of explosions anywhere on the globe.

Quite irrespective therefore of the fact of whether a local area has or has not a source of ionising radiations, it might well nevertheless become the focal point of danger from outside consequences over which it has no control.

Since there are long term genetic effects from ionizing radiations, it is therefore vital to keep within very strict limitations the discharge of any material which would give rise to future hazards.

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.

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	29.93	40	30	2.10	13	20	42
February	30.60	43	32	0.06	3	48	20
March	30.03	51	39	1.50	20	91	43
April	29.59	57	36	2.20	17	127	40
May	30.21	62	46	1.04	5	204	34
June	30.24	70	51	.86	11	230	36
July	30.18	75	54	1.73	9	253	23
August	30.23	74	55	.65	9	218	16
September	30.32	72	51	.14	2	183	38
October	30.23	64	45	2.69	13	105	32
November	29.95	50	38	3.53	17	15	-
December	29.69	47	39	4.45	24	6	30
Averages and totals for the year	30.08	58	43	20.95	143	1505	54

Birth-rates, Death-rates and Analysis of Mortality in the
year, 1959.

Area	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	16.5	11.6	.08 (P)	.46 (P)	1.68 (P)	22.0	20.7
Hollingbourn R.D.	17.81	9.76	"	.59	1.18	20.97	20.54
Maidstone R.D.	17.53	9.55	.10	.46	1.97	27.95	15.29
Malling R.D.	17.62	11.23	.21	.56	1.80	27.20	15.74
Maidstone Borough	16.69	10.49	.14	.37	1.57	20.87	24.65
County of Kent	15.63	11.67	.07	.52	1.95	18.22	19.18

(P) - Provisional Rates

BOROUGH OF MAIDSTONE

GENERAL SUMMARY

Population (Estimated 1959)	56,680
Number of inhabited houses (1921)	8,472
Number of inhabited houses (end of 1959) according to Rate Books	17,174
Average number of persons per house (1921)	4.6
Average number of persons per house (1959)	3.3
Area (in acres)	6,194
Density (persons per acre)	9,150
Annual Birth Rate per 1,000 population	16.69
Annual Death Rate per 1,000 population	10.49
Phthisis Death Rate per 1,000 population .. .. .	.14
Cancer Death Rate per 1,000 population	1.94
Infantile Death Rate per 1,000 births	20.87
Live Births: Males - 479, Females - 431	910
Deaths: Males - 338, Females - 333	671
Excess of Births over Deaths	239

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

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