

**[Report 1943] / Medical Officer of Health, Ramsgate Borough.**

**Contributors**

Ramsgate (England). Borough Council.

**Publication/Creation**

1943

**Persistent URL**

<https://wellcomecollection.org/works/usfppck7>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

HEALTH DEPARTMENT

---

BOROUGH OF RAMSGATE



# ANNUAL REPORT

OF THE

**Medical Officer of Health**

AND

**School Medical Officer**

FOR THE YEAR

**1943**

---

J. V. WALKER, M.D., M.R.C.P., D.P.H.





HEALTH DEPARTMENT

---

BOROUGH OF RAMSGATE



# ANNUAL REPORT

OF THE

**Medical Officer of Health**

AND

**School Medical Officer**

FOR THE YEAR

**1943**

---

J. V. WALKER, M.D., M.R.C.P., D.P.H.

---

Printers:

"The East Kent Times," Ltd.,  
85, High Street, Ramsgate.



# BOROUGH OF RAMSGATE

## STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health and School Medical Officer:  
J. V. WALKER, M.D., M.R.C.P., D.P.H.

Dental Officer:  
R. O. BARBER, M.R.C.S., L.R.C.P., L.D.S.  
(Resigned 30th June, 1943.)

J. B. REED, L.D.S.  
(Appointed 1st August, 1943.)

Senior Sanitary Inspector:  
E. YOUNG, Assoc. R.S.I., F.S.I.A.,  
Cert. Meat Inspector, R.S.I.

Sanitary Inspectors:  
T. L. MARTIN, Assoc. R.S.I., M.S.I.A.,  
Cert. Meat Inspector, R.S.I.  
F. BROWN, Assoc. R.S.I., M.S.I.A.,  
Cert. Meat Inspector, R.S.A. of Scotland.

Health Visitors and School Nurses:  
Miss G. D. CLARK, S.R.N., C.M.B.  
Miss W. E. CARPENTER, S.R.N., C.M.B.  
Miss B. WILSON, S.R.N., C.M.B., H.V.'s Certificate, R.S.I.  
(Resigned 30th April, 1943.)  
Miss D. M. GARDNER, S.R.N., C.M.B., H.V.'s Certificate, R.S.I.  
(Appointed 20th September, 1943.)  
Miss F. N. EVERITT, S.R.N., C.M.B., H.V.'s Certificate, R.S.I.  
(Appointed 20th September, 1943.)

Clerks:  
Mrs. E. F. CARTHEW.  
Miss S. P. SMITH.  
Mrs. M. FEARNLEY (resigned 23rd October, 1943).  
Miss V. B. KNOTT (appointed 9th August, 1943).  
Miss V. GUMBRELL (appointed 1st November, 1943).

## MEMBERS OF THE PUBLIC HEALTH COMMITTEE. 1943-44.

Chairman: Councillor T. H. PRESTEDGE, C.C.

Vice-Chairman: Councillor Mrs. F. L. DUNN, J.P.

HIS WORSHIP THE MAYOR	Councillor S. E. AUSTIN
(Alderman G. W. TWIGGER, J.P.)	" Dr. D. P. CRAWFORD
Alderman W. HAWKINS	" Dr. A. DUFFY
" A. E. PETLEY	" JAS. MARTIN
Councillor the Rev. HARCOURT	" Mrs. H. L. NICHOLSON
SAMUEL	

## MEMBERS OF THE MATERNITY AND CHILD WELFARE STANDING SUB-COMMITTEE.

1943-44.

Chairman: Councillor Mrs. F. L. DUNN, J.P.

HIS WORSHIP THE MAYOR	Councillor Mrs. H. L. NICHOLSON
(Alderman G. W. TWIGGER, J.P.)	" T. H. PRESTEDGE, C.C.
Alderman W. HAWKINS	Mrs. ALLEN
" A. E. PETLEY	Miss M. A. ANDREWES
Councillor JAS. MARTIN	Mrs. WILCOX

## MEMBERS OF THE EDUCATION COMMITTEE.

1943-44.

Chairman: Alderman W. T. SMITH.

Vice-Chairman: Councillor Rev. HARCOURT SAMUEL.

HIS WORSHIP THE MAYOR	Councillor P. TURNER
(Alderman G. W. TWIGGER, J.P.)	Mr. W. A. DAVIES
Alderman T. W. MOCKRIDGE	Mrs. H. FARMER
" C. R. WOODHAMS	Rev. S. B. GREEN
Councillor Dr. D. P. CRAWFORD	Rev. J. H. ROUNDHILL
" Mrs. F. L. DUNN, J.P.	Rev. B. WINSLOW, O.S.B.
" F. F. MILLER	

To His Worship the Mayor, the Aldermen and Councillors of the Borough of Ramsgate.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my fourth Annual Report as Medical Officer of Health to the Borough of Ramsgate. Though interrupted from time to time by forcible reminders of the continued state of war, the general trend remarked upon in my Annual Reports for 1942 and 1941 towards more normal conditions, or, perhaps more accurately, towards an appearance of normality in an essentially violent and unstable situation, continued throughout 1943.

The opportunities offered by such external equilibrium were not neglected and I am glad to be able to draw your attention to the retrospect of an on the whole successful year with advances in several directions. These various matters, and others where ground has actually been lost, are described in detail under their appropriate headings.

A short comment may not be out of place here upon a subject of greater interest than any of the items of policy and administration to be described in subsequent pages. It is becoming increasingly apparent to some thinkers that the concern of the Health Service is not with individuals in particular circumstances, such as, for instance, with a woman as expectant mother, with a child as a case for immunisation against or suffering from diphtheria, but with the family as the basic unit of human society and with the human person in his or her environment within it. From these premises important considerations arise for the Health Department, in providing advice and health education for the family as such, inclusive of all its members, and in combating all the disintegrating and "depersonalising" influences of the present, which, acting from many sources and in many spheres, are subversive of values and incline human beings towards something less and other than what they ought to be.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

J. V. WALKER.



# BOROUGH OF RAMSGATE

## I. Statistical Review.

### GENERAL STATISTICS

Area of Borough in acres	..	..	..	..	..	4,778
Population, Census 1931	..	..	..	..	..	33,603
Rateable Value	..	..	..	..	..	£239,196
Estimated product of 1d. rate, 43-44	..	..	..	..	..	£550
Number of inhabited houses: between fifty and sixty per cent. of total pre-war number.						
Total sunshine in hours, 1943	..	..	..	..	..	1614.8
Total rainfall in inches, 1943	..	..	..	..	..	18.38

### EXTRACTS FROM VITAL STATISTICS

#### Live Births—

						Male	Female
Total	..	..	..	..	286	161	125
Legitimate	..	..	..	..	260	145	115
Illegitimate	..	..	..	..	26	16	10

#### Still Births—

						Male	Female
Total	..	..	..	..	12	7	5
Legitimate	..	..	..	..	11	7	4
Illegitimate	..	..	..	..	1	—	1

Rate per 1,000 total births, 40.3.

Percentage of total births illegitimate, 9.1.

#### Deaths—

						Male	Female
Total	..	..	..	..	244	123	121

#### Deaths from Puerperal Causes—

Puerperal Sepsis	..	..	3.4	} Rate per thousand total (Live and Still) Births.
Other Puerperal causes	..	..	Nil	

#### Death Rate of Infants under one year of age—

All infants per 1,000 live births	..	..	..	31.5
Legitimate infants per 1,000 legitimate live births	..	..	..	30.8
Illegitimate infants per 1,000 illegitimate live births	..	..	..	38.5
Deaths from Cancer (all ages)	..	..	..	43
Deaths from Measles (all ages)	..	..	..	Nil
Deaths from Whooping Cough (all ages)	..	..	..	Nil
Deaths from Diarrhoea (under 2 years of age)	..	..	..	1

**MORTALITY TABLE.**

Classified under the Headings given in the New Abridged List of Causes of Death.

CAUSE OF DEATH.	Male.	Female.	Total
1. Typhoid and Paratyphoid fevers ..	—	—	—
2. Cerebro-spinal fever .. .. .	—	—	—
3. Scarlet fever .. .. .	—	—	—
4. Whooping cough .. .. .	—	—	—
5. Diphtheria .. .. .	—	—	—
6. Tuberculosis of respiratory system ..	8	3	11
7. Other forms of tuberculosis .. ..	2	—	2
8. Syphilitic diseases .. .. .	1	—	1
9. Influenza .. .. .	7	4	11
10. Measles .. .. .	—	—	—
11. Acute Polio-myelitis and polio- encephalitis .. .. .	—	—	—
12. Acute infective encephalitis .. ..	—	—	—
13. Cancer of buccal cavity and oesophagus (M) uterus (F) .. ..	—	2	2
14. Cancer of stomach and duodenum ..	1	6	7
15. Cancer of breast .. .. .	—	5	5
16. Cancer of all other sites .. .. .	18	11	29
17. Diabetes .. .. .	1	3	4
18. Intracranial vascular lesions .. ..	9	20	29
19. Heart disease .. .. .	24	30	54
20. Other diseases of circulatory system	2	1	3
21. Bronchitis .. .. .	5	6	11
22. Pneumonia .. .. .	5	6	11
23. Other respiratory diseases .. ..	—	—	—
24. Ulcer of stomach or duodenum ..	1	—	1
25. Diarrhoea under 2 years .. .. .	—	1	1
26. Appendicitis .. .. .	1	—	1
27. Other digestive diseases .. .. .	3	2	5
28. Nephritis .. .. .	10	2	12
29. Puerperal and post-abortion sepsis ..	—	1	1
30. Other maternal causes .. .. .	—	—	—
31. Premature birth .. .. .	1	—	1
32. Congenital malformation, birth in- juries, infantile diseases .. ..	1	1	2
33. Suicide .. .. .	3	1	4
34. Road traffic accidents .. .. .	—	—	—
35. Other violent causes .. .. .	11	6	17
36. All other causes .. .. .	9	10	19
All causes .. .. .	123	121	244

**MATERNAL MORTALITY.**

There was one case of Maternal Mortality in 1943, due to puerperal sepsis. There were 4 notifications of puerperal pyrexia.

**INFANT MORTALITY.**

The following table shows the causes of the nine deaths during the year.

Cause of Death.	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total
Prematurity... .. .	1	...	...	...	1	...	...	...	...	1
Congenital Malformation ..	2	...	...	...	2	...	...	...	...	2
Tuberculosis .. .. .	...	...	...	...	...	1	...	...	...	1
Pneumonia .. .. .	...	...	...	...	...	...	2	1	...	3
Diarrhoea .. .. .	...	...	...	...	...	...	...	1	...	1
Convulsions... .. .	...	...	...	...	...	...	...	1	...	1
Total .. .. .	3	...	...	...	3	1	2	3	...	9



Age at Death.	Infancy and Childhood.					Early Maturity.		Later Maturity.		Old Age.				
	Under 1 year	1-5 years	5-15 years	All under 15 years	Percentage of total deaths under 15 years	15-45 years	Percentage of total deaths between 15-45 yrs.	45-65 years	Percentage of total deaths between 45-65 yrs.	65-75 years	Percentage of total deaths between 65-75 yrs.	Over 75 years	Percentage of total deaths over 75 years	Percentage of total deaths over 65 years
Men ... ..	7	4	2	13	10.6	11	8.9	33	26.8	39	31.7	27	22.0	53.7
Women ... ..	2	—	1	3	2.5	13	10.7	29	24.0	34	28.1	42	34.7	62.8
Total ... ..	9	4	3	16	6.6	24	9.8	62	25.4	73	29.9	69	28.3	58.2

## OLD AGE AND ITS PROBLEMS.

In the Annual Reports for the years 1941 and 1942 a brief note was made, with an accompanying table, on the longevity of the population as illustrated by the large proportion of people who had lived for more than sixty-five and seventy-five years. The same phenomenon was apparent in 1943 also, though, as it happened, the percentage dying in the higher age groups was rather smaller than in the previous years, all deaths over sixty-five being 58.2 per cent. in 1943 as compared with 64.7 per cent. in 1942 and 62.2 per cent. in 1941.

The preceding table shows the distribution of deaths during the year among both sexes and at different ages. The local findings correspond closely with those generally recognised as "normal," showing a high relative mortality in the first year (see also table under Infant Mortality *supra*) a higher mortality among women in their early maturity than among men of the same age and elsewhere evidence of a greater female longevity.

The long life of so many of the inhabitants of Ramsgate, which is demonstrated by the advanced age at which they died, might rightly be put forward as evidence of the health-giving amenities and climate of the town. But when this has been said there has been in the past a tendency to leave the matter there, without further thought of its implications.

While for some their declining years are among the happiest of their life, to many others old age is a time of loneliness and neglect, devoid of interests and of friendship. Personal and economic factors play their part in this adverse situation, and equally a social element has contributed to it, arising from the decline of family life and solidarity. Hence many elderly and old people feel and find themselves belonging so to speak nowhere and their added years, won for them by the progress of public health with such show of triumph, have proved a burden.

The solution of this problem is, of course, outside the sphere and capacity of public health administration, but it is a problem of which the public health service should take cognisance. Up to the present concern has been much more devoted to the care of youth, and while this is natural, in so far as it has been exclusive, it has neglected the philosophical principle to "consider well the end." Moreover, from a practical point of view, the welfare of the elderly is an increasingly important consideration, since, as a result of the recent population trend, their numbers, both relatively and absolutely, are becoming and will become greater. A somewhat neglected field of public service exists here for exploration, with immense opportunities for research.



## II. Public General Medical Amenities.

### LABORATORY FACILITIES.

All bacteriological and serological specimens for examination were sent, as hitherto since 1940, to the County Laboratory, Maidstone. During the year 48 samples of ordinary and graded milk were sent there, of which 31 were reported upon as being satisfactory. Examination for the presence of tubercle bacilli was carried out upon two samples of milk and they were reported to be negative.

### AMBULANCE FACILITIES.

The circumstances described in the Annual Report for 1942 remained the same during 1943; two ambulances belonging to the St. John Ambulance Brigade being available for ordinary civilian needs, supplemented by another ambulance, supplied by the British Red Cross and St. John Society, for air raid casualties. The drivers remained on the pay roll of the Civil Defence Ambulance Service with a retaining fee from the St. John Brigade, and were ordinarily allocated to the working of the brigade's vehicles, though as Civil Defence members they were available for other duties if required.

On two occasions the ambulance belonging to the Isle of Thanet Joint Hospital Board, attached in normal times to the Infectious Diseases Hospital at Haine and loaned since 1940 to the Civil Defence Ambulance Service, was employed to convey infectious cases (diphtheria) to Easry Isolation Hospital. Civil Defence drivers and attendants took charge of these operations, which were carried out satisfactorily.

### NURSING IN THE HOME.

As from 1st June the Ramsgate District Nursing Association resumed responsibility for this service and reinstated their Queen's Nurse Wallington to carry it out. Up to that date district nursing had remained, as described in the Annual Reports for 1941 and 1942, a direct concern of the Council and had been performed by Health Visitor Miss B. Wilson and State Registered Nurse Miss F. E. Yeadon, assisted by Civil Defence nursing auxiliaries attached to the Newington Health Centre and First Aid Post. During the last months of its existence the temporary nursing service had continued to give the same satisfaction to patients and doctors in the town as hitherto and it is not untrue to say that the restoration of the Ramsgate District Nursing Association was due more to the influence of the parent Kent County Nursing Association than to local demand for it. Since, however, legislation does not at present permit of the establishment of a general domiciliary nursing service by local authorities, the Council had no powers to set up the improvised though highly successful nursing expedient as a permanent arrangement and so welcomed back the regular district nursing service with every good wish for its future success and expansion. During the remainder of the year Civil Defence auxiliaries continued to assist Queen's Nurse Wallington as and when required. They performed 650 nursing visits out of a total of 2,083 during these seven months, which is 23.8 per cent.

One is glad to be able to record that since its re-establishment, the Ramsgate District Nursing Association has made considerable progress, so much that before the end of the year a second Queen's Nurse had been appointed. This is a clear index of the increasing range of its work and of the appreciation of the people of Ramsgate, nor does a service administered by Queen's Nurses need any recommendation.

### TREATMENT CENTRES AND CLINICS.

The following table shows the facilities under the above heading provided by local authorities in Ramsgate. For the sake of completeness, those administered by the Kent County Council are included. The times of sessions are as at present (Summer 1944).



Purpose of Clinic.	Where Held.	Time.	By Whom Administered.
Dental .. ..	Health Centre, Newington.	Tues. & Fri. 2.30-4. Weds. 10-12.	Ramsgate Council: Education Committee and Maternity and Child Welfare Sub-Committee jointly.
Diphtheria Immunisation	Health Centre, Newington.	Weds. at 4.15.	Ramsgate Council: Public Health Committee.
Maternity and Child Welfare:			
Mothers' Clinic	Health Centre, Newington.	Thurs. 2.0-4.0	Ramsgate Council: Maternity & Child Welfare Sub-Committee.
Babies' and Toddlers' Clinic		Weds. & Fris. 2.0-4.0.	
School Medical Service:			
Ear, Nose and Throat ..	Ramsgate General Hospital (Mr. Charles Oxley)	Tues. at 2.0.	Ramsgate Council: Education Committee.
Minor Ailments	Health Centre, Newington.	Daily at 10.0.	
Ophthalmological .. ..	Ramsgate General Hospital (Mr. W. J. Dunlop).	Weds at 10.30.	
Tuberculosis ..	The Dispensary, South Eastern Road.	Fri. 10.30-12.30.	Kent County Council.
Uncleanliness: Scabies .. ..	Men at Disinfecting Station, Broad Street. Women and Children at Health Centre, Newington.	By arrangement.	Ramsgate Council: Public Health Committee.
Pediculosis ..			
Venereal Diseases	Eton House, St. Peter's Road, Margate.	Men: Sats. 2.30-3.30. Women: Sats. 1.30-2.30.	Kent County Council.

The Medical Officer of Health and School Medical Officer is "at home" at his office, in the Health Department, Clarendon House, every morning between 9.30 and 10 o'clock, for consultation and advice.

**Mothers' and Children's Clinics** do not require further comment this year. Attendances remained satisfactory, and though the situation of the Health Centre relative to the most populous parts of the town remained an adverse influence, as hitherto remarked, no active steps were taken in 1943 to counteract it, and though the possible use of alternative premises in or near the East Cliff area of the town was considered, no suitable accommodation was found.

#### HOSPITALS.

The Isolation Hospital at Herne Bay belonging to the Herne Bay and Whitstable Joint Board has continued ordinarily to provide the necessary accommodation for patients suffering from infectious illness. Alternative accommodation, at the City of Canterbury Isolation Hospital or at Eastry Isolation Hospital, was sought for a few cases. Although fully realising the



inevitability of the arrangement whereby such patients were admitted to hospitals outside their own area, some disadvantageous features of the scheme must be recognised, particularly the lack of cubicle facilities at the Herne Bay Hospital which limits its effectiveness as a place of admission of cases where diagnosis is in doubt.

A large proportion of isolation cubicles is a great amenity at every hospital for infectious diseases, for it is then possible to admit and nurse in what is administratively one ward infectious cases of various sorts, together with others who may not prove to be infectious at all. A high standard of nursing efficiency is of course necessary successfully to cope with several different infections under one roof, but the technique is straightforward and demands no more than an intelligent application to detail of a simple principle. Indeed, the excellent results obtained from nursing in cubicle wards indicate that except perhaps for such diseases as small-pox, where infectivity is unusually great, the traditional isolation hospital is no longer necessary and that in the future infectious illnesses will be nursed in their appropriate wards in general hospitals.

The Ramsgate General Hospital continued to meet the civilian requirements of the town. The number of in-patients showed an increase during the year, but these were mostly service casualties.

### VACCINATION.

The Vaccination Officers of the district have kindly supplied me with the following particulars:—

Total births registered locally (i.e., children due for vaccination)	158
Children successfully vaccinated	52
Children insusceptible to vaccination	Nil
Number of certificates from conscientious objectors	86
Died unvaccinated	2
Postponed for medical certificate	2
Removed from district	16

The ever-present danger of the introduction of small-pox into any part of this country as a result of war conditions, a threat already several times realised by small outbreaks of the disease, should make parents very seriously review their policy with regard to the vaccination of their children. There is little, if any, reasonable doubt that successful vaccination confers protection against small-pox, amounting to complete immunity if sufficiently recent before exposure to infection, or if carried out immediately afterwards. The majority of conscientious objectors do in fact offer themselves and their families for vaccination when an actual outbreak has occurred, showing that they admit the efficacy of the process. Why, then, should they not obtain the benefit as soon as possible, which not only provides an immediate protection, but minimises the risk of complications if it is repeated at a later age?



### III. Sanitary Circumstances and Control of Food Supply.

#### PUBLIC WATER SUPPLY.

There were no changes in 1943 as compared with previous years. A bacteriological and chemical check was kept upon the quality of the water by submitting three samples monthly for the former and one sample quarterly for the latter investigation. Samples for bacteriological examination were taken from water before and after chlorination. The standard of quality in the adits remained satisfactory throughout the year, though a certain anxiety was felt as a result of the extensive employment of casual labour over one of the catchment areas with the consequent danger of pollution of supply through indiscriminate excrementation on the ground above.

The natural quality of the water exhibited a degree of hardness appropriate to the chalk from which it was drawn. As a result of war conditions, both of staff and transport, the softening process had been temporarily suspended.

All the dwelling-houses in the area had a sufficient and constant supply direct from the waterworks. No houses were supplied by standpipes only.

Chlorination was carried out by the routine addition of chlorine, in proportion varying between 0.2 and 0.25 parts per million.

#### DRAINAGE AND SEWERAGE, CLOSET ACCOMMODATION.

There were no changes to be recorded under these headings.

#### REMOVAL AND DISPOSAL OF REFUSE.

I am indebted to the Borough Surveyor for the following information of work carried out by his department.

House refuse collected and dealt with during year	..	4,399 tons
Road sweepings	.. .. .	879 loads
Gully mud	.. .. .	198 loads

#### ANNUAL REPORT OF THE SENIOR SANITARY INSPECTOR FOR YEAR 1943.

Mr. Mayor, Ladies and Gentlemen,

I have much pleasure in submitting the following report detailing the work supervised and carried out by the Sanitary Inspectors.

#### Milk.

A Sub-Committee was formed to consider and report to the Public Health Committee their recommendations arising out of the Government's White Paper CMD 6454, "Measures to Improve the Quality of the Nation's Milk Supply," and the following resolutions were submitted to the Council:—

#### Relating to Milk Production.

1.—That this Council, having carefully considered the Government's Milk Policy, as defined in the White Paper, is strongly of the opinion that the proposals contained in paragraphs 13, 14 and 15 are unnecessary and undesirable.

2.—That any necessary improvements in milk and dairies administration should be effected through the present framework of local government and not by transfer of power of local authorities to the State.

3.—That this Council deplors the inadequate lack of control for the disposal of Reactors (i.e., any animal found to react to the tuberculin test), and strongly urge that this type of animal should be bought by the Government and so prevent same being sent to the market to be sold to other farmers, thus contributing to the spread of tuberculosis.

4.—That a copy of this resolution be forwarded to the Ministry of Agriculture and Fisheries, the Ministry of Health, the local Member of Parliament and to the Association of Local Authorities.



### Relating to Milk Distribution.

That a standard should be fixed both of cleanliness and quality of milk, and that any milk falling below that standard should be brought within the provisions of the Food and Drugs Act as not being of the nature, substance and quality demanded, and that copies of the recommendation be forwarded to the Ministry of Health and Ministry of Food.

Up to the present I have not heard of any comments from the Government departments concerned for or against the considered opinion of the members of the Ramsgate Town Council.

The same cordial relations continue between Broadstairs and Ramsgate Sanitary Officers, and I wish to express my sincere appreciation to Mr. F. S. Burrow for his excellent assistance in connection with the training of the Food Treatment Squad and Decontamination of Porous and Protective Clothing Personnel.

I desire to thank the Chairman and members of the Public Health Committee for their help and advice, and to acknowledge the loyal co-operation and efficient work of Sanitary Inspectors Messrs. T. L. Martin and F. Brown.

Yours faithfully,

E. YOUNG,

Senior Sanitary Inspector.

### Complaints.

Number of complaints received and dealt with .. ..	484
--	-----

### Inspections.

Under Public Health Acts and other Acts, Regulations and Orders .. .. .	3,681
Of houses, number inspected under Housing Act .. ..	172
Inspections of drainage systems and subsequent visits ..	294
Drains tested .. .. .	29
In connection with Infectious Diseases .. .. .	36
Animals, Keeping of .. .. .	54
Cowsheds .. .. .	51
Fish-fryers .. .. .	9
Food Shops .. .. .	399
Marine Stores, etc. .. .. .	12
Milkshops and dairies .. .. .	90
Premises licensed for music and dancing .. .. .	18
Premises as to provision of refuse receptacles .. ..	14
Premises with reference to rat infestation .. .. .	473
Repairs and subsequent revisits .. .. .	221
Restaurants .. .. .	30
Slaughter-houses .. .. .	702
Tuberculosis cases .. .. .	38
Verminous rooms .. .. .	32
Shops Act .. .. .	19
Factories and workshops .. .. .	16
Decontamination of Food Scheme .. .. .	155
Decontamination of Clothing Scheme .. .. .	43
Accumulations of rubbish .. .. .	19
Miscellaneous .. .. .	271

### Notices Served, etc.

Preliminary notices served or letters written .. ..	75
Nuisances abated on verbal instructions .. .. .	47

### Work done in connection with Drainage and Housing.

The following defects were remedied and improvements carried out during the year:—

Houses at which drains were repaired .. .. .	21
Houses at which drains were renewed entirely .. .. .	1
Choked drains cleared .. .. .	15
Intercepting traps fixed .. .. .	1
Gully traps fixed .. .. .	5
Inspection chambers built, new covers provided and rendered .. .. .	4
Fresh air inlet valves fixed .. .. .	1
Soil and vent pipes fixed or repaired .. .. .	6
W.C. pans fixed .. .. .	34
Additional W.C.'s built .. .. .	1
New flushing cisterns provided .. .. .	3
Flushing cisterns repaired .. .. .	13
New sinks fixed .. .. .	7
Sink wastepipes renewed or trapped .. .. .	10
Eavesgutters repaired or renewed .. .. .	11
Roofs repaired .. .. .	17
Stoves repaired or renewed .. .. .	2
Water supply pipes renewed .. .. .	5
Rooms fumigated and cleansed for vermin .. .. .	3
Houses renovated .. .. .	1
Sash cords renewed .. .. .	20
Wall and ceiling plaster repaired .. .. .	11
Window frames repaired .. .. .	5
Damp walls cement rendered .. .. .	3
Yard paving renewed .. .. .	2
Doors repaired .. .. .	3
Accumulations removed .. .. .	7
Rain-water tanks abolished .. .. .	1
Floors repaired .. .. .	4
Cesspools repaired .. .. .	1
Miscellaneous .. .. .	8

### Inspection of Controlled Premises.

The following table shows the number of premises, etc., and inspections made to such premises during the year:—

	Number.	Inspections made.
Slaughter-houses .. .. .	6	702
Fish Fryers .. .. .	17	9
Marine Store Dealers .. .. .	4	12

### Bakehouses.

The number of bakehouses in the borough at the end of the year was 40, although all were not in use. Thirty inspections were made and the few defects discovered were remedied upon the occupiers' attention being called.

### Shops Acts, 1934.

The Sanitary Inspectors made 19 visits regarding the requirements of Section 10 as to the arrangements for ventilation, temperature and sanitary and washing facilities, etc.

The following is a summary of work carried out to shop premises:—

Leaking roofs .. .. .	1
Broken rain-water pipes .. .. .	1
Defective drainage .. .. .	1
Broken W.C. pans .. .. .	2

### Rats and Mice Destruction.

Special attention was given to rats and mice destruction during the year. This was due to the population becoming "rat conscious" as a result of the propaganda of the Ministry of Food and to there being unfortunately a greater number of vermin in the town at the present time. In 1942 sixty-nine complaints were received of rat or mouse infestation, and in 1943 this figure rose to one hundred and fifteen. The increase of the vermin population is probably due to the Government's scheme encouraging householders to keep poultry and rabbits and to the considerable number of unoccupied properties, which provide harbourage for vermin. Other harbourage is afforded by debris on bombed sites, and it is quite possible that the fewer dogs and cats kept in the town has had an influence on the number of rats and mice.



The Sanitary Inspectors attended courses on rat destruction organised by the Ministry of Food and thereby have been able to carry out the methods of destruction recommended after considerable research work by the Ministry of Food. Good results have been achieved and several blocks of properties have been cleared of rats. During the year 473 visits were made in connection with this work.

The Ministry of Food recommended to local authorities the employment of whole-time personnel to deal with the rat problem and offered to re-imburse the authority with the money spent on wages. At the end of the year an application was put forward for a full-time rat catcher so that the work of rat extermination could be expedited.

It is scarcely necessary to add that Ramsgate, as a holiday resort, should do all in its power to combat the rat menace, for it could not afford to have the reputation amongst holiday-makers of being overrun by rats. In addition, the food consumed by rats, etc., in war-time is a very serious liability on shipping and the food contaminated by vermin and subsequently eaten is a definite danger to health.

#### Verminous Houses.

Number found to be infested:

Council houses .. .. .	14
Others .. .. .	5

Number of premises disinfested:

Council houses .. .. .	14
Others .. .. .	5

Disinfestation of premises other than Council houses is carried out by local builders under supervision of this department.

#### Disinfestation of Persons and Clothing.

There are two baths at the Disinfecting and Cleansing Station, Broad Street, used for the cleansing of verminous persons. Considerable use of the baths was made by persons suffering from scabies who, on account of residing in houses not possessing baths, were unable to carry out the treatment recommended by their doctor. As each person passes through the bathroom the clothing and bedding, etc., is fumigated in the disinfecting plant adjoining.

#### Disinfection.

Seventy-eight rooms were disinfected after cases of infectious diseases or on the request of tenants.

Five hundred and eighty-four sets of bedding, clothing, and six hundred and twenty-one blankets were disinfected.

#### Housing.

There is as yet no shortage of housing accommodation.

### INSPECTION AND SUPERVISION OF FOOD.

#### Milk and Dairies Order, and Food and Drugs Act, 1938.

The number of premises on the register at the end of the year and the number of inspections during the year is shown in the following table:—

	Number.	Number of Inspections.
Cowsheds .. .. .	6	51
Dairies .. .. .	23	72
Other shops .. .. .	144	18

#### Milk (Special Designations) Order, 1936.

Licences issued by the Kent County Council:

To produce Accredited Milk .. .. .	5
------------------------------------	---

Licences issued by the Borough Council:

To distribute Tuberculin Tested Milk bottled outside the Borough .. .. .	1
To Pasteurise Milk .. .. .	4
To distribute Pasteurised Milk not bottled on the premises ..	1

#### Milk Samples taken during 1943 for cleanliness.

As in previous years, samples of milk were taken at the request of the County Council from Accredited producers at the time of milking. Twenty-nine samples were so obtained and the results show:

19 to be satisfactory.

10 not to be satisfactory.



The number of unsatisfactory samples show an increase over the past year and this may be put down to the black-out (there is a tendency among cowmen not to take down the black-out arrangements during the day-time milking) and to the urge to grow more food which produces a desire to hurry through the cleansing of the animals prior to milking, because of the many other jobs waiting to be done. Advice offered on how to overcome the unsatisfactory samples is readily accepted as the repeated production of unsatisfactory samples would mean stoppage of the bonus paid to Accredited producers.

Nineteen samples were obtained from retailers and twelve of them satisfied tests for cleanliness.

#### Results of Biological Tests for Tuberculosis.

Two samples of bulked milk from producers in the Borough were submitted for examination and were found to be free from Tuberculosis.

#### Other Licences granted under Food and Drugs Act, 1938.

Number of premises registered for—

(a) Sale of ice-cream .. .. .	67
(b) Manufacture and sale of ice-cream .. .. .	10
(c) Preparation or manufacture of sausages, pressed, pickled or preserved food .. .. .	13
(d) Fish curing and smoking .. .. .	2
(e) Ham cooking .. .. .	7
(f) Manufacture of sausages .. .. .	15
(g) Fish frying .. .. .	17
(h) Pickle and sauce manufacturing .. .. .	3

#### Ice-Cream.

The Ministry of Food prohibited the use of milk in the manufacture of ice-cream for sale and as a consequence no ice-cream was made in the Borough in 1943.

#### Meat and Other Foods.

The slaughtering of animals for food is under Government control and the whole of the home-killed meat for the Isle of Thanet passes through two Ramsgate slaughter-houses. This centralisation of slaughtering into a few days of the week, as opposed to spreading killing over the week, has overloaded the slaughter-houses, and it is with pleasure to be able to report that the meat-hanging space in the smaller slaughter-house was being increased at the end of the year, so that in the future this overcrowding of carcasses, which makes inspection difficult, will be partly removed. As in previous years, the killing of animals extended into the late evenings and this meant much extra work for the Sanitary Inspectors.

The amount of meat surrendered during the year as diseased or otherwise unfit was 15 ton 15 cwt. 2 qrs. 23 lbs., also a total of 2 ton 5 cwt. 0 qrs. 17 lbs. of foodstuffs, mainly canned food from grocery premises, was condemned. Not included in the totals are considerable amounts of bacon, cheese, butter and other fats which were inspected and found to be unfit for human consumption. These foods were returned by the retailers to the wholesalers in accordance with instructions issued by the Ministry of Food. This practice of transporting unsound food from one person to another may be necessary in war time from the point of view of salvage, but is to be much deprecated as a measure to be continued in post-war years. As soon as food becomes unfit it should be removed and either destroyed or handed to firms whose business is to manufacture non-edible products. The latter arrangement exists in connection with diseased or unsound meat and as an additional safeguard the meat is coloured with an approved green dye before being collected by a recognised salvage firm.

As in the past, the name and address of the owner of every animal found to be affected with generalised tuberculosis after slaughter was ascertained from the chairman of the Livestock Control Committee and sent to the County Medical Officer of Health so that enquiries may be made at the farm by the Ministry of Agriculture's Veterinary Surgeon. Thirty-one animals were so reported upon and from the County Medical Officer's replies it is found that five animals came from persons not keeping dairy herds. The results of eighteen bulk samples of milk from farms on which dairy herds are kept show that all were negative to tests for tubercle bacilli.



### Food and Drugs Act, 1938.

During the year seventy-one samples (sixty formal and eleven informal) were taken by the Sanitary Inspectors and submitted to the Public Analyst.

Description of Sample.	Formal	Informal	Genuine	Not Genuine
Milk .. .. .	34	1	34	1
Milk Malted .. .. .	1	—	1	—
Cordials .. .. .	3	—	3	—
Vinegar .. .. .	1	2	1	2
Sausages .. .. .	8	—	8	—
Gelatine .. .. .	1	—	1	—
Stuffing .. .. .	2	—	2	—
Butter .. .. .	2	1	3	—
Butter Peanut .. .. .	1	—	1	—
Margarine .. .. .	2	1	3	—
Ground Ginger .. .. .	1	—	1	—
Golden Syrup .. .. .	—	1	1	—
Self-raising Flour .. .. .	—	4	4	—
Essence of Lemon .. .. .	1	—	1	—
Malt Cocoa Spread .. .. .	1	—	1	—
Camphorated Oil .. .. .	1	—	—	1
Oystrox Tonic Tablets..	1	1	—	2

The Public Analyst's reports on the samples of milk show the average to be above the recognised standard.

The average figures being: Fat, 3.58; non-fatty solid, 8.79; total solids, 12.37.

Particulars of the samples reported to be not genuine and action taken in regard to each sample:—

Sample No.	Article.	Result of Analysis.	Action taken.
61	Oystrox Tonic Tablets.	Lacking in International Units of Vitamin B.	Informal.
69 (Follow up of No. 61)	Do.	Do.	Warning issued to manufacturers by Town Clerk.
64	Vinegar.	Deficient in Acetic Acid.	Informal sample.
65 (Follow up of No. 64)	Do.	Do.	Vendor cautioned.
110	Camphorated Oil.	Deficient in Camphor.	Manufacturers warned. Vendor's stock withdrawn.
74	Milk.	Deficient in fat to extent of 12 per cent.	Informal sample. Follow up sample genuine.

### Public Health (Preservatives, etc., in Food) Regulations.

The following sixty-two samples were taken under the provisions of the Food and Drugs Act and were examined by the Public Analyst for the presence of preservatives or added colouring matter.

Milk .. .. .	35	Butter .. .. .	3
Malted Milk .. .. .	1	Butter Peanut .. .. .	1
Cordials .. .. .	3	Margarine .. .. .	3
Stuffing .. .. .	2	Sausages .. .. .	8
Vinegar .. .. .	3	Golden Syrup .. .. .	1
Gelatine .. .. .	1	Malt and Cocoa Spread ..	1



Numerous additional duties were carried out during the year; many, fortunately did not take up much time, but those which made considerable demands on the time of the Sanitary Inspectors were:—

#### **Deep Tunnel Shelters.**

The improvements effected in conditions during 1941-42 were maintained in 1943, and there is no doubt that the services of the Tunnel Wardens (nine male and three female) in a supervisory capacity were responsible for the orderly conduct and freedom from complaints of a public health nature.

The parts of the tunnels used for sleeping purposes are barricaded off and unlit between the hours of 9 a.m. and 6 p.m. During these times shelter may be obtained near to each entrance to the tunnels.

Special attention was paid to certain persons whose habits favoured the breeding of lice, etc., and these persons were encouraged to avail themselves of the de-lousing facilities at the Corporation's Disinfecting Station. When this personal cleansing is being carried out the bunk or cubicle occupied by the person is sprayed with an approved insecticide.

#### **Decontamination of Gas Contaminated Clothing.**

The training of volunteers for this work was continued during the year and at the end of 1943 there were the following persons enrolled under the two sections of the scheme:—

	M.	F.
Decontamination of gas contaminated clothing ..	33	—
Marking and sorting .. .. .	—	14

Once again I should like to place on record my appreciation of the response made by the volunteers for this strenuous and essential part of the Civil Defence organisation, and also to the management of the laundries for permitting the training during working hours.

#### **Decontamination of Food.**

The personnel of the Food Treatment Squads, consisting of local tradesmen, all of whom are volunteers, remains unchanged. Once again the work of Food Decontamination was undertaken with the close co-operation of the Broadstairs and St. Peter's U.D.C., and training was continued under the direction of Mr. F. S. Burrow, Sanitary Inspector, Broadstairs, also Mr. F. Brown, Sanitary Inspector, and myself.

Messrs. Burrow, Brown and myself attended a practical demonstration arranged by the Ministry of Food and given at Maidstone on the 7th July, 1943. This demonstration proved extremely interesting in so far as liquid gas was actually used on the food, and the treatment had necessarily to be thorough. Many points of practical use were noted. Subsequent to this, and at the request of the Ministry of Food, a practical demonstration was given by the local food squads. This demonstration was given jointly by squads attached to Ramsgate and Broadstairs, and was held at the Broadstairs Food Treatment site on 12th July, 1943. Mr. H. G. Pittock, Divisional Gas Liaison Officer to the Ministry of Food, was present, together with various members of both Broadstairs and St. Peter's and the Ramsgate Councils, and other local officials. Mr. F. J. Mackie, County Divisional A.R.P. Officer, and Mr. J. B. Storie, County Training Officer, were also present.

At the close of the demonstration the Divisional Gas Liaison Officer and the County Divisional A.R.P. Officer expressed themselves as being highly satisfied with the excellent manner in which the exercise had been carried out.

E. YOUNG,

Senior Sanitary Inspector.

\* \* \* \*

#### **THE DEEP TUNNEL SHELTERS.**

There is nothing to add in respect of administration to the account of the Deep Tunnel Shelters given in the Annual Report for 1942 and in the Reports for the two previous years. The Medical Aid Post already established continued to function, treating for the most part minor ailments unrelated to war conditions. There was still no need to put into operation the second medical aid post, which stood ready to open for use at a few hours' notice.



The Nurse in charge, Miss F. E. Yeadon, and her auxiliaries were occasionally called to cases more serious than minor ailments, and they continued to be on the look-out for persons suffering from infectious diseases in order to advise them or their parents with regard to "isolation" cubicles or otherwise. During the last two months of the year they co-operated with the shelter wardens in combating the influenza epidemic. In addition to giving advice to particular patients, they endeavoured to persuade all persons suffering from or exposed to coughs and colds to wear anti-infection masks, of which a liberal supply had been received from the Ministry of Health at Regional Headquarters. They were not successful in their mission, for though they set a good example by wearing the masks themselves, no one followed it.

In connection with influenza, a supply had been sent from Region of sodium hypochlorite solution and atomisers for the aerial disinfection of the shelters. In the use of this apparatus the wardens were instructed and they made nightly use of it for several weeks. It was, of course, considered impossible to forbid persons suffering from influenza or other common infectious disease access to the shelters, however ill-advised it might appear for them to do so for their own interest and that of others. The various proceedings here described, isolation cubicles, masks, atomisation, were attempts to limit the potential danger of the infectious person at large, and while no ill effects can be attributed to it, your Medical Officer of Health is of the opinion that the efforts to meet it were for the most part ineffective, either by non-co-operation, as in refusal to wear masks or concealing infectious cases, or through the physical condition of the shelters themselves, which did not lend themselves to efficient aerial disinfection. Two naturally favourable factors may be mentioned: the good ventilation throughout most of their length and the habit of segregation of the denizens themselves, for in the Ramsgate shelters there is no social life, each individual or family unit keeping apart from others.

During the earlier part of the year and the summer the number taking nightly shelter declined, but during the autumn, as a result of war operations somewhat more prominently forced upon the attention of the townspeople, an upward trend was apparent, and at a particular date in November, chosen for illustration because representatives of the Ministry of Health paid a visit to the shelters that night, about 10 per cent. of the estimated population of the Borough was found to be sleeping regularly within them.

In addition to the regular habitués, there were others who took shelter only when they had reason to believe that enemy action was imminent. These, though they were in fact putting the shelters to the use for which they had been designed, were looked upon askance by the habitual nightly shelterers, since their footsteps and conversation were said to disturb sleep. There was, of course, no return to a use of the shelters by day.



## IV. Maternity and Child Welfare.

### Notification of Births.

During the year 167 births were notified. Of these, 157 were live births and 10 stillbirths. Doctors notified 8 and midwives 150, and 9 were notified by doctors and midwives. No births were not notified.

### Institutional Provision for Expectant Mothers.

Although the maternity ward of the Ramsgate General Hospital was not officially open during the year, the facilities of the hospital were in fact available for complicated cases, six of whom were admitted there. Another case was admitted to the Margate and District Hospital. Under the Emergency Maternity Scheme of the Ministry of Health, whose operation has been described in earlier reports, 116 expectant mothers were evacuated, the maternity homes and hostels to which they were conveyed again giving general satisfaction. Provided that circumstances allowed it, patients suffering from complications of pregnancy were sometimes evacuated as emergencies to these homes, or to Pembury Hospital, independently of the ordinary parties, by arrangement with the County Medical Officer. A Civil Defence car was used to transport them and they were accompanied by a Health Visitor, or by the Nurse in charge or one of her auxiliaries at the First Aid Post, both of whom were trained midwives.

### Puerperal Morbidity and Mortality.

There were four cases of puerperal pyrexia, two of them notified from the Ramsgate General Hospital. There was one maternal death, also in hospital, resulting from sepsis following parturition. This patient succumbed less through the virulence of her infection than through her own poor and debilitated general condition. She had refused ante-natal supervision and had led a life inconducive to a satisfactory puerperium.

### Maternity and Infant Welfare Centres.

The number of children and attendances during 1943 were as follows:—

Total number of children who first attended during the year  
and who on the date of their first attendance were—

Under one year of age .. .. .	234
1-5 years of age .. .. .	55

Total number of children who attended and who at the end of  
the year were—

Under one year of age .. .. .	178
1-5 years of age .. .. .	342

Total number of attendances by children—

Under one year of age .. .. .	2,935
1-5 years of age .. .. .	1,159

### The Toddler Problem.

Attention has been directed through the findings at the school medical inspections (see page 30) to the relative inferiority of school entrants as compared with older children and also with children of age group under one year. This observation was, in fact, the reason for the drive some years ago for the establishment throughout the country of Toddlers' Clinics; or, at least, for the encouragement of older pre-school children to attend with their under one year old siblings at Welfare Centres. The causes of this deterioration from the averagely satisfactory standard of the infant of, say, nine months are several. The increasing independence of the child leads to a lessening of parental supervision at an age when rapid adaptation has to be made to cope with many new influences, among which must be included exposure to infectious disorders of all sorts from which he was relatively secluded so long as he remained in his mother's arms. Nor are the strains to which he is exposed exclusively physical, though they all tend to produce physical defects. His developing personality, coming into inevitable conflict with the will of his elders, instead of being trained by sane and steady discipline, is too often met by exhibitions of parental bad temper, alternating with complete surrender to all his demands. Often a younger child complicates the situation and the outward evidences of strain, lack of appetite, bad temper, negativism and the rest, which are common enough without such additional stimulus, are presented to parents who frequently show themselves unable to control them.

The solution of this problem lies not only in the provision of better houses and wages, supplemented, perhaps, by family allowances, but in the instruction and education of the parents themselves, by Health Visitors and others, in parentcraft and in the ideals, duties and rights of the parental vocation.



**Mothers' Clinics.****Ante-natal consultations:**

Number of women who attended for the first time	..	184
Number of women who attended	.. ..	249
Total attendances	.. ..	879

**Post-natal consultations:**

Number of women who attended for the first time	..	29
Number of women who attended	.. ..	29
Total attendances	.. ..	41

It is most pleasing to be able to direct attention to the increasing number of mothers who attended for one or more post-natal consultations. Every mother should submit, some six weeks after the birth of her child, to examination for the detection of slight abnormalities and for general advice. Unfortunately present conditions of staffing do not permit of the expansion of this service as widely as scope exists for it.

**Supply of Milk.**

The Welfare Authority continued to supply, at the discretion of the Medical Officer of Health, proprietary brands of dried milk to expectant and nursing mothers and to pre-school children. In a few instances, where the Committee was satisfied as to the necessity, such milk was provided free of charge. But National Dried Milk has given thorough satisfaction to its users and the preference which some expressed for proprietary articles would seem to have rested upon no rational foundation.

Cow and Gate (Full Cream)	.. ..	1,983 packets sold
Cow and Gate (Half Cream)	.. ..	546 packets sold
Ostermilk (No. 1)	.. ..	281 packets sold
Ostermilk (No. 2)	.. ..	940 packets sold
Trufood (Humanised)	.. ..	48 packets sold
Trufood (Follow-on)	.. ..	91 packets sold

**Supply of Vitamins, etc. (at the Health Centre).**

Cod Liver Oil	.. ..	216 bottles supplied
Cod Liver Oil Capsules	.. ..	40 packets supplied
Orange juice	.. ..	1,836 bottles supplied

The above items were distributed on behalf of the Food Office. The following were made available by the Council on the recommendation of the Medical Officer of Health:—

Virol	.. ..	336 lbs.
Parish's Food	.. ..	65 bottles

Blaud's Pills, Calcium Lactate and Grey Powder were also supplied on medical recommendation, as were capsules containing Vitamins A and D to one expectant mother unable to take cod liver oil. Eight Maternity Outfits were supplied during the year.

**Work of Health Visitors.**

Among visits paid by the Health Visitors were the following:—

Number of infants under one year visited for first time	..	287
Number of infants under one year visited	.. ..	538
Total visits to infants under one year	.. ..	2,021
Number of children 1-5 years visited	.. ..	1,169
Total visits to children 1-5 years	.. ..	4,634
Number of expectant mothers visited	.. ..	195
Total visits to expectant mothers	.. ..	299
Total visits to homes in connection with cases of infectious disease	.. ..	60

The work of the Health Visitors shows a significant increase on 1942, the number of visits to children aged 1-5 years being greater by 1,452, or 45.6 per cent. Though this was occasioned primarily by a campaign for immunisation against diphtheria undertaken in the early part of the year (see page 24), it was in principle an excellent extension of service, since, as noted above, children in this age group were particularly in need of detailed oversight and care.

More than upon any other members of its staff, a Welfare Authority depends upon its Health Visitors for success, since they combine in one person the trained nurse, the midwife and the social worker. It is the task of the Health Visitor not only to advise upon individual problems of the most diverse sort (and she is in fact expected to concern herself with very much more of family affairs than the welfare of the younger children and of their mother when pregnant) but to influence the attitude of the family on matters of public health policy, such as diphtheria immunisation, the advisability of evacuation of expectant mothers, and so forth. She has, in short, the task



of creating public opinion and may need to "put across" unpopular ideas, gaining their gradual acceptance by an unobtrusive but steady wearing down of opposing prejudice, and all this while maintaining and strengthening her position as a friend and not an official overseer of the family. Her qualifications of tact and character may never be less than those of her professional standing.

The Borough of Ramsgate continues to be fortunate in its staff.

#### Infant Life Protection.

The numbers on the registers were:—

			Foster-Mothers.	Children.
On 1st January, 1943	..	..	4	4
On 31st December, 1943	..	..	2	2

The figures above do not reflect the whole situation as it developed during the year, when 10 individual foster-mothers became responsible for 10 different children, mostly on short-term contracts while the mothers were evacuated for confinement under the scheme of the Ministry of Health. From the beginning this scheme presented a problem in the disposal of older children during the absence of their mothers, and it was partially met, since September, 1943, by the establishment by the Kent County Council of a short-stay nursery at Tonbridge, to which, before the end of the year, five children from Ramsgate had been admitted. Otherwise, the services of foster-parents were required.

At first, arrangements respecting the latter alternative were made privately between parents and friends who were willing for a consideration to take their children. In a certain number of instances no notice whatever of this intention was given to the Health Department and there was reason to believe that a few cases had been missed altogether. An advertisement calling attention to the requirements of the Public Health Act, 1936, and the penalty for non-compliance was therefore inserted in March in the local Press, but in spite of it delay in giving notice continued. One defaulter in this respect was suitably admonished by your Medical Officer of Health but no legal proceedings were taken.

Such considerations led to the conclusion that the Welfare Authority should take a more active part in these undertakings and information was sought from the Medical Officer of Health of the City of Birmingham with regard to the comprehensive scheme existing there. By this scheme a panel of approved foster-mothers was kept by the local authority and applicants were put in touch with them through the central office of the Welfare Department. The Corporation accepted financial liability for the maintenance of the child and recovered cost from the parents. Circumstances in Ramsgate did not lend themselves to a scheme of similar extent, partly because of the incomparably smaller scope for it through difference of population and resources, and partly because few women were willing, under local war-time conditions, to accept the responsibility. It was found that though they might be prepared to accept the foster care of the child of a friend or neighbour, they were not willing to perform the same service on behalf of parents recommended to them through the relatively impersonal channels of the Health Department. Only one of the several women approached agreed to accept, all things being equal, the responsibility for children so referred to her.

The "Birmingham Scheme" was not adopted in respect of its financial arrangements, but it was resolved that cases of hardship among parents should be considered on their individual merits with a view to the acceptance wholly or in part of financial liability for the cost incurred by the foster care of their children. Since the Council would not have accepted such liability except in respect of women concerning whose suitability as foster-mothers they were reasonably satisfied, a scheme of approved foster-mothers was in effect proposed. No such case was actually considered during the year, but the Health Department was able unofficially to place several children with women known to make efficient foster-mothers. In all cases the efforts of the department seemed to be much appreciated.

#### Adopted Children.

The Adoption of Children (Regulation) Act, 1939, came into operation on 1st June, 1943. This Act made the registration of adoption societies compulsory and required any agent, other than the parent or guardian of a child, who acted upon their behalf in securing its adoption to notify in writing the Welfare Authority, this Authority having obtained under the Act powers of supervision of persons adopting children through agents or agencies which were closely similar to those already possessed in respect of foster-parents. Where such compulsory powers did not exist, as in the case of children arrangements for whose adoption were made by parents or legal guardians, it was requested that the Welfare Authority maintained its interest.



The Health Visitors have been appointed visitors under this Act, as they were already Infant Life Protection Visitors under the Public Health Act, 1936. Their work in summary was as follows:—

Number of persons who gave notice under Section 7 (3) of the Act during the year .. .. .	2
Total number of children adopted under the Section during the year .. .. .	2
Number of children under supervision at end of year .. .. .	1

There were no deaths or legal proceedings.

### Home Helps.

Circular 2729 of the Ministry of Health, dated 23rd November, 1941, drew attention to the difficulties of providing domestic assistance for women at the time of their confinement, a situation particularly exacerbated by war-time conditions, and called upon Welfare Authorities to consider the establishment of a service of Home Helps to meet the need. Before the war such a service had been in existence in Ramsgate but had lapsed.

As a result of an advertisement in the local Press, and with the co-operation of the Employment Exchange, four women were accepted as home helps at a weekly wage of 35s. when in employment, it being made plain to them that duties were likely to be discontinuous and that no retaining fee was payable. The whole or a part of the amount paid to the home help was recoverable from the patient at the discretion of the Authority. Within six months of the inception of the scheme, three mothers had been assisted during their puerperium, all of them by the same home help, and at the end of that period, for a variety of reasons, all the original helps had found it necessary to resign their appointment. Re-advertisement led to only two applications, both from residents of Broadstairs, and one of whom retired, so that by the end of the year there was only one name on the rota.

In view of the small number of women applying for help during 1943 it might seem that an establishment of one, or at most two, was all that was required. This, however, was not a true picture of the situation, as the potential scope of the service was much wider than attendance upon women during their puerperium. Many cases of illness, particularly under war-time conditions, were liable to need such help, and requests for it were likely to be made in number at one time, during, for instance, an epidemic. The use of home helps to solve domestic problems arising from the influenza epidemic of the late autumn of 1943 was suggested, inter alia, by the Ministry of Health in Circular 2897 of 9th December. Nor was it advisable to allow a home help allocated primarily to maternity cases to attend those suffering from infectious illness of any sort. Thus there was really a need for two panels of home helps, for maternity cases and for others.

The scheme was administered through the central office of the Health Department, which received the names of applicants, for preference as soon before the expected date of confinement as possible, and passed them on to the home help most conveniently placed as to her own residence. The help called upon the patient and made more detailed arrangements and then notified the office when she began her duties. Payment was made direct to the home help by the Council, the mother being meanwhile assessed according to the usual scale as to what she was liable to contribute. A general oversight of the work of the home helps was maintained by the midwife in charge of the patient during the first fortnight and by the Health Visitor subsequently.

It was considered that the lack of retaining fee during periods of unemployment was an important factor contributing to lack of applicants.

### Nursing Homes.

The homes remaining on the register at the end of 1942 remained closed and were considered to have lapsed.

No information was brought to the notice of the Health Department from any source of proposed new nursing home establishments, and obviously the circumstances of the district were still such as to encourage sick persons, where possible, to evacuate from it and not to enter it. At the same time, a need for nursing home accommodation, particularly for elderly persons, remained, though no evidence was obtained of how, if at all, it was met.



## V. Infectious Diseases.

The following table shows the incidence of notifiable infectious diseases, apart from Tuberculosis, in Ramsgate during 1943. There were 188 such notifications, as compared with 294 in 1942, 68 in 1941, and 107 in 1940.

Disease	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.	AGE INCIDENCE.											
				Over											
				0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65
Cerebro-spinal fever	2	2	—	—	—	—	—	—	—	—	1	1	—	—	—
Scarlet Fever ..	18	13	—	—	—	—	—	3	8	2	—	4	1	—	—
Whooping Cough	21	—	—	2	2	2	1	1	12	—	—	—	1	—	—
Diphtheria ..	4	4	—	—	—	—	1	—	1	1	1	—	—	—	—
Measles .. ..	106	—	—	2	5	2	15	11	70	1	—	—	—	—	—
Pneumonia ..	23	3	11	1	1	—	1	—	1	4	—	1	2	7	5
Puerperal Pyrexia	4	3	1	—	—	—	—	—	—	—	—	2	2	—	—
Ophthalmia ..	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ..	9	—	—	—	—	—	—	—	—	—	2	—	1	4	2
Total .. ..	188	26	12	6	8	4	18	15	92	8	4	8	7	11	7

In order to illustrate the comparison between conditions in Ramsgate and those elsewhere in respect of certain common infectious illnesses, the following table has been compiled from local statistics and from figures provided by the Registrar-General.

### COMPARABILITY OF NOTIFIABLE INFECTIOUS DISEASES, 1943.

	England and Wales	126 County Boroughs and Great Towns, including London.	148 smaller Towns (Resident Populations 25,000 to 50,000).	London Administrative County.	RAMSGATE.
Rates per 1,000 Population (Civilians)					
Notifications:					
Typhoid Fever ...	0.01	0.01	0.02	0.01	—
Paratyphoid Fever ...	0.01	0.01	0.01	0.01	—
Cerebro-Spinal Fever ...	0.08	0.10	0.06	0.09	0.12
Scarlet Fever ...	3.01	3.29	3.54	3.80	1.16
Whooping Cough ...	2.54	2.82	2.25	2.68	1.30
Diphtheria ...	0.88	1.12	0.77	0.74	0.25
Erysipelas ...	0.31	0.35	0.27	0.42	0.56
Small-pox ...	—	—	—	—	—
Measles ...	9.88	9.23	9.77	9.17	6.57
Pneumonia ...	1.34	1.62	1.16	1.27	1.43
(a) Rates per 1,000 Total Births (alive and still).					
Notifications:—					
Puerperal Fever ...	11.68	15.11	9.26	3.05	13.42
Puerperal Pyrexia ...				15.23	



(b) Maternal Mortality—England and Wales and Ramsgate :—							
Abortion with Sepsis		Abortion without Sepsis		Puerperal Infections		Other Causes	
E. & W.	R.	E. & W.	R.	E. & W.	R.	E. & W.	R.
0.35	—	0.11	—	0.39	3.36	1.45	—

#### Scarlet Fever.

Those who suffered from this condition were somewhat more numerous than last year. The type of disease was mild and there were no epidemiological features demanding particular note.

#### Diphtheria.

Two of the four notified cases were patients who had been previously immunised, one of them a pre-school child and the other a male adolescent. The former, a debilitated child and a past sufferer from Pink Disease, showed a very atypical membrane, in front of the anterior pillars of the fauces, symmetrical on both sides and extending on to the hard palate, leaving the tonsils clear. There was, however, no doubt of the diagnosis and the disease took a severe course with long remaining residual neuritis. One may, however, reflect, as the parents were reminded, that had she not been immunised, her attack might well have proved fatal. She had had no final Schick Test.

#### Diphtheria Immunisation.

In the returns made to the Ministry of Health on 31st December, 1943, the opinion was expressed that 38.6 per cent. of children in the town under five years of age and 70.4 per cent. of children between the ages of five and 15 years had been immunised against diphtheria. In returns made on 31st December, 1942, the figures were 29.9 and 61.6 per cent. respectively.

	Under 5. 5-15 years.	
Children immunised during first six months of 1943	178	125
Children immunised during second six months	42	19

It will be observed that the numbers during the second period were much inferior to those during the first and this correlates with the fact that no local campaign of advertisement or propaganda was launched during the last half of the year, while it was evident that the reminders issued by the Ministry of Health through press, magazines, films, etc., were insufficient to create an interest in and a desire for immunisation among the parents of the so far unimmunised in Ramsgate.

During the first two months of the year an intensive campaign of house visiting to follow up unimmunised children under five years of age was undertaken by the Health Visitors in accordance with the suggestion contained in Ministry of Health Circular 2713 of October, 1942. The lists prepared by the wardens in the course of their regular house-to-house surveys were compared with the records of immunised children and domiciliary calls were made in respect of over 900 names.

A proportion of these claimed that immunisation had already been carried out, though no record existed to that effect. While this may have been true of some who had received their injections when evacuated, they were likely to have been few, since no immunisation was available in Ramsgate to the public at large before December, 1940. Others agreed to accept immunisation and signed the form. From these the majority immunised during the first half of the year were recruited, the campaign on behalf of pre-school children affecting their older siblings by a natural extension of interest. Some, perhaps, signed the form as the quickest means of pleasing the Health Visitor and of getting rid of her on the occasion of an unwelcome visit. These did not bring their children to the clinic, though several appointments were offered them. Others, 30 per cent. of those visited, did not consent, a third of them explicitly refusing.



It was remembered that no long established usage reinforced the custom of immunisation among parents whose understanding of the process and of the issues involved was not at all clear. Thus every reasonable means of reminder and of easy availability required careful consideration. Before the end of the year the practice of sending reminders to the parents of every child whose birth was notified had been adopted. The occasion chosen was the first anniversary and the means the admirable birthday cards produced for this purpose by the General Council for Health Education. Another matter for review was to find alternative accommodation to the Health Centre for immunisation clinics to serve children living in the eastern parts of the town, and a search for suitable premises was in progress at the end of the year.

Another method adopted was to visit some districts of the town with a mobile immunising unit. The van adapted for transport of gas contaminated foodstuffs was employed and the occasions chosen, three in number, were fine summer evenings. Results, however, did not justify the calls on the time of the staff concerned, though this was given gratis and with enthusiasm. A certain number of injections were given, especially second injections, to defaulters who had failed to attend when given appointments, and to others. But for the most part the response was poor.

#### **Influenza.**

In common with the country generally, Ramsgate suffered at the end of the year from an epidemic of Influenza. The disease was not in a severe form, causing in average cases no more than three days' illness with moderate pyrexia, up to 102 or 103 degrees F., rapid defervescence and little prostration. Several Circulars were issued by the Ministry of Health, including circular letters from the Chief Medical Officer, to suggest means of meeting severe eventualities with least possible loss to the war effort. Among these suggestions were the loan of medical officers from the Services (in the first instance, from the Army), the deferment of call up of practitioners, the provision of meals from British Restaurants and school caterers to the homes of patients, the provision of Home Helps and nursing co-operation from the W.V.S., the St. John Ambulance Brigade and other voluntary bodies.

The extent to which these suggestions could be adopted naturally depended upon the resources of each authority and here it was, for instance, impossible to make available the service of Home Helps when at the time there was only one name on the list and she necessarily reserved for maternity cases. The co-operation of the British Restaurants was obtained for meals to patients' homes and the local practitioners notified accordingly, while the Civil Defence nursing personnel stood by to supplement the work of the district nurses if required. The epidemic did not prove sufficiently severe either in numbers affected or degree of illness to call for practical use of even these amenities, and it was possible to report in January, 1944, that it was declining.

#### **Measles, Whooping Cough and some Non-Notifiable Diseases.**

There was a moderate Measles epidemic in the summer, mostly confined to the Newington district of the town (as that of the previous year had been for the most part in the East Cliff area). Cases were mild and complications few.

No special comment is called for in respect of the incidence of Whooping Cough, which was markedly less prevalent than in 1942.

In the School Medical Report (page 34) will be found a note upon Chicken Pox and Mumps, both of which non-notifiable diseases accounted for a fair amount of absenteeism from school, particularly from infants' departments. While neither disease tends to run a serious course in young children and the former is of an infectiousness which makes it extremely difficult to control, one cannot record the incidence of any disease without the desire that it might be prevented, however remote that may seem.

Preventive inoculation against Whooping Cough was not carried out by the Council, in view of the relative uncertainty of the results obtained, but a certain number of children were so inoculated by private practitioners and a generally favourable opinion as to its efficacy was given to those who enquired concerning it.



**Tuberculosis.**

Thirty-six cases of Tuberculosis were notified for the first time during the year, as compared with 38 in 1942, 32 in 1941 and 33 in 1940. Of these 22 were of pulmonary disease (31 in 1942). Thirteen deaths were certified as due to tuberculosis, 11 of pulmonary disease (14 in 1942). These figures do not suggest any deterioration in the situation during 1943, a phenomenon to be anticipated in times of war and stress.

Age Periods.	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0-1 ...	—	—	2	—	—	—	1	—
1-5 ...	—	—	1	—	—	—	1	—
5-10 ...	—	—	2	2	—	—	—	—
10-15 ...	—	—	—	1	—	—	—	—
15-20 ...	1	2	4	1	—	—	—	—
20-25 ...	3	1	—	—	—	—	—	—
25-35 ...	4	3	—	1	3	1	—	—
35-45 ...	3	1	—	—	1	1	—	—
45-55 ...	2	—	—	—	3	—	—	—
55-65 ...	1	—	—	—	1	1	—	—
Over 65 ...	1	—	—	—	—	—	—	—
Total ...	15	7	9	5	8	3	2	—

Number of deaths due to Tuberculosis hitherto unnotified .. 1

Percentage of deaths due to Tuberculosis hitherto unnotified 7.7

## VI. Some Special Problems.

### PROBLEMS ARISING FROM SEXUAL MISBEHAVIOUR.

Every catastrophic period in human history has tended to be associated with a lowered standard of sexual behaviour, and the present is no exception. From the point of view of public health services, three matters merit special concern: illegitimacy, venereal disease, and the sex education of children and young people. A note on the last will be found in the School Medical Report, page 35.

#### Illegitimacy.

The figures in Ramsgate were as follows:—

Percentage of total births illegitimate, average 1935-1939		..	5.9
Do.	do.	1940	.. 6.1
Do.	do.	1941	.. 6.8
Do.	do.	1942	.. 10.6
Do.	do.	1943	.. 9.1

The trend indicated by the above figures has been observed throughout the whole country. The figures as such do not necessarily mean that the number of children conceived out of wedlock has greatly increased, for research has shown that many legitimate first babies are in fact conceived pre-maritally and the normal facilities for marriage in these cases are interrupted by war-time circumstances. But this, of course, is not the whole of the problem and the situation was regarded as sufficiently serious to warrant the publication of a Circular, No. 2866, by the Ministry of Health which called upon Welfare Authorities to review their arrangements for dealing with it, particularly with regard to the satisfactory care of the children concerned. In accordance with the terms of the circular, the County Medical Officer convened a meeting to discuss policy which was attended by representatives of the independent Welfare Authorities, Ramsgate among them. Further discussions along these lines were proceeding at the end of the year.

Where Ramsgate was concerned, the Health Visitors carried out the functions indicated by the circular as far as these were within the province of the Welfare Authority. They advised expectant mothers, in accordance with the special circumstances of each case, with regard to their preparations for confinement and for the after care of the infant, always for preference at home but under conditions of peculiar difficulty with a foster-mother or by adoption.

Since the evacuation scheme for expectant mothers has been in operation, arrangements for the confinement of the "unmarried" mother have been most easily made by taking advantage of it. The majority of illegitimate children were in fact brought up at home, by grandparents if not by the mother herself. A possible failure in local care was in cases which had not been brought to the notice of the Health Department ante-natally, and this was a situation never quite avoidable since some mothers of illegitimate children kept their pregnancy secret as long as possible.

There was certainly no need for a social worker exclusively allocated to this work, nor to share the services of such a worker with other authorities.

With regard to religious and other associations and societies for the care of illegitimate children and their mothers, it did not seem necessary to make any sort of annual grant to one or more of them, but rather to contribute to them as and when Ramsgate women benefited by the amenities they offered. The possibility of a Post-Natal Hostel, to have been set up by the Kent County Council under the auspices of the Ministry of Health, was welcomed as a good thing, and it would certainly have been uneconomical to have established it for units smaller than the combined County and independent Welfare Authorities. It was not, however, established during 1943.

#### Venereal Diseases.

The Council is not the responsible authority for the treatment of these conditions. The Minister of Health, by two circulars, 2615, published in 1942, and 2727 of 8th January, 1943, emphasised the essential part educational work must play in their prevention and urged that every authority should make the fullest use of the facilities offered by the Central Council for Health Education. This society has been made responsible by the Minister for the central provision of the necessary educational material on the subject. By Circular 2805 of 15th April the responsibility for education previously imposed upon the councils of Counties and County Boroughs was extended by the Minister to include all local authorities, while the available facilities of the



Central Council for Health Education, particularly posters for indoor and out-of-door display, were again explicitly recommended. The chairman of the Public Health Committee and your Medical Officer of Health attended a conference on Health Education and Venereal Diseases convened by the Central Council in London on 26th February, where, while several different philosophical views were expressed, the desirability of the adequate instruction of the public in this matter was generally agreed.

Posters were obtained and exhibited on all notice boards throughout the town to which the Council had access. They were displayed in Civil Defence depots, in all fire-guard watch rooms, at the Health Centre, at the Food Office and in the Public Library. They were shown in all public lavatories and urinals. Furthermore, proprietors and managers of clubs and restaurants, and the licensees of public-houses, were asked to co-operate by displaying the posters on their premises. The help of the clergy was also sought for.

The results of this approach to many different elements in the life of the town, all of them affecting various social aspects of it, were rather mixed and cannot be described as an unqualified success. However, there was no doubt that the posters were exhibited rather more widely than would have been the case if no approach had been made. In connection with the co-operation of the licensees of public-houses, all the brewery companies having tied houses in the town were asked to accept posters for display in all their premises, whether in Ramsgate or elsewhere, and it was hoped in this way to begin a kind of propaganda snowball, extending far beyond Ramsgate throughout the whole country and with every brewery company taking part in the campaign. These grandiose expectations came, however, to nothing, though two brewery companies did accept posters.

No lectures on venereal diseases as such were given, as it was thought that this aspect of education was better served by a stimulation of interest in the suitable sex education of children and young people.

As for the effect of the posters themselves, it was impossible to say whether this was in proportion to the effort expended in trying to secure their display. Their small size and lack of dramatic appeal, except in one instance, appeared somewhat adverse factors.

#### **VERMINOUS INFESTATION.**

The publication in July of Ministry of Health Circular 2831 on verminous infestation of the head by lice directed greater attention to the matter. The Circular urged the particular care in respect of infestation of pre-school children and adolescents by Health Visitors, and it was remarked that the circumstances of war had increased the opportunity for the spread of such condition, in a manner similar to the case of scabies, and had also increased the need to combat it. While statutory powers existed to compel both examination in suspected persons and treatment of patients under the Scabies Order, 1941, the Minister urged the diplomatic approach as being more likely to obtain satisfactory results.

#### **Scabies.**

The scheme for treatment of scabies outlined in the Report for 1942 remained in force; adult male patients were given a bath and two applications of benzyl benzoate emulsion at the Corporation Disinfecting Station, where the personnel in charge had been trained to the work. Women and children received two applications of the emulsion, during the first six months of the year, at the Disinfecting Station, a Health Visitor officiating on their behalf, but later at the Health Centre at the hands of the Nurse in charge of the First Aid Post, assisted by her auxiliaries. Under ordinary conditions no bath was administered at the Health Centre, since the showers installed there for another purpose did not procure the adequate soaking of the skin which was the object of a hot slipper bath. No significant difference in result between the two series of cases treated was observed. Bedding was in all cases disinfested by steam the same day that treatment was carried out, together with underclothing in certain cases. In all cases a change of underclothes after the first treatment was advised, notwithstanding the fact that the skin after application of benzyl benzoate was for some hours lethal to scabies mites. The discarded garments were, of course, to be washed and boiled forthwith at home. Clothing unsuitable for boiling but in contact with skin was treated by the application of a hot flat-iron.

The work carried out was as follows:—

Cases of Scabies treated at Disinfecting Station (unclassified according to age), 20 Males, 38 Females.

Cases of Scabies treated at the Health Centre, 62 Adult Women and Children under 14.



The second treatment was given not less than four and not more than seven days after the first and in all cases consisted of an application of benzyl benzoate emulsion only.

The majority of patients were young adults and they were referred to the department by their private practitioners. A certain number of school children were found at the Minor Ailment Clinic, only one in the course of routine visits to the schools. The pool of infestation would appear to have been extraneous to the Borough, being among service and industrial personnel living in hostels and otherwise away from home and returning to Ramsgate on leave. Several cases were treated among casual labourers employed in the neighbourhood and billeted in the town.

A following-up scheme was devised during the year. All patients reporting for treatment were interrogated as to contacts in their own families or in billets, and especially as to those with whom they shared a bed, and they were advised to warn such persons of the possibility of infestation even without symptoms and of the availability of treatment. As in so much else, the best method of the elimination of scabies was conducted when the family rather than the individual was regarded as the basic unit of human society. After treatment had been completed a routine following-up visit was made by the Health Visitor for the district to discover whether it had been successful and if there were any further cases in the household. Theoretically, efficiency would have been better served by a visit of this sort before treatment, so that sufferers and suspects might have received it all together. It seemed important, however, from several points of view to allow of as little delay as possible between application for treatment and its fulfilment; preliminary visiting was, therefore, eliminated.

The method of treatment above described seemed quite satisfactory in that few relapses were reported and that these were all apparently cured by a third application. At the same time, and in spite of the following-up scheme which was introduced in September, contact was not maintained with all patients afterwards, so that the verdict of success rests rather upon absence of complaint than upon positive knowledge.

#### Lice and Nits.

Circular 2831 indicated that in the opinion of the Minister of Health the source of infestation by these vermin (*pediculi*) was to be found in a few notably unclean families who constituted a chronic reservoir of infection from whom the general population was constantly at risk. This state of affairs was certainly true of Ramsgate, where the reputation of the school children for uncleanliness of the head is not a bad one. However, the examination of a random sample of school children in connection with a summer holiday revealed that out of 112, 15 or 13.4 per cent., had nits in their hair. Following this observation and the publication of the Circular, the Health Visitors, who are also School Nurses, made a concerted drive to deal with the matter. Steel combs were purchased for re-sale at cost price or for loan to parents, and lethane hair oil, as recommended by the Circular, was made up in small bottles for sale or distribution free of charge to necessitous families. Parents were urged to avail themselves of these amenities and also to extend their care to their older children's and other dependents' hair, and to their own.

In general this drive was well received, many parents availing themselves of the offer of help made to them. But it cannot be claimed that the response was wholly satisfactory and the person who may be called the "pseudo-co-operator" was here, as in other directions, an obstructive influence. The "pseudo-co-operator" is one who agrees with everything said to him (or more often her) and promises the utmost attention to the matter in hand. But nothing in fact is done. Yet when this omission is pointed out, a ready excuse is forthcoming and amendment promised in future; in vain, however.

The Health Visitors drew up a list of households where nits, and by natural inference, lice, were known to be endemic, and directed their special attention to them. In several, if not in all, cases housing conditions were unsatisfactory and the attainment of cleanliness less easy than it might have been in better surroundings, but there was often a feeling that the best was not made of such facilities as existed. In other words, uncleanliness was one of several factors indicative of an unsatisfactory household whose principal causes, the apathy and negligence of its adult members, were not susceptible of automatic improvement by a change for the better of environment.

No prosecutions were made under the Scabies Order or by other means during the year.



BOROUGH OF RAMSGATE

---

# ANNUAL REPORT

## OF THE

# School Medical Officer

For the Year ended 31st December, 1943.

---

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my fourth Annual School Medical Report for the year 1943. The good work recorded for the previous year was continued and promising progress was made in new directions. The continued relative quiescence of military operations in the area permitted these developments which, in some respects, represent more than a restoration of pre-war conditions and anticipate the changes which we are led to expect in the future.

The School Medical Department lost the services in June of the Dental Officer, Mr. R. O. Barber, M.R.C.S., L.R.C.P., L.D.S., when he resigned to take up an appointment in Leeds. His place was taken by the appointment in July of Mr. J. B. Reed, L.D.S., as part-time Dental Officer. School Nurse Miss B. Wilson resigned in April to go to a post in Hammersmith. Miss F. N. Everitt and Miss D. M. Gardner were appointed as School Nurses in July.

Details of the work undertaken is given under its various appropriate headings.

### 1. SCHOOL HYGIENE.

Except for Priory Road Infants' School, still used for other purposes, all school departments, 15 in number, were open and in operation during the year. No environmental defects were reported or noted.

### 2. MEDICAL INSPECTIONS.

Routine Medical Inspections were carried out in two series, in April and May and in November. All children in the Routine Age Groups were inspected, together with all re-entrants, irrespective of age group, returned from evacuation. The school registers were augmented by a small but steady stream of these last throughout the year. The technique adopted in previous years and described in earlier Reports was continued and Civil Defence auxiliaries co-operated as hitherto. The average number inspected per session was 22.3 children for routine examination and 22.2 re-inspection cases, which is probably equivalent to somewhat over 30 routine inspections per session.

### 3. FINDINGS AT MEDICAL INSPECTIONS.

Once again the Board of Education has not required the tabulation of findings in approved form. I have therefore drawn up tables of the same kind as last year, though rather more fully, to show the results of the inspections carried out.

A study of Table 1 shows similar findings to those in 1942. The schools in the eastern part of the town, however, did not maintain their lead over the schools in the West Cliff and Newington areas remarked upon in the previous year. St. George's and St. Augustine's Schools are considered separately because their pupils are drawn from the whole town.

Table 2 allows of a comparison with the two previous years since the schools reopened and Table 3 compares certain significant findings as between the two sexes; the boys maintained their lead except in postural defects. Table 4 is new, where defects found among children of routine age group are classified according to age. It is noticeable how much superior the 12 year old group is to the age group of entrants, both positively and negatively. This observation is by no means original but it serves to emphasise in Ramsgate what has often been pointed out elsewhere, that while the majority of infants are healthy at their transition from babyhood to the toddler state, during the age period 1-4 years a deterioration takes place so that a child entering school is probably farther below his own standard of potential health and development than he was as an infant in arms or will be again in later childhood.



TABLE I.

	Schools in East Ramsgate				Percentage of Children East Ramsgate Schools.	Schools in West Ramsgate					Percentage of West Ramsgate School Children	St. George's Selective Schl.	St. Augustine's R.C. Senr., Junr. & Infants.	TOTAL	Percentage of all Ramsgate School Children.
	Hereson Seniors	Hereson Inf'ts.	St. Luke's Junr. and Infants.	Holy Trinity Juniors,		Ellington Senrs.	Ellington Inf'ts	St. Lawrence Juniors.	Dame Janet Junr. & Infants	Christ Church Junr. & Infants					
					229 =						443 =				869 =
Total Inspected...	66	76	65	22	100%	97	72	90	121	63	100%	120	77	869	100%
Parents present...	29	27	51	20	55.5	32	56	66	107	49	70.0	46	47	530	61.3
Satisfactory ...	27	27	26	9	38.9	47	34	38	48	28	44.0	63	38	385	44.3
Percentage Satisfactory ...	40.9	35.5	40.	40.9	—	48.5	47.2	42.2	39.7	44.4	—	52.5	49.4	—	—
Nutrition A. ...	7	3	5	2	7.4	16	7	11	16	4	12.2	28	10	109	12.5
Subnutrition ...	8	13	9	4	14.8	11	8	10	20	2	11.5	7	15	97	11.2
Anæmia ...	11	10	6	1	12.2	3	4	7	9	5	6.2	3	2	61	7.0
Postural Defects (mostly flat feet)	7	6	8	3	10.5	10	4	9	11	6	9.0	24	17	105	12.1
Individual children requiring Treatment for defective Vision (not squint) ...	7	1	0	1	3.9	8	0	6	4	3	4.7	7	1	38	4.4
Individual children requiring Treatment for all other conditions excluding Vision, Subnutrition and Uncleanliness ...	27	29	17	4	33.6	20	19	28	39	20	28.4	43	30	276	31.8
Re-inspections ...	71	75	74	50	—	75	37	84	144	75	—	132	79	866	—

TABLE 2.

	Routine Medical Inspections, 1943.	Routine Medical Inspections, 1942.	Routine Medical Inspections, 1941.
Total inspected .. .. .	869	1327	428
Percentage of—			
Parents present .. .. .	61.0	76.4	85.5
Satisfactory .. .. .	44.3	44.6	54.4
Nutrition "A" .. .. .	12.5	9.6	8.2
Subnutrition .. .. .	11.2	11.7	10.8
Anæmia .. .. .	7.0	7.2	6.3
Requiring treatment for vision ..	4.4	5.4	15.9
Requiring treatment for all other conditions (not uncleanliness or subnutrition) .. .. .	31.8	27.9	20.8



TABLE 3.

	Boys.	Percentage.	Girls.	Percentage.
Number examined ..	462	100	407	100
Satisfactory .. ..	206	44.6	179	44.0
Subnutrition .. ..	49	10.6	48	11.8
Anæmia .. ..	29	6.3	32	7.9
Postural Defects ..	64	13.9	41	10.1

TABLE 4.

	Entrants aged 5 or under.	Second Age Group, aged 8.	Third Age Group, aged 12.
Total inspected .. ..	184	185	132
Percentage satisfactory .. ..	37.5	41.1	50
Percentage Nutrition "A" .. ..	3.8	9.7	18.9
Percentage Subnutrition .. ..	16.7	14.1	9.8
Percentage Total Defects for Treatment (not vision, uncleanliness or subnutrition) .. ..	29.9	29.7	27.3

#### 4. ARRANGEMENTS FOR TREATMENT.

(a) **Nutrition.**—All children classified as belonging to nutritional Grade C, slightly below, and Grade D, definitely below average, were entered in a special list and were weighed, measured and inspected at each visit to school for inspection purposes of the School Medical Officer. The category Grade C contained a large number of children who were relatively small and under-developed for hereditary reasons or because of personal idiosyncrasy and not because of adverse economic circumstances or of ill-health. No special care was needed for them and their steady improvement towards normal standards was noted as they grew older. Children under-nourished as a result of debilitating illness, or generally "delicate" children, needed the care appropriate to their condition and their parents were so advised. There remained a group, which included some of the last named, where subnutrition was due to or was aggravated by economic conditions at home, and these seemed to lend themselves particularly to assistance through the School Medical Service. Every case classified as undernourished was visited by a School Nurse unless, by interview with the parent at school, it was obvious that her advice was not required. When circumstances appeared to justify it, the nurse recommended meals at the school meals centre and informed the parent that they were free to necessitous cases. A form of application was left on request and free meals were granted at the discretion of the School Medical Officer in accordance with the intention of the Education Committee. Each case was considered on its own merits but in general meals were granted free of charge to subnourished children if the net income per head of family after deduction of rent was less than 17s. 6d. A certain number of applications for free meals were received on economic grounds alone, without reference to subnutrition. They were dealt with by the Education Department and allowed free meals if their circumstances justified them.

At the end of 1943 fourteen children were receiving free meals and their attendance was in all cases reported as satisfactory. Free milk was allowed under the same terms, but not automatically to children receiving free meals. Four children were allowed free milk at the end of the year.

(b) **Uncleanliness.**—As will be seen from Board of Education Table V, School Nurses increased their average number of visits per school made during the year from 16 to 43. As compared with 155 individual children found "unclean" in 1942, 169 uncleanly children were discovered. A certain number were cleansed at the Health Centre, where nursing auxiliaries attached to the First Aid Post undertook this work, having been previously instructed in it by School Nurse Miss Wilson. During the latter part of the year and following the publication of Ministry of Health Circular 2831, Lethane Hair Oil was distributed at a small charge to parents or free, and fine toothed steel combs were available on loan. Following this circular the School Nurses, in their capacity of Health Visitors, visited the homes of verminous or nit infested children to discover possible sources of infestation in other members of the family. A fuller discussion on this matter will be found in the Annual Health Report (page 29).



(c) **Minor Ailments and Diseases of the Skin.**—The following table shows the work of the Minor Ailment Clinic:—

TABLE V

	Individual New Cases.	Attendance. Total
January ..	26	114
February ..	39	147
March ..	62	170
April ..	39	134
May ..	44	171
June ..	29	129
July ..	27	113
August ..	9	51
September ..	29	222
October ..	51	339
November ..	34	238
December ..	12	151
Total ..	101	2,009

The patients treated were classified thus:—

**Skin Diseases:**

Ringworm or Scalp .. .. .	Nil
Ringworm of Body .. .. .	5
Scabies .. .. .	31
Impetigo .. .. .	42
Boils, Abscesses, Septic Spots, etc. .. .. .	61
Other conditions .. .. .	64
Minor Injuries .. .. .	88
External Eye Diseases .. .. .	41

**Ear conditions:**

Otorrhoea .. .. .	9
Other Ear conditions .. .. .	39
Nose, Mouth and Throat conditions .. .. .	33
Infectious Diseases .. .. .	49
Glands .. .. .	7
Other diseases and conditions .. .. .	86

Until he left the Department in June, Mr. R. O. Barber was able, in virtue of his medical qualification, to supervise the working of the clinic. Since then such supervision presented some difficulty. The School Medical Officer was, however, available at call and patients not needing his advice urgently but requiring to be seen by him were referred for consultation on Wednesday afternoons.

Only one case of Scabies was found at visits to schools though several patients of school age suffering from this condition were treated at the Health Centre under the Scabies Scheme.

(d) **Ophthalmic Treatment.**—The scheme described in the Annual Report for 1941 continued to operate satisfactorily throughout the year. Dr. W. J. Dunlop acted as Ophthalmic Surgeon to the Education Authority and glasses were supplied as hitherto, free of charge, to a few necessitous patients, five in number.

(e) **Treatment for Tonsils and Adenoids.**—The scheme described in the Annual Report for 1942 continued in force during the year. Mr. C. Oxley advised upon the patients sent to him and operated upon them as necessary at the Ramsgate General Hospital. Fifty-nine children were operated upon for removal of tonsils and adenoids as compared with 63 in 1942. It was decided to make a routine charge of £1 1s. to their parents unless they were members of a contributory scheme or were financially unable to pay as much, or, alternatively, were in a financial position enabling them to pay the whole cost to the Corporation of the treatment. In the case of contributors to a hospitals' savings scheme, a rebate of 6s. was allowed by it to the Corporation, this sum being assessed as the average amount likely to be recovered from non-contributory patients.



(f) **Dental Treatment.**—Until June the Dental Scheme detailed in the Annual Report for 1942 continued to function. It was decided when Mr. Barber resigned that the work was not sufficient to justify a full-time appointment and Mr. J. B. Reed, who until May, 1940, had been part-time Dental Officer, was appointed again in that capacity. His time was shared with the Maternity and Child Welfare Department and he gave a minimum of three sessions per week. At the end of the year a satisfactory routine was in operation. A summary of the year's work will be found in Board of Education Table IV.

(g) **Orthopaedic Treatment.**—No scheme for specialist treatment in this branch had as yet been established by the Education Authority. Postural defects were frequently discovered at Routine Medical Inspections, as the tables above demonstrate, but none of them was so severe as to require the opinion of a specialist surgeon. The majority were suffering from flat feet, without symptoms or bony deformity but with appreciable loss of the tarsal arch. All were advised as to remedial exercises and following-up visits were made by the School Nurses where necessary. This was not wholly satisfactory, since so much was perforce left to the willingness of the patient and of his parents, and also to the completeness with which they had grasped what was required. Thus undoubted scope existed for the provision of remedial exercises at a clinic under the supervision of an orthopaedic surgeon. Exercises would also have been available there for other postural defects.

(h) **Other Defects and Diseases.**—Children suffering, or suspected of suffering, from Tuberculosis were referred to the Dispensary and Chest Clinic maintained by the Kent County Council.

Advice for conditions such as Anæmia (which in slight degree was not uncommon), Asthma, Chronic Bronchitis, etc., was given to parents at school or, if parents were absent, was conveyed to them by a visit from a School Nurse. Advice to seek private medical aid was always included in this when necessary.

It was noteworthy that juvenile Rheumatism and Chorea, with their associated cardiac involvement, were rare. Nervous affections, such as epilepsy in its various degrees and habit spasms, were also infrequently observed, a matter for congratulation in view of the supposed strain of living in what still remained a front line town.

## 5. INFECTIOUS DISEASES.

Incidence of Measles, Chicken Pox and Mumps led to a fair amount of absence from school, but there was no severe epidemic. The principle of admission of contacts as described in the Annual Report for 1942 was continued without any ill effect.

In the case of non-notifiable diseases, information about them was obtained from notifications of absence received from Head Teachers. Of such notifications of absence, the largest number was because of Chicken Pox, 86 cases in all of whom 30 were at Hereson Infants' School and 21 at Ellington Infants' School. The next largest number, 76, was for Mumps, of whom 25 were at Ellington Infants' School. In the late summer Measles in the Newington area of the town led to 22 notifications of absence from Dame Janet School, Infants' Department, and more school time would have been lost had not the outbreak coincided with a holiday period. Out of a total of 210 notifications of absence from all infectious illness, 117 were from schools accommodating infants only. This was without including infants notified from the schools of mixed age groups, Christ Church, St. Augustine's and St. Luke's.

The present state of medical knowledge does not permit of active immunisation against the majority of infectious diseases, but the large number of young children affected by them in 1943 emphasises the importance of protecting them at the earliest possible ages against those diseases, notably Diphtheria, where such immunisation is possible.

## 6. IMMUNISATION AGAINST DIPHTHERIA.

The facilities described in earlier Reports remained as before. No special propaganda or publicity campaign was undertaken through the schools. At Routine Medical Inspection parents when present were asked whether their child had been immunised and if the answer was negative they were urged to give their assent for it to be carried out. They were also urged to obtain immunisation for younger children if they had not already done so. Out of 535 children so investigated, 70.4 per cent. were found to have been immunised, at least half of them while evacuated.



## 7. PROVISION OF MEALS.

Towards the end of 1942, as recorded in the Annual Report for that year, arrangements had been made for the provision of meals to school children at British Restaurants. Though admittedly less than the recommendation of the Board of Education, it was found possible neither then nor during 1943 to provide meals in each individual school. (It is hoped to introduce that arrangement early in 1944.) It had been decided before the end of 1942 that the interests of the children would best be served by the allocation to their exclusive use of one of the premises used as British Restaurants, which were in any case established in school premises. Thus as from 11th January, the first day of term in the year, the British Restaurant at Hereson Senior School was closed to the public and made over to the Education Committee and meals were served thenceforward to children at this centre. Ambulances belonging to the Civil Defence Service were used at first to carry those coming from the more distant schools, and after 27th January an omnibus was chartered for the same purpose from the East Kent Road Car Company. This arrangement worked satisfactorily throughout the rest of the year.

On average about 14 per cent. of the total enrolled school children of Ramsgate took meals at the centre. Some significant observations were made, notably of the wide scope offered for training in appreciation of good food. It was noted that a proportion of the children consistently refused root and green vegetables, while meat, unless minced or otherwise disguised, was by no means universally popular. Boiled or steamed fish was widely refused. Another observation was of the hurry in which so many consumed their meal, a phenomenon in some part due to the short time available to those from the more distant schools, but also due to defective home training. Sometimes children were seen to be eating sweets before their dinner, a very effective way of destroying appetite. There was, therefore, considerable opportunity to educate children in what to eat, more so, in fact, than in how to eat it. When meals are provided at each school it should be possible to pay attention to this important matter.

At the same time, your School Medical Officer, as a personal opinion, is doubtful of the implication behind the principle of meals in school as a normal, as apart from an extraordinary measure. For some children, of course, because of their special conditions, such provision would always be necessary, but the idea of encouraging all children to partake of their chief midday meal at school would seem to take from the parents duties and responsibilities which should, in healthy family life, be theirs, and so weaken their authority and the integrity of the family, which it should be the aim of all men of good will to preserve.

## 8. SEX EDUCATION.

The question of the instruction of children in the elements of sexual physiology and hygiene received more urgent attention in 1943 as a sequel to the concern of H.M. Government in the spread of Venereal Diseases and the campaign of propaganda against them launched by the Ministry of Health and powerfully aided by the Central Council for Health Education.

Following the active desire of the Education Committee to take part in this important matter, your School Medical Officer held in the summer a conference with the Head Teachers of the Senior Schools, when the problem was discussed and the difficulties considered. It was agreed that the first approach must be to the parents and a meeting was held of the St. George's Parents' Association to decide policy with regard to that particular school. The School Medical Officer put before them the need for adequate instruction and by a unanimous vote he was asked to undertake a series of talks to both boys and girls. These were carried out, to each sex separately, in the early part of the autumn term. The children were told that they might submit questions on unsigned slips and a further session was devoted to answering a number of thoughtful and interesting questions. The talks were held immediately after school hours in the afternoon and all parents were informed of them beforehand. Over 80 per cent. of the children attended.

Later in the term an approach was made at Ellington Senior School, when, as a result of further thought, a different principle was adopted. It was always remembered that in this matter instruction is much more complex than, say, in the physiology of the digestive system. Not only is the purely biological aspect complicated by emotional factors and by very deep seated inhibitions and restraints, but it also enters into the wider and even more fundamental field of moral theology. The proper instructor should be, therefore, the parent, and it is ultra vires for the Education Authority or for the State to usurp this right, which can only be exercised by them at second best



and by the parents' express delegation. Many parents, unfortunately, are extremely negligent in this respect, but primarily the sex instruction of their children is their duty as it is also their right. The aim at Ellington School was, therefore, not to obtain from the parents authority to give the instruction, but to interest them in the subject, to point out to them their duty and perhaps to help them in those purely biological matters where a medical man might justly claim to have more knowledge than they. It has to be admitted with regret that, up to the present, the attempt was not a success, for although those who attended the talks were enthusiastic, their number was very small. One had the impression that one was preaching to the converted, since those parents who troubled to attend were those who had conscientiously carried out their task.

#### 9. NURSERY SCHOOLS.

There were no Nursery Schools in the borough. Children under five years of age were admitted at the discretion of the Head Teacher to infants' schools. No children under four were admitted.

#### 10. EVACUATION AND EVACUEES.

A certain number of children remained in the official evacuation area of Staffordshire and others left the town with their parents to live in various parts of the country. The number of children whose parents availed themselves of the still operative official scheme of evacuation during 1943 was small.

#### 11. CHILDREN IN NEED OF SPECIAL EDUCATION.

Two children in need of special education, one because of deafness and the other through mental deficiency, were found places in special schools, and financial liability was accepted on their behalf by the Education Authority. Unfortunately the parents in both cases revoked their consent when all arrangements had been made, thereby depriving their children of the great potential benefit made available to them.

On the other hand, three children in special schools, two mental and one deaf and dumb, with whom the School Medical Department kept in close touch, made satisfactory progress, to the gratitude of their parents and to the pleasure of the Education Committee.

In concluding this Report, I should like to express my thanks to the Chairman, Vice-Chairman and members of the Education Committee for their continued interest and support, to Mr. S. V. West, Secretary for Education, to his department, and to the Head Teachers for their co-operation, to my own Staff and to those members of the Civil Defence personnel who assisted in the work, both at the Health Centre and in the schools.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. V. WALKER,  
School Medical Officer.

## BOARD OF EDUCATION.

### MEDICAL INSPECTION AND TREATMENT RETURNS

YEAR ENDED 31st DECEMBER, 1943.

TABLE I.

Medical Inspection of Children attending Public Elementary Schools.

#### A. ROUTINE MEDICAL INSPECTIONS.

(1) No. of Inspections: Entrants, 184; Second Age, 185; Third Age Group, 132; total, 501.

(2) No. of other Routine Inspections, 368.

Grand total, 869.

#### B. OTHER INSPECTIONS.

No. of Special Inspections and Re-inspections, 866.



TABLE II.

Classification of the Nutrition of Children inspected during the year in the Routine Age Groups.

Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly Normal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
Routine Age Groups only 501	50	10.0	382	76.2	68	13.6	1	0.2
All Routine Inspections 869	109	12.5	663	76.4	95	10.9	2	0.2

TABLE III.

Group I.—Treatment of Minor Ailments (excluding uncleanliness).							
Total number of Defects treated or under treatment during the year under the Authority's Scheme .. .. .							555
Group II.—Treatment of Defective Vision and Squint.							
Errors of Refraction (including squint) .. .. .							97
Other defect or disease of the eyes (excluding those recorded in Group I) .. .. .							Nil
Number of children for whom spectacles were—							
(a) Prescribed .. .. .							95
(b) Obtained .. .. .							93
Group III.—Treatment of Defects of Nose and Throat.							
Received Operative Treatment .. .. .							59
Received other forms of treatment .. .. .							2
Total number treated .. .. .							61

TABLE IV.

## Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist:							
(a) Routine age groups .. .. .							492
(b) Specials .. .. .						Record incomplete	
(c) Total (routine and specials) .. .. .						Record incomplete	
(2) Number found to require treatment .. .. .						Record incomplete	
(3) Number actually treated .. .. .							847
(4) Attendances made by children for treatment .. .. .						Record incomplete	
(5) Half-days devoted to—							
Inspection .. .. .							11
Treatment .. .. .							175
Total .. .. .							168
(6) Fillings:							
Permanent Teeth .. .. .							527
Temporary Teeth .. .. .							288
Total .. .. .							815
(7) Extractions:							
Permanent Teeth .. .. .							303
Temporary Teeth .. .. .							841
Total .. .. .							1,144
(8) Administrations of general anæsthetics for extractions .. .. .							276
(9) Other operations:							
Permanent Teeth .. .. .							19
Temporary Teeth .. .. .							98
Total .. .. .							117



TABLE V.

**Verminous Conditions.**

(i) Average number of visits per school made during the year by the School Nurses or other authorised persons ..	43
(ii) Total number of examinations of children in the schools by School Nurses or other authorised persons ..	6,799
(iii) Number of individual children found unclean ..	169
(iv) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921 ..	21
(v) Number of cases in which legal proceedings were taken:	
(a) Under the Education Act, 1921 ..	Nil
(b) Under School Attendance Byelaws ..	Nil

TABLE VI.

**Blind and Deaf Children.**

Number of totally or almost totally blind and deaf children who are not at the present time receiving education suitable for their special needs. The return should relate to all such children, including evacuees resident in the Authority's area:—

	1. At a Public Elementary School.	2 At an Institution other than a Special School.	3 At no School or Institution.
Blind children ..	—	—	—
Deaf children ..	1	—	—















