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HEALTH DEPARTMENT

BOROUGH OF RAMSGATE



ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

FOR THE YEAR

1944

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



HEALTH DEPARTMENT

BOROUGH OF RAMSGATE



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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:

J. B. REED, L.D.S.

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 D. M. GARDNER, S.R.N., C.M.B., H.V.'s Certificate, R.S.I.

Miss F. N. EVERITT, S.R.N., C.M.B., H.V.'s Certificate, R.S.I.

Clerks:

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R. M. IMPETT (on active service).

Mrs. E. F. CARTHEW.

Miss S. P. SMITH.

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Miss B. D. BUSH.

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1944-45.

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Vice-Chairman: Councillor Mrs. F. L. DUNN, J.P. (deceased 30-3-45).

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(Councillor the Rev. HARCOURT
SAMUEL)

" E. GRAY

" J. MARTIN

Alderman W. HAWKINS

" Mrs. H. L. NICHOLSON

" A. E. PETLEY

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1944-45.

Chairman: Councillor Mrs. F. L. DUNN, J.P. (deceased 30-3-45).

HIS WORSHIP THE MAYOR

Councillor Mrs. H. L. NICHOLSON

(Councillor the Rev. HARCOURT
SAMUEL)

" T. H. PRESTEDGE, C.C.

Mrs. ALLEN

Alderman W. HAWKINS

Miss M. A. ANDREWES

" A. E. PETLEY

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" R. J. MALLAM	Miss F. M. ARMSTRONG
" C. R. WOODHAMS	Mrs. H. FARMER
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" D. M. HUGHES	Rev. J. H. ROUNDHILL
" P. TURNER	Rev. BEDE WINSLOW, O.S.B.

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 fifth Annual Report on the Health of the Borough of Ramsgate. Once again the Ministry of Health does not encourage a lavish description of the activities of the past year, though certain developments of the health of the town call for fuller treatment.

On a general review of the events of 1944 it is plain that the sense of urgency of the war situation, somewhat lessened during the two previous years, became more marked during the first seven months, to decline to a lower awareness than since May, 1940, in the last two months. As hitherto the damage suffered by Ramsgate through war operations was fortunately very slight, and the danger remained potential rather than actual, heralded by many shelling alerts and air raid warnings for piloted and pilotless aircraft. This reached a climax on and after D-Day, nor is it unexpected to record that the Tunnel shelters were well patronised, though there was no return to their continuous use as in earlier years. During the last months of the year, on the other hand while a diehard remnant still continued to sleep below ground, the altered situation across the Channel brought many new residents to the Borough, some of them ex-evacuees and some new comers altogether, many of these from the London area where V weapons continued to make life hazardous.

The health of the Borough remained satisfactory. As in the two previous years there was an epidemic of measles, this time on a larger scale than hitherto, but once more the infection was mild and complications were few. Coincidentally there was a large number of notifications of whooping cough. Apart from this there was little infectious illness notified or otherwise brought to the notice of the Health Department. A few cases of catarrhal jaundice occurred and diarrhoea was rather common. This last, unassociated though it was with any clear evidence of such origin, was probably due to infection by micro organisms, but dietetic or psychogenic causes could not be excluded.

With regard to vital statistics generally, the unstable and in later months rapidly increasing population makes the calculation of reliable Birth and Death rates an impossibility according to the figures supplied by the Registrar General.

Among matters worthy of special attention may be mentioned the Elderly Persons' Clinic, begun in July and fully described on pages 8 and 9, and the schemes for the employment of Approved Foster Mothers and Home and Domestic Helps. As to the last named amenities, a difficulty in a Borough of the size of Ramsgate had hitherto been to find an adequate panel of Approved persons upon whom to call for the service required. This was solved by the adoption of a new principle whereby the Council was prepared, subject to reasonable safeguards, to accept probationer employees in these various capacities and pay them at the standard rates. By this means a panel might be made up of the best of such "Casual" employees while the service was already in operation and a much wider choice was available than through the earlier method of advertisement and formal application. The year 1944 was only the beginning of this new scheme, and its justification or otherwise must lie with the future.

The transfer of all clinics to the Health Centre from premises in Princes Street took place in 1942. The furnishings of the Health Centre were not, however, on a level with the general standard of the building, some of them being of an improvised sort. In 1944 the Maternity and Child Welfare Sub-Committee recommended that further items of equipment be purchased, including an examination couch, bassinets, and scales adequate to weigh adults. They also authorised the purchase of fabric for and making up of a number of examination wraps. In advising the Committee in this last matter, I was not only influenced by the need for such garments, but also by the psychological effect of a suitable wrap on the attitude of a patient to a thorough examination and the completeness with which she (or he, for the wraps were, inter-alia, for the use of Elderly persons of both sexes) strips. Dr. Pearce and Miss Crocker in their most interesting book "The Peckham Experiment" (London, 1943), have made a point of this, for which I am indebted to them. In spite of the difficulties of obtaining dress materials at the present time, a sufficient quantity of pleasantly coloured and patterned cotton fabrics was purchased from various retailers, and a member of the Civil Defence Service, ordinarily a dressmaker, was commissioned to make them up.

In anticipation of a return of normal activities to the Harbour at a not impossibly remote date, the Council accepted an invitation to membership of the Association of Port Health Authorities and appointed their Medical Officer of Health as delegate. I was, unfortunately, unable through pressure of other work, to attend the Annual Conference of the Association in 1944.

Lastly, I should like to refer to the important matter of housing, the urgency of which needs no emphasis. The Council considered during the year plans for the redevelopment of existing built-up areas and for the extension of the town by both temporary and permanent dwellings. While many of the problems of Housing and Town Planning are purely technical and in this present stage of applied Sanitary Science concern the Borough Surveyor's Department more than my own, there are some fundamental principles which, more than provision of light, air, water and drains affect the "wholeness," which is the true health, of the human personality.

In the first place, a house is more than a means of shelter and privacy, it is, or should be, a home and the focal point of family life. As such it should not only be of sufficient size both as regards bed and living rooms to accommodate adequately and suitably all its inhabitants, sleeping or at leisure, but the quality of its fabric, the craftsmanship of its construction and the beauty of its design should match the dignity of its end. How far short most housebuilding of the Industrial Age has been of such standards needs no emphasis, nor am I satisfied that recent developments represent any real improvements. The modern bijou or bungalow dwelling designed for and thus confirming the small family system, and for leisure spent away from home, is not, I think, the right solution to older problems.

Secondly, towns themselves should be planned to serve their social purpose, and by their orderliness and coherence foster civic pride and civic interest. There has been much talk locally in recent months of public apathy to affairs of the Borough and this, one may be sure, is no local phenomenon. While not going so far as to accuse the chaotic and "individualistic" development of many towns (our own included) as the cause, I think that they are inter-related and, to speak mathematically, both of them functions of deeper causes of social disintegration that operate alike upon the family and the larger community and, not least, upon the human personality itself. Some of the other bye-products of this process have become more obvious to us during the last six years.

I trust that my readers will bear with me in this brief philosophical excursion, an indulgence I generally allow myself in my Annual Report. However, he would poorly serve the interests of the Public Health who sought to keep it in a rigid compartment and did not endeavour to relate it to wider issues.

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
Registrar-General's estimate, 1944	..	..	..	..	..	18,320
Rateable Value	..	..	..	..	..	£239,171
Estimated product of 1d. rate	..	..	..	..	..	£750
Number of inhabited houses	..	..	..	..	..	6,000
Total sunshine in hours, 1944	..	..	..	..	..	1591.6
Total rainfall in inches, 1944	..	..	..	..	..	23.43

EXTRACTS FROM VITAL STATISTICS.

Live Births—

							Male	Female
Total	..	..	..	..	..	358	179	179
Legitimate	..	..	..	..	..	322	165	157
Illegitimate	..	..	..	..	..	36	14	22

Birth rate per 1,000 estimated population, 19.5.

Still Births—

							Male	Female
Total	..	..	..	..	..	10	5	5
Legitimate	..	..	..	..	..	10	5	5
Illegitimate	..	..	..	..	..	—	—	—

Rate per 1,000 total births, 27.1.

Percentage of total births illegitimate, 9.7.

Deaths—

							Male	Female
Total	..	..	..	..	..	295	142	153

Death rate per 1,000 estimated population, 16.1.

Deaths from Puerperal Causes—

Puerperal Sepsis	Nil	} Rate per thousand total (Live and Still) Births.
Other Puerperal causes	5.4	

Death Rate of Infants under one year of age—

All infants per 1,000 live births	..	..	..	..	27.9
Legitimate infants per 1,000 legitimate live births	..	..	..	..	21.7
Illegitimate infants per 1,000 illegitimate live births	..	..	..	..	83.3
Deaths from Cancer (all ages)	..	..	..	..	42
Deaths from Measles (all ages)	..	..	..	..	2
Deaths from Whooping Cough (all ages)	..	..	..	..	1
Deaths from Diarrhoea (under 2 years of age)	..	..	..	..	2

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	1	—	1
5. Diphtheria	—	—	—
6. Tuberculosis of respiratory system ..	6	8	14
7. Other forms of tuberculosis	—	2	2
8. Syphilitic diseases	1	—	1
9. Influenza	3	3	6
10. Measles	2	—	2
11. Acute Polio-myelitis and polio- encephalitis	—	—	—
12. Acute infective encephalitis	—	—	—
13. Cancer of buccal cavity and œsophagus (M) uterus (F)	2	6	8
14. Cancer of stomach and duodenum ..	5	3	8
15. Cancer of breast	—	8	8
16. Cancer of all other sites	16	10	26
17. Diabetes	—	1	1
18. Intracranial vascular lesions	16	28	44
19. Heart disease	36	39	75
20. Other diseases of circulatory system	1	4	5
21. Bronchitis	7	6	13
22. Pneumonia	11	1	12
23. Other respiratory diseases	1	—	1
24. Ulcer of stomach or duodenum	7	1	8
25. Diarrhoea under 2 years	1	1	2
26. Appendicitis	—	1	1
27. Other digestive diseases	3	3	6
28. Nephritis	3	3	6
29. Puerperal and post-abortion sepsis ..	—	2	2
30. Other maternal causes	—	—	—
31. Premature birth	—	—	—
32. Congenital malformation, birth in- juries, infantile diseases	4	1	5
33. Suicide	1	—	1
34. Road traffic accidents	—	—	—
35. Other violent causes	4	5	9
36. All other causes	11	17	28
All causes	142	153	295

MATERNAL MORTALITY.

There were two cases of Maternal Mortality in 1944, one due to parturition and the other Ectopic Pregnancy. Two cases of Puerperal Pyrexia were also notified during the year.

INFANT MORTALITY.

The following table shows the causes of the ten 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
Acute Bronchitis	1	..	..	..	1	..	..	..	..	1
Acute Lobar Pneumonia	1	..	1	..	..	..	..	1
Suffocation-accidental	1	..	..	1
Marasmus	1	..	..	..	1
Broncho-pneumonia	2	..	..	2
Gastro Enteritis	1	..	..	1
Congenital Pyloric Stenosis	1	..	..	..	1
Colitis	1	..	..	..	1
Spina Bifida	1	1	..	..	..	..	1
Total	1	..	1	1	3	3	4	..	..	10

AGES AT DEATH.

Age at Death.	All Ages	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	142	8	4	—	12	8.4	15	10.5	38	26.7	46	32.3	31	21.8	54.2
Women	153	3	2	3	8	5.2	16	10.4	33	21.6	32	20.9	64	41.1	62.7
Total	295	11	6	3	20	6.7	31	10.5	71	24.0	78	26.4	95	32.2	58.6

The following table shows the birth-rates, death-rates and rates of causes of certain classified deaths for England and Wales, etc., as compared with Ramsgate.

	England and Wales	126 Count. Boroughs and Great Towns, including London.	148 smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London Administrative County.	RAMSGATE.
Rates per 1,000 Civilian Population.					
<i>Births:—</i>					
Live	17.6	20.3	20.9	15.0	19.5
Still	0.50	0.64	0.61	0.42	0.5
<i>Deaths:—</i>					
All Causes	11.6	13.7	12.4	15.7	16.1
Typhoid and Paratyphoid Fevers	0.00	0.00	0.00	0.00	—
Scarlet Fever	0.00	0.00	0.00	0.00	—
Whooping Cough	0.03	0.03	0.02	0.04	0.05
Diphtheria	0.02	0.03	0.03	0.01	0.00
Influenza	0.12	0.10	0.11	0.08	0.2
Smallpox	—	—	—	—	—
Measles	0.01	0.01	0.01	0.00	0.10
Rates per 1,000 Live Births.					
Deaths under 1 year of age	46	52	44	61	27.9
Deaths from Diarrhoea and Enteritis under 2 years of age	4.8	7.3	4.4	10.1	5.5

ELDERLY PERSONS.

It may be recalled that in the annual Report for 1943, a note was made on the considerable scope that exists for research into and provision to meet the problem of old age. The Council, advised by the Health Committee, was fully alive to this fact and instructed their Medical Officer of Health to investigate the possibility of establishing a clinic for elderly persons, where medical examination and advice should be available in a precisely similar manner to that which is provided for the early years of life at the baby clinics. The preservation of Health was to be the aim of the clinic, not primarily the detection or treatment of disease; in fact, no treatment as such was to be given, reference as at the baby clinics being to hospital or private practitioner when necessary. At the same time, it was recognised that no clear line can be drawn between advice for health and treatment of illness, especially where persons in the later years were concerned, and the possibility was gladly recognised that routine medical examination might reveal the early stage of some diseases, notably cancer, not hitherto apparent to the patient and so lead to treatment while cure was possible.

The Minister of Health gave approval to the proposed scheme under Section 187 (2) of the Public Health Act, 1936, and the Secretary of the Ministry replied on enquiry that, till then, no other local authority had to his knowledge established a clinic for elderly persons. It was thus impossible to obtain any information of the experience of others in this matter.

The Nuffield Foundation had recently set up a Committee on Problems of Aging and Care of Old People and the Secretary was approached for assistance and information. She showed much interest and helpfulness, and agreed that the subject was largely unexplored.

It was decided (by what proved to be false reasoning) that a more central site than the Health Centre should be chosen for the clinic and an arrangement was reached with the Ramsgate and St. Laurence Dispensary to hire for a preliminary period of six months their premises in Broad Street for a half-morning session, from 11 o'clock on alternate Tuesdays. No publicity drive was planned as it was thought that a false impression of what was actually obtainable from the clinic might easily have been given. Your Medical Officer of Health and Health Visitors undertook to bring it to the notice of interested persons, trusting that in due course knowledge of it would spread through the town, and possibly that those who had attended the clinic would speak favourably of it to others.

The first session was held on 11th July and sessions were held regularly to the end of the year. Attendances had not till then been satisfactory, only four individual elderly persons having attended. They made a total of 12 visits. Before the end of 1944 it was decided to transfer the clinic to the Health Centre, when it was to be held weekly on Friday mornings at 11 a.m. The disappointing beginning was not unexpected.

The clinical material provided by the patients so far was obviously too limited to permit of useful analysis, but certain features were already clear. The first related to time and showed that a much longer period should be allowed for the investigation of each patient than was necessary for infants and expectant mothers. At a time when local authorities are seriously short of medical man-power, this may be a consideration to give them pause before setting up a clinic of this sort. Secondly, it was clear that to be really effective, wider resources should be available than actually were so. The kind of person who is most likely to seek assistance at the clinic is one who needs or who will shortly need residential care, though not necessarily in hospital or in a Public Assistance institution, as ordinarily administered. To an authority of the status and resources of Ramsgate, the provision of such accommodation presents a difficulty and a better chance of a suitable solution is afforded to an Authority that is already responsible for Public Assistance. Your Medical Officer of Health reported during the year to the Health Committee on the provision made by the Public Assistance Committee of the City of Birmingham for elderly persons, which he was able to investigate by the courtesy of the Public Assistance Officer of that authority. Here excellent residential accommodation for elderly persons exists already, with plans for future expansion, though there is no elderly person's clinic at present. A compromise solution might be reached through the establishment of a home for Elderly Persons by a voluntary agency to which the Local Authority might contribute an annual sum and so obtain an unobtrusive control of its management. Though a "Nursing Home" for elderly persons was opened in the Borough during 1944, it was not, unfortunately, regarded by your Medical Officer of Health or by the Council, as qualifying for support from public funds.

Thirdly, it was apparent that there was a certain overlapping and lack of co-ordination between such services as exist for the welfare of the elderly. There are some who obtain benefits of various sorts apart from residential care through the Public Assistance Department, in this Borough administered by the Kent County Council. Here medical advice is obtainable, but only in case of illness. The Assistance Board is also actively concerned, with an interest which, though mainly directed towards securing adequate financial resources for pensioners, extends to other aspects of their life. When medical aid in a case of sickness is required, the Assistance Board refers its clients to the Public Assistance Medical Officer, but there would appear to be considerable possibilities for co-operation with the Health Department by use both of the Health Visitors for domiciliary visits and of the Elderly Person's Clinic for general advice. The opportunities here offered await fuller exploration and meanwhile the good relations already established with the officers of the Assistance Board may be noted.

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. Forty-four samples of ordinary graded milk were sent there, of which 32 were reported upon as being satisfactory.

AMBULANCE FACILITIES.

The circumstances described in the Annual Report for 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.

Early in the year a new arrangement involving the use of the ambulance belonging to the Isle of Thanet Joint Hospital Board was made for the conveyance to hospital of patients suffering from infectious diseases. This ambulance was already a second line vehicle, operated and garaged by the Ramsgate Civil Defence, and representations were now made that it should be used for the transport to hospital of all persons suffering from infectious diseases in Thanet.

It was possible to make this arrangement without any dislocation of other services and it worked satisfactorily to the end of 1944. Civil Defence personnel acted as drivers and attendants and continued to service the vehicle. Both ambulance attendants and First Aid Post auxiliaries proved apt pupils in learning the technique of bed isolation nursing.

NURSING IN THE HOME.

The Ramsgate District Nursing Association continued to supply a service of nursing in the home, employing for the purpose two Queen's Nurses, Nurse E. V. Wallington and Nurse E. I. Meen. The latter began her duties on 1st January, 1944. As a result of the engagement of the second nurse, the co-operation of Civil Defence personnel as in earlier war years was no longer called for and was discontinued. The Hon. Secretary of the Association has very kindly provided an analysis of the work carried out during the year from which the following figures are extracted:

Individual patients nursed	287
Total number of visits made	5,182
Average number of visits per patient	18.1

TREATMENT CENTRES AND CLINICS.

The following table shows the facilities under the above heading provided by the 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 1945).

Purpose of Clinic.	Where Held.	Time.	By Whom Administered.
Dental	Health Centre, Newington.	Tues. 2.30-4.	Ramsgate Council: Public Health Committee.
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)	Alternate Tues. at 2.0 p.m.	Kent Education Committee.
Minor Ailments	Health Centre, Newington.	Daily at 10.0.	
Ophthalmological	Ramsgate General Hospital (Mr. W. J. Dunlop).	Weds. at 10.30.	Kent Education Committee.
Tuberculosis ..	The Dispensary, South Eastern Road.	Fri. 10.30-12.30.	Kent County Council.
Uncleanliness: Scabies	Men at Disinfecting Station, Broad Street.	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, Health Centre, every morning between 9.30 and 10 o'clock, for consultation and advice.

VACCINATION.

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

Total births registered locally (i.e., children due for vaccination)	216
Children successfully vaccinated	98
Children insusceptible to vaccination	Nil
Number of certificates from conscientious objectors	91
Died unvaccinated	7
Postponed for medical certificate	3
Removed from district	19

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 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 the 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?

SCABIES AND UNCLEANLINESS.

The arrangements described at some length for the treatment of Scabies and of uncleanness, and for the following up of patients and contacts in the Annual Report for 1943, were pursued during the year. The following table shows the number of persons treated during 1944:

Cases of Scabies treated at Disinfecting Station:

Adult Males	21
-------------	----	----	----	----

Cases of Scabies treated at Health Centre:

Adult Females	..	..	..	46
Children—School Age and under	..	..	..	64

The source of scabetic infection in the Borough would appear to be closely correlated with the presence of troops, and as the number of troops in the district declined, so the number of cases brought to the notice of the Health Department became less numerous. The method of treatment with Benzyl Benzoate remained effective.

With regard to uncleanness of the head, the largest number of cases are provided by certain families where infestation by head lice in one or other of the members would appear to be endemic. Following the general principle of persuasion rather than coercion, the officers of the Health Department did not initiate any cases in the courts under the Scabies Order or otherwise, but endeavoured to impress upon the offenders the benefits of cleanliness.

III. Sanitary Circumstances and Control of Food Supply.

PUBLIC WATER SUPPLY.

There were no changes in 1944 as compared with previous years. The quality and quantity of the water remained satisfactory throughout the year, a total of 513,236,700 gallons was pumped as compared with 453,214,600 the previous year. A piped supply direct from the Waterworks was available to all dwelling houses in the Borough. Bacteriological examinations were made monthly, both of the raw water direct from the adits cut in the chalk, and from taps in the Borough after treatment by chlorination. Quarterly chemical analyses were also made. All bacteriological examinations were satisfactory except one. The waters have no plumbo-solvent action and there was no contamination during the year.

ANNUAL REPORT OF THE SENIOR SANITARY INSPECTOR FOR YEAR 1944.

Mr. Mayor, Ladies and Gentlemen,

I have much pleasure in submitting the following report detailing the numerous and various duties carried out during the year.

The strain entailed by five years of enemy action has been severe, but in addition to Civil Defence demands the supervision of the essential requirements for safeguarding the health and well being of the community has been maintained.

I wish to express to Mr. F. S. Burrow, Sanitary Inspector, Broadstairs, my sincere appreciation of his 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	578
--	-----

Inspections.

Under Public Health Acts and other Acts, Regulations and Orders	
Of houses, number inspected under Housing Act	76
Inspections of drainage systems and subsequent visits	321
Drains tested	41
In connection with Infectious Diseases	36
Animals, Keeping of	34
Bakehouses	61
Cowsheds	38
Fish-fryers	38
Fish-fryers	25
Marine Stores, etc.	10
Milkshops and dairies	98
Premises licensed for music and dancing	27
Premises as to provision of refuse receptacles	17
Premises with reference to rat infestation	2,425
Repairs and subsequent revisits	302
Restaurants	92
Slaughter-houses	775
Tuberculosis cases	45
Verminous rooms	54
Shops Act	37
Factories and workshops	24
Decontamination of Food Scheme	37
Decontamination of Clothing Scheme	39
Accumulations of rubbish	23
Timber Control Permits issued	43
Moths	17
Enquiries under Land Charges Act	161
Miscellaneous	307

Notices Served, etc.

Preliminary notices served or letters written	92
Nuisances abated on verbal instructions	67

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	33
Houses at which drains were renewed entirely	3
Choked drains cleared	22
Intercepting traps fixed	1
Gully traps fixed	12
Inspection chambers built, new covers provided and rendered	8
Fresh air inlet valves fixed	1
Soil and vent pipes fixed or repaired	7
W.C. pans fixed	41
New flushing cisterns provided	8
Flushing cisterns repaired	20
New sinks fixed	8
Sink wastepipes renewed or trapped	14
Eavesgutters repaired or renewed	15
Roofs repaired	18
Stoves repaired or renewed	10
Water supply pipes renewed	19
Rooms fumigated and cleansed for vermin	4
Houses renovated	3
Sash cords renewed	31
Wall and ceiling plaster repaired	11
Window frames repaired	7
Damp walls cement rendered	1
Yard paving renewed	2
Doors repaired	7
Accumulations removed	9
Rain-water tanks abolished	4
Floors repaired	39
Houses at which sub-floor ventilation was provided	13
Sanitary bins provided	32
Miscellaneous	14

Inspection of Controlled Premises.

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

	No.	Inspections made.
Slaughter-houses	6	775
Fish-fryers	17	25
Marine Store Dealers	4	10

Bakehouses.

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

Shops Acts, 1934.

The Sanitary Inspectors made 37 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	2
Accumulation	1
Broken W.C. pans	2

Rats and Mice Destruction.

In the early part of 1944 the Sanitary Inspectors spent much time on rat extermination and several large blocks of properties were completely rid of rats and mice. This work meant frequent visits during the periods of feeding and poisoning the rats and in order that the Sanitary Inspectors could carry out their normal duties, the Corporation appointed a Rat Catcher to deal with the vermin problem. The methods of extermination recommended by

the Ministry of Food are employed with good success against black and brown rats, and in eight months it is estimated that 5,321 rats have been exterminated. Trapping and gassing rats are resorted to for small infestations, where the use of poison might be associated with some degree of danger to birds and other animals, but this method of rat extermination for general use is too slow to make serious inroads into the rat population.

The Ministry of Food in drawing the attention of the public to the rat menace, stressed the loss of foodstuff. Another aspect of interest to sanitarians, is the contamination of food, by rats and mice. Unfortunately, this fouling of food is not so obvious as wastage and this fact, coupled with the false impression of some members of the public "that there have always been an odd rat about and always will be," may be the cause of the occasional instances where there is lack of real effort on the part of the occupier to eradicate vermin. The same state of affairs applies to rat-proofing premises and not until everybody concerned gives of their best will the rat problem be brought to a really low level.

The proper rat-proofing of old premises, such as found in the main shopping streets of the town, is no simple matter, but it is satisfactory to be able to mention that in those instances where the premises were frequently being infested, that the expenditure of a considerable amount of time and money to effect rat-proofing has been completely justified.

Although much has been done in the Borough on vermin eradication with considerable success, no relaxation of this work at this stage should be allowed. In fact, the full time employment of a rat catcher in peace time would be an investment to the town, because Ramsgate could not afford to have any suspicion of the reputation of being infested with vermin if it is to maintain its position as a popular holiday resort.

Verminous Houses.

Number found to be infested:

Council houses	..	..	..	..	..	..	7
Others	..	..	..	..	..	..	9

Number of premises disinfested:

Council houses	..	..	..	..	..	..	7
Others	..	..	..	..	..	..	9

Disinfestation of premises other than Council houses is carried out by local builders under the 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-four rooms were disinfected after cases of infectious diseases or on the request of the tenants.

Seven hundred and ninety-nine sets of bedding and clothing, and five hundred and twenty-five service blankets were fumigated in the steam disinfector.

Housing.

A shortage of houses, particularly small houses, was evident in the early part of the year and as may be expected the shortage became acute when the ban on travel into the town was removed during the summer months.

During May a joint report was submitted to the Public Health Committee by the Medical Officer of Health and Senior Sanitary Inspector on the Powers of Local Authorities under the Housing Act, 1936, and recommendations were made as to the methods of dealing with clearance areas, also suggestions put forward regarding other aspects of housing.

Emergency Water Tanks.

The emergency water tanks, erected in various parts of the Borough for fire fighting purposes, were inspected periodically and it is satisfactory to be able to record that with one exception they were found to be free from mosquito larvæ. In the case of the unsatisfactory supply, an indoor swimming bath was being used for the storage of water and evidently the treatment of the water whilst effective for outdoor tanks was either not so efficient, or required more frequent application for indoor water. The existence of mosquitoes and larvæ was brought to the notice of the National Fire Service who cleansed the tank and subsequent examination of the tank failed to reveal any larvæ.

Wasps and Flies, Etc.

As in previous years, numerous appeals from householders for assistance in dealing with wasps nests in or near to houses were received during the summer months. The Inspectors were also able to help Service establishments, who sought help in dealing with infestations of flies in canteen kitchens. It is probable that house flies were more numerous than in previous years and this increase was due to the greater number of rabbits and fowls being kept by householders as a war-time measure.

Moths.

The return to the town of persons evacuated during the early part of the War brought a new problem to light, namely, the extermination of clothes moths. But for the fact that many persons who were evacuated either made occasional visits to examine their houses or made arrangements for persons left in the town to do this, the damage done by clothes moths to carpets, furniture and clothing would have reached really serious proportions. As it was, 32 persons sought the help of the Department in 1944 to rid their houses of moths. In most cases the premises had been left unattended for three or four years and in a few instances the furnishings, chiefly carpets, were so badly damaged that they could not be taken up without falling to pieces.

Good use was made of the Corporation's steam disinfecting plant in the work of getting rid of moths and their grubs, and articles of house furnishings received treatment by high pressure steam. This treatment is definitely effective, but unfortunately it cannot be applied to such items as upholstered furniture. In these cases spraying by a proprietary fluid has been beneficial judging by the remarks of the owners of the furniture. The real test, however, will be whether grubs emerge from deep-seated parts of the upholstery, and if they do, whether subsequent sprayings will remove the infestation completely.

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	5	38
Dairies	23	79
Other Shops	144	19

The shortage of labour was the excuse put forward by a dairyman found depositing crates of full bottles of milk at street corners to await collection by the roundsmen. Traders are entitled to sympathy when they are carrying out their duties under difficulties but such practices, adopted by the dairyman in question, which expose the bottles to serious contamination by dogs and cats, should not be tolerated. The Council instructed that a warning be issued to the dairyman and he made new arrangements for the delivery of milk to his roundsmen.

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 Pasteurise 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 Tuberculin Tested and Accredited producers at the time of milking. Twenty-two samples were so obtained and the results show:

14 to be Satisfactory. 8 not to be Satisfactory.

The number of unsatisfactory samples remains fairly high, but not so high as in 1943. Milking has still to be done in the black-out and there is a tendency among cowmen not to take down the black-out arrangements during the day-time milking. Another cause of the failures may be the urge to grow more food which producers desire to hurry through the cleasing 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.

Thirteen samples were obtained from retailers and eleven of the satisfied tests for cleanliness.

Nine samples of pasturised milk were submitted for examination and seven of them were satisfactory to the phosphatase test.

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 1944.

Meat and Other Foods.

There was no change during the year in the arrangements for the slaughtering of animals and 2 slaughter houses in the Borough were used for the preparation of animals for consumption in the Isle of Thanet. Even when the population of Ramsgate and the neighbouring towns was at a low level the killing of animals extended into the late evenings and it is possible that the gradual return of the population will either cause work to be carried on still later into the evenings of the regular slaughtering days, or call for a re-arrangement of the present scheme of crowding the slaughtering into part of the week. It is hoped that the latter course will be adopted, because the examination of carcasses and offal cannot be completed until the slaughtering has finished, and during 1944, as in previous years, much overtime was put in by the Sanitary Inspectors on this essential work.

The amount of diseased or otherwise unsound meat diverted from human food supply during 1944 was 15 tons 10 cwt. 3 qrs. and in addition there was 2 tons, 2 cwt. 3 qrs. of unsound foodstuffs surrendered from grocery premises. Not included in these figures are the various consignments of bacon, cheese and other fats which were found to be unfit for human consumption and returned by the retailer to the wholesaler for re-processing.

The arrangements made by the Ministry of Food for the colouring of diseased meat with a green dye before being collected by the salvage firm was continued during the year.

Twenty-one Bovines were found after slaughter to be affected by generalised tuberculosis and as in previous years, the name and address of each person sending these animals to the Collecting Centres was ascertained from the Chairman of the Livestock Control Committee. This information, together with a description of the beasts, was sent to the County Medical Officer so that special attention could be given to the farms concerned. According to the replies received from the County Medical Officer 12 animals out of the 21 reported upon came from dairy farms and all the samples taken from the herds were negative as regards tubercle bacilli.

Of the animals sent by the Ministry of Agriculture's Veterinary Surgeon for slaughter under the Tuberculosis Order, 9 beasts were condemned as being unfit for human food.

Food and Drugs Act, 1938.

During the year sixty-seven samples (sixty-three formal and four informal) were taken by the Sanitary Inspectors and submitted to the Public Analyst.

Description of Sample.	Formal	Informal	Genuine	Not Genuine
Milk	29	—	27	2
Malted Food	2	—	2	—
Jam	5	—	5	—
Sausages	3	—	3	—
Brawn	1	—	1	—
Self-raising Flour ..	4	4	7	1
Golden Raising Powder	1	—	1	—
Gelatine	3	—	3	—
Vinegar	2	—	2	—
Curry Powder	1	—	1	—
Soya Cream	1	—	1	—
Tea	1	—	1	—
Herring, tinned	1	—	1	—
Herring Butter	1	—	1	—
Custard Flavour Colour..	1	—	1	—
Apple Green	1	—	1	—
Chocolate Spread	1	—	1	—
Lemon Curd	1	—	1	—
Ginger Wine Essence ..	1	—	1	—
Mixed Spice	1	—	1	—
Pickles	1	—	1	—
Stuffing Sage and Bread	1	—	1	—

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

The average figures being: Fat, 3.52; non-fatty solid, 8.77; total solids, 12.29.

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.
143	Milk	Deficient in fat to the extent of 12%.	Milk Marketing Board notified and Vendor cautioned. Subsequent samples showed genuine milk.
144	Milk	Deficient in fat to the extent of 11%.	
149	Self-raising Flour	Contained only 0.31% of total carbon-di-oxide and 0.17% available carbon-di-oxide.	Vendor cautioned by Town Clerk and Stock withdrawn.

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

The Following 50 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	29	Curry Powder	1
Sausage	2	Lemon Curd	1
Herring tinned	1	Jam	5
Herring butter	1	Mixed Spice	1
Vinegar	2	Ginger wine essence ..	1
Gelatine	3	Pickles	1
Brawn	1	Stuffing	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.

There was no alteration made during the year in the arrangements for the reception of persons seeking shelter, and it is gratifying to be able to report (a) a freedom of complaints of a public health nature and (b) a decrease in the number of persons habitually sleeping in the tunnels.

As in previous years 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 Disinfecting Station. When this personal cleaning 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 1944 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 of 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. Mr. Brown also attended a course on the Decontamination of Food at the Ministry of Home Security School at Falfield.

E. YOUNG,

Senior Sanitary Inspector.

IV. Maternity and Child Welfare.

Notification of Births.

During the year 229 births were notified. Of these, 222 were live births and 7 stillbirths. Doctors notified 17 and midwives 199, and 13 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, eight of whom were admitted there. Another case was admitted to the Margate and District Hospital and sixteen cases were admitted to Maternity Nursing Homes out of the district. Under the Emergency Maternity Scheme of the Ministry of Health, whose operation has been described in earlier reports, 108 expectant mothers were evacuated, the maternity homes and hostels to which they were conveyed again giving general satisfaction. Provided that the circumstances allowed it, persons 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.

Of the two cases of puerperal mortality during the year, one was due to coronary thrombosis and embolism 14 days after the normal delivery of a live child. There had been a previous history of two pregnancies both complicated by toxæmia, the first ending in a stillborn child. Some toxic symptoms were described during her last pregnancy, mainly psycho-neurotic. At term she appeared to be much better and she had attended the ante-natal clinic regularly throughout her pregnancy except for a short period when she was evacuated. The other death was due to an undetected and very early ectopic pregnancy whose rupture was brought about by enemy shelling. This may be considered as much a death by enemy action as due to the morbid condition, since, while the pregnancy must necessarily have ended abnormally sooner or later its detection would probably have led to the saving of the mother's life.

Maternity and Infant Welfare Centres.

The number of children and attendances during 1944 were as follows:—

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

Under one year of age	245
1-5 years of age	45

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

Under one year of age	258
1-5 years of age	369

Total number of attendances by children—

Under one year of age	3,069
1-5 years of age	1,017

Mothers' Clinics.

Ante-natal consultations:

Number of women who attended for the first time ..	230
Number of women who attended	267
Total attendances	1,014

Post-natal consultations:

Number of women who attended for the first time ..	25
Number of women who attended	27
Total attendances	44

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 and Vitamins, etc.

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, the 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.

Cod Liver Oil, Cod Liver Oil Capsules and Orange Juice were distributed on behalf of the Food Office. Virol and Parish's Food were made available by the Council on the recommendation of the Medical Officer of Health.

Work of Health Visitors.

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

Number of infants under one year visited for first time	..	334
Total visits to infants under one year	.. ..	2,256
Total visits to children 1-5 years	.. ..	4,079
Number of expectant mothers visited	.. ..	193
Total visits to expectant mothers	.. ..	304
Total visits to homes in connection with cases of infectious disease	.. ..	231

Care of Premature Infants.

Ministry of Health Circular 20/44 on the care of premature infants contains a number of suggestions to this end, some of them recognisedly difficult of realisation under present conditions. The circular was considered by the Maternity and Child Welfare Committee, whose members agreed that while it was not possible to give full effect at present to its recommendations, their Medical Officer of Health should have a free hand as to how far and when they should be implemented. Little action was in fact taken during 1944. The liaison with the Ramsgate General Hospital and the County Midwives was sufficiently close to bring premature births to the notice of the Health Department and to provide hospital care when it was needed.

There were no deaths of infants under one year of age due to prematurity.

Infant Life Protection.

	Foster-Mothers.	Foster-Children.
No. on Register 1st January, 1944	.. 2	2
No. on Register 31st December, 1944	.. 6	8
No. of individuals during the year	.. 17	22

In a number of cases the Health Department acted as agent in bringing together the foster-mother and the child in need of her care. Every woman who satisfactorily carried out her duties in this respect was noted by the department and was liable to be asked to take another child in case of necessity. By this means a Panel of Approved Foster-Mothers was built up, though most of them were what might be called "casuals," unwilling or unable to undertake to accept children at any time at the request of the department.

During the year formal approval for the adoption of the "Birmingham Scheme" by the Borough of Ramsgate was given by the Minister of Health and in two instances women were directly employed by the Local Authority as Foster-Mothers in accordance with the Scheme. A just proportion of the total cost to the Corporation was recovered in each case from the parent. One of these employees was known by the Health Department to be willing and able regularly to take foster-children, the other was a "casual" foster-mother, and both gave equally good service.

The Council reserve the right to consider and approve for payment under the terms of the Scheme any "casual" foster-mother where circumstances appear to justify it. In a Borough of the size of Ramsgate this would seem to be a better arrangement than rigid adherence to names on a formal panel.

Adopted Children.

The work carried out under the Adoption of Childrens (Regulations) Act, 1939, can be summarised as follows:—

Number of persons who gave notice under Section 7 (3)	
during the year	1
Total number of children in respect of whom notice was given	
during the year	1
Under supervision at the end of the year	None
Who died during the year	None

Illegitimacy.

The percentage of total births illegitimate for 1944 was 10.05 as compared with 9.1 in 1943, 10.6 in 1942, and an average of 5.9 for the years 1935-1939. A note was made in the Annual Report for 1943 on Ministry of Health circular 2866 and on the co-operation begun between the Kent County Council and the independent Welfare Authorities as suggested by the circular. There was a further conference in March between representatives of the Kent County Council and independent Welfare Authorities, and interested voluntary bodies, in which the general lines of policy were further discussed and agreement reached. In short, it was decided that the closest possible liaison should be maintained between Medical Officers of Health, Health Visitors and those concerned, voluntarily or otherwise, with moral welfare work, and that residential accommodation should be provided in voluntary homes or otherwise for the confinement of expectant mothers of illegitimate children. The provision of nurseries under the auspices of the Kent County Council was further recommended in order to accommodate children while their mothers returned to work and the possibility of a post-natal hostel for mothers and children between discharge of the former from hospital and their fitness for work was also suggested.

During the year this department was able to assist in several cases of illegitimacy, using a variety of expedients as the occasion demanded. In one instance financial liability was accepted by the Council for the admission of the mother to the voluntary St. Faith's Maternity Home administered by the Dioceses of Canterbury and Rochester. Unfortunately the child died after birth and the full amenities available were not therefore utilised. But precedent has been established for accommodation at this and other voluntary homes on a "user basis." Two children were placed with approved foster-mothers and maintained there until negotiations for adoption were undertaken, in one case through the N.S.P.C.C. and in the other case by an Adoption Society direct. Other cases made use of the Government Evacuation Scheme which was in operation throughout the year, and in all of these, when home circumstances were unsatisfactory or dubious, the Health Visitors paid particular attention to the care of the children on their return. Two mothers made application to have their children adopted but there was some delay in obtaining co-operation by the Societies and they decided after all to bring them up themselves.

In spite of a satisfactory record of assistance given, the department was unable to help all applicants. A special weakness was lack of nursery facilities, as a result of which considerable hardship was experienced by some mothers who were unable to dispose of their children and hence were unable to find work. At the same time it has to be recognised that while every aid should be given to the illegitimate child, the condition itself should be looked upon as a misdemeanor and not encouraged to become a habit.

Home and Domestic Helps.

At the end of 1943 the situation with regard to the Home Help Service, established in that year under Ministry of Health Circular 2729, was in an unsatisfactory state, there being only one name on the panel of Helps, and she a resident of Broadstairs. For the first nine months of the year, however, she was able to deal with all the calls made upon her service and gave excellent satisfaction to all concerned. She then resigned for personal and domestic reasons.

Meanwhile another possibility of recruiting a service was considered, this time on a "casual" basis. By this scheme the Council agreed to reimburse according to the Hetherington Scale any woman, normally a wage earner, who devoted some of her time to the assistance of a neighbour in need of it, provided that such service was undertaken to the satisfaction of

the persons assisted and of the Health Department. The Council was even prepared in exceptional circumstances to pay for such service retrospectively, but it was obviously a better arrangement and one to be encouraged for the prospective Help to report to the Department as soon as possible after beginning her duties in order to obtain time sheets and to be enrolled as a probationer Home Help. Payment for the first case attended on these terms was thereby guaranteed, and whether the Help was asked to attend other cases as a Council employee depended upon herself and the quality of the work she gave. The Health Visitors and the County Midwives were informed of this scheme and asked to co-operate by putting likely persons in touch with those in need of assistance and in supervising their work.

When in December, 1944, Ministry of Health Circular 179/44 was received covering S.R. and O 1944 No. 1313 and recommending the establishment of a Scheme of Domestic Helps on similar lines to the Home Help Service, the same administrative procedure was adopted. In time, by this means, a panel of known and tried Home and Domestic Helps should be available, the former for the assistance of maternity patients and the latter for other cases at need, elderly persons, invalids, cases of illness and accidents of all sorts.

At the end of 1944 there were two names already on the panel recommended by Midwives on the strength of past assistance given to their patients.

During the course of the year five women were attended by Home Helps employed by the Council.

Unfortunately the limitation of the scope of this report to the work done in 1944 does not permit of a note of the development of these schemes in the new year.

Nursing Homes.

During the year one Nursing Home providing accommodation for 14 patients, mostly elderly persons, was opened in the town and registered by the Council at the direction of the magistrates. The proprietress, a person well known to the Council and to the Health Department, who before the evacuation of the town had owned a Residential Nursery, had not intended to set up a Nursing Home as such, but a residential hostel for the elderly, and she met an urgent need recognised by none more clearly than by your Medical Officer of Health. The definition of the Public Health Act, 1936, however, includes as a Nursing Home premises used for the reception of and the providing of nursing for persons suffering from any infirmity, and it was clear, therefore, that such a hostel would presently become in fact a Nursing Home, unless the residents were to be turned out as soon as they showed signs of senility. The proprietress was not personally qualified to be in charge of such an establishment and in view of the acute shortage of State Registered Nurses it was felt by your Medical Officer of Health that the provision of adequate nursing supervision was too precarious to justify the registration of this new venture by the Council, especially as the premises were not themselves suited to the purpose and required several internal improvements before they were reasonably fit for it.

On appeal the magistrates took another view from that of the Council and the Home was duly registered.

The proprietress deserves congratulation for the zeal and perseverance with which she has carried out the recommendations of the Medical Officer of Health as to structural alterations and with which she has managed to obtain the continuous service of State Registered Nurses. The story of her struggle illustrates on the one hand an urgent need and the desire to meet it, on the other the besetting difficulties of present conditions.

V. Infectious Diseases.

The following table shows the incidence of notifiable infectious diseases (civilian), apart from Tuberculosis, in Ramsgate, during 1944. There were 514 notifications, as compared with 188 in 1943, 294 in 1942, and 68 in 1941.

Disease	Total Cases Notified	Cases admitted to Hospital	Total Deaths	AGE INCIDENCE.												TOTALS			
				0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	Over 65	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Scarlet Fever ..	20	5	—	—	—	2	2	1	12	3	—	—	—	—	—	—	7	4	9
Whooping Cough	95	—	1	10	6	11	6	20	38	1	1	2	—	—	—	52	30	10	3
Measles ..	365	—	2	13	38	30	32	45	187	15	2	1	2	—	—	177	186	—	2
Pneumonia ..	20	—	12*	—	—	—	—	1	5	—	—	2	2	5	6	8	4	4	4
Puerperal Pyrexia	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—
Ophthalmia Neonatorum	2	1	—	2	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Erysipelas ..	11	—	—	—	—	—	—	—	—	—	2	—	3	2	4	1	3	3	4
Total ..	514	6	15	25	44	43	40	67	242	19	5	6	7	7	10	239	232	21	22

* All forms of Pneumonia.

INFECTIOUS DISEASES.—COMPARABILITY TABLE, 1944.

	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	0.01	0.01	—
Paratyphoid Fever	0.01	0.00	0.01	0.01	—
Cerebro-Spinal Fever	0.05	0.06	0.04	0.06	—
Scarlet Fever	2.40	2.41	2.67	1.57	1.09
Whooping Cough	2.49	2.49	2.29	2.90	5.1
Diphtheria	0.58	0.67	0.69	0.31	—
Erysipelas	0.29	0.32	0.28	0.37	0.60
Small-pox	—	—	—	—	—
Measles	4.16	4.51	3.94	2.98	19.9
Pneumonia	0.97	1.13	0.82	0.93	1.09
(a) Rates per 1,000 Total Births (live and still).					
Notifications:—					
Puerperal Fever	10.34	13.13	9.25	3.61	2.7
Puerperal Pyrexia				14.14*	

* Including Puerperal Fever.

(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.
0.31	—	0.09	—	0.28	—	1.25	3.5

Diphtheria.

There were no cases notified during the year.

Scarlet Fever.

Notified cases of this disease were about as numerous as last year (20 in 1944, 18 in 1943). The type of the disease remained mild and free from complications. No epidemiological link between successive or contemporary cases was discovered.

Diphtheria Immunisation.

In the returns made to the Ministry of Health on 31st December, 1944, the opinion was expressed that 34.0 per cent. of children in the town under five years of age and 76.5 per cent. of children between the ages of five and fifteen years had been immunised against diphtheria. In returns made on 31st December, 1943, the figures were 38.6 and 70.4 per cent. respectively.

	Under 5. 5-15 years.	
Children immunised during first six months of 1944 ..	79	58
Children immunised during second six months ..	96	14

The table below shows the progress of the Immunisation Campaign since its beginning in December, 1940. The thick leaded and stepped line across the table show the approximate number of children under 5 years of age and of school age (5-15). It will, of course, be appreciated that reliable statistics relating to Diphtheria Immunisation have been very difficult to collect owing to the constant return of evacuees and others to the Borough. No record either of a certificate or of a scar as in vaccination is left with an immunised child as evidence of the operation and the half-yearly returns to the Ministry of Health have to be based to some extent upon the information given by parents, of the samples of children inspected at the schools and at the clinics.

Age	1941		1942		1943		1944	
	1st 6 months	2nd 6 months	1st 6 months	2nd 6 months	1st 6 months	2nd 6 months	1st 6 months	2nd 6 months
0-1	12	11	4	14	14	—	6	—
1-2	28	24	19	41	78	37	64	82
2-3	24	16	16	29	28	3	2	7
3-4	29	19	20	33	37	7	5	1
4-5	30	15	17	19	28	7	2	6
5-6	15	16	27	34	35	7	12	6
6-7	17	18	25	29	22	3	4	1
7-8	5	21	19	25	15	4	12	—
8-9	15	16	30	27	5	3	6	2
9-10	8	17	21	15	11	1	4	—
10-11	11	6	22	15	8	3	1	2
11-12	3	6	17	11	5	1	10	1
12-13	8	9	17	15	15	1	6	1
13-14	7	7	19	8	6	—	3	1
14-15	2	—	—	1	1	—	—	—
15—+	1	1	4	—	7	—	—	—

Measles, etc.

An epidemic of measles visited the town during the Spring and early Summer of 1944. There was no widespread epidemic in the country generally at the time and the phenomenon was probably due to the continued accumulation of susceptible population in the Borough in spite of the small epidemics of the two previous years. Cases were widespread in all parts of the town and a few were severe, two deaths were reported, both of boys. Some use was made in selective cases of the immune serum available at the County Laboratory to abort or modify the disease. Interested practitioners were advised by this department to apply direct to the County Medical Officer.

Other Infectious Diseases.

No special comment is called for in respect of other common infectious diseases of childhood.

A certain number of cases of catarrhal jaundice were reported by practitioners in the town without any obvious epidemiological link in most instances. Sometimes more than one member of a family suffered, but this was an

exceptional observation. As in previous years, the practitioners of the town have treated a certain number of patients suffering from diarrhoea, but nothing suggestive of an epidemic of dysentery has been described, and while this department is always ready to forward specimens of faeces to the County Laboratory for examination, there did not seem to be any indication to press for the provision of such samples and no bacteriological examination of faeces was in fact made.

Tuberculosis.

Fifty-four cases of Tuberculosis were notified for the first time during the year, as compared with 36 in 1943, 38 in 1942 and 32 in 1941. Of these, 47 were of pulmonary disease (22 in 1943). Sixteen deaths were certified as due to tuberculosis, 14 of pulmonary disease (11 in 1943).

Civilians Only.

Age Periods.	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0-1 ...	—	—	—	—	—	—	—	—
1-5 ...	1	—	—	—	—	—	—	—
5-10 ...	—	—	1	—	—	—	—	—
10-15 ...	1	—	1	3	—	—	—	1
15-20 ...	6	1	—	—	—	1	—	—
20-25 ...	4	4	—	—	2	2	—	—
25-35 ...	5	7	—	1	—	1	—	1
35-45 ...	3	4	1	—	2	3	—	—
45-55 ...	3	2	—	—	—	—	—	—
55-65 ...	1	3	—	—	2	1	—	—
Over 65 ...	1	1	—	—	—	—	—	—
Total ...	25	22	3	4	6	8	—	2

Number of deaths due to Tuberculosis hitherto unnotified ... Nil

Percentage of deaths due to Tuberculosis hitherto unnotified ... Nil

Venereal Diseases.

This Authority is not responsible for the treatment of these conditions and during the year was not called upon to co-operate in any educational campaign. In the School Medical Report reference is made (page 36) to talks to parents on sex education which grew as a natural development out of the educational campaign of 1943. The County Medical Officer has kindly supplied me with the following figures of persons giving Ramsgate addresses who were treated during the year.

Treated at Eton House, Margate ... 12 men, 20 women.

BOROUGH OF RAMSGATE

ANNUAL REPORT

OF THE

School Medical Officer

For the Year ended 31st December, 1944.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my fifth Annual School Medical Report, for the year 1944. As this has been the last complete year of the independent Education Authority of Ramsgate, it is pleasant to be able to record further progress towards the restoration of normal conditions, in spite of the continued threat of war operations of various sorts. During the first nine months of 1944 this threat was indeed somewhat more ominous than during the preceding year, but fortunately no more formidable interruption of school work took place than was occasioned by lengthy periods in shelters during school hours.

There were no staff changes during the year. In addition to the School Medical Officer, the same four school nurses were employed as at the end of 1943, dividing their time equally between this service and their duties as health visitors. Mr. J. B. Reed continued to act as part-time dental officer, giving three sessions weekly to school medical and maternity and child welfare work. Dr. W. J. Dunlop remained ophthalmological consultant and Mr. C. Oxley specialist for conditions of the ear, nose and throat, both holding clinics at the Ramsgate General Hospital.

Details of the work undertaken are given under the appropriate headings.

1. SCHOOL HYGIENE.

All school departments, 16 in number, were open during the year with the exception of St. Augustine's Infants' School and Priory Road Infants' School. The premises of the latter, originally seconded as a First Aid Post, remained in use at the end of 1944 as auxiliary office accommodation for the Health Department. The general standard of environmental hygiene in the schools remained satisfactory, though there were inevitably marked differences between the convenience of the modern school buildings and those built in the middle of the last century.

While the public Elementary Schools continued to cater for the considerable majority of the children of Ramsgate, a few private schools were in existence, held in private houses and in improvised premises. While the option of sending their children to such establishments, provided they are efficient, is an obvious parental right, your School Medical Officer cannot help thinking that the greater supervision and control promised under the new Education Act will be a step in the right direction, since the possibility of overcrowding, with its attendant evils, is always present when accommodation not originally designed as a school is used for that purpose. Well-conducted private schools should have nothing to fear.

2. MEDICAL INSPECTIONS.

Routine Medical Inspections in the schools were carried out in two series, in May and November. In all 892 children were inspected, together with 972 re-examinations and "specials." At the May inspections it was possible to examine, in the same manner as in 1943, all entrants new to the school since the last visit, irrespective of routine age group. At the second round it was

necessary, owing to the accelerated return of evacuees following victories in France, to limit the children seen to those belonging to the routine age groups only. The number of children on the school rolls at the end of the first week of the school year (15th January) was 2,012, on 28th July the number was 2,162, and at the end of the last week of the school year (22nd December) it was 2,594.

Slightly fewer individual children were examined at each inspection session than last year. Civil Defence nursing auxiliaries continued to assist.

3. FINDINGS AT MEDICAL INSPECTIONS.

The finding compared favourably with those of the previous years. The general turn out of the children was satisfactory, most being suitably and sufficiently provided with clothes and footgear. There were some outstanding exceptions.

In the following tables, which again are in the form adopted here in recent years, the classification of findings according to schools has been retained, though Ramsgate is too small and presents a society economically and occupationally too uniform to make significant any differences between findings at the various schools.

Once more the category of "satisfactory," as an index of the positive health of the child concerned, has been employed. Like the estimate of nutritional grade, it is a purely subjective measurement, and the aim in assessing each individual has been to judge how far he is fulfilling or falling below his own personal standard of normal health.

TABLE 1.
FINDINGS AT ROUTINE MEDICAL INSPECTIONS AT THE
VARIOUS SCHOOLS.

	Schools in West Ramsgate					Percentage of Children West Ramsgate School.	Schools in East Ramsgate				Percentage of Children East Ramsgate Schools.	St. George's Selective Schl.	St. Augustine's R.C. Senr., Junr. & Infants.	TOTAL	Percentage of Children all Ramsgate	
	Ellington Senrs.	Ellington Inf'nts	St. Lawrence Juniors.	Dame Janet Junr. & Infants	Christ Church Junr. & Infants		Hereson Seniors and Juniors.	Hereson Inf'ts.	St. Luke's Junr. and Infants.	Holy Trinity Juniors.						
						437					248					
						=					=					
Total Inspected...	100	64	72	139	62	100%	86	77	66	19	100%	127	80	892	100%	
Parents present...	38	60	57	107	50	76.4	49	71	50	17	75.4	59	47	605	67.8	
Satisfactory ...	51	29	27	60	27	44.4	39	30	29	7	42.3	70	39	40.8	45.7	
Percentage Satisfactory ...	51	45.3	37.5	43.2	43.5	—	45.3	39.0	43.9	36.8	—	55.1	48.8	—	—	
Nutrition A. ...	20	9	10	13	8	13.7	11	4	11	1	10.9	30	5	122	13.7	
Subnutrition ...	7	8	13	12	4	10.1	11	10	6	2	11.7	9	5	87	9.8	
Anæmia ...	6	4	2	9	6	6.2	1	3	8	1	5.2	3	—	43	4.8	
Postural Defects (mostly flat feet)	26	4	7	13	9	13.5	19	9	6	6	16.1	19	11	129	14.5	
Individual children requiring Treatment for defective Vision (not squint) ...	8	—	7	6	4	5.7	4	1	4	—	3.4	6	—	40	4.5	
Individual children requiring Treatment for all other conditions excluding Vision, Subnutrition and Uncleanliness ...	34	14	15	40	20	28.1	23	30	19	7	31.9	34	22	258	28.9	
Re-inspections ...	72	43	104	179	75	—	101	73	64	31	—	121	71	934	—	

TABLE 2.

	Routine Medical Inspections, 1944.	Routine Medical Inspections, 1943.	Routine Medical Inspections, 1942.	Routine Medical Inspections, 1941.
Total Inspected	892	869	1,327	428
Per cent. Parents present	67.8	61.0	76.4	85.5
% Satisfactory	45.7	44.3	44.6	54.4
„ Nutrition "A"	13.7	12.5	9.6	8.2
„ Subnutrition	9.8	11.2	11.7	10.8
„ Anæmia	4.8	7.0	7.2	6.3
„ Treatment for Vision..	4.5	4.4	5.4	15.9
„ Treatment for all other conditions	28.9	31.8	27.9	20.8

TABLE 3.

	Boys.	Percentage.	Girls.	Percentage.
Number	434	100	458	100
Satisfactory	210	48.4	198	43.2
Subnutrition	36	8.3	51	11.1
Anæmia	22	5.1	21	4.6
Postural Defects	73	16.8	56	12.2

TABLE 4.

	Entrants aged 5 or under.	Second Age Group, aged 8.	Third Age Group, aged 12.
Total inspected	208	196	198
Percentage satisfactory	42.8	41.8	52.5
Percentage Nutrition "A"	10.6	11.2	17.2
Percentage Subnutrition	7.7	11.7	8.6
Percentage Total Defects for Treat- ment (not vision, uncleanness or subnutrition)	25	28.6	25.8

Tables 2 and 3 present no unusual features. Table 4 shows a higher standard among entrants (5 years old or younger) than last year, a satisfactory finding when it is remembered that throughout the entire lives of most of them the country has been at total war. No particular conclusions can yet be drawn, as it is a recognised fact that "years" of children present higher or lower average standards of health and capacity, for no known cause.

4. ARRANGEMENTS FOR TREATMENT.

(a) **Nutrition.**—The routine in respect of children classified as below average nutrition, as described in the Annual Report for last year, was continued. All children newly placed in the category (there was no new case of bad nutrition, grade D, in 1944) were entered on a list and a card made out, on which the school nurse made a note on home conditions, economic and social. Those already placed on the list were weighed and measured and seen among the "re-examinations." Progress was noted on the card

and any adverse observation followed up by another domiciliary visit by the school nurse. By this means it should be possible in time to build up statistical material in which some interesting trends might be traced and conclusions drawn. Sufficient data for any such research are not so far to hand; except the already well-known observation that subnutrition is for the most part a phenomenon of earlier school life which tends to cure itself spontaneously. Granted the validity of the majority of assessments of subnutrition, however, they give further illustration of the lag behind their own proper standard of health and development shown by so many children in their "toddler" stage and largely caught up in later childhood.

The provision of meals continued, either on grounds of subnutrition associated with poverty (enquires undertaken by the School Medical Department) or on economic grounds alone (enquires made by Education Office). In December, 31 children were receiving meals, 17 because they were undernourished. Of the others, accepted on economic grounds alone, six were siblings of undernourished children.

Subnourished children not coming from impoverished homes were sometimes advised to have meals at school, since the example of others eating with good appetite will often persuade a child of poor vitality to eat more than he does at home, and so be more effective than maternal admonition or chemists' tonics.

(b) **Uncleanliness.**—The drive against uncleanliness, as showing itself particularly by lice and nits in the hair, was pursued through the year, when the school nurses made 84 visits to schools, carried out a total of 8,903 inspections and found 234 individual children to be in an uncleanly condition. The number of individual children found unclean in 1943 was 169, and while the difference between these figures is to be explained to some extent by the steady return flow of children to the Borough, it indicates the regrettable fact that, in spite of exhortation and every reasonable help (including lethane oil and steel combs for hire at the Health Centre), the situation with regard to uncleanliness has not improved.

Table 5 gives an analysis of the work carried out by the school nurses in this respect.

TABLE 5.

	No. of visits paid in year.	No. inspected.	No. of individual children found to be uncleanly.	No. of individual girls found uncleanly.	No. of individual children cleansed.
Total	84	8,903	234	199	9
Hereson Seniors and Juniors	3	555	12	11	1
Hereson Infants	4	471	10	9	—
Holy Trinity Juniors	9	337	6	6	—
St. Augustine's Seniors, Juniors, Infants	6	854	30	28	—
Dame Janet Juniors	5	848	20	18	—
Dame Janet Infants	7	677	13	10	—
St. Lawrence Junior Boys ..	3	283	3	—	—
St. Lawrence Junior Girls ..	7	623	26	26	1
Ellington Senior Boys	3	272	4	—	—
Ellington Senior Girls	5	431	27	27	1
Ellington Infants	6	659	21	17	2
Christ Church Juniors and Infants	7	769	15	10	—
St. Luke's Juniors and Infants	7	1,089	27	21	2
St. George's Selective Boys ..	3	247	4	—	—
St. George's Selective Girls ..	9	788	16	16	2

The question of instituting proceedings for prosecution in certain hard cases was considered during the year, when it was felt that the public exhibition of a few offenders might in a salutary manner "encourage the others." But no action was taken, since the making of examples would not help towards the creation of an effective public opinion, through which alone the standard of cleanliness could be raised. Should an undoubted case of culpable negligence come to the notice of the School Medical Department, the whole matter may be reconsidered.

Both uncleanness and subnutrition raise the wider issue of the unsatisfactory family, a problem which has always beset the administration of Public Health in most of its aspects and which is likely to become more acute as a result of the disintegrating effects of war and crisis. Often the two conditions are associated, but by no means invariably, for some uncleanly children have otherwise every appearance of good health and nutrition. While undoubtedly uncleanness ought to be avoided, it is worth remembering that the standards attainable in the small family system are not attained with equal ease where the family is large, and, of a choice, nits and a large family are to be preferred to a clean family limited in size for selfish reasons.

(c) **Minor Ailments and Diseases of the Skin.**—The following tables show the work carried out at the Minor Ailment Clinic in 1944.

TABLE 6.

	Individual New Cases.		Total.	Total Attendances.
	Boys.	Girls.		
January ..	44	30	74	266
February ..	41	30	71	317
March ..	33	36	69	413
April ..	15	10	25	126
May ..	20	26	46	276
June ..	14	23	37	208
July ..	19	14	33	211
August ..	3	3	6	54
September ..	18	28	46	242
October ..	24	23	47	376
November ..	18	17	35	376
December ..	16	15	31	236
Total ..	265	255	520	3,101

Classification of Minor Ailments.

Skin Diseases.

Ringworm of Scalp ..	..	..	..	..	..	—
Ringworm of Body ..	..	..	..	..	..	7
Scabies ..	..	..	..	..	..	14
Impetigo ..	..	..	..	..	..	57
Boils, Abscesses, Septic Spots, etc.	..	..	..	..	..	151
Other conditions ..	..	..	..	..	..	57
Minor Injuries ..	..	..	..	..	..	167
External Eye Diseases ..	..	..	..	..	..	22
Ear Conditions.						
Otorrhœa ..	..	..	..	..	..	15
Other conditions ..	..	..	..	..	..	28
Nose, Mouth and Throat conditions	..	..	..	..	..	69
Infectious Diseases ..	..	..	..	..	..	12
Glands ..	..	..	..	..	..	14
Other Diseases and conditions ..	..	..	..	..	..	88

Total (Boys 386, Girls 315) 701

In view of shorthandedness of staff, it was not possible for a medical officer to attend daily at the clinic. In the early part of the year the School Medical Officer attended to see all cases referred to him at 2 p.m. on Wednesday afternoons. This attendance was later changed to 10 a.m. on Friday mornings. Not more than a third of the defects treated were seen by the School Medical Officer.

A higher incidence of boils, abscesses and septic spots is to be noted in 1944 as compared with 1943 (151 as against 61). While this might be taken as an index of lowered vitality due to the war, such is probably not the correct explanation, which is to be sought rather in a prolonged if not severe winter and a disappointing summer.

(d) **Ophthalmic Treatment.**—There is nothing special to record under this heading. The number of children found to require advice for defective vision at routine inspections at the schools remained about constant at 4.5 per cent. This is below the average for the country generally, a matter for local satisfaction. Ninety pairs of spectacles were obtained through the scheme, seven free of charge.

(e) **Tonsils and Adenoids.**—The scheme outlined in the last Annual Report was maintained. It will need review when the new Education Act comes into operation. During the year the Ear, Nose and Throat Surgeon, Mr. C. Oxley, removed tonsils and adenoids from 65 children (as compared with 59 in 1943 and 63 in 1942, the first year of the scheme). The scheme included partly and primarily those children sent to him for advice from the routine and special medical examinations in the schools and from the Minor Ailments Clinic, and partly children referred by private practitioners who were also sent to your School Medical Officer for approval in order that they might be brought into the scheme and financial liability accepted by the Local Education Authority for their treatment in hospital. The following Table 7 shows in detail the working of the scheme.

TABLE 7.

	No. referred to Ear, Nose and Throat Surgeon.	No. operated upon by Surgeon.
Children referred from Schools or Minor Ailment Clinic by S.M.O.	48	42
Children referred by Private Practitioners, accepted by S.M.O. for Scheme	23	23
Children referred by Private Practitioners, not accepted by S.M.O. for Scheme	7	—

It would appear that the proportion of children operated upon for removal of tonsils and adenoids relative to the total on the school rolls is greater in Ramsgate than in many parts of the country, including some comparable areas. There is no doubt that in recent years a reaction has taken place against the frequency with which the operation was performed in the first decade after the last war, and the opinion among many competent authorities is that indications for removal are very rare indeed. Unfortunately, there is no universally accepted criterion of what constitutes indication for removal (the condition is not, of course, ordinarily one where life is at stake) and it has to be admitted that the majority of parents of children in Ramsgate upon whom the operation has been performed agree that appreciable benefit has been derived from it.

(f) **Dental.**—Expansion has been recorded in this section. Inspections made were 1,715, as compared with 1,468 in 1942 (the figures for 1943 were incomplete), but the number of children found to require treatment was 1,058 as compared with 1,017, a much smaller increase.

The Dental Officer, Mr. J. B. Reed, has written as follows:—

"Generally speaking, the teeth of the children in the various age groups are good, the incidence of caries being lower than the average throughout the country. The considerable increase in the school population, combined with an increased use of facilities provided for treatment of expectant and nursing mothers, has resulted in the existing part-time dental services being strained to the utmost, so that a longer period of time will have to be left between the routine inspection of children in each school."

Mr. Reed went on to say that the present demand could only fully be met by the appointment of a whole-time Dental Officer.

(g) **Orthopædic.**—A large proportion of postural defects, mostly flat feet, continued to be found at routine inspections. This was predominantly an effect of later childhood and puberty, when a period of rapid growth imposes heavy strains upon the tendons and ligaments of the body. Where minor and functional degrees of postural deformity were found, advice in the first instance

was given to the parent or child, in the latter event reinforced by a domiciliary visit from the school nurse, as to exercises for the feet and general measures of hygiene. In order to direct attention to the need for prevention at an earlier stage, your School Medical Officer addressed the Head Teachers and their physical training instructors early in the Autumn Term upon the best exercises and advice for the care of the feet. It is not so easy to provide for the most important requisite; footwear adapted to the physiological needs of each individual.

Although no formal scheme was in operation for treatment of orthopaedic defects, a certain number of children were referred to the Ramsgate General Hospital for physiotherapeutics, which department was re-opened in the summer. They were first seen by Dr. A. Duffy, who agreed that such treatment was beneficial for five out of the six cases referred.

The lack of a formal scheme, which would include the regular supervision by an orthopaedic specialist of all children suffering from defects of this nature, was felt in respect of those children who were found at routine inspection and otherwise with disabilities, such as the sequelae of polio-myelitis, not necessarily in any way preventing their benefit from the normal school routine but upon whose progress the opinion of a surgeon would have been from time to time helpful.

(h) **Other Defects and Diseases.**—Not many children of school age were found suffering from any form of tuberculosis. Close liaison was maintained with the Chest Clinic (Tuberculosis Dispensary) of the Kent County Council.

Other defects found at inspection included anaemia, asthma and bronchitis, and various nervous affections, such as tics and habit spasms, negativism, tantrums and enuresis. Chorea and rheumatism remained uncommon: no case of the former was recorded. A few children with congenital disease of the heart were kept under observation. In all cases advice included reference to the private practitioner when appropriate. With regard to behaviour difficulties, one child was sent to the Child Guidance Clinic administered by the City of Canterbury Education Authority and was said to be progressing favourably at the end of the year. The recommendation for such treatment came in the first instance from a private practitioner at Margate, but, on the advice of the School Medical Officer, to whom the case was known, the Education Committee accepted financial responsibility for the proposed course of treatment.

5. INFECTIOUS DISEASES.

There was a brisk epidemic of measles in the early part of the year. In all, 201 children of school age were notified (as compared with 159 children of pre-school age). Of these, 152 were also notified by Head Teachers. Measles is an infection spread by the scattering of droplets from the nose and mouth of an infectious person by sneezing and coughing. Apart from some preventive inoculation, at present unavailable, for the creation of an artificial herd immunity (Cp. diphtheria), epidemiological control is to be sought in the cultivation of respiratory good manners, with regard to which many are still at the barbarian level.

Thirty-nine cases of whooping cough in school children (54 in pre-school children) were notified. Head Teachers also notified 29 of them.

There were 16 notified cases of scarlet fever (four among pre-school children), of whom Head Teachers also notified eight.

For the incidence of other infectious diseases, reliance had to be placed on notification by Head Teachers only; which may be presumed to give an estimate rather below the actual incidence among children of school age.

Chicken-pox, 20; Mumps, 5; German Measles, 1.

6. IMMUNISATION AGAINST DIPHTHERIA.

No special drive for immunisation against diphtheria was launched in 1944 and fewer children of school age were immunised than in any other year since 1940 (72 in 1944, as compared with 144 in 1943, 414 in 1942 and 187 in 1941). On the other hand, enquiries at routine medical inspection showed that 682, or 76.5 per cent., of the 892 children inspected had been immunised in Ramsgate or while evacuated. This compares favourably with the 70.4 per cent. found immunised among children inspected in 1943.

It is interesting to compare the corresponding figures for vaccination, where 320, or 35.9 per cent., were found to have been vaccinated.

7. PROVISION OF MEALS.

The school year of 1944 opened with the same scheme in operation as was instituted at the beginning of 1943 and was described in the Annual Report for that year, whereby midday meals were provided on each whole school day at Hereson School, which was established as the meals centre for all requiring them and whither children from the more remote schools of the Borough were conveyed by hired omnibus. This was not a wholly satisfactory arrangement, nor one approved in principle by the Board (now Ministry) of Education. Already in 1943 proposals were afoot, with the consent and encouragement of officers of the Board, to distribute meals by container from Hereson Centre to selected schools in order to enable the pupils to dine at their own school, and so further the intention of the Board that a high proportion of children should take their midday meal there. This scheme came into operation on 1st April, 1944, the schools supplied by container being, in the first instance, Christ Church, Ellington, St. Lawrence and Dame Janet. Later, from 8th May, St. Augustine's was also equipped and midday meals were served there.

This situation continued to the end of the year, Hereson still remaining as the centre where all meals were cooked and whence they were distributed. Before the end of the year, again with the encouragement of the Ministry of Education, the proposal was under discussion to establish a central kitchen independently of school premises to supply 1,000 meals daily, enough for 50 per cent. of the school children in the Borough at the time when the proposal was made. It was also proposed to close the British Restaurant at St. George's School and convert the premises and equipment to the use of the school meals scheme.

The following Table 8 shows the situation as it was in the month of December as to the proportion of children taking meals at the schools of the Borough.

TABLE 8.

Name of School.	Where meals taken.	No. on roll, Dec., 1944.	Average daily No. at meal, Dec., 1944.	Percentage taking daily meal.
Christ Church	At School.	216	66.8	30.9
Ellington Seniors	"	266	42.6	16.0
Ellington Infants	"	150	30.8	20.5
St. Lawrence	"	250	54.0	21.6
Dame Janet Juniors	"	226	69.0	30.5
Dame Janet Infants	"	129	35.6	27.6
St. Augustine's	"	208	61.4	29.5
St. George's Boys	At Hereson Centre.	162	27.0	16.7
St. George's Girls	"	188	22.4	11.9
St. Luke's	"	178	13.0	7.3
Holy Trinity	"	91	15.8	17.4
Hereson Infants	"	201	27.0	13.4
Hereson Juniors	"	155	35.2	22.7
Hereson Seniors	"	174	15.6	9.0

There can be no doubt of the advantage of meals at a child's own school as compared with meals at a centre. Under the former circumstances it is possible for teachers to exercise a much more thorough supervision, both by encouraging the doubtful and the queasy to try unaccustomed dishes and to clean up their plates, and by instruction in table manners. There is also the psychological influence of the crowd of other children, which, once they are beginning to learn to appreciate good food and the elements of good behaviour, unobtrusively compels the dissident and the newcomer to conform to established custom. This effect of esprit de corps will clearly be stronger at each particular school than at a meals centre.

On the general policy of meals at school for all as an ordinary part of school life, your School Medical Officer maintains the reserve expressed in his Annual Report for 1943. For some children, for reasons of poverty or strain in the home, because of the distance of the school from home, or because of individual subnutrition, meals at school will always be indicated. But these are, after all, extraordinary occasions. The normal, i.e., natural, place for a child at the principal, midday meal of the day is at home, with the family, and your School Medical Officer cannot agree that any policy is good that tends, however unintentionally, to weaken the links of the family

and the authority of parents. The examples of classical Sparta and of some more recent imitators are not particularly encouraging; and, philosophically speaking, it is from the parents alone by implied delegation that teachers, and even the State itself, derive their right to educate.

8. SEX EDUCATION.

A comprehensive report on this subject, outlining the policy pursued up to July, has already been put into the hands of the members of the Education Committee, and copies have been sent to the Ministry of Education. In brief, the decision of the Committee was that the parents were the rightful and proper instructors of children in this subject and two series of talks designed to assist them in some possible difficulties were arranged and given in the early summer by the School Medical Officer. The sessions were held at St. George's and Dame Janet Schools, and while numbers were disappointing at the evening talks at St. George's School, there was evident interest and good will at both courses. A further series of talks, on exactly the same lines as hitherto, was delivered at St. Luke's Parish Hall on four afternoons in November. The same observations apply as noted above; the audience was in quantity disappointing but in quality encouraging.

9. NURSERY SCHOOLS.

There were no nursery schools in the Borough. Some Head Teachers of infants' schools accepted children under five when accommodation was available. No child under four years of age was admitted.

10. EVACUATION AND EVACUEES.

The official "Staffordshire" scheme remained in being to the end of the school year. While a certain increased use was made of it during the months of June and July, the trend has naturally been predominantly in the opposite direction, ever accelerating as the year proceeded.

11. CHILDREN IN NEED OF SPECIAL EDUCATION.

There was one blind child within the meaning of the Act in a Special School for whose maintenance the Local Education Authority became responsible during the year. Two deaf children, one already known to the Authority and one so classified during the year, were still, in December, in ordinary schools, the former through the default of the parents. One epileptic child returned home from a Special School against advice, but was apparently much improved. Another epileptic remained in a Special School throughout the year.

With regard to mentally defective children, the position was not satisfactory. While two children remained in Special Schools as the financial responsibility of the Local Education Authority, and one other was, while evacuated, placed there through the good offices of the Staffordshire Education Authority, several others, known to the School Medical Department, remained at ordinary schools, or at no school at all, though quite unable to profit by ordinary education and capable of receiving such education as was suited to their capacity. One of these children had marked anti-social tendencies and needed care and protection not only for his own sake but for that of others. The difficulty of finding vacancies for these cases is, one believes, acute throughout the country at the present time and the lack of any such special school within the boundaries of Kent makes it more serious still where Ramsgate is concerned.

No children with physical defects (without coincident feeble-mindedness) were found to require special educational facilities, though a few, such as one achondroplastic, may require it as they grow older. But a special school or class, open air or otherwise, for delicate children would meet a need, though there are not, perhaps, enough children in Ramsgate alone to justify its establishment.

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 of the year.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. V. WALKER,
School Medical Officer.

MINISTRY OF EDUCATION

MEDICAL INSPECTION AND TREATMENT RETURNS

YEAR ENDED 31st DECEMBER, 1944.

TABLE I.

Medical Inspections of Children Attending Public Elementary Schools.

A.—ROUTINE MEDICAL INSPECTIONS.

(1) No. of Inspections: Entrants, 208; Second Age Group, 196; Third Age Group, 198; total, 602.

(2) No. of other Routine Inspections, 290.
Grand total, 892.

B.—OTHER INSPECTIONS.

No. of Special Inspections and Re-inspections, 972.

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 Sub-Normal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
Routine Age Groups 602	78	13.0	468	77.7	56	9.3	—	—
All Children 892	122	13.7	683	76.5	87	9.8	—	—

TABLE III.

Group I.—Treatment of Minor Ailments (excluding uncleanness).

Total number of Defects treated or under treatment during the year under the Authority's Scheme 701

Group II.—Treatment of Defective Vision and Squint.

Errors of Refraction (including Squint) 130

Other defect or disease of the eyes (excluding those recorded in Group I) 1

No. of Children for whom Spectacles were

(a) Prescribed 94

(b) Obtained 90

Group III.—Treatment of Defects of Nose and Throat.

Received Operative Treatment 65*

Received other forms of Treatment 1

Total number treated 66

* This figure includes children formally brought into the Authority's scheme by arrangements with the local voluntary hospital who are recommended operation in the first instance by their private practitioners.

TABLE IV.

Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist:						
(a) Routine age groups	..	..	..	..	..	1,642
(b) Specials	..	..	..	..	..	73
(c) Total (Routine and Specials)	..	..	..	..	..	1,715
(2) Number found to require treatment	..	..	..	..	..	1,058
(3) Number actually treated	..	..	..	..	..	719
(4) Attendances made by children for treatment	..	..	..	..	..	2,736
(5) Half-days devoted to:						
Inspection	..	..	..	..	..	14
Treatment	..	..	..	..	..	125
Total	..	..	..	..	..	139
(6) Fillings:						
Permanent Teeth	..	..	..	..	..	474
Temporary Teeth	..	..	..	..	..	253
Total	..	..	..	..	..	727
(7) Extractions:						
Permanent Teeth	..	..	..	..	..	135
Temporary Teeth	..	..	..	..	..	977
Total	..	..	..	..	..	1,112
(8) Administrations of general anæsthetics for extractions	..	..	..	..	..	383
(9) Other operations:						
Permanent Teeth	..	..	..	..	..	81
Temporary Teeth	..	..	..	..	..	76
Total	..	..	..	..	..	157

TABLE V.

Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses or other authorised persons	..	..	..	5.8
(ii.) Total number of examinations of children in the Schools by School Nurses or other authorised persons	..	..	..	8,903
(iii.) Number of individual children found unclean	..	..	..	234
(iv.) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	..	..	..	9
(v.) Number of cases in which legal proceedings were taken:				
(a) Under the Education Act, 1921	..	..	..	None
(b) Under School Attendance Byelaws	..	..	..	None

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 ..	2	—	—



