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POHULO TUNBRIDGE WELLS



BOROUGH OF ROYAL TUNBRIDGE WELLS.

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

For the Year 1934.

F. C. LINTON, M.A., M.B., Ch.B., D.P.H.

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Borough of Royal Tunbridge Wells.

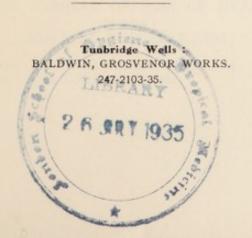
ANNUAL REPORT

OF THE

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For the Year 1934.

F. C. LINTON, M.A., M.B., Ch.B., D.P.H.



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BOROUGH OF ROYAL TUNBRIDGE WELLS.

HEALTH COMMITTEE:

(Present Constitution)

THE MAYOR (Mr. Councillor WEEKES). Mr. Councillor STRANGE (Chairman).

Alderman Miss BAKER.

Mr. Councillor HARGREAVES. Mr. Councillor HOOPER.

Mr. Alderman CALEY. Councillor Miss BARNES.

Mr. Councillor SARGENT.

MATERNITY AND CHILD WELFARE COMMITTEE:

(Present Constitution)

THE MAYOR (Mr. Councillor WEEKES).

Alderman Miss BAKER (Chairman). EY. Mr. Councillor SARGENT.

Mr. Alderman CALEY. Mr. Councillor ADAMS. Councillor Miss BARNES.

Mrs. HAMMOND. Mrs. PAYNE.

Mr. Councillor DRAPER. Mr. Councillor HOOPER. Miss SCOTT.

STAFF OF THE PUBLIC HEALTH DEPARTMENT :

Senior Sanitary Inspector: H. T. TAYLOR, M.R.S.I., F.S.I.A. 1, 2.

Inspectors:

E. J. WELLS. 1

W. P. CAVE. 1, 2

E. J. A. BETTLE. 1, 2

Disinfector, etc. : H. MAIL.

> Chief Clerk : J. G. COX.

Assistant Clerks:

Miss DOROTHY BULL.

C. H. WEEKES.

Health Visitors:

Miss P. M. BUCKNELL. 3, 4 Miss J. DONALDSON. 3

Miss M. MACLAREN. 3, 4 Miss E. RICE OXLEY. 3, 4

*Public Analyst:

A. H. M. MUTER, F.I.C.

*Dental Surgeon: T. F. FOX, L.D.S., R.C.S., Eng.

*Medical Officer for Ante-Natal Clinic : MARGARET EMSLIE, M.B., Ch.B.

*Medical Officer for Orthopaedic Clinic: P. L. RICHARDSON, M.B., B.S., M.R.C.S., L.R.C.P.

Assistant Medical Officer of Health:

W. D. T. BRUNYATE, M.D., D.P.H. (appointed 4/4/1934).

Medical Officer of Health and Medical Officer for Maternity and Child Welfare : F. C. LINTON, M.A., M.B., Ch.B., D.P.H.

Borough Infectious Diseases Hospital:

Medical Superintendent : THE MEDICAL OFFICER OF HEALTH.

Matron:
Miss E. M. BROCKLEHURST.

1. R.S.I. Certificate.

3. Health Visitors' Certificate.

*Part-Time Appointments.

2. Meat Certificate.

4. C.M.B. Certificate.

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To: His Worship the Mayor, and to the Aldermen and Councillors of the Borough of Royal Tunbridge Wells.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit to you a Report dealing with the Sanitary circumstances, Vital Statistics, and work of the Public Health Department, of the Borough during the year 1934.

The birth rate is the highest since 1929.

The water supply to the Borough remains adequate, and excellent in quality. A beginning was made with the task of extending and improving the drainage system of the southern half of the Town, a complex matter, as the effluent streams are small for so large a town. Scavenging and refuse disposal were well maintained and adequately performed.

Infectious disease was moderate in amount and presented no special problem. The mortality from Tuberculosis is again low, and should decrease further as the remaining overcrowding is dealt with. Advice was given at largely attended clinics, on the health of mothers, young children and school children, and instruction in healthy living was given in the magazine "Better Health".

Further progress was made with the demolition of some of the oldest and poorest type of house in the Borough, 13 such houses being destroyed during the year. No fresh building was undertaken by the Corporation, though much was done by private enterprise. Overcrowding still exists, and will not be fully relieved until more houses at low rents are available.

My grateful thanks are due to the various workers in the Health Department:—Dr. Brunyate and the Staff of part-time medical and dental workers, the Sanitary Inspecting Staff, the Health Visitors, the Staff of the Fever Hospital, the Clerical Staff, and the Caretaker-Laboratory Assistant: their work has resulted in the fulfilment of many tasks herein recorded.

Lastly, the support and encouragement given me by my fellow Officials, and by the Members of the various Committees of the Council with which my work has been associated, have been warmly appreciated.

I am, Mr. Mayor, Ladies and Gentlemen,
Your obedient Servant,
F. C. LINTON.

Public Health Offices, 10, Calverley Terrace, Tunbridge Wells.

STATISTICS AND SOCIAL CONDITIONS OF THE BOROUGH.

General Statistics.				
Area in acres				6,034
Population (Census, 1931)				35,365
Resident Population (Registrar	-Genera	l's esti	mate	
—Mid-year, 1934)				34,290
Resident Population (Medical	Officer	of Hea	lth's	
estimate—Mid-year, 1934)			35,750
Persons per acre				6.0
Number of houses intended or	used for	habita	ation	
on December 31st, 1934				9,661†
Number of inhabited houses (e	nd of 19	34)		9,395†
Persons per inhabited house				3.8
Rateable Value				£452,130
Sum represented by a penny	rate :—			
On General Rate				£1,671
Mean annual temperature				49.9°F.
Total rainfall, 1934			29.6	31 inches.
Hours of bright sunshine, 1934	1,	702 ho	urs 48	minutes.
†These figures include Flats, and occupied premises.	represent	the nu	mber c	of separately

Extracts from Vital Statistics of the Year.

			Total.	Males.	Females.
	Total		443	217	226
Live Births	Legitimate		426	210	216
	Illegitimate		17	7	10
Birth Rate	per 1,000 of t	he			
estimate	ed resident po	pu-			
lation—	12.4.				
Stillbirths			13	8	5
Stillbirth Ra	ate per 1,000	of			
total (liv	e and still) bir	ths-	-28.5		
Deaths			521	212	309

Crude Death Rate—14.6 per 1,000 of estimated resident population.

Death Rate corrected for age and sex constitution—(factor for correction, 0.73, 1931 Census), 10.7 per 1,000 of estimated resident population.

Deaths from puerperal causes :-

Deaths from puerperar causes			
		Rate p	er 1,000
	Deaths.	(live & st	ill) births.
From Puerperal Sepsis .	0	(0.0
From Other puerperal cause	es 1	2	1.2
Total	1	2	2.2
Death Rate of Infants under on	e year of	age :	
All infants per 1,000 live bi	rths		36.1
Legitimate infants per 1,000	0 legitima	te live bir	ths 35.2
Illegitimate infants per 1,000	0 illegitim	ate live bir	ths 58.8
	Total.	Males.	Females.
Deaths from Measles (all ages) .	—	_	_
" " Whooping Cough (a	all		
ages)		_	_
,, ,, Diarrhoea, etc. (ur	n-		
der 2 years of ag	e) —	-	-

Population.

The population at mid-year 1934, was stated by the Registrar-General to be 34,290—a figure which is less than that supplied for 1933 before the extension of the Borough boundaries added some 450 persons to the number of inhabitants. There has been no notable emigration of persons from the Borough, the birth-rate has varied but slightly, while the number of inhabited houses has risen from 8,981 at the end of 1931 (the Census year) to 9,395 at the end of 1934, i.e., 414 more houses are in occupation than was the case three years ago. It is therefore difficult to credit a drop of over 1,000 in the population.

During the first quarter of 1934, the population figure applies to the Borough as it existed before its boundaries were extended; a composite figure for statistical purposes is supplied by the Registrar-General, namely, 34,193. From my own population estimate, a similar composite population figure is 35,653, and I have used this figure in calculating the birth and death rates, etc., for the year 1934.

A census every five years would be of much advantage in supplying a more frequent check on the population estimates.

Physical Features and General Character.

At the end of 1934, the Borough of Royal Tunbridge Wells covered 6,034 acres, whereas at the end of 1933 its acreage was 3,991. On 1st April, 1934, its boundaries were extended to include a large area to the south-east and east, and slight modifications were made in the boundary at Rusthall. The new area includes a population of some 450 persons, and consists chiefly of woodland and pasturage.

The town, which lies in the extreme south-west corner of Kent $34\frac{1}{2}$ miles from London and 30 miles from the South Coast, is built upon hills, most of the houses standing at a level between 300 and 450 feet above sea level. The climate is breezy and bracing, with sheltered spots for those who live in the valleys.

The sub-soil is mostly sandstone, the geological layer known as Tunbridge Wells Sands predominating.

Meteorological Notes.

The records of the Municipal Meteorological Station, which is one of the official auxiliary stations reporting to the Meteorological Office, are kept by the staff of the Health Department, and have been so kept since 1st July, 1914. The instruments are situated in the Calverley Grounds, with the exception of the Sunshine Recorder, which is established on the

roof tower of the Earl's Court Hotel, Mount Ephraim, and of the Standard Barometer, kept in the Health Office.

The Bowling Green site in the Calverley Grounds is still in use, until a better offers: the usual certificate from the Meteorological Office is suspended until a more satisfactory site is obtained. Duplicate rainfall readings were taken throughout the year at the old station and the new, for comparative purposes.

The readings were taken by Mr. W. P. Cave and Mr. E. J. A. Bettle, members of the Staff of the Health Department.

The annual inspection of the station by an inspector of the Meteorological Office took place on 3rd November, and all was found in good order.

The total amount of sunshine recorded was 1,702 hours 48 minutes. The mean amount is 1,584 hours 42 minutes. The most sunny day was July 7th, 15 hours 24 minutes being recorded. There were 66 sunless days, 66 being the average.

The highest temperature in the sun was 134 degrees, on 16th June and 16th July.

The mean temperature in the shade for the year was 49.9 degrees, 49.2 degrees being the average.

The mean daily range was 16.3 degrees, the average being 14.1.

The temperature in the shade four feet above the ground was highest, 85 degrees, on the 11th July, and lowest, 19 degrees on 24th January and 3rd February.

The temperature in the shade first reached:—

60 degrees on 11th April.

70 ,, ,, 15th April.

80 ,, ,, 16th June.

Last reached-

80 ,, ,, 15th September.

70 ,, ,, 28th September.

60 ,, ,, 14th October.

The hottest night was 31st July, when the temperature did not go below 62 degrees.

The last frost in the air in Spring was on 25th April, and the first in the Autumn on the 30th October. The last on the grass in the Spring was on 15th May, and the first in the Autumn was on 16th October.

The rainfall amounted to 29.61 inches, the average being 30.39 inches. It fell on 149 days, the average being 170.

The most rain that fell on one day was 1.31 inches on 9th November.

The wind at 9 a.m. was N. 39 days, N.E. 43 days, E. 7 days, S.E. 24 days, S. 12 days, S.W. 79 days, W. 49 days, and N.W. 112 days.

The amount of cloud at 9 a.m. was 6.7, 6.7 being the average; ten representing overcast sky. Thunder and lightning occurred on 10 days.

There were 19 fogs, and it was misty on 19 other mornings.

METEOROLOGICAL NOTES, 1934.

	S	Sunshine.	ine.		Rain	Rainfall.	Mean Ter	Mean Temperature.		Temperature Underground.	Undergroun	.pq.
Months.						7.10	In shade,	In shade, 41t. above ground.	On	One Foot.	Four	Four Feet.
	1934.		20 Year Average.	ear age.	1934.	54 Year Average.	1934.	44 Year Average.	1934.	34 Year Average.	1934.	20 Year Average.
January	Hrs. Mins. 63 42		Hrs. 1	Mins.	Inches.	Inches. 2.62	38.2	**************************************	°F 37.8	°F 39.7	•F	•F
February	94	42	72	18	0.15	2.22	36.7	39.1	36.4	39.2	40.0	42.7
March	129	0	124	36	3.75	2.31	40.8	42.1	40.4	41.8	41.5	43.2
April	130	30	141	12	2.99	2.03	47.1	46.5	47.6	46.7	46.0	46.5
Мау	232	9	209	42	88.0	1.94	53.3	53.0	55.7	54.1	8.19	50.7
June	218	12	2111	30	1.38	1.94	6.69	57.8	62.1	60.1	57.6	56.0
July	299	36	209	9	1.21	2.32	64.7	61.5	0.99	63.3	62.1	59.3
August	200	0	194	48	1.77	2.37	59.5	0.19	62.2	62.8	62.1	9.09
September	197	42	165	30	1.51	2.24	6.89	57.1	59.7	58.8	60.4	59.5
October	75	54	110	18	2.09	3.58	50.7	50.5	53.9	52.7	56.9	56.1
November	39	30	62	24	3.70	3.45	42.7	43.3	45.6	45.6	50.4	50.7
December	21	54	42	0 ,	7.05	3.37	46.3	40.1	46.7	41.8	48.8	46.1
WHOLE YEAR 1702		48	1584	42	29.61	30.39	49.9	49.2	51.2	50.5	51.6	51.2

Social Conditions.

Tunbridge Wells is a residential town to which many persons retire from business or professional activities to spend the latter part of their lives; it also serves as a residential town for London business men, for whom there is a good train service. The occupations of the inhabitants are governed by these conditions as there are no large factories. There are numerous garages and motor works, and amongst the other workers are painters, bricklayers, carpenters, gardeners, labourers, printers, bus drivers and conductors and hotel workers; laundries and domestic service absorb a number of the female population. There are also many shop assistants of both sexes as Tunbridge Wells is a shopping centre for a considerable area. Some of the inhabitants are employed at a brickworks situated just outside the Borough boundary.

Recreations.

The large and breezy Commons in the centre of the town form a perpetual source of pleasure and of interest to visitors and inhabitants alike.

Numerous healthful recreations are provided; in Calverley Park, situated in the centre of the town, the Corporation provides an attractive pleasure ground, in which tennis courts, a miniature golf course and a bowling green are all available, there is also a bandstand in which bands play during the summer season. In addition, there are seven other recreation grounds which are suitably equipped for tennis, bowls and with children's swings. There are two golf courses within the Borough boundary, viz: the Culverden (18 holes) and the Spa (9 holes), and a third, Nevill Golf Course (18 holes), is situated within easy access just outside the Borough boundary. There are ample facilities for football and cricket, county matches being played here during Cricket Week. Facilities for swimming are provided at the Indoor Baths and at the Open-Air Bath.

VITAL STATISTICS.

Births.—From figures supplied by the Registrar-General the total number of live births registered as properly belonging to Tunbridge Wells was 443 (217 males and 226 females). This is the highest number of births recorded in the Borough since 1929. It corresponds to a rate of 12.4 per thousand of the population, as compared with 11.6 in 1933. Seven males and 10 females were born out of wedlock, giving an illegitimate rate of 3.8 per cent. as compared with 3.5 per cent. in 1933.

Thirteen still-births were registered, none of which were illegitimate.

The number of births notified during the year under the Notification of Births Acts as occurring in the Borough was 587, and consisted of 284 males and 303 females; of these, 11 males and 8 females were stillborn. The excess of notifications over registrations of births is largely accounted for by births in the Maternity Home, which caters for a wide district around Tunbridge Wells, as well as for the Borough itself.

Deaths.—529 deaths were registered in the Borough during 1934, and there were 117 outwardly transferable deaths and 109 inward transfers, thus making the total number of deaths belonging to the district 521. This gives a crude death rate of 14.6 per thousand, as compared with 15.4 in 1933.

The Registrar-General has supplied the proper correction figure (0.73) as obtained from the 1931 Census returns, and the true or corrected death rate is seen to be 10.7 per thousand; this is a correction for age and sex distribution of the population. In the case of a health resort attractive to elderly persons and to invalids, it is necessary that the corrected death rate should be used in making comparisons with the death rate in the country generally. The uncorrected rate in the case of a town in which so many old people reside naturally gives a false impression of the health value of the

locality. The Table on page 20 compares the births and death rates, etc., for England and Wales, and various groups of towns, Tunbridge Wells figures being inserted below. The Borough death rate, 10.7 compares favourably with 11.8, the figure for the Kingdom generally.

The proportion of deaths over 65 years of age was 65.6 per cent. of the total number (65.7 per cent. in 1933): and under 45 years of age it was but 11.3 per cent. of the total (10.9 per cent. in 1933).

Table showing the average number of Deaths at several ages for consecutive periods of five years.

	1896 to 1900	1901 to 1905	1906 to 1910	1911 to 1915	1916 to 1920	1921 to 1925	1926 to 1930	1931*	1932*	1933*	1934
Deaths at under 1 year " 1 and under 2 " 2 " 5 " 5 " 15 " 15 " 25 " 25 " 45 " 45 " 65 " 65 and upwards	72 25 21 20 121 154	57 29 11 13 141 178	46 23 10 14 141 205	40 16 16 12 145 234	36	23 3 5 6 10 36 104 276	22 5 5 7 10 37 118 307	20 5 1 6 11 30 116 347	25 7 4 3 7 35 110 346	14 1 2 7 6 27 125 348	16 0 6 6 5 26 120 342

Inserted for comparison.

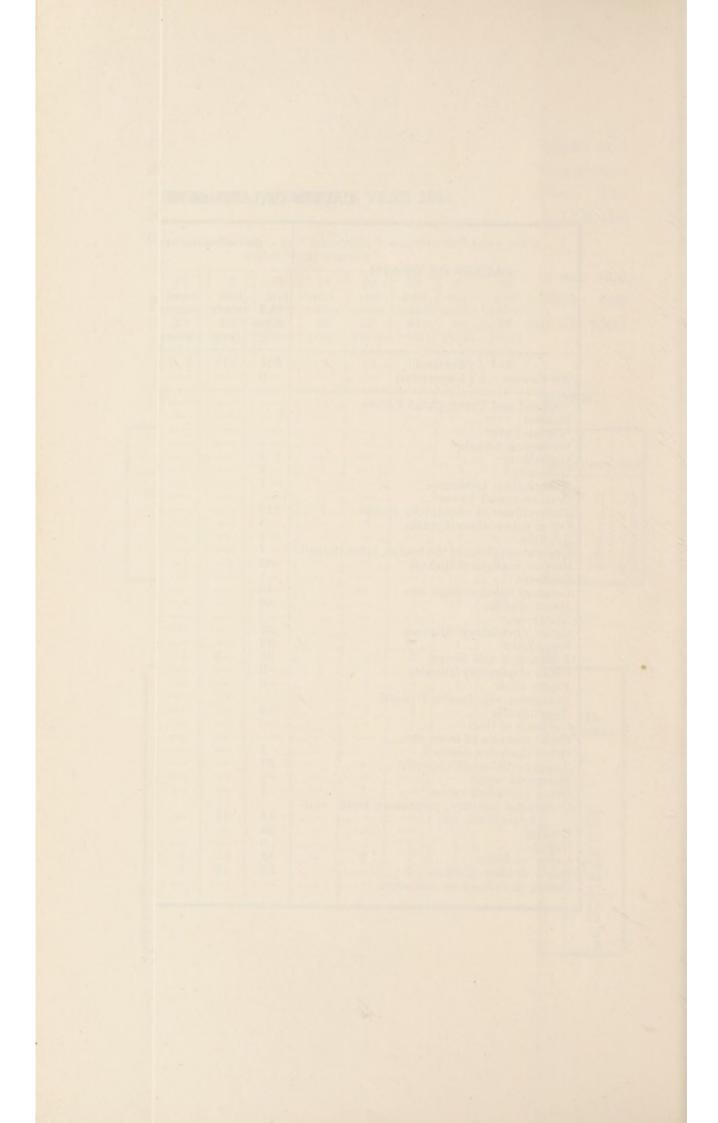
Table Showing Number of Deaths from Certain Causes.

Five-Ye	arly Pe	eriod.	Cancer.	los	Non-	Infectious Diseases,	Vio- lence.	In- fluenza
1886 to	1890		139	201	69	98	45	
1891	1895		158	174	103	110	44	
1896	1900		170	131	91	179	62	84
1901 ,,	1905		226	167	61	104	45	67
1906	1910		251	154	48	90	35	87
1911	1915		260	133	46	110	49	60
1916	1920		310	150	62	59	50	178
1921	1925		328	111	32	27	65	64
1926	1930		384	106	21	30	59	91
3.5	1931		70	16	3	3	13	11
	1932		56	11	4	4	13	21
	1933		82	14	4	3	7	12
	1934		89	12	4	2	16	5

^{*} Reliable figures not available.

CAUSES OF, AND AGES AT DEATH DURING THE YEAR 1934.

3	CAUSES OF DE	ATH			Ne	tt Dear	ths at t	he subj	oined a	ges of	' Resid	ents"	whether	occurr	ing wit	hin or	Total Death whether of Residents or
	CAUSES OF DE	XIII.			All Ages	under 1 year	and under 2 years	and under 5 years	and under 10 years	10 and under 15 years	15 and under 20 years	20 and under 35 years	35 and under 45 years	45 and under 65 years	65 and under 75 years	75 years and upwards	Non- Residents in Institutions in the Borough.
All C		1			521 0	16	0	6	2	4	2	12	17	120 —	133	209	194
Typh	oid and Paratyphoid I	Fevers			_	-	_			_	_	_	-	_	-	_	-
Measl									_	_	_	_	_	_	_	-	-
	et Fever					-	-			_	_	-	_	-	-	- 1	-
	oping Cough	***			-	_	_				_	_	-	_	-	- 1	-
	theria				1	_				1	_	-	_	-		_	_
Influ					5		_	-			_	_	_	1	1	3	1
	phalitis lethargica				i						-	_	_	1		-	- 1
	pro-spinal Fever								100			_	-	_	-	-	
Tube	rculosis of respiratory	evetem			12		-		-	1	1	3	1	1	4	1	3
	tuberculous diseases				4			1			_	1	2	_	-	-	6
Syph					î		_	_			-	-	_	1	_	-	_
Coper	ral paralysis of the insa	ne tab	es dors		1		_	-			_	_	_	1	-	-	-
	er, malignant disease				89	-		1			_	-	2	38	31	17	30
Diabe					1			-	-		_	-	_	_	1	- 1	2
	oral haemorrhage, etc.				46					_	_	-	-	9	12	25	8
	t disease				86	-	-		-	-	-		1	17	27	41	9
	rysm							_	-	-	_	_	-	-	_	-	_
	r circulatory diseases				47				_			-		10	9	28	4
	chitis				33						_		-	4	8	21	2
Brone	monia (all forms)				25	3		1	-		_	2	2	7	5	5	16
Pheu	r respiratory diseases	***			6				- 1		1	1	_	1	2	1	2
Donne	c ulcer	***			6	_	_		-	-	_ !	1	1	1	1	2	9
Pepti	hoea, etc. (under 2 year	ars)						_			- 1			-	-	-	_
Diarr	ndicitis				5			-		-	- 1	1	1	-	3	- 1	9
Appe	osis of liver	100			_		_	22	_	_	- 1	-	-	_		-	_
Cirrh	diseases of liver, etc.				_	_	_				-	-	-	-	-	_	_
Other	diseases of liver, etc.				1	_			-	_		-	-	_	_	1	_
Other	and chronic nephritis				27							-	2	3	9	13	8
Acute	and chronic nephritis				_	_	_				-	-	-	_	-		
011	puerperal causes				1	_		-	_	-	-	1	-	-	-	-	1
Other	nital debility, premat	pure bir	rth. m	al-		l const						21					
Conge	formations, etc.				11	11	-			-	-	-	-	-	-	- 1	17
					38	_		-	-	-		-	- 1	-	3	35	3
Senili					8		-	-		-	-	- 1	1	4	3	_	1
Suicid	10				16	-		1	1		-	2	1	2	5	4	20
Other					50	2	-	2	1	2	-	-	3	19	9	12	43
Other	defined diseases	wn			_	_	-			-	-	-	-	-	-	-	_
Causes	s ill-defined or unkno	*****	***	***		Property of					9				100	100	



It is noteworthy that deaths from violence were eight times as numerous as those from notifiable infectious diseases, exclusive of tuberculosis. Many of these deaths are the "toll of the roads," which forms a serious menace to the Public Health in all parts of the Kingdom. It should be remembered that for each death recorded, many more are injured or maimed for life.

Infectious Diseases.—Ninety-five cases of Scarlet Fever and 41 cases of Diphtheria were notified. Scarlet Fever was chiefly prevalent in the beginning of the year, with a minor outbreak in July, but no deaths occurred. Diphtheria was of moderate intensity; no deaths occurred in the Borough, but one Tunbridge Wells child died of this disease in East Kent, while in an institution. Of the minor infectious diseases Whooping Cough and Chicken-pox were prevalent.

Further details of Infectious Diseases will be found on pages 55 to 64.

Infant Mortality.—Sixteen deaths of infants under one year of age occurred, being 36.1 per thousand live births, as compared with 34.9 per thousand in 1933—the lowest rate recorded in the Borough. This compares favourably with that of 59 per thousand for England and Wales. The average Infant Mortality Rate in Tunbridge Wells during the previous ten years was 47.8 per thousand.

Of the 16 deaths, 10 occurred during the first four weeks of life, and only two after six months.

The stillbirths numbered 13, as compared with 20 in 1933.

These infant deaths were mostly due to causes operating during the period of expectant motherhood, a period to which increasing attention is being given in the hope of lessening both ill-health and fatalities. The chief means to which improvement in health during the first year of life may be attributed, in my opinion, are as follows:—

- (a) Education of the mothers. (This includes the whole of the facilities provided by the Local Authority's Child Welfare Centres).
- (b) The use of dried milks during the warm months of the year, as well as the employment of greater care in handling and storing liquid milk.
- (c) Better housing conditions, and
- (d) Greater facilities for immediate assistance in cases of illness.

INFANT MORTALITY.

1934. Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under I Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under I Year.
All causes { Certified Uncertified	8 0	0	1	1	10	3	1	1	1	16
Small-pox Chicken-pox Measles Scarlet Fever Diphtheria and Croup. Whooping-cough { Diarrhœa Enteritis Tuberculous Meningitis Abdominal Tuberculous Diseases Congenital Malformations Premature Birth Atrophy, Debility and Marasmus Atelectasis Injury at Birth Erysipelas Syphilis Rickets Meningitis (not Tuberculous) Convulsions Gastritis Laryngitis Bronchitis Pneumonia (all forms) Suffocation (overlying) Other causes	2 6				37	- - - - - - - - - - - - - - - - - - -				

Birth-rate, Death-rate, and Analysis of Mortality during the Year 1934.

	Causes of Death.	1.0	10	-	0.0	0.0		
	No inquest. Uncertified	-	0.5	3	0	0	Total. 4.60 2.26	2.19
PERCENTAGE OF TOTAL DEATHS	Certified by Coroner after P.M.	2.1	5.9	1.6	0.9	2.1	Ç44	4.04
ERCE	Inquest Cases.	6.5	6.1	6.1	6.3	5.4	O ME	
Pr OF TO	Certified by Registered Medical Practitioners.	90.4	90.5	91.2	87.7	92.5	. Others. 2.57	2.46
PER BIRTHS.	Total Deaths under One Year.	59	63	53	29	36	Puerperal Sepsis 2.03 0.00	0.00
RATE PER 1,000 LIVE BIRTHS	Diarrhoea and Enteritis (under 2 Years).	5.5	7.4	3.6	12.6	0.0	Puerpe	
	Violence.	0.54	0.47	0.42	0.56	0.45		
ow.	Influenza.	0.14	0.12	0.14	0.12	0.14	les	ales
PULATI	Diphtheria.	0.10	0.11	60.0	0.11	0.03	and Wa	and Wi
ANNUAL DEATH-RATE PER 1,000 POPULATION.	Whooping-	0.05	90:0	0.04	0.07	0.00	England and Wales Tunbridge Wells	England and Wales Tunbridge Wells
PRR	Scarlet Fever,	0.02	0.02	0.02	0.02	0.00	-	
III-RATE	Measles.	60.0	0.12	0.07	0.20	0.00	r 1,000 e Births	per 1,000 Total Births
L DEAT	Small-pox.	0.00	0.00	0.00	0.00	0.00	Live	Top
ANNUA	Enteric Fever	0.00	0.00	0.00	00.0	0.00		NS.
	All Causes.	11.8	11.8	1.3	11.9	10.7		re as rollo
NAL OOK	Still- x Sill- Births.	0.62	14.7 0.66	15.0 0.67	13.2 0.50	0.36		8
RATE PER 1,000 TOTAL	Births. 2	1448 0.62	14.7	15.0	13.2	12.4		ry ra
		England and Wales	121 County Boroughs and Great Towns, including London	132 Smaller Towns (Estimated Resident Population 25,000 to 50,000 at Census, 1931)	London	TUNBRIDGE WELLS 12.4 0.36	120	the maternal mortanty rates are as follows :-

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Public Health Staff.

A list of the Staff of the Public Health Department is given at the beginning of this Report.

In February, 1934, Dr. Neville Goodman terminated his appointment as temporary whole-time Assistant to the Medical Officer of Health, having obtained an appointment under the Surrey County Council. He was succeeded by Dr. W. D. T. Brunyate, whose appointment was made a permanent one on 4th April, 1934.

All four of the Nursing Staff act one-fifth of their time as Health Visitors.

Contributions are received :-

- (a) Under the Local Government Act, 1933, from the Exchequer towards the salaries of the Medical Officer of Health and three of the Sanitary Inspectors.
- (b) By Exchequer grants from the Board of Education towards the salaries of the School Medical Officer, Assistant School Medical Officer, Ophthalmic Surgeon, Aural Surgeon, Orthopaedic Surgeon, Dental Surgeon, School Nurses, Dental Attendant and the three Clerks of the Health Offices.
- (c) By a block grant from the Exchequer towards the Maternity and Child Welfare Services, including the salaries of the Medical Officer and the Child Welfare Nurses.

Laboratory Facilities.

The number of specimens examined in the Borough Laboratory, which is situated at the Public Health Offices, was 1,550 in 1934, as compared with 798 during the previous year. The appearance of Diphtheria in institutions, involving the examination of specimens from large numbers of contacts, accounted for some of the increase of work.

The nature of these examinations is set out in the following table:—

Specimens examined for the presence of Diphtheria Bacillus:—

				Po	sitive.	Negativ	ve.	
(a)	From	Fever	Hospita	1				
	cases			. 5	292	445		
(b)	From	outside	sources		74	727		
				100		-	-	1,538
Hai	rs exar	nined fo	r the pre	esene	e of Ri	ngworm		10
Oth	er spec	imens e	xamined					2
	Total							1,550

The collection of blood, preparation and sterilization of culture media, and disinfection of laboratory apparatus, is done by Mr. Mail, the Caretaker of the Public Health Offices: these duties have been unusually heavy in 1934 owing to the large number of specimens dealt with.

In addition to the above, 102 specimens were forwarded to the County Laboratory at Sessions House, Maidstone, for examination. The details are as follows:—

		Positive.	Negative.
65	Sputum examinations for	and obtained	
	Tubercle Bacilli	12	53
1	Pus examination for Tuber-		
	cle Bacilli	1	_
1	Urine examination for Tuber-		
	cle Bacilli	_	1
10	Blood examinations for Ty-		
	phoid or Para-Typhoid	-	10

10 Swab examinations for Diph-		
theria Bacillus	-	10
1 Cervical swab examination		
for Streptococcus haemoly-		
ticus	_	1
14 Tests of cultures of B. Diph-		
theriae for virulence	6	8
	-	-
Total	19	83
	_	-

Chemical analyses of specimens of water, milk, and other forms of food and drugs, are carried out by the Public Analyst, Mr. A. H. Mitchell Muter, of the South London Laboratories. The work done is reviewed under the Food and Drugs Acts, on page 53.

When it is necessary to have special bacteriological analyses made, the specimens are usually sent to the Clinical Research Association for report.

Ambulance Facilities.

- (a) For Infectious Cases.—During 1934 the second-hand motor ambulance purchased in 1929 for removing cases to the Fever Hospital continued in use, but early in 1935 was replaced by a modern Bedford Ambulance.
- (b) For Non-infectious and Accident Cases.—The Borough Police Force has a motor ambulance which proves of great service for cases of this type. In addition, the St. John Ambulance Brigade has ambulances which can be hired for removal of sick persons, etc.
- (c) Maternity Patients.—The St. John Ambulance Brigade, which has a most efficient and active local branch, also provides facilities for removal of maternity cases.

Nursing in the Home.

(a) General.—The Tunbridge Wells District Nursing Association, which is affiliated to the Queen's Jubilee Nursing Association, and supported by voluntary contributions, undertakes home nursing when required. This Association has a staff of seven nurses, one of whom is resident in the outlying parish of Rusthall. Since 1929 a subsidy has been paid by the Corporation for the services of this nurse in the capacity of midwife, and in 1934 this subsidy was stabilised at the figure of £30 per annum.

During the period 1st April, 1934, to 31st March, 1935, 208 midwifery and maternity, and 518 new general cases were undertaken. The number of visits paid was 22,738—17,957 being general, 3,316 maternity and midwifery, 1,082 antenatal and 383 casual.

- (b) For Infectious Diseases.—So far as the Borough Council is concerned, an arrangement is made whereby the services of a District Nurse can be obtained for attending in the homes of cases of ophthalmia neonatorum, measles, whooping-cough with broncho-pneumonia, where, in the opinion of the Medical Officer of Health, the home conditions require such services. The nurse acts under the direction of the Medical Attendant, a fee being paid to the Association for her services. The services of a nurse were utilised in one case of Ophthalmia Neonatorum, which eventually made a good recovery, after seven weeks' treatment.
- (c) Midwives.—In May, 1928, one of the midwives belonging to the Tunbridge Wells District Nursing Association took up residence as a nurse-midwife in Rusthall, a subsidy being paid by the Borough Council in order that this outlying district might be supplied with a skilled midwife whose services would be more quickly available than in the past. The subsidy is payable for midwifery services only.

The control of midwives in the Borough is vested in the Kent County Council; the Child Welfare work, Ante-Natal work and supervision of Nursing Homes are duties of the Borough Council.

The number of midwives who notified their intention to practise in the Tunbridge Wells area during the year was stated by the Kent County Council to be 18; at the end of the year, eight names were supplied as practising. Notifications of births were received from 17 practising midwives, amongst whom were 12 on the list of the Kent County Council.

Clinics and Treatment Centres.

Maternity and Child Welfare Centres.—The Chief Maternity and Child Welfare Centre is situated at 8, Calverley Terrace, and is provided by the Tunbridge Wells Borough Council. It is thus next door to the Health Offices and School Medical Centre, which occupy Nos. 9 and 10.

There is also a branch Centre at Rusthall, where meetings are held at the Congregational Church Hall.

Further details concerning these Infant Welfare Centres will be found on page 32.

Day Nurseries.—There are none in Tunbridge Wells.

School Clinic.—The School Clinic is at the Public Health Offices, 9 and 10, Calverley Terrace. The premises, which consist of four rooms and a dark room provided by the Borough Education Committee, are well lighted and ventilated and suit their purpose admirably. The Clinic is open each week-day, and in addition to medical inspection and advice, treatment of defects of the eyes, ears and teeth and of minor ailments and skin diseases is undertaken. There were 9,714 attendances in 1934.

Tuberculosis Dispensary.—The Kent County Council has a branch Dispensary for tuberculous cases at 34, Calverley Street. Clinics are held each Monday, from 5 to 5.45 p.m., and on Thursdays, from 1.30 to 3 p.m.

The attendances at this Dispensary during 1934 were as follows:—

Insured.		Uninsured.	
Male.	Female.	Male.	Female.
192	93	491	893

Treatment Centre for Venereal Diseases.—Venereal Diseases are treated at the Kent and Sussex Hospital, Tunbridge Wells, there being one consultation day per week for men (Fridays, at 3 p.m.), and one for women (Wednesdays, at 5 p.m.). The arrangements are under the control of the Kent County Council.

Tunbridge Wells and District Public Dental Service.—
This is an association of legally qualified dental practitioners.
Persons who are unable to afford large fees are treated here for small sums. The number of new patients attending in 1934, was 92, and the total number of attendances 1,169.

Public and Voluntary Hospitals.

Borough Fever Hospital.—The Borough has its own Fever Hospital, situated on its southern boundary, 450 feet above sea level. The site is an excellent one, airy and open, with a southern exposure and wide view over valleys and woodland. The present accommodation available for patients, allowing 12 feet of wall space and 144 square feet for each adult, is as follows:—

- (a) Scarlet Fever Block.—This has accommodation for 22 patients—10 in each of two large wards and one in each of two small wards upstairs.
- (b) A small brick built block, known as the Diphtheria Block, has two wards each having accommodation for 2 adults. The Corporation has under its consideration a proposal to extend this block so that it will have accommodation for 12 patients, and thus be capable of meeting the community's needs.
- (c) A wood-built block, known as "B" Block, accommodates 5 patients.
- (d) A Discharge Block containing five rooms, each capable of accommodating one person. This block is so inconvenient for nursing, and has so many different exits and entrances, that it has not been used for accommodating patients for some years, but has acted as a dormitory for the night nursing staff for whom there is insufficient accommodation in the Administrative Block. This old building might usefully be replaced by a modern observation block, when extension of the Administrative Block allows of all the staff sleeping under its roof.

The wards are heated by electricity, and coke stoves giving hot water for baths, etc., are installed in each block. There is electric lighting throughout.

In 1930 the laundry was fitted with an electrically driven washing machine and the larder equipped with an electric refrigerator. In 1931, the drainage system was modernised by the construction of a settling tank and filter bed with mechanical sprinkling arm. In 1933, a sitting-room for the use of the nursing staff was added to the Administrative Block, and an automatic electric heater for baths installed, whilst early in 1934 an electrically-driven wringer was installed in the laundry.

The Hospital has a large garden which supplies vegetables for most of the year for the patients and staff, also a fairly large amount of fruit in summer time, thus saving expense in catering; its flowers form one of the amenities of convalescence in the summer months.

Patients are taken from Tunbridge Wells, and also from the adjacent northern portion of the Battle Rural District of East Sussex; at present the enteric group of diseases from Southborough Urban District is treated, and arrangements are being made for the treatment of all this district's infectious diseases, of the types usually dealt with in the Borough Fever Hospital.

Smallpox Hospital.—The Conjoint Smallpox Hospital is situated at Capel, some four and a half miles from Tunbridge Wells. It has accommodation for 18 adult patients, and is under the administration of a Board representing Tunbridge Wells, Tonbridge and Southborough Urban Districts, and the Tonbridge Rural District. The situation of this Hospital is an excellent one for the purpose, being well away from human habitation in the midst of open and high lying country. A caretaker and his wife live in the house on the premises, and are responsible for keeping the Hospital in good order and ready for use in case it should be required. Sentry stoves are installed in both blocks, thus providing hot water for baths, etc., whenever required, and in 1931 electric lighting was installed throughout.

Additional accommodation for staff is required.

Under the provisions of the Local Government Act, 1929, steps have been taken to arrange for this Hospital to serve a much wider area of South-West Kent than hitherto. The arrangements have been settled, and the new areas will have a population within the proportion of beds usually deemed sufficient, viz., one bed to ten thousand of population.

Apart from making good the accommodation for staff, the increased area and population to be served does not in itself involve radical change: the drainage is in need of modernisation and plans for putting this work in hand have been approved.

The Kent and Sussex Hospital.—This Hospital, which embodies what was formerly known as the Tunbridge Wells and District General Hospital, and the Tunbridge Wells Eye and Ear Hospital, admitted patients for the first time in August, 1934. Its fine new premises embody the most modern ideas of hospital construction. Quoting from its first Annual Report:—

"The New Hospital contains 204 beds, including 18 for paying patients, and special departments equipped with the latest appliances for medical and surgical treatment, also ear, nose and throat, ophthalmic, X-ray and electrical, gynaecological, orthopaedic, pathological, massage and remedial treatment, with various clinics. Adjoining the Hospital is the Nurses' Home with accommodation for over 100 nurses and domestic staff."

During 1934, the number of in-patients treated was 2,373; out-patients numbered 9,021, making 70,617 attendances.

Children, for whom remedial exercises are recommended by the Orthopaedic Surgeon, continue to attend the New Hospital for treatment, and payment is made by the Corporation for such treatment. In addition, operations upon elementary school children for the removal of tonsils and adenoids have been carried out by the Specialist Aural Surgeon at this Hospital.

The Homoeopathic Hospital is a comfortable, airy, and well-lighted building, with a sunshine balcony looking on to the Common. In 1934, 230 in-patients were admitted as

compared with 228 in 1933; 127 theatre operations were performed. Four thousand, one hundred and twenty-seven attendances were made at the Out-Patients' Department excluding dental cases, of which 418 were treated.

Payment is also made to this Hospital by the Education Committee in respect of operations upon elementary school children for the removal of tonsils and adenoids, which are carried out by a visiting Aural Surgeon.

Other Forms of Medical Relief.

Tunbridge Wells and District Maternity Home.—Two hundred and sixty-three confinements took place in this Home during 1934, as compared with 234 in 1933. Of these, 113 mothers were residents of Tunbridge Wells, and formed 25.5 per cent. of the Tunbridge Wells births, as compared with 29.5 per cent. in 1933.

During 1934, payments were made by the Corporation, under the terms of the agreement with the Committee of the Home, in six instances where the home conditions were unsuitable for the confinement; these are in addition to a special subsidy of £50 per annum contributed towards the cost of upkeep.

Co-ordination and co-operation have been fully maintained in connection with the excellent work done in the Maternity Home by the appointment of the Borough Medical Officer of Health to serve on the Committee of Management, and also to act as Honorary Administrative Medical Officer to the Home.

The Invalid Children's Aid Association.—This Association keeps in close touch with the School Medical and Child Welfare Services. It has again rendered valuable service during the year.

Forty-nine children in need of treatment were sent through its good offices to convalescent homes, 33 children were given additional nourishment and Hospital or Surgical Aid Letters were provided in 27 instances. Two hundred and five cases in all received assistance, at a cost of £206.

Members of the School Nursing and Child Welfare Staff of Nurses have been appointed honorary members of the Committee of the Invalid Children's Aid Association; they attend to bring to the Association's notice any cases requiring assistance. I also hold the office of President of this Association. Thus co-ordination is thorough.

The Local Branch of the Royal Surgical Aid Society has reached the forty-first year of its activities. In 1934, 700 appliances were supplied at a cost of £1,443 2s. 3d. Spectacles continue to be provided for school children in suitable instances, on production of the Society's Letters initialled by the School Medical Officer. Thus abuse of charities is avoided, while those in need are assisted.

The Provident Dispensary, 106, Upper Grosvenor Road. The number of members of this institution for the year 1934 was as follows:—Above the age of 14 years, 488; under the age of 14 years, 176; total, 664.

Tunbridge Wells Council of Service.—During the fifteen months ended March 31st, 1935, this Society assisted 279 cases, the sum of £729 12s. 9d. being distributed in pensions, grants and other forms of assistance.

This Society has taken over the work of the Central Aid Society.

Homes, etc., in Tunbridge Wells.—There is a branch of Dr. Barnardo's Home in Park Road, Hurstleigh Holiday Home in Bishops Down, and a Convalescent Home at Hawken-

bury, in which a residential open-air school for children has been established. These institutions deal almost entirely with children from London, though "Hurstleigh" has proved useful in taking local children on several occasions when a request has been made.

There is also St. Christopher's Nursery College, which has developed into a modern training centre for children's nurses. It has a special branch of training in which the nurses receive instruction in the method of dealing with difficult children, of whom a small number live in cottages in the extensive grounds of the College, under the care of the nurses. The visiting medical staff includes specialists in medical psychology.

PUBLIC ASSISTANCE.

The amount of Poor Law Relief given by the Public Assistance Committee in Tunbridge Wells for the year ended 31st March, 1935, totalled £8,364 13s. 6d., as compared with £7,957 16s. 8d. during the previous year.

MATERNITY AND CHILD WELFARE SERVICES.

The Council has made the following arrangements for administering the provisions of the Maternity and Child Welfare Acts in the Borough:—

Infant Welfare Centres.—It maintains a Centre at 8, Calverley Terrace, which is open each week-day from 9.15 to 10 a.m., and Clinics are held each Tuesday and Thursday. There is also a branch Centre at Rusthall. Owing to age and dilapidation, the St. John Ambulance Brigade (Nursing Section) hutments—erected during the Great War—ceased to be used as a weekly meeting place for the Rusthall Centre early in April, 1934. Arrangements were made to lease the Hall and adjacent rooms of the Rusthall Congregational Church

in Rusthall High Street, and the Centre was transferred there on 18th April, 1934. It is hoped that the Corporation, if it should decide to build more houses in the Rusthall district, will embody in its plans the erection of a Child Welfare Centre of its own, adapted to the uses for which it is intended. The present arrangements are the best available, but are makeshift in character.

Miss Rice Oxley devotes four-fifths of her time to Child Welfare duties, Miss Donaldson two-fifths, and Miss Bucknell two-fifths. Many voluntary helpers assist on consultation days at the Centres; in Rusthall, these voluntary helpers are members of the St. John Ambulance Brigade; at the main Centre, there are members of the St. John Ambulance Brigade and others.

The total number of attendances at the Centres during 1934 was 9,636, as compared with 10,311 in 1933 and 9,280 in 1932.

The number of individual infants under 1 year attending the Centres during the year was 288 (297 in 1933) and the individual children 1-5 years numbered 278 (278 in 1933).

Four thousand, eight hundred and forty-seven weighings were carried out as compared with 4,867 during the previous year.

	Tunbridge Wells- Tuesday Clinic,	Wells—	Rusthall— Wednesday Clinic.	nall— vy Clinic.	Tunbridge Wells Thursday Clinic	Wells—	To	Totals.
	1934. (51 sessions).	1933. (51 sessions).	1934. (51 sessions).	1933. (52 sessions).	1934. (52 sessions).	1933 (52 sessions).	1934.	1933.
Number of attendances of Infants	448 (9)	691 (14)	607 (12)	659 (13)	1496 (29)	1433 (28)	2551	2783
Number of attendances of Children 1-5 years Number of attendances of Mothers	404 (8)	427 (8)	(91) 862	803 (15)	1452 (28)	1453 (28)	2654	2683
(excluding those at Ante-Natal	826 (16)	1115 (22)	1067 (21)	1070 (21)	2538 (49)	2660 (51)	4431	4845
Total Attendances	1678 (33)	2233 (44)	2472 (49)	2532 (49)	5486 (106)	5546 (107)	9636	10311
CONSULTATIONS WITH MEDICAL OFFICER:— Infants Children	21	-	351 381	271 226	ch 790 612	582 464	1143	854 690
Totals	60	1	732	497	1402	1046	2137	1544

Norn: Figures in brackets indicate the approximate average attendances.

During the year, 197 infants under 1 year attended the Centres for the first time, being 44 per cent. of the live births; 66 children between one and five years attended for the first time.

For the first time a member of the Medical Staff was able to attend the Rusthall Welfare Centre regularly each week, and the number of consultations has therefore increased: similarly at the Tunbridge Wells Centre more medical consultations took place, but the total attendances have somewhat decreased. By a re-arrangement of the staffing of the Centres, it is hoped to raise to its former level the percentage of children who attend this Centre.

Ante- and Post-Natal Clinic.—This Clinic is held at 8, Calverley Terrace, and Dr. Margaret Emslie attends twice each month for consultations.

One hundred and fifty individual expectant mothers (56 primiparae and 94 multiparae) attended this Clinic during the year, and 364 examinations were made. One hundred and forty-two of these cases were Tunbridge Wells residents, and this represents 35 per cent. of the total number of births.

In addition to the above, 26 mothers made 46 attendances for post-natal examinations, as compared with 13 cases, making 19 attendances in 1933.

Orthopaedic Treatment.—Dr. P. L. Richardson is employed to see any orthopaedic cases referred to him from the Child Welfare Centres, and arrangements have been made with the Kent and Sussex Hospital whereby treatment is obtained for such cases under his direction, and payment is made to the Hospital for such treatment.

During the year, four individual children under school age were seen by Dr. Richardson, and seven consultations were held, but no children were recommended for treatment.

Dental Treatment.—Mr. Fox, School Dental Surgeon, sees children under school age and expectant mothers at the School Clinic once a month, the children being referred to him by myself, or by the Assistant Medical Officer of Health from the Infant Welfare Centres, and the mothers are chiefly referred by Dr. Emslie from the Ante-Natal Clinic.

Thirty individual children made 44 attendances, and 38 mothers made 69 attendances to see the Dental Surgeon. The following is a summary of the treatment given:—

Teeth ex	ctracted.	Teeth	filled.	Other op	erations.	Administrations
Perm.	Temp.	Perm.	Temp.	Perm.	Temp.	of Gas.
142	103	6	17	2	5	38

Health Visiting.—The following home visits were paid by the Nursing Staff during the year:—

the Nursing Stan during the year :—		
(a) To expectant mothers	First visits	245
	Total visits	789
(b) To children under 1 year of age	First visits	340
	Total visits	2,248
(c) To children between the ages of 1		
and 5 years	Total visits	3,437
(d) Where infants have died	Total visits	14
(e) Found no one at home		762

I regard home-visiting by the Nursing Staff as a basic factor in maintaining a high standard of health in the Borough.

Infant Life Protection.—The functions of the late Board of Guardians under Part I. of the Children Act, 1908, which

provides for the supervision of children under the age of seven years, the maintenance of whom is undertaken for reward apart from their parents, were transferred to the Borough Council on the 1st April, 1930. On January 1st, 1933, the Children and Young Persons Act, 1932, came into force. Under this Act the age was extended to nine years, and wider powers devolved upon the Local Authority.

On December 31st, 1934, there were within the Borough 88 children under the care of 28 registered foster-mothers, as compared with 77 children boarded-out with 31 foster-mothers at the end of the previous year. (Note: In both instances these figures include St. Christopher's Nursery College, which usually has between 30 and 40 children in residence.)

Four hundred and six visits of inspection were paid during the year.

In six instances failures to notify the reception or leaving of a child under the provisions of the Children Acts were reported to the Maternity and Child Welfare Committee, and one foster-mother was prosecuted, as it was her second offence, repeated after warning. The case was dismissed on payment of costs. The others were warned of the need to observe the terms of the Acts strictly.

Assistance in Necessitous Cases.—A Sub-Committee of the Maternity and Child Welfare Committee met on 34 occasions in order to deal with applications for assistance under the Maternity and Child Welfare Act. Seventy-seven individual families (82 in 1933) received assistance, of which 62 were supplied with 7,721 pints of fresh milk free of cost. In addition 82 lbs. dried milk and some Cod Liver Oil and Malt, Virol, etc., to the value of £13 ls. 7d. were issued free of cost.

Food and drugs to the value of £78 6s. 11d., were sold at cost price.

The Medical Staff also issued 142 certificates to families for milk to be supplied through the Public Assistance Committee.

The Corporation gave direct assistance with Maternity Home fees in six instances where the home conditions were unsatisfactory for the confinement: this was in addition to the annual subsidy of £50 paid towards the upkeep of the Maternity Home.

One sterilised maternity outfit was issued free of cost, one sold at less than cost price, and two at cost price.

Institutional Provision for Mothers or Children.—The treatment of maternity cases is undertaken by agreement with the Tunbridge Wells and District Maternity Home, to which adequate reference is made on page 30.

No children's hospital is provided or subsidised by the Local Authority. Children are treated in the Kent and Sussex Hospital, the Homoeopathic Hospital and in the Pembury Hospital. Fees are paid by the Corporation to the Kent and Sussex Hospital for massage, remedial exercises, etc., and X-ray examinations in cases referred by the Corporation's Medical Staff. Payment is also made by the Education Committee to both the Kent and Sussex Hospital and to the Homoeopathic Hospital for the removal of tonsils and adenoids in elementary school children.

No special institutional provision is made for unmarried mothers, illegitimate infants or homeless children. The Public Assistance Committee makes provision for such cases either in Pembury Hospital, which is now equipped with a modern Maternity Block, or in other institutions in the County, according to the nature of the case.

MATERNITY AND NURSING HOMES REGISTRATION ACT, 1927.

The following action was taken during the year under the Nursing Homes Registration Act, 1927:—

Number of applications for registration Number of Homes registered Number of Orders made refusing or can-	Maternity Homes.	Other Nursing Homes.
celling registration		-
Number of Appeals against such Orders		_
Number of cases in which such Orders have been—		
(a) Confirmed on appeal		
(b) Disallowed	_	_
Number of applications for exemption		
from registration	1	3
Number of cases in which exemption has		
been-		
(a) Granted	1	3
(b) Withdrawn	-	_
(c) Refused	_	_

On December 31st, 1934, there were eleven homes registered as compared with nine at the end of 1933. All were visited and fully inspected during the year; the inspections are carried out by the Medical Officer of Health, who also supervises the adaptation of fresh premises for nursing home purposes, paying as many visits as occasion requires.

LEGISLATION IN FORCE.

The Tunbridge Wells Improvement Act of 1890, to which Royal Assent was given on 14th August, 1890, is in force. Parts 2, 3, 4, 6, 7 and 12 relate to Public Health, dealing with water supply, sanitary provision of buildings and streets, common lodging houses, infectious diseases, slaughter-houses and public baths.

The Tunbridge Wells Corporation Act, 1929, received the Royal Assent on 10th May, 1929.

The Public Health Acts Amendment Act, 1907.—The following Sections have been adopted, and are in force in the Borough:—

I. Part Sections 1-14. II. 17, 21-24, 26-30, 32 and 33. III. 34-42, 45, 47-51. IV. 52-66, 68. V. 69-75. VI. 76 and 77. VII. 80, 81, 83, 85 and 86. VIII. 87-90. IX. 91. X. 93 and 95.

The following parts of the **Public Health Act, 1925,** have been adopted:—Parts II., III., IV., and V. (with the exception of Sections 14, 29, 34 and 35).

Bye-Laws relating to **Slaughter-houses** came into force in the Borough in March, 1925. Under these, use of the humane killer for slaughtering all animals is obligatory.

A Bye-Law relating to the Fouling of Footways by Dogs, which came into force for one year from 1st August, 1927, was made permanent as from 1st August, 1928.

Bye-Laws relating to **Nuisances** were adopted on the 5th March, and sanctioned by the Minister of Health on the 19th May, 1930.

Bye-Laws relating to **Common Lodging Houses.**—These were adopted by the Council on the 2nd July, 1930, and sanct oned by the Minister of Health on the 5th September, 1930.

The Bye-Laws with respect to **Nursing Homes** were sanctioned by the Minister of Health on 10th September, 1929.

In December, 1928, the Town Council passed a resolution deciding to prepare a Town Planning Scheme. The Minister of Health has since notified his approval of this resolution. On the 30th July, 1930, a preliminary statement of proposals for development was prepared and adopted by the Town Council. A Local Inquiry into the proposals contained in the Preliminary Statement was held on the 12th November, 1930, but the Statement had not been approved at the end of 1934.

SANITARY CIRCUMSTANCES.

Water Supply.—The water supply of Tunbridge Wells is a soft water, drawn from springs issuing from the stratum known to geologists as the Tunbridge Wells Sandstone. The main springs are situated in unfrequented woodland areas, in which inhabited dwellings are few and distant; the risk of pollution is well guarded against. The water supply is a constant one, and the number of dwelling houses supplied at the end of 1934 was 9,492 within the Borough and 602 outside.

For roughly one-half of the year the supply of water from the springs meets the requirements of the Borough. During the remaining portion of the year, artesian borewells give an ample and pure supply of water to supplement the flow from the springs. Seven Artesian Wells are situated at Pembury, where there is a large reservoir capable of holding 42,000,000 gallons. From this reservoir the water is pumped to a distributing reservoir at Blackhurst, Pembury, 500 feet above sea level. Thence it is distributed through the mains by force of gravity to the areas supplied. A certain amount of iron contained in solution in this deep well water is effectively removed by the use of Candy Oxidising Pressure Filters, seven in number. The Artesian Wells are bored through the Wadhurst Clay, and take their supply from the underlying Ashdown Sands; the nearest point at which the Ashdown Sands reach the surface is some miles distant from the borewells. The

water from the springs enters four open filter beds at Pembury, having an area of about one acre. A report made by the Borough Analyst, dated 21st January, 1935, reads as follows:

Sample of Water from 15in. Main in Pembury Road.

Bacteriological Statement.

	ubic centimetre capable owing.		Commun	
	on standard Agar-Agar in 24 hours at 37/38° C.			1 c.c.
30	0	200	118-391	_

Chemical Analysis.

Determination.	Parts per 100,000.
Free and Saline Ammonia	None.
Albuminoid Ammonia	0.0040
Oxygen absorbed \(\) in 15 minutes	0.0073
at 80° F. fin 4 hours	0.0191
Nitric Nitrogen	0.39
Chlorine	2.35
Equivalent to Sodium Chloride	3.9
Total solid matter (dried at 180° C.)	13.0
Temporary Hardness	4.0
Permanent Hardness	2.0
Appearance in two-foot tube	Colourless and clear.
Metals (Lead, Copper, Zinc, Iron)	

The New Artesian Borewell at Saint's Hill, near Fordcombe, opened in 1931, taps the same geological layer of the Ashdown Sands as the Pembury Artesian Wells, at a depth of 407 feet.

Rivers and Streams.—All the water courses in the Borough are small in volume, and the avoidance of contamination is therefore a problem of unusual perplexity. Both North and South Streams have been frequently inspected, and analyses of their contents made from time to time. When necessary, representations have been made to various bodies or persons in order to put a stop to pollution, and to preserve the Streams in a reasonably pure condition.

Drainage and Sewerage.—The Borough sewage drains towards two Sewage Farms, one at the northern end and the other at the southern end of the town.

The South Sewage Farm is at present undergoing considerable alteration, and in my Annual Report for 1933 I referred to the alterations which were being effected there. These alterations include the following:—

- (a) Two Detritus tanks with a total capacity of 10,890 gallons.
- (b) Four Sedimentation tanks with a total capacity of 280,400 gallons.
- (c) Four Percolating Filters, 6 ft. average depth, with a total capacity of 5,680 cubic yards of media. These Filters will be fitted with rotary sprinklers operated automatically by the sewage.
- (d) Two Humus tanks with a total capacity of 95,574 gallons. The sludge from these will be pumped to sludge drying beds.
- (e) Effluent channel taking the combined effluent from the humus tanks and the storm-water tanks.
- (f) Two Storm-water tanks with a total capacity of 139,532 gallons.
- (g) Sludge drying beds with a total area of 3,088 super yards.
- (h) Suitable pumping plant for lifting the sludge to the sludge beds.

The North Sewage Farm is 187 acres in extent, and its effluent goes to the North Stream. This stream has been kept under observation, and visits were paid on several occasions during the year both to the Sewage Farm and to all the stream's affluents within the Borough boundary. Satisfactory arrangements were made to prevent access of ammoniacal trade fluids to the sewer.

At the southern end of the Town, the construction of a new outfall sewer is now in progress. The problem of the small stream is equally acute here, and every step requires careful consideration from the Public Health standpoint.

Closet Accommodation.—There are no privies in the Borough, but there are about 30 pail closets in use in houses situated in the outlying rural areas. Thirty-six premises are connected to 47 cesspools; all the remaining premises are connected to the public sewers.

Cesspools in the Borough are emptied by the Corporation free of charge once each quarter, a charge being made if more frequent emptying is required.

Public Cleansing.—Domestic refuse is collected once weekly; trade refuse and refuse from institutions, hotels, schools, etc., is collected daily or two or three times weekly as required. The vehicles used are S.D. Freighters, three of which are of the "Dustless" pattern. Covered dustbins are very largely in use, and where fixed brick receptacles are found to be defective, efforts, usually successful, are made to abolish them and substitute galvanised iron bins.

The Bradford method of controlled tipping is carried out in Tunbridge Wells, and throughout 1934 the refuse has been used to fill up a marshy hollow near the Hilbert Recreation Ground. This method of tipping has several advantages over other methods. First, the cost of disposal is low; second, the method is much more sanitary than is uncontrolled tipping, and the dump used at the present time will improve and enhance the value of derelict land; and third, salvage of all saleable material is now carried out, thus reducing the cost of disposal.

The total number of dust receptacles in the Borough is approximately 11,500, and 9,828 tons of house and trade refuse were dealt with by the Cleansing Department during 1934. It would appear that some change has occurred in the character of the refuse dealt with as the tonnage decreased by 502 tons, but the cubic capacity increased by 3,327 cubic yards to 55,976 cubic yards.

The street gullies are emptied and flushed at least four times a year.

Schools.—All schools in the area are supplied with town water, and are connected with the public sewers.

There was no closure of schools or classes on account of infectious diseases during 1934, but nine low attendance certificates were issued under the Elementary Educational Provisional Code, 1922, Amending Regulations No. 2, 1924.

Rag Flock Acts, 1911 and 1928 —There are no premises in the Borough in which rag flock is manufactured.

Housing.—Between 1921 and 1931 the occupied dwellings of the Borough increased by 695 (9.03 per cent.). At the end of 1934 (three years and nine months after the Census was taken) 9,395 houses were occupied, 414 more than at Census-time—a further increase of 4.41 per cent. The birth rate varies but little, and allowing for a slight spacing out of families living two or more in one house, I estimate the population to be 35,750, and have based computations upon this.

During 1934, thirteen houses were demolished—two under Demolition Orders, five under Section 19 of the Housing Act, and six more subsequent to my representation of the need for their demolition, but before an Order to this effect became necessary.

Slums are absent in the Borough, but old and dilapidated houses need constant supervision, and such as become too old to repair at reasonable cost, are condemned as unfit for human habitation in due course. Overcrowding is still present and is likely to continue until more houses at cheap rents are available.

Miss Robberds, Manager to the Corporation Housing Estates, has succeeded in maintaining a high standard of cleanliness in the Estates, and there is, speaking generally, a type of tenant imbued with a self-respect which takes pride in keeping the Estates clean and attractive.

Adequate reference to the work done by the Department in housing inspection, etc., is made in the report of the Senior Sanitary Inspector (see below).

Sanitary Inspection of Area.—During 1934 visits were paid to inspect houses, farms, Public Baths, refuse dumps, diseased food, etc., as t me allowed, and matters requiring improvement were brought to the notice of the parties concerned. I also paid a personal visit of inspection to each dairy, and to all premises in which milk is sold.

Most of the results of the sanitary inspection of the area are set out in the attached report made to me by the Senior Sanitary Inspector. Its perusal gives proof of a useful year's work by the Sanitary Inspecting Staff.

Milk sampling was again actively undertaken, and the standard was found to be good; it has risen considerably during the past few years, largely owing to the supervision maintained.

To: the Medical Officer of Health, for the Borough of Royal Tunbridge Wells.

I beg to submit a report of the work of the Sanitary Department for the year 1934.

The following table gives a general statement as to the number of principal inspections made and other work done throughout the year. It will be noticed that there was a falling off in the number of houses dealt with under the Housing Acts, although on the other hand there was an increase in the number of premises dealt with under the Public Health and other Acts. There was also a decided increase in the amount of work necessitated by the slaughterhouses, this being the outcome of the extension of the district:—

Houses inspected under the Housing Act	229
,, ,, ,, other Acts	307
" ,, respecting ashpit accommodation	(ex-
cluded above)	358
Complaints investigated	161
Houses inspected for sanitary certificates	2
Visits to Slaughter houses	955
other food premises	288
Palrahouses	94
Vitchens	99
Dairios	140
	77
Ice cream premises	G
T	50
Workshops	169
", " Workshops	13
", " Workplaces	
" " Common Lodging Houses	3
", ", Stables	9
,, respecting the keeping of animals	26
" ,, rats and mice destruction	
Interviews respecting property, etc	205
Secondary visits to houses under notice	3,852
Visits respecting infectious cases	45
Rooms disinfected by Sanitary Inspectors	105
Loads of bedding disinfected or destroyed	5
Other visits	
Houses at which chemical test was applied to drain	s 205
Occasions on which smoke ,, ,, ,, ,,	29
,, ,, water ,, ,, ,, ,,	111
Informal notices served 287, respecting 474 houses.	
Formal ,, ,, 40, ,, 39 ,,	
Defects remedied	3,413
Food condemned and destroyed-2 tons 5 cwts. 2 qrs. 2	
Carcases examined (home killed)	0.00=
Samples of Food submitted for analysis	104
and the state of t	

HOUSING INSPECTION.

The detailed inspection of working-class houses to the number of 229 was carried out during the year, defects being found at 196 houses. In addition, premises to the number of 307 were inspected for various reasons, such as infectious diseases, complaints, notices from builders as to sanitary works, and work was carried out at the majority of these houses. At various times houses were visited solely in respect of ashpit accommodation, the number of houses so visited in 1934 being 358.

Two areas were represented for Clearance Orders, these comprising 19 houses, viz.: 27—51 (odd numbers inclusive), Varney Street, and 8—18 (even numbers inclusive), Basinghall Lane. In the former area Nos. 27—29 were demolished prior to the visit by an Inspector from the Ministry of Health. The order for the clearance of Nos. 31—51 has been confirmed. In the case of Nos 8—18, Basinghall Lane, the demolition of certain of the houses was commenced shortly after representation was made by you, and as it was proposed to clear the remainder of the property it was unnecessary to make an order. These six houses have since been entirely demolished, and flats are being erected on the cleared site.

Representation was made that part of a house, 124a, St. James' Road, let for human habitation as a separate tenement was unfit for human habitation. The owner appeared before the Health Committee, after which a Closing Order was made. This order is now operative, and steps are being taken to enforce the same.

Several housing matters which were outstanding at the end of 1933 were dealt with during the year under review; particulars of these are given hereunder.

- Nos. I and 2, Wallis Cottages—demolished by owner following demolition orders made under Section 19 of the Housing Act, 1930.
- Caxton Cottages, Mount Sion.—House rendered fit for human habitation. Undertaking had been given by the owner not to use the house for human habitation until it had been made "fit." Undertaking cancelled.
- 2, 3, 4, 5 and 6, Albion Square—demolished by owner following action under Section 19 of the Housing Act, 1930.

Certain of the older houses in the town are again falling into disrepair, and as it will not be economic to insist on extensive repairs, they will have to become subject to demolition orders when the time is opportune. In this connection I must again refer to the shortage of accommodation for certain of the working classes. This matter will, I trust, receive the consideration of the Council during the current year, so that much of the sub-letting which at present has to take place, will become unnecessary.

The following information is given in accordance with a circular issued by the Ministry of Health:—

1.	Inspection of dwelling-houses during the Year :-	
	(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing	700
	(In addition 358 houses were inspected re ashpit accommodation.)	536
	 (b) Number of inspections made for the purpose (2) (a) Number of dwelling-houses (included under subhead (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 	4388
	(b) Number of inspections made for the purpose (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for	229 2826
	human habitation (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all	19
	respects reasonably fit for human habitation	352
2.	Remedy of Defects during the Year without Service of formal Notices :—	
	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	303
3.	Action under Statutory Powers during the Year :-	
	A.—Proceedings under sections 17, 18 and 23 of the Housing Act, 1930:	
	 Number of dwelling-houses in respect of which notices were served requiring repairs Number of dwelling-houses which were rendered fit after service of formal notices:— 	5
	(a) By owners (b) By Local Authority in default of owners B.—Proceedings under Public Health Acts:	Nil.
	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied Number of dwelling-houses in which defects were remedied after service of formal notices:	14
	(a) By owners (b) By Local Authority in default of owners c.—Proceedings under sections 19 and 21 of the Housing Act, 1930:	Nil.
	(1) Number of dwelling-houses in respect of which Demolition Orders were made (2) Number of dwelling-houses demolished in pursuance	Nil.
	of Demolition Orders	2

(1)	ceedings under sec Number of sepa rooms in respect of	rate tenemer of which Closis	nts or u	ndergrou were ma	ind ade	1
(2)	Number of sepa rooms in respect determined, the	t of which (Closing C	orders w	ere	
	rendered fit					Nil.

Arising out of the various inspections, defects to the number of 3,413 were remedied, details of which are given hereunder:—

Houses redrained					20
Houses at which drains were repaired					62
Intercepting traps fixed					4
Inspection chambers constructed					36
Cesspools abolished					-
Inspection chambers repaired	***				9
New Vent pipes fixed to drains					15
New Soil pipes provided					12
Soil and Vent pipes repaired					20
New glazed gullies fixed		***			103
Defective bell traps removed					4
Obstructions removed from drains					21
New W.C.'s constructed					13
New W.C. pans and traps fixed					73
W.C.'s provided with water supply					_
Flushing cisterns repaired, or renewed					60
Rain water pipes disconnected from d					35
Rain water pipes and gutters repaired					117
Roofs repaired					112
Paving to yards repaired					148
Galvanised dustbins provided					211
Ashpits discontinued					1
Accumulations of rubbish removed					13
Nuisances from animals abated		***			6
New sinks provided					34
Sink wastes repaired or renewed					68
New Baths and Lavatory Basins fixed					38
New Bath and Lavatory Basin waste					39
Rooms stripped and distempered or r	epaper	ed	***	***	316
Ceilings cleansed and distempered					104
Rooms and bedding cleansed (tenant)					4
Overcrowding abated					5
Rooms ventilated					38
Walls repaired (internally)				***	144
,, ,, (externally)			***		94
Floors repaired		4.4.4			242
Space under ground floors ventilated	1				26
Windows repaired or renewed			***	***	103
New sash cords fixed				***	328
Dampness remedied					34
Coppers repaired or renewed					57
Chimneys repaired	***		***	***	29
Stoves repaired or renewed					112
Slaughter houses cleansed	***			***	6
Dairies and Cowsheds limewashed					14
Miscellaneous		***	***		522
Factory and Workshops Act					38

FACTORIES AND WORKSHOPS.

Although no large factories exist in the Borough there is quite a number of small factories and workshops, the total being 300 in addition to 32 bakehouses. During the year the following visits were made:—Factories 59, Workshops 163, Workplaces 13, Bakehouses and Kitchens 112. No serious nuisances were detected, but minor defects to the number of 38 were remedied. The chief defect was again the lack of limewashing of bakehouses. No statutory action was necessary, the major part of the work being done following verbal notice to the occupiers. Difficulty was experienced in inducing the occupier of one of the bakehouses to keep the premises in a sanitary condition, and after reporting the matter to the Health Committee I was instructed to take police court proceedings, but owing to the occupier relinquishing the business this became unnecessary.

DAIRIES, COWSHEDS AND MILKSHOPS.

Periodical inspection was made of each of the registered premises when a few defects of a small nature were found and remedied. The number of visits made during the year was 217. The majority of the premises were kept up to a satisfactory standard, but as in other years it was essential to keep strict supervision on a small number of producers and dairymen to ensure that the milk was produced and distributed satisfactorily. It is difficult to instil into the minds of certain of the men engaged in handling milk that owing to the improved keeping qualities of clean milk, it is to their advantage to see that clean milk is produced and clean utensils used. During the year I visited each milk shop and dairy accompanied by you.

FOOD SUPPLIES AND INSPECTION.

During the year the work in connection with the food supplies of the town again entailed a considerable portion of the time of the inspecting staff. Owing to the extension of the Borough boundary two additional slaughterhouses had to be supervised. At one of these the animals for one of the largest butchering businesses in the town are slaughtered, while several butchers use the other slaughterhouse. At the former, slaughtering takes place on several evenings in each week. The class of animals slaughtered for human food remained exceedingly high, but, as diseases are found even in the best of animals, it is essential that all carcases, particularly of beef and pork, be inspected, and a hundred per cent. inspection is aimed at and almost attained. During the latter part of the year slaughtering at two of the slaughterhouses in the town was discontinued and is not likely to be restarted. The number of animals slaughtered at these premises was small.

The number of slaughterhouses in use at the end of the year was six, viz.: 3 registered and 3 licensed.

During the year 955 visits were paid to slaughterhouses an increase of 262 visits over the year 1933, while 288 visits were made to other food premises such as butchers' shops, fish-frying premises, wholesale food stores, etc., in addition to visits to bakehouses and dairies. 6,235 carcases of home-killed meat were examined immediately after slaughter, as compared with 3,417 carcases in the previous year; this gives some idea as to the increase in this branch of the work. 406 notices of slaughter were received, these being in addition to the standing notices giving regular days and hours of slaughter.

Food weighing 2 tons 5 cwts. 2 qtrs. 25\(^3\) lbs. was pronounced diseased or unfit for the food of man and destroyed, the greater part consisting of home-killed meat detected during the routine inspections. In only one instance was any difficulty experienced in obtaining the voluntary surrender of the food. In this case a pig was involved and was eventually surrendered.

Particulars of the food destroyed is given hereunder:—

```
Beef (home killed)
                        882 lbs. of which 700 lbs. was tuberculous
                    ...
Beef offal (home killed)
                                         895 ,,
                        970 ,, ,, ,,
                         93 ,, ,,
Pork
           11 11
Pigsheads "
                                         725 ,,
                        725 ,, ,, ,,
                                                         ,,
                        164 ,, ,,
137 ,, ,,
                                          32 ,,
Beasts livers ,,
               "
                                   "
Other offals ,,
                                          371,,
                        73 ,,
Mutton ...
Mutton ... Imported beef ...
                  ...
                        897 ..
  ,, offals ... 758½,,
Fish pork
                  ***
                         67 ,,
                        289 ,,
Tinned foods ...
                    ... 661,,
```

FOOD AND DRUGS ACT.

During the year 104 samples of Food were submitted to the Public Analyst for chemical analysis, 46 being obtained formally and 58 informally. All the formal samples were milk, the majority being obtained from roundsmen during the time deliveries were taking place. Four samples, all of milk, were found to be below the presumed standard, in three instances a small quantity of extraneous water being found, while in the other there was a fat deficiency. In each of these cases particular enquiries were made in an endeavour to locate the cause of the deficiency and in each instance it was considered inadvisable to institute Police Court proceedings, a warning in each case being considered sufficient. The chemical standard of the majority of the milk samples remained high. Owing to the lack of a legal standard, the fat content of the samples of ice cream varied considerably, and some of the higher priced ices contained less nutritive value than the cheaper ones.

The following table gives details of the samples analysed :-

Formal. Informal Total 47			Examined.		Ad	Adulterated.		Action taken.
46 1 47 4 — 4 No. 430 contained 2 cautioned. No. 471 contained 3 cautioned. No. 521 contained 3 cautioned. No. 523. Nine per certained 3 s s s s s s s s s s s s s s s s s s		-	Informal	Total.	Formal.	Informal	Total.	
No. 471 contained 3			1	47	4	1	4	2 per
Ham							-	471 contained 3
Ham								521 contained
Ham Ham 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								cautioned.
Ham								No. 523. Nine per cent, deficient in milk fat. Vendor cau-
Ham								nonea.
Ham								
Ham								
Ham								
Ham								
Ham								
Ham Ham 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Ham								
Ham	:	1	7	1	1	1	1	
Ham		1	4	4	1	1	1	
Ham		1	60	23	1	1	1	
Ham		1	60	00	1	1	1	
Ham		1	01	01	1	1	1	
Ham — 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		1	16	16	1	1	1	
Ham 33		1	6	6	1	1	1	
Ham — 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1	3	00	1	1	1	
	Chicken & Ham	1	1	-	1	1	1	
1.0.0.0		1	67	07	1	1	1	
22 22		1	01	67	1	1	1	
— 2 2 2 2 sence — 1 1 1		1	63	67	1	I	1	
- 1 1		1	01	01	1	1	1	
	Brandy essence	1	-	1	1	I	1	
Torars 46 58 104 4 - 4	1	46	92	104	4		4	

RATS AND MICE DESTRUCTION.

Numerous complaints were received during the year respecting rat infestation which necessitated visits being made to give advice as to the best means of disinfestation to be employed. Visits were also made to many premises suspected of harbouring rats, the total number of visits being 127. Special attention was paid to a poultry and pig farm in the Borough, and by the use of the gassing machine 60 rats were killed on one occasion and 68 on another. This farm is now receiving further attention. It is to be regretted that several people do not realise the seriousness of rat infestation and consequently allow this vermin to breed with impunity. Others consider it the duty of the Corporation to disinfest premises, whereas the Rats and Mice Destruction Act clearly imposes this duty on the occupier of premises. I still feel, however, that if the question is to be satisfactorily dealt with it will be necessary to appoint men throughout the whole county to devote their whole time to rat and mice destruction.

CONCLUSION.

In conclusion I would like to express my thanks to you for your willing support and assistance throughout the year.

> (Signed) H. T. TAYLOR, Chief Sanitary Inspector.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

(A) NOTIFIABLE DISEASES.

Two hundred and twenty-four cases of infectious disease were notified during 1934, as compared with 138 in 1933 and 96 in 1932. The increase was chiefly in Scarlet Fever, there being 95 cases, in comparison with 40 the previous year.

The following Tables give details of the seasonal, and

age incidence of and the mortality from the notifiable infectious diseases:—

Seasonal Incidence of Notifiable Infectious Diseases, 1934.

Month.	Scarlet Fever.		En- teric Group.		Opht- halmia Neona- torum.		peral Fever	Anter- ior Polio- mye- litis.	Encep halitis Leth- argica
January	 14	4	_	4		6	2	-	-
February	 23	4	-	5		3	1	-	_
March	 15	1	-	2	20000	7	2		-
April	 5	1	1	3	_	8	1	_	_
May	 8	12	_			6	1	-	_
June	 9	5			-	-	-	_	-
July	 15	2			-	3	-	-	-
August	 2	-	_	-	1	_	2	-	-
September	 2	2	-	2		2	2	2	2
October	 1	6	_	3	_	2	3	_	_
November	 -	4	_	2	-	2	2	_	-
December	 1	-	-	4	1	1	-	-	_
TOTAL	 95	41	1	25	2	40	16	2	2

AGES, Etc., OF CASES OF NOTIFIABLE INFECTIOUS DISEASES.

Deaths (Inhabi- tants only).	1=11	52*	1 1
Cases admitted to hospital.	8 7 1 7	= 57 9	61 61
65 years and over	10	∞	111
45 years and under 65 years.	13 13	∞	1 1 1
35 years and under 45 years.	61	4 10	-
20 years and under 35 years.	= 10 01	4 6 9	1 1 1
15 years and under 20 years.	10 00 01	01	-
10 years and under 15 years.	8 1-	ПП	1 1 1
5 and under 10 years.	8 12 1 1	+	69
years and under 5	961	1-11	1 1 1
3 years and under 4	46,11	01	1 1 1
years and under 3	-111	24	1 1 1
year and under 2 years.	-11-	4	
year and under 1 2 year.	1111	0100	1 1 1
Total cases notified (All ages).	95 (1) 41 (12) 1 (-) 25 (2)	13 3 (E)	2 (-)
DISEASE.	Scarlet Fever Diphtheria Enteric Group Erysipelas Ophthalmia	Neonatorum Pneumonia Puerperal Fever Puerperal Pyrexia Anterior Polio-	myelitis Encephalitis Lethargica Other Diseases notifiable locally

Nore—Figures in brackets (column 2) indicate the number occurring amongst outside cases in institutions in the Borough.

*Only certain forms of Pneumonia are notifiable, but this figure includes deaths from all forms.

†This death occurred outside the Borough, and not amongst these cases.

Scarlet Fever.—Ninety-five cases were notified, giving a case rate of 2.66 per thousand population as compared with 3.76 for England and Wales. Despite the increased prevalence the type of the disease continued mild, and 88 cases were treated in the Borough Fever Hospital. The difficulty in diagnosing mild cases of this disease is well known.

The average number of cases per annum in the quinquennium 1928-1933 was 40.

In case of a sharp attack, Anti-Scarlatinal Serum was employed with beneficial results.

Diphtheria.—The attack rate per thousand population was 1.15, as compared with 1.70 for England and Wales generally. The cases numbered 41 (36 in 1933), of which 12 were inmates of institutions in the Borough, having been admitted from outside districts. No case in the Borough proved fatal, but one child from the town in a Thanet Institution died of the disease.

All of the 41 cases were admitted to the Borough Fever Hospital, and ten "carriers" were also isolated and treated there.

The following Table gives details of Diphtheria in a useful and concise form :—

Comparison of the Incidence, and Mortality of Diphtheria in Different Years.

Year.	Year. Estimated Population. No. of Cases. Population Attack-Rate Per 1,000 Population		Deaths Registered.	Death- Rate per 1,000 Population	
1890	28.148	20	0.71	5	0.18
1891	27,984	16	0.57	4	0.14
1892	28,345	24	0.85	5	0.18
1893	28,705	41	1.43 > 1.14	9	0.31
1894	29,065	40	1.37	5	0.17
1895	29.535	44	1.49	8	0.27 0.32
1896	29,895	67	2.24	14	0.47
1897	30,255	117	3.87	10	0.33
1898	30,615	278	9.08 > 4.33		1.01
1899	30,975	120	3.87	7	0.23
1900	31,335	82	2.62	3	0.10
1901	33,443	31	0.93	1	0.03
1902	33,773	23	0.68	2	0.06
1903	34,073	9	0.26 > 0.54		0.00
1904	34,373	12	0.35	1	0.03
1905	34,673	17	0.49	0	0.00 0.05
1906	34,973	10	0.28	0	0.00
1907	35,273	27	0.76	6	0.17
1908	35,573	29	0.81 > 0.5		0.03
1909	35,873	11	0.31	3	0.08
1910	36,173	15	0.41	0	0.00
1911	35,778	69	1.92	8	0.22
*1912	36,038	91	2.52	10	0.28
1913	36,298	129	3.5 > 2.9		0.11
1914	36,460	154	4.2	1	0.02
1915	33,430	83	2.5	5	0.15
1916	32,316	53	1.6	7	0.22
1917	30,751	40	1.3	1	0.03
1918	32,297	23	0.8 } 1.4		0.03
1919	34,423	57	1.6	4	0.20
1920	35,795	64	1.8	2	0.06
1921	34,270	32	0.9	1	0.03
1922	34,360	26	0.8	0	0.00
1923	34,370	11	0.3 \ 0.5		0.03
1924	34,330	11	0.3	1	0.03
1925	34,080	14	0.4	1 1	0.03
1926	34,430	15	0.4		0.00
1927	33,870	42	1.2	9 0	0.03
1928	34,820	45	1.3 \ 0.7		0.00
1929	35,040	10	0.3	3 3	0.09
1930	35,040	27	0.77]		0.09
1931	34,660	19	0.55	1	0.03
1932	35,040	5	0.14	0 2	0.00
1933	34,470 35,653	36 41	1·04 1·15	1	0.06

^{*} Since 1912, mild cases diagnosed by bacteriological examination are included: prior to that year they were unrecognised as cases of diphtheria. The attack-rate per 1,000 population, before 1912, was calculated without the aid of this method of detecting the presence of diphtheria.

The Corporation provides anti-toxin, free of charge, for use by medical practitioners practising in the town. This anti-toxin can be obtained at the Public Health Offices at any hour. Specimens taken from suspicious cases are examined at the Public Health Offices daily (including Sundays) and speedy reports of the examinations are given.

Neither Schick tests for susceptibility to Diphtheria nor Dick tests for Scarlet Fever were utilised during the year.

The dangers attached to Diphtheria should be kept fully in mind by members of the medical profession, and by all who have children in their care. Anti-toxin is ready, free of charge for immediate use in any suspicious case; it should be given without awaiting bacteriological reports wherever the suspicion of Diphtheria is entertained. Waiting till the next day may mean the loss of a life.

Enteric Group.—Notification was received of one case of Typhoid Fever. As the patient had received Typhoid and Para-Typhoid protection by inoculation only two months previously, prior to going on a cruise abroad, it was felt by both the medical attendant and myself that the diagnosis was doubtful, as a positive Widal test was to be expected so soon after protection, and the rash was not definite. The patient, an elderly lady, was nursed at home.

Erysipelas.—Twenty-five notifications were received, and of these six occurred in the Kent and Sussex Hospital.

Ophthalmia Neonatorum.—Two cases of this disease were notified during 1934. One case occurred in the Maternity Home, and was mild in character. The other was of some severity and was treated by a District Nurse under medical direction for seven weeks. Both cases made complete recoveries.

Puerperal Fever and Puerperal Pyrexia.—Sixteen notifications were received, nine being Borough residents.

Of the Tunbridge Wells cases, three were removed to the Borough Fever Hospital for treatment, as was one outside . case. All four made good recoveries.

Acute Anterior Poliomyelitis.—Two cases were notified during the year—both in the month of September. One case was treated at home, and one in the Kent and Sussex Hospital.

Encephalitis Lethargica.—Two cases were notified—both receiving treatment in the Kent and Sussex Hospital.

Tuberculosis.—Under the Public Health (Tuberculosis) Regulations, it is required that a Register be kept of all tuberculous persons in the area, and that a statement of the number on the register be forwarded to the Health Authority of the Administrative County, at the end of each quarter.

The number of persons whose names were on the Register at the end of 1934, was 145 (90 Pulmonary and 55 Non-Pulmonary) as compared with 178 (119 Pulmonary and 59 Non-Pulmonary) at the end of 1933. The reduction in numbers is partly due to a thorough investigation and following-up of every case on the Register which was carried out during the year, a personal visit being paid whenever necessary by a member of the medical staff. In this way it was found that some had left the town without notifying their departure, one or two had died of inter-current diseases, such as heart disease, and some cases could be regarded as recovered.

The fresh cases and mortality during the year are set out in the accompanying Table :—

TUBERCULOSIS.

New Cases and Mortality during 1934.

		New	Cases.		Deaths.				
Age- Periods.	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary		
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	
0-1	_		_					_	
1-5	-		1	2	-	-	-	1	
5-10	-	-	1	1	Line .	_			
10-15	-	1	1	1	-	1	-		
15-20	-	1		-		1			
20-25	1 2 2	2 5	1	1	7.5	1	77.70	-	
25-35	2	5	2	_	-	2		1	
35-45	2	1	-	1	1	_		2	
45-55	1	3	-	_	-	_	-		
55-65	-	1		1	1	-	-	-	
65 &		1							
upwards	-	1		-	3	2	-	-	
Totals	6	15	6	7	5	7	0	4	

These figures show a decrease in the number of new cases notified, namely 21 Pulmonary as against 27, and 13 Non-Pulmonary compared with 14 in 1933.

It was not necessary to take any action under the "Public Health (Prevention of Tuberculosis) Regulations, 1925," and no action was taken under Section 62 of the "Public Health Act, 1925."

The death-rate for 1934, 0.45, is the second lowest recorded during the past 45 years, and the death-rate from Tuberculosis of the lungs, 0.34, equals the lowest yet recorded in the Borough, the previous low figures in each case having been recorded in 1932.

The Table which follows this paragraph clearly indicates that the death-rate from Tuberculosis is slowly and steadily being reduced.

Deaths from Tuberculosis During 45 Years.

63

Year.	Estimated Population.	Phthisis.	Phthisis. Death-rate	Other Forms of Tuber- culosis,	Totals.	Tuber- culosis Death-rate	Average Tuber- culosis Death-rates
1890	28,148	37	1.32	12	49	1.73	
1891	27,984	40	1.43	17	57	2.03 \	
1892	28,345	30	1.06	18	48	1.69	
1893	28,705	31	1.08	22	53	1.84	1.93
1894	29,065	39	1.34	16	55	1.89	1.00
1895	29,535	34	1.15	30	64	2.16	
1896	29,895	25	0.83	21	46	1.54	
1897	30,255	25	0.82	11	36	1.19	
1898	30,615	21	0.68	20	41	1.35	1.45
1899	30,975	40	1.29	15	55	1.77	
1900	31.335	20	0.63	24	44	1.40	
1901	33,443	35	1.04	15	50	1.49)	
1902	33,773	29	0.89	17	46	1.36	
1903	34,073	32	0.93	10	42	1.23	1.34
1904	34,373	36	1.04	8	44	1.28	1000
1905	34,673	35	1.01	11	46	1.32	
1906	34,973	28	0.80	8	36	1.03 \	
1907	35,273	35	0.99	8	43	1.22	
1908	35,573	20	0.56	14	34	0.93	1.13
1909	35,873	43	1.19	7	50	1.39	
1910	36,173	28	0.77	11	39	1.08	
1911	35,778	21	0.58	6	27	0.75	
1912	36,038	24	0.66	7	31	0.86	
1913	36,298	32	0.88	14	46	1.26	1.00
1914	36,460	27	0.74	11	38	1.04	
1915	33,430	29	0.87	8	37	1.11	
1916	32,316	28	0.87	12	40	1.24	
1917	30,751	30	0.97	13	43	1.40	1.27
1918	32,297	36	1.11	17	53	1.64	1.27
1919	34,423	29	0.87	10	39	1.16	
1920	35,795	21	0.59	12	33	0.92	
1921	34,270	25	0.73	7	32	0.93	
1922	34,360	21	0.61	11	32	0.93	
1923	34,370	30	0.88	4	34	0.99	0.84
1924	34,330	19	0.55	6	25	0.73	
1925	34,080	17	0.50	4	21	0.62	
1926	34,430	26	0.76	3	29	0.84	
1927	33,870	20	0.59	3	23	0.68	
1928	34,820	20	0.57	6	26	0.75	0.73
1929	35,040	19	0.54	4	23	0.66	
1930	35,040	21	0.60	5	26	0.74	
1931	34,660	16	0.46	3	19	0.55	
1932	35,040	12	0.34	3	15	0.43	
1933	34,470	14	0.41	4	18	0.52	
1934	35,653	12	0.34	4	16	0.45	

Conditions which have favoured and which continue to favour its decrease are (1) Better housing accommodation with free access of light and air, and with free use of the means of ventilation; (2) better economic conditions with less undernourishment prevailing; (3) the spread of information upon the health-giving properties of sunlight and air, and general teaching of personal hygiene; (4) greater care on the part of the public to ensure a clean, healthy food supply for themselves and to avoid spreading infection by promiscuous expectoration. Further improvement may be expected when the construction of more houses at low rents enables the Local Authority to abolish overcrowding.

The arrangements for treating tuberculous persons are in the hands of the Kent County Council.

(B) NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES.

Knowledge of these is chiefly obtained through the schools in the first instance; visiting at homes where school cases are notified enables the Health Visitors to discover cases amongst younger children.

During 1934, Whooping Cough was prevalent chiefly in May and June, and Chicken Pox chiefly in March and April. The following Table shows the number of known cases during the years 1934, 1933, and 1932.

		1932.	1933.	1934.
Measles	 	251	4	31
Whooping Cough	 	319	25	279
Chicken-pox	 	221	60	262
German Measles	 	5	1	14
Mumps	 	4	7	6

Only five deaths were attributed to **Influenza**, of which four were those of persons over 65 years of age; the disease was not prevalent.

No death occurred from Diarrhoea and Enteritis during the year.

CANCER.

As will be seen on page 16, 89 deaths were due to this disease in 1934, as compared with 82 in 1933. It should always be remembered that in the early stages of this disease the prospect of recovery is good, but medical advice *must* be sought early.

In Tunbridge Wells there has become available in 1935 at the Kent and Sussex Hospital, a supply of Radium adequate to deal with all the varieties of Cancer for which this form of treatment is suited. A Radium Clinic is held there each Saturday morning at 11 a.m. Therefore, anyone, particularly if past middle life, who is in doubt about an ailment, should seek early medical advice, with the knowledge that treatment can be promptly arranged, with large hope of cure if the advice be sought early.

DISINFECTION AND DISINFESTATION.

The Public Cleansing Station is housed in the basement of the Health Offices. There is a Steam Sack Disinfector, which sterilises clothing while the owner is having cleansing and disinfectant treatment in the adjacent bathing room. Twentyseven disinfectant baths were given to nine individuals during 1934.

The majority of the disinfections of rooms have been carried out by the Caretaker of the Health Offices, who also works the Steam Sack Disinfector. There is a small disinfector at the Fever Hospital, used in connection with fever cases. Bedding is disinfected after enteric fever cases, and, on request by the medical attendant, after certain cases of Cancer.

Washing and boiling of bed linen and personal wear, thorough airing and scrubbing of rooms which have been occupied by infected persons are advised; stripping of wall paper and re-decoration of rooms vacated after prolonged use by sufferers from pulmonary tuberculosis is required.

Small-pox and Chicken-pox are the only diseases readily carried in the clothing: the chief method of spread of infectious diseases is by direct contact with the human carrier, and disinfection of rooms and clothing occupies a less prominent position than it once did. Attention to building up the patient's health, and to abolishing unhealthy conditions of the throat, nose or ears, avoidance of crowding and close atmosphere, do more to diminish the spread of infection than does the fumigation of rooms.

BOROUGH OF ROYAL TUNBRIDGE WELLS.

EDUCATION COMMITTEE:

(Present constitution).

Mr. Alderman SAUNDERS (Chairman).

Alderman Miss BAKER.

Mr. Alderman SILCOCK.

Mr. Councillor ADAMS.

Mr. Councillor BOOTES.

Mr. Councillor BURSLEM.

Mr. Councillor HARGREAVES.

Mr. Councillor HILLMAN.

Mr. Councillor HOOPER.

Mr. Councillor RAISWELL.

Mr. Councillor SARGENT.

Councillor Sir WALTER WILLSON ·

Miss R. J. HAZLEWOOD.

Miss MAUD ROBERTS.

Rev. T. C. BEWES, M.A.

Rev. Canon T. G. GILLING-LAX, M.A., R.D.

Rev. W. TURTON.

Mr. C. A. PRESTON, M.A.

Mr. J. A. PUNTON SMITH, M.B.E.

STAFF OF THE SCHOOL MEDICAL DEPARTMENT:

†Chief Clerk:

J. G. COX.

†Assistant Clerks:

Miss DOROTHY BULL.

C. H. WEEKES.

†School Nurses:

Miss P. M. BUCKNELL (two-fifths time).

Miss J. DONALDSON (two-fifths time). Miss M. MACLAREN (four-fifths time).

*Dental Nurse-Attendant:

Miss E. LAY.

*School Dental Surgeon:

T. F. FOX, L.D.S., R.C.S., Eng.

*Orthopaedic Surgeon:

PHILIP L. RICHARDSON, M.B., B.S. Lond., M.R.C.S., L.R.C.P.

*Aural Surgeon:

J. WALKER WOOD, L.R.C.P., L.R.C.S., L.R.F.P.S.

*Ophthalmic Surgeon:

D. DAVIES, M.B., M.R.C.S., L.R.C.P.

†Assistant School Medical Officer:

W. D. T. BRUNYATE, M.D., D.P.H. (appointed 4/4/1934).

†School Medical Officer:

F. C. LINTON, M.A., M.B., CH.B., D.P.H.

* Part-time Appointments.

† Full-time Officers, but only Part-time devoted to School Medical Work.

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Report to the Education Committee

BY

F. C. LINTON, M.A., M.B., Ch.B., D.P.H.

School Medical Officer.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Report upon the work of the School Medical Department during the year 1934; as compared with previous reports, it has been modified slightly in accordance with the suggestions for the arrangement of annual reports made by the Board of Education on Form 6M. (Schedule) issued in January, 1934. This is the twenty-first report since I commenced duty as your School Medical Officer.

On December 31st, 1934, there were within the area of the Borough, one provided school and eighteen non-provided schools, consisting of twenty-three departments with recognised accommodation for 4,269. The average attendance during the year ended 31st March, 1935, was 2,874 as compared with 3,015 during the year ended 31st March, 1934.

With regard to infectious diseases, Scarlet Fever was rather more prevalent than in recent years, and Diphtheria much as usual. Whooping Cough was prevalent in May and June, and Chicken Pox chiefly in March and April.

A considerable increase will be noted in the amount of work undertaken by the Medical Staff. This was due to the fuller staffing of the School Medical Department, which enabled the duty of re-inspection of school children to be undertaken to a much greater extent than has hitherto been the case. The total number of medical inspections carried out during the year was 5,067—a figure considerably in excess of any previously reached.

Moreover, your Medical Staff was able to undertake closer supervision of the children in attendance at the Open-Air School, and to study in more detail the benefits derived from the different health assets available in this school. These assets consist of three good meals daily, tonic spray-baths for each child once weekly, fresh air at all times, and sun-bathing when available, together with quiet rest periods after meals. The results achieved have been good, and I have noticed on re-inspecting children perhaps six months after ceasing attendance at the Open-Air School, that the benefit in most cases is permanent.

I wish to express to all the members of my Staff my indebtedness to them for the hard work which they have done during the year, also to the members of the Education Committee and to the Teaching Staffs of the Schools for their sympathy and assistance.

I am, Ladies and Gentlemen, Your obedient Servant,

F. C. LINTON.

Public Health Offices,

10, Calverley Terrace,

Tunbridge Wells.

May, 1935.

SUMMARY OF STATISTICS, 1934.

Average number of children on the School Registers	
during Year ended 31st March, 1935	3,165
Average attendance at the Elementary Schools during	
the Year ended 31st March, 1935	2,874
Number of Medical Examinations :—	
(a) In the Schools 2,105	
(b) At School Medical Centre 2,962	
—— Total	5,067
Number of examinations by the School Dental Surgeon	1,283
Number of treatments for Minor Ailments:—	
(a) At Open-Air School 1,922	
(b) At School Medical Centre 5,997	
—— Total	7,919
Number of treatments given by the School Dental	
Surgeon to 969 individual children	1,653
Total number of attendances at the School Medical	
Centre for all purposes	9,714
Number of attendances for treatment (remedial	
exercises, massage, electrical treatment, etc.,) at	
the Kent & Sussex Hospital under the Local	
Authority's arrangements	1,427
Number of operations for removal of Tonsils and/or	
Adenoids, under Local Authority's arrangements	84
Home Visits by School Nursing Staff	2,944

STAFF.

On the first page of this Report are set out the names of the Staff.

Dr. Neville Goodman's appointment as Temporary Assistant School Medical Officer terminated in February, 1934, when he left to take up an appointment under the Surrey County Council. Dr. W. D. T. Brunyate succeeded as Temporary Assistant School Medical Officer in February, 1934, and was selected as permanent Assistant School Medical Officer in April, 1934.

No other changes of Staff took place during the year.

CO-ORDINATION.

The work carried out under the Maternity and Child Welfare Scheme and the School Medical Service is undertaken by the same Medical Staff, and two of the School Nurses also act as Maternity and Child Welfare Nurses. The same record card is now used for consultations at the Infant Welfare Centres and for recording routine medical examinations in the schools, so that the previous medical history is available at the time of the school inspections. Satisfactory coordination of the work is thus achieved.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.

In continuance of a general review of school premises, as instructed by the Education Committee in July, 1932, the following report was made on Rusthall Infants' School in June, 1934:—

This School is situated in Rusthall High Street and has five classrooms with accommodation for 210 children. The number of children then on the Roll was 171.

CLASSROOM 1A is large and well lighted (both naturally and artificially). The heating is insufficient, there being only one tortoise stove in the corner furthest from the children. The means for ventilation is sufficient.

CLASSROOM 1B is separated from IA by a wood and glass sliding partition. The heating is sufficient. The natural lighting is poor on the back benches, but the artificial lighting is efficient. Ventilation is good.

CLASSROOM 1c is small and has two doors, one leading to the Cloakroom and one to the yard in which the School offices are situated. The desks run directly between these two doors, and an attempt to stop draughts has been made by attachments to the doors. The natural lighting is indifferent, but the artificial lighting is satisfactory. The one heating stove is adequate.

CLASSROOM IIA.—The lighting is poor on the side desks for the same reason as in Classroom 1B, namely, the desks are too directly underneath the high windows. The artificial lighting is satisfactory, and ventilation and heating are sufficient.

CLASSROOM IIB is the best Classroom in the School. It is well lighted both naturally and artificially. The heating is by one stove and one open fire-place, and the temperature is comfortable even when sufficiently ventilated.

CLOAKROOMS.—Alongside Classroom Ic is a small Cloakroom with pegs on the wall, in too close apposition. There is no means of drying clothes or shoes.

Between Classrooms IIA and IIB there is a Cloakroom which possesses a tiled floor, wall-pegs and one long movable cloakstand. No facilities for drying clothes or shoes exist. The entry step is much worn.

West Cloakroom. This, which possesses two pegged walls and a short stand for hanging clothes, is very dark. There is no means of drying clothes or shoes. The only two wash-basins available for the School are in this cloakroom, and there is one roller towel which is changed as required (2 or 3 times a week). There was a sufficient supply of soap.

Offices.—The wall of the urinal is in disrepair and a flushing apparatus is needed, there being a standpipe which flushes the channel, but not the wall. There are four water closets with movable seats, and one staff W.C.

PLAYGROUND.—This is sufficient in size, but the surface is in disrepair.

General.—The use of "Floradcol" to prevent dust rising from the floor surface had been discontinued, and in consequence dust was present on all high surfaces in the rooms, such as light shades, etc. In my opinion, the spread of such dust cannot but have an effect prejudicial to those using the room, rendering the throats of children and teachers liable to catarrh and to attacks of more serious infection. I recommend the application of "Floradcol" to all the floors at the beginning of the holiday period, in sufficiently small quantities to prevent an excess of oil appearing on the surface by the time the children return to school. I understand that the oil blackened the clothes of the small children using the rooms: doubtless the reason for this was that the application was made in too large a quantity and too near to the return of the children to school, to allow of its complete absorption by the wood flooring. If the Caretakers be given such instructions as are issued by the Floradcol Company for sweeping and cleaning and carry these out thoroughly, no trouble should arise from excess oil on the surface. Its value from a health point of view is considerable. These remarks on a dustallaying preparation apply to all schools in the Borough.

Recommendations.

- (a) An additional heating stove in Room IA.
- (b) An additional roller towel should be provided, so that at least two are available for daily use.
- (c) Repairs to the wall of the urinal, also installation of flushing apparatus.
- (d) Fixed side slabs of wood should be installed in the water closets as the present seats are unsuitable for small children.
- (e) Repairs to the surface of the playground.

Medical Inspection.

All children undergo three routine medical inspections in the schools. The three age groups inspected were Entrants (5 to 6 years), Intermediates (8 to 9 years of age) and Leavers (12 to 13 years). All children admitted to elementary schools from private schools are medically inspected as soon after their admission as possible; if these do not fall within the above Groups, they are included as "Other Routine Inspections." The number of Routine Inspections carried out during the year was 1,001.

The Board's schedule of medical inspection was closely followed.

Routine school inspections were held in the afternoons, arrangements being made for the inspection of 25 children at each session. The parents are notified of an inspection, and their presence is requested.

In addition to the above, 35 children were specially inspected at the request of the teachers, and 1,069 re-inspected in the schools (see page 113).

At the School Clinic, 1,023 special examinations and 1,655 re-inspections took place. In addition 118 special inspections and 166 re-inspections were made at the Open-Air School.

The total number of medical examinations carried out was therefore 5,067 (previous year 3,801).

For the first time since the commencement of the reinspection in schools, of children previously found to have some defect, it has been possible to visit each school within the year for this purpose. The total number of re-inspections has risen by more than a thousand, as the provision of adequate medical assistance in the Department has allowed of the full development of this branch of the School Medical Service.

Findings of Medical Inspections.

The following Table showing the defects found by medical inspection, is similar to Table II. on page 103, but the defects found under each Group of Routine Inspections are given separately:—

	ROUTINE MEDICAL INSPECTIONS.								1,176 Special	
	Entr	34 ants.	Interm	1 ediates	Leav	ol vers.	Oth		Exar	Specia nina - ns.
duo debaga	Re- quir- ing treat- ment.	For obser- vation	Re- quir- ing treat- ment.	For obser- vation	Re- quir- ing treat- ment.	For obser- vation	Re- quir- ing treat- ment.	For obser- vation	Re- quir- ing treat- ment.	For obser vatio
Malnutrition	4	21	17	16	9	8	1	3	42	-
Skin— Ringworm—Scalp		_	_	_	_	_	_	-	4	_
" Body	_	-		-	-	-	-	_	3	-
Scabies	-	-	-	-	1	-	-	-	3	-
Impetigo	3	1	1	1	-	1	1	1	67	_
Other Diseases (Non- Tuberculous)		1	_		1		1		81	7
Eye—	30.0	1			1	199		1350	01	
Blepharitis	-	1	3			-	_	-	6	-
Conjunctivitis	-	-	-	-	-	-	-	-	11	1
Keratitis		-	-	-	-	-	-	-		-
Corneal Opacities	-	-	-	_	-	-	-	-	-	-
Defective Vision (ex- cluding Squint)	17		15	2	11	1	1		12	1
Canint	4	1	1	_	- 11		2		1	i
Other Conditions	-	-	-	-	3	1	_		21	i
Ear-						1				
Defective Hearing	1	-	2		2	-	-	-	10	-
Otitis Media	3	1	2	-	1	-	-	-	20	-
Other Ear Diseases	770	730	1	1	3	700	1	777	21	4
Tonsillitis only	6	105	10	82	9	69	1	7	30	23
Adenoids only	1	3	1	1		-	i		4	1
Tonsillitis and Adenoids	20	27	16	20	5	3	3	2	27	2
Other Conditions	-	1	-	1	2	3	-	-	8	12
Enlarged Cervical Glands	-			00	1	20			-	
(Non-Tuberculous) Defective Teeth	60	113	43	82 49	27	38 53	7	13	7	54
Notes the Court		2	40	1	27	55		=	1	3 2
Heart and Circulation—		-	Rest .			100000	Sec. Sec.	1100.0		-
Heart Disease-		1								
Organic	-	1	-	1	1	2	-		5	2
Functional	1	4	-	3	-	3	-	2	-	4
Anaemia	_	1	-	1	1	1	-	1	1	-
Lungs— Bronchitis		4		_		_	_	_	19	_
Other Non-Tuberculous		4							17	
Diseases	-	1	-	2	-	_	-	-	3	2
Fuberculosis—		198	1			1			1	100
Pulmonary—Definite	-	-	-	-	-	-	-	-	-	-
Non-Pulmonary—	-		-	-	-	-	-	-	-	1 -
Clande	10-		-	_	-	_	_		4	-
Bones and Joints		-		000	1	1		1	_	1
Skin		-	-	-	-	-	-	-	-	_
Other Forms	-	-	-	-	-	1	_	_	-	2
Nervous System—	1 10	1		100						1
Epilepsy Chorea		-	1	-	1	-		1	7	-
Other Conditions		3	1	3	1	2		1	8	7
Deformities—		0		0	1	2	10000		0	-
Rickets	1	1	-	-	-	-	-	-	1	-
Spinal Curvature	-	-	_	1	4	1	_	_	-	_
Other Forms Other Defects and Diseases	1	5	2 8	12	4	7	-	2	6	65 65
	6	5	II R	1 12	9	18		7	215	65

- (a) Malnutrition.—Of the 121 children considered to show signs of malnutrition, 73 were noted as in need of treatment. This latter figure is very similar to that of the previous year, although 31 more cases were recommended for observation.
- (b) Uncleanliness.—Eight thousand, seven hundred and twenty-eight heads were inspected during 1934, and of these 2 per cent. showed the presence of infestation with vermin or their eggs. This precentage is slightly increased as compared with 1.8 per cent. in 1933. Five schools—St. James' Boys', Grosvenor, Murray House, King Charles' and St. Mark's—showed a complete absence of this trouble at each inspection during the year. This is the highest number of individual departments to achieve a clean record since records were started in 1922. On the other hand, some schools showed increased infestation. Vigilance on the part of the teaching staff in detecting and reporting early infestation is of great help in preventing the spread to others.

The total number of inspections for the presence of vermin was 8,897; of this total 81 were re-inspections in school and 88 re-inspections at the School Clinic.

The School Nurses make a routine inspection of all children during each school term—i.e., thrice yearly. The following Table records the work done by the Nurses at these routine head inspections, and the conditions found, as compared with the years 1933 and 1922, the year in which a vigorous campaign was started.

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INSPECTIONS OF HEADS FOR YEAR 1934.

SCHOOL.	No. of Heads inspected.	No. in whom Nits only were found.	No. in whom Vermin found (head or body).	Percentage of Nits or Vermin found, 1934.	Percentage of Nits or Vermin found, 1933.	Percentage of Nits or Vermin found, 1922.
St. James', Boys Girls Infants	469 365 286	9 8		0.0 2.5 2.8	0.0 1.2 1.3 2.2	5.2 8.6 5.8
St. Barnabas', Jun. M'd ,, Infants	629 326	12		1.9 2.5	2.2	14.4
St. John's Jun. Mixed	533	8 7 2	3	1.9	2.5	_
Down Lane	292		1 3 2 - 1 4	1.0	1.3	8.9
St. Luke's	283	10	3	4.6	6.2	20.6
St. Augustine's	303	11	2	4.3	2.6	31.3
Grosvenor Royal Victoria	307			0.0	0.7	4.7 7.7
	301 312	11	1	0.3 4.8	6.3	15.6
Basinghall Holy Trinity	395	5	*	1.3	1.2	24.9
St. Peter's, Jun. Mixed	302	5 3		1.0	0.0	
Infants	134	4	_	3.0	1.1	28.8
Rusthall, Boys	670	12	-	1.8	0.7	10.9
" Girls	718	19	10	4.0	3.3	28.0
" Infants	487	10	6	3.3	3.4	13.8
Murray House	462	-	-	0.0	0.3	4.7
King Charles'	422	-	District Sales	0.0	0.0	1.3 34.2
Christ Church	384	9	_	2.3	1.0	34.2
St. Mark's, Jun. Mixed	197	-	-	0.0	0.0	-
Open-Air School	151	3	1	2.6	2.7	
TOTALS	8,728	143	31	2.0	1.8	14.7

Every effort is made to advise and to aid parents in getting children cleared of the trouble as soon as it is found. It was not found necessary to resort to prosecution in any case during 1934.

- (c) MINOR AILMENTS AND DISEASES OF THE SKIN.—As will be seen in the Table on page 78, the greater number of these cases were discovered at the School Clinic, where the children presented themselves for treatment.
- (d) VISUAL DEFECTS AND EXTERNAL EYE DISEASE.— The number of children requiring treatment for defective vision or squint (47) compares favourably with the corresponding figure for 1933, namely 59.

It should be noted that at the Routine Medical Inspection of Entrants, the vision is not tested, as the children are too young to read the letters.

- (e) Nose and Throat Defects.—It will be seen that 506 children were found to have some defect of the nose and/or throat. Of these, 144, or 6.6 per cent. of those inspected, were referred for treatment, as compared with 8 per cent. in 1933.
- (f) Ear Disease and Defective Hearing.—Seventytwo cases were noted, 66 of which were referred for treatment. Here again, the majority of the defects were discovered amongst children presenting themselves at the School Clinic.
- (g) Dental Defects.—One hundred and thirty-seven of the children undergoing a routine medical inspection (13.7 per cent.), and 19 children seen at the School Clinic, were found to require immediate dental treatment. These were referred to the School Dental Surgeon, without waiting for the routine dental inspection.
- (h) ORTHOPAEDIC AND POSTURAL DEFECTS.—Thirty-five children were found to be suffering from some deformity (38 in 1933), of whom 19 (13 in 1933) were referred for treatment.
- (i) Tuberculosis.—No fresh case of tuberculosis was found amongst the children inspected during the year, but of the 9 old cases examined, 4 were found to be in need of treatment.
- (j) OTHER DEFECTS AND DISEASES.—Under this heading, which includes debility, injuries, etc., 341 defects were found, of which 239 required treatment.

Following-up.

The following-up of children is undertaken in three ways, namely:—

- (a) By home visits of School Nurses.
- (b) At the School Clinic, where children frequently come for re-inspection by the Medical Staff, and
- (c) By medical re-inspections in the Schools.

The School Nurses' work during 1934 included the following:—

Visits to Houses where the following Diseases have occurred.							Sub- sequent Visits.	TOTAL VISITS.	
Scarlet Feve	т					12		12	
Diphtheria						12	3	15	
Measles						28	19	47	
German Mea						5	2	7	
Mumps					***	17	13	30	
Whooping C	Cough					185	190	375	
Chicken Pox						229	193	422	
Sore Throat						38	6	44	
Ringworm (3	-	3	
,, (body)					-	_		
Verminous 1	Heads					19		19	
Verminous I	Bodies					_	-	-	
Impetigo Co	ntagiosa					16	2	18	
Scabies						1	2	3	
Infectious E		se		***		_	-		
Other Disea	ses					30	-	30	
Totals						595	430	1025	

Arrangements for Treatment.

(a) Malnutrition.—Children who are suffering from this condition to any marked extent are sent to the Borough Open-Air Day School for Physically Defective Children, where three meals a day are provided at a cost relative to the parents' means. Full particulars concerning this School will be found on page 90.

For those children who are found to be suffering from

slight Malnutrition, milk is provided in school at 11 a.m., either at the parents' expense, or—when circumstances demand it—at the expense of the Education Committee (see page 93 for details of this scheme).

(b) Uncleanliness.—When children are found to be suffering from verminous heads, the parents are given printed instructions for dealing with the trouble. In certain instances where they fail to clear the child's head of nits, the School Nursing Staff assists: such assistance was given in five cases in 1934.

In the case of Scabies and other parasitic skin diseases, disinfectant baths are given in the Cleansing Station at the Health Offices, the clothing being dealt with by steam sterilisation in a Willesden Sack Disinfector. This has proved a very effective way of dealing with such cases. Six individual children were treated by this method.

(c) MINOR AILMENTS AND DISEASES OF THE SKIN.—
These are treated at the School Clinic by the School Nursing
Staff. The following Table gives details of the defects
treated during the year:—

Disease or	Defec	t.	No. of defects treated.	No. of treat- ments given.	
Minor Ailments :—					
Septic wounds				87	457
Sores				69	384
Cuts, abrasions				97	456
Boils				51	273
Bruises, burns, e	etc.	***		236	1,415
Skin Diseases :—					
Impetigo				112	952
Eczema				10	61
Di				7	86
Rashes				13	33
Herpes				7	30
Scabies				5	27
Miscellaneous				4	11
Total				698	4,185

With but very few exceptions, all children attended the Clinic until cured.

The children in attendance at the Borough Open-Air School are treated there by the Nurse in attendance, and details of the treatment given will be found on page 91.

(d) VISUAL DEFECTS AND EXTERNAL EYE DISEASE.— Dr. Davies, the Ophthalmic Surgeon, attends the School Clinic three times in each month, and all cases found to require treatment are referred to him. During the year, 371 examinations were made by Dr. Davies, and spectacles were prescribed for 61 children.

The Ophthalmic Surgeon also operated upon five cases at the Kent and Sussex Hospital for Squint.

Sixty-two cases of external eye disease were treated at the School Clinic by the Nursing Staff as follows:—

Disease or	Defect	t.	No. of defects treated.	No. of treat- ments given.
Conjunctivitis			 14	40
Blepharitis			 5 27	9
Styes			 27	88
Miscellaneous			 16	33
To	tal		 62	170

In addition to the above, 51 children had 224 applications of atropine to their eyes.

(e) Nose and Throat Defects.—The Education Committee has made arrangements with both the Homoeopathic and the Kent and Sussex Hospitals for the treatment of tonsils and adenoids by operation.

As will be seen in Group III., Table IV., on page 109, 106 children suffering from defects of the nose or throat, or both, received treatment during the year. In two cases

polypi were removed, the remainder were operated upon for tonsils and/or adenoid growths. Eighty-four of these operations were done under the Local Education Authority's agreement with the hospitals. Of these 84, 46 parents paying into the Tunbridge Wells and District Association of Hospital Contributors or into the Pea-nut Hospital Honey Comb Scheme had their children operated upon under the terms of the agreement between the Local Authority and these Associations. Twenty operations were known to have been carried out privately.

The total number recommended for treatment was 144, and 106 received treatment. This represents a percentage of 73.6, but it should be borne in mind that a number of those treated in 1934 were recommended during the previous year, just as others recommended treatment in 1934 have been treated since the year ended.

I am of opinion that operative treatment of unhealthy conditions of the nose and throat is a valuable factor in reducing the incidence of those infectious diseases of which the path of entry is the nose and throat: also the severity of, and tendency to complications in Scarlet Fever are undoubtedly less amongst those who are unobstructed by enlarged tonsils and adenoid growths.

(f) Ear Disease and Defective Hearing.—Sixty-six of the 72 sufferers from ear disease or deafness were referred for treatment, the majority to Dr. Walker Wood, the Aural Surgeon, who is in attendance at the School Clinic on the first Monday in each month. Two hundred and six attendances were made to see the Aural Surgeon, and appended is a report of the work done by him:—

Ear Cases

Chronic suppurative otitis media		 	21
Residua of chronic suppuration		 	4
Chronic suppuration with Mastoidit	is	 	I
Cerumen (wax in the ear)		 	14

Eustachian obstruction	1		 	 II
Chronic middle-ear cat	arrh		 	 3
External otitis			 	 I
Nerve deafness (tempo	rary)		 	 I
Total			 	 56
Nasal Cases				-
Adenoids			 	 13
Chronic rhinitis (nasal	catarr	h)	 	 9
Hypertrophic rhinitis .			 	 3
Catarrhal antritis .			 	 2
Total			 	 27
Throat Cases				_
Tonsils and Adenoids .			 	 13
Pharyngitis			 	 2
Laryngitis			 	 I
Total			 	 16
				-

Total number of cases examined—99.

The School Nurses carried out most of the treatment under my supervision, but 2 aural cases and 2 nasal cases were transferred to the Kent and Sussex Hospital for treatment in addition to the Tonsil and Adenoid cases transferred for operation.

The work has gone on very smoothly, and there is nothing which calls for any special comment.

(Signed) J. WALKER WOOD,

Aural Surgeon.

The School Nurses treated 110 cases at the School Clinic as follows:—

Disease or Defect.	No. of Cases treated.	No. of treat- ments given.
Otorrhoea, etc	41	588
Deafness, wax in ear	50	680
Miscellaneous	19	150
Total	110	1,418

In addition to the above, 16 children had 849 treatments at the Open-Air School (see page 91).

(g) Dental Defects.—The School Dental Surgeon, who attends on five half-days each week, devoted 14 half days to inspections in the schools, and 180 half-days to treatment at the School Clinic.

The total number of children inspected was 1,283, of whom 1,106, or 86 per cent., were found to require treatment, as compared with 83 per cent. in 1933.

Nine hundred and sixty-nine individual children were treated, having 1,653 treatments, as compared with 1,050 children and 1,695 treatments in 1933.

A still larger response to notices of attendance for treatment would be beneficial to the children. The percentage attending for treatment when notified was 57 in 1934, as compared with 60 in 1933, 57 in 1932, 64 in 1931, 62 in 1930, 53 in 1929 and 50 in 1928.

The aim of the Dental Surgeon's work is to save teeth wherever possible, thus according with the aim of the Board of Education.

Full details of the Dental Surgeon's work are given in Table IV., Group V., on page 111.

(h) ORTHOPAEDIC AND POSTURAL DEFECTS.—The orthopaedic Clinic held once each month at the School Clinic was conducted by Dr. P. L. Richardson. He also supervised the treatment carried out by arrangement with the Kent and Sussex Hospital, on whose staff he acts as Visiting Orthopaedic Surgeon.

Thirty individual children were treated under the Local Authority's Scheme, all of whom attended the Hospital for treatment (remedial exercises, massage, electrical treatment, etc.,). The total number of such attendances was 1,427. In addition to these, 2 children were known to have had treatment privately.

The following is a short report upon the work carried out by Dr. Richardson:—

During the year, 54 individual children attended my clinics at the School Clinic, and 133 consultations were held.

Of these, 12 were new cases, and the following are details of the conditions from which they were found to be suffering:—

Scoliosis			 	 	4
Flat foot wi	th Gang	glion	 	 	I
Flat foot ar	d hamn	ner toe	 	 	I
Flat foot			 	 	I
Foot defects	s		 	 	2
Defective ch	nest bon	es	 	 	I
Miscellaneo	us		 	 	2

Developmental defects and adolescent torsions of the spine have been in all cases greatly improved, and in some cases cured.

> (Signed) P. L. RICHARDSON, Orthopaedic Surgeon.

- (i) Tuberculosis.—Suspected or definite cases of this disease are referred for medical treatment—mostly to the Tuberculosis Officer; they are also carefully followed up to see that all obtain treatment. The number of elementary school children suffering from tuberculous complaints, at the end of the year, was 23 (as compared with 22 at the end of 1933). Three cases were in attendance at the Open-Air School, 16 in attendance at elementary schools, 1 in Royal Sea Bathing Hospital, Margate, and 3 at no school.
- (j) Other Defects and Diseases.—Where other conditions are discovered needing medical treatment, the children are referred to their medical attendant or to the appropriate hospital—usually with a personal note of explanation.

Infectious Diseases.

The procedure taken with regard to infectious diseases amongst Elementary School children is as follows:—

The Head Teacher of each school notifies to the School Medical Officer daily, any case of infectious disease, actual or suspected. These cases are then followed up at home by the School Nurses and arrangements made for their exclusion from school, together with any contacts. Contact is maintained with the cases until they are finally freed for re-admission to school.

In major infectious illnesses such as Scarlet Fever and Diphtheria, the cases are removed to the Borough Fever Hospital, and all contacts are inspected by the Medical Staff before being allowed to return to school.

The following Table records the incidence of various infectious diseases amongst Elementary School children during the year, together with comparative figures for 1933:—

Disease.	Boys.	Girls.	Total 1934.	Total 1933.
Scarlet Fever	 35	28	63	21
Diphtheria	 5	10	15	22
Enteric Fever	 _	_	_	
German Measles	 5	3	8	1
Measles	 14	13	27	4
Whooping Cough	 117	96	213	24
Mumps	 4	1 .	5	7
Chicken Pox	 116	119	235	53

One boy, resident in a Special School for Deaf and Dumb Children at Margate, to which he had been sent by the Education Committee, died of Diphtheria and Pneumonia. This was the only death from infectious disease recorded during the year.

Scarlet Fever (63 cases) was prevalent in February and March and again in June and July; Whooping Cough (213 cases) prevailed chiefly in May and June, and Chicken Pox chiefly in March and April.

No schools or classes were closed, but 9 "low attendance certificates" were issued under the Elementary Education Provisional Code, 1922, Amending Regulations No. 2, 1924, as follows:—

Due	to	Chicken Pox and Scarlet Fever	 1
,,	,,	Chicken Pox	 1
,,	,,	Chicken Pox, Scarlet Fever and Measles	 1
		Whooping Cough	 6

Eight hundred and sixty-two notices were sent from the Public Health Department to the Head Teachers of the schools excluding children, and a similar number of freeing notices were sent. In addition, 30 exclusion notices for definite periods were issued.

The Borough Open-Air School.

A Special Open-Air Day School has been built for the accommodation of 60 physically defective children. The School was opened in May, 1931, and consists of a Central Administrative Block containing kitchen, larder, dining room, medical room, spray-bathroom, dressing room, blanket room and teachers' room. To the south-east of the main block, there is a classroom for infants, and to the south-west another classroom with rest-room attached. This rest-room is also used for teaching purposes.

During 1934 a Bungalow was built near the entrance gate for the Caretaker and Gardener, whose wife also acts as Cook-Housekeeper. The small dressing room attached to the bathroom was also built during 1934.

The meadow in which the School is situated is a pleasant one, with woodland shade at the south end. Seventy-eight individual children attended this School in 1934, compared with 75 during 1933; 41 were in attendance the whole year.

The average increase in weight per month amongst the 78 children referred to was 0.61 lbs. (compared with 0.67 lbs., in 1933, 0.57 lbs. in 1932, and 0.44 lbs. in ordinary schools).

The average gain amongst the 41 children who were in attendance the whole year was 0.50 lbs. (0.65 lbs. in 1933) per month. The lowest individual gain amongst these 41 children was 1.5 lbs., and the greatest gain was 16 lbs. Sixteen children gained half a stone or more, and only 8 children failed to gain over a quarter of a stone.

Only one child failed to gain weight during the year, owing to treatment to reduce excessive adiposity.

The provision of this School enables your Medical Staff to deal satisfactorily with the undernourished and debilitated child who cannot stand up to the strain of ordinary school life.

Miss Bucknell acts as School Nurse, and spends four hours daily (9 a.m. to 1 p.m.) at the School. She supervises the children's meals, rest periods, etc., and she also gave the following treatments for various minor ailments:—

		No. of cases.	Treatments.
Skin diseases		25	469
Eye ailments		6	14
Ear ailments		16	849
Miscellaneous (bruises,	chil-		
blains)		70	590
Total		117	1,922
		-	

Visits were paid two or three times each week either by the School Medical Officer or by his Assistant. The greater amount of time and attention which the Medical Staff can now give to the individual study of the physical needs of the children attending this School has increased the value of the inferences to be drawn from observing the benefits derived from the different phases of Open-Air School life, whether it be diet, fresh air, sun-bathing, exercise, bathing or rest that is under consideration.

It should be remembered that, though Tunbridge Wells is a pleasant and airy town, its school buildings in general leave much to be desired, having been designed to meet the conceptions of a past generation which had no precedent construction by which to guide itself aright: it had not then been realised that pure air, good lighting, warmth without stuffiness, and adequate ventilation were vital to the physical and mental health of growing children: these are salient characteristics of modern school architecture. There is a sharp contrast between our Open-Air School and most of our school buildings, in which so large a part of a child's life is spent. If a day should come when all our children are taught in modern school buildings, our Open-Air School merely needs enlarging to take its place amongst the others as fitted for normal education.

Physical Training.

There is no specially appointed Director of Physical Training in Tunbridge Wells, and it is left to Head Teachers to organise this branch of education to the best of their ability. In every case in which a child's health is such as to impede or prevent his undertaking drill or severe physical exercises, notice to this effect is given to the Head Teacher at the time of inspection.

Organised visits are paid to the Corporation Indoor Baths by the senior scholars, who are admitted free of charge when bringing their own towels and in the care of a teacher. The sum of 10/- per week is paid by the Education Committee to the Baths Committee for the services of a Swimming Instructor and the sum of 1d., for each attendance during school hours. The number of such attendances during 1934 was 16,467 (15,516 in 1933).

Provision of Meals.

With regard to the provision of meals, Tunbridge Wells is fortunate in being able to deal with the more marked cases of malnutrition amongst its school children by sending them to its Open-Air School, in which there is accommodation for 60 children and where three meals per day are given at a cost varying from 9d., per day for those who can afford it, down to nothing in cases of extreme poverty.

In April, 1931, the Education Authority made arrangements for supplying milk in sealed bottles to school children, payment being made by the parent, or in cases where circumstances demanded it, by the Local Authority. A recommendation is, in all assisted cases, made by the School Medical Officers. In this way it was found possible to obtain additional nourishment for those who required it. The recommendations are made in the first instance, for the current school term; the children being re-examined at the commencement of the following term, and the supply renewed when necessary. The arrangements have proved popular, and are of particular value to those children who do not have much breakfast before leaving home.

The number of individual children provided with free milk by the Local Education Authority in this way during 1934 was 104 at an approximate cost of £35 15s. 10d. In 1933, 90 children were supplied at a cost of approximately £20 4s. 0d.

In October, 1934, under the Milk Marketing Board's Scheme, the price of milk supplied to schools was reduced from 1d. to ½d., for one-third of a pint bottle, and since that

date a larger number of parents have taken advantage of the facilities. All save one of the 23 schools in the Borough have taken up the scheme, and at a recent census it was found that 47 per cent. of all children attending elementary schools were receiving milk in school.

Co-operation of Parents.

Prior to the holding of a routine medical inspection, notices, which are sent from the Public Health Offices, are addressed and distributed by the Head Teachers, requesting the parents' attendance. The percentage of parents attending at the inspections was as follows:—

```
Entrants ... ... 93% (91% in 1933).

Intermediates ... ... 71% (71% ,, ,, ).

Leavers ... ... 60% (56% ,, ,, ).

Other Routine Inspections ... 80% (72% ,, ,, ).
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In addition to the above, a large percentage of parents attend the School Clinic with their children.

Co-operation of Teachers.

- (i.) Medical and Dental Inspections.—The Head Teacher is invited to be present at these inspections, and is informed of all cases in which special care is required on account of the child's physical condition. The Head Teachers have evinced in many ways a keen interest in the health of the pupils committed to their charge, and have co-operated cordially with the School Medical Staff in endeavouring to keep the general standard of health at a high level. I should like particularly to mention the interest and care which the Teachers have shown in connection with the supply of milk to children in schools.
- (ii) Following-up.—The Head Teachers keep in touch with the School Nurses, and frequently add their advice and

counsel to the parents in the matter of obtaining treatment where defects call for it.

(iii) Medical and Dental Treatment.—The Head Teachers are all informed of the advisability of sending any child who appears to be below his usual state of health to the School Medical Centre in cases where the child is not already receiving private medical attention. The power to send children to the Centre is vested in the School Medical Staff, Head Teachers, School Attendance Officer or parents.

Each week the Head Teachers are notified of all appointments given to scholars to attend the Dental Treatment Clinic and also the Ophthalmic, Aural and Orthopaedic Clinics: in this way they are able to assist in the keeping of these appointments.

Co-operation of School Attendance Officer.

The School Attendance Officer, whose office is situated at the Town Hall, keeps in constant touch with the School Medical Department, and co-operation is cordial and complete.

Co-operation of Voluntary Bodies.

- (i) No call is made upon voluntary bodies in connection with the work of medical and dental inspection.
- (ii) In following-up mentally defective children, the **Kent Voluntary Association for Mental Welfare** does most useful work. A subsidy of £20 is paid annually to this Association by the Corporation.

The following report from the Secretary records the year's work done by the Association:—

KENT VOLUNTARY ASSOCIATION FOR MENTAL WELFARE. Report.

On work for the Tunbridge Wells Education Committee carried out for mentally defective children during the year 1934.

The total number of children of school age under the supervision of the Association on January 1st, 1934, was 20.

During the year 1 new case has been received from the School Medical Officer bringing the total to 21.

Of these the details are as follows:-

1	Th	20	4		1 -
1.	D	15)	p_{ℓ}	sai	3

Supervised for Education Commi- Attending Elementary School	ttee,	under	16 year	rs of ag	e:-
Attending Tonbridge Special Scl					8
- I					1
		***	***	***	1
			***		_
			***	***	6
Attending Residential Special Sc	choo				1
					_

Reports.

Seventeen reports have been rendered during the current year including three special reports and fourteen annual reports.

Visits.

Members of the staff have paid 46 visits to the homes of the children and have had interviews at the different schools when the Head Masters and Mistresses were seen. Approximately 6 home visits have been paid by voluntary visitors.

After Care.

The Association has continued to keep in touch with those cases either over or under 16 years of age and in this branch of the work it is of considerable advantage to the visitor to have known the children from an early age.

Of the cases reported to the Local Authority for Statutory Supervision one is attending the Occupation Centre and her mother is delighted with the progress she has made, the other has been dealt with by way of guardianship and is with a guardian at Bexley Heath and attending a full-time Occupation Centre there.

Of the 6 cases supervised for the Education Committee and attending no school, 2 girls are in regular domestic work and appear to be doing well, another has had rather irregular domestic work, one boy is an errand boy for a local ironmonger, he is unstable, romances and it is feared will always be somewhat unreliable. Two girls are living at home, one has unfortunately got into trouble and expects her confinement in February.

Four sessions of two hours each have been held weekly at the Occupation Centre throughout the year. Fifteen children and young people have made a very regular attendance and a further application has been made to the County Council for an increased grant in order that this Centre may be held five days each week from 10—3.30.

A gramophone with records has been presented to the Centre and this has proved most useful and entertaining. The children enjoyed two treats during the year, a visit to the Zoo at Maidstone in August and a Christmas Party in December. For all these entertainments we are indebted to the generosity of local friends.

(Signed) S. G. NUGENT,

Organising Secretary.

- Association is appealed to when it is desired to get a child to a Convalescent Home, and the arrangements are made by the Secretary of the I.C.A. This has been of great help in the medical treatment of invalid children, and I am glad to have this opportunity of acknowledging indebtedness to the Society for this work. Two hundred and five cases were dealt with in 1934; of these 49 were sent to Convalescent Homes, etc., and 33 were given nourishment at their homes or in school.
- (iv) The Royal Surgical Aid Society provides letters—each of the value of five shillings—in cases where glasses have been recommended to children whose parents have been found, on investigation, to require such assistance. In 10 out of 56 cases assistance was given in 1934.
- (v) When found necessary, the Inspector of the National Society for the Prevention of Cruelty to Children has conferred with the School Medical Staff, such conferences proving of value to both parties.

HEALTH EDUCATION.

Copies of the magazine "Better Health," issued by the Central Council for Health Education, are distributed free to the senior scholars each month by the Local Education Authority. This magazine contains valuable information on health matters, and forms the subjects of talks given by the teachers.

On the 21st and 22nd June, 1934, very instructive addresses were given to the senior scholars of all the elementary schools by a speaker from the Dental Board of the United Kingdom. These demonstrations were full of interest, and with accompanying models and diagrams, proved of great practical value in driving home to the children the need for having their teeth inspected and for having early attention when decay commences.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

These children are brought to notice through medical inspections both at the schools and at the School Clinic, by the Health Visitors and also through the Maternity and Child Welfare Centres. In addition to these, the Head Teachers are each year requested to forward to the School Medical Officer details of all children who are (a) Partially Deaf, (b) Partially Blind, (c) Epileptic, (d) Crippled, (e) Suffering from heart disease, and (f) Dull or backward (stating the number of years retarded). These methods have proved to be adequate.

The following are details of all the Exceptional Children for whom the Local Education Authority was responsible at the end of 1934:—

- (a) BLIND.—There were two partially sighted children (both girls) in attendance at elementary schools, both of whom were under observation by the Ophthalmic Surgeon.
- (b) Deaf.—One girl, who was too deaf to benefit from ordinary elementary school training, was at the end of the year, an inmate of the Brighton Institution for the Deaf and Dumb.
- (c) Mentally Defective.—Ten detailed examinations of children presented for mental defects were made during 1934, of which 7 were first examinations, the children being classed as follows:—

Dull and backward ... 1 boy.

Feeble-minded ... 2 boys and 2 girls.

Imbecile 1 boy and 1 girl.

Of the three children re-inspected, 2 were placed in the same category as when first examined, viz., feeble-minded, and 1 was transferred from the feeble-minded to the imbecile class.

The arrangements for sending feeble-minded children to the Tonbridge Special School as daily pupils, begun in the autumn of 1925, continued in use, and twelve places were taken for Tunbridge Wells children in 1933. The children are conveyed to and from the School (a distance of four and a half miles from Tunbridge Wells) by omnibus, and are accompanied by the Part-time Assistant School Attendance Officer who acts as Guide.

Besides 9 feeble-minded children (6 boys and 3 girls) attending this Special School, 3 such children were attending elementary schools, one of whom was an inmate of the Dallington Home for Mal-adjusted Girls at Northampton, from which she attended an elementary school. One girl was attending the Borough Open-Air School and 2 other girls were at no school or institution.

The following-up and home supervision of mentally defective children is undertaken by the Kent Voluntary Association for Mental Welfare, and a copy of the Association's report upon the work carried out for the Local Education Authority will be found on page 95.

- (d) EPILEPTIC.—There were, at the end of the year, no cases of severe epilepsy, except one girl included under paragraph (f) below.
- (e) Physically Defective.—Under this heading at the end of the year were classed 111 children (see Table III., on page 106).

Of these, 60 were in attendance at the Open-Air School, 45 were attending elementary schools, 1 was in an institution and 5 children were at no school or institution.

Full details of the work carried out at the Borough Open-Air School will be found on page 90.

(f) CHILDREN WITH MULTIPLE DEFECTS.—At the end of 1934 there were five children classified under this heading. They suffered from the following defects:-

One girl—Tuberculosis of the eyelids, and crippled.

One girl—Imbecile and tuberculous cervical glands.

One boy-Imbecile and cripple.

One girl—Epileptic and cripple.

One boy-Cripple and heart disease.

The first mentioned case was in the Royal Sea Bathing Hospital, Margate; none of the remaining 4 children were attending school, or in an institution.

NURSERY, SECONDARY AND CONTINUATION SCHOOLS.

There are no Nursery Schools in the Borough, but a Nursery Class for children 3-5 years is held in four of the Infants' Schools.

The arrangements for Medical Service in the Secondary and Continuation Schools are undertaken by the Kent County Council.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Employment of Elementary School children is not of considerable extent, and during 1934, 57 certificates were granted (56 to boys and 1 to a girl). The nature of the employment was as follows:—

Newsagents' Del	iveries	 	 	34
Greengrocers'	,,	 	 	9
Grocers'	,,	 	 	2
Butchers'	,,	 	 	2
Miscellaneous	,,	 	 	3
Houseboys		 	 	- 6
Shop Assistant (female)	 	 	1
				_
	Total	 	 	57

The physical condition of the children applying for employment has been good, and in only 5 instances has a certificate been refused on medical grounds to applicants, one of these being granted at a later date, after the defect had been remedied.

PARENTS' PAYMENTS.

The fees charged for treatment by the School Dental Surgeon are one shilling for extractions under gas, and sixpence for other treatment. These sums are payable at the time of treatment, but are remitted in necessitous cases. The sum of £12 5s. 6d. was collected in this way during 1934.

With regard to operations for tonsils and/or adenoids, the parents are interviewed by a member of the Medical Staff and a contribution is fixed according to the means of the parents. If however, the parents contribute to the Association of Hospital Contributors or to the Pea-nut Hospital Honey Comb Scheme, they are not requested to make any contribution, as the hospitals have agreed to charge half fees for the operation in these cases. The average contribution made by the parents in respect of the 38 operations carried out during 1934 was five shillings and ninepence.

No charge is made for the treatment of minor ailments except aural cases requiring prolonged treatment, a charge of one shilling being then made.

SPECIAL INQUIRIES.

An enquiry into, and report upon, the diets of the children attending the Borough Open-Air School has recently been made and brought before the Education Committee.

STATISTICAL TABLES.

The four Statistical Tables required by the Board of Education are appended, and these give detailed information of the work done in the various branches of the School Medical Service. In addition, a copy of the Board of Education Form 307M, is appended.

TABLE I.—Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of	Code (Group	Inspec	ctions-	-				
Entran	ts .							 284	
Interm	ediates						'	 311	
Leaver	s .							 361	
To	tal .							 _	956
Number of	other	Routi	ne Insp	pection	s			 	45
									1001
		В	.—OT	HER	INSPE	CTION	NS.		
Number of	Specia	Insp	ections	3				 1176	
Number of	Re-Ins	pectio	ns					 2890	
To	tal .							 -	4066
	Gran	d Tot	al					 	5067

TABLE II.

A .- RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1934.

				ROUTINE I	INSPECTIONS SPECIAL INSPECTIONS			
					No. of 1	Defects.	No. of 1	Defects.
DEFECT (OR DIS	SEASE			Requiring Treat- ment.	Requiring to be kept under ob- servation, but not requiring Treatment (3)	Requiring Treat- ment.	Requiring to be kep under ob- servation but sot requiring Treatmen (5)
Malnutrition					31	48	42	_
Skin- Ringworm-Scalp					_		4	
Body					_	_	3	_
Scabies					1	-	3	
Impetigo	n Total	roulous		***	5 2	4	67 81	7
Other Diseases (No	n-rube	reurous	1	***	2		01	/
Blepharitis					3	1	6	_
Conjunctivitis	***	***			-	_	11	1
Keratitis		***	***		-	_	_	
Corneal Opacities Defective Vision (e	xcludin	g Sani	nt)		27	3	12	1
Squint		e odan			7	1	1	1
Other Conditions	***				3	_	22	1
Ear—					-	United Walt	10	
Defective Hearing Otitis Media	***	***	***	***	5	1	20	
Other Ear Diseases				***	4	i	21	4
Nose and Throat-								
Chronic Tonsillitis	only	***	***		26	263	30	23
Adenoids only		on olde		***	3	4	4	1
Chronic Tonsillitis Other Conditions	and Ad	enoids		***	44	52 5	27 8	12
Enlarged Cervical Gla	ands (N	on-Tub	erculo	ous)	5	246	7	54
Defective Speech					_	3	1	2
Heart and Circulation					1		5	-
Heart Disease-Or	nctional		***		1	12	5	2 4
Anaemia	···				i	3	1	
Lungs—								
Bronchitis			***	***	777	4	19	_
Other Non-Tubercu Tuberculosis—	llous Di	iseases		***	_	3	3	2
Pulmonary-Defini	te				_	_	_	_
Suspec						_	_	-
Non-Pulmonary-G	lands			***	-	-	4	-
	ones ar					2		
	ther Fo	orms		***		1	200	2
Nervous System-			200	200		DE LA CONTRA		
Epilepsy				***	100	-	1	-
Chorea Other Conditions			***	***	3	1	7	7
Other Conditions Deformities—	100	***	***	***	1	8	8	7
Rickets			***		1	1	1	-
Spinal Curvature			***		4	2	-	-
Other Forms Other Defects and D	iconene			***	7	10	215	3 65
The Delects and D	iscascs			***	24	37	210	
			Тота	L	217	721	650	194

TABLE II.—continued.

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

					NUMBER OF	CHILDREN.	Percentage
production of the same of the	G	ROUP			Inspected.	Found to require Treatment (3)	of Children found to require Treatment (4)
Code Groups:— Entrants Intermediates Leavers			 	 	284 311 361	53 71 62	18.7 22.8 17.2
Total (Code Groups)		 	 	956	186	19.5
Other Routine Insp	ection	s	 	 	45	9	20.0

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is only given in respect of children suffering from any combination of the following types of defect :—

Blindness (Not Partial Blindness), Deafness (Not Partial Deafness), Mental Defect, Epilepsy, Active Tuberculosis, Crippling, Heart Disease.

		-	-
3	Number of children suffering from any combination the above defects	of	5
	BLIND CHILDREN.		
	child is a child who is too blind to be able to read to books used by children.	the	
	At Certified Schools for the Blind		_
	At Public Elementary Schools		-
	At Other Institutions		-
	At no School or Institution	***	_
	Total		_
	PARTIALLY SIGHTED CHILDREN.	The last	
	At Certified Schools for the Blind		_
	At Certified Schools for the Partially Sighted		-
	At Public Elementary Schools		2
	At other Institutions		
	At no School or Institution	***	
	Total		2

TABLE III.—continued.

		ry school.				1	
	Certified School			***			1
	Public Elemen			***			
	other Institutio no School or In		***				
110	no beneoi oi in	Stitution				***	
(ka)	Total						1
	PARTIALLY	DEAF CHILD	REN.				
	Certified School						_
	Certified School		1.5	Deaf			-
	Public Element other Institutio				***		-
	no School or In						
***	no benoor or rn.	Stitution					
	Total		***				-
card are incana				,	ull or b	ack-	
enefit from the i	nstruction in th able by reason o	of that defect	efect ublic of re	of recei Element ceiving	ving pr tary Scl benefit	oper	
enefit from the i out are not incap instruction in Spe	nstruction in th able by reason o ecial Schools for	e ordinary Proof that defect mentally de	efect ablic of re- fectiv	of recei Element ceiving re childr	ving pr tary Scl benefit en.	roper nools from	9
enefit from the i ut are not incap astruction in Spo	nstruction in th able by reason o	e ordinary Pof of that defect mentally de s for Mental	efect ablic of re- fectiv	of recei Element ceiving re childr	ving pr tary Scl benefit en.	roper nools from	9 3
enefit from the i ut are not incap astruction in Spe At At At	nstruction in the able by reason of the certified Schools for Public Element Other Institution	e ordinary Prof that defect mentally de s for Mental ary Schools	of red fective	of recei Element ceiving re childi fective	ving pr tary Scl benefit en. Childre	roper nools from	3
enefit from the i ut are not incap astruction in Spe At At At	nstruction in the able by reason of the certified Schools for Certified School Public Element	e ordinary Prof that defect mentally de s for Mental ary Schools	of red fective	of recei Element ceiving re childi fective	ving pr tary Scl benefit en. Childre	roper nools from n	3
enefit from the i ut are not incap astruction in Spe At At At	nstruction in the able by reason of the certified Schools for Public Element Other Institution	e ordinary Prof that defects mentally designed in the second second in the second second in the seco	of red fective	of recei Element ceiving re childi fective	ving pr tary Scl benefit en. Childre	nools from n	3
enefit from the i ut are not incap astruction in Spe At At At At	nstruction in the able by reason of the certified Schools for Public Element Other Institution of School or Institution of Total	e ordinary Prof that defects mentally designed are selected as for Mental ary Schools ons stitution	efect ablic of re- fectiv	of recei Element ceiving re childr fective	ving pr tary Sch benefit en. Childre	n	3 1 2
enefit from the i ut are not incap astruction in Spe At At At At	nstruction in the able by reason of ecial Schools for Certified School Public Element Other Institution School or Institution School	e ordinary Prof that defects mentally designed in the second seco	efect ublic of rec fectiv	of recei Element ceiving re childr fective	ving pritary Schenefit en. Childre	n	3 1 2
At A	nstruction in the able by reason of ecial Schools for Certified School Public Element Other Institution School or Institution School	e ordinary Prof that defects mentally designed in the second seco	efect ablic of re- fectiv	of recei Element ceiving re childr fective	ving pr tary Sch benefit en. Childre	n	3 1 2
At A	nstruction in the able by reason of ecial Schools for Certified School Public Element Other Institution School or Institution School	e ordinary Prof that defects mentally designed in the second seco	efect ublic of received by De	of recei Element ceiving re childr fective	ving pritary Schoenefit en. Childre	n	3 1 2
At A	nstruction in the able by reason of ecial Schools for Certified School Public Element Other Institution School or Institution School	e ordinary Prof that defects mentally designed in the second seco	efect ublic of received by De	of recei Element ceiving re childr fective	ving pr tary Sch benefit en. Childre 	n	3 1 2

PHYSICALLY DEFECTIVE CHILDREN.

Physically Defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

TABLE III.—continued.

A.—TUBERCULOUS CHIL	DREN.				
 Children suffering from Pulmonary Tube and intra-thoracic glands). 	rculosi	s (inclu	iding p	leura	
At Certified Special Schools		100		1	_
At Public Elementary Schools					
At other Institutions					-
At no School or Institution	***		***		2
Total					2
II.—Children suffering from Non-Pulmo category includes tuberculosis of al shown in (I) above).				(this those	
At Certified Special Schools					3
At Public Elementary Schools					16
At other Institutions					-
At no School or Institution					1
Total				· · ·	20
At Certified Special Schools At Public Elementary Schools At other Institutions					51 27 1
At no School or Institution					
Total					79
C.—CRIPPLED CHILDR This Section is confined to childr diagnosed as tuberculous and in need of treatr are suffering from a degree of crippling suffic materially with a child's normal mode of life	en (o nent fo ciently	ther r that c severe	lisease)	those who erfere	
At Certified Special Schools					2 2
At Public Elementary Schools At other Institutions		***		***	2
At no School or Institution					1
Total					5
D CHILDREN WITH HEART					
This Section is confined to children severe as to necessitate the provision of ed than those of the Public Elementary School.					
At Certified Special Schools	***				4
At Public Elementary Schools					-
At other Institutions At no School or Institution	***	***	***		1
					-
Total					5

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1934.

TREATMENT TABLE.

GROUP I.-MINOR AILMENTS (excluding Uncleanliness, for which see Group VI.).

	Number of Defects tr	Number of Defects treated, or under treatment during the year.	nent during the year
Disease of Defect.	Under the Authority's Scheme. (2)	Otherwise.	Total. (4)
Skin— Ringworm-Scalp (show separately in brackets the number which were treated by X-Rays) Ringworm-Body Scabies Impetigo Other skin disease Minor Eye Defects— (External and other, but excluding cases falling in Group II.) Minor Ear Defects Minor Ear Defects Minor Ear Defects Minor Ear Defects Minor Ear Defects	2 (0) 5 5 128 43 68 126 610	1 9	2 (0) 5 129 43 68 132 610
Total	987	7	994

TABLE IV.—continued.

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No.	No. of Defects dealt with.	vith.	No. of cl	nildren fo	No. of children for whom spectacles were.	ectacles
Defeat or Discours	Hador tho			Prescribed (1)	ibed	Obtained (2)	ined (
Defect of Discase.	Authority's Scheme.	Otherwise.	Total.	(i) Under the	(ii)	(i) Under the	(ii)
(1)	(2)	(3)	(4)	Author- ity's Scheme.	Other- wise.	Author- ity's Scheme.	Other- wise.
Errors of Refraction (including squint)	152	es	154				
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	6	en	51	29	61	92	01
Total	191	0	166				

TABLE IV.—continued.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	А	r
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	Total number treated. (5)		106	the nose and throat.
	Received other forms of Treatment. (4)		_	(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.
		(iv)	01	denoids.
	Total.	(iii)	103	s and a
	To	(ii)	-	Tonsil
ent.		Ξ	1	(III)
Treatme	ner or n the ne.	(iv)	ତୀ	only.
ative J	Practitioner part from th y's Scheme. (2)	(iii)	19	enoids
Received Operative Treatment.	Under the Authority's Scheme, in Clinic Authority's Scheme. (1) (2)	(ii)	-	(ii) Ad
Receive	By Pr Host Au	(E)	1	ly.
	rity's nic	(iv)	1	uo slisi
	Autho in Cli ospital (1)	(iii)	84	(i) Tor
	cheme or H	(i) (ii)	1	
	Ung	(i)	1	

TABLE IV .- continued.

GROUP IV,—ORTHOPAEDIC AND POSTURAL DEFECTS.

Total P	number	65
	Non-residential treatment at an orthopaedic clinic. (iii)	1
Otherwise.	Residential treatment without education.	1
	Residential treatment with education.	
cheme.	Non-residential treatment at an orthopaedic clinic. (iii)	30
Under the Authority's Scheme.	Residential treatment without education.	1
Under tl	Residential treatment with education.	1
		Number of children treated

TABLE IV .- continued.

	14	194	1,652	1000		970	172	1142	1	320	1484	1804	1 1 1 1	8	1	65	9	80
	::	:		:		:	:			:	:	:	, iono	cions		:	:	:
	::	:	+	nr		:	:			:	:	:	Ocapao	catigo		:	:	:
	::	:	out ou	earme		:	:			:	:	:	ino for	103 101		:	:	:
	::	:	fra to	I TOL L		:	:			:	:	:	hothor	esciller		:	:	:
	111	:	Lill annua	Attendances made by enidren for treatment		:	::			:	:	:	on low	Administrations of general ancestieres for extractions		::	:	:
	Half-days devoted to: Inspection Treatment	:	o har	le by c		th	th			th	th	:	of mone	or Sent	!	th	th.	:
	devote nt			es mad		nt tee	ury tee		. 0	nt tee	ury tee		tions.	THOUS	rations	nt tee	ury tee	
ECTS.	alf-days de Inspection Treatment	Total	1	endanc	Fillings :-	Permanent teeth	Temporary teeth	Total	Extractions.	Permanent teeth	Temporary teeth	Total	. ininte	o miscre	Other operations :-	Permanent teeth	Temporary teeth	Total
DEF	Hall In	T	A 44	Atte	Filli	Pe	Te	T	Evt	Pe	Te	T	A de	MDV	Oth	P	Te	T
TAL	<u>8</u>		(6)	3	(4)				10	3			(0)	9	0			
EZ																		
V.—DEN			oo a	24	20 50 20 50		236	219	67	09	55	945	338	1983		1106	696	
SROUP VDEN			∞ ; ::	24		102	236		67		555	945		1983		9011	696	
GROUP VDEN					20 EG	102		:		:			338	1983				
GROUP VDENTAL DEFECTS			:	:	27 00	102		:	: :	:	:	:	338	1983		***	:	
GROUP VDEN	vere:	ged:		:	20 100	102	****	:		:	:	:	338	1983		:		
GROUP VDEN	who were:	Aged:		:	20 100	102	****	:		:	:		338	1983		:		
GROUP VDEN	d by the Dentist:	Aged:		:	20 100	102	****	:		:	:		338	1983		:		
GROUP VDEN	of Children who were:	Aged:		:	20 100	102	****	:		:	:		338	1983		:		
GROUP VDEN	(1) Number of Children who were:— (a) Inspected by the Dentist:	Aged:		:	20 100	102	****	:		:	:		338	1983		***		

CONDITIONS.	
VERMINOUS	
AND	
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GROUP	

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e Schoo	ol Nur		Local		:	
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he year	hools b	::	made l	taken		:
(i.) Average number of visits per school made during the year by the School Nurses	(ii.) Total number of examinations of children in the Se	(iii.) Number of individual children found unclean	(iv.) Number of children cleansed under arrangements made by the Local Education Authority	 (v.) Number of cases in which legal proceedings were taken:— 	(a) Under the Education Act, 1921	(b) Under School Attendance Bye-Laws

Mental Deficiency (Notification of Children) Regulations, 1928.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31st DECEMBER, 1934, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified 3.

ANALYSIS OF THE ABOVE TOTAL.

DIAGNOSIS.	BOYS.	GIRLS.
(i) Children incapable of receiving benefit or further benefit from instruction in a Special School:		
(a) Idiots (b) Imbeciles	-	-
(b) Imbeciles (c) Others	1	2
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:		
(a) Moral defectives	-	-
(b) Others	-	-
Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	_	_
Feeble-minded children notified under Article 3, i.e., "special circumstances" cases Note,—No child is notified under Article	-	-
3 until the Board have issued a formal certificate (Form 308 M) to the Authority.		
Children who in addition to being mentally defective were blind or deaf	-	-
fied without reference to the Board— see Article 2, proviso (ii)		
Grand Total	1	2

Number of Children Medically Inspected at each School.

	SCHOOL		GRADE.	BOYS.	GIRLS
St. James'		 	 Boys	64	
,,		 ***	 Girls	-	55
,,		 	 Infants	31	24
St. Barnabas'		 	 Mixed	28	41
**		 	 Infants	20	19
St. John's		 	 Mixed	25	27
Down Lane		 	 Infants	28	35
St. Luke's		 	 Infants	17	18
St. Augustine's		 	 Mixed	13	13
Royal Victoria		 	 Boys	46	-
Grosvenor		 	 Boys	22	-
Basinghall		 	 Infants	12	7
Holy Trinity		 	 Girls	-	43
St. Peter's		 	 Mixed		_
,,		 	 Infants	15	6
Murray House		 	 Girls	_	57
King Charles'		 	 Boys	21	-
Christ Church		 	 Infants	16	28
St. Mark's		 	 Mixed	12	21
Rusthall		 	 Boys	77	-
,,		 	 Girls	77	81
		 	 Infants	44	49
Open Air		 	 Mixed	10	11
			 TOTAL	501	534

1036*

RE-INSPECTIONS :-

This figure includes children specially inspected in the schools in addition to the Routine Medical Inspections.

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