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**Contributors**

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WHITSTABLE URBAN DISTRICT

1962

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

In Office 1963:

Chairman of the Council, Councillor E.J.C. Greenhouse

Chairman of the Health Committee, Councillor Mrs. M. Loch

Clerk - J.E. Greenwood, M.C., T.D.,

Treasurer - F. Tomlinson, F.I.M.T.A., A.R.V.A.

Engineer and Surveyor

B.E. Hardy, A.M.I.C.E., A.M.I.Mun.E.

Chief Public Health Inspector

F.W.I. Whitehouse, M.R.S.H., M.A.P.H.I.,

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Whitstable

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Library  
11.11.62

WHITEHALL ROAD DISTRICT

1962

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

In Office 1962

Chairman of the Council, Councillor E.C. Greenham  
Chairman of the Health Committee, Councillor W.M. Jack

Clerk - J.E. Greenham, M.C., F.R.C.S.  
Treasurer - P. Greenham, F.R.C.S., A.M.B.A.

Medical Officer and Surgeon  
R.A. Greenham, A.M.B.A., A.M.I.H.A.  
Chief Public Health Inspector  
F.E. Greenham, M.B.B.S., M.A.F.H.A.

Public Health Department, 100, Whitehall Road,  
Whitehall

Telephone 171 (4 lines)

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report covering the year 1962.

The Registrar General is not yet willing to credit the town with the population findings of the Census of 1961 (Male 8,638; Female, 10,891; Total 19,534) and allows us only to have 19,280 at mid 1962. This has been apportioned as Males 8,525, Females 10,755 on the basis of the census.

The birth rate, crude 13, corrected 14.7, per 1000 population is well below the national figure of 18., and the number of births in the year fell by 18 to 251. Just over half this fall was due to a marked drop in illegitimate births, which were only 3.6% of the total, compared to the national figure of 6.6%.

The number of deaths rose during the year to 385 giving a death rate of 20. Even corrected by the Registrar General's factor which adjusts it to 14.4 per 1000 population it is above the national figure of 11.9. The calculation for each sex separately shows a male death rate of 21. against a female death rate of 19.1

The population contains a heavier than normal proportion of elderly and has an attraction for retired persons. The causes of death in which there were marked rises are those of old age, but chest infection took a greater toll than in either of the last two years. One cannot fail to remark on the continuing rise in the toll of deaths from cancer of the lung and bronchus. The rate now stands at 18.7 per 10,000 per annum for males (15. in 1961) and 4.7 per 10,000 per annum for females, (3.7 in 1961) This may not seem very great, but you must regard this as the indications of a growing epidemic of a disease which is preventable, and which each year takes a toll of those in the years of approaching or early retirement. Consider your smoking habits now. The cigarette stands out clearly as the villain of the piece. (Combined rate per 10,000 population: 1952 = 4.7: 1957 = 6.3: 1963 = 10.9).



I have the honor to present the annual report covering the year 1962.

The Registrar General is not yet willing to reveal the total population figures of the Census of 1961 (Male 8,632, Female 10,891; Total 19,523) and allow us only to have 19,523 as the total. This has been reported as Male 8,632, Female 10,891 on the basis of the census.

The birth rate, crude 17, amounted 11.7 per 1000 population is well below the national figure of 18, and the number of deaths in the year fell by 18 to 221. That over half this fall was due to a marked drop in infantile deaths, which were only 1.6% of the total, compared to the national figure of 2.4%.

The number of deaths rose during the year to 355 giving a death rate of 1.8. Even corrected for the Registrar General's factor which adjusts it to 1.6 per 1000 population it is above the national figure of 1.3. The calculation for men and women separately shows a male death rate of 2.1 against a female death rate of 1.1.

The population continues a heavier than normal proportion of elderly and has an attraction for retired persons. The census of 1961 in which there were 1,000,000 more of old age, but their numbers took a greater fall than in either of the last two years. One cannot fail to remark on the continuing rise in the toll of deaths from cancer of the lung and breast. The rate now stands at 18.7 per 10,000 per annum for males (15.7 in 1961) and 11.7 per 10,000 per annum for females (10.7 in 1961). This may not seem very great, but you must regard this as the indication of a growing epidemic of a disease which is preventable, and which each year takes a toll of 10,000 in the years of retirement or early retirement. Consider now infantile deaths. The rate of 1.6 stands out clearly as the victim of the plague (Infantile rate per 10,000 population 1952 = 4.7; 1957 = 2.2; 1962 = 1.6).

WHITSTABLE U.D.C.

CENSUS 1961 DETAIL

Age Group 65 - 74

Males	1126	Married	970	S/W/D	156
Females	1736	Married	776	S/W/D	960

Age Group 75 +

Males	590	Married	396	S/W/D	194
Females	1233	Married	246	S/W/D	987

S/W/D - Single, Widowed, Divorced.

The anomaly between the total of married men to married women is explained by the number of spouses of younger years and is reversed in the 16 + group. It is not a bigamous situation!





The incidence of infectious disease remained low and we enjoyed comparative freedom from measles which is due again in 1963 in its biennial occurrence. We had the good fortune to be free of dysentery and food poisoning.

Extended survival of the elderly section of the community, while a happy result of improved control of disease and treatment by modern drugs, has brought about a situation that has to be met by County services, Urban District Council services, Hospital services and voluntary services working in co-operation. Ageing is a relative condition and may begin in the late fifties or be hardly noticeable before the seventies, but by 75 most people need a friend; one who is on regular visiting terms and understands the slight eccentricities, confusions or lapses of an ageing person, and the tolerance of waning standards that can bring about conditions approaching the insanitary.

The first of all measures in this field is the interest of neighbours. During 1962 the Council of the Over-60's developed the Rest Centre, a place for social contact, which is the second necessity. The W.V.S. has served part of this need in their meals centre, as well as caring for the nutrition of the housebound by their meals on wheels service.

The Health department dealt with two cases during the year, of elderly persons whose standards of self-care had broken down. Informal action met the needs and action under Section 47 of the National Assistance Act was not required.

The housing of elderly was further considered by the Council, and local provision is still under review. 58 old people's bungalows are provided by the Council and 67 flats suitable for elderly persons have been built. In addition there are 8 dwellings or almshouses provided by local charities. The extent of private provision through lodgings specialising in old people is not known, but 8 places in private old persons' homes are registered. The County Council home for old people has 31 places. Not all the people occupying such dwellings are 75 years or over. The population age 75 or over is estimated, by using the Registrar General's breakdown into age groups for the South Eastern Region outside Greater London, to be approximately 360 males (4.2%) and 820 females (7.5%), 1,180 persons in all. Thus the Council provides dwellings suitable for elderly persons equivalent to 10% of those aged 75 years or over. Its general housing provision is just under 10% of all dwellings in the town (733 out of 7,510 private households - Census 1961).





Much has yet to be learned of the make up of this section of the population. Research has shown that the risk of difficulties is greater amongst the single, widowed or separated person or in the low socio-economic section of the population. We must anticipate an increase in the population aged 75 and over in the next ten years equivalent to 15%. They are economically the weakest section of the community and with the rising living standards and separate housing of the younger age groups, the elderly lose the support of their children when it is needed unless the housing of young and old is in the same locality.

These comments have but touched on the problems for us of the elderly in the community and close co-ordination between voluntary, civic, county and state services will be needed to meet these problems.

#### Other Matters:

##### Co-ordination

We had occasion to seek a meeting of the Co-ordinating Committee led by the Divisional Education Officer, to deal with a problem household. This procedure in which departmental officers of the County Council and District Council officers, along with any voluntary agency involved, and the family or hospital doctor concerned may discuss a case together, cuts corners and resolves difficulties in a very useful manner.

##### Smoke

One factory chimney caused trouble and received attention, the need being to ensure correct stoking of a furnace with reasonable provision for smoke and dust prevention. In the main, household chimneys are the greatest culprits in the production of morning or evening smoke, and as the production of smokeless fuel advances to provide better local supplies, the promotion of household smoke prevention may be developed. The Council can show an example in the type of fireplace or form of heating provided in new council houses.

##### Dust

There was more trouble during 1962 with the Tarmacadam plant at the Harbour but there is more promise of improvement in the measures taken during 1963 than in anything done previously.

It has been pointed out that the rate of increase of the population is not uniform, but that it varies from place to place. In some places the rate of increase is high, while in others it is low. This is due to a number of factors, such as the availability of land, the amount of rainfall, and the degree of development of the area. In general, the rate of increase is higher in areas where there is a surplus of land and a high degree of development, and lower in areas where there is a shortage of land and a low degree of development.

There are many factors which influence the rate of increase of the population, and it is not possible to give a simple answer to the question of why the rate of increase is higher in some places than in others. However, it is clear that the rate of increase is not uniform, and that it varies from place to place.

### Other factors

### Co-ordination

The fact that the rate of increase of the population is not uniform, and that it varies from place to place, is a problem which must be solved if we are to have a balanced and harmonious development of the country. This can only be done by co-ordinating the various factors which influence the rate of increase, such as the availability of land, the amount of rainfall, and the degree of development of the area. This co-ordination must be done at the national level, and it must be done in a way which will ensure that the rate of increase is uniform throughout the country.

### Steps

The first step in co-ordinating the various factors which influence the rate of increase of the population is to identify the factors which are most important. These factors are the availability of land, the amount of rainfall, and the degree of development of the area. The second step is to determine the extent to which these factors are being utilized. This can be done by comparing the actual rate of increase with the potential rate of increase. The third step is to develop a plan for co-ordinating the various factors. This plan should take into account the needs of the different regions of the country, and it should be designed to ensure that the rate of increase is uniform throughout the country.

### Conclusion

There are many factors which influence the rate of increase of the population, and it is not possible to give a simple answer to the question of why the rate of increase is higher in some places than in others. However, it is clear that the rate of increase is not uniform, and that it varies from place to place. This is a problem which must be solved if we are to have a balanced and harmonious development of the country. This can only be done by co-ordinating the various factors which influence the rate of increase, such as the availability of land, the amount of rainfall, and the degree of development of the area. This co-ordination must be done at the national level, and it must be done in a way which will ensure that the rate of increase is uniform throughout the country.



### Dust - (contd.,)

Cement mixing plants for the production of bulk mixed concrete were inspected in other parts of Kent in order to advise the Council on possible industrial developments adjoining Harbour Street.

### Smell

Further complaints were received about smell from a dump of fish-boxes, a trading problem linked with general food hygiene, and efforts made to improve matters were probably helpful.

The Sewage Works were a source of complaint of smell and the Council was advised to carry out a programme of planting of trees, and bushes of the aromatic varieties. The Council took advice on the matter and have carried out a planting programme.

### Refuse Dumping

Troubles arose from irresponsible action by individuals and caused complaints about the disused railway track. This is unforgiveable as the Public Health Department is most accommodating about accepting rubbish at the Council's tip. As the old railway tends to invite such nuisance the development of the area was encouraged.

### Housing

The Chief Public Health Inspector will give detail of the action taken during the year; nevertheless I should like to mention one point. There are still dwellings which were constructed for Summer use only, or of short-lived materials which are in use as permanent dwellings. For such use to be reasonable much work of improvement and insulation has to be done to them, otherwise condemnation will overtake and overwhelm them of a certainty.

### Disinterments

The War Graves Commission involved the medical officers of health in supervision by Home Office instruction, of the disinterment of German War graves in these parts of England. The graves were opened, identification





Disinterments - (contd.,)

of remains was checked by the working team and the remains removed in a decent and careful manner in plastic coffers, for re-burial in a special cemetery in Surrey. All precautions were taken to lime the area of graves after disturbance and the work was done in a discreet manner behind screening.

Infectious disease control

Smallpox vaccination is still the only sure method of control of a disease which may be transmitted to this country at any time by air. Even seaborne smallpox is still possible and now that Whitstable Harbour trade has linked so firmly with Scandinavia, which has contacts with Poland and the Baltic, seaborne channels exist. In 1962 we were well aware of the risk of smallpox, for outbreaks in this country arose from cases arriving from an epidemic focus in Pakistan and nearby, by air and well within the incubation period. Stockholm and Warsaw have both been involved during 1963.

It is therefore encouraging to note that the number of primary vaccinations recorded in 1962 approaches nearer to the intake of newborn babies. The ideal time for primary vaccination is when the child achieves the age of 1 year. It has, by that age, displayed any possible clinical contra-indication and is outside the risk years for complications. Mothers, give your child the benefit of primary smallpox vaccination as soon as your child is 1 year old!

May I express my thanks to the Officers of the Council and to the Members for their willingness to receive my advice, and patience in seeking to understand it. We may not always see eye to eye on matters animal, vegetable or mineral, and especially mineral - but to mix a metaphor, if we can get our teeth into the subject without gnashing them, we may yet agree that there is good in fluoride.

Your obedient servant,

MALCOLM S. HARVEY.

Introduction - (cont.)

It is noted that the very first and the only mention in a document and correspondence is dated 1911, the year in a general context in history. All previous years have been in a general context after 1911 and the year 1911 is a general context.

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Very different context.

WILLIAM B. HARRIS.



STATISTICS      (Vital and Morbid)      1962      (Population census figure  
1961 - 19,534)

Registrar General's population figure for mid-1962 = 19,280.

Approximately      Male      ....      8,525      Female      ....      10,755.

Live Births      =      251      Male      =      130      Female      =      121      England  
& Wales

Live Births rate per 1,000 population      ..      ..      ..      ..      13.0  
(Corrected for population make up      =      14.7)

17.4

Stillbirths      =      2      Infant deaths      =      4      (all legitimate)

Total Live and Stillbirths      =      253

Stillbirths per 1,000 live and stillbirths      =      8

Infant Mortality rate per 1,000 live births - total      ..      16.0

21.4

Infant Mortality rate per 1,000 live births - legitimate      16.5

Infant Mortality rate per 1,000 live births - illegitimate      Nil

Infant deaths in first week      ...      ...      4

Perinatal Mortality rate (S.B. and above per 1,000  
live and stillbirths)      ..      23.7

Illegitimate live births      ..      ..      ..      ..      9.

Illegitimate live births per cent of total live births      3.6%

Maternal deaths (including abortion)      ..      ..      ..      ..      Nil

Deaths all causes      =      385

Male      =      180      Female      =      205

Deaths under 1 week      =      4

Male      =      1      Female      =      3

Death rate per 1,000 population      ..      ..      ..      ..      20.0

12.0

(Corrected by population factor      =      14.4)      D.R. Male      21.0

D.R. Female      19.1

Deaths from Cancer of Lung and Bronchus:-

Total      =      21      Male      =      16      Female      =      5

Rate per 10,000 (Census distribution)

Male      =      18.7      Female      =      4.7



STATISTICS (Vital and Health) 1962  
 (Population Census Figure 1961 = 19,230)

Registrar General's population figure for mid-1962 = 19,230.

Approximately 19,230

Live Births = 191 Males = 190 Females = 191  
 The birth rate per 1,000 population .. .. 19.0  
 (Corrected for population made up = 19.7)

Stillbirths = 3 Males = 2 Females = 5 (all legitimate)

Total live and stillbirths = 194

Stillbirths per 1,000 live and stillbirths = 1.5

Infant mortality rate per 1,000 live births - total .. 19.1  
 Infant mortality rate per 1,000 live births - legitimate .. 18.9  
 Infant mortality rate per 1,000 live births - illegitimate .. 20.1

Infant deaths in first week .. .. 4

Infant mortality rate per 1,000 live and stillbirths .. 19.7

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CAUSES OF ALL DEATHS

1952	CAUSE	1961	1962
6 -	Tuberculosis, respiratory Other forms of Tuberculosis	1 -	- -
3	Infective and Parasitic Diseases	-	2
6 8 4 4 29 1	Malignant Neoplasm, Stomach " " Lung, Bronchus " " Breast " " Uterus Other Malignant Neoplasms Leukaemia and Aleukaemia	10 17 8 5 40 3	3 21 7 1 36 3
3	Diabetes	2	2
28 43 5 64 21	Vasc: Lesions of Nervous System Coronary Disease, Angina Hypertension with Heart Disease Other Heart Diseases Other Circulatory Diseases	60 46 9 50 24	51 68 13 78 24
1 8 6 3	Influenza Pneumonia Bronchitis Other Respiratory Diseases	- 8 16 5	5 13 16 2
1 3 4 3	Ulcers of Stomach and Duodenum Gastritis, Enteritis, Diarrhoea Nephritis and Nephrosis Hyperplasia of Prostate	6 1 3 1	2 - 2 -
1 3	Pregnancy, Childbirth, Abortion Congenital Malformation	- 1	- -
23 1 4 1	Other defined or ill defined diseases Motor Vehicle accidents Other Accidents Suicide	22 3 3 5	21 6 5 4
287	TOTAL	349	385
139 148	Male Female	154 195	180 205

CAUSE OF ALL DEATHS

1982	CAUSE	1981	1980
8	Tuberculosis, respiratory	1	-
-	Other forms of tuberculosis	-	-
3	Infectious and parasitic diseases	-	2
8	Neoplasms, malignant	10	3
8	" " " " " "	17	24
4	" " " " " "	8	7
4	" " " " " "	5	1
29	Other neoplasms, malignant	10	26
1	Leukemia and lymphomas	3	3
3	Diabetes	2	2
28	Heart diseases of ischemic type	60	51
43	Coronary diseases, atherosclerosis	46	50
3	Hypertension with heart disease	9	13
64	Other heart diseases	30	70
24	Other circulatory diseases	24	24
1	Influenza	1	8
8	Pneumonia	5	13
6	Bronchitis	10	10
3	Other respiratory diseases	5	2
1	Ulcers of stomach and duodenum	3	2
3	Gastrointestinal diseases	1	1
4	Hepatitis and cirrhosis	3	2
3	Hypertension of kidneys	1	1
1	Brain, malignant, neoplasms	-	-
1	Cerebral infarction	1	-
23	Other defined or ill defined diseases	23	24
1	Motor vehicle accidents	3	6
4	Other accidents	3	5
1	Intoxication	3	6
287	TOTAL	269	302
133	Male	127	160
148	Female	132	202

IMMUNISATION AND VACCINATION

	<u>Under 5 years</u>	<u>5 - 15 years</u>		
<u>Diphtheria Immunisation</u>				
Primary Immunisation	240	23		
Re-inforcing Immunisation	110	130		
<u>Whooping Cough Inoculation</u>	238	4		
<u>Smallpox Vaccination</u>			<u>15 yrs. and over</u>	
Primary	237	45	5	
Revaccination	5	11	14	
<u>Poliomyelitis Protection</u>				
Injections or Oral				
	<u>2 doses</u>	<u>3 doses mixed</u>	<u>3 doses oral</u>	<u>4th dose</u>
Under 5 years of age	74	194	150	-
5 - 19 years	23	81	25	370
20 years and over	31	209	32	-
T O T A L S	<u>128</u>	<u>484</u>	<u>207</u>	<u>370</u>





INFECTIOUS DISEASES

DISEASE	Quarters of year				By Age Groups					Total	
	1st	2nd	3rd	4th	0-4	5-9	10-14	15+	65+	1962	1961
Scarlet Fever	1	4	2	1	2	3	1	2	-	8	1
Measles	1	-	3	3	2	3	1	1	-	7	301
Whooping Cough	-	-	-	-	-	-	-	-	-	-	3
Pneumonia	2	-	-	-	-	-	-	2	-	2	-
Acute Polio.	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	1	-	-	-	-	1	-	1	-
Erysipelas	-	-	-	-	-	-	-	-	-	-	3
Dysentery	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-	-	-	-

TUBERCULOSIS	Quarters of year				By Age Groups				Total	
	1st	2nd	3rd	4th	15-24	25-44	45-64	65+	1962	1961
Respiratory										
Female	1	-	-	-	-	1	-	-	1	2
Male	2	2	3	-	2	2	2	1	7	4
Other Forms										
Female	-	-	-	1	-	-	-	1	1	1
Male	-	-	-	-	-	-	-	-	-	-

Number on T.B. Register - 31st December 1962  
(1961 figures in parenthesis)

Respiratory	:	Male	80	(70)	Female	37	(40)
Other Forms	:	Male	9	(10)	Female	24	(23)

# NOTIFICATION

DISEASE	Quarters of Year			By Age Groups			Total	
	1st and 2nd	3rd and 4th	5th and 6th	0-4	5-14	15+	1902	1903
Scarlet Fever	1	4	2	1	3	1	8	1
Diphtheria	1	-	3	3	1	1	7	301
Whooping Cough	-	-	-	-	-	-	-	3
Rheumatism	2	-	-	-	-	2	2	-
Acute Infect.	-	-	-	-	-	-	-	-
Respiratory System	-	1	-	-	-	1	1	-
Exanthema	-	-	-	-	-	-	-	3
Pharyngitis	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-

TUBERCULOSIS	Quarters of Year			By Age Groups			Total	
	1st and 2nd	3rd and 4th	5th and 6th	0-4	5-14	15+	1902	1903
Respiratory	1	-	-	-	1	-	1	2
Female	1	2	-	2	2	-	7	4
Other Form	-	-	-	-	-	-	-	1
Female	-	-	-	-	-	-	-	-

Number on T.B. Register - Dec. 31, 1903  
(1903 figures in parentheses)

Respiratory : Male 10 (20) Female 27 (10)  
Other Form : Male 3 (10) Female 24 (10)