

Kent County Council Minutes

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KENT COUNTY COUNCIL.

Quarterly Report of the Medical Officer of Health,

QUARTER ENDED 30th SEPTEMBER, 1929.

To the Chairman and Members of the Public Health Committee of the Kent County Council.

MY LORDS, LADIES AND GENTLEMEN,

I beg to present the following report for the quarter ended 30th SEPTEMBER, 1929.

1.—Maternity and Child Welfare.—(A) ADMINISTRATION OF MIDWIVES ACTS, 1902 to 1926.

(i.) The following summary indicates the work carried out by the inspectors of midwives from 1st July—30th September, 1929 :—

District.	No. of Inspections of Midwives.	Total Number of Visits.	Midwives inspected.	
			Trained.	Bonâ fide.
North and West ...	107	155	104	3
South and East	108	186	100	8
Totals	215	341	204	11
			215	

(ii.) PUERPERAL FEVER.—Seven notifications were received during the above period. Doctors attended the confinements in six cases, and in one instance a midwife attended.

(iii.) SUSPENSIONS.—The following midwives were suspended for the reasons stated, and until satisfactory disinfection had been carried out :—

Midwife No. 62537.	Twelve days, during attendance on a case of puerperal fever.
„ No. 53512.	Four days, during attendance on a case of puerperal pyrexia.
„ No. 68626.	Nine days, during attendance on a case of puerperal pyrexia.
„ No. 52305.	Six days, during attendance on a case of pemphigus.
„ No. 49544.	Twenty-four hours, after attendance on a case of enteric fever.
„ No. 65530.	Twenty-four hours, after contact with a case of scarlet fever.
„ No. 1999.	Five days, during attendance on a scarlet fever contact.
„ No. 65082.	Six days, during attendance on a case of typhoid fever.
„ No. 64532.	Forty-eight hours, after attendance on a case of para-typhoid fever.
„ No. 56484.	Forty-eight hours, after attendance on a case of erysipelas.
„ No. 71261.	Three days, after attendance on a case of diphtheria.

(iv.) COMPENSATION FOR SUSPENSION.—I have received applications for compensation from Certified Midwives Nos. 62537, 53512, 68626 and 56484, who were suspended for the periods shown in paragraph (iii.) above. I recommend that compensation be paid as follows :—Certified Midwife No. 62537, £6 17s. ; Certified Midwife No. 53512, £1 14s. ; Certified Midwife No. 68626, £2 0s. 6d. ; Certified Midwife No. 56484, £1 8s. 6d.

(B) MIDWIFERY SERVICES.—(i.) SUBSIDISED MIDWIVES.—DUNTON GREEN AND DISTRICT.—Adverting to paragraph 1 (D) (i) of my report for the March quarter, 1927, I recommend that a grant of £25 be made to Miss D. M. Lloyd, subsidised midwife, to aid her in commencing a maternity and nursing home for the poorer class mothers of the district. The home will be run in conjunction with the district midwifery work, which still will be regarded as of primary importance.

This midwife is guaranteed a minimum income of £100 per annum, £50 of which is in the form of a subsidy, and is paid in monthly instalments. I recommend that the above grant, if approved, be adjusted by temporarily reducing the subsidy from £50 per annum to £25 per annum, from 1st October, 1929, to 30th September, 1930.

(ii.) ASSISTANCE TO NURSING ASSOCIATION.—For some years the Throwley Nurse's Fund has been in financial straits, and the County Council have made several special grants in aid of its expenditure.

The statement of accounts for the year just ended shows a deficit, and I recommend that a special grant be made of £20 in aid of the midwifery and maternity work of the association. (This will be in addition to any grant to which they become entitled under Section 101 of the Local Government Act, as the latter is only a continuation of grants previously paid each year by the Ministry of Health).

(C) NURSING HOMES REGISTRATION ACT, 1927.—Adverting to paragraph 1 (K) of my report for March last, I beg to report that I have inspected personally the following Homes in detail (in addition to those shown in my previous reports), and I recommend that they be registered :—

No.	Name and Address of Home.	Name of Person responsible for the management of the Home.
30	51, Avenue Road, Anerley, Penge	Mrs. E. Taylor.
31	Harwood House Nursing Home, 48/50, Thicket Road, Anerley, Penge	Mrs. E. Whiteside.
32	"Chesterfield," 214, Anerley Road, Anerley, Penge ..	Nurse W. M. George.
33	Silverton Nursing Home, 39, Weighton Road, Anerley, Penge	Nurse A. March.
34	282, Kent House Road, Beckenham, Penge	Nurses E. G. Hill and E. J. Dadswell.
35	Danson Nursing Home, Dover House, Park View Road, Welling, Bexley	Miss E. S. Scott.
36	Home for Aged and Convalescent, The Manor House, Bexley	Mr. and Mrs. S. J. Brunt.
37	Wrencote and Dell Cottage, Dartford Heath, Dartford	Mrs. M. Hennessy.
38	The Rowans, Hextable, Swanley Junction	Miss D. A. Flint.
39	Nursing Home, Radnor House, Hawkinge, near Folkestone	Miss E. J. Westcott.
40	Wellesley House Nursing Home, Wellesley House, Castle Road, Walmer	Miss L. H. B. Hayter.
41	Teynham Court, Teynham	Miss A. G. Eyre.
42	Nursing and Rest Home, The Gables, St. Margarets-at-Cliffe	Miss C. L. Walton.
43	Street Farm House, Burham, near Maidstone	Mrs. A. G. Price.

The Whitstable and Tankerton Cottage and Convalescent Hospital and the Lady Margaret Hospital, Doddington, have applied for exemption from registration, and I recommend that these applications be granted.

(D) HEALTH VISITING.—The following is a brief summary indicating the work carried out by the county health visitors during the quarter under review :—

No. of Birth notifications received.	No. of Births not yet visited.	No. of Visits.									No. of removals.	No. of Births not investigated.	No. of Deaths.			No. of Still-births investigated.	No. of cases of Ophthal-mia Neonatorum.	No. of Births not notified	
		To Infants under 12 months.				To Children 1 to 5 years.	To Expectant Mothers.		Special.	Fruit-less.			Under 1 month	1 month to 1 year.	1 year to 5 years.				
		First.			Subse-quent.		First.												Subse-quent.
		Drs. cases.	Mid. cases.	Other.			First.	Subse-quent.											
1248	319	504	785	61	4378	7006	214	244	476	951	244	85	30	21	9	38	3	26	

Details of complaints by health visitors :—*Re* midwives, —; unqualified women, 1; housing conditions, 21; N.S.P.C.C., 4; other matters, 1.

(E) MATERNITY AND CHILD WELFARE CENTRES.—(i.) The work carried out during the past three months in the maternity centres in those areas in which the Notification of Births Acts are administered by the County Council, is shown in the following tabulation :—

No. of attendances.						No. of attendances of Midwives.	Ages of children at first attendance.						Cases seen by doctor in charge of Clinic.		Cases referred to private doctors and hospitals for treatment.	No. of deaths of children.		
1st Attendance.			Subsequent Attendances.				Under 3 mths.	3-12 mths.	1-2 years.	2-3 years.	3-4 years.	4-5 years.				Under 1 mth.	1 mth. to 1 yr.	1-5 years.
Mothers.			Mothers.															
Expectant.	Others.	Chldn.	Expectant.	Others.	Chldn.													
22	9	563	73	26	11499	222	332	113	49	40	15	14	93	3760	67	1	1	2

(ii.) The Committees responsible for the formation and maintenance of the following centres, have requested that the County Council should in future be responsible for these centres. The activities were started on a voluntary basis to prove whether a need existed in the districts concerned, for institutions of the kind :—

Boughton Monchelsea.—This centre is held in the Village Hall, fortnightly on Tuesdays. The charge for the use of the rooms, including rental, heating, lighting and cleaning, is at the rate of four shillings an opening.

Dr. Smith, of Sutton Valence, acts as medical officer and a local nurse, Miss Newell, is the nurse in charge.

Burham.—The centre is held in the "Cream House," fortnightly on Wednesdays. The charge for the use of the rooms, including rental, heating, lighting and cleaning, is at the rate of five shillings an opening.

Dr. Richmond, of Aylesford, is medical officer and the health visitor, Miss Main, acts as nurse in charge.

Halstead.—This centre is held in the Parish Room on the first and third Thursdays in each month. The inclusive charge for the use of the rooms is at the rate of four shillings an opening.

Dr. Crawford, of Sevenoaks, is the medical officer and the local health visitor, Miss Watt, acts as nurse in charge.

Stansted.—The centre is held in Stausted School on the first Friday in each month. The charge for the use of the rooms is an inclusive one of one shilling and sixpence an opening.

Dr. Bolton, of Wrotham, is the medical officer and two local nurses are in charge.

Stanford.—The centre is held in the Stanford Parish Room on the second and fourth Wednesdays in each month. The charge for the use of the rooms is at the rate of £3 12s. 0d. per annum, and that amount covers rental, heating, lighting and cleaning.

Dr. Edith Gould acts as medical officer, and a local nurse, Miss Twose, is the nurse in charge. The health visitor also attends as required.

I beg to recommend that these centres be taken over by the County Council—Burham as from April 1st, 1929, Halsted and Stansted from July 1st and Boughton Monchelsea and Stanford from October 1st. At the present time the medical officers only attend at monthly intervals, at one guinea per session, but it may be desirable later that they should attend each fortnight.

(iii.) I recommend that the following centres should be held fortnightly in future instead of monthly as at present :—

Selling.—Average attendance 12. Rental five shillings per opening (previous rental seven shillings and sixpence per opening).

Elham.—Average attendance 12. Rental seven shillings and sixpence per opening (plus cost of heating and lighting), previous rental ten shillings an opening (plus cost of heating and lighting).

Lyminge.—Average attendance 9. Rental ten shillings per opening (previous rental eleven shillings an opening). There will be a small expenditure involved in connection with water supply as there is no water laid on to the hall.

The following centre should be held every other Tuesday instead of the first and third Tuesdays in each month :—

Eastry.—Average attendance 18. No charge is made for rental, but a payment is asked of two shillings and sixpence an opening to cover cost of cleaning.

(iv.) *Marden Centre.*—Adverting to paragraph I (E) (iv.) of my last report, I have to state that Dr. Collingwood Fenwick has resigned his appointment as medical officer of the Marden Infant Welfare Centre. I beg to recommend that Dr. E. J. Prentis be appointed in his place at the same fee, namely, one guinea per attendance, subject to the approval of his qualifications by the Ministry of Health.

(v.) *Aylesham Centre.*—I beg to report that the rental charged for the rooms which are used for the purpose of the maternity and child welfare centre at Aylesham, has been increased from five shillings to seven shillings and sixpence per week, as from October 1st, 1929.

(vi.) *Minster-in-Thamet Centre.*—A voluntary centre has been established at Minster-in-Thamet, the first opening being on October 11th. It is held at rooms in Church Street on alternate Fridays. Dr. Cares-Sharpe acts as medical officer in a voluntary capacity for the present, and Mrs. Morris, the county health visitor, is nurse in charge.

(vii.) A letter has been received from the West Wickham Residents Association, suggesting that the parish should have its own welfare centre. I am giving this matter my attention.

(F) MATERNITY AND CHILD WELFARE DENTAL TREATMENT.—The following are particulars of the work carried out at the Dental Clinics during the past quarter :—

	Total No. of Attendances at Clinics.	Number of Cases commencing treatment during Quarter.	Numbers of :—				Other Items of Treatment	Nos. of Dentures Fitted	Anæsthetics	
			Extractions	Fillings	Scalings	Gum Treatment			Local	General
Mothers	389	87	Perm. Teeth 597	Perm. Teeth 6	14	8	150	61	48	85
Infants	41	37	Temp. Teeth 106	Temp. Teeth 12	...	...	20	...	12	27
Totals	430	124	703	18	14	8	170	61	60	112

Number of Sessions of Inspection..... 4

„ Treatment 39

„ attended by Anæsthetists 26

The following are particulars of dentures provided for patients during the quarter :—

No. ordered (counting upper and lower as one), including three repairs.....	38
No. of patients who are paying the full cost of their dentures	17
No. of patients who are paying part cost of their dentures	10
No. of free cases	7
No. of cases in abeyance as to patients' contributions	6
(including two brought forward from previous report)	

In one case previously reported as paying full cost of dentures, a portion of this amount has now been remitted.

(G) MATERNITY AND CHILD WELFARE WORK IN QUEENBOROUGH.—At your last meeting it was decided to apply to the Ministry of Health for the issue of an Order making the County Council the authority for the purpose of the Notification of Births Act, 1907, in Queenborough. This Order has now been issued and took effect as from October 1st, 1929.

(H) REFRESHER COURSE FOR HEALTH VISITORS.—During the past four years, certain of the county health visitors—twenty-six in all—have attended refresher courses in London, at an annual cost of approximately £50. The nurses have been unanimous in the opinion that they have gained most useful experience, and I included a sum of £40 in the current year's maternity and child welfare estimate to enable arrangements to be made for some of the nurses to attend the next course, which will be held at Bedford College for Women, University of London, from Monday, December 30th, 1929, to Friday, January 10th, 1930. I beg to ask for your approval. The Kent Education Committee also contribute to the cost in accordance with the proportion of time devoted to school work by the health visitors who attend the course.

(I) INSTITUTIONAL ACCOMMODATION, ETC.—During the quarter provision has been made for the following :—

(a) Ophthalmia Neonatorum.—Two cases were admitted to hospital.

(b) Confinement Cases.—Nine patients were admitted to institutions, and in one instance it was necessary for the patient to be removed home by ambulance.

The periods of treatment varied from three to thirty-two days.

(J) GENERAL.—During the past quarter, 247 recommendations for grants of milk to expectant and nursing mothers and infants were approved, covering an aggregate supply of 964 gallons of cows' milk and 44 pounds of dried milk. In 146 of these cases grants were made without doctors' certificates to support the same.

2.—Infectious Diseases.—The following summary has been prepared from the weekly returns of the district medical officers to the Ministry of Health.

The returns show that the number of cases of diphtheria closely approximated those of the previous quarter and the corresponding quarter of last year, while the number of scarlet fever notifications was considerably less than in either of these previous periods. Enteric fever was more prevalent than in the previous quarter.

The twelve cases of small-pox were notified from the following districts:—Bexley U.D., 5; Deal B., 1; Margate B., 4; Dartford R.D., 1; Faversham R.D., 1.

*Summary of cases of Infectious Disease notified during the thirteen weeks ended
28th September, 1929.*

Districts.	Population, 1922.	Smallpox.	Diphtheria (including Membranous Group).	Fevers.					Acute Poliomyelitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum	Tuberculosis.	
				Scarlet.	Enteric Typhoid.	Puerperal.		Cerebro-Spinal.				Respiratory.	Other Forms.
						Pyrexia.	Fever.						
Urban	811,440	10 (1)	291 (332)	387 (468)	27 (33)	20 (30)	5 (5)	5 (2)	4 (3)	4 (5)	34 (21)	250 (207)	81 (66)
Rural	339,580	2 (2)	112 (85)	195 (185)	10 (12)	6 (5)	2 (4)	— (1)	1 (2)	1 (—)	3 (9)	84 (76)	23 (21)
Total ...	1,151,020	12 (3)	403 (417)	582 (653)	37 (45)	26 (35)	7 (9)	5 (3)	5 (5)	5 (5)	37 (30)	334 (283)	104 (87)

The figures in brackets relate to the corresponding quarter of the previous year.

3.—Venereal Diseases.—(i.) The following are particulars of the work carried out at the eleven venereal diseases clinics during the quarter under review:—

Institution.	No. of Openings of Clinic.	New Patients.				Attendances of Patients.				Attendances of patients for Irrigation.	No. of "days" of Inpatient Treatment.	Patients discharged after completing Treatment.	Patients who ceased to attend		Patients still under Treatment.	Arsenoben-zene Compounds.	
		Gonorrhoea.	Syphilis.	Soft Chancre.	Other conditions (not V.D.)	Gonorrhoea.	Syphilis.	Soft Chancre.	Other conditions (not V.D.)				Before completing Treatment.	Before Final Test as to Cure.		Patients Treated.	Number of doses given.
Ashford ...	13	2	3	...	...	41	77	...	...	86	...	...	2	...	42	6	26
Canterbury	24	6	1	...	9	24	74	1	17	17	...	6	2	...	208	5	16
Dartford ...	39	13	7	...	10	284	80	...	19	122	...	6	20	5	39	17	39
Dover	26	12	3	...	6	432	169	...	11	...	25	5	7	1	79	27	108
Faversham	13	3	1	...	5	30	37	...	10	194	...	6	1	1	22	4	12
Folkestone	26	7	5	2	4	31	51	2	7	139	...	4	8	1	24	10	36
Gravesend	26	60	22	8	19	1239	998	62	21	1842	...	92	40	15	187	42	176
Margate ...	13	32	1	1	7	219	189	2	15	1502	...	11	6	...	115	14	83
Rochester	26	55	43	11	21	1294	1401	46	70	2967	...	102	20	8	304	63	338
Sheerness	13	2	...	...	...	45	7	...	...	98	...	8	1	2	15	1	2
Tunbridge Wells	26	8	8	...	14	83	101	...	14	...	11	14	4	4	72	11	46
Total...	245	200	94	22	95	3722	3184	113	184	6967	36	249	111	37	1107	200	882

One thousand one hundred and eighty-seven doses of arsenobenzene compounds have been supplied to the one hundred and twenty-eight registered medical practitioners in Kent during the quarter, namely, fifty-seven to private practitioners and one thousand one hundred and thirty to medical officers of treatment centres.

(ii.) **STAFF.**—In accordance with the authority granted at your last meeting, I arranged for relief duty at the Rochester and Gravesend Venereal Diseases Clinics during the time Nurse Monnot was on annual leave—this relief duty had to be extended to cover a period of absence of the nurse on account of illness.

My whole-time nurse made nineteen evening and Saturday afternoon attendances between July 16th and August 10th at a payment of five shillings per attendance; and an outside nurse attended daily from July 16th to September 7th at a remuneration of £5, together with subsistence and travelling expenses. It was necessary for both nurses to attend together for a short time in order that the latter might be instructed in the special character of the work.

4.—Treatment of Crippled Children.—(i.) In connection with massage facilities provided for crippled children, I beg to report that, as a matter of urgency, provisional arrangements have been entered into, with the approval of the Ministry of Health, for the use of another room at the Sevenoaks Clinic, at a payment of five shillings a fortnightly session in winter and two shillings and sixpence a session in the summer—approximately £4 10s. 0d. per annum. The room has already been used on nine occasions up to the end of the September quarter and I beg to ask for your approval of the arrangement.

(The present rent of the orthopædic clinic rooms, exclusive of the additional room referred to, is seven shillings and sixpence an opening plus cost of heating, lighting and cleaning).

(ii.) Attendances of patients at the orthopædic *out-patient* clinics during the quarter ended September, 1929 :—

	New Patients.	Total Attendances.	Allocation of Attendances.				No. of Openings of Clinic.
			County Tuberculosis.	County M.C.W.	Kent Education Committee.	Autonomous Authorities.	
Ashford	10	151	5	35	102	9	13
Broadstairs	6	78	15	4	51	8	13
Canterbury	15	60	9	16	29	6	13
Dartford	20	121	34	2	84	1	3
Maidstone	16	114	11	46	57	—	13
Sevenoaks	9	163	21	28	105	9	13
Sheerness	13	187	7	12	137	31	13
Special Attendances— Massage, etc.	—	962	—	64	898	—	—
Totals ...	89	1836	102	207	1463	64	81

	Alexandra Hospital.	Kent and Canterbury Hospital.	King Edward Avenue Hospital, Dartford.	West Kent General Hospital, Maidstone.	Total.
(iii.) The following is a statement of <i>in-patient</i> treatment:—					
Number of patients admitted during the quarter, ...	15	—	3	—	18
Number of patients discharged during the quarter...	6	2	4	—	12
Number of patients under treatment on Oct. 1st, 1929	72	—	1	3	76

Of the patients still under treatment on Oct. 1st, 1929 :—

49 come under the County Tuberculosis arrangements.

3 " " M.C.W.

23 " Kent Education Committee's arrangements.

1 is a patient from the area of an autonomous authority.

(iv.) Number of patients on the waiting list for institutional treatment ... 16

(v.) Contributions towards cost of institutional treatment of tuberculous cripples and cripples under five years of age :—

	County Tuberculosis.	County M.C.W.
i. Number of patients voluntarily contributing	14	—
ii. Aggregate amount per week of such contributions ...	£1/18/9	—
iii. Number of cases unable or unwilling to contribute	29	2
iv. Number of cases in course of settlement...	6	1

(No charge is made against parents for out-patient treatment.)

(vi.) Additional matters dealt with during the quarter :—

	County Tuberculosis.	County M.C.W.	Kent Education Committee.	Autonomous Authorities.	Total.
Patients X-rayed for diagnosis purposes ...	5	—	4	2	11
Surgical Appliances provided for patients...	5	2	34	2	43
Necessitous cases for travelling expenses ...	—	3	19	—	22

The cases arising for travelling expenses, include patients who were unable to pay their own expenses in making journeys to the out-patient clinics, to institutions or to obtain surgical appliances or special treatment recommended by the orthopædic surgeon, *e.g.*, massage, special exercises, sunlight clinic treatment, etc.

5.—**Nursing Staff.**—(i.) To fill the vacancy caused by the resignation of Nurse Hiscoke, previously reported, I beg to report that Miss Maxted was appointed as health visitor in area No. 21, as from September 2nd, at the usual rate of salary, namely, £200 per annum, increasing by annual increments of £10 to £240 per annum.

(ii.) In accordance with the authority granted by your Committee and the Kent Education Committee, to appoint three additional nurses, I beg to report that I have appointed Miss N. H. Lyle and Miss G. M. Rattray, at the usual rate of salary, namely £200, increasing by £10 increments to £240 per annum.

Miss Lyle took up duty on September 2nd, and Miss Rattray will probably commence on December 1st.

The travelling, &c., allowances for the three new nursing areas should be—Queenborough and Sheppey £30 per annum; St. Mary Cray and district £45 per annum; Aylesham and district £50 per annum.

(iii.) I beg to report that Nurse Nugent, county health visitor, met with an accident whilst riding her motor cycle in the course of her duties, on July 5th. The accident was caused by a side-slip on a freshly tarred road, and resulted in concussion and wounds on face and hands. She resumed duty on July 22nd, and received full salary during her absence.

A claim for compensation was made by the County Accountant, under the Workmen's Compensation Act.

(iv.) Mrs. Hopwood, whose absence from duty I have previously reported as being due to an accident, followed by pneumonia (due to lowered vitality after her accident), is still on part-time duty. On September 28th, her medical attendant communicated with me as follows:—

"I fancy Mrs. Hopwood should gradually get back to full time. I suggest that she be given till the end of this year to work up to full time, as she is not quite fit for full work at present."

Compensation, under the Workmen's Compensation Acts, has been paid at the full authorised rate as from March 28th to June 2nd, followed by half rate to September 30th. A further claim is being submitted in respect of the present quarter.

Mrs. Hopwood has received full salary, as authorised, and I beg to ask for a continuance of the same.

6.—**Local Government and Other Officers' Superannuation Act, 1922.**—

It will be noted from paragraph 18 (E) of page 31 of this report that the Lenham Sanatorium Management Sub-Committee have recommended that certain members of the male staff of the sanatorium should be included in the County Council's Superannuation scheme, on the same terms as the roadmen.

The following are particulars of the service, &c., of the employees in question:—

Name.	Post Held.	Age.	Wage.			Date of Appointment.	Length of Service.	
			£	s.	d.		Years.	Months.
Mitchell, Lionel Cuthbert	Stoker	40	3	2	6	2/8/20	9	1
Obard, Sidney Joseph	Stoker	31	3	2	6	5/1/20	9	6
Horton, William Thomas	Porter	33	2	7	6	27/11/22	6	10
Ransom, Henry Ernest ...	Porter	28	2	7	6	22/9/24	5	—
Wood, Robert Charles.....	Porter	58	2	7	6	18/4/21	8	5
Homewood, Charles Henry	Porter	29	2	7	6	4/8/20	9	1
Smith, Alfred	Gardener	34	3	0	0	19/9/21	8	—
Filmer, Arthur	Assistant Gardener	19	1	6	0	23/4/28	1	5
Smith, Walter Henry	Maintenance	31	3	0	0	1/11/27	1	10
Lewis, Harry	Laundryman.....	39	3	2	6	29/9/19	10	—

I also beg to **recommend** that the whole-time appointment of male orderly at the Gravesend and Rochester Venereal Diseases Clinics, held by Mr. J. A. Davis, should be included as a "designated" staff post under the Superannuation Scheme. Mr. Davis, who is thirty-three years of age, was appointed on the whole-time permanent staff on October 1st, 1929, and he receives a wage of £4 per week. (In addition Mr. Davis receives ten shillings per week for acting as cleaner of the Rochester Clinic, at which he is caretaker, and lives rent free.) He was first appointed part-time orderly for the Gravesend Clinic only on April 2nd, 1925.

7.—Annual Report.—I beg to submit herewith my seventeenth Annual Report on the Health and Sanitary Condition of the County of Kent, for the year ended December 31st, 1928.

8.—Local Government Act, 1929.—Poor Law.—During the quarter under review, as many steps as possible have been taken towards the future administration, of the medical side, under this Act. There will be much more to state in this connection in my next Quarterly Report.

I have interviewed the following bodies and stated fully the medical aspects of this Act, including the future of voluntary hospitals:—

- (1) The Kent Branch of the British Medical Association at Dover, on July 3rd.
- (2) The Medical and Panel Committee of Kent, at the West Kent General Hospital, Maidstone, on July 4th.
- (3) The Maidstone Division of the Kent Branch of the British Medical Association on July 11th, at Maidstone.
- (4) At Sheffield, on July 16th, at the Annual Congress of the Royal Sanitary Institute, I discussed this matter with many Medical Officers of Health and General Medical Practitioners.
- (5) At Manchester, on July 22nd and 23rd, similarly, in connection with the Central Body of the British Medical Association.
- (6) At a Meeting in Maidstone, with Mr. Moss, I interviewed representatives from the West and East Kent Hospitals, on September 5th, concerning voluntary hospitals.
- (7) On September 16th, with Mr. Moss, I attended a large meeting at Maidstone, of the lay and medical representatives of the twenty-nine voluntary hospitals in Kent. At this meeting, by a unanimous vote, eight lay members and eight medical members were elected for the purpose of Section 13 under this Act. Section 13 reads as follows:—

"The council of every county and county borough shall, when making provision for hospital accommodation in discharge of the functions transferred to them under this Part of this Act, consult such committee or other body as they consider to represent both the governing bodies and the medical and surgical staffs of the voluntary hospitals, providing services in or for the benefit of the county or county borough, as to the accommodation to be provided and as to the purposes for which it is to be used."

I consider that the sixteen members so elected are fully representative of the twenty-nine voluntary hospitals of your County, and I hope that the County Public Assistance Committee will approve this choice.

- (8) Meetings in London of the Home Counties Branch of the Society of Medical Officers of Health and also of the County Medical Officers of Health Association.
- (9) Conferences, in Kent, with part-time District Medical Officers of Health, Clerks of Guardians, Poor Law District Medical Officers, Medical Officers, inside and outside, of Poor Law Institutions, and also Vaccination Officers.

All the above conferences, which might be called "spade work," I feel sure, have produced a very friendly relationship between the general medical practitioners of Kent and the Public Assistance Committee, which must help the future smooth working of this Act. I consider that this has been an excellent start, which I did not anticipate would begin so easily. I really believe that this wise co-operation will continue, and that beneficial results will follow.

Further, I have discussed this question with many whole-time Medical Officers of Health in the County, involving many visits and interviews, dealing with questions of Maternity and Child Welfare, Vaccination, and so on. I trust that these discussions also will be to the mutual advantage of all concerned.

In all these connections, I hope that further details, in extension of your scheme, will appear in my next Quarterly Report.

With respect to "classification" either of patients or institutions, as I have said before, this is still a difficult problem.

Since your last meeting I have visited again certain Poor Law Institutions in the County with the above object in view.

Concerning the *Sevenoaks Poor Law Institution* at Ide Hill, Mr. Moss and I, after a joint visit, have thought that about sixty mental defectives might be transferred there from the Bromley Institution, thus making room for more suitable hospital patients at Bromley.

At present, it would appear that the only Poor Law Institutions in Kent which can really be classified as hospitals are the Bromley, Dartford and Medway Institutions. At a future date a hospital in East Kent may be necessary, but this will be a large matter, and may necessitate a new building altogether. In West Kent, as well, it might be thought desirable to extend the institution at Pembury.

In any case, I still believe that caution is necessary before recommending a large capital outlay, until the County Public Assistance Committee has had further experience in working a new system.

If, in the future, a whole-time comprehensive Architect's Department should be set up by the County Council, it would seem to me that the preparation of plans and estimates, for any adaptations or extensions to Poor Law Institutions, should be undertaken by that department.

I do not anticipate that any extensive work, in this direction, would be recommended before the year 1931.

On September 13th, I visited the *Canterbury Poor Law Institution*, and met there Dr. Brocklehurst (the City Medical Officer of Health), Mr. Guy (Chairman of the Guardians), Mr. Rose (Clerk to the Guardians), together with the Master and the Matron of the Institution.

I have sent details of my visit to your Chairman, together with various suggestions for the future.

When the Canterbury City Council take over the City Poor Law work on April 1st next, and if the City Council should so desire, I believe that the Canterbury Poor Law Institution could dovetail into our County Scheme, with mutual advantage to the County and to the City.

In due course a further report will be submitted to you.

I beg to ask your approval of the principle that, as from the date when the Poor Law Institutions in the county come within County Council administration, cases of tuberculosis which require institutional care on public health grounds, or cases in which it is difficult or impossible to return a patient to his own home after receiving a period of treatment in a sanatorium, may be accommodated in any of the Poor Law institutions provided that beds are available and that admission can be arranged satisfactorily with the medical officers of the institutions concerned. Such patients usually require institutional care chiefly owing to the fact that skilled nursing is not possible at their homes.

SECTION 14.—On page 17 of this report I give particulars of the hospital accommodation provided for hop-pickers by Mr. and Mrs. Spender at Marden.

The maintenance of this hospital is partly met by voluntary subscriptions and partly falls on Mr and Mrs. Spender. The capital was provided entirely by them and their friends.

It is the intention of Mr. and Mrs. Spender to submit to the Public Assistance Committee an application for an annual grant in aid of this hospital.

SECTION 14 of the Local Government Act gives to the County Council the powers conferred on sanitary authorities by the Public Health Act, 1875 (Section 131) and the Public Health Act, 1925 (Section 64) to make agreements with voluntary hospitals for the payment of such annual or other sums as may be agreed to, or to make to them reasonable subscriptions or donations, if satisfied that by so doing the efficiency of the hospital accommodation of the district will be maintained.

I consider that the Marden Hospital undertakes a valuable service in providing for the medical needs of the London population which comes into the area for the hop-picking season. It will be seen that both in-patient and out-patient accommodation is provided, and numerous cases of sickness and injury are treated including occasional cases of non-notifiable infectious diseases.

Although the period of usefulness of the hospital is only "Seasonal," and the patients treated are mainly temporary residents (they are inhabitants for the time being), I consider it would be a misfortune if the services should, for any reason, be discontinued. I should therefore be prepared to recommend the County Council to approve the principle of making an annual grant towards the working expenses.

As the application is not yet to hand I am not in a position to recommend what the amount of annual grant should be.

SECTION 101.—In the scheme, which I outlined in my last quarterly report, for the payment of grants to voluntary associations providing maternity and child welfare services in or for the benefit of the county, provision was made for an annual grant of £250 to the Tunbridge Wells Maternity Home. I mentioned the fact that the Committee of the Home were seriously considering how to meet the need for increased accommodation, and stated that I had inspected an alternative building, which was capable of suitable extension to provide for fifteen or sixteen beds.

For various reasons the purchase of these alternative premises was not proceeded with, but I have since inspected two houses which are available in Calverley Park Gardens (Nos. 10 and 12). These are eminently suitable for the purpose of conversion into a maternity home, and will provide accommodation for twenty to thirty mothers, whereas the present home only accommodates ten patients.

Financial details of the proposal are not yet available, but the Committee of the Institution are making a public appeal for £6,000, and will apply to the Kent County Council for a grant-in-aid of the capital expenditure involved. As the extension of the home is urgently necessary I shall be prepared to recommend that the application for assistance should be dealt with sympathetically.

SECTIONS 85 AND 106.—The Ministry of Health have issued a circular letter (No. 1023) referring to these sections, in connection with venereal diseases propaganda schemes.

Reference is made to the facts that the experience which authorities have gained will no doubt have shown that propaganda work is necessary if the arrangements made for the prevention and treatment of venereal diseases are to be fully effective, and that reasonable expenditure on this work tends to reduce expenditure on treatment. If adequate steps are taken to give publicity to the disastrous consequences of these diseases, to the importance of avoiding infection, and to the necessity of securing early and skilled treatment if venereal disease has been contracted, *there should ultimately be a substantial saving in the cost of schemes of treatment.*

Some of the simpler types of propaganda can be carried out by local authorities without recourse to expert assistance. It appears to the Minister of Health, however, that those methods of propaganda in which material is prepared for use on particular occasions only (such as cinematograph films or material for exhibition during a Health Week) are clearly more economically undertaken with the aid of a *central organisation* which can supply the necessary equipment to each local authority for the required period. Such an organisation also avoids unnecessary multiplication of work in the collection of information, the preparation of literature for distribution, and the training of lecturers.

Propaganda work of this latter kind has been carried out since 1916, by the *British Social Hygiene Council*, and the Minister is of opinion that, in the interest of the efficient and economical working of schemes of treatment, full use should be made of the means of propaganda provided by that body, and that that body should receive from local authorities sufficient financial support to enable them to continue this valuable work. It is the view of the Minister that the cost of educational work performed by the British Social Hygiene Council should form part of the general cost of administration of venereal diseases services by local authorities (in Circular 767, dated 7th March, 1927, the basis of contribution suggested was five shillings per annum per one thousand of population).

The present circular of the Ministry of Health goes on to state that the Government grants which, under the Local Government Act, are to be discontinued after March 31st, 1930, include *inter alia* a grant which has been paid by the Minister direct to the British Social Hygiene Council "towards expenditure on the dissemination of information in connection with venereal diseases."

The amount of the grant so paid from the Exchequer in respect of the year 1928-29 (the standard year for the purpose of the Act) was £6,000. This sum (* together with the appropriate percentage grant, viz., 75 % of any contributions and payments made by local authorities direct to the funds of the British Social Hygiene Council) will form part of the amount representing "losses on account of discontinued grants" for the standard year and *therefore part of the General Exchequer contribution to be provided by Parliament for distribution to local authorities under the Local Government Act.* The amount of £6,000 above referred to, is approximately equivalent to three shillings per thousand of the population of England and Wales, and in calculating the losses on account of discontinued grants, *will be apportioned among counties and county boroughs on a population basis.* (The amount apportioned to Kent would be approximately £170).

In view of the discontinuation of the Government Grant—now to be distributed instead among local authorities as shown—the British Social Hygiene Council will be dependent upon such authorities now for the replacement of the income so lost. The Minister hopes therefore that each local authority will give consideration to the matter in the light of the above facts, with a view to a favourable response to the appeal of the British Social Hygiene Council to which I refer below.

At a recent meeting of the Public Health and Housing Committee of the County Council's Association, it was recommended, as a matter of equity, that County Councils should be advised to re-pay to the British Social Hygiene Council, the sum of three shillings for each thousand of the population of their respective administrative areas, as suggested by the Ministry of Health in the above circular; this Committee of the County Council's Association was also of opinion that any contribution to the British Social Hygiene Council in excess of that referred to, is a matter for the discretion of each individual County Council and they are therefore not prepared to make any recommendation in this respect.

The British Social Hygiene Council estimate that *at least £10,000 per annum* is required to supply the following goods and services:—

Publicity in National Press, Medical Department and free literature.

Films—Production of new films (dramatic, educational and medical) at an average of two per annum.

Purchase of re-prints of films, projectors—equipment for free loan to local authorities.

Equipment—New exhibit material; purchase and insurance of motors, maintenance cost of cars, and operator-drivers when not in use by local authorities;

Expenses of lecturers and travelling—organizing staff when not in use by local authorities; Literature for free distribution; General propaganda.

To meet this expenditure the grant from Local Authorities would require to be at the rate of five shillings per thousand of the population (approximately £290 for Kent). It may be mentioned here that the grant from the Ministry of Health already referred to, has varied from £6,000 to £18,000 a year and was at its lowest point in 1928-29.

The British Social Hygiene Council have, for some years past, carried out all the necessary propaganda and educational work in Kent, and have given every satisfaction in their campaigns. I have referred to the work undertaken in various quarterly reports.

I therefore *recommend* that an annual grant be made to this Body in aid of the national propaganda, in the first instance at a rate of three shillings per thousand of the population (three shillings would mean a grant of approximately £170 as mentioned above) as Kent's contribution to replace the loss referred to in the circular of the Ministry of Health; and that further sympathetic consideration be given to the question, at the end of twelve months, with a view to increasing the future annual grants to the rate of five shillings per thousand of the population, as asked for by the B.S.H.C. if necessary. (I might mention that a special grant at the latter rate was made for one year in 1927 on consideration of recommendations made in my reports for the quarters ended March 31st and June 30th, 1927).

*Some authorities (Kent included) have, in the past, contributed to the funds of the British Social Hygiene Council, and such payments have been subject to a grant-in-aid from the Ministry of Health, of 75 %.

Circular 1023 of the Ministry of Health suggests that, in order to facilitate the work of local authorities and of the British Social Hygiene Council in connection with the contributions payable in substitution for the previous Exchequer grant, the Council should make application to the Minister in pursuance of Section 106 of the Local Government Act, that the contribution should be paid directly to the British Social Hygiene Council out of the amount payable as the General Exchequer grant of the County Council.

The cost of local propaganda (*i.e.*, lecture tours, together with the display of films in various centres and the distribution of free literature to the public thereat) undertaken by the British Social Hygiene Council, is additional to the cost of national propaganda as referred to above, and the amount I allowed in the estimates for local propaganda in the current financial year is £250. I think, perhaps, fuller advantage of the facilities provided should be taken in future by increasing the extent of local propaganda.

In a letter addressed by the President of the British Social Hygiene Council, to the Chairman of the County Council, the suggestion is also put forward that consideration should be given to convening a conference of the County Council, before which representatives of the British Social Hygiene Council might give an account of the present position and invite co-operation in an endeavour to enlighten the public as to the needs for increased national effort to eliminate venereal diseases.

The letter goes on to state:—

“There are grounds for satisfaction with regard to the progress made in reducing the prevalence of new cases of syphilis, but the means of detecting and handling its congenital effects are still in the initial stages.

The position with regard to gonorrhœa, especially among women, remains serious, and it is clear that further action is required if success is to be attained and the present expenditure of money and effort rendered effective.

The problem is not solely medical. Treatment facilities, social endeavour and public enlightenment are equally necessary to ultimate success, and close co-operation is desirable between all sections of the Local Authority and between the Local Authority and the Council.

The Council, which is the national body through which this co-operation of services is promoted, has hitherto received an annual grant from the Ministry of Health for national propaganda and for the provision of propaganda material for the use of Local Authorities. This grant will now be included in the block grant. If, therefore, material and services to Local Authorities are to be continued by the Council, it will be necessary for the Local Authority to return by way of contribution to the Council's funds that proportion of the grant previously paid by the Ministry to the Council, which is now distributed in the block grants paid to Local Authorities.

Such a conference as is suggested would give the opportunity of obtaining the views of your Council on the existing services and of ascertaining whether there are any further services, both national or local, which could be provided by the British Social Hygiene Council from the grants to be contributed by Local Authorities.”

Having regard to the fact that the County Council do, at the present time, utilise the services of the body in question in their propaganda and educational work, it may not appear to be necessary to convene a conference of the kind suggested, particularly if the above recommendations are agreed to.

9.—Hop-Picker's Encampments.—My report on this occasion has been divided into two headings:—

A. MEDICAL TREATMENT OF HOP-PICKERS

AND

B. SANITATION OF HOP-PICKERS' ENCAMPMENTS.

I should like at the outset to acknowledge the valuable help which I have received from Dr. Ponder in all this work.

A. MEDICAL TREATMENT OF HOP-PICKERS.

In June of this year I received a letter from the Secretary of the Kent Rural Community Council, stating that the Council's Hop Gardens Committee had expressed the opinion that it would be very helpful if the various field dispensaries and other medical centres organised by voluntary effort in the hop gardens might this year be visited officially during the picking season. It was felt that as a result of such a survey, useful suggestions might be forthcoming, especially in the direction of the need for future extension of this work.

I agreed readily to this suggestion, both because it is clearly a matter closely affecting the health of the county generally, and because when the County Council becomes responsible for the administration of hospitals, next year, the question of the co-ordination of voluntary medical work, and that carried out by Guardians Committees, will become important.

As this subject is one which closely interests also the London County Council I suggested to their Medical Officer of Health, Dr. Menzies, that he should send a medical officer to be present at the survey. He arranged that Dr. Boome, a member of his staff, who last year visited the hop gardens in connection with an investigation on the results of hop-picking on school children, should take part in this work.

Mr. Shoeten Sack provided me with a list, as far as he was able, of the voluntary organisations undertaking medical work, and also very kindly had prepared for me a useful map of the county, in which all the farms growing ten acres or more of hops were shown, together with the location of all hospitals, dispensaries, &c., at which medical work is undertaken.

Accordingly the following organisations were visited and are reported upon below. It will be understood that it is the medical side alone of the work of these organisations that is considered :—

Church of England Mission to Hop-pickers.

Church of England Temperance Society Mission to Hop-pickers.

The Little Hoppers' Hospital.

Hop-pickers' Mission for the Weald of Kent.

Hop-pickers' Medical Mission, Horsmonden.

Hop-pickers' Hospital, Marden.

British Red Cross Society.

Mereworth Hop-pickers' First Aid Centre.

Salvation Army.

Staplehurst Medical Hut.

Crowhurst Farm Mission.

Stillstead Farm Dispensary.

Since much of the medical work for hop-pickers is carried out unobtrusively, it is possible that an account of the work of some organisations may be omitted, but every effort was used to make this important investigation as complete as possible.

This is the first time that such a report has been presented to you and I am sure that it is worthy of a permanent record.

I know that the members of your Committee will find this description most interesting and instructive.

VOLUNTARY MEDICAL WORK FOR HOP-PICKERS.

Church of England Mission to Hop-pickers.—This organisation was started about fifty years ago and consisted in the first place of mission and social work amongst the pickers organised by the incumbent of the parish concerned. In many cases medical work was undertaken by a nurse specially engaged. The number of parishes included in the scheme has varied from time to time and is now reduced, as far as medical work is concerned, owing to the fact that the British Red Cross Society has taken over the work in several parishes originally dealt with by the C. of E. Mission. Before the War a small hospital used to be established at Waterringbury but this has been discontinued.

At the present time there is a Committee of seventeen made up mainly of the incumbents of parishes where hop-picking takes place. The Rev. F. F. Key, of Trottiscliffe, is Secretary.

Medical work is now carried out by trained nurses who are specially engaged for the period of hop-picking and who find quarters locally. They are sometimes assisted in their work by ladies living locally.

No arrangements are in existence for payment of doctors fees but in certain cases doctors generously give their assistance when serious cases arise.

DISPENSARIES :—

1. *Paddock Wood*.—There are three dispensaries in this district under the charge of Canon Charles.

(a) *Paddock Wood*: Parochial Hall—a large waiting room, nurses' room and surgery. Two trained nurses work here and this dispensary is open each evening at 6.30. It was originally intended to provide beds in one of the rooms but this step has not been considered necessary.

Equipment, dressings and simple mixtures, surgical instruments, &c.

(b) *Queen Street*—Mission Room. Open at 10 a.m. Two nurses also work here.

(c) *Old Hay*.—A shed made of two hopper huts, open at 4.30–6.30. Two nurses at work here.

SERIOUS CASES.—It has been the practice in the past for Canon Charles to insist that farmers, amongst whose employees serious cases have occurred, should shoulder the responsibility for making necessary arrangements and paying any doctors' fees arising. Canon Charles is not favourably impressed with the new arrangement made by Tonbridge Union, by which the parish doctor can be called in.

2. *East Peckham*.—Holy Trinity Parish. Managed by Rev. R. L. Allanson.

Situated in the School. A trained nurse is in charge and the centre is open morning and evening.

SERIOUS CASES are referred to a local doctor who for many years has given his services gratuitously in this work. He also attends each morning to see if anything urgent is required and sees hop-pickers at his own house in the evening usually without charge.

3. *Addington*.—In stable. } These three dispensaries are visited in turn each evening by a
Offham.—Village Hall. } trained nurse.
West Malling.—Hut. } SERIOUS CASES are referred to a local doctor but no arrangements have been made as regards fees.

Funds for the work of these dispensaries are raised by the Mission entirely by means of voluntary contributions both in the parishes concerned and outside. There is usually an annual church collection. A small proportion of this cost is provided by hop-growers.

Church of England Temperance Society Mission to Hop-pickers.—This organisation has carried out medical work amongst hop-pickers for over thirty years. Originally the work was carried out in connection with that of the Church of England Mission and a larger area was dealt with. It is now only concerned with East Kent, serving the hop-pickers' camps situated near Boughton and Wingham. In the early days of the work, nurses with 'first aid' bags used to visit the camps, but latterly, dispensaries have been established.

MANAGEMENT STAFF.—Management is carried out by the Executive Committee of the C.E.T.S. (Canterbury and Rochester Diocese), whose Secretary is Mr. I. L. Fleming. Mr. Fleming is responsible for organisation of the treatment of pickers.

A lady doctor practising in Kent comes to live at Boughton for the period of hop-picking. Her board and lodging are found by the Society, but she gives her services voluntarily.

There are seven trained nurses engaged, of whom four work at Boughton and Harbledown and three at Wingham. There is also a detachment of Kent 50 V.A.D. of eight ladies working under the commandant, Miss Boosey,

Theological students undertaking mission work give assistance in a voluntary capacity.

DISPENSARIES.—Eleven in number, all uniform as regards equipment and organisation, special requirements being met as needed.

Seven are situated in the Boughton area :—

- (1) *Herne Hill*—in the Village Hall, a large hut.
- (2) *Boughton*—in garage at the George Hotel.
- (3) *Leney's*—in hoppers' hut lent by Mr. Leney.
- (4) *Arnold's Farm, Selling*—in portable hut.
- (5) *Vicarage Farm, Selling*—in portable hut.
- (6) *Brenley*—in portable hut.
- (7) *Harbledown*—in portable hut.

There are four dispensaries in the Wingham area :—

- (1) *Wingham*—Village Hall.
- (2) *Littlebourne*—in schoolroom lent by Church.
- (3) *Ickham*—in Parish Hall.
- (4) *Poiles Farm*—in farm office.

All these dispensaries are open morning and evening and are visited as required by the lady doctor.

There is a central dispensing depôt at the offices, 64, Burgate, Canterbury.

There is also a Ford van fitted up as a travelling dispensary, which visits more distant camps in regular round with nurse in attendance.

SERIOUS CASES are seen first by the doctor and sent either to Canterbury or Faversham Hospital or the Poor Law Hospital at Canterbury.

In cases of emergency local practitioners are called in and fees are paid by the Society.

TRANSPORT cases are moved either in dispensary van (which will take a stretcher case) or by Mr. Fleming's car or by hired vehicle.

AREA SERVED.—This scheme deals with the whole of the East Kent hop-growing area is covered.

FUNDS.—A special hop-picking fund is raised from voluntary sources; any deficit is met by special fund of C.E.T.S. Hop-growers contribute about 25 %.

Little Hoppers Hospital—Five Oak Green.—In 1899, Father Wilson, of St. Augustine's Church, Stepney, started a mission here. He took a room in the village and managed a dispensary with the help of the district nurse. About 1914 he secured premises which had been formerly a public house and converted them into quarters for the workers, a ward with a few beds was made from the skittle alley, and also a dispensary. He died in 1927, and as a memorial to him a well-designed hospital ward was built, with further quarters and other improvements. The hospital, etc., is used at other times as a holiday home. Since Father Wilson died, the hospital, etc., has been managed by Rev. P. B. Colthurst.

STAFF consists of three trained nurses, who live in the hospital and also manage four outside dispensaries. Assistance is also given by a V.A.D. nurse.

HOSPITAL WARD contains seven cots and one bed for older child, and is well appointed.

SERIOUS CASES referred to a local doctor. A fund is available for doctors' fees.

DISPENSARIES.—Generally in huts in the camps :—

- (a) Tatlingbury Farm.
- (b) Reed Farm.
- (c) Whetsted Farm.
- (d) Ploggs Hall Farm.

FUNDS raised mainly in Stepney by a special "flag day."

TRANSPORT.—A car is available.

WORK DONE DURING 1929 SEASON :—

Sickness—In hospital 13; at attached dispensaries 406; removed to hospital or infirmary 2.

Injuries—In hospital 13; removed to hospital 3.

Infectious Diseases—Diphtheria 2; scarlet fever 5.

Weald of Kent Mission to Hop-pickers.—This mission has been in existence sixty years, being established by Rev. J. J. Kendon, but organised medical work was begun in 1901 when a dispensary was established at Curtisden Green, with the help of a doctor and two nurses. The number of dispensaries has been increased as funds have allowed and there are now seven. Some established by Mr. Kendon have been taken over by other organisations.

STAFF.—Management of the scheme is undertaken by Mr. S. Kendon, who engages seven trained nurses. V.A.D.s assist at one centre. The mission also employs eighteen London City Missionaries most of whom are qualified to give first aid.

DISPENSARIES :—

- (1) *Curtisden Green*, in Men's Clubroom. Large hut well equipped. Nurse in charge.
- (2) *Goudhurst*—Station Road, in large permanent hut, the property of the mission. Nurse in charge.
- (3) *Pattenlen Railway Siding, Goudhurst*.
- (4) *Four Wents, Cranbrook*. The nurse here is not fully trained.
- (5) *Hartley*—Station Approach, Cranbrook. Staffed by Salvation Army, expenses are met by this mission.
- (6) *The Moors, Hawkhurst*—in a barber's shop.
- (7) *Tibbs Court, Brenchley*.

All dispensaries are open from 9.0–11.0 a.m. and 6.0–8.30 p.m. In between whiles the camps and gardens are visited by the nurse.

AREA SERVED.—Usually about a radius of a mile and a half round the hut except at Hawkhurst and Cranbrook where patients come from greater distances owing to there being no dispensaries in the surrounding area.

SERIOUS CASES.—Hitherto doctors have been generous in not sending in accounts but this year Mr. Kendon has asked for accounts to be sent in, when his nurses require doctor's help.

TRANSPORT.—Mr. Kendon's private car.

FUNDS.—Collected chiefly from personal friends; out of a total of £256 in 1928, £33 was collected from hop-growers and £13 from the pickers.

WORK DONE DURING 1929 SEASON :—

Treated at Dispensaries—1269.

Sent to Hospital or Doctor—36

Infectious Diseases—Measles 4, Mumps 1.

Horsmonden Medical Mission to Hop-pickers.—This organisation developed originally about nine years ago when Rev. F. J. Feltham took over one of the huts of Mr. Kendon's mission which was working in this village. Money was collected to provide a large hut, partitioned off into waiting room, dispensary, office and kitchen. Management is undertaken by Mr. Feltham entirely.

STAFF.—Two trained nurses and one V.A.D. at Horsmonden with voluntary assistants, and one trained nurse at a dispensary situated at Bramble Farm, about two miles distant.

SERIOUS CASES dealt with under the Tonbridge Union new scheme. A local doctor also gives his services in case of emergency. Patients are sent to Pembury or Tunbridge Wells General Hospital.

DISPENSARY.—Well appointed.

AREA SERVED.—Thirty-two camps in radius of two miles.

FUNDS.—Raised mainly in Tunbridge Wells among Mr. Feltham's personal friends, only a small proportion being provided by growers. The pickers when paid off on the various farms also contribute a small proportion.

WORK DONE DURING 1929 SEASON :—

Sickness—At dispensaries 549; removed to hospital 7.

Injuries—At dispensaries 130.

Infectious diseases—Chickenpox 3.

Hop-pickers' Hospital and Medical Centre, Marden.—In 1924 Mrs. Spender erected a dispensary with one large out-patient ward containing two beds for emergencies, and full accommodation for a staff of four. Finding it necessary to have more beds, she added an in-patient ward with nine beds, and a small room outside with one bed for observation for infectious cases, the following year, forming, with further accommodation for the staff, a complete hospital on a small scale.

In connection with the hospital, six dispensaries were established within a radius of five miles, but two have now been taken over by the Red Cross Society, and one by Mr. Feltham's organisation at Horsmonden.

STAFF.—Management and organisation are undertaken by Mrs. Spender, Chantry Place, Marden.

MEDICAL STAFF.—A medical practitioner of Marden is in charge, and there is a temporary lady resident medical officer, Dr. Wamsley.

NURSING STAFF.—Matron, night sister, four fully trained and qualified nurses. The resident doctor, matron and two nurses live in the hospital. The other two nurses stay in the village. The hospital is very well equipped and in excellent order. In addition to the wards there are two bathrooms, sitting-room for staff, kitchen, etc.

DISPENSARIES :—

- (1) *The Moors* is a well equipped hut where morning and evening attendances are held by the sister-in-charge.
- (2) *Collier Street*. Hut fully equipped. Trained nurse. This is conducted in conjunction with the Church of England Mission, who share expenses.
- (3) *Laddingford*. Hut fully equipped. There is a local Committee of farmers who are responsible for all expenses connected with this hut, and make an annual contribution towards the expenses of the medical officer, drugs, dressings, etc., and ambulance. The hospital resident medical officer visits each hut daily.

CASES.—From two to four thousand cases are dealt with annually at the hospital and dispensaries. In the five years 1924–28 (inclusive) 17,450 cases have passed through the hospital and dispensaries.

AREA DEALT WITH.—A large number of farms is served, and all pickers who are encamped, roughly, within two miles of a dispensary are dealt with.

TRANSPORT.—Two motor ambulances; one used solely for infectious cases.

FUNDS.—A capital sum for building and equipping this hospital, altogether about £2000, was provided by Mr. and Mrs. Spender and their friends, and the hospital was built on their land. Annual subscriptions are collected, to which brewers subscribe largely, but subscriptions from local farmers are very small. The cost of the scheme is about £400 per annum.

WORK DONE DURING 1929 SEASON :—

Sickness—189 treated at hospital; 993 at attached dispensaries; 27 removed to Poor Law Infirmary.

Injuries—42 treated at hospital; 4 removed to West Kent General Hospital; 15 to London hospitals.

Infectious Diseases—Diphtheria 4; scarlet fever 3; measles 2; mumps 2; impetigo 31.

British Red Cross Society.—Work in the hop gardens under this Society was started in 1922 by Miss Chevenix French, who was then Commandant of the Chelsea Division of County of London Branch of the British Red Cross Society, when she worked at Little Hoppers Hospital, Five Oak Green, and in the following year she organised a dispensary in a tent at Tudeley Hale with one trained nurse and four V.A.D.'s. The work then received the support of the County of London Branch of the Red Cross Society. Next year an additional dispensary was established at Hartlake, where one trained nurse and six V.A.D.'s were engaged. Since then dispensaries have been gradually added or taken over, East Farleigh, 1924; Yalding, 1925; Hunton, 1926; Hunton Bridge and Chainhurst, 1927; Wateringbury, 1928.

STAFF.—Miss Chevenix French is in charge and is assisted by five trained nurses and 25-30 V.A.D.'s. They are billeted in a hut at Tudeley Hale and in village halls, schools, etc. Some of the trained nurses give their services voluntarily.

There is no doctor at present working in this organisation, but it is the intention next year to arrange for a doctor to be engaged.

DISPENSARIES :—

1. *Tudeley Hale*.—Well equipped dispensary and waiting room in a specially built hut. It is managed by a trained nurse and seven V.A.D.'s. It is open morning and evening.
2. *Golden Green*.—Administered by V.A.D.'s living at Tudeley.
3. *Yalding*—Hut.—Nurse and four V.A.D.'s
4. *Hunton*.—Three huts at (a) Chainhurst, (b) Hunton Bridge, (c) Hunton, administered by a nurse and seven V.A.D.'s
5. *East Farleigh*.—Village Hall—One nurse and five V.A.D.'s
6. *Wateringbury*.—In District Nurse's house—One nurse and three V.A.D.'s

No charge is made to pickers, but they themselves make collections at end of picking by which a small sum is realised. Only out-patients are dealt with.

SERIOUS CASES.—In area of Tonbridge Union these are dealt with under the new arrangement enabling parish doctor to be called. In other districts when a doctor is called in his fee is paid. Most cases to Pembury Infirmary

INFECTIOUS CASES.—On Mr. O. E. d'Avigdor Goldsmid's and Tudeley Farms (Mr. Tolhurst) there are isolation huts in the camp.

FUNDS.—Chelsea Division and London County funds utilised. A few growers make small contributions.

TRANSPORT.—Red Cross and St. John's Ambulance cars from Tonbridge.

WORK DONE DURING 1929 SEASON :

Sickness—999 treated at dispensaries.

Injuries—534 treated at dispensaries.

57 cases were sent to hospitals.

Note, that a further 976 cases were dealt with at the dispensaries, but whether for sickness or injuries is not stated.

Infectious Diseases—Measles 3 ; Diphtheria 6 ; Scarlet Fever 3 ; Impetigo 7 ; Phthisis 2.

Mereworth Voluntary First Aid Centre.—Properly organized medical work was started here six years ago by Mrs. Ogilvie and the Misses Bunyard, with the support of the local hop growers. A room in a disused oast house was lent by Mrs. Bunyard for use as a dispensary.

This year the centre has been established in a cottage on Brewers Hall Farm, lent by Mr. Frank Blest, and a special isolation hut is provided in this camp.

STAFF.—A lady doctor has been engaged for the period. Her duties include morning and evening attendance at the dispensary, and visits to the huts as required.

She is assisted by a St. John's Ambulance nurse, giving voluntary services. The district nurse will give help in urgent cases.

DISPENSARY.—This is situated in the cottage on Brewers Hall Farm, lent by Mr. Frank Blest, and consists of a waiting room and surgery—well equipped. Surgery hours—morning, by appointment ; evening, 6.30 to 8.0 p.m.

Serious surgical cases are sent to the West Kent Hospital at Maidstone, and medical cases to Malling Infirmary.

AREA DEALT WITH.—About three miles radius.

FUNDS are raised entirely from the hop growers (four in number). Accounts are made up for the year, and the expenses are divided among the farms served in proportion to the binnage of "foreign" pickers. Pickers pay for medicines and dressings at cost price.

WORK DONE DURING 1929 SEASON :—

Sickness—Treated at dispensary 121 ; removed to hospital 1.

Injuries—Treated at dispensary 81.

Infectious Disease—Chicken-pox 1.

Salvation Army.—Work began four years ago under charge of Colonel Edith Colbourne, when first aid work was carried out at three centres, East Peckham, Yalding and Burston. Since then it has developed considerably each year.

PRESENT STAFF.—Managed by Colonel Colbourne. There are three fully trained nurses, and two medical students have been helping. There are also thirty-three women officers with St. John's Second Course Certificates.

Many live at Sunshine House, Yalding, which at times other than hop-picking is used as a holiday home.

DISPENSARIES.—(These are termed "centres" in this organization). There are nine of these, of which two are entirely first-aid centres while the others are mainly creches where babies are looked after, fed and bathed while mothers are at work.

- (1) *Yalding*.—The Tatt—In a hut, the property of the S.A.
- (2) *Benover*.—Messrs. Chambers.
- (3) *Beltring*.—Messrs. Whitbreads.
- (4) *Beltring*.—Tent Common.
- (5) *East Peckham*.—Hale St. (Mr. Reader's).
- (6) *Goudhurst*.—Smuggley Farm.
- (7) *Hunton*.—Messrs. Hubble.
- (8) *Pluckley*.—In the Village—a house.
- (9) *Yalding*.—Sunshine House (Headquarters).

The organization also works in conjunction with Mr. Kendon at Hartley, opposite Cranbrook Station, where a purely medical dispensary is carried on. There is a nurse permanently here.

At each centre there is a creche managed by six officers. The medical work, which is of a simple character as there is not much equipment, is carried out by a nurse who visits when required. Each centre is also visited each day by Col. Colbourne.

SERIOUS CASES.—The nearest doctor is first called in, and his fee is paid. Patients are sent to hospital in London or Maidstone.

TRANSPORT.—Two vans capable of transporting lying cases, and a staff car.

MEDICAL COMFORTS, ETC.—There is an available store of blankets, hot water bottles, clothing, disinfectants, etc. Also the supply of fresh and dried milk is organized. This year, experiments are being tried with cooked food canteens.

FUNDS.—From central fund of the Salvation Army—none is collected from growers. The estimated cost is from £300–400 each season without including the salaries of four men and forty-eight women who are employed on the work.

WORK DONE DURING 1929 SEASON:—

Sickness—Treated at dispensaries 1630; removed to hospital 4.

Injuries—At dispensaries 700; to hospital 3.

Infectious Disease—Scarlet fever one.

Staplehurst Medical Hut.—Mrs. Hyde Hewett began this organization four years ago by collecting £47, mostly from hop growers, to establish a first-aid hut in the village. Last year the hut was enlarged.

STAFF.—Management is entirely by Mrs. Hyde Hewett, who engages a fully trained nurse for the season to take charge of the hut. Voluntary help by ladies is also given.

DISPENSARY.—There is one dispensary, very well situated in the village street; it is fully equipped and is open from 8.30–10.30 a.m. and from 5.30–8.30 p.m.

SERIOUS CASES are referred to a local doctor, who usually gets no fee, and if necessary the patients are sent on to Maidstone West Kent Hospital. Some cases have been sent to the Marden Hospital.

AREA SERVED.—About twelve farms within radius of about three miles.

FUNDS are collected largely from farms, local tradesmen, brewers and hop factors, sufficient to make the necessary total being contributed by friends of Mrs. Hyde Hewett. The pickers contribute small amounts (1d.–6d.).

WORK DONE DURING 1929 SEASON:—

Sickness—Treated at dispensary 220; removed to hospital, none.

Injuries—Treated at dispensary 3.

Crowhurst Farm Mission.—This only deals with the one farm camp, in which there is a population of approximately 750. Dispensary, chapel and quarters for the voluntary workers have been erected on the camp ground by permission of the grower, who also subscribes to the work.

From 1911 to 1925, the work of this organisation was carried out by Hertford College, Oxford. From 1926 to the present time, it has been managed by Rev. N. P. Sargent, of Pusey House, Oxford, with the help of some Oxford undergraduates, amongst whom there has always been one medical student.

Morning and evening treatment is carried out in the well equipped surgery. A local doctor has always given his services and help when required. Subscriptions have been raised mainly at Oxford, to the extent of almost £70 a year, which has paid for the buildings and equipment. Next year it is hoped that an ambulance will be obtained.

WORK DONE DURING 1929 SEASON:—

Cases treated at Dispensary—About 300 ; removed to hospital 7.

Infectious Disease—Diphtheria 2.

Stillstead Farm Dispensary, East Peckham.—This dispensary originated as an off-shoot of Father Wilson's Little Hoppers' Hospital. It was taken over by Miss Toller six years ago and has been continued by her ever since.

The work is undertaken by Miss Toller, who is a V.A.D. nurse, assisted by a voluntary helper.

DISPENSARY consists of an Armstrong hut which is erected each year in a field at Stillstead Farm. It is open morning and evening, and between whiles Miss Toller visits any serious cases in the camps.

AREA SERVED.—Three farms situated within a mile of the hut.

SERIOUS CASES are referred to a local doctor who is always willing to give help and advice.

HOSPITALS.—Maidstone, and Pembury Infirmary.

TRANSPORT.—Miss Toller has a private car.

FUNDS.—All the farmers whose camps are served contribute—remainder made up by Miss Toller's friends.

The problem of arranging for the necessary medical treatment of the migrant hop-picking population, is one of much difficulty. For many years hop-growers, having found it impossible to find sufficient labour locally to pick their hops, have made arrangements by which people from large towns, especially London, come down into Kent for a period of about two or three weeks to carry out this work. Originally little provision was made for their housing and general comfort, but since 1902, when bye-laws were introduced by the Local Government Board, simple accommodation in the form of huts has been provided generally, and a sufficiently high standard of sanitation is being attained gradually.

There is no accurate information as to the total population that takes part in this temporary immigration, but it is generally estimated at a figure in the neighbourhood of 50,000 and it is mainly made up of women and children. In 1907 Dr. Farrar in his report to the Local Government Board estimated the number as 74,000 but there has been a considerable decrease in acreage planted under hops since that date.

No comprehensive arrangements have ever been made or as far as can be ascertained have ever been suggested for the medical treatment of this population as a whole. The National Insurance Act may cover the case of men pickers who obtain temporary transfer, but as stated above the large majority of pickers are women and children and are uninsured.

While it is probably true that a proportion of hop-growers have always felt a responsibility in the matter and have engaged local medical practitioners to carry out treatment of their pickers when necessary, it is quite certain that the existence of much suffering and need for help has attracted the attention of the local clergy, religious organisations and charitable minded persons who were brought into direct contact with the problem. The result has been the development of the organisations detailed above, which are doing such good work generally and to a certain extent coping with the problem.

In addition to the above I have ascertained that local medical practitioners, in many cases, have been extremely generous towards hop-pickers, treating them gratuitously or for purely nominal fees. There is evidence, however, of a change of attitude in this respect as this year one doctor notified all growers in his district that he would no longer undertake to treat pickers unless the fee was guaranteed by the grower. I have discussed this matter with other doctors in a similar position and I find that there is a feeling generally that the position is most unsatisfactory.

Failing other sources, the picker who needs treatment is a "destitute person" and his treatment must be obtained through the Poor Law Union. A new arrangement, approved by the Ministry of Health, has been made experimentally this year, by which, in the case of the area served by the Tonbridge Union, responsible persons in charge of voluntary centres are authorised to call in the District Medical Officer if the services of a doctor are required in any particular case. I understand that the suggestion has been circulated that similar arrangements be made by other Unions, but this year the arrangement has been effected in the Tonbridge Union area only.

Looking at this problem at the present time as a whole, it is clear that the first point to be decided is whether the present arrangements are satisfactory or whether some re-organisation is needed. Is it possible to say that the voluntary organisations working independently but with such co-ordination as can be given through the medium of the Hop-Gardens Committee of the Kent Rural Community Council, will provide a medical service for this group of people, which may be expected to reach a standard satisfactory in all respects?

I have had no mandate (and indeed it would be invidious) to criticise the quality of the devoted and unselfish work that is being carried out by the voluntary organisations, but it will be clear from a consideration of the details of the arrangements made that there is a marked difference in the quality of the medical service provided. It will also be clear that no standard of work has been laid down nor any central body with professional guidance established, with powers to insist on any standard. The position at present is, that it is open to any charitable minded person or organisation to offer medical treatment to hop-pickers, in any way that may be thought fit. Furthermore, there are still many camps situated so far away from any dispensary that the occupants are unable to get treatment.

I admit that I do not feel that such a position is satisfactory.

At this stage it may be helpful for purposes of discussion to outline the details of a scheme which, in my opinion, would satisfy the necessities of a medical service.

SUGGESTED COMPREHENSIVE SCHEME.—In working out suggestions for a complete scheme for Kent, I have borne in mind the necessity of preserving, as far as possible, the individuality of the voluntary organisations already in the field of work, and aimed at linking them together, in a co-ordinated scheme with as little interference as possible. I have also made full use of the experience which they have gained as to the most practical methods of dealing with the problem.

For descriptive purposes I propose to use the term "Area Medical Organisation (A.M.O.)" to describe details of the fields of work into which the whole is divided. I suggest each A.M.O. should deal with its own locality completely, and together they should cover the whole field of work so that every camp where "foreign" pickers are employed will be in touch with an organisation of this kind. (By "foreign" pickers I mean those who come to the camps from large towns, especially London). It will be clear that already certain voluntary organisations fill the position of Area Medical Organisations though modification may be advised to bring about a co-ordinated scheme. Certain voluntary organisations at present working would need to be grouped as sections or parts of an "Area Medical Organisation."

The "foreign" hop-picking district in Kent consists of two parts—one large area enclosed roughly by a line including Mereworth, Malling, East Farleigh, Otham, Leeds, East Sutton, Headcorn, Sissinghurst, Benenden, Hawkhurst, Goudhurst, Brenchley, Tudeley and Hadlow, and a smaller area extending on both sides of a line from Boughton-under-Blean to Wingham. In connection with each of these districts there is also a certain number of camps outside the fringe.

I propose that the larger district should be divided up into sub-districts, each of which is dealt with by an Area Medical Organisation; the smaller district is already covered by the work of the C.E.T.S. Mission. For camps lying outside the fringe special arrangements must be made, which will be considered later.

AREA MEDICAL ORGANISATIONS.—Treatment will be needed for two classes of patient. Firstly, for slight injuries and mild forms of illness, where the patients can be treated and sent back at once to the camp. Secondly, for serious injuries and illness where they cannot be dealt with as out-patients. For the former, the well-tried experience of Camp Dispensaries will be satisfactory—for the latter, hospital accommodation must be found.

The question of hospital accommodation is important and difficult. Serious injuries, surgical cases requiring operation, confinements, and severe illness such as pneumonia must be dealt with at general hospitals or Poor Law Institutions. Infectious diseases will be dealt with by the Local Authority concerned. There is, however, a certain number of cases which are unsuitable for either of these methods of disposal, namely, those in which it is inadvisable to send the patient back to the camp, owing to the lack of comfort and rough conditions generally, but in which, with simple nursing and rest, such a step will probably be possible in a short time, where again simple treatment of this kind may avert a serious illness. Neither Poor Law Institutions nor general hospitals are suitable for such cases, and for these, I think some simple form of nursing provision should be made.

It is not economical or necessary to erect a properly equipped hospital for such purposes when it will be in use for only such a short time each year, and I propose that the experience of the military treatment of a similar problem may well be utilized. For a Territorial Brigade camp of say 4,000 men, it is the practice to arrange for what is termed a "detention hospital," which consists of six beds and serves the very need which I have described above, and I propose therefore that each A.M.O. should make provision for a detention hospital for its area. The Little Hoppers' Hospital at Five Oak Green fulfills all the necessary requirements, but even simpler or more temporary accommodation would suffice.

The general management of an A.M.O. would be under a committee representing some voluntary organisation or group of voluntary organizations.

DISPENSARIES.—Each A.M.O. should arrange sufficient dispensaries in the area allocated to it, so that there are no camps situated more than a mile and a half (or preferably a mile) from the dispensary, and in every camp there should be a notice stating the situation of the nearest dispensary. The dispensary may be situated in a hut in one of the camps or in any form of building available in a suitable situation. Each dispensary should be under the charge of a trained nurse, who may be assisted by voluntary workers with knowledge of first-aid.

The dispensary should be equipped with simple dressings for first-aid and with "household" remedies.

It should be "open" at stated times morning and evening and between whiles the nurses should be available to visit any urgent call to the camps and also to make routine visits of enquiry as to the existence of illness in the camps. In connection with some areas there will be outlying camps not in close touch with a dispensary. For these something in the nature of a travelling dispensary, such as is provided in the C.E.T.S. Mission scheme, would meet the requirements.

THE DETENTION HOSPITAL.—The group of dispensaries serving the district covered by the A.M.O., should be centred round a detention hospital which would serve as a clearing station for patients needing prolonged treatment and where, in any case, patients should not be nursed for more than forty-eight hours. After that time they would be either returned to camp or if their condition proved to need more prolonged treatment, they would be transferred to a general hospital or infirmary.

The size of the hospital (number of beds) would depend on the size of the population dealt with by the A.M.O. To begin with the Army basis of three beds to two thousand might be adopted. This proportion could be altered as experience showed to be necessary.

The premises need consist only of a hall or rooms for the necessary number of beds and another room for the nurse. Failing other accommodation a marquee could be used for the purpose. An additional hut or tent for temporarily housing suspected cases of infectious disease pending their removal to isolation hospital would be necessary.

The medical work carried out in connection with an A.M.O. would be under the charge of a doctor. Probably some A.M.O.'s would prefer to engage a doctor who would give his whole time to the work; in other cases an arrangement might be made with a practitioner living in the district. His work would consist in treating patients in the detention hospital and dealing with any cases referred to him from the dispensaries, to which it should be possible to summon him by telephone.

Two trained nurses, one for day and one for night, would be needed for the detention hospital and additional help in the form of V.A.D. or other experienced voluntary workers could be given.

A motor ambulance would be necessary for transferring patients from dispensary or camp to detention hospital and from detention hospital to infirmary or general hospital.

THE FINANCIAL ASPECT.—Such a scheme as I have suggested would necessarily require the raising annually of a considerable sum of money, but I believe if an economical and business-like proposal were put forward, this difficulty would not be insurmountable.

I think it is essential for a complete co-ordinated scheme that there should be a central fund to cover all medical administrative expenses (in contra-distinction to expenses connected with religious mission work which of course would remain a separate matter for the organisation concerned).

For the administration of the central medical fund a combined committee, made up of representatives of the voluntary associations would be necessary. This committee would be comparable to the "Board" of a voluntary hospital and might be entitled the "Hop-pickers' Medical Treatment Board." Such a Board would be in a position to collect necessary funds and distribute them in proportion required amongst the A.M.O's. It would be recognised as a body of sufficient standing to be entrusted with the disposal of public money contributed for the purpose of providing a proper medical service for hop-pickers.

Where responsibility for the medical treatment of the pickers, lies, would seem to be a complicated matter. I think in the first place public opinion would hold that the grower who has imported these people to his district for the purpose of picking his hops has a direct financial responsibility in the matter. A most definite result of this enquiry has been the realisation that a large proportion of the growers recognise this responsibility themselves. Not only do many growers largely finance the work of certain of the voluntary organisations, and also themselves in certain cases make arrangements for treatment of their pickers by local medical practitioners, but some even take an active part in organising dispensary work. One of the most interesting of the voluntary organisations is that carried out at Mereworth, where a complete scheme including the services of a lady medical officer is financed entirely by the growers whose pickers receive medical treatment. Similarly, one of the dispensaries attached to Marden Hospital is also financed by growers. I believe that the principle underlying the organisation of such dispensaries is capable of being widely extended. I have also obtained direct evidence of the generous support of brewers and others interested in this industry given to the voluntary organisations.

Secondly, in accordance with present-day views of medical treatment of the working classes, a share of the responsibility must be borne by the community. Such support at present is already given through Poor Law channels, and a proportion of the cost of such a scheme as I have outlined might be expected to be met as grant-in-aid by the County Councils responsible.

Thirdly, contributions to the work from charitably minded people might still be expected, as in the case of the voluntary hospitals.

Fourthly, a small proportion might be expected from the pickers themselves in the form of payment of a few pence for medicines or dressings.

ORGANISATION OF THE SCHEME.—As suggested above, I have attempted to outline a scheme, which while meeting the requirements of the case, is one that is capable of being developed from the present uncoordinated work of the voluntary organisations. Such developments as I have indicated would seem to be within the scope of these organisations. I am impressed, for instance, with the great potentialities which lie at the present time in the organization of the British Red Cross Society. Not only have representatives of the Kent and London Branches indicated their willingness to extend their work, but Branches in other counties would, I believe, assist if required. The organisation of the "detention hospitals" suggested above would be well within the capacity of this organisation, and would be the means of obtaining valuable training for the ladies embodied in the V.A.D.'s.

Finally, it must be recognised that before any form of comprehensive scheme can come into being it will clearly be necessary that the voluntary organisations themselves shall be ready to give it their approval and support.

I *recommend* that this report be forwarded to the Hop-pickers' Committee of the Kent Rural Community Council for their observations, in the first place, on the suggestions which are put forward.

B. SANITATION OF HOP-PICKERS' CAMPS.

I have received definite evidence of advance in the difficult work of raising the standard of camps to a reasonable level of sanitation. I was impressed especially with the improvements carried out during the past year in the Faversham Rural District, especially in the directions of laying on a proper supply of water to the camps, and in the provision of sufficient latrines of a satisfactory type. In regard to the latter point I think it is agreed universally that the "Apps" type, to which your Committee have given strong support, and approval, by widely circulating drawings and descriptions, is everywhere recognised as meeting all requirements.

The question of the type of cook-house has not yet been settled definitely. I think it is of great importance that all whose duty it is to supervise the sanitation of hop-pickers' camps should be agreed on a minimum requirement respecting the structure of cook-houses. I raised this point at a meeting held last spring, attended by Medical Officers of Health and Sanitary Inspectors working in the hop-growing areas, and I hope by next year that a specific type will be agreed upon by all of us. Since it has been alleged that failure to provide proper cook-houses has resulted in the use of open fires which lead to burns in children, I thought it worth while to attempt to gain some statistics as to the number of burns noted by those who were engaged in the medical treatment of hop-pickers. Accordingly I asked all voluntary organisations undertaking medical work if they would be good enough to make a return of such injuries. At the present moment these figures are not complete, but I feel that very useful information will result from this enquiry, and I shall hope to report to you my views on this subject at a later suitable date.

One of the serious questions in connection with hop-picking is the overcrowding at week-ends by visitors from London and the large towns. Men who are at work during the week come down on Saturday and return on Sunday. The development of road transport has made this visit easy and cheap. There is usually no sleeping accommodation for them and (in the adequate phrase of the picker) they have to "muck in." It will be obvious that most unsatisfactory conditions result. I have received bitter complaints about this matter from hop-growers, medical officers, mission workers and some of the hop-pickers themselves, but the remedy is not at all obvious. The visitors look on this as an opportunity for two days in the country without the cost of lodging. It is easy to suggest that they are trespassers and that the growers need only have them expelled from their premises by the police, but when it comes to attempting to carry out this move, with the small force of police, already overworked in many directions at this time, it will be clear that this solution is not practicable. The additional population, besides resulting in overcrowding, makes the work of the farmer in keeping the camp clean almost impossible, and the latrines are often inadequate and become rapidly fouled.

I visited some camps in which the attainment of satisfactory conditions is very backward. I still maintain that it will be practically impossible for the official staff to get all camps up to standard until legislation provides for the registration and annual licensing of camps so that conditions are passed, as satisfactory, before occupation. Another measure which in my opinion would assist matters would be a regulation requiring that in each camp a copy of the local byelaws in regard to hop-picking should be posted in a prominent position. This measure would help growers and pickers alike.

It must be noted that during this season, as also during the last, the weather has been perfect, so that some of the sanitary problems, notably those resulting from leaking huts and damp low-lying sites have not caused any trouble this year.

With respect to lighting and ventilation of huts, and to the provision of water supply, a large number of improvements have been carried out, throughout the county, since last year, but many more improvements still remain to be effected. I know that, in many encampments, much other useful work will be carried out before the next hop-picking season in 1930.

10.—**Vaccination.**—The Ministry of Health has issued an Order amending the Vaccination Orders so far as is necessary to give effect to certain recommendations of the Committee on Vaccination.

The principal alteration effected by the new Order is to permit of vaccination by public vaccinators in one insertion in place of the previous officially advocated four insertions.

The circular which accompanied the Order refers to the occurrence of cases of "post-vaccinal nervous disease" which have occurred mainly in children of school age or adolescents who have never previously been vaccinated. This fact emphasises the advisability of securing the successful vaccination of infants. Where this has not been attained, the question which arises is whether it is advisable to vaccinate children of school age or adolescents. The Minister is of opinion that, in the present state of knowledge, and so long as the smallpox prevalent in this country retains its present mild character, it is not generally expedient to press for the vaccination of persons of these ages who have not previously been vaccinated, unless they have been in personal contact with a case of smallpox, or directly exposed to smallpox infection.

11.—**London Refuse.**—On September 19th I received a letter from Mr. Prosser stating that the Public Health and Housing Committee of the Essex County Council were of opinion that it was desirable that a conference of authorities interested in the question of London refuse deposits should be held, and that a Kent Representative was asked to be present. At Mr. Prosser's request I attended this Conference (representing the following Counties—Middlesex, Essex, Buckinghamshire, Hertfordshire and Kent) at the Middlesex Guildhall, Westminster, on September 25th.

On September 24th, in consequence of letters received, I inspected large dumps of refuse, from the Borough of Southwark, deposited at Longfield in the Dartford Rural District.

There are many thousands of tons of this refuse always burning and emitting vile fumes, and when the wind is in the South the inhabitants of large and small houses in the vicinity must shut their bedroom windows at night. This condition also causes great influx of flies. In my opinion, this is an intolerable nuisance, and should be checked. Again, through this cause, future building operations in this beautiful valley may be hampered.

I gave evidence on this and other allied matters at the above-named Conference, the proceedings of which appeared in the *London Times*, dated September 26th.

Certain resolutions were then passed as follows:—

"That in the opinion of this Conference a local authority should not be permitted to deposit by its servants, agents, or contractors, refuse, or other rubbish, outside its own area, without the previous approval of the County Council and the District Council, within whose area the refuse or rubbish is deposited, and subject to such conditions as may be prescribed by such Councils, this restriction not to apply to ordinary stable manure sent direct to a farm for agricultural purposes."

Also. "That in the event of a County Council or local authority refusing consent, an appeal to lie to the Minister of Health, whose decision shall be final."

Also. "That this Conference recommends each of its constituent bodies to adopt a resolution in the foregoing sense and to submit it to the Minister of Health as quickly as possible."

I hope that your Committee will agree with these recommendations and take the necessary steps suggested.

During several years past, many nuisances existed in Kent from this cause, in areas, other than Dartford Rural above referred to, but through the adoption and rigid enforcement of bye-laws, tipping ceased. The Urban District Council of Bexley is a case in point.

I have often advised that the Rural District Council of Dartford should follow this example, but without success.

I think that the Kent County Council should now press this matter forward, and if necessary should make a representation to the Ministry of Health.

12.—**Pollution of Rivers.**—On page 18 of my report for the quarter ended March 31st, 1929, I gave details of the County Analyst's report on the examination of a sample of effluent taken from the Willesborough Lees sewage disposal works. The report indicated that either the contact beds required attention or that the effluent was allowed to stand too long in the humus tanks.

My recommendation, which you approved, was that the clinker beds should be cleaned out and the material replaced by properly graded and drained clinker.

On July 25th the Clerk of the East Ashford Rural District Council wrote to the effect that the Council had "given instructions that the clinker beds at these works should be cleaned out (four in number) in rotation, one every year, and re-filled with finer graded materials."

It would appear to me that this action should result in a satisfactory effluent.

In the report above referred to, I also dealt with the South Willesborough sewage works, which were polluting the River Stour.

On July 25th the Clerk of the East Ashford Rural District Council wrote to the Clerk of the County Council as follows:—

"I am directed by the Council to advert to your letter of the 6th June forwarding copy of an extract from the report of the County Medical Officer in regard to the above.

I have to state that this matter was considered by my Council at their last meeting and instructions were given to the Surveyor for the preparation of a scheme as soon as possible for the entire reconstruction of these works, and application is to be made to the Unemployment Grants Committee for a grant towards the cost of the work in which it is trusted the Council will receive your support.

The Council are of the opinion that the entire reconstruction of these works with the aid of such a grant is preferable to any temporary improvements at these works."

I also reported adversely on the Kennington sewage disposal arrangements, but mentioned that financial difficulties stood in the way of improvements being put in hand at once.

My report was considered by the Kennington Parish Council and the East Ashford Rural District Council, and the Clerk to the latter body writes that "whilst both Councils are desirous of installing a proper system of sewerage, they are unable to do so at the present time owing to the excessive cost of such a scheme. In the meantime, the Rural District Council are making every effort to reduce the pollution as much as possible.

I have visited recently the two sewage disposal works at South Willesborough and at Kennington.

Conditions have not improved. I would recommend a conference between representatives of Ashford Urban and East Ashford Rural District Councils, the Parish of Kennington and the County Council on the whole question.

13.—**Maidstone Water Supply.**—On July 12th I inspected the various works and sources of supply of the Maidstone Waterworks Company in the company of Professor Eyre, the Chairman and Engineer of the Company and the Medical Officer of Health of Maidstone.

At Barming Reservoir, fences and turf were in good condition, the engine house clean, and the engines satisfactory.

At Barming Tower, fencing and hedge were in good order. The water in the tower was at a low level, but appeared to be up to its usual standard of clearness.

The fencing and turf at Boarley Reservoir were in good repair and condition. The reservoir contained less water than usual. All four springs were examined in detail, and certain minor improvements were noted. On the rifle range, the latrine and the ammunition-shed were in good order and there were no manure heaps in the locality.

The three Cossington springs showed satisfactory conditions. The new boring had reached a depth of 345 feet.

At Detling Reservoir, fencing, turf, pathway and surrounding land were all satisfactory.

Forstal Pumping Station was clean and in good order. A new indicator-gauge is to be connected to the Cossington No. 1 Tank.

Everything at the Loose Reservoir appeared to be satisfactory. Fencing, path, the sides and banks of the reservoir, and the surrounding land, were all inspected and approved.

Samples of water, taken from six different points in the area of supply, were examined. The analysis showed that the Maidstone water maintains a high degree of excellence as a potable supply.

14.—Milk and Dairies (Consolidation) Act, 1915.—Under Sections 3 and 4 of this Act, it is the duty of the County Medical Officer, on receipt of information that tuberculosis is caused or is likely to be caused by the consumption of milk from a certain source, to cause the cattle concerned in such milk supply to be inspected, and to make such other investigations as may be necessary.

On May 8th a sample of mixed milk was submitted to the county bacteriological laboratory by a Medical Officer of Health in East Kent, and the result of the inoculation test showed that it was tubercle-infected. Dr. Ponder visited the farm from which the sample was taken, in company with the veterinary surgeon for the district, on July 1st, and inspected the herd of thirty cows. Samples of milk were taken from three animals and in one of these samples tubercle bacilli were found. The animal concerned was slaughtered.

Similar cases arose as follows:—

District.	North Kent.	North Kent.	East Kent.
Date of inspection	July 3rd	July 26th	September 25th
Number of animals examined ...	Thirty	Seventy-three	Forty-seven
Number of samples taken ...	Five	Three	Three
Result of laboratory examination	Negative	One positive	Test still proceeding

In the positive case the animal was slaughtered.

At your last meeting I reported on three cases similar to the above in which the tests were still proceeding at the time of writing. The results were as follows:

From a farm in South Kent.—The milk from one animal was found to be tubercle-infected and the animal was slaughtered.

From a farm in West Kent.—The samples of milk from two animals gave negative results for tubercle.

From a farm in North-East Kent.—A sample of milk from the suspected animal gave a negative result.

In connection with the experiment referred to in paragraph 9 on page 13 of my report for the quarter ended December 31st, 1927, and in subsequent reports, seventy-four samples of mixed milks have now been taken from farms in three of the sanitary districts in the county and submitted to the county bacteriological laboratory for examination. In fifty-nine cases the result has been negative and in the remainder the tests have not yet been completed.

15.—Housing Act, 1925.—I beg to report that I have received from the Clerk of the Rural District of East Ashford, a copy of a report by the Medical Officer of Health and of a closing order in respect of a dwelling-house known as “The Cot,” Ruckinge.

I have also received a copy of a report by the Medical Officer of Health concerning the condition of two cottages adjoining the Post Office Stores, Warehorne.

16.—Special Reports of Medical Officers of Health.—During the quarter I have received copies of special reports from Medical Officers of Health as follows:—

Report from the Medical Officer of Health of Sheerness and Sheppey concerning an epidemic of small-pox.

Report from the Medical Officer of Health of Tonbridge concerning pollution of the River Medway.

17.—**Pathological Laboratories.**—Details of the work carried out in the laboratories during the past quarter (including that undertaken by Dr. Hills at Sheerness) are shown in the following tables:—

(i.) ROUTINE EXAMINATIONS IN CONNECTION WITH INFECTIOUS DISEASES.

(i.) ROUTINE EXAMINATIONS IN CONNECTION WITH INFECTIOUS DISEASES.			
Nature of Examination.	Positive.	Negative	Total.
Bacteriological examinations of swabbings taken from the throat in cases of suspected diphtheria	610	3970	4580
Widal examinations of serum from patients suspected to be suffering from typhoid fever	26	74	100
Bacteriological examinations of sputum from patients suspected to be suffering from phthisis	295	711	1006
Microscopical examinations of hairs from children suspected to be suffering from 'ringworm'	34	54	88
Totals	965	4809	5774

(ii.) SPECIAL EXAMINATIONS IN CONNECTION WITH INFECTIOUS DISEASES.

Milk for biological test for tubercle bacilli	45
Examinations of fæces—? typhoid group of organisms	42
Examinations of urine—? typhoid group of organisms	21
Examinations of urine—? tubercle bacilli	19
Examinations of fæces—? <i>B. dysenteriae</i>	10
Testing virulence of <i>B. diphtheriae</i>	9
Examinations of cerebro-spinal fluid—? meningococcus	5
Examinations of pleural fluid—? tubercle bacilli	4
Examinations of pus—? tubercle bacilli	4
Urine for biological test for tubercle bacilli	2
Examinations of blood films—? malaria	2
Milk for microscopical examination for tubercle bacilli	2
Fluid from chest for biological test for tubercle bacilli	2
Examination of fæces—? tubercle bacilli	1
Examination of cerebro-spinal fluid—? tubercle bacilli	1
Examination of fluid from knee—? tubercle bacilli	1
Examination of cooked meat—? tubercle bacilli	1
Total	171

(iii.) EXAMINATIONS IN CONNECTION WITH VENEREAL DISEASES.

Smears for <i>Gonococcus</i>	386
Serum for <i>Spironema pallidum</i> (Syphilis)	4
Wassermann Reactions—blood	506
" cerebro-spinal fluid	28
Examinations of cerebro-spinal fluid for increase of globulin	21
Examinations of urine for <i>Gonococcus</i>	2
Total	947

(iv.) SPECIAL EXAMINATIONS IN CONNECTION WITH NON-INFECTIOUS DISEASES.

Histological examinations of tissues	95
Preparation of autogenous vaccines	31
Bacteriological examinations of urine	65
Microscopical " "	12
Chemical " "	8
General " "	5
Examinations of pus—? organisms.....	25
Examinations of blood—differential count, etc.	24
Examinations of swabs—? organisms	16
Examinations of cerebro-spinal fluid—? organisms ..	14
Examinations of various fluids—? organisms	10
Examinations of blood cultures—? organisms	5
Examinations of feces—? ova	5
Blood sugar tests	3
Examinations of cultures—? organisms	3
Examinations of feces—? occult blood	2
Examinations of sputum—? organisms	2
Examinations of feces—? organisms	2
Examination of vaginal smear—? spermatozoa.. ..	1
Bacteriological examination of ice cream	1
Examination of pus—? cancer cells	1
Blood transfusion tests.....	1
Examination of cerebro-spinal fluid—? sugar	1
Examination of specimen passed per rectum—? nature ..	1
Total	333

(v.) EXAMINATIONS OF WATER, MILK, &c.

Bacteriological examinations of water	19
Government examinations of graded milk	61
Bacteriological examinations of milk (District M.O.'s H.)	39
" " (Kent Milk Recording Society)	4
<div style="text-align: right;">Total</div>	<div style="text-align: right;">123</div>

(vi.) EXAMINATIONS OF MILK, &C., MADE IN CONNECTION WITH THE TUBERCULOSIS ORDER, 1925.

From County Veterinary Inspectors
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(vii.) EXAMINATIONS CARRIED OUT IN THE SHEERNESS AUXILIARY LABORATORY (DR. W. C. D. HILLS).

Nature of Examination.	Positive.	Negative.	Total.
Bacteriological examinations of swabbings taken from the throat in cases of suspected diphtheria...	0	10	10
Bacteriological examinations of sputum from patients suspected to be suffering from phthisis	3	1	4
Microscopical examinations of hairs from children suspected to be suffering from 'ringworm' ...	5	3	8
Totals.....	8	14	22

Grand total (all examinations)	7371
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18.—**Tuberculosis Work.**—(A) DISPENSARIES.—(i.) The following is a summary of the Tuberculosis Officers' returns for July, August and September, 1929:—

Name of Dispensary.	New Patients.		Attendances.		Occasions Open.
	Insured.	Non-Insured.	Insured.	Non-Insured.	
Area No. 1 { Bromley	12	22	59	162	13
{ Dartford	13	27	98	301	29
{ Erith.....	13	17	52	165	26
Area No. 2 { Gillingham	10	29	56	172	26
{ Gravesend	19	21	46	133	13
{ Rochester.....	29	29	84	338	26
Area No. 3 { Sevenoaks	3	14	18	133	13
{ Tonbridge	4	19	33	297	26
{ Tunbridge Wells.....	11	13	93	229	26
Area No. 4 { Maidstone	31	57	157	366	26
{ Sheerness.....	6	9	27	136	13
{ Sittingbourne	5	11	43	99	13
Area No. 5 { Canterbury	17	16	91	148	26
{ Dover	22	31	118	209	26
{ Folkestone	27	43	148	231	39
{ Deal	15	14	55	107	13
Area No. 6 { Faversham	5	12	22	56	13
{ Herne Bay	7	16	34	61	6
{ Margate	13	20	72	118	13
{ Ramsgate.....	12	21	73	147	13
Area No. 7 Penge	17	23	54	87	12
Area No. 8 Ashford	6	26	59	113	13
Totals for Area No. 1	38	66	209	628	68
" " No. 2	58	79	186	643	65
" " No. 3	18	46	144	659	65
" " No. 4	42	77	227	601	52
" " No. 5	81	104	412	695	104
" " No. 6	37	69	201	382	45
" " No. 7	17	23	54	87	12
" " No. 8	6	26	59	113	13
Totals for September Quarter.....	297	490	1492	3808	424

(ii) DISPENSARY STAFF.—In paragraph 14 (A) (ii.) on page 26 of my last report I mentioned that Dr. Robson (late Assistant Medical Officer of Lenham Sanatorium), who had been appointed tuberculosis officer in place of Dr. Gibbins, resigned, was unable to take up the new appointment immediately on account of the requirement of the Ministry of Health that he should obtain further experience in general medicine.

Dr. Robson has now obtained a temporary post as junior house surgeon at the Princess Alice Memorial Hospital, Eastbourne, as from October 1st, and I beg to **recommend** that he be granted three months leave of absence until January 1st, 1930, without salary, to take this post.

The duties of tuberculosis officer for the Maidstone area can, in the meantime, be carried out by Dr. Edelston, who was appointed provisionally to succeed Dr. Robson as assistant medical officer at Lenham Sanatorium. Dr. Edelston has an 8-horse power car, for which he should receive a travelling allowance. He will continue to reside at the Sanatorium.

In view of the fact that we have not had a whole-time medical officer in the Maidstone area during the last few months to undertake relief duty for the tuberculosis officer for the Tonbridge area during his absence on annual leave, it was necessary for me to ask Dr. Galbraith, of Tonbridge, to undertake this work, at a fee of two guineas per attendance (two attendances at each of the Tonbridge, Tunbridge Wells and Sevenoaks Dispensaries) and travelling expenses.

I beg to ask for your approval.

(B) PATIENTS RECEIVING RESIDENTIAL TREATMENT.—The following statement shows the numbers of patients admitted to institutions during the quarter, the numbers discharged and the numbers remaining under treatment:—

Name of Institution.	Maintenance Charge per week on Oct. 1st, 1929.	Numbers admitted during quarter.	Numbers discharged during quarter.	Numbers under treatment on Sept. 30th, 1929.
Sanatoria.				
‡ KENT COUNTY SANATORIUM, LENHAM	*48s.	111	111	165
Burrow Hill Training Colony	50s.	—	—	1
Croydon Sanatorium, North Cheam	a	—	1	4
Frimley Sanatorium	56s.	2	2	2
Grosvenor Sanatorium, Kennington	49s.	26	26	44
Holy Cross Sanatorium, Haslemere	50s.	—	—	1
King George's Sanatorium, Bramshott	49s.	—	—	3
"Les Hirondelles," Leysin, Switzerland	20s.	—	—	1
Maltings Farm Sanatorium, Nayland	32s. 6d.	4	2	10
R. National Sanatorium, Ventnor	49s.	—	2	—
Special Homes and Sanatoria for Children.				
Bruce Porter Home, Folkestone	42s.	1	1	6
Church Army Sanatorium, Heath End	30s.	2	5	7
Heatherwood Hospital, Ascot	30s. & 20s.	—	2	6
Oak Bank Open-air School, nr. Sevenoaks	30s.	5	4	15
Princess Mary's Hospital, Margate	*50s. 9d	—	—	2
Victoria Home, Margate	28s.	1	3	8
St. Nicholas Hospital, Birchington	30s.	1	—	3
St. Vincent's Home, Pinner	38s. 4d. approx.	1	—	2
Tadworth Court	30s.	1	—	1
Hospitals.				
Brompton Hospital, London	56s.	3	2	3
City of London Hospital, E.	56s.	—	1	1
Dover Isolation Hospital	47s. 6d.	6	6	9
Eversfield Chest Hospital, St. Leonards	48s.	3	5	9
Keycol Hill Hospital, nr. Sittingbourne...	b	28	48	40
Oak Lane Hospital, Sevenoaks	47s. 6d.	5	5	13
Old Manor House, Broadstairs	44s. 6d.	—	1	—
Papworth Hall, Cambridge	53s. 6d.	1	1	1
Preston Hall, Aylesford	52s. 6d. & 47s. 3d.	12	7	25
St. Anthony's Hospital, Cheam	50s.	—	1	4
Surgical Institutions.				
KENT COUNTY CONVALESCENT HOME, CRANBROOK	*37s. 6d.	3	3	26
Alexandra Hospital, Swanley	42s. & 52s. 6d.	8	—	49
Children's Hip Hospital, Sevenoaks	21s.	—	1	19
Gravesend and N. Kent General Hospital	56s.	3	3	1
Kent and Canterbury Hospital	49s.	1	1	—
King's College Hospital, London	—	—	1	—
R. National Orthopaedic Hos. Brockley...	40s.	2	—	5
Royal Sea Bathing Hospital, Margate	48s. 10d.	10	12	39
Royal Victoria Hospital, Dover	42s.	1	2	1
Royal Victoria Hospital, Folkestone	42s.	4	1	7
St. Bartholomew's Hospital, Rochester ..	54s.	4	5	3
St. George's Hospital, London	42s.	1	2	—
Treloar Cripples Hospital, Alton	30s.	—	1	4
University College Hospital, London	68s.	2	1	3
West Kent Hospital, Maidstone	42s.	—	1	1
Men †	—	109	131	198
Women	—	91	92	157
Children §	—	52	47	189
TOTALS	—	252	270	544§

* Provisional rates until actual cost is ascertained.

a Provisional rate of Nine Pounds per month until actual cost is ascertained (not to exceed 55s. per week).

b Thirty shillings, plus average percentage cost of living figure as given in Labour Gazette.

‡ These figures include ten beds reserved for the City of Canterbury.

† Includes all ex-service men whose disease has been held to be attributable to war service.

§ Includes children receiving treatment at Alexandra Hospital under the schema for the Treatment of Crippled Children (vide p. 6).

Insured ...256
Uninsured 288

(C) PATIENTS RECEIVING OUT-PATIENT TREATMENT ON SEPTEMBER 30th, 1929 :—

Name of Institution.	Charge per attendance. From 1/- to 5/-	No. under treatment.
London Hospital	10/6	28
Brompton Hospital	2/6	11
Royal Sea Bathing Hospital	*	10
Royal Victoria Hospital, Folkestone	6/-	8
Kent and Canterbury Hospital	2/6	1
St. Thomas's Hospital, London	1/6	3
Gravesend General Hospital		1

* Three guineas per session of two-and-a-half-hours for X-ray treatment and 1/6 per attendance for dressings

(D) VARIOUS DETAILS RESPECTING INSTITUTIONAL TREATMENT—

1. Number of ex-service men in institutions at the end of the quarter, the responsibility for the cost of whose treatment has been accepted by the Ministry of Pensions owing to the disease being held to be attributable to War service	22
2. Contributions towards cost of institutional treatment :—	
(a) No. of patients contributing...	83
(b) Aggregate amount per week of such contributions	£16 ls. 8d.
(c) No. of patients unable or unwilling to contribute	365
(d) No. of cases in course of settlement	65
(e) Pensioners and Canterbury City cases	31
	<hr/> 544 <hr/>
3. Number of patients on waiting list—	
	Men. Women. Children. Total.
For Sanatoria	21 8 5 34
„ Hospitals	28 22 1 51
„ Surgical Institutions	5 2 20 27
Cases in abeyance for various reasons	15
Institutional admission in hand	25
Total number on waiting list on September 30th	<hr/> 152 <hr/>

(E) LENHAM SANATORIUM.—(i) MANAGEMENT SUB-COMMITTEE.—A meeting of this Committee was held at the Sanatorium on September 13th. It will be noted from the Minutes that consideration was given to an application from various members of the male staff for inclusion in the Kent County Council's superannuation scheme on the same terms as the roadmen. The Committee recommended that the application should be acceded to. (Details relating to the servants in question are shewn in paragraph 6 of this report).

Plans were approved for a new nurses' home, at a cost of £6,200, and a contract was accepted for extension of the dry stores, alterations to the main dining hall, etc., the cost of the work amounting to £1,100 16s. 5d.

Both these projects have been reported to you previously and approved.

Approval was given to an expenditure of £212 2s. 3d. for renewing 160 positive plates in the sanatorium battery, and to an additional expenditure of approximately £100 for negative plates if necessary. An allowance will be given by the firm undertaking the work for the old plates, etc. The County Architect was instructed to prepare a plan and an estimate for enlargement of the existing storage battery room.

(ii) SANATORIUM STAFF.—It will be seen from the Minutes that there have been one resignation and one appointment of a nurse; five resignations and five appointments of domestics; and two transfers from domestic staff to laundry staff.

Dr. Edelston has been appointed to succeed Dr. Robson as Assistant Medical Officer at the Sanatorium, but as his services are required temporarily in tuberculosis dispensary work (see paragraph 18 (ii.) on page 29) it has been necessary to appoint a *locum tenens* at a remuneration of eight guineas a week and the usual emoluments.

(F) KEYCOL HILL HOSPITAL.—I beg to report that, in accordance with the terms of the Agreement, the Keycol Hill Isolation Hospital Committee gave notice to the County Council on August 24th to remove twenty tuberculosis patients from the hospital on account of the accommodation being required for cases of scarlet fever. All the patients were removed within a few days, and it is hoped that the accommodation will shortly be available again for tuberculosis patients.

I am, my Lords, Ladies and Gentlemen,
Yours obediently,

(Signed) ALFRED GREENWOOD,
County Medical Officer.

KENT COUNTY COUNCIL PUBLIC HEALTH COMMITTEE.

Statement of Recommendations and Reports involving additional Expenditure, contained in County Medical Officer's Report for the Quarter ended September 30th, 1929.

Page and Paragraph.	Service.	Recommendation.	Estimated Annual Cost.	*Ministry of Health Grant.	*Net Cost to County Council.	Remarks
			£ s. d.	£ s. d.	£ s. d.	
A. Matters involving annual charges— Page 3 Para. 1 (E) (ii) ...	M. and C.W.	To take over Boughton-Monchelsea M. & C.W. Centre.	23 0 0	11 10 0	11 10 0	The figures do not include the cost of foods (which are sold to mothers at cost price), but they allow approximately £5 at each Centre for incidental expenses.
" 3 " " " "	"	Burham M. and C.W. Centre ...	24 0 0	12 0 0	12 0 0	
" 3 " " " "	"	Halstead " " " "	22 0 0	11 0 0	11 0 0	
" 3 " " " "	"	Stansted " " " "	18 0 0	9 0 0	9 0 0	
" 3 " " " "	"	Stanford " " " "	21 0 0	10 10 0	10 10 0	
" 3 " " " "	"	Increased openings of Selling M. & C.W. Centre	2 0 0	1 0 0	1 0 0	
" 3 " " " "	"	Elham " " " "	3 15 0	1 17 6	1 17 6	
" 3 " " " "	"	Lyminge " " " "	6 8 0	3 4 0	3 4 0	
" 3 " " " "	"	Eastry " " " "	1 15 0	17 6	17 6	
" 3 " " " "	"	Increased rental of Aylesham Centre ...	6 10 0	3 5 0	3 5 0	
" 6 " " " "	M. and C.W. Orthopaedic Tub. and V.D.	Additional room at Sevenoaks Clinic ...	4 10 0	2 5 0	2 5 0	Financial details not to hand at time of writing report.
" 7 " " " "		To include additional Staff within Superannuation Scheme ...	46 16 0	26 0 0	20 16 0	
" 9 " " " "	L.G. Act	Grant re Marden Hospital }	?	—	?	
" 10 " " " "	" (M.C.W.)	" to Maternity Home }	170 0 0	—	170 0 0	
" 11 " " " "	L.G. Act. (V.D.)	Grant to British Social Hygiene Council ...				
Total cost of matters involving Annual Charges			349 14 0	92 9 0	257 5 0	
B. Matters involving non-recurring expenditure only— Page Para. 1 (A) (iv) ...	Midwives Acts	Compensation to Midwives for suspension ...	12 0 0	6 0 0	6 0 0	Payment of Compensation is a Statutory requirement.
" 1 (B) (ii) ...	M. and C.W.	Grant to Nursing Association ...	20 0 0	10 0 0	10 0 0	
" 1 (E) (iii) ...	"	Initial equipment of Maternity Centres ...	107 0 0	53 10 0	53 10 0	
" 1 (H) ...	"	Refresher Course for Health Visitors ...	40 0 0	20 0 0	20 0 0	
" 18 (E) ...	Lenham San.	Renewal of Battery Plates ...	312 0 0	156 0 0	156 0 0	
Total cost of matters involving non-recurring charges ...			491 0 0	245 10 0	245 10 0	Less an allowance to be made for old plates.

* Ministry of Health Grant, as such, for individual Public Health Services, will terminate at the end of the present financial year, and will be replaced by "Block Grant," but the full rate of present grant is assumed for the purpose of the above figures.

