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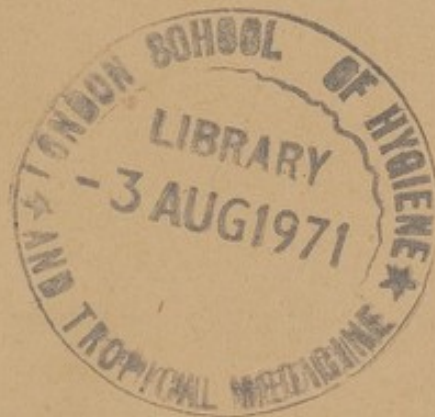
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PUBLIC HEALTH DEPARTMENT



D. Williams

BOROUGH OF BARKING
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Public Health Dept.



38932

BOROUGH OF BARKING

REPORT

OF THE

Medical Officer of Health

For the Year 1938

C. LEONARD WILLIAMS,
B.Sc., M.R.C.S., L.R.C.P., D.P.H.

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SCHOOL MEDICAL SERVICE

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STAFF, 1938.

*Medical Officer of Health, School Medical Officer, Medical Superintendent,
Barking and Upney Hospitals :*

C. LEONARD WILLIAMS, B.Sc., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health and Deputy School Medical Officer :
J. MERVYN THOMAS, M.D., B.Sc., D.M.R.E., L.R.C.P., D.P.H.

Assistant Medical Officers of Health and Assistant School Medical Officers :

WILLIAM HOGG, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
(Resigned 1st April, 1938.)

THOMAS M. CLAYTON, M.B., B.S., B.Hy., D.P.H.
(Commenced 10th October, 1938.)

MARGARET A. GLASS, B.Sc., M.B., Ch.B., D.P.H.

VIOLET SPILLER, M.D., M.R.C.S., L.R.C.P., D.P.H.
(Commenced 7th February, 1938.)

MURIEL M. OSBORN, M.R.C.S., L.R.C.P.
(Commenced 1st September, 1938.)

Consultant Ophthalmic Surgeon :

WILLIAM ADAMSON GRAY, M.B., Ch.B., Ph.D., F.R.C.S.

Consultant Orthopædic Surgeon :

B. WHITCHURCH HOWELL, M.B., B.S., F.R.C.S.

Consultant in Obstetrics and Gynæcology :

JAS. VINCENT O'SULLIVAN, M.D., F.R.C.S.

Consultant Ear, Nose and Throat Surgeon :

CYRIL R. SANDIFORD, M.D., F.R.C.S.

Resident Medical Officer, Barking Hospital :

JOSIE M. OLDFIELD, M.R.C.S., L.R.C.P.
(Commenced 4th April, 1938. Resigned 11th December, 1938.)

Resident Medical Officer, Upney Hospital :

CALVIN P. BAMPFYLDE WELLS, M.R.C.S., L.R.C.P.

Scientist :

EVELYN M. HILL, Ph.D. (Lond.), Dip. Bact.

Dental Surgeons :

- W. H. FOY, L.D.S., R.C.S.
 M. COHN, L.D.S., R.C.S. (Resigned 5th March, 1938.)
 R. O. BORGARS, L.D.S., R.C.S. (Commenced 3rd January, 1938.)
 Miss E. F. GAWN, L.D.S., R.C.S. (Commenced 1st April, 1938.)

Sanitary Inspectors :

- | | |
|--|-------------------------|
| N. BASTABLE (Chief Sanitary
Inspector), (b, c, d, and f). | C. S. COOK (b and c). |
| H. H. CARR (b, c, e and l). | E. G. TWEEDY (a and c). |
| | H. H. MADAMS (a and c). |

Matron, Barking and Upney Hospitals—Inspector of Midwives :

Miss M. W. HEDGCOCK (h, i and j).

Health Visitors, etc. :

- *Miss P. M. FAWCETT (Senior Health Visitor and School Nurse) (g, h and i).
- *Miss M. BAERLOCHER (a, h and k).
- Miss P. M. BARNS (Masseuse) (n). (Resigned 17th September, 1938.)
- Miss G. D. CONTE (Chiropodist) (s and i). (Commenced 11th July, 1938,
Resigned 24th December, 1938.)
- *Miss C. COURT (g, h and i).
- *Miss E. FISHER (g, h and i).
- Miss G. GEDEN (Dental Nurse) (q).
- Miss S. GIBSON (School Nurse) (j).
- *Miss L. GOODACRE (g, h and i).
- Miss J. HARRIS (Masseuse) (n). (Commenced 12th September, 1938.)
- *Miss R. HOBBS (g, h and i). (Commenced 26th September, 1938.)
- *Miss G. JONES (g, h and i).
- Miss R. LLEWELYN (Dental Nurse) (h and i).
- *Miss M. McALISTER (g, h, i and j).
- *Miss M. McCANDIE (g, h and i).
- *Miss J. McGILVRAY (g, h and i).
- *Miss E. PARRY (g, h and i).
- Miss A. K. ROE (Masseuse) (n).
- Mrs. G. STOKES (g and i).
- Miss L. F. SWAIN (School Nurse) (h and i).
- Miss M. THOMPSON (Masseuse) (n). (Commenced 10th October, 1938.)
- *Miss C. M. WILLIAMS (g, h and i). (Resigned 31st August, 1938.)

District Municipal Midwives :

- | | |
|------------------------------|---|
| Mrs. L. BACK (h and i). | Miss K. C. HAND (h and i). |
| Mrs. E. BISHOP (h). | Miss G. THOMAS (h). |
| Mrs. I. BRONNICK (h and i). | Miss G. M. VERNEY (h). |
| (Commenced 4th April, 1938.) | (Transferred to Hospital 11th
February, 1938.) |

*Clerical Staff :**Chief Clerk—F. READ.*

C. G. EAGLESFIELD (Senior Assistant) (r).	Miss H. NUNN.
H. DAVIS.	Miss H. KING.
F. YATES (o).	Miss A. LIGGINS.
G. H. RUFF.	Miss D. FOULSHAM.
K. F. CALWAY (p).	Miss I. CAST.
E. A. ELLIS (m).	Miss G. COOPER.
D. SCOTT.	Miss J. WILKINSON.
L. J. DEXTER.	Miss G. MACLEAN.
P. J. OLVER.	Miss J. MACLEAN
(Commenced 1st Sept., 1938.)	(Commenced 7th Feb., 1938.)
	Miss P. SPARKES.
	(Commenced 8th Feb., 1938.)

Disinfecter and Mortuary Attendant :

H. LONG.

In addition to the foregoing, there are sisters and nurses and other staff at the Barking Hospital and the Upney (Maternity) Pavilion. It is to be noted also that the Minor Ailments Clinics at Central Clinic and Woodward Clinic and Ante-Natal Clinics are staffed by the nurses of the Plaistow Maternity Hospital and District Nurses' Home.

-
- (a) Sanitary Inspector's Certificate of the Sanitary Inspectors' Examination Board.
 - (b) Sanitary Inspector's Certificate of the Royal Sanitary Institute.
 - (c) Meat, etc., Inspector's Certificate of the Royal Sanitary Institute.
 - (d) Smoke Inspector's Certificate of the Royal Sanitary Institute.
 - (e) Building Inspector's Certificate of the Worshipful Company of Carpenters.
 - (f) Sanitary Science Certificate of the Royal Sanitary Institute.
 - (g) Health Visitor's Certificate of the Royal Sanitary Institute.
 - (h) Certificate of the Central Midwives Board.
 - (i) General Hospital Training.
 - (j) General Fever Training.
 - (k) Health Visitor's Diploma of the Board of Education.
 - (l) Smoke Inspector's Certificate of the L.C.C. School of Engineering.
 - (m) Sanitary Inspector's Certificate of the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board.
 - (n) Certificate of the Chartered Society of Massage and Medical Gymnastics, Medical Electricity, Light and Electro-Therapy.
 - (o) Final Examination of the National Association of Local Government Officers.
 - (p) Inter. Examination of the National Association of Local Government Officers.
 - (q) Registered Sick Children's Nurse.
 - (r) Inter. Examination of the Incorporated Secretaries Association.
 - (s) Diploma of the National School of Chiropody.
 - (*) Combined appointment—Health Visitor and School Nurse.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH FOR THE BOROUGH OF
BARKING, IN THE COUNTY OF ESSEX, FOR THE YEAR
ENDED 31ST DECEMBER, 1938.

PUBLIC HEALTH OFFICES,
BARKING, ESSEX.

June, 1939.

*To the Mayor, Aldermen and Councillors of the
Borough of Barking.*

Mr. Mayor, Ladies and Gentlemen,

Once again I present for your favourable consideration my Report as Medical Officer of Health for the year ended the 31st December, 1938, and in so doing make an apology for the lateness in its presentation, which was unavoidable this year on account of services being commandeered for three months in connection with Air Raid Precautions.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

C. LEONARD WILLIAMS,
Medical Officer of Health.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS
OF THE AREA.

1. GENERAL STATISTICS.

Area (acres) ...	4,174	Ward areas ...	3,874
		Tidal Water H.W.M.	
		Thames ...	240
		Roding ...	58
		Loxford Water	2
			300
			4,174
Population (1931 Census) ...			51,277
Population (June, 1938) (Registrar-General's Estimate) ...			76,790
Number of Inhabited Houses, March, 1939, according to Rate Books :—			
Houses ...			18,554
Shops ...			1,332
	Total ...		19,886
Population Density, i.e., No. of persons per acre ...			18.4
Rateable Value—General ...			£721,906 0 0
Sum represented by a penny rate ...			£2,971 16 3
Education rates :—			
Elementary } *Secondary }	Included in General Rate Figure {		3s. 4½d. 10d.
General Rate ...			14s. 2d.

* Including County Precept.

2. EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

Live Births :—	Total.	Males.	Females.	Birth Rate.
Legitimate	1,086	545	541	14.14
Illegitimate	27	16	11	.35
Totals	1,113	561	552	14.49

Still-births :—				Rate per 1,000 total births :—
Legitimate	45	21	24	} 41.3
Illegitimate	3	2	1	
Deaths	548	272	276	

Death Rate 7.1. Percentage of total deaths occurring in public institutions, 51.8.

Deaths from puerperal causes :—	Rate per 1,000 total Deaths. (live and still) births.	
Puerperal sepsis... ..	2	1.72
Other puerperal causes... ..	1	0.86
Totals	3	2.58

Number of deaths of infants under one year of age :—				Total Infantile	
	Males.	Females.	Total.	Death Rate.	Death Rate.
Legitimate	21	21	42	38.7	} 39.5
Illegitimate	1	1	2	74.1	
No. of deaths from Cancer (all ages)					75 (77)
„ „ Measles (all ages)					—
„ „ Whooping Cough (all ages)					2
„ „ Diarrhoea (under 2 years of age)					6 (5)

(N.B.—Where the Registrar-General's figures and rates differ from those prepared locally, the former are shown separately in brackets.)

3. BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1938.

(England & Wales, London, 126 Great Towns, and 148 Smaller Towns and BARKING.)

	Rate per 1,000 Total Population.		Annual Death Rate per 1,000 Population.								Rate per 1,000 Live Births.	
	Live Births.	Still-births.	All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Diarrhoea and Enteritis (under two years).	Total Deaths under one year.
England and Wales	15.1	0.60	11.6	0.00	0.00	0.04	0.01	0.03	0.07	0.11	5.5	53
126 County Boroughs and Great Towns, including London	15.0	0.65	11.7	0.00	0.00	0.05	0.01	0.03	0.07	0.10	7.8	57
148 Smaller Towns (Estimated resident populations, 25,000 to 50,000 at Census, 1931)	15.4	0.60	11.0	0.00	0.00	0.03	0.01	0.02	0.06	0.11	3.6	51
London	13.4	0.48	11.4	0.00	0.00	0.06	0.01	0.03	0.05	0.06	13.1	57
BARKING	14.49	0.63	7.1	0.01	0.00	0.00	0.00	0.03	0.18	0.12	5.4	39.5

	Puerperal Sepsis.	Others.	Total.
The maternal mortality rates for England and Wales are as follows: { per 1,000 Live Births }	0.89	2.19	3.08
{ „ „ Total Births }	0.86	2.11	2.97

4. VITAL STATISTICS OF WHOLE DISTRICT FROM 1927 TO 1938.

Year.	Popula- tion estimated to Middle of each Year.	Births.		Total Deaths Regis- tered in the District.		Transferable Deaths.		Net Deaths belonging to the District.			
		Nett.				Of Non- residents registered in the District.	Of Residents registered out of the District.	Under One year of age.		At all Ages.	
		Number.	Rate.	Number.	Rate.			Number.	Rate per 1,000 Live Births. 10.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12
1927 ...	39,900	710	17.7	251	6.2	7	162	47	66.1	406	10.1
1928 ...	40,870	805	19.7	276	6.7	6	144	51	63.3	414	10.1
1929 ...	42,160	787	18.7	291	6.9	8	152	42	53.4	435	10.3
1930 ...	45,000	799	17.7	256	5.7	7	186	49	61.3	435	9.7
1931 ...	51,830	947	18.3	328	6.3	7	215	61	64.4	536	10.3
1932 ...	60,330	1105	18.3	283	4.7	17	239	59	53.4	505	8.4
1933 ...	68,840	1204	17.4	290	4.2	13	247	67	55.6	524	7.6
1934 ...	72,290	1252	17.4	311	4.3	9	288	71	56.7	590	8.2
1935 ...	72,650	1226	16.9	270	3.7	13	301	64	52.2	558	7.7
1936 ...	76,000	1195	15.72	313	4.1	13	308	67	56.07	608	8.0
1937 ...	76,470	1133	14.82	302	3.9	8	306	61	53.8	600	7.8
1938 ...	76,790	1113	14.49	290	3.8	9	267	44	39.5	548	7.1

VITAL STATISTICS OF WHOLE DISTRICT FROM 1926 TO 1928

Year	Estimated Total Births each Year	Births		Total Deaths Registered in the District	Deaths registered in the District
		Number	Rate		
1928	78,700	1118	14.88	420	5.3
1927	76,470	1182	14.82	302	3.9
1926	76,000	1105	14.72	318	4.1
1925	72,800	1222	16.5	370	5.7
1924	68,240	1304	17.4	400	6.2
1923	60,200	1102	18.2	382	6.7
1922	51,800	947	18.2	322	6.2
1921	42,000	790	17.7	238	5.7
1920	42,100	787	18.7	201	4.8
1919	40,870	802	19.7	278	6.7
1918	32,800	710	17.7	251	7.2

(5) DEATHS.

(a) *General*.—There were 290 deaths registered in Barking in 1938. Of these 9 were deaths of non-residents. Barking residents to the number of 267 died elsewhere during the year. Including the latter and excluding the deaths of visitors, the net number of deaths was as follows :—

Males.	Females.	Total.
272	276	548

The death rate for 1938 was 7.1 per 1,000, compared with 7.8 in 1937, 11.6 for England and Wales, 11.7 for the hundred and twenty-six County Boroughs and Great Towns, including London, 11.0 for the one hundred and forty-eight Smaller Towns, and 11.4 for London.

The above rate is commonly spoken of as “the crude death rate.” It is of little use for comparative purposes.

Some towns inevitably have a high percentage of elderly people, and here of course the crude death rate is bound to be high, whilst in other towns there is a gradual exodus of people as they get towards middle age, and this factor tends to reduce the crude death rate.

It is a matter of satisfaction that the death rate in Barking has fallen to a new low level of 7.1 per thousand population.

(b) *Age Mortality*.—The deaths in various age groups, according to the figures obtained locally, were as follows :—

<i>Age group.</i>					<i>No. of deaths.</i>
Under 1 year ...	...	...	...	...	44
1 to 2 years	...	...	...	...	4
2 to 5 years	...	...	...	...	15
5 to 15 years	...	...	...	...	21
15 to 25 years	...	...	...	...	22
25 to 35 years	...	...	...	...	33
35 to 45 years	...	...	...	...	44
45 to 55 years	...	...	...	...	51
55 to 65 years	...	...	...	...	75
65 to 75 years	...	...	...	...	108
Over 75 years	...	...	...	...	131
				Total	548

It is to be noted with satisfaction that nearly one-quarter of the deaths were in respect of persons of 75 years and over, and that the age group 65 to 75 years, likewise, accounts for over a fifth.

(c) *Causes of death in 1938*.—The table under subsection (f) shows the principal causes of death at various ages. Those diseases, etc., causing most deaths

or important from a public health aspect were as follows :—

Disease.	No. of Deaths.	Percentage of total net deaths registered.
Cardio-vascular system	163	29.90
Cancer	75	13.69
Tuberculosis (all forms)	36	6.57
Pulmonary affections (exclusive of tuberculosis), viz. :		
Bronchitis	7	1.26
Pneumonia (all forms)	43	7.85
Other respiratory diseases	5	.91
Zymotic Diseases	23	4.19

(d) *Deaths from Zymotic Diseases.*—These diseases caused 4.19 per cent. of the total deaths, such deaths being caused in the following numbers :—

Enteric Fever	1
Measles	—
Whooping Cough	2
Scarlet Fever	—
Diphtheria	14
Diarrhœa	6
Smallpox	—

I should like to comment upon the 14 deaths from diphtheria, because I do feel that, where we have such a readily available and an effective method of reducing the number of deaths, the public ought to take a greater interest than they do in diphtheria immunisation.

(e) *Inquests.*—Coroner's inquests were held on 30 deaths.

Year	No. of Deaths	Diagnosis
1927	13	Cancer
1928	10	Tuberculosis (all forms)
1929	7	Pulmonary affections (exclusive of tuberculosis, etc.)
1930	7	Infarcts
1931	10	Pneumonia (all forms)
1932	5	Other respiratory diseases
1933	23	Zymotic Diseases

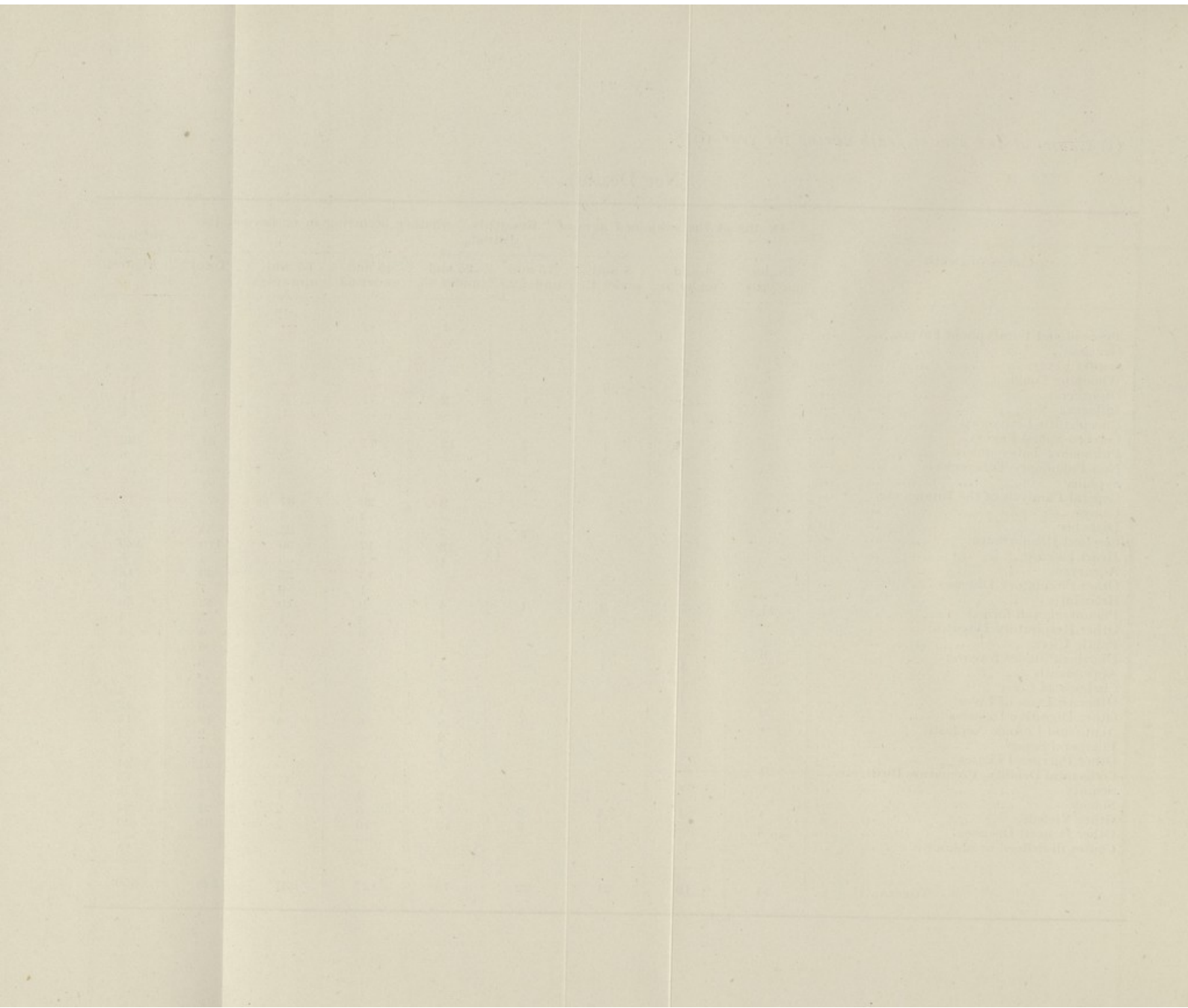
(ii) Deaths from Zymotic Diseases.—These diseases caused 4.10 per cent. of the total deaths such deaths being caused in the following numbers:—

- Epidemic Typhus 1
- Scarlet Fever 1
- Diphtheria 14
- Dysentery 1
- Shigellosis 1

(f) Causes of and ages of death during the year 1938.

(Net Deaths).

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the district.							Total	Registrar-General's Figures.
	Under one year.	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards		
Typhoid and Paratyphoid Fevers	—	—	—	—	1	—	—	1	1
Measles	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—
Whooping Cough	1	1	—	—	—	—	—	2	2
Diphtheria	—	8	6	—	—	—	—	14	14
Influenza	—	—	—	1	2	1	5	9	11
Encephalitis Lethargica	—	—	—	—	—	—	1	1	1
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	—	—	1	7	12	11	—	31	30
Non-Pulmonary Tuberculosis	—	3	1	1	—	—	—	5	6
Syphilis	—	—	—	—	—	—	—	—	—
General Paralysis of the Insane, etc.	—	—	—	—	—	1	—	1	2
Cancer	—	—	—	—	9	29	37	75	77
Diabetes	—	—	—	—	—	4	3	7	7
Cerebral Hæmorrhage	—	—	—	2	2	5	25	34	44
Heart Disease	—	—	—	—	12	17	90	119	120
Aneurysm	—	—	—	—	1	3	—	4	6
Other Circulatory Diseases	—	—	—	—	—	15	25	40	18
Bronchitis	—	—	—	—	—	1	6	7	9
Pneumonia (all forms)	11	5	3	1	4	9	10	43	38
Other Respiratory Diseases	—	—	—	—	1	3	1	5	4
Peptic Ulcer	—	—	—	—	1	3	—	4	4
Diarrhœa (under 2 years)	6	—	—	—	—	—	—	6	5
Appendicitis	—	1	1	—	—	—	1	3	5
Cirrhosis of Liver	—	—	—	—	—	—	—	—	—
Other Diseases of Liver	—	—	—	—	3	—	1	4	4
Other Digestive Diseases	2	—	1	1	1	—	1	6	12
Acute and Chronic Nephritis	—	—	—	1	8	6	4	19	16
Puerperal Sepsis	—	—	—	—	2	—	—	2	2
Other Puerperal Causes	—	—	—	—	1	—	—	1	1
Congenital Debility, Premature Birth, etc.	21	—	—	—	—	—	—	21	24
Senility	—	—	—	—	—	—	17	17	15
Suicide	—	—	—	—	2	4	1	7	8
Other Violence	1	1	4	5	3	5	2	21	24
Other Defined Diseases	2	—	4	3	13	10	7	39	20
Causes ill-defined or unknown	—	—	—	—	—	—	—	—	—
TOTALS	44	19	21	22	78	127	237	548	550



(g) *Infant Mortality during the year 1938.*

The following table gives the actual causes of death of children dying under one year of age.

Causes of death under 1 year of age, year 1938 :—

	0-1 mth.	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	Total under 1 year
Accident	—	—	1	—	—	1
Atelectasis	1	—	—	—	—	1
Bronchitis	—	—	1	—	—	1
Broncho-Pneumonia	—	1	5	2	1	9
Broncho-Pneumonia & Gastro-Enteritis	—	—	1	1	—	2
Broncho-Pneumonia & Whooping Cough	—	—	—	2	—	2
Congenital Debility & Prematurity	1	—	—	—	—	1
Congenital Heart Disease ...	1	—	1	—	—	2
Congenital Inanition	1	—	—	—	—	1
Congenital Spinal Meningocele	1	—	—	—	—	1
Convulsions & Broncho-Pneumonia	—	1	—	—	—	1
Convulsions & Dentition ...	—	—	—	—	1	1
Deficient Inherent Vitality & Prematurity	1	—	—	—	—	1
Gastro-Enteritis	—	—	1	1	1	3
Gastro-Enteritis & Pyloric Stenosis	—	2	—	—	—	2
Intestinal Obstruction ...	—	—	—	1	—	1
Marasmus & Prematurity ...	1	—	—	—	—	1
Meningitis	1	—	1	—	—	2
Prematurity	7	—	—	—	—	7
Prematurity & Hare Lip ...	1	—	—	—	—	1
Septicæmia	1	—	—	—	—	1
Spina Bifida	1	—	—	—	—	1
Tentorial Tear	1	—	—	—	—	1
Totals	19	4	11	7	3	44

Net Births in the year :—

Legitimate	1,086
Illegitimate	27
	—
	1,113
	—

Net Deaths in the year :—

Legitimate	...	...	...	...	42
Illegitimate	...	...	...	...	2
					44

(h) *Neo-Natal Mortality during the year 1938.*

Neo-Natal Mortality means deaths among the newly born.

Causes of Neo-Natal deaths, year 1938 :—

	Under 1 wk.	1-2 wks.	2-3 wks.	3-4 wks.	Total.
Atelectasis	1	—	—	—	1
Congenital Debility & Pre- maturity	1	—	—	—	1
Congenital Heart Disease ...	1	—	—	—	1
Congenital Inanition	1	—	—	—	1
Congenital Spinal Meningocele ...	—	—	—	1	1
Deficient Inherent Vitality & Prematurity	1	—	—	—	1
Marasmus & Prematurity ...	—	—	—	1	1
Meningitis... ..	—	—	—	1	1
Prematurity	7	—	—	—	7
Prematurity & Hare Lip... ..	1	—	—	—	1
Septicæmia	1	—	—	—	1
Spina Bifida	1	—	—	—	1
Tentorial Tear	1	—	—	—	1
Totals	16	—	—	3	19

It will be seen from the tables that of the forty-four deaths under the age of one year, no less than nineteen were four weeks of age or under, and prematurity is given as the cause of death or as a contributory cause in the cases of eleven babies, who died within the first four weeks of life.

The fact that nineteen died within the first month, leaving only twenty-five deaths for the remaining

eleven months of the first year of life, shows that our chief problem at the present time is still the mortality among the newly born.

Out of the nineteen babies who died under the age of one month, no less than sixteen died within the first week.

I am glad to say there has been a significant drop from thirty to nineteen babies who died within the first month of life. This is a step in the right direction.

In my last Report I gave some details regarding the causes of death in the neo-natal period, and these remain the same for the present Report. It was suggested that routine post mortem examinations on such cases might lead to some significant discovery which would enable the number of such deaths to be reduced, but this service has not been in operation, as I have stated elsewhere.

Your attention is drawn to the new low infant mortality rate of 39.5. This is the lowest figure yet reported to you, and it must be some satisfaction that the co-operation of the services you have made available, together with the attention and the following-up methods employed by the health visitors, have done much to produce this result.

The number of deaths from respiratory diseases, I am still pleased to say, has shown a slight decline.

The following table shows the comparative figures of infant mortality and neo-natal mortality for the past ten years :—

Year	Infantile Mortality	Infantile Mortality Rate	Neo-Natal Mortality	Neo-Natal Mortality Rate
1929	42	53.4	28	18.9
1930	49	61	24	19.2
1931	61	64	31	29.4

Year	Infantile Mortality	Infantile Mortality Rate	Neo-Natal Mortality	Neo-Natal Mortality Rate
1932 ...	59	53	28	25
1933 ...	67	55.6	29	24
1934 ...	71	56.7	39	31.15
1935 ...	64	52.2	35	28.5
1936 ...	67	56.07	38	31.8
1937 ...	61	53.8	30	26.5
1938 ...	44	39.5	19	17.1

(i) *Post Mortem Examinations*.—Progress in connection with post mortem examinations in still-births and neo-natal deaths has unavoidably been held up during the year.

(6) BIRTHS.

The net number of births registered in 1938 was 1,113, affording an annual birth rate of 14.49 per 1,000 population, compared with 14.82 in 1937, 15.72 in 1936, 16.9 in 1935, 17.4 in 1934, 17.4 in 1933, 18.3 in 1932, 18.3 in 1931, 17.8 in 1930, and 18.7 in 1929.

Of all births, 27 were illegitimate, giving a percentage of 2.43 of the total births.

Notification of Births Acts, 1907-1915.—During 1938 there were 1,096 live births notified, excluding 11 cases transferred from the district. In addition, notifications of still-births belonging to the district totalled 42.

Ten live births and 3 still-births were not notified, and these cases are not included in the totals of notified births given above.

(7) SOCIAL CONDITIONS.

(a) *General*.—The population has again shown an increase during the year, and this must be expected until the area is house-saturated. The amenities of the

Town are increasing too, in that there has been a considerable exodus of population from the crowded areas of Barking to the new housing estate at the Scrattons Farm Estate. It must be noted, however, that this is not quite comparable with the transfer of people from the London areas to the Becontree Estate, because the so called overcrowded areas in Barking are indeed much in advance of conditions which in other areas would be accounted as satisfactory. This fact will, therefore, have a very important effect upon the future health of the Barking population.

The Registrar-General classifies occupations into five groups known as "social classes" broadly corresponding with their scale of remuneration. These classes are:—(1) Professional, etc., (2) Intermediate, (3) Skilled Artisans, (4) Semi-skilled, (5) Unskilled Labourers.

The population of Barking is largely confined to classes 3, 4 and 5, with a majority in class 5.

(b) *Industries*.—Some of the chief industries carried on in the area are as follows:—

The production of electricity, gas, benzole, naphtha and zinc oxide.

The manufacture of asbestos goods, joinery, ice-cream, letter files, mineral waters, marine lights, disinfectants, printing ink, sausage skins, cabinets and furniture, nautical instruments, paint, iron goods, tin boxes, lifebelts, rubber goods, wireless equipment and batteries, matches, soap, chemical manure, wood-paving, concrete paving, collapsible tubes, tin foil and food products.

The storage of petrol, oil, fuel and timber.

Electrical welding, structural engineering and joinery works.

The population of Barking is a working population.

(c) *Unemployment*.—The following table is compiled from information kindly supplied by the Manager of the Ministry of Labour Employment Exchange, Barking :—

Copy of comparative statement of local unemployed by industries, as at December, 1937 and December, 1938 :—

	Dec. 1937.		Dec. 1938.	
	Men.	Women.	Men.	Women.
Food	12	5	8	3
Electrical and Wireless	26	46	2	1
Building Trade and Painters	178	—	179	1
Works of Construction	141	—	146	—
Engineering	23	3	31	2
Domestic	18	18	18	50
Rubber Workers	17	21	34	19
Commercial	3	—	3	3
Road and Water Transport	21	1	43	1
Clothing	4	38	12	35
Distributive Trades	68	18	133	52
Government and Professional	13	2	1	—
Tin Box Manufacture	5	11	7	9
Matches	2	13	3	3
Chemicals	25	1	26	4
Printing	11	7	17	13
Asbestos	4	4	7	14
Woodworking and French Polish- ing	14	6	7	2
Agriculture	7	31	7	25
General Labourers and Factory Hands	816	128	633	185
Mineral Water Manufacture	6	3	—	1
Leather Trades	4	2	4	—
Gas and Water	60	1	42	—
	<u>1,478</u>	<u>359</u>	<u>1,363</u>	<u>423</u>

I have no statistical evidence to offer in regard to the result of unemployment upon the health and physique of children and adults in Barking.

It is, however, a matter of concern that a number of Barking women still present themselves at the ante-natal clinics, in whose blood the amount of red colouring matter is significantly below normal. A scientific

enquiry into this problem has been undertaken at your pathological laboratory, and you are referred to pages 75 to 79 which deal with the work of this laboratory.

It would be rash at the present time to associate directly the incidence of this form of anæmia with unemployment, indeed, it should be stated quite clearly that the factors leading to this anæmia are still obscure, but I cannot help feeling that a more generous diet, even if we do not know the precise item it would supply, would be likely, materially, to alter the incidence of these cases of anæmia.

During the later months of pregnancy this falling off in the amount of hæmoglobin, as the red colouring matter is named, is met with even in fine, upstanding and well fed athletic women, and of course where you have this abnormal drain upon the resources of the expectant mother it is not to be expected that some added nourishment during the later months of pregnancy is likely, at one and the same time, to arrest this added drain and augment significantly the amount of hæmoglobin in the blood.

(d) *Housing*.—The conclusions taken from the evidence given before the Royal Commission on the Geographical Distribution of the Industrial Population show that the factors most important in enhancing the death rates of residents in towns are (1) crowding together of houses; (2) crowding together of people into houses too small for them; (3) the apparent aggravation by urban conditions of other adverse effects of economic pressure upon the standard of living and environment; and (4) the production of smoke from factories and homes which reduces the effective sunshine.

In my Annual Report for 1937, I stressed the view that we ought to consider the number of persons to

the acre, rather than the number of houses to the acre, when expressing an opinion upon density, and I am glad to be able to say that my views are supported in the evidence given before the Royal Commission upon the Geographical Distribution of the Industrial Population at the end of 1938, when the conclusion was that the density of houses per acre was less important in its association with mortality than the crowding of people per room.

Continuing the remarks upon social conditions, I am glad to be able to record the continued improvement in the layout of the Council's housing estates. Social consciousness has been awakened to the fact that the good quality of housing depends primarily upon the good quality of the neighbourhoods and towns in which houses are erected. To be a real home the house in which we live should not be in a mean street, or if in a good street not in a mean neighbourhood or if in a good neighbourhood not in a generally mean and disorderly town.

Many of the tenants removed from the central area of the town and similarly those from East London to the Becontree Estate have shown by their use of the new accommodation how much they prize the change from their previous circumstances. Unfortunately, we still have something like 5 per cent. of these transfers who tend for some time to show no improvement and it is with these that we must continue our health education.

(e) *Travelling Facilities*.—There has been no improvement in the standard of travelling conditions to and from Barking during the year, and I can only continue to deplore that such conditions should exist.

(f) *Malnutrition*.—With the increasing facilities at the clinics, whereby dried milks, baby preparations and

chemical foods can be obtained at the minimum cost and with the minimum of trouble, malnutrition should not be expected. This I can say is so, and it reflects the high standard which your services are maintaining.

Our statistics in regard to malnutrition only deal with school-children and are as follows:—

Of 4,716 children examined by routine at school medical inspection, 5 were found to be suffering from malnutrition, 287 were found to have slightly sub-normal nutrition, 3,243 normal nutrition, and 1,181 with excellent nutrition.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

(1) GENERAL HEALTH SERVICES.

(a) *Laboratory Facilities.*—The following table shows the routine work which has been carried out by arrangement with the Essex County Council at the Counties' Public Health Laboratories, situated in Queen Victoria Street, London, E.C.4 :—

<i>Specimen.</i>					<i>No. examined.</i>
Diphtheria	...	...	...	...	1,066
Sputa	...	...	...	...	311
Typhoid	...	...	...	...	7
Milk	...	...	...	...	64
Water	...	...	...	...	19
Ice-cream	...	...	...	...	28
General	...	...	...	...	45
Total					1,540

In addition to the above, 4 biological tests were carried out to test the virulence or otherwise of germs of the diphtheria group.

During the year laboratory facilities have been developed. It is not so much that new facilities have actually been opened up, but that facilities already existing have been consolidated and used to fuller and better advantage.

Your own laboratory has continued its work at the Barking Hospital, and has continued, together with Dr. F. E. Camps, of Chelmsford, its special work in

investigating the large family of germs which can be termed generally as hæmoclastic streptococci. Here we are collecting data which we believe may have some results in elucidating the problems of the hospitalisation of scarlet fever, the treatment of puerperal fever, and perhaps the incidence of rheumatism.

The facilities offered by the Essex County Council also continue to become better and better, and your own scientific department is not only charged with undertaking those examinations which can only be or which can be better carried out locally, but also with seeing that the various officers of the Corporation avail themselves of the facilities which are offered by the County, or at least that they are fully acquainted with these facilities.

It would of course be futile for such a highly developed laboratory as your own to do the hack work of diphtheria swabs, which are of no value in diagnosis and which are only of value in helping to determine when a person who has had diphtheria is reasonably free from infection.

As time goes on it would be of advantage if the facilities of this local laboratory were placed at the service of the general medical practitioners, in the same way as they are placed at the service of your own staff. Personally, I would recommend this.

The Report by Dr. E. M. Hill on the work of the Pathological Unit is one which will be read with avidity by all those who are interested in the welfare of your services.

That particular part of her work which deals with the different strains of certain organisms which cause scarlet fever, can, of course, be only fully appreciated by those who are acquainted with all the technical

details, but there are other parts of her report which are perfectly sound and which will appeal to a much wider public.

There is a great deal of anæmia among women of Barking and it is true that much of this anæmia is due to continued malnutrition. It is true that during 1938 no cases of puerperal fever were due to the more hostile germs which are so highly infectious and which cause such a high mortality—they were due in large part to germs which were able to obtain foothold because of anæmia or hæmorrhage.

Particularly, I want you to note Dr. Hill's evidence of good work you are doing amongst girls of school age, especially her remark that this work may confidently be expected to bring its own reward when these self-same girls take upon themselves the responsibility of motherhood in the years to come.

It will be quite obvious that this Unit has been founded on sound lines.

(b) *Ambulance Facilities.*—It can be well understood that during this year of the Crisis, the question of ambulances has been very much in the forefront. Incidentally, I may remind you that during this year the Du Cros Ambulance, which has been running for very many years, has been replaced by one built on an Austin chassis, but has been retained for the training of ambulance drivers in the Air Raid Precautions Scheme.

You already have an adequate ambulance service, especially having regard to the fact that you have reciprocal agreements with all neighbouring boroughs, but perhaps the time has come when areas in extra-metropolitan Essex should look for reciprocal agreements with every authority within reasonable distance

and not with just their immediate neighbours, so that particularly in a time of crisis the ambulances in any one general area may be used most profitably.

(c) *Hospitals (Public and Voluntary)*.—The work at the Barking Hospital has been relatively light and developments have been limited to detail. An illustration of this can be given by mentioning that some 6 cubicles, by means of pipes, can be supplied with those gases, such as carbon dioxide and oxygen, which are at times necessary in the treatment of pneumonia.

On the other hand, the work at your maternity pavilion has been particularly heavy and it has been necessary to limit the number of cases, and indeed to reduce demand. If the practice of hospitalization of maternity cases is likely to continue with the strides it has made of recent years, it will be necessary for you to build another maternity pavilion, and already you have approved plans for a second maternity pavilion.

Although not situated in Barking, there are many voluntary hospitals catering for the needs of the people of Barking. A sum of money is set aside by you each year for distribution among these hospitals. The following table shows the amount of money which has been contributed to each hospital, and represents roughly the use to which they are put by the people of Barking :—

			£
East Ham Memorial Hospital	...	...	54
King George Hospital	...	...	54
London Chest Hospital	...	...	16
Princess Elizabeth of York Hospital for Children, Shadwell	...	...	34
Queen Mary's Hospital, Stratford	...	...	16
St. Mary's Hospital, Plaistow	...	...	16

Hospital for Sick Children, Great Ormond Street	...	...	...	...	...	£
Poplar Hospital	...	...	...	...	...	5
London Hospital	...	...	...	...	...	29
						76
						—
					Total	£300
						—

(d) *Clinics and Treatment Centres.*—During 1938 the total attendances at Infant Welfare, Ante-Natal and Minor Ailments Clinics have increased—see tables on pages 41 to 44.

Once again there has been an increase in the total attendances at the Maternity and Child Welfare Centres and the service itself has been increased to serve the needs of the population of the area, notably in the extension of the food preparations obtainable at the various centres.

During the year sessions for minor ailments, infant welfare and ante-natal work have been a permanent feature of the Porters Avenue Clinic, which has now become one of the main centres for this work. The minor ailments section was opened primarily to relieve the extreme congestion, which had been reported to you in previous years, at the Woodward Clinic, but the result has not been quite what was anticipated—instead it has made available to a section of the community the services which previously could be had but at considerable inconvenience to those desiring them.

The Porters Avenue Clinic has, therefore, done little to relieve the congestion at the Woodward Clinic, but has become a full live centre of its own, catering for the Northern Section of the Becontree Estate in Barking. It is not anticipated that the work of this clinic will decrease and the replacing of the present temporary premises by a permanent building must be considered and entertained.

The ultra-violet light clinic is still held in the Manor School. It is anticipated that when this clinic is transferred to the new proposed out-patient department in Upney Lane the attendance figures will increase.

A special clinic for mothers is held in the Humphrey Ward, a building adjoining the Upney Maternity Pavilion. The numbers here are steadily increasing and although the attendances from the area in which the clinic is situated were expected to be higher, it does fulfil a need, in as much as difficult cases about to enter the maternity hospital and cases after confinement at the hospital are seen at this clinic by the resident medical officer. Also, the clinic is used once a month as a birth control centre.

Foot Clinic.—July saw the inauguration of a Municipal Foot Clinic, and sessions, including evening ones, are held at the Central and Woodward Centres. This service is much appreciated by the public, and meets a very real need.

(e) *Nursing in the Home.*—I have been very favourably impressed when, in the course of my journeyings, I have come across communities of peoples where hospitalisation is carried to such an extent that virtually there is no nursing in the homes. It appears that unfortunately this is a very long way off in England, and that we must in this way or in that provide nursing in the homes of the people, and if we accept the principle it can only be said that we ought to provide more than we do at present.

At present the work is done in Barking by the Plaistow Maternity Charity and District Nurses' Home and the East Barking District Nursing Association, both of whom now receive substantial grants from the Corporation. The Plaistow Maternity Hospital and District Nurses' Home, with their large home, are able more or less to second nurses to Barking

CLINIC AND TREATMENT CENTRES.

Name and Situation.	When Held.	Nature of Accommodation.	By Whom Provided
I. MATERNITY AND CHILD WELFARE.			
<i>(a) Infant Welfare Centres :—</i>			
* Central Clinic, Vicarage Drive, Ripple Road ...	Tuesdays and Fridays, 2 p.m.	Modern clinic premises with accommodation for consultations, weighing of babies, waiting rooms, etc.	Local Authority.
Woodward Clinic, Woodward Road	Tuesdays, Thursdays and Fridays, 2 p.m.	do.	do.
* Greatfields Centre, Movers Lane	Mondays and Thursdays, 2 p.m.	Accommodation for consultations, weighing of babies, waiting rooms, etc.	do.
* Alexandra Centre, St. Paul's Road	do.	do.	do.
Porters Avenue Centre, Porters Avenue	Mondays, Wednesdays and Fridays, 2 p.m.	do.	do.
<i>(b) Ante-Natal Clinics :—</i>			
Central Clinic, Vicarage Drive, Ripple Road ...	Tuesdays and Wednesdays, 2 p.m., and Fridays, 10 a.m.	Modern clinic premises with accommodation for consultations, etc.	do.
Woodward Clinic, Woodward Road	Tuesdays and Wednesdays, 9.30 a.m.	do.	do.
Porters Avenue Centre, Porters Avenue	Thursdays, 9.30 a.m.	Accommodation for consultations, etc. ...	do.
Humphrey Ward (near Maternity Pavilion), Upney Lane.	Mondays, Tuesdays, Wednesdays and Fridays, 10.30 a.m.	do.	do.
Specialist-Consultant Clinic at Central Clinic, Vicarage Drive, Ripple Road.	Third Tuesday in each month 3.30 p.m., except August and December.	Modern clinic premises with accommodation for consultations, etc.	do.
<i>(c) Gynæcological Clinics :—</i>			
Central Clinic, Vicarage Drive, Ripple Road ...	As and when required.	Modern clinic premises with accommodation for consultations, etc.	do.
Woodward Clinic, Woodward Road	do.	do.	do.
Porters Avenue Centre, Porters Avenue	do.	Accommodation for consultations, etc. ...	do.
Humphrey Ward (near Maternity Pavilion), Upney Lane.	do.	do.	do.
<i>(d) Birth Control Clinic :—</i>			
Humphrey Ward (near Maternity Pavilion), Upney Lane.	do.	do.	do.

* Since the end of 1938 the Clinics held at the Alexandra Centre have been discontinued, and the undermentioned additional Infant Welfare Sessions have been commenced :—

Central Clinic, Vicarage Drive, Ripple Road Thursdays, 2 p.m.
 Greatfields Centre, Movers Lane Wednesdays, 2 p.m.

CLINIC AND TREATMENT CENTERS

11-11

Name of Center	Address
General Clinic, Youngs Bay, High Road	Youngs Bay, High Road, Youngs Bay, Oregon
Woodward Clinic, Woodward Road	Woodward Road, Woodward, Oregon
Porter Avenue Clinic, Porter Avenue	Porter Avenue, Porter, Oregon
Henderson Ward, Henderson Road	Henderson Road, Henderson, Oregon
Central Clinic, Youngs Bay, High Road	Youngs Bay, High Road, Youngs Bay, Oregon
Woodward Clinic, Woodward Road	Woodward Road, Woodward, Oregon
Porter Avenue Clinic, Porter Avenue	Porter Avenue, Porter, Oregon
Henderson Ward, Henderson Road	Henderson Road, Henderson, Oregon
Central Clinic, Youngs Bay, High Road	Youngs Bay, High Road, Youngs Bay, Oregon
Woodward Clinic, Woodward Road	Woodward Road, Woodward, Oregon
Porter Avenue Clinic, Porter Avenue	Porter Avenue, Porter, Oregon
Henderson Ward, Henderson Road	Henderson Road, Henderson, Oregon
Central Clinic, Youngs Bay, High Road	Youngs Bay, High Road, Youngs Bay, Oregon
Woodward Clinic, Woodward Road	Woodward Road, Woodward, Oregon
Porter Avenue Clinic, Porter Avenue	Porter Avenue, Porter, Oregon
Henderson Ward, Henderson Road	Henderson Road, Henderson, Oregon
Central Clinic, Youngs Bay, High Road	Youngs Bay, High Road, Youngs Bay, Oregon
Woodward Clinic, Woodward Road	Woodward Road, Woodward, Oregon

CLINIC AND TREATMENT CENTRES.

Name and Situation.	When Held.	Nature of Accommodation.	By Whom Provided
2. SCHOOL MEDICAL SERVICE.			
(a) Inspection Clinics and Treatment of Minor Ailments :—			
Central Clinic, Vicarage Drive, Ripple Road ...	Daily, 8.30 a.m.	Modern clinic premises with inspection, waiting and treatment rooms, etc.	Local Authority.
Woodward Clinic, Woodward Road	do.	do.	do.
Porters Avenue Centre, Porters Avenue	do.	Accommodation for consultations, etc. ...	do.
(b) Ophthalmic Clinic :—			
Central Clinic, Vicarage Drive, Ripple Road ...	Tuesdays and Fridays, 10 a.m.	Modern clinic premises with inspection, waiting and treatment rooms, etc.	do.
Woodward Clinic, Woodward Road	Thursdays, 2 p.m.	do.	do.
(c) Dental Clinics :—			
Central Clinic, Vicarage Drive, Ripple Road ...	Daily, 9 a.m. and 2 p.m.	do.	do.
Woodward Clinic, Woodward Road	do.	do.	do.
East Street Clinic	do.	Inspection, waiting and treatment rooms...	do.
(d) Orthopædic Clinic :—			
(i) Specialist's Clinic, Manor School	First Thursday in each month, 9 a.m.	Three rooms	do.
(ii) Remedial Exercises Clinic, Ultra Violet Light Therapy, etc. :—			
Faircross School	Daily, 9 a.m. and 2 p.m.	One room	do.
Manor School	do.	Three rooms	do.
(e) Ear, Nose and Throat Clinic :—			
Woodward Clinic, Woodward Road	Tuesdays and Fridays, 2 p.m.	Modern clinic premises with inspection, waiting and treatment rooms, etc.	do.
3. IMMUNISATION CLINIC (Diphtheria, Scarlet Fever and Whooping Cough) :—			
Central Clinic, Vicarage Drive, Ripple Road	Mondays, 10.30 a.m.	Modern clinic premises with inspection, waiting and treatment rooms.	do.
Woodward Clinic, Woodward Road	Mondays, 9 a.m.	do.	do.
4. FOOT CLINIC.			
Central Clinic, Vicarage Drive, Ripple Road	By appointment	do.	do.
Woodward Clinic, Woodward Road	By appointment	do.	do.
5. TUBERCULOSIS.			
37, Linton Road	Mondays, 3-5 p.m. Tuesdays, 7-8 p.m. Thursdays, 10.30 a.m.-12.30 p.m.	Three rooms	Essex County Council.
6. VENEREAL DISEASES.			
Oldchurch Hospital and London hospitals, etc. ...	—	—	By arrangement with Essex County Council

CLINIC AND TREATMENT CLINIC

12-14

	Women's Club	Home and Hospital
		1. General Diseases (a) Inpatient Clinic and Treatment of Minor Illnesses Central Clinic, Virginia Drive, Hippis Road Woodward Clinic, Woodward Road Leonard Avenue Centre, Leonard Avenue
	Monday and Friday 10 a.m. to 12 p.m. Tuesday 2 p.m.	(b) Inpatient Clinic Central Clinic, Virginia Drive, Hippis Road Woodward Clinic, Woodward Road
	Monday 9 a.m. and 1 p.m. Tuesday 2 p.m.	(c) Inpatient Clinic Central Clinic, Virginia Drive, Hippis Road Woodward Clinic, Woodward Road East Street Clinic
	Tuesday 10 a.m. to 12 noon Wednesday 2 p.m.	(d) Inpatient Clinic St. Thomas's Clinic, James Street St. Michael's Hospital, Little Yards Lane
	Tuesday 9 a.m. and 1 p.m. Wednesday 2 p.m.	(e) Inpatient Clinic St. Paul's and St. John's Clinics Woodward Clinic, Woodward Road
	Monday 10 a.m. to 12 noon Tuesday 2 p.m.	(f) Inpatient Clinic (Diphtheria, Scarlet Fever and Whooping Cough) Central Clinic, Virginia Drive, Hippis Road Woodward Clinic, Woodward Road
	Monday 9 a.m. to 12 noon Tuesday 2 p.m.	(g) Inpatient Clinic Central Clinic, Virginia Drive, Hippis Road Woodward Clinic, Woodward Road
	Monday 9 a.m. to 12 noon Tuesday 2 p.m.	(h) Inpatient Clinic Central Clinic, Virginia Drive, Hippis Road Woodward Clinic, Woodward Road
	Monday 9 a.m. to 12 noon Tuesday 2 p.m.	(i) Inpatient Clinic Central Clinic, Virginia Drive, Hippis Road Woodward Clinic, Woodward Road
	Monday 9 a.m. to 12 noon Tuesday 2 p.m.	(j) Inpatient Clinic Central Clinic, Virginia Drive, Hippis Road Woodward Clinic, Woodward Road
	Monday 9 a.m. to 12 noon Tuesday 2 p.m.	(k) Inpatient Clinic Central Clinic, Virginia Drive, Hippis Road Woodward Clinic, Woodward Road
	Monday 9 a.m. to 12 noon Tuesday 2 p.m.	(l) Inpatient Clinic Central Clinic, Virginia Drive, Hippis Road Woodward Clinic, Woodward Road
	Monday 9 a.m. to 12 noon Tuesday 2 p.m.	(m) Inpatient Clinic Central Clinic, Virginia Drive, Hippis Road Woodward Clinic, Woodward Road
	Monday 9 a.m. to 12 noon Tuesday 2 p.m.	(n) Inpatient Clinic Central Clinic, Virginia Drive, Hippis Road Woodward Clinic, Woodward Road
	Monday 9 a.m. to 12 noon Tuesday 2 p.m.	(o) Inpatient Clinic Central Clinic, Virginia Drive, Hippis Road Woodward Clinic, Woodward Road

in accordance with the demands which are being made upon them. During the year the East Barking District Nursing Association has increased its staff from two to three nurses.

Speaking particularly of the latter, I am to say that if the various grants which its energetic Secretary has been able to obtain were to be discontinued, the work could not be carried on. The amount of money collected locally is only a small part of that which is expended. To my mind this is unsatisfactory. I am confident that you share this opinion with me, in which circumstance you might entertain helping to promote legislation which would make it possible for local authorities to set up general domiciliary nursing services, or alternatively, to subsidise completely those people who are willing to set up such services.

(2) MATERNITY AND CHILD WELFARE SERVICES.

The work in connection with Maternity and Child Welfare is carried on under powers given in the following Acts :—

Notification of Births Act, 1907.

Notification of Births (Extension) Act, 1915.

Maternity and Child Welfare Act, 1918.

Part I of the Children Act, 1908, as amended by Part V of the Children and Young Persons Act, 1932.

Midwives Acts, 1902–1936.

Public Health Act, 1936.

(a) *Ante-Natal Supervision*.—Ante-Natal Clinics are held at four centres—three sessions weekly at the Central Clinic, two sessions weekly at the Woodward Clinic, one session weekly at the Porters Avenue Clinic, and four sessions weekly at the Humphrey Clinic. The

extension of afternoon sessions to the latter clinic have been started and the time may arrive when a further clinic, to be held at the Porters Avenue Centre, will be required.

The following tables show the attendances at these clinics during the year :—

			Central Clinic.	Woodward Clinic.	Humphrey Clinic.	Porters Avenue Clinic.
No. of Sessions	...	...	154	103	207	52
First attendances	...	...	467	270	149	192
Re-attendances	...	...	2,527	1,401	686	964
Total attendances	...	...	2,994	1,671	835	1,156
Total	First Attendances	...	...	...	...	1,078
	„ Re-Attendances	...	...	...	...	5,578
	„ Attendances	...	...	...	...	6,656*
	„ Sessions	...	...	...	...	516

* In addition there were 385 Post-Natal, and 349 Gynæcological Attendances.

Mr. O'Sullivan, the Specialist Consultant, holds a special consultant ante-natal clinic monthly at the Central Clinic, and the following table shews the attendances made during the year :—

Number of sessions	...	...	...	10
First attendances	...	...	...	65
Re-attendances	...	...	...	20
Total attendances	...	...	...	85

In addition there were 59 Post-Natal and Gynæcological Attendances.

It is worthy of note that out of about 1,150 births, 1,078 women attended at your ante-natal centres during 1938. This only leaves 100 or less women who did not attend your clinics. This gives a very high percentage of cases attending your centres, and is one which does not leave a great margin upon which to improve. The great increase this year is probably due to the fact that the majority of the cases engaging midwives do attend the clinics regularly.

Mothers attending for the first time are seen firstly by the sister in attendance, who, if the mothers have not made arrangements for the confinement, gives them information about obtaining the services of a midwife and about admission to the Upney Hospital. They are then seen by the medical officer in attendance who examines and makes full notes on each case, including the histories of previous confinements.

The Consultant Obstetrician and Gynæcologist, as in previous years, attends monthly and all cases requiring specialist examination are referred to him.

It has not yet become the practice in Barking to take a specific blood examination of all expectant mothers for venereal disease, and this to my mind is a definite medical entity which must have a far-reaching effect upon mother and child.

The encouraging of free dinners, free milk and free tonics, etc., in necessitous cases, still obtains and much is done to ensure that it is commenced in the early stages of the pregnancy.

(b) *Still-births*.—There is nothing to add to my remarks of last year in regard to the discovery of the causes of still-births. It had been hoped that with the inauguration of routine post-mortem examinations in all cases of still-birth, something might have been discovered which would lead to methods for reducing

the number of these deaths, but this service has not been put into operation, as stated in another section of this Report.

(c) *Midwifery*.—The Council has been the Local Supervising Authority for Midwives since the 1st April, 1935.

Forty-six midwives notified the Local Supervising Authority of their intention to practise or that they had practised within the Borough during the period 1st January, 1938, to the 31st December, 1938, and the number who were engaged in practice in the Borough at the end of the year was as follows :—

At Upney Hospital	6
Municipal District Midwives	5
At the District Nurses' Home of the Plaistow Maternity Hospital	3
At the Salvation Army District Nurses' Home	3
In private practice	3

The number of visits of inspection paid by the Inspector of Midwives was 53.

The following is a summary of notifications received from midwives :—

Medical Help	201
Deaths of Mother or Child	1
Laying out the Dead	8
Still-births	12
Liability to be a source of Infection	12
Artificial Feeding	11

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The following is a summary of the 201 cases in which medical help was sought :—

Mother :—

Anæsthetic	...	...	...	...	33
Hæmorrhage—Ante-partum	...	...	...	...	18
		Post-partum	...	...	6
Malpresentations	...	...	...	...	11
Miscarriage	...	...	...	...	3
Prolonged labour	...	...	...	...	16
Rise of temperature	...	...	...	...	3
Retained placenta	...	...	...	...	6
Ruptured perineum	...	...	...	...	25
Uterine inertia	...	...	...	...	1
Miscellaneous causes	...	...	...	...	31
					—
					153
					—

Child :—

Discharging eyes	...	...	...	...	27
Prematurity	...	...	...	...	2
Unsatisfactory condition	...	...	...	...	5
Miscellaneous causes	...	...	...	...	14
					—
					48
					—

By agreement, dated 1st January, 1924, with the Plaistow Maternity Hospital and District Nurses' Home, the Council annually subsidised the Hospital on any deficit from £300 in respect of the district midwifery

work of their midwives in Barking. This agreement is now superseded by a further one made pursuant to the Midwives Act, 1936, which agreement came into operation on 1/10/38. A payment of £114 12s. 6d. was made to the Hospital on account of their district midwifery work during the nine months ended 30/9/38.

The year 1938 has seen steady and slow progress in the development of the midwifery service in Barking. I think the Council can reasonably hold the opinion that these developments have been on sound lines. My readers are asked to refer to the general remarks I made on pages 42 and 43 of my last year's Report, in which I pointed out that so far as midwives directly under the control of the Council are concerned they had commenced their work, and that so far as voluntary bodies, to wit, the Salvation Army and the Plaistow Maternity Hospital and District Nurses' Home were concerned negotiations were still pending at the end of 1937. During 1938 these negotiations have been concluded and both of these organisations' nurses are an integral part of the Barking scheme. The system for the collection of fees is entirely in the hands of the Council.

During the year there have been two or three conferences among the midwives and between the midwives and the health visitors, at which many of the minor difficulties which are bound to be encountered at the inception of such a service have been discussed and straightened out. Particular care has been taken by the Corporation in co-ordination to avoid overlapping of the midwives and the health visitors in their visits to the homes of expectant mothers.

(d) *Upney Hospital*.—The admissions to the Maternity Home during 1938 numbered 596 of which 92 were admitted for ante-natal treatment.

During the past year the daily average number of beds occupied was twenty-four. The total number of bed-days was 8,687.

From the above figures it will be appreciated that the number of cases wishing to enter the Hospital were in excess of the beds actually available there, and in an endeavour to meet the situation part of the old maternity pavilion was reopened. Towards the end of the year, however, it was found necessary to limit the number to be admitted to the Hospital. In order to do your best to see that those cases in which hospitalisation was obligatory were not overlooked, it was necessary for you to enquire of each applicant concerning her domestic circumstances. It will be appreciated by those people that these enquiries into their personal circumstances were not intended to be inquisitorial, but were wholly and solely for the purpose of seeing that the Hospital was used to the best advantage of those who had the most claim to it on social and medical grounds.

A small beginning has been made in endeavouring to get so many as it is possible of the women who are to be confined in the Hospital to attend, either the clinic in the Humphrey Ward, situated in the grounds of the Hospital, or to such other clinics where they can be seen by the Resident Medical Officer of the Hospital himself, particularly after 30 weeks of pregnancy. It is hoped that this slow beginning will develop until it can be said that all those women who are to be confined in the Hospital will have been ante-natalled in the later stages of their pregnancies by the Resident Medical Officer, who, of course, will be responsible

for delivery. It is obviously desirable more and more to develop this work along lines which will ensure that the person conducting the confinement is fully aware of the whole of the history of the case.

(e) *Post-Natal Care*.—During the year there has been an increase in the number of post-natal examinations carried out at your clinics and this is due in a large measure to the opportunity which is given to every mother to attend at one of your clinics after her confinement for a concluding examination, if I may so call it. Should any residual disability be discovered at this examination, then necessary advice and, in some instances, treatment are given, and if required the advice of the Consultant Obstetrician and Gynæcologist is obtained.

(f) *Gynæcological Clinics*.—During the year there has been an increase in the numbers attending these clinics.

May I once again point out that where any woman wishes to seek medical attention for some complaint which comes within the purview of women's diseases, she is always welcome to attend one of these clinics.

(g) *Pemphigus Neonatorum*.—During the year one case of pemphigus neonatorum was notified and admitted to the Barking Hospital for treatment.

(h) *Maternal Mortality*.—According to the return of the Registrar-General there were during the year 1938, three deaths from puerperal causes—two deaths from puerperal sepsis and one death from other puerperal causes. This gives a rate of 2.58 per 1,000 total births.

The following table gives you similar information for the last fifteen years :—

MATERNAL MORTALITY—STATISTICS.

Year.	BARKING.			ENGLAND AND WALES.
	Deaths from		Rate per 1,000 births.	Rate per 1,000 births.
	Puerperal Sepsis.	Other Puerperal Causes.		
1924	1	2	3.66	*3.90
1925	—	1	1.21	*4.08
1926	—	1	1.22	*4.12
1927	2	1	4.23	*4.11
1928	—	2	2.48	4.25
1929	—	2	2.54	4.16
1930	—	3	3.72	4.22
1931	1	3	4.08	3.95
1932	—	1	0.88	4.06
1933	4	—	3.2	4.23
1934	1	4	3.82	4.41
1935	3	1	3.18	3.93
1936	1	2	2.44	3.65
1937	1	4	4.28	3.11
1938	2	1	2.58	2.97

* Rate per thousand *live* births—figure not available in respect of rate per thousand *total* births.

The maternal mortality rate this year is 2.58 and it is lower than that which is given for the whole of England and Wales, although as I have reported previously it is not possible to compare these rates from area to area.

It does appear that some information about the three deaths which occurred in Barking might be useful—the first case is one which was not dealt with under your own scheme and never attended an ante-natal clinic. It was one in which pregnancy had only been present about three months and with the on-coming of sudden symptoms, which required urgent

operation, the case was fatal. This condition, known as ruptured ectopic gestation, is well known to medical science and is due to the pregnancy occurring in the female tubes and not in the uterus or womb. The progress of pregnancy in such an unusual position leads to the distension of the tube with resultant distension and final perforation, which is shown by acute sudden internal hæmorrhage. The conclusions of such a condition need no further explanation.

The other two cases were definitely maternal deaths. The first being one, which although having attended regularly at the Clinics had in the later stages developed some toxic signs and although the confinement was satisfactory as was the subsequent health for about a month after the confinement, the patient developed pneumonia which lead to complications and death. In the second of these two cases the patient had attended a clinic on five occasions and toxic signs were found. Recommendations were made and the patient admitted to hospital for treatment, and after a difficult labour and a prolonged illness the patient succumbed to heart failure.

It must be pointed out that both of the latter cases were under the care of your Consultant Obstetrician and Gynæcologist.

Finally, it must be borne in mind that over one thousand pregnancies were terminated satisfactorily in Barking during the year, and the above three cases would appear to be those in which no recommendations could be made to you whereby provision for reducing the mortality in this small number could be effected.

Mr. J. V. O'Sullivan continues as your Consultant Gynæcologist and Obstetrician and advises in all cases of difficulty.

(i) *Ophthalmia Neonatorum*.—During 1938 five cases of ophthalmia neonatorum were notified and all of these cases recovered with unimpaired vision. Three cases were treated at home and two were admitted to the Barking Hospital.

(j) *Illegitimate Children*.—Special attention is paid by the Health Visitors to all illegitimate children.

Twenty-seven illegitimate children were born during the year, and two died.

(k) *Tonsils and Adenoids, etc.*—In another part of this Report I have recorded that during the year an Ear, Nose and Throat Clinic was commenced under the direction of Mr. C. R. Sandiford, F.R.C.S. This clinic saves parents and children from attending the Out-Patients Department of Queen Mary's Hospital and other Hospitals for specialist advice upon ear, nose and throat conditions.

During the year under review you have considered the question of operative treatment for tonsils and adenoids being carried out at the Barking Hospital. This would be possible when the numbers in the Hospital were such as to leave one block completely available for such cases, e.g., during the summer months. You have decided to proceed with this scheme.

The advantage of children being admitted to the Barking Hospital for operative treatment of ear, nose and throat conditions is great—journeys by ambulance would be obviated and the children could be admitted to hospital prior to the operation taking place, and so allow them to become settled down, and it would also be possible for them to be kept in the hospital after the operation. In the past, I have repeatedly urged that hospitalisation is an essential part of operative treatment for ear, nose and throat conditions.

Needless to say, any operative treatment would be undertaken by Mr. Sandiford himself.

As a matter of interest it was noted during the year that the celebrated Dionne Quintuplets all had their tonsils removed and the reports say "the tonsils of all the quins were found to be in a very diseased state." This is significant when we consider the comparatively few tonsillectomies among our school and toddler population, who are nurtured in an atmosphere and in surroundings far from medically ideal—compare this with the case of the Dionne Quintuplets.

(l) *Convalescent Treatment*.—During 1938 a number of mothers and children were recommended for convalescent treatment. The following table shows the number of mothers and children who have been treated :—

	No. treated.
Mothers	9
Mothers and toddlers	2
Toddlers (under 5 years of age)	7

(m) *Ophthalmic Clinic*.—On pages 71–72 will be found the Report of your Consulting Ophthalmic Surgeon upon the work of the Ophthalmic Clinics during the year.

(n) *Ultra-Violet Light Clinic*.—This clinic still continues to be a popular feature of your service and during the year no less than 2,827 treatments were given to toddlers and expectant and nursing mothers.

(o) *Dental Treatment*.—Once again during 1938 an attempt was made to set up a special session for toddlers. Once again I have to report that this experiment was

without success. This does not mean that the work amongst toddlers generally is hopeless, and it is to be noted that some 600 toddlers were treated during 1938, but what are these among so many, because we should be seeing something in the region of 3,000 toddlers per year.

There is still what can almost be described as an inborn prejudice amongst mothers against necessary prosthetic work (fillings, painting with silver nitrate solution, etc.) being carried out. This is unfortunate, because prosthetic work is the basis of a sound dental scheme.

The Senior Dental Officer's Report will be found on pages 68-70.

(p) *Immunisation Clinic.*—The scope of this clinic has been extended during the year, in that a weekly session is now held at the Woodward Clinic.

It is not possible to report fully on the benefits of immunisation for diphtheria in Barking, but I do wish to say how I deplore the small numbers taking advantage of this scheme. In another section of this Report it will be seen that there were 14 deaths from diphtheria during the year, and this is definitely unsatisfactory when the means is provided, as part of your service, whereby children may be prevented from either contracting the disease or, if they do contract it, from getting it so severely as to succumb to it.

Rapid and safely produced immunity can be induced by means of injections and without any unpleasant effects—452 children were immunised during the year.

Immunisation against scarlet fever and whooping cough has also been continued throughout the year and 49 and 45 children respectively completed their courses of injections.

(q) *Minor Ailments*.—Your Minor Ailments Clinics have been held at two centres and here babies and toddlers have been treated whenever necessary; so also have certain conditions in nursing mothers.

The following table shows the work which has been carried out at your Minor Ailments Clinics :—

No. of cases seen by medical officers :—

			Central Clinic	Woodward Clinic	Porters Ave. Clinic
(a) New cases	...	...	397	738	428
(b) Old cases	...	...	322	654	762
No. of attendances for treatment	...	...	1,196	2,442	1,763

The number of new cases medically examined in 1938 totalled 1,563.

(r) *Infant Life Protection (under Part I of the Children Act, 1908, as amended by Part V of the Children and Young Persons Act, 1932)*.—There were 28 foster mothers on the register at the end of the year and they had in their care 32 foster children.

Beyond re-affirming my general remarks of last year, I have nothing to comment upon under this heading.

(s) *Maternity and Nursing Homes*.—During the year no less than 508 children were born in your Maternity Home.

As previously there has been a resident medical officer in charge of the Maternity Pavilion throughout

the year. He is also in charge of the Humphrey Clinic where ante-natal and birth control clinics are held.

During the year there were reported a number of cases of "raised temperatures" which, though not serious in themselves, became notifiable as puerperal pyrexia under the Public Health Act, 1936. The definition of puerperal pyrexia is "any febrile condition occurring in a woman within 21 days after childbirth or miscarriage in which a temperature of 100.4°F. or more has been sustained during a period of 24 hours or has recurred during that period."

To the lay mind these cases of puerperal pyrexia might give cause for alarm, but the raised temperature may be due to maternal infection on the one hand and to the far less serious conditions of influenza, etc., on the other hand. The causes of the cases reported were varied and the majority of them were not truly maternal.

At the time these cases were reported there were a considerable number of patients admitted to the hospital over and above the usual number, but this should not recur in the future because you have made fixed rules regarding the number of cases to be booked in any one month for admission to the hospital. It must be made clear, however, that when a certain number of cases are booked for one month, it is not possible to say when during this period these cases will be admitted, and it may occur that there will be a large number of admissions occurring at the beginning of any one month and a corresponding drop at the end of the month. This must always be so.

No nursing homes are maintained in the Borough.

(t) *Infant Welfare Clinics.*—The following table shows the work carried out at your various Infant Welfare Clinics during the year :—

	Central.	Great-fields.	Alex-andra.	Wood-ward.	Porters Avenue.	Totals.
No. of sessions ...	102	100	100	154	151	607
No. of attendances of children under 1 year :—						
(a) New Cases ...	297	145	94	255	302	1,093
(b) Old Cases ...	4,413	2,032	1,688	4,455	4,972	17,560
No. of attendances of children 1-5 years of age :—						
(a) New Cases ...	32	38	18	178	149	415
(b) Old Cases ...	1,986	1,455	1,881	6,130	7,405	18,857
Average No. of attendances per session ...	66	37	37	72	85	62
No. of sessions attended by Medical Officers	102	100	100	154	150	606
Average No. of children seen by Medical Officer per session ...	24	18	17	23	22	21
No. of children seen by Medical Officer other than at above sessions :—						
(a) New Cases ...	397	—	—	738	428	1,563
(b) Old Cases ...	322	—	—	654	762	1,738

The total attendances during the year were 37,925 as compared with 34,502 in 1937.

The information which is brought out by this table is that there were 1,093 individual children (new cases), under the age of one year, who attended your clinics. You will remember that the total number of live births was 1,113 which means that approximately 98 per cent. of the children born in Barking attended at your centres.

The number of mothers attending regularly at the Infant Welfare Centres is on the increase and full advantage is taken of all the facilities provided. It has always been the practice for the medical officer to see

regular attenders once each month, but as the clinics are so well attended it has not been possible for this to take place in all cases.

The inauguration of prescriptions for medicines for mothers, babies and toddlers has been much appreciated both by the medical officers and the patients. It is, of course, still not possible for your medical officers to visit patients' homes and in this respect urgent cases are always referred to the family doctor.

(u) *Home Visiting*.—The home visits carried out by your Health Visitors are shown in detail in the following table :—

No. of half-days devoted to visiting...	...	2,206
No. of ante-natal visits :—		
First visits	... ..	594
Subsequent visits	... ..	433
No. of post-natal visits	... ..	973
No. of first visits to children under 1 year	...	1,151
No. of subsequent visits to children under 1 year :—		
(a) Attending a Centre	... ..	4,117
(b) Not attending a Centre	... ..	2,726
No. of visits to children 1 to 5 years of age	...	11,014
No. of special visits in connection with—		
Ophthalmia neonatorum	... ..	5
Deaths of children up to 3 years of age	...	42
Stillbirths	... ..	22
Puerperal pyrexia	... ..	6
Infectious diseases	... ..	300
No. of visits to foster children	... ..	304
No. of other visits	... ..	249
Total home visits of all kinds	... ..	21,936

(v) *Provision of Fresh and Dried Milk.*—Particulars of the amounts of wet milk supplied free and at reduced rates to necessitous mothers and children are given in the following table :—

No. of pints supplied at reduced price.	No. of pints supplied free.	Total.	Total cost of milk supplied.	Council's liability in respect of fresh milk supplied.
61,229	167,592	228,821	£3,121 0 0	£2,704 0 0

Pursuant to the receipt of Circular 1519 from the Ministry of Health, pasteurised milk was supplied as from the 1st May, 1937.

Particulars of the amounts of dried milks, etc., supplied free and at reduced rates are as follows :—

Name of Food.	Cost Price (pkts.)	Half Price (pkts.)	Free (pkts.)	Total (pkts.)
Ostermilk No. 1	684	123	182	989
Ostermilk No. 2	2,372	309	1,129	3,810
Ambrosia	9	—	3	12
Cow and Gate	5,564	459	3,945	9,968
Cow and Gate (half-cream)	1,326	186	729	2,241
Colact	287	63	502	852
Hemolac	57	18	156	231
Lactogol	233	14	63	310
Virol	1,276	242	2,950	4,468
Parrish's Food	719	88	1,208	2,015
Paraffin	174	16	484	674
Malt and Oil	962	241	3,079	4,282
Pure Oil	476	40	441	957
Emulsion	2,120	247	2,261	4,628
Glaxo "O" Brand	45	20	95	160
Trufood	289	22	138	449
Lactogen No. 2	48	5	29	82
Cow and Gate (Humanised)	39	—	—	39
	16,680	2,093	17,394	36,167

Mothercraft Circles.—The mothercraft circle at the Porters Avenue Centre has been well attended during the year, and you have suggested that one shall now be held in the older part of the town, and it is hoped that such a circle will be started at the Greatfields Centre.

(w) *Services provided and Facilities for Treatment.*—It is convenient to set these out in tabular form, although of course some of them are mentioned elsewhere in the Report.

Ante-Natal Clinics.—Ante-Natal Clinics are held each week at four different centres, and a Specialist-Consultant holds one session per month during ten months of the year. During 1938, 85 cases attended the clinics held by the Specialist-Consultant. In addition there were 59 post-natal and gynæcological attendances.

Baths.—In certain necessitous cases, free baths are provided for expectant and nursing mothers. During 1938, 191 baths were granted free of charge.

Birth Control Clinic.—In September, 1937, a Birth Control Clinic was inaugurated. The Ministry of Health have prescribed which cases may be referred to such a clinic.

Convalescent Treatment.—Convalescent treatment is provided for toddlers, for mothers and babies, on the recommendation of Medical Officers at the Infant Welfare Clinics. Charges are made to the parents in accordance with the Council's scale. During 1938, 7 toddlers, and 2 mothers with babies, and 9 mothers received treatment under this scheme.

Dental Treatment.—Dental treatment for toddlers and expectant and nursing mothers is carried out at the Central Clinic, the Woodward Clinic, and the East Street Clinic.

Dinners.—Free dinners are supplied to necessitous nursing and expectant mothers and to toddlers, on the recommendation of Medical Officers at the Infant Welfare Clinics. During 1938, 6,095 dinners were supplied to mothers and 8,074 to children under this scheme. This is a marked increase over the year 1937.

Ear, Nose and Throat Clinic.—Two sessions are held weekly at the Woodward Clinic on Tuesday and Friday afternoons, under the direction of Mr. C. R. Sandiford, F.R.C.S. Treatment includes ionisation, diastolisation and audiometry.

Prevention of Diphtheria, Scarlet Fever and Whooping Cough.—An Immunisation Clinic is held every Monday morning at the Central Clinic and at the Woodward Clinic.

Gynæcological Clinic.—Gynæcological Clinics are held as and when required.

Home Helps.—Although home helps as such are not provided by you under any particular scheme, you do make financial provision in cases of maternity which are aided by you, because your scale of charges in all such cases is drawn up so as to leave an amount of money in the family exchequer sufficient for this purpose. You have now set up a rota of approved home helps.

Infant Welfare Clinics.—Infant Welfare Clinics are held each week at five different Centres. These Clinics are available for all children under the age of five years.

Maternity Services.—MATERNITY HOME.—Upney Hospital is a maternity home run by the Corporation. Applications for admission are made at the Ante-Natal Clinics, and the charges are in accordance

with the Council's scale. The number of admissions to the hospital are limited to 36 in any one month.

DISTRICT MATERNITY SERVICE.—Pursuant to the Midwives Act, 1936 you have appointed five midwives to practise in the district, and you have entered into agreements with the Plaistow Maternity Hospital and District Nurses' Home and the Salvation Army in order to establish an adequate service of domiciliary midwifery throughout the Borough. Application for the services of the midwives may be made at the midwives' homes or at the Ante-Natal Clinics, and the charges are in accordance with the Council's scale.

CONSULTATIONS.—There is a Specialist-Consultant available for consultations in cases of abnormal pregnancy, puerperal pyrexia and in cases of difficult labour.

Medicines, Supply of.—Arrangements exist with local chemists by which prescriptions are dispensed free in necessitous cases for mothers and children attending the Maternity and Child Welfare Centres.

Milk.—Pasteurised milk is supplied free of charge and at half-price in certain necessitous cases of expectant and nursing mothers and babies, on the recommendation of the Medical Officers at the Clinics. Certain dried milks, etc., are similarly supplied free, at half-price and at cost price.

Minor Ailments.—Treatment is given daily at the Central Clinic, the Woodward Clinic, and at the Porters Avenue Clinic to children under the age of five years.

Ophthalmic Service.—Ophthalmic Clinics for expectant and nursing mothers and toddlers are held at the Central Clinic and Woodward Clinic. The scheme includes the provision of spectacles at a very low charge, and in some cases, where the family income is below a certain scale, at no charge.

Orthopædic Service.—The Orthopædic Service includes treatment at the Clinic, the provision of splints, and treatment at hospital in the case of children under the age of five years. The service also provides for treatment at the Orthopædic Clinic for expectant and nursing mothers.

Tonsils and Adenoids.—Surgical treatment for tonsils and adenoids is carried out at two local hospitals under an agreement with the Council. A small charge is made to the parents, except in certain necessitous cases when no charge is made. During the year, 99 such operations were carried out in respect of children under the age of five years.

Ultra-Violet Light Treatment.—Ultra-violet light treatment is given to expectant and nursing mothers and to children under the age of five years at the Orthopædic Clinic. During 1938, 232 cases were treated, a total number of 2,827 treatments being given.

Visiting in the Home.—Periodic visits are paid by the Health Visitors to all children under the age of five years and to all foster-children under the age of nine years. Visits are also paid in certain cases to expectant mothers.

X-Ray Treatment for Ringworm.—Where necessary, ringworm is treated by X-ray. No charge is made for this treatment.

The way in which anyone can avail herself of any of these Services is to ask the Health Visitor for the district, or to attend at an Infant Welfare Centre, or, where this is not practicable or there is any emergency, to make an enquiry at the offices of the Public Health Department—Central Hall Chambers, East Street, Barking.

REPORT OF THE DENTAL SURGEON.

June, 1939.

*To the Medical Officer of Health,
Borough of Barking.*

I have the honour to present the Annual Report of the Maternity and Child Welfare Dental Services for the year ending December 31st, 1938.

The number of patients attending for treatment at the Woodward Road Clinic is still higher than can be accommodated with the prosthetic sessions at the disposal of this Clinic and it is proposed that one Maternity and Child Welfare session at East Street Clinic in future be utilized for the convenience of Woodward Road Clinic patients requiring denture work.

The prejudice against the filling of teeth for toddlers and under school-age children is still a handicap to the service, for it follows that if a child presents itself at school for the first time in need of considerable dental attention, as so often is the case, the necessity of giving considerable dental treatment is placed on the School Dental Service. Also the patient by the time he has reached school-age has formed a regrettable personal objection to fillings, such objection being based purely on the parent's early refusals.

Fortunately a brighter picture is presented by the increasing acceptance of conservative work by the younger mothers, and those in the 20-30 year age group give a very welcome relief in attending for early treatment, thus avoiding the necessity of extensive extractions as the only curative procedure. It is these mothers to whom we look for assistance in the future dental work among the pre-school child, by their in-

telligent acceptance of necessary dental treatment for their own children when the time comes. I still hope for the time when all expectant mothers first attending a Maternity Clinic will be sent as routine procedure to the dental department for inspection and treatment, but although this may present certain administrative difficulties at present I wish to thank the Medical, Nursing and Health Visiting Staff for their very loyal co-operation in urging early dental treatment, and to assure them that their efforts are producing most gratifying results.

The treatment of the two County Schools undertaken by this Authority still demands considerable time, newcomers to the school so often presenting conditions requiring numerous fillings and extractions. The pupils of these two schools however invariably become excellent attenders and the percentage of refusals is quite small.

I have the honour to be, Sir,

Your obedient Servant,

W. H. FOY,

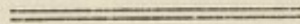
L.D.S., R.C.S. (ENG.),

Senior Dental Officer.

DENTAL CLINIC.

Mothers and Toddlers.

Extractions	...	...	...	...	...	3,050
Scalings	...	...	...	...	...	109
Dressings	...	...	...	...	...	41
Inspections	...	...	...	...	...	369
Fillings	...	...	...	...	...	244
Dentures supplied	...	...	...	...	...	377
Anæsthetics—						
General	...	...	...	...	...	782
Local	...	...	...	...	...	16
Patients—						
Old...	...	...	...	...	...	1,988
New	...	...	...	...	...	493
Number of Sessions held	...	...	...	...	...	256
Toddlers—						
Treatments	...	...	...	...	...	850



REPORT ON THE WORK OF THE OPHTHALMIC CLINICS.

The following is a summary of the work carried out during the year in respect of toddlers and nursing and expectant mothers :—

Toddlers.

Tests under atropine	...	...	...	20
Other attendances	...	...	...	109
Spectacles prescribed	...	...	...	12
Spectacles supplied	...	...	...	16

External Diseases of the Eye treated at the Clinics :

Blepharitis and Conjunctivitis	...	...	...	7
Injury to Eye	...	...	...	2
Ingrowing lashes	...	...	...	1
Dacrocystitis	...	...	...	4
Hordeolum	...	...	...	2

Cases listed for Squint Training 10

Expectant and Nursing Mothers.

Tests	...	...	...	...	9
Other Attendances (Blepharitis and Con- junctivitis 4)	...	...	...	...	45
Spectacles prescribed	...	...	...	...	9
Spectacles supplied	...	...	...	...	7

Children under five years of age form an important and distinctive feature of any eye session. Their attendance at the clinic emphasises one of the most

essential necessities of preventative medicine—viz., continuity of supervision and treatment when that is needed. It is thus possible to prevent or at least lessen visual defects.

During 1938 the usual common maladies have been treated. No one disease can be singled out by reason of severity or frequency. In the treatment of eye affections in infants and young children skilled nursing attention is especially desirable, for in this group of patients the great obstacle is fear and not so much actual pain. At their daily visits to the clinics the parents are shown the elementary details of treatment but what is probably more important the child is reassured and its co-operation obtained.

The other section concerns mothers during pregnancy and afterwards for one year. This is frequently a time when constant headaches are first complained of and the question of eyestrain arises. It is our practice to prescribe glasses only when some permanent fault is found. It may be said that childbirth seldom adversely affects the eyes.

Treatment of Children under 5 years of age at the Orthoptic (Squint Training) Clinic.

No. of cases treated	...	...	...	8
No. of cases under treatment at end of year				1
Treatment commenced but transferred to Education Scheme on account of child becoming of School Age	...	...	...	3
No. of treatments given	...	...	...	11

Children under 5 years of age form an important and distinctive feature of any eye session. Their attendance at the clinic emphasises one of the most

REPORT ON THE WORK OF THE ORTHOPÆDIC CLINIC.

Orthopædic treatment in Barking provides massage, medical electricity (which includes the latest form of apparatus, namely, for short-wave therapy, called the inductotherm), plasters, splints, remedial exercises, including those for flat feet, etc.

During the year a third full-time masseuse has been appointed, and as previously these masseuses have given treatment, not only at the Orthopædic Clinics, but at the Barking Hospital and the Upney Maternity Pavilion. There has been a considerable increase in the number of treatments to be given at the latter Hospital, in fact they take up a large part of the time of one masseuse.

The following tables give some outline of the cases treated and the work which has been carried out amongst toddlers and mothers.

There would appear to be a large number of cases of genu valgum (knock knee) of an acquired nature, which may be a reflection somewhat on the time at which parents allow their babies to assume the erect posture.

No. of primary examinations by Orthopædic	178
Surgeon	
No. of re-examinations by Orthopædic	174
Surgeon	

The cases dealt with for the first time during 1938 were referred for the following conditions:—

(a) *Deformities of Bones and Joints.*

I. *Congenital:*

Digitus varus	1
Exostosis	1
Mid-tarsal varus	4

Scoliosis	I
Talipes	5
Tibial Flexion Deformity ...	3
? Congenital dislocation hip ...	I

2. *Acquired :*

Bowed femora	4
Bowed tibiæ	28
Genu varum	15
Genu valgum	85
Hallux valgus	I
Injury—tibia	I
Pes planus	19
Rickets	4
Valgus ankle	8
? Spondylolisthesis	I
? Thickening dorsal metatarsus	I

(b) *Muscular.*1. *Congenital.*

Torticollis	5
--------------------	---

2. *Acquired :*

Intoeing	9
Lordosis	I
Pes planus	57

(c) *Paralysis.*

A.P.M.	I
Erbs paralysis	2
? Attacks of paralysis	I
? Facial paralysis	I

(d) *Miscellaneous.*

Re Gait	I
No diagnosis	2

REPORT UPON THE WORK OF THE PATHOLOGICAL LABORATORY

FOR THE YEAR 1938.

During 1938, the Pathological Unit at the Barking Isolation Hospital has completed two years of activity since its opening. On reviewing this year's work, it is gratifying to report that not only has it maintained its degree of utility but has considerably increased its output as compared with last year—over 300 more investigations were carried out in 1938 than in 1937. It has consolidated its position and has widened its scope of activity without encroaching upon the province of the County's Scheme. The Unit is no longer looked upon somewhat as a curiosity, but has settled into the Public Health landscape and is generally accepted as an essential item of the Borough's many amenities.

Again many patients from the clinics have been able to undergo a wide variety of blood tests, without having to give up a great deal of time to journeys to London Hospitals, and in this connection the co-operation of the various Medical Officers has been very satisfactory. A number of school children have also been examined for anæmia, hæmophilia and other blood disorders, as a result of queries arising from school medical inspections. By reason of the existence of a local laboratory these children have lost only a minimum of school attendance.

There is still a great deal of anæmia among the working class women, but the school children of the Borough, even those in the most reduced circumstances, are very rarely anæmic as compared with their less fortunate mothers. It is certain that in twenty years' time and more, these children will still be reaping the benefit

of the free milk and meals that the Council is providing to-day, for there is no doubt that much of the anæmia in women is due to a lifetime of malnutrition.

The investigations which were commenced in 1937 have largely been continued in 1938.

Work on scarlet fever has been considerably hampered by the fact that the incidence during the first eight months of the year was particularly low. Throughout the latter third of the year, as would be expected, scarlet fever being regarded as an autumn fever, there has been a rise in the number of cases, amounting almost to a mild epidemic. This sudden rise coincided with the end of the school holidays.

Bacteriologically it was found that there were actually two waves of infection, the first of which was foreshadowed in May and June, when cases of infection by Type 1 Str. pyogenes, which had so far been relatively uncommon in Barking, began to appear in increasing numbers, reaching a maximum in September, when 85 per cent. of the cases were due to this type.

In October cases of infection by Type 13 Str. pyogenes started to occur; previously this type also had appeared only rarely. In November, 70 per cent. of the cases were due to this type, whilst the number of Type 1 cases had dropped to 24 per cent. It is very noticeable that when the cases of streptococcal infection are few and sporadic a wide variety of types of Str. pyogenes is represented: during an epidemic there is one main type and only occasional others.

The situation at the close of 1938 is that both waves of infection are dying down, the second more rapidly than the first, and that the percentage of sporadic cases is increasing. The cases of both types have been

spread uniformly throughout Barking Town and the Becontree Estate, neither being focussed in any particular locality.

The swabbing for *Str. pyogenes* has been extended to diphtheria patients, many of whom, and particularly the severe cases, often have initially a double infection with *C. diphtheriæ* and *Str. pyogenes*, although they seldom show a rash.

Cases of suspected diphtheria which are admitted to the Barking Hospital are isolated in side wards or cubicles until the result of a swab for *Str. pyogenes* is known. Negative cases are then admitted to the open ward and positive cases are kept in isolation until they are free from streptococcal infection, sometimes for the whole of their stay in hospital. It should be pointed out that this procedure in no way interferes with the patients' serum treatment which is initiated immediately on their admission to hospital.

A number of cases which were admitted as suspected diphtheria have subsequently proved to be acute streptococcal tonsillitis. Such cases are with advantage kept in isolation, as it is all too infrequently realised that they are equally as infectious as scarlet fever. The incidence of types of *Str. pyogenes* occurring in these patients and in the diphtheria patients ran parallel with those occurring in scarlet fever patients.

It is noteworthy that during 1938 no cases of puerperal fever of streptococcal origin have been detected, this being the classical type which is so highly infectious and which has such a high mortality. The few cases of generalised puerperal infection which have occurred have for the large part been in patients who have been debilitated and anæmic throughout pregnancy or who have been weakened by hæmorrhage. The germs

which have taken a foothold would probably not have caused any untoward symptoms in a more robust woman. Such germs exist normally in the air, the respiratory tract or in the bowel and can never be completely eliminated.

An important branch of Pathology which has been introduced into the laboratory this year is that of Histology or in other words the microscopic examination of the cellular structure of tissues. This cellular structure often undergoes a striking change when the tissue becomes diseased and its study provides a valuable aid to diagnosis. The tissues are most frequently obtained from post mortem examinations and a large proportion from surgical operations when unhealthy material is removed; abnormal placentas also provide a source of investigation.

The preparation of tissues for such examination is a highly specialised process and can only be perfected by much experience.

Through the kind co-operation of the Council, Mr. Brian was given special leave to attend the Royal Free Hospital Histological Laboratory for a week to learn some of the more important work in this connection. The technician at that hospital, to whom many thanks are due, has in addition given him much help on the subject when difficulties have arisen.

Further acknowledgements are necessary to the officials of the Pathology Department at Charing Cross Hospital, where Mr. Brian has been given facilities for attending post mortems, and also of the Histology Section of the Biology Department at the Royal Veterinary College.

The Pathological Unit continues its close association with the London School of Hygiene and Tropical Medicine, whose bacteriological staff has never failed to provide valuable help and advice when required, and whose comprehensive library is available at all times, not only to the personnel of the Pathology Unit but also to any of the senior members of the Public Health Staff who may wish to use it.

Finally, I must once again express my personal thanks to Dr. F. E. Camps, Consultant Pathologist to the County of Essex, for his kindness in typing over 400 strains of *Str. pyogenes* for us during 1938.

E. M. HILL, PH.D., DIP., BACT., A.I.C.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

(1) WATER.

South Essex Waterworks Company Supplies.—The Engineer of the South Essex Waterworks Company informs me of the following facts:—

“During the year 1938 the following mains were laid in your Borough:—

4"	...	...	...	3,066 yards
6"	...	...	...	65 yards
9"	...	...	...	328 yards

The Analytical reports on all analyses made of the water supplied in your Borough showed that the water was pure and wholesome and suitable for the purposes of a public supply.

The supply has been satisfactory in quality and quantity.

It is anticipated that the Stour Supply Scheme (1935) will come into supply during the Spring of 1940.

A laboratory has been built and equipped at the Company's Langham Works, a whole-time Chemist and Bacteriologist has been engaged and analytical work has been in progress for about three months. An Assistant Chemist and Bacteriologist will commence his duties early next month.

During the year 1938 over 200 samples of water were submitted for chemical analysis and a like number for bacteriological examination; analytical results showed that the water was pure and wholesome and suitable for the purposes of public supply.

Since the Langham Laboratory has been in use samples of the water supplied from the Langham Works are examined daily and further samples from the river sedimentation reservoir and primary filters are also examined. About eighteen samples of water from the Company's wells are examined weekly."

In addition to the afore-mentioned examinations, 10 samples were submitted to the Public Health Laboratories for chemical and bacteriological examination and with one exception were found satisfactory. The unsatisfactory sample was drawn from the supplies to a tap, fed from a storage tank, placed in the roof of the house, and which had been left uncovered.

In order to avoid unnecessary sampling in the area of the South Essex Waterworks Company's supply, a meeting of the Medical Officers of Health in such area was convened, where it was decided that future sampling should be carried out in accordance with an approved rota. This method of sampling is now in force.

Supplies from local wells.—There are eight wells in the district.

During the year the Mineral Water Company operating in the district discontinued to draw their supplies for mineral waters from their own well and replaced it by the main supply. The Company does, however, continue to use water from their deeper well for the purpose of bottle washing.

At two factories the drinking water is drawn from deep wells. Samples from both have been obtained and are satisfactory. In one case an application was made for a certificate of approval in accordance with Section 41 of the Factories Act, 1937. The remaining wells are used for industrial purposes only.

(2) RAINFALL.

The rainfall for the year ended 31st December, 1938 was 14.42 inches as compared with 23.25 inches for the previous year.

Rain fell on 146 days in the year 1938.

(3) DRAINAGE AND SEWERAGE.

The joint drainage arrangements between Ilford and Barking have functioned satisfactorily during the year.

The Political Crisis in September, 1938 directed attention to difficulties which might arise from enemy action in disposal arrangements, and the Engineers of the Joint Board were asked to design a suitable alternative.

(4) RIVERS AND STREAMS.

The rivers and streams running through the area are tidal in character and are not controlled by the Corporation.

River Roding.—Continuing my observations in connection with the River Roding I include for information a copy of the Report drawn up by the County Medical Officer for Essex, and dated 23rd August, 1938 :—

“ *River Roding.*—Prior to the receipt of the representation dated 27th July, 1938, from the Corporation of Barking, steps had been taken to carry out a survey of the River Roding due to an unsatisfactory sample of river water obtained by the Ilford Corporation.

The River Roding has its source in the Dunmow Rural District and then flows through Ongar Rural, Epping Rural, Chigwell Urban, Wanstead and Woodford Borough, Ilford Borough and Barking Borough where it discharges into the River Thames.

For the greater part of its course it passes through rural country, and it receives the effluents of fourteen sewage works. As it is not fed by any substantial springs its natural flow in dry weather is very small and, therefore, there is practically no dilution of the sewage effluents. This condition has been accentuated during the long dry spell experienced this year.

Samples of water taken from the river at different points prove the water in the river to be "reasonably clean," according to the reports of the Bacteriologist for Essex, up to a point at Abridge. Thereafter the condition of the river on the day of inspection was as follows :—

<i>Source of Sample.</i>	<i>Impurity Figure.</i>	<i>Remarks.</i>
Stanford Rivers ...	3.5	Reasonably clean.
Abridge (Bridge) ...	5.8	Not a clean river water.
Bridge near Chigwell Lane Station... ...	4.4	do.
Bridge near Buckhurst Hill	6.3	do.
Woodford Bridge ...	6.0	do.
Below Woodford Sewage Works	6.1	do.
Eastern Avenue Bridge, Woodford	4.7	do.
Ilford Golf Links ...	4.2	do.
Below Wanstead Sewage Works	4.2	do.
Near Ilford Station ...	4.4	do.

The standard impurity figures for river waters used as a guide in the County of Essex are as follows:—

	<i>Standard Impurity Figure.</i>
(a) River water which may be used after filtration for drinking purposes	2.5
(b) River water not to be used ...	3.5

It will be seen that the flow in the River from Abridge, after it has passed through most of the rural part of its course, downwards, is equivalent to a satisfactory sewage effluent.

The position in respect to the main Sewage Works above and all works below Abridge is as follows:—

(I) SEWAGE WORKS ABOVE ABRIDGE.—The three main sewage works nearest to Abridge are:—

Epping Urban (Southern) Sewage Works.—These Works, which discharge an effluent into a tributary of the River Roding approximately $2\frac{3}{4}$ miles above Abridge, were remodelled in 1935. Since 1/1/37 the effluents have been satisfactory.

Theydon Bois Sewage Works (Epping Rural).—These works discharge an effluent into a tributary of the River Roding approximately $3\frac{1}{2}$ miles above Abridge. Samples give unsatisfactory results. Approval has been given by the Ministry of Health to a scheme for providing a new sewage works on a new site situated about one mile above Abridge.

Stanford Rivers Sewage Works (Ongar Rural).—These new works completed in 1937 discharge very satisfactory effluents into the River Roding about $7\frac{1}{2}$ miles above Abridge.

General.—There are several large dairy farms above Abridge, drainage from which discharges into ditches, as no sewer is available.

(2) SEWAGE WORKS BELOW ABRIDGE.

Abridge Sewage Works (Ongar Rural).—Effluents are consistently satisfactory.

Chigwell Urban Sewage Works.—Unsatisfactory effluents are discharging from some of these works. Work has commenced on the Urban Council's comprehensive sewerage and sewage disposal scheme which will result in reducing the number of sewage works from 7 to 2.

Woodford Sewage Works (Wanstead and Woodford B).—Effluents satisfactory. Extensive additions and improvements to these works are not yet completed.

Wanstead Sewage Works (Wanstead and Woodford B).—Effluents satisfactory. A scheme for additions and improvements to these works is under consideration.

(3) GENERAL.—At several points the river has been used as a dumping ground for refuse. Representations are being made to the local Medical Officers of Health concerned.

Small discharges of unsatisfactory liquids from pipes not connected with Sewage Works have been discovered. Appropriate action is being taken.

(4) OBSERVATIONS.—The last complete survey of this river was made at the County Council's request by Mr. E. H. Tabor, M.Inst.C.E., Consulting Engineer. In his "Report on Sewage Disposal in

South West and South Essex," dated 20th January, 1934, he pointed out that "to decide upon the best means of dealing with the drainage of this, the lower Roding valley, is a very difficult matter and one requiring close examination." He suggested two alternatives, namely, a trunk sewer down the valley to the London Northern Outfall Works, or an outfall sewer from Woodford to a new disposal works on the Rainham Marshes on the North Bank of the Thames.

Subsequently the Middlesex County Council approached the Hertfordshire and Essex County Councils regarding the preparation of a joint scheme of sewerage and sewage disposal for the Lea Valley. At the request of the Essex County Council this enquiry was extended to include the Roding Valley. The scheme for the Lea Valley has been proceeded with. On financial grounds the Roding Valley portion was dropped, and the Essex County Council intimated to the Local Sanitary Authorities in the lower part of the valley that they would not oppose proposals for extensions and improvements to existing sewage works.

(5) CONCLUSIONS.—In dry weather the flow in the River Roding consists mostly of effluents from Sewage Works. This is corroborated by the Impurity Figures given on page I of this Report. Samples of effluents from all sewage works in this valley are taken regularly. Works in Epping Urban and Ongar Rural Districts have been modernised with satisfactory results. New works are to be provided at Theydon Bois (Epping Rural) and Chigwell Urban. In the latter district two works in place of seven will eventually treat all the sewage. Wanstead and Woodford Borough Council is carrying out improvements at the Woodford Works and has under consideration a scheme for improving the Wanstead Works.

Action is being taken to prevent the dumping of rubbish in the river and in regard to small discharges from pipes not connected with sewage works.

A joint scheme with the Middlesex and Hertfordshire County Councils including collecting the sewage from the populous parts of the Roding Valley by means of a valley sewer discharging to a large central sewage works on the Thameside in the neighbourhood of Barking, which would have provided a satisfactory solution of this difficult problem, was dropped on economical grounds. Since then the Essex County Council agreed not to oppose improvements and extensions to Sewage Works in Chigwell Urban and Wanstead and Woodford Borough.

Improvement in the condition of the river is to be expected when the several schemes now in progress are completed. With the very small natural flow in dry weather, however, it does not appear to be practicable to regain and maintain the pristine purity of this river."

Consideration of the pollution of the River Roding must have regard to the discharge of effluents into the Thames from the Outfall Works of the London County Council which are situated at the confluence of the Roding and the Thames, and also to the effluents discharged into the Roding from the Outfall Works of the East Ham County Borough. The latter discharge takes place into the Roding during its passage within the boundaries of the Borough of Barking.

During the year I received two reports from the Port of London Authority upon results of the analysis of river water. In one case the report stated "this water is of the character of a good sewage effluent," and in the other "this is a brackish water polluted by sewage effluent."

It would appear from the facts thus set out that it is unlikely any material improvement in the condition of this river will be effected until considerable sums of money are spent upon large, costly, and, in my opinion, necessary disposal works. It follows, therefore, that today the people of Barking must be taught to realise the danger to them arising from any use of the water of the Roding, except for transport purposes.

The Loxford Water and the Mayesbrook.—Both these streams flow through the Borough, but have their origin in other districts. From time to time we receive complaints from frontagers of local flooding and offensive odours. Both streams in their journey through Barking pass through areas of residential property and in my view should receive the attention of the Catchment Board, with a view to the improvement of the floors and banks of such streams, so as to enable them to discharge their functions efficiently, not forgetting their potential use in the event of war operations.

(5) CLOSET ACCOMMODATION.

At the end of the year there remained a total of 17 premises unconnected with the sewer. Ten of these were factory premises.

Of these 17 premises, 10 have cesspools, 6 have earth closets, and one has a sewage disposal plant (septic tank and percolating filter).

The premises still unconnected are isolated properties. Cleansing is carried out by a Dennis cleansing unit.

(6) PUBLIC CLEANSING.

(a) *Storage, Collection and Disposal.*—The collection and disposal of domestic refuse is controlled by the Borough Engineer and Surveyor.

During the year, 9,629 loads of refuse were collected, with an average weight of 1 ton 14 cwts. This figure shows a yield of 11.7 cwts. per 1,000 of the population per day.

We have continued in use the 1.7 cubic feet capacity bin, which is adopted as standard, so far without any serious objection to its size.

The collection from dwelling-houses and flats in the district remains a weekly one.

Barking in common with many other London districts is finding that the erection of block dwellings in the form of three-storey tenements requires some special method of dealing with refuse from such premises. So far the difficulty has been met by the provision at select points of a stoneware chute, into which residents empty their refuse through a small trap—the refuse falling into a fixed storage container at the base of the building, from which it is collected and loaded into the ordinary refuse freighter each week. This method is not ideal, but it is doubtful whether the development of this type of dwelling has reached the stage where it would warrant the use of a special collection vehicle or the employment of men for this purpose only. The matter is being watched.

(b) *Vacant Sites*.—The demolition of dwellings arising from the operations of the Council under the Housing Act has left in the district, for a temporary period, a number of cleared sites. As is customary, such sites have been a source of trouble throughout the year owing to the deposition of all forms of domestic rubbish. In built-up areas there is serious difficulty met by residents in the disposal of domestic articles which are worn out and bulky. Notwithstanding the objection raised by cleansing superintendents to the

inclusion of such articles in the ordinary refuse collection I advocate strongly such collection as the only solution to the litter nuisance on vacant sites.

(c) *Street Cleansing*.—It is with satisfaction we have noted the considerable improvement effected in the cleansing of street gullies, and it is for the Council to decide whether the time has come when similarly, with regard to street cleansing, the more up-to-date methods of mechanical sweeping, etc., used by some progressive authorities, should not at least to some extent supersede the manual methods employed today.

(7) REFUSE DISPOSAL.

All the refuse collected in the Borough was deposited at the Corporation tip on the North Bank of the Roding, near the Kingsbridge Wharf. The methods employed in the formation of this tip were not at all times satisfactory, largely owing to the difficulty of obtaining sufficient and suitable covering material, all of which had to be imported and paid for. In common with many other districts in the country and even where tipping operations were conducted under more favourable circumstances, we suffered from a serious infestation of crickets. So far as I am aware, the problem of how best to deal with a cricket nuisance has not yet been solved and it is a matter to which entomologists could usefully conduct research. For the benefit of members of the Council and other interested persons, I think it worth while to set out in detail our experience during the year :—

February.—A complaint was received from owners of houses near the area of the presence of crickets. An inspection of the tip was made but there was no evidence of nuisance from crickets at this time.

March.—Complaints were received from tenants in the area of the presence of crickets in their houses. Consultations took place between officers of this Department and representatives of the tenants. Consequent upon this, suggestions were made to the Borough Engineer and Surveyor for the improvement of tipping operations and free issues of an insecticide were made to tenants.

June.—With the commencement of warmer weather, fresh complaints were received from tenants of cricket infestation, and the adjoining tips were now found infested.

July.—The Corporation tip had been treated, i.e., by the levelling and the spraying of the tip with creosote. It was arranged too for the fixing of hessian for the trapping of the insects.

The owner of the nearby private tip, which was also found to be infested with crickets, was asked to take steps which would abate the nuisance.

A further consultation took place between officers of this Department and representatives of the tenants of the houses in the area.

Towards the end of the month spraying of the Corporation tip and the privately owned tip with hot tar commenced and an improvement was reported.

August.—It was reported that the position was still serious. At this time the crickets were more numerous in the houses.

September.—Arrangements were made for the application of poison baits in the gardens of the affected houses.

Representatives of Messrs. Ratsouris, with whom we had constantly been in touch, visited the tip and arrangements were made for spraying the

Corporation tip with their special concentrate and oil (spraying operations commenced towards the end of the month).

October.—Garden fences, etc., in the area were sprayed with insecticide, and also the sub-floor spaces of the houses.

During November inspections were made but there was no further evidence of infestation. No more complaints were received from tenants.

The Corporation has spent £1,390 in dealing with the cricket nuisance on Corporation tips.

Private Tips.—In connection with such tips the Corporation administers the relevant section of the Essex County Council Act, and 322 visits were paid by your officers to such tips during the year to see that no nuisance was committed, and to offer advice as to methods of disposal.

There has been a reduction in the number of private tips in the district. Only in connection with one did we find it necessary to take any police court proceedings. In this case the defendant was charged on two counts to which he pleaded guilty. The penalty inflicted was a fine of forty shillings on each count. The Act provides in relation to such an offence for a maximum fine of £200, and £50 each day for any continuing offence.

Controlled Tipping.—There continues to exist in Barking large stretches of marshland adjoining the Thames, with an ordnance datum in some cases of below zero and in many parts is at a level some 12 to 14 feet below the height of the level of the river bank. I mention this to indicate that there remains ample scope for profitable reclamation of land within the Borough by controlled tipping.

(8) SANITARY INSPECTION OF THE AREA.

The Crisis in September and the urgent work acquired for Air Raid Precautions interfered considerably with the routine work of the sanitary inspectors, and is responsible for the reduction in the inspections made during the year.

The number of complaints received and recorded in the register of complaints was 768, as compared with 659 in 1937, 759 in 1936, 855 in 1935, 551 in 1934 and 927 in 1933.

The premises were inspected forthwith and any necessary action taken.

The total number of visits paid by sanitary inspectors to various premises for all purposes are summarised below, together with the number of defects arising from those visits.

The housing defects dealt with numbered 4,118.

(a) WORK OF SANITARY INSPECTORS.

(1) *Inspection of Dwelling-Houses.*

Total Houses Inspected under Public Health or Housing Acts	4,013
Total Number of Inspections made	8,143
<hr/>	
Housing (Consolidated) Regulations	1,210
After Infectious Disease	981
Overcrowded Premises	401
Defects Found	4,118
Notices Served (Preliminary)	1,439
Re-inspections <i>re</i> Notices Served	3,105
Inspection of Works in Progress	455

(2) *Premises Controlled by Byelaws and Regulations.*

	<i>Inspections.</i>	<i>Contra-ventions.</i>	<i>Notices served.</i>
Houses Let in Lodgings	—	—	—
Common Lodging Houses	18	—	—
Offensive Trades	69	43	22
Tents, Vans and Sheds	97	6	4
Dairies, Cowsheds and Milkshops	110	11	9
Slaughter-houses	190	2	1
Hairdressers' & Barbers' Premises	19	3	3
Smoke Observations	248	32	31

(3) *Factories, Workshops and Workplaces.*

	<i>Inspections.</i>	<i>Defects.</i>	<i>Notices.</i>
Factories	303	16	10
Laundries	2	—	—
Bakehouses	24	16	7
Domestic Workshops	4	—	—
Other Workshops	117	1	1
Other Workplaces	114	4	3
Outworkers' Rooms	40	—	—
Butchers' Premises	223	89	58
Fishmongers	63	23	15
Restaurants and Dining Rooms	140	62	32
Stables and Stable Yards	36	10	10
Piggeries	3	—	—

(4) *Miscellaneous.*

	<i>Inspections.</i>	<i>Defects.</i>	<i>Notices.</i>
Rats and Mice (Destruction) Act, 1919	152	12	12
Vacant Land and Refuse Dumps ...	322	25	13
Public Lavatories ...	48	1	1
Schools ...	41	11	5
Markets and General Shops ...	337	45	29
Ice-Cream Vendors ...	99	19	12
Petroleum and Celluloid Stores ...	64	1	—
Drainage Inspections	321	—	—
Milk Sampling ...	81	—	—
Other Miscellaneous	299	—	—
Inspection of Meat from Outside District ...	159	1	1
Shops Act, 1934 ...	315	46	22
Water Sampling ...	31	1	—
Food Manufacturers	8	7	2
Street Traders ...	42	1	1
Food Byelaws ...	74	33	25
Boilers ...	12	5	2
Pleasure Grounds ...	4	1	1
Noise Nuisance ...	—	—	—

(b) SUMMARY OF SANITARY WORK CARRIED OUT.

(i) *Drainage.*

Choked drains, opened, repaired and cleansed ...	275
Drains reconstructed ...	68
Ventilation shafts repaired or new fixed ...	6
New inspection covers ...	4

(2)	<i>Closet Accommodation.</i>		
	W.C. structures repaired :—		
	Roofs	}	8
	Walls		
	Floors		
	Doors		
	Seats fixed	... ..	47
	W.C. pans fixed or cleansed	... ..	74
	Flushing apparatus repaired or renewed	... ..	116
(3)	<i>Sinks.</i>		
	New fixed	... ..	53
	New sink and bath wastepipes	... ..	41
	New gully traps	... ..	10
(4)	<i>Dampness.</i>		
	Roofs and flashings	... ..	356
	Eavesgutters	... ..	158
	Rainwater pipes	... ..	60
(5)	<i>Water Supply.</i>		
	Defective water fittings repaired and supply reinstated	... ..	82
(6)	<i>Paving.</i>		
	Forecourt paving repaired or relaid	... ..	26
	Yard paving repaired or relaid	... ..	56
	Gully dishing repaired or renewed	... ..	46
(7)	<i>Dustbins.</i>		
	New ones provided	... ..	696
(8)	<i>General Repairs.</i>		
	External walls repointed	... ..	146
	House floors repaired	... ..	69
	Windows repaired or renewed	... ..	152
	Window and door reveals repaired	... ..	70
	Window sills repaired or renewed	... ..	64
	Sashcords renewed	... ..	121
	Washing coppers repaired or renewed	... ..	53
	Stoves repaired or renewed	... ..	96

House doors and frames repaired or renewed	...	...	...	...	...	96
Stairs repaired	...	...	...	...	...	12
Handrails fixed	...	...	...	...	...	1
Chimney pots renewed and stacks rebuilt	...	...	...	...	...	118
Dirty or defective rooms repaired, cleansed and redecorated	...	...	...	...	...	1,725
Damp walls remedied	...	...	...	...	...	64
Insufficient floor ventilation	...	...	...	...	...	57
External painting	...	...	...	...	...	233
Internal painting	...	...	...	...	...	7
Weatherboards fixed	...	...	...	...	...	6
Door sills repaired or renewed	...	...	...	...	...	25
 (9) <i>Miscellaneous.</i>						
Offensive accumulations removed	...	...	...	...	...	82
Animals so kept as to be a nuisance	...	...	...	...	...	24
Verminous rooms disinfested	...	...	...	...	...	54
Drains tested	...	...	...	...	...	181
Dangerous structures reported	...	...	...	...	...	24
Overcrowding	...	...	...	...	...	327
Flooding	...	...	...	...	...	4
Dust Nuisances	...	...	...	...	...	2
Other conditions	...	...	...	...	...	17
 (c) NOTICES SERVED.						
Informal Notices	...	...	...	...	...	1,439
Statutory Notices :—						
Public Health Act, 1936 :—						
Section 39	...	...	...	...	...	37
Section 45	...	...	...	...	...	23
Section 83	...	...	...	...	...	3
Section 93	...	...	...	...	...	232
Housing Act, 1936 :—						
Section 9	...	...	...	...	...	49
Section 10	...	...	...	...	...	11
						355

(d) FACTORY AND WORKSHOP ACT, 1901, AND THE FACTORIES ACT, 1937 (which superseded the Act of 1901 on 1st July, 1938).

(1) *Inspections (including inspections made by Sanitary Inspectors).*

Premises.	Number of			Prosecutions.
	Inspections.	Written Notices.		
		Intimations.	Statutory.	
Factories with mechanical power	317	10	—	—
Factories without mechanical power	119	1	—	—
Other Premises	112	3	—	—
Totals	548	14	—	—

(2) *Defects found.*

Particulars.	Number of Defects.			Number of Prosecutions.
	Found	Remedied	Referred to H.M. Inspector.	
*Nuisances under the Public Health Acts :—				
Want of cleanliness	11	11	—	—
Inadequate ventilation	1	1	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	2	2	—	—
Sanitary accommodation :—				
Insufficient	7	7	—	—
Unsuitable or defective	3	3	—	—
Not separate for sexes	—	—	—	—
Other offences	2	2	—	—
Totals	26	26	—	—

* Including those specified in Sections 2, 3, 7 and 8, of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

(3) *Home Work.*

Eight notices were issued to the occupiers of premises in the district where outworkers are employed, who supplied lists twice during the year of 28 workpeople engaged on making wearing apparel, etc., in their homes.

(4) *Registered Workshops.*

Workshops on the Register at the end of the year :— *Number.*

Bakehouses (including six factory bakehouses)	11
Other Workshops	48
Total number of Workshops on Register ...	59

(5) *Other Matters.*

Class :— *Number.*

Matters notified to H.M. Inspector of Factories :—

Failure to affix Abstract of the Factory and Workshop Act —

Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act 3

Other —

Underground Bakehouses :—

Certificates granted during the year —

In use at the end of the year —

(6) *Outworkers.*

The following list shows the nature of the homework carried out in this district by 60 outworkers :—

Wearing apparel	28
Millinery	4
Tie-making	3

Life-belt covering	1
Box makers	3
Paper hats, Christmas crackers and novelties	6
Flags	4
Handbags	1
Baby linen	3
Fancy leather goods	2
Umbrellas	1
Brushes	2
Shoes	1
Furrier	1
Cushions	1

During the year, 54 lists of outworkers were received from other Authorities in respect of addresses in Barking. Eight lists were received from employers within the district.

(e) PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYELAWS OR REGULATIONS.

(1) *Houses Let in Lodgings.*—Action under the Housing Act, 1936 has revealed that accommodation over many of the larger shop premises in the district is becoming used for living purposes, and as the Council is aware we are awaiting confirmation of new byelaws for the control of such premises.

(2) *Common Lodging Houses.*—The common lodging house in Heath Street still continued in use at the end of the year, providing accommodation for 36 males. The redevelopment of the Heath Street housing site cannot be completed until this building is demolished. The Committee are considering the provision of a municipal hostel in order that the displaced persons from this common lodging house can be rehoused, together with a number of other persons living in lodgings in the district under unsuitable circumstances.

The Council has made byelaws for the control of these premises.

Thirty-six visits were paid during the year to stable premises, and 10 notices were served in respect of unsatisfactory conditions.

(f) RATS AND MICE DESTRUCTION ACT, 1919.

There were 152 visits made to premises under this Act.

The location of the source of infestation is of the greatest importance, and little can be achieved to prevent reinfestation unless this is discovered.

Usually infestation is found to be directly due or associated with defective or disused drains, particularly where the premises are subject to interior infestation.

Repressive Measures.—Occupiers are encouraged to carry out the trapping of rats themselves, and the owners are called upon to effect rat-proofing where the source of the infestation is other than defective drains.

Advice is given by the sanitary inspectors and a free issue of suitable raticides is made to householders.

Rat Week Propaganda.—In connection with Rat Week the following action was taken by the Corporation :—

- (1) Large illustrated posters were exhibited at 35 stations in the district inviting co-operation and giving advice to the general public.
- (2) The attention of the Borough Engineer and Surveyor was directed to the Corporation properties and sewers.
- (3) Special applications of raticides were made at the Corporation Hospitals.
- (4) The Corporation had available for free issue four different kinds of raticides.

The number of applications by householders for assistance during the week indicates that action in connection with rat extermination is continuous and not concentrated into one week of the year, there being four applications during National Rat Week and a total of ninety throughout the whole of the year.

(g) REMOVAL OF INFIRM AND DISEASED PERSONS.

The Barking Corporation Act, 1933 (section 143) empowers the Medical Officer of Health to certify that a person is infirm or diseased, and is incapable of taking care of himself, and is not receiving proper care and attention from others. The certificate enables the justices to grant an order for the compulsory removal to hospital of the person concerned.

One case of such an infirm person was reported during the year, but died before official action could be taken.

Members of the public are becoming increasingly aware of the powers given to the Corporation under this Section and we have on a number of occasions received applications for the Section to be put into operation. Your officers have been at pains to exercise their powers of discretion. Used for the purpose for which it is enacted, it does secure to the suffering aged hospital treatment under proper conditions.

(9) SHOPS ACT, 1934.

Inspections carried out for the purposes of Section 10 of this Act numbered 315.

In 22 instances notices were served requiring additional sanitary accommodation, washing facilities or improved heating.

In my Report for the year 1937, I described in detail what we regarded as a sufficient and suitable temperature for any type of shop and now we endeavour to secure this.

Hairdressers' and Barbers' Premises.—There are 41 premises where this type of business is carried on. They are subject to control by byelaws made under the Essex County Council Act, 1934.

We were disappointed with the code of byelaws as approved finally, but have found they are of value in the matter of cleanliness, and in some instances are used by the proprietors as a defence in their dealings with dirty and unsatisfactory customers.

(10) OFFICE ACCOMMODATION.

In October a circular letter was addressed to the occupiers of factories and business premises, calling their attention to the appropriate section of the Public Health Act, 1936, in its relation to office accommodation. This letter was followed up by official inspections of the accommodation provided.

In general it was found that the requirements of the Act were being complied with and that any notices necessary were in connection with defects in sanitary fittings.

It is proposed that inspection of offices shall be carried out twice per year.

(11) SMOKE ABATEMENT, ETC.

During the year 248 smoke observations were made in respect of factories, 32 offences were registered and necessary action taken.

Grit Emission from Coal Combustion.—The emissions from the chimneys of the Generating Station at Creeksmouth have continued without any material change. There was a further addition to the boiler capacity of this Station to deal with an added load of 75,000 kilowatts.

Representations were made to the operating Company, particularly in relation to the emissions from the boilers of the Pulverised Fuel Plant. At one stage of the proceedings we hoped to secure a new method of treatment.

In the general summary of conclusions, outlined on Page 928 of the Report of the Royal Commission on the Geographical Distribution of the Industrial Population, it states that one of the factors most important in enhancing the death rates of residents in towns is the production of smoke from factories and homes which reduces the effective sunshine.

In previous Reports I have referred to the large quantities of coal which are burned in the furnaces of this Generating Station and to our difficulties in dealing with the resultant chimney emissions.

Grit Emission from Wood Fuel.—Last year I referred to the nuisance occasioned in the neighbourhood of a wood block factory from the burning of wood refuse and stated that a new furnace was being installed. At a later date the furnace was taken out and the old one reinstated with slight modifications, with a result that the nuisance recurred. Instructions have since been placed for the installation of a Babcock and Wilcox water boiler which it is hoped will prevent further trouble.

Smoke Abatement Byelaws.—These byelaws were confirmed and came into operation during the year, fixing the limit of two minutes in any period of 30 minutes observation to the emission of black smoke.

Nil Secundum, Limited.—In October our attention was called to smells noticed all over the district and which were found to emanate from the premises of the above-named, situated on the marshes, east of River Road.

The matter was reported immediately to the Inspector of Alkali Works, etc.

At the end of the year, notwithstanding various alterations to plant, the nuisance had not been abated.

(12) SWIMMING BATHS AND POOLS.

There are no privately owned swimming baths in the area.

With the opening of the swimming pool situated in the grounds of the South-East Essex Technical College, solely for the use of pupils, there has been an extension of swimming facilities in the district.

Corporation Swimming Pool at Barking Park.—The total number of bathers was 53,682 or 16,372 less than in 1937.

The number of bathers on the peak day of the season was 2,996.

There was a record attendance during August Bank Holiday week with a total of 14,292 bathers in seven days. The popularity of the sun-bathing area was evidenced time and again throughout the season, so also was the need for greater facilities in this area, and the Superintendent of the Pool makes among other suggestions that some gymnastic apparatus should be installed to enable the younger bathers to indulge in this pursuit without interference to other bathers and spectators.

In earlier Reports I have commented upon the desirability of providing swimming facilities throughout the whole year and in this regard have called attention to the need for providing swimming water at a suitable temperature. I can do no more than repeat this suggestion.

Corporation Baths, East Street.—The total number of bathers was 64,527 with a peak day of 950 bathers.

I have referred in previous reports to the fact that these baths do not comply with modern standards and in his report to the responsible committee, the Baths Superintendent has referred to certain deficiencies in the matters of heating and filter plant. The questions he raises are receiving consideration.

Projected Bath at Becontree.—Approval to the construction of this bath has been given but at the end of the year work had not been commenced.

Examination of Bath Water.—Three samples were taken from each bathing establishment and submitted to chemical and bacteriological analysis. All the samples were reported as being satisfactory.

(13) PARKS AND OPEN SPACES.

We have in the town 265 acres of public open spaces. In the Becontree area, and as in that part of the town where the Council has provided its housing estates, we find associated with this development planned open spaces of a private character, proportionate to the built-up acreage. In most cases these open spaces have been converted into gardens and shrubberies, with pleasing results.

Such distinctive feature becomes most noticeable when travelling from what is regarded as Old Barking to these newer estates and demonstrates the value of planning in an orderly manner, for which every opportunity will be given when the clearance of the London Road and Bennington Avenue Area takes place.

(14) ULTRA-VIOLET LIGHT RADIATION.

Lack of ultra-violet radiation, one of the results of a smoke pall, is known to produce rickets in young children ; and it is stated that nothing is plainer in the morbidity and mortality experience of industrial areas than that the presence of rickets contributes heavily to sickness and deaths from bronchitis and pneumonia in young children, to lowered resistance to measles, whooping cough, and tuberculosis and more remotely to maternal deaths from difficult instrumental or operative deliveries.

It is important, therefore, that the ultra-violet light reaching Barking should be of the maximum amount, and for this reason we continue to take measurements at the Barking Hospital. The results show that throughout the year we received a total sky radiation of 1,104 units—this is comparable with that of any town in South-Eastern England. We are fortunate in view of the character of the industries situated in the town, in continuing to register this amount of ultra-violet light.

(15) SCHOOLS.

Of the eighteen elementary, ten have been built within the last seven years, and of the remainder two are much below present day standards.

The recent activities of the Council are shown in the completion of five nursery classes, and the erection, now proceeding, of gymnasias and dining centres for the school and adult population. Each gymnasium unit includes provision of shower baths and drying rooms on the ground floor, with the dining centre, rest room and kitchen on the first floor.

It has not been found necessary to close any department of the schools as a result of infectious disease.

During the year forty-one visits were paid by sanitary inspectors and eleven defects were discovered, most of which were in connection with sanitary conveniences. All defects were dealt with inter-departmentally.

(16) ERADICATION OF BED BUGS.

We have continued our practice of issuing free, small quantities of contact insecticides to householders with minor infestations.

In addition the following houses have been disinfested :—

Barking Council Houses	...	...	...	25
London County Council Houses	...	...	...	7
Privately Owned Houses	...	...	...	16
				—
Total	...	...	...	48
				—

The Corporation call upon the owner of the house to disinfest the dwelling and where necessary the occupier to disinfest the furniture, the Corporation carrying out steam disinfestation of bedding free.

In five instances we were notified by contractors of their intention to carry out fumigation with hydrogen cyanide on the orders of private owners.

Corporation workmen carry out the disinfestation of Corporation houses with contact insecticides, such as Vermicene, Pyagra and Zaldecide.

The practice of using sulphur products and contact insecticides has been continued where the houses are tenanted.

Where removals to Corporation houses are from clearance areas the tenant's effects are fumigated by hydrogen cyanide, this process being carried out by contractors in the removal vans. The bedding and soft goods from the houses are steam disinfested at the Barking Hospital.

The appointment of an officer specially to supervise or educate tenants in the prevention of infestation has received the consideration of the Committee and it is expected that a woman sanitary inspector will shortly be carrying out this work as part of her duties.

(17) CAMPING SITES.

There are no camping sites within the Borough.

SECTION D.

HOUSING.

(1) STATISTICS.

(a) GENERAL.

Number of new houses erected during the year:—

(1) Total	...	...	...	...	...	504
(2) As part of a municipal housing scheme:—						
(a) Barking	...	...	...	...	...	155
(b) L.C.C.	...	...	...	...	...	79
(3) Others (including private enterprise and subsidy houses)	...	...	...	...	...	270

(b) UNFIT DWELLING-HOUSES.

I. *Inspection of Dwelling-Houses during the Year:—*

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	4,013
(b) Number of inspections made for the purpose	...	...	...	...	8,143
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 & 1932	...	...	...	...	1,210
(b) Number of inspections made for the purpose	...	...	...	...	2,371
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	172
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	...	1,439

2. *Remedy of Defects during the Year without Service of formal Notices :—*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers 1,164

3. *Action under Statutory Powers during the Year :—*

A.—Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :

(1) Number of dwelling-houses in respect of which notices were served requiring repairs 60

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—

(a) By owners 67

(b) By local authority in default of owners 5

B.—Proceedings under Public Health Acts :

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 295

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—

(a) By owners 203

(b) By local authority in default of owners 15

C.—Proceedings under sections 11 and 13 of the Housing Act, 1936 :

(1) Number of dwelling-houses in respect of which Demolition Orders were made Nil

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... Nil

D.—Proceedings under section 12 of the Housing Act, 1936 :

- | | |
|--|-----|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | Nil |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | Nil |

E.—Proceedings under section 148, Barking Corporation Act, 1933 :

- | | |
|--|-----|
| Number of dustbins supplied by local authority in default of owners | 323 |
|--|-----|

(2) HOUSING CONDITIONS.

(a) *General Observations.*—The total number of inhabited houses in the district is 19,886 (including 1,332 shops), which, compared with the total of 10,965 at the census of 1931, gives an indication of the growth of the town.

Of the total of 18,554 dwelling-houses, 1,986 are owned by the Council and nearly 7,500 have been erected in the area by the London County Council since the year 1929.

It is interesting to note that 2,282 houses have been purchased by occupiers with assistance under the Small Dwellings Acquisition Act.

During the year 1938, no less than 235 temporary buildings were approved for erection in the back gardens of dwelling-houses in the district.

I approve the shed now provided by the Corporation for their tenants, but would be glad to see more care exercised in its location at the rear of the houses.

I would further prohibit the erection of any other shed on the premises, and would refuse permission to a tenant to erect any type of shed other than this.

At the end of the year a total of 585 of these sheds had been provided.

Of the 176 houses at the Scrattons Farm Estate, in the course of erection to meet the overcrowding needs of the district, about 100 were nearing completion at the end of the year.

HOUSES BUILT IN THE DISTRICT.

1926—1938.

Year.	Total.	As part of Municipal Housing Scheme.	Others (including private enterprise and subsidy houses)
1926	289	47	242
1927	358	30	328
1928	375	40	335
1929	700	(Barking) 206 (L.C.C.) 257	237
1930	1,064	(Barking) 59 (L.C.C.) 970	35
1931	2,557	(Barking) 26 (L.C.C.) 2,410	121
1932	1,993	(Barking) 109 (L.C.C.) 1,707	177
1933	1,844	(Barking) 154 (L.C.C.) 1,386	304
1934	730	(Barking) 96 (L.C.C.) 275	359
1935	563	(Barking) 168 (L.C.C.) 162	233
1936	401	(Barking) Nil (L.C.C.) 132	269
1937	413	(Barking) 107 (L.C.C.) 79	227
1938	400	(Barking) 155 (L.C.C.) 79	270
Totals ...	11,791	8,604	3,187

Of the 8,604 houses shown above as part of Municipal Housing Schemes, 1,197 were provided by the Borough of Barking and 7,457 by the London County Council.

(b) *Housing Act, 1936.—Overcrowding:—*

(a)	(i)	Number of dwellings overcrowded at the end of the year	... ..	156
	(ii)	Number of families dwelling therein	... ..	156
	(iii)	Number of persons dwelling therein	... ..	1,129½ units

(b) Number of new cases of overcrowding reported during the year 29

(c) (i) Number of cases of overcrowding relieved during the year 63

(ii) Number of persons concerned in such cases 425
units

(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding None known

(e) The known cases of overcrowding were reviewed at the end of the year when it was found that the total of 190 at the beginning of the year had been reduced to 127, to which number were added 29 new cases, making a total of 156 at the end of the year.

Building on the Scrattons Farm Estate, where 176 houses are being erected to meet the needs of overcrowding, was commenced and good progress made.

Changes in overcrowding in houses owned by Local Authorities :—

		London County Council.	Barking Corporation.
January, 1936	...	154	101
January, 1937	...	80	83
January, 1938	...	45	61
January, 1939	...	19	59

(c) *Clearance Areas—Removal of Insanitary Properties.*

During the year building operations commenced at the Scrattons Farm Estate, where the Council are erecting 282 dwellings, including 6 shop-dwellings. It was recognised when the scheme was first suggested that many of the families removing to this Estate would regard it as being remote from that part of the district to which they were accustomed, and that we should, therefore, experience some difficulty. I am glad to be able to say that early objections have now given way to a fairly popular demand for accommodation on the Estate.

The Council have continued with their clearance schemes and removals from the central and overcrowded areas have been taking place throughout the year. There are many families who are unwilling or unable to live far from their present homes, owing to economic reasons and for these the Council is trying to provide accommodation on the sites of their present houses.

The clearance of the London Road and Bennington Avenue Area provides an opportunity for redevelopment in the central area of the town which will add considerably to the convenience of the occupiers and benefit local business.

119—120
CLEARANCE AREAS.

Area.	Date of Representation	Acreage	Dwelling Houses	Shops	Total Premises	Total Persons	Date of Inquiry	Date of Confirmation	Premises Excluded	Final Date for Vacation	Date of Demolition	Subsequent Use of Site
North Street, Holly Square and Tanner Square	10/3/31	.549	25	—	25	146	15/12/32	22/3/33	—	6/5/33	9/33	Rehousing
St. John's Retreat	2/32	.338	14	—	14	67	15/12/32	7/2/33	—	8/11/33	30/6/33	Vacant
Bifron Square	10/2/31	.713	19	11	30	124	20/12/32	22/3/33	—	C.P.O.	31/3/34	Rehousing
Church Path, etc.	13/9/32	.06	4	1	5	25	2/5/33	13/9/33	—	C.P.O.	between 30/6/35 and 26/7/35	Car Park
Back Lane	13/9/32	.45	28	—	28	134	2/5/33	13/9/33	—	C.P.O.	between 6/35 and 11/35	Open space—additional to Parish Churchyard.
Bridge Street	19/7/32	1.09	36	—	36	221	2/5/33	13/9/33	—	18/6/34	between 31/12/34 and 31/3/35	Industrial
Abbey Road (No. 1)	13/11/33	.144	11	—	11	53	None held	12/4/34	—	12/7/34	31/3/35	Industrial
Park Terrace, Collier Row, etc.	10/10/33	1.4	53 (including 1 shop-dwelling and 1 beerhouse)	—	53	256	3/5/34	31/7/34	—	C.P.O.	8/35	Rehousing
Abbey Road (No. 2)	13/11/33	.18	18	—	18	83	24/9/34	4/1/35	—	8/4/35	7/8/35	Industrial
Abbey Road (No. 3)	13/11/33	.061	4	—	4	22	24/9/34	4/1/35	—	8/4/35	12/35	Rehousing
Abbey Road (No. 4)	13/11/33	.09	7	—	7	65	24/9/34	4/1/35	—	8/4/35	12/35	Industrial
North Street (No. 1)	4/7/34	2.05	56 (and 5 lock-up shops, 10 shop-dwellings and 1 common lodging-house)	—	72	307	24/9/34	1/1/35	14, North St.	25/8/35	between 12/35 and 3/36	London Road Extension and Commercial Development.
Union Street	17/5/35	.82	41	3	44	191	31/12/35	7/3/36	—	C.P.O.	9/37	Rehousing
Roden Yard	18/1/35	.04	2	—	2	8	5/9/35	9/35	—	C.P.O.	12/35	Industrial
North Street (No. 2)	14/2/36	.357	7 (and 4 shop-dwellings)	—	11	60	23/9/36	25/8/37	—	C.P.O.	3/38	London Road Extension and Commercial Development.
Eldred Road (No. 1)	16/11/34	.04	3	—	3	8	31/12/37	7/3/36	—	14/9/36	6/38	Ribbon Development Act.
Heath Street (No. 1)	14/2/36	1.69	49 (including common lodging house and synagogue)	—	49	302 (including 39 inmates of common Lodging House)	23/9/36	25/3/37	Synagogue to be "grey"	C.P.O.	not yet demolished	Rehousing
St. Paul's Road (No. 1)	28/2/37	.49	18	—	18	155	23/9/36	25/3/37	—	C.P.O.	do.	Rehousing
St. Paul's Road (No. 2)	28/2/37	.143	6	—	6	23	23/9/36	25/3/37	—	C.P.O.	do.	Rehousing
Grove Place	17/4/36	.3	18	—	18	70	23/9/36	25/3/37	—	C.P.O.	do.	Town Redevelopment.
Broadway and Axe Street	17/4/36	2.09	40	21 (shop-dwellings)	61	216	23/9/36	25/3/37	19 & 21, Axe St. 31, Broadway to be "grey," also various garages and outbuildings	C.P.O.	do.	Town Redevelopment.
TOTALS (carried forward)					515	2536						

N.B.—The abbreviation C.P.O. stands for Compulsory Purchase Order.

CLEARANCE STATEMENT

Year	Month	Particulars	Credit	Debit	Balance
1912	Jan	By Balance	100.00		100.00
1912	Feb	To Cash	50.00		150.00
1912	Mar	To Cash	75.00		225.00
1912	Apr	To Cash	100.00		325.00
1912	May	To Cash	150.00		475.00
1912	Jun	To Cash	200.00		675.00
1912	Jul	To Cash	250.00		925.00
1912	Aug	To Cash	300.00		1225.00
1912	Sep	To Cash	350.00		1575.00
1912	Oct	To Cash	400.00		1975.00
1912	Nov	To Cash	450.00		2425.00
1912	Dec	To Cash	500.00		2925.00
1913	Jan	To Cash	550.00		3475.00
1913	Feb	To Cash	600.00		4075.00
1913	Mar	To Cash	650.00		4725.00
1913	Apr	To Cash	700.00		5425.00
1913	May	To Cash	750.00		6175.00
1913	Jun	To Cash	800.00		6975.00
1913	Jul	To Cash	850.00		7825.00
1913	Aug	To Cash	900.00		8725.00
1913	Sep	To Cash	950.00		9675.00
1913	Oct	To Cash	1000.00		10675.00
1913	Nov	To Cash	1050.00		11725.00
1913	Dec	To Cash	1100.00		12825.00
1914	Jan	To Cash	1150.00		13975.00
1914	Feb	To Cash	1200.00		15175.00
1914	Mar	To Cash	1250.00		16425.00
1914	Apr	To Cash	1300.00		17725.00
1914	May	To Cash	1350.00		19075.00
1914	Jun	To Cash	1400.00		20475.00
1914	Jul	To Cash	1450.00		21925.00
1914	Aug	To Cash	1500.00		23425.00
1914	Sep	To Cash	1550.00		24975.00
1914	Oct	To Cash	1600.00		26575.00
1914	Nov	To Cash	1650.00		28225.00
1914	Dec	To Cash	1700.00		29925.00
1915	Jan	To Cash	1750.00		31675.00
1915	Feb	To Cash	1800.00		33475.00
1915	Mar	To Cash	1850.00		35325.00
1915	Apr	To Cash	1900.00		37225.00
1915	May	To Cash	1950.00		39175.00
1915	Jun	To Cash	2000.00		41175.00
1915	Jul	To Cash	2050.00		43225.00
1915	Aug	To Cash	2100.00		45325.00
1915	Sep	To Cash	2150.00		47475.00
1915	Oct	To Cash	2200.00		49675.00
1915	Nov	To Cash	2250.00		51925.00
1915	Dec	To Cash	2300.00		54225.00
1916	Jan	To Cash	2350.00		56575.00
1916	Feb	To Cash	2400.00		58975.00
1916	Mar	To Cash	2450.00		61425.00
1916	Apr	To Cash	2500.00		63925.00
1916	May	To Cash	2550.00		66475.00
1916	Jun	To Cash	2600.00		69075.00
1916	Jul	To Cash	2650.00		71725.00
1916	Aug	To Cash	2700.00		74425.00
1916	Sep	To Cash	2750.00		77175.00
1916	Oct	To Cash	2800.00		80075.00
1916	Nov	To Cash	2850.00		83025.00
1916	Dec	To Cash	2900.00		86025.00
1917	Jan	To Cash	2950.00		89075.00
1917	Feb	To Cash	3000.00		92175.00
1917	Mar	To Cash	3050.00		95325.00
1917	Apr	To Cash	3100.00		98525.00
1917	May	To Cash	3150.00		101775.00
1917	Jun	To Cash	3200.00		105075.00
1917	Jul	To Cash	3250.00		108425.00
1917	Aug	To Cash	3300.00		111825.00
1917	Sep	To Cash	3350.00		115275.00
1917	Oct	To Cash	3400.00		118775.00
1917	Nov	To Cash	3450.00		122325.00
1917	Dec	To Cash	3500.00		125925.00
1918	Jan	To Cash	3550.00		129575.00
1918	Feb	To Cash	3600.00		133275.00
1918	Mar	To Cash	3650.00		137025.00
1918	Apr	To Cash	3700.00		140825.00
1918	May	To Cash	3750.00		144675.00
1918	Jun	To Cash	3800.00		148575.00
1918	Jul	To Cash	3850.00		152525.00
1918	Aug	To Cash	3900.00		156525.00
1918	Sep	To Cash	3950.00		160575.00
1918	Oct	To Cash	4000.00		164675.00
1918	Nov	To Cash	4050.00		168825.00
1918	Dec	To Cash	4100.00		173025.00
1919	Jan	To Cash	4150.00		177275.00
1919	Feb	To Cash	4200.00		181575.00
1919	Mar	To Cash	4250.00		185925.00
1919	Apr	To Cash	4300.00		190325.00
1919	May	To Cash	4350.00		194775.00
1919	Jun	To Cash	4400.00		199275.00
1919	Jul	To Cash	4450.00		203825.00
1919	Aug	To Cash	4500.00		208425.00
1919	Sep	To Cash	4550.00		213075.00
1919	Oct	To Cash	4600.00		217775.00
1919	Nov	To Cash	4650.00		222525.00
1919	Dec	To Cash	4700.00		227325.00
1920	Jan	To Cash	4750.00		232175.00
1920	Feb	To Cash	4800.00		237075.00
1920	Mar	To Cash	4850.00		242025.00
1920	Apr	To Cash	4900.00		247025.00
1920	May	To Cash	4950.00		252075.00
1920	Jun	To Cash	5000.00		257175.00
1920	Jul	To Cash	5050.00		262325.00
1920	Aug	To Cash	5100.00		267525.00
1920	Sep	To Cash	5150.00		272775.00
1920	Oct	To Cash	5200.00		278075.00
1920	Nov	To Cash	5250.00		283425.00
1920	Dec	To Cash	5300.00		288825.00
1921	Jan	To Cash	5350.00		294275.00
1921	Feb	To Cash	5400.00		299775.00
1921	Mar	To Cash	5450.00		305325.00
1921	Apr	To Cash	5500.00		310925.00
1921	May	To Cash	5550.00		316575.00
1921	Jun	To Cash	5600.00		322275.00
1921	Jul	To Cash	5650.00		328025.00
1921	Aug	To Cash	5700.00		333825.00
1921	Sep	To Cash	5750.00		339675.00
1921	Oct	To Cash	5800.00		345575.00
1921	Nov	To Cash	5850.00		351525.00
1921	Dec	To Cash	5900.00		357525.00
1922	Jan	To Cash	5950.00		363575.00
1922	Feb	To Cash	6000.00		369675.00
1922	Mar	To Cash	6050.00		375825.00
1922	Apr	To Cash	6100.00		382025.00
1922	May	To Cash	6150.00		388275.00
1922	Jun	To Cash	6200.00		394575.00
1922	Jul	To Cash	6250.00		400925.00
1922	Aug	To Cash	6300.00		407325.00
1922	Sep	To Cash	6350.00		413775.00
1922	Oct	To Cash	6400.00		420275.00
1922	Nov	To Cash	6450.00		426825.00
1922	Dec	To Cash	6500.00		433425.00
1923	Jan	To Cash	6550.00		440075.00
1923	Feb	To Cash	6600.00		446775.00
1923	Mar	To Cash	6650.00		453525.00
1923	Apr	To Cash	6700.00		460325.00
1923	May	To Cash	6750.00		467175.00
1923	Jun	To Cash	6800.00		474075.00
1923	Jul	To Cash	6850.00		481025.00
1923	Aug	To Cash	6900.00		488025.00
1923	Sep	To Cash	6950.00		495075.00
1923	Oct	To Cash	7000.00		502175.00
1923	Nov	To Cash	7050.00		509325.00
1923	Dec	To Cash	7100.00		516525.00
1924	Jan	To Cash	7150.00		523775.00
1924	Feb	To Cash	7200.00		531075.00
1924	Mar	To Cash	7250.00		538425.00
1924	Apr	To Cash	7300.00		545825.00
1924	May	To Cash	7350.00		553275.00
1924	Jun	To Cash	7400.00		560775.00
1924	Jul	To Cash	7450.00		568325.00
1924	Aug	To Cash	7500.00		575925.00
1924	Sep	To Cash	7550.00		583575.00
1924	Oct	To Cash	7600.00		591275.00
1924	Nov	To Cash	7650.00		599025.00
1924	Dec	To Cash	7700.00		606825.00
1925	Jan	To Cash	7750.00		614675.00
1925	Feb	To Cash	7800.00		622575.00
1925	Mar	To Cash	7850.00		630525.00
1925	Apr	To Cash	7900.00		638525.00
1925	May	To Cash	7950.00		646575.00
1925	Jun	To Cash	8000.00		654675.00
1925	Jul	To Cash	8050.00		662825.00
1925	Aug	To Cash	8100.00		671025.00
1925	Sep	To Cash	8150.00		679275.00
1925	Oct	To Cash	8200.00		687575.00
1925	Nov	To Cash	8250.00		695925.00
1925	Dec	To Cash	8300.00		704325.00
1926	Jan	To Cash	8350.00		712775.00
1926	Feb	To Cash	8400.00		721275.00
1926	Mar	To Cash	8450.00		729825.00
1926	Apr	To Cash	8500.00		738425.00
1926	May	To Cash	8550.00		747075.00
1926	Jun	To Cash	8600.00		755775.00
1926	Jul	To Cash	8650.00		764525.00
1926	Aug	To Cash	8700.00		773325.00
1926	Sep	To Cash	8750.00		782175.00
1926	Oct	To Cash	8800.00		791075.00
1926	Nov	To Cash	8850.00		799925.00
1926	Dec	To Cash	8900.00		808825.00
1927	Jan	To Cash	8950.00		817775.00
1927	Feb	To Cash	9000.00		826775.00
1927	Mar	To Cash	9050.00		835825.00
1927	Apr	To Cash	9100.00		844925.00
1927	May	To Cash	9150.00		854075.00
1927	Jun	To Cash	9200.00		863275.00
1927	Jul	To Cash	9250.00		872525.00
1927	Aug	To Cash	9300.00		881825.00
1927	Sep	To Cash	9350.00		891175.00
1927	Oct	To Cash	9400.00		900575.00
1927	Nov	To Cash	9450.00		910025.00
1927	Dec	To Cash	9500.00		919525.00
1928	Jan	To Cash	9550.00		929075.00
1928	Feb	To Cash	9600.00		938675.00
1928	Mar	To Cash	9650.00		948325.00
1928	Apr	To Cash	9700.00		958025.00
1928	May	To Cash	9750.00		967775.00
1928	Jun	To Cash	9800.00		977575.00
1928	Jul	To Cash	9850.00		987425.00
1928	Aug	To Cash	9900.00		997325.00
1928	Sep	To Cash	9950.00		1007275.00
1928	Oct	To Cash	10000.00		1017275.00
1928	Nov	To Cash	10050.00		1027325.00
1928	Dec	To Cash	10100.00		1037425.00
1929	Jan	To Cash	10150.00		1047575.00
1929	Feb	To Cash	10200.00		1057775.00
1929	Mar	To Cash	10250.00		1068025.00
1929	Apr	To Cash	10300.00		1078325.00
1929	May	To Cash	10350.00		1088675.00
1929	Jun	To Cash	10400.00		1099075.00
1929	Jul	To Cash	10450.00		1109525.00
1929	Aug	To Cash	10500.00		1120025.00
1929	Sep	To Cash	10550.00		1130575.00
1929	Oct	To Cash	10600.00		1141175.00
1929	Nov	To Cash	10650.00		1151825.00
1929	Dec	To Cash	10700.00		1162525.00
1930	Jan	To Cash	10750.00		1173275.00
1930	Feb	To Cash	10800.00		1184075.00
1930	Mar	To Cash	10850.00		1194925.00
1930	Apr	To Cash	10900.00		1205825.00
1930	May	To Cash	10950.00		1216775.00
1930	Jun	To Cash	11000.00		1227775.00
1930	Jul	To Cash	11050.00		1238825.00
1930	Aug	To Cash	1		

CLEARANCE AREAS—*continued.*

Area.	Date of Representation	Acreage	Dwelling Houses	Shops	Total Premises	Total Persons	Date of Inquiry	Date of Confirmation	Premises Excluded	Final Date for Vacation	Date of Demolition	Subsequent Use of Site
			TOTALS (<i>brought forward</i>)		515	2536						
St. John's Retreat (No. 2)	4/3/37	.16	9	—	9	42	—	15/11/37	—	4/38	do.	Commercial Development
Eldred Road (No. 2)	4/3/37	.23	11	—	11	55	12/10/37	17/11/37	—	4/38	do.	—
Cowbridge Lane	8/12/37	.25	12	—	12	50						
North Street (No. 4)	8/12/37	.33	12	—	12	50						
North Street (No. 5)	8/12/37	.16	6	—	6	22						
Smiths Lane	15/6/37	.06	4	—	4	24						
London Road and Bennington Avenue ...	9/6/38	4.276	134	5 (shop-dwellings) 1 (business premises)	140	587						
London Road and Bennington Avenue— "Grey Properties"	9/6/38	1.554	19 (including shop-dwellings, etc.)		19	58	} Action in respect of these areas not yet complete.					
Concrete Cottages	7/7/38	.12	4	—	4	23						
Abbey Road (No. 5)	9/12/38	.324	22	3 (shop-dwellings)	25	118						
TOTALS					757	3,565						
INDIVIDUAL UNFIT HOUSES					38	201						
GRAND TOTALS					795	3,766						

In this central redevelopment the Corporation can give a valuable lead to private enterprise by a well-designed and grouped housing scheme.

It has been said that civic pride is the root of national pride and true patriotism, and in the broad sense our home is the town or district in which we live, and the external amenities of the house, the agreeable character of its surroundings, the convenience and safety of playgrounds for our children, and the facilities we have for social intercourse are all as important as the good construction and sanitation of the house itself. It is clear from this that good housing conditions depend on the areas in which houses are erected being properly planned.

The table on pages 119-122 shows that 795 houses, occupied by 3,766 persons, have been dealt with in eight years, notwithstanding the difficulty of finding suitable building land.

	Factory	Domestic	Total
Standard Milk	—	—	—
Pasteurised Milk	44	—	44
Raw Milk	19	3	22
Homogenised Milk	—	—	—
Total	63	3	66

There were during the year 36 samples of milk submitted to biological examination for the presence of tubercle. One of the 36 samples was found to be infected and the necessary action was taken.

The sample of milk found to contain tubercular germs was taken from country farm supplies prior to pasteurisation.

It is satisfactory to know that over 99 per cent. of the milk supplied in Barking is pasteurised.

In this regard, the development of the Corporation's
policy should lead to further activities in
national and general housing schemes.

It has been stated that the aim is the need of national
the industrial production, but in the broad sense, and
to make the town of the town in which the houses are
located in order to be better the general character
of the country, the environment and the type of
the houses for the houses, and the houses are
not for local income but all is important as the
good construction and maintenance of the houses.
It is also to be seen that good housing conditions
depend on the areas in which houses are located and
properly planned.

The Corporation's efforts to build the houses
should be to provide for the houses which
are to be built, and the houses are to be
built in the areas in which the houses are
to be built.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

(1) MILK SUPPLY AND ICE-CREAM.

(a) *Milk Supply*.—There are no cowkeepers in the district and we have only one dairy where milk is handled or treated. The remaining 77 premises on the register retail pre-packed supplies. In addition there are 15 milk purveyors who occupy premises in other districts, but retail in Barking.

The following table sets out the results of the bacteriological examination of various samples, from which it will be seen that, out of a total of 66, three were found to be unsatisfactory :—

Type of Sample.	Satis- factory.	Unsatis- factory.	Totals.
" Sterilised " Milk	—	—	—
" Pasteurised " Milk	44	—	44
Raw Milk	19	3	22
" Homogenised " Milk	—	—	—
Totals	63	3	66

There were during the year 36 samples of milk submitted to biological examination for the presence of tubercle. One of the 36 samples was found to be infected and the necessary action was taken.

The sample of milk found to contain tubercular germs was taken from country farm supplies prior to pasteurisation.

It is satisfactory to know that over 99 per cent. of the milk supplied in Barking is pasteurised.

The following table shows the number of licences granted during the year for the sale of graded milks under the Milk (Special Designations) Order, 1936 :—

Tuberculin Tested	...	...	...	9
Pasteurised	...	...	...	19

A licence was granted to one local firm for the bottling of Tuberculin Tested Milk, and one for the treatment and sale of milk as “pasteurised.”

(b) *Ice-Cream—Barking Corporation Act, 1933—Section 160.*—There are 117 vendors registered, in accordance with this Act, of which 34 are manufacturers with premises in Barking. Fourteen vendors had premises outside the district.

There was an increase of three in the number of registered premises, but the increase was confined to shops from which ice-cream is sold but not manufactured.

Many of the shops are supplied from one source with pre-packed containers and sampling is therefore directed to control the main supplies, rather than the individual vendors.

The general standard of cleanliness has been good.

Twenty-eight samples were submitted for bacteriological examination, two of which were unsatisfactory.

(2) MEAT AND OTHER FOODS.

(a) *Meat.*—There is one licensed slaughterhouse in the district. This licence is renewable annually. The premises are situated in the centre of the town and in view of the changing circumstances and developments taking place it may be that the Council will be considering the continuance of slaughtering at these premises.

The slaughterhouse was well conducted during the year.

The following table gives particulars of notifications received, and the animals slaughtered, during the eleven years ended December 31st, 1938.

Year.	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Notifications Received	126	72	64	39	57	34	205	236	195	179	184
Cattle	40	64	80	12	10	41	350	447	340	365	340
Pigs	409	137	93	200	84	18	502	1,131	474	457	212
Sheep	815	426	332	173	270	241	1,038	1,346	748*	500†	936‡
Calves	71	10	11	1	9	1	140	157	77	38	3
Totals	1,335	637	516	386	373	301	2,030	3,081	1,639	1,360	1,491

* Includes 404 lambs.

† Includes 199 lambs.

‡ Includes 597 lambs.

The following additional table gives information as to carcasses inspected and condemned during the year 1938 :—

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed	192	148	3	936	212
Number Inspected	192	148	3	936	212
All diseases except Tuberculosis :—					
Whole carcasses condemned	—	1	—	—	—
Carcasses of which some part or organ was condemned	27	33	—	7	2
Percentage of Number inspected affected with disease other than Tuberculosis	14.0	22.9	—	.8	1.0
Tuberculosis only :—					
Whole carcasses condemned	4	3	—	—	—
Carcasses of which some part or organ was condemned	42	76	—	—	8
Percentage of the number inspected affected with Tuberculosis	23.9	53.4	—	—	4.0

I should like to add to this table by saying that none of this food was exposed for sale. It is necessary for the butchers to work in the closest co-operation with the Sanitary Inspectors, and this we find they readily do.

(b) *Supervision of Food Preparing Premises.*—The number of premises in the district at the end of the year at which the following foods are prepared were :—

Sausages...	...	...	...	...	...	30
Potted Meat and Brawn	...	...	...	...	...	5
Roast and/or Boiled Ham	...	...	...	...	...	7
Pressed, Pickled, Cooked, etc., Beef and Tongue	...	...	...	...	...	43
Roast Pork	...	...	...	...	...	5
Bacon	...	...	...	...	...	1
Boiled Crabs and Lobsters	...	...	...	...	...	2
Pickled Fish	...	...	...	...	...	10
Pickled Onions	...	...	...	...	...	1
Smoked Fish	...	...	...	...	...	9

The new Food and Drugs Act which comes into force in October, 1939, will help us in the control of this type of premises, by requiring registration.

The number of inspections made during the year was 508.

It is found that where uncleanly conditions exist these are most often remedied after verbal caution.

(c) *Bakehouses.*—The large multiple bakeries are gradually eliminating the small baker.

There remain eleven bakehouses in the district.

It is unfortunate that the present law places the duty of making the bakehouses fit upon the occupier. The small man usually lives a hand-to-mouth existence and cannot meet the cost of the structural alterations which may be required.

(c) *Food Byelaws*.—These Byelaws made under the Barking Corporation Act, 1933 have been found useful in dealing with forecourt traders and market stalls.

A street trader, selling fish, was summoned for not conforming to the provisions of Byelaw No. 3 made by the Council under Section 156 of the Barking Corporation Act, 1933. He was fined ten shillings.

(e) *Unsound Food*.—The following list gives particulars of unsound food destroyed during the year:—

- 12 lbs. Corned Beef.
- 10 tins Lambs' Tongues.
- 2 tins Tomato Soup.
- 1 tin Evaporated Milk.
- 16 Rabbits.

A retail grocer was summoned on two informations with respect to the sale of unsound currants. A fine of two pounds was imposed on each information.

(3) FOOD POISONING.

There were 20 cases of food poisoning notified during the year.

We have found the notification of food poisoning a very useful enactment, but I would wish to make it clear it is not to be implied that all cases notified are of necessity cases of food poisoning.

The position is that the general practitioner reasonably suspects food poisoning at the time of his examination. An actual decision can only be reached when the case has been notified and the necessary pathological examination has been carried out.

I am happy to be able to state that these 20 cases are not representative of any serious situation.

Wherever possible specimens are collected and forwarded to Dr. Scott of the Ministry of Health for his observations.

(4) ADULTERATION, ETC.

The Food and Drugs (Adulteration) Act, 1928, and kindred Acts and Regulations are administered in this district by the Essex County Council.

I am indebted to Mr. A. Horsnell, Chief Food and Drugs Officer for the Metropolitan Area of the Essex County Council, for the particulars of Samples purchased and submitted for analysis during the year. These samples are submitted for chemical examination to Dr. Bernard Dyer, the County Analyst, Great Tower Street, London.

The following samples were examined during the year :—

Milk	...	...	...	...	26
Butter	...	...	...	...	28
Other	...	...	...	...	160
					214
			Total	...	214

In three cases prosecutions were instituted during the period covered. Two of these were in relation to the sale of fish in the Central Market, Barking, to the prejudice of the purchaser, in which cases your own officers were engaged.

For your information I give particulars of samples taken by the Essex County Council in this district since 1931 :—

<i>Year.</i>				<i>Number of Samples.</i>	<i>No. of samples per 1,000 population.</i>
1931	...	...	...	204	4.0
1932	...	...	...	223	3.7
1933	...	...	...	180	2.65
1934	...	...	...	178	2.5
1935	...	...	...	157	2.2
1936	...	...	...	135	1.8
1937	...	...	...	197	2.5
1938	...	...	...	214	2.8

The yearly figure since 1932 has fallen to a lower standard than we regard as adequate.

(5) CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

The bacteriological examination of all milk, ice-cream and water samples is carried out for this Authority by the Counties' Public Health Laboratories, of 91, Queen Victoria Street, London, whilst the examination of samples of milk for the presence of tubercle is carried out by Dr. S. R. Gloyne, of the Victoria Park Hospital, Hackney.

(6) NUTRITION.

An adequate diet to the expectant mother is essential and Dr. J. Mervyn Thomas, the Deputy Medical Officer of Health, after consulting other members of my staff, has drawn up a short, informative and concise leaflet upon this subject: this is being made available to expectant mothers. It cannot, however, be said with too great emphasis that it is too late to correct errors of nutrition at the time a woman is found to be pregnant. The most that can be done, in such circumstance, is to reduce the drain such pregnancy would otherwise have upon her physical resources.

A woman approaching her confinement is about to undergo a task equal in physical effort, in the demands it makes upon her lungs, heart and other organs, to the effort of a trained woman athlete representing her country in some international games, and the effort demanded of the picked man who is chosen to go on Polar and other hazardous expeditions. We know what care is taken to see that these men and women are physically fit before they enter upon the later stages of their training, or before they actually go beyond the

reach of ordinary medical care, and it must be obvious that the same care and attention should be taken to see that young married women are fit to undertake the arduous and serious task of child-bearing.

Once more I can only say that it is too late to try to build up the physique of a woman when she is already pregnant. Public Health Departments, both central and local, must see that something is done to ensure that all young married women are adequately instructed in matters of diet, have the necessary money to buy the essential constituents of a full and balanced diet, and that steps are taken to see they are brought up in such habits that they balance work, recreation and sleep in such proportions that they may look forward to motherhood with every confidence.

SECTION F.

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

(1) NOTIFIABLE INFECTIOUS DISEASES.

The statistical tables in regard to notifiable infectious diseases during the year will be found on pages 134 to 137.

There was a slight increase in the number of cases of notifiable disease during the year, when compared with 1937. The number of cases of scarlet fever increased from 245 to 263, and the number of cases of diphtheria from 155 to 164. The type of diphtheria was not of the virulent type known as the gravis type, but it would appear that the incidence of diphtheria itself has increased and this, as it is repeatedly emphasised, can only be overcome by mass immunisation. There were 14 deaths from diphtheria as against 5 for the year 1937.

Research work at the Pathological Laboratory with regard to streptococcal infections has been carried on during the year, and there is close co-operation between Dr. F. E. Camps of Chelmsford and ourselves. No report is yet available because the work is still in progress.

It is worthy of note that there were only three cases of acute anterior poliomyelitis notified during the year.

All of these cases were treated in hospital, two of them being admitted to the Barking Hospital. All the cases recovered satisfactorily. It will be remembered that during 1938 there was a marked incidence of acute anterior poliomyelitis in districts close to Barking, notably the Braintree and the Waltham Abbey areas.

(2) NOTIFICATION TABLES.

The following table shows the number of notifications of infectious diseases (other than Tuberculosis) received during 1938 :—

TABLE I.

Disease.	Males.	Females	Total.	Total cases removed to Hospital.	Deaths.
Smallpox	—	—	—	—	—
Scarlet Fever	130	133	263	245	—
Diphtheria	78	86	164	162	14
Enteric Fever (including Para-typhoid Fever)	3	5	8	7	1
Puerperal Pyrexia... ..	—	24	24	23	—
Pneumonia :					
Acute Influenzal	} 99	69	{ 18 91 49 }	100	{ — 18 — }
Acute Primary					
Following Measles					
Erysipelas	20	25	45	24	3
Ophthalmia Neonatorum... ..	2	3	5	2	—
Acute Anterior Poliomyelitis	2	1	3	3	—
Pemphigus Neonatorum... ..	1	—	1	1	—
Cerebro-Spinal Fever	1	—	1	1	—
Dysentery	1	2	3	2	—
Food Poisoning	7	13	20	3	—
Totals	344	361	705	573	36

TABLE II.

Notifiable Disease	No. of cases notified at age groups												Cases classified according to Wards									
	Under one year	1 to 2 years	2 to 3 years	3 to 4 years	4 to 5 years	5 to 10 years	10 to 15 years	15 to 20 years	20 to 35 years	35 to 45 years	45 to 65 years	Over 65 years	Totals	Abbey	Cambell	Eastbury	Gascoigne	Longbridge	Manor	Park	Parsloes	
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	1	5	14	19	30	124	34	12	21	3	—	—	263	21	62	40	32	15	47	20	26	
Diphtheria ...	2	3	6	10	8	82	26	7	19	—	1	—	164	12	20	15	20	4	39	15	39	
Enteric Fever ...	—	1	1	—	—	—	—	1	2	2	1	—	8	1	—	—	1	—	5	1	—	
Puerperal Pyrexia ...	—	—	—	—	—	—	—	1	23	—	—	—	24	4	4	1	4	2	4	2	3	
Pneumonia (ac. prim- ary, ac. influenzal & following measles)	15	21	9	7	11	42	4	6	15	18	12	8	168	20	24	39	31	7	22	12	13	
Erysipelas ...	—	—	—	—	—	—	2	4	9	13	8	9	45	4	6	5	11	6	3	4	6	
Ophthalmia																						
Neonatorum	5	—	—	—	—	—	—	—	—	—	—	—	5	2	—	—	—	—	2	—	1	
Acute Anterior Poliomyelitis	—	—	1	1	—	—	1	—	—	—	—	—	3	—	—	1	—	—	2	—	—	
Pemphigus																						
Neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	
Cerebro-Spinal Fever	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	
Dysentery ...	—	1	1	—	—	—	—	—	—	—	1	—	3	—	1	1	—	1	—	—	—	
Food Poisoning ...	—	1	—	—	—	3	2	2	5	4	3	—	20	1	7	3	3	—	4	1	1	
Totals ...	24	32	32	37	49	252	69	33	94	41	25	17	705	65	124	105	103	36	128	55	89	

TABLE III.

Monthly summary of notifications of Scarlet Fever and Diphtheria received during 1938 :—

		Scarlet Fever	Diphtheria	Total.
January ...	...	21	12	33
February ...	...	15	18	33
March ...	...	29	11	40
April ...	...	15	14	29
May ...	...	15	21	36
June ...	...	18	15	33
July ...	...	16	8	24
August ...	...	15	3	18
September ...	...	20	11	31
October ...	...	30	7	37
November ...	...	30	25	55
December ...	...	39	19	58
		—	—	—
Totals ...	...	263	164	427
		—	—	—

(3) NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES.

(a) *Measles, etc.*—The most important of these are measles, whooping cough and summer diarrhoea. Deaths registered were as follows :—

Measles ...	...	...	...	...	—
Whooping Cough	...	...	...	...	2
Summer Diarrhoea	...	...	...	...	6
Chicken-pox ...	...	...	...	...	—

(b) *Rheumatic Fever*.—In the past I have advocated the setting up of a rheumatic clinic, and the possibility of a form of in-patient treatment for this condition. This I still hope will come to pass, because rheumatic fever, as I have stated previously, is more prevalent in Barking than it is in other parts of the Country, and this is true for all parts of the Thames Valley.

What I envision is that you will set up something to take the place of the rheumatic clinics held elsewhere.

(c) *Influenza*.—I regret to report that during 1938 there were 9 deaths from influenza—this contrasts with the 17 deaths recorded during 1937.

Much has been done in the treatment of influenza experimentally, but as yet no specific treatment has been advanced. There are a number of local products, produced at Dagenham, which have done much to curtail and ease the treatment of the resultant pneumonic conditions, which are the complications of influenza.

(d) *Scabies*.—Fifty cases of scabies were brought to the notice of the department during the year. Disinfection of bedding and blankets was carried out where desired.

(e) *General*.—As you know, the School Attendance Officers of the Education Committee are General Inquiry Officers, and we have a lot of reliable information on which we can act so far as infectious diseases amongst school-children are concerned.

(4) BARKING HOSPITAL.

(a) *Admissions*.—The following is the table of admissions, etc., in respect of infectious diseases during 1938 :—

Disease.	In Hospital January 1st, 1938.	Admitted during the year.	Died.	Discharged.	In Hospital Dec. 31st, 1938.
Scarlet Fever	14	242	—	224	32
Diphtheria (including Membranous Croup)	25	159	10	134	40
Enteric Fever	1	7	1	7	—
Cerebro-spinal Fever... ..	—	1	—	1	—
Puerperal Pyrexia	—	20	—	18	2
Pneumonia	7	96	8	91	4
Erysipelas	2	23	1	22	2
Ophthalmia Neonatorum	—	2	—	2	—
Others	19	221	5	224	10
Acute Anterior Poliomyelitis	—	2	—	2	—
Pemphigus Neonatorum	—	1	—	1	—
Food Poisoning	—	1	—	1	—
Dysentery	—	1	—	1	—

(b) *Number of Bed Days*.—The total number of bed days in the infectious diseases hospital during 1938 was 21,385—that is to say, an average of 58.4 patients were in hospital throughout the 366 days in the year.

(5) ARTIFICIAL IMMUNISATION.

Facilities are provided for immunisation against whooping cough, scarlet fever and diphtheria. Clinics are held weekly at the Central and Woodward Centres. Full use is not made of these facilities.

The following table shows what has been done under the immunisation scheme during the year :—

	Diphtheria		Scarlet Fever		Whooping Cough	
	School Children	Toddlers	School Children	Toddlers	School Children	Toddlers
Total number of cases treated	342	110	32	41	7	42
Number of—						
First attendances for treatment	319	91	22	38	7	42
Subsequent attendances for treatment ...	858	216	92	140	8	50
Final “Schick” tests...	56	80	—	—	—	—
Final “Dick” tests ...	—	—	25	24	—	—
Final attendances for treatment	—	—	—	—	7	38

(6) CANCER.

There have been 75 deaths from cancer, 38 below the age of 65 years and 37 above the age of 65.

The following table shows the occupations of the 75 people who died from cancer during the year 1938 :—

MALE.*			FEMALE.			
Accountant	1	Wives	...	27
Boiler Foreman	1	Widows	...	14
Cabinet Maker	1	Spinsters	...	2
Carpenter	1			
Clerks	3			
Fitter	1			
Glass Blowers	2			
Glazier	1			
Hotel Porter	1			
Labourers	5			
Lighterman	1			
Loco Drivers	2			
Lorry Driver	1			
Meat Carver	1			
Night Watchman	1			
Painters	2			
Platelayers	1			
Police Constable	1			
Pump Attendant	1			
Salesmen	2			
Scaffolder	1			
Warehouseman	1			
			—			—
			32			43
			—			—

* Where the person had retired, his occupation prior to his retirement is given.

The following table shows the ages of the persons who died from cancer and the organs affected:—

ORGAN.	Under 1 year.	1-5 years.	5-15 years.	15-25 years.	25-45 years.	45-65 years.	Over 65 years.	Total.
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
Abdomen ...	- -	- -	- -	- -	- 1	- 1	- -	- 2
Breast ...	- -	- -	- -	- -	- -	- 3	- 1	- 4
Bronchus ...	- -	- -	- -	- -	- -	1 -	2 -	3 -
Cæcum ...	- -	- -	- -	- -	- -	- -	- 1	- 1
Cervix ...	- -	- -	- -	- -	- -	- 1	- -	- 1
Colon ...	- -	- -	- -	- -	1 2	2 -	2 5	5 7
Disseminated ...	- -	- -	- -	- -	- 2	- 1	2 -	2 3
Ear ...	- -	- -	- -	- -	- -	- -	1 -	1 -
Larynx ...	- -	- -	- -	- -	- -	- -	1 -	1 -
Liver...	- -	- -	- -	- -	- -	- -	- 1	- 1
Lungs ...	- -	- -	- -	- -	1 -	- 1	1 -	2 1
Oesophagus ...	- -	- -	- -	- -	- -	2 -	2 1	4 1
Ovary ...	- -	- -	- -	- -	- -	- -	- 1	- 1
Pancreas ...	- -	- -	- -	- -	- -	- 1	- 1	- 2
Pelvis ...	- -	- -	- -	- -	- -	1 -	- -	1 -
Peritoneum ...	- -	- -	- -	- -	- -	- 1	- -	- 1
Prostate ...	- -	- -	- -	- -	- -	- -	1 -	1 -
Rectum ...	- -	- -	- -	- -	- 2	- 1	1 2	1 5
Stomach ...	- -	- -	- -	- -	- -	7 5	5 4	11 9
Tongue ...	- -	- -	- -	- -	- -	- -	- 1	- 1
Uterus ...	- -	- -	- -	- -	- -	- 1	- 2	- 3
Totals ...	- -	- -	- -	- -	2 7	13 16	17 20	32 43

(7) PREVENTION OF BLINDNESS.

Blindness is being prevented in Barking; it is being prevented by the co-operation of the whole of the services.

It is to be mentioned too that your Consultant Gynæcologist draws up approved hygiene for the eyes at birth, your Consultant Ophthalmic Surgeon draws up our approved treatment for ophthalmia neonatorum, and your Inspector of Midwives takes up each case as it does arise while your Health Visitors follow up each

case and encourage parents to carry out any necessary treatment. It is years since we had a case where vision has been impaired by reason of ophthalmia neonatorum.

The following table shows that the number of cases of Ophthalmia Neonatorum during 1938 was 5. Three cases were treated at home, and in no case was the vision impaired.

Age Group.	Cases.			Vision unimpaired.	Vision impaired.	Total Blindness.	Deaths.
	Notified.	Treated.					
		At Home.	At Hospital				
Under 3 weeks	5	3	2	5	—	—	—

(8) TUBERCULOSIS.

Particulars of new cases of Tuberculosis and of all deaths from the disease in the area during 1938 are given in this Report in the following form :—

	NEW CASES NOTIFIED.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	—	—	—	—	—
1 to 5 years ...	1	1	3	1	—	—	2	1
5 to 15 years ...	7	2	4	6	—	1	1	—
15 to 25 years ...	10	16	2	8	4	3	1	—
25 to 35 years ...	15	18	3	2	5	1	—	—
35 to 45 years ...	11	9	—	1	3	3	—	—
45 to 55 years ...	9	2	—	2	4	1	—	—
55 to 65 years ...	7	1	—	—	3	3	—	—
65 years and upwards	—	—	—	—	—	—	—	—
Totals ...	60	49	12	20	19	12	4	1

During the year, 141 notifications were received of all forms of Tuberculosis—pulmonary 109 and non-pulmonary 32 and there were 3 deaths of un-notified cases (2 pulmonary and 1 non-pulmonary), making a total of 144 new cases during the year.

Information has been received of the removal into the district of 44 tuberculous persons, included in number of notifications received. This compares with 36 received during 1937 and 50 for 1936.

Once again I want to call attention to the large number of inward transfers. This is due in large part to the expansion and development of the district.

The following are particulars of cases notified on Forms I and II during the year :—

FORM I.

Pulmonary.		Non-Pulmonary.	
Male.	Female.	Male.	Female.
53	46	7	5

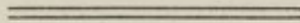
FORM II.

Pulmonary.		Non-Pulmonary.	
Male.	Female.	Male.	Female.
46	43	6	3

Thirty-six deaths occurred from Tuberculosis (all forms) thirty-one of these being pulmonary cases. The number of deaths in institutions was eighteen.

The death rate for Tuberculosis (all forms) during 1938 was 0.47 per 1,000 population, compared with 0.56 for the previous year.

During the year no action was taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from pulmonary tuberculosis employed in the milk trade), or under Section 172 of the Public Health Act, 1936 (relating to the compulsory removal to hospital of persons suffering from tuberculosis).



BOROUGH OF BARKING

THE ANNUAL

REPORT

OF THE

School Medical Officer

For the Year 1938

C. LEONARD WILLIAMS,

B.Sc., M.R.C.S., L.R.C.P., D.P.H.

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STAFF, 1938.

School Medical Officer :

C. LEONARD WILLIAMS, B.Sc., M.R.C.S., L.R.C.P., D.P.H.

Deputy School Medical Officer :

J. MERVYN THOMAS, M.D., B.Sc., D.M.R.E., L.R.C.P., D.P.H.

Assistant School Medical Officers :

WILLIAM HOGG, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
(Resigned 1st April, 1938.)

THOMAS M. CLAYTON, M.B., B.S., B.Hy., D.P.H.
(Commenced 10th October, 1938.)

MARGARET A. GLASS, B.Sc., M.B., Ch.B., D.P.H.

VIOLET SPILLER, M.D., M.R.C.S., L.R.C.P., D.P.H.
(Commenced 7th February, 1938.)

MURIEL M. OSBORN, M.R.C.S., L.R.C.P.
(Commenced 1st September, 1938.)

Consultant Ophthalmic Surgeon :

WILLIAM ADAMSON GRAY, M.B., Ch.B., Ph.D., F.R.C.S.

Consultant Orthopædic Surgeon :

B. WHITCHURCH HOWELL, M.B., B.S., F.R.C.S.

Consultant Ear, Nose and Throat Surgeon :

CYRIL R. SANDIFORD, M.D., F.R.C.S.

Dental Surgeons :

W. H. FOY, L.D.S., R.C.S.

M. COHN, L.D.S., R.C.S. (Resigned 5th March, 1938.)

R. O. BORGARS, L.D.S., R.C.S. (Commenced 3rd January, 1938.)

Miss E. F. GAWN, L.D.S., R.C.S. (Commenced 1st April, 1938.)

Nursing Staff :

- *Miss P. FAWCETT (Senior Nurse) (*g, h and i*).
 *Miss M. BAERLOCHER (*a, h and k*).
 Miss P. M. BARNES (Masseuse) (*n*). (Resigned 17th September, 1938.)
 Miss G. D. CONTE (Chiropodist) (*s and i*). (Commenced 11th July, 1938.
 Resigned 24th December, 1938.)
 *Miss C. COURT (*g, h and i*).
 *Miss E. FISHER (*g, h and i*).
 Miss G. GEDEN (Dental Nurse) (*q*).
 Miss S. GIBSON (*j*).
 *Miss L. GOODACRE (*g, h and i*).
 Miss J. HARRIS (Masseuse) (*n*). (Commenced 12th September, 1938.)
 *Miss R. HOBBS (*g, h and i*). (Commenced 26th September, 1938.)
 *Miss G. JONES (*g, h and i*).
 Miss R. LLEWELYN (Dental Nurse) (*h and i*).
 *Miss M. MCALISTER (*g, h, i and j*).
 *Miss M. McCANDIE (*g, h and i*).
 *Miss J. McGILVRAY (*g, h and i*).
 *Miss E. PARRY (*g, h and i*).
 Miss A. K. ROE (Masseuse) (*n*).
 Mrs. G. STOKES (*g and i*).
 Miss L. F. SWAIN (School Nurse) (*h and i*).
 Miss M. THOMPSON (Masseuse) (*n*). (Commenced 10th October, 1938.)
 *Miss C. M. WILLIAMS (*g, h and i*). (Resigned 31st August, 1938.)

Clerical Staff :

Chief Clerk—F. READ.

- | | |
|----------------------------------|---------------------------------|
| C. G. EAGLESFIELD | Miss H. NUNN. |
| (Senior Assistant) (<i>r</i>). | Miss H. KING. |
| H. C. DAVIS. | Miss A. LIGGINS. |
| F. YATES (<i>o</i>). | Miss D. FOULSHAM. |
| G. H. RUFF. | Miss I. CAST. |
| K. F. CALWAY (<i>p</i>). | Miss G. COOPER. |
| E. A. ELLIS (<i>m</i>). | Miss J. WILKINSON. |
| D. SCOTT. | Miss G. MACLEAN. |
| L. J. DEXTER. | Miss J. MACLEAN. |
| P. J. OLVER. | (Commenced 7th February, 1938.) |
| (Commenced 1st September, 1938.) | Miss P. SPARKES. |
| | (Commenced 8th February, 1938.) |

- (*a*) Sanitary Inspector's Certificate of the Sanitary Inspectors' Examination Board.
 (*g*) Health Visitor's Certificate of the Royal Sanitary Institute.
 (*h*) Certificate of the Central Midwives Board.
 (*i*) General Hospital Training.
 (*j*) General Fever Training.
 (*k*) Health Visitor's Diploma of the Board of Education.
 (*m*) Sanitary Inspector's Certificate of the Royal Sanitary Institute and Sanitary Inspectors' Joint Board.
 (*n*) Certificate of the Chartered Society of Massage and Medical Gymnastics, Medical Electricity, Light and Electro-Therapy.
 (*o*) Final Examination of the National Association of Local Government Officers.
 (*p*) Inter. Examination of the National Association of Local Government Officers.
 (*q*) Registered Sick Children's Nurse.
 (*r*) Inter. Examination of the Incorporated Secretaries Association.
 (*s*) Diploma of the National School of Chiropody.
 (*) Combined appointment—Health Visitor and School Nurse.

Borough of Barking

PUBLIC HEALTH DEPARTMENT,

BARKING, ESSEX.

May, 1939.

To the Chairman and Members of the
Local Education Authority.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year ended 31st
December, 1938.

As previously, the Report has been drawn up to
meet the requirements outlined in the circular of the
Board of Education issued in January, 1934.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

C. LEONARD WILLIAMS,

School Medical Officer.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the Year 1938.

(1) STAFF.

Full particulars of the staff engaged in connection with your School Medical Service are given on page 152, and includes the appointment of an additional medical officer.

(2) CO-ORDINATION.

The co-operation between the head teachers of your schools and your medical officers has not only been fully maintained throughout the year under review, but is a feature to which your attention is drawn particularly each year.

(3) SCHOOL HYGIENE.

The general sanitary conditions of the elementary schools in the area, such as sanitary hygiene, heating, ventilation and lighting, etc., remain as in previous years. With regard to lighting, I can say that this has been examined in a number of schools with a selenium cell photometer, and the results show that the lighting does conform to the recognised standard set for schools.

Mention must be made of the poor condition with regard to design, sanitary arrangements, etc., of the Church of England School and the Roman Catholic School of St. Ethelburga's, as compared with other

schools in the town. In some measure this is to be overcome by the proposed new building in place of the St. Ethelburga's School.

In other schools there still remains a lack of suitable accommodation for routine medical inspection, etc., and this refers essentially to the old factory type of school which does still remain in three instances.

(4) MEDICAL INSPECTION.

At the present time routine medical inspections are carried out in the schools as required by the Board of Education on the following three occasions in the child's school life :—

5—6 years	...	...	...	“ Entrants ”
8—9 years	...	...	...	“ Intermediates ”
12 years	...	...	...	“ Leavers ”

It is my submission that one could perhaps with advantage change the time of the leaving examination from 12 years to 13 years, thus adding a fourth routine medical inspection during the child's school life.

With regard to the examination of “ leavers,” the advantages of examining them at the existing age group are (1) there is not such a long time between the intermediate and the final examinations and (2) it gives a greater length of time for defects to be remedied, before the child leaves school.

The advantages of examining these children at the suggested later age are (1) that the advice of the medical officer would thereby be more useful to the Juvenile Employment Officer, because it is closer to the school leaving age, especially now that this is raised to 15 years, and (2) between the earlier age and the later age, further defects may have arisen.

The introduction of an examination at 10-11 years would be a distinct advantage to children who have succeeded in qualifying for higher education and who enter upon their secondary school career at the age of 11 + years, that is, on an average, three years after the date of their "intermediate" medical inspection. Two disadvantages result from this lengthy period :—

- (1) a small proportion of children may on medical grounds be unfitted to derive proper benefit from instruction in a secondary school and under the present system these may not be recognised until their secondary school life has commenced;
- (2) a child's first year at a secondary school may be interrupted by medical inspection and treatment (perhaps prolonged) of defects which with advantage might have been rectified before entrance to a secondary school.

In areas where the social services are less progressive than they are in Barking, there is much to be said for children being examined at the age of 12 years, but where the social services are fully developed, and there is not much to be discovered which cannot be corrected before the child leaves school, one is much in favour of children being examined at the later time.

The Middlesex County Council have made representations to the Board of Education to make the alterations I have outlined and the Board of Education have approved them. The ages of inspection which have been approved are :—

5—6 years

7—8 years

10—11 years

13 + years

With these points in mind it is possible that a similar change would be desirable in the school medical service of Barking.

The following table shows the number of medical examinations conducted at ordinary elementary schools at routine and special inspections during 1938 classified according to the schools, the number of inspections held in each school, and the number of parents or guardians present :—

School.	No. of Inspection Sessions.	Numbers Inspected.		No. of Parents present (Routine and Special Exams.)
		Routines and Specials.	Re-Exams.	
Bifrons	20	474	285	156
Cambell... ..	68	977	1,100	458
Church of England	13	209	198	51
Dawson	45	548	874	351
Dorothy Barley	45	584	781	387
Eastbury	30	564	645	298
Erkenwald	15	303	203	122
Faircross Speech Classes	1	—	17	—
Gascoigne	37	551	547	256
Manor	22	315	324	217
Monteagle	33	454	487	282
Northbury	20	339	333	136
Park Modern	11	248	141	104
Ripple	27	347	524	266
Roding	44	510	860	353
St. Ethelburga's	8	154	86	19
St. Joseph's	7	80	121	63
Westbury	36	428	661	307
Totals	482	7,085	8,187	3,826

Of the 7,085 examinations at ordinary elementary schools, 4,307 were routine examinations of children in the specified age groups. In addition, there were 409 routine examinations of children of ages outside the three specified age groups, and 2,369 examinations of children specially referred to your Medical Officers.

(5) FINDINGS OF MEDICAL INSPECTION.

Table II (A) on pages 221 and 222 gives in detail a return of defects found during the course of routine and special inspections at ordinary elementary schools and at the clinics.

The following table is similar to Table I (C) of the Returns to the Board of Education (given on page 220 of this report), except that it shows the percentage of children found to require treatment :—

Group.	Number of Children.		Percentage of children found to require Treatment.
	Inspected.	Found to require Treatment.	
PRESCRIBED GROUPS :			
Entrants	1,639	440	26.8
Second age group	1,419	301	21.2
Third age group	1,249	190	15.2
Totals (prescribed groups) ...	4,307	931	21.6
OTHER ROUTINE INSPECTIONS	409	97	23.7

(a) *Malnutrition.*—The Board of Education's classification of nutrition into the groups "excellent," "normal," "slightly sub-normal" and "bad," introduced in 1935, has been continued.

After allowing for the individual differences amongst school medical officers at the examinations for children with regard to nutrition, it is still encouraging to note (see table on page 225) that malnutrition in its worst sense still remains infrequent amongst children attending the elementary schools of your Town.

(b) *Uncleanliness*.—Systematic examination of children at routine cleanliness inspection was carried out by school nurses throughout the year.

The following table shows the results of cleanliness inspections for the past two years :—

	1937	1938
Number of examinations of children in the schools by School Nurses	39,978	39,521
Number of individual children found unclean	1,327	1,008
Number of uncleanliness findings	2,289	2,044

During the year, 4 children were cleansed by the Local Authority, and in seven cases legal proceedings were taken under the Education Act, 1921.

There has been a considerable decrease in the number of children found suffering from uncleanliness in the schools during the year under review, as compared with the previous year, although the number of children examined was approximately the same. This may be in some measure a true reflection of the improved housing accommodation and facilities provided for the people of Barking during the last few years.

(c) *Minor Ailments and Diseases of the Skin*.—Children suffering from minor ailments are referred by school medical officers, school nurses, teachers and in some cases by private medical practitioners to the minor ailments clinics.

The following is the number of cases of skin diseases referred for treatment during the year :—

Ringworm (Scalp)	5
Ringworm (Body)	36
Scabies	132
Impetigo	390
Other Skin Diseases :	
Non-tuberculous	415
Tuberculous	—
	<hr/>
Total	978
	<hr/> <hr/>

It must be noted that the number of cases of skin diseases referred for treatment remains about the same, although there are individual decreases and increases for particular skin conditions.

(d) *Visual Defects and External Eye Disease.*—Details of the findings at routine and special inspections will be found on pages 221 and 239 of this Report, and on pages 207 to 210, 232 and 246 will also be found a record of the work carried out by the Consulting Ophthalmic Surgeon.

Readers of this Report will have noted that there were 4,716 children examined by routine inspection. Of these 4,372 were found to have normal vision and 236 were referred for treatment for defective vision. Of the total number of children examined by routine inspection 98.5 per cent. were free from any external eye disease and in the remaining 1.5 per cent. the majority were minor and incidental inflammations, not likely to lead to any residual disability.

(e) *Nose and Throat Defects.*—The number of nose and throat defects referred for treatment at medical inspection at schools and clinics shows a decrease over the figures for 1937.

The figures for 1938 are as follows :—

Chronic Tonsillitis only	...	...	272
Adenoids only	...	...	5
Chronic Tonsillitis and Adenoids	...	...	31
Other Nose and Throat conditions	...	...	236
			<hr/>
Total	...	...	644
			<hr/> <hr/>

(f) *Ear Disease and Defective Hearing.*—Ear diseases of both minor and major types still continue to appear, but happily they can be referred direct to the Ear, Nose and Throat Specialist, who is now an integral part of the School Medical Service. 309 cases of ear disease were referred for treatment during 1938, compared with 434 cases during 1937.

With regard to defective hearing, of the children examined at routine medical inspection 98.2 per cent. were found to have normal hearing and to be free from any ear defects.

Those children found with defective hearing were examined by means of the audiometer, which was dealt with in my last Report.

(g) *Dental Defects.*—Details of the findings of school dental inspections and the work of the dental clinics will be found on pages 235 to 236 and 249 to 250, and the report of your Senior Dental Officer, Mr. W. H. Foy, will be found on pages 204, 205 and 206.

(h) *Orthopædic and Postural Defects.*—Of all the children examined at routine medical inspection 91.3 per cent. were found to be free from orthopædic and postural defects, and the 413 children who were found to be not quite normal were suffering for the most part from postural defects. Of this group of 413 children, 177 only required to be kept under observation.

The meticulous care with which these defects are noted is reflected in the number ascertained during the year and which is a considerable increase over past years. However, this does not give any cause for alarm as the number recommended for treatment after examination by the Orthopædic Surgeon is still relatively small, and the treatment itself is almost entirely one of exercises, etc. In many cases these defects are only evident to the medical officer, but early treatment is recommended to obviate later disability.

Details of the work carried out at your Orthopædic Clinic will be found on pages 215, 216 and 247, and on pages 211, 212, 213 and 214 will be found the report of the Consulting Orthopædic Surgeon, Mr. B. Whitchurch Howell.

(i) *Municipal Foot Clinic*.—The services of the Municipal Foot Clinic, which was commenced in July, 1938, were made available to school children during the year and in all 33 children were referred to this clinic. Next year it will be possible to give figures for a full year's working of this service.

(j) *Heart Disease and Rheumatism*.—Out of 4,716 children examined at routine medical inspection, 218 were found to be suffering from some defect associated with these diseases—this being an increase when compared with the previous year.

(k) *Tuberculosis*.—Eleven cases of Tuberculosis amongst children of school-age were notified to the Medical Officer of Health during the year. Of these, six were pulmonary, and five were non-pulmonary. In addition, eight notified cases of Tuberculosis amongst school-children were transferred to this area. Of these, two were pulmonary, and six were non-pulmonary.

The following table shows the position with regard to the notification of tuberculosis amongst school-children during 1938, and also the number removed from the "register" during this period:—

Notified during 1938 (including transfers)	Pulmonary	9
	Non-Pulmonary	10
	Total	19
Removed from Register during 1938	Pulmonary	3
	Non-Pulmonary	10
	Total	13

(1) *Other Defects and Diseases.*—A few cases of other defects and diseases, not included in the above, were also seen at school medical inspection.

(6) FOLLOWING-UP.

A summary of the following-up work by your School Nurses is given herewith:—

Number of visits to schools <i>re</i> medical inspection	623				
Total number of visits to schools	827				
Number of home visits in connection with:—					
	1934	1935	1936	1937	1938
(a) Routine medical inspections ...	6,786	5,605	3,731	2,951	2,574
(b) Cleanliness inspections ...	827	454	326	315	290
(c) Infectious disease	1,022	475	955	644	1,017
(d) Non-attendance for treatment at Minor Ailments Clinics, etc.	51	33	10	42	44
(e) After operations for removal of enlarged tonsils and/or adenoids	—	—	292	298	204
(f) Miscellaneous	418	216	125	396	215

I have previously emphasised the following-up system, which not only concerns your school medical service, but also your hospitals and other medical services, etc., and it is interesting to note that each year the number of cases requiring following-up after routine medical inspection is steadily getting less—the inference being there are less conditions requiring

the necessity of following-up and also that there is a decrease in the number of serious medical conditions requiring treatment.

Further, the number of visits after cleanliness inspections is decreasing, and this is a good sign. On the other hand, there has been an increase of visits paid in regard to infectious diseases and this must be so in certain years when the epidemiological features governing the zymotic diseases are not known.

(7) ARRANGEMENTS FOR TREATMENT.

The increase in facilities available at the several medical centres make the treatment of larger numbers of children more possible each year. Obviously there still remain a number of conditions outside any form of medical provision that could be attained other than in a hospital. Therefore, hospitals still undertake certain treatment, but the numbers attending for such treatment are ever decreasing.

A summary of the work of the Clinics in relation to ordinary elementary school and Faircross School children is included in the following table :—

All Clinics.

Clinic.	No. of first attendances of elementary and Faircross school children.		Total No. of attendances of elementary and Faircross school children.	
	1937	1938	1937	1938
Minor Ailments :—				
(a) Central	2,927	3,316	14,485	14,961
(b) Woodward	5,283	5,099	26,726	25,843
(c) Porters Avenue	—	1,570	—	8,790
Ophthalmic	1,044	1,070	3,774	3,792
Dental	3,586	4,722	10,683	12,804
Orthopædic {	FOR EXAMINATION ...	217	409	446
	FOR TREATMENT ...	531	8,084	8,084
Immunisation :—				
Diphtheria	53	53	305	305
Scarlet Fever	22	22	150	150
Whooping Cough... ..	—	—	—	—

On pages 207 to 210 will be found a report by the Council's Consulting Ophthalmic Surgeon, Mr. W. A. Gray, upon the work carried out during the year at the ophthalmic clinics.

Details of the work carried out at the dental clinics during the year will be found in the report of the Senior Dental Officer, Mr. W. H. Foy, on pages 204, 205 and 206.

(a) *Malnutrition*.—Cases of malnutrition are found at routine examinations and are referred for special inspection at the school clinics or followed up by school nurses, and parents are advised as to the suitable methods of treatment. Free meals and milk are provided in necessitous cases and cod-liver oil and malt, etc., are also provided free in necessitous cases and are sold at the clinics at cost price.

(b) *Uncleanliness*.—Special attention is given by the school nurses to cases of uncleanliness. Full printed instructions are sent to parents as to the method of destroying vermin and nits, and special nit combs are available at the clinics on deposit of a small charge, which is returnable.

(c) *Minor Ailments and Diseases of the Skin*.—The treatment of minor ailments and diseases of the skin is undertaken at the school clinics. Details of the treatment carried out during the year 1938 are given in the statistical tables on pages 231 and 245.

Each clinic has a specified time for the medical attention and treatment required by disease of the skin, and gradually such cases are being separated from cases of non-skin diseases, with the resultant advantages to all concerned.

During the year a third clinic for the treatment of minor ailments was inaugurated at the Porters Avenue Centre, Porters Avenue. It has been shown, however, that this Clinic has fulfilled a want in that area and has only in a small measure relieved the overcrowding at the Woodward Road Centre.

In all there were over forty-nine thousand attendances at the minor ailments clinics during the year.

A summary of the work of the Minor Ailments Clinics in respect of public elementary school children is included in the following table:—

Minor Ailments Clinics.

	Central Clinic.		Woodward Clinic.		Porters Avenue Clinic.	
	1937	1938	1937	1938	1937	1938
No. of days clinic was open	306	307	306	307	—	203
Total No. of attendances	14,485	14,961	26,726	25,843	—	8,790
Daily average attendance	47.3	48.7	87.3	84.1	—	43.3
No. of cases dealt with ...	2,927	3,316	4,640	5,099	—	1,570

Children still continue to attend the Clinics, suffering from skin diseases of both acute and chronic types. The results of treatment have been satisfactory, but it is still the practice to send the more chronic cases to the Skin Department of the London Hospital with whom we co-operate, and we have reason to be satisfied with these results.

The treatment of Ringworm of the Scalp is still undertaken by Dr. W. J. O'Donovan at the London Hospital. Under this arrangement one school-child was treated during the year.

(d) *Visual Defects and External Eye Disease.*—Visual defects and external eye diseases are treated at your school clinics, and in this connection Mr. W. A. Gray, F.R.C.S., continued as your consulting ophthalmic surgeon during the year.

Spectacles are provided through the Department at contract prices and in necessitous cases are provided free of charge.

Particulars of the treatment of visual defects will be found on pages 207 to 210 and on pages 232 and 246.

The closer co-operation between routine medical inspection and the cases referred therefrom for ophthalmic opinion is more evident this year, and it is interesting, after a perusal of Mr. Gray's Report, to seek a reason for the defect which he states to be one of slight ophthalmic importance. It is obvious, however, that the remedy for this type of visual defect is quite within the scope of your service.

(e) *Nose and Throat Defects and (f) Ear Disease and Defective Hearing.*—In September of the year under review, an Ear, Nose and Throat Department was opened at the Woodward Road Centre, under the direction of Mr. C. R. Sandiford, F.R.C.S. Sessions are held twice weekly, and to him are sent all cases relative to that Department, when found by the assistant medical officers.

This is a feature of extreme importance to the school child and for which we have all been anxiously waiting.

It is now possible for defects of hearing, chronic conditions of the nose and sinuses, conditions remaining after infectious disease, etc., to be adequately dealt with at the earliest possible time. It is too soon to

quote figures, but I hope in my next Report to be able to show the amount of work done in terms of figures.

During the year 267 school-children received operative treatment for tonsils and/or adenoids, and of these 235 were carried out under the Authority's Scheme.

The explanation for the decrease in the number requiring operative treatment during the year must lie in the fact that an increasing number of children obtain this treatment through your infant welfare centres, before they attain school age.

(g) *Dental Defects*.—Dental inspection and treatment are carried out by three full-time dentists. Children are inspected periodically at school, and treatment is undertaken at the dental clinics. Details of the work carried out will be found on pages 235 to 236 and 249 to 250.

(h) *Orthopædic and Postural Defects*.—Mr. B. Whitchurch Howell still continues as the Specialist Consultant for Orthopædic and Postural Defects, and the number of masseuses has now been increased to three. The time is not far distant when the branches of this Department, which, as I have stated previously in my Reports, are held in classrooms in two separate schools, will be embodied in one main building. This project, I can say, you already have in hand.

(i) *Heart Disease and Rheumatism*.—In past Reports I have emphasised the requirements of suitable provision for rheumatic cases, and I do so once again, bearing in mind that the number of rheumatic conditions referred for investigation this year has almost doubled itself.

For extreme cases of heart defect, where ordinary schooling is not possible, arrangements for treatment are made at hospitals, where education in some measure can be given. There is, however, no comparable arrangement in Barking itself where patients can undergo prolonged rest and receive education together with medical treatment.

(j) *Tuberculosis*.—The Essex County Council is responsible for the treatment of tuberculosis in Barking, and cases of tuberculosis or suspected tuberculosis are referred direct to their competent officer.

(k) *Speech Training*.—Prior to their recommendation to the Speech Training Centre, all children are examined medically for physical defects.

(l) *Other Defects and Diseases*.—Many children suffering from minor defects and diseases, not already mentioned, are examined at the school clinics, where appropriate treatment is advised. Others, for the treatment of whom no special provision has been made, are followed up by school nurses, who urge upon the parents the importance of obtaining treatment.

Finally, I would say that the time is not far distant when, as envisioned in past Reports, there will be a central out-patients' department, where all special services, including orthoptics, i.e., correction of squint, audiometry, i.e., estimation of hearing, etc., will be united together.

(8) INFECTIOUS DISEASES.

The section of the Department concerned with the control of infectious or communicable diseases co-operates closely with the school medical service section. Certificates regarding the exclusion from and readmission to school of children suffering from notifiable infectious diseases, non-notifiable communicable diseases and of contacts are sent to head

teachers and school attendance officers. The names and addresses of children who are absent from school on account of non-notifiable communicable diseases are supplied by the school attendance officers on forms specially provided for the purpose, and the homes of the cases are visited by officers of the Department.

The following table shows briefly the number of children notified and reported suffering from some of the commoner infectious diseases during the past five years :—

	1934	1935	1936	1937	1938
Scarlet Fever	313	274	224	158	151
Diphtheria	247	174	86	110	106
Measles and German Measles ...	467	29	570	62	573
Chicken-pox	320	178	132	220	53
Whooping Cough	87	79	149	39	55
Mumps	39	30	18	180	114

In connection with the above, it has not been necessary to close any school or school department during the year.

Immunisation Treatment.—Your service includes immunisation for diphtheria, scarlet fever and whooping cough, and although attendance is fairly good at these clinics, I should be glad to see more parents taking advantage of this service, particularly in the case of children within the early school age-group.

During the year we were asked to undertake mass immunisation at the St. Joseph's and St. Ethelburga's Schools. This was done, and three weekly injections of anti-diphtheritic serum were given to 260 children out of a total of about 480 children attending the Schools. These were followed after a period of three months by the appropriate Schick Test to verify the result obtained.

Out of all the children injected and out of a total of over 1,000 injections, there was in no case any untoward reaction, and I have to congratulate the schools for the close co-operation and help which has led to this excellent result being obtained with the minimum of inconvenience to all concerned.

(9) OPEN-AIR EDUCATION.

Open-Air Classrooms and Playground Classes.—You have 13,648 school-children in Barking.

The major number of schools in Barking have been built on the new modern plan of free ventilation, open air classrooms, etc., but where the old factory type of school remains, in one or two instances, advantage has been taken of playgrounds for class purposes.

School Journeys and Camps.—Educational excursions are arranged by most of the junior and senior schools to places of interest in various parts of the Country. Arrangements are also made for educational visits to certain local institutions and buildings.

The school camps were again used for the health of your school children during the year, and these, as you are aware, are now a permanent feature in Barking.

The thirteen camps held were attended by 932 children.

During the summer there was a fortnight's holiday camp for 72 girls and 72 boys, and the arrangements as usual were highly commendable. These organised holiday camps are exceptionally well planned, and the forethought and energy of those responsible for the amusement and entertainment of the children is to be commended.

Food was again supplied from the Municipal Kitchen for the fourteen days summer camp, whilst for the week-end camps it was again provided by Mr. W. P. Lucas, of Foxburrows, Chigwell Row, Essex. All the food was of a high standard.

(10) PHYSICAL TRAINING.

I have received no report from the Organisers of Physical Training, but by courtesy of the Director of Education I append below a copy of a report given by them to the Education Committee:—

“ ANNUAL REPORT OF THE ORGANISERS OF PHYSICAL TRAINING, 1938.

To the Chairman and Members,
Barking Education Committee.

Ladies and Gentlemen,

I. INTRODUCTION.

Consolidation of the progress recorded in our last report has gone on steadily throughout the year and special attention has been given to the weaker features of the work.

The progressive decline in the percentage of school children to population makes it more imperative to preserve and give these children every opportunity for living healthy, useful and enjoyable lives. In Barking the pre-natal clinics, maternity centres, nursery classes, the provision of milk and meals, are some of the excellent agencies working towards this end. Physical education can do little to promote strong healthy development or give joy to the underfed, unhealthy child, but a sound scheme of physical education can do much to supplement the good work of the services mentioned above.

2. PHYSICAL EDUCATION IN THE SCHOOLS.

The physical education of the children in the primary schools starts with admission, and the present Board of Education syllabus of Physical Training gives ample scope and guidance for progressive development until they leave. In the Infants' Schools at least one, and often two, lessons are given every day. There is no formality about these lessons, movement and enjoyment being the main features. Gradually movement becomes more controlled, mobilisation more rapid, and before leaving the Infant classes the elements of the team system have been initiated.

In the Junior Schools the tables of exercises are arranged to meet the needs of increasing strength, skill, control, and the widening mental outlook of the children. No syllabus, however excellent, can be satisfactorily interpreted unless the teacher possesses the necessary energy and enthusiasm to make the subject a force and source of real inspiration.

There is still a tendency towards aimless physical activity which should be replaced by sound training in movement, mental response, and in the development of character and initiative. This progressive development from the Infants' School through the Junior School is not always achieved, and in spite of the guidance afforded by a detailed syllabus, the standard of attainment at the end of the Junior School course varies widely.

In the Senior Schools the provision of apparatus enlarges the scope of the work and demands the services of teachers with specialised knowledge. As a result of the increasing experience of these specialist teachers more effective use is now made of this apparatus and the additional apparatus supplied during the year was particularly welcomed by these teachers. There can, however, be no logical reason why the post primary

children in Secondary and Central Schools should enjoy the privileges of fully equipped gymnasia with changing rooms and showers while those in the Senior Schools have to accept the less useful portable apparatus with its limited possibilities and hygienic conditions which preclude much of the valuable training in the proper care and cleanliness of the body. The extension of the school leaving age to 15 years next September increases the urgent need for improved facilities and we are therefore very gratified with the Committee's decision to provide gymnasia at four of the Senior Schools as well as at the new Central School. We confidently hope that the provision of these facilities will do much to create in the pupils a keen desire to continue health giving activities on leaving school.

A feature of this year's work in the Senior Girls' Schools has been the inclusion in the time-table of either Greek or Central European Dancing. This has been received by the girls with great enthusiasm and has resulted in a marked increase in poise and control of movement, and an accompanying lack of self-consciousness which has fully justified the introduction of this subject. The services of really competent pianists are essential to the development of this type of dancing and the Committee generously appointed three part-time pianists for this work.

3. CLOTHING.

In our first annual report (1936) we ventured to make the following recommendation 'that proper gymnastic shoes should be considered a necessary part of every child's school equipment.' The type of shoe at present in use has given very satisfactory service and we anticipate that a yearly issue of shoes to the extent of approximately 80 per cent. of the school population

would suffice to maintain an adequate supply, and we hope that the Committee's decision to supply a pair of gymnastic shoes to all junior school children will be extended to apply equally to the children in the Senior and Infants' Schools.

For the more advanced work of the Senior Schools, we should be satisfied with nothing less than a complete change of clothing and the provision of showers, but we consider that under the present difficult conditions the best practical solution to this important hygienic problem has generally been found.

The proposed new gymnasia should include adequate storage accommodation for gymnastic clothing and facilities for the drying of towels. Many authorities are already providing this necessary special clothing and towels, but as far as the boys are concerned, every effort should be made to encourage self effort on the part of parents and children before recommending the Committee to undertake this responsibility. As regards the girls, whose kit will consist of two garments, where the boys' consists of single shorts, and will cost approximately 2s. 6d., it is unlikely that parents who found difficulty in providing a pair of shoes for physical training at 1s. 6d. will be able to afford 2s. 6d. for garments which should be kept solely for use in the physical training lesson. Unless these garments are provided by the Committee, it is more than probable that the present method of merely discarding skirts and working in the blouses and knickers that are worn throughout the day will persist. Where showers and changing accommodation are provided this is most unsatisfactory, all the hygienic value of showers being lost where children after showering replace the garments they have been working in. It is therefore recommended that special garments for physical training for the girls should be supplied by the Committee in those

schools where showers and changing accommodation are provided.

4. PLAYING FIELDS.

Extensive renovation work has been carried out during the past year including the ploughing and resowing of the fields at Faircross, Eastbury, Bifrons and Dorothy Barley Schools. This work will necessitate the closure of these fields for at least one year. Fortunately the Southern Belt became available for games and the Education Committee was able to obtain full use of the Lodge Avenue Field which was accordingly re-planned and marked to suit the needs of the children concerned. The sanitary and changing accommodation were improved and the supply of drinking water augmented, and excellent use has been made of this very valuable open site which can now accommodate over 300 children for active games.

5. TEACHERS' COURSES.

These courses have been continued throughout the year. Senior and infant school work, games and dancing, have received special attention and a series of Lecture Demonstrations for Head Teachers of Infants' Schools and a special course for Women Leaders of Keep-Fit Classes were also arranged. Two specialist teachers were granted leave of absence to attend three-months' courses on the use of 'fixed apparatus.'

6. SWIMMING.

Area.	No. of Eligible Scholars.	No. who Received Instruction.	Percentage.
Town	2,835	1,163	41
L.C.C. Estate	2,680	903	37

NUMBER OF ATTENDANCES AND CERTIFICATES GAINED.

Year.	Attendances.			Certificates.		
	Public Baths	Park Pool.	Total.	100 yds.	50 yds.	30 yds.
1935	22,366	1,468	23,834	318	435	624
1936	23,672	1,763	25,435	358	483	564
1937	21,646	1,519	23,165	300	428	528
1938	20,942	1,170	22,112	228	382	445

The bad weather conditions seriously affected attendances at the Park Pool, but the loss of 704 attendances at the Public Baths was largely due to restrictions placed upon the number of children per teacher (20) and the total number of children allowed in the bath (40). These limits were imposed in order to increase the efficiency of the instruction.

A proof of the need for further accommodation for swimming instruction was afforded by the number of applications received for permission to organise swimming classes outside the limits of the ordinary school sessions.

7. OUT OF SCHOOL ACTIVITIES.

This report would be very incomplete without some reference to the splendid voluntary service rendered by members of the Barking Schools' Central Sports Association. The activities organised by this virile Association contribute much towards the maintenance of the health of Barking children. After seeing large queues of children lined up for admittance to the cinemas on sunny Saturday mornings it is some consolation to reflect that over 300 boys will be chasing footballs at the Lodge Avenue Playing Fields. The great value of possessing a large centrally-placed playing field has been amply demonstrated and excellent use has been made of the facilities provided at the Lodge Avenue

Field. Many improvements are still required and it is hoped that such necessities as shower baths, more playing field equipment and adequate storage accommodation will be available in the near future.

8. KEEP-FIT CLASSES.

There are now running eight classes for women and two for men at the following school halls in Barking :—

<i>School.</i>	<i>Type of Class.</i>			<i>Day.</i>
Bifrons School ...	Women	...	...	Thursdays
Bifrons School ...	Men	...	...	Mondays
Dawson School ...	Women	...	...	Mondays
Dawson School ...	Women	...	...	Tuesdays
Eastbury School	Women	...	...	Wednesdays
Erkenwald School	Women (Mothers' Class)			Tuesdays
Erkenwald School	(Young Adults)	...	...	Thursdays
Erkenwald School	Men	...	...	Wednesdays
Manor School ...	Women	...	...	Tuesdays
Monteagle School	Women	...	...	Thursdays

A charge of 2d. only is made so that these classes are within the financial reach of all.

In addition to the above, Physical Training is included in the activities of the flourishing Old Boys' Clubs at the Cambell and Gascoigne Schools.

The classes have been well attended, attendances varying from 25 to 74 in the different classes, and it is hoped that next year this work will be extended. Eighteen teachers are attending a Course in Recreative Physical Training at Northbury School on Tuesday

evenings, so that a register of trained teachers will be available for next year. A Demonstration took place on the 23rd March in the Baths Hall, showing the type of work performed and the value of it in maintaining health.

All Keep-Fit classes have been constantly supervised by the Organisers and help and advice given in the conduct of recreative physical training classes for those over school age. The encouraging interest taken in these classes by the Schools' Medical Staff was much appreciated.

9. THE HAINAULT CAMP.

The games apparatus at the camp has been augmented and renewed. The provision of two classrooms on this site would enable this valuable health service to be maintained as a full-time establishment during the camping season instead of limiting its use to week-end visits.

C. MONICA HAWKES,

L. E. LAST,

Organisers of Physical Training."

School	No. of children who remain at school for mid-day meal	Whether facilities exist for heating of children's meals	Whether facilities exist for the drying of children's clothes and boots
Bifrons—Senior Boys	—	Yes, Gas Cooker.	Cloakrooms heated (in winter only).
Senior Girls	—	Yes, at domestic science centre.	”
Cambell—Senior Boys	—	No	”
Senior Girls	—	Yes, at domestic science centre.	”
Junior Mixed	—	No	”
Infants	—	”	”
Church of England—Boys	—	”	School fires (in winter only).
Girls	—	”	”
Infants	—	”	”
Dawson—Junior Boys	—	”	Cloakrooms heated (in winter only).
Junior Girls	—	”	”
Infants	—	”	”
Dorothy Barley—Junior Boys	—	”	”
Junior Girls	—	”	”
Infants	—	”	”
*Eastbury—Senior Boys	—	”	”
Senior Girls	—	Yes, at domestic science centre.	Yes, at domestic science centre.
Infants	—	No	Cloakrooms heated (in winter only).
Erkenwald—Senior Boys	—	”	”
Senior Girls	—	Yes, at domestic science centre.	Yes, at domestic science centre.
*Faircross—Mixed	All children stay at school for mid-day meal, the food being supplied from Municipal Kitchen in special containers.	Yes	Yes

<p>1911-12</p>	<p>...</p>	<p>...</p>	<p>A Demonstration ... The ...</p>
<p>...</p>	<p>...</p>	<p>...</p>	<p>...</p>
<p>...</p>	<p>...</p>	<p>...</p>	<p>...</p>
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C. MONICA

L. E. ...

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School	No. of children who remain at school for mid-day meal	Whether facilities exist for heating of children's meals	Whether facilities exist for the drying of children's clothes and boots
Gascoigne—Senior Boys	1	No	School fires and central heating (in winter only).
Junior Mixed	—	”	”
Infants	—	Yes	Electric heater in Nursery.
Manor—Junior Mixed	—	”	Cloakrooms heated (in winter only).
Infants	—	”	”
Monteagle—Junior Boys	—	No	”
Junior Girls	—	”	”
Infants	—	”	”
Northbury—Senior Girls	—	”	School fires and central heating (in winter only).
Junior Mixed	—	”	”
Infants	—	”	Clothes line in basement near boiler.
Park Modern—Senior Mixed	120	Yes, at domestic science centre.	Cloakrooms heated (in winter only).
Ripple—Junior Boys	—	No	”
Junior Girls	—	Gas cooker in teachers' cloakroom.	”
Infants	—	No	”
*Roding—Junior Boys	—	”	”
Junior Girls	—	”	”
Infants	—	”	”
St. Ethelburga's—Senior Mixed	52	”	School fires and central heating (in winter only).
St. Joseph's—Infants and Junior Mixed	13	Yes	”
Westbury—Junior Boys	—	No	”
Junior Girls	—	”	”
Infants	—	”	”

*Meal Centres have been established at these Schools, in addition to the Centres at St. Margaret's Hall and Woodward Hall.

Name of school	No. of children who remain at school for mid-day meals	Sexes
Lansdowne—Senior Boys	1	...
Lansdowne—Junior Mixed	—	...
Lansdowne—Infants	—	...
Lansdowne—Junior Mixed	—	...
Lansdowne—Infants	—	...
Lansdowne—Junior Boys	—	...
Lansdowne—Junior Girls	—	...
Lansdowne—Infants	—	...
Lansdowne—Senior Girls	—	...
Lansdowne—Junior Mixed	—	...
Lansdowne—Infants	—	...
Lansdowne—Senior Mixed	120	...
Lansdowne—Junior Boys	—	...
Lansdowne—Junior Girls	—	...
Lansdowne—Infants	—	...
Lansdowne—Junior Boys	—	...
Lansdowne—Junior Girls	—	...
Lansdowne—Infants	—	...
Lansdowne—Senior Mixed	32	...
Lansdowne—Infants and Junior Mixed	18	...
Lansdowne—Junior Boys	—	...
Lansdowne—Junior Girls	—	...
Lansdowne—Infants	—	...

*Mid-Century have been established at these schools in addition to the Centres at Lansdowne.

(11) PROVISION OF MEALS, MILK AND COD LIVER OIL AND MALT, ETC.

(a) *Meals*.—Free meals are provided daily in necessitous cases. During the year 1938, 115,171 free meals were provided, and the following table shows the numbers of free meals which have been provided during the past five years :—

1934	...	...	...	...	...	113,173
1935	...	...	...	...	...	112,125
1936	...	...	...	...	...	100,859
1937	...	...	...	...	...	102,077
1938	...	...	...	...	...	115,171

The Table on pages 183 to 186 summarises the arrangements which exist where mid-day meals are taken at schools.

Where nutrition plays a part in the health of the school child, your medical officers carry out special examinations and your school nurses carry out home enquiries when the weight of the child drops appreciably from one examination to another. In these cases re-examination at each school medical inspection automatically controls the supervision of each case. It is in such circumstances that every endeavour is made to ensure milk in school and when occasion arises attendance at your feeding centres. Medical inspection is carried regularly into these centres, where the daily menus are inspected.

(b) *Milk*.—In addition to free meals as such, free milk is given in certain cases and in this way 103,626 bottles of milk were distributed during 1938.

It would appear that the figure this year for free milk has doubled itself, and this does perhaps require some explanation.

Malnutrition has been said to be negligible in its worst sense in Barking, but this does not influence the statement that there can be a large number of children who though normal are at the "C" or sub-normal level of nutrition. It is in these cases that milk is recommended before any serious defect is likely to occur in the child. The financial circumstances of these cases are subject to investigation and must obviously come within the term necessitous, and thereafter the provision of the recommended milk is allowed free.

It must also be noted that the increase in free milk has not in any way materially influenced the sale of the $\frac{1}{2}$ d. bottles of milk as described in my last year's Report.

The milk provided is subject, from time to time, to bacteriological and other analysis, and during the year has been found invariably of standard quality. In my Annual Report for 1934, I dealt with this subject from two or three aspects, and find it unnecessary to add to what I wrote on that occasion.

During 1938, $\frac{1}{2}$ d. bottles of milk were again issued during the school holidays. Thirteen centres covering all schools with the exception of Faircross, Park Modern, Manor, St. Joseph's and St. Ethelburga's, were arranged with voluntary helpers in charge of each centre. During the summer holidays 5,449 free bottles of milk were issued and 43,452 bottles purchased.

(c) *Cod Liver Oil and Malt, etc.*—Following the approval of the Board of Education in 1937, the issue of Cod Liver Oil and Malt and similar preparations to ordinary elementary school children has been carried out, and from the accompanying figures it is obvious that full advantage has been taken of this extra service.

These preparations are issued from the Central and Woodward Clinics and from the Alexandra, Greatfields and Porters Avenue Centres. Each case is selected by one of your Medical Officers before an issue is made and reviewed before an extension is granted. In addition, each case is re-inspected at school medical inspection.

ISSUES OF COD LIVER OIL AND MALT AND SIMILAR PREPARATIONS DURING 1938.

	Cost price (packets)	Free (packets)	Total (packets)
Cod Liver Oil (Pure)	11	10	21
Cod Liver Oil Emulsion	179	86	265
Cod Liver Oil and Malt	805	904	1,709
Liquid Paraffin	1	8	9
Parrish's Chemical Food	805	767	1,572
Virol	116	137	253
Totals	1,917	1,912	3,829

(12) CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

Once again I have to repeat the thanks I have expressed from time to time for the considerable degree of co-operation which obtains in Barking.

The co-operation of parents, teachers, school attendance officers and voluntary bodies and the medical service in Barking is very high, and in expressing once again my thanks to these members, I cannot speak too highly of their valued services. The smooth running of the Department with the highest efficiency relative to its individual services is entirely dependent upon this close co-operation.

Children depend primarily upon their parents for true upbringing, and as it is more and more evident that parents are becoming more interested in the health of their children, as seen by their closer attention and constant attendance during school medical inspection and treatment, then it is possible to say that children will obtain the maximum benefit from this increased interest by their parents.

Finally I would mention the National Society for the Prevention of Cruelty to Children, the London Child Guidance Clinic and other voluntary bodies which work actively in the above connection.

The following table shows the work which has been undertaken in Barking by the National Society for the Prevention of Cruelty to Children during the last five years :—

	1934	1935	1936	1937	1938
Total number of cases investigated	24	35	28	25	16
(a) Prosecutions	nil	nil	nil	nil	nil
(b) Warnings	18	29	23	16	13
(c) Otherwise dealt with ...	6	6	5	9	3
(d) Supervisory visits ...	131	180	127	156	62
(e) Cases closed as satisfactory	17	29	14	19	5

(13) BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The following table shows the number of children who have attended at the Faircross Special School—in the Open-Air, Physically Defective and Mentally Defective Sections—and, in addition, in other parts of the report will be found figures as to how many children have been admitted to the Brookfield Orthopædic Hospital and elsewhere for orthopædic conditions :—

	Open-Air Section	Physically Defective Section	Mentally Defective Section
No. on Register on 31/12/37 ...	85	25	65
No. admitted during 1938 ...	47	9	11
No. discharged during 1938 :—			
(a) Decertified ...	35	2	1
(b) Left district, admitted to Hospital, etc. ...	15	9	20
No. on Register on 31/12/38 ...	82	23	55

Hereunder are particulars of the number of children maintained by the Authority in special schools outside the district as at December 31st, 1938 :—

<i>Particulars of School.</i>	<i>No. of Cases.</i>
(a) <i>Certified Schools for the Blind and Partially-Sighted :</i>	
Royal Normal College for the Blind (Residential), Upper Norwood	1
Brighton School for Blind Boys (Residential), Brighton	2
Barclay School for Blind Girls (Residential), Brighton	2
Swiss Cottage School for Blind (Residential)	1
Monega Road School for the Partially-Sighted (Day), East Ham	1
Quarry Hill Myope Class (Day), Grays ...	1
(b) <i>Certified Schools for the Deaf :</i>	
Frederick Road Deaf Centre (Day), West Ham	13
(c) <i>Certified Schools for Mentally Defective Children :</i>	
Royal Eastern Counties Institution, Colchester	2

(d) *Certified Schools for Physically Defective Children* :—

St. Michael's Orthopædic Hospital-School, Clacton-on-Sea	I
Cheyne Hospital, Chelsea	I
Edgar Lee Heart Home, Willesden... ..	I
Lancing Heart Home, Lancing	I
White Oak Ophthalmic Hospital-School, Swanley	2
St. Catherine's Open-Air School, Ventnor	I
Ogilvie School of Recovery, Clacton ...	I
Heritage Craft Schools for Cripples, Chailey	I

(e) *Certified Schools for Epileptics* :

Lingfield Epileptic Colony	I
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The following table gives information in respect of medical inspection at the Faircross Special School during the year 1938 :—

Number of inspection sessions	32
Number of children inspected :— ...	
(a) Routines	51
(b) Specials	70
(c) Re-examinations	394
	— 515
Number of defects referred :—	
(a) For treatment	62
(b) For observation	29
	— 91
Number of defects found treated	35
Number of parents present at inspections	354

In addition 43 special examinations for assessment of intelligence were carried out in respect of children attending the Faircross Special School.

Mentally defective children are, after consultation, transferred to Faircross School (Mentally Defective Section).

The definition of the Board of Education of "mentally defective" is "children who by reason of mental defect are incapable of receiving proper benefit from the instruction in the ordinary public elementary schools but who are not incapable by reason of that defect of receiving benefit from instruction in such special classes or schools as under the Act may be provided for defective children."

(14) FULL-TIME COURSES OF HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS.

The Local Education Authority do not maintain any courses of training for Blind, Deaf, Defective and Epileptic students.

(15) NURSERY CLASSES.

During the year five nursery classes have been arranged in the following schools—Gascoigne, Westbury and Manor, and during the coming year further classes are to be commenced in other schools.

The age at which children are admitted to these classes is from 3 to 5 years.

A nursery class is primarily a playground for the toddler where some organisation at play and the healthy beginnings of life can make their first impressions.

The medical aspect of these classes is as follows :—

The medical inspection of each nursery class is made each term and a full cleanliness inspection is made by a school nurse at least twice a term—the first of these inspections taking place on the first day of the term. A general cleanliness inspection is made at least once a week, and during epidemics and on such occasions as is required a daily attendance is made by the school nurse.

All defects found, as for the ordinary school child, are treated at the minor ailments centres and under the special services scheme.

The classes are so arranged that there is a special room for hanging clothes, centrally heated by electric control. Each clothes peg has an appropriate picture designation at the top. In another room there are baths, small wash-stands, places for tooth brush and glass with the same picture designation as for the clothes peg. Adjoining is suitable toddler accommodation for sanitary purposes, within full view of an adult person. In another room there are collapsible metal framed camp beds, complete with pillow and blanket, again with the same picture designation provided on the clothes.

In this way a child is taught at a very early age the essentials of cleanliness, the good healthy habits, etc., of a normal individual, whilst at the same time receiving an adequate amount of rest and discipline.

(16) SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.

The scheme whereby you carry out medical examinations for the Essex County Council in connection with the Barking Abbey School and the day school of the

South-East Essex Technical College has now been in force for over a year, and at the end of this Report are appended figures for the inspection and treatment of pupils attending these schools.

The service is the same as that carried out at your elementary schools and includes the specialist treatment services—orthopaedic, ophthalmic, dental, etc.

A small deficit, which must obviously strike one when considering the number of cases examined at the elementary schools, is more than compensated for when one reviews the figures in relation to those examined at the secondary schools, for it is clear that the two combined figures must be in considerable advance of any figure for elementary schools alone, when taken by themselves for past years.

No comparison is made of the children attending these secondary schools as they are children drawn from many outlying districts of Essex where the services during the elementary school period cannot be compared with the services which you have inaugurated for the elementary school children in Barking.

(17) PARENTS' PAYMENTS.

During the year under review it has been decided with regard to treatment at the orthopaedic clinic that an initial charge of six-pence, subject to remission in necessitous cases, be made at the first treatment, such payment to cover the whole treatment.

(18) HEALTH EDUCATION.

In my last Report I dwelt upon the inculcation of good habits at an early age which would be possible when nursery classes were set up. These have now

come to pass and I hope that in future years I shall be able to report the benefits which accrue from this early training.

The Senior Dental Surgeon does from time to time give lectures on oral hygiene.

(19) SPECIAL INQUIRIES.

No special inquiries were carried out by your staff during the year 1938.

(20) MISCELLANEOUS.

(a) *Examination of Teachers.*—During the year, 45 medical examinations were carried out of applicants for teaching posts under the Local Authority.

During the year we became responsible for the medical examination of intending teachers, in so far as they are drawn from the Barking Abbey School and the Day School of the South-East Essex Technical College. I have advocated these examinations for some time, and they are now done at the request of the Essex County Council by special arrangement.

(b) *Part-time Employment of School-children.*—Milk and newspaper deliveries, general errands, etc., are the usual forms of employment of school-children. In accordance with the byelaws of the Education Authority, 30 applicants of school-age submitted themselves for medical examination prior to employment. Of this number 27 were passed as being fit for employment.

(c) *Juvenile Employment.*—In September, 1935, the Board of Education issued Administrative Memorandum No. 137 dealing with the question of co-operation between the School Medical Service and Juvenile Employment and Advisory Committees.

The Board requested that procedure should be initiated whereby the Juvenile Employment Officer should be advised as to the specific unsuitability of certain children for particular types of work, this information being made available by your medical officers at the last routine examination of the children.

During 1938 the following recommendations by your medical officers were forwarded to the Juvenile Employment Officer :—

63	Children	unsuitable	for	severe	manual	work.
—	”	”	”	”	sedentary	occupation.
22	”	”	”	”	exposure	to bad weather.
18	”	”	”	”	work	in a dusty atmosphere.
9	”	”	”	”	work	near moving machinery.
38	”	”	”	”	work	involving prolonged standing.
31	”	”	”	”	work	causing eye strain.
36	”	”	”	”	work	requiring acute distant vision.
3	”	”	”	”	work	requiring acute hearing.
7	special	cases	warranting	Juvenile	Employment	Officer consulting the records.

The above recommendations relate to 123 school-children.

SERVICES PROVIDED FOR SCHOOL-CHILDREN.

Camps.—Week-end camps are held every week-end during the summer months, and in addition two holiday camps, each of a fortnight's duration, are held during the summer holidays.

Cleansing.—Special soap is issued from the Minor Ailments Clinics and special combs are loaned, on payment of a deposit. In certain cases, arrangements are made for the children to be cleansed at the Clinic by the School Nurses.

Cod Liver Oil, etc.—These products are provided on the recommendation of the Council's medical officers at cost price. In necessitous cases no charge is made.

Deafness.—Special investigations, using the Audiometer, are undertaken. A Specialist Ear, Nose and Throat Clinic at the Woodward Road Centre, twice weekly, has been started.

Dental Treatment.—Dental treatment—including orthodontic treatment—is carried out daily at the Corporation's Clinics in Vicarage Drive, Woodward Road and East Street.

Dinners.—Free dinners are provided for children attending school, where the family income is below a certain scale.

Foot Clinic.—Arrangements have been made for minor foot conditions to be treated at the Corporation's Foot Clinic.

Medical Inspection.—Arrangements are made for each child to be medically examined at school three times during the period of school life, and at such other times as the medical officers consider necessary. Provision is also made for the periodical and regular examination of children's teeth.

Milk.—One-third of a pint of milk is supplied daily to children attending school on payment of one half-penny per day. Where the family income is below a certain scale and where the medical officer considers milk desirable on medical grounds, no charge is made.

Minor Ailments.—Children suffering from minor ailments are treated daily at the Corporation's Central Clinic, Woodward Clinic, and Porters Avenue Clinic.

CLINIC AND TREATMENT CENTRES.

Name and Situation.	When Held.	Nature of Accommodation.	By Whom Provided.
I. MATERNITY AND CHILD WELFARE.			
<i>(a) Infant Welfare Centres :—</i>			
* Central Clinic, Vicarage Drive, Ripple Road ...	Tuesdays and Fridays, 2 p.m.	Modern clinic premises with accommodation for consultations, weighing of babies, waiting rooms, etc.	Local Authority.
Woodward Clinic, Woodward Road ...	Tuesdays, Thursdays and Fridays, 2 p.m.	do.	do.
* Greatfields Centre, Movers Lane ...	Mondays and Thursdays, 2 p.m.	Accommodation for consultations, weighing of babies, waiting rooms, etc.	do.
* Alexandra Centre, St. Paul's Road ...	do.	do.	do.
Porters Avenue Centre, Porters Avenue ...	Mondays, Wednesdays and Fridays, 2 p.m.	do.	do.
<i>(b) Ante-Natal Clinics :—</i>			
Central Clinic, Vicarage Drive, Ripple Road ...	Tuesdays and Wednesdays, 2 p.m., and Fridays, 10 a.m.	Modern clinic premises with accommodation for consultations, etc.	do.
Woodward Clinic, Woodward Road ...	Tuesdays and Wednesdays, 9.30 a.m.	do.	do.
Porters Avenue Centre, Porters Avenue ...	Thursdays, 9.30 a.m.	Accommodation for consultations, etc. ...	do.
Humphrey Ward (near Maternity Pavilion), Upney Lane.	Mondays, Tuesdays, Wednesdays and Fridays, 10.30 a.m.	do.	do.
Specialist-Consultant Clinic at Central Clinic, Vicarage Drive, Ripple Road.	Third Tuesday in each month 3.30 p.m., except August and December.	Modern clinic premises with accommodation for consultations, etc.	do.
<i>(c) Gynæcological Clinics :—</i>			
Central Clinic, Vicarage Drive, Ripple Road ...	As and when required.	Modern clinic premises with accommodation for consultations, etc.	do.
Woodward Clinic, Woodward Road ...	do.	do.	do.
Porters Avenue Centre, Porters Avenue ...	do.	Accommodation for consultations, etc. ...	do.
Humphrey Ward (near Maternity Pavilion), Upney Lane.	do.	do.	do.
<i>(d) Birth Control Clinic :—</i>			
Humphrey Ward (near Maternity Pavilion), Upney Lane.	do.	do.	do.

* Since the end of 1938 the Clinics held at the Alexandra Centre have been discontinued, and the undermentioned additional Infant Welfare Sessions have been commenced :—

Central Clinic, Vicarage Drive, Ripple Road ...	Thursdays, 2 p.m.
Greatfields Centre, Movers Lane ...	Wednesdays, 2 p.m.

CLINIC AND TREATMENT CENTERS

<p>Infant Welfare Center - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ...</p>	<p>Monday and Tuesday 9:00 a.m. to 5:00 p.m. Wednesday, Thursday, Friday 9:00 a.m. to 5:00 p.m. Saturday 9:00 a.m. to 12:00 p.m. Sunday 10:00 a.m. to 12:00 p.m.</p>	<p>on patients are ... patients are ... patients are ...</p>
<p>Anti-Natal Clinic - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ...</p>	<p>Monday and Tuesday 9:00 a.m. to 5:00 p.m. Wednesday, Thursday, Friday 9:00 a.m. to 5:00 p.m. Saturday 9:00 a.m. to 12:00 p.m. Sunday 10:00 a.m. to 12:00 p.m.</p>	<p>Anti-Natal Clinic - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ...</p>
<p>Woodward Clinic, Woodward Road - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ...</p>	<p>Monday and Tuesday 9:00 a.m. to 5:00 p.m. Wednesday, Thursday, Friday 9:00 a.m. to 5:00 p.m. Saturday 9:00 a.m. to 12:00 p.m. Sunday 10:00 a.m. to 12:00 p.m.</p>	<p>Woodward Clinic, Woodward Road - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ...</p>
<p>Hampton Ward (near Maternity Hospital) - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ...</p>	<p>Monday and Tuesday 9:00 a.m. to 5:00 p.m. Wednesday, Thursday, Friday 9:00 a.m. to 5:00 p.m. Saturday 9:00 a.m. to 12:00 p.m. Sunday 10:00 a.m. to 12:00 p.m.</p>	<p>Hampton Ward (near Maternity Hospital) - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ...</p>
<p>Hampton Ward (near Maternity Hospital) - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ...</p>	<p>Monday and Tuesday 9:00 a.m. to 5:00 p.m. Wednesday, Thursday, Friday 9:00 a.m. to 5:00 p.m. Saturday 9:00 a.m. to 12:00 p.m. Sunday 10:00 a.m. to 12:00 p.m.</p>	<p>Hampton Ward (near Maternity Hospital) - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ... Central Clinic, Venango Drive, High Road - 1000 ...</p>

...the end of the ...
 ...the end of the ...
 ...the end of the ...

CLINIC AND TREATMENT CENTRES.

Name and Situation.	When Held.	Nature of Accommodation.	By Whom Provided.
2. SCHOOL MEDICAL SERVICE.			
<i>(a) Inspection Clinics and Treatment of Minor Ailments :—</i>			
Central Clinic, Vicarage Drive, Ripple Road ...	Daily, 8.30 a.m.	Modern clinic premises with inspection, waiting and treatment rooms, etc.	Local Authority.
Woodward Clinic, Woodward Road	do.	do.	do.
Porters Avenue Centre, Porters Avenue	do.	Accommodation for consultations, etc. ...	do.
<i>(b) Ophthalmic Clinic :—</i>			
Central Clinic, Vicarage Drive, Ripple Road ...	Tuesdays and Fridays, 10 a.m.	Modern clinic premises with inspection, waiting and treatment rooms, etc.	do.
Woodward Clinic, Woodward Road	Thursdays, 2 p.m.	do.	do.
<i>(c) Dental Clinics :—</i>			
Central Clinic, Vicarage Drive, Ripple Road ...	Daily, 9 a.m. and 2 p.m.	do.	do.
Woodward Clinic, Woodward Road	do.	do.	do.
East Street Clinic	do.	Inspection, waiting and treatment rooms...	do.
<i>(d) Orthopædic Clinic :—</i>			
<i>(i) Specialist's Clinic, Manor School</i>			
	First Thursday in each month, 9 a.m.	Three rooms	do.
<i>(ii) Remedial Exercises Clinic, Ultra Violet Light Therapy, etc. :—</i>			
Faircross School			
	Daily, 9 a.m. and 2 p.m.	One room	do.
Manor School			
	do.	Three rooms	do.
<i>(e) Ear, Nose and Throat Clinic :—</i>			
Woodward Clinic, Woodward Road	Tuesdays and Fridays, 2 p.m.	Modern clinic premises with inspection, waiting and treatment rooms, etc.	do.
3. IMMUNISATION CLINIC (Diphtheria, Scarlet Fever and Whooping Cough) :—			
Central Clinic, Vicarage Drive, Ripple Road	Mondays, 10.30 a.m.	Modern clinic premises with inspection, waiting and treatment rooms.	do.
Woodward Clinic, Woodward Road	Mondays, 9 a.m.	do.	do.
4. FOOT CLINIC.			
Central Clinic, Vicarage Drive, Ripple Road	By appointment	do.	do.
Woodward Clinic, Woodward Road	By appointment	do.	do.
5. TUBERCULOSIS.			
37, Linton Road	Mondays, 3-5 p.m. Tuesdays, 7-8 p.m. Thursdays, 10.30 a.m.-12.30 p.m.	Three rooms	Essex County Council.
6. VENEREAL DISEASES.			
Oldchurch Hospital and London hospitals, etc. ...	—	—	By arrangement with Essex County Council.

Ophthalmic Service.—Refraction Clinics are held at the Central and Woodward Clinics, and the scheme includes the provision of spectacles at a very low charge, and, in some cases, where the family income is below a certain scale, at no charge. Provision is also made for training the eyes of children suffering from squint.

Orthopædic Treatment.—Orthopædic treatment—including the provision of splints and any necessary hospital treatment—is provided through the Orthopædic Clinic, Hulse Avenue and at the Manor School Clinic.

Prevention of Diphtheria, Scarlet Fever and Whooping Cough.—Immunisation against Diphtheria, Scarlet Fever and Whooping Cough is carried out at the Central Clinic and at the Woodward Clinic. No charge is made for this treatment.

Special School.—The Faircross Special School is divided into three sections—a Physically Defective Section, a Mentally Defective Section and a Section for Delicate Children. When considered desirable, the children are conveyed to and from school by motor ambulance.

Tonsils and Adenoids.—Surgical treatment for tonsils and adenoids is carried out at two local hospitals under an agreement with the Corporation. A small charge is made to the parents, except in certain necessitous cases, when no charge is made.

Ultra-Violet Light Treatment.—Ultra-violet light treatment is given at the Orthopædic Clinic, Hulse Avenue, and at the Manor School Clinic.

X-Ray Treatment of Ringworm of the Scalp.—Where necessary, Ringworm is treated by X-Ray at the London Hospital. No charge is made for this treatment.

REPORT OF SENIOR DENTAL OFFICER.

To the School Medical Officer,

May, 1939.

Barking Borough Council.

Sir,

I have the honour to present the Annual Report of the Dental Service for the year ending December 31st, 1938. The figures for the year are shown on a separate page and it is to be noted that the number of fillings show progressive increase over past years and is accompanied by a corresponding increase in acceptances. It is relevant at this point to examine what factors most assist in obtaining a Dental Service which functions over the minimal standard that reasonably might be expected.

The first essential is a good type of building together with equipment, well maintained, for members of a community need some visible expression of the services they hope to utilize, and the stubborn resistance of those who are prejudiced is furthered by a service environment which may be below civic standard. A surgery which is regarded with distaste by parents is no place to instruct children in dental hygiene. In this respect the design, appearance and maintenance of the Dental Clinics of this Authority can be regarded as a model which any Authority might well adopt.

The frequency with which the School Dental Surgeon is able to establish routine contact with his prospective patients has a direct relation to the probable acceptance rate, and it is well within reason to aim at two routine inspections of all schools in a school year. The

numerical staffing of a service on this basis would mean an increase in most cases, but it has been established that an increase in staff is invariably accompanied by an increased acceptance rate, and if the ideal of one Dental Surgeon to 2,500/3,000 school children be achieved (as was urged by Sir George Newman) the acceptance rate may well be so universal as to make a refusal the greatest rarity. This has been demonstrated by the Borough of Cambridge where such a ratio has been in force for some years.

A Dental Surgeon who attends mainly to the dental needs of children should endeavour to visualize the outlook of his patients on their own particular interests. To have a knowledge of the literature of the young and the very young, to be able to discuss from folk dancing to the orthodoxy of the Test batsmen is quite as useful with a patient as the deftness of technique which minimises pain. If these can be accomplished, all or in part, then the operator is well on the way to that relationship in which the patient knows and speaks to the operator as Mr. —, for such a relationship usually indicates that the problems of dental treatment are purely professional and never personal.

The orthodontic treatment carried out at the Clinics is well to the fore and it may be regarded as a sign of the advancement in dental education that parents not only consent to such treatment for their children with great willingness but seek advice and treatment of their own accord.

The dental condition of those children attending the nursery schools is being watched with considerable attention. Dental cleanliness, which is part of the nursery school routine, and the influence of the teachers in advising early treatment where necessary should have a marked beneficial effect, and the first dental inspection as pupils proper should furnish interesting results.

I have to acknowledge the invaluable assistance given by the teaching staff of the Barking Schools and also to the Medical and Health Visiting Staff for their interest and willing co-operation. To the Dental Staff—operative nursing and administrative—I wish to record the manner in which their team work has contributed so much to the success of the Dental Scheme.

I have the honour to be, Sir,

Your obedient Servant,

W. H. FOY,

(L.D.S., R.C.S., ENG.),

Senior Dental Officer.

REPORT ON THE WORK OF THE OPHTHALMIC CLINICS.

To the School Medical Officer,
Barking Borough Council.

May, 1939.

DEAR SIR,

During 1938 the number of spectacles prescribed at the clinics was much smaller than in 1937 but there was practically no diminution in the number of children tested. As all of these children had some visual defect it follows that a considerable proportion of them were told that they did not require glasses. This seems to merit some explanation.

All the cases referred to can be said to form a definite group which has the following characteristics. They are slightly longer sighted and do not have standard vision—it varies within narrow limits and is just short of normal. They are able to read their ordinary school work without complaining provided their general health is good. This is due to the ability of the eye to overcome the minor degrees of defect by means of its internal muscular mechanism. The condition of this mechanism depends on the state of the general health and, if the latter is satisfactory, no ocular trouble is experienced. Any condition which lowers body health such as want of suitable food, fresh air, or the presence of decayed teeth, produces early fatigue; the eye is no longer able to counterbalance its own inherent defect and headaches or blurred vision results. When this condition exists, glasses will relieve the child but they will not cure. In fact, it is not the eyes which require treatment so much as the causes of the lowering of body well-being, for once these are remedied glasses will be found to be no longer necessary.

As the school health in Barking is good, it can be understood why in many cases of slight longsight defect, spectacles were not advised. Further evidence of improvement in nutrition is afforded by the complete disappearance during 1938 of Phlyctenular inflammation. It will be remembered that a special system was instituted to remedy this vitamin deficiency disease.

As school leaving time approaches it is often asked whether spectacles are still required. In many cases of longsight it is possible to dispense with glasses for the eye has outgrown its disability. The age-old fallacy of once having worn glasses one need always wear them is simply not true.

Enough has been said to show the intimate relation which exists between the eyes and the degree of general health. Adequate nutrition, the elimination of any diseased condition which retards the general well-being and all these other factors which make for good health will also reduce the need for and the number of glasses worn in some types of visual defect.

STATISTICS RELATING TO THE WORK OF THE OPHTHALMIC CLINICS IN CONNECTION WITH ORDINARY ELEMENTARY SCHOOL AND FAIRCROSS SCHOOL CHILDREN DURING 1938.

TABLE I.

No. of refractions under atropine	...	...	781
No. of post-mydriatic tests	...	...	21
No. of spectacles prescribed	...	...	387
No. of cases listed for squint training	...	...	70

All spectacles were checked before being issued at the Clinics.

TABLE II.

MYOPIA.

TABLE SHOWING WORK CARRIED OUT DURING 1938 IN CONNECTION WITH ALL SCHOOL-CHILDREN SUFFERING FROM MYOPIA.

Individual cases	No. of attendances	Spectacles				No. of attendances of cases reviewed in :—					Recommendations to Head Teachers for :—		
		Not prescribed on first visit	Ordered for first time	Changed	No change	Months					Ordinary Routine	"Easy Treatment"	"Special Treatment"
						3	4	6	9	12			
229	305	6	91	86	122	10	4	280	9	2	294	9	2

TABLE III.

External Diseases of the Eye treated at the Clinics :—

Conjunctivitis and Blepharitis	...	...	35
Cellulitis	...	...	1
Injury	...	...	7
Meibomiam Cyst	...	...	7
Foreign body in eye	...	...	1
Dacrocystitis	...	...	1
Hordeolum	...	...	5
Keloid of lower lid	...	...	1

TABLE IV.

Total No. of Attendances	...	...	2,539
Percentage attendance of appointments made	...	...	83.5

TABLE V.

TREATMENT OF ELEMENTARY SCHOOL CHILDREN AT THE ORTHOPTIC (SQUINT TRAINING) CLINIC.

No. of sessions given to Squint Training ... 182

(1) *Cases treated* :—

(a) Cured 15

(b) Under treatment at end of year ... 71

(c) Treatment commenced but discontinued for various reasons, i.e., left district, left school, etc. 6

Total 92

(2) *Treatments* :—

Cases cured—average length of treatment 11 months.

Cases still under treatment :—

	After treatment for				
	Over 12 mths.	9-12 mths.	6-9 mths.	3-6 mths.	Under 3 mths.
No. of cases	55	7	2	1	6
Average fusion... ..	5.0°	4.0°	4.0°	—	0.6°
No. showing definite diminution of squint	48	3	1	—	—
No. showing improvement	53	5	2	1	2
Percentage showing improvement	96	71.4	100	100	33
No. showing no improvement	2	2	—	—	4

No. of treatments given 1,264

WM. A. GRAY, F.R.C.S.,
Ophthalmic Surgeon.

REPORT ON THE WORK OF THE ORTHOPÆDIC CLINIC.

To the School Medical Officer, May, 1939.
Barking Borough Council.

DEAR SIR,

The Statistical Returns show in general the scope of the work undertaken during the past year.

The increase in personnel and equipment has greatly added to the efficiency of the Clinic. A few minor additions are still required, after which the Clinic will become one of the most efficient in the district.

The diagnosis and treatment of the patients have proceeded along normal lines. The major disabilities have been, as in the past, cases of acute and chronic anterior poliomyelitis. A number of the latter have been seen in the first instance at the Barking Hospital in consultation with the medical staff.

My personal thanks are due to the members of the Massage and Clerical staffs, and in particular to Miss Roe, the head masseuse, to whose energy and foresight much of the success of the Clinic is due.

The following tables, which are prepared on lines similar to those previously used, show the work which has been carried out at the Orthopædic Clinic amongst children of school age :—

No. of primary examinations by Orthopædic Surgeon	...	...	...	...	...	217
No. of re-examinations by Orthopædic Surgeon	...	...	...	...	...	229

The cases dealt with for the first time during 1938 were referred for the following conditions:—

(a) *Deformities of Bones and Joints.*

1. *Congenital:*

Additional digit—feet	...	...	1
Congenital dislocation hip	...	...	1
Deformity—foot	...	...	1
Deformity—digit	...	...	1
Digitus varus	...	...	1
Mid-tarsal varus	...	...	1
Talipes	...	...	2

2. *Acquired:*

Bowed tibiæ	...	...	5
Deformed chest	...	...	27
Exostosis	...	...	3
Genu valgum	...	...	58
Genu varum	...	...	11
Hallux valgus	...	...	2
Hallux rigidus	...	...	1
Hammer toes	...	...	3
Harrison's sulcus	...	...	1
Injury—foot	...	...	1
Injury—thumb	...	...	1
Injury—ankle	...	...	1
Injury—finger	...	...	2
Kohler's disease	...	...	1
Left shoulder higher than right	...	...	1
Perthe's disease	...	...	1
Pes planus	...	...	22
Valgus ankles	...	...	9
Von Schlatter's Disease	...	...	1
? Arthritis—hip and knee	...	...	1
? Internal Derangement knee	...	...	1

(b) *Deformities—Muscular.*1. *Congenital :*

Scoliosis	1
Torticollis	2

2. *Acquired :*

Bad posture	12
Contracted extensors	1
Intoeing	7
Kyphosis	7
Kypho-lordosis	1
Lordosis	4
Pes planus	67
Round shoulders	13
Scoliosis	2

 117
(c) *Paralysis.*

A.P.M.	3
---------------	---

 3
(d) *Miscellaneous.*

Cleft palate	1
Ganglion—hand	2
Onychogryphosis—foot	1
Pain in hip	1
? Bursitis superficial T.A.	1

 6

 Total defects found ... 287

During the year, eleven children were admitted to Hospital, ten for operations and one for observation, as follows :—

Operations :

Amputation extra digit—feet R. and L. ...	1
Arthrodesis—base of metacarpal 1 and plaster	1
Arthrodesis—proximal joint—foot ...	2
Scaphoid Arthrodesis R. & L. and plaster ...	1
Manipulation—feet and plaster ...	1
Open elongation T. A. R. & L. and plaster ...	1
Plaster bed ...	1
Tenotomies adductors and plaster ...	1
Tenotomies Tendo Achillis ...	2
Transposition Tendon flexor longus pollicis and plaster ...	1
	—
	12
Observation ...	1
	—
Total ...	13
	==

B. WHITCHURCH HOWELL, F.R.C.S.

Orthopædic Surgeon.

PARTICULARS OF THE WORK DONE IN CONNECTION WITH
THE ORTHOPÆDIC CLINIC DURING 1938.

No. of sessions held by Orthopædic Surgeon	No. of sessions held by Masseuses	ATTENDANCES.							
		Primary Examination		Re-examination		For Treatment		Totals	
		School Children	Toddlers and Expectant & Nursing Mothers	School Children	Toddlers and Expectant & Nursing Mothers	School Children	Toddlers and Expectant & Nursing Mothers	School Children	Toddlers and Expectant & Nursing Mothers
11	1,058	217	178	229	174	7,366	4,813	7,812	5,165

TREATMENTS.

	Massage		Electricity		Remedial Exercises		Ultra-Violet Therapy		Radiant Heat		Dressings and Splintage		Totals.	
	No. of Children	No. of Treatments	No. of Children	No. of Treatments	No. of Children	No. of Treatments	No. of Children	No. of Treatments	No. of Children	No. of Treatments	No. of Children	No. of Treatments	No. of Children	No. of Treatments
School Children ...	33	937	10	308	269	1,824	317	3,995	21	473	300	1,563	950	9,100
Toddlers and Expectant and Nursing Mothers	69	1,102	27	181	167	1,002	232	2,827	31	182	268	1,666	771	6,960
Admissions to Hospitals							On Waiting List for Admission 31/12/38							
School Children	Toddlers		Total				School Children	Toddlers		Total				
11 (Under Council's Orthopædic Scheme)	—		11				—	—		—				

REPORT ON THE WORK OF THE EAR, NOSE & THROAT CLINIC.

To the School Medical Officer,

May, 1939.

Barking Borough Council.

DEAR SIR,

The opening of an Ear, Nose and Throat Clinic in September of the year under review for the Borough of Barking has made provision for certain treatments which hitherto were somewhat difficult to obtain locally, such as zinc ionisation for discharging ears and diastolisation for certain nasal conditions.

It was noted, shortly after the time of the Political Crisis in September, 1938, that there was an increase amounting almost to an epidemic in the number of cases of Acute Suppurative Otitis Media with, in several cases, Mastoiditis. This effect was felt at the newly established Clinic, and may be ascribed to different factors. Some patients reported that they had caught a chill waiting in queues for Gas Mask fittings. In other cases it seemed attributable to a slight lowering of the general standard of health and resistance to infection following upset of normal routine, and mental upset.

Further, I have noted, as compared with comparable Clinics, a marked absence of cases of Hayfever and Asthma. Whether these cases are not yet reaching me, whether provision for them is supplied elsewhere, or whether such cases are numerically small in Barking—and these diseases notoriously vary from one district to another—are points to be elucidated by further enquiry and observation.

There has been, since Christmas, an epidemic of acute ear conditions coincident with the influenzal outbreak, and mostly due to a Haemolytic Streptococcal infection.

Arrangements have been made for keeping under supervision at the clinic all those cases which had ear trouble whilst in-patients in the Barking Hospital, thus enabling any relapse to which such type of patient is prone to be dealt with at the beginning.

C. R. SANDIFORD, F.R.C.S.,

Ear, Nose and Throat Surgeon.

SCHOOL MEDICAL SERVICE.

Statistical Tables—Public Elementary Schools, 1938.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups :—

Entrants	1,639
Second Age Group	1,419
Third Age Group	1,249
Total	4,307

Number of other Routine Inspections 409

Grand Total 4,716

B.—Other Inspections.

Number of Special Inspections 12,492

Number of Re-Inspections 26,126

Total 38,618

C.—Children found to require Treatment.

Number of individual children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group	For defective vision (excluding squint)	For all other conditions recorded in Table II A	Totals.
ENTRANTS	10	431	440
SECOND AGE GROUP	84	235	301
THIRD AGE GROUP	83	115	190
TOTALS (PRESCRIBED GROUPS)	177	781	931
OTHER ROUTINE INSPECTIONS	27	72	97
GRAND TOTALS	204	853	1,028

TABLE II. (A)—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1938.

Defect or Disease					Routine Inspections		Special Inspections	
					No. of Defects		No. of Defects	
					Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring Treatment
Skin	(1)	Ringworm—Scalp	...	...	—	—	5	—
	(2)	Body	...	...	2	—	34	—
	(3)	Scabies	...	...	7	1	125	—
	(4)	Impetigo	...	...	11	2	379	—
	(5)	Other Diseases (Non-Tuberculous)	...	...	52	29	363	18
	Totals (Heads 1–5)					72	32	906	18
Eye	(6)	Blepharitis	...	...	25	13	122	4
	(7)	Conjunctivitis	...	...	11	4	251	1
	(8)	Keratitis	...	...	—	—	3	—
	(9)	Corneal Opacities	...	...	1	—	—	—
	(10)	Other Conditions (excluding Defective Vision and Squint)	...	...	13	6	122	3
	Totals (Heads 6–10)					50	23	498
Ear	(11)	Defective Vision (excluding Squint)	...	...	204	103	167	36
	(12)	Squint	...	...	32	5	25	14
	(13)	Defective Hearing	...	...	9	5	6	2
Ear	(14)	Otitis Media	...	...	2	4	23	—
	(15)	Other Ear Diseases	...	...	60	5	224	9
Nose and Throat	(16)	Chronic Tonsillitis only	...	...	122	423	150	80
	(17)	Adenoids only	...	...	2	2	3	3
	(18)	Chronic Tonsillitis and Adenoids...	...	...	11	4	20	1
	(19)	Other Conditions	...	...	28	28	208	19
(20)	Enlarged Cervical Glands (Non-Tuberculous)	...	...	35	75	59	41	
(21)	Defective Speech	...	...	17	20	16	16	
Heart and Circulation	Heart Disease :							
	(22)	Organic	...	...	4	31	3	13
	(23)	Functional	...	...	6	103	3	47
(24)	Anæmia	...	...	40	34	77	17	
Lungs	(25)	Bronchitis	...	...	30	57	69	13
	(26)	Other Non-Tuberculous Diseases	...	...	12	38	29	15

TABLE II. (A)—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED DECEMBER 31, 1921

Defect or Disease	Number of cases	Percentage of total	Disposition of cases	
			Returned to work	Retired
(1) Highways	1	0.00	1	0
(2) Other Diseases (Non-Tubercular)	5	0.02	5	0
(3) Impairment	17	0.07	17	0
(4) Tuberculosis	17	0.07	17	0
(5) Other Diseases (Non-Tubercular)	5	0.02	5	0
Totals (Items 1-5)	45	0.19	45	0
(6) Rheumatism	17	0.07	17	0
(7) Gout	17	0.07	17	0
(8) Syphilis	17	0.07	17	0
(9) Gonorrhea	17	0.07	17	0
(10) Other Conditions (excluding Defects)	17	0.07	17	0
(11) Vision and Spinal	17	0.07	17	0
(12) Other Diseases (Non-Tubercular)	5	0.02	5	0
Totals (Items 6-11)	84	0.36	84	0
(13) Defective Vision (excluding Spinal)	304	1.32	304	0
(14) Spinal (other than vision)	42	0.18	42	0
(15) Defective Hearing	4	0.02	4	0
(16) Other Defects	4	0.02	4	0
(17) Other Diseases (Non-Tubercular)	4	0.02	4	0
(18) Other Diseases (Non-Tubercular)	4	0.02	4	0
(19) Chronic Tonsillitis only	122	0.52	122	0
(20) Chronic Tonsillitis and Adenoids	17	0.07	17	0
(21) Other Conditions	28	0.12	28	0
(22) Enlarged Cervical Glands (Non-Tubercular)	42	0.18	42	0
(23) Defective Speech	17	0.07	17	0
(24) Heart Disease	4	0.02	4	0
(25) Organic	4	0.02	4	0
(26) Functional	4	0.02	4	0
(27) Anemia	4	0.02	4	0
(28) Bronchitis	28	0.12	28	0
(29) Other Non-Tubercular Diseases	17	0.07	17	0

TABLE II. (A)—*continued.*

Defect or Disease							Routine Inspections		Special Inspections	
							No. of Defects		No. of Defects	
							Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring Treatment
Tuber- culosis	Pulmonary :									
	(27)	Definite	...	...	...	...	1	1	—	—
	(28)	Suspected	...	...	...	...	1	—	—	1
	Non-Pulmonary :									
	(29)	Glands	...	...	...	...	—	2	—	4
	(30)	Bones and Joints	...	...	...	...	—	—	—	—
	(31)	Skin	...	...	...	...	—	—	—	—
	(32)	Other Forms	...	...	...	...	—	—	—	—
Totals (Heads 29-32)							—	2	—	4
Ner- vous System	(33)	Epilepsy	...	...	...	...	—	2	1	2
	(34)	Chorea	...	...	...	...	3	3	11	22
	(35)	Other Conditions	...	...	...	...	46	37	67	45
Defor- mities	(36)	Rickets	...	...	...	...	4	5	1	1
	(37)	Spinal Curvature	...	...	...	...	13	11	5	6
	(38)	Other Forms	...	...	...	...	219	161	109	37
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)							121	221	4,689	222
Total number of defects							1,144	1,435	7,369	692

TABLE II.

(B) CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	1,639	400	24.40	1,122	68.46	115	7.02	2	0.12
Second Age-group	1,419	413	29.11	897	63.21	106	7.47	3	0.21
Third Age-group ...	1,249	261	21.00	949	76.00	39	3.00	—	—
Other Routine Inspections ...	409	107	26.16	275	67.24	27	6.60	—	—
Totals ...	4,716	1,181	25.04	3,243	68.76	287	6.09	5	0.11

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA.

BLIND CHILDREN.

At Certified Schools for the Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
3	—	—	—	3

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind	At Certified Schools for the Partially Sighted	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	5	—	—	1	6

DEAF CHILDREN.

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
12	—	—	—	12

TABLE III.—*continued.*

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf	At Certified Schools for the Partially Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	—	—	—	—

MENTALLY DEFECTIVE CHILDREN.

Feeble-Minded Children.

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
57	—	—	—	57

EPILEPTIC CHILDREN.

Children Suffering from Severe Epilepsy.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	—	—	—	1

TABLE III.—*continued.*

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

I.—Children Suffering from Pulmonary Tuberculosis.
(Including pleura and intra-thoracic glands.)

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Totals
— (1)	— (2)	6 (—)	2 (—)	8 (3)

II.—Children Suffering from Non-Pulmonary Tuberculosis.

(This category includes tuberculosis of all sites other than those shown in I above.)

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Totals
1 (6)	4 (16)	4 (—)	2 (—)	11 (22)

EXPLANATORY NOTE.

Physically Defective Children—Tuberculous.

Attendance at a Tuberculosis Dispensary, subsequent to active treatment, has been looked upon as preventive treatment and therefore treatment within the meaning of the Table.

The figures in brackets under this section denote children who are notified cases of Tuberculosis and are therefore attending a Tuberculosis Dispensary, but in whose case the disease has been declared "arrested" although the children cannot yet be said to be "recovered."

B—DELICATE CHILDREN.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
62	2	—	1	65

TABLE III.—*continued.*

C.—CRIPPLED CHILDREN.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
16	—	—	2	18

D.—CHILDREN WITH HEART DISEASE.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
28	4	—	2	34

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect	At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Totals
Mental Defect (feeble-minded) and Crippling	1	—	—	—	1
Mental Defect (feeble-minded) and Heart Disease	—	—	—	—	—
Deafness and Crippling	1	—	—	—	1

FORM 307M.—STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1938, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total No. of Children Notified 7

Analysis of the above Total.

Diagnosis	Boys	Girls
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots	—	—
(b) Imbeciles	1	—
(c) Others	—	2
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives	—	—
(b) Others	—	1
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	2	1
3. Feeble-minded children notified under Article 3, <i>i.e.</i> , "special circumstances" cases	—	—
4. Children who in addition to being mentally defective were blind or deaf	—	—
GRAND TOTALS ...	3	4

TABLE IV.
RETURN OF DEFECTS TREATED DURING
THE YEAR ENDED 31ST DECEMBER, 1938.

GROUP I.—Minor Ailments (excluding Uncleanliness,
for which see Table VI).

Defect or Disease	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Totals
Skin—			
Ringworm—Scalp :			
(i) X-Ray Treatment	1	—	1
(ii) Other	3	—	3
Ringworm—Body	33	—	33
Scabies... ..	114	4	118
Impetigo	370	3	373
Other skin disease	293	31	324
Minor Eye Defects (External and other, but excluding cases falling in Group II).	416	24	440
Minor Ear Defects	209	21	230
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.).	3,370	133	3,503
Totals	4,809	216	5,025

TABLE IV.—*continued.*

GROUP II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

	Number of Defects dealt with		
	Under the Authority's Scheme	Otherwise	Totals
Errors of Refraction (including Squint)	1,045	21	1,066
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—
Totals	1,045	21	1,066

Number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	387
(b) Otherwise	... ..	18
Total	...	<u>405</u>

Number of children who obtained spectacles :—

(a) Under the Authority's Scheme	...	394
(b) Otherwise	... ..	18
Total	...	<u>412</u>

TABLE IV.—*continued.*

GROUP III.—Treatment of Defects of Nose and Throat. Number of Defects.

Defect	Received Operative Treatment			Received other forms of Treatment	Total number treated
	Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Totals		
Tonsils only	—	30	30	} 230	497
Adenoids only	2	1	3		
Tonsils and Adenoids	230	1	231		
Other... ..	3	—	3		
Totals	235	32	267	230	497

GROUP IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme			Otherwise			Total number treated
	Residential treatment with education	Residential treatment without education	Non-Residential treatment at an orthopædic clinic	Residential treatment with education	Residential treatment without education	Non-Residential treatment at an orthopædic clinic	
Number of children treated	5	1	359	—	1	2	363

Group III—Treatment of Disease of Nervous System

TABLE IV

Disease	Number of cases		Total
	Number of cases	Percentage	
Tetanus only	1	100	1
Admission only	1	100	1
Tetanus and Admission	1	100	1
Other	0	0	0
Total	3	100	3

Number of children who were admitted to hospital

(a) 100%

Group IV—Orthopedic and Neurological

Disease	Number of cases		Total
	Number of cases	Percentage	
Orthopedic	1	100	1
Neurological	0	0	0
Total	1	100	1

SCHOOL DENTAL SERVICE

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

Aged :									
Routine Age Groups	}	5	...	...	...	...	...	...	515
		6	...	...	...	...	...	...	627
		7	...	...	...	...	...	...	606
		8	...	...	...	...	...	...	564
		9	...	...	...	...	...	...	657
		10	...	...	...	...	...	...	599
		11	...	...	...	...	...	...	621
		12	...	...	...	...	...	...	885
		13	...	...	...	...	...	...	550
		14	...	...	...	...	...	...	151
		Total	...	...	...	...	...	...	5,775
		(b) Specials	...	...	...	...	...	...	1,375
		(c) Grand Total (Routine and Specials)	...	...	...	...	...	...	7,150

(2) Found to require treatment 5,917

(3) Actually treated 4,666

(4) Attendances made by children for treatment 12,647

(5) Half-days devoted to :—

Inspection 27

Treatment 1,123

Total 1,150

(6) Fillings :—

Permanent teeth 6,623

Temporary teeth 91

Total 6,714

SCHOOL MEDICAL SERVICE.

Statistical Tables—Secondary Schools in Barking, 1938.

(i.e., BARKING ABBEY SECONDARY SCHOOL AND THE DAY SCHOOL OF THE SOUTH-EAST ESSEX TECHNICAL COLLEGE).

TABLE I.

RETURN OF MEDICAL INSPECTIONS.
(SECONDARY SCHOOLS ONLY.)

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups :—

Entrants	363
Second Age Group	202
Third Age Group	100
Total	665
Number of other Routine Inspections	—
Grand Total	665

B.—Other Inspections.

Number of Special Inspections	148
Number of Re-Inspections	643
Total	791

C.—Children to require Treatment.

Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases.)

Group.	For defective vision (excluding squint)	For all other conditions recorded in Table IIA	Totals.
ENTRANTS	45	64	102
SECOND AGE GROUP	23	13	34
THIRD AGE GROUP	16	9	22
TOTALS (PRESCRIBED GROUPS)	84	86	158
OTHER ROUTINE INSPECTIONS	—	—	—
GRAND TOTALS ...	84	86	158

TABLE II. (A)—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31ST DECEMBER, 1938.

(SECONDARY SCHOOLS ONLY.)

Defect or Disease		Routine Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring Treatment
Skin	(1) Ringworm—Scalp	—	—	1	—
	(2) Body	—	—	4	—
	(3) Scabies	1	—	—	—
	(4) Impetigo	—	—	1	—
	(5) Other Diseases (Non-Tuberculous) ...	8	3	2	—
Totals (Heads 1–5)		9	3	8	—
Eye	(6) Blepharitis	3	—	—	—
	(7) Conjunctivitis	1	—	1	—
	(8) Keratitis	—	—	—	—
	(9) Corneal Opacities	—	1	—	—
	(10) Other Conditions (excluding Defective Vision and Squint)	2	—	3	—
Totals (Heads 6–10)		6	1	4	—
	(11) Defective Vision (excluding Squint) ...	84	16	5	—
	(12) Squint	—	—	—	—
Ear	(13) Defective Hearing	1	—	—	—
	(14) Otitis Media	—	—	—	—
	(15) Other Ear Diseases	3	1	1	—
Nose and Throat	(16) Chronic Tonsillitis only	2	6	7	—
	(17) Adenoids only	—	—	—	—
	(18) Chronic Tonsillitis and Adenoids ...	1	1	—	—
	(19) Other Conditions	9	4	—	—

TABLE II (A)—RETURN OR DEFECTS FOUND BY SURVEILORS IN THE YEAR ENDED 31st DECEMBER 1934 (Secondary Schools)

Category	Number of Defects	Percentage of Total
Defective Hearing	10	0.1
Defective Vision (excluding Spots)	11	0.1
Spots	12	0.1
Defective Hearing	13	0.1
Defective Vision	14	0.1
Other for Defects	15	0.1
Chronic Tonsillitis only	16	0.1
Adenoids only	17	0.1
Chronic Tonsillitis and Adenoids	18	0.1
Other Conditions	19	0.1
Totals (Items 1-19)	100	100
Defective Hearing	20	0.2
Defective Vision (excluding Spots)	21	0.2
Spots	22	0.2
Defective Hearing	23	0.2
Defective Vision	24	0.2
Other for Defects	25	0.2
Chronic Tonsillitis only	26	0.2
Adenoids only	27	0.2
Chronic Tonsillitis and Adenoids	28	0.2
Other Conditions	29	0.2
Totals (Items 20-29)	100	100
Defective Hearing	30	0.3
Defective Vision (excluding Spots)	31	0.3
Spots	32	0.3
Defective Hearing	33	0.3
Defective Vision	34	0.3
Other for Defects	35	0.3
Chronic Tonsillitis only	36	0.3
Adenoids only	37	0.3
Chronic Tonsillitis and Adenoids	38	0.3
Other Conditions	39	0.3
Totals (Items 30-39)	100	100

TABLE II. (A)—*continued.* (SECONDARY SCHOOLS ONLY.)

Defect or Disease	Routine Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring Treatment
(20) Enlarged Cervical Glands (Non-Tuberculous) ...	1	3	—	—
(21) Defective Speech	1	—	—	—
Heart and Circulation { Heart Disease :				
(22) Organic	—	2	—	—
(23) Functional	—	4	—	—
(24) Anæmia	—	—	—	—
Lungs { (25) Bronchitis	—	1	1	—
(26) Other Non-Tuberculous Diseases ...	—	3	—	—
Tuberculosis { Pulmonary :				
(27) Definite	—	—	—	—
(28) Suspected	—	—	—	—
Non-Pulmonary :				
(29) Glands	—	—	—	—
(30) Bones and Joints	—	—	—	—
(31) Skin	—	—	—	—
(32) Other Forms	—	—	—	—
Totals (Heads 29-32)	—	—	—	—
Nervous System { (33) Epilepsy	—	—	—	—
(34) Chorea	—	—	—	—
(35) Other Conditions	—	4	—	1
Deformities { (36) Rickets	—	—	—	—
(37) Spinal Curvature	4	2	—	—
(38) Other Forms	46	2	1	—
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases) ...	12	24	32	10
Total number of defects ...	180	97	59	11

TABLE II (A)—Continued

Defect or Disease		Number of cases
Code	Description	
(30)	Isolated Cervical Glands (Non-Tuberculous)	...
(31)	Defective Speech	...
Heart and Circulation	(32) Aneurysm	...
	(33) Functional	...
	(34) Organic	...
Lungs	(35) Other Non-Tuberculous Diseases	...
	(36) Bronchitis	...
	(37) Tuberculosis	...
Tuberculosis	(38) Other Forms	...
	(39) Skin	...
	(40) Bones and Joints	...
	(41) Glands	...
	(42) Non-Tuberculous	...
Total (Items 29-52)		...
Systemic	(53) Other Conditions	...
	(54) Chorea	...
	(55) Epilepsy	...
Nervous	(56) Other Forms	...
	(57) Special Conditions	...
	(58) Hysteria	...
(59) Other Defects and Diseases (existing Defects of Nutrition, Endocrinology and Dental Diseases)		...
Total number of defects		...

TABLE II.

(B)—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

(SECONDARY SCHOOLS ONLY.)

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	363	50	13.77	299	82.37	14	3.86	—	—
Second Age-group	202	40	19.80	155	76.73	7	3.47	—	—
Third Age-group ...	100	38	38.00	61	61.00	1	1.00	—	—
Other Routine Inspections ...	—	—	—	—	—	—	—	—	—
Totals ...	665	128	19.25	515	77.44	22	3.31	—	—

TABLE III.
 RETURN OF ALL EXCEPTIONAL CHILDREN
 IN THE AREA.

(SECONDARY SCHOOLS ONLY.)

D (Year)	C (Slightly subnormal)		B (Normal)		A (Bright)		Number of Children	Age Group
	No.	%	No.	%	No.	%		
—	—	—	—	—	—	—	—	None.
—	—	3.80	14	82.87	100	—	303	...
—	—	3.37	7	70.75	155	10.80	303	...
—	—	1.00	1	81.00	61	38.00	100	...
—	—	—	—	—	—	—	—	...
—	—	3.81	22	77.44	315	16.25	680	Total

TABLE IV.

RETURN OF DEFECTS TREATED DURING
THE YEAR ENDED 31ST DECEMBER, 1938.
(SECONDARY SCHOOLS ONLY.)

GROUP I.—Minor Ailments (excluding Uncleanliness,
for which see Table VI).

Defect or Disease	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Totals
Skin—			
Ringworm—Scalp :			
(i) X-Ray Treatment	—	—	—
(ii) Other	1	1	2
Ringworm—Body	1	4	5
Scabies	—	1	1
Impetigo	1	—	1
Other skin disease	2	1	3
Minor Eye Defects (External and other, but excluding cases falling in Group II.)	2	—	2
Minor Ear Defects	1	—	1
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.).	28	2	30
Totals	36	9	45

TABLE IV.—*continued.*
(SECONDARY SCHOOLS ONLY.)

GROUP II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

	Number of Defects dealt with		
	Under the Authority's Scheme	Otherwise	Totals
Errors of Refraction (including Squint)	90	4	94
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—
Totals	90	4	94

Number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme ...	53
(b) Otherwise	4
Total ...	<u>57</u>

Number of children who obtained spectacles :—

(a) Under the Authority's Scheme ...	50
(b) Otherwise	4
Total ...	<u>54</u>

TABLE IV.—*continued.* (SECONDARY SCHOOLS ONLY.)GROUP III.—Treatment of Defects of Nose and Throat.
Number of Defects.

Defect	Received Operative Treatment			Received other forms of Treatment	Total number treated
	Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Totals		
Tonsils only	1	—	1	}	6
Adenoids only	—	—	—		
Tonsils and Adenoids	—	—	—		
Other... ..	—	—	—		
Totals	1	—	1	5	6

GROUP IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme			Otherwise			Total number treated
	Residential treatment with education	Residential treatment without education	Non-Residential treatment at an orthopædic clinic	Residential treatment with education	Residential treatment without education	Non-Residential treatment at an orthopædic clinic	
Number of children treated	—	—	56	—	—	—	56

TABLE IV—Continued (Secondary)

Group III—Treatment of Defective

Treatment	Number of patients	
	Admitted	Discharged
Total	1	1
Other	1	1
Female and Aesthetic		
Admission only		
Female only		

Number of patients treated

Group IV—Orthopedic

Treatment	Number of patients	
	Admitted	Discharged
Total	1	1
Other	1	1
Female and Aesthetic		
Admission only		
Female only		

TABLE V.
DENTAL INSPECTION AND TREATMENT.
(SECONDARY SCHOOLS ONLY.)

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

	Aged :								
Routine Age Groups	{	10	...	...	...	...	...	...	—
		11	...	...	...	...	...	...	67
		12	...	...	...	...	...	...	59
		13	...	...	...	...	...	...	67
		14	...	...	...	...	...	...	68
		15	...	...	...	...	...	...	57
		Total	...	...	...	...	...	318	
(b)	Specials	...	...	...	...	...	...	64	
(c)	Grand Total (Routine and Specials)	...	...	...	...	...	...	<u>382</u>	

(2) Found to require treatment 284

(3) Actually treated 263

(4) Attendances made by children for treatment 969

(5) Half-days devoted to :—

Inspection 2

Treatment 101

Total 103

(6) Fillings :—

Permanent teeth 701

Temporary teeth —

Total 701

(7) Extractions :—

Permanent teeth 120

Temporary teeth 59

Total 179

MEDICAL INSPECTION.

(SECONDARY SCHOOLS ONLY.)

The following table shows the number of medical examinations conducted at school at routine and special inspections during 1938 classified according to the schools, the number of inspections held in each school, and the number of parents or guardians present :—

School.	No. of Inspection Sessions.	Numbers Inspected.		No. of Parents present (Routine and Special Exams.)
		Routines and Specials.	Re-Exams.	
Barking Abbey Boys ...	7	113	46	54
Barking Abbey Girls ...	5	109	46	60
South-East Essex Technical College Boys ...	14	286	62	167
South-East Essex Technical College Girls ...	9	209	94	161
Totals	35	717	248	442

FINDINGS OF MEDICAL INSPECTION.

(SECONDARY SCHOOLS ONLY.)

Table II (A) on pages 239 and 240 gives in detail a return of defects found during the course of routine and special inspections at ordinary elementary schools and at the clinics.

The following table is similar to Table I (C) of the Returns to the Board of Education (given on page 238 of this report), except that it shows the percentage of children found to require treatment :—

Group.	Number of Children.		Percentage of children found to require Treatment.
	Inspected.	Found to require Treatment.	
PRESCRIBED GROUPS :			
Entrants	363	102	28.1
Second age group ...	202	34	16.8
Third age group ...	100	22	22.0
Totals (prescribed groups)	665	158	23.7
OTHER ROUTINE INSPECTIONS ...	—	—	—

FOLLOWING-UP.

(SECONDARY SCHOOLS ONLY.)

A summary of the following-up work by your School Nurses is given herewith :—

Number of visits to schools <i>re</i> medical inspection	39
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Total number of visits to schools	39
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Number of home visits in connection with :—

(a) Routine medical inspections	15
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(b) Cleanliness inspections	2
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(c) Infectious disease	1
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(d) Non-attendance for treatment at Minor Ailments Clinics, etc.	—
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(e) Miscellaneous	21
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(f) After operations for removal of enlarged tonsils and/or adenoids	—
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(g) Non-access visits	—
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ARRANGEMENTS FOR TREATMENT.

(SECONDARY SCHOOLS ONLY.)

A summary of the work of the Clinics is included in the following table :—

All Clinics.

Clinic.	No. of first attendances of school children.	Total No. of attendances of school children.
Minor Ailments :—		
(a) Central	60	175
(b) Woodward	23	109
(c) Porters Avenue	9	26
Ophthalmic	93	219
Dental	263	969
Orthopædic { FOR EXAMINATION	34	52
{ FOR TREATMENT	46	183

