[Report of the Medical Officer of Health for Barking].

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BARKING'S HEALTH

in

1954

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PUBLIC HEALTH COMMITTEE

as at 31st December, 1954.

Chairman—Alderman Mrs. JULIA H. ENGWELL

Vice-Chairman—Councillor Mrs. E. G. LAW

The Mayor—Councillor Mrs. M. BALL, J.P., C.A.

Mr. Alderman A. C. COLE
Alderman Mrs. A. M. MARTIN
Mr. Alderman J. R. SWEETLAND
Mr. Councillor S. W. BOSWELL
Councillor Mrs. M. BREDO, C.C.
Mr. Councillor G. H. COLLINS
Councillor Mrs. D. M. GLENNY
Mr. Councillor H. J. HILLS
Mr. Councillor L. C. JONES
Councillor Mrs. M. PRESTON
Councillor Mrs. J. E. ROYCRAFT
Mr. Councillor W. H. ROYCRAFT
Mr. Councillor LEONARD WRIGHT

BARKING COMMITTEE FOR EDUCATION

as at 31st December, 1954.

Chairman—Mr. Councillor TREVOR WILLIAMS

Vice-Chairman—Councillor Mrs. J. E. ROYCRAFT

Representative Members:—

The Mayor—Councillor Mrs. M. BALL, J.P., C.A.
Mr. Alderman A. E. BALL, J.P.
Alderman Mrs. JULIA H. ENGWELL
Alderman Mrs. A. M. MARTIN
Mr. Alderman J. R. SWEETLAND
Mr. Alderman W. G. WERMERLING
Mr. Councillor G. J. G. BEANE
Mr. Councillor G. H. COLLINS
Mr. Councillor E. E. GOWER
Mr. Councillor W. GWINNELL
Mr. Councillor L. F. HENSTOCK
Mr. Councillor H. J. HILLS
Mr. Councillor L. C. JONES
Councillor Mrs. E. G. LAW
Mr. Councillor A. V. RAY
Mr. Councillor S. R. ROWE
Mr. Councillor W. H. ROYCRAFT
Mr. Councillor LEONARD WRIGHT

Co-opted Members:—

Rev. W. F. P. CHADWICK
The Very Rev. Canon J. A. DACEY
Rev. B. F. HARVEY
Mr. J. ANDREWS
Mr. B. A. CLEMENTS
Mrs. L. F. M. DAVIS
Mrs. V. KEAY
Mr. H. A. SMITH, J.P.

Nominated Members:—

Mr. County Alderman K. E. B. GLENNY, J.P.
Mr. County Councillor G. H. SHALDERS

BARKING HEALTH AREA SUB-COMMITTEE

of the Essex County Health Committee

as at 31st December, 1954.

Chairman—Alderman Mrs. JULIA H. ENGWELL

Vice-Chairman—Councillor Mrs. E. G. LAW

Barking Borough Council Representatives:—

Mr. Alderman A. C. COLE
Alderman Mrs. A. M. MARTIN
Mr. Alderman J. R. SWEETLAND
Mr. Councillor S. W. BOSWELL
Mr. Councillor G. H. COLLINS
Councillor Mrs. D. M. GLENNY
Mr. Councillor H. J. HILLS
Mr. Councillor L. C. JONES
Councillor Mrs. E. G. LAW
Councillor Mrs. M. PRESTON
Councillor Mrs. J. E. ROYCRAFT
Mr. Councillor W. H. ROYCRAFT
Mr. Councillor S. C. SIVELL
Mr. Councillor LEONARD WRIGHT

Essex County Council Representatives:—

County Alderman Mrs. M. BALL, J.P.
Mr. County Alderman F. CULLEN
County Councillor Mrs. M. BREDO
County Councillor C. F. H. GREEN
County Councillor Mrs. A. J. MORRIS
County Councillor Mrs. M. H. PAIGE

The Executive Council for Essex Representative:—

Mr. County Alderman K. E. B. GLENNY, J.P.

The Local Medical Committee Representative:—

Dr. W. J. C. FENTON, J.P.

The Hospital Management Committee Representative:—

Mrs. D. L. BELCHAMBER

Voluntary Organisations' Representatives:—

Mr. J. W. HOLMES
Mrs. M. A. HUSTWAYTE
Miss M. MAYERS
Mrs. E. POTTER

STAFF, 1954

Medical Officer of Health, Area Medical Officer, and Divisional School Medical Officer:

D. E. CULLINGTON, M.A., M.B., B.Ch., D.C.H., D.P.H.

School Medical Officers and Assistant County Medical Officers:

MARGARET I. ADAMSON, M.B., B.Ch., D.P.H.
EILEEN E. V. MARTIN, M.B., B.Ch.
EUGENIA POPPER, M.D.
ARTHUR E. SELIGMANN, M.D., D.T.M. & H.
VIOLET SPILLER, M.D., M.R.C.S., L.R.C.P., D.P.H.
MARY H. WESTLAKE, M.B., B.Ch., D.P.H.

Dental Officers:

A. R. LEVY, L.D.S.R.C.S.
H. H. COOKE, L.D.S.R.C.S.
J. BUNTIN, L.D.S., R.F.P.S.G. (Commenced 10.5.54)
J. PRESSER, M.D. Cert. D.S. (Vienna)
R. B. PITTS, L.D.S.R.C.S. (Commenced 29.3.54)

Chief Sanitary Inspector:

N. BASTABLE, F.R.S.I., F.S.I.A.

Senior Sanitary Inspector:

Mr. C. S. COOK

Sanitary Inspectors:

Mr. E. A. ELLIS
Mr. D. G. STRIPP (Terminated 27.11.54)
Mr. B. HARRAWAY (Terminated 20.11.54)
Mr. E. G. TWEEDY

Student Sanitary Inspectors:

Mr. A. G. Merriman (Commenced 1.2.54)
Mr. B. R. Saunders (Commenced 12.11.54)

Superintendent Health Visitor:

Miss P. M. FAWCETT

Health Visitors, School Nurses, etc.:

Miss M. BAERLOCHER
Miss C. M. BROWNING (Commenced 10.8.54)
Miss A. CATTLE
Mrs. M. I. COOPER (Tuberculosis Health Visitor Terminated 5.6.54)
Mrs. F. E. FENNA (Terminated 30.10.54)
Miss N. A. FLUCK (Tuberculosis Health Visitor)
Miss J. FRANCE
Miss L. GOODACRE
Miss G. K. JEFFREYS
Miss J. McGILVRAY
Miss E. PARRY
Mrs. R. ROBERTSON (Commenced 15.2.54)
Miss E. M. SCHROPFER (Tuberculosis Health Visitor)
Miss E. J. WHITING

STAFF, 1954—*cont.*

Dental Nurses, etc.:

Miss H. BUSH (Dental Attendant) Mrs. V. HARDING (Dental Nurse)
Miss G. GEDEN (Dental Nurse) Mrs. R. MOULE (Dental Nurse)

In addition 18 part-time Nurses are employed for the staffing of the various Clinic services.

Chief Clerk (Administrative):
Mr. F. READ

Senior Administrative Assistant:
Mr. G. RUFF

Administrative and Senior Clerical Assistants:
Mr. B. S. WEAVER (Maternity and Child Welfare and Other Services)
Mrs. E. M. BARTHOLOMEW (School Health Services)
Miss H. BEARTON (Handicapped Pupils and Special Children)
Mr. S. DEEKS (Supplies and Maintenance)
Mr. A. HOWLETT (Staffing)

Non-Medical Supervisor of Midwives:
Miss D. A. RISELEY

District Midwives:
Miss E. V. ASHTON Mrs. I. M. BRONNICK Miss A. CUNNINGHAM

Matrons of Day Nurseries:
Mrs. J. M. HOWELL
(Terminated 10.12.54)
Miss F. B. NASON Miss I. K. STOKES

Domestic Help Organiser:
Mrs. L. EVERITT

Chief Chiropodist:
Mr. H. LEAVESLEY

Senior Dental Technician:
Mr. J. CONSTABLE

Speech Therapist:
Mrs. A. LING

Oral Hygienist:
Miss M. STANLEY

Occupational Therapist:
Miss Z. MERCER

REGIONAL HOSPITAL BOARD STAFF

Superintendent Physiotherapist:
Mr. T. HYND

Remedial Gymnast:
Mr. H. OGLE

Orthoptist
Miss M. LEWIS

TOWN HALL, BARKING,
ESSEX

March, 1956.

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

Mr. Mayor, Ladies and Gentlemen,

Although this is only my second annual report as your Medical Officer of Health the majority of it was compiled after I had given notice of my resignation, and indeed these words are being written long after I have left. Once again the report will appear much too late and I can only offer as excuses my departure and, in later stages, the printing dispute.

Of our activities during 1954 I should like to pick out for special mention co-operation, preventive mental health, health education and research. I think we can claim to have improved considerably the spirit of co-operation between family doctors and the public health team, and valuable personal contacts were made at a series of meetings at each of the clinics which were attended by somewhat over half the doctors practising in the Borough.

In the field of mental health the Psychiatrists have been encouraged from the fastness of the Child Guidance Clinic and have invaded the Child Welfare Centres to advise mothers of very young children—and by early treatment thus preventing the development of more serious troubles. It is, however, only our own medical officers and health visitors who can undertake preventive work on a sufficiently broad basis, and in-service training has been developed to help them in this task.

We are realizing, somewhat belatedly, that teaching, as opposed to dissemination of propaganda, calls not only for aptitude but for some specialized training. This year, thanks largely to invaluable help from the Central Council for Health Education, most members of the field staff have gained further knowledge of modern techniques in health education and this experience has been put to excellent use.

Research is not always accepted as a function of a public health department. Much can be done almost incidentally to our day to day work however. What might otherwise be somewhat routine duties assume further interest and, equally important, modest contributions can be made to our scientific knowledge. I would particularly draw to your notice the work on combined immunization which was undertaken largely by Dr. Spiller with the aid of Dr. Holt of the Wright Fleming Institute. A report of this has since been published in the "British Medical Journal". An outbreak of infectious hepatitis and our "routine" efforts at control provided an opportunity to investigate the value of gamma-globulin, this time with help from Dr. McDonald of the Medical Research Council.

Dr. Adamson's investigations into the common but much neglected problems of athlete's foot and plantar warts, though yet in their early stages, and the comparisons of the Heaf and Mantoux tuberculin skin tests undertaken by Drs. Martin and Seligmann in connection with B.C.G. vaccination, are further examples of useful investigations which can be conducted as an integral part of day to day duties.

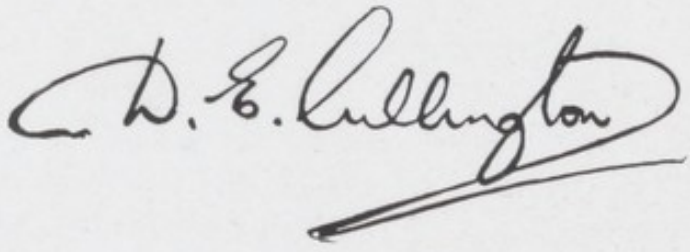
I have left Barking with happy memories, many regrets and some feeling of guilt for causing a further change so soon which must be somewhat unsettling for many members of the staff. My thanks go to them for their loyalty and for all the hard work put in during the year. In particular the health visitors and certain of the office staff have willingly carried the extra burden caused by the immunization and gamma-globulin enquiries.

I also wish to acknowledge the considerable personal assistance from the Borough Education Officer and the Head Teachers, the other Chief Officers and the County Medical Officer, Dr. G. G. Stewart. Finally, may I thank the Members of the Council and in particular the Chairman of the Public Health Committee, Alderman Mrs. J. Engwell, for their support during my brief tenure of office.

I am,

Mr. Mayor, Ladies and Gentlemen,

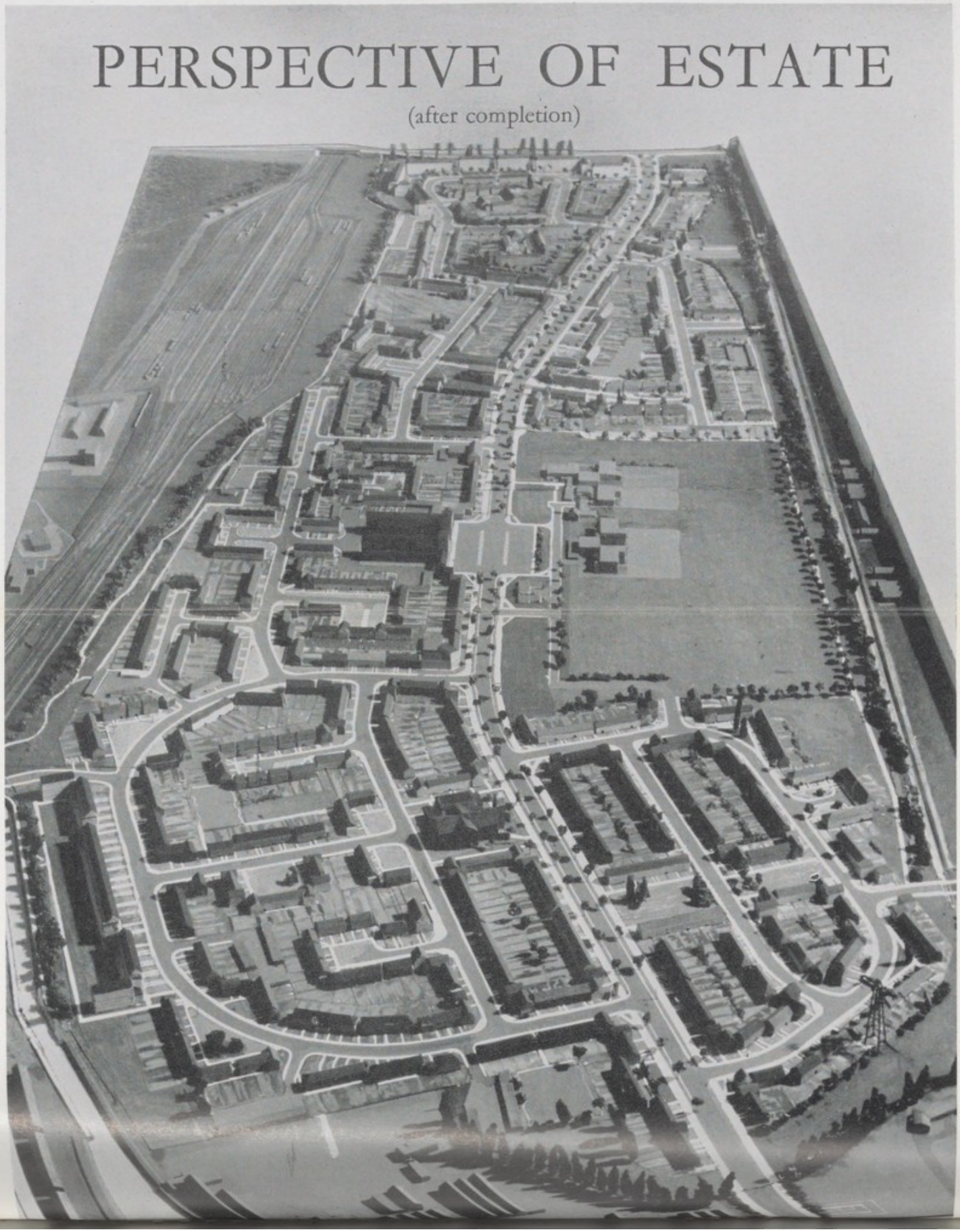
Your obedient Servant,



Medical Officer of Health.

PERSPECTIVE OF ESTATE

(after completion)



GENERAL PUBLIC HEALTH

THAMES VIEW HOUSING ESTATE

The outstanding event of 1954 was undoubtedly the official opening of the Thames View Housing Estate by A. S. Charlton, Esq., C.B.E., of the Ministry of Housing and Local Government on 12th June, and by a happy coincidence the Chairman of your Housing Committee was Mayor at this time.

Since my last annual report was written the Council has decided to increase the population density on this estate, partly by the erection of three blocks of multi-story flats. Besides giving greater architectural variation these will afford you the opportunity of providing for a much neglected section of the population—the single person living alone and out working during the day.

It is now anticipated that there will be some 2,000 units of accommodation with a total population approaching 10,000. In addition there will be 22 shops, 2 schools, 2 public houses, 2 churches and a clinic or possibly a health centre.

The photograph on page 8a shows the estate as it was expected to appear when completed. This together with the following account appeared in the official souvenir brochure.

"The estate, which will cover some 160 acres, lies immediately to the south of the Barking Bye-Pass and to the east of River Road, and is near the River Thames, hence its name. For hundreds of years this part of Barking has been known as the Ripple Marshes and the Council have always recognised that the site was far from ideal.

However, faced with the urgent problem of providing houses to meet present-day needs and having upwards of 4,000 applications on its housing list, the Council had no option but to give this particular site careful consideration as there was no other available and large enough site in the Borough.

The Council debated for some time the pros and cons of building on this site, or acquiring land outside the Borough. They made repeated enquiries for land outside the district but their negotiations to this end were unsuccessful. Ultimately it came to the point of deciding whether to make a compulsory purchase order in respect of land some miles away from Barking or using this site, which obviously required a considerable amount of money expended upon it before it could ever be used, for housing purposes.

One important factor which the Council have always had in mind is that should they build some miles away from Barking they would be imposing upon many of their people the additional burden of daily travel which has long been recognised, in the London area at any rate, as an expensive and exhausting experience.

The Council first discussed using this site in July 1949, but so many difficulties were encountered that it was not until September, 1953, that they were able to enter into negotiations for the erection of the first 113 dwellings on the site.

The acquisition of the site has involved long and varied negotiations. Some 87 acres were in the possession of the Council and were held as allotment and industrial land. Alternative land had to be found for the allotment holders and negotiations were entered into with both the local allotments Society and the Ministry of Agriculture and Fisheries and ultimately a transfer was agreed. The remaining 73 acres are being acquired from the British Electricity Authority who have permitted the Council to enter upon the land pending the completion of the purchase.

Town planning has loomed largely in the development of the estate. It will be appreciated that the Essex County Council is the town planning authority under the Town and Country Planning Act, 1947, and the Borough Council have had to submit all their development proposals to the County Council. Arising thereout involved discussions took place with the County Planning Office, and in December, 1951, the Ministry of Housing and Local Government convened a conference of representatives of the County Planning Committee and the Borough Council. The problems were fully investigated and that month planning approval was received from the County Council.

The Borough Council's proposals for a Regional Open Space on land lying to the east of Renwick Road, will, when completed, add greatly to the amenities of the estate.

The anticipated development of the estate is at the rate of some 300 dwellings a year and it will, therefore, take some 5–6 years to complete. It is hoped by the planting of trees to materially improve the general amenities of the estate and the Council look to the tenants to assist in making this development a great success by the proper cultivation of their front and back gardens.

It is anticipated that the total cost of the housing development will be in the region of £3$\frac{3}{4}$ million and although the rents may

be somewhat higher than those of similar Council houses in other parts of the Borough, owing to the high cost involved in land acquisition and the preparation of the site for building, nevertheless the Council feel that prospective tenants will recognize the advantages of living within the Borough rather than having to pay heavy travelling expenses which would have been the case had the Council gone farther afield for building land."

By the end of the year 113 dwellings on the estate were occupied, and plans for an infants' school and a clinic were at an advanced stage.

Clinic Premises

During the year the County Council approved the inclusion in their Capital Building Programme of clinic premises to serve the Thames View Estate, and the Borough Architect was requested to prepare plans for the building.

Reference was made in last year's report to the fact that it was hoped eventually to include therein accommodation for general medical practitioner services. It was realized, of course, that this would mean the building had to be classified as a health centre, and that under present circumstances there was little likelihood of the Ministry giving early approval to such a proposal. This is a very great pity since, as the Medical Practices Committee for England and Wales told the Minister in its fifth Annual Report published during the year, "it cannot be too strongly emphasized that once patients on such an estate have been accepted on the list of a doctor outside its boundary, it is of little or no avail to anyone if the Local Authority subsequently provides land or property for other doctors to practise within the estate itself, either from their own houses or from a health centre. The time when this provision should be made is when the first dwellings become occupied or shortly after."

We have worked on the assumption that, however much undesirable delay there may be, the family doctors and local authority staff will eventually work together under one roof. Although the distinction may seem unimportant, we have, therefore, planned a health centre, part of which can be erected immediately to form a self-contained clinic, rather than design a clinic which could later be extended to include accommodation for general practitioners.

Existing health centres suffer from the ambitious planning which was in accord with the wave of optimism accompanying the launching of the National Health Service, and the premises are often far too extensive and expensive to be reproduced on the scale originally envisaged.

Much of the accommodation is to be shared between general practitioners and the local authority staff, and we hope that most parts of the building will eventually be in use for the greater part of the day. This will, of course, be reflected in lower building costs and running expenses but, much more important to my mind, there will be the opportunity for very close integration of what hitherto have been two separate services.

There will be one main entrance, with a reception desk facing the doors. The reception and secretarial staff will cater both for the general practitioners' patients and those attending the local authority's clinics.

An effort has been made to get away from the traditional waiting hall with its flavour of a hospital out-patients department and we are suggesting instead a waiting space which makes the best use of its southern aspect, and the views across the school playing fields. For functional purposes this space will be divided by low partition walls.

A Health Visitors' office, welfare room and medical officers' room form a convenient maternity and child welfare suite. The medical work, both at ante-natal and infant welfare sessions, could well be carried out by the family doctors for their own patients if the Local Executive Council decide to carry out their original intention to appoint two doctors to the estate.

No special provision has been made for a school children's minor ailment room. Initially, a spare room upstairs will be used for this purpose, whilst eventually, when general practitioners conduct surgeries in the building, there is no reason why the children should not consult their own family doctors, and receive any necessary treatment in the treatment room from nurses provided by the local health authority.

Upstairs, provision has been made for a school dentist and ultimately for a general dental practitioner to be employed by the local executive council. The latter's surgery will provide a convenient temporary home for the school medical officers, and for school medical examinations if—as I fear—you are not able to provide adequate

accommodation for these in the new Thames View School. A large room has been provided for the purpose of holding relaxation classes, film shows and for general health education purposes. There is also a staff room which, it is hoped, will be used by all members of the staff working from the centre—thus assisting full co-operation.

General Practitioner Services

Since it was realized that the accommodation for general practitioners in the Health Centre was unlikely to be available for some years, consideration had to be given to alternative provision. The Health Area Sub-Committee did suggest that the Greatfields Clinic might be used by those general practitioners appointed to serve the estate. This is not too conveniently sited for such a purpose, and there seemed to be considerable doubt as to whether accommodation could legally be rented either to doctors or to the Local Executive Council without the clinic being designated a health centre.

The Borough Council's Housing Committee was aware of these difficulties, and also had before it a request from the Local Executive Council asking that two sites on the estate be reserved for doctors' houses. You provisionally reserved these two sites and you also agreed that, purely as a temporary measure, one house on the estate should be let to a doctor to be nominated by the Local Executive Council in order to provide surgery accommodation until the Health Centre was ready.

The principles to be adopted in selecting doctors to serve the estate have not yet been settled. The responsibility lies with the Local Executive Council, after consideration of the recommendations of the Local Medical Committee. This latter committee in turn called a meeting of local doctors to obtain their views.

The doctors pointed out that patients rehoused on the estate would not be new patients—they would simply be moving from one part of the town to another, and would be already on the list of Barking doctors. They, therefore, felt strongly that it was unnecessary to bring new doctors into the area specifically to serve the new Thames View Estate, and that existing practitioners should be given the opportunity of providing services there. There is much logic in this argument, and I have every sympathy with the doctors' point of view. Unfortunately, Barking is what is known as an "open area" and the Local Executive Council have no power to prevent new doctors setting up practice. In fact, two have done so since the time the meeting

was convened by the Local Medical Committee. For all practical purposes, therefore, it seems to me that the Local Executive Council could have carried through their original proposal to appoint two doctors to the estate without there being any different end result except that their entry to Barking could have been "controlled" rather than "uncontrolled".

Co-operation between general practitioners and the health visitors and other members of the local authority team serving the estate would thus have been rendered much easier. These two general practitioners could have undertaken treatment of minor ailments of school children as well as seeing their own patients at ante-natal clinics and advising the health visitor where necessary on problems arising in the infant welfare clinics. There would also have been no insuperable obstacles to their undertaking the routine work of medical examinations in the adjacent schools. All of this is work in which many general practitioners have an understandable and commendable interest, but it will not, I fear, be possible to include them if the Local Executive Council decides that ten or more existing doctors all share the work on the estate.

HEALTH EDUCATION

Last year I referred to the fact that I felt health education was one of the most important functions of a health department. I think it fair to say that whilst Medical Officers, Health Visitors, Sanitary Inspectors and others have a deep knowledge of matters pertaining to health, they have little training in methods of "putting it across" to others. Both Medical officers and Health Visitors receive their basic training in the treatment of the sick, and it is only later that attention is given to the promotion of health. Even those Medical Officers who take a D.P.H. still do not receive adequate training in health education methods, and it is only the more recently qualified Health Visitors who have received any instruction in this field.

It is thus necessary to arrange suitable "in-service" training and the highlight of the year was undoubtedly the visit of Dr. Davies, Education Officer to the Central Council for Health Education, who came to Barking in order to give us a two-day course on modern methods of health education. The course was attended not only by Medical Officers, Sanitary Inspectors and Health Visitors but by others including the Chief Chiropodist, Oral Hygienist and Mr. Howlett

who has given us most valuable help with the preparation of visual aids. This course, which was repeated later in the year for those who could not be spared on the first occasion, was of the greatest interest and stimulation to us all. Since then various members of the health team have been more than usually active in giving lectures to various bodies in the town, and they have made good use both of the experience gained in the use of visual aids and of certain sound filmstrips which have also been developed by the Central Council for Health Education.

MATTERS OF LIFE AND DEATH

Population

The population of Barking at mid-1954, according to the Registrar General's estimate, was 76,580. This shows a further decrease from the figure of 78,170 at the 1951 Census.

Births

998 live births and 29 still births were registered during 1954, distributed as follows:—

	Males	*Females*	*Total*
Live Births:—			
Legitimate	493	465	958
Illegitimate	24	16	40
Totals	517	481	998
Still-Births:—			
Legitimate	14	15	29
Illegitimate	—	—	—
Totals	14	15	29
Total Live and Still-Births ..	531	496	1,027

Birth Rate per 1,000 of Estimated Population 13.03.

Birth Rate adjusted by Comparability Factor of 0.93=12.12.

Still-Birth rate per 1,000 (Live and Still) Births 28.24.

Loss of Infant Life

In 1954 the infant death rate fell to 20 per 1,000 live births—the second lowest figure yet recorded in Barking. Whilst you will be pleased at this, I must warn you that, with relatively small numbers, rates such as these are bound to fluctuate somewhat and there may well be an upward swing again next year.

Of the 20 deaths occurring under the age of 1 year, no fewer than 16 were "neonatal" deaths and all took place within 1 week of birth mainly from such causes as heart failure and collapse of the lungs associated with prematurity. Add these 16 neonatal deaths to the 29 still-births and we have 45 babies who died before or soon after birth for reasons (let us admit) which we do not fully understand. Contrast these with the 4 babies who died later in their first year of life and you will realize (as I pointed out last year) that no material improvement can be expected through the efforts of your infant welfare services. We need research into the causes of these "peri-natal" deaths, and then we shall have to apply the knowledge in our ante-natal clinics and the maternity hospitals. We have already helped the National Birthday Trust Fund with one such investigation into the reasons for premature births, but unfortunately their preliminary report, issued during the year, gave few clues as to the causes.

Their findings confirmed that premature births were more likely to occur in wives of unskilled workers, and also that they more frequently occurred in younger mothers (under the age of 21) or in those in the later stage of reproductive life (over 30 years).

Whatever benefits were conferred by adequate ante-natal care, prevention of prematurity was apparently not included, whilst employment during pregnancy appeared not to affect the prematurity rate. It was pointed out, however, that this study related only to mothers having a first baby, and that many of these were living with parents or in-laws and had few domestic responsibilities. Later studies of women undertaking both full household duties and outside employment may tell another story.

Other findings were that shorter mothers tended to have premature babies, and that there was a similar tendency amongst those who found it difficult to conceive. Both points are interesting but difficult to apply directly to the problem of preventing prematurity.

Causes of Death in 1954	*Total*
Tuberculosis and other Infectious Diseases	13
Cancer and other Malignant Diseases	169
Diseases of the Brain and Nervous System	53
Diseases of the Heart and Circulatory System	189
Pneumonia, Bronchitis and other respiratory diseases (excluding T.B.)	67
Diseases of the Stomach and Digestive System	13
Accidents, Poisonings and Violence	23
Infant Deaths and Congenital Malformations	20
Other causes	69
Total ..	616

Crude Death Rate per 1,000 Estimated Population 8.04.
Adjusted Death Rate (Comparability Factor 1.33)=10.70.

Both the crude and adjusted death rates were slightly lower in 1954, but the picture remains broadly the same with diseases of the heart and circulatory system claiming one-third of all deaths, and cancer and diseases of the brain accounting for another third.

ACCIDENTS IN THE HOME

Last year the Committee considered Home Office Circular 106/53 with which was enclosed a report of the Standing Interdepartmental Committee on Accidents in the Home.

You expressed great interest in this matter and asked me to report further at a later date. When doing so I made the suggestion that it might be helpful to affiliate with the Royal Society for the Prevention of Accidents and you agreed to seek such affiliation. Following this decision there was prolonged correspondence between the Town Clerk and various government departments. The Minister of Housing and Local Government stated that a local authority which was not a local health authority had no legal power to make such subscription, although it was open to such authority to make a donation to a voluntary body working within the area. I thereupon suggested that the expenditure could be made under Section 179 of the Public Health Act which gives local authorities power to spend money on

literature and propaganda relating to matters of health and disease. The Minister of Housing and Local Government replied that, whilst no prior approval was required to expenditure under that section, he was still of the opinion that the Council would not be empowered to subscribe to the Royal Society for the Prevention of Accidents under that Act.

I next drew the attention of the Town Clerk to a section of the Report of the Chief Medical Officer to the Ministry of Health for 1952 in which it is clearly stated:—

> ". . . A considerable number of local authorities are showing an active interest in accident prevention and medical officers of health and their staffs are especially concerned. . . . This field of preventive work is clearly one for the Medical Officer of Health and his staff. . . ."

Despite the fact this correspondence had commenced in mid-1953 it did not finish until early 1955 with a letter from the Ministry of Health in which the Minister expressed his concurrence with the view of the Minister of Housing and Local Government that Section 179 of the Public Health Act would not empower the Council to subscribe to the Royal Society for the Prevention of Accidents.

The work of preventing accidents in the home is clearly work which should be undertaken as an integral part of the duties of the health visitors and other health workers who enter the home, and it should require no separate organization. Whilst I am fully aware that the difficulty could be overcome by the setting up of a specially, and technically voluntary, home safety committee, I have not suggested that we adopt this rather clumsy device of overcoming Ministerial red tape.

We do not want more committees and more talking. We need action by health visitors and others, and such organizations as the Royal Society for the Prevention of Accidents to provide us with propaganda material and stimulation. The Society must have financial support and it should be possible for local authorities to give it this modest help.

Since this report was first written an article entitled "Accidents in the Home", by one of the Ministry's Medical Officers, has been published in the Monthly Bulletin of the Ministry of Health. To quote from this: ". . . it is felt that this is a fruitful field of opportunity for preventive medicine by the Medical Officer of Health and his

staff". After referring to the services provided by the Royal Society for the Prevention of Accidents it continues: ". . . this would seem a particularly effective method of providing the M.O.H. with material for his campaign against this largely preventable hazard". Perhaps with the help of the Home Office, the Chief Medical Officer of the Ministry of Health may yet convince his lay colleagues in his own Ministry and in the Ministry of Housing and Local Government that the prevention of accidents in the home is more important than trivial legal niceties.

INFECTIOUS DISEASES

The following notifications were received during the year:—

	Notifications	*Deaths*
Pneumonia	47	29
Tuberculosis: Respiratory	60 } 71	11 } 12
Non-respiratory	11 }	1 }
Scarlet Fever	113	—
Dysentery	93	—
Puerperal Pyrexia	60	—
Measles	58	—
Whooping Cough	43	—
Food Poisoning	25	—
Erysipelas	21	—
Scabies	10	—
Malaria	2	—
Meningococcal Infection	2	—
Poliomyelitis	—	—
Diphtheria	—	—

In addition, I was unofficially informed of 290 cases of infective hepatitis (epidemic jaundice), a disease which is not, at present, notifiable in Barking.

Pneumonia

Although pneumonia is notifiable, it is not infectious in the sense of being a disease spread by germs from person to person, and there is little point nowadays in its being notifiable.

Tuberculosis

I have included tuberculosis here to emphasize that it is an infectious disease just as much as diphtheria or measles. It is such a big and important topic that I have devoted a special section to it.

Scarlet Fever

The number of cases notified was much the same as last year, and they were distributed fairly evenly throughout the year. The disease nowadays is invariably mild and there is little point in its continued notification—particularly since the disease is merely a streptococcal sore throat or tonsillitis with an associated rash. It is quite illogical to notify those children *with* a rash whilst those suffering from the same disease *without* the rash (and equally infective) are not notified and have no restrictions placed upon them.

Dysentery

There was a further sharp increase in the number of cases notified this year. There was no "carry over" from the Monteagle outbreak mentioned in my last report, since this was contained by the end of 1953, and no definite outbreak occurred in 1954. There was simply a large number of apparently unconnected cases, and I feel that the figures reflect more complete notification rather than any true increase.

Puerperal Pyrexia

Here again I think the higher total this year results from more thorough notification since, whilst the notifications received from the Senior Medical Officer of the Maternity Hospital have remained fairly steady those from a newly appointed junior have been much more numerous than those from her predecessor.

Measles

Only 58 cases were reported during the year and Barking has now been free from an epidemic for a longer period than at any time since the disease was first made notifiable. This, coupled with the fact that the disease was spreading in our direction from the Walthamstow and Wanstead areas during the year, made it virtually certain that a further epidemic would occur early in 1955.

Whooping Cough

We were also fortunate in being relatively free from whooping cough—only 43 cases being notified during 1954.

It is much too early yet to say whether or not this is the result of our immunization programme, but one hopes that it is and that figures will remain low. Whooping cough is still a most distressing disease, it still kills (particularly young babies), and, of course, also gives rise to most disabling lung disease.

I should particularly like to draw your attention to the preliminary results of our investigations into "combined" whooping cough and diphtheria immunization reported on page 48.

Malaria

You will no doubt be curious to know more about these two notifications. Both were in respect of the same individual—a member of the Services who suffered two relapses of an infection contracted whilst in the Far East.

Poliomyelitis

Fortunately no case of polio developed in 1954—possibly one of the minor blessings of the very poor "summer" weather. The results of the trials of polio vaccine being carried out in America will be anxiously awaited, and—if a safe and effective vaccine becomes available—I have no doubt that there will be a heavy demand for this from parents.

Diphtheria

This year we came dangerously near to having our first case since 1949. A swab taken from a child with a sore throat grew diphtheria germs but these were later shown to be of a mild and relatively harmless type, and he was diagnosed as suffering from an ordinary tonsillitis. Swabs which had in the meantime been taken from other members of the family were all reported as "negative".

As I said last year the present generation of parents have no experience of this ghastly disease and they are becoming apathetic about immunization. They are keen to have the whooping cough injections, however, and we thus feel that our results using the "combined" method are of practical importance.

Infective Hepatitis

Towards the end of March one or two general practitioners informed me that they were meeting cases of infective hepatitis (epidemic jaundice) in the Ripple Road area. Infective hepatitis is not, unfortunately, a notifiable disease in Barking, but I immediately asked all doctors in the Borough to let me have an unofficial notification of such cases.

Enquiries revealed that there had been four cases in the Becontree area during the latter months of 1953, but no connection could be

traced with the outbreak which followed at the other end of the Borough during 1954.

The first case in "Old" Barking occurred in January, 1954, in a girl attending the Westbury Infants' School. In February there were 4 further cases 2 of these being in the same class as the first case. The elder sister of the first case also developed the disease in February, and spread infection to the Junior School. From there on the disease spread throughout the two departments, there being a total of 37 cases in the Infants' Department and 46 in the Junior School during the year. There was a short outbreak at the Church of England School from February to June involving 13 children. In April the first of 28 cases developed in the Gascoigne Infants' School, and the following month saw the spread of infection to the Junior Department in which 36 cases had been reported by the end of the year. Ripple Infants' School first became involved in August and the Junior School in October, 5 infants and 13 juniors developing jaundice before the end of the year. There were also 58 cases amongst children attending various other schools.

It had been hoped that the infection would die out during the long summer school holidays, but early in the September Term it was apparent that this had not happened. I personally visited each of the schools primarily affected together with the appropriate Health Visitor, and we took the opportunity of explaining to the members of the teaching staff the methods by which the spread of infection was believed to take place and the hygienic measures necessary to control it.

I also suggested to the Barking Committee for Education that we should try the effect of excluding known contacts from school during the two-week period when it was most likely that the contacts would be in an infectious stage.

Analysis of the results of this policy was not encouraging: 51 children were excluded from school and of these only 7 subsequently developed attacks of hepatitis; 2 of these 7 children became ill before the beginning of the exclusion period and 4 developed the disease following exclusion at intervals varying from 1—11 days after return to school. Only 1 case developed the disease during the exclusion period. Exclusion was, therefore, discontinued after the Christmas holidays.

By November figures suggested that whilst the outbreak was drying out or was stationary in other schools, infection at the Gascoigne

Junior School was spreading and other measures of combating the disease had to be considered.

It was known that a substance called gamma-globulin, prepared from human blood, had been used successfully in America for the prevention of infectious hepatitis, although it was not certain whether the gamma globulin prepared from British blood donors had a similar protective effect. We did know it was harmless however, and it was worthwhile trying it out. An approach was, therefore, made to the Central Public Health Laboratories at Colindale and Dr. McDonald kindly promised us a supply. This was offered to all children attending the Gascoigne Junior School, and 83% of the parents gave their consent for the injections which were carried out on 29th November; 278 children were injected and of these only one subsequently developed jaundice. This child became ill only 48 hours later and was thus obviously about to develop the disease when the injection was given. Of the 98 children who did not receive gamma globulin (either because consent had not been given or because they were believed to have had the disease already) 3 subsequently developed jaundice. These figures suggest that gamma globulin was of value, but must be interpreted with caution since the two groups of children may not have been exactly alike. Those whose parents gave consent *might* possibly have come from homes where the standards of hygiene and care were above average, and fewer cases might have occurred in this group even had they not been injected.

Opportunity for a reliable assessment of the value of gamma globulin was provided in early 1955 and a short note on the results might not be out of place in this year's report. On the first day of the Spring Term the Headmaster of Ripple Junior School telephoned me to say that 20 or more of his pupils were away believed to be ill with jaundice. Dr. McDonald was again approached with a request for gamma globulin but unfortunately only about 200 doses were available. Since, judging by the demand at Gascoigne, we were expecting some 500 parents to ask for gamma globulin, an immediate decision had to be made whether to inject all the children in certain selected classes or whether to give equal opportunities to all children in the school. The latter alternative was chosen and parents were asked whether they would like their children to have the chance of having an injection; 432 parents gave their consent and alternate names on class rolls were picked to receive the injections; 207 children received injections of gamma globulin on the 19th January (7 others chosen being absent), whilst 218 children were observed as "controls".

There were two cases of jaundice amongst the children who received gamma globulin. As before, however, both children must have been on the point of developing the disease since they fell ill within 48 hours, and the gamma globulin could not have been expected to stop the attack.

Of the children who did not receive an injection, 5 subsequently developed jaundice at intervals varying from 3 to 9 weeks, thus providing valuable and fairly substantial evidence that the gamma globulin prepared in this country is of value in preventing jaundice.

I must record my very sincere thanks to Dr. McDonald for his expert advice and for coming to Barking personally to help Dr. Adamson and myself give the injections both at Gascoigne and at Ripple Schools. We all owe much to Mr. Wood and Mr. Aston, headmasters of the two schools, for the excellent arrangements and for their help subsequently in following up all children with suspicious symptoms.

Since we believe that this is one of the first "controlled' trials of gamma globulin carried out in this country, Dr. McDonald and I hope to publish these results in one of the medical journals. Unfortunately the shortage of gamma globulin will prevent its use on any wide scale as a method of controlling the spread of this infection.

TUBERCULOSIS

During the year, the Ministry of Health published a memorandum on the prevention of tuberculosis. I took the opportunity of submitting to you a fairly detailed summary and certain comments thereon, and I think that many of the points bear repetition here.

The memorandum pointed out that whilst deaths from tuberculosis have been falling rapidly during the past five years, there has been a very much smaller decline in the number of notifications. This, it was suggested, called for intensified efforts to bring the disease finally under control.

METHODS OF CONTROL

It cannot be emphasized too often that tuberculosis is an infectious disease and that the same principles of control apply as with other, but more dramatic, infectious diseases.

Can we not deal with tuberculosis with the sense of urgency that we should devote to say a smallpox outbreak? Tuberculosis has a longer incubation period and the epidemics therefore occur in "slow

motion", with one peak of infection superimposed upon another, but otherwise there is no fundamental difference.

Let us consider the measures needed to control an outbreak of smallpox. These are:—

(1) The doctor making the diagnosis must immediately inform the local Medical Officer of Health (notification).

(2) The patient must be removed to hospital (isolation).

(3) The immediate contacts must be protected by vaccination and then carefully watched for early symptoms of the disease (surveillance).

(4) A careful search must be made for unsuspected but nevertheless highly infectious cases which may give rise to further spread of infection (tracing possible sources of infection).

(5) One measure should have been taken *before* the outbreak commenced—the routine vaccination of a large proportion of the population in early life, thus making a large epidemic unlikely (prior vaccination).

Now can we apply these five principles to tuberculosis?

1. NOTIFICATION

The Ministry memorandum stated "completeness of notification of all detected cases is, of course, one essential contribution clinicians in or out of hospital should make". I could not agree more wholeheartedly.

I did mention last year that I felt certain that by no means all cases of tuberculosis infection were being notified. A particularly good (or bad) example of this can be quoted this year in that a member of the Health Area staff, picked up as a case by mass X-ray examination, has been off duty for many months but has never been notified to me. On taking up this point with the Chest Physician he pointed out, quite correctly, that the regulations only require notification where a person is *suffering* from tuberculosis. In this particular case the disease was not active and therefore she was not, in his opinion, *suffering* from the disease. This is solely a matter of opinion, although I personally feel that where a patient has to stay away from work for such a prolonged period that person is indeed suffering from tuberculosis. There is urgent need for a revision of the tuberculosis regulations so that all cases of tuberculous *infection* are notifiable.

2. ISOLATION

During the year waiting lists for admission to local sanatoria vanished for the first time, and we are now in the fortunate position of being able to secure the admission of any patient to hospital within a few days when this is necessary.

There will now presumably be little demand for the loan of garden shelters for home isolation, since when the patient's condition demands it and where a separate bedroom is not available at home an immediate transfer to hospital will be made.

Where patients are, for one reason or another, being nursed at home the hygienic disposal of sputum is of great importance in the prevention of spread of infection. After discussion with Dr. Paterson I did make arrangements so that, on his recommendation, patients could obtain plastic sputum containers and supplies of a special disinfectant for use with these flasks.

Later in the year the County Council's arrangements for the care and after-care of the tuberculous were modified so as to permit of these being provided routinely through Health Area sources.

3. SURVEILLANCE

The tracing and regular examination of family contacts is one of the main jobs of the chest clinic. It is a task which is carried out extremely well in Barking, although of course from time to time we fail to persuade relatives (particularly Granny or Grandad) to attend. B.C.G. vaccination is offered to all contacts where necessary.

4. TRACING SOURCES OF INFECTION

(*a*) *Skin Tests*

The memorandum drew attention to the value of these skin tests particularly amongst the school population—both to detect childhood infection and, indirectly through them, previously unsuspected adult cases of tuberculosis.

I believe that a T.B. skin test should form an integral part of every routine school medical examination and I had hoped to arrange this long ago. In view of the apparent unreliability of the "jelly" test in older children, referred to in my last year's report, I thought it wise to await our experience with the "Heaf" test however. Results reported later will now enable me to submit suggestions for the incorporation of these tests with periodic medical examinations.

(b) *Staff Examinations*

The memorandum also made reference to a circular issued in 1950 advising local authorities to arrange routine chest X-rays for all members of their staffs coming into contact with children, both prior to appointment and annually thereafter. The County Council has implemented this circular so far as staff of day nurseries is concerned, but not as yet in respect of Health Visitors, Medical Officers and other members of the Health Area staff. The reason for this is (so I believe) once again bound up with the unfortunate division of administrative responsibility. Routine X-rays carried out by mass X-ray units are free of charge to the local authority, but where such examinations are carried out at a chest clinic the Regional Hospital Board expects the local authority to pay a fee of £2 2s. per X-ray. The Regional Hospital Board adamantly refuse to waive this ridiculous distinction, whilst the County Council are unwilling to undertake the additional expense involved for the two years out of every three that we shall be without a visit from the mass X-ray unit.

Fortunately most of the members of the Health Area staff voluntarily submit themselves for X-ray examinations at intervals if and when a mass X-ray unit is working in the vicinity, although this sometimes involves what should be an unnecessary journey and an irritating waste of valuable time.

Ministry of Education regulations already provide for the routine chest X-ray of new entrants to the teaching profession, but at present annual re-examinations remain a matter at the discretion of each local education authority. Arising out of a report to the Barking Committee for Education you decided to refer to the Staff Consultative Committee a suggestion that all teachers should submit themselves to annual chest X-ray examination, and the staff side has agreed to take this matter to their members. I confidently expect that the teachers will respond favourably to the suggestion.

I also earnestly hope that the administrative tangle will be sorted out before then, since either teachers will have to travel to mass X-ray units in distant parts of London or the County Council will have to foot the bill for X-rays taken on the miniature camera installed in the Chest Clinic.

(c) *Mass Radiography*

The memorandum naively suggested that the strategic use of mass radiography units should be "a matter for consultation between the director of the unit and the Medical Officer of Health". In practise

this is difficult to achieve owing to the fact that several units may serve the area of one local health authority, whilst one unit may well cover an area including parts of several local health authorities.

The memorandum continued: "There is much to be gained by selective use of radiography for groups which show some evidence of special risk, rather than for the re-examination of large groups of employed persons in conditions that facilitate the recording of exceptionally large totals of persons radiographed".

It seems to me unfortunate that this particular memorandum was stated to be for the information of Medical Officers of Health and Chest Physicians only. Here is a point which should be driven home with the directors of the X-ray units, for it is my impression that only too often their main concern is to achieve and maintain impressive statistics of examinations carried out.

Early in the year we received a visit from the mass X-ray unit—our first since 1951. This unit worked mainly from the Baths Hall although we did manage to arrange sessions for school children and teachers at several other centres in order to reduce unnecessary travelling. The results of this survey, kindly supplied by the Director of No. 6A Mass X-ray Unit, can be summarized as follows:—

Total Number X-rayed

	Male	*Female*	*Total*
Miniature films..	4,084	4,014	8,098
Recall for large film	178	164	342
Did not attend for large film	5	7	12
Did not attend for investigation	1	–	1
Findings			
Total number of active pulmonary tuberculosis cases	4	2	6
Total number of inactive pulmonary tuberculosis cases	34	28	62
Other abnormalities–heart	10	24	34
–lungs	10	9	19

From this you will see that only 6 cases of active tuberculosis were discovered, a rate of 0.74 cases per 1,000, which is well below the national figure of 3.37.

I felt that it was my duty to make certain that these 6 cases picked up had been notified to me, that they were receiving necessary treatment, that contacts had been examined and that attempts were being made to trace the source of infection. Despite a voluminous correspondence with the Director of the Unit he felt unable to give me the information requested regarding these patients, owing to strict instructions from the Ministry of Health regarding secrecy.

The Public Health (Tuberculosis) Regulations, 1952, clearly state that "every medical practitioner who forms the opinion . . . that a person is suffering from tuberculosis shall, as soon as he forms that opinion, send to the Medical Officer of Health . . . a certificate . . . (of notification)", and since the directors are medical practitioners they cannot claim exemption from this obligation.

I know that many directors of mass X-ray units will immediately say "we do not diagnose, we merely send patients with abnormal X-rays to the chest clinics for investigation and the chest physicians make the actual diagnosis". If this is so then I regard the practice of bringing the patient back to the unit for *clinical* examination to be a waste of time both for the patient and the director.

Where, under the present system, the director sees both the patient and his X-ray he must on occasion "form the opinion . . . that a person is suffering from tuberculosis", and I have the gravest doubts as to whether any administrative instruction from any Ministry can excuse anyone from obeying the law of the land. What really concerns me is that the existing ruling means that the Medical Officer of Health is deprived of information vital to him in the control of this disease.

You yourselves have been most unhappy about the present position from other aspects. In particular you have been told that you cannot expect visits from the unit more often than once in every three years, and in consequence you have pressed the Regional Hospital Board to increase facilities so as to enable the unit to visit Barking annually. You also suggested that the County Council should themselves purchase an X-ray unit for use with staff and older schoolchildren in Barking and adjacent metropolitan Essex Boroughs, a suggestion which was unfortunately turned down.

5. B.C.G. VACCINATION

The scheme for B.C.G. vaccination of school leavers (to which brief reference was made in last year's report) was approved by the County Council during the year and vaccinations were started in Barking schools in the September Term.

The work has been carried out by Drs. Martin and Seligmann, who attended special courses at the Hospital for Sick Children to gain experience in the technique.

The response of parents was encouraging, over three-quarters agreeing to allow their children to have this protection. These children first received a special skin test, and those showing a positive reaction (i.e. were already thought to be resistant to tuberculosis) were excluded

from the scheme, although arrangements were made for them to have an X-ray examination at the Chest Clinic. During the first term's work only 14.6 per cent were found to be positive, a finding which has so far been confirmed by further experience. During the trials of B.C.G. in 1951–52 (which took place with somewhat older children and using a slightly different test) the Medical Research Council's team found that on the average from 20 to 30 per cent of children showed evidence of earlier infection. This is encouraging since it seems to me good evidence that in Barking the incidence of tuberculous infection is below average, and must reflect on the excellent preventive and curative services which were developed in the past.

We have taken the opportunity of comparing the older skin test (which involves a small injection) with a newer and simpler technique (the Heaf test). Although it is yet too early to be certain, our initial results suggest that this newer test gives equally reliable results as the older and more complicated one.

Of the first 214 children tested, 208 results were the same by both methods (19 positive, 189 negative). Of the remaining 6, 3 were positive according to the old method (Mantoux test) but negative to the new (Heaf) test, whilst 3 were negative to the Mantoux test but positive to the Heaf test. These 6 children were all classified as "positive" and were thus not given B.C.G.

EMPLOYMENT OF THE TUBERCULOUS

The memorandum stressed that employment for the tuberculous should be chosen both to avoid risk to others and so that no harm can come to the patient from unsuitable placement. Patients are usually non-infectious by the time they are fit to return to work, and those cases who are still infectious are usually willing to accept advice concerning employment. Nevertheless, we have no powers to prevent such an individual from returning to work and exposing others to infection if he declines our advice.

Problems involving the individuals' own interest concern two main categories of patient—those who will eventually be able to resume their former employment and those who for their own welfare need to be retrained for and re-employed in lighter work.

The Occupational Therapist already provides domiciliary therapy for bedridden patients in the very early stages of their recovery. During the year the Health Area Sub-Committee conferred with the Dagenham Health Area Sub-Committee (who share Miss Mercer's services) with a view to a possible extension of the scheme to provide an occupational

centre. Such a centre would be of value both physically and psychologically to those patients who were convalescent but not yet fit to go back to work.

In most cases there is next a phase when the patient is fit to resume part-time work for a few hours per day. In practice it is exceptionally difficult to arrange this, since firms (and, I am sorry to say, even some public bodies) are often unwilling to allow employees to resume part-time work. There are also difficulties from the point of view of the National Insurance Regulations, which only recognize an individual as being 100% ill or 100% fit.

The permanent employment of those who are unlikely to be able to go back to their former jobs, and those who are likely to remain infectious, urgently calls for solution. During the year a series of meetings was held on the initiative of our neighbours in East Ham. These were attended by the Chest Physicians and Medical Officers of Health from East and West Ham, Ilford, Barking and Dagenham and by a representative from the Ministry of Labour. As a result of our discussions it was decided to ask the Ministry to consider setting up a special workshop for the tuberculous to cover this part of Greater London.

Although this particular suggestion has not been adopted it is possible that an alternative scheme, using the care and after care provisions of the National Health Service Act, may yet emerge as a result of our deliberations and certain other parallel suggestions put forward by the Barking Association for the Welfare of the Physically Handicapped.

HOME CONDITIONS

The Ministry memorandum stated: "It is essential that the Medical Officer of Health and his staff shall have detailed knowledge of the home conditions of all persons suffering from tuberculosis in his area. Without such information he cannot properly advise his Council on housing requirements."

It so happened that I was making such a survey when the memorandum was received, concentrating first on those families where, in the opinion of the Tuberculosis Health Visitors, conditions were worst. This initial survey covered 44 households and an attempt was made to assess in each case the risk of further spread of infection under existing conditions.

Various factors obviously had to be taken into account. After a personal visit to each of these households, examination of records at the Chest Clinic and, where necessary, consultation with the Chest Physician, I endeavoured to classify these families into three main groups as follows:—

Group A. Urgent need for rehousing at earliest possible date

This group included families where there was a highly infectious case of tuberculosis, or a case likely to be infectious from time to time and where the family contained children or adolescents living in extremely overcrowded conditions. In these families there was an ever-present danger of spread of infection, which was increasing every day they remained in their existing accommodation.

Group B. Require considerable priority in rehousing

I placed in this category those patients who, although not infectious at the time, might have deteriorated and become infectious if they had to live indefinitely in existing accommodation.

I also included those patients who, although potentially infectious, were living in households where overcrowding was not so severe or where there were no children or adolescents.

Group C. Only low priority needed

Whilst all the families included in this category would have benefited from rehousing, I placed them in this group if I felt that the benefit would be no more than that which would accrue to other families containing patients suffering from non-tuberculous disabilities.

The following table shows the number of families falling into these categories at the time of my visit, excluding four families who were rehoused prior to my report to the Housing Committee.

	On Council's Housing List	*On Exchange List*	*Not on Housing List*	*On L.C.C. List*	*Total*
Group A EXTREMELY URGENT	5	–	2	–	7
Group B HIGH PRIORITY	11	–	–	1	12
Group C LOW PRIORITY	13	4	3	1	21
TOTAL	29	4	5	2	40

Group C Families

I suggested that the families on your housing list and in my Group C had been generously treated since most had been granted ten extra priority points.

Group B Families

The eleven families on your housing list and in Group B had points totals averaging 68. In all except two instances these totals included 15 priority points. Whilst these families were all in desperate need of rehousing, I suggested that in all the circumstances these applicants were being given reasonable priority, and I could not ask you to do more.

I also drew your attention to the fact that 3 of the 11 applicants were grown up children of now elderly L.C.C. tenants. The most logical action would have been to rehouse the old couple in one bedroom accommodation, leaving their children and grandchildren in full occupation of the house.

Unfortunately the parents were L.C.C. tenants whilst their children were on your housing list, so that administrative difficulties prevented this practical solution.

Group A Families

Since I had chosen to visit the families regarded by the Tuberculosis Health Visitors as most in need of rehousing, the fact that only 7 were placed in Group A is to some extent reassuring.

Conditions in these 7 households were bad however. For example, in one three-bedroomed L.C.C. house were living 4 adults (including the T.B. case) and no less than 9 children. Another family consisting of the applicant, his wife (T.B. case) and child ate, lived and slept in one small room of a relative's house: there were 4 *other* young children and their parents in this two-bedroomed Council house.

I am pleased to say that the Housing Committee authorized the Rehousing Officer to offer all these families better accommodation.

NEED FOR COLLABORATION

The memorandum concluded by emphasizing the need for close collaboration between all concerned. Others mentioned besides the Medical Officer of Health and Chest Physician include (with the responsible administering authority for Barking in parenthesis):—

Family Doctors	(Local Executive Council)
Factory Doctors	(Ministry of Labour)
T.B. Health Visitor	(Health Area Sub-Committee of County Health Committee)
District Nurse	(Training Homes Sub-Committee of County Health Committee)
Sanitary Inspector	(Borough Council)
Housing Officer	(Borough Council for "Old" Barking, L.C.C. for Becontree Estate)

Important individuals not included in the list include the Director of the Mass X-ray Unit (Regional Hospital Board) and the Disablement Resettlement Officer (local office of Ministry of Labour).

I should like to stress the very good co-operation which exists between the Chest Physician and myself, and once again to thank Dr. Paterson for his ever ready and willing help throughout the year.

Difficulties with others, when they arise, spring from division in administrative responsibility rather than from any lack of a spirit of co-operation, and with housing problems the fault probably lies more in general shortage of accommodation than in divided responsibilities at the Becontree end of the Borough.

ESTABLISHMENTS FOR MASSAGE AND SPECIAL TREATMENT

Licences were renewed during the year in respect of the four establishments which are governed by the Borough's bye-laws.

PROBLEM FAMILIES

Last year I reported the setting up of a co-ordinating committee in connection with problem families and children neglected in their own homes. This Committee has now been functioning for eighteen months and all are agreed that though it is not the whole answer, much useful work has been done. It has proved most helpful to meet together, to pool our ideas and co-ordinate our activities, but we had already reached the conclusion that something more was needed when in November the Ministry of Health issued Circular 27/54. In this the Minister suggested that authorities should consider whether their Health Visiting Service could be re-deployed, so that more time was devoted to those families where problems are likely to arise or were known to exist. It also recommended that local authorities should use any existing voluntary services to assist in this work and, where necessary, appoint a specially qualified worker.

One of our main objects is to co-ordinate the activities of the various social workers and thus to *reduce* the number of visitors to the home, so that any suggestion of creating yet another type of worker must be examined critically. Surely the Health Visitor, whom I have elsewhere described as the "general practitioner of the medico-social services", is the logical person to deal with these families? Remember though that her job is primarily to prevent, and she leaves treatment to other colleagues. If, for example, she fails to persuade parents to have a child immunized and the child catches diphtheria then the care is passed over to medical and nursing colleagues working in a hospital. Similarly if she fails to educate parents in the correct handling of early behaviour difficulties the child may become seriously maladjusted and may have to receive help from the Child Guidance Team. Why then should she not turn over a whole family to a special case worker when, despite her efforts, it is in danger of breaking up?

Our experience has been that the families most in need of help require much more intensive efforts than can be devoted to them by any of us individually, and in one case much valuable assistance has been given by a specially trained woman worker loaned by the N.S.P.C.C. Whether such workers should be attached to a voluntary body rather than to the "Town Hall" is a matter for debate.

I should like to be able to give you full details of one particular family since it happens to be the first we dealt with when we started work last year, and since we believe the break up of this family has been prevented by our concerted and co-ordinated efforts, and that this case alone justifies our first year's work. Unfortunately to do so might make it possible for others to identify the family.

CARE OF THE AGED AND INFIRM

There is a continued shortage of hospital beds for aged and chronic sick which is particularly acute in Barking as there is no hospital in the Borough catering specifically for such patients. Even when acute illness develops in an elderly patient it is often virtually impossible to obtain a hospital bed until circumstances become really desperate.

There is also a great demand for accommodation in County Council homes and hostels where old people who still retain a measure of independence and who are physically able to care for themselves are able to enjoy the company of people of contemporary age. There is still an almost complete absence of accommodation of an intermediate

type for old people who are too frail to look after themselves (and who are excluded from the County's Old Peoples' Homes) yet who do not require medical or skilled nursing attention (and who are thus not really "hospital" cases).

Laundry Service for the Incontient

Once again the Borough Council's laundry service proved an invaluable adjunct to the services provided in the home to care for the chronic sick. During the year 20 cases were assisted.

Night Attendant Service

Another important service developed during the year by the Health Area Sub-Committee was one of "night attendants" to sit in with those elderly patients who are restless or inclined to wander at night. The attendants are not qualified or expected to give any nursing care, but simply to make the patient comfortable in the way a relative would by adjusting pillows making hot drinks, etc., and calling in help if needed. This assistance is of inestimable value to those relatives who might otherwise have to sit up for nights on end with little or no sleep and still carry out a full day's work.

Although provided through the Health Department, the attendants are not directly employed by the County Council. They are paid by the patient (or relatives) who are re-imbursed up to 15/–d. per night at the end of the week. This system has proved somewhat clumsy in operation and has on occasion prevented the relatives accepting the service. I feel it would be preferable if we could employ the attendants directly as we do Home Helps.

Employment of the Elderly

It is now being realized that two of the most important things in the care of the elderly are preserving their sense of independence and making them feel they still have a useful function in the life of the community, thereby helping to postpone the ageing process. Nowadays old people besides living somewhat longer are much healthier, and an increasing proportion of those above present retiring ages are both able and willing to continue at work. There is much evidence to show they are also happier and healthier if allowed to do so.

One of the objections raised to the employment of people beyond the present retiring ages is the alleged increased incidence of sickness amongst older members of the staff. In this connection a recent report on sickness in a health department of a local authority (published in the "Monthly Bulletin of the Ministry of Health and the Public Health Laboratory Service" for October, 1954), is of the greatest interest.

It was found that in general women lost more time through illness than men and married women lost more time than a single woman. For each category, however, the sickness rates rose to a maximum for staff between the ages of 50 and 55, and decreased markedly thereafter. Both single and married women over 60 lost less working days per year than those in any other age group and men over 60 lost almost as little time as the youngest.

Specimen figures are given in the following table:—

WORKING DAYS LOST PER YEAR

Ages	*Men*	*Single women*	*Married women*
30 years +	4	8	28
40 years +	7	15	21
50 years +	13	21	29
60 years +	5	3	3

From the medical point of view, therefore, there is much to be said for the continued employment of men and women beyond the present retiring ages, where it would be to the common benefit of employer, employee and community.

Compulsory Removal

In spite of the difficulties outlined above, it was not necessary to invoke powers under Section 47 of the National Assistance Act, 1948, to remove compulsorily any person not able to look after themselves and not receiving proper care and attention.

One old man living by himself in a Council house was found to be living in grossly insanitary conditions, but we were able to persuade him to leave home temporarily whilst the premises were cleansed and redecorated. The Area Welfare Officer very kindly arranged to take him into St. George's, Hornchurch, whilst this was carried out, and on his return a domestic help was put in to help him keep the home clean.

Our satisfaction at having "prevented" a permanent placement in St. George's was a little premature, for even with the domestic help conditions deteriorated and before long the old man developed an illness from which he died shortly after admission to hospital.

Efforts to keep old people in their own homes (and this must be our objective) must obviously start much earlier if they are to be successful.

PERSONAL HEALTH SERVICES

This section deals with those services which come under the control of the Barking Health Area Sub-Committee of the Essex County Council. I am grateful to Dr. G. C. Stewart, County Medical Officer, for permission to comment on matters which I have dealt with in my capacity of Area Medical Officer.

CLINICS AND HEALTH CENTRES

This year our efforts have been concentrated on the provision of a new clinic for the rapidly growing Thames View Estate, and these have been dealt with earlier in this report.

The premises of the Greatfields Clinic have been purchased by the County Council, and the Borough Council agreed to rehouse the present tenants of the living accommodation on condition that the first floor accommodation was made self-contained and the tenancy made over to the Borough Council for a family on their housing list. This has left us with the whole of the ground floor accommodation for clinic purposes—a much more satisfactory arrangement. We are also taking the opportunity of providing some much needed improvements to the facilities—particularly necessary with the heavier use the premises will have, at any rate until the Thames View Clinic is built.

Progress on the projected new Upney Clinic has been purposely deferred to allow all possible priority for the Thames View Clinic, but we have continued negotiations and reached tentative agreement with the Regional Hospital Board on the purchase of a site within the grounds of the Barking Hospital adjacent to Upney Lane. The Health Area Sub-Committee and the Hospital Management Committee agreed to the transfer of the Orthoptic Clinic to the Paget Ward Clinic during the year. To improve the accommodation at the Central Clinic would have involved unreasonable expenditure, and the suggestion of moving the clinic to a vacant room in the East Street premises could not be implemented after a further dental officer had been appointed. We hope that this clinic, together with others temporarily housed in the Paget Ward, will move to the new Upney Clinic when this is erected.

Members have for some long time been anxious to see the Physiotherapy and Orthopaedic Clinics moved from Manor School, partly because the accommodation had become quite inadequate for the demands of the service and partly because the classrooms were so badly needed for educational purposes. The Hospital Management

Committee converted part of the Ross Ward, Barking Hospital for this purpose and the clinic moved there in August. The new accommodation is more pleasant and more adequate, and has undoubtedly further enhanced the value of the clinic.

CARE OF MOTHERS AND YOUNG CHILDREN

MATERNITY SERVICE

Ante-Natal Care. This was received by all but 5 of the 1,012 Barking mothers confined during 1954 and was given as follows:–

Clinics	865
Hospitals (excluding Barking Hospital) ..	92
General Practitioners	50
No ante-natal care	5
	1,012

From these figures you will see that a very considerable proportion of mothers receive their ante-natal care in our clinics—whether they are being confined in the Barking Hospital or in their own home. By the end of the year some modifications of the present system had been arranged which, it is hoped, will further increase the value of the care given during 1955—and with more convenience to the mothers.

It is hoped that, as a first step, each mother will be interviewed by a health visitor before coming to a doctor's clinic. This interview can be conducted without any atmosphere of haste—difficult to eradicate when a medical officer is waiting to be "fed" with patients—and will give the mother a chance to discuss any problems fully with her "own" health visitor. An appointment will then be made for a visit to a special "booking" session at the Upney Clinic, attended by the resident medical officers of the Upney Maternity Hospital. This will give the mother-to-be an early opportunity of meeting the doctors who will look after her if she is admitted to hospital for confinement, and will allow the medical officers to "vet" the cases they are being asked to book. At the same visit the mother will be able to have her chest X-rayed—a service which I have been anxious to arrange for some time. This is of importance since pulmonary tuberculosis is perhaps more common in women of childbearing age than those younger or older, and since those with the disease tend to relapse following a confinement. To save the mother unnecessary travelling, the remaining visits will be paid to the clinic nearest to her home. This will also maintain close contact with the health visitors who provide the most important part of ante-natal care—the instruction

of the mother in such matters as health during pregnancy, relaxation during the confinement, and the care of the baby. The medical examinations will be carried out by our own medical officers in the case of patients booked for Upney, and one of the hospital medical officers will visit each of the clinics at fortnightly intervals to see each mother towards the end of pregnancy or at any other time requested by our own Medical Officer. Where the patient is booked for home confinement intermediate examinations will be carried out in the clinic by the midwife booked to attend her; the family doctor (who is called in during labour if the midwives ask for medical assistance) will be given the option of undertaking the necessary medical examinations, but if preferred these can be carried out in the clinic as with those mothers booked for hospital confinement.

Confinements. During the year 1,012 mothers were confined, giving birth to 1,027 infants (including 15 pairs of twins). These were born as follows:—

Barking Hospital	707
Other hospitals	100
At home	220
	1,027

From this it will be seen that the majority of Barking babies continue to be born in hospital.

I regret to have to report a maternal death during 1954, in a patient who steadfastly refused to enter hospital despite the earnest advice of the Midwife, General Practitioner and Clinic Medical Officer. She finally consented to enter hospital but it proved too late and she died six days after admission. The maternal mortality rate is thus 0.97 per thousand live and still-births.

Post-Natal Care. 941 women attended the Post-Natal Clinic making a total of 1,211 attendances; 288 women had conditions requiring a further attendance.

Of the 941 women who attended 284 were resident outside the area but had their babies in Barking Hospital. Out of a total of 1,012 confinements of Barking mothers during the year 657 attended the Post-Natal Clinic; 67 were under the care of their General Practitioner and 96 were under the care of a hospital outside the district. This gives us a figure of 77% attendance at the Post-Natal Clinic—a further imprpvement on last year's figures, but still short of our aim of 100%.

GYNÆCOLOGICAL CLINIC	
Number attending for first time	211
Total number of attendances	1,156

INFANT WELFARE

ATTENDANCES AT INFANT WELFARE CLINICS—1954	
Number of children born in 1954 who attended	866
Total number of children who attended	2,824
Total attendances	29,340

Live births in 1954 numbered 998. Taking into account the fact that 46 babies were born in the last two weeks of 1954, and their mothers could scarcely have had the opportunity of bringing them along to a clinic in that year, approximately 91% of all children born to Barking mothers were seen at our Infant Welfare Clinics.

Distribution of Welfare Foods

In June, 1954, local health authorities took over the distribution of codliver oil, orange juice, national dried milk and vitamin A and D tablets from local food offices. In Barking the distribution of these foods has been grafted on to the existing scheme for the distribution of milk foods and other nutrients from infant welfare clinics. The change over was effected very smoothly, and thanks are due to the Municipal Restaurant staff and to the Borough Treasurer for the efficient way in which the extra work was taken over at very short notice. Central Clinic was made the main distribution centre and is open each afternoon of the week and Saturday morning for the distribution of these foods. At each of the other clinics the appropriate foods are available at every ante-natal and infant welfare session.

Mental Health. Last year I said: "I am sure that a very important part of the work of the infant welfare service of the future will be the promotion of sound emotional development by means of the instruction of parents and parents-to-be in the art of handling their children."

One cannot instruct without knowledge and understanding. Only the more recently qualified health visitors have received specific training in this aspect of their work, whilst few have families of their own. Even today the medical student's training includes little child psychology, although later many doctors have the opportunity of learning through their own children. The first step—the provision of "in-

service" training for our staff—was taken last year when the interested medical officers and health visitors began to participate in case conferences at the Ilford Child Guidance Clinic.

Two main developments have taken place this year. Hitherto the Child Guidance team has dealt with cases of established behaviour disorders in children of school age. In our case conferences we have been struck how, time and time again, the story has emerged of mis-handling by parents since the child's babyhood and the presence of symptoms from those earliest days. It seems so much more logical to treat such disorders when they first arise, than to stand by and await the development of serious trouble in later years. Dr. Davidson, Consultant Psychiatrist at the Ilford Child Guidance Clinic, has very kindly devoted some of her own time to the experiment of herself attending infant welfare clinics to advise mothers of babies showing symptoms of early behaviour disorder.

This help has been much appreciated by our own staff, and by the mothers who do not have to make special visits to a Child Guidance Clinic outside their district. We soon realized, however, that this method could only scratch the surface of the problem. Dr. Davidson could not possibly devote enough time to see all such mothers at each clinic. Even more important was the fact that we were not satisfied with early treatment—we wanted to *prevent* troubles arising. Clearly this could only be achieved by the health visitors and medical officers who, with adequate knowledge and experience, could educate mothers-to-be before their babies were even born. Dr. Davidson therefore agreed to come along to our Welfare Clinics, not to see mothers herself, but to discuss problems with the appropriate health visitor and medical officer and advise them how to deal with the more difficult cases. This indirect method will enable more early behaviour problems to be treated, and will give our own staff the insight and knowledge for their real work—that of prevention.

Infant Deaths

Twenty infants under 1 year of age died during the year, and of these 16 babies died within the first month of life. These figures compare well with 1953 when 29 infants died in their first year of life, 22 of them the first month. It will be seen from these figures that the main problems still lie in conditions arising during the neo-natal period. These problems are closely related to those of still-births, of which 29 occurred during the year as compared with 33 in 1953. This loss of infant life has already been fully discussed.

DAY NURSERIES

The closure of Lodge Farm Day Nursery at the end of 1953 meant that at the beginning of the year there were 196 nursery places available.

As I pointed out in my report last year you were not unaware that it might be necessary to close a further day nursery, and the Health Area Sub-Committee was in fact reluctantly forced to make such a recommendation during 1954.

It was not easy to decide which nursery to close. At first sight Eastbury appeared the obvious choice since the lease was due to expire and the premises were the most unsuitable. Against this were the facts that Eastbury catered for a greater number of children than the other two, and that it was the only nursery sited in the western end of the town. You were also very much aware of the need for better accommodation for the mentally handicapped children attending the Grieg Hall Centre, so that it was eventually decided to close the Rippleside Nursery and to offer the buildings to the Mental Health Sub-Committee of the County Health Committee for use as an Occupation Centre. The nursery closed in September, but although it had been agreed in principle to re-open the premises as an Occupation Centre the necessary adaptions had not been completed by the end of the year.

Attendances During 1954

	Total of of places	*No. on Register*	*Average daily attendances*
January	196	78	56.4
February	196	76	58.2
March	196	81	62.9
April	196	76	65.7
May	196	78	67.0
June	196	81	70.0
July	196	86	65.0
August	196	82	57.1
September ..	130	86	65.5
October	130	92	72.9
November ..	130	89	76.2
December ..	130	77	63.7

New Day Nurseries. At the "appointed day" the programme for the expansion of the day nursery service provided that in addition to the existing nurseries (Gale Street, Eastbury and Lodge Farm) a further nursery should be opened in the former Castle School, i.e. Rippleside Day Nursery. It was further envisaged that an additional day nursery (making 5 in all) should be erected in the western part of the town and that eventually a new day nursery should be erected to replace Eastbury House.

Since 2 nurseries had been closed within a year it was obvious that the additional (fifth) nursery would not be required in the forseeable future, and it was agreed that the St. Ann's Road site should be relinquished to the Housing Committee rather than leave the site vacant and derelict indefinitely. There was, however, an understanding that eventually, should there be the need, a site would be made available in the Gascoigne re-development area.

The position regarding the Mayesbrook Meadow Nursery was somewhat different. The closure of two nurseries had left us with only Eastbury and Gale Street. The National Trust were pressing for the return of Eastbury House since the lease was already up, and the life of the Gale Street premises was limited to just over ten years by planning restrictions. Plans are, therefore, being prepared for a new building on the Mayesbrook Meadow at the junction of Upney Lane and Ripple Road, which will be near to the existing Eastbury Nursery yet more convenient for transport to most parts of the Borough—an important consideration if this becomes your only nursery when Gale Street eventually closes.

Nursery and Child Minders' Regulation Act. During the year the remaining two registrations of Child Minders were cancelled.

DENTAL SERVICES

Mr. A. R. Levy, Dental Officer, reports:—

Maternity and Child Welfare Service. The number of pre-school children who were brought for treatment showed an increase over the previous year. But far too many of these cases are brought in only after severe pain, when extraction is usually then the sole remedy. Dental decay at this age is frequently extremely rapid; but it is also not generally realized how excellently the average toddler will tolerate filling procedures, or even enjoy them, if he can be treated before the caries have progressed too far.

Of ante-natal cases referred by the Medical Officers for examination, it is gratifying to note that many had been receiving regular attention by their private dentists. But the melancholy fact remains that in the period under review the number of extractions closely approached the number of fillings for ante-natal cases, and for post-natal mothers it actually exceeded them. These figures tell their own story of "neglect until it is too late".

Public Dental Service. A successful effort was made during the year to continue to provide treatment for the general public in Barking dental clinics. A part-time officer was employed for two evening sessions a week for this purpose, and one of the full-time officers worked additional sessions in the Public Service for the greater part of the year. Though the cost to the patient is exactly the same as that of any patient of a private dentist under the Health Service, there remained a continued and heavy demand for treatment in the Clinics, a demand that could only partially be met by the man-power available. Many mothers who have received ante-natal and post-natal dental care as a Priority Class, desire to carry on treatment in the clinics; and it is to be regretted that since the introduction of the National Health Service treatment as a Priority ceases one year after the birth of their child instead of five years as was the case in Barking before 1948. The Public Service also provides continuity of treatment for adolescents who have left school, filling what might otherwise be a gap in their dental care at a most important age.

MIDWIFERY

During 1954 we had five midwives practising in the district, including two under the auspices of the Queen's Nurses; 220 patients were delivered in their own homes, only some 21% of all patients confined. This small percentage continues to cause anxiety for the future of the domiciliary midwifery service.

Towards the end of the year the report of the Medical Research Council on the use of "Trilene" analgesia by domiciliary midwives was published. Whilst the results suggest that "Trilene" is only slightly more effective than the "gas and air" we have used hitherto, the machines are very much more compact and lighter for the midwives to carry, and you are most anxious that they shall be supplied to all our midwives next year.

In the meantime arrangements have been made for the transport of the heavy gas and air machines by a private car hire firm, rather than using the Ambulance Service as before.

Supervision of Midwives. Miss D. Riseley, Matron of the Barking Hospital, has continued to act as non-medical supervisor of midwives, although the nature of her hospital duties makes it difficult for her to visit midwives on the district as often as she considers desirable.

It is anticipated that we shall have approval to the appointment of Dr. Adamson as Medical Supervisor of Midwives early next year.

HEALTH VISITING

The implementation of the National Health Service Act has put a steadily increasing load of work on to the Health Visitors. More and more old people, chronic sick and physically handicapped are being added to their case load. The shortage of Health Visitors continues, which means that the increasing weight of work is being borne by already overburdened staff. No longer can a Health Visitor pay regular "routine" visits to all the mothers in her area but she has to "select" for visits those homes where she knows there is a real need.

It is with pleasure I am able to report that there is developing a very much closer liaison between the Health Visitors and the General Practitioners. During the year a series of little "tea-parties" was held at the clinics to which all the General Practitioners in the area were invited—and in fact about half attended. This gave the General Practitioners an opportunity of meeting the Public Health team, and the staff an opportunity to meet some of the doctors for the first time.

There is also a closer liaison with hospital almoners who are constantly seeking our help in dealing with their patients' problems or requesting reports on the home background of the patients, to help the physician or surgeon who is treating the case.

The new syllabus laid down by the General Nursing Council for the training of nurses includes lectures in public health to be given by Public Health staff, and the Rush Green Hospital has been allocated to Barking for this purpose. The first series of five lectures was given by Miss McGilrray in April and May and two groups of student nurses came to Barking in June and September to see the various branches of the work of the Public Health Department.

HEALTH VISITING, 1954

No. of visits to Expectant Mothers ...	1,405
No. of visits to Children under five ...	13,451
No. of other visits	4,008
No. of Non-Access visits	2,560

HOME NURSING

This service is still administered from the County Training Home at Leytonstone, although a strong case can be made for the transfer to the Health Area Sub-Committee—as indeed envisaged in the County Council's scheme for decentralization.

VACCINATION AND IMMUNISATION

Smallpox Vaccination. The number of primary vaccinations carried out in 1954 was 209 in infants under one year, 89 in those over one year. This means that only about 20% of infants are being vaccinated during the first year of life.

Diphtheria and Whooping Cough Immunization. Last year I reported that the scheme for "combined" diphtheria and whooping cough immunization, introduced by the Borough Council in 1946, had been discontinued by decision of the County Council. I added that we had been given dispensation to continue the use of combined immunization for the purpose of continuing certain investigations started by Dr. Spiller, with the proviso that the prophylactic was not to be purchased through County funds.

It was explained to mothers that the only chance of having their babies protected against both diseases by the "combined" method was to enter them in the research scheme. Babies over six months of age, and those whose parents did not wish to enter the scheme, were immunized strictly to County Council policy by the "separate" method involving five injections (three for whooping cough followed by two for diphtheria).

Babies entered in the scheme were divided into two groups quite at random by drawing slips "out of the hat". Half received the three "combined" injections whilst the other half had the five "separate" injections. When each baby was about fifteen months old a small quantity of blood was taken from the heel, and this was analysed for us at the Wright Fleming Institute, St. Mary's Hospital.

Results showed that there was no real difference between the amounts of protective "antibodies" against whooping cough—both methods appeared equally good so far as laboratory tests could show: the children will be followed up to find out whether there is equal protection over a period of years.

So far as protection from diphtheria was concerned, the "combined" method gave better results than other workers had reported with the A.P.T. issued by the Ministry of Health. The separate method, using a prophylactic called P.T.A.P. (which had been used in Barking for many years instead of the Ministry A.P.T.) gave even better results. These are summarized in the table below which show the *failures* with each *method.*

Prophylactic	*Failures per* 10,000 *injections*
A.P.T. (Ministry of Health) ..	30
Combined Diphtheria/ Whooping Cough	6
P.T.A.P. Barking	3

Since the results with A.P.T. have always been accepted as satisfactory surely those using the combined prophylactic are more so? Against whooping cough there is little to chose between the two methods, so it would seem that your 1946 policy of adopting the "combined" immunization has been fully vindicated. We naturally hope the County policy will be changed since parents not unnaturally prefer their babies only to have the three injections instead of five.

Our thanks are due to Dr. Holt of the Wright Fleming Institute for the free supply of combined prophylactic (W.D.P.(Red)) used in this work.

The number of children receiving primary courses of immunization during the year was as follows:—

DIPHTHERIA

	Family doctors	*Clinics*	*Total*
Separate	158	566	724
Combined with whooping cough	123	147	270
Total Diphtheria ..	281	713	994

WHOOPING COUGH

	Family doctors	*Clinics*	*Total*
Separate	43	436	479
Combined with diphtheria	123	147	270
Total whooping cough ..	166	583	749

The relatively small number of children immunized by the "combined" method at the clinics is, of course, explained by the fact that this method could no longer be used except for those babies in the investigation.

It is particularly satisfying to be able to report that the whooping cough immunizations are being carried out much earlier now—for it is in the early months of life that protection is most needed. Last year only 56% of the courses were completed before the first birthday, and a bare 6% before six months of age. For 1954 these figures are 73% (before 1st birthday) and 31% (before six months).

AMBULANCE SERVICE

This service is administered "centrally" from Chelmsford, and I am indeed happy that this should be so. The provision of transport to and fro hospital is no proper function of a Health Department which should have all eyes focused on prevention.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

I have rather laboured the word "prevention" and you may be surprised to see such a short paragraph regarding it. Prevention, however, is not one facet of our services which can be reported separately, it is a philosophy which permeates all our work. The aim of our ante-natal work is to *prevent* complications and enable our mothers to have natural and easy labours, by immunizing children we aim to *prevent* diphtheria and so on. I would single out for special mention this year the courses in Health Education, and developments in the field of Mental Health, referred to earlier in this report. During the year the Health Area Sub-Committee agreed to the purchase of a filmstrip projector with sound equipment, which has

enabled us to employ the sound filmstrips prepared by the Central Council for Health Education—a new technique which has been taken up enthusiastically by the Health Visitors.

Those services dealing with the tuberculous have been dealt with at some length in an earlier part of this report.

Foot Health. During the year Dr. Adamson and Dr. Martin attended a foot health course organized by the Central Council for Health Education, and following this they presented to their colleagues and to the Health Visitors a most entertaining and instructive synopsis of the course. This was followed by a stimulating discussion, from which it was apparent that we should all henceforth take a much closer interest in the question of proper shoe fitting—one of the most important aspects in the prevention of foot defects.

Mr. Leavesley, Chief Chiropodist, reports:—

"There is a marked increase of interest by parents, and shoe retailers in shoe fitting. Greater work can be done by further stimulating the interest of parents, teachers, health visitors, shoe retailers, doctors, and chiropodists, along these lines. Shoe retailers should be aware that we are keenly watching their activities.

There is a marked evidence of closer co-operation between the town's General Practitioners and the Foot Clinics since the "get together" meetings in 1954. Contacts are made by letter and telephone.

Generally speaking the severity of foot troubles in the over 40's is less than some 5 or 6 years ago. I think this may be due to regularity of treatments, and increase of foot consciousness in the town. There are not now so many really chronic conditions in evidence among our very old people."

CHIROPODY SERVICE	
Attendances:	
School Children ..	925
Adults	19,632

The number of patients being brought to the foot clinics by ambulance has slowly but steadily risen to 30. The Minister of Health still adamantly refuses to sanction expansion of the County Council's service so as to allow treatment to be provided in the patient's home—despite the fact that this would be far easier for both patient and chiropodist, and much cheaper.

This difficulty has been overcome by the Barking Old People's Welfare Committee, which has arranged to pay chiropodists to attend old people in their own homes where I certify them as being unable to attend the clinic. All credit is due to them for their initiative in this matter.

"*Meals on Wheels.*" This is another invaluable service provided by the Old People's Welfare Committee. There does, however, appear to be a need to extend this service for chronic sick persons requiring "invalid" meals, for example, where a woman who, due to economic necessity goes out to work leaving her invalid husband in the home, would be greatly relieved of her anxieties if she could be assured that a suitable meal was being served to her husband. Even with the aged chronic sick, a lighter meal than is at present served would sometimes be desirable. In certain cases the provision of such a service could result in a saving of Domestic Help "man" hours.

Sitters-In. There is a very great need to establish a "sitters-in" service for chronic sick, particularly aged persons, so many of whom are living alone and whose needs are not fully covered by provision of all other available services, i.e. Domestic Help, Night Attendant, District Nurse, Laundry Service, and who, due to the shortage of hospital accommodation, must of necessity remain in their own homes.

Night Attendant Service. The inauguration of this new service has already been mentioned earlier in this report.

DOMESTIC HELP SERVICE

There was a slight decrease in the number of hours of domestic help given this year, the total being 101,960.

Year	Number of Helps Employed	Number of Cases Helped	Total Hours Worked
1950	55	387	80,699
1951	49	327	70,611
1952	84	318	85,743
1953	89	384	105,121
1954	89	503	101,960

There was considerable pressure from the County Health Committee for a limitation of the hours devoted to certain cases, which were said to be of higher average than for some other areas of the county. You strongly opposed any reduction in standards however.

Whilst the rising cost of this service cannot be viewed complacently, it must be remembered that it provides for the care of many who should really be in hospital or hostels. More important is the fact that in some cases an adequate service can *prevent* the need for admission to accommodation which costs far more to provide than supportive services in the home.

SCHOOL HEALTH SERVICE

MEDICAL INSPECTION AND TREATMENT

In last year's report I mentioned that I felt some adjustments were needed in the programme of school medical inspections, and these were made during 1954. Instead of going into each school once in approximately eighteen months to two years and examining every child in that school, each Medical Officer now visits his schools at least once a year and twice if possible. During his annual visit he does a complete examination of every child in certain age groups only, i.e. the first year group in Infant Schools (5 years +), the first and third year groups of Junior Schools (7 years + and 9 years +), and the first and last years in Secondary Schools (11 years + and 14 years +). In Grammar Schools an additional examination is carried out before leaving at 17 +.

In addition to these "periodic" examinations the Medical Officer also sees children of other age groups brought forward at the request of parent or teacher ("specials"), and checks on defects found at previous examinations ("re-inspections").

This system is more selective since the healthy children are seen less frequently whilst those with defects are examined more often than before. In addition the more regular, though somewhat briefer, visits to each school are welcomed by the head-teachers.

The reorganization timed to begin with the school year is, I think, the main reason for the fact that during 1954 there were over twice as many "entrants" examined as "leavers".

PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups:—

Entrants	2,189
Second Age Group	1,561
Third Age Group	1,019
Total	4,769
Number of other Periodic Inspections..	3,788
Total	8,557

The last examination prior to school leaving is an important one, and this year we have tried to increase its value in two main ways. Firstly, the Youth Employment Officer talked to the Medical Officers and answered questions put by them. We hope that as a result the confidential school leaving medical reports will be enhanced in value and minimize the risk of a child entering employment unsuited to his health. Secondly, I arranged to send to the family doctor of each school leaver a note drawing his attention to the fact that the child would no longer receive regular medical supervision under the school system, mentioning any serious illnesses or handicaps from which he had suffered, and offering to send to the doctor all our medical records if he wished for them.

General Condition

A member of the Committee for Education drew attention to an apparent discrepancy in the proportions of school entrants placed in nutritional (or more accurately "general condition") categories in two successive quarterly statistical reports. The figures to which he referred were as follows:—

		2nd quarter	*3rd quarter*
General condition	A	526	97
	B	133	239
	C	—	12

He very rightly asked whether this indicated a sudden and alarming drop in the health of children entering school. I felt quite certain that this was not the explanation, and ventured the opinion that the difference might be due largely to the fact that different doctors had carried out examinations in this particular age group in the two quarters. I am afraid I failed to convince many members of the difficulties in accurately classifying children into such vague groups, and that it should not surprise them if two or more perfectly competent doctors were to place the same child in different "nutritional" groups. Following this we worked out the averages for the six medical officers over a period of approximately eighteen months. The figures are revealing:—

	Total No. examined	Nutritional Classification		
		A	B	C
		%	%	%
Doctor 1 ..	450	25.	69.	6.
Doctor 2 ..	1,087	38.	62.	–
Doctor 3 ..	2,568	47.	53.	–
Doctor 4 ..	203	47.29	52.22	.49
Doctor 5 ..	4,628	70.9	29.	.1
Doctor 6 ..	2,433	77.8	22.1	.1

It shows that Doctors 1, 2, 3 and 4 (especially 1 and 2) placed most children in Group B. They obviously took "B" as average, "A" as particularly good and "C" as bad. On the other hand Doctors 5 and 6 regarded "A" as satisfactory, "B" as "not so good" and "C" as very poor.

I have carefully examined the figures for each school and am convinced that these differences cannot be explained by the fact that each doctor broadly speaking covers one area of the Borough. To take one example the doctor placing the second *lowest* number of children into category "A" has schools where one might expect the children's health to be highest.

There is no doubt that differences of similar magnitude occur in the statistics of other authorities and to me it provides further evidence, if such were needed, of the futility of collecting such statistics. The Ministry should seriously consider dropping this classification.

Cleanliness Inspections

The number of these fell somewhat during 1954, but the proportion of children found infested remained at about 0.7%.

Total number of examinations in the schools	16,572
Number of pupils found to be infested ..	118

Minor Ailment Clinics

Attendances at these clinics has been well maintained this year, showing their popularity and usefulness.

CASES TREATED AT MINOR AILMENT CENTRES

EYES: (External and other—excluding errors of refraction and squint)	410
EARS, NOSE AND THROAT DEFECTS (other than operative)	729
SKIN:	
Ringworm (body)	3
Scabies	6
Impetigo	75
Other	1,100
Other minor ailments (e.g. minor injuries, bruises, sores, chilblains, etc.) ..	3,778
Total attendances	25,097

Speech Therapy

This year we have felt the full benefit of the extra help from the part-time therapist appointed towards the end of 1953. We have been enabled to give the more intensive therapy required by some of the children at Faircross School, and also to reduce the waiting list to reasonable proportions.

No. of cases treated	124
Total attendances	2,305

The use of a recording machine would be an asset to the therapists and I think consideration should be given to this need next year.

DENTAL SERVICES

Mr. Levy reports as follows:—

"The Dental Services of the Borough have been maintained at a comparatively high level during the year under review.

Staffing

Mr. Robinson left us in January 1954, but we were fortunate in securing Mr. Pitts to replace him, together with the services of a further full-time dental officer—Mr. J. Buntin. A new clinic had already been equipped for his use in the hutted buildings behind the Town Hall. (This, incidentally, was the site of the original Barking Dental Clinic before the erection of Central Clinic nearby.) The functioning of an additional clinic in this area had long been felt to be necessary in order to relieve the pressure on Central Clinic's Dental Officer.

The dental staff now numbers five full-time officers as well as their attendants; an oral hygienist, and a laboratory staff of six (which includes two apprentices). The County authorities, however, have not yet seen fit to sanction the appointment of a Senior Dental Officer to fill the gap caused by the transfer of Mr. Tran at the end of 1952. Such an appointment, it is felt, could do much to increase the administrative efficiency on the dental side, as well as to relieve the Divisional School Medical Officer of a certain degree of responsibility for purely dental matters.

During the period under review the long negotiations of a dental Whitley Council resulted in an increased national salary scale for dental officers, bringing their remuneration to a figure somewhat less remotely related than hitherto to that normally earned by their colleagues in private practice. Recruiting to the ranks of public dentistry is still lamentably slow, however, and Barking must be considered extremely fortunate, in comparison with some of her neighbouring boroughs, in the number of full-time officers employed.

School Service

One or two interesting points emerge from the figures of work carried out in 1954. The percentage of children who were found to require treatment on routine examinations at school was 60, as against 63% in 1953. Thus it can be said that a slight but definite improvement in the dental health of Barking school children has taken place. This is more likely to be the result of previous treatment than due to an actual improved resistance to dental disease. The actual number of children so examined shows an increase on the previous year, but the figure is still only a little over half of the total school population. This is the cause of the comparatively large number of school children who present themselves for examina-

tion at the clinics, nearly all of whom are found to require treatment. It is also one of the main reasons for the loss of the 1,000 permanent teeth that had to be extracted during the year because they had decayed beyond repair.

Oral Hygienist

The Oral Hygienist continued to function for the benefit of the Priority classes. She carried out a large number of scalings and prophylactic treatments but perhaps the more important side of her work was in the sphere of Dental Education. Apart from chair-side instruction to her patients, she has given talks on dental hygiene in schools and at ante-natal clinics. It is felt that there is scope in the future for even greater activity in this field. Education of mothers and children in the fundamentals of dental hygiene is the one sure way of producing a dentally conscious, and hence a more dentally healthy nation."

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected:—	
(*a*) In school	7,639
(*b*) In clinics	2,177
Total	9,816
(2) Number found to require treatment ..	6,576
(3) Attendances for treatment	19,597
(4) Fillings: Permanent Teeth	6,786
Temporary Teeth	2,616
Total	9,402
(5) Extractions: Permanent Teeth	1,078
Temporary Teeth	6,115
Total	7,193
(6) Treatments undertaken by Oral Hygienist ..	2,178

The continued usefulness of the Dental Workshop is evidenced by the following figures:—

No. of Dentures	511
Repairs to Dentures	173
No. of Orthodontic Appliances ..	606
No. of Inlays, etc.	125

SPECIALIST SERVICES

Eye Clinics

Dr. R. F. Jamison, M.B. Ch.B., D.O.M.S., continues to attend Central, Porters Avenue and Woodward Clinics.

Cases dealt with were as follows:—

External and other diseases excluding errors of refraction and squint	34
Errors of refraction (including squint)	1,351
Total	1,385

Number of pupils for whom spectacles were prescribed 918

It was mentioned last year that the Orthoptic Clinic was being held in somewhat unsatisfactory accommodation, and I am pleased to report that—with the concurrence of the Hospital Management Committee—arrangements were made for its transfer to rooms alongside the Speech Therapy Clinic in the Paget Ward of Barking Hospital.

Miss Lewis, Orthoptist, treated 232 school children during 1954.

Ear, Nose and Throat Clinics

Following the death of Mr. F. Courtenay-Mason, F.R.C.S., in 1953, Mr. G. Grunberger acted as locum Consultant Ear, Nose and Throat Specialist, until the appointment (by the Regional Hospital Board) of Miss M. Mason, F.R.C.S., in May 1954.

Figures for treatment are:—

Operative treatment (cases):—	
(*a*) For diseases of the ear	2
(*b*) For adenoids and chronic tonsillitis..	308
(*c*) For other nose and throat conditions..	16
Other forms of treatment (cases)	429

Orthopaedic Clinic

In August this clinic was transferred from Manor School to Ross Ward at Barking Hospital, thus releasing classrooms badly need for educational purposes and also providing far more adequate accommodation for this expanding service.

Mr. L. Gillis, M.B.E., F.R.C.S., continues as the Consultant Orthopaedic Surgeon and attends fortnightly.

Cases treated were:—

In hospital	6
In clinics or out-patient departments ..	328

As a result of arrangements made directly between the County Council and the Regional Hospital Board, Mr. Ogle, Remedial Gymnast, was transferred to the Hospital Management Committee's employ as from the beginning of the year. We have been fortunate in securing an assurance that his assistance will be available as before, and he has continued to give the necessary extra attention to the children at Faircross School. Unfortunately, however, this move has made it virtually impossible to extend his duties into the schools in association with the Advisors on Physical Education as envisaged in my last report.

Skin Clinic

Dr. P. M. Deville, M.R.C.P., M.R.C.S., Consultant Dermatologist, now attends the Skin Clinic, Paget Ward, Barking Hospital, twice a month.

Number of cases treated or under treatment during the year were:—

Ringworm:—	
(i) Scalp	2
(ii) Body	6
Scabies	4
Impetigo	13
Other skin diseases	517

During the year the County Council decided that cases of plantar warts should not be treated at any of their clinics under general anaesthesia. Such children are now referred to Dr. Deville's Clinic, but Dr. Adamson continues to hold her own clinic for subsequent follow up and for treatments not requiring anaesthesia.

Child Guidance

This year emphasis has been placed on *prevention* of emotional difficulties. This involves starting with children of pre-school age and their mothers and these developments have been described earlier in this report.

Figures for school children treated are as follows:—

No. of cases referred	40
No. who received treatment	18
(Of this number, 6 were subsequently recommended for residential placement as Maladjusted Children.)	
No. of cases closed—left district or appointments not kept	7
No. of cases referred but still awaiting investigation at end of year	15

Participation in case conferences has continued to be of invaluable help and interest, and we are grateful to Dr. Davidson and her team for their enthusiastic support.

HYGIENE AND INFECTION

Washing Facilities

I am particularly pleased to be able to report a very material improvement in hand-washing facilities during the year. Many schools

have installed hot water supplies and various methods of supplying soap and towels have been tried. It will be of the greatest interest to compare costs and headteachers evaluations of the different methods in due course.

Toilets

It is perhaps unreasonable to expect such rapid improvements in toilet facilities, since these often involve considerable expense which Governors and Managers may be unwilling to incur in old property which they hope to replace. It is unfortunately in these oldest schools where conditions are worst. You have very high standards where your public conveniences are concerned—rightly so. In almost everything else your motto is "only the best for Barking—and extra best for the children" which encourages me to feel that you will insist on improvements before long.

Plimsolls and Athletes Foot

The investigation of the problems of sterilizing plimsolls made rather slow headway during the year, owing to the necessity of fitting this in with other routine work. As part of the first stage of the investigation, figures for the routine foot inspections carried out by Dr. Adamson have been kept separately for each age group of children. These have confirmed our impression that athletes foot is virtually non-existent in infant schools, that the incidence (even including very mild cases) is as low as 1% in the younger children in junior schools, but that it rises steadily in older age groups to reach a figure approaching 9% in the senior secondary school children.

The main difficulties occasioned by your decision to prohibit the transfer of plimsolls from child to child have arisen in the infant schools—for here rate of growth is the most rapid. There would appear to be little chance of obtaining an increased capitation allowance to permit heads to purchase adequate numbers of plimsolls, and I believe you consider it undesirable to ask parents to provide them. It would be tragedy if physical education were to be restricted on account of a decision taken by you with the best of motives. I hesitate to advise you to allow plimsolls to be passed from child to child without having completed our projected investigations, but the position in infant schools particularly may force you to this decision before long.

Of her foot inspections Dr. Adamson writes:—

"During 1954 our practise of routine foot inspections at schools was continued as in previous years and it is gratifying to report that by this periodic check the incidence of Verrucae or Warts has been considerably lessened, and in the cases found at these inspections the lesions are discovered at a much earlier stage thus improving the chances of a more rapid cure. May I add that the staff of the schools and even the children are becoming 'foot conscious' and their co-operation has lightened our task to a great extent.

At these foot inspections a watchful eye is kept for cases of Athlete's Foot, the incidence of which rises rapidly during the summer months when the ideal conditions for the growth of the fungus, namely heat and moisture, are present. This condition which commences as peeling of the skin between the toes, causing irritation to the affected individual, followed by possible spread to other parts of the foot, is aggravated by the *constant* wearing of rubber-soled shoes such as plimsolls—their use should be restricted to the hours devoted to games and physical training.

Cases of Athlete's Foot are referred to their appropriate Minor Ailment Clinic for treatment, while cases of Warts are referred to the Skin Clinic at Upney Hospital."

Tuberculosis

As reported earlier the mass X-ray unit visited Barking in the new year and (including some examinations carried out at the end of 1953) 1,569 school children aged 14 years or over were X-rayed; 28 of these were recalled for large films; 4 cases of tuberculosis were discovered—1 boy with active disease and 1 with an inactive lesion, together with two girls referred to in last year's report.

As anticipated, the scheme for B.C.G. vaccination of school children in the 13-year age group was started this year. Parents of the eligible children were sent letters describing the scheme and there was a remarkable acceptance rate of 73%. The children were first tested to find out whether they already had some resistance as a result of some previous unknown and slight infection, and only 11.7% of those tested showed such evidence (i.e. were "tuberculin positive"). These children were all invited to the Chest Clinic for X-ray. The remaining 88.3% were "tuberculin negative" and all received B.C.G. vaccination by either Dr. Martin or Dr. Seligmann who had received special training in the technique.

The opportunity was also taken of comparing the older "Mantoux" test, involving an injection just under the skin, with a newer and simpler test known as the "Heaf" test. Out of the 214 children thus tested the results were the same by both tests in 207; of the remaining 7, 3 were positive by the Mantoux yet negative according to the Heaf test, whilst 4 were positive to the Heaf test and negative by Mantoux. These results, if maintained when larger numbers have been tested, indicate a very reasonable agreement (over 97%), and would appear to justify the routine adoption of the Heaf test if the other advantages claimed for it are confirmed in our experience.

Infective Hepatitis

The outbreak of infective hepatitis which took place largely amongst infant and junior school children in the Gascoigne-Westbury area, has already been fully described.

HANDICAPPED PUPILS

At the end of the year there were 173 pupils at Faircross Special School distributed as follows:—

	Barking	*Other Districts*
E.S.N. Section ..	35	73
Open Air Section ..	35	40

E.S.N. Section

The new East Ham E.S.N. School was opened during the year and 14 East Ham children were transferred there at the commencement of the summer term. This has enabled us to admit all E.S.N. children from the waiting list.

During the year 16 children left the E.S.N. Section on ceasing to be of compulsory school age (9 Barking and 7 out-of-district children)—all were recommended for supervision by the Local Health Authority under Section 57(5) of the Education Act, 1944.

One Barking child reached compulsory school leaving age and was also recommended for supervision by the Local Health Authority but arrangements have been made for him to receive a further year's education at Faircross School.

One child (Ilford) was found to be ineducable and recommended for action under Section 57(3) of the Education Act, 1944.

Two children (1 Barking and 1 Ilford) were transferred to Residential School.

One child, aged 15 (Barking), was no longer considered to require special educational treatment and allowed to leave school.

Open Air Section

The children in this section at the end of the year were suffering from the following conditions:—

	Barking	*Other districts*
Cerebral Palsy (Spastics)	8	1
Other diseases of nervous system ..	6	3
Diseases of Bones and Joints ..	4	1
Heart disease	3	5
Asthma	5	10
Bronchiectasis and other lung conditions	5	13
Debility	3	5
Others	1	2
	35	40

Thirty-four Barking children were placed in other special schools as follows:—

Category	*Day*	*Residential*
Blind	–	2
Partially Sighted	2	2
Deaf	3	1
Partially Deaf	6	2
Physically Handicapped	–	2
Delicate	–	4
Diabetic	–	1
Epileptic	–	2
Educationally Sub-Normal	–	3
Maladjusted	–	4

In addition there was one deaf child not placed at the end of the year.

During the year 11 children (4 Barking and 7 out-of-district children) returned to ordinary schools; 4 children were transferred to residential schools and 2 left on reaching school-leaving age.

Convalescence

One hundred and thirty-three children were sent away for periods of convalescence of up to 8 weeks.

REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1954

STAFF

In common with the rest of the country the department has continued to be short of establishment. With the increasing demand on the services made by changes in legislation and the growing interest shown in slum clearance and food hygiene, it is unfortunate that officers available for such duties continue to be in short supply. The Council is, therefore, to be congratulated upon the appointment of two Student Sanitary Inspectors who are to be trained in the department and have undertaken to stay with the Corporation for at least two years after qualification.

SANITARY CIRCUMSTANCES OF THE AREA

During the year there were 1,075 complaints received compared with 1,474 in the previous year.

The tables included on page 93a show the type of inspections made, notices served and the work carried out.

DEFAULT ACTION

Notwithstanding many complaints by owners that the rent income is insufficient to provide for proper care and maintenance, local circumstances have been such that only 26 premises were referred for default, of these 22 were repaired by the owners before the Corporation intervened.

RAINFALL

During the year rain fell on 278 days, with a rainfall for the year of 23.81 inches compared with 96.8 inches in the previous year.

WATER SUPPLY

The whole of the water supply for domestic purposes is drawn from the main water supply of the South Essex Waterworks Company. Samples were submitted monthly for bacteriological examination and twice during the year for chemical examination. The whole of the samples were reported to be pure and wholesome.

In addition samples of water from three factory wells have also been found to be satisfactory.

The South Essex Waterworks Company are at present proceeding with the construction of a very large additional reservoir at Hanningfield, and it is a matter worthy of note that the supply from this source will be softened to a hardness of 150 parts per million or approximately 11 degrees Clarks scale. Unfortunately this will only benefit Barking to a slight extent. This standard of hardness nevertheless is one for which the Council should aim.

RIVERS AND STREAMS

The improvement of the Loxford Water and the Mayesbrook to which I referred in 1953 proceeded throughout the year and was nearing completion. The result has been additional safety and comfort conditions to the properties adjoining such streams. In consequence we have received no complaints of flooding or nuisance from the riparian owners.

The extensive capital works being carried out at the Nothern Outfall Works of the London County Council have continued and it is expected that the first stage of this major reconstruction, that is, the provision of activated sludge treatment will be operated in the early part of 1955. This is expected to reduce the offensive condition of both the rivers, Thames and Roding. It is hoped that one day Barking Creek will cease to be regarded as something obnoxious.

SUPPLY OF DUSTBINS

In accordance with Section 75(3) of the Public Health Act, 1936, the Corporation has undertaken to supply and maintain dustbins at premises within the Borough. The number of these premises at the end of the year was 5,012.

The Council, after consideration of the difficulties experienced nationally in the application of this Section of the Act, and as a result of seven successful appeals by owners in the local court, discontinued the service of notices under this sub-section.

The scheme now in operation enables tenants and others to purchase Council supplied dustbins at the rate of four shillings per annum over a period of seven years. At the end of the year there was a total of 164 tenants taking part in this scheme.

PUBLIC CLEANSING AND REFUSE DISPOSAL

The Borough Engineer has supplied me with the following information:—

The quantity of refuse collected and disposed of during the year was 60,320 cubic yards. The average weight 5.97 cwts. per yard. The total weight 18,047 tons. There was in addition 58,308 tons of refuse received from other boroughs at the Corporation tip.

The new tip at Renwick Road, to which reference was made last year, continued in operation. The permanent buildings for personnel and equipment are in process of construction. There were no complaints of the method of disposal or criticism as to the way this tip is conducted.

DISINFESTATION OF VERMINOUS PREMISES

The Council provide a disinfestation service to dwelling houses. During the year 8 properties were treated, 4 of which were privately owned. The disinfestants normally used are atomised liquids, consisting of D.D.T.—Kerosene or one of the proprietary insecticides. Gammexane Powder is also used for the treatment of cockroaches or other small vermin.

FLY NUISANCE

The Council continued to carry out seasonal spraying of vacant lands, refuse tips and open spaces. In addition treatment was applied at 70 premises where the sale of food was carried out.

RODENT CONTROL

Rodent Control in Sewers. Treatments carried out in May and November 1954:—

	May	*November*
Number of manholes baited..	420	420
Number showing prebait take	156	154
Number showing complete prebait take ..	70	84

Test baiting of the less heavily infested area was carried out in April, with the following result:—

Number of manholes tested	73
Number of manholes showing bait take ..	2

Surface Infestation

Treatments carried out during the year are set out below:—

1. PREVALENCE OF RATS AND MICE

Type of Property	No. of properties in Area in which infestation was found				Analysis of Col. 4. Number infested by		
	(1) Total	(2) Notified by Occupier	(3) Otherwise discovered	(4) Total	RATS		MICE Only
					Major	Minor	
Local Authority's property	27	9	5	14	—	10	4
Dwelling houses	20,700	143	169	312	—	240	72
Business premises	1,652	48	60	108	—	70	38
Totals	22,379	200	234	434	—	320	114

2. MEASURES OF CONTROL BY CORPORATION

Type of Property	No. of properties inspected	No. of inspections made	No. of notices served under Section 4		No. of treatments carried out by arrangement with Occupier		Under Section 5	
			Treatment	Works	Rats	Mice only	Rats	Mice only
Local Authority's Property	9	14	—	—	5	9	—	—
Dwelling Houses	130	410	—	—	281	147	—	—
Business Premises	102	306	—	—	258	70	—	—
Totals	241	730	—	—	544	226	—	—

Unclassified Properties:—Properties which do not appropriately fall under other classifications are included under business premises.

SWIMMING BATHS AND POOLS

I am indebted to the Borough Engineer who has supplied me with the following figures:—

East Street Bath

Total bathers—73,819, including 43,653 children.

Park Swimming Pool

Total bathers—38,650, including 26,929 children.

Slipper Baths

Total users—35,020.

The following were submitted by the sanitary inspectors for examination:—

Samples taken:

Swimming Bath Water

East Street Bath, 5.
Park Swimming Pool, 3.
South-East Essex Technical College, 12.

The Borough Analyst reported that the samples on each occasion were of a high standard of purity, but commented on the unfavourable organic quality of the East Street Bath. This bath was erected in 1890, and is so constructed that it is impossible to introduce the hygienic precautions which exist in modern baths. The Council look forward to the time when they will be permitted to erect the new bath at Mayesbrook which has been on the stocks since 1939, but with the present building costs operating, there must be further deferment.

PET ANIMALS' ACT, 1951

Licences were issued in respect of 8 premises within the Borough subject to the schedule of conditions which have been approved by the Association of Municipal Corporations. These premises have been conducted in a satisfactory manner. There are no markets in the Borough where animals are offered for sale or kept as prizes.

FACTORIES' ACT, 1937

The Act places upon the local authority the duty of enforcing the provisions of Part I (Health, General Provisions) which deals with cleanliness, overcrowding, temperature, ventilation, drainage of floors and sanitary accommodation.

Statistics showing the activities of the sanitary inspectors in the administration of the Act are set out on page 94.

MILK AND FOOD CONTROL

There became operative during the year the following new legislation:—

The Butter Order 1954 *and The Cheese Order* 1954 removed price controls and revoked the requirements to mark butter as "national butter". They re-enact the licensing of manufacturers by the Ministry of Food.

The Food Standards (*Margarine*) *Order* 1954 upon decontrol of sales, laid down minimum and maximum Vitamins A and D content per ounce of margarine.

The Food Standards (*Soft Drinks*) (*Amendment*) *Order* 1954 removed from the need to conform to a standard all fruit juices, whereas they had been required previously to contain minimum amounts of natural fruit juice.

The Milk (*Special Designations*) (*Raw Milk*) *Regulations*, 1949–54: *The Milk* (*Special Designations*) (*Pasteurised and Sterilized Milk*) *Regulations* 1949–53. Deferred parts of these regulations came into operation on the 1st October, 1954, whereby "Accredited" milk ceased to be a "designated" milk and pasteurized milk must be placed in sealed containers at the processing dairy—bottles to have overlapping caps or other covers approved by the licensing authority.

The Slaughterhouses' Act, 1954 amends and brings up to date those parts of the Food and Drugs' Act, 1938, relating to slaughterhouses.

The Livestock (*Restriction on Slaughtering*) (*Amendment and Revocation*) *Order* 1954, revoked the 1947 Order which restricted the slaughter of food animals to persons licensed by the Ministry of Food.

The Slaughter of Animals' (*Amendment*) *Act*, 1954 extends the provisions of the Slaughter of Animals' Act, 1933, and includes powers to control premises to be used for the slaughter of horses; slaughter by humane methods; the licensing of slaughtermen and the types of instruments used.

FOOD INSPECTION

The following were some of the unusual types of food investigations dealt with:—

Bread (*Procea*). A complainant brought to the office a loaf of bread containing a beetle. The premises were inspected and no infestation could be found in the bakehouse. Appropriate action was taken.

Oranges. Reference was made to the Ministry of Food Circular calling attention to the possibility of the harmful use of thiourea spray on citrous fruits. Of the samples submitted for examination, the oranges contained in the juice four parts per million and in the peel ten parts per million, and showed that the oranges had been treated with thiourea preservative for the purpose of preventing spoilage due to mould growth. The use of thiourea is not permitted by the Public Health (preservatives in food) Regulations. The country of origin was Spain and it was suggested that the Minister of Food should be asked to deal with the matter by calling the attention of the Spanish Embassy to these reports.

English Chilled Eggs. Several complaints were received from purchasers of English chilled eggs. On examination the eggs were found to have an unpleasant odour in varying degree. An investigation was made and this showed that owing to the dock strike the eggs had been stored in chilling rooms not insulated properly from fruit storage accommodation.

Chocolate Buttons. Complaint was received of these chocolates having a peculiar taste. Visual examination showed that they possessed a slight whitish bloom, but chemical examination revealed no evidence of the presence of objectionable acidity or rancidity such as are sometimes developed in the fat constituents when a chocolate confectionery becomes stale and out of condition.

Nail in Cake. Complaint was received of a nail in a portion of cake, the complainant had alleged that two teeth had been broken. Investigation proved that the manufacturers premises were run in accordance with modern hygienic standards and an electronic device was installed for the detection of any metal objects.

ILLICIT SLAUGHTER

In July, shortly before the decontrol of meat rationing, your officers visited an old dilapidated shed, where it was alleged 3 cows and 12 calves had been slaughtered for the purpose of food for human consumption under apalling conditions. Notwithstanding the evidence which was given, the Court came to the conclusion that the animals had not been slaughtered for human consumption. On this finding the summonses were dismissed. Needless to say, your officers felt that the prosecution was one which the Council had very properly undertaken and were disappointed that the evidence submitted to the Court was not found acceptable.

MERCHANDISE MARKS' ACT

The following foodstuffs are required to be marked with an indication of country of origin or the words "foreign" or "empire" on exposure for retail sale:—Meat, bacon, ham, fresh apples, raw tomatoes, shell eggs, dried eggs, currants, sultanas, raisins, oat products, honey, frozen or chilled salmon, or sea trout, butter, dead poultry. General compliance by trade with the provisions of the Marking Orders has been good.

Unfortunately there are a small number of street vendors who need to be reminded that these orders are in operation and that appropriate notice must be displayed to protect the public from misrepresentation. So far it has been sufficient to deal with contraventions by way of verbal notice.

MILK SUPPLIES

The milk distributed in the Borough is produced and pre-packed in other areas. The only milk sold in its raw state is designated tuberculin tested milk.

The number of registered retailers in the Borough is 59.

Of this number there are 12 operating from premises in other districts.

Methylene Blue Reduction and Phosphatase Test. Ninety samples were submitted to this keeping quality test, one of which was found to be unsatisfactory.

Tuberculin Tested Farm Bottled Milk. Seventeen samples were submitted to biological examination, 16 of which were found to be free from tubercle. In the other instance the inoculated guinea pig died before the test was completed.

ICE CREAM

In accordance with the provisions of the Barking Corporation Act there were registered in the Borough at the end of the year:—

Ice Cream Manufacturers	2
Retailers within the Borough ..	177

SAMPLING

(a) Chemical Examination

Eleven samples were submitted for chemical examination. Summary of the analysis is given below:—

Samples submitted	FAT ANALYSIS				
	Under 2.5%	2.5%–5%	5%–8.5%	8.5%–10%	Over 10%
11	—	—	1	4	6

(b) Cleanliness Examination and Keeping Quality

The standard of measurement employed was the Methylene Blue Reduction Test.

Of the 40 samples submitted 34 were placed in Grades I and II and 6 were in Grades III and IV. Samples in these latter grades were treated as being unsatisfactory and checks were made at the production and retail premises.

ICED LOLLIES

A local manufacturer experienced difficulty in keeping below the permitted standard of lead content, viz. 1 part per million in certain types of iced lollies. The difficult types were chocolate and pineapple.

There was a careful analysis made of raw materials and washings from equipment.

The cause was found to arise from the solder used in the manufacture of the moulds notwithstanding their guarantee to be free from lead.

In this investigation there was very satisfactory co-operation with the trade and the public analyst.

On pages 78 and 79 will be found details of the samples submitted to the Public Analyst during 1954. These comprised seven formal and 197 informal samples, making a total of 204.

SAMPLING—PROSECUTIONS

In the following instances proceedings were instituted, the results being as indicated:—

Misleading Label

The defendant pleaded guilty of selling sweets incorrectly labelled "Butter Mixture". A fine of £5 was imposed.

Sausages Deficient in Meat

The defendant was fined £5 and £2 2s. advocate's fee for selling pork sausages deficient in meat content to the extent of 12 per cent.

Unsound Food

On pages 79 and 80 will be found a summary of the unsound food condemned and destroyed during 1954.

SAMPLES SUBMITTED TO THE PUBLIC ANALYST JANUARY 1st TO DECEMBER 31st, 1954

	Number Analysed
Apricot Preserve	1
Beans in Sauce	1
Beans and Pork Sausage	1
Beverages	3
Bread	2
Butter	3
Cake Flour and Mixture	6
Cereals	4
Coffee	2
Cooking Fat	4
Cream	3
Curry Powder	1
Custard Powder	2
Fruit Squash	6
Gin	3
Grape Fruit	2
Gravy	2
Honey	2
Ice Cream	11
Jam	2
Jelly	1
Lemons	1
Limes	1
Lollies	19
Luncheon Meat	5
Margarine	3
Marmalade	3
Meat Pie	1
Marshmallow Creme	1

Milk	7
Miscellaneous Sweets	10
Mineral Waters	3
Mustard	1
Nuts	1
Oranges	3
Peas	2
Pepper	1
Pickle	9
Pineapple Chunks	1
Pudding	1
Rum	1
Salmon Spread	1
Sauce	4
Sausages—Pork	14
Sausages—Beef	14
Sausage Meat Sundries	21
Sodium Bicarbonate	1
Soup	1
Spearmint	1
Suet	2
Tangerines	1
Tinned Fruit	2
Tomato Ketchup	1
Vinegar	3
Whisky	2
Total	204

UNSOUND FOOD CONDEMNED AND DESTROYED—1954

Bacon	24 lbs.
Beans and Spaghetti	118 tins
Butter	1 lb.
Cake and Cake Mixtures	5 pkts.
Cereals	61 pkts.
Cheese	365 lbs.
Cream	10 tins
Dried Fruit	80 lbs.
Egg	1 tin
Fish—Wet and Dried	356 lbs.

Fish—Tinned	59 tins
Fruit—Tinned	894 tins
Fruit Juices	1 bottle
Jams and Marmalade	79 jars
Meat	2,087 lbs.
Meat—Tinned	202 tins
Meat Pies and Rolls	32
Milk	301 tins
Mustard	2 pkts.
Nuts	3 pkts.
Paste	2 jars
Peanut Butter	½ lb.
Pepper	19 pkts.
Pickles and Sauce	9 jars
Puddings	5 tins
Salt	30 pkts.
Soup	43 tins
Suet	13½ lbs.
Syrup	1 tin
Vegetables—Tinned	125 tins

HYGIENE OF FOOD PREMISES AND FOOD HANDLING

The Food and Drugs' Amendment Act which received the Royal Assent during the year 1954 provided for the setting up of a statutory body to be known as the Food Hygiene Advisory Council.

The Borough was honoured by the appointment of the Chairman of the Public Health Committee—Alderman Mrs. Julia H. Engwell—as a member of that Advisory Council.

In matters of food hygiene there will always be room for improvement because the standard of cleanliness depends so much upon the personal habits of the employees in the industry and the service conditions in any organization or group. In such circumstances local authority officers will continue to be concerned mainly with the basic health problems:—

(*a*) preventing the introduction into the catering establishments of food already infected;

(*b*) preventing the infection of the food in the establishment by a member of the staff or a customer;

(*c*) preventing contamination by infected animals including rodents and flies;

(*d*) secure the keeping of food so as to prevent gross multiplication of bacteria.

The supervision of food premises is a duty placed upon the Council by the Food and Drugs' Act, 1938.

There are in the Borough the following catering establishments:—

Group 1.	Cafes in temporary structures	1
,, 2.	Cafes on Railway Stations	2
,, 3.	Restaurants in Public Houses	7
,, 4.	Central kitchens for school meals ..	11
,, 5.	Cafes and Snack Bars	53
,, 6.	Industrial and Staff Canteens	47
,, 7.	Municipal Restaurant	1

In connection with these premises the following works were carried out during the year:—

Kitchens altered	2
Premises completely redecorated	10
Premises partly redecorated	19
Water heating installed	5
Walls and ceilings cleansed	29
Sinks provided	5
Miscellaneous repairs	28

The changes in food packing and distribution have been so revolutionary since the war that, bacon, cheese, cooked meats, butter and some biscuits are almost the only grocers food which are not pre-packed.

It is expected that the food regulations to be issued later will provide a more precise code of hygiene for all engaged in the industry.

Bakehouses

There remain 5 such premises in the district, not one of which can be described as modern. They were designed for other times and do not facilitate the practice of hygiene as required in the present mechanized bakery technique.

The number of such bakehouses is being annually reduced because of lack of labour willing to operate in out-moded premises.

Every effort is made to maintain an adequate standard of cleanliness.

REGISTRATIONS OF PREMISES USED FOR THE MANUFACTURE OF SAUSAGES, PRESERVATION OF FOOD, MANUFACTURE AND SALE OF ICE CREAM AND DEALERS IN MARGARINE

Trade	*Number on Register* 1953	*Number of Applications Received During* 1954	*Number of Applications Refused During* 1954	*Total Number of Premises on Register* 1954
Manufacturers of Ice Cream ..	2	—	—	2
Retailers of Ice Cream	174	8 (*including five changes of occ.*)	—	177
Manufacturers of Sausages ..	23	—	—	23
Fish Frying and Preserving ..	24	2 (*both change of occ.*)	—	24
Ham Boilers	5	2	—	7
Margarine Dealers	—	1	—	1

BACTERIOLOGICAL AND BIOLOGICAL EXAMINATION OF MILK

Designation of Milk	Total Samples Submitted	Methylene Blue Test		Phosphatase Test		Total Samples Submitted	Biological Test	
		Passed	*Failed*	*Passed*	*Failed*		*Passed*	*Failed*
Pasteurized	56	56	—	56	—	—	—	—
Tuberculin Tested (Pasteurized) ..	15	15	—	15	—	—	—	—
Tuberculin Tested (Raw) ..	19	18	1	—	—	17	16	*1

*Guinea Pig died before test was completed.

Beaver Report

The publication during the year of the Report of the Committee on Air Pollution, known as the Beaver Report, focussed attention on the causes and evils of atmospheric pollution. The Committee was set up in July 1955 "to examine the nature, causes and effects of air pollution and the efficiency of present preventive measures, to consider what further preventive measures are practicable and to make recommendations".

The recommendations made by the Committee will, if embodied in legislation, tighten the Local Authority's control of industrial smoke emission and make easier the reduction of domestic smoke emission.

Measurement of Pollution

Statistical data concerning the extent of air pollution is collected by the Fuel Research Station and figures are published monthly covering the whole of the country.

Barking Corporation takes part in this work and maintained three stations for the purpose of measuring solid deposits and sulphur dioxide concentrations. The results and comparative charts are shown on pages 90–91. It will be noted that the solid deposits and sulphur dioxide concentrations are greater in the industrial area of the Borough than in the residential area. This is to be expected, of course, especially with two of the largest coal consumers in the country in Barking's industrial area.

The seasonal difference is more marked with the measurements of sulphur dioxide pollution, indicating the effect upon the atmosphere of the additional coal consumed in the winter. A large part of this additional coal is consumed in domestic fires.

Domestic Smoke

It is stated in the Beaver Report that half the atmospheric pollution in the country arises from the domestic chimney. Therefore, action should be taken to reduce it.

To this end the Corporation decided that the Thames View Estate should be a smoke control area. This is to be achieved by making it a condition of tenancy that only smokeless fuel shall be used in the special approved grates installed in the new houses now being erected.

There is an increasing awareness of the need for wide public support for smoke abatement. Accordingly a campaign was put in hand to encourage the use of smokeless fuel in domestic grates. This included holding a meeting in the form of a "Brains Trust" with a panel of experts to answer questions put by members of the public. Further propaganda included a tour of the district by the mobile exhibition of the Solid Smokeless Fuels Federation and a static exhibition in the Baths Hall with the co-operation of the Solid Smokeless Fuels Federation, the North Thames Gas Board and the London Electricity Board.

Industrial Smoke

The control of industrial smoke is provided for in the Public Health Act, 1936, and Smoke Byelaws. The effect of this legislation is that no action can be taken unless there is an emission of black smoke for more than two minutes in any period of 30 minutes. In the case of emission of other than black smoke, nuisance has to be proved before action can be taken. This has obvious difficulties and virtually confines the Local Authority to dealing with black smoke.

The Beaver Report recommends that the emission of dark smoke from any chimney should be prohibited by law. If this recommendation is embodied in legislation a substantial reduction in industrial smoke will be made possible.

There are 57 industrial fuel burning appliances in factories in Barking which consume approximately 34,000 tons of coal annually. In addition approximately 1,400,000 tons of coal are consumed annually at the Electricity Generating Station and nearly 1,800,000 tons at Beckton Gas Works.

As the new section of the Generating Station is brought more into use there should be an improvement in the amount of grit emitted because the older plant will then be used less. The boilers in the new section are fitted with electro-static precipitators which are expected to extract 99% of the dust from the flue gases.

The difficulties of dust extraction at the Gas Works are not so easily overcome but new methods are being tried.

Much of the trouble from smaller installations arises from inefficient plant operation and generally smoke is caused because of imperfect combustion of the coal in the furnace. It should be possible by better operation and supervision to prevent this smoke emission and thus increase fuel saving. The expected new legislation should help Local Authorities to encourage industrial consumers to achieve such improved operation and supervision.

During the year 262 observations of industrial chimneys were made resulting in the service of 20 notices calling attention to contraventions of the byelaws.

Your sanitary inspectors who are qualified as smoke inspectors continued to seek improvements by discussion with managements and by giving advice on methods of plant operation.

Sulphur Dioxide Pollution

It was stated in last year's Annual Report that the insidious risk to health due to additional sulphur dioxide emission which will arise from increased fuel consumption at the Barking Generating Station, had been brought to the notice of Mr. Somerville Hastings, M.P., and the Minister of Fuel and Power.

This action gave rise to questions in the House of Commons asked by Mr. Somerville Hastings and to correspondence with the Ministry of Fuel and Power.

It seems that the condition of the Thames water at Barking is such as to preclude its use for flue gas washing as is carried on elsewhere. There is a division of opinion as to whether flue gas washing is advisable or not. Such washing reduces the temperature of the flue gases so that immediately upon discharge from the chimney they descend, whereas if they were of high temperature they would continue to ascend, and thus achieve better dispersal. As at present carried out the removal of sulphur gases is a very expensive process.

The Minister of Fuel and Power stated in the House of Commons and the Chairman of the British Electricity Authority wrote that where gas washing is not possible the discharge of flue gases at high velocity, high temperature and high altitude, is the best method of

dealing with the problem of sulphur gas emission. The Minister also said that "a steady decrease in fuel consumption at Barking Generating Station is to be expected from now onwards, and the discharge of sulphur oxides will, therefore, be reduced".

The problem of sulphur gas pollution of the atmosphere is undoubtedly one which will require a great deal more research before it is finally solved. All coal contains from 1% to 2½% of sulphur mainly in the form of pyrites, and there is no known method of extracting it before combustion. Some authorities believe that more efficient cleaning of the coal at the pit head would effect a considerable reduction in the sulphur content and also in the ash content. In 1954 55.2% of the national output of coal was mechanically cleaned and about 50 new plants are in various stages of erection.

The use of smokeless fuels is not the complete answer to sulphur gas emission because there is some sulphur in these fuels.

Research is continually going on to seek an economic method of overcoming the problem.

Wood Ash

In the Borough there are several furnaces which are fired with wood waste. The burning of such a fuel requires a different type of installation and different technique from that required for burning coal. A large combustion chamber and an increased air supply is required for efficient combustion. If too little air is supplied black smoke is emitted from the chimney. If too much air is supplied the velocity of the flue gases is such that wood ash is carried up the chimney.

Careful operation is, therefore, essential to avoid nuisance and even with the best equipment available an unskilled or disinterested stoker can cause trouble.

Constant attention has to be given to this matter and emissions of ash have been checked regularly.

In one case which gave particular trouble to nearby residents, the owners experimented with alterations to their furnace and considerable improvement was achieved. In another case where nuisance was being caused to an adjoining factory the management are taking steps to replace their furnace with one more suitable for wood burning.

ATMOSPHERIC POLLUTION—MONTHLY SOLID DEPOSITS IN TONS PER SQUARE MILE

MONTH +	1949			1950			1951			1952			1953			1954		
	D.56	D.57	D.58	D.56	D.57	D.58	D.56	D.57	D.58	D.56	D.57	D.58	D.56	D.57	D.58	D.56	D.57	D.58
JANUARY	20.94	35.55	29.65	20.57	28.27	21.18	21.80	35.56	32.87	17.38	24.30	22.29	30.48	28.61	22.32	21.40	32.20	18.16
FEBRUARY	19.44	28.68	28.23	24.26	43.80	36.14	30.87	45.10	36.42	12.52	17.11	11.07	30.52	23.24	24.97	46.03	39.35	27.54
MARCH	15.22	24.44	21.01	18.17	26.38	24.55	17.32	22.99	32.70	25.46	29.36	26.58	20.48	22.38	14.30	30.98	30.35	26.75
APRIL	24.16	27.37	28.99	23.89	29.29	20.98	18.17	22.85	23.39	19.16	21.79	26.72	22.41	19.88	21.94	13.34	16.32	12.31
MAY	25.08	26.93	26.89	16.02	11.83	10.20	17.62	23.65	21.49	26.11	22.28	21.08	—	21.52	17.47	30.48	38.60	18.02
JUNE	17.25	21.56	19.88	23.37	18.33	14.50	23.48	30.15	23.93	29.33	19.67	17.78	25.58	26.52	12.28	34.28	35.93	22.08
JULY	27.89	26.11	22.66	21.83	26.07	25.55	17.25	19.95	23.49	17.18	—	12.10	26.94	24.64	24.79	26.42	32.61	21.43
AUGUST	23.78	32.34	24.97	29.87	21.25	26.62	16.15	23.51	24.97	30.66	35.90	16.16	25.74	22.89	21.49	27.01	32.92	20.15
SEPTEMBER	20.94	25.46	26.65	19.23	33.10	20.91	17.11	28.85	27.93	23.24	19.92	19.09	30.71	27.75	21.18	28.15	38.46	25.31
OCTOBER	44.35	51.81	47.90	18.89	23.41	19.88	12.11	25.66	26.76	25.35	26.08	22.59	45.89	28.92	21.56	34.52	36.82	20.85
NOVEMBER	21.42	33.98	32.98	37.44	43.02	34.63	23.72	50.13	36.80	—	21.66	20.81	33.55	31.79	21.94	40.19	38.77	30.67
DECEMBER	19.44	29.23	24.83	25.60	29.64	30.69	23.68	22.57	41.99	45.46	35.86	29.57	41.59	44.04	31.74	29.25	35.83	26.65
Averages	23.30	30.29	27.84	23.26	28.70	23.82	19.94	30.08	29.48	28.19	24.90	20.49	30.25	25.18	21.33	30.17	34.01	22.50

+ *STATIONS:* D.56 = *Barking Park —Alfreds Way from May* 1952. D.57 = *Greatfields Park.* D.58 = *Parsloes Park.*

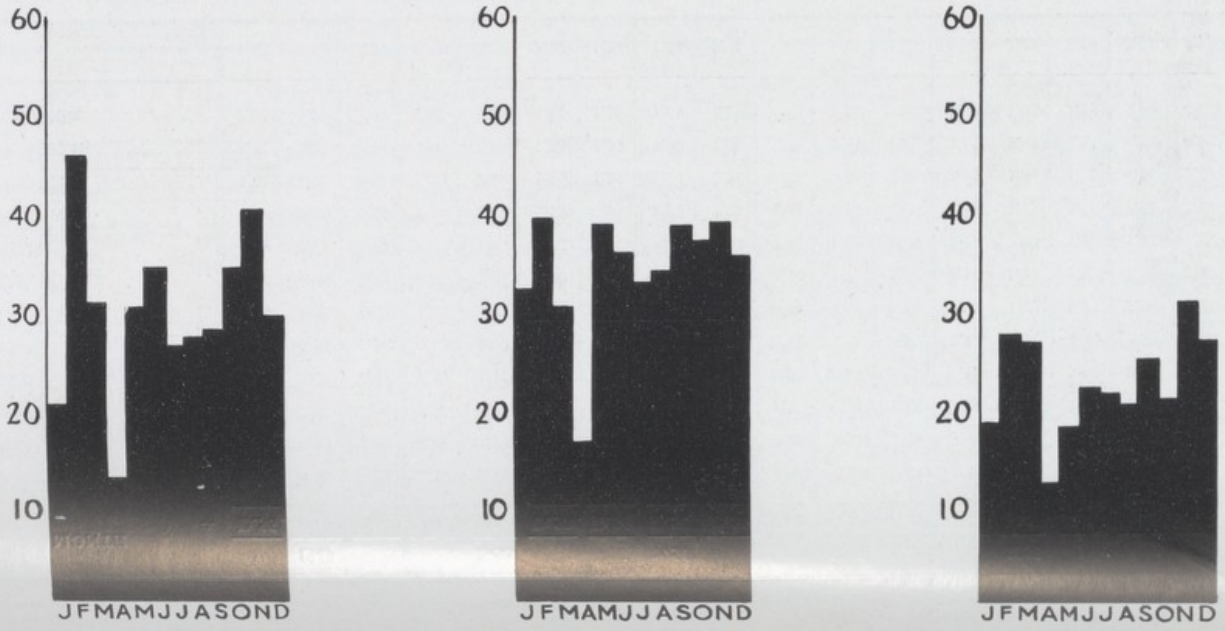
ATMOSPHERIC POLLUTION—SULPHUR DIOXIDE READINGS MEASURED AS MILLIGRAMS OF SO_3 PER DAY COLLECTED BY 100 sq. C.M. LEAD PEROXIDE

MONTH +	1949			1950			1951			1952			1953			1954		
	D.56	D.57	D.58	D.56	D.57	D.58	D.56	D.57	D.58	D.56	D.57	D.58	D.56	D.57	D.58	D.56	D.57	D.58
JANUARY	3.95	4.69	4.64	2.28	2.85	3.01	2.29	2.60	1.97	2.04	2.84	2.14	3.50	4.06	3.09	4.43	3.81	3.71
FEBRUARY	3.19	4.17	3.92	2.70	3.99	3.44	2.14	2.24	1.81	2.16	2.82	2.38	2.68	2.98	2.01	4.24	3.35	3.69
MARCH	2.75	2.31	2.64	2.07	2.78	2.77	1.48	2.05	2.09	1.57	1.28	1.68	2.89	2.57	2.77	3.17	3.64	3.14
APRIL	1.76	2.29	2.41	1.77	2.31	2.39	1.31	1.48	1.29	0.95	0.98	1.08	2.16	2.48	2.03	2.23	1.74	2.38
MAY	1.22	1.69	1.56	0.42	1.00	1.41	0.43	1.06	1.05	0.72	1.04	0.77	1.53	1.17	1.50	2.20	1.80	1.95
JUNE	0.94	1.50	1.27	1.00	1.72	1.58	0.55	0.85	0.55	0.04	0.65	0.58	1.27	1.35	0.97	2.00	1.94	1.22
JULY	0.66	0.96	0.73	0.62	1.68	1.43	0.72	1.11	0.97	0.50	1.19	0.78	2.19	2.23	1.82	2.63	2.42	1.64
AUGUST	0.89	1.12	0.96	1.07	1.98	1.53	0.87	1.37	1.01	0.75	1.41	0.77	2.43	2.05	1.57	1.93	1.80	1.19
SEPTEMBER	0.67	0.90	0.83	1.56	2.36	2.58	0.94	1.53	1.21	1.02	1.10	0.65	2.18	1.75	1.75	3.32	3.03	2.29
OCTOBER	1.84	2.38	2.45	1.20	1.48	1.06	1.21	1.63	1.50	1.63	1.54	1.93	2.53	1.84	1.78	4.16	3.63	2.89
NOVEMBER	1.31	2.51	2.74	2.14	2.31	1.85	1.82	1.99	1.68	1.96	2.23	2.15	4.15	3.91	3.51	4.36	4.05	3.22
DECEMBER	2.63	3.95	3.47	1.91	2.25	1.91	1.35	1.88	1.83	3.77	3.24	3.96	3.38	3.08	3.15	5.00	4.80	3.48
Averages	1.82	2.62	2.30	1.56	2.23	2.08	1.26	1.64	1.41	1.43	1.70	1.57	2.57	2.46	2.16	3.33	2.95	2.57

+ *STATIONS:* D.56=*Barking Park up to December* 1952, *and thereafter Alfreds Way.* D.57=*Greatfields Park.* D.58=*Parsloes Park.*

1954

ATMOSPHERIC POLLUTION—MONTHLY SOLID DEPOSITS IN TONS PER SQUARE MILE



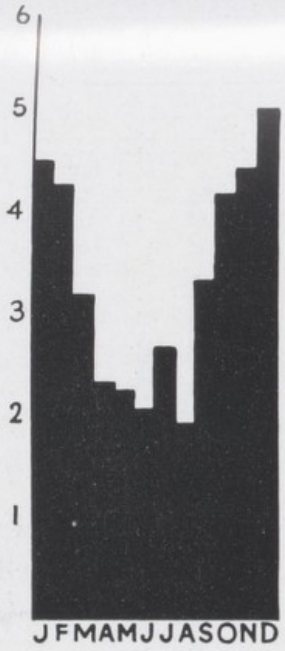
D.56
ALFREDS WAY

D.57
GREATFIELDS
PARK

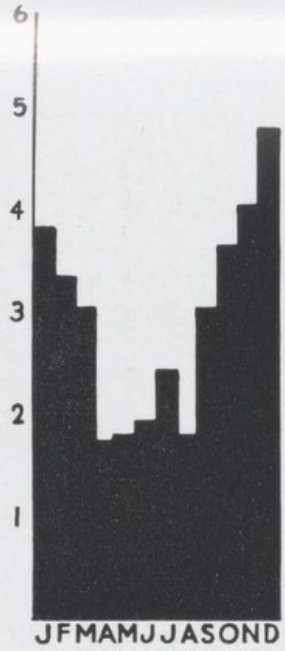
D.58
PARSLOES
PARK

1954

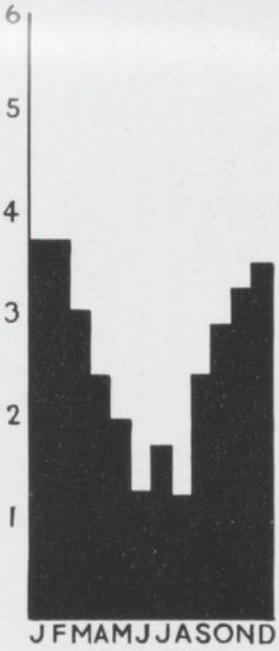
ATMOSPHERIC POLLUTION—SULPHUR DIOXIDE READINGS MEASURED AS MILLIGRAMS OF SO_3 PER DAY COLLECTED BY 100 sq. C.M. LEAD PEROXIDE



D.56
ALFREDS WAY



D.57
GREATFIELDS
PARK



D.58
PARSLOES
PARK

HOUSING REPAIRS AND RENTS' ACT, 1954

This Act, which came into force on August 30th, 1954, amends and extends the Housing Act of 1936 and 1949. Its operation will add substantially to the work of sanitary inspectors.

The object is to re-introduce slum clearance; to enable patching and mending by local authorities for a period of 5 years until demolition is possible; and to promote the improvement together with a better standard of repair generally for all privately rented houses.

It was a disappointment to find that the Act did not provide compulsory powers for the improvement of dwellings at least to a standard securing the provision of hot water supply together with a bath wherever practicable.

Preparation of the clearance area programme was nearing completion at the end of the year. The number of families for whom accommodation would be allocated living in clearance areas is to remain at 20 per cent of the total lettings to council accommodation.

The effect of Part II of the Act which deals with rent and repairs was more immediate in its results.

Administrative action locally gave the fullest information to tenants and owners of the scope of the Act.

During the four months of the year the Act was in force there were 23 applications for certificates of disrepair; in 22 instances certificates were issued; in four instances certificates were later revoked as the repairs had been carried out.

Housing Improvement Grants—Housing Act 1949 (*as amended*)

No. of applications in 1954	14
Value of works in aggregate approved	£1,380
Improvement Grants value	£690

1953					1954			
Visits	*Re-Visits*	*Total*	*Contra-vention*		*Visits*	*Re-Visits*	*Total*	*Contra-vention*
—	—	1,474	—	Complaints received	—	—	1,075	—
		Visits		1. *Inspection of Dwelling-houses*			*Visits*	
3,457	2,957	6,414	—	Under Public Health or Housing Acts	2,233	2,462	4,695	—
395	—	395	—	After I.D. and Scabies	239	—	239	—
262	—	262	—	Housing Investigations	283	—	283	—
				2. *Premises controlled by Bye Law and Regulations*				
13	—	13	—	Offensive Trades	67	—	67	15
6	—	6	—	Tents, Vans and Sheds	13	—	13	—
54	—	54	—	Milkshops	52	—	52	—
14	—	14	4	Hairdressers' premises	3	—	3	—
198	—	198	19	Atmospheric Pollution Investigations	262	—	262	20
3	—	3	—	Massage Establishments	4	—	4	—
				3. *Food and Drugs Act and Shops Acts*				
752	—	752	198	General Inspections Food and Drugs Act, 1938 ..	587	—	587	102
234	—	234	54	General Inspections Shops Acts 1934 and 1950 ..	262	—	262	9
97	—	97	—	Milk Sampling	93	—	93	—
86	—	86	—	Ice-cream sampling	21	—	21	—
23	—	23	40	Bakehouses	5	—	5	7
183	—	183	71	Butchers' premises	161	—	161	44
49	—	49	28	Fishmongers	40	—	40	14
171	—	171	74	Ice-cream Vendors	66	—	66	7
22	—	22	16	Licensed premises	34	—	34	18
364	—	364	71	Restaurants, Dining Rooms and Canteens ..	188	—	188	71
17	—	17	—	Ice-cream Manufacturers	20	—	20	—
				4. *Miscellaneous*				
23	—	23	—	Aged and Infirm persons	4	—	4	—
131	—	131	—	Drainage Inspections	78	—	78	—
18	—	18	—	Piggeries	22	—	22	—
37	—	37	—	Public Lavatories	51	—	51	—
1,169	—	1,169	—	Prevention of Damage by Pests Act, 1949 ..	730	—	730	—
46	—	46	—	Schools	33	—	33	2
51	—	51	—	Stables	74	—	74	
95	—	95	4	Vacant Lands and Refuse Tips	185	—	185	—
4	—	4	—	Watercourses	6	—	6	—
58	—	58	—	Water sampling	55	—	55	—
16	—	16	—	Pet Animals Act	8	—	8	—
159	—	159	64	Street Traders	109	—	109	32
38	—	38	—	School Meal Centres	41	—	41	9
756	—	756	—	Other miscellaneous	423	—	423	—
	Total	11,744				Total	8,914	

HOUSING

PROVISION OF HOUSING ACCOMMODATION YEAR 1954

January 1954. Waiting List	3,838
December 1954. Waiting List..	3,640

NEW ACCOMMODATION:

BOROUGH OF BARKING

Thames View Estate	113	dwellings
London Road/Bennington Avenue Estate ..	67	,,
	180	

NEW DWELLINGS COMPLETED SINCE END OF 1939–1945 WAR

Barking Council	1,072
Private Owners (including L.C.C.)	114
	1,186

WAR DESTROYED

(Rebuilt)

Barking Council	63	
Private Owners (including L.C.C.) ..	323	386

TEMPORARY BUNGALOWS

Barking Council	285	
London County Council	297	582
Total ..		2,154

NOTICES SERVED AND COMPLIANCES THEREWITH

1953					1954			
		Compliance					*Compliance*	
Pre-liminary	*Statutory*	*Pre-liminary*	*Statutory*		*Pre-liminary*	*Statutory*	*Pre-liminary*	*Statutory*
				Notices				
1,709	303	1,522	316	Dwelling houses	977	232	725	249
—	—	—	—	Offensive Trades	8	—	8	—
—	—	—	—	Tents, vans and sheds ..	—	—	—	—
4	—	4	—	Milkshops	—	—	—	—
2	—	2	—	Hairdressers' premises	—	—	—	—
19	—	19	—	Smoke observations	20	—	20	—
13	—	13	—	Bakehouses	3	—	3	—
47	—	47	—	Butchers' premises	26	—	26	—
13	—	13	—	Fishmongers	9	—	9	—
111	—	111	—	Food and Drugs' Act, 1938 ..	62	—	62	—
39	—	39	—	Ice-cream vendors	5	—	5	—
8	—	8	—	Licensed premises	4	—	4	—
—	—	—	—	Piggeries	—	—	—	—
—	—	—	—	Public lavatories	—	—	—	—
39	—	39	—	Shops' Acts, 1934 and 1950 ..	8	—	8	—
2	—	2	—	Stables	—	—	—	—
4	—	4	—	Vacant lands and refuse tips ..	—	—	—	—
Outstanding, 64. (Completed during 1954.)					Outstanding 47.			

1953	REMEDIAL ACTION	1954
	Drainage Works	
26	Drains relaid or repaired	22
118	Choked drains cleared	65
—	Inspection chambers constructed	—
5	New covers fitted	7
21	Tests made	6
	Sanitary Conveniences	
—	Additional water closets fitted	2
—	Separate w.c. accommodation for sex provided	1
17	New w.c. pans fitted	22
83	Flushing apparatus repaired or renewed	87
—	Intervening vent space provided	1
—	Artificial lighting provided	2
26	Other works	—
	Other Sanitary fittings	
12	New sinks fitted	16
—	Wash basins provided	—
28	Sink and bath waste pipes fitted	36
	Other Works	
247	Roofs repaired or renewed	142
206	Gutters or rain-water pipes repaired or renewed	143
61	Yards paved and drained	49
46	Chimney pots replaced and stacks repaired	48
92	Dampness remedied	66
17	Houses disinfested	9
61	External walls repointed	56
254	Window frames repaired or renewed	180
5	Stairtreads repaired	1
73	Doors and doorframes renewed or repaired	38
147	Floors renewed or repaired	70
69	Stoves renewed or repaired	32
3	Washing coppers repaired	3
208	Ceiling and wall plaster repaired	185
950	Dustbins supplied	1,130
4	Accumulations of rubbish cleared	3
441	Miscellaneous	165

FACTORIES' ACT, 1937

The following statistics show the results of the activities of the Sanitary Inspectors in the administration of this Act.

1.—*Inspections for purposes of provisions as to health*

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorieies ..	37	27	2	Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	241	319	12	Nil
(ii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	8	14	1	Nil
Total	286	360	15	Nil

2.—*Cases in which Defects were found*

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Reme-	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1) ..	2	1	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(*a*) Inusfficient	2	3	—	—	—
(*b*) Unsuitable or defective	11	8	—	—	—
(*c*) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total	15	12	—	1	—

OUTWORK

Section 110:

Number of outworkers in August List required by Section 110 (1) (c)..	222
Nature of work carried out by outworkers:—	
Making of wearing apparel	168
Household linen	1
Umbrellas, etc...	2
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	15
Brush making	1
Cosaques, Christmas Crackers, Christmas Stockings, etc.	28
Artificial Flowers	3
Curtains and Furniture Hangings	1
Tents	1
Carding, etc., of Buttons, etc.	2
Number of cases of default in sending in lists to the Council	Nil
Prosecutions for default in sending in lists to the Council ..	Nil

Section 111:

Number of visits to outworkers	286
Number of instances of work in unwholesome premises ..	Nil
Number of notices served..	Nil
Number of prosecutions in respect of outworkers' premises..	Nil

FOOD AND DRUGS (MILK, DAIRIES AND ARTIFICIAL CREAM ACT, 1950
FOOD AND DRUGS (MILK) (SPECIAL DESIGNATIONS) (SPECIFIED AREAS) ORDER 1951 AND MILK AND DAIRIES REGULATIONS, 1949–1954

Milk and Dairies Regulations, 1949–1953

No. of persons registered as Distributors	47

Milk (Special Designations) (Pasteurized and Sterilized Regulations, 1949–1953

No. of Dealers' licences	47
No. of Supplementary licences	12

Milk (Special Designations) (Raw Milk) Regulations, 1949–1954

No. of Dealers' licences	2
No. of Supplementary licences	2