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

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BOROUGH OF DAGENHAM

THE HEALTH OF DAGENHAM IN 1960

BOROUGH OF DAGENHAM

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1960

J. ADRIAN GILLET, M.B., Ch.B., D.P.H., F.R.S.H.

Civic Centre,
Dagenham,
Essex

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MEMBERS OF THE COUNCIL

(as at 31st December, 1960)

MAYOR:

Councillor H. P. LARKING, J.P.

DEPUTY MAYOR:

Councillor L. W. TODD

ALDERMEN:

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A. E. PRENDERGAST, (Mrs.)
C. PRENDERGAST, B.E.M., E.C.C.

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S. J. C. WARR
F. F. WOODS, (Mrs.)

PUBLIC HEALTH COMMITTEE

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VICE-CHAIRMAN:

Alderman (Mrs.) E. M. MILLARD

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Councillor (Mrs.) E. J. KITCHEN
Councillor D. O'DWYER
Councillor (Mrs.) A. R. THOMAS
Councillor S. J. C. WARR

DAGENHAM HEALTH AREA SUB-COMMITTEE

(as at 31st December, 1960)

Chairman:

Alderman (Mrs.) A. E. PRENDERGAST

Vice-Chairman:

Alderman (Mrs.) E. M. MILLARD

Members:—

BOROUGH COUNCIL	The Mayor Councillor H. P. LARKING, J.P.
	The Deputy Mayor Councillor L. W. TODD
	Councillor D. A. L. G. DODD
	Councillor (Mrs.) E. J. KITCHEN
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	Councillor A. C. V. RUSHA
	Councillor D. W. TAYLOR
	Councillor J. S. THOMAS
	Councillor S. J. C. WARR
	Councillor (Mrs.) F. F. WOODS
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	Alderman (Mrs.) E. C. SAYWOOD
	Councillor C. S. V. DANIELS, M.R.C.S., L.R.C.P., L.D.S., R.C.S.
	Councillor (Mrs.) L. FALLAIZE, J.P.
	Councillor (Mrs.) L. A. IRONS, J.P.
	Councillor A. R. P. SHERRELL
HOSPITAL MANAGEMENT COMMITTEE	Mrs. A. R. THOMAS
EXECUTIVE COUNCIL FOR ESSEX	Mr. F. A. WORTLEY
LOCAL MEDICAL COMMITTEE FOR ESSEX	(Vacancy)
LOCAL VOLUNTARY ORGANISATIONS	Mrs. B. BIGNELL
	Mrs. S. M. HOXLEY
	Miss N. L. ODELL
	Mr. J. WALSH

DAGENHAM COMMITTEE FOR EDUCATION

(as at 31st December, 1960)

Chairman:

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Vice-Chairman:

Councillor A. C. V. RUSHA

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Alderman W. E. BELLAMY, J.P.
Alderman F. BROWN, E.C.C.
Alderman (Mrs.) E. M. MILLARD
Alderman (Mrs.) A. E. PRENDERGAST
Alderman C. PRENDERGAST, B.E.M., E.C.C.
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Councillor D. O. GRANDISON
Councillor (Mrs.) E. J. KITCHEN
Councillor D. LINEHAN
Councillor D. O'DWYER
Councillor W. A. PARISH
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Councillor (Mrs.) F. F. WOODS

Nominated Members:

County Councillor A. F. J. CHORLEY, M.B.E., J.P.
County Councillor L. F. SAUNDERS

Co-opted Members:

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Mrs. I. M. BROCKELBANK
Mr. E. E. HENNEM
Mr. F. C. JONES
Mrs. E. F. LAMBERT
Mr. J. WALSH

EDUCATION (GENERAL PURPOSES) SUB-COMMITTEE

(as at 31st December, 1960)

(This Sub-Committee deals, *inter alia*, with the School Health Service)

Chairman:

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Vice-Chairman:

Alderman F. BROWN, E.C.C.

Members:

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Councillor D. LINEHAN
Councillor D. O'DWYER
Councillor A. C. V. RUSHA
Mrs. I. M. BROCKELBANK
Mr. A. F. J. CHORLEY, M.B.E., J.P., E.C.C.
Mr. E. E. HENNEM

OFFICERS OF THE HEALTH SERVICES

(as at 31st December, 1960)

Medical Officer of Health and Area Medical Officer:

J. Adrian Gillet, M.B., Ch.B., D.P.H., F.R.S.H.

Deputy Medical Officer of Health and Assistant Medical Officer:

Helen E. Mair, M.B., Ch.B., D.P.H.

Assistant Medical Officers:

Katherine Fitzpatrick, M.B., B.Ch., (C)
Fannie Hirst, M.B., Ch.B., D.P.H., (C)
Maureen Joyce Hodgson, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., (C)
Wilhelmina C. Maguire, L.R.C.P., L.R.C.S.I.(C)
Madeline Weizmann, M.R.C.S., L.R.C.P., (C)

Dental Officers:

V. Foy, L.D.S., R.C.S., (Eng.) (part-time)
A. Roberts, L.D.S., R.C.S., (part-time)
C. Sumsawaste, L.D.S., R.C.S., (part-time)

Chief Public Health Inspector:

L. E. Prior, (1), (2)

Public Health Inspectors:

J. W. Allam (1), (2), (4)
G. Dovey (1), (2)
F. W. S. Fox (1), (2), (3), (4)
A. J. James (1)
G. S. Self (1), (2), (4)

Superintendent Health Visitor: (C)

D. Gordon, (5), (6), (7), (13), (19)

Health Visitors: (C)

A. E. Boorman (5), (6), (7)
N. R. Brooks (5), (6), (7)
P. G. Collyer (5), (6), (7), (12)
L. Dunbar (5), (6), (7)
I. A. Garrard (5), (16)
P. I. Jefford (5), (6), (7), (24)
L. Ling (5), (6), (7)
D. J. Milbank (5), (6), (7), (10), (25), 26)
M. Nelson (5), (6), (7)
M. Pettit (5), (7), (8)
D. B. Rudd (5), (6), (7),
M. F. Savage (5), (6), (7)
D. E. Smith (5), (7), (8), (15)
D. B. Stewart (5), (6), (7)
R. E. Walker (5), (6), (7), (15), (16)

Non-Medical Supervisor of Midwives: (C)

Miss R. K. Jesson (5), (6), (27)

Midwives: (C)

J. E. Clarke (5), (6)
L. M. Grant (6), (9)
A. B. Showell (5), (6)
M. Teather (5), (6)
P. Vanbrook (6)
M. E. Wainwright (5), (6)

School Nurses: (C)

J. Cornish (5)
J. Hewitt (5)
E. Hogg (5)
J. Hogg (5)
E. McCheyne (5)
P. Picken (5)
M. Twomey (5)
N. Yarnell (5), (10)

Speech Therapists: (C)

E. Shipley (22)
E. Symes (22), (23)

CLERICAL STAFF:

CHIEF CLERK (C)
F. W. Knight (1), (2)

MEDICAL OFFICER OF HEALTH'S SECRETARY:
I. Fraser

TRAINEE PUBLIC HEALTH INSPECTOR:
F. W. Silverthorne

CLERKS:

E. Adams (C)
N. Briand (C)
J. Butterworth (C)
N. E. Cloke (C)
I. B. Cohen (C)
D. Duff (C)
P. Floodgate (C)
I. Fox
G. K. Harris
S. B. Leader (C)
F. H. Martin (18), (C)
J. Morgan (C)
E. Neport (C)
M. Oates (C)
I. Page (C)
J. Pearmine (C)
K. Richards (C)
G. Shannon (C)
J. B. Smith (C)
D. Taylor (C)
I. Throssell (C)
M. A. Watts (C)
P. Woodward (C)
K. Bird (C) (part-time)

DAY NURSERIES: (C)

Goresbrook Nursery,
Dagenham Avenue,
Dagenham.
MATRON: E. Maddison (15)
DEPUTY: K. Graham (9)

Chadwell Heath Nursery,
Ashton Gardens,
Chadwell Heath.
MATRON: P. Coffee (17)
DEPUTY: M. Carter (20), (21)

Kingsley Hall Day Centre for
Handicapped Children,
Parsloes Avenue,
Dagenham.
SISTER-IN-CHARGE: A. Cowling (5)

DOMESTIC HELP ORGANISER: (C)
G. Hickinbotham

CHIROPODISTS: (C)
N. Freeman
M. Kelly (14)

DENTAL ATTENDANTS: (C)
M. A. Brideson
B. N. Hurford
M. Sealey

Officers employed by the Essex County Council are indicated thus (C)
Part-time Staff

PUBLIC ANALYST:
Hubert Hammence, Ph.D., M.Sc., F.R.I.C.

OCCUPATIONAL THERAPIST:
Z. Mercer (C)
Seconded from Regional Hospital Board

CONSULTING STAFF:

ORTHOPAEDIC SURGEON:
A. M. A. Moore, F.R.C.S. (part-time)

OPHTHALMOLOGISTS:
L. H. Macfarlane, M.D., D.P.H., D.O.M.S. (part-time)
T. J. Regal, M.D., (Berlin), D.O.M.S. (part-time)

PHYSIOTHERAPISTS:
F. C. Cocker, M.C.S.P.
E. Ottley, M.C.S.P.
A. Brand, M.C.S.P. (part-time)

(1) Certificate of Royal Sanitary Institute
(2) Meat Inspector's Certificate
(3) Sanitary Science as applied to Building and Public Works Certificate
(4) Smoke Inspector's Certificate
(5) General Trained Nurse
(6) State Certified Midwife
(7) New Health Visitor's Certificate
(8) Midwifery, Part I
(9) State Enrolled Assistant Nurse
(10) Ex Queen's Nurse
(11) State Certified Mental Certificate
(12) Neurological Certificate
(13) Registered Mental Nurse
(14) Member of Society of Chiropodists
(15) State Registered Fever Nurse
(16) Tuberculosis Certificate
(17) Certificate of National Nursery Examination Board
(18) Diploma in Public Administration
(19) Certificate of Royal Medico Psychological Association
(20) Certificate of National Society of Children's Nurses
(21) Certificate of Child Care Reserve Course
(22) Diploma of Licentiateship of College of Speech Therapists
(23) Diploma in Social Science
(24) Certificate of Manchester University for Ascertainment of Defective Hearing in Young Children
(25) Diploma of National Society of Day Nurseries
(26) Registered Sick Children's Nurse
(27) Queen's Nurse

Alderman Mrs. ANNIE ELIZABETH PRENDERGAST

Public Health Department,
Civic Centre,
Dagenham.

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

Once again it is my duty to report on the health of Dagenham, and at the time of writing this introduction one event has taken place which although it did not occur during the year under review cannot be allowed to pass without mention. It is the retirement of Alderman Mrs. A. E. Prendergast from the Chairmanship of the Public Health Committee and of the Health Area Sub-Committee, as well as her retirement from the Council.

Mrs. Prendergast has been associated with health matters in Dagenham for many years and she very kindly agreed to discuss some of her early activities with me so that I could include some of her comments in this introduction to my Annual Report for 1960.

Mrs. Prendergast came to Dagenham in 1926 and she describes a situation where there were no schools and the children ran wild, no clinics and, indeed, very few roads as we know them now. People were being housed in Dagenham at the rate of 300 families a week and Mrs. Prendergast describes how a child suffering from whooping cough was treated by the mother with three pennyworth of syrup of squills and ipecacuanha wine, and where a bottle of Scott's Emulsion, which was the treatment during convalescence, cost 10½d to buy and perhaps meant foregoing something on the table.

Becontree Clinic, she says, was the first purpose-built clinic, and she played her part in the early efforts of the Tuberculosis Care Association to provide clothing and other help in necessitous cases. She is proud of her activities in the establishment of a " clinic for women over 40," which she felt was so necessary for women after childbearing, where they could get advice following examination and where many of them were referred to hospital for necessary treatment.

The war interrupted much of the progress but did not stop the establishment of the chiropody clinics for which Mrs. Prendergast can claim most of the credit and of which she is justifiably proud.

Then came the upheaval created by the National Health Service Act of 1946, although the results of it have been of such benefit to many of the people Mrs. Prendergast has been trying to help for so many years.

I would like to thank her for the help she has given to me since I came to Dagenham in 1955 and for the enthusiasm with which she has supported my efforts, and to wish her well in the future.

The infant mortality rate of 28.33 in 1960, as compared with 17.67 for 1959, must give cause for concern, although a high proportion of the deaths which occurred were in cases where it appears to have been unavoidable. More detailed record keeping of the events concerning each infant death may, during 1961, give a possible clue to further administrative action to reduce infant deaths.

Immunisation came in for its quota of intensive activity during the year and it is pleasing to record that Dr. Mair's efforts to increase the numbers immunised against whooping cough produced excellent results. We need to press forward with continued publicity in an attempt to raise the proportion of those immunised against all those diseases where immunisation is feasible.

The staffing of the dental service continues to be a source of difficulty, and in order to try to provide at least a skeleton emergency service an attempt was made to operate the dental suites at Oxlow Lane Clinic from Monday to Friday. Unfortunately, this meant the withdrawal of dental service from all other clinics and it is hoped that recruitment will improve during 1961.

Attention should be drawn to the fact that there is a three months waiting list for the average case attending for child guidance treatment. This must be considered as far from satisfactory.

The ophthalmic clinics continue to provide a satisfactory service, although once again both ophthalmic surgeons appeal for the services of a dispensing optician at the clinic.

The home help service continues to expand and gives the same story of increased demand.

Towards the end of the year consideration was given to the future of chiropody in Dagenham, and a suggestion was made to the County Council for an establishment of 5 full-time chiropodists. As it was possible to secure the services of 2 full-time chiropodists only there existed at the end of the year 3 full-time vacancies

The work of the health visitors increased during the year and I would like to draw attention particularly to the visits in connection with housing priorities. During the year the number of housing applications considered, which were brought to the notice of the department by medical certificates, was 196.

The report on the Kingsley Hall Day Centre for Handicapped Children under 5 records the progress of these children after the Centre had operated for 7 months. Sister Cowling and her staff worked hard to make it a success and we have thought it worthwhile to include photographs of some of the children which amply justify the comment in the full report—" If you didn't know you'd think they were normal."

The Centre will always be a reminder of the valuable work Dr. Mair did for handicapped children during her stay in Dagenham, and we were sorry to lose her in the first half of 1961.

I have to record my disappointment that I failed to make progress with my suggestion made last year for dealing with problem families (or what I prefer to call families with special difficulties). I had hoped that we should be able to provide a specialist worker to deal with the families in Dagenham as a preliminary to providing a day housecraft centre. I had felt that a social case worker would be needed for this particular function, but was unable to secure the necessary support for this venture.

The quiet way in which the public health inspectors always carry out their routine functions, and the report submitted year after year by Mr. Prior, together with the fact that things usually go smoothly, tends to make us forget the enormous amount of work they do and their valuable contribution to the health of the citizens of Dagenham.

The work of the public health inspectors continues to increase as increasing duties are placed upon them, and the outbreak of Sonnei Dysentery, which occurred in the early part of the year, placed a very heavy extra burden upon the ever willing staff.

Health Education is beginning to take its rightful place in the activities of the department, as the impressive list of talks and film shows bears witness. I had hoped that organised courses in ' Health ' could have been commenced but because of shortage of time this was not possible, although the first course in Food Hygiene, held at Staffords Bakery, must be recognised as an important forward step.

I must refer to the loss of Miss Gordon, who died in January 1961 and is so missed by all who knew her. A short reference to her will be found in the body of the report.

Finally, I must say more than a formal thank you to the staff of the department for their loyal co-operation and to the Public Health Committee and the Health Area Sub-Committee for their support and understanding.

Public Health at times seems very slow to produce results and being undramatic receives very little of the limelight, except when things go wrong. Much of what we do or strive to do may take many years to reach fruition and, indeed, we may never see the full results of our planning.

I feel that the following, quoted by Professor D. M. Bissell, Health Officer, City of San Jose, California, U.S.A., at the Central Council for Health Education Summer School at Bangor in 1959, sums up something of the philosophy behind the public health service:—

" Public Health dreams of a time when there shall be no unnecessary suffering and no premature deaths; when the welfare of the people shall be our highest concern;

when humanity and mercy shall replace greed and selfishness; and it dreams that all these things will be accomplished through the wisdom of man. It dreams of these things, not with the hope that we, individually, may participate in them, but with the joy that we may aid in their coming to those who shall live after us. When young men have vision, the dreams of old men come true."

Dr. Milton J. Rosenau (U.S.A.)

J. ADRIAN GILLET,
Medical Officer of Health.

MISS DAISY GORDON

It was with very great concern and sympathy that all members of the department watched Miss Gordon's slow and painful illness thoughout the year—powerless to do more than give what little help they could and to relieve her as far as possible of the burden of her duties. But this was a faint hope as she insisted on working whenever she could and frequently when lesser people would have given in, so it is with very great regret that I have to record her death which occurred at St. Margaret's Hospital, Epping, on 19th January, 1961.

It is 16 years since Miss Gordon came to Dagenham as a health visitor. For the next eleven years the sight of her on her bicycle to hundreds of Dagenham's mothers, young children and old people meant cheerful help, encouragement and advice on all their problems. During these years that she lived and worked in Dagenham she was actively associated with the Dockland Settlement and the Civic Players.

In 1955, Miss Gordon went to Harlow to continue her health visiting work, but her love of Dagenham remained and she returned to us in October 1957 to take over the position of superintendent health visitor.

For the past three years the whole of the Borough has been her domain, and she was never happier than when, in her old car, she was out visiting, helping again the people with their problems. She again gave time and help to the Dockland Settlement, and her new post involved close connections with all the voluntary agencies, but particularly the National Society for Prevention of Cruelty to Children, the Invalid Children's Aid Association and the Dagenham Tuberculosis After Care Association. She had a keen interest in the care of old people, and especially in the work of the Over Sixties Clinic at Oxlow Lane.

In spite of progressive ill health her determination and her concern for others compelled her to continue until only a few days before her death with a courage and a Scot's gaiety for which all will remember her with gratitude and affection.

Dagenham has lost a valued and familiar figure and the Health Department will long mourn the loss of the irreplaceable Daisy Gordon.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres)	6,556
Registrar-General's estimate of resident population, 1960	114,760
Number of inhabited houses (end of 1960) according to Rate Books	31,407
Rateable value (December 31st, 1960)	£1,675,329
Sum represented by a penny rate (1960/61)	£7,423

Extracts from Vital Statistics for the Year

Live Births:

	Total	Male	Female
Legitimate	1,476	773	703
Illegitimate	42	22	20

Live birth rate per 1,000 of the estimated population	13.23

Stillbirths:

Legitimate	38	12	26
Illegitimate	—	—	—

Stillbirths rate per 1,000 live and stillbirths	24.42

Total live and stillbirths	1,556	807	749
Infant deaths	43		

Infant mortality rate per 1,000 live births—Total	28.33
Legitimate	28.46
Illegitimate	23.81
Neonatal mortality rate per 1,000 live births (first four weeks)	22.40
Illegitimate live births per cent of total lives births	2.77
Maternal deaths (including abortion)	—
Maternal mortality rate per 1,000 live and still births	—

	Total	Male	Female
Deaths	884	504	380

Death rate per 1,000 of the estimated resident population	7.70
Deaths from Cancer (all ages)	217
Deaths from Measles (all ages)	—
Deaths from Whooping Cough (all ages)	—
Deaths from Gastritis, Enteritis and Diarrhoea (all ages)	5

Births

1,518 live births were notified during the year, there being 795 males and 723 females. There is a decrease of total births from 1,528 in 1959. The corrected birth rate per thousand population was 12.30 compared with 17.1 for England and Wales.

The illegitimate birth rate continues to be very low, being only 2.77 per cent of total live births. There were no illegitimate stillbirths.

Deaths

Total deaths in district	647
Outward transfers	213
Inward transfers	450
Deaths of residents	884

Of the deaths of non-residents occurring in the district, 160 took place at Rush Green Hospital, 28 at Dagenham Hospital and 17 at Hainault Lodge.

Of the deaths of local residents taking place outside this area, most occurred in institutions as follows:—

Oldchurch Hospital	259
St. George's Hospital, Hornchurch	52
King George Hospital, Ilford	13
London Hospital	31
Chadwell Heath Hospital	8
Severalls Hospital, Colchester	3
Victoria Hospital, Romford	4
St. Andrew's Hospital, Billericay	3
St. Joseph's Hospice	4
Whipps Cross Hospital	6
Barking Hospital	5
Harold Wood Hospital	6
London Chest Hospital	4
Mile End Hospital	3
Westminster Children's Hospital	3

The crude death rate of 7.70 when corrected becomes 13.40 compared with 11.5 for England and Wales.

Causes of Death, 1960	under 1 yr.		1 and under 5 yrs.		5 and under 15 yrs.		15 and under 25 yrs.		25 and under 45 yrs.		45 and under 65 yrs.		65 and under 75 yrs.		75 and over		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	–	–	–	–	–	–	–	–	–	2	2	1	1	–	–	–	3	3
2. Tuberculosis, other	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
3. Syphilitic disease	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	–
4. Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
5. Whooping Cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
6. Meningococcal infections	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
7. Acute poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
8. Measles	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
9. Other infective and parasitic diseases	1	–	1	2	–	–	–	–	–	–	1	–	–	–	–	–	3	2
10. Malignant neoplasm, stomach	–	–	–	–	–	–	–	–	1	–	16	7	6	6	–	2	23	15
11. Malignant neoplasm, lung, bronchus	–	–	–	–	–	–	–	–	2	1	40	1	20	3	4	1	66	6
12. Malignant neoplasm, breast	–	–	–	–	–	–	–	–	–	3	–	7	–	5	–	–	–	15
13. Malignant neoplasm, uterus	–	–	–	–	–	–	–	–	–	1	–	–	–	4	–	–	–	5
14. Other malignant and lymphatic neoplasms	–	–	–	–	–	1	1	1	3	3	22	19	9	9	9	10	44	43
15. Leukaemia, aleukaemia	–	–	–	–	2	–	–	–	–	–	3	1	–	1	–	–	5	2
16. Diabetes	–	–	–	–	–	–	–	–	1	1	1	1	2	1	1	3	5	6
17. Vascular lesions of nervous system	–	–	–	–	–	–	–	–	–	1	7	9	15	10	13	22	35	42
18. Coronary disease, angina	–	–	–	–	–	–	–	–	6	–	61	16	29	18	16	15	112	49
19. Hypertension with heart disease	–	–	–	–	–	–	–	–	–	–	1	1	8	1	3	6	12	8
20. Other heart disease	–	1	–	–	–	–	–	–	1	1	6	5	6	7	13	47	26	61
21. Other circulatory disease	–	–	–	–	–	–	–	–	2	1	5	1	7	6	4	9	18	17
22. Influenza	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1
23. Pneumonia	2	6	1	2	–	–	–	–	1	–	6	4	6	7	4	7	20	26
24. Bronchitis	–	1	–	–	1	–	–	–	–	–	11	5	18	2	10	8	40	16
25. Other diseases of respiratory system	–	–	–	–	–	–	–	–	1	–	2	–	4	1	1	2	8	3
26. Ulcer of stomach and duodenum	–	–	–	–	–	–	–	–	–	–	1	–	6	1	1	1	8	2
27. Gastritis, enteritis and diarrhoea	–	–	–	–	–	–	–	–	–	–	2	2	1	–	–	–	3	2
28. Nephritis and nephrosis	–	–	–	–	–	–	1	–	1	1	1	–	1	–	1	–	5	1
29. Hyperplasia of prostate	–	–	–	–	–	–	–	–	–	–	1	–	2	–	4	–	7	–
30. Pregnancy, childbirth, abortion	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
31. Congenital malformations	4	3	–	2	–	–	–	–	–	–	1	1	–	–	–	–	5	6
32. Other defined and ill-defined diseases	14	11	1	–	1	1	3	–	1	3	5	6	7	9	6	7	38	37
33. Motor vehicle accidents	–	–	–	–	1	1	1	1	–	–	–	3	–	–	1	–	3	5
34. All other accidents	–	–	–	–	3	–	–	–	–	–	2	3	–	–	1	1	6	4
35. Suicide	–	–	–	–	–	–	1	–	1	–	3	2	2	1	–	–	7	3
36. Homicide and operations of war	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	21	22	3	6	8	3	7	2	21	18	200	95	151	93	93	141	504	380

INFANT MORTALITY

Details of deaths of children under one year of age registered during 1960

	under 1 wk.	1—2 wks.	2—3 wks.	3—4 wks.	Total under 4 wks.	4 wks. and under 3 mo.	3 mo. and under 6 mo.	6 mo. and under 9 mo.	9 mo. and under 12 mo.	Total deaths under 1 year
Prematurity	7	1	—	—	8	—	—	—	—	8
Prematurity with associated cause ..	—	2	—	—	2	—	—	—	—	2
Congenital abnormality	7	1	—	1	9	—	—	2	1	12
Birth Trauma—Intra-cranial haemorrhage	3	—	—	—	3		—	—	—	3
Atelectasis	4	—	—	—	4	—	—	—	—	4
Bronchopneumonia ..	1	1	—	1	3	1	1	1	—	6
Haemolytic disease ..	3	—	—	—	3	—	—	—	—	3
Purulent Meningitis..	—	—	—	—	—	—	1	—	—	1
Meconium Ileus ..	—	—	1	—	1	—	—	—	—	1
Infantile Bateraemia	—	—	—	—	—	1	—	—	—	1
Placenta praevia ..	1	—	—	—	1	—	—	—	—	1
Purulent Bronchitis ..	—	—	—	—	—	—	—	1	—	1
	26	5	1	2	34	2	2	4	1	43

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

SANITARY INSPECTION OF THE DISTRICT

(*a*) Nature and number of visits:—

Rent Act	349
Housing and Public Health Acts:—	
Dwelling houses	2,844
Other premises	826
Overcrowding and housing applications	741
Bakehouses	53
Milkshops and dairies	78
Foodshops, stalls and itinerant vendors	1,818
Cafes and canteens	466
School kitchens and feeding centres	128
Infectious disease enquiries	2,516
Visits to foster-mothers' premises	64
Number of complaints investigated	907
Clean Air Act—Survey	8,697
Factories	235
Workplaces and offices	76
Rag Flock, etc.	22
Tent, vans and sheds	142
Stables	3
Pet Shops	13
Hairdressers'	73
Shops Act	81
Ice Cream premises and vehicles	138
Houses disinfested	24
Other visits	231

(*b*) Notices served:—		Complied with:—	
Statutory	29		32
Informal	279		280

Legal proceedings were instituted in respect of one property to enforce compliance with statutory notices. It was necessary to obtain from the local Magistrates' Court a warrant to enter a house; statutory notices were served and complied with in respect of very extensive internal structural defects.

WATER

The water supply is satisfactory in quality and quantity. During the year two chemical and two bacteriological samples were taken from the Company's mains in this Borough; all were satisfactory.

The water is not liable to have plumbo-solvent properties and no action was called for in respect of any form of contamination. Approximately .015 per cent of the inhabited houses and .009 per cent of the population of the Borough take their water from standpipes.

During the year the following mains were laid:—

Length of Mains Yards	Diameter
151	3″
265	4″
29	6″

278 supplies were afforded to houses.

The Chief Engineer of the South Essex Waterworks Company has furnished the following report:—

" Bacteriological and chemical examinations are made of the raw river water, of the water in its various stages of treatment and of the water going into supply and of both raw and chlorinated water from the Company's wells.

Analyses are also made of samples obtained from consumers' taps in the various parts of the Company's district and all proved to be satisfactory.

Over 4,400 chemical, bacteriological and biological examinations have been made during the year. In addition samples were examined for radioactivity.

All water going into supply was wholesome."

SEWERAGE AND SEWAGE DISPOSAL

The Borough Engineer has furnished the following information:—

Sewerage

The separate drainage systems of the Borough are functioning reasonably well although the capacity of each at times of peak flow tends to be somewhat inadequate. Design work is in hand to improve conditions in the surface water drainage of one area and it is anticipated that in the near future a comprehensive review of the foul trunk sewers will have to be undertaken. Regular maintenance arrangements are in force using up-to-date powered equipment and each year minor improvement schemes are carried out.

Sewage Disposal

The Council's Riverside Sewage Works are operating under a considerable overload and the quality of the effluent is, therefore, not as high as is desirable. However, the extensive scheme for improvements and extensions that has been under consideration for some years past has now reached a stage where final details and actual construction are more imminent. The estimated cost of the first stage of the scheme is over £2 million and the work would take at least 5 years to complete. In accordance with the instructions of the Ministry of Housing and Local Government the revised works must be capable of extension to deal with sewage from adjacent authorities and negotiations regarding such arrangements are now in hand.

PUBLIC SWIMMING BATHS

There are two open air swimming baths in the Borough. The water is taken from the mains of the South Essex Waterworks Company. The method of treatment is continuous filtration and sterilisation; the period of turnover is four hours. Bacteriological examination of samples has indicated satisfactory conditions.

HOUSING

Slum Clearance

During the year a further six houses were represented as unfit for human habitation. The Council have agreed that the slum clearance programme for the five years commencing in 1961 should include some 110 properties.

Rent Act, 1957

14 applications were received from tenants during the year compared with 39 in the previous year. In no case did the Council refuse to issue a certificate of disrepair. Undertakings to do the work were given by landlords in respect of six properties. Five certificates of disrepair were issued and four cancelled on the completion of repairs.

Advice was given to tenants and they were able to purchase the necessary forms at the Civic Centre. The Council have continued to issue certificates of disrepair which included, *inter alia*, defective fencing; where tenants included on their applications defective electrical wiring a statement from the local Electricity Board or a competent electrician, indicating the nature of the defects, was required.

Improvement and Conversion Grants

Two types of grant are now available; the "discretionary" grant for the more extensive forms of improvement or conversion towards the cost of which a grant up to £400 is available, and the "standard" grant where little or no structural alterations are necessary and a grant up to £155 is available towards the cost of the five standard amenities (fixed bath in a bathroom, wash-hand basin, hot water supply, water closet in or contiguous to the dwelling and satisfactory facilities for storing food). The standard grant conditions have been designed to provide as simple a procedure as possible. The requirement that the fixed bath should be in a bathroom has resulted in a number of enquiries from the owner / occupiers of properties built between the wars in which the bath is in a recess in the Living Room/Kitchen. The fact that a W.C. compartment contiguous to the dwelling must be excluded from the standard grant has caused some concern; it appears that this condition is to be amended.

Applicants are always encouraged to make preliminary enquiries before any expense is incurred. During the year many enquiries were received; in several cases the improvements desired were not eligible for grant. 20 applications for standard grants and five for discretionary grants were approved; one application to convert a large house

into two self-contained flats was approved. Two applications were refused, one because shop premises were an integral part of the dwelling and the other because the improvement was not considered to be eligible. In one case, where a condition of the grant was not complied with, the applicant was required to repay the grant.

Following a case where work was done before the applicant had received official approval, increased publicity was given to the fact that applicants must not commence work until the Council's written approval has been received.

Tents, Vans and Sheds

The number of occasions continues to decrease in which gypsies have pulled their vans onto vacant sites in an effort to spend at least a few days in the area. The number of sites with easy access from the road is becoming less each year. During the year inspectors paid 142 visits to various sites in connection with this work.

One application under the Caravan Sites and Control of Development Act, 1960 has been received in respect of a site of 14 vans which has been in existence for many years.

NATIONAL ASSISTANCE ACT, 1948

Section 47

The surveillance of persons who are unable properly to care for themselves receives the constant attention of all members of the department. The various services operated by the department continue to improve the lot of many of these unfortunate people who, although they cannot do much for themselves, are unwilling to leave their home in what are inevitably their last days. It was not necessary compulsorily to remove any person during the year.

Section 50

One person (female 65 years) was buried under the provisions of this section.

LAUNDRY SERVICE FOR THE INCONTINENT AGED

This service continues to meet a real need in the home at a time when help is usually most urgent. The days of collection and delivery of laundered articles are Mondays and Thursdays.

The helpful, co-operative attitude of the department's driver and the laundry staff at the Barking Hospital ensures a very satisfactory service.

An average of about 15 cases use the service at any one time. From the commencement of the service in December 1953 to the end of this year 280 cases have received assistance. During the year 50 new cases have been helped, 21 cases died, 16 were removed to hospital and two no longer needed the service. At the end of the year 21 cases were still participating; the number of articles laundered during the year was 10,439 compared with 11,295 articles for the previous year.

The Dark Smoke (Permitted Periods) Regulations, 1958 provide the maximum periods for the emission of dark smoke from industrial plants; black smoke is limited to not more than 2 minutes in the aggregate in any period of 30 minutes. 49 observations were made of the chimneys of industrial premises in the Borough; statutory action was not needed during the year.

Under the provisions of the Clean Air Act, 1956, Section 16, a statutory notice in respect of a nuisance from the burning of factory rubbish was served and complied with.

The Council continue to operate at the Civic Centre and in the vicinity of Valence House instruments for the daily and monthly measurement of air pollution. The national organisation sponsored by the Department of Scientific and Industrial Research dealing with the investigation of atmospheric pollution have decided to change the existing scheme of measurement of pollution. Throughout the country 100 towns have been selected at random where measurements will be made daily at possibly five different sites including residential, industrial and commercial areas and a smoke control area. It is anticipated that the measurements made in these selected towns will provide a yard stick against which the measurements from individual towns will be examined. Dagenham has been chosen as one of the 100 towns and the Council have agreed to co-operate in this work.

Smoke Control Areas

The Council have agreed in principle to include in smoke control areas the whole Borough as soon as possible and in any case in not more than 10 years; they have been represented at the Conference of Local Authorities covering the East London area.

The Council's first smoke control area (the first in Metropolitan Essex) operated from the 1st September, 1959; the area is at Marks Gate and comprises about 1,000 new Council houses. The second smoke control area includes nearly 4,000 houses (mostly owned by the London County Council) and covers the South West corner of the Borough; the date of operation is 1st November, 1961. The survey of the third area has been commenced; it includes about 3,000 houses (mostly owned by the London County Council) and is bounded on the South by the District Railway, on the East by Heathway and Halbutt Street, on the North by Wood Lane and on the West by the Barking boundary.

In the survey all premises are inspected. At the houses the inspector delivers a letter informing the tenants that he will be calling the following day (indicating either morning or afternoon) and asking the tenant to be at home if possible. There has been good co-operation but the work has entailed a great number of evening visits. The extent of the work involved is indicated in that during the year 8,697 visits to premises have been paid by the inspectors in connection with the surveys.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

Two premises which have been registered under Section 2 of the Act have operated during the year. One licence for the manufacture and one licence for the storage of rag flock have been issued during the year.

Samples continue to be taken regularly at the three factories in the Borough where filling materials are manufactured.

36 informal samples were taken during the year; all were satisfactory. The details are as follows:—

Material	No. of samples submitted for analysis
Rag Flock	11
Cotton Felt	9
Coir Fibre	7
Kapok	6
Sisal	2
Kapok mixed with cotton	1

PET ANIMALS ACT, 1951

Four licences authorising the keeping of pet shops have been renewed. The conditions attached to the licences are those approved by the Association of Municipal Corporations; no serious breach of the conditions occurred.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Disinfestation of rats and mice is carried out under the supervision of the district inspectors by the manual employee attached to the department. The service is free to householders but a charge on a time and material basis is made for business premises.

No serious infestation of either rats or mice was encountered during the year.

FACTORIES ACTS, 1937 AND 1948

INSPECTIONS

	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories without mechanical power	23	41	2	—
Factories with mechanical power	169	194	6	—
Other premises under the Act (including works of building and engineering construction but not including outworkers' premises)	32	36	1	—
Total	224	271	9	—

DEFECTS FOUND

	Number of defects				Number of prosecutions instituted
	Found	Remedied	Referred to H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness	4	4	—	3	—
Overcrowding	—	—	—	—	—
Unreasonable temperature ..	2	1	—	2	—
Inadequate ventilation	4	2	—	—	—
Ineffective drainage of floors ..	—	—	—	—	—
Sanitary Conveniences:—					
Insufficient	2	—	—	1	—
Unsuitable or defective ..	6	7	—	1	—
Not separate for sexes ..	1	1	—	—	—
Other Offences	—	—	—	—	—
Total	19	15	—	7	—

OUTWORK

No. of outworkers in August list 44

Nature of work—Making etc., wearing apparel

INSPECTION AND SUPERVISION OF FOOD

The numbers and types of food premises in the Borough are as follows:—

5 Bakehouses
22 Bakers and Confectioners
59 Butchers
173 Cafes and Canteens
23 Fishmongers
53 Fruiterers and Greengrocers
126 Grocers
22 Licensed and 12 Off-licensed Premises
94 Sweets, etc.

All food premises are regularly inspected and during the year 2,629 visits were paid. In addition to numerous verbal warnings and suggestions to management and staff during these routine visits, 33 informal notices were served upon owners or occupiers.

71 inspections were carried out in connection with itinerant vendors and stalls; much of this work, especially in respect of itinerant vendors, is done at weekends.

The position under the Food and Drugs Act, apart from registrations in respect of ice cream, is as follows:—

36 butchers' premises and 6 other food premises are registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food. To these registered premises 396 visits were paid.

21 fish shops are registered for frying. To these 180 visits were paid.

Milk

All milk distributed in Dagenham is produced and bottled outside the Borough. 8 premises are registered as dairies. The number of registered distributors is 39 operating from 76 premises. 98 visits were paid to dairies and distributors' premises.

During the year 65 samples of milk were submitted for bacteriological examination. All were satisfactory.

Ice Cream

The total number of registered premises selling ice cream is 131; of this number one is registered for manufacturing ice cream. 210 visits were paid to these premises. During the year 9 applications for the storage and sale of ice cream were granted. 28 inspections in connection with itinerant vendors were carried out.

During the year 80 samples of ice cream were submitted for bacteriological examination; they were graded as follows:—

Grade I	Grade II	Grade III	Grade IV	Total
50	16	6	8	80

In addition 45 samples of ice lollies were submitted for examination. Six were considered to be 'fair' and three unsatisfactory; in each case the lollies were manufactured outside the Borough and the local authority concerned were notified.

Eight samples of ice cream were taken from the one manufacturer in the Borough; all were Grade I

As in the previous year the products of one manufacturer with premises outside the Borough gave rise to concern. The eight Grade IV and four of the Grade III results in respect of ice cream and all the 'fair' and unsatisfactory ice lollies were from this manufacturer. In spite of frequent requests to the manufacturer and the local authority concerned there was no real improvement and the two local retailers selling the products of this manufacturer voluntarily agreed to change their source of supply.

Food Hygiene Regulations, 1960

The traders generally have continued to co-operate to gain compliance with the regulations. Following a complaint of a cigarette end in a loaf of bread the bakery was visited late at night; an employee was found smoking and was subsequently fined £5 at the Magistrates' Court.

The inspectors in their regular visits to food premises make opportunities through discussions with the staff to inculcate hygienic practices in food handling. In addition talks on food and food handling were given to local organisations.

During the summer it was decided to ascertain the bacteriological standard of cooked meats on sale throughout the Borough. Approximately 100 samples, mostly of ham, were taken over a period of about one month; the results obtained provided useful information which can be used as a basis for further work. Excellent reports were received of those hams which had been vacuum packed in transparent plastic material at a large factory; sliced ham, also factory pre-packed by the same firm, was very satisfactory. As would be expected, newly-opened tins were virtually sterile but some of the open-pack hams centrally prepared by certain multiple grocers showed some contamination when they were first opened in the retail shops. No dangerous organisms were found but other results indicated that further work is desirable on practical methods of maintaining a more satisfactory bacteriological standard of cleanliness of slicing machines.

Unsound Food

Complaints continue to be received in respect of food containing foreign substances or otherwise alleged to be unfit for human consumption. During the year 26 such complaints were considered by the Public Health Committee; in the majority of cases warning letters were sent.

The normal method of disposing of unsound food is to use the incinerator at the Council's Refuse Disposal Works. Occasionally, when there is a quantity of meat, it is disposed of under supervision through the Council's waste food service; the meat is previously cut up and dyed.

Registration of Food Hawkers

Under the provisions of the Essex County Council Act, 1952, Section 103, six persons were registered as Food Hawkers; one had storage premises in the Borough.

Food Poisoning

8 cases of food poisoning were notified during the year. The following is a copy of the annual return submitted to the Ministry of Health:—

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
1	—	4	3	8

Cases otherwise ascertained (1st Quarter)	2
Symptomless Excreters..	Nil
Fatal Cases	Nil

Particulars of Outbreak:—

	No. of Outbreaks		No. of Cases		Total No. of cases
	Family Outbreaks	Other Outbreaks	Notified	Otherwise Ascertained	
Agent identified (Cl. Welchii).. ..	—	1	1	2	3
Agent not identified ..	1	—	2	—	2

SINGLE CASES:—

	No. of Cases		Total No. of cases
	Notified	Otherwise Ascertained	
Agent identified (Salmonella Typhimurium)	3	—	3
Agent not identified	2	—	2

Salmonella Infections, not food-borne .. .. .. Nil

The small outbreak (three cases) in which CI. Welchii was identified as the agent occurred at the canteen of a local bakery; 65 employees used the canteen. Faecal swabs from five employees were submitted for examination; three were positive. A portion of braising steak, the suspected food, was submitted for examination but the result was negative.

An outbreak of sonnei dysentery occurred at a Junior and Infants School and extended from the middle of January until the end of March. Many of the children attending the school lived in an adjoining district. Swabbing revealed that 47 Dagenham children were affected and 63 from the adjoining district. At the time of the outbreak a number of children were absent from school (mumps and colds were prevalent); where the cause of absence was not known with certainty an inspector visited the homes. All children suffering from diarrhoea were excluded from school and faecal swabs submitted for examination; a school nurse attended the school each morning. Arrangements were made for a routine practice of disinfection in respect of sanitary conveniences and the importance of hand washing was stressed.

Article	Number Examined		Number Adulterated	
	Formal	Informal	Formal	Informal
Anchovies	—	1	—	—
Angelica	—	1	—	—
Apricots, Dried	—	1	—	—
Arrowroot	—	1	—	—
Beverages	—	5	—	1
Biscuits	—	7	—	1
Bread	—	3	—	1
Bread, Starch Reduced	—	3	—	—
Breakfast Grill	—	1	—	1
Butter	—	1	—	—
Cakes	—	2	—	—
Cheese	—	1	—	1
Cheese with Shrimps	—	1	—	—
Cordials	—	5	—	1
Cream	—	1	—	—
Gelatine	—	1	—	—
Hamburgers and Vegetables	—	1	—	—
Herbs	—	2	—	—
Ice Cream	—	11	—	—
Ice Cream Mixture	—	1	—	1
Ice Lollies	—	3	—	—
Irish Stew	—	1	—	—
Jam	—	2	—	—
Jelly	—	1	—	—
Kipper Fillets, Buttered	—	1	—	—
Marzipan	—	3	—	—
Meat Pies	—	2	—	—
Medicinal Samples	—	44	—	3
Milk Bottles	—	2	—	1
Milk	12	3	1	3
Oranges, Mandarin (Tin)	—	1	—	—
Pastes	—	4	—	—
Peel, Mixed	—	1	—	—
Pepper	—	2	—	—
Rice, Creamed	—	1	—	—
Roll, Cheese	—	1	—	1
Rolls, Milk	1	2	1	1
Salmon, Tinned	—	1	—	—
Sandwich, Salmon	—	1	—	—
Sausages	14	1	—	—
Sauces	—	2	—	—
Scones	—	1	—	—
Soups	—	1	—	—
Spice	—	7	—	—
Spreads	—	4	—	—
Sweets	—	4	—	—
Steak Cutlets in Meat Gravy	—	1	—	—
Vinegar	—	1	—	—
Wheat Embryo	—	1	—	—
Wines and Spirits	12	3	—	—

SERIAL NO.	ARTICLE	FORMAL OR INFORMAL	NATURE OF ADULTERATION OR IRREGULARITY	OBSERVATIONS
686A	Family Lung Syrup	Informal	Was almost devoid of chloroform and deficient in glycerine.	Warning letter
705A	Ice Cream Mixture	Informal	Description of ingredients unsatisfactory.	Warning letter
723A	Lactic Cheese	Informal	Description "creamy" could be misleading.	Warning letter
732A	Milk	Informal	Contained foreign matter which covered half the bottom of the bottle and smaller fragments of similar matter in suspension in the milk. Foreign matter consisted of mould growth.	Warning letter
733A	Dirty Milk Bottle	Informal	Contained a foreign body in the form of a fragment of leaf tissue.	Warning letter
734A	Cheese Roll	Informal	Contained fragments of discoloured gluten.	No action
738A	Bread	Informal	Contained foreign matter in the form of stale and burnt dough and very faint traces of iron.	Warning letter
766A	Breakfast Grill	Informal	Labelling—ingredients in wrong order.	Warning letter
767A	Instant Coffee	Informal	Contained 60 parts per million of Sulphur Dioxide—not permitted.	Warning letter
783A	Zinc and Castor Oil Cream	Informal	Contained 0.9% excess Zinc Oxide.	Referred to manufacturers
785A	Milk	Informal	Contained foreign matter in the form of mould growth on a milk film.	Warning letter
786A	Milk	Informal	Contained foreign matter in the form of mould growth on a milk film.	Warning letter
787A	Fresh Egg Boudoir Biscuits	Informal	Composition does not justify claim "non-fattening."	Warning letter
796A	Snowfoam Crystals	Informal	No declaration of ingredients.	Warning letter
799A	Milk Rolls	Informal	Contained insufficient milk solids to justify the description " milk rolls."	Formal sample taken
804A	Milk	Informal	Contained mould growth in suspension on inside of bottle.	Warning letter
822A	Liquid Extract of Cascara Sagrada	Informal	Contained a heavy deposit and, therefore, out of condition.	Warning letter
2561	Milk Rolls	Formal	Contained insufficient milk solids to justify description of milk rolls.	Warning letter

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Notifiable Diseases (Other than Tuberculosis)

	Under 1 yr.	1—	2—	3—	4—	5—	10—	15—	Over 25 yrs	Total
Scarlet Fever ..	2	6	7	14	4	67	18	3	1	122
Whooping Cough ..	22	19	31	16	31	127	11	4	—	261
Measles	4	4	4	4	1	5	—	1	—	23
Diphtheria	—	—	—	—	—	—	—	—	—	—
Dysentery	1	6	4	3	2	11	8	9	18	62
Acute Poliomyelitis:—										
Paralytic	—	—	—	—	—	—	—	—	—	—
Non-paralytic ..	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	1	—	1

	Under 5 yrs.	5—14	15—44	45—64	65 and over	Total
Pneumonia:—						
Acute Primary ..	4	1	3	11	3	22
Acute Influenzal ..	2	1	3	5	2	13
Encephalitis, Acute:—						
Infective	1	—	—	—	—	1
Post Infectious ..	—	—	—	—	—	—
Erysipelas	—	—	1	6	1	8
Food Poisoning ..	1	—	6	1	—	8
Puerperal Pyrexia ..	—	—	2	—	—	2
Ophthalmia Neonatorum	2	—	—	—	—	2
Paratyphoid 'B' ..	—	—	—	—	—	—
Typhoid	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—

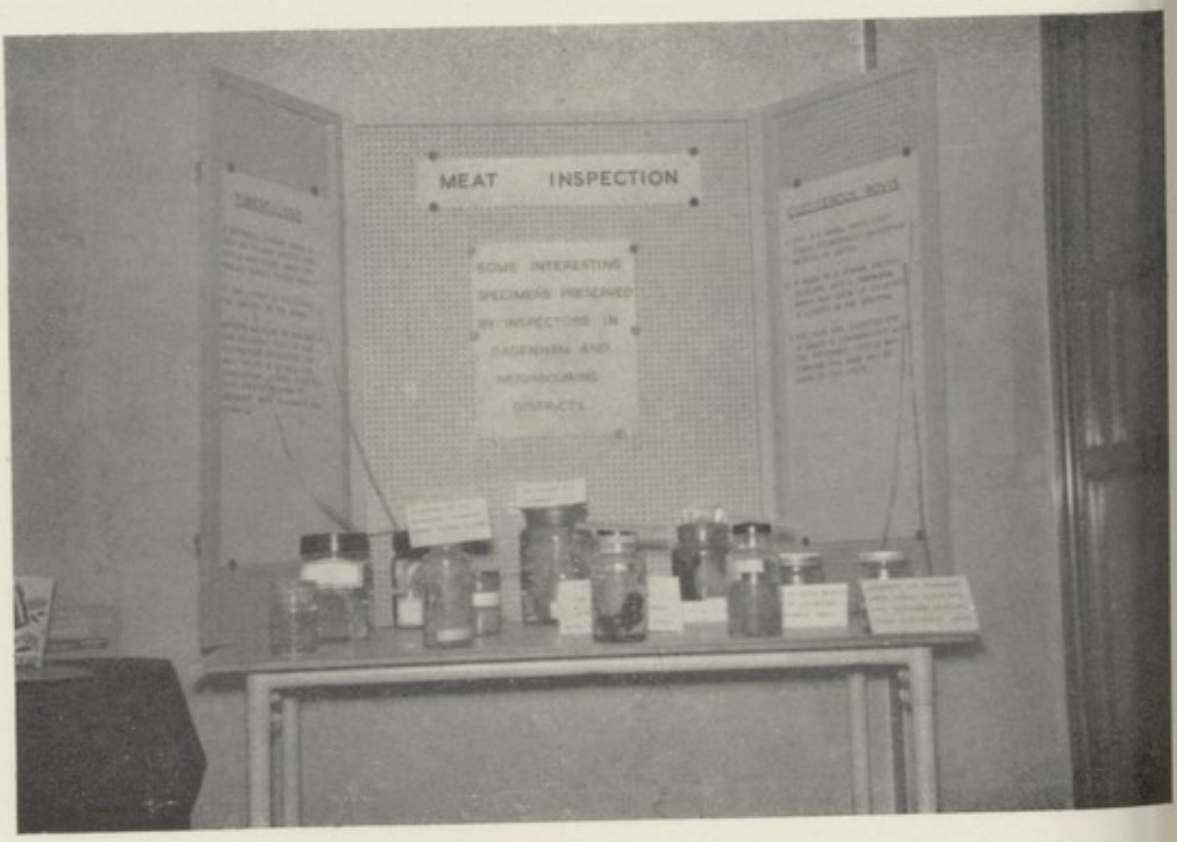
	Notified	Admitted to Isolation Hospital, Rush Green	Admitted to other Isolation Hospitals	Admitted to other Hospitals
Diphtheria	—	—	—	—
Dysentery	62	3	—	—
Encephalitis, Acute ..	1	1	—	—
Enteric Fever	—	—	—	—
Erysipelas	8	2	—	—
Food Poisoning	8	—	—	—
Malaria	—	—	—	—
Measles	23	—	—	—
Meningococcal Infection ..	1	—	1	—
Ophthalmia Neonatorum ..	2	—	—	—
Paratyphoid Fever	—	—	—	—
Pemphigus	—	—	—	—
Puerperal Pyrexia	2	—	—	—
Pneumonia:—				
Acute Influenzal ..	13	—	—	—
Acute Primary ..	22	—	—	—
Poliomyelitis:—				
Paralytic..	—	—	—	—
Non-paralytic	—	—	—	—
Scarlet Fever..	122	1	—	—
Smallpox	—	—	—	—
Typhoid	—	—	—	—
Whooping Cough	261	6	—	—

	New Cases								Deaths			
	Primary Notifications				Brought to notice other than by Form A							
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1	—	—	—	—	—	—	—	—	—	—	—	—
1—	—	—	—	—	—	—	—	—	—	—	—	—
5—	1	—	—	—	2	3	—	1	—	—	—	—
10—	—	1	—	—	—	—	—	—	—	—	—	—
15—	2	2	—	—	2	1	—	—	—	—	—	—
20—	4	3	—	—	1	3	2	—	—	—	—	—
25—	8	3	1	1	4	11	—	2	—	1	—	—
35—	5	3	—	—	7	4	—	—	—	1	—	—
45—	4	1	2	—	3	3	—	—	5	1	—	—
55—	4	1	—	—	2	1	—	—	3	—	—	—
65—and upwards	5	—	—	1	—	1	—	—	4	—	—	—
	33	14	3	2	21	27	2	3	12	3	—	—

REGISTER

	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
No. on register 1st January, 1960	556	436	73	70
During the year:—				
New Notifications	33	14	3	2
New cases brought to notice by Registrars' Death Returns	2	—	—	—
Deaths	12	3	—	—
Transfers into area	21	27	2	3
Transfers out of area	22	29	1	3
Removed from Register as "Recovered"	4	2	6	3
No. on register 31st December, 1960	572	443	71	69

FOOD HYGIENE EXHIBITION AT THE CIVIC CENTRE, DAGENHAM



HEALTH EDUCATION

Health education embraces the whole field of preventive medicine and although it was not possible to cover all aspects of the work during 1960 substantial progress was made in the following directions:—

Ante-Natal Care

At the request of assistant medical officers and health visitors, film shows were arranged at Becontree Clinic and Ashton Gardens Clinic. The films, " My First Baby " and " The British Midwife " were particularly well received and attracted large audiences. In view of the interest created, two evening sessions were arranged when a number of prospective fathers were able to attend with their wives. After each film opportunities were given for discussion, and questions were answered by the medical officer and health visitor.

Other films were shown on nutrition and care of the teeth but these were not so well received as those on childbirth. However, some interest was stimulated by them, particularly as they were co-ordinated with dental displays in the clinics.

To assist in their choice of films for health education in the clinics a number of shows were arranged at the Civic Centre and these were attended by clinic staffs, district nurses, midwives, day nursery staff, and public health inspectors where the films were appropriate. This arrangement has proved to be very popular as it enables new films to be seen soon after their release and their merits and demerits discussed before they are shown to lay audiences.

Home Safety

Work under this heading fell into two portions; the winding up of the " Check That Fall " campaign, commenced in 1959, and the institution of a drive against poisoning accidents—the latter will continue into 1961. The " Check That Fall " campaign was largely directed against accidents of the aged and so most of the work was done in old people's clubs and luncheon clubs. As many of the members attend these organisations for companionship and entertainment rather than for education, it was felt that the pill should be sugared by the inclusion in the programme of travel and other films to supplement the " Check That Fall " filmstrip and talk. This method attracted quite large audiences and led to discussions and complaints of unsatisfactory conditions in the homes of many of the members. Unfortunately, there was little response to several attempts to obtain further details of the complaints by the completion of questionnaires supplied by the Royal Society for the Prevention of Accidents.

" Lock Away Dangers in Your Home " was the title of the second campaign, and this was started in November 1960 with a display in a cinema supported by the projection on the screen of a locally designed slide. Emphasis was laid on the frightening similarity

between many of the popular children's sweets and dangerous drugs in tablet form. This display was subsequently transferred to the Civic Centre until the end of the year, after which arrangements were made for it to be shown in each of the Maternity and Child Welfare Clinics.

The Town Show

The theme of the Health Department stand at the 1960 Show was " Kill That Fly," and the centre of attraction was ' Freddie,' a six foot model fly, kindly lent by the Fulham Public Health Department. At intervals throughout the Show he told of his filthy habits and other misdeeds, and it was a pity that the torrential rain kept the Show's attendance at its lowest for some years.

Smoke Control

As survey work was proceeding on the second and third Smoke Control Areas in the Borough, it was felt that education in this field was desirable. The Gas Council film, " Window to the Sky," which deals with Smoke Control Areas from a layman's point of view, was a very useful adjunct to the three talks which were given on the subject.

Of all the talks and film shows presented during the year (other than the organised Food Hygiene Course) these proved to be the most provocative and in each case the discussion and questions which followed showed the public's great interest in the subject. More is planned in this field during 1961.

Food Hygiene

A food hygiene exhibition was staged in a cinema just before Easter and received favourable comment in both technical and local press. Stands included the preparation and cooking of shellfish, the inspection of meat and the production of milk. Later, the exhibition was transferred to the Civic Centre where it attracted considerable attention.

A series of six lectures was arranged for the staff of a bakery and these were each attended by approximately 120—150 people. Filmstrips and films were used during the series and so much interest was aroused in the subject that a more advanced course was requested. Arrangements were made for this and the Royal Institute of Public Health and Hygiene accepted it as suitable training for their food hygiene examination. Twenty-one senior members of the staff attended the course and twenty sat the examination in December.

In this connection our thanks are due to Dr. E. A. Atkinson, Senior Pathologist at Oldchurch Hospital, who gave the bacteriology lectures. The other lectures were given by the staff of the Public Health Department.

Students from the London University Institute of Education

The two students, both teachers, who commenced training in 1959, attended one day each week during the 1960 Easter term to complete their practical work, and in October were replaced by two other students, a health visitor and a public health inspector.

So far as is possible visits are arranged to cover whatever projects the students wish to study but, in addition, by spending one or more sessions with each section they obtain a broad outline of the work of the whole department. They assist in the design and erection of any exhibitions held and also have an opportunity to attend any film shows which are being given during their period of practical training.

HEALTH DEPARTMENT FILM

The Dagenham Borough Council and the Essex County Council gave a grant to the Dagenham Co-operative Film Society so that their film for 1960 should show the work of Health Education in the Health Department. Filming was commenced before Easter but owing to difficulties within the Society it was not possible to complete it during the year. Work is being recommenced and it is expected to be ready during 1961.

As will be seen from the list of film shows, we have frequently had to call on the projection staff of the County Health Department, and our thanks are due to them and to their health education staff with whom our relations have been most cordial.

Unfortunately, it has only been possible to arrange one project in a school—a lecture and demonstration by Dr. M. J. HODGSON to teenage girls, but it is hoped that in future years more head teachers will take advantage of the facilities offered by the Health Department which cover all aspects of Health Education.

The following is the diary of talks given to local organisations during the year:—

DATE	ORGANISATION	SUBJECT OF TALK	AUDIENCE	SPEAKER
5. 1. 60.	Chadwell Heath Cubs (1 Pack)	Home Safety	20	Mr. Self
11. 1. 60.	Chadwell Heath Cubs (2 Pack)	Home Safety	15	,,
25. 1. 60.	Kingsley Hall	Smoke Control	150	,,
27. 1. 60.	Rush Green Old Folks Club	Check That Fall	90	,,
12. 2. 60.	Dockland Settlement	,,	35	,,
18. 2. 60.	Rush Green Co-op Guild, Avenue Club	,,	30	,,
19. 2. 60.	W.V.S. Luncheon Club, Chadwell Heath	,,	20	,,
20. 2. 60.	Staffords Bakery	Food Hygiene	150	,,
22. 2. 60.	Canteen Staff, Civic Centre	,,	3	,,
23. 2. 60.	Heath Park Old Folks Club	Check That Fall	90	,,
24. 2. 60.	Canteen Staff, Civic Centre	Food Hygiene	2	,,
25. 2. 60.	St. Chad's Old Folks Club	Smoke Control	80	,,
27. 2. 60.	Staffords Bakery	Food Hygiene	120	,,
1. 3. 60.	Old Folks Fellowship, Central Hall	Work of the Public Health Inspector	100	,,
2. 3. 60.	Canteen Staff, Civic Centre	Food Hygiene	2	,,
5. 3. 60.	Staffords Bakery	Food Hygiene	120	,,
9. 3. 60.	Rush Green Old Folks Club	Home Safety	50	,,
12. 3. 60.	Staffords Bakery	Food Hygiene	120	,,
17. 3. 60.	Royal College of Midwives, York House	The Cranbrook Report	19	Dr. Gillet
19. 3. 60.	Staffords Bakery	Food Hygiene	120	Mr. Self
24. 3. 60.	Rush Green Co-op Guild, Avenue Club	Smoke Control	25	,,
26. 3. 60.	Staffords Bakery	Food Hygiene	120	,,
27. 4. 60.	School Attendance Officers	School Attendance and the Health of the School Child	50	Dr. Mair

Date	Organisation	Subject of talk	Audience	Speaker
3. 5. 60.	Dagenham County High School Pupils	Smoke Control	6	Mr. Self
11. 5. 60.	Association for the Welfare of the Blind	Home Safety	60	,,
20. 6. 60.	Business and Professional Women's Club, Grays	Oxlow Lane Clinic for the Over Sixties	25	Dr. Gillet
23. 6. 60.	Methodist Sisterhood	Slum Clearance	35	Mr. Self
28. 6. 60.	St. Chad's Old Folks Club, Cecil Hall	Oxlow Lane Clinic for the Over Sixties	70	Dr. Gillet
12. 7. 60.	Co-op Women's Guild, Broad St.	Food Hygiene	50	Mr. Self
19. 9. 60.	Old People's Welfare Council	Home Safety	27	,,
4. 10. 60.	Round Table, Dagenham	The Changing Face of Public Health	30	,,
27. 10. 60.	Fanshawe Ward Labour Party, Women's Section	Smoke Control Areas	30	,,
15. 11. 60.	St. Mark's Church Women's Meeting	Hygiene in the Home	20	,,
22. 11. 60.	Royal College of Midwives	A Premature Baby Service	20	Dr. Gillet

The following films and filmstrips were shown to audiences during the year:—

Date	Organisation	Title of Film or Filmstrip	Audience
25. 1. 60.	Kingsley Hall	Antarctic Crossing Window to the Sky Guilty Chimneys	150
27. 1. 60.	Rush Green Old Folks Club	The Land of Robert Burns London's Country Check That Fall	90
3. 2. 60.	Becontree Infant Welfare Clinic	How to catch a cold Why won't Tommy eat? Centre of Attraction My First Baby	70
12. 2. 60.	Dockland Settlement	Scottish Highlands Land of Robert Burns Check That Fall	35
18. 2. 60.	Rush Green Co-op Guild, Avenue Club	Cookery Carnival Methods and Madness Playing with Fire Every Five Minutes	30
19. 2. 60.	W.V.S. Luncheon Club, Chadwell Heath	Cookery Carnival Methods and Madness Playing with Fire Every Five Minutes	20
23. 2. 60.	Heath Park Old Folks Club	Methods and Madness Every Five Minutes Playing with Fire	90
25. 2. 60.	St. Chad's Old Folks Club	Window to the Sky The Land of Robert Burns	80
1. 3. 60.	Old Folks Fellowship, Central Hall	Distant Neighbours The Public Health Inspector	100
9. 3. 60.	Rush Green Old Folks Club	Scottish Highlands I'm no Fool with Fire Are you Safe at Home?	50
11. 3. 60.	Oxlow Lane Maternity and Child Welfare Clinic	Let's Keep Our Teeth A Tooth in Time Brush Your Teeth with Andy Pandy	15
16. 3. 60. (a.m.)	Becontree Infant Welfare Clinic	Let's Keep Our Teeth A Tooth in Time Brush your Teeth with Andy Pandy	15

Date	Organisation	Title of Film or Filmstrip	Audience
16. 3. 60. (p.m.)	Becontree Ante-Natal Clinic	Jenny Comes Home Know Your Baby	30
17. 3. 60.	Becontree School Clinic	Brush Your Teeth with Andy Pandy Let's Keep Our Teeth	5
22. 3. 60.	Ford Road Infant Welfare Clinic	Brush Your Teeth with Andy Pandy Let's Keep Our Teeth A Tooth in Time	6
24. 3. 60.	Rush Green Co-op Guild, Avenue Club	Window to the Sky	25
26. 3. 60.	Staffords Bakery	Everybody's Business Another Case of Poisoning Fly About the House	120
4. 4. 60.	Public Health Dept., Civic Centre	Your Children's Ears The Terrible Twos and the Trusting Threes Your Children's Play Your Skin The British Midwife	30
20. 4. 60.	Becontree Ante-Natal Clinic	Nutrition in Pregnancy	12
27. 4. 60.	Ashton Gardens Ante-Natal Clinic	My First Baby The British Midwife	45
9. 5. 60.	Public Health Dept., Civic Centre	The Terrible Twos and the Trusting Threes The Seventh Age Life with Baby Problem Children Foods and Nutrition How to Balance Your Diet Keep it Clean	10
15. 6. 60.	Becontree Ante-Natal Clinic	The British Midwife My First Baby He Acts His Age	60
23. 6. 60.	Methodist Sisterhood	One Man's Story	35
13. 7. 60.	Ashton Gardens Infant Welfare Clinic	Let's Keep Our Teeth A Tooth in Time	6
19. 9. 60.	Public Health Dept., Civic Centre	The Sorrento Way An Early Start	10
12. 10. 60.	Becontree Clinic—Parents' Meeting	The British Midwife My First Baby	65
17. 10. 60.	Public Health Dept., Civic Centre	Quads are Born The Sorrento Way The Human Body A Brother for Susan	20
27. 10. 60.	Fanshawe Ward Labour Party, Women's Section	Window to the Sky	30
31. 10. 60.	Staffords Bakery	Show of Hands The Place of Antiseptics in the Control of Infection	20
1. 11. 60.	Public Health Inspectors, Civic Centre	Food Without Fear The Place of Antiseptics in the Control of Infection	9
14. 11. 60.	Ashton Gardens Ante-Natal Clinic	Breast Feeding	20
28. 11. 60.	Staffords Bakery	Food Without Fear	15
12. 12. 60.	Public Health Dept., Civic Centre	Tailored for Timothy Stop Thief Simple Nutrition Claremont	20
12. 12. 60. (p.m.)	Ashton Gardens Clinic—Parents' Meeting	My First Baby The British Midwife	60

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Centres

Centre	Sessions Held	Times Sessions Held	Average Attendances	Average New Cases
The Clinic, Ashton Gardens, Chadwell Heath.	Weekly	Thursday, a.m.	40	3
	Weekly	Thursday, p.m.	34	3
The Clinic, Becontree Avenue, Dagenham.	Weekly	Monday, p.m.	38	4
	Weekly	Wednesday, a.m.	31	2
The Leys Clinic, Ballards Road, Dagenham.	Weekly	Thursday, a.m.	17	1
	Weekly	Thursday, p.m.	28	2
Rush Green Clinic, 179, Dagenham Road, Rush Green.	(2nd, 4th & 5th in month)	Friday, a.m.	13	1
	Weekly	Friday, p.m.	23	2
The Clinic, Ford Road, Dagenham.	Weekly	Tuesday, a.m.	39	3
	Weekly	Tuesday, p.m.	36	3
The Clinic, 15/17, Thompson Road, Dagenham.	Weekly	Tuesday, p.m.	26	2
	Weekly	Friday, a.m.	9	1
The Clinic, Oxlow Lane Dagenham.	Weekly	Wednesday, p.m.	57	5
	Weekly	Friday, p.m.	51	4
Marks Gate Clinic Lawn Farm Grove, Marks Gate.	Weekly	Monday, p.m.	27	3

HEALTH VISITING AND SCHOOL NURSING

The year was marred by the serious illness of the Superintendent Health Visitor whose death early in January, 1961, we record elsewhere. During her absences in hospital Miss Stewart deputised for her and she has submitted the following report.

During 1960 there have been some significant changes in the work of the health visitors—integration with the school health service has been commenced, and now three health visitors are doing the combined work of school nursing and health visiting. This first step towards complete integration is much appreciated for it has long been felt that interest in the family was cut when the child reached school age.

Also in 1960, the appointment of a health vistor responsible for the over sixties was made to replace Mrs. Broad who left to take up health visiting training.

Two of the health visitors, Miss Collyer and Miss Rudd, attended an intensive week-end course at the Institute of Natural Childbirth to study the Pierre Vellay method of teaching relaxation to ante-natal patients. Another health visitor, Mrs. Smith, attended a two-weeks' course at Nottingham University, devoted to methods of teaching, and in December seven of the staff attended a two-day course at Chelmsford on mental health.

Three student health visitors received practical training under the guidance of the health visitors, and during the year several groups of third-year nurses from Oldchurch Hospital spent two afternoons with health visitors to see something of their work.

In December, the health visitors started to re-visit all families who have been rehoused on medical grounds. This investigation has not yet been finished, as over 250 families have to be visited and detailed reports given on each family.

Tuberculosis Health Visitors

Apart from routine work, the health visitors play an active part on the Committee of the Dagenham Tuberculosis After Care Association. Besides attending meetings of the Association on the third Friday evening of each month, they accompany children and ex-patients on various outings, collect money with other members and hold jumble sales and sales of work. Mrs. Garrard, who is the honorary secretary of the Association, also organises the Christmas Seal Sale.

School Nurses

The school nursing staff lost three of its more recent recruits during the year and their places were taken by three of the health visitors taking over their schools and clinics. The main work of the school health department, however, still falls to the school nurses who have carried out 2,670 home visits, 520 medical inspections and 3,664 clinic sessions as well as the specialist clinics, the weekly swimming instruction for the physically handicapped children from the special school and a greatly increased number of immunising sessions for poliomyelitis, whooping cough and diphtheria.

WORK OF HEALTH VISITORS

The following table shows the number of visits paid by the health visitors during the year:—

(*a*) To expectant mothers	First visits	132
	Total visits	473
(*b*) To children under 1 year of age	First visits	1,702
	Total visits	7,392
(*c*) To children between the ages of 1 and 5 years	Total visits	10,154
(*d*) Ineffective visits	Total visits	2,836
(*e*) Other visits	Total visits	2,315
	Grand Total	23,170

MATERNITY SERVICES

Maternal Mortality

There were no maternal deaths in this area during 1960.

Ophthalmia Neonatorum

Two cases of ophthalmia neonatorum were notified, both of which made a complete recovery.

There were 11 cases of other eye conditions occuring in newly-born infants requiring medical treatment.

Domiciliary Midwifery Service

Below is a table showing the work of the County midwives, midwives residing at York House Training Home and Salvation Army midwives for the year 1960.

	County Midwives	Midwives Residing at York House Training Home	Salvation Army Midwives
Births Attended:			
As Midwife	150	236	81
As Maternity Nurse ..	101	13	3
Miscarriages Attended ..	1	10	—
(included in above)		(not included in above)	
Visits Paid:			
As Midwife	2,400	8,075	1,645
As Maternity Nurse ..	2,514	86	61
Ante-Natal	2,332	1,428	257
Ante-Natal Clinics attended	236	—	67
Gas and Air Administered:			
As Midwife	105	184	81
As Maternity Nurse ..	44	11	3

Pethidine was given in 161 cases attended by County midwives.

Ante-Natal Clinics

Centre	Sessions Held	Times Sessions Held	Average Attendances	Average New Cases
The Clinic, Ashton Gardens, Chadwell Heath.	Weekly	1st and 3rd Wednesday, p.m.	8	2
The Clinic, Becontree Avenue, Dagenham.	Weekly	Tuesday, p.m.	10	2
The Leys Clinic Ballards Road, Dagenham.	Weekly	Wednesday, p.m.	9	1
Rush Green Clinic, 179, Dagenham Road, Rush Green.	Weekly	Wednesday, p.m.	8	1
The Clinic, Oxlow Lane, Dagenham.	(1st & 3rd in month)	Friday, a.m.	2	1
The Clinic, Ford Road, Dagenham.	Weekly	Tuesday, a.m.	7	2
The Clinic, Manford Way, Hainault.	Weekly	Tuesday, p.m.	15	3
	Weekly	Thursday, a.m.	12	3
	Weekly	Monday, a.m.	10	2
	Weekly	Monday, a.m.	4	1

RELAXATION CLASSES

The following were the attendances at the relaxation classes during the year:—

Becontree Clinic	356
Chadwell Heath Clinic	244
Leys Clinic	428
Oxlow Lane Clinic	398
Total	1,426

PREMATURE INFANTS

All infants weighing 5½ lbs. or less at birth are regarded as premature infants, whatever the length of pregnancy.

Live premature births occurring in the area:—

	3lb.4oz. or less	3lb. 5oz.— 4lb. 6oz.	4lb. 7oz.— 4lb. 15oz.	5lb. 0oz.— 5lb. 8oz.	Total	No. Surviving one week
Born alive at home and nursed entirely at home	1	2	4	18	25	23
Born alive at home and transferred to hospital ..	3	1	—	2	6	2
Born in hospital	9	9	15	41	74	54

DAY NURSERIES

DAY NURSERY ATTENDANCES JANUARY—DECEMBER, 1960

Day Nursery	Number of approved places	Average Daily Attendance	Average No. on Register	Total Attendances
Goresbrook	70	28.8	41.3	7,332
Chadwell Heath	54	37.3	50	9,517
TOTALS	124	66.1	91.3	16,849

Nursery	Widows	Parents Separated	Desertion	Illness of Mother	Illness of Father	Unmarried Mothers	Socio-economic	Mothers working to supplement income	Total
Goresbrook	1	5	—	5	—	3	9	36	59
Chadwell Heath	2	2	—	2	1	2	6	42	57
Number of children in all Nurseries 1960	3	7	—	7	1	5	15	78	116

This year, Kingsley Hall was converted to a Day Centre for Handicapped Children under 5, so the central area of Dagenham had no day nursery service. The few children attending Kingsley Hall were absorbed into Goresbrook and Chadwell Heath nurseries but, of course, the distances are too great to expect any new children from this central area to go to either of the day nurseries.

The average daily attendance at Goresbrook was very slightly up on last year and that at Chadwell Heath was slightly lower, although the number on the register was considerably higher. On several occasions there was a waiting list for Chadwell Heath, especially for the baby nursery. This nursery is much more conveniently situated than Goresbrook, of course, and draws on a much larger area.

About one third of the children receive assistance for fees. These are children with usually only one parent, or an invalid parent, or some social distress. The remaining two thirds are sent for various reasons—the chief of which is some pressing economic necessity which is dealt with by the mother going out to work. This became more noticeable towards the end of the year when a lot of local factories went on short time. Of course, the charge is uneconomic unless the mother can command a high wage and this is not often possible.

We have no seriously handicapped children now in Goresbrook or Chadwell Heath, but several are sent for behaviour problems which are more easily coped with in the community of the nursery. This applies especially to the problems of only children in the 3—5 year group whose mothers cannot manage to change their rather isolated life at home. The nursery is the easiest and happiest way to prepare them for school life, and many mothers realise this and make great sacrifices to send them to nursery at about 4 years.

Both nurseries continue to be recognised by the Ministry as training nurseries for nursery nurses, and vacancies for students are always quickly filled.

The senior staff have on the whole been working for us for many years and this probably accounts for the smooth efficiency with which the nurseries run. Both nurseries are very alive and happy places, in which even the youngest children settle down with the minimum of distress at being separated from their mothers, and that is surely the best indication of success.

DOMESTIC HELP

An analysis of the hours of service rendered by the Domestic Help Service during 1960 is given in the following table. Figures for 1959 are included in brackets.

Type of case	Number of cases		Hours help provided	
Maternity	42	(50)	2,115	(2,908)
Tuberculosis	14	(6)	2,313	(1,027)
Acute	54	(41)	2,488	(2,701)
Chronic Aged	513	(460)	71,197	(62,147)
Chronic Others	91	(92)	16,361	(17,958)
Aged not Sick	3	(3)	371	(361)
Others	20	(13)	3,332	(3,749)
Night Attendance ..	4	(—)	160	(—)
Totals	741	(665)	98,337	(90,851)
Number of visits paid by Organiser			1,545	(1,400)
Average number of domestic helps employed each week ..			85	(80)
Number of night attendants on register			2	(—)
Number of visits paid by domestic helps			49,504	(46,332)
Number of visits paid by night attendants			15	(—)

There is little change over the past few years in the type of case calling for the Domestic Help Service, but the demand continues to increase, particularly for the aged and chronic sick. Frequently in these cases, the relatives refuse to help and the home helps and the W.V.S. are the only links the sick and aged have to alleviate their loneliness and boredom. Their needs from the Domestic Help Service are friendship as well as for help in the house. To many of the old and infirm the home helps give much time and care outside their duty hours, such as providing weekend meals and Christmas dinners, or taking the more able-bodied into their own homes to relieve their loneliness.

The help given to those with tuberculosis, the service provided for maternity cases, and the care of children whose mothers have had to go into hospital, are the three other main calls on the service, but all together they do not now add up to more than a quarter of the time spent in the care of the sick and elderly.

There is always a list of women willing to be home helps and every care is taken to engage the right type of worker for this very worthwhile service, which is a big practical contribution to the social services.

A training course is held twice a year at Chelmsford and is very much appreciated by the helps who attend as it keeps them in touch with developments in the service.

The usual visit to a London theatre was made this year and was thoroughly enjoyed by all.

CHIROPODY SERVICE

Two full-time chiropodists were employed at the end of the year, the part-time chiropodist having left in March. Attempts to fill the vacancy were unsuccessful.

Clinics are held at Ford Road and Ashton Gardens, Chadwell Heath, as follows:—

	Ford Road	Ashton Gardens, Chadwell Heath
Monday ..	2.00 p.m. — 5.00 p.m.	
	5.30 p.m. — 8.30 p.m.	
Tuesday ..	9.00 a.m. — 1.00 p.m.	9.00 a.m. — 1.00 p.m.
	2.00 p.m. — 5.00 p.m.	2.00 p.m. — 5.00 p.m.
Wednesday	10.00 a.m. — 1.00 p.m.	
	2.00 p.m. — 5.00 p.m.	
	5.30 p.m. — 8.30 p.m.	
Thursday ..	9.00 a.m. — 1.00 p.m.	
	2.00 p.m. — 5.00 p.m.	
Friday ..		9.00 a.m. — 1.00 p.m.
		2.00 p.m. — 5.00 p.m.
		5.30 p.m. — 7.30 p.m.

A nominal charge of 2/6d is made for each attendance. Necessitous cases and school children are treated free.

The following table indicates the work done during the year:—

	Children under 15 years of age	Expectant Mothers	Physically Handicapped	Aged	Others
New cases treated during the year..	232	5	6	93	363
Total attendances	1,383	10	432	2,715	4,074
Cases still being treated at end of year	99	2	83	319	591

OCCUPATIONAL THERAPY

Owing to an extension of the areas to be visited weekly, the occupational therapist now spends only part of one day a week visiting in the Dagenham area. In spite of this there were 431 visits made as compared with 359 last year.

The value of materials issued was approximately £80. Completed articles were sold at the Town Show and in November, a sale of work organised by the Dagenham Tuberculosis After-Care Association resulted in a further successful effort to sell work made by patients. At the Thompson Road Clinic there have been steady sales throughout the year from the show case which was installed at the close of 1959.

There may appear to be undue emphasis on the sale of completed articles, but one must be realistic and patients in the Dagenham area cannot all afford to give away or even to keep their completed work. Most of the money realised from the sales goes towards buying more materials, or enables a patient to make something for himself or his family without depleting the housekeeping purse.

Occupational Therapy for Domiciliary Chest Cases

The following is a summary of work carried out from January 1st to December 31st, 1960:—

	Total of Patients	Total of New Patients	Total of Visits
January	13	—	37
February	17	4	29
March	19	1	32
April	20	—	18
May	21	3	39
June	23	2	36
July	22	3	51
August	23	1	40
September	23	—	31
October	19	1	42
November	20	—	48
December	16	—	28

CONVALESCENCE AND RECUPERATIVE HOLIDAYS

NATIONAL HEALTH SERVICE ACT

Arrangements were made for patients as indicated:—

Section 28:

3	Shoreditch Holiday Home
12	Friendly Society Convalescent Home, Herne Bay
1	Samuel Lewis Home, Walton
1	St. Michael's, Clacton
16	Bell Memorial Home, Lancing
6	T.B. cases placed by Spero
1	St. Joseph's Convalescent Home, Bournemouth
2	Surrey Convalescent Home, Seaford
1	Bannow, St. Leonards

Section 22:

1	Mother with children—Lennox House, Southsea
1	Mother with children—Shoreditch Holiday Home
2	Children—Stamford Hill Children's Home, Thorpe Bay

SCHOOL HEALTH SERVICE

91 school children were admitted to recuperative holiday homes during the year. Most of the cases referred by the medical officers and general practitioners for convalescent holidays are children from homes showing economic or social stress, and few only of the children are sent on purely medical grounds.

DAGENHAM CHILDREN'S CARE COMMITTEE

SEAFORD HOLIDAY CENTRE

Two parties of school children went to St. Mary's Bay Holiday Centre, Romney Marsh, Kent, for a holiday during the summer. 44 children attended the centre this year. The arrangements are made by the Dagenham Children's Care Committee and all children are examined at the clinics before they leave for their holiday.

CAMP SCHOOLS

28 children were examined by school medical officers before being admitted or re-admitted to camp schools.

OXLOW LANE CLINIC FOR THE OVER SIXTIES

Since the clinic has been operating for over three years, this seems an appropriate time to take stock. The numbers of over sixties seen in that time are not very large and this, together with the fact that multiple pathology is the rule rather than the exception, makes classification difficult. A table is appended giving some details of those completing their investigations during 1960.

It was unusual to find a patient who did not need chiropody, and varying degrees of deafness were not uncommon—some cured by simple syringing of the ears. The primary purpose of the clinic is to keep people active and well for as long as possible, and in rare instances only has it been found that patients have suffered invalidism and dependence for any length of time.

The "exercise classes" continued to function, though perhaps the name is a misnomer in that the activities have extended much beyond simple physical exercises. An average of about 25 patients attended the classes and an attempt was made to encourage the members to select their own leader for group discussion.

Towards the end of the year it was becoming obvious that an expansion of present activities of the clinic should be taking place. The chief limiting factor to this expansion is shortage of staff and limited accommodation.

With adequate help the mental health of the over sixties could receive more detailed attention and the services of an interested psychiatrist and psychologist, to be called upon as needed, would be of great assistance in dealing with some of the problems which arise.

There is a need, also, for a further clinic in another part of the Borough but this could not be undertaken with present limited staff.

Inadequate premises have also prevented any attempt at the development of the clinic as an after care centre for patients discharged home from hospital, and in the few cases where this has been attempted the infrequency of sessions was the obvious cause of failure where continual support was needed to help the patient at home. Three or four sessions would be the weekly minimum for this service.

Many of the patients who passed through the clinic failed to receive full benefit as they have not attended either the exercise classes or the discussion groups. This has been mainly due to shortage of staff time to follow them up and to encourage them to attend.

PATIENTS ON WHOM INVESTIGATIONS WERE COMPLETED DURING 1960

Sex	Age	Physical Disability	Social Disability	Disposal
F	74	(1) Prolapse of uterus (2) Right eye removed	Lives alone	Suggest attends exercise class
F	70	Nil	Family friction	Repeated attempts failed to to help to resolve problems
M	61	Nil	Family friction	
F	79	Long-standing osteoarthritis of knee	Nil	Exercise class
F	75	Rheumatic arthritis	Nil	Exercise class
F	67	Anaemia	Nil	Referred to own doctor for treatment
M	84	Long-standing pompholyx of hands	Nil	Referred to own doctor
F	71	Nil	Nil	Exercise class
F	68	Hiatus hernia	Living in house which is too big	Try to arrange house exchange. Referred to own doctor for treatment.
F	76	(1) Mild anaemia (2) Painful heels	Nil	Referred to own doctor for treatment
F	81	Nil	Nil	Exercise class
M	74	(1) Deaf (2) Enlarged prostate	Lives with daughter and five children	Exercise class
F	71	Overweight	Nil	Diet and exercise class
F	68	Haemangioma of upper lip	Lonely	Exercise class
F	70	Deafness	Mentally slow	Advised to attend excerise class. Hearing aid prescribed by E.N.T. Department
F	78	Heart failure	Nil	Referred to own doctor
F	71	Emphysema	Nil	Referred to own doctor
F	75	Nil	Nil	Exercise class
F	65	(1) Obesity (2) Arthrodesis of hip	Lives alone	For diet and exercise class
F	81	(1) Arthritis (2) Needs new dentures	Nil	New dentures arranged
F	65	Nil	Nil	Exercise class
F	71	Deaf	Husband suffers from early senile dementia and is a problem	Hearing aid prescribed. Husband seen by psychiatrist
M	75	Early senile dementia	Nil	Admitted to mental hospital
F	71	Defective vision	Nil	Referred to own doctor for glasses
M	78	Deafness	Nil	Referred to E.N.T. Surgeon

Sex	Age	Physical Disability	Social Disability	Disposal
F	73	(1) Inadequate diet (2) Fibrillating	Nil	Advised about diet. Referred to own doctor
F	66	Obesity	Nil	Advised about diet
F	65	Nil	Nil	Exercise class
F	77	Advanced breast tumour	Nil	Referred to hospital
M	74	Amputation of left leg	Nil	Advised
F	73	Nil	Family difficulties	Advised
F	65	Slight deafness	Nil	Exercise class
F	85	No detailed examination carried out		Chiropody only
F	62	Very fit	Nil	Exercise class
F	76	(1) Obesity (2) Hypertension	Nil	Advised about diet
F	70	(1) Loss of smell (2) Prolapse of uterus	Nil	Warned about danger of gas and advised to change to electricity if possible. Referred to gynaecologist
F	68	Defaulted		
F	67	Nil	Nil	Exercise class
F	67	Hypertension	Nil	Attends hospital for treatment
M	70	(1) Emphysema (2) Scotoma	Family difficulties	Exercise class
F	67	Nil	Family difficulties	Exercise class
F	69	Fit	Nil	Exercise class
F	82	Slight deafness	Nil	Exercise class
M	84	(1) Dizziness (2) Intermittent deafness (Wears hearing aid)	Nil	Referred to E.N.T. Surgeon
F	79	(1) Mitral stenosis (2) Deafness (3) Diabetes		Unsuitable for clinic
M	71	Requested treatment for his feet only		Transferred to Ford Road Chiropody Clinic
F	66	Arthritis knees and hands	Nil	Exercise class
F	70	Fit	Nil	Exercise class

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

During the year 1,121 persons were vaccinated or re-vaccinated by general practitioners and local health authority medical officers.

Age at date of vaccination or re-vaccination	Vaccinated		Re-vaccinated	
	G.P.'s	L.H.A.	G.P.'s	L.H.A.
Under 1 year	223	391	—	—
1—4 years	64	37	8	3
5—14 years	79	37	20	—
15 years and over	83	1	161	14
Total all ages	449	466	189	17

Whooping Cough

2,667 children received immunising doses against whooping cough, including booster doses.

Primary		Boosters		Combined Whooping Cough and Diphtheria Vaccine		Combined Boosters	
G.P.'s	L.H.A.	G.P.'s	L.H.A.	G.P.'s	L.H.A.	G.P.'s	L.H.A.
236	681	292	1,046	318	—	94	—

The figures above show how well the campaign to increase immunisation against whooping cough succeeded this year, particularly the previously neglected booster programme. The local health authority gave 1,046 booster injections (last year only 2 were recorded) and general practitioners gave 292 (32 in 1959) and 94 combined diphtheria and whooping cough boosters.

This response to the appeal made at the beginning of the year is most gratifying and the programme will be continued.

B.C.G.

B.C.G. vaccination has continued in the 13-plus age group; this year 2,600 children were offered vaccination. 1,444 children were tested after the parents' consent had been received.

Results of the Multiple Puncture tests:—

Negative 1,340 Positive 104

Of the children with negative reactions (and therefore susceptible) 1,266 received B.C.G. vaccination. There were no cases of post-vaccination complications.

Tuberculosis Vaccines Clinical Trial

Of the 858 young people invited for their seventh annual x-ray, 553 attended, i.e., 64%.

Diphtheria Immunisation of Under Fives

Diphtheria immunisation has continued in the infant welfare clinics and by the general practitioners.

The following is a summary of the work carried out during the year by medical officers and general practitioners. A total of 1,643 children received primary immunisation injections and a total of 1,850 received boosting doses.

Age at final injection	Primary immunisation		Children who received a boosting dose	
	L.H.A.	G.P.'s	L.H.A.	G.P.'s
Under 1 year	573	405	—	—
1—4 years	180	144	63	61
5—9 years	143	41	609	250
10—14 years	139	18	748	119
Total all ages	1,035	608	1,420	430

Diphtheria Immunisation of School Children

A total of 2,067 school children were immunised against diphtheria during the year (of which 428 were immunised by private practitioners). Booster diphtheria immunisation sessions have been continued in the schools and school clinics for the school entrants and school leavers.

The acceptance rate is still lower than I should like and there are still too many children coming to school who have not been immunised in infancy—some of these accept immunisation in school and a primary course is given to these children.

Immunity Index

The position at the end of the year in Dagenham regarding immunisation in relation to the child population is given in the following table which gives details of all children who had completed a course of immunisation at any time before that date:—

Age at 31. 12. 60. i.e. born in year	Under 1 yr. 1960	1—4 yrs. 1956—1959	5—9 yrs. 1951—1955	10—14 yrs. 1946—1950	Under 15 yrs. Total
Last complete course of injections whether primary or booster 1956—1960 ..	276	4,487	5,112	4,859	14,734
1955 or earlier	—	—	2,213	5,157	7,370
Estimated mid-year population	1,517	5,950	18,850		26,317
Immunity Index ..	18.2	75.6	52.9		56

POLIOMYELITIS

Evening and Saturday morning sessions were arranged on an appointment system with an average of 150 injections at each session, as the numbers of requests and booster doses falling due merited. The increase in the age limit up to 40 years brought a poor response and the total for the year for all age groups was considerably reduced.

The figures show that general practitioners have played a great part in the poliomyelitis immunisation scheme in the area, and I would like to thank them for their understanding co-operation in the collection of vaccine and the completion of registrations.

During the year a total of 4,220 primary injections (i.e. 2 doses) were given and 11,111 third injections.

Immunisation 1960	By Medical Officers	By General Practitioners	Total
Primary	1,501 (7,061)	2,719 (6,542)	4,220 (13,603)
Booster	5,709 (11,112)	5,402 (5,747)	11,111 (16,859)

The corresponding figures for 1959 are shown in brackets.

There were no cases of poliomyelitis notified to the department in 1960.

Total acceptors since commencement of scheme	37,814
Total primary injections since commencement of scheme ..	32,551
Total booster injections since commencement of scheme ..	27,970

SCHOOL HEALTH, 1960

SCHOOL PREMISES

There are 16 secondary and 45 primary schools in the Borough, also 2 special schools. Children on the registers on 31st December, 1960 totalled 19,815, a decrease of 504 compared with 1959.

Public health inspectors carried out periodic inspections at school kitchens and schools were visited for the purpose of obtaining samples of milk for bacteriological testing. 12 such samples were obtained during the year, all of which passed the methylene blue test.

SCHOOL INSPECTIONS

As in previous years, medical inspection in the schools during 1960 covered 4 groups:—

(*a*) Children in their first year of attendance
(*b*) Children in their last year at primary school
(*c*) Children in their last year of attendance
(*d*) Others—i.e., children at nursery and special schools, or who missed the periodic examinations.

In addition, all children transferred from other areas to Dagenham schools were seen. Special examinations and re-inspections of children with defects were carried out.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A—PERIODIC MEDICAL INSPECTIONS

Number of inspections in the prescribed groups:—

(i) 5—14 year age group	4,471
(ii) Others	842
Total	5,313

B—OTHER INSPECTIONS

Number of special inspections	1,647
Number of re-inspections	1,453
	3,100

5,313 children were medically examined in the schools by school medical officers. Reference to the statistical table following will show in detail the number and type of defects discovered.

Defect Code No.	Defect or Disease	Periodic Inspections								Special Inspection	
		Entrants		Leavers		Others		Total (all groups)			
		Treatment	Observation	Treatment	Observation	Treatment	Observation	Treatment	Observation	Treatment	Observation
4	Skin	14	6	29	20	12	13	55	39	69	32
5	Eyes (*a*) Vision	19	24	100	45	114	88	233	157	23	23
	(*b*) Squint	33	14	11	11	20	24	64	49	6	7
	(*c*) Other	4	10	5	12	6	11	15	33	14	27
6	Ears (*a*) Hearing ..	5	1	5	4	—	5	10	10	14	22
	(*b*) Otitis Media ..	5	1	2	1	3	3	10	5	11	9
	(*c*) Other	1	2	11	2	1	4	13	8	2	1
7	Nose and Throat ..	65	86	6	12	44	39	115	137	44	47
8	Speech	19	25	1	1	4	11	24	37	49	15
9	Lymphatic Glands ..	33	37	1	—	10	10	44	47	5	5
10	Heart	6	13	7	8	17	24	30	45	12	25
11	Lungs	11	23	2	25	10	33	23	81	21	45
12	Developmental (*a*) Hernia	1	1	—	—	3	3	4	4	2	—
	(*b*) Other	4	10	3	5	8	18	15	33	3	9
13	Orthopaedic (*a*) Posture	4	10	2	10	19	15	25	35	5	4
	(*b*) Feet	10	21	5	30	32	21	47	72	10	10
	(*c*) Other	15	34	5	33	9	57	29	124	68	59
14	Nervous System (*a*) Epilepsy	—	1	2	2	4	1	6	4	2	3
	(*b*) Other	—	1	2	5	2	5	4	11	6	8
15	Psychological (*a*) Development	9	10	2	2	27	17	38	29	9	13
	(*b*) Stability ..	1	20	—	3	7	18	8	41	13	9
16	Abdomen	1	—	1	—	3	3	5	3	—	—
17	Other	87	5	16	1	103	5	206	11	141	394

PUPILS FOUND TO REQUIRE TREATMENT

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin).

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions (3)	Total Individual Pupils (4)
1956 and later	1	7	7
1955	10	169	173
1954	8	103	106
1953	4	39	41
1952	1	5	6
1951	1	5	6
1950	15	24	37
1949	64	131	183
1948	22	81	98
1947	4	10	12
1946	64	51	106
1945 and earlier ..	39	61	96
TOTAL	233	686	871

No individual pupil is recorded more than once in any column of this table, therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

GENERAL CONDITION

The overall picture of the general condition or nutritional state of the children in the Borough is reassuringly good.

CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups Inspected (By year of birth) (1)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1956 and later	140	140	100	—	—
1955	757	753	99.47	4	0.53
1954	663	655	98.79	8	1.21
1953	128	128	100	—	—
1952	43	42	97.67	1	2.33
1951	38	36	94.74	2	5.26
1950	186	186	100	—	—
1949	1,097	1,090	99.36	7	0.64
1948	568	567	99.82	1	0.18
1947	25	24	96	1	4.0
1946	973	971	99.80	2	0.20
1945 and earlier ..	695	694	99.86	1	0.14
TOTAL	5,313	5,286	99.49	27	0.51

Uncleanliness

The number of children found with vermin and/or nits during the year was 155. Arrangements have been made with Hackney Borough Council for persistent offenders to be cleansed in Hackney for a small fee, for which the Education General Purposes Sub-Committee take responsibility.

Infestation with Vermin

All cases of infestation, however slight, are recorded.

This return relates to instances of infestation and not to individual pupils.

(i) Total number of examinations of pupils in the schools by school nurses or other authorised persons	19,505
(ii) Number of instances of infestation found	155
(iii) Number of cleansing notices issued Section 54 (2) Education Act, 1944	155
(iv) Number of disinfestations carried out:—	
By school nurses	27
By parents	128

VISUAL DEFECTS

Vision tests were carried out on all children at the school medical inspections and 117 referred for treatment at the Ophthalmic Clinics and 60 kept under observation.

Eye Diseases, Defective Vision and Squint

	Number of cases dealt with	
	By the Authority	Otherwise
External and other (excluding errors of refraction and squint)	341	151
Errors of refraction (including squint)	—	1,504
Number of pupils for whom spectacles were prescribed	—	535

Colour Vision

Colour vision testing was continued at all school medical inspections on all pupils at or over the age of 11 years and the following table shows the number of defects found.

	Intermediate periodic medical inspections	School leaving inspection	At age 14 years
Tested for colour vision	2,097	695	973
Found to have defect of colour vision	28	6	9

X-RAY OF STAFF

All new entrants to the County Council staff who are liable to come in contact with children or who handle food are required to have an x-ray of their chest. The following table shows the number of staff x-rayed during the year.

	At a Chest Clinic	By Mass Radiography
Tuberculosis Visitors and Health Visitors doing tuberculosis work	2	—
Home Nurse/Midwives	10	—
All Day Nursery Staff	8	24
All Occupation Centre Staff	—	7
Domestic Helps	1	—
Others	36	16
Teachers	—	64
Non-teaching Staff	3	93

SCHOOL CLINICS

During the year 2,920 children were seen by the school medical officers and 6,445 attendances were made at nurses' clinics. The total number of attendances made by school children at each of the minor ailment clinics during 1960 were as follows:—

Ashton Gardens	758
Bentry School	949
Becontree Avenue	1,604
Five Elms	2,370
Ford Road	1,678
King's Wood School	851
Leys	348
Oxlow Lane	770
Marks Gate	37
	9,365

Other Treatment Given

	New Cases Treated	
	By the Authority	Otherwise
(*a*) Miscellaneous minor ailments	1,050	44
(*b*) Other		
(1) Heart and rheumatic diseases	—	18
(2) Hernia	—	14
(3) Major respiratory diseases	—	16
(4) Major digestive diseases	—	71
(5) Major injuries	—	28
(6) Other major disease	—	52
(7) Enuresis	—	32
Total	1,050	275

Diseases of the Skin (Excluding Uncleanliness)

	Number of new cases treated during the year	
	By the Authority	Otherwise
Ringworm (Scalp)	1	—
Ringworm (Body)	1	—
Scabies	—	—
Impetigo	12	2
Other Skin defects	891	8

Number of examinations made by Skin Specialists—5

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Number of children referred to Consultants during 1960—55

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment		
(*a*) For diseases of the ear	—	47
(*b*) For adenoids and chronic tonsillitis ..	—	166
Received other forms of treatment	133	62
Total	133	275

CHILDREN FOUND AT PERIODIC MEDICAL INSPECTION TO HAVE UNDERGONE TONSILLECTOMY

Age Group	Number Inspected		Number found to have undergone tonsillectomy	
	Boys	Girls	Boys	Girls
5 years	444	453	9	8
10—12 + years	948	927	19	23
14 years	503	470	3	8
Other periodic	808	760	21	8
Total	2,703	2,610	52	47

EMPLOYMENT OF CHILDREN

215 pupils were examined for fitness for employment out of school hours and certificates given to all these children.

MEDICAL EXAMINATION OF STAFF

The following examinations were carried out by the medical officers during the year:—

(*a*) New Appointments	
1. Entrants to the Teaching Profession and to Training Colleges	67
2. Essex County Council	118
3. Dagenham Borough Council	197
4. Other Authorities	—
(*b*) Under Sickness Regulations	9
(*c*) Other purposes	91
Number of consultations with specialists arranged	55

HOME VISITS BY SCHOOL NURSES

2,670 visits were made by school nurses to the homes of school children during the year.

DENTAL SERVICES

Inspection and Treatment

No. of Dental Officers at end of December, 1960	3
No. of sessions carried out during the year	379
No. of children on waiting list	375
No. of children on waiting list in 1959	253
No. of children inspected in 1960	1,508
No. of children inspected in 1959	3,863
No. of treatment sessions in 1960	379
No. of treatment sessions in 1959	850
No. of children who received treatment in 1960	941
No. of children who received treatment in 1959	1,758

Dental Inspection and Treatment of School Children

	Periodic	Specials
(*a*) Number of pupils inspected	153	1,355
(*b*) Number found to require treatment	137	1,264
(*c*) Number offered treatment	137	1,264
(*d*) Number actually treated	113	828
(*e*) Number awaiting treatment	141	234
(*f*) Attendances made by pupils for treatment	182	2,685

(*g*)	Half days devoted by Dental Officers to—	
	(i) Inspection	100
	(ii) Treatment	279
(*h*)	Fillings	
	(i) Permanent teeth	1,366
	(ii) Temporary teeth	348
(*i*)	Number of teeth filled	
	(i) Permanent teeth	1,262
	(ii) Temporary teeth	323
(*j*)	Extractions	
	(i) Permanent teeth	
	(*a*) on account of caries	724
	(*b*) for other purposes	17
	(ii) Temporary teeth	
	(*a*) on account of caries	1,448
	(*b*) for other purposes	1
(*k*)	Anaesthetics administered	
	(i) Local	822
	(ii) General	
	(*a*) by Medical Officers on County Staff	—
	(*b*) by others	806

(*l*) Orthodontics

(i) Cases completed	32
(ii) Cases discontinued	1
(iii) Pupils treated with appliances	40
(iv) Removable appliances fitted	19
(v) Fixed appliances fitted	—
(iv) Total attendances	139

(*m*) Dentures

(i) Number of pupils supplied with artificial dentures	23
(ii) Number of dentures fitted	23

(*n*) Other operations

(i) Permanent teeth	108
(ii) Temporary teeth	23

(*o*) Analysis of figures in (*n*)

Type of operation	Number
Silver Nitrate Treatment	1
Scaling	17
Syringing Sockets	—
Dressings	35
Inlays fitted	—
Other operations	78

(*p*) X-rays 55

MOTHER AND CHILD WELFARE DENTAL TREATMENT

	Expectant or Nursing Mothers	Children under five years of age
Number of patients examined	122	77
Number of patients needing treatment	111	72
Attendances for treatment	316	118
Number of patients who have completed treatment	63	30
Number of extractions	247	47
Number of fillings	69	75
Number of anaesthetics administered:		
(*a*) local	75	7
(*b*) general	8	17
Number of scalings or scaling and gum treatment	5	—
Number of dressings	3	—
Number of dentures provided:		
(*a*) full	23	—
(*b*) partial	17	—

SPECIALISTS SERVICES

Orthopaedic Clinic

This clinic is held at Leys Clinic, Ballards Road. A surgeon and physiotherapist are provided by the Regional Hospital Board, nursing staff and clerical assistance by the local health authority. The physiotherapist attends five days a week and the surgeon attends once a month.

I give below a report received from Mrs. E. Ottley, the physiotherapist:—

In February 1960 we moved into a more spacious treatment room with separate waiting room and cubicles.

The appointment system was continued and children attended in their respective age groups classes for feet, posture and breathing, boys and girls being treated separately.

In all 560 patients attended for physiotherapeutic treatment, 10,467 treatments being given. No waiting list is kept for treatment, all patients are seen on receipt of referral forms or letters and an appointment given. Two mornings a week are devoted to ambulance cases, approximately 20—25 cases being brought in each morning. I would here like to express my appreciation of this willing and co-operative service.

In view of the increasing amount of work the present apparatus has been found to be inadequate and a request to the Regional Hospital Board for larger and more up to date apparatus has been made and passed by Mr. Moore as essential.

I would like to add that I think it is a great pity so many children from such an early age—6 upwards—are allowed to wear such unsuitable shoes. I visualise many more foot deformities for both girls and now boys unless parents and schools take the necessary steps to see that children are sensibly shod.

Patients seen during 1960:—

Infant welfare children	48
School children	374
Adults	138
Total	560
Total number of treatments given	10,467

The orthopaedic surgeon attended 11 sessions at which 160 patients were seen, 66 of which were new.

OPHTHALMIC CLINIC

The two specialists who attend weekly run a separate service for different parts of the Area, which is divided into two, based on the areas of the school nurses responsible for the respective clinics, and the nurses are individually responsible for appointments for children in their area—one based on Ford Road and the other on Five Elms. The two ophthalmic clinics, however, are held at Becontree where there is special provision and equipment.

There is much that is similar in the two reports received, and both ophthalmologists again plead for the appointment of a dispensing optician—a request that has been repeated for the past five years. I give below both reports this year instead of combining the two as previously.

Dr. REGAL reports as follows:—

During 1960, I held 50 ophthalmic sessions at Becontree Clinic. 771 children attended, 198 of whom were seen for the first time. This gives an average attendance of 15—16 cases.

Our patients are referred to us mainly by the school medical officer or the school nurse, some from the Infant Welfare Clinic, a few are sent by their family doctor, and in some instances parents approach us on their own initiative or prompted by the school teacher.

During the year we meet every type of pathological eye condition, but our main work is refraction work and the treatment of squints. Thus, of the 198 new cases 120 were in need of glasses and of the remaining old cases 179 received new glasses, and for another 17 new lenses were fitted into their old frames. As far as the treatment of squints goes, I should like to mention with gratitude and appreciation the very good co-operation we receive from the hospitals and the orthoptic departments. Their reports come speedily and the waiting time for appointments and operations is very short.

Unfortunately, each week there are parents who fail to attend without giving reason or notification, thus taking up valuable time from which another child could have benefited. This also makes additional work for the health visitor and clinic nurse who go and visit the absentees, and I should like to express my special gratitude for their untiring efforts. At the end of the year there was a waiting list of 85 old cases and 17 new cases.

I will not finish this report without pleading again for the presence of a dispensing optician at our sessions from which everybody would benefit and which might also prevent the ever increasing pirating inclinations of some outside opticians of which we have very concrete evidence.

Dr. MACFARLANE reports as follows:—

Weekly clinics continued to be held during 1960, and a total of 733 cases was seen. Of these, 142 were new cases, and at the end of the year there was no waiting list of new cases, about 3 or 4 of these being fitted in at the clinic each week. There are, however, considerable arrears with regard to the retesting of old cases, and it is impossible to keep up the standard of seeing the patients every 6 months as their numbers are too many.

Becontree Clinic is a much pleasanter place to work in since the re-decorations were done, and in particular the waiting room with its chairs for all sizes of children and its gay colours has been improved beyond all recognition.

Children with squints continue to form the bulk of the patients seen at the clinic and orthoptic treatment can be obtained for these at Oldchurch Hospital when necessary. Should they require surgery they can be dealt with very quickly at the same hospital or at King George V Hospital, Ilford.

Pre-school children are also seen at the clinic, and it has been found that the mothers of these are often more co-operative than those of the older children. As in past years, non-attendance at clinics without any excuse being given is still very prevalent, and is to be deplored. The school nurses are very zealous in their efforts to follow up these patients, and are greatly to be commended.

In my opinion the presence of a dispensing optician at the clinic is very desirable, and would probably be welcomed by the parents as it would save them time and effort.

AUDIOMETRIC TESTS

27 children have been tested with the audiogram. 8 were referred to Grays Inn Road Hospital, 15 are being kept under observation, 1 is attending school for the deaf, 1 would not co-operate and 2 had normal hearing.

CHILD GUIDANCE

173 children from Dagenham were seen at the Romford Child Guidance Clinic. There is still a 3 months waiting list, except in court cases when the child is seen within 2—3 weeks.

OTHER SPECIALIST CLINICS

School medical officers refer children to hospital consultants for opinion or for treatment at specialist clinics; 227 children were so referred during the year as follows:—

Chest Physician	9
Cardiologist	19
Orthopaedic Surgeon	20
E.N.T.	55
Dermatologist	5
Paediatrician	56
Enuresis Clinic	28
Ophthalmologist	4
Audiologist	31
	227

Speech Therapy

The following is the report of their work submitted by the speech therapists, Miss E. N. Symes and Miss E. R. Shipley:—

The work of the Speech Therapy Department has followed an even course throughout the year. Numbers have shown a slight increase on 1959, despite the fact that the total attendance in Infant and Junior Schools still continues to decrease.

It is interesting to note that out of a total of 230 cases passing through the Speech Clinics in the course of the year, 100 had a family history of speech defect. No definite conclusion can be drawn from these figures, but it would seem to support the supposition that there is often an inherent familial tendency towards speech weakness.

Acquisition of normal speech depends upon a combination of factors, not the least of which is the interest and co-operation of the staffs of the schools concerned, and we would like to record a note of our appreciation of the help afforded us in this way.

Looking ahead, we would like to feel that, at some future date, permanent premises might be made available for the Speech Therapy service in the Borough.

Speech Therapy Statistical Return

1. Number of treatments given			2,694
2. Number of patients treated:—			
	The Bentry School	28	
	Five Elms Clinic	89	
	Oxlow Lane Clinic	21	
	Leys Clinic	53	
	Ashton Gardens Clinic	21	
	Marks Gate Clinic	18	
		—	230

Both therapists used one session a week for school visits, interviews and tape recordings.

3. Number of sessions held:—			
	The Bentry School	119	
	Five Elms Clinic	222	
	Oxlow Lane Clinic	77	
	Leys Clinic	193	
	Ashton Gardens Clinic	90	
	Marks Gate Clinic	94	
		—	795

4. Case Load—	Boys—144	Girls—86	Total	230

5. Types of Cases Treated:—

1.	Dyslalia	112
2.	Delayed Development including aphasia	23
3.	Sigmatism	34
4.	Stammer	37
5.	Stammer and dyslalia	2
6.	Defect associated with hearing loss	3
7.	Cleft palate	3
8.	Disorder of voice	9
9.	Unclassified	7
		— Total .. 230

6. No. of cases on Register at 31. 12. 60. 121

7. Reasons for discharge:—

1.	Speech normal	65
2.	Non-attendance	14
3.	No further progress likely ..	16
4.	Transferred to another school ..	8
5.	Left school	1
6.	Discharge requested by parent ..	5
		— Total .. 109

HANDICAPPED CHILDREN

A detailed review of the area showed that there are 223 children with physical defects who are able to continue in ordinary schools. These children are called to the school clinics annually to be examined by the school medical officers, and their progress reported. A detailed file of these children is kept centrally, together with that for the children registered as physically handicapped on Ministry of Education Forms 4.H.P. as in need of special educational treatment.

The following table gives a picture of handicapped children in Dagenham, and their placement in school:—

Children of school age on 31st December 1960, formally ascertained as handicapped pupils and requiring special education treatment (s.e.t.) N.B. These figures include 27 school children with dual handicaps	Blind	Partially sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	E.S.N.	Maladjusted	Epileptic	Speech Defect	TOTAL
Attending day special school	—	12	8	5	24	53	166	—	1	1	270
Awaiting placement in day special school	—	1	—	—	4	1	30	—	—	—	36
Attending residential special school ..	5	1	3	—	16	7	13	16	1	2	64
Awaiting placement in residential special school	—	—	—	—	3	2	6	2	—	—	13
Receiving home tuition under Section 56	—	—	—	—	1	1	—	—	1	—	3
Total No. of children of school age requiring s.e.t.	5	14	11	5	48	64	215	18	3	3	386
Children of school age on register of handicapped pupils but not requiring s.e.t. and attending ordinary schools ..	—	9	—	14	98	55	22	9	12	4	223
Pre-school children receiving s.e.t. ..	1	—	—	—	—	—	—	—	—	—	1
Pre-school children awaiting s.e.t. ..	1	3	—	—	5	9	6	—	2	—	26
Children aged 2–5 years at 31st December 1960 on register of handicapped pupils but not requiring s.e.t.	—	2	—	—	5	10	—	—	5	6	28

CHILDREN ADMITTED TO SPECIAL SCHOOLS DURING 1960

Admitted to Residential Schools:—

E.S.N.	3
Physically handicapped	1
Delicate	5
Maladjusted	6
Epileptic	1
Blind	1
Partially sighted	1

Admitted to the Bentry and Other Day Special Schools:—

E.S.N.	18
Physically handicapped	9
Partially deaf	2
Delicate	5
Partially sighted	6

Of the children who were attending Residential and Special Schools the following were returned to ordinary schools during 1960:—

From Residential Schools:—

Maladjusted	—	4	Recommended for trial period at ordinary school.
Delicate	—	7	Asthma 5—improved.
			Delicate 2—improved.

From Special Schools:—

E.S.N.	—	4	
Delicate	—	5	Asthma 3
			Delicate 2

Physically handicapped—1 On trial at ordinary school.

BENTRY SCHOOL

Throughout the year the school medical officers and school nurse have attended the school. A weekly session of medical examinations and/or intelligence testing has been held, at which the parents and the headmaster are present, and the school nurse attends for minor ailments for 3 sessions a week.

The number of physically handicapped children attending remains fairly constant from year to year, but the severity of their handicaps has remarkably increased recently, so that a fair proportion of the younger children are now chairfast or only just beginning to walk. This means a great deal of extra work for and understanding from the staff, and I would like to record my appreciation of their interest in the children's medical progress and their co-operation in the training of the children in walking and self-help.

This year we have been fortunate in the extension of the physiotherapy at the school to 4 sessions a week, while still retaining Mr. BRAND'S services for the therapeutic swimming once a week. The reports of both therapists are given below.

Mrs. COCKER reports:—

The year 1960 saw the arrival of quite a number of new pupils at the Bentry School. Mostly the children were victims of Anterior Poliomyelitis and were now in need of general after-care and of maintaining at least their physical condition, and where possible, improving it.

As always, my main aim has been to instruct children (with parents whenever possible) in a general scheme of exercises so that all parts of the body are used, giving special care to breathing and the awareness and importance of general good posture. The individual schemes of exercises are revised whenever the condition of the patient so decrees, and of course, to prevent boredom, for it is most important that these exercises are continued for many years and the children are encouraged always to keep their exercises going at home.

Most of the work with these children is purely physical, very little electrical apparatus being of great value in their treatment, but I do feel that many, especially the spastic and "chesty" children would greatly benefit from general ultra violet ray radiation during the winter months; experience has proved that courses of ultra violet ray treatment help to raise general resistance and so improve general health.

Mr. BRAND reports:—

The swimming classes continued to be as popular as ever. We had a total attendance of 311, including 14 new children.

During the year I tried to divide the lesson up a little and while one of the attendants takes the beginners on the side of the bath I am left free to deal with the more severely handicapped children who cannot be left at all. I am at a disadvantage though inasmuch as I can only take one at a time. This means that as there is more than one severely paralysed child the others have to sit around shivering. I would, therefore, be grateful for anyone—nurse or otherwise—who would enter the water and who can handle a severe case.

Once again I would like to say thank you to Mr. JONES and his staff for their kind co-operation and helpfulness.

KINGSLEY HALL DAY CENTRE

Water play

Meal time

PROGRESS REPORT ON KINGSLEY HALL DAY CENTRE FOR HANDICAPPED CHILDREN UNDER 5

The opening of Kingsley Hall Day Centre for Handicapped Children in May 1960 was the outcome of a report on handicapped children under 5 years of age in Dagenham in 1957 which was put to the Health Committee and published in my annual report for that year.

The survey reported brought to our notice 85 children under 5, i.e., 1% of the 8,000 0—4 year-olds in Dagenham with a degree of handicap likely to necessitate special schooling. That was 3 years ago, and the survey of these children, together with new additions to the register of handicapped children under 5 now kept in the Health Department, has been continued by constant home visiting and reviews in the clinics of all children with mental or physical defects.

Most of the children originally visited and considered suitable for the proposed Day Centre have now either reached school age and are attending Special Schools, or have died or moved from Dagenham, so that when in the first few months of 1960 after all the preliminary obstacles had been overcome, briefly to be summarised as final approval by everyone at local, County and Ministry levels, and then back and forth between the Health Area and the County on matters of detail in planning, converting, equipping, staffing and financing, all but 4 of the original children were no longer in need. The remaining 4 will be discussed later as they presented a problem in itself.

At the beginning of 1960 we were able to make a start in the reorganising of the Kingsley Hall Day Nursery which was closed in February and the few remaining children transferred to the other two day nurseries. The staff, too, were transferred, with the exception of the warden who attended Osborne Hall Day Training Centre to gain experience with mentally handicapped children.

The Borough Surveyor's Department moved in and it is largely due to their keen interest and enthusiasm that a building which had little promise was converted by skilful floor laying, kitchen modernisation and a happy choice of colour into a gay and welcoming centre in three months. The Warden of Kingsley Hall, from whose Committee the building is rented, deserves our thanks for his agreement and co-operation in the modernisation of their building.

The County Council had agreed with the proposal that no charge should be made as the Centre was to be for the ascertainment and the needs of the children in a way in which the day nurseries cannot be, and this generosity has made all the difference in persuading the more needy parents to send their children; in all cases these were the children and parents most in need of help.

Staffing was a problem that, looking back from the safe distance of seven months' harmonious working, one wonders what our worries were, but we had a core of day nursery staff to be fitted into the new scheme, and an agreed establishment of Sister-in-Charge, 2 Staff Nurses, Warden and 3 Nursery Assistants.

The Sister came from hospital duties with no special experience with healthy, handicapped children, but with an enormous enthusiasm and a remarkable aptitude for handling staff. The Warden returned from her visit to the Training Centre, interested in the problems of the mentally retarded, and one Staff Nurse deputises for the Sister and has nursing qualifications, the other has experience in nursery schools and with handicapped children. Of the 3 Nursery Assistants, 2 returned to the centre from the day nursery and one was appointed. All the staff have shown enthusiasm, kindness and understanding of the problems of the children.

The Regional Hospital Board agreed to the appointment of a part-time physiotherapist who attended 4 sessions a week, though in the last few months of the year the demands by the hospitals on her time increased and the nursing staff have taken over 2 of the sessions.

It has been agreed that 20 mentally or physically handicapped children should attend, and while the work of conversion was going on and staff appointed, visits were made to the homes of those children on the register who were known to be severely handicapped or whose home conditions or family circumstances could not give them the help they needed; or a few cases whose mothers had borne the brunt of the constant care of a severely defective child and were themselves in need of assistance.

It is here that we were faced with the problem of the remaining 4 mental defectives who had already been ascertained and reported to the Health Authority, but for whom residential or day placement had not then been found. The parents of these children had been the encouragers and enthusiasts for the scheme throughout the years, and although their children were no longer eligible it was felt that they should be admitted until accommodation could be found for them by the Mental Health Authority. This was rapidly forthcoming in the case of two of the children, and a third was placed after 5 months, and there remains only one whose parents have refused residential training and who is unsuitable for the Day Training Centre because of his associated physical handicap.

The first 20 children recommended all had very serious degrees of handicap, which is to be expected as they were those whose mothers were finding it difficult to manage. Of these,

4 were severe spastics—only 1 able to walk with support
1 hemiplegic
1 spina bifida and hydrocephalic—legs paralysed
1 mongol
2 blind
4 mental defectives
2 mentally retarded—no speech
2 congenital heart
1 poliomyelitis
1 premature—severely physically retarded
1 blind and defective

Two meetings of the parents and children at the Civic Centre were arranged and the plans discussed. Arrangements were made with a coach hire firm to collect the children and parents for the first day, and thereafter only mothers who wished to bring their children came with them; one of the nursery assistants accompanies the coach on all journeys to and from the centre.

After the first few days when the mothers who had been full of foreboding and distress initially, mixed with relief at the prospect of a little freedom, saw that most of the children were settling well, a routine was established which, with modifications, has remained the daily pattern for the children. Only one of the mothers refused to return the second day, and a second stayed in the centre with her son for the greater part of the first two weeks, but her persistent refusal to leave the child to settle made attempts at the much needed help unavailing and he has since remained at home.

It says much for the friendly atmosphere that although the staff and children were all new together, within a week or two the isolated units of child, parent and staff, which were so noticeable on the first day, had welded into a community and the children were already part of a large family, giving and receiving help from each other without a trace of self-consciousness or teasing of the more severely handicapped.

In the first six months, of the original admissions, two children have died in hospital and one has been admitted to a school for the blind, two others will go to school in the new year; one attended until the bad weather of the summer persuaded his parents to keep him at home a little longer, one has been admitted to a mental hospital and eight other children have been admitted during the year—

3 severe spastics—one also an ament
1 partially sighted
1 muscular dystrophy
1 mongol
1 developmental anomaly
1 retarded—no speech

A summary of the progress of the children, mentally and physically, is appended.

The children are collected from their homes between 8.30 and 9.30 a.m. in a hired minibus; the journeys are unnecessarily long as the area covered extends to all limits of the Borough, but it is hoped that next year the minibus which has been agreed for the Health Area will be in service, and the journeys can then be divided and shortened.

At 10 a.m. the children have milk, and then, after an hour's play in small groups or individually with staff, as the case merits, most of the older children (over 3 years) have "school"—an hour of play teaching suited to their individual handicap. During the morning physiotherapy and exercises are given, either by the physiotherapist or by the staff nurse.

Physiotherapy equipment has been kept to a minimum as it is agreed that these children gain most from training with normal play things (pushers, walkers etc.) in the use of their legs and with small toys and puzzles for manipulative skill. Most of these children are so severely handicapped that the basic essentials of moving, standing, supporting themselves and holding things are their main objectives. One or two are so mentally retarded as well as spastic that they cannot actively co-operate in training.

After lunch at 12 o'clock, at which all but the very youngest or mentally retarded now feed themselves although only one or two had attempted this at home, an hour's rest and sleep for almost all precedes the afternoon's play and individual training. The children with little or no speech have individual attention in picture and object naming, and those with physical handicaps are helped with play according to their ability. Some of the most severely spastic are seeing their world from the upright position, sitting or standing supported, for the first time as they have spent the first years of life lying in prams, cots or on the floor.

Tea is at 3.00 p.m. and after a short time of disorganised play the children are collected at 4.00 and 4.30 p.m. to be taken home by coach.

The staff have appreciated the interest shown in their work by members of the committee and visitors to the department, health visitors and the N.S.P.C.C. inspectors. At Christmas, a party was held for the parents, to which the Mayor, Mayoress, Chairman and Vice-Chairman came, and the children, who had been rehearsing for weeks, finally tape recorded and performed a playlet. This in itself justifies the staff's pride in their achievement of making these severely handicapped children as near normal as possible.

The parents come to the centre whenever they wish and are asked to attend when the children are seen by the medical officer at regular intervals to discuss their progress, and also come frequently to see Sister and learn how to handle any special problems they may have, especially feeding. Immunisation for whooping cough, diphtheria and poliomyelitis are all given to the children and any treatment recommended by the hospitals they attend is carried out in close consultation with the hospital staff concerned.

What conclusions can we draw from this first experiment in the Borough in the care of very young, handicapped children? Firstly, that apart from their handicap they are normal children with the same likes, dislikes, tempers, mischievousness and need of discipline, and that they rapidly forget the enforced isolation of their home background where they could not join in with healthy children, and develop a community spirit and a noticeable lack of spiteful intolerance of other children's handicaps, so often seen in normal children. That given the chance to do things for themselves and for each other they will make rapid strides towards normality and learn to overcome their disability.

Visitors to the centre at playtime or at meal times comment that " if you didn't know you'd think they were normal"—and that is the end in view—to give these children

a chance to live as near normal a life as possible in their families and in their schools, and to this end the progress that has been made is entirely due to the exceptional degree of harmony, enthusiasm and happiness in their work that all the staff at the centre have shown in these first months.

Name	Age	Condition on admission	Progress—December 1960
J.E. Spastic	2 yrs.	Cannot stand or sit without support. No words. Does not feed himself. Smiles	Stands with support. Sits. Feeds himself. Few words—short sentences
P.J. Spastic	4 yrs.	Cannot stand or crawl. Can sit. ? No speech—? shy	Can crawl. Stands with support, few steps with support. Speech–chatters when not shy
A.A. Spastic	4 yrs.	Very severe–cannot hold his head up. Understands words. Smiles Severe chest infections	Short stay (2 months). Recurrent chest infections. Own doctor advised home care. Home visit–no change
S.F.	4 yrs.	Cannot walk without support. Walks on knees. Speech poor	Runs on tip toes, walks slowly on full feet. Speech much improved—long sentences
S.L. Spastic	5 yrs.	Cannot walk or sit without support. Moves on his back. Speech attempts sounds (excluded from school on physical condition)	Little progress–can now sit. Speech much improved. Understands and can identify objects at 4 year-old level
A.S. Spastic, Epileptic Ament, Blind, ? Deaf	2 yrs.	Can only lie. Chronic chest infections	No change–except improvement in general health
T.C. Spastic Microcephalic	6 mths.	Very young–completely rigid. Difficult with feeds ?mental defective	General improvement. Mixed feeds–full diet. Takes notice–less retarded
S.J. Hemiplegic	3 yrs.	No use in right arm (? refuses). Cannot play with children at home. General condition satisfactory	Will use hand and leg with encouragement–walk improving
A.B. Spina Bifida and Hydrocephalic	4 yrs.	Paralysed legs. Uses arms well. Very intelligent, manipulates wheelchair	Admitted to hospital for operation. Died post operatively
A.H. Muscular Dystrophy	4 yrs.	Abnormal gait. ? cause unknown fully investigated	Slight improvement in walking
E.Y. Old Poliomyelitis	5 yrs.	Walks very badly. Admitted for intensive physiotherapy for short time. Very active	To be admitted to ordinary school on trial in January 1961
S.J. Congenital heart	4 yrs.	Post operative. Still cyanosed needs rest but very active	Much improved. Very slightly cyanosed
B.K. Congenital heart	3 yrs.	Extremely severe. Very poor condition	Did not attend after 2 weeks. Home visit–marked deterioration
L.T. Congenital heart	2 yrs.	Very young–for trial admission because of 2nd floor accommodation at home	Short stay–recurrent bronchitis. Admitted to hospital

Name	Age	Condition on admission	Progress—December 1960
J.M. Developmental anomaly. ? Dwarf	3 yrs.	General condition fair. Failure to gain. Management problem	Co-operative child. ? for discharge
P.Y. Blind	4 yrs.	Awaiting admission to Sunshine Home	Did not attend after first day
K.D. Blind	5 yrs.	Awaiting admission to Sunshine Home. Temporary. Healthy, intelligent, manages very well	Short stay
S.J. Partially sighted	4 yrs.	Very difficult child. Cannot cope with disability–frustrated	Improved re: Management. More adaptable and co-operative. Can cope better
J.Y. Premature	2½ yrs.	Grossly retarded. 18 lbs. at 2½ years. Cannot stand	Can walk with support. Rapid development
D.B. Mongol	3 yrs	Feeding and management problem. Very poor condition	Improved in 3 months until admitted to hospital with pneumonia—died
E.M. Mongol	5 yrs.	For short stay–awaiting Training Centre admission	Parents sent child to private school
B.D. Mongol	2 yrs.	Feeding and management problem. Healthy	Much improved. Greater parental understanding
R.C. Retarded mentally and physically	4 yrs.	Cannot walk without help. Shuffles. No speech	Walks and runs on broad base. Few words
J.M. Retarded microcephalic	4 yrs.	Retarded, ? E.S.N. Very poor home conditions Management problem	Great improvement. Talks well, can count, knows colours. For trial at ordinary school
P.L. Retarded speech	3 yrs.	Retarded. ? E.S.N. No speech	Recent admission
P.V. Mental defective. Blind	3 yrs.	Can sit with support. Severe mental defect	Little change. Can sit alone
M.K. Mental defective	5 yrs.	Cannot sit alone, cannot stand	Can stand and walk. Admitted to Residential Care
P.G. Mental defective	5 yrs.	Cannot stand alone sits and rocks	Improvement in general condition only