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

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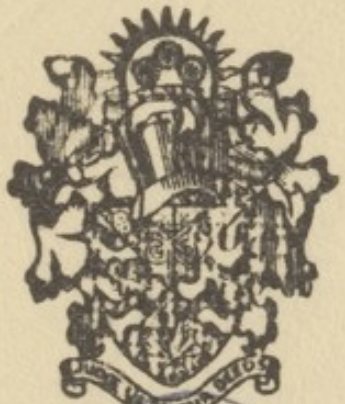
BOROUGH OF DAGENHAM



THE HEALTH OF DAGENHAM IN 1963

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MEMBERS OF THE COUNCIL

(as at 31st December 1963)

MAYOR

Councillor J. S. THOMAS, J.P.

DEPUTY MAYOR

Councillor D. A. L. G. DODD

ALDERMEN

W. E. BELLAMY, J.P.
R. BLACKBURN, J.P.
F. BROWN, E.C.C.
G. H. A. CROUCH
M. EALES
E. M. MILLARD (Mrs.)
D. O'DWYER

COUNCILLORS

C. H. C. BLAKE
D. O. GRANDISON
J. P. HOLLIDGE, J.P.
C. W. JILLINGS
R. W. KIRK
H. P. LARKING
DANIEL LINEHAN
DAVID LINEHAN
W. MILNE
W. C. NOYCE
A. B. PALMER
F. A. PINK
A. C. V. RUSHA
B. R. SEENEY (Mrs.)
M. J. SPENCER
A. R. THOMAS (Mrs.)
L. W. TODD
M. A. WARREN (Mrs.)
F. F. WOODS (Mrs.)

PUBLIC HEALTH COMMITTEE

CHAIRMAN

Alderman (Mrs.) E. M. MILLARD

VICE-CHAIRMAN

Alderman D. O'DWYER

MEMBERS

His Worship the Mayor
The Deputy Mayor
Councillor F. A. PINK
Councillor M. J. SPENCER
Councillor (Mrs.) A. R. THOMAS
Councillor (Mrs.) F. F. WOODS

DAGENHAM HEALTH AREA SUB-COMMITTEE

(as at 31st December 1963)

CHAIRMAN

Alderman (Mrs.) E. M. MILLARD

VICE-CHAIRMAN

Alderman D. O'DWYER

MEMBERS

Borough Council:	The Mayor
	The Deputy Mayor
	Councillor C. W. JILLINGS
	Councillor R. W. KIRK
	Councillor DANIEL LINEHAN
	Councillor DAVID LINEHAN
	Councillor A. B. PALMER
	Councillor M. J. SPENCER
	Councillor (Mrs.) A. R. THOMAS
	Councillor (Mrs.) M. A. WARREN
	Councillor (Mrs.) F. F. WOODS
County Council:	Alderman K. E. B. GLENNY, O.B.E., J.P.
	Alderman (Mrs.) E. C. SAYWOOD
	Councillor A. C. BERRY
	Councillor (Mrs.) S. M. BOVILL
	Councillor (Mrs.) I. M. BROCKELBANK
	Councillor (Mrs.) N. E. WILLIS
Hospital Management Committee:	Councillor (Mrs.) A. R. THOMAS
Executive Council for Essex:	Mrs. L. FALLAIZE
Local Medical Committee for Essex:	Dr. A. HETHERINGTON
Local Voluntary Organisations:	Miss J. CHADBORN
	Mrs. R. DYMOND
	Mrs. R. STEPHENS
	Mr. J. WALSH

DAGENHAM COMMITTEE FOR EDUCATION

(as at 31st December 1963)

CHAIRMAN

Councillor A. C. V. RUSHA

VICE-CHAIRMAN

Alderman D. O'DWYER

Representative Members

Alderman W. E. BELLAMY
Alderman R. BLACKBURN
Alderman F. BROWN
Alderman M. EALES
Alderman (Mrs.) E. M. MILLARD
Councillor C. H. C. BLAKE
Councillor D. O. GRANDISON
Councillor R. W. KIRK
Councillor DANIEL LINEHAN
Councillor DAVID LINEHAN
Councillor W. MILNE
Councillor (Mrs.) B. R. SEENEY
Councillor (Mrs.) M. A. WARREN
Councillor (Mrs.) F. F. WOODS

Nominated Members

County Councillor A. F. J. CHORLEY, M.B.E., J.P.
Dr. N. L. ANFILOGOFF

Co-opted Members

Mr. A. BOYLE
Mr. E. E. HENNEM
Mr. D. M. JONES
Mr. F. C. JONES
Mr. S. J. RUSSELL
Mr. J. WALSH

EDUCATION (GENERAL PURPOSES) SUB-COMMITTEE

(as at 31st December 1963)

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

CHAIRMAN

Councillor A. C. V. RUSHA

VICE-CHAIRMAN

Alderman D. O'DWYER

MEMBERS

Alderman R. BLACKBURN
Alderman F. BROWN
Councillor D. O. GRANDISON
Councillor DANIEL LINEHAN
Councillor (Mrs.) F. F. WOODS
Mr. D. M. JONES
Mr. E. E. HENNEM

OFFICERS OF THE HEALTH SERVICE

(as at 31st December 1963)

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

J. M. Packer, M.B., Ch.B., D.P.H.

ASSISTANT MEDICAL OFFICERS (C)

Katherine Fitzpatrick, M.B., B.Ch.
Maureen Joyce Hodgson, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.
Edwin H. Massey, B.Sc., M.B., B.Ch., D.P.H., D.I.H.
Madeline Weizmann, M.R.C.S., L.R.C.P.
Elsie Wallace, L.R.C.P. & S.I.

DENTAL OFFICERS (C)

R. R. Flindall, B.D.S. (part-time)
V. Foy, L.D.S., R.C.S., (Eng.) (part-time)
D. Karia, L.D.S.
S. P. Motani, L.D.S.
M. Price, L.D.S., R.C.S. (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. F. Bateman (1), (2)
F. W. S. Fox (1), (2), (3), (4)
J. Powell (1), (2), (4)
G. S. Self (1), (2), (4)
F. W. Silverthorne (1), (2)

SUPERINTENDENT HEALTH VISITOR (C)

B. Long (5), (6), (7), (28)

HEALTH VISITORS (C)

M. Bass (5), (6), (7)
A. E. Boorman (5), (6), (7)
P. J. Broad (5), (7), (8), (17)
L. Dunbar (5), (6), (7)
S. R. Fildes (5), (6), (7)
I. A. Garrard (5), (16)
P. I. Jefford (5), (6), (7), (24)
D. J. Milbank (5), (6), (7), (10), (25), (26)
O. Ologunro (5), (6), (7)
B. Ramsey (5), (6), (7), (26)
D. B. Rudd (5), (6), (7)
M. F. Savage (5), (6), (7)
D. E. Smith (5), (7), (8), (15)
R. E. Walker (5), (6), (7), (15), (16) (part-time)
D. Wint (5), (6), (7)

NON-MEDICAL SUPERVISOR OF MIDWIVES (C)

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

MIDWIVES (C)

E. M. Crump (5), (6), (27)
L. M. Grant (6), (9)
F. Harrington (5), (6), (17)
A. Long (5), (6)
M. Teather (5), (6)
P. Vanbrook (6)

SCHOOL NURSES (C)

J. Hewitt (5)
E. Hogg (5)
J. Hogg (5)
E. McCheyne (5)
P. Picken (5)
M. Twomey (5)
A. Ward (5) (part-time)
N. Yarnell (5), (10)

CLINIC NURSE (C)

E. Anderson (5), (15)

SPEECH THERAPISTS (C)

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

CHIEF CLERK (C)

F. W. Knight (1), (2)

MEDICAL OFFICER OF HEALTH'S SECRETARY

E. S. Bell

CLERKS

E. Adams (C)
G. Anger (C)
K. Bird (C) (part-time)
B. J. Butt
J. Butterworth (C)
N. E. Cloke (C)
J. Cooper (C)
D. L. Duff (C)
D. Ellis (C)
M. R. Flint
P. Floodgate (C) (part-time)
G. K. Harris
E. Harsent (C) (part-time)
S. B. Leader (C)
F. H. Martin (18) (C)
J. Morgan (C)
E. Neport (C)
M. Newman (C)
C. Nurton (C)
I. Page (C)
K. Richards (C)
L. Robinson
D. Rolph (C)
J. Setter (C)
G. Shannon (C)
J. B. Smith (C)
M. A. Watts (C)

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. Ardley (17)
Deputy: C. Engwell (5)

Kingsley Hall Day Centre for Handicapped Children,
Hobart Road, Dagenham.
Sister-in-Charge: C. V. Torrington (5)

DOMESTIC HELP ORGANISER (C)

G. Hickinbotham

CHIROPODISTS (C)

N. Freeman
R. Fenton (14) (part-time)
M. Kelly (14)

DENTAL SURGERY ASSISTANTS (C)

M. A. Brideson
B. N. Hurford
M. Sealey
C. Strachan

OCCUPATIONAL THERAPIST (C)

Z. Mercer

PUBLIC ANALYST

J. Hubert Hammence, Ph.D., M.Sc., F.R.I.C. (part-time)

ORTHOPAEDIC SURGEON (H)

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

OPHTHALMOLOGIST (H)

P. Lancer, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.O. (part-time)

PHYSIOTHERAPISTS (H)

E. Ottley, M.C.S.P.

A. Brand, M.C.S.P. (part-time)

Officers employed by the Essex County Council are indicated thus: (C)

Officers seconded from the Regional Hospital Board are indicated thus: (H)

QUALIFICATIONS

(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) State Registered Nurse
(6) State Certified Midwife
(7) New Health Visitor's Certificate
(8) Midwifery, Part I
(9) State Enrolled 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
(28) Royal College of Nursing Certificate of Public Health Administration

Public Health Department,

Civic Centre,

Dagenham.

TO THE MAYOR, ALDERMEN AND BURGESSES OF THE BOROUGH OF DAGENHAM.

I have to report on the health of the citizens of the Borough of Dagenham during 1963. At the time of writing the introduction to this report interest centres upon the reorganisation of London Local Government and the forthcoming amalgamation of practically the whole of Dagenham and Barking to form the new Greater London Borough of Barking.

During 1963 progress was made in the borough in many directions. I particularly wish to draw attention to the progress which has been made in Health Education. Since the advent of Mr. Self to the staff of the borough as Health Education Officer, progress has been maintained year by year. A point has now been reached where it is necessary to consider plans for the future expansion of Health Education activities. It is appropriate that the 'Cohen' report on Health Education has appeared recently and that its recommendations as to organisation, staffing, priorities and training in methods of Health Education are there as a guide to the new Council in considering this service.

I have been fortunate in being invited again to broadcast Health Week for Schools in the Home Service. I gave also a number of talks to old people in both "Indian Summer" and its successor "Home This Afternoon".

I have recently, with the approval of the Public Health Committee, agreed to contribute a short article each month to the Barking and Dagenham Post dealing with health subjects.

Health Education in the Dagenham schools expanded during the year and requests for talks increase steadily. It is hoped that in the not too distant future the staff position will permit of properly organised courses being offered to more schools than is possible at present.

The work of the public health inspectors reported upon by Mr. Prior has continued to increase. The clean air campaign and extension of smoke control areas makes steady though perhaps unspectacular progress.

Dr. Packer was invited during the year to speak on "The Effects of Changes in Medical Treatment and Nursing" at a Nurses' Study Day organised by the East Suffolk County Council, and a shortened version of this address is included in my report.

The adolescent clinic increased in popularity during the year. Here again, health education was carried out successfully not only for the children but, what may prove to be more important, for the parents as well.

Progress has also been made in the Kingsley Hall assessment nursery and the many people who visited during the year expressed interest in the pioneer work carried out there with handicapped children and their parents.

The staff position is still difficult. Health visitors in particular are in short supply, though securing approval from the County Council for two extra car allowances for district health visitors will, I hope, help a little in the future. I hope that amalgamation and the greater authority conferred on the new Council for the London Borough of Barking will enable experiments to be made in the use of health visitors and perhaps the introduction of social workers into

the new health department.

On the whole, 1963 has been a fairly successful year in spite of the absence of any spectacular achievement. This is due, of course, not to the work of any one individual but to the team work of the department and to the fact that although administratively there are two staffs (County and Borough) they have overcome administrative boundaries and co-operated as a team.

I would like to thank each individual member for his help during the year, and the Chairman and Members of the Public Health Committee and the Health Area Sub-Committee for all the support I have received during 1963.

J. ADRIAN GILLET

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area and Population

Area (in acres)	6,728
Registrar General's estimation of resident population	108,950
No. of inhabited houses (end of 1963) according to rate books	31,883
Rateable value (31st December 1963)	£6,287,422
Sum represented by a penny rate (1963/64)	£25,850

Vital Statistics

Live Births:		
Legitimate	(716 male, 705 female)	1,421
Illegitimate	(46 male, 32 female)	78
Total	(762 male, 737 female)	1,499
Illegitimate live births per cent of total live births		5·20
Rate per 1,000 population		13·76
Stillbirths:		
Legitimate	(8 male, 15 female)	23
Illegitimate	(3 male, 1 female)	4
Total	(11 male, 16 female)	27
Rate per 1,000 total live and stillbirths		17·69
Total live and stillbirths		1,526
Infant deaths		27
Infant mortality rates:		
Total infant deaths per 1,000 total live births		18·01
Legitimate infant deaths per 1,000 legitimate live births		17·59
Illegitimate infant deaths per 1,000 illegitimate live births		25·64
Neonatal mortality rate (deaths under four weeks per 1,000 total live births)		11·34
Early neonatal mortality rate (deaths under one week per 1,000 total live births)		10·67
Perinatal mortality rate (stillbirths and deaths under one week per 1,000 total live and stillbirths)		28·18
Maternal mortality (including abortion):		
Number of deaths		1
Rate per 1,000 total live and stillbirths		·66
General mortality:		
Number of deaths	(595 male, 431 female)	1,026
Death rate per 1,000 population - crude		9·42
Death rate per 1,000 population - adjusted		13·56

Births

The total of 1,499 live births notified during the year shows a decrease from the total of 1,527 recorded in 1962. The corrected birth rate per thousand of the population was 14·17, compared with 18·2 for England and Wales.

The illegitimate birth rate showed little change, being 5·20% of total live births.

The stillbirth rate was 17·69 per 1,000 total live and stillbirths, compared with 17·3 for England and Wales. This is appreciably less than the rate of 22·41 per 1,000 births recorded in the previous year.

Deaths

The infant mortality rate stands at 18·01 per 1,000 live births, which is less than the national rate of 20·9 per 1,000 live births. This shows a reduction from the rate for 1962 (21·61), but is still above the exceptionally low figure of 16·76 recorded in 1957. As is usual, the mortality rate among illegitimate infants is greater than the rate for legitimate children.

The causes of death are set out in the following table:-

Cause of Death	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 1 yr.	Total deaths under 1 yr.
Prematurity	8	-	-	-	8	-	-	-	-	8
Prematurity with associated cause	4	-	-	-	4	-	-	-	-	4
Congenital abnormality	-	1	-	-	1	-	1	1	1	4
Birth trauma	3	-	-	-	3	-	-	-	-	3
Bronchopneumonia	1	-	-	-	1	-	3	-	-	4
Bronchitis	-	-	-	-	-	1	-	1	-	2
Gastro-enteritis	-	-	-	-	-	1	-	-	-	1
Pyelitis	-	-	-	-	-	1	-	-	-	1

Among the population as a whole the principal causes of death were as follows:-

Heart disease (all forms)	297	deaths
Cancer (including leukaemia)	240	"
Vascular lesions of nervous system	91	"
Bronchitis	111	"
Pneumonia	59	"

The number of deaths due to heart disease was similar to the number (300) recorded the previous year. The majority of deaths in this group are caused by coronary disease and angina.

The commonest form of cancer causing death was lung cancer, whose toll increases relentlessly from year to year. This year's total of 74 deaths is the highest ever recorded in the borough.

Deaths due to bronchitis amounted to 111, which is a large increase over the total of 69 in 1962. The increased number of deaths from this cause occurred in the earlier months of the year, mainly during the prolonged period of very cold weather.

There was one maternal death, the first recorded in the borough since 1958.

The adjusted death rate was 13·56 per 1,000 of the population, compared with 12·2 per 1,000 for England and Wales.

Causes of Death, 1963	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	-	6	-	2	-	-	-	10	-
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Malignant neoplasm, stomach	-	-	-	-	-	-	-	-	3	1	9	2	6	7	4	3	22	13
11. Malignant neoplasm, lung, bronchus	-	-	-	-	-	-	-	-	-	1	34	3	27	3	4	2	65	9
12. Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	3	-	8	-	4	-	6	-	21
13. Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	1	-	5
14. Other malignant and lymphatic neoplasms	-	-	1	-	-	-	1	1	3	1	30	10	21	10	9	9	65	31
15. Leukaemia, aleukaemia	-	-	1	-	1	-	-	-	1	1	2	2	-	-	-	1	5	4
16. Diabetes	-	-	-	-	-	-	-	-	-	-	1	3	-	3	2	3	3	9
17. Vascular lesions of nervous system	-	-	-	-	-	-	-	-	-	-	9	12	13	12	9	36	31	60
18. Coronary disease, angina	-	-	-	-	-	-	-	-	5	-	66	20	37	24	23	21	131	65
19. Hypertension with heart disease	-	-	-	-	-	-	-	-	-	-	4	-	1	4	5	8	10	12
20. Other heart disease	-	-	-	-	-	-	-	-	1	3	7	11	8	12	17	30	33	56
21. Other circulatory disease	-	-	-	-	-	-	-	1	3	-	3	4	3	7	3	6	12	18
22. Influenza	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	2	-
23. Pneumonia	3	1	-	-	-	-	-	-	-	1	8	4	10	10	14	8	35	24
24. Bronchitis	-	2	-	-	-	-	-	-	-	-	33	6	22	9	26	13	81	30
25. Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	-	4	-	3	2	1	4	8	6
26. Ulcer of stomach and duodenum	-	-	-	-	-	-	-	-	-	-	2	-	1	1	-	1	3	2
27. Gastritis, enteritis and diarrhoea	1	1	-	-	-	-	-	-	-	-	1	-	1	-	-	2	3	3
28. Nephritis and nephrosis	-	-	-	-	-	-	-	-	1	-	3	2	1	1	-	-	5	3
29. Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2	-
30. Pregnancy, childbirth and abortion	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
31. Congenital malformations	2	1	-	-	-	-	2	-	-	-	1	1	-	-	-	-	5	2
32. Other defined and ill-defined diseases	10	6	2	-	1	-	-	2	3	4	13	8	6	4	5	17	40	41
33. Motor vehicle accidents	-	-	-	-	2	1	2	-	-	1	2	-	-	3	-	-	6	5
34. All other accidents	-	-	-	1	-	-	1	-	1	-	2	-	2	1	2	1	8	3
35. Suicide	-	-	-	-	-	-	1	1	4	1	4	5	1	1	-	-	10	8
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	16	11	4	1	4	1	7	5	27	18	245	102	167	121	125	172	595	431

REPORT OF THE

CHIEF PUBLIC HEALTH INSPECTOR

SANITARY INSPECTION OF THE DISTRICT

(a) Nature and number of visits:-

Rent Act	86
Housing and Public Health Acts:-	
Dwelling houses	2,166
Other premises	728
Overcrowding and housing applications	528
Bakehouses	45
Milkshops and dairies	25
Foodshops, stalls and itinerant vendors	1,172
Cafes and canteens	223
School kitchens and feeding centres	88
Infectious disease enquiries	3,010
Foster mothers' premises	15
Number of complaints investigated	1,012
Clean Air Act:-	
Survey	2,690
Other inspections	5,995
Factories	89
Workplaces and offices	4
Rag Flock and Other Filling Materials Act	16
Tents, vans and sheds	67
Stables	3
Pet Shops	12
Hairdressers	45
Shops Act	23
Ice Cream premises and vehicles	128
Houses disinfested	20
Rodent Control	759
Other visits	509

(b) Notices served:-

		Complied with:-
Statutory	149	111
Informal	282	226

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 the 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
29	15"
56	12"
9	9"
329	6"
86	4"
106	3"

59 supplies were afforded to houses.

The General Manager and 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 3,967 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 and Surveyor has supplied the following information:-

(a) Sewerage

The separate drainage systems of the borough are functioning reasonably well although the capacity of each at times of peak flow is somewhat inadequate. Work has commenced on the construction of a balancing lake as part of the improvements to the Wantz surface water drainage area and further works are being negotiated for culverting of the Wantz stream through the built up areas of the borough.

Following a comprehensive survey, the Council's Consulting Engineers have produced preliminary proposals for the improvement of the foul trunk sewerage system and these proposals have been accepted by the Council as necessary works in the near future.

Regular maintenance arrangements are in force using powered equipment and several minor improvement schemes have been carried out during the year.

(b) Sewage Disposal

The Council's Riverside Works continues to operate under considerable pressure, due to the high overload with which it is expected to deal. During the past year, however, improvements

were made to the secondary treatment units by the introduction throughout of 'Simplex High Intensity Cones'. The programme of extensions to the Works, in order to cater for the sewage of Romford and Hornchurch, has made good progress, and it is expected that the constructional work on the first of the civil engineering contracts will commence within the next few months.

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 and chemical examinations of samples have indicated satisfactory conditions.

A portable swimming pool installed at a local junior school has continued to function satisfactorily.

HOUSING

Slum Clearance

During the year two houses were closed as being unfit for human habitation.

Rent Act, 1957

Seven applications were received from tenants during the year compared with thirteen 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 the landlords in respect of two properties. Five Certificates of Disrepair were issued and four cancelled on the completion of the repairs.

As in past years advice was given to tenants and they were able to purchase the necessary forms at the Civic Centre.

Improvement and Conversion Grants

Two types of grant are 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 if reasonably practicable in the dwelling and satisfactory facilities for storing food). The "standard" grant conditions are designed to provide as simple a procedure as possible.

Applicants are always encouraged to make preliminary enquiries before any expense is incurred. Every effort is made to deal with the application as speedily as possible. During the year many enquiries were received; in several cases the improvements desired were not eligible for grant. Five applications for "standard" grants and three for "discretionary" grants were approved. All applications were from owner/occupiers. One application was refused because of the anticipated short life of the property.

Houses in Multiple Occupation

The service of statutory notices was authorised in respect of two houses. In one house the additional facilities were provided; in the other, the house

reverted to occupation by only one family.

There are no common lodging houses in the borough.

Tents, Vans and Sheds

The number of gypsies pulling their vans on to the few remaining vacant sites in the borough in an effort to spend at least a few days in the area, has decreased. During the year inspectors paid 67 visits to the one or two sites used by the gypsies.

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.

In last year's annual report reference was made to the removal by the mental welfare officers of the County Council of an elderly spinster who was living in very insanitary conditions. During the woman's absence in hospital it was found necessary to remove and destroy much of the furniture, bedding, etc. in her home. With the help of the health visitors, public health inspectors, and the London County Council housing welfare officer, the maisonette was cleansed and after internal decorations by the London County Council was, more or less, refurnished. This woman returned to what was, in fact, a new home, and with the daily assistance of a home help is now living the normal life of an elderly citizen; the home is maintained in a satisfactory condition. The personal appearance and mental outlook of this woman have completely changed.

Although a great deal of hard and very unpleasant work was involved the result has proved how really worth while it all was; such work, however, is very time-consuming.

Section 50

Two persons (one male and one female) were buried under the provisions of this section during the year.

LAUNDRY SERVICE FOR THE INCONTINENT AGED

Through another year this service has continued to meet the real need in the home at a time when help is usually most urgent. The days of collection and delivery of laundered articles remain Mondays and Thursdays.

The helpful co-operative attitude of the department's driver and the laundry staff at the Barking Hospital in carrying out what is sometimes a somewhat unpleasant task, ensures a very satisfactory service.

An average of about 22 cases use the service at any one time. From the commencement of the service in December 1953 to the end of this year 397 cases have received assistance. During the year 56 new cases have been helped, 31 cases have died, 7 were removed to hospital and 3 no longer needed the service. At the end of the year 24 cases were still participating; the number of articles laundered during the year was 15,938 compared with 12,378 articles for the previous year.

ATMOSPHERIC POLLUTION

The Dark Smoke (Permitted Periods) Regulations, 1958 provide the maximum period for the emission of dark smoke from industrial plants; black smoke is limited to not more than two minutes in the aggregate in any period of 30 minutes. Action was not called for in respect of any industrial plant in the borough.

The Council continue to operate at the Civic Centre instruments for the daily measurement of air pollution. In connection with the National Survey of Air Pollution regular observations commenced in 1962 at four additional sites. The types of district in which the sites are situate are (i) residential with high population density (Bennett Road, Chadwell Heath), (ii) residential with low population density (Thompson Road), (iii) industrial (Ford Motor Company) and (iv) smoke control area (Marks Gate).

Smoke Control Areas

The Council agreed in principle in 1959 to include the whole borough in Smoke Control Areas as soon as possible and, in any case, in not more than 10 years. The programme was drawn up to provide each year an area containing about 3,000 houses and was originally planned to include all houses in the borough by 1970. The progress up-to-date is indicated below:-

Order No.	No. of Houses	Date of Operation
1	1,000 (Marks Gate)	1st September, 1959
2	3,722 (L.C.C. estate)	1st November, 1961
3	3,230 (")	1st November, 1962
4	4,562 (")	1st November, 1963
5	1,542 (Chadwell Heath)	1st August, 1964
6	3,046 (L.C.C. estate)	1st November, 1964

The extent of the work involved is indicated in that during the year 13,685 visits to premises have been paid by the inspectors.

It is pleasing to report that the rate of progress envisaged in the original programme has been more than maintained; so far 17,102 houses out of a total of nearly 32,000 houses in the borough have been included in Smoke Control Orders.

A Government circular received in December, 1963 indicated that supplies of gas coke may not be available for future areas and hard coke is likely to be the only solid smokeless fuel in plentiful supply in coming years. It will, therefore, be necessary to install openable stoves or under-floor draught open fires if solid fuel is the tenant's choice. This will result in a considerable increase in the cost of appliances and installation and will undoubtedly slow down the progress of the work. At the time of writing this report the many problems which may result from the installation of the limited types of openable stoves now available have not yet been resolved to enable a reasonably accurate estimate of cost to be submitted to the Council for the next area in the programme.

As has been done in past areas an empty London County Council house in the No. 4 Area was used to demonstrate the burning of Gloco in the grates of the two ground floor rooms. A fairly large number of residents from the neighbourhood visited the house during the three days of the demonstration.

NOISE ABATEMENT ACT, 1960

Section 1 of the Act makes noise or vibration which is a nuisance, a statutory nuisance under the Public Health Act, 1936. Eight complaints during

the year were in respect of private dwellings, mainly concerned with noisy neighbours. A complaint in respect of a local factory was made by one resident, although neighbours failed to confirm the complainant's allegations. After lengthy investigations, usually very late at night, the complainant appeared satisfied that his complaint was not altogether justified.

Section 2 of the Act restricts the operation of loud speakers on the highway. This is dealt with by the Council's shops act inspector. During the year legal proceedings were instituted in 7 cases. The Council were successful in each case; fines totalling £35 were imposed and £7. 13s. Od. in costs awarded. In addition, proceedings were taken in five cases under the Dagenham Urban District Council Act, 1931, in respect of the use of noisy instruments for the purpose of advertising a trade or business; fines £9. Os. Od., costs £5. 2s. Od. It would not be proper, however, to convey the idea that all offences, trivial or serious, are automatically dealt with by way of prosecution. The keynote of the Council's enforcement policy is to assist and advise traders.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

Three premises which have been registered under Section 2 of the Act have continued to operate. One licence for the manufacture of rag flock has been issued during the year.

Samples are regularly taken at the three factories in the borough where filling materials are manufactured.

Twenty-three informal samples were taken during the year; two samples of cotton felt were unsatisfactory. The details are as follows:-

Material	No. of Samples Submitted for Analysis
Rag Flock	4
Cotton Felt	8
Coir Fibre	1
Kapok	3
Sisal	3
Layered Flock	3
Woollen Mixture Felt	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. Service is free to householders but a charge on a time and material basis is made for business premises. A major infestation of either rats or mice did not occur during the year.

RIDING ESTABLISHMENTS ACT, 1939

There are two riding establishments in the borough; these are inspected annually by the Council's veterinary surgeon. Conditions have been found to be satisfactory.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

Licences were granted to operate plant and equipment for the boiling of waste foods at four piggeries. No serious breach of the Order was found during the year.

FACTORIES ACT, 1961

Inspections

	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories without mechanical power	26	12	-	-
Factories with mechanical power	155	87	9	-
Other premises under the Act (including works of building and engineering construction but not including outworkers' premises)	12	14	-	-
Total	193	113	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 ..	-	-	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences:					
Insufficient	2	2	-	-	-
Unsuitable or defective	7	6	-	1	-
Not separate for sexes	3	2	-	-	-
Other offences	-	-	-	-	-
Total	12	10	-	1	-

Outwork

Number of outworkers in August list 14

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:-

4 Bakehouses
27 Bakers and Confectioners
60 Butchers
182 Cafes and Canteens
28 Fishmongers
58 Fruiterers and Greengrocers
96 Grocers
22 Licensed and 17 off-licensed Premises
89 Sweets, etc.

All food premises are regularly inspected and during the year 1,524 visits were paid. In addition to numerous verbal warnings and suggestions to management and staff during these routine visits, 62 informal notices were served upon owners or occupiers.

Fifty-seven inspections were carried out in connection with itinerant vendors and stalls.

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 367 visits were paid.

21 fish shops are registered for frying. To these 125 visits were paid.

Milk

All milk distributed in Dagenham is produced and bottled outside the borough. Eight premises are registered as dairies. The number of registered distributors is 52 operating from 81 premises. Twenty-five visits were paid to dairies and distributors' premises.

During the year 74 samples of milk were submitted for bacteriological examination. Three samples, one from a vending machine, were unsatisfactory; all failed to pass the methylene blue test. In two of the three cases the atmospheric shade temperature during the test exceeded the permissible limit of 65°F.

Ice Cream

The total number of registered premises selling ice cream is 136; of this number one is registered for manufacturing ice cream. 102 visits were paid to these premises. During the year two applications for the storage and sale of ice cream were granted. Twenty-six inspections in connection with itinerant vendors were carried out.

During the year 71 samples of ice cream were submitted for bacteriological examination; they were graded as follows:-

	Grade I	Grade II	Grade III	Grade IV	Total
Wrapped Ice Cream	39	4	2	-	45
Loose Ice Cream	10	5	2	1	18
Soft Ice Cream	4	3	1	-	8

In addition to ice cream 40 lollies were submitted for examination. Two were unsatisfactory; the lollies were manufactured outside the borough and the local authority concerned were informed.

Unsound Food

Complaints continue to be received and considered by the Public Health Committee in respect of food containing foreign substances or otherwise alleged to be unfit for human consumption. During the year 21 such complaints were investigated. In most cases warning letters were sent to the persons responsible. Legal proceedings were taken in two cases. Fines of £25 and £10 were imposed.

Registration of Food Hawkers

Under the provisions of the Essex County Council Act 1952, Section 103, three persons were registered as food hawkers; in one case storage accommodation was outside the borough.

Food Poisoning

Four 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
-	2	1	1	4
Cases otherwise ascertained				Nil
Symptomless Excreters				Nil
Fatal Cases				Nil

Particulars of Outbreaks:-

Nil

Single Cases:-

	No. of Cases		Total No. of cases
	Notified	Otherwise Ascertained	
Agent identified Salmonella Typhimurium	3	-	3
Agent not identified	1	-	1

Two reports of outbreaks of diarrhoea among old folks who had eaten their dinner at one of the old folk's centres were investigated. Recommendations were made in respect of cooking and equipment. No further trouble has been experienced.

Food and Drugs - Sampling

The Public Health Committee have sought to ensure that all sausages sold in the borough contain a reasonable percentage of meat. Pork sausages (in which 65% meat was considered reasonable) gave some trouble. A few local manufacturers

who did not reach this standard were visited and the Council's requirements were explained. All recent samples have been satisfactory.

A local doctor reported illness in two or three families following the consumption of minced meat. It was found that a colouring agent containing nicotinic acid and ascorbic acid had been used. The practice was immediately stopped.

Article	Number Examined		Number Adulterated	
	Formal	Informal	Formal	Informal
Beetroot	-	1	-	-
Beverages	-	2	-	-
Bread	-	4	-	3
Cake Mixtures	-	1	-	-
Cereals	-	2	-	-
Cheese	-	1	-	-
Colouring	-	1	-	-
Confectionery	-	2	-	1
Cordials	-	2	-	2
Cream	-	1	-	-
Fruit	-	1	-	-
Glacé Cherries	-	2	-	-
Gravy Mix	-	1	-	-
Ice Cream	-	8	-	1
Ice Cream Powder	-	1	-	-
Jellied Eels	-	1	-	1
Marzipan	-	1	-	-
Meat Additive	-	1	-	1
Meat, tinned	-	5	-	1
Meat, minced	-	1	-	-
Meat Pies	-	2	-	2
Meat Sandwich	-	1	-	1
Medicinal Samples	-	27	-	1
Milk	5	-	-	-
Pie Fillings	-	2	-	-
Rice Pudding	-	2	-	-
Sauces	-	3	-	-
Sausages	42	11	3	3
Sausage Meat	6	-	1	-
Soup	-	3	-	-
Spreads	-	1	-	-
Sweets	-	8	-	1
Vegetables	1	5	-	2
Vegetable Salad	-	1	-	-
Wines and Spirits	13	6	1	-
Yoghourt	-	1	-	1

Serial No.	Article	Formal or Informal	Nature of Adulteration or Irregularity	Observations
1108A	Jellied Eels	Informal	Very slightly contaminated with a liniment containing methyl salicylate	Warning letter to manufacturer
1113A	Pork Sausages	Informal	Contained 180 parts per million sulphur dioxide but no declaration of preservative given at time of sale	Warning letter to manufacturer
1115A	Pork Sausages	Informal	21% deficient in meat	Further samples taken
1118A	Pork Sausages	Informal	Slightly deficient in meat	
1132A	Yoghourt	Informal	Contained foreign matter adhering to the inside of the bottle and consisting of atmospheric dust	Warning letter to manufacturer
1145A	Sponge Roll	Informal	Contained foreign matter in the form of burnt dough	Warning letter to manufacturer
1158A	Jellied Fruits (Three Packets)	Informal	One packet out of condition and other two packets stale	Stock withdrawn from sale
1159A	Whole Orange Drink	Informal	In a state of fermentation	Warning letter to manufacturer
1163A	Meat Sandwich	Informal	Blackish discoloration of one edge of the meat filling due to formation of iron sulphide	No action necessary
1164A	Bread	Informal	In a slightly mouldy condition	Warning letter sent to distributors
1165A	Glycerine and Thymol Pastilles	Informal	Contained fragments of glass	Manufacturer warned
1166A	Garden Peas	Informal	Liquor in can was turbid in appearance and had an objectionable acid taste	Further sample to be taken
1167A	Soft Ice Cream	Informal	Had a slightly sour taste, acidity twice that of normal milk	No action
1174A	Orange Drink	Informal	Fermentation due to presence of living yeasts	Warning letter to manufacturer

Serial No.	Article	Formal or Informal	Nature of Adulteration or Irregularity	Observations
1182A	Steak and Kidney Pie	Informal	Contained a brush bristle	Warning letter to manufacturer
1183A	Bread	Informal	Contained streaks of greyish foreign matter consisting of finely divided metallic aluminium	Warning letter to manufacturer
1194A	Meat Additive	Informal	Contained nicotinic acid and vitamin C and was submitted for examination following a number of cases of urticaria in people who had eaten minced beef	Use prohibited
1195A	Pork Pie	Informal	Contained a sliver of aluminium	Warning letter to manufacturer
1196A	Corned Beef	Informal	Contained a common green-bottle fly	No action
1218A	Bread (Bap)	Informal	Contained foreign matter in the form of small masses of oily discoloured dough containing traces of atmospheric dust	Warning letter to manufacturer
1282A	Nail in Potato Chip	Informal	Condition of nail consistent with it having been cooked in oil with chips	Warning letter to manufacturers
2716	Vermouth	Formal	Contained 0·9% less proof spirit than the minimum stated strength	Warning letter to manufacturer
2809	Pork Sausages	Formal	9% deficient in meat	Association of Municipal Corporations are being asked to press for a standard meat content for Pork Sausages
2813	Pork Sausage Meat	Formal	Slightly deficient in meat	
2823	Pork Sausages	Formal	9% deficient in meat	
2826	Pork Sausages	Formal	13% deficient in meat	

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	-	1	3	6	6	28	7	4	3	58
Whooping Cough ..	13	8	8	9	5	16	2	-	-	61
Measles	43	114	134	143	116	468	17	8	2	1,045
Diphtheria	-	-	-	-	-	-	-	-	-	-
Dysentery	2	5	13	3	3	30	5	1	7	69
Acute Poliomyelitis:										
Paralytic	-	-	-	-	-	-	-	-	-	-
Non-paralytic ..	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	1	-	-	-	-	-	-	1	-	2

	Under 5 yrs	5 - 14	15 - 44	45 - 64	65 and over	Total
Pneumonia:						
Acute Primary	1	3	2	5	1	12
Acute Influenzal	-	-	-	-	-	-
Encephalitis, Acute:						
Infective	1	-	-	-	-	1
Post Infectious	-	-	-	-	-	-
Erysipelas	-	-	-	2	-	2
Food Poisoning	1	1	1	2	-	5
Puerperal Pyrexia	-	-	-	-	-	-
Ophthalmia Neonatorum ..	2	-	-	-	-	2
Paratyphoid B	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-

	Notified	Admitted to Rush Green Hospital	Admitted to other Isolation Hospitals	Admitted to other Hospitals
Dysentery	69	-	-	1
Encephalitis, Acute:				
Infective	1	-	-	1
Post Infectious ..	-	-	-	-
Erysipelas	2	-	-	-
Food Poisoning	5	-	1	-
Measles	1,045	2	1	-
Meningococcal Infection	2	1	-	1
Paratyphoid Fever ..	-	-	-	-
Puerperal Pyrexia ..	-	-	-	-
Pneumonia:				
Acute Primary	12	-	-	-
Acute Influenzal ..	-	-	-	-
Acute Poliomyelitis:				
Paralytic	-	-	-	-
Non-paralytic	-	-	-	-
Scarlet Fever	58	2	-	-
Typhoid	-	-	-	-
Whooping Cough	61	1	1	-

TUBERCULOSIS

	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	-	-	-	-	-	-	-	-	-	-
1 -	-	2	-	-	3	1	-	-	-	-	-	-
5 -	-	-	1	-	-	5	-	-	-	-	-	-
10 -	-	1	1	-	-	-	-	-	-	-	-	-
15 -	1	4	-	-	1	2	1	-	-	-	-	-
20 -	4	1	-	1	-	1	-	-	-	-	-	-
25 -	1	5	1	2	7	5	-	-	-	-	-	-
35 -	4	5	-	-	6	3	1	-	2	2	-	-
45 -	3	-	-	1	1	-	-	-	5	-	-	-
55 -	4	-	-	-	1	1	-	-	7	-	-	-
65 and upwards	2	2	-	1	-	-	-	-	6	-	-	-
Totals	19	21	3	5	19	18	2	-	20	2	-	-

Register

	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
No. on register 1st January 1963 ..	573	463	69	67
During the year:-				
New notifications	19	21	3	5
New cases brought to notice by Registrars' Death Returns	1	-	-	-
Deaths	20	2	-	-
Transfers into area	19	18	2	-
Transfers out of area	27	35	-	-
Removed from Register as "Recovered"	19	34	5	4
No. on register 31st December 1963 ..	546	431	69	68

HEALTH EDUCATION

Probably the most important development in health education during 1963 was the substantial increase in the number of schools which were able to take advantage of the facilities available within the department. The policy of arranging organised courses as distinct from sporadic lectures was continued, the ones on home safety and first aid being particularly popular. Although, as will be seen from the following summary, much work has been done in the field of health education we are as yet only scratching the surface of the problem of communicating to the public the principles of good health of both body and mind.

Maternity and Child Welfare

The demand by the Health Visitors for more visual aids and other health education equipment increased considerably during the year. Film shows in particular were very well attended, the most popular one undoubtedly being "To Janet a Son" which apart from being pleasant is a most instructive film. Once again, the demand for this outstripped the supply in spite of the extra copies available. Film strips were also widely used by both health visitors and midwives in their ante- and post-natal classes. The psychoprophylactic method of relaxation is now being taught in most clinics, and it is hoped that a suitable film strip will soon be available.

Training of Students

Once again the London University Institute of Education sent two students to Dagenham for practical training. One was a male nurse from Nigeria and the other a Ugandan medical assistant. They replaced the teacher and a Kenyan medical assistant who completed their course at the beginning of the year. Talks were given by me to students at London University, to Health Visitors at the South East Essex Technical College and the Royal College of Nursing, and to Nurses at both the Lady Rayleigh Training Home and St. George's Hospital. The Deputy Medical Officer of Health also lectured at a Nurses' Study Day in Ipswich.

Health Education in Schools

An intensive campaign on Smoking and Health was run in all secondary schools in the borough, and in this campaign extensive use was made of a mobile unit hired from the Central Council for Health Education. Appropriate film shows preceded the visit of the unit, and afterwards many schools availed themselves of an anti-smoking display. Three schools also invited the Deputy Medical Officer of Health to address Parent/Teacher Associations on the subject. It is difficult accurately to assess the value of such a campaign, but with the co-operation of the Headmistress concerned an attempt is being made in one school to ascertain how much of the information has been retained. Apart from the secondary schools, three junior schools also asked for this topic to be dealt with in their senior forms. Film shows and talks were arranged accordingly. The improved liaison between health and education department staffs led to more schools becoming interested in new health education topics, but it was only possible to deal with a few of these, such as food hygiene, in 1963. The school in which a short course was provided in 1962 asked for a comprehensive programme to provide continuous instruction throughout the academic year 1963-64. This was done, and may become a pattern for other schools in future years.

Food Hygiene

New ground was broken when a training course for the Royal Institute of Public Health and Hygiene Diploma in Bakery Hygiene commenced at Rush Green

College in September 1963. This was the first and only course at this level which had been authorised by the Institute apart from those run at their own headquarters. The Head of the Bakery Department at the College covered that portion of the syllabus which dealt with food technology, the Senior Pathologist from Oldchurch Hospital the bacteriology, and members of the Health Department staff epidemiology and food hygiene. The course was still in progress at the end of the year, but six of the eight candidates who sat the examination in January 1964 were successful. Courses for the Certificate in Food Hygiene were run both at Rush Green College and in one of the bakeries, and during the year 57 out of 74 candidates passed the examination. In addition to these examination courses, which last about thirteen weeks each, five short courses of one or two talks each were given to groups of trainee manageresses of bakers' shops. It is pleasing to note that many of the trainees subsequently became students on examination courses.

At the beginning of 1963 a letter was received from "The Caterers' Journal" suggesting that a series of articles be produced on clean food. These were prepared by the Health Education Officer and myself and were published in six successive issues of the journal under the title of "A Modern Approach to Food Hygiene".

Film and Film Strip Production

At last the long-awaited Health Department film "Help Yourself to Health" was completed, and is proving very useful as a means of illustrating the work of the department. Allowance was made in the estimates for a limited amount of local film making, and a proportion of this was used to continue with the record of child development in its various stages. This film, when completed, should provide a useful illustration of the various stages of development reached by different children of the same age. Messrs. Camera Talks once more requested our help in the preparation of a film strip, this one being entitled "Exercises for the Over 60's". It was 'shot' at the Kingsley Hall Centre towards the end of the year, but at the time of writing this report has not been released.

Dagenham Town Show

The theme chosen for the health department marquee was Clean Air, and in it help was received from Messrs. Leo Fire, the Gas and Electricity Boards and the Solid Smokeless Fuels Federation. The latter provided a display comprising an open fire and a closed stove, both working through special flues. In view of the inclement weather these proved a source of considerable attraction. Maps of the present and proposed smoke control areas were on display, and advice on administrative problems was supplied by the staff of the health department. A vehicle depicting the advantages of clean air was prepared for the parade, but owing to a technical fault it was unable to appear on the day.

Home Safety

No specific home safety week was held in 1963 as the national theme was Training for Safety, and it was felt that the work being done in clinics, schools and with adult groups formed a continuous implementation of the topic. Close liaison was maintained with RoSPA Headquarters and with the other members of No. 9 Area Home Safety Committee, where amongst other topics the problems associated with the reorganisation of local government in the Greater London area were considered.

Talks

The following talks were given by me during 1963:-

Date	Organisation	Title
18. 2.63	Society of Medical Officers of Health	"The Elderly"
19. 3.63	British Empire Cancer Campaign A.G.M.	"Smoking and Cancer"
26. 3.63	Federation of Essex Women's Institutes	"Keeping Well"
17. 9.63	Chadwell Heath Ratepayers' Association	"Fluoridation"
19.11.63	Rotary Club of Maldon	"Health Aspects of Old Age"

Five broadcasts to schools on the B.B.C. Home Service were given in December, and during November and December five talks were given to the elderly on the B.B.C. Home Service programme "Indian Summer".

The following talks were given by Mr. Self during the year:-

Date	Organisation	Title	Audience
5. 2.63	Women's Co-operative Guild	Lecture and demonstration on Mouth to Mouth Resuscitation	30
11. 3.63	Bishop Ward School	Smoking and Lung Cancer	1st year class
8. 5.63	St. John Ambulance Brigade	Home Safety	
21. 5.63	Bartons - Trainee Manageresses	Food Hygiene	18
18. 6.63	Wantz Restaurant Old Folk's Club	Home Safety	125
21. 6.63	Rush Green Infants School	Food Hygigne	300
9. 7.63	Bartons - Trainee Manageresses	Food Hygiene	16
30. 7.63	do.	Food Hygiene	8
2. 9.63	Chadwell Heath Townswomen's Guild	Clean Air	30
11. 9.63	Rush Green Women's Co-operative Guild	Clean Air	20
7.10.63	Chadwell Heath Townswomen's Guild	Clean Food	30
3.12.63	Bartons - Trainee Manageresses	Food Hygiene	

The following is a list of films and filmstrips shown during the year:-

Date	Location	Title of Film or Filmstrip	Audience
28. 1.63	Ashton Gardens Clinic	Baby Feeding	15
31. 1.63	Beverley Road School	Time Pulls the Trigger	24
4. 2.63	Chadwell Heath Townswomen's Guild	Windows to the Sky	30
14. 2.63	Dagenham County High School	Time Pulls the Trigger	40
25. 2.63	Rush Green Technical College	Handle With Care	18
27. 2.63	Becontree Adolescent Clinic	Old Wives' Tales Your Children's Play Story of Menstruation	25

Date	Location	Title of Film or Filmstrip	Audience
27. 2.63	Becontree Clinic	Childbirth Without Fear My First Baby My True Account	40
28. 2.63	Lymington School	Let's Keep Our Teeth	20
4. 3.63	Ashton Gardens Clinic	To Janet a Son	40
13. 3.63	Lymington School	Nothing to Eat but Food	20
14. 3.63	Lymington School	Nothing to Eat but Food	20
19. 3.63	Civic Centre	Time Pulls the Trigger	50
21. 3.63	Marks Gate Clinic	Terrible Two's and Trusting Three's Your Children Walking	30
3. 4.63	Oxlow Lane Clinic	Childbirth Without Fear	53
25. 4.63	Becontree Clinic	Terrible Two's and Trusting Three's	12
29. 4.63	Barton's Bakery	Food Without Fear	20
29. 4.63	Civic Centre	Smoking and You	15
2. 5.63	Becontree Clinic	The Development of Manipulation The Development of Locomotion	4
15. 5.63	Becontree Adolescent Clinic	Time Pulls the Trigger Nothing to Eat but Food	20
15. 5.63	Becontree Clinic	To Janet a Son Calculated Risk	70 Staff
16. 5.63	Becontree Clinic	Why Won't Tommy Eat?	12
16. 5.63	Oxlow Lane Clinic	To Janet a Son	110
20. 5.63	Civic Centre	Triumph of Childbirth	20
21. 5.63	Civic Centre	Triumph of Childbirth	30
28. 5.63	Hunters Hall Junior School	Smoking and You	20
29. 5.63	Lymington School - Staff	Smoking and You	20
29. 5.63	Robert Clack School - Secondary Panel Head Teachers' Association	Smoking and You	18
29. 5.63	Oldchurch Hospital - Staff	Smoking and You	10
11. 6.63	Lymington School	How Town Folk Get Their Water Waterworks	35
18. 6.63	Wantz Restaurant Old Folk's Club	Ilford Home Safety Film Human Factor	125
19. 6.63	Rush Green Infants School	How to Catch a Cold	300
1. 7.63	Hunters Hall Junior School	Smoking and You	113
1. 7.63	Lymington School	Smoking and You	40
3. 7.63	Becontree Adolescent Clinic	The Teens Nothing to Eat but Food	20
3. 7.63	Becontree Clinic	The Development of Manipulation	5
3. 7.63	Becontree Clinic	British Midwife My True Account	38

Date	Location	Title of Film or Filmstrip	Audience
16. 7.63	Robert Clack School - Head Teachers	Health Department Film	10
24. 7.63	Oxlow Lane Clinic	To Janet a Son	65
11. 9.63	Ashton Gardens Clinic	Your Children and You You and Your Ears	20
12. 9.63	Becontree Clinic	Cerebral Palsy - Early Recognition Why Won't Tommy Eat? Your Children's Play	35
23. 9.63	Ashton Gardens Clinic	Baby Feeding	8
25. 9.63	Robert Clack School	Smoking and You	120
26. 9.63	Bishop Ward School	Smoking and You	175
30. 9.63	Civic Centre - Student Health Visitors	Health Department Film	30
2.10.63	St. George's Hospital, Hornchurch - Nurses Training Course	Health Department Film	150
16.10.63	Oxlow Lane Clinic	To Janet a Son	80
21.10.63	Sacred Heart Convent	Smoking and You	70
28.10.63	Lymington School	Your Hair and Scalp	30
29.10.63	Barton's Bakery	Handle With Care	20
30.10.63	Ashton Gardens Clinic	To Janet a Son	60
8.11.63	Lymington School	Your Hair and Scalp	30
14.11.63	John Perry School Parent Teacher Association	Smoking and You	80
15.11.63	John Perry School	Smoking and You	60
26.11.63	Ashton Gardens Clinic	Your Children Walking	15
2.12.63	Ashton Gardens Clinic	Baby Feeding	14
4.12.63	Becontree Adolescent Clinic	Your Hair and Scalp Making the Best of Yourself	20
4.12.63	Becontree Clinic	The British Midwife My True Account	80
11.12.63	Rush Green College Certificate Course	Handle With Care	10
11.12.63	Becontree Adolescent Clinic	Subject for Discussion	34

Organised Courses

The following organised courses were arranged during the year:-

Food Hygiene (R.I.P.H.H.)

Bartons Bakery	Certificate Refresher Course (Factory Staff)	14. 1.63 - 25. 3.63
"	Certificate Course (Factory Staff)	26. 2.63 - 20. 5.63
"	Certificate Course (Factory and Shop Staff)	3. 9.63 - 19.11.63

Home Safety and First Aid

Five Elms Women's Co-operative Guild 18. 4.63 - 13. 6.63

Health Education Talks in Schools

Lymington School - Series of 16 lectures.

HEALTH VISITING

During the year Mrs. Ling, who had worked in the borough for twenty years, decided to retire. This she did with good wishes from all the staff. Unfortunately, when such well-established members of the staff leave they are difficult to replace. In her case it was found impossible to replace her, so that it was necessary to review the existing areas covered by health visitors and carry out some readjustments. Much thought was given to attempting to readjust in such a way as to save precious health visiting time. Selective visiting as against routine methods undertaken in the past necessitates much more expenditure of time and energy, and delays created by transport difficulties add to this particular problem.

It was decided to push ahead with decentralisation of health visitors. Under this system of organisation staff go direct to their clinic base and do not attend a central office each day as previously was the case. Family records are filed in the clinics alongside those of schools and clinics. This helps to correlate detail and improves liaison between staff involved in different aspects of the same family.

During 1963 circulars were sent out to hospital staffs, general practitioners, and social workers, giving details of health visiting areas and times and places at which it would be convenient to contact staff. It is hoped that this will foster closer relationships. Some general practitioners have already availed themselves of the facilities provided, with mutual benefit.

There has been a growing demand for classes conducted by health visitors in ante-natal instruction involving group discussion and the showing of films and filmstrips. Midwives are also now undertaking some classes preparatory to confinement. Teaching, however, does not stop when the baby has been safely delivered. Parents seem to be anxious to accept the many forms of help offered in bringing up their children along the right lines. The demands for this type of service are so great that it is extremely difficult to meet them with the depleted staff. Many of them spend much time in preparing and undertaking the organisation of evening sessions, and although it is good to see the interest taken by the public, particularly fathers, if the increasing demands are to be met consideration will have to be given to the use of less highly qualified personnel wherever possible in order to relieve a health visitor of many extraneous duties which she now undertakes. The more young parents who take advantage of available help, the less difficulties they will experience at a later date.

The health visitors are constantly finding themselves involved in attempting to repair strained family relationships. Many of these are due to difficulties created by the necessity of sharing accommodation. Small children in flats provide special problems, and some thought must be given to methods of helping the parents in difficult circumstances.

During 1963 further progress has been made, particularly at Becontree Clinic, in the earlier assessment of the development of young children. The early assessment of hearing and vision carried out by health visitors is a particularly important step forward if we are to help the development of the handicapped young child.

The school nurses have undertaken a further survey of children's eyesight at 13 years, as there seemed to be some deterioration at this point.

Discussion groups arranged by health visitors with young mothers feeling the stresses and strains placed upon them by circumstances, have made a valuable contribution to the development of healthy attitudes towards the many problems encountered. The feeling of support engendered by a discussion group of this type has in many cases resulted in considerable improvement after a very short period only. In other cases, however, the health visitor is confronted with a situation which has arisen because her advice was not accepted. In such cases she must help to make the best of a bad situation without criticising a previous refusal of advice.

Visits Undertaken

First Visits:

Born 1958	569
" 1959	866
" 1960	1,066
" 1961	1,203
" 1962	1,483
" 1963	2,027
Over 65	153
Others	461

Total Visits:

Under 5	13,112
Over 65	333
Others	647

Ineffective Visits:

Under 5	3,140
Over 65	45
Others	91

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal and Post-natal Care

Ante-natal care and post-natal examinations are carried out at the sessions held at the various centres listed below. During the year 626 expectant mothers attended for ante-natal care, and 106 for post-natal examination. Doubtless some of the mothers who have attended for ante-natal clinics are examined post-natally by their general practitioners, but even allowing for this there must be many mothers who do not appreciate the importance of the post-natal examination. Continued efforts are required to encourage mothers to avail themselves of this service.

Ante-natal Clinics

Centre	Sessions Held	Times Sessions Held	Average Attendance	Average New cases
The Clinic, Ashton Gardens, Chadwell Heath.	1st and 3rd in the month	Wednesday p.m.	5	1
The Clinic, Becontree Avenue, Dagenham.	Weekly	Tuesday p.m.	10	2
	Weekly	Wednesday p.m.	11	2
The Leys Clinic, Ballards Road, Dagenham.	Weekly	Wednesday p.m.	4	1
Rush Green Clinic, 179 Dagenham Road, Dagenham.	1st and 3rd in the month	Friday a.m.	1	-
The Clinic, Oxlow Lane, Dagenham.	Weekly	Tuesday a.m.	7	2
	Weekly	Thursday a.m.	6	2
Marks Gate Clinic, Lawn Farm Grove, Marks Gate.	2nd and 4th in the month	Wednesday p.m.	3	1
The Clinic, Ford Road, Dagenham.	Weekly	Monday a.m.	8	2

Relaxation Classes

Attendance at the relaxation classes was as follows:-

Becontree Clinic	796
Chadwell Heath Clinic	431
Leys Clinic	248
Oxlow Lane Clinic	632
Marks Gate Clinic	130
Total	2,237

Infant Welfare Centres

A total of 4,289 children were brought to the Centres during the year, and the total number of attendances amounted to 25,207.

Centre	Sessions Held	Times Sessions Held	Average attendance	Average new cases
The Clinic, Ashton Gardens, Chadwell Heath.	Weekly	Thursday a.m.	52	3
	Weekly	Thursday p.m.	49	2
The Clinic, Becontree Avenue, Dagenham.	Weekly	Monday p.m.	45	4
	Weekly	Wednesday a.m.	34	3
The Leys Clinic, Ballards Road, Dagenham.	Weekly	Tuesday p.m.	29	2
	Weekly	Thursday a.m.	38	3
Rush Green Clinic, 179 Rush Green Road, Dagenham.	2nd, 4th & 5th in the month	Friday a.m.	20	1
	Weekly	Friday p.m.	25	1
The Clinic Ford Road, Dagenham.	Weekly	Tuesday a.m.	27	2
	Weekly	Thursday p.m.	26	2
The Clinic, 15/17 Thompson Road, Dagenham.	Weekly	Tuesday p.m.	28	3
	Weekly	Friday a.m.	8	1
The Clinic, Oxlow Lane, Dagenham.	Weekly	Wednesday p.m.	67	5
	Weekly	Friday p.m.	43	4
Marks Gate Clinic, Lawn Farm Grove, Marks Gate.	Weekly	Monday p.m.	30	3

Premature Infants

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

	3 lb 4 oz or less	3 lb 5 oz - 4 lb 6 oz	4 lb 7 oz - 4 lb 15 oz	5 lb 0 oz - 5 lb 8 oz -	Total	No. surviving one week
Born alive at home and nursed entirely at home	2	3	3	20	28	25
Born alive at home and transferred to hospital	-	-	-	1	1	1
Born in hospital	13	9	16	32	70	60

Phenylketonuria

Routine testing of the urine of young children for this condition continued during the year. No cases of the disease were discovered.

Day Nurseries

Day Nursery	Number of approved places	Average daily attendance	Average No. on register	Total attendances
Goresbrook	50	32·7	45·3	8,309
Chadwell Heath	54	40·7	53·1	10,336
Total	104	73·4	98·4	18,645

The reasons for admission are set out in the following table:-

	Widows	Parents separated	Desertion	Illness of mother	Illness of father	Unmarried mothers	Socio-economic	Mothers working to supplement income	Total
Goresbrook	-	12	3	13	1	5	4	34	72
Chadwell Heath	-	8	-	8	1	-	1	21	39
No. of children in all nurseries in 1963	-	20	3	21	2	5	5	55	111

These two nurseries have continued their good work throughout the year. In Chadwell Heath about one-third of the parents received assistance with fees and in Goresbrook the assisted number is about half the total admissions. There are families with only one parent, or an invalid parent or families suffering from some other social distress. The remaining children for whom full fees are paid are usually from families in poor housing conditions where the mother is working in order to help pay for a new home or flat. Also there are children sent for various behaviour problems which are much more easily resolved in a nursery than by a harassed or bewildered mother on her own. This type of child may often be, but by no means invariably is, an only child. Most of these children show enormous improvement after only a few weeks in the nursery. If only we could accommodate more of these in the age group 3 - 5 years, I am sure there would be far less problems in the first school year. The ability to live in a group is much more easily learnt at 3 - 4 than at 5 years of age, and it is very gratifying to see these previously problem children behave perfectly normally in the toddlers' groups.

Both nurseries are recognised by the Ministry as training centres for nursery nurses and student vacancies are quickly filled. We fortunately still have our senior staff who have been with us for many years, and I am sure this accounts for the smooth and happy running of the nurseries.

Observations of the Matron on Goresbrook Day Nursery during 1963:-

"Two members of the staff and myself are very grateful for the opportunity provided by Essex County Council to attend refresher courses. From these courses we gained a lot of useful knowledge of modern methods. This knowledge we were able to pass on to other members of the staff.

The number of children's attendances increased during 1963. We have a bigger demand for the three to five age group. Rarely are we called upon to admit a very young baby to the nursery; this is very unfortunate for us as we would like small infants to help to improve the facilities for the training of nursery students.

To the joy of all the children we were given a record player; classical and modern "pop" music are both greatly appreciated.

We are very proud of our Day Nursery. The staff are doing a very satisfying job, and it grieves us very much, as has happened on occasions, to find the nursery has been broken into and equipment has been taken; usually the culprits leave a terrible mess for us to clean up.

We were fortunate this year as we have had very few cases of infectious disease in the nursery."

Observations of the Matron on Chadwell Heath Day Nursery during 1963:-

"One thing I feel that is of tremendous importance is the further training of trained nursery staff. This in fact has taken place in the last two years at our nursery, where six of us have attended either Child Care Reserve Courses, or, as in the case of my Deputy and I, refresher courses in Birmingham. These courses we all felt were of great help to us and the nursery; the opportunity to visit similar establishments throughout Birmingham and London made us able to compare notes on how other nurseries are run.

Refreshing, too, is the chance to meet other people, both lecturers and nursery staff.

The untrained nursery assistant benefits particularly from these courses, as the only knowledge she has gained is usually from one nursery.

I would wish that more places were available in our nursery for training, as so many suitable girls are turned away to take up other, perhaps less worthy, careers.

One more thing about staff, less important perhaps, is the overalls they wear. The trend in recent years towards less uniform wear is ideal in that the nylon overalls are more easily laundered. It would be an improvement, however, if as well as being practical they could be smarter in design, with prettier materials, perhaps a checked gingham with white collars. These I feel would look so much more professional, and be a pleasure to wear.

During this past year we have made use of the other services available in the borough. For instance our children have become "borrowers" from the Chadwell Heath Library, where we receive great assistance. We also belong to the picture lending library, and now our hall and toddler nursery have a cultural air with borrowed reproductions of famous paintings!!

The last thing I would like to comment on is the pleasure and interest that the news of a new nursery has caused. It is most encouraging that rather than closing these services, as has so often happened in some areas, it is felt that it is necessary not only to keep the service going, but to improve and expand it."

Daily Guardians Scheme

At the end of 1963 the number of registered daily minders and the number of children being cared for were as follows:-

Number of guardians registered 32

Number of children being cared for 25

Nurseries and Child Minders Regulation Act, 1948

At the end of the year there were 3 child minders, caring for 20 children, registered in accordance with this Act.

Midwifery

A total of 1,531 live births were notified, of which 970 occurred in hospital.

Domiciliary Midwifery Service

	County Midwives	Midwives residing at York House Training Home	Salvation Army Midwives
Births attended:			
Doctor not booked	44	5	13
Doctor booked	191	186	56
Miscarriages attended	8	2	3
Visits paid:			
Ante-natal	2,343	1,269	561
Nursing	3,182	5,228	1,317
Other post-natal	318	-	-
Ante-natal clinics attended	205	285	51

Nine County Council Midwives were qualified to administer inhalation analgesia in accordance with the requirements of the Central Midwives Board. Inhalation analgesia ("gas and air" or Trilene) was administered to 198 of the patients they attended. Pethidine was given in 168 cases.

A total of 542 cases were delivered in hospital but discharged before the tenth day, and were attended thereafter by County Council Midwives.

CHILD DEVELOPMENT

Dr. Hodgson has submitted the following report:-

"Considerable progress has been made in recent years in the field of Child Development and consequent upon this in the ascertainment of young children.

My interest in this topic was first aroused when I attended a Maternity and Child Welfare Course some three years ago. The slant of the course was towards child development, or the study of the sequence of mental and physical growth of the young child. During this course, Dr. Mary Sheridan, Ministry of Health, gave a talk on her methods of assessing vision and hearing in the young and handicapped child. About this time a Supplement to the Cerebral Palsy Bulletin called "The Neurological Examination of the Infant" by Andre Thomas, Yves Chesni and S. Saint Anne Dargassies was circulated to the clinics. This showed the trend of recent

thought in child neurology and its practical application.

I began to wonder whether, in view of the recent advances, I ought to take another look at my methods of examination and appraisal of young children. I re-read Gesell's work on child development, the more recent works of Professor Illingworth, and took out a subscription to the Journal of Developmental Medicine. Armed with this little knowledge, a copy of Dr. Sheridan's booklet on Child Development and her testing material for vision and hearing, I asked Dr. Gillet if he would allow me to use a session to experiment in this field. He very kindly gave his permission. So, with the assistance of one Health Visitor, Miss Milbank, we started. Only, of course, looking at normal children, any age group from 0 - 5 years, the mothers of whom we could persuade to let us examine their babies.

Even in these very early days when our knowledge was so limited and our tools so few, we had a wonderful response from the mothers. At the end of six months I was fortunate enough to go on Professor Illingworth's short course on child development held in Sheffield. I returned to the clinic with greater knowledge, particularly of the very young child showing aberration from the normal pattern, also with new ideas of simple equipment which would help in the assessment of children.

Miss Milbank became very adept at vision and hearing testing in young children and I gained a great deal of experience in neurological examination of the young child. As time progressed this careful "looking" at the child taught us a great deal also about their emotional and mental development and we began searching for better and more accurate methods of doing this, and among the many tests we tried out at this time was the "Goodenough Man". This we found very helpful, since it is easy to use, particularly on say a rather difficult 4 year old, and on later re-testing by other methods we found this very accurate.

As time progressed and our knowledge increased, we became a little more choosy in selecting children for the Development Clinic, as we had begun to call it, and we started our "At Risk Register". Our special clinic appointments were getting rather heavy, so we decided that some reorganisation was necessary. This is the scheme in operation at present. At the first visit of the mother to the clinic, usually at about 15 days, a neurological examination of the baby is carried out and a careful family, ante-natal and birth history is taken. If any anomaly is present, a small coloured tab is placed on the infant welfare card indicating that this child needs following up, either at the ordinary well baby clinic or at the special clinic. All babies are re-examined at 6 weeks and again a decision made whether the baby ought to be followed up. At present, if follow up is indicated at this stage, it is usually carried out at the Development Clinic. All babies coming to the clinic at 6 months have their hearing tested as part of the routine procedure. Where indicated this is carried out earlier. This may seem to be a lengthy procedure, but, in fact, after some experience in these methods, only a few minutes is needed for each child and the well baby clinics are not unduly prolonged. In fact, I believe that in the long run we save time. Mother feels that the baby has been thoroughly examined and is less inclined to worry.

Last year I attended the Ruth Griffiths Course on the "Abilities of Babies from 0 - 2 Years". This course is designed for psychologists and doctors in infant welfare work - the slant is definitely psychological and divides the child's attainments into the following fields: Locomotion, Personal and Social, Hearing and Speech, Hand and Eye, and Performance. A general quotient figure can be produced, but, more important, a profile of the five categories can be drawn up. Obviously, if a child were to show a

normal or good result in all but, say, hearing and speech, this would be a good indication that this child is deaf. Similarly for the other groups.

Later that year I attended a course on the Ascertainment of Cerebral Palsied Children at the Sheffield University, and at this I learnt a great deal about the Cerebral Palsied Child. Their methods of assessment are now used at the Kingsley Hall Day Centre for Handicapped Children.

The purpose of all this work is the early detection of deviation from the normal in young children, be it physical, mental or emotional, and the evolvement of a logical approach to their training and teaching.

Professor Illingworth warned that we must be humble in this work; the practice is easy but training must be long and thorough, and we are only at the beginning.

Below is a summary of the work carried out at the clinic, but this does not include the first six months, for which no detailed records were kept at the time. At this point I must acknowledge the great assistance given by Miss Milbank, without whom this work would not have been possible. Apart from her assistance at the clinic, she is responsible for all the clerical work, which is quite considerable, the keeping of records, sending out appointments, recalling of patients for review, etc. A good deal of this work has been carried out in her own time. She recently attended an audiology course in Manchester, and is making great use of the knowledge gained there.

We have just completed our 300th new assessment since the keeping of detailed records, i.e. just over two years. These can be broken down into the following groups:-

0 - 28 weeks	73	
28 - 52 weeks	54	
1 year - 3 years	106	
3 years - 6 years	64	
6 years - 7 years	3	300

Children seen more than once:

0 - 28 weeks	8	
28 - 52 weeks	37	
1 year - 3 years	30	
3 years - 6 years	21	96

Defects found which require further observation:-

Slight to moderate mental retardation	12
Speech defects	19
Emotional instability	5
Poor manipulation	1
Hearing defect	2
Visual defect	1
Physical development retardation	5
Neurological defect	1
	46 i.e. 15%

These do not include the severely mentally handicapped children tested for Kingsley Hall Day Centre, as these were included in that report.

Nine bright children with I.Q. of over 120 were found in this series.

The types of tests used were:-

Professor Illingworth's based on Gesell Assessment Tables.

Dr. Mary Sheridan's Stycar and development tests.

Dr. Ruth Griffiths' Development tests.

Stanford Binet L.M. Revised.

This is the type of work for which the local authority doctor is admirably suited. He has vast experience of the normal baby and child, even though he may not have learnt how to express it. He has the time to do repeated reviews of a child. He has dealt with school children where school difficulties are based on a mild disability. He is responsible for the placing of handicapped children."

DOMESTIC HELP

An analysis of the hours of service rendered by the Domestic Help Service during 1963 is given in the following table:-

Type of case	No. of cases	Hours help provided
Maternity	48 *	1,626
Tuberculosis	15	1,968
Acute sick	29	998
Chronic sick - aged	668	79,940
Chronic sick - others	96	16,392
Aged - not sick	-	-
Others	18	2,768
Night attendance	9	377
Total	883	104,069
* Including toxaemia of pregnancy	10	324
Number of visits paid by Organiser		1,680
Average number of domestic helps employed each week		104
Average number of night attendants		2
Number of visits paid by domestic helps during the year		57,996
Number of visits paid by night attendants		39

Care of the Aged

There was a slight increase in the number of cases assisted during the year, although the hours of help provided are lower than in 1962. This may be due to the fact that a number of cases requiring longer hours of service have had to be admitted to welfare homes or hospital. This is in spite of every endeavour being made to keep elderly people at home for as long as possible. In many cases this is only practicable where relatives or neighbours are willing to help. The aged appreciate the care and companionship of the regular visits paid by home helps, apart from the actual work undertaken. One old lady was greatly distressed when it was necessary for her to be admitted to hospital because her old dog and budgerigar would be left not cared for. In fact she refused to go until the home help was able to make satisfactory arrangements for the care of both her pets while she was away.

Tuberculosis

As in previous years, the number of cases remains low, though in the few cases which are assisted the home helps feel they are making a very big contribution towards recovery.

Maternity

The free service provided for toxaemia of pregnancy continues to provide valuable help in a few cases. Unfortunately the Domestic Help Organiser feels that many people refuse help during confinement because of the charges made.

Care of Children

The service continues the help in the care of children, especially those of widowers who have to leave for work early in the morning. The home helps go in, give breakfast and supervise children getting ready for school, and where necessary take younger children to school.

Acute Sick

Every endeavour is made to help in cases of acute illness, but here again the Organiser feels that the necessary charge is a bar to people accepting the service, and they tend to make other arrangements.

Recruitment

Although every care is taken to explain in detail the difficulties of working in the service when new home helps are engaged, it is not until they are actually working in the service that the home helps fully appreciate many of the difficulties. Morale is very high in the home help service, as the home helps feel that they are playing an important part in contributing to social welfare. Many of them resent the suggestion that they are just cleaners with no other function than to carry out housework. There is a great need for them to be patient and understanding if they are to make life easier and happier for the people with whom they are to come into contact. Confusion and forgetfulness in old people can cause considerable irritation unless the home help takes a sympathetic point of view. It can also cause misunderstandings, as sometimes happens when an old person, having mislaid some special treasure, accuses the home help of being responsible. Fortunately, in most cases the mislaid article is recovered, though until this happens the home help often feels uneasy and upset, and fortunately these cases are extremely rare.

Training Courses

These are held at Chelmsford, and all those who attend find them most instructive and helpful. In future consideration will have to be given to holding local courses.

Personal Contact

The home helps give help to many people outside their working hours; for instance, one home help takes a younger patient, housebound with arthritis, to a women's institute meeting once a week, and this has contributed enormously to the happiness of the patient. As in previous years many Christmas dinners were supplied and delivered by home helps on Christmas Day.

CHIROPODY

Two full-time chiropodists and one part-time chiropodist were employed at the end of the year.

Clinics are held at Ford Road and Ashton Gardens as follows:-

	Ford Road	Ashton Gardens
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. 2.00 p.m. - 5.00 p.m.	9.00 a.m. - 1.00 p.m. 2.00 p.m. - 5.00 p.m.
Wednesday	10.00 a.m. - 1.00 p.m. 2.00 p.m. - 8.30 p.m.	
Thursday	9.00 a.m. - 1.00 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 2s.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 yrs. of age	Expectant mothers	Physically handicapped	Aged	Others
New cases treated during the year	165	7	89	409	733
Total attendances	609	8	565	2,401	3,097
Cases still being treated at the end of the year	27	-	57	256	281

SICKROOM EQUIPMENT

During 1963, 1,760 articles of sickroom equipment were loaned, including such things as bedpans, commodes, rubber sheeting, back rests, crutches and fireguards, and in addition 1,268 disposable draw sheets were issued, the majority of these articles being for use by the elderly.

DOMICILIARY OCCUPATIONAL THERAPY

Steady progress was made by patients during the year, although some setbacks occurred through breakdowns in health during the early part of the year. Eight new patients were visited, and 157 visits to patients were made during 1963.

Most of the patients are in the older age groups. They are taught some light work such as embroidery, frame knitting, toy making, painting, and the more energetic occupations such as basketry, leatherwork, book-binding. With some of the younger age groups it is also possible to arrange study courses to enable the patient to take up suitable work when he is well enough to become wage earning once more.

The Dagenham Tuberculosis Care Association provide assistance by selling completed work at the Town Show and by arranging sales at the Chest Clinic.

The Occupational Therapist visits only part of one day per week in each of the areas, which does tend to limit the possibilities of Domiciliary Occupational Therapy.

Patients are referred from the Chest Clinic by the Chest Physician, who is always available for consultation and to give advice when requested.

Summary of Visits

First visits	8
Re-visits	149
Ineffective visits	14
Other visits	98
Visits to Clinic	30
Total	299
Number of visits to patients	157
New patients	8
Number on register	15

CONVALESCENCE AND RECUPERATIVE HOLIDAYS

Arrangements for convalescence were made as summarised below, on the recommendation of general practitioners and medical officers.

	Adults	Children
National Health Service Act:		
Section 22 (mothers and young children)	2	2
Section 28 (prevention of illness, care and after-care	40	-
School Health Service	-	45

Dagenham Children's Care Committee

St. Mary's Bay Holiday Centre

Two parties of school children went to St. Mary's Bay Holiday Centre, Romney Marsh, Kent, for a holiday during the summer. A total of 68 children attended the centre this year. The arrangements were made by the Dagenham Children's Care Committee and all children were examined at the clinics before they left for their holiday.

Camp Schools

A total of 8 children were examined by school medical officers before being admitted or re-admitted to camp schools.

OXLOW LANE CLINIC FOR THE OVER SIXTIES

The activities of this clinic, which were described more fully in last year's report, continued during the year now under review. Forty-seven patients were examined by the medical staff (Dr. Wallace and Dr. Packer). There were 340 attendances at the exercise classes.

Half way through the year we were sorry to lose the services of Mrs. Cocker, the physiotherapist, who resigned in order to take up an appointment at St. George's Hospital. It has proved impossible to obtain a physiotherapist to replace her, and the exercises are now being supervised by the Health Visitor.

The Chiropodist who attends at the clinical sessions treated 22 male patients and 106 female patients during the year.

The clinic continues to attract the interest of medical and other professional workers, and we have been pleased to welcome a number of visitors and to discuss with them the problems of preventive medicine in the elderly.

VACCINATION AND IMMUNISATION

Vaccination Against Smallpox

During the year 513 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	30	143	-	-
1-4 years	34	48	-	-
5-14 years	18	9	24	1
15 years and over	85	3	118	-
Total all ages	167	203	142	1

Whooping Cough

2,179 children received immunising doses against whooping cough, including booster doses.

Primary		Boosters	
G.P.'s	L.H.A.	G.P.'s	L.H.A.
461	738	454	526

Diphtheria Immunisation

Year of Birth	Primary immunisation		Children who received a boosting dose	
	G.P.'s	L.H.A.	G.P.'s	L.H.A.
1963	119	242	3	-
1962	247	434	82	243
1961	47	77	185	297
1960	9	11	68	27
1959	11	7	43	18
1954-1958	52	97	234	443
1949-1953	33	66	238	570
Total all ages	518	934	853	1,598

Tetanus Immunisation

Year of Birth	Primary immunisation		Children who received a boosting dose	
	G.P.'s	L.H.A.	G.P.'s	L.H.A.
1963	118	242	2	-
1962	247	435	83	243
1961	51	105	197	343
1960	29	69	77	95
1959	45	70	68	77
1954-1958	257	844	545	1,134
1949-1953	210	945	685	1,685
Total all ages	957	2,710	1,657	3,577

Poliomyelitis Vaccination

	G.P.'s	L.H.A.	Total
Salk vaccine:			
Primary	30	-	30
3rd injection	69	-	69
4th injection	28	1	29
Sabin oral vaccine:			
Primary course	459	1,029	1,488
Booster after 3rd oral	46	93	139
Booster after 2nd Salk	218	154	372
Booster after 3rd Salk	434	691	1,125

B.C.G. Vaccination

Number of children skin tested (Heaf test)	1,023
Number showing positive reaction (not requiring vaccination)	60
Number showing negative reaction (requiring vaccination)	963
Number vaccinated	963

SCHOOL HEALTH

There are 17 secondary and 44 primary schools in the borough, also 2 special schools (Bentry School physically handicapped and E.S.N. sections). Children on the registers on 31st December 1963 totalled 17,760, a decrease of 563 compared with 1962.

Medical Inspections

Routine medical inspections were performed on the following groups of pupils:-

(a) children in their first year at primary school

(b) children in their last year at primary school

(c) children in their last year at secondary school

(d) children attending nursery classes

(e) children of any age transferred from other areas to Dagenham schools

In addition to these, special examinations and re-inspections of children with defects were carried out as necessary. This part of the work is, of course, specially prominent at the Bentry Special School.

Medical Inspection of Pupils Attending
Maintained Primary and Secondary Schools
(Including Special Schools)

(a) Periodic Medical Inspection

Age groups inspected (by year of birth)	Number of pupils inspected
1959 and later	27
1958	722
1957	618
1956	72
1955	33
1954	29
1953	130
1952	1,039
1951	532
1950	33
1949	787
1948 and earlier	1,397
Total	5,419

(b) Other Inspections

Number of special inspections	1,299
Number of re-inspections	1,144
Total	2,443

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)*	Individual pupils found to require treatment		
	For defective vision (excluding squint) (2)*	For any of the other conditions recorded (3)*	Total individual Pupils (4)*
1959 and later ..	1	7	8
1958	14	109	109
1957	12	89	89
1956	1	12	13
1955	1	8	8
1954	3	9	9
1953	10	16	25
1952	82	109	175
1951	43	53	86
1950	3	5	7
1949	86	64	141
1948 and earlier ..	172	122	265
Total	428	603	935

* 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 of Pupils

Out of 5,419 children seen at periodic medical inspection only 2 were considered to be of unsatisfactory general condition.

Infestation with Vermin

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons ..	24,805
(b)	Number of individual pupils found to be infested	151
(c)	Number of informal letters requesting cleansing	150
(d)	Number of individual pupils in respect of whom cleansing notices were issued (Sec. 54(2) Education Act 1944) ..	14
(e)	Number of individual pupils in respect of whom cleansing orders were issued (Sec. 54(3) Education Act 1944)	-

Defects Found by Medical Inspection

Defect Code No.	Defect or Disease	Periodic Inspections								Special inspections	
		Entrants		Leavers		Others		Total (all groups)			
		Treatment	Observation	Treatment	Observation	Treatment	Observation	Treatment	Observation	Treatment	Observation
4	Skin	2	7	63	26	17	10	82	43	317	19
5	Eyes: (a) vision	12	16	227	36	189	75	428	127	49	106
	(b) squint	7	7	3	4	14	8	24	19	7	1
	(c) other	-	-	8	7	6	7	14	14	62	33
6	Ears: (a) hearing ..	6	7	4	6	7	19	17	32	70	27
	(b) otitis media	4	5	3	6	3	4	10	15	43	6
	(c) other	2	-	11	5	7	8	20	13	-	-
7	Nose and throat	27	39	9	11	34	25	70	75	18	15
8	Speech	15	10	4	2	17	24	36	36	34	20
9	Lymphatic glands	7	12	-	1	3	11	10	24	-	-
10	Heart	4	7	10	6	7	17	21	30	1	11
11	Lungs	9	13	6	19	7	29	22	61	5	14
12	Developmental: (a) hernia	2	2	-	-	2	2	4	4	1	1
	(b) other	1	11	10	13	2	17	13	41	7	9
13	Orthopaedic: (a) posture	3	2	8	9	3	11	14	22	5	1
	(b) feet	6	16	12	27	20	38	38	81	1	5
	(c) other	3	6	7	14	16	20	26	40	80	16
14	Nervous system:										
	(a) epilepsy	1	2	2	2	3	3	6	7	1	-
	(b) other	-	4	-	2	3	7	3	13	6	5
15	Psychological:										
	(a) development ..	17	8	5	1	19	42	41	51	6	6
	(b) stability	4	7	1	5	7	15	12	27	18	17
16	Abdomen	2	1	1	1	-	2	3	4	-	-
17	Other	4	3	12	12	19	9	35	24	492	213

Treatment of Pupils

Eye Diseases, Defective Vision and Squint

Category	No. of cases dealt with by	
	Minor ailment clinics	Ophthalmic clinic
External and other (excluding errors of refraction and squint)	145	478
Errors of refraction (including squint)..	-	1,367
Number of pupils for whom spectacles were prescribed	-	442

Dr. P. Lancer, Consultant Ophthalmologist, reports as follows:-

"The work of the clinic is essentially refraction and the early detection, investigation and treatment of squints. The fact that I am on the staff of the Regional Eye Centre has helped in the treatment of squints, and here I would like to thank the orthoptists for their co-operation.

The presence of a dispensing optician has proved of benefit. I would urge the official appointment of a permanent post.

Becontree Avenue being the only eye clinic in Dagenham is a disadvantage. I would suggest another session at one of the outlying clinics. This may reduce the rate of non-attendance.

I would also make a plea for the early referral of any visual defect by school doctors and nurses.

Finally I would like to thank the clinic nurses for their help and co-operation."

Diseases and Defects of Ear, Nose and Throat

	No. of cases treated	
	By the authority	Otherwise
Received operative treatment:		
(a) for diseases of the ear	-	9
(b) for adenoids and chronic tonsillitis	-	23
(c) for other nose and throat conditions	-	66
Received other forms of treatment	144	66
Total	144	164

Total number of pupils in schools who are known to have been provided with hearing aids:-

(a) in 1963	4
(b) in previous years	9

Orthopaedic and Postural Defects

(a) Pupils treated at clinics or out-patient departments .. 279

(b) Pupils treated at school for postural defects 12

Diseases of the Skin (Excluding Uncleanliness)

	No. of cases treated	
	By the authority	Otherwise
Ringworm (scalp)	-	-
Ringworm (body)	-	-
Scabies	-	1
Impetigo	7	3
Other skin diseases	154	14

Child Guidance

A total of 91 children from Dagenham were seen at the Romford Child Guidance Clinic. There is a waiting list of 15 children.

Speech Therapy

During 1963, the two speech therapists, Miss Symes and Miss Shipley, continued the treatment of speech disorders in school children and in pre-school children. It is sometimes asked: "What constitutes a speech impediment?" and a brief answer may be: "Any degree of defect which causes a social handicap to the individual, or embarrassment to his or her associates; or speech which in some way makes the sufferer feel different from his or her associates." This, therefore, does not include regional accents or dialects.

Again, Miss Symes and Miss Shipley would like to express their thanks to Heads of Schools and to the School Medical Officers for referring suitable patients for therapy.

Towards the end of 1963, Miss Symes commenced another three months' experimental period of speech therapy with five children at the Junior Training Centre at Osborne Hall, to determine how much the mentally retarded child may benefit from speech therapy.

Statistical Summary

1. Number of treatments given 2,405

2. Number of patients treated:

Five Elms Clinic	83
Ashton Gardens Clinic	37
Marks Gate Clinic	22
Oxlow Lane Clinic	21
Leys Clinic	60
The Bentry School	16
Junior Training Centre	5
	244

3. Number of sessions held:

Five Elms Clinic	214
Ashton Gardens Clinic	90
Marks Gate Clinic	100
Oxlow Lane Clinic	75
Leys Clinic	180
The Bentry School	104
Junior Training Centre	5
	768

At least one session was also held weekly for purposes of school visiting, interviews and tape recording.

4. Case Load:

Boys	145
Girls	99
	244

5. Type of Cases Treated:

1.	Dyslalia	141
2.	Delayed Development including aphasia	15
3.	Sigmatism	35
4.	Stammer	31
5.	Stammer and Dyslalia	2
6.	Defect associated with hearing loss	2
7.	Cleft Palate	5
8.	Disorder of voice	7
9.	Cerebral Palsy	-
10.	Unclassified	6
		244

6. Number of cases on Register at 31st December 1963 138

7. Reasons for Discharge:

1.	Speech Normal	63
2.	Non-attendance	21
3.	No further progress likely	8
4.	Transferred to other areas	9
5.	Left School	1
6.	Discharge requested by parent	4
		106

Other Treatment Given

	New cases treated
Pupils with minor ailments	731
Pupils who received convalescent treatment under School Health Service arrangements	44
Pupils who received B.C.G. vaccination	963
Chiropody	161

School Clinics

During the year 2,316 children were seen by the school medical officers at the consultation sessions, and 2,197 attendances were made at the nurses' sessions. Attendances at the various clinics were as follows:-

Ashton Gardens	241
Bentry School	312
Becontree Avenue	809
Five Elms	1,171
Ford Road	706
King's Wood	91
Leys	315
Marks Gate	466
Oxlow Lane	402
Total	4,513

Employment of Children

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

Home Visits by School Nurses

A total of 1,437 visits were made by school nurses to the homes of school children during the year.

Medical Examination of Staff

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

(a)	New appointments:	
	Entrants to the teaching profession and to training colleges	87
	Essex County Council	126
	Dagenham Borough Council	180
	Other authorities	3
(b)	Under sickness regulations	28
(c)	Number of consultations with specialists arranged	49

X-Ray of Staff

All new entrants to the County Council staff who are liable to come into contact with children, or who handle food, are required to have an X-ray of chest. The following table shows the number of staff X-rayed during the year; all X-rays were satisfactory.

	At a Chest Clinic	By Mass Radiography
Tuberculosis visitors and health visitors doing tuberculosis work	2	-
Home Nurse/Midwives	11	-
All Day Nursery staff	5	32
Occupation Centre staff	-	-
Domestic helps	4	-
Others	11	1
Teachers	-	84
Non-teaching staff	19	-

Adolescent Clinic

This is the third year during which this clinic has been held. The sessions are held once a week in the early evening, and are staffed by Dr. Hodgson, Miss Milbank, and Mrs. Broad.

Dr. Hodgson reports as follows:-

"1963 was a year of settling down to a pattern of routine at the clinic; a pattern of behaviour and of work, and on the whole this has been a very successful year.

The clinic has now been running for three years and each year the number of children attending has almost exactly doubled the previous year's figures and this fact must speak for the success of the venture.

This year, Mrs. Broad, Health Visitor, has joined Miss Milbank at the clinic and we are very grateful for her generous help. She is now well able to take the leadership of a group of girls in discussion and debate and has contributed some valuable suggestions in the running of the clinic.

The total number of attendances was	731
Average number per session	26
Total number of sessions	28
Maximum number attending at one session	38
Minimum number attending at one session	7
Maximum attendance over year per child	24
Minimum attendance over year per child	1
Total number of children attending in 1963	132
Total number of children attending for over 1 year	80
Total number attending for first time this year	52

It will be seen from the above figures that 80 children had been attending for over a year, and there was an average of 1.85 adolescents new at each session.

The films shown were as follows:-

Old Wives Tales
That They May Live
The Teens
Nothing to Eat but Food
Making the Best of Yourself
Hair and Scalp

Filmstrips:-

Bathing Baby
Female Reproduction System
3 years and 5 senses
Basis for Beauty
Child Development
How Was I to Know

The last mentioned is a film strip on venereal disease with recorded dialogue. This was very well received; a repeat showing was requested and many questions were asked. On this topic also a lecture discussion was given, making use of old wartime poster material; these also were remarkably well accepted and gave rise to many questions and a lengthy discussion.

This year we were also very fortunate in obtaining the services of Mrs. Starr and her staff who gave us a most excellent demonstration on Hairdressing and Care of the Hair, and we are sincerely grateful for their unselfish gesture in giving so much time and thought to the demonstration.

Other demonstrations were:-

Bathing Baby
Child Development
Mouth to Mouth Resuscitation

The mouth to mouth resuscitation film and demonstration went down very well and for several weeks after little groups could be found round the clinic practising on each other.

Lectures and discussions were given on the following topics:-

Posture and foot hygiene
Child development
Female reproduction
Juveniles and the Law
V.D.
Menstruation
Personal and general hygiene
First Aid
Jobs, Hobbies and Clubs
Holidays
Outline of Human Anatomy using "Visible Lady"
The effect of high-powered advertising
Diet
Boy friends
Baby's daily routine
Homework and schoolwork
Sex. Emotional, physical and moral aspects.
Safety in the home

This year two sessions were set aside to enable the girls to debate by themselves, unassisted by adults, the following topics:-

"Dating boys" and
"School Uniform"

to see if the girls could collect data and put it across to another group with some degree of fluency and confidence. But we found that it is with great difficulty that the majority of these adolescents manage to express themselves - their views tend to be rather rigid and narrow in scope. We hope to be able to do more work in this sphere in the following year.

Discussion through the medium of play acting was also tried, and in this we were more successful. The topic taken was "Coming home late" and the girls took it in turn to play the mother and teenage daughter. In this we noted the marked punitive attitude of the symbolized mother.

Among the many visitors to the clinic was Mrs. H. Robins (Health Education Liaison Officer, Ministry of Health) who showed great interest in the clinic and asked many searching questions; we felt that we had her approval and support in this work.

As in previous years, at Christmas time the girls went out in groups of two's and three's to visit the old people and some of the girls manage to continue the visiting throughout the year.

The year was rounded off by a "Swinging Party" at which there were 65 adolescent boys and girls. Miss Collyer, ex-Dagenham Health Visitor now at the Central Council for Health Education, very generously came to give us a hand with the festivities.

The greatest compliment paid to the teenagers was from our caretaker who said, "They did no damage and cleaned up before they left."

We felt it had been a year well spent."

HANDICAPPED CHILDREN

Number of children of school age on 31st December, 1963 formally ascertained as handicapped pupils requiring special educational treatment (s.e.t.)		Blind	Partially sighted	Deaf	Partially hearing	Delicate	Physically handicapped	E.S.N.	Maladjusted	Epileptic	Speech defect	Dual defect *	Total
Attending day special school		-	12	6	8	18	44	173	-	2	1	12	264
Awaiting placement in day special school		-	1	-	-	3	2	22	-	-	-	-	28
Attending residential special school		3	1	1	1	26	7	20	15	3	3	6	80
Awaiting placement in residential special school		-	-	-	-	3	-	2	4	1	1	-	11
Attending boarding homes		-	-	-	-	-	-	-	-	-	-	-	-
Awaiting placement in boarding homes		-	-	-	-	-	-	-	-	-	-	-	-
Attending independent schools		-	-	-	-	-	-	-	-	-	-	-	-
Awaiting placement in independent schools		-	-	-	-	-	-	-	-	-	-	-	-
Attending hospital schools		-	-	-	-	-	-	-	-	-	-	-	-
Awaiting placement in hospital schools		-	-	-	-	-	-	-	-	-	-	-	-
Receiving education in hospital under Section 56		1	-	-	-	-	-	-	-	-	-	-	1
Receiving home tuition under Section 56		3	-	-	-	-	-	2	-	-	-	-	5
Awaiting home tuition under Section 56		-	-	-	-	-	-	-	-	-	-	-	-
Total number of children of school age requiring s.e.t.		7	14	7	9	50	68	230	19	6	5	18	415
Children of school age on register of handicapped pupils but not requiring s.e.t. and attending ordinary schools		-	7	2	7	99	59	19	4	12	7	1	216
Children aged 2-5 years on 31.12.63 formally ascertained as handicapped pupils requiring s.e.t.	Receiving s.e.t.	-	1	2	-	-	3	-	1	-	-	2	7
	Awaiting s.e.t.	-	1	-	1	1	1	-	-	-	-	-	4
Children aged 2-5 years on 31.12.63 on register of handicapped pupils but not requiring s.e.t.		-	1	1	1	8	1	2	-	1	-	-	15

* Not included in Total

Children admitted to special schools during the year:-

Admitted to Residential Schools

E.S.N.	1
Physically handicapped	-
Delicate	2
Maladjusted	1
Deaf	-
Diabetic	1

Admitted to the Bentry and other Day Special Schools

E.S.N.	40
Physically handicapped	6
Deaf	1
Partially hearing	-
Delicate	3
Partially sighted	-

Of the children who were attending the special schools the following were discharged to other schools during 1963:-

From Residential Schools

Maladjusted	1	to ordinary school
E.S.N.	-	
Delicate	1	" " "
Speech defect	-	

From Day Special Schools

E.S.N.	4	" " "
Delicate	3	" " "
Physically handicapped	3	" " "

THE BENTRY SCHOOL

The Bentry School is still the local centre for educationally subnormal and physically handicapped children. It provides for Dagenham and the surrounding areas of Romford and South Essex.

We now have 158 educationally subnormal children and 37 physically handicapped. The latter group include the following types of handicap:-

Residual paralysis following poliomyelitis	10
Spastic	8
Arthrogryphosis	2
Congenital heart	2
Dwarfs	2
Muscular dystrophy	2
Arrested hydrocephalus	1
Congenital scoliosis	1
Haemophilia	1
Multiple congenital deformities	1
Neurogenic bladder	1
Osteogenises Imperfecta	1
Post encephalitic	1
Retinitis Pigmentose and other defects	1
Scarring following burns	1
Suprabulbar pareses	1
Torsion spasm	1

During the past year three physically handicapped children and one educationally subnormal child returned to normal school.

On Wednesday mornings we have our weekly medical session at which routine medical examinations, immunisations and intelligence assessments are carried out. This session also provides an opportunity for interviewing parents and for the discussion of special problems with the headmaster.

We found that one weekly session was not adequate for the review of the educationally subnormal, so extra examinations have been done at other clinics. Dr. Weizmann and Dr. Westlake have helped with this and we have managed to bring the work up to date.

The matter of transport has been the subject of many recent complaints. Unfortunately we have a group of severely handicapped children who are chairfast (6). These children, many of whom are heavy adult size, have to be man-handled into coaches and small vans and we feel it is time some special transport with hydraulic lifts for the chairs was provided.

We lost two of our staff in September, Mrs. Cornish our school nurse and Mrs. Cocker the physiotherapist. Since September 1963 the school has been without a physiotherapist, but happily, I believe a new physiotherapist is soon due to start at the time of writing this report.

The weekly swimming session at the South East Essex Technical College remains very popular, but it is of doubtful therapeutic value as the session is short and the dressing accommodation inadequate.

In spite of these difficulties the atmosphere at the Bentry School is an extremely happy one. We find that whatever their handicap the children become less timid and self-conscious.

The staff deserve great credit for their patience and untiring effort.

The following report has been received from Mr. T. G. Hurton, Headmaster of the Bentry School:-

"There are 195 children on the School Roll, 158 in the Educationally Subnormal Department and 37 in the Physically Handicapped Department. The Ministry of Education advocate that the school be reorganised to become a school for Educationally Subnormal pupils exclusively, and the Physically Handicapped pupils be transferred to Faircross Physically Handicapped School, Barking.

The diminishing numbers of the Physically Handicapped Department, now only 37 in number, presents a serious educational problem as the whole age range of 5 - 16 years is contained in two classes. For the sake of these children the proposed reorganisation should be made as speedily as possible.

It is to be regretted that no successor has been found to carry on the work of our physiotherapist, Mrs. Cocker, who left in September 1963, as daily exercises are vital for the Physically Handicapped children. Swimming therapy under Mr. Brand takes place each Wednesday afternoon at the South East Essex Technical College and is very popular with the children.

Mr. A. Roberts, the Dental Surgeon, visits the school every Monday and carries out treatment. This is a great boon to Physically Handicapped children, as transporting them to the Dental Clinic is often a problem. The relationship between medical, dental, nursing and teaching staff is most cordial and I am greatly indebted to the Health Services for their ever-ready help and loyal co-operation.

With the prospect in the future of more seriously physically handicapped children being admitted to school, some thought will have to be given to their transport. At present the practice of transporting physically handicapped children in coaches or small vans is very unsatisfactory. We have 'chairfast' cases coming from the South Essex Division and they should not be transported in a coach or van. I think that consideration should be given to purchasing a suitably designed vehicle with hydraulic ramp and rails for wheelchairs, etc. for conveying seriously physically handicapped children to school.

Every effort is made to ensure that the pupils are educated according to their age, aptitude, and ability. Where ability warrants it, Physically Handicapped pupils sit for the Grammar School Entrance Examination, and also Royal Society of Arts Examinations. At Easter, three pupils of the Physically Handicapped Department will sit the Royal Society of Arts Examination in Typewriting and English.

With the co-operation of the Youth Employment Officer and the School Medical Officer every effort is made to place our children in suitable employment. Advantage is taken of the vocational training schemes organised by the National Spastics Society, but I feel that a scheme is needed which would embrace all categories of physical handicap.

Our school orchestra goes from strength to strength and last term we were honoured by being included in the B.B.C. radio programme "News from the South East". Our Dance, Choral Speech and Drama teams and our School Choir continue to give a good account of themselves at the Dagenham Schools Festivals.

I wish to thank my Staff for their loyalty and co-operation. It is through their hard work that such good results have been achieved and I greatly appreciate their efforts."

As already mentioned, therapeutic swimming is arranged for some of the pupils attending the Bentry School, and the following report has been submitted by Mr. A. Brand, who is responsible for this type of treatment:-

"Though the number of children attending the swimming baths showed an increase over last year, the total attendances were slightly down. This paradox was brought about by a number of factors, the inclement weather last winter being by no means the least.

The children are as keen as ever and look forward with great enthusiasm to their weekly excursions to the baths. I use the same scheme of treatment as in previous years, dividing the time into:-

One third general practice
One third individual tuition
One third free time.

Once again, I would like to express my thanks to Mr. Jones, the Sports Organiser, and his staff, who have rendered every assistance and who take such an interest in the welfare of these children. I would also like to appeal for voluntary help to anyone who has a couple of hours free on Wednesday afternoons and who would like to help in this worth-while work, by entering the water and assisting me in the instruction of these children."

DENTAL SERVICES

I give below the statistical summary of the year's work:-

Sessions (equivalent half-days)

1.	School dental inspections	123
2.	School dental treatment (excluding orthodontics)	1,054
3.	School dental orthodontic treatment	10
4.	Dental treatment of mothers and young children	47
5.	Administration (Area Dental Officer)	-
	Total sessions	1,234

School Dental Inspection

6.	Pupils inspected at periodic inspections	3,743
7.	Pupils inspected as specials	1,083
8.	Pupils found to require treatment	3,417
9.	Pupils offered treatment	3,405

School Dental Treatment

10.	Pupils actually treated (for the first time this year)			1,700
11.	Attendances by pupils for treatment *			5,280
12.	Appointments not kept			2,010
13.	Fillings:			
	(a) permanent teeth			3,060
	(b) temporary teeth			1,389
14.	Number of teeth filled:			
	(a) permanent teeth			2,803
	(b) temporary teeth			1,244
15.	Extractions:			
	(a) permanent teeth:	(i) for caries		548
		(ii) otherwise		11
	(b) temporary teeth:	(i) for caries		1,250
		(ii) otherwise		48
16.	General anaesthetics:			
	(a) by Medical Officers			-
	(b) by others			692
17.	Number of general anaesthetic sessions (included in 2)			108
18.	Number of general anaesthetic cases at sessions in 17			702
19.	Number of pupils supplied with artificial dentures			6
20.	Number of dentures fitted			7
21.	Other operations (except orthodontics):			
	(a) permanent teeth			382
	(b) temporary teeth			177
22.	Operations included in item 21:			
	(a) silver nitrate treatment			13
	(b) scaling			157
	(c) syringing sockets			8
	(d) dressings			246
	(e) inlays fitted			-
	(f) crowns fitted			4
	(g) radiographs			55
	(h) other operations			76

Orthodontic Treatment for Schoolchildren

23.	Cases commenced	14
24.	Old cases treated for the first time in the current year	9
25.	Cases completed	5
26.	Cases discontinued	3
27.	Pupils treated with appliances	19
28.	Removable appliances fitted	17
29.	Fixed appliances fitted	-
30.	Total attendances	64

* Including attendances shown in item 30.

Mother and Child Welfare Dental Treatment

	Expectant or Nursing Mothers	Children under five years of age
Number of patients examined	66	130
Number of patients needing treatment	64	102
Attendances for treatment	166	221
Number of patients who have completed treatment	32	60
Number of extractions	204	123
Number of fillings	88	151
Number of anaesthetics administered:		
(a) local	-	-
(b) general	19	48
Number of scalings or scaling and gum treatment	9	-
Number of dressings	-	-
Number of dentures provided:		
(a) full	9	-
(b) partial	5	-

LEYS ORTHOPAEDIC CLINIC

This is an out-patient clinic of the Ilford and Barking Group Hospital Management Committee which is located at the Leys Clinic. Children referred from the infant welfare clinics and the school health service attend here for treatment, as well as other patients referred by general practitioners and other sources.

Mrs. E. Ottley, the physiotherapist, reports as follows:-

"During 1963, 747 patients attended for physiotherapeutic treatment - 297 adults, 351 school children, 99 infant welfare - 11,103 treatments being given.

Mr. Moore, F.R.C.S., the orthopaedic specialist, attended 11 sessions. He saw 179 patients - 48 of whom were new. Thirty-six X-rays were required. Children attended in their respective age groups. Boys and girls were treated separately in classes for (1) feet, (2) posture, (3) breathing. All children under school age are treated individually.

Adults are seen on receipt of referral forms or letters from their respective practitioners. School children and children under five are usually referred from school clinics or infant welfare clinics.

Mr. Paulding of Messrs. A. E. Cox, Ltd. calls each week to measure patients for surgical shoes, splints, belts, etc. 187 cases were seen during the year and supplied with their respective requirements.

Three mornings a week were given to ambulance cases, approximately 25 patients being brought in each morning. We now have a regular ambulance attendant, Mr. McKenna, who is most efficient and helpful.

The usual Christmas party was held on the 19th December. Over 120 patients attended and an enjoyable time was had by all. Several patients and their relatives very kindly gave cakes, fruit, etc."

KINGSLEY HALL DAY CENTRE

1963 began in the nursery with the announcement that Sister Morrice would be leaving in the early summer as she was pregnant - the news was received with both pleasure and dismay. Pleasure as we knew that Sister dearly wanted a baby of her own, and dismay as we had come to rely so much on her efficiency and kindness in the nursery. In May we greeted our new Sister, Mrs. Torrington, who worked with Sister Morrice for a month, "to learn the ropes", and has now settled down very well amidst the staff and children.

Great excitement was engendered in the nursery in the early spring when we were offered the gift of a portable swimming pool. This duly arrived, and after a few weeks we began to wonder how we ever managed without it. We found it was possible to use warm water in the pool, and thus it could be used therapeutically for the cerebral palsied and hemiplegic children; undoubtedly great improvement was noted in these children, and it is unfortunate that the use of the pool is limited by the vagaries of the weather. Still, we could not have been given a better present, unless, of course, it had been a permanent, indoor, heated pool! The public health inspectors very kindly agreed to look after the chlorination of the pool for us.

An increasing number of hospital and dental appointments are being organised by the nursery, in which the child is accompanied by a member of the staff and parents, if they are available. We have found that this assists both the hospital and nursery since an exchange of views on the child can be made; we have also found that by this method far fewer children miss appointments due to some family crisis.

The following is a summary of the accompanied visits:-

London Hospital Dental School		18
Oldchurch Hospital:	Ophthalmic	5
	Orthopaedic	2
Grays Inn Road:	Audiology	1
Interviews for Special Schools		3

We are now attempting to reach a more precise and scientific method of ascertainment of the children attending the centre. We are endeavouring to ascertain the children physically and mentally within a few weeks of arrival at the nursery and before discharge, using some of the more recently published tests. These include the Ruth Griffiths Mental Scales and the physical assessment methods used by the Sheffield Cerebral Palsy Unit, also the Mary Sheridan Hearing and Vision Tests. These methods are necessarily lengthy and slow at present, but a more accurate estimate of the child's progress can be made than by the mere recording of an impression of a child, i.e. he seems to be improving, since we know that maturation of the child tends to occur in all but hopeless cases but the rate of maturation is a guide to the child's future possibilities. Using the new methods, six children have been mentally assessed and five physically assessed. This does not imply, of course, that the normal examination of all the children has not taken place, but that the new methods of assessment have been added to the old in these cases.

Attendance at Kingsley Hall has continued to be excellent. Despite the very severe winter and poor summer the average attendance was 16 per day.

The number of children admitted was 15, and discharged 13, and one child died in Oldchurch Hospital in December.

Discharges

	Age		Handicap	Remarks
	Years	Months		
1.	3	-	Bilateral cataracts.	Home, marked improvement, well adjusted.
2.	5	-	Epilepsy and eczema.	Normal school. Much improved.
3.	5	-	Aphasia.	Normal school. Improved.
4.	3	-	Emotionally immature.	Home. Improved.
5.	5	-	Mentally retarded.	Training Centre.
6.	5	9	Mentally retarded.	Training Centre.
7.	4	6	Mentally retarded.	Home - Mother's request.
8.	4	-	? Autistic.	Removed to Kent.
9.	5	-	Mentally retarded.	Awaiting place at Training Centre.
10.	3	8	Epileptic. Emotionally disturbed.	Home - much improved.
11.	6	6	Microcephalic. Cerebral palsy.	Residential Hospital care.
12.	5	-	Hare lip, cleft palate.	Normal school. Much improved.
13.	3	8	Hemiplegic.	Normal nursery. Much improved.

Admissions

	Age		Handicap
	Years	Months	
1.	4	4	Epilepsy and eczema.
2.	4	6	Speech defect.
3.	4	10	Cerebral palsy. Spastic quadriplegia.
4.	3	10	Mongol.
5.	2	8	Partially sighted.
6.	2	1	Mongol.
7.	3	2	Hydrocephalic.
8.	1	9	Partially sighted.
9.	1	6	Hydrocephalic and paraplegia.
10.	4	4	Intracranial tumour.
11.	2	9	Microcephalic and paraplegia. Myelo Meningocele repaired.
12.	4	2	Spastic quadriplegia and mental deficiency.
13.	-	7	Congenital deafness.
14.	4	11	Mongol.
15.	3	-	Emotionally disturbed. Speech defect.

We have been fortunate in acquiring some useful equipment this year, which includes a new refrigerator, washing machine and record player; also a special chair and walking frame for physically handicapped; several therapeutic toys

which include a microphone and telephone (battery) for speech therapy, scooter and punch ball.

This year again we have had our share of distinguished visitors, and we would like to extend our special thanks to Miss P. Maurice and Miss A. A. Hill, Her Majesty's Inspectors of Schools, for their interest and valuable advice. We would also like to extend our special thanks again to the members of the Romford Child Guidance Clinic for their help and co-operation in the past year; and also Miss Hodges, Peripatetic Teacher of the Deaf.

Sister Morrice was delivered (9.8.63) of a bouncing 8 lb. baby girl, Julia.

THE EFFECTS OF CHANGES IN MEDICAL TREATMENT AND NURSING

Care of Patients in their own Homes and Facilities offered by Local Authorities

(Precis of a lecture given by Dr. J. M. Packer at the Nurses' Study Day, East Suffolk County Council - 25th March, 1963.)

Before turning to the subject of this lecture, it is necessary to take a look at certain changes in those who require medical treatment and nursing, for there is a changing age structure of the population of this country. The Royal Commission on Population in 1949 reported that between 1871 and 1947 the number of people over 65 in Great Britain increased fourfold, and the proportion rose from 4·8 per cent. to 10·4 per cent. They estimated that in 1977, 16 per cent. of the population would be over 65. The latest figures available at the present time show that in 1961, out of a total population of 46,000,000 in England and Wales, there were 5½ million aged 65 and over. During the decade leading up to this year the proportion of elderly persons in the population rose at the rate of one per thousand each year, and now stands at the record level of 120 per thousand. The numbers of births have risen sharply since 1955. In 1961 there were 811,000 births, an increase of 3·3 per cent. above the figure for 1960, and equivalent to a birth rate of 17·6 per 1,000 population. Couples are marrying earlier now than they were a few years ago, and consequently commencing child-bearing earlier. There is also a tendency for married couples to reduce the average time interval between births. Whether or not there will be an increase in the average size of family it is too soon to say, but if this does come about it will alter the proportions of people in the various age groups as estimated by the Royal Commission. What is certain is that the numbers of people living to old age will increase, and this age group makes great demands on the services of the local authorities.

Changes in Medical Treatment

Over the past twenty years, knowledge has increased so rapidly that medical treatment has been revolutionised. The introduction of antibiotics and chemotherapeutic agents has given us a large measure of control of infections. The great majority of doctors who have qualified in recent years have never seen the classical crisis of lobar pneumonia. I myself can remember, as a student, a colsultant showing us with great pride his first case of tuberculous meningitis whose life had been saved by Streptomycin. The child was stone deaf and had severe brain damage, and would require intensive care for the rest of his life. But it was a great advance, in those days, for a patient even to survive the illness. Nowadays, of course, one would hope not merely to be able to save the patient's life, but to make the diagnosis and commence treatment early enough to enable the patient to make a full recovery.

Surgery and anaesthetics have also made great advances with the result that operations can now be attempted on patients whose general condition would have precluded operation in former times, for example the elderly patient with a hernia or with intestinal obstruction. Intracardiac surgery, arterial grafting, and embolectomy have given a new lease of life to many people. The outlook for patients with carcinoma is continually improving, though the problem still remains of getting patients early enough to secure the best results. Neurosurgery is being developed rapidly and can bring about a dramatic improvement in suitable cases. The patient with Parkinson's disease, for example, who does not respond well to drugs and who may be severely handicapped by his condition, may be completely cured and thereby rendered independent by surgical intervention.

In the realm of obstetrics improved antenatal care and management of delivery have reduced maternal mortality and morbidity to a low level and resulted in much saving of infant life. The ready availability of blood transfusion and other intravenous fluids has saved many lives, and mechanical aids such as the "iron lung" and the "artificial kidney" have also played their part.

The early mobilisation of patients post-operatively, after delivery, and after coronary occlusion has been to the benefit of the patient and has also resulted in earlier discharge from hospital. This in turn brings about increased demands upon the domiciliary care services.

A remarkable transformation has taken place within our mental hospitals where, due to modern psychiatric treatment - E.C.T., drugs, social therapy - patients with many types of mental illness may be admitted to hospital for short periods of treatment and be so improved that they may be discharged home again. This is in marked contrast to the situation which used to exist when the patient admitted to a mental hospital could expect to remain there for a prolonged period, if not for the rest of his life. The pendulum has now swung so much the other way that there is evidence that too many patients may be discharged too soon, imposing an intolerable strain upon their relatives as well as upon the facilities for community care. Increased experience should result in better selection of cases suitable for early discharge.

While there have been these great strides forward in the treatment of established disease, preventive medicine has by no means lagged behind. We place great emphasis on the detection of abnormalities at the first possible moment. In most parts of the country, testing for phenylketonuria is carried our routinely on infants between the ages of 2 and 6 weeks. Congenital dislocation of the hip should be diagnosed in the early months of life, certainly before weight-bearing commences. We should detect severe deafness by the time the child is six months old. These are just a few of the defects which should be looked for routinely in all infants. Then, too, we must consider the great reductions in the incidence of certain infectious diseases brought about by immunisation procedures. Largely due to immunisation, diphtheria notifications which in the decade 1933-42 averaged 55,000 a year, had fallen to only 51 by 1961. Notifications of poliomyelitis are falling, and not so long ago an outbreak of this disease at Hull was rapidly brought under control by the use of the oral vaccine.

Effects of the Changes

It is evident that modern treatments bring about more rapid and more complete recovery from many illnesses and operations. This is very obvious in the case of tuberculosis. Furthermore, prompt admission to hospital and faster elimination of tubercle bacilli from the sputum reduce the risk of spread of infection; hence new notifications fall. Round about the end of the war there were 53,000 cases notified per annum. From 1948 to 1953 there was a slow fall to about 47,000 cases, and thereafter there was a steady fall to the latest figure of 21,747 (for 1961). This has made a great difference to the work of the district nurse by reducing the number of cases of tuberculosis she has to attend, although the number of visits per case may rise, due to old resistant cases.

But there is another side to the picture. Our very success can create other, long-term problems. We keep alive the elderly, the mentally subnormal, and the severely ill who would formerly have died.

The elderly inevitably must deteriorate sooner or later, but this is no reason to "write them off". They are subject to arthritis, diabetes, mental deterioration, cancer, and general, increasing frailty. They require more

care and attention, both of a general nature and specifically nursing care. The former may be provided by relatives or friends, or by home helps, or in welfare hostels. The increasing numbers of the elderly are making greater demands on all these. So far as relatives are concerned, a married couple have both the husband's parents and the wife's parents to look after (to say nothing of their own children). The home help service is invaluable. Here in East Suffolk in 1960 the home help service dealt with 875 chronic sick, aged and infirm out of a total of 1,232 cases, doubtless the majority of these being "aged". Nursing attention is required for bathing, "pressure points", injections, and dressings. The care of the elderly requires more prolonged visits by the district nurse over a longer period, but rather less frequently. An investigation in Lancashire some while ago showed that the average number of visits per case was 50 per cent. higher than 8 years previously; the average duration of cases had more than doubled, but the average number of visits per case per week had fallen by slightly less than one third. The Ministry of Health estimates that two-thirds of the patients nursed by home nurses are over 65 years of age, and the proportion will increase.

The mentally subnormal used to show a marked tendency to succumb to respiratory infections. When I was a student I was taught that one almost never saw a mongol aged over 20. That is no longer true. Mentally handicapped adults need to be provided with suitable occupation and general supervision, and in this connection it must be remembered that these people may now outlive their parents. The Local Authority is responsible for making provision to meet these needs.

The severely ill may be kept alive, but incapacitated. Rehabilitation of the adult patient (work training and help in adjusting to a new way of life) must be provided for. There is also the problem of providing assistance throughout life for the infant who survives with severe congenital abnormalities, cerebral palsy, and so on.

Modern treatment is not without its hazards, as witness the emergence of organisms resistant to antibiotics, nurses' allergy to Penicillin and Streptomycin, retrolental fibroplasia, and "Thalidomide babies". A subtler hazard is the temptation to practise "lazy medicine" - for instance, putting a patient on successive courses of antibiotics without having made a proper diagnosis.

Changes in the Administration of Treatment

The number of injections is declining as more and more treatment can be given by tablets and other forms of oral administration, e.g. oral Penicillin, Tolbutamide in the treatment of diabetes. A welcome innovation is the introduction of pre-sterilised, disposable syringes, and also disposable caps, masks and surgical gloves. For the incontinent patient we now have absorbent pads, which greatly reduce the work of changing and washing bedding, or in some districts a special laundry service is provided for these patients.

There is a move in some places to use the district nurse to carry out pre-operative or pre-Xray treatment at home before the patient goes into hospital.

Present Needs

An increasing emphasis is being placed upon health education, both in the course of other work and in special sessions.

There should be continuance of all forms of treatment, including physiotherapy, when a patient is discharged from hospital, where necessary, and especially is this needed in the case of the elderly. Simple physiotherapy can be performed by the district nurse, such as passive and remedial movements

for arthritic patients or those suffering the after-effects of a cerebral catastrophe. This must be linked with the realisation that something can be done for the chronic sick and the aged.

One class of patient for whom present provision is inadequate is the frail incontinent patient who is more than the domiciliary services can cope with, but who is refused admission to hospital (because he is only incontinent) and to the old people's hostel (because the staff cannot cope with incontinence). The patient needs someone on call full-time who has sufficient training to cope with the problem. Where relatives or neighbours are available, they may be trained by the district nurse. For the remainder, it is impossible for Local Authorities to provide enough staff with even the most basic nursing training for each of these patients to be attended full-time in their own homes. The solution may be to equip the hostels suitably and provide, say, a State Enrolled Nurse on the staff so that such patients may be admitted there.

Finally, I believe that we need to assist our patients to find a philosophy of life. As Dr. Cullinan of St. Bartholomew's Hospital has said: "In this scientific age man is often vague and uncertain about his fundamental beliefs. He believes in science and has made it a sort of god. But that is not much use to him . . . Even if we learn 'how' life works we can never know the reason 'why' . . . Man is obviously something more than the sum of his physical parts."