

[Report of the Medical Officer of Health for East Ham].

Contributors

East Ham (England). County Borough Council.

Publication/Creation

[1938]

Persistent URL

<https://wellcomecollection.org/works/hvf6v6pu>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

AG 44113
C.I.

M
EAS 13



COUNTY BOROUGH OF EAST HAM.

Annual Report

OF THE

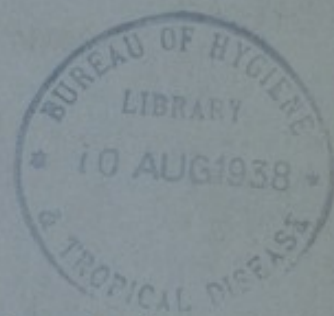
Medical Officer of Health

AND

School Medical Officer

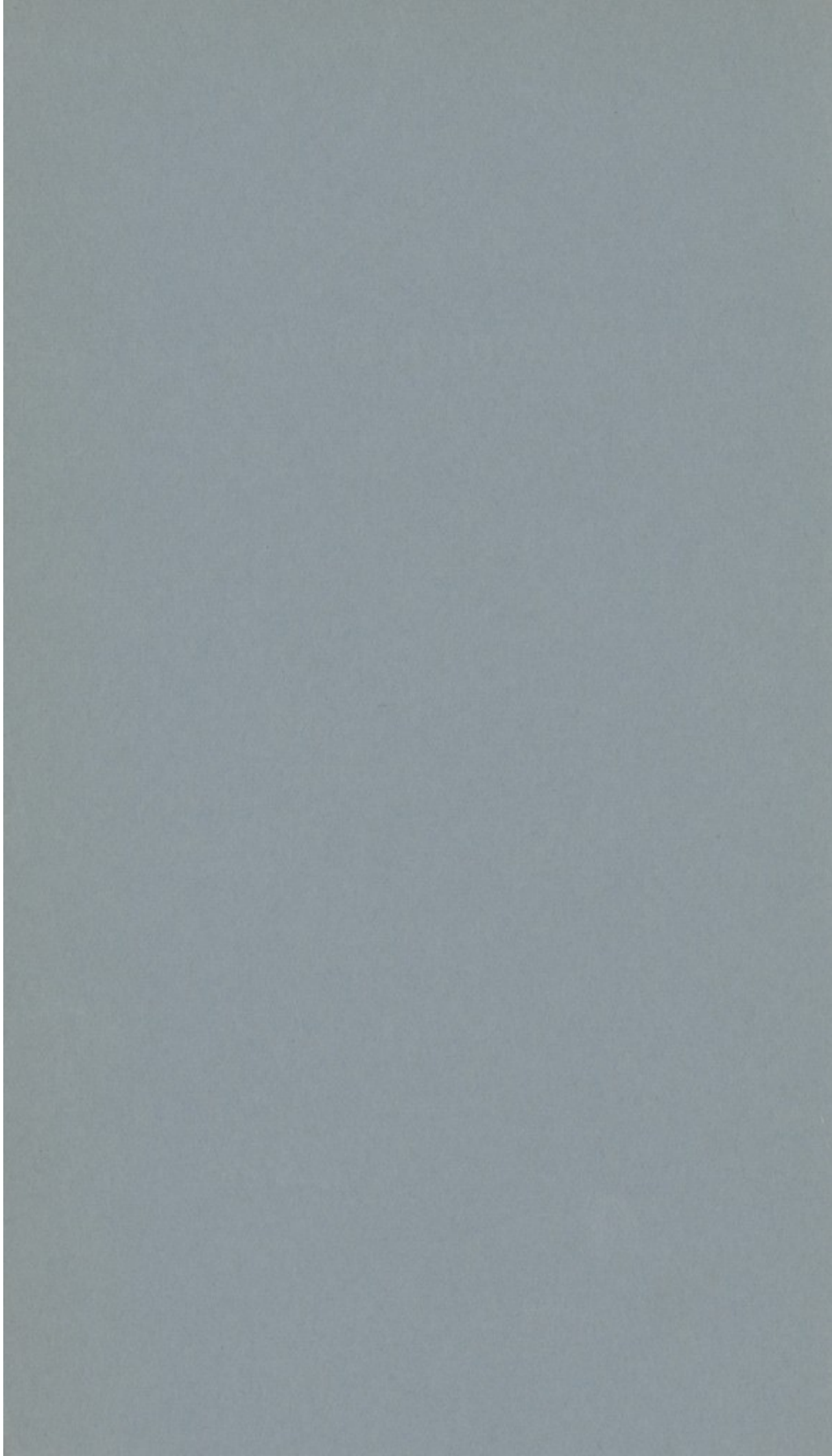
FOR THE YEAR

1937.



MALCOLM E. BARKER, M.R.C.S. (Eng.), L.R.C.P., D.P.H., (Lond.)

The Woodgrange Press, Ltd., London, E.7.





COUNTY BOROUGH OF EAST HAM.

Annual Report

OF THE

Medical Officer of Health

AND

School Medical Officer

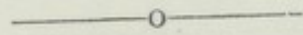
FOR THE YEAR

1937.

MALCOLM E. BARKER, M.R.C.S. (Eng.), L.R.C.P., D.P.H., (Lond.)

Medical Officer of Health; School Medical Officer; General Medical Superintendent; Medical Officer to the Maternity and Child Welfare Committee and Statutory Committee for Mental Deficiency; Chief Tuberculosis Officer.

PRINCIPAL CONTENTS



SECTIONS:—	PAGE
Constitution of Committees	3
Public Health Staff	5
Introduction	7
Statistical and Social Conditions of Area ...	10
General Provision of Health Services	18
General & Special Hospitals & Children's Homes	27
Mental Deficiency	38
Welfare of the Blind	42
Invalid Children's Aid Association	47
Maternity and Child Welfare	49
Infectious Diseases	63
Tuberculosis	80
Sanitary Section and Housing	112
Inspection and Supervision of Food	123
Unemployment and Out-Door Assistance ...	128
Meteorological Record	130
School Medical Service:—	
Introduction	135
Report	137
Index	185

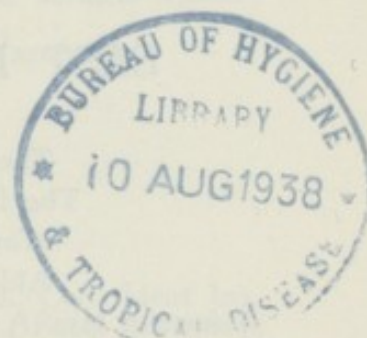
EAST HAM CORPORATION

PUBLIC HEALTH COMMITTEE.

Also Committee under Blind Persons Act, 1920, Sec. 2.

- *The MAYOR (Alderman J. W. BARTON, J.P.).
- *The DEPUTY-MAYOR (Alderman J. J. POPE, J.P.).
- *Alderman Mrs. B. WILKENS (*Chairman*, Public Health Committee, Institutions and General Sub-Committee, and Maternity and Child Welfare Sub-Committee).
- *Councillor S. A. ELSON (*Vice-Chairman*).
- *Alderman E. F. MARKEY.
- *Alderman Mrs. A. TAYLOR.
- *Alderman F. WELCH.
- Councillor W. H. W. BEECHAM.
- *Councillor L. A. V. BENNETT.
- Councillor G. W. BOULTWOOD, J.P.
- *Councillor Mrs. E. M. C. BRACE.
- Councillor W. T. BUSH.
- *Councillor W. J. DAVIS.
- *Councillor H. B. HARPER, J.P.
- Councillor H. JOSEPH.
- *Councillor Mrs. W. M. KNIGHT.
- *Councillor G. H. MONCAR.
- *Councillor Mrs. A. B. SPENCER.
- *Councillor W. THOMPSON.
- Councillor T. W. WILLIAMS.

* Also Member of the Institutions and General Sub-Committee.



MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

Maternity and Child Welfare Act, 1918, Sec. 2.

Same members as Public Health Committee, with—

- Mrs. L. M. BRIGNELL (co-opted).
- Mrs. E. M. DEVENAY (co-opted).
- Mrs. K. MOGER (co-opted).

COMMITTEE FOR THE CARE OF THE MENTALLY DEFECTIVE.

Mental Deficiency Act, 1913, Sec. 28.

The MAYOR (Alderman J. W. BARTON, J.P.).
 The DEPUTY-MAYOR (Alderman J. J. POPE, J.P.).
 Alderman Mrs. A. TAYLOR (*Chairman*).
 Councillor Mrs. A. B. SPENCER (*Vice-Chairman*).
 Alderman Mrs. B. WILKENS. Councillor Mrs. K. M. KNIGHT.
 Councillor W. J. DAVIS. Councillor A. PRIOR.
 Councillor C. W. DIXON. Mrs. C. J. CROSS (co-opted).
 Councillor B. G. GOODENOUGH. Mrs. A. M. GRAY (co-opted).
 Councillor H. B. HARPER, J.P. Mrs. L. J. NICHOLS (co-opted).

EAST HAM EDUCATION COMMITTEE.

The MAYOR (Alderman J. W. BARTON, J.P.).
 The DEPUTY-MAYOR (Alderman J. J. POPE, J.P.).
 Councillor T. I. LETHABY, J.P. (*Chairman*).
 Alderman J. J. POPE, J.P. (*Vice-Chairman*).
 Alderman Mrs. A. TAYLOR. Councillor H. B. HARPER, J.P.
 Alderman Mrs. B. WILKENS. Councillor J. A. HART.
 Alderman T. W. BURDEN, J.P. Councillor E. C. HOWLETT.
 Alderman R. J. FELL. Councillor H. P. JACKSON.
 Alderman E. F. MARKEY. Councillor H. JOSEPH.
 Alderman W. T. NEWLING, J.P. *Councillor G. H. MANSER,
 Alderman F. WELCH. M.R.S.I., R.P., J.P.
 Councillor Mrs. E. M. C. BRACE. Councillor R. W. MOGER, J.P.
 Councillor Mrs. W. M. KNIGHT. Councillor W. THOMPSON.
 Councillor R. BAILEY. Councillor E. A. WOOD.
 Councillor C. W. BRADING, Mrs. W. E. HYLAND.
 C.R.P., J.P. Mrs. L. A. LETHABY.
 Councillor W. T. BUSH. Mr. A. E. FRANCIS.
 Councillor C. W. DIXON. Mr. E. J. SULLIVAN
 Councillor S. A. ELSON. †Alderman J. BROOKS, J.P.

* Died 1.10.37.

† Co-opted Member of Libraries Sub-Committee.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

A. *Medical*—whole-time.

- MALCOLM E. BARKER, M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health; General Medical Superintendent; School Medical Officer.
- F. E. BENDIX, M.R.C.S., L.R.C.P., L.D.S., Deputy and Senior Assistant Medical Officer of Health.
- MARY H. THOMSON, L.R.C.P., L.R.C.S., D.P.H., Assistant Medical Officer.
- JESSIE A. MACLAREN, M.B., Ch.B., D.P.H., Assistant Medical Officer.
- J. CRAWFORD, M.B., Ch.B., D.P.H., Assistant Medical Officer and Resident Medical Superintendent, Harts Sanatorium.
- J. LANDON, M.R.C.S., L.R.C.P., D.P.H., Assistant Medical Officer; Resident Medical Superintendent, Borough Infectious Diseases Hospital.
- J. S. COLEMAN, M.B., B.S., M.R.C.S., L.R.C.P., Assistant Medical Officer and Medical Officer, Aldersbrook Homes.

Medical—part-time.

- PHILIP ELLMAN, M.R.C.P., M.R.C.S., M.D. (Laus.), Consultant, Tuberculosis and Chest Clinic.
- S. C. REEVE-FLAXMAN, M.R.C.S., L.R.C.P., Ophthalmic Surgeon.
- R. SAVEGE, M.B., Ch.B., F.R.C.S. (Edin.), D.L.O., Aural Surgeon.
- R. V. BREWS, L.R.C.P., L.R.C.S., L.M., District Medical Officer; Public Vaccinator.
- M. E. O'MOORE, M.B., B.Ch., B.A.O., Public Vaccinator.

B. *Dental Surgeons*:—

- A. E. HALL, L.D.S. (Liverpool).
- C. S. NEAME, L.D.S., R.C.S.

C. *Sanitary and Food Inspectors*:—

- J. E. AUSTIN, M.S.I.A., A.M.I.P.C., Cert.S.I.J.B., Cert. Meat Ins., Cert. Smoke Ins., Senior Sanitary Inspector; Food and Shops Act Inspector; Inspector Contagious Diseases (Animals) Act.
- R. A. BASKETT, M.S.I.A.; M.J.J. HILLYARD, M.S.I.A.; H. G. LUCKETT, A.R.S.I., M.S.I.A., W. H. THURSTON, R.P., A.R.S.I., M.S.I.A., W. S. C. TOOBY, A.R.S.I., M.S.I.A., D. G. TONKIN, M.S.I.A., W. J. WORLEY, A.R.S.I., M.S.I.A.

Shops Act Inspector:—

- C. H. PURSALL, A.R.S.I.

D. *Nursing Staff*:—*Matron, Borough Infectious Diseases Hospital*:—

- H. M. McLOUGHLIN, S.R.N.

Matron, Harts Sanatorium:—

- G. E. SHARPE, S.R.N.

Senior Health Visitor:—

- A. A. WOODMAN, S.R.N., S.C.M., M.R.S.I. (H.V.'s Cert.).

Health Visitors:—

- A. E. O'LEARY, S.R.N., S.C.M., R.S.I. (H.V.'s Cert.).
- M. PRESTON, S.R.N., S.C.M., R.S.I. (H.V.'s Cert.).
- E. E. ROBERTS, S.R.N., S.C.M.
- D. E. SKEGGS, S.R.N., S.C.M., R.S.I. (H.V.'s Cert.).
- C. R. WORRALL, S.R.N., S.C.M., R.S.I. (H.V.'s Cert.).
- M. K. HOWE, S.R.N., S.C.M., R.S.I. (H.V.'s Cert.).

School Nurses:—

C. G. CASE, R.F.N., A.R.S.I.
 A. I. CHILDS, S.R.N., S.C.M., A.R.S.I.
 A. R. KEKWICK, S.R.N., A.R.S.I.
 A. NEARS, S.R.N.
 M. H. NUNN, S.C.M.
 V. OLIFENT, R.F.N.
 M. A. SORRELL, S.R.N., A.R.S.I.
 I. THOMAS, S.R.N., S.C.M., R.S.I. (H.V.'s Cert.).
 D. YOUNG, S.R.N., S.C.M.

Tuberculosis Nurses:—

L. E. MALLON, S.R.N.
 F. M. WILLIAMS, S.R.N., T.A.Cert.
 C. A. SUMPTION-JONES, S.R.N., S.C.M., T.A.Cert.

Public Assistance Nurse and Assistant Relieving Officer:—

E. E. KELLEY, S.R.N., S.C.M., Fever Trained.

**Municipal Midwives:—*

M. E. HACKETT, S.R.N., S.C.M.
 M. LAW, S.C.M.
 E. I. PURNELL, S.R.N., S.C.M.

E. Other Staff:—

Ascertainment and Supervising Officer, M.D. Acts:—
 E. L. HICKS.

M.D. Training Centre:—

A. H. BLEADON, Supervising Officer.
 L. B. COONEY, Asst. Supervising Officer.

Home Teacher, Blind Persons Act:—

L. KINGSTON.

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

T. B. CLARK.

Chief Clerk and Vaccination Officer:—

F. J. KENDALL, A.R.S.I.

Male Clerks:—

E. A. BLOOMFIELD.
 C. L. DURBIN, A.C.I.S.
 G. W. FRIEND.
 G. H. GREEN.
 R. A. GOFF, D.P.A.
 B. E. R. HARTLEY, A.C.I.S.
 C. J. HAYES.

Shorthand Typists:—

D. GORDON.
 C. GOODMAN.
 O. E. GRIFFIN.
 †E. M. PRITCHARD.
 H. E. RITTERSPACK.
 E. M. WALTON.

Female Clerks:—

J. M. FLYNN.
 A. R. GASTER.
 F. E. HALES.
 W. M. HALES.
 M. A. MCCALL.
 F. C. WELLS.

* Commenced duty 1.9.37.

† Commenced duty 1.3.37.

Public Health Department,
Town Hall,
East Ham.

May, 1938.

Madam Mayor, Ladies and Gentlemen,

I have the honour to present to you my Annual Report on the health of the County Borough of East Ham for the year 1937, together with the Annual Report to the Education Committee on the work of the School Medical Service.

The benefit to the community of the various health services is revealed by a close study of the numerous statistics. It will be seen that the scope of the provisions instituted by the Council for the prevention of disease and maintenance of health is being rapidly widened. The increased facilities at the Clinics for supervision and advice, and other schemes of assistance, have as their object the preservation of health, and are, in addition, of real social service to the Borough. Measures for the improvement of physique and the attainment of physical fitness are now largely the responsibility of the local authority.

Although the figures for the previous year were very satisfactory, I am pleased to report a steady improvement in almost all respects. There is a lessened incidence of disease generally, and the low mortality rates—in some infectious diseases completely absent—are a striking feature of the Report.

The infant mortality and maternal death rates were still further reduced.

Reference to Table 41, page 111a wherein is given for comparison information relative to County Boroughs of similar populations, shows remarkable figures for this Borough. It must be acknowledged that such results can only be achieved by a comprehensive and active health service, and by minute attention to detail in both its administrative and clinical aspects.

The year has been eventful in other respects—the appointment of Municipal Midwives under the Midwives' Act, 1936, has

enabled the Council to provide directly, midwifery and maternity nursing services in the homes. Particulars regarding this provision are given later in the Report.

The arrangement made by the Council with the Committee of the East Ham Memorial Hospital for the provision of maternity accommodation at the Hospital has progressed to the extent that plans were submitted and subsequently approved by the Minister of Health. The extensions at the Hospital also include a new Children's Ward. These additions will prove of material benefit to mothers and children of the district.

The erection of the new Public Health Offices and Central Clinic mentioned in previous Reports was commenced in the latter part of the year, and it is anticipated that such will be completed in 1938.

In accordance with the circular issued by the Ministry of Health and Board of Education, initiating the scheme of propaganda outlined by the Central Council for Health Education, the Authority arranged for the general display of posters on health topics, and the distribution of leaflets, etc., at all Schools and Clinics in the Borough; in addition, during the period of the campaign, October, 1937, to February, 1938, numerous lectures were given to various organisations, and every effort was made to stimulate interest in the Council's public health activities.

A matter of outstanding interest was the clearance of caravan areas. The necessary investigations involved numerous visits, the collection of a vast amount of data, statutory enquiries by the Ministry of Health, and, in some instances, proceedings in Court, although the latter were obviated as far as possible.

Mr. J. E. Austin and the sanitary inspectorate are to be congratulated on the satisfactory solution of a difficult problem.

The transfer of patients suffering from mental illness from institutions in various parts of the country to Runwell Hospital was proceeded with in gradual stages as the buildings became available for use. Details concerning the disposition of patients will be found in the appropriate section of the Report.

I desire to express my thanks to the Chairman and members of the Public Health Committee, and also to those members of the Authority with whom I am associated on other Committees, for their continued support and help. My thanks are due to the Officers of the Council for their assistance, and to the members of the Public Health staff for their willing co-operation and efficient service.

I have the honour to be,

Your obedient Servant,

Maxwell Dawson

Medical Officer of Health.

Statistical and Social Conditions of the Area

Area (in statute acres) land and inland water, 3,324.

Population. Census, 1931, 142,394 (males 68,923, females 73,471). Estimated to middle of 1937, 131,100.

Number of inhabited houses (end of 1937) according to rate books (including tenements and shops), approx. 30,125.

Rateable value at 31st December, 1937, £761,575.

Sum represented by a penny rate for the year 1937/8, £3,030 estimated.

Physical Features of the Area.

See report for year 1930.

Social Conditions of the Area.

See report for year 1930.

Extracts from Vital Statistics.

	Total.	Males.	Females.	
Live Births	Legitimate 1,902	969	933	{ Birth rate per 1,000 of the estimated population 14.8.
	Illegitimate 50	30	20	
Still Births	... 58	36	22	{ Rate per 1,000 total (live and still) births 28.8.
Deaths	... 1,422	736	686	{ Death rate per 1,000 of the estimated population 10.8.

Deaths from puerperal causes:—

	Deaths.	Rate per 1,000 total (live and still) births.
Puerperal sepsis	...	—
Other puerperal causes	1	0.49
Total	1	0.49

Death rate of infants under one year of age :—

All infants per 1,000 live births	....	....	....	48
Legitimate infants per 1,000 legitimate live births				47
Illegitimate infants per 1,000 illegitimate live births				80
Deaths from Cancer (all ages)	....	....	....	219
Deaths from Measles (all ages)	....	....	....	—
Deaths from Whooping Cough (all ages)	....	....	....	5
Deaths from Diarrhoea (under 2 years of age)	....	....	....	14

Particulars of any unusual or Excessive Mortality during the Year which has received or required comment.

Deaths from cancer (all forms) shew an appreciable increase over the previous year, whilst those attributed to diseases of the circulatory system generally, including heart disease, were decreased. Male deaths from cancer exceed in larger proportion female deaths.

Any causes of Sickness or Invalidity which have been specially noteworthy in the Borough during the year ; and any Conditions of Occupation or Environment which appear to have had a prejudicial effect on Health and any evidence, Statistical or otherwise, that unemployment has exercised any significant influence on the Health or Physique of children or adults.

There is no evidence that unemployment, conditions of occupation, or local environment have had any particular effect on health or physique. Owing, however, to the large increase in populated areas this side of London, travelling facilities during the rush hours are not conducive to a lessening of fatigue or to the general well-being of many residents of the Borough.

Still-Births.

The number of still-birth registered was 58, compared with 64 for the previous year. The rate per 1,000 total (live and still) births was 28.8, the figure for 1936 being 32.0.

Births.

The number of live births registered was 1,952 as compared with 1,931 for the year 1936, equivalent to a birth rate of 14.8 per 1,000 of the population—14.4 for the previous year.

The live birth rates in the various Wards were as follows:—

Manor Park	Little Ilford	Woodgrange	Plashet		
13.5	17.9	11.7	13.0		
Kensington	Castle	Central	Wall End	Greatfield	South
14.8	12.6	12.2	14.4	10.4	14.5

Deaths.

The number of deaths was 1,422 as compared with 1,421 for the year 1936. The death rate was 10.8, or 0.2 greater than that of the previous year. Of the total deaths 723 or 50.8 per cent. died in institutions.

The number of residents who died outside the area and whose deaths were assigned to this Borough was 676. Seventy-eight deaths of non-residents occurred.

The standardised death rate, that is the rate adjusted to compare with the crude death rate of the country as a whole, or with the mortality of any local area, was 11.8 (1936—11.6). This figure is arrived at by multiplying the crude death rate (10.8) by an adjusting factor, that for East Ham being 1.10.

The percentage of total deaths in the various age groups was as follows:—

Under 1 Year	1-2 Years	2-5 Years	5-15 Years	15-25 Years	25-35 Years	35-45 Years	45-55 Years	55-65 Years	65-75 Years	75 Years and upwards
6.6	0.5	0.5	1.1	2.7	4.5	5.0	8.8	17.2	25.6	27.3

Infantile Mortality.

Deaths of infants under one year of age numbered 95—equivalent to an infant mortality rate of 48 per thousand live births—compared with the rate of 50 for the previous year. The rate for England and Wales is 58.

Four deaths of illegitimate children occurred out of a total of 50 illegitimate births, giving a mortality rate of 80 as compared with a figure of 20 per 1,000 live births for the year 1936.

Neo Natal Mortality.

This rate is obtained by estimating the deaths of infants under one month per 1,000 live births.

The neo-natal mortality rates for the past five years are as follows:—

1933—22.8, 1934—22.5, 1935—23.4, 1936—21.7, 1937—25.6

Maternal Mortality.

The number of maternal deaths was 1, the maternal mortality rate for 1937 was therefore 0.51 per 1,000 live births and 0.49 per 1,000 live and still-births.

I am pleased to report a further reduction in the number of maternal deaths as compared with last year (4). It will be seen that the mortality rate is markedly lower than that for England and Wales as a whole.

TABLE 1.

	Puerperal Sepsis		Other Causes		Total	
	England & Wales	East Ham	England & Wales	East Ham	England & Wales	East Ham
Per 1,000 Live Births	0.97	—	2.26	0.51	3.23	0.51
„ Total Births (Live & Still)	0.94	—	2.17	0.49	3.11	0.49

Regular and efficient ante-natal care lessens the risk of complications at childbirth.

Facilities for ante-natal supervision and advice are available at the special clinics held at the High Street, Manor Park, and North Woolwich Centres.

Obstetrical Specialist.

The services of a Consultant Obstetrician were requested by a General Practitioner on one occasion.

Particulars are given below :—

No.	Diagnosis.	Where treated.	Result.
1.	Puerperal Fever	Whipps Cross Hospital ...	Recovered.

Population.

The Registrar-General's estimate of the population to the middle of 1937, is 131,100, which is a decrease of 2,300 compared with that for the year 1936. The rates per thousand of the population mentioned in this report are based on this estimate, except in the case of the Ward rates, which are calculated according to the Census returns.

TABLE 2.—BIRTH RATE, DEATH RATE AND ANALYSIS OF MORTALITY, 1937.

	Rate per 1,000 Population.		Annual Death Rate per 1,000 Population.										Rate per 1,000 Live Births.
	Live Births.	Still Births.	All Causes	Typhoid and Para-typhoid Fevers.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under two years).	Total Deaths under One Yr.
England & Wales	14.9	0.60	12.4	0.00	—	0.02	0.01	0.04	0.07	0.45	0.54	5.8	58
125 County Boroughs & Great Towns including London ...	14.9	0.67	12.5	0.01	—	0.03	0.01	0.04	0.08	0.39	0.45	7.9	62
148 Smaller Towns (estimated resident populations 25,000-50,000 at census 1931) ...	15.3	0.64	11.9	0.00	—	0.02	0.01	0.03	0.05	0.42	0.42	3.2	55
London—Administrative Co'ty	13.3	0.54	12.3	0.00	—	0.01	0.01	0.06	0.05	0.38	0.51	12.0	60
EAST HAM	14.8	0.44	10.8	0.00	—	—	—	0.03	0.02	0.27	0.36	7.1	48

TABLE 4.—WARD DISTRIBUTION OF DEATHS, AND WARD DEATH RATES, 1937.

Cause of death.	WARDS.										Total.	Deaths in Institutions.
	Manor Park.	Little Ilford.	Wood-grange.	Plashet.	Ken-sington.	Castle	Central.	Wall End.	Great-field.	South.		
1. Typhoid & Paratyphoid Fevers	—	—	—	—	—	—	—	—	—	1	1	1
2. Measles	—	—	—	—	—	—	—	—	—	—	—	—
3. Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—
4. Whooping Cough	1	1	1	—	—	—	—	—	1	1	5	2
5. Diphtheria	2	—	—	—	—	—	—	—	—	1	3	3
6. Influenza	5	4	6	1	2	4	7	4	2	1	36	8
7. Encephalitis Lethargica	—	—	1	—	—	—	—	—	—	—	1	1
8. Cerebro-Spinal Fever	—	—	1	—	—	—	—	—	—	1	2	1
9. Tuberculosis of Respiratory System	10	7	9	6	9	13	9	9	4	4	80	39
10. Other Tuberculous Diseases	—	2	—	2	2	2	—	1	3	1	13	13
11. Syphilis	1	—	—	—	1	1	—	1	—	—	4	2
12. General Paralysis of the Insane, Tabes Dorsalis	—	1	—	2	—	1	—	—	1	1	6	5
13. Cancer	27	21	20	17	18	23	19	31	24	19	219	115
14. Diabetes	4	1	1	1	2	2	2	1	2	2	18	12
15. Cerebral Haemorrhage, etc.	7	5	6	8	7	11	11	11	12	10	88	53
16. Heart Disease	38	39	36	42	42	46	42	40	29	31	385	150
17. Aneurysm	—	2	1	1	1	1	—	—	1	2	9	4
18. Other Circulatory Diseases	4	—	1	4	3	6	9	4	1	4	36	10
19. Bronchitis	6	10	9	4	7	3	4	12	3	5	63	22
20. Pneumonia (all forms)	6	12	7	11	13	9	14	11	6	13	102	57
21. Other Respiratory Diseases	2	2	—	1	—	2	3	1	2	—	13	6
22. Peptic Ulcer	5	—	4	2	4	2	3	2	1	1	24	22
23. Diarrhoea, etc.	3	2	3	1	2	—	2	3	1	1	18	14
24. Appendicitis	1	2	—	—	—	1	2	—	—	—	6	6
25. Cirrhosis of Liver	1	—	—	1	—	1	—	—	—	1	4	3
26. Other Diseases of Liver, etc.	1	—	—	—	3	1	2	—	1	—	8	5
27. Other Digestive Diseases	3	2	1	2	4	3	2	2	1	1	21	14
28. Acute and Chronic Nephritis	4	3	2	2	6	3	7	4	1	3	35	20
29. Puerperal Sepsis	—	—	—	—	—	—	—	—	—	—	—	—
30. Other Puerperal Causes	—	—	—	—	—	1	—	—	—	—	1	—
31. Congenital Debility, Premature Birth, Malformations, etc.	6	12	3	6	5	4	6	3	6	3	54	28
32. Senility	8	1	1	1	1	—	2	3	2	2	21	7
33. Suicide	1	2	—	2	3	—	2	1	1	1	13	4
34. Other violence	4	6	5	2	2	2	1	5	4	4	35	32
35. Other defined causes	11	9	11	12	11	7	6	10	7	14	98	64
36. Causes ill-defined or unknown...	—	—	—	—	—	—	—	—	—	—	—	—
Totals	161	146	129	131	148	149	155	159	116	128	1,422	723
Rates (Census population for Wards)	11.7	8.1	10.1	9.6	12.7	11.0	11.2	9.3	8.3	8.2	10.8	—

TABLE 5.

INFANT DEATHS UNDER ONE YEAR OF AGE, 1937.

CAUSE OF DEATH.	Total	Ages and Sex																Total under 1 year	Wards														
		Under 1 week		1-2 weeks		2-3 weeks		3-4 weeks		1-3 months		3-6 months		6-9 months		9-12 months			M	F	Moor Park	Little Ilford	Wood-grange	Plasbet	Kensington	Castle	Central	Wall End	Great-field	South	Deaths in Institutions		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F																
Cancer	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Tuberculous Meningitis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Whooping Cough	4	-	-	-	-	-	-	-	-	-	-	1	-	2	1	-	-	3	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Influenza	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Diphtheria	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Cerebro Spinal Fever	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Bronchitis	5	-	-	-	-	-	-	-	-	1	1	1	1	1	-	1	-	2	3	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Pneumonia	16	1	-	1	1	-	2	-	-	1	1	2	1	2	1	3	-	10	6	1	1	1	2	2	3	3	1	2	1	2	11	1	
Diarrhoea, etc.	11	-	-	-	-	-	-	-	-	4	2	1	1	1	1	2	-	8	3	3	1	3	1	1	1	1	1	-	-	-	-	9	
Congenital Debility and Malformations, Premature Births	50	12	20	2	1	2	2	1	1	1	1	1	1	2	2	1	1	22	28	7	10	4	5	4	5	3	3	4	5	28	4		
Other defined causes	4	-	2	-	1	-	-	-	-	-	-	1	-	-	-	-	-	1	3	-	1	-	-	1	-	-	-	-	-	-	-	1	
All Causes	95	13	22	3	3	2	4	1	1	9	5	7	6	8	4	6	1	49	46	14	14	10	9	7	9	8	10	6	8	54	-		
Infantile Mortality Rates	48	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	74	48	68	50	40	52	47	40	41	36	-	-	-	-	-	

Special Reports submitted to the Council during the year 1937.

<i>Date.</i>	<i>Subject.</i>
17th February.	Measures adopted in Paratyphoid Fever Cases.
22nd February.	Supervision of Children under School Age—Ministry of Health Circular 1550.
15th March.	Joint report of Medical Officer of Health and Borough Treasurer re issue of Extra Nourishment to patients upon discharge from Harts Sanatorium and other sanatoria.
17th March.	Salaries and Hours of Duty of Staff at Harts and Infectious Diseases Hospital.
31st May.	Report of Advisory Committee on Nutrition.
25th June.	Suggested scheme for collection of maternity fees at clinics.
29th September.	Congress of Royal Sanitary Institute.
1st October.	Synopsis of report on an investigation into Maternal Mortality.
1st October.	23rd Conference of National Association for Prevention of Tuberculosis.
4th October.	Circular 1621—Prevention of Blindness.
19th November.	Report on Conferences, Lectures, etc., suggested by the British Social Hygiene Council.
19th November.	Report on manner in which patients are returned to their homes on discharge from hospital.

General Provision of Health Services

Professional Nursing in the Home.

A. GENERAL.

The services of the Plaistow District Nurses attached to the Branch Home at Ascot Lodge, Shrewsbury Road, are of inestimable benefit to residents of East Ham. The Authority makes a grant in aid of these services.

For Public Assistance Cases the services of Nurse Kelley are available upon the recommendation of the patient's medical attendant.

B. INFECTIOUS DISEASE

Admission to hospital is advised of all cases of diphtheria and scarlet fever and statistics shew a high percentage of acceptances. No provision is made for the nursing of infectious disease in the home but many cases of measles, whooping cough and bronchopneumonia are admitted to hospital where the home conditions are inadequate. The satisfactory results obtained warrant such procedure.

C. MIDWIVES.

The sister midwives and nurses of the Plaistow Maternity Hospital attached to the Burges Road Home and Branch at Tidal Basin attend mothers in the district. The midwives from the Sir Henry Tate Home attend a few mothers in the North Woolwich area.

MIDWIVES ACTS, 1902 to 1936

The number of midwives who notified their intention to practise in East Ham during 1937, was 71. Of this number 46 worked in connection with the Maternity Hospital and District Nurses' Home, Plaistow, and its branches—3 at Sir Henry Tate Nurses' Home, Silvertown—2 at the Kelvingrove Nursing Home, Windsor Road—and 20 practised independently, **including 3 Municipal Midwives recently appointed.**

Summary of Visits Paid during 1937 by Nurses of Plaistow Maternity Hospital and District Nurses Home.

MIDWIFERY 384, MONTHLY 196, HOSPITAL 293.

Laboratory Facilities.

As detailed in previous reports, the majority of the specimens are now sent for examination to the East Ham Memorial Hospital.

The number and nature of these examinations for 1937 are shown below :—

<i>Specimen</i>	<i>Number</i>
Blood (Sugar estimation)	1
Blood for Widal Test	11
Blood Clot (Tuberculosis)	1
Faeces	9
Mantoux Skin Test (Tuberculosis)	47
Pleural Effusion	1
Sputa (for Asbestosis)	3
Sputa (for Tuberculosis)	982
Sputa (for Tuberculosis-Antiformin method)	37
Swabs (for Tuberculosis)	3
Urine (for Typhoid)	1
Total	1096

Pathological examinations carried out by Counties P.H. Laboratories during 1937 :—

Blood (for Widal Test)	4
Faeces (for Dysentery)	3
Faeces (for Typhoid)	8
Swabs (for Haemolytic Streptococci)	56*
Virulence Test (for Diphtheria)	5
Total	76

*Increase due to larger number of nurses engaged in midwifery sent from Plaistow Maternity Hospital to cases in this area and also to Municipal midwives.

One specimen of blood for Widal Test was examined by the Royal Institute of Public Health.

The same arrangements exist for the examination of suspected diphtheria swabs as in previous years.

The number examined at the Infectious Diseases Hospital and the Town Hall Laboratory was as follows, viz:—

Number.	Positive.	Negative.
3,390	236	3,154

Of the above total 2,440 were examined at the hospital.

Ambulance Facilities.

General.

The two ambulances operating from the Fire Station carried out the following work during 1937:—

	Ordinary	Police
East Ham	1714	491
West Ham	3	2
Ilford	12	6
Barking	24	14
East Ham for:—		
West Ham	5	16
Ilford	—	—
Barking	24	16
	<hr/>	<hr/>
	1782	545
	<hr/>	<hr/>
Calls (as above)		2327
Not required on arrival		93
Malicious calls		10
Special service calls		1
Maintenance journeys, etc.		69
		<hr/>
Total number of journeys		2500
		<hr/>

Total mileage: 18,665.

Average mileage per journey: 8.02.

Owing to the reciprocal arrangements with adjoining authorities in the event of breakdown or emergency, the two ambulances have so far met the needs of the Borough.

Infectious Cases.

Two ambulances are available for this purpose at the Infectious Diseases Hospital.

Clinics and Treatment Centres.

These are all provided by the Council. The sessions at the centres are as follows, viz:—

TABLE 6.
CLINICS AND TREATMENT CENTRES.

Situation.	Purpose Used.	Sessions.
Central Clinic, High Street South Schools	Special Clinics ...	Monday & Saturday, 9.30 a.m.
" "	Toddlers' Clinics ...	Thursday, 2 p.m.
" "	Infant Welfare ...	Monday, 2 p.m.; Wednesday, 9.30 a.m. and 2 p.m.; Thurs- day, 9.30 a.m.; Friday, 2 p.m.
" "	Ante-Natal Clinic ..	Friday, 9.30 a.m.
" "	Immunization Clinic	Tuesday, 9.30 a.m.
Church Road, Manor Park ...	Toddlers' Clinics ...	Monday, 9.30 a.m.
" "	Special Clinics ...	Alternate Tuesdays, 2 p.m.
" "	Ante-Natal Clinic ..	Wednesday, 9.30 a.m.
" "	Immunization Clinic	Friday, 9.30 a.m.
" "	Infant Welfare ...	Monday, 2 p.m.; Wednesday, 2 p.m.; Thursday, 2 p.m.
" "	Light Clinics ...	Monday, 9 a.m. (Girls); " 2 p.m. (Babies). Tuesday, 2 p.m. (Boys). Wednesday, 9 a.m. (Girls); " 2 p.m. (Babies). Thursday, 9 a.m. (Boys); " 2 p.m. (Locals). Friday, 9 a.m. (Girls & Babies). Saturday, 9 a.m. (Boys).
Baptist Church Hall, Plashet Grove	Infant Welfare ...	Tuesday, 9.30 a.m.; Friday, 2 p.m.
North Woolwich Clinic, Fern- hill Street	Infant Welfare ...	Tuesday, 2 p.m.
" "	Ante-Natal Clinic	Alternate Tuesdays, 2 p.m.
Durban House, Katherine Rd.	Tuberculosis & Chest Clinic ...	Monday, 2 p.m.; Tuesday, 2 p.m.; Thursday, 6 p.m.; Friday, 2 p.m.; Saturday (Children only), 9.15 a.m.
High St. Schools, East Ham	General Clinic. (Minor Ailments & Observation Cases.)	Monday, Wednesday and Sat- urday, 9 a.m.
Church Road, Manor Park ...	General Clinic. (Minor Ailments & Observation Cases.)	Tuesday and Thursday, 9 a.m.
North Woolwich, Fernhill St.	General Clinic ...	Monday: and Friday, 2 p.m.
Town Hall, East Ham... ..	Immunization Clinic	Friday, 3 p.m.
" "	Ear Clinic	Thursday and Friday, 2 p.m.
" "	Eye Clinic	Tuesday, Thursday and Friday, 9 a.m.
" "	Light Clinic	Monday (Boys), 2 p.m.; Wednesday (Girls), 2 p.m.
Durban House, Katherine Road and Church Road, Manor Park	Dental Clinics ...	By appointment.

Legislation in Force.

The following Special Acts of Parliament have been obtained by the Council:—

- The East Ham Improvement Act, 1898.
- The East Ham Improvement Act, 1903.
- The East Ham Corporation Act, 1914.
- The East Ham Corporation Act, 1919.

Acts of Parliament applied to the Borough by Order:—

<i>(a) Ministry of Health—</i>	
Public Health Acts Amendment Act, 1907, Part 10, Sec. 95	Oct. 16, 1923
Ditto, Sec. 51	Jan. 27, 1936
<i>(b) Home Office—</i>	
Public Health Acts Amendment Act, 1907, Part 7, Sec. 85	Mar. 6, 1929

Acts of Parliament Adopted.

Name of Act adopted	Date of Adoption	Date of Coming into Operation
Infectious Diseases (Notification) Act, 1889	Nov. 12, 1889	Jan. 1, 1890
Infectious Diseases (Prevention) Act, 1890	Oct. 14, 1890	Nov. 18, 1890
Public Health Acts Amendment Act, 1890, Parts 2, 3 and 5	Jan. 13, 1891	Feb. 18, 1891
Public Baths and Wash-houses Acts	Mar. 16, 1897	Mar. 16, 1897
Housing of the Working Classes Act, 1890, Part 3	Feb. 16, 1897	Feb. 16, 1897
Public Libraries Act, 1892	June 18, 1895	Aug. 1, 1895
Infectious Disease (Notification) Act, 1889 (Extension)		

Education (Provision of Meals) Act, 1906	....	Nov. 24, 1908	Nov. 24, 1908
Local Government and Other Officers' Superannuation Act, 1922	....	July 17, 1923	Oct. 1, 1923
Public Health Act, 1925, Part 2, Sec. 25	.... ..	Apl. 13, 1926	June 1, 1926
Public Health Acts Amendment Act, 1907, Part VI	.... ..	July 12, 1932	Dec. 19, 1932
Public Health Act, 1925, Part VI	.... ..	
Public Health Act, 1925, Part III, Sec. 43 and 44		June 9, 1936	Aug. 1, 1936

By-Laws, Regulations, etc.

BY-LAWS.

The following By-laws, Regulations, etc., are in force in the County Borough of East Ham:—

- Regulation of Advertisements.
- New Streets and Buildings and Alteration of Buildings.
- Employment of Children and Street Trading by persons under the age of 18 years.
- Provision of Means of Escape from Fire in Factories, etc.
- Public Pleasure Grounds.
- Registries for Female Domestic Servants.
- Removal of House Refuse.
- Sale of Coal.
- Slaughterhouses.
- Tents, Vans, Sheds, etc., used for Human Habitation.
- Unauthorised Persons on School Premises.
- Houses intended or used for occupation by the Working Classes and let in lodgings, etc.
- Smoke Abatement.
- Nuisances.
- Offensive Trades.

REGULATIONS.

- Administration of Outdoor Assistance.
- Blind Persons Act, 1920.
- Domiciliary Assistance to Necessitous Blind Persons.
- Cleansing and Disinfection (Diseases of Animals Acts).
- Closing Orders for Barbers and Hairdressers, Butchers, Chemists, Grocers, etc.
- Council Housing Estates.
- Fire Brigade.
- Administrative Scheme under Local Government Act, 1929.
- Public Assistance Domiciliary Medical Service.
- Allotments.
- Scheme for Registration of Births, Deaths and Marriages.
- Scheme in relation to Domiciliary Service of Midwives.

Local Government Act, 1929.

A brief synopsis of the Council's administrative scheme as approved by the Ministry of Health was set out in the 1930 Report, and amendments to the same in later reports.

Public Assistance Domiciliary Medical Service.

The detailed scheme was set out in my report for 1934.

TABLE 7.

PUBLIC ASSISTANCE DOMICILIARY MEDICAL SERVICE.
STATISTICAL RETURN FOR THE YEAR ENDING 31.12.37.

No. of individual patients.	No. of attendances at homes.	No. of attendances at Surgery.	Total No. of attendances	No. of occasions medicines supplied without seeing patients.	No. of recommendations for extra nourishment.
2,380	5,347	15,435	20,782	1,218	1,271

Number of cases urgently admitted to hospital 4

Number of applications to Medical Officer of Health for hospital treatment 69

PUBLIC ASSISTANCE NURSE AND ASSISTANT RELIEVING OFFICER

Number of requisitions received for attendance of nurse	....	....	....	....	....	....	45
Total attendances at homes by nurse	....	....	....	....	....	....	2071
Number of Maternity cases	....	....	....	....	....	....	271
Total visits to such cases	....	....	....	....	....	....	468

The Public Assistance Domiciliary Medical Service is available for the whole of East Ham, except for a small area to the South of King George V and Royal Albert Docks.

Dr. Brews, the District Medical Officer for this area (North Woolwich), dealt with the following cases during 1937:—

Number of individual patients	....	....	....	....	....	....	63
Number of attendances at homes	....	....	....	....	....	....	220
Number of attendances at surgery	....	....	....	....	....	....	285
Total number of attendances	....	....	....	....	....	....	505
Number of occasions medicines supplied without seeing patients	....	....	....	....	....	....	15
Number of recommendations for extra nourishment	....	....	....	....	....	....	31

Venereal Diseases.

The same facilities were available as in recent years for the treatment of these diseases, and from the official tables supplied by the London County Council the following figures are abstracted:—

New Patients.

Syphilis	....	....	....	....	....	....	13
Soft Chancre	....	....	....	....	....	....	2
Gonorrhœa	....	....	....	....	....	....	93
Not Venereal	....	....	....	....	....	....	123
							<hr/>
Total	....	....	....	....	....	....	231
							<hr/>

Total attendances of all patients	....	13,770
Number of in-patient days during 1937		110

There were fewer cases of specific disease in comparison with the previous year, and a less attendance of non-venereal cases.

The total attendances and in-patient days in hospitals decreased.

Pathological Examinations.

For or at the Centres—

Spirochaetes	....	....	....	....	15
Gonococci	....	....	....	....	2315
Wassermann	....	....	....	....	460
Others	....	....	....	....	764
				Total	3554

For Practitioners—

Spirochaetes	....	....	....	....	—
Gonococci	....	....	....	....	2
Wassermann	....	....	....	....	33
Others	....	....	....	....	6
				Total	41

During 1937, there were no East Ham patients in residence under the Hostel Scheme.

Mental Deficiency.

As stated in previous reports, a number of cases are admitted to the South Ockendon Colony for Mental Defectives—the Cell Barnes Colony, Herts, and similar institutions. Low and medium grade defectives are accommodated at Forest Gate Hospital.

General and Special Hospitals and Children's Homes.

Arrangements for Treatment.

(a) Provided by Local Authority, (b) Maternity, (c) Orthopaedic, (d) Ear, Nose, and Throat, (e) Puerperal Fever and Pyrexia, (f) Ophthalmia Neonatorum.

There are no further comments to make on the Council's arrangements under the above headings. Particulars have been set out in previous reports.

(g) Runwell Mental Hospital.

East Ham and Southend-on-Sea Joint Hospital Board.

The new hospital for mental and nervous diseases at Runwell is situated on a site of 500 acres between Wickford and Rettenden, Essex, about 24 miles from East Ham and 12 miles from Southend.

The various units are magnificently placed on a slight slope open to the south and sheltered from the east, north and west by rising and well-wooded ground, and are widely spaced so as to allow for ample admission of sunlight to the grounds and buildings. In this way, it is hoped that an atmosphere may be engendered of light and airy buildings without obtrusive restraint and with a freedom from the institutional feeling. Wide verandahs with large solaria and airy rooms with French windows enable the patients to feel that they are in a sanatorium rather than a great institution.

The hospital accommodates 1,010 patients, and forms a fully equipped community of approximately 1,400 people, with some twenty-five to thirty separate units each specially planned for its purpose.

The central administrative unit contains the Physician-Superintendent's office, committee rooms, clerical offices and waiting rooms, with a well-equipped library for the use of patients and staff, a lecture theatre and sister tutor's demonstration room.

A central corridor leads directly to the Recreation Hall, and has a large supper room at one end which is used as a gymnasium for patients and staff, as well as during other times for recreation. The Hall has a properly equipped stage with dressing rooms and modern cinema projector with sound reproduction.

In the kitchen and stores an endeavour has been made to depart from stereotyped lines, and initiate a system of stores, preparation room, cooking units, and service bays which will all lead naturally to the despatch of the food trolleys. A well-equipped bakery is placed adjacent to the kitchen. The power house is situated to the north of the administrative unit, the laundry to the east of the stores.

Occupational therapy workshops for male and female patients are constructed to facilitate observation and the teaching by trained instructors of numerous handicrafts; also metal work, carpentry, etc.

The admission hospital is sunny and airy, with ample verandahs and solaria so as to give every facility for open-air treatment. In the central portion of this unit are situated the X-Ray department, the U.V. Ray department and social worker's office, also pathological and bio-chemical research laboratories. Facing south in the centre of the unit is a large common room for both sexes, used also for recreation and occupational therapy. In the east and west wings are the male and female wards respectively, examination rooms, and a well-equipped hydrotherapy and plombière department, with laboratories for experimental psychology and chemical pathology which permit of the thorough investigation of new cases.

Nerve units designed to receive voluntary patients suffering from milder forms of nervous disorders are in the form of detached villas pleasantly situated away from other units. Private bedrooms and small homelike sitting rooms with French windows engender a feeling of personal comfort and security which cannot be attained in a large ward of mixed patients. This experiment in the treatment of such cases has proved an unqualified success.

The Harper unit, or sick hospital, is designed for medical and surgical treatment. At the extremity of each wing, separate

pavilions have been planned for patients suffering from tuberculosis and infectious diseases.

Units for quiet and employable patients of both sexes are placed east and west respectively of the administrative buildings, giving ample room for exercise and recreation. Parole units are placed in close proximity to the workshops, kitchen garden, farm, etc.

Boundary House—in a detached position to the extreme west and some distance away—accommodates patients suffering from the more severe forms of mental disorder. This is arranged to permit of some classification into groups, and the whole building is designed and equipped to dispel any idea of a “refractory block.” A chapel, nurses’ home, chief officers’ residences, and cottages with farm buildings, complete the hospital.

It is the intention to employ female nurses in a number of male wards, particularly the Admission, Nerve, Convalescent, Sick and Infirm units.

Runwell Mental Hospital was opened by the Rt. Hon. Sir Kingsley Wood, M.P., Minister of Health, on June 14th, 1937, in the presence of the Mayor and Mayoress of East Ham (Alderman J. W. Barton, J.P., and Mrs. Barton) and the Mayor and Mayoress of Southend-on-Sea (Alderman Wm. Miles, O.B.E., J.P., and Mrs. Miles). Councillor H. B. Harper, J.P., Chairman of the Joint Hospital Committee since its inception, presided, supported by members of the Joint Committee and by Dr. R. Strom-Olsen, Physician-Superintendent.

Of the 353 direct admissions during 1937 (135 males and 218 females), 91 males (86 voluntary, 5 temporary) and 115 females (92 voluntary, 23 temporary) were admitted under the Mental Treatment Act, 1930.

	Males	Females
Beds provided	422	574
Nos. in residence on 1st January, 1938	363	539
Available bed accommodation	59	35
Day accommodation	422	574
Available day accommodation	59	35

The charge to the East Ham and Southend-on-Sea Public Assistance Committees was 35s. per head per week.

A Psychiatric Clinic in association with Runwell Hospital has been established at the East Ham Memorial Hospital, patients attend on Fridays, 2 p.m.

The East Ham out-patient clinic statistics are as follows:—

Attendances during 1937:—

New Cases.		Old Cases.	
Male ...	57	Male ...	345
Female ...	61	Female ...	202
	—		—
	118		547*
	—		—

Admitted to Runwell:

Male	17
Female	11—Total 28.

*Outpatients treated by psychotherapy

TABLE 8

DISPOSITION OF EAST HAM MENTAL PATIENTS ON 31.12.1937

<i>Institution</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Brentwood	3	1	4
Colchester	—	3	3
Gateshead	—	3	3
Runwell	237	266	503
Miscellaneous Hospitals	3	1	4
	—	—	—
Totals ...	243	274	517
	—	—	—

(h) Smallpox.

The Council is in negotiation with the London County Council for the provision of hospital accommodation.

(i) East Ham Memorial Hospital.

The work of the Hospital and Public Health Department becomes more closely associated each year, and I acknowledge with gratitude the help of the Committee and Honorary Medical Staff.

The number of beds remains the same, viz., 100. The following tables are abstracted from the hospital report for 1937:—

TABLE 9.

1.—In-Patients.

NUMBER OF BEDS AND IN-PATIENTS.

	Numbers in 1937	Numbers in previous year.
1. BEDS :—		
(a) Complement at 31st December	100	100
(b) Average Daily Complement during the year	100	100
(c) Average Daily Number Closed during the year, owing to:—		
(i) Rebuilding or Extension Schemes	—	—
(ii) Repairs, Redecoration, Clean- ing or Infection	1.2	1.5
(iii) Other Causes	—	—
(d) Average Daily Number Open during the year	98.8	98.5
(e) Average Daily Number Occupied during the year	90.2	94.2
2. Number of In-Patients in the Hospital at beginning of year.	91	96
3. Number of In-Patients admitted during year	1,957	1,850
4. Number of In-Patients in the Hospital at the end of the year	90	91
5. Average number of days each Patient was resident (ascertained by dividing the yearly total of daily counts, viz.:— 32 937 by the number of Patients treated to a conclusion, <i>i.e.</i> , (2) plus (3) — (4).)	16.8	18.6
6. Number of Patients admitted and discharged during the year who were resident for—		
(i) only 1 day	162	94
(ii) 2 and 3 days	245	144

2.—Out-Patients.

NUMBERS.

	Numbers in 1937	Numbers in previous year
1. Total number of new Out-Patients	15,164	14,134
2. Total number of Out-Patient Attendances ...	82,272	80,113
(a) Number of Patients on books at the be- ginning of the year	Not ascertain- able	Not ascertain- able
(b) Number of Casualty Patients included in No. 1 above	4,361	3,970
(c) Number of Maternity Patients included in No. 1 above, attended at home	—	—
(d) Number of Attendances on Maternity Patients included in No. 2 above	—	—

(j) Whipps Cross Hospital and Institutions controlled by West Ham.

Beds Allocated on User Basis to East Ham.

Institution.	No. of Beds.	Type.
Whipps Cross Hospital ...	155	Medical and Surgical.
Central Homes	254	Able-bodied and Sick.
Forest Gate Hospital ...	74	Sick, Maternity and Mental Defectives.
Forest House and Cottages	26	Chronic cases.

TABLE 10.

Cases Admitted to West Ham Corporation Public Assistance Institutions from East Ham.

Institution.	Chargeable on 31.12.36	Admitted during 1937	Born during 1937	Total.	Dis-charged.	Died.	Transferred to other Instns.	Chargeable on 31.12.37
Whipps Cross Hospital ...	132	1663	4	1799	1170	263	212	154
Central Homes	246	449	—	695	156	157	130	252
Forest Gate Hospital ...	133	314	252	699	513	19	29	138
Forest House and Cottages	40	25	—	65	2	1	22	40
*Harold Wood Hospital ...	2	10	—	12	—	—	—	12

* Aged and Chronic Cases.

(k) Aldersbrook Homes and Scattered Homes.

Mr. Pitt Steele, Superintendent of the Children's Homes, Aldersbrook, has kindly supplied the following information:

TABLE 11.

Highest number chargeable during 6 months ending 30-6-37	500	6 months ending 31.12.37	480
Lowest	455	" " "	455
In Receiving Homes on 1st January, 1937	270	1st July, 1937	280
" Scattered " " "	189	" " " " " "	199
	— 459		— 479
In Receiving Homes on 1st July, 1937	280	1st January, 1938	289
" Scattered " " "	199	" " " " " "	178
	— 479		— 467
On 1st July, 1937, chargeability was apportioned as follows:—			
To the County Borough of			
East Ham	77	1st January, 1938	77
" " West Ham	260	" " " " " "	246
" Essex County Council ...	142	" " " " " "	144
	— 479		— 467
Average No. of admissions weekly —6 months ending 30-6-37	13	6 months ending 31.12.37	11
" " discharges " "	8	" " " "	12
Greatest No. of admissions on any one day—6 months ending 30-6-37	8	" " " "	9
Number of deaths in institutions— 6 months ending 30-6-37	—	" " " "	1
Number of children admitted from East Ham—6 months ending 30-6-37	53	" " " "	53
Number of children admitted from West Ham—6 months ending 30-6-37	124	" " " "	138
Number of children admitted from Essex C.C.—6 months ending 30-6-37	63	" " " "	99

Extracts from the six-monthly Reports of the Medical Officer
(Dr. J. S. Coleman) :

September, 1937.

HEALTH OF THE CHILDREN.

The general health of the children has been excellent, the number of cases of serious illness very small, and there have been no deaths.

INFECTIOUS DISEASES.

During the period under review there have occurred 6 cases of Scarlet Fever, 1 of Measles, 6 of Diphtheria (all sporadically), and two definite epidemics of whooping cough, with 26 cases, and Mumps with 14 cases. It must be pointed out that in both these diseases isolation of contacts is almost impossible, the incubation periods are spread over several weeks, and premonitory symptoms of a specific nature non-existent. We still owe much of our infectious disease incidence to children being admitted directly to the various Blocks where no system of quarantine is possible. (The number of children admitted to the East Ham Infectious Diseases Hospital was 26—one death resulted from Diphtheria, which occurred in the second half of the year.)

NURSING.

The general nursing and care of the children has progressed along modern lines, and the physical fitness of the older boys and girls has been amply exemplified to all who witnessed their physical culture displays, and abundantly demonstrated in their sports records. A word of praise is due to the Physical Drill Instructor in his devotion to the children and the help he has accorded me in improving the physique of children I have found to be suffering with postural deformities and other orthopaedic infirmities.

SUPPLY OF MEDICAL & SURGICAL REQUISITES.

The supply of medical and surgical requisites has been adequate, but we look forward with keen anticipation to the benefits to be derived from our own dispensary.

CAMP.

I am anxious to record the definite physical improvement and elevation of general morale of all the children who visited Camp

this year. Never before have I noted such marked advance, and I attribute it in no small measure to all those members of the staff who have spared no effort in a personal endeavour to make "Camp" a robustly happy period for the boys and girls.

DISCIPLINE.

The discipline amongst the children has been maintained at a high standard. This difficult task, accomplished with tact and understanding by the staff, is reflected in the few serious accidents we have had.

ACCOMMODATION.

There has been adequate accommodation for all age groups of children, both at Aldersbrook and in the Scattered Homes. To the former Institution I paid 170 visits, and to the Homes 50 visits during the period under review. I am pleased to report on the general well being of the children under the care of the Foster Mothers. Only occasionally has it been necessary to enforce disciplinary measures to augment the harmonious routine of the Scattered Homes to ensure the continuance of the exceptionally high standard in which these Homes are conducted.

DIET AND CLOTHING.

The Diet and Clothing of the children I consider to be appropriate and satisfying, avoiding monotony and stressing nutritional values with the former, and drabness and conspicuous uniformity with the latter.

DENTAL TREATMENT.

The Dental care of the children has continued with methodical exactitude by Mr. Rose, and I can still maintain that the dental condition existent at Aldersbrook could not be matched by any other Institution.

I have attended cases of sickness which have arisen amongst the Staff, and have examined all candidates for appointment. I am pleased to report we have a happy, healthy, and loyal staff, deeply interested in the welfare of the children with whom they come in such intimate daily contact.

January, 1938.

The high level in general health and well-being amongst the children has been steadily maintained, and is regarded in many quarters as a standard to be achieved by similar Institutions throughout the Country. No effort is spared to make the children feel that they are being prepared for citizenship on equal terms with any other group of boys and girls.

A few cases of serious illness have arisen, and there has been one death, which is fully reported upon elsewhere.

Twenty cases of Mumps and eleven of Whooping Cough constitute the bulk of the infectious diseases; the remainder, eight cases of Scarlet Fever and three each of Diphtheria and Measles, bring the total up to 45. (The number of cases admitted to the East Ham Infectious Diseases Hospital was 24.)

The supply of medical and surgical requisites has been adequate for our needs.

There has been ample accommodation for all age groups, and we are fortunate to possess in the Nursery sufficient room for the large number of admissions in recent months.

As reported elsewhere, I have completed a systematic examination of all the children under my care, and the defects discovered are being remedied as soon as possible.

I have examined all cases on admission and discharge, and have vaccinated children when required, after obtaining parental consent.

I have visited sick children in the Scattered Homes as and when required, and am assured of the general well-being of the children in these Homes.

The diet, clothing, and daily routine of the children I consider to be well suited to the various age groups. A word of praise is due to the Charge Nurses in their vigilant endeavour to clothe the children adequately, having due regard to the ever changing weather.

Minor illness and accidents amongst the staff have been treated as occasion demanded, and one is impressed by the sincere desire to return to duty at the earliest possible moment.

Mental Deficiency Acts, 1913-27.

The ascertainment and supervision of persons coming within the scope of these Acts, and the examination, certification, and completion of reports for the Board of Control and other Authorities, have been carried out satisfactorily.

TABLE 12.

VISITS.						No. of reports— register, files, &c.	Number of interviews
Statutory Supervision	Guardian- ship	Institution	Training Centre	Friendly Care	Total		
960	153	175	94	121	1,503	1026	149

TABLE 13.

Particulars of Mental Defectives as on 1st January, 1938.

(A) " Subject to be dealt with " by the Local Authority.

(B) Who may become " subject to be dealt with " by the Local Authority.

N.B.—No case is included under more than one heading of A or B.

A.—Number of mental defectives ascertained to be " subject to be dealt with " :—

1. Under " Order " :—	M.	F.	T.
(a) (1) In Institutions (excluding cases on Licence)—			
Under 16 years of age	14	15	29
Aged 16 years and over	40	31	71
(2) On Licence from Institutions—			
Under 16 years of age	—	—	—
Aged 16 years and over	6	1	7
(b) (1) Under Guardianship (excluding cases on Licence)—			
Under 16 years of age	2	1	3
Aged 16 years and over	16	8	24
(2) On Licence from Guardianship—			
Under 16 years of age	—	—	—
Aged 16 years and over	—	1	1

2. In "places of safety":—						
Under 16 years of age	...	...	...	1	—	1
Aged 16 years and over	...	...	...	2	1	3
3. Under Statutory Supervision 75 83 158						
Of whom:—						
Awaiting removal to an Institution	...	...	...	4	2	6
4. Action not yet taken under any one of the above headings:—						
(a) Notified by Local Education Authorities (Sec. 2 (2))	...	...	...	4	2	6
(b) Mental Defectives in receipt of Poor Relief:—						
(1) Institutional—						
(a) In Public Assistance Institutions and Municipal General Hospitals not approved under Sec. 37	...	...	...	—	—	—
(b) In Institutions certified under the M.D. Acts (including those approved under Sec. 37):—						
(1) Cases "placed" under Sec. 3...				—	1	1
(2) Other Cases	...	...	...	—	—	—
(2) Domiciliary	...	...	...	—	5	5
(c) Otherwise "ascertained"	...	...	...	1	3	4

B.—Number of mental defectives not at present "subject to be dealt with" but for whom the Local Authority may subsequently become liable:—

1. In Institutions or under Guardianship—dealt with under Sec. 3:—						
(a) In regard to whom the Local Authority contributes under its permissive powers	...	...	...	2	1	3
(b) Maintained wholly by parents, relatives or others				1	—	1
2. Reported to the Local Authority from any reliable source and recognised by them as mentally defective but as to whom no action under the Mental Deficiency Acts has been taken:—						
(a) Children between the ages of 14 and 16 years	...	...	...	—	—	—
Of whom, number, if any, under Voluntary Supervision	...	...	...	—	—	—
(b) All other cases	...	...	...	27	25	52
Of whom, number, if any, under Voluntary Supervision	...	...	...	27	25	52

Number of above Cases on the Registers of Occupation and Industrial Centres:—

Under Statutory Supervision	...	...	...	11	15	26
Under Voluntary Supervision	...	...	...	—	—	—
On Licence from Institutions	...	...	...	—	—	—
Under Guardianship	...	...	...	4	4	8
On Licence from Guardianship	...	...	...	—	—	—

DURING THE YEAR 1937.

1. (a) Number of instances in which Licence was granted during 1937—

	M.	F.	T.
(1) From Institutions	5	—	5
(2) From Guardianship	1	1	2

3 Institutional and 4 Guardianship cases were granted 2 weeks holiday at Seaford and Bognor Regis.

(b) Number of instances in which cases on Licence have been returned to Institutions or transferred to Guardianship during the year 1937—

(1) To Institutions	—	—	—
(2) To Guardianship	2	—	2

2. Cases notified by Local Education Authorities (Section 2 (2)) during the year 1937:—

Method of disposal—	M.	F.	T.
Sent to Institutions (by Order)	1	1	2
Placed under Guardianship (by Order)	—	—	—
Placed under Statutory Supervision	4	1	5
Placed in "Places of Safety"	—	—	—
Died or Removed from Area	—	—	—

Action not yet taken—

(a) In receipt of Poor Relief	—	—	—
(b) Others	1	—	1

Total	6	2	8
--------------	---	---	---

3. Of the total number of mental defectives known to the Local Authority:—

(a) Number who have given birth to children during 1937—

(1) After marriage	—
(2) While unmarried	—

	Males.	Females.
--	--------	----------

(b) Number who have married during 1937	—	1
---	---	---

Training and Occupation Centre.

The morning session is held from 9.30 to 12 noon, and is for boys and young men who are taught various forms of handicraft. These include basketry, wrapped canework, stool-weaving, cane-seating, and rug-making.

The afternoon session is held from 2 to 4 p.m., and is for young women and girls and junior boys. The older pupils are engaged in embroidery work, plain sewing, knitting and physical drill. The juniors are taught personal hygiene and physical exercises, and they devote much time to musical games and ball games. They also make small articles which are saleable.

The class of work done by the pupils is of a very high standard, and there is a ready sale for all the goods made at the Centre.

A happy and cheerful atmosphere prevails, and every encouragement is given to the pupils in their work.

The trainees receive a small percentage from the sale of articles.

The transfer of the Centre to St. John's Church Hall has furnished better accommodation and improved the facilities for training.

TABLE 14.

STATISTICS OF TRAINING CENTRE, 1937.

Morning Session—Males.				Afternoon Session— Girls and Juniors.				Grand Total Attend- ances
No. on Register	No. of Sessions held	Total Attend- ances	Average Attendance	No. on Register	No. of Sessions held	Total Attend- ances	Average Attendance	
11	207	1,604	7.7	22	207	3,363	16.2	4,967

Blind Persons Act, 1920

The East Ham Welfare Association for the Blind reports a year of continued effort in that all activities have been well maintained.

The social and entertainment side of the Association is considered of first importance to the blind, and the enjoyment derived from the weekly meetings and other functions has helped to contribute in some measure to their happiness.

The average attendance at the former is 90, and in addition seven socials were held in the Minor Hall during the winter months.

All the blind have radio sets, and maintenance is undertaken by the Association. Much help is afforded by the Ladies' Sub-Committee who make themselves responsible for the weekly club and much social work.

Considerable expense is incurred in preventive treatment, and grants for glasses are not sanctioned unless the applicant has been previously examined by a qualified Ophthalmic Surgeon.

The Committee announce the resignation of the Hon. Secretary, Mr. T. E. Williams, who has rendered enthusiastic and devoted service for the past 15 years.

The Council's Ophthalmic Specialist (Mr. S. C. Reeve-Flaxman, M.R.C.S.) examines all new cases and certifies where necessary.

Number of cases examined 1/1/37 to 31/12/37	25
Number of cases certified 1/1/37 to 31/12/37	16
Number of cases not certified 1/1/37 to 31/12/37	9

TABLE 16.

WELFARE OF THE BLIND.—REGISTRATION. As at 31.3.38.

In the following tables, the registration of the blind, ages at which blindness occurred, training and employment and occupations, as at 31.3.38, are set out:—

M = Males
F = Females.
T = Total.

Age Period 0-1			Age Period 1-5			Age Period 5-16			Age Period 16-21			Age Period 21-40			Age Period 40-50			Age Period 50-65			Age Period 65-70			Age Period 70 and over			(i) Total of all age groups.								
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
—	—	—	1	1	2	2	1	3	2	2	4	15	13	30	18	11	29	27	25	52	16	14	30	36	41	77	(i) 116	(ii) —	—	110	1	226	1	—	—

Ages at which Blindness occurred.

Age Period 0-1			Age Period 1-5			Age Period 5-10			Age Period 10-20			Age Period 20-30			Age Period 30-40			Age Period 40-50			Age Period 50-60			Age Period 60-70			Age Period 70 and over			Age Period Unknown					
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
16	12	28	1	2	3	5	7	12	4	6	10	13	9	22	10	9	19	11	12	23	19	14	33	22	25	47	10	12	22	5	3	8	—	—	—

Children of School Age 5-16

In Schools for the Blind	Normal M F	Mentally Defective M F	Physically Defective M F	Training and Employment. Age period 16 and upwards.																																
				Employed									Undergoing Training						Trained but Unemployed	No Training but Trainable	Unemployable	Total														
				By Blind Organisations.			All others not included in (a) & (b)			Total employed			Industrial		Secondary		Professional or University																			
				Workshops (a) M. F. T.	Home Workers (b) M. F. T.	M. F. T.			M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.														
—	—	—	—	5	6	11	5	3	8	10	3	13	20	12	32	3	2	5	—	—	—	—	—	—	4	—	4	3	2	5	84	94	178	116	111	227
Other Schools	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Not at School	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			

Occupations of Employed Blind Persons.

	Agents, Collectors, etc.	Basket Workers	Bedding (including Divans and Ottomans) and Upholstering.	Book repairers	Braille copyists & Proof Readers	Brush Makers	Carpenters and Woodworkers	Chair Seaters	Clerks and Typists	Coal Bag Makers	Dealers, Tea Agents, News-keepers	Firewood Workers	Gardeners	Hawkers, News-vendors etc.	Home Teachers	Knitters Hand	Knitters Machine	Labourers	Massage	Mat Makers	Ministers of Religion	Musicians and Music Teachers	Netting Makers	Porters, Packers, Cleaners	Poultry Farmers	School Teachers	Ship's Fender (Fender) Makers	Telephone Operators	Turners	Weavers	Miscellaneous	TOTAL
Within Institutions for the Blind	—	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	1	—	11	
In approved Home Workers Schemes	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	—	—	—	—	3	—	8	
Others (not pastime Workers)	1	1	—	—	2	—	1	—	1	—	1	—	—	2	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	2	13	
TOTAL	2	3	3	—	3	—	1	—	1	—	1	—	—	2	—	7	—	1	—	—	1	—	—	—	—	—	1	3	1	2	32	

Physically and Mentally Defective (including those children 5-16).

(a) Mentally Defective			(b) Physically Defective			(c) (i) Deaf (ii) Deaf-mute			Combinations of (a) and (b)			Combinations of (a) and (c)			Combinations of (b) and (c)			Combinations of (a), (b), (c).			Total			Homes for the Blind			Mental Hospitals			Poor Law Institutions					
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
6	5	11	6	9	15	(i) 8 (ii) —	(i) 9 (ii) 3*	(i) 17 (ii) 3	—	—	—	1	—	1	—	—	—	—	—	—	21	23	44	—	—	—	2	2	4	3	5	8			

* Deaf Mutes are also shown in the Deaf column.

TABLE 16.—Continued.
Number of persons over 70 years of age.

M.	F.	T.
35	39	74

BLIND PERSONS REGISTERED AS NEW CASES (NOT TRANSFERS FROM OTHER REGISTERS) DURING THE YEAR ENDED 31. 3. 38. ARRANGED IN AGE PERIODS.

Age Period 0-1			Age Period 1-5			Age Period 5-16			Age Period 16-21			Age Period 21-40			Age Period 40-50			Age Period 50-65			Age Period 65-70			Age Period 70 and over			(i) Total of all age groups					
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
—	—	—	—	1	1	—	—	—	—	—	—	2	2	4	—	1	1	2	4	6	—	2	2	1	3	4	(i) 5	(i) 13	(i) 18	(ii) —	(ii) —	(ii) —

BLIND PERSONS REGISTERED AS NEW CASES (NOT TRANSFERS FROM OTHER REGISTERS) DURING THE YEAR ENDED 31. 3. 38, arranged according to the age at which blindness occurred.

Age Period 0-1			Age Period 1-5			Age Period 5-10			Age Period 10-20			Age Period 20-30			Age Period 30-40			Age Period 40-50			Age Period 50-60			Age Period 60-70			Age Period 70 and over			Age Period unknown		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
—	2	2	—	—	—	—	—	—	—	—	—	1	1	2	1	2	3	—	—	—	1	3	4	1	3	4	1	2	3	—	—	—

TABLE 15.
WORK OF THE VISITOR TO THE BLIND.

Year.	No. of technically Blind Persons on Register.	No. of Visits to same.		No. of Partially Blind Persons	No. of Visits to same	Other Visits.	Total Visits.	No. of Lessons Given	Lessons Given in							
		Daily.	Eve'ng.						Cane Basket Work.	Braille	Moon.	Knitting.	Crochet.	Wool Ball Work.	Manual.	Straw-bag making
1933... ..	226	3,970	59	92	145	5	4,179	435	—	275	75	37	31	—	17	—
1934... ..	235	4,380	37	125	212	4	4,633	488	—	201	123	114	26	—	24	—
1935... ..	231	3,987	46	120	199	5	4,237	401	20	159	107	56	32	—	27	—
1936... ..	224	2,456	41	149	236	5	2,738	487	—	232	147	54	33	—	21	—
1937... ..	223	2,061	34	178	217	—	2,312	442	—	230	94	57	31	—	30	—

Prevention of Blindness.

Powers conferred on local authorities are set out in Section 66 of the Public Health Act, 1925, which was repealed by Section 176 of the Public Health Act, 1936, on the 1st October, 1937.

Section 176 of the Public Health Act, 1936, reads as follows :—
(Sub-Section 1). A County Council or Local Authority may make such arrangements as they think desirable for assisting in the prevention of blindness, and in particular for the treatment of persons ordinarily resident within their area, who are suffering from any disease of, or injury to, the eyes.

(Sub-Section 3). For the purposes of this section, a person who becomes an inmate of a hospital or institution shall be deemed to continue to be ordinarily resident within the area within which he was ordinarily resident before he became an inmate of the hospital or institution.

The model scheme of the Ministry of Health and the Council's recommendations are appended herewith.

MODEL SCHEME.	REMARKS.
1. Arrange for the ascertainment, through a system of voluntary notification to the Council by medical practitioners or otherwise, of persons threatened with blindness, and in respect of each such notification may pay the sum of 2/6 or such other sum as it may from time to time determine. Provided that only one payment may be made in respect of any one person, and provided also that no payment shall be made to any person or body who is required by any statutory enactment or regulations for the time being in force or by any terms of service or otherwise to give the notification.	No action.

2. Arrange for the systematic visiting of persons ascertained to be threatened with blindness to secure that they avail themselves of the facilities provided for expert treatment and supervision.

In operation.

3. Provide or arrange for the provision of treatment for the prevention of blindness to persons ordinarily resident within the County Borough, either as in-patients or out-patients at hospitals, dispensaries, clinics or other approved places or otherwise.

Cases of Ophthalmia Neonatorum are admitted to special London County Council Hospital. Out-patient cases continue under the care and supervision of the Medical Officer to the Clinic, and Health Visitors.

School children. Treatment of Myopes in special class Monega Road School. Agreement with the Royal Westminster Ophthalmic Hospital for Strabismus operations; Phlyctenular cases, when recommended, are sent to Swanley.

Children 0—5 years, school-children, found at routine medical examinations and the Minor Ailment Clinic, and cases of alleged blindness in adults coming within the meaning of the Act, are all examined by the Ophthalmic Specialist and appropriate treatment recommended. In the case of adults, where necessary, they are certified as coming within the meaning of the Blind Persons Act, 1920.

4. Provide means to enable suitable cases to take advantage of facilities for treatment, including the provision of financial assistance for that purpose.

Public Assistance cases requiring treatment are referred to the East Ham Memorial Hospital and, if necessary, spectacles are provided.

Optical Benefit is obtained by National Health Insurance patients through the various Societies.

5. Agree with any person for him to contribute the whole or part of the cost of any treatment given under this Scheme.

No action.

- 6. Disseminate or arrange for the dissemination of information regarding the prevention of blindness, including the issue and distribution of literature having this object.
- 7. In the carrying out of this scheme and without restricting the generality of the pre-going clauses, the Council may do all such acts and things as are incidental or conducive to the attainment of the objects of such scheme.

Suggest suitable literature be obtained, if possible, from the Union of Counties Association for the Blind.

Agreement as above.

REMARKS.

- 4 Provide means to enable suitable cases to take advantage of facilities for treatment, including the provision of financial assistance for that purpose.
- 5 Agree with any person for him to contribute the whole or part of the cost of any treatment given under this scheme.

The Invalid Children's Aid Association.

The report of the East Ham Branch for 1937 shews another year's beneficent work.

Many of the debilitating illness from which the children suffered were of such a character that ill-health or some permanent defect would have resulted had not the services of the Association been available.

The opportunity afforded of placing sufferers in an environment suitable to their conditions, whether on the South or East Coast, or again, in the country, confers the maximum amount of benefit upon each child, and ensures in the majority of instances complete restoration to health.

A further decline in the number of crippled children has been effected, and a noteworthy feature of the year's work has been the reduction in the number of cases requiring long periods of convalescence.

I desire to express my thanks to the Chairman (Councillor W. Thompson) and Officers for their material help in arranging convalescent and special home treatment on numerous occasions, and assistance in many other respects throughout the year.

The following is abstracted from the Annual Report for the year 1937:—

Number of cases dealt with		305
New Cases	210	
Re-application for assistance	38	
Referred for clothing	20	
Extensions from 1936	37	
	—	305
The 210 new cases were referred by:—		
Hospitals and Medical Practitioners....	86	
Medical Officer of Health and Infant Welfare Centre	20	
School Medical Officer and Education Committee	33	
Unemployment Assistance Board	1	
Tuberculosis and Chest Clinic	52	
Parents, other Agencies, etc.	18	
	—	210

The types of new cases were as follows:—

Tuberculosis	28	
Rheumatism, heart and chorea	15	
Anæmia and debility	33	
Lung Conditions (non-tuberculous)	45	
Marasmus and Malnutrition	9	
Various	80	
	—	210

The 305 cases dealt with during the year have been assisted as follows:—

Sent to Sanatoria, Nursing and Convalescent Homes	179	
Extensions from previous years	37	
Surgical instruments provided	31	
Clothing	30	
Referred to other Agencies	3	
Referred for Visiting and Advice	25	
	—	305

The following is abstracted from the Annual Report for the year 1927:—

Number of cases dealt with

New Cases

Re-application for assistance

Referred for clothing

Extensions from 1926

The 210 new cases were referred by:—

Hospitals and Medical Practitioners

Medical Officer of Health and Infant Welfare Centre

School Medical Officer and Education Committee

Unemployment Assistance Board

Tuberculosis and Chest Clinic

Parents, other Agencies, etc.

Maternity and Child Welfare.

Midwifery and Maternity Services.

In pursuance of the Midwives Act, 1936, the following scheme was adopted by the Council:—

COUNTY BOROUGH OF EAST HAM.

Midwives Acts, 1902 to 1936.

Domiciliary Midwifery Scheme.

Appointment of Midwives by the Authority.

The Authority shall appoint midwives up to a maximum number of 5 to undertake attendance as Midwives or as maternity nurses on women in their own homes during childbirth and from time to time thereafter during a period of not less than the "lying-in period," as defined by any rule for the time being in force under Section 3 of the Midwives Act, 1902.

The Midwives appointed will be required to devote the whole of their time to the services of the Authority and act under the supervision and direction of the Medical Officer of Health.

In appointing Midwives, preference will be given to candidates not exceeding 40 years of age who are both State Registered Nurses and State Certified Midwives and who are in actual practice as Midwives at the time of appointment.

The salary for Midwives holding both qualifications will be £205 per annum, rising by annual increments of £15 to £295 per annum, and for Midwives not being State Registered Nurses, £155 per annum rising by annual increments of £15 to £245 per annum. No allowance will be made in respect of the provision of uniform or in respect of travelling expenses. The posts will be designated as "established" under the provisions of the Local Government and Other Officers Superannuation Act, 1922.

The Midwives appointed shall be required to live within the County Borough of East Ham, and their residences shall be suitable both as to situation and otherwise to the needs of their work. The Authority may provide a residence for any or all of the Midwives, and in such case or cases an appropriate deduction will be made from the salary in respect of rent.

A telephone will be installed and maintained at the residence of each Midwife at the expense of the Authority.

Each Midwife will be granted one whole day off duty per week and three weeks' annual leave.

Fees.

The fee for the provision of domiciliary midwifery or maternity nursing service shall be 40/-. In any case where a patient is unable, owing to financial circumstances, to pay this fee, the amount chargeable shall be assessed in accordance with the Authority's income scale in force for the time being after ascertainment of the financial circumstances of the patient and the amount of the Maternity Benefit receivable.

The income scale at present is as follows:—

	With single Maternity benefit	With double Maternity benefit	No maternity benefit— insufficient contributions
Not exceeding 3/3 per unit	10/-	20/-	7/6
From 3/4 to 4/3 „ „	17/6	27/6	13/-
From 4/4 to 5/3 „ „	23/-	33/-	17/6
From 5/4 to 6/3 „ „	28/6	38/6	21/6
From 6/4 to 7/3 „ „	34/-	40/-	25/6
7/4 and upwards	40/-	40/-	30/-

Maternity Nursing Service:—

Where Doctor engaged by patient, 75% of above scale.

A booking fee for the services provided under this Scheme shall be charged at the time of the application. Where application is made before the expiration of the 28th week of pregnancy, the booking fee shall be 5/-, but if application is deferred until after that period the booking fee shall be 7/6. This booking fee will form part of the total charge, and will be forfeited in the event of the applicant not utilising the services of the Midwife or Maternity Nurse.

Fees shall be payable in the undermentioned cases as follows:—

Where child born before arrival of Midwife	Full scale fee
Abortion, i.e. before 28th week of pregnancy	Half scale fee
Miscarriage, i.e. after 28th week of pregnancy	Full scale fee

The Midwife shall, wherever possible, collect the balance of the fee payable during her period of attendance on the patient.

Ante-natal and post-natal examinations.

In any case where the expectant mother desires to be examined and kept under observation during pregnancy she may attend one of the ante-natal clinics of the Authority.

The Midwife concerned should be in attendance at all ante- and post-natal examinations at any of the Authority's Clinics or by a medical practitioner.

Voluntary Organisations.

The Authority shall enter into agreements with—

The Plaistow Maternity Hospital and District Nurses' Home, Howards Road, Plaistow, E.13.

The Silvertown and North Woolwich District Nursing Association, Saville Road, Silvertown, E.16.

Under this scheme, three Municipal Midwives were appointed and commenced duty on 1-9-37. The cases booked by these midwives up to 31-12-37 were:—

As Midwives As Maternity Nurses
35 9

TABLE 17.

	Domiciliary Midwives	Midwives in Institutions	Totals
1. Total number of Midwives practising at the end of the year in the area of the Local Supervising Authority:			
(a) Employed by the Local Supervising Authority	3	—	3
(b) Employed by other Welfare Councils:			
(i) under arrangements made with the Local Supervising Authority in pursuance of Section 1 of the Midwives Act, 1936	—	—	—
(ii) others	—	—	—
(c) Employed by Voluntary Associations:			
(i) under arrangements made with the Local Supervising Authority in pursuance of Section 1 of the Midwives Act, 1936	41	—	—
(ii) others			
(d) In private practice	12	4	16
Totals ...	56	4	60

TABLE 17—continued.

		Domiciliary Cases	Cases in Institutions	Totals
2. Number of cases in the area of the Local Supervising Authority attended during the year by midwives:				
(a)	Employed by the Council	{ As Midwives 7 As Maternity Nurses .. 5	{ — —	{ 7 5
(b)	Employed by other Welfare Councils:			
(i)	under arrangements made with the Local Supervising Authority in pursuance of Section 1 of the Midwives Act, 1936 :—	{ As Midwives — As Maternity Nurses .. —	{ — —	{ — —
(ii)	others	{ As Midwives — As Maternity Nurses .. —	{ — —	{ — —
(c)	Employed by Voluntary Associations:			
(i)	under arrangements made with the Local Supervising Authority in pursuance of Section 1 of the Midwives Act, 1936 :—	{ As Midwives 692 As Maternity Nurses .. 196	{ — —	{ 692 196
(ii)	others			
(d)	In private practice	{ As Midwives 299 As Maternity Nurses .. 78	{ 4 32	{ 303 110
Totals		{ As Midwives 998 As Maternity Nurses .. 279	{ 4 32	{ 1002 311

TABLE 17—continued.

3. Number of cases in which medical aid was summoned during the year under Section 14 (i) of the Midwives Act, 1918, by a midwife		
(i) engaged in domiciliary practice—234.	}	
(ii) in institutional practice —.	}	Total... 234.
4. Number of domiciliary births during the year in the area of the Local Supervising Authority—		
		1,110.

Number of women sent by Council per the Ante-Natal Clinics, to Forest Gate Hospital, for confinement—206.

Institutional Provision for Unmarried Mothers and Homeless Children.

Already detailed in report for 1930.

Child Life Protection.

(Sections 206 to 220 of the Public Health Act, 1936).

- (a) Number of persons who were receiving children for reward at the end of the year—26.
- (b) Number of children:
- (i) at the end of the year—31.
 - (ii) who died during the year—Nil.
 - (iii) on whom inquests were held during the year—Nil.
- (c) Number of Child Protection Visitors at the end of the year who were:
- (i) Health Visitors—7.
 - (ii) Female, other than Health Visitors—Nil.
 - (iii) Male—Nil.
- (d) Number of persons (in addition to or in lieu of Visitors under (c) above) or societies authorised to visit under the proviso to Section 2 (2) of the Children Act, 1908, the proviso to Section 209 (2) of the Public Health Act, 1936.—Nil.
- (e) Proceedings taken during the year:
- | | |
|---------------|--|
| No. of Cases. | Act and Section under which proceedings were taken |
| NIL. | |
- (f) Number of cases in which the local authority has given a sanction during the year:
- (i) under (a) of Section 3 of the Children Act, 1908, Section 210 of the Public Health Act, 1936 Nil.
 - (ii) under (b) " " " " " Nil.
 - (iii) under (c) " " " " " Nil.
- (g) Number of orders obtained during the year under Section 67 of the Children and Young Persons Act, 1932, Section 212 of the Public Health Act, 1936:
- (i) from a court of summary jurisdiction—Nil.
 - (ii) from a single justice—Nil.

Orthopaedic Treatment.

Cases are referred to the East Ham Memorial Hospital and Queen Mary's Hospital, Stratford, under similar arrangements to the School Medical Service.

Maternity and Nursing Homes, Public Health Act, 1936

1. Number of applications for registration	....	....	Nil
2. Number of Nursing Homes on register	....	....	1
3. Number of orders made refusing or cancelling registration	....	....	Nil

Milk.

During the year under review, 11,645 lbs. of dried milk and 7,191 gallons of fresh milk were issued free, and 19,538 lbs. of dried milk were sold.

The expenditure in respect of free milk (fresh and dried) supplied to expectant and nursing mothers and young children during the year ending 31st December, 1937, was £1,686, which figure excludes any expenditure for administration.

Dr. J. MacLaren's observations are contained in the following report:—

Infant Welfare Clinics

Attendances at Infant Welfare Clinics.

Number of general Clinics held during the year	....	485
Number of individual children who attended the Clinics	....	3468
Total number of attendances at all Centres (including toddlers and specials)	....	31280

Total number of children who attended the Clinics for the first time during the year:—

(a) Children under 1 year	....	1373
(b) Children between the ages of 1—5 years (excluding examination of toddlers)	....	386
Number of medical consultations at general Clinics	....	7544
Number of medical consultations at special Clinics	....	719

The daily average attendances at the Clinics were as follows :

Central Clinic, Monday afternoon ....	....	....	72
Church Road, Monday afternoon ....	....	....	80
Plashet Grove, Tuesday morning ....	....	....	80
North Woolwich, Tuesday afternoon ....	....	....	20
Central Clinic, Wednesday afternoon ....	....	....	57
Church Road, Wednesday afternoon ....	....	....	62
Central Clinic, Thursday morning ....	....	....	63
Church Road, Thursday afternoon ....	....	....	64
Plashet Grove, Friday afternoon ....	....	....	77
Central Clinic, Friday afternoon ....	....	....	43

Excluding North Woolwich Infant Welfare Centre, which supplies a very small area, the average attendance of children per session at all centres during the year is 66.4.

During 1937, 3,468 children attended the centres. The total attendance of infants from 0—5 was 31,280.

At the clinics special attention is paid to the education of mothers, individual instruction is given in general hygiene of childhood, correct methods of feeding and management of children. Mothers are encouraged to bring their children for periodical medical examination so that defects and incipient diseases can be treated in the early stages.

Toddlers' Clinics

Clinics for the examination of "Toddlers"—children between the ages of two and five years—are held on Monday mornings, at Church Road Clinic, and on Thursday afternoons at the Central Clinic. During 1937, 778 examinations were made. In cases where defects were found, the patients were transferred to the appropriate Specialist Service, or hospital.

A record of the cases examined is transferred to the School Medical Service when the children enter school.

Immunisation Clinic

See Report, page 64.

Tonsils and Adenoids

During 1937, 78 children received operative treatment.

Ringworm

No cases of Ringworm of the scalp were referred to the X-Ray Department for radical treatment.

Dental Treatment

Mothers and children referred from the Maternity and Child Welfare Centres are treated by the School Dentists, two afternoons in each week being set apart for this purpose.

One hundred and forty-eight mothers and 186 infants were referred to the Dental Department during 1937.

Ophthalmic Treatment

Ophthalmic defects requiring special treatment are seen at the special clinic each week by the School Ophthalmic Surgeon.

During 1937, 41 cases were referred to the School Ophthalmic Clinic.

Aural Treatment

Aural cases requiring special treatment are referred to the School Aural Surgeon.

During 1937, 12 patients received treatment at the School Aural Clinic.

Morning Clinics

Special clinics are held twice weekly to deal with cases that cannot be satisfactorily dealt with at the ordinary clinics.

Minor ailments requiring observation and treatment are referred to these morning sessions, also defects and cases of difficult feeding, and children who have been referred to the Medical Officer by the Health Visitors from their district visits.

The statistics for 1937 are as follows:—

Number of medical consultations	719
---------------------------------	------	-----

Notification of Births

The Notification of Births Act, 1915, amended on 1.10.37 by the Public Health Act, 1936, requires that all births be notified to the Medical Officer of Health with 36 hours of their occurrence.

All cases notified are visited by the Health Visitor as soon as possible after the doctor or midwife has ceased to attend. Advice is given with regard to the care, management, feeding and clothing of the child, and also the general health and care of the mother.

Thereafter, periodic visits are made to the homes of infants during the first two years of life, and, as far as possible, at wider intervals during the next three years, up to the time when the child comes under the observation of the School Medical Service.

The visits made by the Health Visitors during 1937 were 16,001.

Visits to infants under one year of age	....	....	6731
Visits to children over one year of age	....	....	8084
Visits to tonsils and adenoid cases	....	....	53
Visits to ante-natal cases, first visits	....	....	547
Visits to ante-natal cases, revisits	....	....	73
Visits to foster mothers	....	....	122
Special visits not included in the above group	....	....	391
			16001

The work of the health visitors in the Homes of the Borough.

The work of the Health Visitors includes the following :—

1. Visiting homes under the Notification of Births Act (Public Health Act, 1936).
2. Home visiting of children up to five years of age.
3. Home visiting of pre-school children in regard to defect.
4. Home visiting of foster children and reports on home conditions.
5. Visiting home helps before and whilst engaged in duties.
6. Home visiting in connection with Ante-Natal Clinics and expectant mothers.
7. Ante-natal and Post-natal Clinics for expectant mothers.
8. Infant Welfare Clinics for children up to five years of age.

9. Special visiting of:—

- (a) Still Births.
- (b) Ophthalmia Neonatorum.
- (c) Puerperal Fever and Pyrexia.
- (d) Tonsils and adenoid cases.
- (e) Pneumonia.
- (f) Infantile Diarrhœa.
- (g) Other special visits.

Still Births

The number of still births registered during the year was 58. The proportion of still births to live births was as 1 to 34.

The still birth rate was 28.8 per 1,000 live and still births.

On investigation it was found that in 49 cases the months of pregnancy at which the still births took place were as follows:—

7th month	.....	4
8th month	.....	10
9th month	.....	35

An analysis of the causes to which the still births were attributable will be found in the following table:—

Malpresentation	.....	8
Prolonged labour	.....	4
Contracted Pelvis	.....	2
Excessive size of Foetus (including post maturity)	.....	4
Congenital Deformity	.....	1
Prolapse of Cord	.....	1
Ante-partum hæmorrhage	.....	8
Albuminuria	.....	4
Prematurity	.....	9
Causes unknown	.....	17

 58
Ante-Natal and Post-Natal Work.

An Ante-Natal Clinic is held at:—

The Central Clinic, High Street School, on Friday at 10 a.m.
 Church Road Clinic, Manor Park, on Wednesday at 10 a.m.
 North Woolwich, on alternate Tuesdays at 2.30 p.m.

During the year the following attendances were recorded:—

Ante-Natal.

Total number of cases attended	....	....	582
Number of new cases	....	....	481
Subsequent attendances	....	....	1830
Total number of attendances	....	....	2311
Average attendance of expectant mothers per session (excluding North Woolwich)	....	....	22.6

Post-Natal.

Total number of cases attended	....	....	8
Total number of attendances	....	....	8

The following table gives an analysis of the pre-maternal cases found to be slightly or seriously abnormal:—

Contracted pelvis	....	....	....	14
Albuminuria	....	....	....	16
Hyperemesis gravidarum	....	....	....	9
Ante-partum hæmorrhage	....	....	....	9
Malpresentation	....	....	....	11
Cervicitis	....	....	....	7
Valvular disease of heart	....	....	....	6
Varicose veins	....	....	....	20
Phlebitis	....	....	....	1
Anæmia	....	....	....	11
Pulmonary tuberculosis	....	....	....	1
Asthma	....	....	....	2
Hernia	....	....	....	4

It is satisfactory to note that during this year a larger number of cases attending the Ante-natal Clinic were sent by midwives, but I would again urge the necessity of midwives taking more advantage of the Clinic, and bringing their cases for medical examination and advice, for though many midwives carry out ante-natal supervision with care and accuracy, conditions may be present or develop which can only be discovered by medical examination. The detection and treatment of these conditions would minimise many dangers and prevent unavoidable difficulties at the confinement, thus safeguarding both mother and child.

Expectant mothers are visited by the Health Visitors in their homes and given advice regarding arrangements for confinement and general hygiene of the mother.

The following-up of cases also ensures regular attendance at the Clinic.

During 1937, 620 visits were paid to expectant mothers.

Maternity Accommodation

Under the provision of the Maternity and Child Welfare Act 1918 (Public Health Act, 1936), empowering Local Authorities to make arrangements for the institutional treatment of complicated midwifery cases, and for women whose homes are unsuitable for their confinements, the East Ham County Borough Council have provisional arrangements for the accommodation of necessitous cases requiring inpatient treatment at Forest Gate Hospital, the Maternity District Nurses' Home, Plaistow, and Queen Mary's Hospital, Stratford.

During 1937, 206 cases were admitted to Forest Gate Hospital.

Inspection of Midwives

Seventy-one midwives notified the Local Supervising Authority of their intention to practise within the Borough during 1937—56 were on the register on 31.12.37, including staff at Burges Road.

Forty-seven visits of inspection were made by the inspecting Medical Officer during the year. Their work, including records, was satisfactory.

Visits have been paid as required to one registered Nursing Home in the district.

Under the rules issued by the Central Midwives' Board, a midwife must notify the Local Supervising Authority within 36 hours if she has summoned medical aid during pregnancy, in a confinement, or within 10 days afterwards.

During the year help was obtained in 234 cases as follows:—

Mother.

Ruptured perineum	....	....	....	84
Prolonged labour	....	....	....	30
Ante-partum hæmorrhage	....	....	....	8
Post-partum hæmorrhage	....	....	....	6
Retained placenta	....	....	....	7
Rise of temperature	....	....	....	21
Malpresentations	....	....	....	3
Breech	....	....	....	6
Albuminuria	....	....	....	2
Other causes	....	....	....	33

200

Child.

Prematurity and dangerous feebleness	....	....	....	12
Unsatisfactory condition of infant	....	....	....	7
Discharging eyes	....	....	....	5
Other causes	....	....	....	10

34

Puerperal Fever and Puerperal Pyrexia.

Five cases of Puerperal Fever and seven cases of Puerperal Pyrexia were notified during the year under the Regulations of 1926 and 1928.

Maternal Mortality

There was one death associated directly with pregnancy. The Maternal mortality rate was, therefore, 0.49 per 1,000 live and still births compared with 2.00 in 1936.

Ophthalmia Neonatorum

During 1937, seven cases of Ophthalmia Neonatorum were notified.

Voluntary Associations

Appreciation and thanks are again gratefully accorded to the Invalid Children's Aid Association for their co-operation with the Maternity and Child Welfare Department, and help in arranging Convalescent Home Treatment for delicate children.

Sixteen cases were referred to the I.C.A.A. and received treatment.

Home Helps.

During 1937, 33 suitable applicants were registered as Home Helps, and 22 applications were received for the services of Home Helps.

Maternity Boxes.

Maternity Boxes containing clothing and necessities for newborn babies are available upon application to the Senior Health Visitor.

Staff.

The staff at present consists of two Assistant Medical Officers, seven Health Visitors and the services of three and a half Clerks.

Miss Engstrom, a St. John Ambulance nurse who assisted at the Central Clinic for many years, formerly in a voluntary capacity, resigned on 17th July, 1937, owing to the acceptance of another appointment. The post has remained vacant, although some temporary help has been afforded by the municipal midwives.

Infectious Diseases.

Zymotic Death Rate.

The deaths from the seven principal zymotic diseases (Smallpox, Whooping Cough, Measles, Diphtheria, Diarrhoea, Scarlet Fever, and Enteric Fever) during the year numbered 27. The death rate was 0.2 per 1,000 population, as compared with a rate of 0.4 for 1936.

No cases of smallpox were reported during the year under review.

Vaccinations 1937.

The following figures shew the vaccinations carried out by the Public Vaccinators from 1/1/37 to 31/12/37:—

	Dr. O'Moore	Dr. Brews	Total
Number of successful primary vaccinations of children under one year of age	485	29	514
Number of successful primary vaccinations of persons one year and upwards	68	4	72
Total primary vaccinations	553	33	586
Number of successful re-vaccinations	89	12	101

Scarlet Fever.

Three hundred and eighty-seven notifications of this disease were received during 1937, as compared with 359 for the previous year. No deaths occurred from this cause, and 337 cases or 87.1 per cent. received hospital treatment as against 90.0 per cent. for the previous year.

Diphtheria.

Notifications for the year totalled 149, an increase of 15 cases when compared with 1936. All the cases notified were removed to and treated in hospital, 100 per cent. being the percentage removed for the previous year. The number of deaths was 3 or a case mortality of 2.01 per cent.

There is no change in the arrangements for the supplying of antitoxin to Medical Practitioners as set out in previous years.

Diphtheria Immunization Clinics.

During the year 1937, 745 infants and children have been completely immunised.

The total number of inoculations performed has been 2,112, of which 673 were carried out at the Town Hall Clinic, 1,345 at the Maternity and Child Welfare Clinics, 70 at the Infectious Diseases Hospital, and 24 by Private Practitioners.

The following figures are intended to indicate the number inoculated and the age groups involved in the cases treated.

Town Hall Clinic.

Total number of inoculations	....	....	673
Number inoculated three times	...	....	209
Number inoculated twice	....	....	3
Number inoculated once	....	....	13

In addition to the above, one child was inoculated four times, one five times, and three children six times.

Maternity and Child Welfare Clinics.

Total number of inoculations	....	....	1345
Number inoculated three times	...	....	422
Number inoculated twice	....	....	11
Number inoculated once	....	....	15
Number inoculated once with A.P.T.	....	....	2

In addition four children received five inoculations, and five children four inoculations.

Infectious Diseases Hospital.

Total number of inoculations	....	....	70
Number inoculated once with A.P.T.	....	....	66
Number inoculated twice	....	....	2

Private Practitioners.

In addition to the above, during the same period 4 children were inoculated three times by private practitioners, three* children twice, two* children once, and one child received four inoculations.

* Inoculated with A.P.T.

Number inoculated in the various age groups:—

Ages in years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	and over
No. inoculated	147	123	102	107	87	46	40	26	27	15	21	15	7	4	
	566					154					47				
	767														

N.B.—In considering the combined totals it will be noticed that 73.79 per cent. of the cases are in the age group 1—5 years, 20.07 per cent. in the age group 6—10 years, and 6.12 per cent. in the group over 10 years.

The Schick test for susceptibility to Diphtheria was performed during the year in 932 of completed cases, of which 897 proved negative. In 35 of the cases positive results were obtained and further inoculations were carried out.

The total number of children completely immunized from 27/9/29 to 31/12/37 was 5,735, made up as follows:—

Town Hall	2925
Maternity and Child Welfare	2164
Hospital	350
General Practitioners	296
Total	5735

Enteric Fever.

Eleven cases of mild paratyphoid fever were notified in January and February. Of these 5 were admitted to the Infectious Diseases Hospital and, in addition, 5 cases were notified by general hospitals after investigation. One was a home case. Later in the year, 2 further cases were notified—one being admitted to the Infectious Diseases Hospital.

Of those treated in the Infectious Diseases Hospital, final examination confirmed the diagnosis as typhoid 1, paratyphoid 4. All patients in this hospital recovered and were discharged with negative bacteriological results.

Careful and thorough investigation of water, milk, and other possible sources of infection proved negative. Similar cases were reported at the time over a widespread area, and in districts

adjacent to the Borough. The only article of diet common to most cases which gave rise to suspicion was imported fruit, but no verification was possible. A special report was submitted, in response to a request from the Ministry of Health, in February, 1937.

Erysipelas.

Fifty-three notifications received, 25 removed to hospital, and there were no deaths.

Dysentery.

Three cases were notified, 2 from general hospitals and one within the district, which proved positive upon bacteriological examination.

Puerperal Fever.

Five cases notified, all received hospital treatment, and none died.

Puerperal Pyrexia.

Seven notifications received, three were admitted to hospital; no deaths occurred.

Notes.

Diphtheria.

One hundred and thirty-eight cases admitted to Infectious Diseases Hospital; 149 cases received hospital treatment. The reason for this difference is that notifications were received from various London hospitals, and in 11 instances the patients were treated in L.C.C. institutions.

Deaths from Diphtheria.

Hospital report states 5, the Registrar General gives 3, which gives a case mortality of 2.01 for 149 cases, whereas hospital records 5 deaths for 138 patients admitted and a case mortality of 3.6 per cent. Of the 5 deaths in the Infectious Diseases Hospital, one was a West Ham case and the other from Aldersbrook Homes—both outward transferable deaths.

Scarlet Fever.

Hospital report gives 336 admissions, whereas 337 cases received hospital treatment. One case was treated in the L.C.C. Eastern Hospital.

Erysipelas.

The number of notified cases of Erysipelas treated in hospitals was
25—

<i>Borough Infectious Diseases Hospital</i>	11
<i>Whipps Cross Hospital</i>	11
<i>Eastern Hospital</i>	2
<i>St. Bartholomew's Hospital</i>	1
	25

The diagnosis in one case admitted to the Borough Hospital was not confirmed.

Enteric Fever.

One typhoid death not mentioned in hospital report was that of a seaman who died in hospital at Hull. Inward death transfer notified to East Ham.

TABLE 18.

TOTAL CASES OF NOTIFIABLE DISEASES, 1914-1937.

Disease.	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Smallpox	—	—	—	—	3	1	10	—	—	—	—	—	—	—	17	25	70	51	13	1	1	—	—	—
Scarlet Fever	667	499	267	341	272	530	718	1,355	502	170	215	221	350	798	832	743	484	245	779	701	979	411	359	387
Diphtheria	319	204	225	279	273	451	426	309	198	160	128	246	337	464	669	578	473	196	157	180	379	254	134	149
Enteric Fever	21	5	7	9	2	15	10	7	4	3	5	9	7	2	7	2	3	8	7	5	—	2	2	13
Erysipelas... ..	130	96	86	66	52	72	72	57	34	32	38	41	41	38	60	49	63	54	55	69	74	55	59	53
Puerperal Fever	4	4	1	2	1	6	6	5	3	5	5	5	5	5	4	8	9	10	4	4	7	12	7	5 [†]
Puerperal Pyrexia			Not	Notifi	able									11	11	12	14	6	23	10	11	14	7	7
Meningococcal Meningitis	1	8	6	7	3	3	3	4	—	1	1	1	1	4	1	1	3	8	5	1	3	3	—	2
Encephalitis Lethargica	Not	Notifi	able			4	5	7	—	—	9	6	1	2	3	1	—	—	—	1	1	1	—	1
Ophthalmia Neonatorum	17	16	16	7	11	13	30	3	11	11	6	8	10	12	3	8	6	6	6	9	5	5	6	7
Ac. Polio Myelitis	4	1	10	—	—	3	1	—	—	3	1	1	—	5	—	2	—	1	7	2	5	13	2	4
Ac. Polio Encephalitis	Not	Notifi	able			—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	1	—	—	—
Dysentery... ..	Not	Notifi	able			—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3
Malaria	Not	Notifi	able			—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	Not	Notifi	able	1,650	1,404	1,538					Not	Notifi	able											
German Measles	Not	Notifi	able	123	115	134					Not	Notifi	able											
Continued Fever	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia		Not	Notifi	able				85	92	54	79	91	70	114	82	102	59	75	77	148	100	88	101	111
Total	1,173	833	618	2,484	2,136	2,771	1,281	1,834	844	439	492	627	820	1,452	1,702	1,527	1,187	654	1,137	1,134	1,568	858	677	742

* Induced in an Institution.

† Notifiable as Puerperal Pyrexia as from 1.10.37

‡ Not notifiable as from 1.10.37

TABLE 19.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.—NOTIFIED CASES FOR THE 52 WEEKS ENDING 1st January,, 1938.

Disease.	Cases notified in whole district.										Ward distribution of Cases.										No. of Cases removed to hospital.	Total deaths in Borough.
	At all ages—years										Manor Park.	Little Ilford.	Wood-grange.	Plashet.	Kensing-ton.	Castle.	Central.	Wall End.	Great-field.	South.		
	At all ages	Under 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and up.												
Scarlet Fever	387	1	97	174	63	21	24	4	3	—	36	51	33	38	33	32	36	53	34	41	337	—
Diphtheria ...	149	2	30	72	23	5	14	2	1	—	18	10	3	18	5	34	14	20	10	17	149	3
Erysipelas ...	53	1	2	—	1	2	9	10	20	8	3	4	3	8	4	6	8	5	5	7	25	—
*Puerperal Fever	5	—	—	—	—	—	3	2	—	—	—	—	—	1	1	1	2	—	—	—	5	—
Puerperal Pyrexia ...	7	—	—	—	—	—	5	2	—	—	—	1	1	—	—	1	2	—	1	1	3	—
Pneumonia ...	111	8	7	10	5	2	31	13	21	14	19	10	8	15	6	6	9	18	10	10	66	102
Ophthalmia ... Neonatorum	7	7	—	—	—	—	—	—	—	—	—	2	1	—	—	—	1	—	2	1	3	—
Enteric Fever	13	—	3	2	3	2	1	—	2	—	—	—	—	3	2	1	1	3	2	1	12	1
Acute Polio Myelitis ...	4	—	2	1	1	—	—	—	—	—	1	1	1	—	—	1	—	—	—	—	4	—
Meningococcal Meningitis ...	2	1	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	2	2
Encephalitis Lethargica ...	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1
Dysentery ...	3	—	—	2	—	—	1	—	—	—	—	1	—	—	—	—	2	—	—	—	2	—

*Notifiable as Puerperal Pyrexia as from 1.10.37

TABLE 20.
Ophthalmia Neonatorum.

Vision Unimpaired.	Vision Impaired.	Vision Lost.	Still under treatment at end of year.	Died.	Removed from District.	Not Classified.
7	—	—	—	—	—	—

Borough Infectious Diseases Hospital

Dr. Landon's observations are contained in the following report upon the work of the hospital:—

During 1937 the diminished incidence of infectious disease, noted in the two preceding years, was again in evidence. Although, in the main, the general type of disease was mild, many severe cases occurred, particulars of which are given below. The total number of patients admitted was 608, compared with 657 in 1936. The death rate from diphtheria was 3.6 per cent. as compared with 3.4 per cent. in the preceding year. For the third year in succession there were no deaths from scarlet fever in the Hospital. The average daily number of patients was 52.7.

It is hoped that the coming year will see the proposed extensions to B (cubicle) Block carried into effect. This block, which was erected in 1909, is an extremely important part of the Hospital accommodation, and the improved conditions will add greatly to the convenience and comfort both of the patients and the staff.

In recent years the conception of the role of the isolation hospital has undergone a fundamental change. Regarded previously merely as places of isolation, they have now developed into specialised institutions for the treatment of complicated diseases. The physician now has at his disposal many valuable therapeutic agents not available to his predecessors of a generation ago, and the list is still being added to. The efficacy of the above is reflected in the marked reduction in the mortality rates of diphtheria, scarlet fever and other infectious diseases, as well as in the trail of impaired health and invalidism which were once the result of these diseases. Scarlet fever was once considered

to be one of the chief causes of heart disease in later life, but this can hardly be said to be the case to-day. This is interesting in view of the fact that heart disease from other causes appears to be increasing.

The recent addition of prontosil and other members of the sulphanilamide group of drugs to the resources of the doctor has already produced important results in the treatment of streptococcal infections (e.g. puerperal fever and streptococcal meningitis), and reports are coming in of the efficacy of these drugs in such diverse conditions as cerebro-spinal meningitis, pneumococcal meningitis, typhoid fever and bacillus coli infections.

It will be seen, therefore, that modern methods of prevention and treatment are tending both towards diminished incidence and more intensive treatment of infectious disease.

Diphtheria.

During the year under review, 138 patients were admitted, compared with 142 during 1936. Twenty-six patients remained under treatment at the end of 1937. Taken as a whole, the prevalent infection was not of a high order of virulence, although several cases of infection with the gravis type of organism occurred. The number of deaths was five, giving a mortality rate of 3.6 per cent. compared with 3.4 per cent. in 1936.

The cause of death in the cases noted above were:—

- (a) Faucial diphtheria with secondary laryngeal involvement. Tracheotomy was performed and relieved the obstruction. The patient died, however, 36 hours later from cardiac failure.
- (b) Three cases of toxic myocarditis following severe faucial infection. One of these cases was of the haemorrhagic type.
- (c) Nasal diphtheria, broncho-pneumonia and whooping-cough. Diphtheria played only a small part in causing this death, which is attributed to it in accordance with the Registrar-General's Classification of the Causes of Death.

The average dose of antitoxin administered was 34,000 units, and seven patients received doses of more than 100,000 units. Intravenous injection was resorted to in five cases. Severe complications, including pharyngeal paralysis and late cardiac failure occurred in ten patients, recovery taking place in all cases. The average duration of treatment was 42 days, the maximum being 77 days. Unusually severe serum reactions occurred in many cases, and the attention of the manufacturers was drawn to this matter.

The types of case admitted were as follows:—

Laryngeal	8
Nasal	16
Faucial and Nasal	2
Faucial	112

The age incidence was as under:—

0—5	5—10	10—15	15+	Total
31	63	22	22	138

Scarlet Fever.

During the year, 336 patients were admitted, compared with 320 during 1936. Thirty-three patients remained under treatment at the end of the year. The type of disease continues to be mild, but several severe cases with high temperature and marked faucial inflammation occurred. The wide use of anti-scarlatinal serum was continued as in former years, and has more than justified the extra cost entailed. It has been abundantly proved that discharge from hospital as early as is consistent with a satisfactory clinical condition is advantageous both from the point of view of the patient and of the hospital administration, and the use of serum helps to bring this about in a high percentage of cases. Four weeks is now regarded as being the optimum period of isolation in uncomplicated cases.

The use of prontosil in the acute stages of scarlet fever has not justified the hopes of its early advocates and, at present, there appears to be no substitute for serum in bringing about an early subsidence of the disease. Prontosil has, however, been used with great success in the treatment of complications, particularly in the later weeks of the disease.

An investigation into the number of infecting cases discharged from Hospital gave the following result:—

289 cases discharged yielded 7 infecting cases, or 2.4 per cent.

The number of return cases for this series was 11, or 3.7 per cent.

Taking the country as a whole, infecting cases vary between 1.0 and 7.0 per cent., so that the above figures are well within normal limits, and are probably higher than the normal for the Hospital.

As above mentioned, there were no deaths from scarlet fever in the Hospital for the third year in succession.

Of a series of 240 cases treated in the open wards with anti scarlatinal serum:—

87.5% were discharged in four weeks;
3.4% were discharged in five weeks; and
9.1% were discharged in five to nine weeks.

Complications for this group totalled 30 cases, or 12.5 per cent., and were made up as follows:—

Otorrhoea	2.5%
Rhinorrhoea	1.2%
Adenitis	2.4%
Albuminuria	0.8%
Endocarditis	0.9%
Other complications	4.7%

Under "other complications" are included septic fingers, blepharitis, and other conditions not directly due to scarlet fever. In the complications given above, only those are included which necessitated a stay in Hospital on the part of the patient of more than four weeks.

The age incidence of the patients was as follows:—

0—5	5—10	10—15	15+	Total
81	147	56	52	336

Bronchopneumonia.

Twenty-one cases were admitted during the year. Of this number, two followed measles, five followed whooping-cough, and 14 were unconnected with either disease. Two deaths occurred giving a mortality rate of 9.5 per cent. In one case the patient was kept in an oxygen tent for three days but, although some

initial improvement occurred, this was not maintained, and the patient died. It is felt that, even though the use of a tent cannot in every case avert a fatal issue, its use is indicated if only for the alleviation of symptoms it brings about.

Measles.

The year 1937 was not a "measles year." Seven uncomplicated cases were admitted and all recovered. One hundred c.c. of blood was withdrawn from an adult convalescent for the purpose of manufacturing a supply of convalescent measles serum.

Whooping Cough.

Thirty-seven uncomplicated cases were admitted, all patients making a good recovery. In addition, there was one fatal case, complicated by severe enteritis in a child aged three years.

Enteric Fever.

Six patients were admitted during the year with a diagnosis of enteric fever. Widal examination was carried out in each and confirmed the diagnosis in five cases, as under:—

Typhoid Fever	1
Paratyphoid B	4

All the patients recovered and were discharged after bacteriological examination had shown them to be free from infection.

Erysipelas.

Nine cases of facial erysipelas were admitted, three being of marked severity. All cases responded well to treatment, four receiving anti-scarlatinal serum (one intravenously) and five prontosil album. In addition, a case was admitted of erysipelas of the leg, complicated by thrombosis of the internal saphenous vein, with multiple abscess formation requiring many incisions. One case was admitted but diagnosis was not confirmed.

Ludwig's Angina.

One patient was admitted in an advanced stage of the disease. Death occurred within six hours of admission, and the death certificate was furnished by the patient's private doctor.

Bacteriological Examinations.

During the year 2,440 swabs were examined in the Hospital for K.L.B., and of this number 192 were found to be positive.

Examinations for members of the typhoid/ para-typhoid group in faeces were done in seven cases.

Laboratory Work.

Widal examinations	7
Virulence tests for K.L.B. (Diphtheria)....	5
Examination of cerebro-spinal fluid	2

Diphtheria Immunization.

During the year 66 patients were immunized by means of a single dose of alum-precipitated diphtheria toxoid.

Diphtheria Carriers.

Two patients who proved to be virulent carriers following an attack of diphtheria, were sent for treatment to the Guy's Hospital Diphtheria Carrier Clinic, which later reported both patients free from infection.

Operations.

The following operations were performed :—

Withdrawal of blood for measles serum	1
Lumbar puncture	2
Incision of pyaemic abscesses	6
Incision of glandular abscesses	17

Infection among Staff.

The following cases occurred :—

Diphtheria	1
Scarlet Fever	2
Tonsillitis	21
Influenza	11

TABLE 21
 ADMISSIONS, DISCHARGES, ETC., 1937—BOROUGH INFECTIOUS
 DISEASES HOSPITAL.

Disease.	Re- maining at end of 1936	Ad- mitted during 1937	Died during 1937	Dis- charged during 1937	Re- maining at end of 1937
Diphtheria	11	138	5	118	26
Scarlet Fever	14	336	—	317	33
Diphtheria & Scarlet Fever	—	5	—	5	—
Scarlet Fever and Chicken Pox	1	2	—	2	1
Angina Ludouica ...	—	1	1	—	—
Acute Anterior Poliomyelitis	—	4	—	4	—
Bronchitis	—	2	—	2	—
Broncho-Pneumonia and Measles	—	2	—	1	1
Chicken Pox	7	4	—	11	—
Chicken Pox & Bronchitis	—	1	—	1	—
Chicken Pox & Pneumonia	—	1	—	1	—
Dental Abscess	—	1	—	1	—
Enteric Fever	—	7	—	7	—
Erysipelas	—	10	—	9	1
Enteritis	—	2	—	2	—
Impetigo	—	1	—	1	—
Laryngitis	—	1	—	1	—
Measles	—	7	—	5	2
Mumps	—	10	—	8	2
Pneumonia	1	14	1	13	1
Rubella	—	2	—	—	2
Stomatitis	—	1	—	1	—
Tonsillitis	—	1	—	1	—
Vincent's Angina ...	—	1	—	1	—
Whooping Cough and Pneumonia	—	5	1	4	—
Whooping Cough ...	—	38	1	36	1
Observation Cases ...	—	11	—	9	2
	34	608	9	561	72

TABLE 22

Borough Infectious Diseases Hospital
Year ended 31st March, 1938.

	Expenditure	Cost per Patient per week	
	£	s.	d.
Salaries and Wages	5715	36	3
Superannuation	192	1	3
Provisions	2705	17	2
Anti-toxin	424	2	8
Disinfectants, Drugs and Appliances	236	1	6
Coal, Coke and Firewood	820	5	2
Electricity, Gas and Water	1153	7	4
Furniture, Bedding and Linen	200	1	3
Uniforms and Dresses	110		8
Chandlery and Sundries	564	3	7
General Repairs	368	2	4
Special Repairs and Alterations	586	3	9
Garden Implements, Seeds, etc.	65		5
Maintenance and Upkeep of Ambulances	635	4	0
Printing, Stationery and Advertisements	122		9
Rent of Telephone	53		4
Rates, Taxes and Insurance	374	2	5
	£14322	90	10

Cancer.

No investigations have been undertaken as requested in the Ministry of Health's series of Circulars on Cancer.

Lectures are given to women's organisations and other associations on the subject of Cancer. Patients are referred to the general hospitals for investigation and special treatment.

Cancer Deaths, 1937 :

Total deaths	219
Males	120
Females	99

Classification :

Carcinoma	....	....	....	198
Epithelioma	....	....	....	8
Sarcoma	....	....	....	9
Rodent Ulcer	....	....	....	1
Malignant Cyst	....	....	....	1
Malignant Papilloma	....	....	....	1
Meningioma	....	....	....	1
Total				219

TABLE 32

Classification	1937	1938	1939	1940	Total
Superstitions and	103	103	103	103	412
Prognosis	3705	3705	3705	3705	14820
Acute	434	434	434	434	1736
Diagnoses, Drugs and Appliances	386	386	386	386	1544
Cost, Care and Insurance	330	330	330	330	1320
Electricity, Gas and Water	110	110	110	110	440
Physique, Habits and Diet	304	304	304	304	1216
Uniforms and Diseases	110	110	110	110	440
Classification and Numbers	501	501	501	501	2004
General Reports	358	358	358	358	1432
Special Reports and Abstracts	360	360	360	360	1440
General Impressions, Seeds, etc.	10	10	10	10	40
Maintenance and Types of Ambulances	65	65	65	65	260
History, Statistics and Abstracts	133	133	133	133	532
Plan of Telephone	20	20	20	20	80
Rate, Taxes and Insurance	374	374	374	374	1496
	21432	21432	21432	21432	85728

Lectures are given to women's organizations and other associations on the subject of Cancer. Patients are referred to the general hospital for investigation and special treatment.

Cancer Deaths, 1937:

Total deaths	219
Males	130
Females	89

TABLE 23.
CANCER DEATHS.—PARTS OF THE BODY AFFECTED.

Parts of Body Affected.	Ages Sex	0-1		1-2		2-5		5-15		15-25		25-35		35-45		45-55		55-65		65-75		75 and upwards		TOTAL	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Buccal Cavity and Pharynx		—	—	—	—	—	—	—	—	—	—	—	1	—	4	—	4	—	5	1	2	—	16	1	
Digestive Organs & Peritoneum		—	—	—	—	—	—	—	—	—	1	—	1	1	6	4	15	16	23	12	17	10	63	43	
Respiratory Organs ...		—	—	—	—	—	—	—	—	—	—	—	1	—	5	—	7	2	2	1	1	—	16	3	
Uterus ...		—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	3	—	3	—	3	—	15	
Other Female Genital Organs		—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	3	
Breast ...		—	—	—	—	—	—	—	—	—	—	1	—	4	—	3	—	3	—	5	—	4	—	20	
Male Genito-Urinary Organs		—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	4	—	10	—	—	16	—	
Skin ...		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	
Other or Un-specified Organs		1	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	3	6	8	—	2	8	14	
TOTALS ...		1	—	—	—	—	—	—	—	1	—	1	2	5	5	15	14	30	28	46	31	21	19	120	99

Tuberculosis.

Chest Clinic

It can be truly said that an experience of two years in the new Clinic goes to show that the clinical, radiological, pathological and nursing facilities available to patients and general practitioners can compare favourably with that of any other service available in the Country. The Clinic has, moreover, since its inception attracted a number of authorities from other areas who have asked to be shown over the Clinic and to see the facilities provided for the patients.

Notifications :

The number of primary notifications during the year 1937 was 264 as compared with 257 for 1936. Of the primary notifications of pulmonary tuberculosis, in 28.03 per cent. tubercle bacilli were found in the sputum. In other words, 28.03 per cent. of cases were definitely infectious, and the smaller this number becomes the better the ultimate outlook for the individual sufferers.

Statistical :

The total number of notified cases on the register of the Clinic on 31st December, 1937, was 969 (pulmonary and non-pulmonary), or 7.39 per 1,000 estimated population, as opposed to 953 or 7.03 per 1,000 population in the previous year. Of these 348 (or 35.9 per cent.) were definitely infectious, i.e. cases in which tubercle bacilli have been found in the sputum at some period of the illness.

Deaths :

The number of deaths (1932-1937) from tuberculosis is shown below.

		Of Cases on the		
		Pulmonary	Non-Pulmonary	Clinic Register
1932	....	108	16	91
1933	....	99	16	75
1934	....	92	15	80
1935	....	80	16	76
1936	....	97	10	77
1937	....	80	13	84

New Cases :

The following are the comparative figures for the years 1932-1937 :—

	1932	1933	1934	1935	1936	1937
New Cases (and Contacts)	511	504	510	548	618	697
Number proved, after complete investigation, to be tuberculous	32.1%	33.9%	36.4%	35.0%	29.4%	28.4%

Two important conclusions can be drawn from the above figures :—

- (1) The steady increase in the number of new cases seeking the facilities of services provided at the Chest Clinic, and, since these new cases are referred by local practitioners and hospitals, the increasing use made of such services.
- (2) The steady average of only about 33.2% of new patients proving, after close investigation, to be tuberculous.

Attendances and Medical Examinations.

	Total Attendances.	Medical Examinations.
1932	3,836	2,788
1933	4,051	3,360
1934	4,030	3,265
1935	3,737	3,006
1936	3,733	3,297
1937	3,793	3,437

Consultations at Homes of Patients :

During the year 82 visits (including 21 personal consultations) to homes of patients who were too ill to attend the Clinic were made.

New cases are visited by Dr. Ellman, old cases being visited by Dr. Crawford.

No. of X-Ray Examinations at the Chest Clinic.

1932	1933	1934	1935	1936	1937
454	533	633	762	1322	1652

The progressive increase in these figures is, to a large extent, associated with improved facilities and to the advances of diagnosis and treatment of this disease.

Dr. Philip Ellman, Consultant to the Chest Clinic, reports on the work of the Clinic as follows:—

Co-operation with General Hospitals :

This continues as outlined in previous years, and the general medical aspect of our patients is never lost sight of, in case there should be some extra-pulmonary or non-tuberculous lesion which may re-act unfavourably, whether it be from the nutritional or any other point of view. For example, only recently a patient whose pulmonary condition has responded in a remarkable way to treatment, had a serious setback through the development of a duodenal ulcer. Primary concentration on the latter, through close co-operation with a general hospital, soon healed the ulcer, with a favourable effect on the patient's pulmonary condition from the nutritional point of view.

Co-operation with Specialised Hospitals:

(Thoracic Surgical Units at London Hospitals).

With the increasing facilities which have very fortunately been more available for us in the new Thoracic Surgical Unit at the London Hospital, our problem of dealing with the increasing numbers of cases suitable for thoracic surgery is now being solved. This Unit is under the able supervision of Mr. Tudor Edwards, whose courtesy and special attention to our patients is greatly appreciated. Patients also have the advantage in that the Unit is nearer their own homes. Many more of these cases are able to be dealt with because of the close co-operation of the Unit with our Harts Sanatorium, where much of the necessary surgical after-care treatment can be carried out under the most favourable conditions. In consequence the short stay at the London Hospital enables them to deal with a larger number of our cases, to our mutual advantage.

We also have available the services of the surgeons at the surgical unit of Brompton Hospital and the Thoracic Surgical Unit at St. Mary Abbott's Hospital, L.C.C., for cases which cannot be dealt with at the London Hospital.

Co-ordination of the Work of the Chest Clinic and Sanatorium :

My regular visits to the Sanatorium enable me to keep in the closest touch with the valuable work which is being done there. The opportunity of discussing the treatment of all new cases and reviewing the results of treatment of old cases with the Medical Superintendent, is of very real value. It is no exaggeration to say—and this has been amply justified by the visits of other observers to the Sanatorium—that for its size the Sanatorium can, from the point of view of medical treatment and administration, compare favourably with any similar institution in this country.

Advanced Cases of Pulmonary Tuberculosis.

Several cases of advanced pulmonary tuberculosis, which are obviously unsuitable for institutional treatment at our Harts Sanatorium, and which are grave sources of danger in the home, are being recommended for institutional treatment at Whipps Cross Hospital, or St. Joseph's Hospice, Hackney. Patients who have been so referred have expressed their appreciation of the care and attention which has been given to them.

Further Developments in the Diagnosis and Treatment of Pulmonary Tuberculosis.

Last year I briefly outlined the advances in treatment which we were utilising with discrimination in the interests of our patients. The value of "Absolute Rest," Collapse therapy in all its phases, Drug, Tuberculin and Vitamin therapy, were all reviewed last year.

Chronic Focal Pneumonia and Broncho-pneumonia.

With developments in our knowledge of the disease, and with radiological advances and the increased knowledge of interpretation of radiological shadows, certain patients have been found to have X-ray evidence of infiltration closely resembling

tuberculous lung infiltration. It has been observed, however, that despite the expectoration of thick mucopurulent sputum, tubercle have been persistently absent, and after close investigation, these cases have proved to be due to areas of chronic Focal Pneumonia or Broncho-pneumonia of a non-tuberculous aetiology. This goes to show the necessity for the greatest care and closest possible supervision of some of these difficult atypical cases. They are by no means uncommon, and the utilisation of every new method of investigation that is likely to be of value is necessary before a patient is condemned to the very responsible diagnosis of pulmonary tuberculosis, and all the privation and suffering that it often entails.

The diagnosis includes the recognition of the presence, extent, character and activity of the disease. In point of fact, increased experience goes to show that the interpretation of shadows on X-ray films with the Roentgen Tube requires as much care and attention as the older clinicians paid to the Stethoscope.

Despite the pitfalls which can be associated with even the most perfect and technically satisfactory radiographs, it can be said with emphasis that the detection of tuberculous lung disease is infinitely more trustworthy now than in pre-radiological days.

Newer Methods for Discovering Tubercle Bacilli in Sputum:

Culture Method: By the use of Jensen's medium a growth may be obtained in 2—3 weeks, where the ordinary carbol fuchsin method, and even the concentrated antiformin methods are negative. In suspicious cases, where the sputum is persistently negative, this method will sometimes give a positive result. Its proved value is such that it is now being utilised in suspicious cases.

Methods of Assessing the Activity of the Disease.

The Clinical manifestations of activity, such as those of temperature, pulse, physical signs, nature and quantity of sputum, and X-ray appearances are all utilised.

The Blood Sedimentation rate has, however, proved to be a most valuable additional aid, and although adequate facilities are not yet available, it is hoped to ensure increasing use of this

method of assessment, more particularly in cases undergoing Sanatorium treatment.

The estimation of Vitamin C excretion in the urine is yet another method of assessment of activity.

Tomography in Diagnosis.

No branch of medicine owes more to the science of radiology than the branch concerned with diseases of the chest. The development and increased utilisation of X-rays in our Chest work has received full attention in recent annual reports. It is not surprising that this increase necessarily involves, sooner or later, added refinements and thus the ingenious method of showing added detail to that available in the ordinary flat anterior, posterior, lateral and oblique films, has been introduced, which enable us to take sectional radiographs of the chest which will no longer impair the clear vision of the lung parenchyma (such as the clavicle, scapulae, ribs, breast shadow in women, etc.). Tomography, then, enables us to examine sections of the lung in detail and thus determine the precise depth in the lung parenchyma from which an area of disease arises. This having been determined, a close unimpeded study of the area of disease can be made. The tomograph was originally a very expensive and elaborate instrument, but thanks to Twining's researches, a simple comparatively inexpensive appliance has been devised which can be added to an ordinary X-ray apparatus like our own. The detailed physics of tomography need not be referred to here, but the main principle is that the tube and the film holder move in opposite directions during the exposure. It must, however, be admitted that the subject is in its infancy, and most general clinicians recognise that at the present stage it is advisable to await developments in its refinement, which may ensue with increased radiological experience. A discussion of tomography with the Medical Officer of Health and its possible value in our work both at the Clinic and the Sanatorium, have brought us to a similar conclusion. The developments will be awaited with interest.

Artificial Pneumothorax.

Artificial Pneumothorax is now an accepted method of treating certain selected cases of pulmonary tuberculosis, although in

itself it must be recognised that it is not a specific cure for tuberculosis. It is important, however, carefully to recognise its uses and limitations if its value is not to fall into disrepute, and our experience of it during the last ten years or so has enabled us to assess its results. If complete collapse can be obtained the results are obviously better than only a partial collapse. In some cases a collapse of only the healthy lung is obtained, the diseased lung remaining unaffected; in other words, there is a contra-selective artificial pneumothorax which is useless and which we always abandon. Results are also infinitely better if there is no contra lateral disease, and hence the greatest care is needed in the original choice of the case suitable for this type of treatment. It is generally recognised that a suitably chosen case with an effective pneumothorax has unquestionably an improved chance of survival.

Wherever **incomplete** collapse is obtained auxiliary methods by surgical means are always employed whenever possible in the form of (a) Section of adhesions; (b) Phrenic operations; (c) Plastic operations on the chestwall, to endeavour to obtain a selective collapse of the diseased lung. As Bentley has so wisely pointed out in his admirable survey on Artificial Pneumothorax, the great majority of patients as we find them are not suitable for the treatment, and also that pulmonary tuberculosis is sometimes a disease curable by the adoption of simple methods calculated at raising the general resistance of the individual. It is in this critical manner that all our patients are reviewed before undergoing treatment in this disease.

The Operation of Extra-pleural Pneumothorax, whereby the lung tissue is carefully stripped from the pleura, seeks to secure a selective collapse. Refills are then given at regulated intervals, the needle being introduced just above the site of the wound, whilst the patient is in the sitting posture.

We are now treating such a case with frequent small refills, the terminal pressure being +20 +15, with very good results so far.

Blocking of a bronchus by means of a balloon inserted through a bronchoscope as a means of collapsing a large cavity.

The production of a selective collapse of the lung—i.e. a collapse limited to the diseased area alone—is one which we strive

to obtain but rarely achieve. It has the great advantage that the healthy lung tissue is conserved unimpaired. An attempt has recently been made to find a method which may secure a selective collapse of the diseased lung in the course of an artificial pneumothorax. It has been observed by American workers that when massive collapse of the diseased lobe occurs by accident, as for example sometimes happens when haemoptysis occurs, the tuberculous disease then shows a lesser tendency to activity.

Attempts have been made to occlude completely the bronchus of the diseased lobe for several hours, by insertion of a bronchoscope, and a balloon which can be distended left in situ for some hours. Massive selective collapse of the involved lobe can thus be induced.

A patient under my care at the present time has a large cavity which has failed to collapse with an artificial pneumothorax, and the surgeon is attempting to obliterate the cavity by completely occluding the bronchus of the corresponding lobe to induce a massive and selective collapse by this method.

We are awaiting the results with the greatest interest, for if successful it promises to avoid more drastic surgical operations in the future.

Pleural Effusions.

So many cases of a clear pleural effusion of the type of an exudate come to our notice which have not been notified, and have subsequently developed tuberculous lung disease, that too much emphasis cannot be made on the importance of recognising the fact that every clear pleural exudate, especially in young subjects, should be treated as pulmonary tuberculosis and undergo a complete sanatorium regime. Were this to be generally recognised the prognosis in these cases would be admirable and lung tuberculosis in such cases a very rare occurrence.

Diagnostic Unit.

The facilities for diagnosis at the Clinic are sometimes limited because of the necessity for observation, for certain selected cases, in bed. It is here especially that our very close co-operation with the Sanatorium is of the greatest value. Quite a series

of cases during the year are kept in observation beds at Harts Sanatorium, and there serial X-ray investigations, prolonged clinical observations, special examinations such as the injection of lipiodol to show up the tracheo-bronchial tree by X-rays, etc., can be done. In this way the diagnosis of several cases of Cancer of the lung and pulmonary suppuration, such as bronchiectasis, etc., have definitely been confirmed.

Cancer of the Lung.

Examination for Cancer cells in sputum.

Reference has been made in previous reports of the increased frequency of cancer of the lung. These cases are often closely simulated by pulmonary tuberculosis, and the differential diagnosis has frequently to be made among clinic patients either at the Clinic or in the Diagnostic Unit of Harts Sanatorium.

The help of a bronchogram, the bronchoscope and the new special technique of the demonstration of particles of malignant growth in the sputum by means of the wet film method are all utilised. The latter examination recently introduced by Professor Dudgeon is now available for our patients, and has proved to be of very real practical value. In some cases the presence of the cancer cells in the sputum has obviated the necessity for more complicated diagnostic procedures.

Prevention.

Better Housing.

Tuberculosis, it must be recognised, is to some extent a family disease, and it has always been our aim, in the interests of prevention, to try and get preferential treatment for families with a tuberculous sufferer who are inadequately housed. The problem is indeed a difficult one, and our efforts are by no means always successful, and in some of the worst cases it is indeed difficult, through insufficiency of income, to effect this. The assistance frequently given by the Public Assistance Committee is gratefully recognised.

Boarding out of Child Contacts.

It not infrequently happens that parents, more particularly the mothers, feel that they cannot undertake a period of residential treatment because there would be no one left at home to care for the children in their absence. In certain circumstances arrangements are made through the Public Assistance Department for such children to be cared for in the Children's Homes at Aldersbrook, after the children have been examined and found to be free from the disease.

I should be lacking in my duty were I not to express my deep sense of gratitude to the Nurses and the Clerical Staff for their ever ready help and constant co-operation, which have played no little part in the successful working of the Clinic.

TABLE 24.
RETURN SHOWING THE WORK OF THE TUBERCULOSIS AND CHEST CLINIC, 1937.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—NEW CASES examined during the year (excluding contacts):—													
(a) Definitely tuberculous ...	79	54	4	—	6	10	8	6	85	64	12	6	167
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	9	9	—	1	19
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	76	84	22	18	200
B.—CONTACTS examined during the year:—													
(a) Definitely tuberculous ...	6	11	3	9	1	—	1	—	7	11	4	9	31
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	3	5	2	2	12
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	72	96	51	49	268
C.—CASES written off the Clinic Register as —													
(a) Recovered ...	2	4	4	2	—	—	1	3	2	4	5	5	16
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Clinic Register as tuberculous) ...	—	—	—	—	—	—	—	—	155	191	76	71	493
D.—NUMBER OF CASES on Clinic Register on December 31st, 1937:—													
(a) Definitely tuberculous ...	363	336	23	6	69	92	56	24	432	428	79	30	969
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	12	14	2	3	31

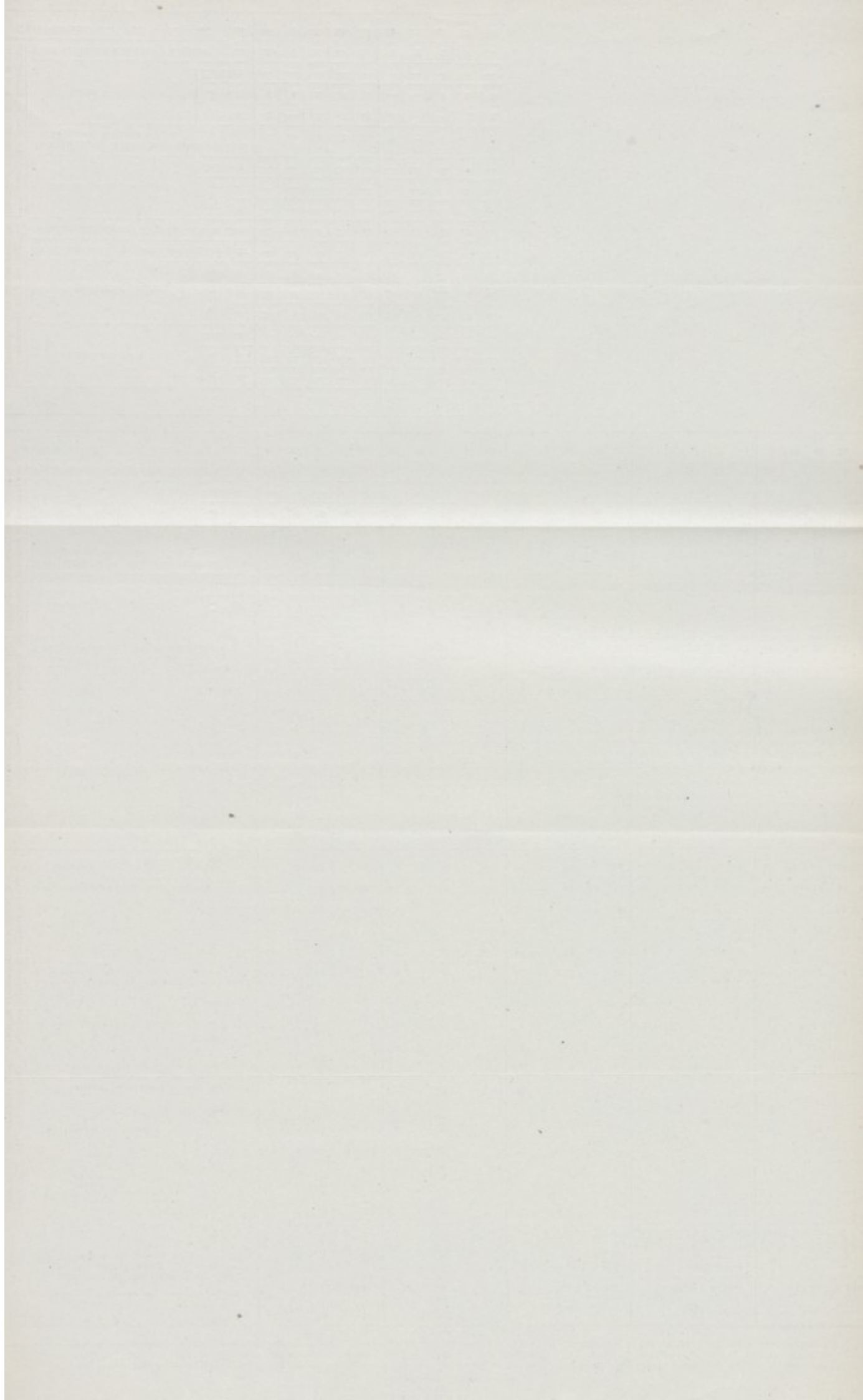
PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1937 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register. The table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the return relates	Class T. B. minus	Previous to 1927				1927				1928				1929				1930									
		Class T. B. plus				Class T. B. plus				Class T. B. plus				Class T. B. plus				Class T. B. plus									
		Group 1	Group 2	Group 3	Total Class T. B. Plus	Group 1	Group 2	Group 3	Total Class T. B. Plus	Group 1	Group 2	Group 3	Total Class T. B. Plus	Group 1	Group 2	Group 3	Total Class T. B. Plus	Group 1	Group 2	Group 3	Total Class T. B. Plus						
Disease Arrested	Adults	M.	17	5	6	—	11	—	—	—	—	1	—	—	1	—	—	1	—	1	2	2	1	—	3		
		F.	5	1	4	—	5	4	—	—	—	—	—	—	—	2	—	—	—	—	1	1	—	—	1		
	Children	6	—	—	—	—	2	—	—	—	—	2	—	—	—	3	—	—	—	—	1	—	—	—	—		
Disease not Arrested	Adults	M.	13	4	13	1	18	1	—	2	—	2	2	3	2	—	5	3	1	2	—	3	7	3	6	—	9
		F.	11	6	14	—	20	2	—	1	1	2	3	5	2	—	7	3	3	1	2	6	6	—	9	—	9
	Children	3	—	—	—	—	3	—	—	—	—	1	—	—	—	2	—	—	—	—	3	—	—	—	—	—	
Condition not ascertained during the year			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total on Dispensary Register at 31st Dec.			55	16	37	1	54	12	—	3	1	4	10	9	4	—	13	13	4	4	2	10	20	6	16	—	22
Discharged as Recovered	Adults	M.	21	4	—	—	4	2	1	1	—	2	2	—	—	—	—	2	—	—	—	—	—	—	—	—	
		F.	20	1	—	—	1	1	—	—	—	—	4	—	—	—	—	2	—	—	—	—	—	—	—	—	
	Children	25	—	—	—	—	3	—	—	—	—	1	—	—	—	—	—	1	—	—	1	1	—	—	—	—	
Lost sight of or otherwise removed from Dispensary Register			395	49	83	4	136	48	13	21	2	36	65	19	23	3	45	53	10	28	—	38	26	9	12	4	25
Dead	Adults	M.	48	12	83	41	136	5	3	29	11	43	10	3	25	10	38	4	4	25	16	45	7	5	16	22	43
		F.	34	11	53	33	97	1	1	17	8	26	4	5	10	10	25	7	3	10	6	19	3	4	13	11	28
	Children	6	—	1	2	3	4	1	—	—	1	1	—	1	1	1	2	—	—	—	—	—	—	—	—	2	2
Total written off Dispensary Register			549	77	220	80	377	64	19	68	21	108	87	27	59	24	110	68	18	63	22	103	37	18	41	39	98
GRAND TOTALS			604	93	257	81	431	76	19	71	22	112	97	36	63	24	123	81	22	67	24	113	57	24	57	39	120

Condition at the time of the last record made during the year to which the return relates	Class T. B. minus	1931				1932				1933				1934				1935									
		Class T. B. plus				Class T. B. plus				Class T. B. plus				Class T. B. plus				Class T. B. plus									
		Group 1	Group 2	Group 3	Total Class T. B. Plus	Group 1	Group 2	Group 3	Total Class T. B. Plus	Group 1	Group 2	Group 3	Total Class T. B. Plus	Group 1	Group 2	Group 3	Total Class T. B. Plus	Group 1	Group 2	Group 3	Total Class T. B. Plus						
Disease Arrested	Adults	M.	1	—	—	—	3	1	1	—	2	4	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
		F.	—	—	—	—	1	2	—	—	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	
	Children	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
Disease not Arrested	Adults	M.	5	2	4	—	6	6	2	5	—	7	10	1	8	—	9	7	5	11	4	20	20	6	8	2	16
		F.	9	3	6	—	9	7	—	5	—	5	15	2	5	—	7	7	3	10	1	14	17	—	12	1	13
	Children	—	—	—	—	2	—	—	—	—	—	8	—	—	—	—	7	1	1	1	3	8	—	—	—	—	
Condition not ascertained during the year			—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total on Dispensary Register at 31st Dec.			16	5	10	—	15	20	5	11	—	16	38	3	13	—	16	24	9	22	6	37	45	6	20	3	29
Discharged as Recovered	Adults	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Lost sight of or otherwise removed from Dispensary Register			21	11	19	4	34	36	5	23	—	28	25	7	26	3	36	21	8	14	1	23	20	5	17	2	24
Dead	Adults	M.	4	1	15	6	22	4	3	21	6	30	4	1	19	10	30	4	1	16	16	33	4	1	11	18	30
		F.	6	6	19	9	34	5	3	13	9	25	6	1	9	5	15	1	1	10	10	21	1	1	7	7	15
	Children	—	—	—	—	1	—	2	—	2	—	—	—	—	—	—	—	3	—	—	—	1	—	—	1	1	
Total written off Dispensary Register			31	18	53	19	80	46	11	59	15	85	35	9	54	18	81	29	10	40	27	77	26	7	35	28	70
GRAND TOTALS			47	23	63	19	105	66	16	70	15	101	75	12	67	18	97	53	19	62	33	114	71	13	55	31	99

Condition at the time of the last record made during the year to which the return relates	Class T. B. minus	1936				1937						
		Class T. B. plus				Class T. B. plus						
		Group 1	Group 2	Group 3	Total Class T. B. Plus	Group 1	Group 2	Group 3	Total Class T. B. Plus			
Disease Arrested	Adults	M.	—	—	—	—	—	—	—	—		
		F.	—	—	—	—	—	—	—	—		
	Children	—	—	—	—	—	—	—	—	—		
Disease not Arrested	Adults	M.	28	1	20	5	26	26	6	32	8	46
		F.	26	2	15	5	22	24	5	28	4	37
	Children	8	1	—	—	1	15	—	—	—	—	—
Condition not ascertained during the year			—	—	—	—	—	—	—	—	—	
Total on Dispensary Register at 31st Dec.			62	4	35	10	49	65	11	60	12	83
Discharged as Recovered	Adults	M.	—	—	—	—	—	—	—	—	—	
		F.	—	—	—	—	—	—	—	—	—	
	Children	—	—	—	—	—	—	—	—	—	—	
Lost sight of, or otherwise removed from Dispensary Register			20	—	14	1	15	6	2	1	—	3
Dead	Adults	M.	2	—	5	7	12	3	—	—	2	2
		F.	1	1	2	5	8	—	—	1	3	4
	Children	—	—	—	—	—	—	—	—	—	—	—
Total written off Dispensary Register			23	1	21	13	35	9	2	2	5	9
GRAND TOTALS			85	5	56	23	84	74	13	62	17	92



1. Number of cases on Clinic Register on January 1st, 1937 ...	973
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years...	34
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	116
4. Cases written off during the year as Dead (all causes) ...	84
5. Number of attendances at the Clinic (including Contacts) ...	3793
6. Number of Insured Persons under Domiciliary Treatment on the 31st December, 1937	32
7. Number of consultations with medical practitioners:—	
(a) Personal	21
(b) Other	432
8. Number of visits by Tuberculosis Officers to Homes (including personal consultations)	82
9. Number of visits by Nurses or Health Visitors to Homes for Clinic purposes	5248
10. Number of	
(a) Specimens of sputum, &c., examined	824
(b) X-ray examinations made (inclusive of both film and screen examinations)	1652
in connection with Clinic work.	
11. Number of "Recovered" cases restored to Clinic Register, and included in A(a) and A(b) above	1
12. Number of "T.B. plus" cases on Clinic Register on the 31st December, 1937	348
Number of Clinics for the treatment of Tuberculosis (excluding centres used only for special forms of treatment):—	
Provided by the Council	1

After History for five years of 257 New Cases of Tuberculosis reported from all sources in 1932.

The close follow-up of cases of tuberculosis over a number of years yields information of considerable practical importance. An analysis, closely comparable with the Lancashire County Council Report, of the cases to show how they fared during the five years succeeding 1932, that is to 1937, is here reproduced in the form of a chart.

As in Lancashire, the observation of each living case has been carried to a period of five years after the date when first reported to us as tuberculous. For instance, a case first coming to our notice in May, 1932, has been followed up (if living and still tuberculous) until May 1937.

The following noteworthy features are presented:—

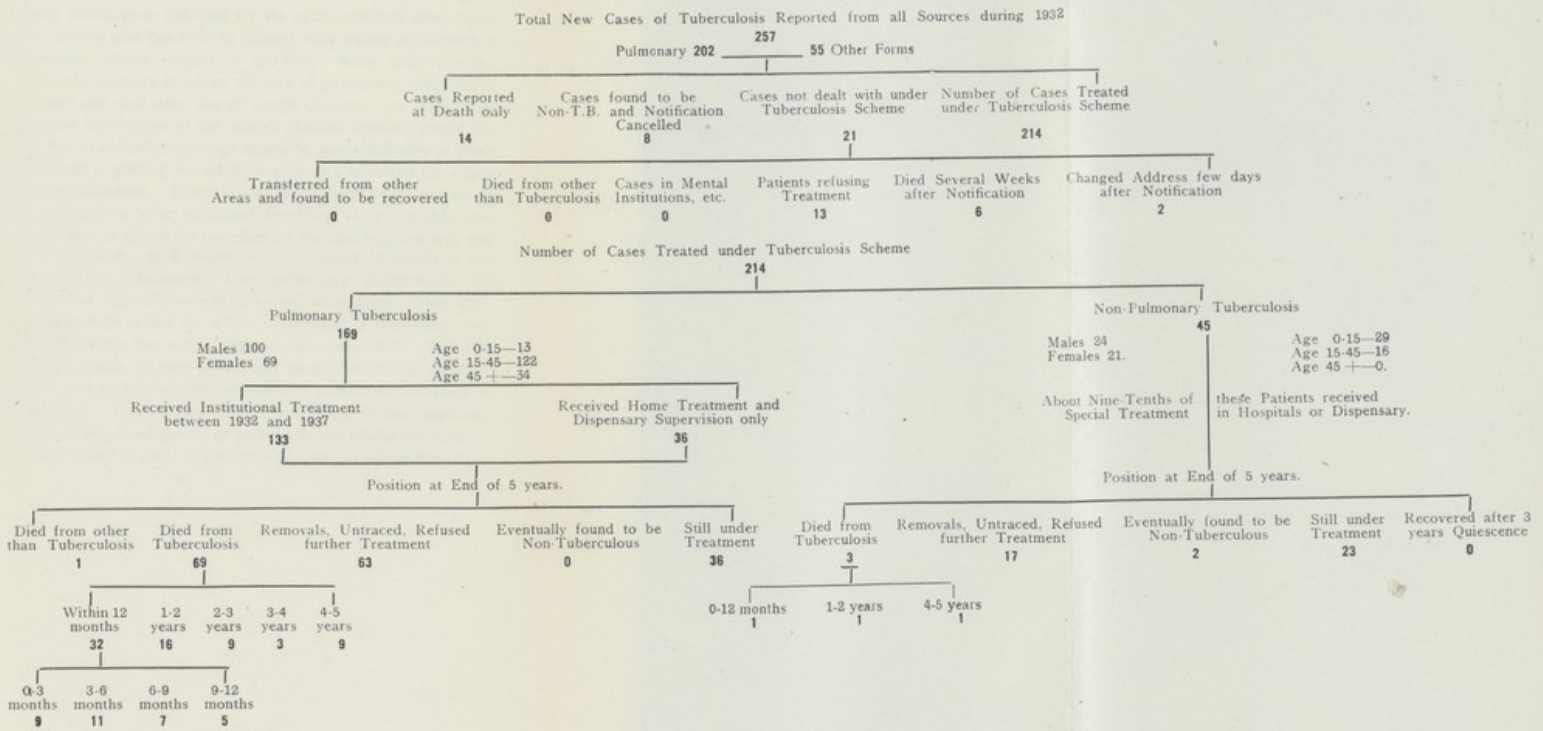
1. 83.2 per cent. of the gross number of new tuberculous cases coming to our knowledge in the County Borough of East Ham during 1932 were dealt with under the tuberculosis scheme. A further 3.1 per cent. of the gross number related to cases in which the statutory notification was cancelled, after a period of observation.

2. The reasons why 13.7 per cent. of the gross number did not come directly under the Council scheme were: (a) Cases reported at death only, 5.5 per cent; (b) cases dying within several weeks (average three weeks) of notification, 2.33 per cent.; (c) cases removing from the County Borough area several days after notification, 0.8 per cent.; and (d) patients declining to have treatment under the official Council scheme, 5.05 per cent.

3. Of the 169 pulmonary cases, 78.7 per cent. received one or more periods of sanatorium or hospital treatment; of 45 non-pulmonary cases, about nine-tenths received special treatment at a hospital (e.g. orthopaedic and artificial light).

4. Of the net number (106 of definite pulmonary cases, removals from area, etc., excluded) 69 died from tuberculosis within the five years (46.4 per cent. dying in the first year, 23.2 per cent. in the second year, 13 per cent. in the third, 4.3 per cent. in the fourth, and 13 per cent. in the fifth).

TABLE 27.
CHART SHOWING HISTORY FOR FIVE YEARS OF 257 NEW CASES OF TUBERCULOSIS REPORTED FROM ALL SOURCES IN 1932.



It is estimated that 62 cases of the 257 new cases were cases of adolescent phthisis, i.e. at least one in every five occurred between the 15—25 years period. It is a well known fact that (1) cases occurring at this age of life have a poorer prognosis; (2) many of them occur as a result of contact with other cases of pulmonary tuberculosis in the home. The greatest significance is placed upon the need for the examination of every adolescent person who has been in contact with a case of pulmonary tuberculosis whose sputum is positive. Most unfortunately, whilst child contacts in whom the risk of pulmonary tuberculosis is a small one, and who, like all school children, are under the preventive supervision of the School Medical Service, attend the Clinic for examination in large numbers, great difficulty is often experienced in getting the adolescent contact to attend for a preventive examination. Parents, who themselves are often keen on these adolescents being examined, frequently state that they cannot get them to attend for examination, because they are well and see no reason for such precaution. On many occasions it has been observed subsequently that pulmonary tuberculosis has developed in such adolescents in a very acute form. They have been obliged to attend the Clinic on account of symptoms, and advanced disease has not infrequently been detected. It would have been easier to have seen these people before the onset of disease, and to have urged the valuable preventive measures to be adopted. Our visiting Sisters are aware of this important problem of the development of phthisis in the adolescent contact, and every effort is made to get these contacts to attend the Clinic.

Dental Treatment of Uninsured Tuberculous Patients.

TABLE 28.

Case No.	Date.	Treatment.	Cost. £ s. d.
1	2-3-37	Extractions 4, partial lower denture	1 11 6
2	30-7-37	Extractions 16, complete upper and lower dentures	6 12 6
*3	17-8-37	Extractions 22, complete upper and lower dentures	3 7 6
4	24-9-37	Extractions 10, Re-model upper denture, supply part lower denture	4 18 6
5	16-10-37	Complete upper & lower dentures	5 10 0
6	23-10-37	Remodel complete upper denture	1 16 8
7	1-12-37	Extractions 2	5 0
Total			£24 1 8

* Insured person, approved by Committee, Society paid half cost of £6-15-0.

Harts Sanatorium.

STATISTICS.

Discharges, including deaths: 163 (97 M., 65 F., 1 Ch.).

Deaths: 14 (10 M., 4 F.).

Insured patients: 119 (87 M., 32 F.).

Non-insured patients: 44 (10 M., 33 F., 1 Ch.).

Average duration of treatment: 24.26 weeks.

Number of patient-days: 26,998.

Number of beds available at end of year: 80 (78 adult; 2 ch.).

Average number of beds occupied: 73.97 (92.46%).

Admissions by ambulance: 58 (32 M., 26 F.).

From Hospitals 30 (18 M., 12 F.)

From Home 28 (14 M., 14 F.)

Of the cases discharged or deceased, 22 had already had one course of treatment at Harts (17 M., 5 F.); and 5 (4 M., 1 F.) had had two courses.

Immediate Results of Treatment.

Discharged Quiescent, including

4 observation cases notified as

tuberculous 72 (42 M., 29 F., 1 Ch.)

Discharged Non-quiescent 70 (42 M., 28 F.)

Of these were Improved 62 (36 M., 26 F.)

Not Improved 8 (6 M., 2 F.)

Observation Cases.

Of the 11 observation cases :

- 4 were found to be suffering from Bronchiectasis, non-tuberculous ;
- 1 was a case of Bronchiectasis associated with Pulmonary Tuberculosis ;
- 3 proved to be cases of Pulmonary Tuberculosis ;
- 1 proved non-tuberculous ; admitted on account of family history and symptoms ;
- 1 was doubtful ; the family history again being significant ;
- 1 was doubtful, query malignant disease ; this case on transfer to the London Hospital for further investigation proved to be a cancer of the lung.

Greater use has been made of one or two beds for the purpose of keeping a patient under a short period of observation in order to determine whether he or she is suffering from Pulmonary Tuberculosis or some chest complaint whose symptoms may be similar to those of the former disease.

The differential diagnosis often lies between Pulmonary Tuberculosis, Bronchiectasis, and Malignant Disease of the lung.

In order to aid the diagnosis, an oil which is opaque to X-Rays is put into the trachea and allowed to flow into the bronchi. X-Ray pictures are then taken which show up clearly the bronchial tree. Nine such examinations were done at the Sanatorium during the year, eight being in observation cases, and one in a case of Pulmonary Tuberculosis.

Complications.

(a) Tuberculous.

Larynx, 6; Meninges, 1; Ischio-rectal abscess, 2; Periostitis, 11th right rib, with abscess formation, 1.

(b) Non-tuberculous.

Bronchitis and Emphysema, 6; Bronchiectasis, 1; Diabetes, 2; Psoriasis, 1; Dermatitis, hands, 1; Angina pectoris, 1; Asbestosis, 1.

Dr. Crawford's observations are contained in the following report:—

Rest

The use of fairly prolonged complete rest in bed in cases where this is likely to prove of value continues to be the mainstay of treatment. Its assistance in the healing of lesions is shown in the disappearance of sputum, the great improvement in general condition, gain in weight, and the clearing of shadows seen in the X-Ray picture. The beneficial effects of rest become more and more evident to the patients themselves.

Artificial Pneumothorax.

Twenty inductions were performed during the year, and were continued. In other three cases attempts were made to obtain collapse of a diseased lung, but were unsuccessful owing to old-standing pleural involvement.

In all, 28 cases of unilateral collapse were treated and 326 refills were given. Five cases were discontinued, the collapse in each case being non-selective because of adhesions.

Continual use has been made of the X-Ray plant in controlling these cases and in assessing the value of treatment.

Where small adhesions prevent complete collapse of the lung, division of these by the cautery is often possible, and inspection of the pleural cavity by the thoracoscope permits the surgeon to decide if this is feasible. Three cases were so dealt with from the Sanatorium, two at the London Hospital, and one at Brompton Hospital.

Gold Salts.

This useful adjunct to Sanatorium treatment was continued throughout the year. In a number of cases, healing of the lung lesions, with cessation of sputum was noted; in others, diminution in the quantity of sputum was seen with disappearance of tubercle bacilli from it.

Eighteen courses of treatment commenced in 1936 were completed. Fifty-six courses were commenced in 1937, of which nineteen were current at the end of the year.

Fifty-four courses ended during the year, of which thirty-seven were full courses. Seventeen courses were incomplete for the following reasons: (a) Complications of the treatment: Albuminuria, 2; buccal ulcers, 2; erythematous rashes, 2. (b) Marked deterioration in patients' conditions, 5. (c) Patients who discharged themselves, 5. (d) Transferred, 1.

Of the 37 full courses given to patients discharged during the year, 8 cases were considered quiescent, 28 improved, and 1 not improved. A cautious opinion has been given on the results of treatment, a number of cases having been considered "improved" only, although the sputum may have become negative prior to discharge.

Tuberculin

Fourteen courses of Tuberculin were given to selected cases during the year; in all 259 injections were given, the dilutions being made up as required.

Insulin

The use of Insulin continues to be of value where the nutritional state of the patient requires stimulation. While not all patients gain greatly in weight, some may put on a stone in eight to ten weeks; the majority report an increase in appetite, and an improvement in general well-being. Twenty courses of injections were given, ranging from six to ten weeks.

Bacteriology.

A monthly sputum examination is done at each routine clinical examination of a patient, besides special sputum examinations, and in all 670 specimens were examined in 1937.

Microscopic examination of all pleural fluids withdrawn is also done.

Radiography.

The Radiographer has continued her weekly visit enabling all necessary films to be taken. Three hundred and eighty-one films were produced during 1937.

Handicraft.

The work of Occupational Therapy, definitely instituted during the early part of the year, has become a welcome and highly useful part of the organisation. All patients who have reached a certain grade are expected to take part, and do so with much interest. Patients who are still in bed, but permitted to sit up are allowed to occupy part of their day with a light task. There is no doubt that this addition to the aids to treatment of the Sanatorium is very valuable.

Consultations

The fortnightly visits of the Consultant enable all cases to be discussed and their treatments considered. By means of the complete liaison which exists between the Chest Clinic and the Sanatorium, all matters of interest or importance affecting patients are brought to notice and attended to without delay. The value of Dr. Ellman's advice, which is always available, is gladly acknowledged.

The visits of the Greatfield Players during the winter months have been very successful, and much thanks is due to them for their continued kindness in so ably presenting entertainments for the patients' amusement.

TABLE 29.

HARTS SANATORIUM.—Year ended 31st March, 1938.

	Expenditure	Cost per Patient per week	
		£	s. d.
Salaries and Wages	3910	20	6
Superannuation	125	0	8
Provisions	3168	16	7
Disinfectants, Drugs and Appliances	303	1	7
Coal, Coke and Firewood	423	2	2
Electricity, Gas and Water	789	4	2
Furniture, Bedding and Linen	205	1	1
Uniforms and Dresses	60	0	4
Chandlery and Sundries	408	2	1
General Repairs	456	2	5
Special Repairs and Alterations	176	0	11
Garden Implements, Seeds, etc.	75	0	5
Haulage	25	0	2
Printing, Stationery and Advertisements	77	0	5
Rent of Telephones	35	0	2
Rates, Taxes and Insurance	285	1	6
Motor Car Allowance—Resident M.O.	64	0	4
X-Ray Examinations	68	0	4
Occupational Therapy	123	0	9
	10775	56	7

TABLE 30.

NUMBER OF BEDS AVAILABLE FOR THE TREATMENT OF TUBERCULOSIS
ON THE 31ST DECEMBER 1937 IN INSTITUTIONS BELONGING TO THE
COUNCIL.

Name of Institution	For Pulmonary Cases		For Non-Pulmonary Cases		Total
	Adults	Children under 15	Adults	Children under 15	
The Harts Sanatorium, Woodford Green, Essex	78	2	—	—	80

TABLE 31.

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND OBSERVATION DURING THE YEAR 1937 IN HARTS SANATORIUM.

			In Institution on Jan. 1 (1)	Admitted during the year. (2)	Discharged during the year (3)	Died in the Institution. (4)	In Institution on Dec. 31. (5)
Number of doubtfully tuberculous cases admitted for observation	Adults	M.	—	7	6	—	1
		F.	—	6	5	—	1
		Children	—	1	—	—	1
Total ...			—	14	11	—	3
Number of patients suffering from pulmonary tuberculosis	Adults	M.	41	93	84	10	40
		F.	31	58	57	4	28
		Children	—	2	1	—	1
Total ...			72	153	142	14	69
Number of patients suffering from non-pulmonary tuberculosis	Adults	M.	—	—	—	—	—
		F.	—	—	—	—	—
		Children	—	—	—	—	—
Total ...			—	—	—	—	—
Grand Total ...			72	167	153	14	72

TABLE 32

RETURN SHOWING THE RESULTS OF DOUBTFULLY TUBERCULOUS CASES DISCHARGED DURING THE YEAR 1937 FROM HARTS SANATORIUM.

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis.									For Non-Pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.								
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.			
Tuberculous ...	—	—	—	3	1	—	—	—	—	—	—	—	—	—	3	1	—	
Non-tuberculous	1	3	—	1	—	—	—	—	—	—	—	—	—	—	2	3	—	
Doubtful ...	—	—	—	+1	*1	—	—	—	—	—	—	—	—	—	1	1	—	
Totals ...	1	3	—	5	2	—	—	—	—	—	—	—	—	—	6	5	—	

† Discharged from Clinic in 1938 as Non-T.B.

* Still under observation at Chest Clinic.

TABLE 33.

RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR 1937 FROM HARTS SANATORIUM.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.															GRAND TOTALS.	
		Under 3 months, but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.			TOTALS.				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent	10	6	—	16	7	1	5	2	—	—	—	—	31	15	1	47
		Not quiescent	1	1	—	3	1	—	—	2	—	—	1	—	4	5	—	9
		Died in Institution	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
	Class T.B. plus Group 1.	Quiescent	—	—	—	1	—	—	1	—	—	—	—	—	2	—	—	2
		Not quiescent	1	—	—	1	1	—	1	1	—	—	—	—	3	2	—	5
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus Group 2.	Quiescent	1	1	—	3	5	—	3	6	—	1	—	—	8	12	—	20
		Not quiescent	5	1	—	2	3	—	13	6	—	2	1	—	22	11	—	33
		Died in Institution	—	1	—	1	—	—	—	—	—	2	—	—	3	1	—	4
	Class T.B. plus Group 3.	Quiescent	—	—	—	1	—	—	—	2	—	—	—	—	1	2	—	3
		Not quiescent	3	1	—	5	6	—	3	2	—	1	—	—	12	9	—	21
		Died in Institution	—	2	—	3	—	—	1	—	—	—	—	—	4	2	—	6
	TOTALS (pulmonary)	22	13	—	36	23	1	27	21	—	6	2	—	91	59	1	151	

TABLE 34.

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND OBSERVATION DURING THE YEAR 1937 IN INSTITUTIONS (OTHER THAN POOR LAW INSTITUTIONS) APPROVED FOR THE TREATMENT OF TUBERCULOSIS (INCLUDING HARTS SANATORIUM).

			In Insti- tutions on Jan. 1	Ad- mitted during the year.	Dis- charged during the year.	Died in the Insti- tutions.	In Insti- tutions on Dec. 31.
			(1)	(2)	(3)	(4)	(5)
Number of doubt- fully tuberculous cases admitted for observation ...	Ad- ults	M.	—	8	7	—	1
		F.	—	6	5	—	1
	Chil- dren	...	—	1	—	—	1
Total ...	...	...	—	15	12	—	3
Number of patients suffering from pulmonary tuber- culosis	Ad- ults	M.	43	102	91	10	44
		F.	43	69	69	8	35
	Chil- dren	...	9	8	9	—	8
Total ...	...	...	95	179	169	18	87
Number of patients suffering from non- pulmonary tuber- culosis	Ad- ults	M.	3	7	5	—	5
		F.	5	9	7	—	7
	Chil- dren	...	14	18	15	1	16
Total ...	...	...	22	34	27	1	28
Grand Total ...	...	...	117	228	208	19	118

TABLE 35.

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT PROVIDED DURING THE YEAR 1937 IN POOR LAW INSTITUTIONS FOR PERSONS CHARGEABLE TO THE COUNCIL.

			In Insti- tutions on Jan. 1	Ad- mitted during the year.	Dis- charged during the year.	Died in the insti- tutions.	In Insti- tutions on Dec. 31.
			(1)	(2)	(3)	(4)	(5)
Number of patients suffering from pul- monary tuberculo- sis	Ad- ults	M.	9	18	12	12	3
		F.	2	24	15	8	3
	Chil- dren	...	—	—	—	—	—
Total	...	...	11	42	27	20	6
Number of patients suffering from non- pulmonary tuber- culosis ...	Ad- ults	M.	—	2	2	—	—
		F.	—	3	2	1	—
	Chil- dren	...	—	2	2	—	—
Total ...	...	...	—	7	6	1	—
Grand Total ...	...	...	11	49	33	21	6

TABLE 36.

RETURN SHOWING THE RESULTS OF OBSERVATION OF DOUBTFULLY TUBERCULOUS CASES DISCHARGED DURING THE YEAR 1937 FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS (INCLUDING HARTS SANATORIUM).

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	—	—	—	3	1	—	—	—	—	—	—	—	3	1	—
Non-tuberculous	1	3	—	2	—	—	—	—	—	—	—	—	3	3	—
Doubtful ...	—	—	—	+1	*1	—	—	—	—	—	—	—	1	1	—
Totals ...	1	3	—	6	2	—	—	—	—	—	—	—	7	5	—

† Discharged from Clinic in 1938 as Non-T.B.

* Still under observation.

TABLE 37.

RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR 1937 FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS (INCLUDING HARTS SANATORIUM)

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.															GRAND TOTALS.
		Under 3 months, but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.			TOTALS.			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class T.B. minus.	Quiescent	11	6	—	16	7	1	5	4	3	—	—	4	32	17	8	57
	Not quiescent	2	1	—	3	1	—	—	2	1	—	1	—	5	5	1	11
	Died in Institution	1	—	—	—	—	—	—	—	—	—	1	—	1	1	—	2
Class T.B. plus Group 1.	Quiescent	—	—	—	1	—	—	1	—	—	—	—	—	2	—	—	2
	Not quiescent	2	—	—	1	1	—	1	2	—	—	2	—	4	5	—	9
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. plus Group 2.	Quiescent	1	1	—	3	5	—	4	6	—	1	—	—	9	12	—	21
	Not quiescent	5	2	—	2	6	—	13	7	—	2	1	—	22	16	—	38
	Died in Institution	—	2	—	1	—	—	—	—	—	2	1	—	3	3	—	6
Class T.B. plus Group 3.	Quiescent	—	—	—	1	—	—	—	2	—	—	—	—	1	2	—	3
	Not quiescent	3	1	—	5	6	—	3	2	—	1	—	—	12	9	—	21
	Died in Institution	—	2	—	3	—	—	1	—	—	—	1	—	4	3	—	7
TOTALS (pulmonary)		25	15	—	36	26	1	28	25	4	6	7	4	95	73	9	177

PULMONARY TUBERCULOSIS.

TABLE 37—continued.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.															GRAND TOTALS.
		Under 3 months, but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.			TOTALS.			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent	—	1	—	—	—	—	—	1	1	2	2	1	3	3	7
		Not quiescent	—	—	1	—	—	—	—	1	—	—	—	—	1	1	2
		Died in Institution	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
	Abdominal.	Quiescent	—	—	1	—	—	—	—	—	—	1	1	—	1	2	3
		Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Organs.	Quiescent	—	1	—	—	—	—	—	—	—	—	—	—	1	—	1
		Not quiescent	1	—	—	1	—	—	—	—	—	—	—	2	—	—	2
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral Glands.	Quiescent	—	—	1	1	1	6	1	—	2	—	—	—	2	1	9
		Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS (non-pulmonary)		1	2	3	2	1	6	1	1	4	1	3	3	5	7	16	28

TABLE 38.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.
SUMMARY OF NOTIFICATIONS DURING THE PERIOD 1.1.37 TO 31.12.37.

Age periods.	Formal Notifications. Number of Primary Notifications of new cases of tuberculosis.											Total (all ages)	Total notifications.
	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & over		
Pulmonary Males	—	2	4	3	8	10	19	16	15	10	3	90	97
„ Females	—	3	5	2	18	15	24	10	7	—	1	85	91
Non-pulm. Males	—	3	6	3	4	—	3	—	—	—	—	19	19
„ Females	—	5	3	2	1	3	2	1	2	1	—	20	20

SUPPLEMENTAL RETURN.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification :—

Age periods.	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 and over	Total cases.
Pulmonary Males	—	—	1	—	1	2	6	3	1	1	1	16
„ Females	—	—	1	2	2	3	4	—	3	—	—	15
Non-pulmonary Males	—	1	2	2	2	—	2	—	—	—	1	10
„ Females	—	—	2	—	—	2	2	—	3	—	—	9

TABLE 38—continued.

The source or sources from which information as to the above-mentioned cases was obtained:—

Source of Information.	No. of Cases.	
	Pulmonary.	Non-pulmonary.
Death returns { from local Registrars	2	—
Death returns { transferable deaths from Registrar General	1	6
Posthumous notifications	2	3
" Transfers " from other areas (other than transferable deaths)	23	10
Other sources if any (specify) (Merchant Seamen)	3	—

NOTIFICATION REGISTER.

	Pulmonary			Non-pulmonary			Total Cases
	Males	Females	Total	Males	Females	Total	
Number of cases of Tuberculosis remaining at the 31st December 1937, on the Registers of Notifications kept by the Medical Officer of Health of the County Borough	502	433	935	153	145	298	1,233
Number of cases removed from Registers during the year by reason of:—							
1. Withdrawal of notification	—	1	1	3	1	4	5
2. Recovery from the disease	6	6	12	1	3	4	16
3. Death (all causes)... ..	54	31	85	9	4	13	98
4. Otherwise	32	20	52	9	10	19	71

TABLE 39.

NOTIFIED CASES OF TUBERCULOSIS, 1937.

Ages.	Pulmonary			Abdominal.			Meninges.			Bones and Joints.			Glands.			Other Organs.			Disseminated.			All forms.			
	Males	Females	Totals	Males	Females	Totals	Males	Females	Totals	Males	Females	Totals	Males	Females	Totals	Males	Females	Totals	Males	Females	Totals	Males	Females	Totals	
Under 1 year ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1 and under 2 ...	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
2-3 ...	—	—	—	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	2	—	2
3-4 ...	1	—	1	—	—	—	—	—	—	1	—	1	—	—	5	5	—	—	—	—	—	—	2	5	7
4-5 ...	1	2	3	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4
5-10 ...	5	6	11	2	1	3	2	—	2	1	1	2	3	3	6	—	—	—	—	—	—	—	13	11	24
10-15 ...	3	4	7	—	—	—	1	—	1	—	1	1	3	1	4	1	—	1	—	—	—	—	8	6	14
15-20 ...	9	20	29	—	1	1	—	—	—	1	—	1	4	4	1	—	1	—	—	—	—	—	15	21	36
20-25 ...	12	18	30	—	1	1	—	—	—	—	1	1	—	2	2	—	1	1	—	—	—	—	12	23	35
25-35 ...	25	28	53	—	1	1	—	—	—	—	1	1	2	2	4	3	—	3	—	—	—	—	30	32	62
35-45 ...	19	10	29	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	19	11	30
45-55 ...	16	10	26	—	—	—	—	—	—	—	2	2	—	—	—	3	3	—	—	—	—	—	16	15	31
55-65 ...	11	—	11	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	11	1	12
Over 65 ...	4	1	5	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	5	1	6
Totals ...	106	100	206	3	4	7	4	—	4	5	7	12	12	13	25	5	5	10	—	—	—	135	129	264	

East Ham Tuberculosis After-Care Committee.

The After-Care Committee suffered a severe loss in the death of its Chairman, Mr. Conductor G. H. Mansel, J.P. His invaluable services to the Committee were beyond record; his time was given at their disposal, his knowledge of the Borough's activities in all matters connected with tuberculosis was of great value, and his ready assistance in matters of detail and possibility of furthering these matters were of great assistance.

TABLE 40.

TUBERCULOSIS.

NEW CASES AND MORTALITY, 1937.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulm.		Pulmonary.		Non-Pulm.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	—	—	—	—	1
1 — 5 yrs	2	3	4	5	—	—	1	—
5 — 15 "	8	10	13	7	—	—	4	—
15 — 25 "	21	38	6	6	3	10	1	1
25 — 45 "	44	38	5	5	24	11	1	—
45 — 65 "	27	10	—	6	18	6	—	3
65 and upward "	4	1	1	—	6	2	1	—
Totals ...	106	100	29	29	51	29	8	5

The ratio of non-notified tuberculosis deaths to total tuberculosis deaths for the year was 1—7.

No action has been taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from pulmonary tuberculosis employed in the milk trade) or under Section 62 of the Public Health Act, 1925, or Section 172 of the Public Health Act, 1936 (relating to the compulsory removal of persons suffering from tuberculosis).

From a study of statistics, there is no evidence to indicate lack of efficiency of notification in cases of tuberculosis.

No proceedings were taken in cases of wilful neglect or refusal to notify.

East Ham Tuberculosis After-Care Committee.

The After-Care Committee suffered a severe loss in the death of its Chairman, Mr. Councillor G. H. Manser, J.P.

His invaluable service to the Committee must be placed on record: his time was ever at their disposal, his knowledge of the Borough's activities in all their various phases was of inestimable value, and his genial guidance at meetings entirely obviated any possibility of friction when contentious matters were under discussion.

The Committee unanimously resolved that Mrs. Councillor E. M. C. Brace should succeed the late Mr. Manser, and under her chairmanship the excellent work has been continued.

Eighty-six patients have been provided with clothing and bedding, and garments have been supplied to necessitous patients during their stay in the Sanatorium.

Other patients have been helped by the provision of surgical appliances and repairs to artificial limbs. At Christmas 100 parcels of groceries were given to the most deserving cases.

To augment our funds the Miss Maude Wells School of Dancing gave a performance, the Wakefield Dramatic Society gave us a show, and the Walenders Social Club ran a Whist Drive. Also the West Ham Football Club allowed us to make a collection on their ground. To these people the Committee's best thanks are due. The Committee itself ran a very successful dance in the Town Hall.

Occupational Therapy :

During the year 49 sessions were held at the Tuberculosis and Chest Clinic. The total attendances were 138 Males and 225 Females, equal to an average of 2.8 males and 4.6 females, or 7.2 attendances per session.

At Harts Sanatorium, 41 sessions for men and 45 sessions for women were held, with an attendance of 510 and 514 respectively, or an average of 12.4 male and 11.4 female attendances per session.

TABLE 41.
IN THE FOLLOWING TABLE A COMPARISON OF THE VITAL STATISTICS RELATING TO CERTAIN COUNTY BOROUGH OF A POPULATION BETWEEN 100,000 AND 200,000 IS SHOWN :—

	East Ham	Birkenhead	Blackburn	Blackpool	Bolton	Bournemouth	Derby	Dundee	Gateshead	Huddersfield	Middlesbrough	Norwich	Oldham	Preston	Reading	Southampton	Southend-on-Sea	Stockport	Sunderland	Swansea	Walsall	Wolverhampton	York
Population as estimated by Registrar General, Middle 1937 ...	131,100	145,500	114,000	123,800	170,400	121,000	139,700	177,711	117,600	*121,173	139,600	123,000	127,800	113,600	100,200	178,700	137,400	133,700	182,900	161,750	106,800	144,000	100,090
Comparability Factor ...	1.10	1.09	1.03	0.91	1.09	0.75	1.04	—	1.13	1.04	1.18	0.92	1.12	1.11	0.89	0.99	0.91	1.05	1.12	1.12	1.12	1.08	1.01
Birth Rate per 1,000 population	14.8	17.1	11.7	10.3	12.7	11.16	14.8	17.6	17.7	12.78	19.5	13.63	13.18	14.00	15.6	15.87	11.3	14.14	19.7	15.14	17.90	16.9	15.0
Crude Death Rate do. do.	10.8	13.0	15.2	16.57	14.2	14.57	12.9	15.0	13.7	14.28	13.8	11.61	15.86	14.23	13.06	12.4	13.3	13.94	14.0	12.75	12.01	11.9	11.95
Death Rate as adjusted by Factor	11.8*	14.1	15.6	15.08	15.4	10.92	13.4	15.0	15.4	14.85	16.3	10.68	17.76	15.79	11.62	12.2	12.1	14.64	15.7	14.28	13.45	12.8	12.1
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	0.016	0.02	—	0.02	0.006	0.02	0.02	0.07	—	0.039	0.035	—	—	—	0.01	0.11	0.06	0.11	0.09	0.01
Scarlet Fever ...	—	0.00	—	—	—	—	—	0.03	—	—	0.02	—	—	—	—	0.0112	0.014	—	0.03	0.011	0.03	0.02	—
Whooping Cough ...	0.038	0.06	0.03	—	0.08	0.03	0.037	0.29	0.04	—	0.22	0.024	0.023	0.009	0.60	0.0447	0.036	—	0.02	0.006	0.07	0.05	0.10
Diphtheria ...	0.022	0.17	0.10	0.0565	0.13	0.07	0.043	0.05	0.22	0.03	0.07	0.065	0.133	0.07	0.80	0.056	0.028	0.03	0.11	0.14	0.09	0.12	—
Typhoid and Para-Typhoid	0.007	—	—	—	0.005	—	0.007	—	—	0.01	—	—	—	0.00	—	0.0056	0.022	—	0.01	—	—	—	—
Diarrhoea under 2 years ...	0.106	0.15	0.02	0.032	0.02	0.03	0.057	0.11	0.16	0.02	0.21	0.073	0.015	0.09	0.11	0.0839	0.065	0.06	0.49	0.05	0.13	0.21	0.06
Influenza ...	0.27	0.37	0.37	0.565	0.61	0.46	0.58	0.64	0.42	0.49	0.44	0.23	0.516	0.61	0.41	0.3693	0.487	0.35	0.58	0.32	0.49	0.26	0.49
Tuberculosis—Pulmonary ...	0.61	0.76	0.62	0.541	0.53	0.62	0.55	0.57	1.00	0.50	0.97	0.5	0.64	0.68	0.54	0.7331	0.553	0.74	0.80	0.77	0.78	0.69	0.44
do. Other Forms	0.09	0.11	0.10	0.065	0.10	0.11	0.078	0.25	0.11	0.09	0.21	0.09	0.13	0.17	0.74	0.1007	0.051	0.16	0.23	0.17	0.14	0.15	0.11
Infantile Mortality Rate ...	48	77	69	57.7	61	45.89	63.9	87	77	61	91	52.47	69	77	81	48.6	46	56.61	85	56	57	68	48.4
Maternal Mortality per 1,000 Total Births.																							
From Sepsis ...	—	0.40	—	0.78	0.87	0.71	1.39	1.92	0.91	0.65	1.77	1.155	1.12	1.20	—	0.70	0.623	3.03	1.06	2.4	2.02	—	0.65
.. Other Causes	0.49	0.80	6.34	2.34	5.23	2.14	3.27	3.20	2.75	0.65	2.82	1.732	2.24	1.20	1.8	1.05	3.738	5.56	2.39	1.6	2.02	1.57	1.96
TOTAL ...	0.49	1.20	6.34	3.12	6.10	2.85	4.66	5.12	3.66	1.30	4.59	2.887	3.36	2.40	1.8	1.75	4.361	8.59	3.45	4.0	4.04	1.57	2.61

* Modified estimate for 1937 statistics.
Mid-year estimate as now constituted 123,030.

The male sessions at Harts Sanatorium commenced on 4th March, 1937.

Additional crafts have been introduced, and the general standard of the patients' work has greatly improved, the various articles made being much more saleable.

There can be no doubt that the patients will be encouraged by the arrangements recently made whereby they will reap some pecuniary return for their work.

In some cases progress is slow, as some patients are of very limited intellect, and it is only by trial and error that work within their capacity can be ascertained. Generally speaking, they are keen to learn, and appear to brighten up after regular attendance. Some patients have actually stated that they felt better for their work, and that they look forward to their afternoon at the Clinic, while patients at the Sanatorium have expressed their hope that they will be able to continue their work at the Clinic when they have recovered sufficiently to leave.

Articles made at the Clinic Centre are saleable to the General Public, and can be shown any Wednesday to interested persons.

Swimming Baths and Pools.

A large and small swimming bath, slipper, vapour and foam baths, are available to the public at a very moderate charge.

The Council is anxious to draw attention to these facilities with the object of encouraging interest in physical education and fitness, and increasing the use of the swimming baths for sport and recreation.

Sanitary Section and Housing.

Mr. J. E. Austin, Senior Sanitary Inspector, has compiled the section of the Report relating to Sanitary Circumstances and Housing and the statistics in regard to Food Inspection.

Sanitary Circumstances

Water Supply.

The Metropolitan Water Board provide the public water supply in the Borough. Three samples from domestic supplies were obtained for chemical and bacteriological examination, and found satisfactory. Domestic storage is frequently found unsatisfactory during housing inspection by the Sanitary Inspectors, and at 187 houses a supply tap on the rising main to the storage cistern was provided at the instance of the Department.

Drainage and Sewerage.

During the year a surface water sewer was constructed to relieve flooding in the Central Park district. Soon after its completion it was revealed that a number of centrally situated premises were draining improperly to this sewer, and were disconnected and made to discharge to the foul sewer.

The remedying of drainage defects on 861 houses was carried out at the request of the officers. The works not infrequently involved complete reconstruction of drainage.

Considerable nuisance was again occasioned to residents of certain streets in the Borough, in particular in the Little Ilford Ward, by flooding from sewers.

Rivers and Streams.

The numerous ditches and watercourses continued to be a source of nuisance due to obstruction and, in the summer months, to mosquito infestation. The usual precautionary measures against serious infestation were taken.

Closet Accommodation.

The water carriage system prevails throughout the Borough.

Public Cleansing.

The Borough Engineer reports that the arrangements in collection and disposal of household refuse continued as in previous years. Incineration and salvage utilisation is the method of disposal. Approximately 42 per cent. of the houses in the Borough are supplied with refuse receptacles under the hire scheme of the Corporation.

Sanitary Inspection

Details of the activities of the inspectorate in general sanitary administration are contained in the subjoined statements.

(a) **Inspections.** The number of inspections of all classes (40,430) showed a substantial increase as compared with the number for 1936.

(i) Housing :—

House-to-house	5300
Under Public Health Act	1716
Other visits	343
Reinspections	25234

(ii) Sanitary Circumstances :—

Drainage and San. Acc.	647
Factories and Workshops (exc. Bakehouses)	76
Workplaces and Outworkers	377
Caravans	2449
Re offensive fumes	287
Miscellaneous	786

(iii) Food Supply :—

Slaughterhouses	1145
Dairies	313
Food Premises	338
Bakehouses	115
Re sampling	510

(iv) Infectious Disease :—

Visits	794
--------------	-----

(b) Notices.

The number of notices served during the year totalled 5,889, of which 335 were statutory notices. Of the total, 4,638 were complied with at the end of the year, and the requisitions of many of the remainder were in process of being complied with. The ward classification of notices served is as follows:—

Manor Park	665	Castle	376
Woodgrange	951	Central	395
Little Ilford	1111	Wall End	1077
Kensington	276	Greatfield	411
Plashet	316	South	311

(c) Improvements.

In consequence of the service of the foregoing requisitions the following improvements were effected at the number of houses shewn:—

Dampness remedied—

Repointing executed	1,264
Roofs repaired	1,684
Rain water gutters repaired	1,168

Ventilation improved—

Windows (including cords) repaired	1,455
--	-------

Water supply improved—

Service tap provided on main—Ord., 91; H-to-H, 96	187
Sanitary conveniences repaired	1,095
Washing facilities provided or improved (coppers)	336
Drainage improved or reconstructed	861
Paving of yards repaired	870

Disrepair remedied—

Stoves and firegrates repaired or renewed	778
Plasterwork repaired or renewed	1,336
Floors repaired or renewed	457
Cleansing executed	2,420
Miscellaneous defects remedied	6,438

(d) Complaints.

During the year 1937 complaints totalling 2,106 were received and where justified appropriate action taken. Many of the complainants requested the services of the drain cleaner or rat catcher.

(e) Factories and Workshops.

Inspections of factories, workshops, and outworkers' premises numbered 568. Seventy-eight defects found, necessitated the service of 12 notices, and during the year 53 defects were remedied.

(f) Cinemas.

The sanitary conditions at the cinemas, theatre and public houses were inspected during the year and a number of improvements effected.

(g) Rat Extermination.

The services of the official ratcatcher were supplemented during the year by further assistance being employed on Corporation lands which have been subject to serious infestation of recent years. During the year 2,514 visits were made to properties in the Borough and 4,599 rats were destroyed.

(h) Atmospheric Pollution.

Investigations of complaints of offensive fumes arising from industrial plants continue to engage our attention, and during the year 287 visits were made.

At one manufactory a plant for rendering innocuous certain fumes arising from the processes carried on was installed.

(i) Mosquito Control.

Spraying of mosquito infested ditches and watercourses with larvicide was again undertaken during the year and proved a satisfactory antidote against serious nuisance.

(j) Special Classes of Premises and Occupations subject to control of the Local Authority.

The conduct of certain offensive trades leaves much to be desired. The disposition of the gutscraping business and small fat melting business may become such that complaints of nuisance will become inevitable on account of the effluvia arising from these manufactories. The rag sorting businesses have demanded constant vigilance by the inspectorate.

(k) Caravan Encampment.

In the report of the Sanitary Inspector for 1898 the following appears :—

"Gipsies and Tent Dwellers.

"During the year great difficulty has been experienced in keeping the land clear of Squatters and Tent-dwellers. Our District being in such close proximity to London, suits their convenience and pleasure, and in consequence, we are frequently called upon to use compulsory measures to remove them, a work both dangerous and unpleasant. It often happens that we remove them by force from the Northern portion of the District, only to find that they wander a short distance away, and return at night to the South of the District, and vice versa."

For forty years this same problem has been with East Ham, but of latter years it has assumed greater proportions. Just after the appointment of the writer in 1935, a survey of the encampment revealed nearly 200 caravans and a population of 550 persons. The circumstances of the immediate locality in which the caravans were situate were grossly insanitary. A plan of clearance of the area was evolved, and clearance began substantially to materialise during the year 1937. In 1936 one yard of 10 vans and an area including 5 vans were declared clearance areas under the Housing Acts, and the orders subsequently confirmed. Early in 1937 in consequence of proceedings for contravention of the Bye Laws relating to Tents, Vans and Sheds, prohibition orders were made by the Magistrate and a further yard of 10 vans cleared. In September, 1937, five further clearance areas were declared, involving 17 enclosures and 55 caravans and huts.

Later in the year a number of proceedings were instituted for allowing lands to be used for camping purposes without the appropriate licences being granted by the Corporation, and many van dwellers removed in consequence.

At the 31st December, 1937, 91 vans and huts remained, or the encampment had been reduced by one-half since 1935. Proceedings in respect of many of those remaining had been adjourned to early in 1938, when further removals took place, and at the time of the preparation of this report only 20 remained. This ghastly encampment has been suffered all too long, and its passing will enable the proper development of this district of the Borough.

(iii) Movable Dwellings—Allowing land to be used for camping purposes without licence :	
Cases adjourned to 1938	10
Cases withdrawn (Vans removed)	3
(iv) Bye Laws respecting Tents, Vans, and Sheds—	
Cases withdrawn (Vans removed)	5
Penalty inflicted	2
Case adjourned to 1938	1
Prohibition orders made	8
Disobeying Prohibition Orders :	
Cases withdrawn (Vans removed)	2
(v) Food and Drugs (Adulteration) Act—	
Penalty inflicted	3

Shops Act, 1934.

The following is an extract from the Annual Report of the Chief Shops Inspector for the year 1937 :—

Arrangements for health and comfort of workers.

The arrangements at 1,104 shops were investigated, and in 138 instances were found unsatisfactory. Verbal intimation notice was given in 70 cases and 68 written intimations were served. Reinspections in connection with these notices of requirements totalled 806.

In consequence of the requisitions of your Inspectors, the following improvements were carried out :—

(1) Ventilation and Temperature of Shops :—	
Means of heating provided	4
(2) Sanitary conveniences :—	
Provided	10
Reconstructed	5
Repaired, etc.	80
(3) Lighting :—	
Improved	3
(4) Washing Facilities :—	
Provided	12
Reconstructed	8
Repaired, etc.	21
(5) Facilities for meals :—	
Improved	14

Smoke Abatement

During the year 26 observations of factory chimneys were made, and in 3 cases contraventions of the Council's bye law limiting black smoke emission to two minutes in half-an-hour were observed. Notice of the nuisance was served in each case.

Swimming Baths.

The Corporation provide public swimming baths, comprising a major and minor swimming bath, and also special baths.

Samples of water from each of the baths were submitted for chemical and bacteriological examination.

The results of the examinations of water from the major and minor baths were satisfactory, but consideration should be given to extending chlorination to the small plunge bath.

Eradication of Bed Bugs

The number of Council houses disinfested during the year was 39, and the number of other houses disinfested by the Corporation for owners was 37.

The method employed by the Corporation consists of fumigation by a 5% by volume concentration of sulphur di-oxide, and supplementary spraying with contact insecticides.

Household effects of tenants transferred to Council houses are disinfested by hydrogen cyanide. The van method carried out by Contractors is employed. The tenants are circularised on methods of preventing reinfestation.

Housing

After prolonged consideration and delay the Council decided to proceed with the erection of 74 houses to rehouse displaced tenants from clearance areas and overcrowded houses, the requirements of both being satisfied by houses of the interlocking or adjustable types.

(a) Overcrowding.

The constant movement of the population is almost impossible to record, but there is evidence that this movement has resulted in a diminution of known cases of overcrowding. From

a re-survey at the close of the year of known cases of overcrowding 162 had been found to have become decrowded, whilst an additional 9 cases of overcrowding were observed.

It would appear that one half of the cases of overcrowding revealed on the initial survey have been relieved in the past two years. This rate of progress is not unexpected, but would not continue unless rehousing provision were made for many of the remaining cases. These large families remaining constitute the real problem of overcrowding.

Only 32 of the programme of 132 of houses for decrowding have been proceeded with, and at the close of the year none of these was completed. Of these 32 houses in course of construction, 17 have 5 bedrooms, 13 have 4 bedrooms, and 2 have 3 bedrooms. The task of supplying information as to permitted numbers to Owners has been heavy, and has continued to employ fully the special inspector. The appointed day was fixed for East Ham as 1st July, 1937, and the department has since been inundated with requests for information. It is believed that the prevention of overcrowding by the mere supply of this information has been considerable, though perhaps immeasurable.

(b) Slum Clearance.

At the close of 1936, Clearance Orders in respect of 48 houses in certain small areas had been confirmed. At the close of 1937 none of these families had been rehoused, the replacement houses only becoming available in March, 1938.

A further 55 caravans in 17 enclosures were included in five clearance areas declared by the Council. Two other small clearance areas involving 11 houses were also declared, and an additional area comprising 51 houses at North Woolwich was under consideration at the close of the year. Individual representations were also made to the Council in respect of 3 unfit dwelling-houses.

(c) Maintenance of Houses.

The standard of housing in this Borough is reasonably good, and one of the most important features of the inspectorial work is the maintenance of property to that standard. As indicated last year, systematising of the inspections, and the adoption of a uniform specification of repairs have been the important factors in the qualitative improvement in housing maintenance in East Ham.

During 1937, 5,300 house-to-house inspections were made in accordance with the Housing Regulations, and 2,059 other inspections of houses were made. Of these 7,359 houses, 5,464 were found to be suffering defects or disrepair, and in consequence of the requisitions of the department the improvements as shewn in the statement on page 114 were effected.

The Housing statistics are included in the following statement :—

Housing Statistics.

I.—Inspection of Dwelling-houses during the Year :—		
(1) (a)	Total number of dwelling-houses inspected for defects (under Public Health or Housing Acts)	7,359
	(b) Number of inspections made for the purpose ...	32,593
(2) (a)	Number of dwelling-houses (included under Sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	5,300
	(b) Number of inspections made for the purpose ...	20,022
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	69
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	5,464
II.—Remedy of Defects during the Year without service of formal Notices :—		
	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	4,758
III.—Action under Statutory Powers during the Year :—		
(a)	Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :—	
(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	—
(2)	Number of dwelling houses which were rendered fit after service of formal notices :—	
	(a) By owners	3
	(b) By Local Authority in default of owners ...	—
(b)	Proceedings under Public Health Acts :—	
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ...	335
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—	
	(a) By owners	276
	(b) By Local Authority in default of owners ...	1
(c)	Proceedings under section 11 and 13 of the Housing Act, 1936 :—	
(1)	Number of dwelling-houses in respect of which Demolition Orders were made	—
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	—

- (d) Proceedings under section 12 of the Housing Act, 1936:
- | | |
|---|---|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... | — |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit | — |

IV.—Housing Act, 1936, Part IV—Overcrowding.

- | | |
|---|-------|
| (a) (i) Number of dwellings overcrowded at the end of the year | 429 |
| (ii) Number of families dwelling therein | 438 |
| (iii) Number of persons dwelling therein | 3,122 |
| (b) Number of new cases of overcrowding reported during the year | 9 |
| (c) (i) Number of cases of overcrowding relieved during the year | 162 |
| (ii) Number of persons concerned in such cases | 1,038 |
| (d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding | — |
| (e) For other comments on overcrowding see report. | |

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR 1937:—

By Private Enterprise	74
By the Local Authority	—

Inspection and Supervision of Food.

(a) Milk Supply.

(1) **Dairies.** Further substantial improvements were effected at two dairies, and the practices of cleansing and scalding by steam all milk receptacles, i.e., by steam sterilising and of preventing the milk from being contaminated, i.e., by mechanical filling and sealing of bottles, were maintained throughout the dairies.

Business at four dairies was discontinued, this tendency to dispose of milk businesses being further marked since the close of 1937.

During the year 118 additions were made to the register of retail purveyors, many being made in respect of the sale of milk in unopened receptacles. One applicant for registration as retail purveyor was given notice to show cause why he should not be registered, but at the hearing the application was withdrawn.

The popularity of waxed cartons as a vehicle for milk is increasing, and from dairies at which milk is stassanised or heat treated, and filled into one pint and half-pint cartons, 8,000 gallons are being distributed weekly.

The pasteurising establishment in the Borough was systematically visited, the process checked, and all records scrutinised. The conduct of this establishment continued satisfactorily, as was evidenced by the results of bacteriological samples and phosphatase tests.

(2) **Bacteriological Examination of Milk.** The reports of bacteriological examination of samples of milk obtained by the Inspectors are contained in the subjoined statement:—

Bacteriological Examination of Milk Samples.

	Total	Un-graded	Sterilised.	Pasteurised.	Accredited	T.T.
Bacteriological Samples—						
Satisfactory ...	116	52	1	36	—	4
Unsatisfactory ..	23	23	—	—	—	—
Biological Samples—						
Satisfactory ...	42	25	—	15	—	2
Unsatisfactory ..	—	—	—	—	—	—

The obviously outstanding feature of the statement is the high proportion of unsatisfactory ordinary milks. Three contained acid-fast bacilli, 5 excess pus cells and streptococci, 2 excess pus cells, 9 bacillus coli in .001 c.c. and 5 B. coli in .01 c.c. Some contained a combination of the above and unsatisfactory bacterial counts. The average bacterial count of the samples of ordinary milk was 29,420 p. c.c. as compared with 6,600 p. c.c., the average of pasteurised milk samples. The highest count of ordinary milk was 285,000 p. c.c., and that for pasteurised 19,400, the lowest for the respective milks being 350 p. c.c. and 300 p. c.c. Appropriate action was taken in all cases of unsatisfactory bacteriological reports, communications being directed to other authorities concerned.

(3) **Graded Milk.** The licences in force on 31st December, 1937, were as follows:—

Tuberculin Tested Milk—

Bottling Establishment Licence	....	1
Dealers' Licences	.....	10
Supplementary Licences	.....	2

Pasteurised Milk—

Establishment Licence	.....	1
Dealers' Licences	.....	22
Supplementary Licences	.....	3

Tuberculin Tested (Pasteurised)—

Supplementary Licence	1
-----------------------	-------	---

The Council decided in December, 1936, to charge no fees in respect of licences granted under the Milk (Special Designations) Order, 1936.

(b) Meat and Other Foods

(1) **Meat Inspection.** The Sanitary Inspectors made 1,145 visits to the slaughterhouses for the purpose of carrying out post mortem inspection of animals slaughtered. The following is a statement of the work done in this connection:—

	Cattle except Cows	Cows	Calves	Sheep & Lambs	Pigs
Number killed	289	1567	495	2878	21488
Number inspected	289	1567	495	2878	21488
Whole carcasses condemned for diseases except T.B.	—	3	—	4	2
Whole carcasses condemned for T.B.	—	17	—	—	1
The following organs were also condemned:—					
For diseases except T.B. ...	22	583	3	39	1440
For T.B.	66	1241	—	—	331

Periodically visits are made to butchers' shops, market stalls and meat vehicles.

(2) **Food Premises.** The number of inspections made of food premises during the year include 313 of dairies, 115 of bakehouses, and 338 of other premises.

With the completion of certain special tasks which the inspectorate have had of recent years it is hoped to expend more time in the supervision of food premises, many of which remain unsatisfactory. Substantial improvements have been effected in certain types of premises, notably those of fish fryers and of ice cream manufacturers, but many other classes of food premises are demanding more frequent inspection. A number of bakehouses continue to be unsatisfactory, and it would be much more gratifying if some of them were more in accord with the cleanly appearance of their retail shop fronts. It is a matter for regret that this industry demands such close vigilance, and unless greater response is made to persuasive methods others will have to be adopted to attain that standard of cleanliness which is to be expected in every bakehouse. Less frequently filthy stores associated with grocers' shops are found, and the compensation of having foodstuffs prepacked in tins and modern containers is poor consolation. Fortunately occupiers of these latter premises are generally appreciative of having their attention drawn to the conditions.

(c). **Adulteration.**

Four hundred and ninety-three samples of foodstuffs were obtained by the Sanitary Inspectors and submitted to the Public

Analyst. Details of the various samples and the results are included in the following tabular statements.

The adulterations included (i) the substitution of haddock for hake, but a formal sample proved genuine; (ii) pepper, one half of which was rice flour—again formal sampling proved negative; (iii) sweet spirits of nitre deficient in ethyl nitrite; in one case a prosecution was instituted, the case dismissed under the Probation of Offenders' Act, and the vendor ordered to pay £2 2s. costs; (iv) a bottle of wine was found to contain a quantity of linseed oil; apparently the bottle had been improperly cleansed and used.

At the close of the year and commencement of 1938 investigations were proceeding in respect of certain milk being retailed in the Borough and having just satisfactory fat and non-fatty solids, but on the application of freezing points and nitrate tests revealed substantial added water. Prosecutions in respect of such samples, including one in 1937, were successfully concluded in 1938.

	Number of Samples.		Percentage samples adulterated.
	Examined.	Found adulterated or below standard.	
Bread	1	—	—
Butter	20	—	—
Cheese	1	—	—
Cocoa	4	—	—
Coffee	3	—	—
Confectionery	11	—	—
Jam and Marmalade	10	—	—
Cream	3	—	—
Flour	3	1	33
Lard	9	1	11
Margarine	7	—	—
Milk	175	4	2
„ Condensed and Dried	—	—	—
Sausage	29	3	10
Sugar	2	1	50
Tea	2	—	—
Vinegar	6	—	—
Wines, Spirits	3	1	33
Drugs	42	5	12
Other Articles	162	10	6
	493	26	5

Details of samples adulterated or below standard are described as follows, together with the resultant action:—

DETAILS OF ADULTERATION.

No.	I. or F.	Article.	Adulteration or Deficiency.	Action Taken.
738	I.	Pork Sausages ...	Undeclared preservative—Sulphur dioxide 300 pts. ...	Vendor cautioned.
753	I.	Hake ...	Haddock not hake ...	" "
759	F.	Pork Sausages ...	Undeclared preservative—Sulphur dioxide 450 pts. ...	" "
767	I.	Dried Mushrooms	Contained preservative— " " 100 pts. ...	See Formal Sample 780.
780	F.	" "	" " " " 150 pts. ...	Vendor fined.
784	I.	Pepper ...	50% Pepper, 50% Rice Flour ...	Formal sample proved genuine.
831	I.	" "	2½% carbonate of magnesia ...	Vendor cautioned.
845	I.	Flour ...	Not plain but self-raising flour ...	" "
943	F.	Milk ...	Deficient in milk fat at least 12% ...	" "
948	F.	" "	" " " " 8% ...	" " (Taken in course of delivery)
962	F.	" "	" " " " 8% ...	" "
1015	I.	Sweet Spirits of Nitre	95% water ...	Formal sample taken (proved to be genuine).
1027	I.	" " "	Deficiency of ethyl nitrite to the extent of 85% ...	See sample 1039.
1039	F.	" " "	" " " " 90% ...	Vendor prosecuted.
1051	I.	" " "	" " " " 50% ...	Vendor cautioned.
1053	I.	Minced Beef ...	Contained preservative—Sulphur dioxide 70 pts. ...	Formal sample taken—1056.
1054	F.	Sweet Spirits of Nitre	Deficiency of ethyl nitrite to the extent of 55% ...	Vendor cautioned.
1056	F.	Minced Beef ...	Contained preservative—Sulphur dioxide 35 pts. ...	Vendor prosecuted.
1060	I.	" " "	" " " " 180 pts. ...	{ Formal samples proved satisfactory. } Vendors cautioned.
1062	I.	" " "	" " " " 40 pts. ...	" "
1075	I.	Fine Old Wine...	Contained linseed oil ...	" "
1171	I.	Mixed Candied Peel	Contained preservative—Sulphur dioxide 500 pts. ...	Vendor cautioned.
1199	I.	Demerara Sugar	Was sugar crystals artificially coloured in imitation of Demerara Sugar ...	" "
1206	I.	Lard Substitute...	Contained 2% water ...	" "
1210	F.	Milk ...	2½% added water ...	Vendor fined.
1213	I.	Chipolata Sausages	Undeclared preservative—Sulphur dioxide 240 pts. ...	Vendor cautioned.

I. = Informal Sample.

F. = Formal Sample.

(d). Chemical and Bacteriological Examination of Food.

The analysis of foodstuffs is carried out by Dr. Bernard Dyer, Public Analyst, London, and bacteriological examinations by the Counties Public Health Laboratories, London. Bacteriological examinations were made of shrimps, winkles, cockles and watercress. The watercress was reported to shew evidence of pollution by sewage, and the attention of the authority of the district wherein the watercress was grown was drawn to the adverse report.

Unemployment and Outdoor Assistance
Extent of Unemployment during 1937.

The Manager, East Ham Employment Exchange, has kindly supplied the following statistics:—

NUMBER OF PERSONS REGISTERED AS UNEMPLOYED DURING 1937 AT EAST HAM EMPLOYMENT EXCHANGE.

(1) Live Register.	January.				February				March.				April.				May.				June.			
	Men	Boys	Wmn.	Girls	Men	Boys	Wmn.	Girls	Men	Boys	Wmn.	Girls	Men	Boys	Wmn.	Girls	Men	Boys	Wmn.	Girls	Men	Boys	Wmn.	Girls
(2) Persons normally in Full Time Employment	1,778	41	358	27	1,802	38	375	21	1,580	28	325	9	1,592	23	280	11	1,463	23	259	8	1,425	28	244	12
(3) Non-Claimants to Benefit (i.e., persons registered for work only)	371	77	68	60	356	48	87	25	366	17	105	17	265	31	82	19	238	20	79	22	226	—	67	6
(4) Persons normally in Casual Employment	630	—	10	—	722	—	12	—	729	—	10	—	548	—	13	—	440	—	13	—	508	1	16	—
(5) Temporarily stopped	—	—	100	12	—	1	53	2	—	—	30	5	—	—	25	—	—	1	42	—	—	—	51	4
Total—1937	2,779	118	536	99	2,880	87	527	48	2,675	45	470	31	2,405	54	400	30	2,141	44	393	30	2,159	29	378	22
Total—1936	3,820	178	785	135	3,500	92	711	108	3,259	73	627	51	2,956	128	618	80	2,664	72	530	40	2,668	46	498	25

(1) Live Register.	July.				August.				September.				October.				November.				December.			
	Men	Boys	Wmn.	Girls	Men	Boys	Wmn.	Girls	Men	Boys	Wmn.	Girls	Men	Boys	Wmn.	Girls	Men	Boys	Wmn.	Girls	Men	Boys	Wmn.	Girls
(2) Persons normally in Full Time Employment	1,382	25	269	11	1,371	25	241	6	1,551	36	254	7	1,671	51	279	6	1,818	49	290	15	1,659	46	263	15
(3) Non-Claimants to Benefit (i.e., persons registered for work only)	213	100	67	70	203	107	60	39	224	40	63	13	226	29	85	13	240	14	86	16	214	23	57	6
(4) Persons normally in Casual Employment	635	—	13	—	498	2	9	—	647	1	12	—	535	2	10	—	702	—	10	—	559	—	15	—
(5) Temporarily stopped	—	1	80	8	7	—	62	4	—	—	54	—	—	—	64	3	5	1	113	10	63	—	133	13
Total—1937	2,230	126	429	89	2,079	134	372	49	2,422	77	383	20	2,432	82	438	22	2,765	64	499	41	2,495	69	468	34
Total—1936	2,732	84	469	41	2,592	161	414	58	2,497	133	381	40	2,671	68	424	22	2,855	47	412	31	2,576	36	399	41

Outdoor Assistance—Public Assistance Committee.

The following statement, kindly provided by Mr. C. M. Ready, the Public Assistance Officer, shows the average number of persons receiving Outdoor Assistance under the Public Assistance Committee during the 12 months ending 31-12-37:—

1937		Men	Women	Children	Total 1937	Total 1936
January	...	1,169	1,826	1,477	4,472	4,418
February	...	1,177	1,841	1,523	4,541	4,494
March	... ..	1,153	1,818	1,451	4,422	4,334
April	... ..	936	1,616	1,101	3,653	4,249
May	... ..	920	1,582	1,107	3,609	4,117
June	... ..	904	1,556	1,070	3,530	4,066
July	... ..	885	1,538	1,048	3,471	3,948
August	... ..	913	1,563	1,076	3,552	4,026
September	...	892	1,549	1,039	3,480	4,004
October	...	902	1,582	1,060	3,544	4,131
November	...	942	1,638	1,119	3,699	4,258
December	...	974	1,659	1,165	3,798	4,212

METEOROLOGICAL RECORD—YEAR 1937.

Rain Gauge 5-in. in diameter, placed 1 foot above ground, 15 feet above sea level. Temperature taken in the shade of a Stevenson's Screen, 5 feet from the ground.

Months.	Temperature of Air during the Month.				Mean Temperature of Air.	Rainfall.				
	Highest Maximum.	Lowest Minimum.	Mean of			No of Days on which Rain fell, 0.01 and over	Amount collected in inches.	Mean rate of fall for Rainy Days.	Greatest fall in 24 hours.	Date of greatest fall.
			All High-est.	All Low-est.						
January	54°	28°	47°.2	37°.5	42°.3	23	3.14	0.14	0.46	1st
February	57°	32°	49°.1	39°.5	44°.3	23	3.93	0.17	0.74	7th
March	58°	27°	46°.0	34°.7	40°.3	16	2.79	0.17	0.36	6th&10th
April	62°	33°	56°.4	43°.1	49°.7	14	2.76	0.20	0.55	2nd
May	80°	42°	63°.7	48°.5	56°.1	16	3.97	0.25	1.15	12th
June	82°	46°	69°.6	52°.8	61°.1	11	1.95	0.18	0.66	18th
July	84°	50°	71°.3	56°.7	64°.0	8	1.91	0.24	1.68	15th
August	88°	50°	75°.5	57°.1	66°.3	7	0.80	0.11	0.28	16th
September	79°	42°	68°.0	50°.4	59°.2	14	1.13	0.08	0.32	17th
October	69°	38°	60°.0	47°.4	53°.7	12	2.12	0.18	0.47	22nd
November	56°	25°	47°.6	37°.4	42°.5	6	1.15	0.19	0.48	21st
December	54°	26°	43°.1	35°.0	39°.0	17	3.52	0.21	0.72	13th
Means and Totals for the Year	88°	25°	58°.2	45°.1	51°.5	167	29.17	0.17	1.68	15th July

The Rainfall for the Year was 7.03 ins. *above*, and the number of days on which rain fell 4 *below* the year 1936, at East Ham.

INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES, 1937.
Including Inspections made by Sanitary Inspectors or Inspectors of
Nuisances.

Premises. (1)	Number of		
	Inspections. (2)	Written notices. (3)	Occupiers prosecuted. (4)
Factories (including Factory Laundries)	138	9	—
Workshops (including Workshop Laundries)	53	2	—
Workplaces (other than Outworkers' premises)	9	1	—
Total	200	12	—

DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Number of defects.			Number of offences in respect to which prosecutions were instituted. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector (4)	
<i>Nuisances under the Public Health Acts:—*</i>				
Want of cleanliness	44	30	—	—
Want of ventilation	2	2	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	21	15	—	—
Sanitary accommodation—				
Insufficient	3	1	—	—
Unsuitable or defective	7	4	—	—
Not separate for sexes	1	1	—	—
<i>Offences under the Factory and Workshop Acts:—</i>				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Other offences	—	—	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories & Workshops Transfer of Powers) Order, 1921)				
Total... ..	78	53	—	—

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

County Borough of East Ham Education Committee

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the School Medical Department of the County Borough of East Ham, for the year ended 31st December, 1937.

There were 16,208 children on the Elementary School Roll as compared with 16,660 for the year 1936.

The number of routine and special cases of elementary school children examined, totalled 9,064, showing an increase on the previous year of 27. Of this total 3,063 were re-examined at the time of re-inspection in the schools.

A routine medical examination of 700 pupils attending the Secondary Schools has also been carried out. The inspection included all scholars at the Grammar School for Boys, but only the Entrants and those up to the age of 14 years at the Grammar School for Girls: the older girls will be examined early in the year 1938. This arrangement was decided upon after careful consideration, and consultation with the Headmistress, in order to facilitate fulfilment of the school curriculum.

The marked decrease in the number of defects discovered, in all age-groups, at routine medical inspection, is an outstanding feature of the year's work and the percentage of children found to be in need of treatment is the lowest recorded. This is a criterion of the excellent work performed at the Infant Welfare Centres, of the popularity and efficiency of the School Clinics, and of the increasing vigilance and care exercised by parents, teachers, nurses and attendance officers.

A complete survey of the School Medical Department, in the light of the Administrative Programme of Educa-

tional Development (Circular 1,444) was included in the report for the year 1936. No new developments or departures have occurred during the current year.

Considerable information will be found under the separate sections of this report and it will be appreciated that the needs of the scholars as regards their health, physical development and fitness, are being met in a complete and efficient manner.

I wish to express my appreciation of the keen interest and loyal co-operation of all the members of my staff, and to record with regret the retirement of Dr. Mary Thomson after nineteen years in the service of the Authority.

My thanks are also due to Mr. F. R. Thompson, Secretary to the Education Committee, and to the Teachers, for their great help and courtesy on innumerable occasions.

In conclusion, I respectfully beg to express my indebtedness to the Chairman and Members of the Local Education Committee for the earnest consideration and support that they have given to the work of the School Medical Service.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

MALCOLM BARKER,

School Medical Officer.

1. Staff.

A list of the Staff of the School Medical Department will be found at the beginning of this Report.

2. Co-Ordination.

The system outlined in my previous reports has continued with beneficial results alike to staff and scholars.

3. The School Medical Service in relation to Public Elementary Schools.

The sanitary arrangements and hygienic conditions of the Schools are inspected by the Medical Officers and School Nurses at each visit, and matters requiring attention are reported to the Education Department.

A comprehensive programme for the improvement or replacement of unsatisfactory and old-fashioned conveniences, lavatories, lighting facilities, cloakrooms, etc., has been adopted by the Authority. During the year the following work has been undertaken:—

- (a) An electric lighting system has been installed at the Essex School.
- (b) The electric lighting installations in the Junior Boys' and Junior Girls' Departments of the Lathom School, the Senior Boys' and Infants' Departments of the Napier School, St. Winifride's R.C. School, and Storey Street Infants' School have been improved.
- (c) The central heating system at Central Park School has been completed.
- (d) A hot water supply has been installed in the cloakrooms and teachers' rooms at the Monega School.
- (e) The replacement of the obsolete type of drinking fountains by the modern jet type has been completed in the playgrounds at the Provided Schools, and it has been decided to modernise the drinking fountains fixed inside schools in the near future.

- (f) The question of the replacement of the gas lighting system at the Silvertown R.C. School by a system of electric lighting is under consideration.

On the whole the sanitary and hygienic conditions of the Schools are good.

4. Medical Inspection.

The following is a synopsis of School Medical Work for the year 1937, as compared with previous statistics.

COMPARATIVE STATEMENT OF WORK.

	1933.	1934.	1935.	1936	1937
Routine & Special Inspection (on School premises):—					
Secondary	812	1,017	1,093	1,016	700
Elementary	10,493	9,186	8,914	9,037	9,064
Re-Inspection	2,773	3,203	3,115	3,664	3,063
Consultations at Inspection Clinic	18,294	17,750	17,612	16,708	15,327
Number of Treatments at Clinic	13,636	13,770	22,073	27,976	21,387
General Cleanliness Visits to Schools	341	296	339	281	292
Nurses' Visits to Homes ...	3,124	3,206	3,563	3,558	3,408
Children Examined for Cleanli- ness	50,064	47,550	45,356	44,145	41,725

(a) Medical Inspection and Re-inspection.

At the commencement of the year arrangements were made for the Medical Inspection of all children admitted to the schools during the year, of all children between 8 and 9 years of age, and of all children between 12 and 13 years of age, together with children over 13 years of age who had not already been examined after reaching the age of 12.

Routine Medical Inspection was completed in all the Schools of the Borough, except in the case of the Grammar School for Girls as previously indicated. Re-inspection was carried out in all except five schools (Winsor, Monega, Cornwell, Sandringham and Altmore). These will be visited early in the year 1938.

(b) Exceptional Children.

Towards the termination of routine medical inspection in each school, teachers are requested to bring before the School Medical

Officer any special cases who may require examination, and to include amongst these all cases falling within the category of "exceptional children" (Table III). In this way an annual census of all cripples is rendered possible, whilst particulars may be obtained and advice given as to their progress and treatment.

(c) Places of Medical Inspection.

There is no change in the arrangements for the medical inspection of scholars, which is undertaken with due consideration for school routine.

5. Findings of Medical Inspections.

The number of children included in routine inspection during 1937 was 5,810, or 35.8 per cent. of the number on school roll. In addition 3,254 children were referred for some special reason by parents, nurses, teachers or attendance officers. The total number of children medically examined was therefore 9,064, or 55.9 per cent. of those on the school roll.

The number of re-inspections carried out was 3,063.

The incidence of principal defects requiring treatment or needing to be kept under observation is shown in Table II. The following comparative table serves to indicate the number and percentage of children found to be in need of medical or surgical treatment in the three specified age groups inspected during the year 1937:—

Age Group	Number of Children	Number in Need of Treatment	Percentage
Under 5	1,204	157	13%
5 to 10	3,204	440	14%
10 to 15	1,456	166	11%
Total	5,864	763	13%

FINDINGS OF MEDICAL INSPECTION.

Group.	NUMBER OF CHILDREN.												*Percentage of Children found to require Treatment.					
	Inspected.						*Found to require Treatment.											
	1932	1933	1934	1935	1936	1937	1932	1933	1934	1935	1936	1937	1932	1933	1934	1935	1936	1937
Entrants ...	2,245	2,040	1,747	1,898	1,719	2,162	255	250	447	299	234	257	11.4	11.2	25.5	15.7	13.6	11.8
Second Age Group ...	2,028	2,006	1,873	1,622	1,786	1,717	240	230	230	200	189	153	11.8	12.4	12.2	12.3	10.5	8.9
Third Age Group ...	1,985	2,079	1,895	1,713	1,636	1,556	175	180	193	196	208	120	8.8	8.6	10.1	11.4	12.7	7.7
Totals ...	6,258	6,125	5,515	5,233	5,141	5,435	670	660	870	695	631	530	10.7	10.7	15.7	13.1	12.2	9.7

*Excluding defects of Nutrition, Uncleanliness and Dental Diseases.

The increasingly low percentage of children found, at routine medical inspection, to require treatment is worthy of further comment. The steadily expanding interest in health generally, and particularly in regard to the health and physical development of the growing child, which has been fostered by the persistent efforts of the School Medical Department, is tending to ensure the treatment of defects at their inception. Consequently the discovery, at school medical inspection, of gross, old-standing or neglected defects is becoming less and less common. Reference to Table II will provide additional evidence of this fact, since the routine examination of 5,810 children revealed only 858 defects requiring treatment, whereas there were 3,094 conditions referred to the School Clinics by teachers, nurses, parents, and attendance officers.

There has been a noteworthy reduction in the number of cases of skin infection, especially impetigo, in the number of cases of external eye disease, and of catarrhal chest conditions.

(a) Uncleanliness.

The School Nurses have carried out three cleanliness surveys of all children in the elementary schools during the year 1937.

During the year the School Nurses made 41,725 examinations, as compared with 44,145 in 1936. Of this number 146 children showed vermin and many nits in the hair (157 in 1936), whilst 1,349 children showed only a few nits (1,354 in 1936).

Comparative table :—

Year	Number Examined	Number with Nits	Number with Head Vermin	No. of Exclusion Certificates
1933	50,064	1,395	349	120
1934	47,550	776	140	151
1935	45,356	1,854	140	174
1936	44,145	1,354	157	101
1937	41,725	1,349	146	136

It will be noted that the low incidence in the number of children suffering from uncleanliness is maintained, and much credit is due to those, whose efforts have contributed to this reduction. Parents are becoming more and more convinced of the importance of personal hygiene in the prevention of minor ailments and ill-health, and it is the general experience that cases of uncleanliness, discovered and reported, are now more speedily remedied; this is reflected in the decrease in the number of exclusion certificates issued. Unfortunately there remains a small minority of habitual offenders who will only respond to definite pressure.

In addition to the routine general cleanliness surveys, some hundreds of children have been examined at the request of the authorities of the Children's Country Holiday Fund and other voluntary organisations. These examinations have been conducted just prior to the departure of the children for summer holiday camps, convalescent homes, etc.

(a) Uncleanliness

The School Nurses have carried out three cleanliness surveys in all classes in the elementary schools during the year 1937. During the year the School Nurses made 475 examinations as compared with 471 in 1936. Of this number 140 children showed some fault and this is the fall from 157 in 1936, whilst 1,369 children showed only a few faults (1,504 in 1936).

Comparative table

Year	Number of children examined	Number of children showing some fault	Number of children showing only a few faults
1937	475	140	1,369
1936	471	157	1,504
1935	470	140	1,534
1934	470	140	1,534
1933	470	140	1,534

TABLE OF VERMINOUS CONDITIONS FOUND AT EXAMINATIONS FOR GENERAL CLEANLINESS.

SCHOOLS.	Dept.	Number Exam'd	Few Nits	Many Nits and Vermin
Altmore	S. Mixed	560	6	—
Avenue	Infants	519	18	6
	J. Girls	754	37	11
	J. Boys	845	29	8
Brampton	Infants	1143	7	2
	J. Girls	1274	35	1
	S. Girls	735	7	—
Castle Street R.C. ...	Mixed	563	16	—
Central Park	Infants	661	12	—
	J. Boys	1274	—	1
	S. Boys	714	—	—
Cornwell	Infants	1071	141	7
	S. Girls	795	86	4
	S. Boys	681	10	—
Dersingham	Mixed	783	118	—
Essex	Infants	691	23	5
	J. Boys	1010	10	—
	S. Boys	472	2	—
Hartley	Infants	677	17	—
	J. Girls	885	45	3
	S. Girls	608	23	—
Kensington	Infants	525	9	4
	J. Girls	1053	53	15
	S. Girls	582	13	3
Lathom	Infants	818	3	—
	J. Girls	853	19	4
	J. Boys	887	1	—
Monega	Infants	790	8	1
	J. Boys	989	2	1

SCHOOLS.	Dept.	Number Exam'd	Few Nits	Many Nits and Vermin
Monega	S. Boys	701	—	—
	Myope	36	1	—
Napier	Infants	523	38	2
	J. Boys	1177	13	4
	S. Boys	736	12	—
Plashtet	Infants	470	17	—
	J. Boys	902	14	—
	S. Boys	589	1	—
Salisbury	Infants	563	13	—
	J. Mixed	1055	24	2
	S. Mixed	655	6	—
Sandringham	Infants	559	6	4
	J. Mixed	910	21	7
Sandringham	Central	409	—	2
Shaftesbury	Infants	878	20	—
	J. Girls	1037	36	—
	S. Girls	679	13	—
Shrewsbury	Special	154	12	—
Silvertown	J. Mixed	280	18	—
	S. Mixed	536	23	—
Storey Street	J. Mixed	321	20	—
	S. Mixed	725	40	2
St. Michael's R.C. ...	Mixed	451	28	1
St. Winifride's R.C. ...	Mixed	762	67	3
Vicarage	Infants	757	47	33
	J. Girls	1127	104	6
	S. Girls	622	4	3
Wakefield C.	Girls	209	1	—
	Boys	195	—	—
Grammar	Girls	495	—	—
	Total	41725	1349	146
	PER CENT. IN 1937		3.23	0.3
	PER CENT. IN 1936		3.06	0.3

(b) Minor Ailments.

Chief Minor Ailments.	Discovered at Routine Medical Inspection		Discovered by Teachers and Nurses and sent to Clinic	
	1936	1937	1936	1937
Scabies	—	3	15	37
Impetigo	3	7	240	188
Conjunctivitis	—	3	65	51
Blepharitis	4	6	35	25
Ear Diseases	36	45	195	175
Ringworm (Scalp)	—	—	1	3
Ringworm (Body)	—	—	35	21

As has been the case in former years, few minor ailments were discovered at routine medical inspection, owing to the vigilance displayed by teachers and nurses. Such cases, frequently recognised in the early stages, have been immediately referred to the School Clinics.

It is satisfactory to note that, on the whole, there is a definite reduction in the number of minor ailments and the somewhat marked increase in the incidence of scabies is regrettable: these cases occurred in a sporadic fashion, and no evidence could be found to suggest dissemination of infection in any particular school.

(c) Tonsils and Adenoids.

4.1 per cent. of the children examined during the year were referred for treatment for "tonsils and adenoids," either separately or combined, as compared with 5.1 per cent. in the year 1936. Of these, much enlarged tonsils accounted for 0.9 per cent.; definite adenoids were present in 0.1 per cent.; and the combined defect was diagnosed in 3.0 per cent.; the figures for 1936 were 1.4 per cent.; 0.1 per cent.; and 3.6 per cent. respectively.

The percentage of children moderately affected and requiring to be kept under observation was 9.0, the corresponding percentage in 1936 being 7.7. In this case 8.6 per cent. had moderately enlarged tonsils, 0.1 per cent. exhibited signs of the presence of adenoids, while 0.3 per cent. showed enlarged tonsils and adenoids

of moderate degree, as compared with 7.4 per cent.; 0.1 per cent.; and 0.2 per cent. respectively in the year 1936.

(d) Tuberculosis.

The total number of cases of tuberculosis, occurring in children of school age, notified to the Medical Officer of Health during the year, was as follows:—

	Boys	Girls	Total
Pulmonary Tuberculosis	8	10	18
Other forms of Tuberculosis....	13	7	20
	—	—	—
	21	17	38
	—	—	—

(e) Skin Disease and (f) External Eye Disease.

At medical inspections during the year, 568 children were found to be suffering from skin affections (as compared with 559 in the year 1936). Eighty-five cases of external eye disease were discovered, as compared with 104 in the year 1936.

(g) Vision.

Only children with marked visual defect have been referred for treatment and these, including cases of strabismus, numbered 425. In addition, there were 234 children in whom there was evidence of a lesser degree of visual defect and these are being kept under observation.

(h) Ear Disease and Hearing.

1.2 per cent. of the children examined were found to be suffering from otitis media. (0.9 per cent. in 1936.) The percentage of deaf children was 0.43, the corresponding number for last year being 0.25.

(i) Dental Defects.

The percentage of children found, as the result of dental inspection in the schools, to be in need of dental treatment was 62.8 per cent. as compared with 61.7 per cent. for last year. The continued high incidence of dental defect is regrettable, and shows serious laxity in the care of the teeth, despite considerable publicity given to the subject during recent years.

The School Medical and Dental Officers, the School Nurses and many of the Head Teachers are constantly stressing the im-

portance of dental hygiene and treatment, yet only 41.9 per cent. (44.8 per cent. in 1936) of the children found to be suffering from dental disease were presented for treatment at the School Dental Clinics, and Medical Inspection reveals that very few parents arrange private dental treatment for their children.

It is difficult to understand the attitude of parents in regard to a matter of such great importance when due consideration is given to the harmful effect of unhygienic and septic conditions of the mouth upon general health and nutrition. Apart from the interference with digestion resulting from faulty mastication, it is obvious that the mouth provides access for infection associated with many serious diseases.

(j) Crippling Defects.

Reference to Table III will furnish information with regard to the occurrence of crippling defects in the area. Thirty-eight cases suffered from a degree of crippling sufficiently severe to interfere materially with the child's normal mode of life.

(k) Nutrition.

Children found at the routine medical inspection to be suffering from malnutrition, in any degree, numbered 178, or approximately 3.0 per cent. of the children inspected. (See Table II B.)

These scholars have been kept under periodical supervision, and treatment has been afforded by the provision of school meals, milk, medicinal foods, advice in regard to diet, or admission to Convalescent Homes or Schools of Recovery. The Public Assistance Committee and the Unemployment Assistance Board have rendered valuable help in providing additional nourishment in many of these cases.

6. INFECTIOUS DISEASES.

A detailed account of the scheme adopted for the detection and prevention of infectious diseases has been submitted in previous reports, and the accompanying table furnishes statistics in regard to the incidence of the acute infectious diseases during the year 1937.

Scarlet Fever, Diphtheria, and Mumps show some increase in incidence over the year 1936, but there has been a marked reduction in the number of cases of Measles and Chicken Pox.

Certificates were issued, under Article 23 (b), where school attendance dropped below 60 per cent. of the number on the register, as follows:—

School	Month	Disease
Essex	November	Measles
Salisbury	„	Measles
Vicarage	December	Influenza
Brampton	„	Influenza
Kensington	„	Measles
Cornwell	„	Measles
Avenue	„	Measles

Diphtheria Detection and Prevention.

The bacteriological examination of swabs from the throats and noses of school children is carried out:—

- (a) Prior to the admission of children to Schools of Recovery, Convalescent Homes, etc., in order to ensure freedom from infection. Three hundred and thirteen swabs were taken for this purpose, one of which proved positive.
- (b) In suspicious cases seen at the Clinics or Schools, 187 swabs were taken, and six proved to be positive.
- (c) In cases where an undetected source of infection appears to be present in a class or school. Thirty-nine swabs were taken and none proved to be positive.

The statistics and comments relating to protective immunization against diphtheria are included in my report as Medical Officer of Health. The attendances at the Immunization Clinics are fairly well maintained, and it is hoped that persistent propaganda will lead to a marked increase in the number of applicants for this form of treatment.

TABLE OF THE CHIEF INFECTIOUS DISEASES, SHOWING THE MONTHLY INCIDENCE IN CHILDREN OF SCHOOL AGE

Month.	Measles	Chicken Pox	Whooping Cough	Mumps	Scarlet Fever	Diphtheria
January ...	2	7	44	1	8	4
February ...	3	10	15	12	4	4
March ...	1	20	34	2	10	3
April ...	—	42	41	16	13	7
May ...	—	10	6	3	8	6
June ...	3	16	31	26	28	4
July ...	15	9	4	1	30	8
August	4	15	6	2	33	11
September						
October ...	14	47	22	7	48	12
November ...	124	25	15	16	28	14
December ...	115	22	13	17	26	11
Totals ...	(671) 281	(382) 223	(234) 231	(32) 103	(180) 236	(56) 84

The totals in brackets are those for the year 1936 and are inserted for comparison.

The return of cases of non-notifiable infectious diseases is not sufficiently accurate to indicate the prevalence of these illnesses amongst school children.

7. FOLLOWING UP.

The School Nurses have paid 3,396 visits to the homes of children in whom defects were found at medical inspection, and for special investigation purposes. Of the 634 children referred for treatment, 355, or 55 per cent., have obtained treatment. The School Nurses have also paid 234 special visits to the Schools, and have undertaken 20 journeys in connection with the admission and discharge of children to Institutions. All children referred for the operative treatment of tonsils and adenoids (376) have been visited prior to and after the operation.

The value of "following up" cannot be over-estimated, and is responsible to a large extent for the highly satisfactory results obtained by the School Medical Service. The agreement of parents to treatment advised by the Medical Officers plays an important part in diminishing the incidence of disease amongst the children.

In addition the School Nurses attend all medical inspections and staff the various Clinics, e.g. aural, minor ailments, ophthalmic, immunization, and light clinics, and also carry out the cleanliness surveys. Close co-operation was continued with the various voluntary hospitals, visits and reports being carried out and supplied in a large number of cases.

8. MEDICAL TREATMENT.

The following Clinics are held weekly for the treatment of defects in school children:—

- (1) **General Clinic** (Minor Ailments and Observation Cases),
 - (a) High Street Schools—Mondays, Wednesdays and Saturdays, 9 a.m. Average attendance, 80.
 - (b) Church Road, Manor Park—Tuesdays and Thursdays at 9 a.m. Average attendance, 90.
 - (c) North Woolwich—Mondays and Fridays at 2 p.m. Average attendance, 40.
- (2) **Eye Specialist Clinic.**

Town Hall—Tuesdays, Thursdays and Fridays at 9 a.m.

(3) Ear Specialist Clinic.

Town Hall—Thursdays and Fridays at 2 p.m.

(4) Light Clinics.

(a) Town Hall—Mondays (boys) and Wednesdays (girls) at 2 p.m.

(b) Manor Park—

Mondays, 9 a.m., Girls; 2 p.m., Babies.

Tuesdays, 2 p.m., Boys.

Wednesdays, 9 a.m., Girls; 2 p.m., Babies.

Thursdays, 9 a.m., Boys; 2 p.m., Locals.

Fridays, 9 a.m., Girls and Babies.

Saturdays, 9 a.m., Boys.

(5) Immunization Clinics.

(a) Town Hall—Fridays at 3 p.m.

(b) Maternity and Child Welfare (Central Clinic)—Tuesdays at 9 a.m.

(c) Manor Park Clinic—Fridays at 9 a.m.

During the year 1937, 21,387 attendances were made for treatment at the various clinics, and there were 15,237 attendances for consultation with the Medical Officers.

(a) Minor Ailments.

An analysis of the chief minor ailments treated at the School Clinics, and otherwise, will be found in Table IV, Group 1.

(b) Tonsils and Adenoids.

Of the children referred for treatment 281 received operative treatment during the year 1937.

The scheme for treatment remained the same as detailed in previous reports.

The drop in the number of operations performed is accounted for by a reduction in the number of cases referred for treatment (vide Section 5(c)), and by the delay occasioned as the result of the closure of Balaam Street Children's Hospital for a period of some weeks during the year 1937.

(c) Tuberculosis.

The arrangements for the treatment of Tuberculosis have been continued on the lines fully set forth in the reports for previous years.

(d) Skin Diseases.

For the most part these are treated at the General Clinic, but some cases of chronic and of the rarer skin diseases are referred to hospital.

Children suffering from ringworm of the scalp, which does not readily respond to local treatment, are referred for X-ray treatment.

(e) External Eye Disease.

Eighty-five cases (104 in 1936) of external eye disease were treated at the School Clinics.

(f) Vision.

During the year 1937, the Ophthalmic Clinic was held on five sessions per fortnight.

Four hundred and ninety-two accepted treatment in respect of visual defect during the year 1937 (of these 15 children with markedly defective vision had not been seen by the Ophthalmic Surgeon) and, including 17 cases awaiting treatment at the termination of the year 1936, 492 cases have been treated in the past year.

A Sight-saving Class at Monega Road School was opened by the Education Committee in June, 1928, 13 children are in attendance at this class, and they are all kept under observation by the Ophthalmic Surgeon at intervals.

Mr. S. C. Reeve-Flaxman, the Ophthalmic Surgeon, reports as follows:—

OPHTHALMIC CLINIC, 1937.

School Clinic—

Number of new cases	492
Glasses prescribed	295
Glasses not necessary	197
Glasses obtained	294
Special treatment	69
Re-examinations	2572
Discharged	178
Cases treated at Hospital for strabismus	2
Other cases treated at Hospital	8

Baby Clinic.

Number of new cases	48
Glasses prescribed	16
Glasses obtained	16
Special treatment	5
Re-examinations	56
Discharged	7
Cases treated at Hospital	3

Sight-Saving Class.

Number of pupils	13
------------------------	----

During the past year 492 children have been examined and treated for defective vision. In addition, 2,572 re-examinations were made in connection with children who are kept under periodical examination. This re-examination of cases adds very considerably to the work of the Clinic, but it is of the greatest importance: it brings home to all concerned, to the parents, the teachers and the children themselves that visual defect is only too liable to get worse, and that constant attention must be given both at school and at home if children with defective sight are to have good education and yet not suffer in the process so that, in spite of considerable scholastic success, their wage-earning capacities are seriously reduced by damage to the eyes before they can begin to earn their own living. Supervision consists in re-examining at regular intervals, usually of six months, and noting deterioration or otherwise of vision, prescribing fresh glasses, checking the amount of work done in school if necessary, and lastly, in keeping careful watch upon conditions specially liable to lead to increase in the degree of short sight.

It will be noted that 178 cases have been discharged from attendance at the Clinic, their progress having been entirely satisfactory and the need for supervision and re-examination eliminated.

Sixty-nine children have attended the Clinic for the treatment of eye conditions, other than visual defect (conjunctivitis, blepharitis, keratitis, foreign bodies, cysts of the eyelids, injuries, etc.), and two cases of squint have been operated upon successfully, under the Authority's arrangement with the Royal Westminster Ophthalmic Hospital. Many of the cases of conjunctivitis and blepharitis are almost entirely preventable by improving the conditions of life, and attending to the health and hygiene of the teeth, tonsils and hair: the present reduction in the number of children suffering from these external eye conditions has resulted from the general improvement in environment, diet, cleanliness and sanitation, but the friendly co-operation of parents is essential if we are to completely eradicate these diseases—which appear so innocent at their commencement—and prevent serious impairment of vision and disfigurement.

The Sight-saving Class at Monega School is an extremely satisfactory asset in the treatment of those children who show evidence of progressive myopia or other eye condition in which the strain of ordinary education tends to increase the defect. Many useful educational methods have been introduced and the conduct of the class, from the ophthalmic point of view, is very efficient. It is a pity that the girls in this Class are unable to take their places in the ordinary school for subjects which involve little or no eye strain as, apart from the fact that the outlook of the children is considerably broadened, this procedure would give them the feeling that they are not entirely cut off from the ordinary school life and thus minimise the consciousness of their defect; the opportunity for individual education of the children who remain in the special class would also be enhanced.

The School Medical Service and optical and clerical staff have given extremely kind and efficient help.

(g) Ear Disease.

During the year 1937, 82 Aural Clinic sessions were held. The total attendances at the Aural Clinic was 1,814, making an average attendance, at each session, of 22 patients. Ionisation treatment was carried out in 18 cases, 65 applications being made.

Mr. Ronald Savege, F.R.C.S., the Aural Surgeon, reports as follows:—

Eighty-two clinics were held during the year, with a total attendance of 1,814. Fifty-three per cent. of the cases were, after treatment, discharged cured.

I operated on 184 East Ham children for septic tonsils and adenoids.

The statistical report is as follows:—

Cases of Chronic Otitis Media	138.	Discharged	77
Cases of Deafness	37.	„	12
Other Ear Cases	88.	„	81
Cases of Chronic Rhinitis	42.	„	20
Other Nose Cases	35.	„	20
Cases of Enlarged Tonsils and Adenoids	277.	„	118
Other Throat Cases	68	„	35
Mastoid Operations	1	„	1

I should like to take this opportunity of expressing my thanks to the medical, nursing and clerical staffs for their very efficient help.

(h) Dental Defects.

Mr. C. Stanley Neame, L.D.S., the School Dental Surgeon, reports as follows:—

The age groups inspected at the schools were from 5 to 12 years inclusive. This number totalled 12,262 and the number referred for treatment was 7,834, and the attendances for treat-

ment totalled 7,826. The number of children actually treated was 3,285. "Specials" numbered 208; these are cases of urgent treatment (toothache, etc.), referred by the School Medical Officers or Head Teachers.

For statistical details see Table V.

Each child within the age-groups is dentally inspected once a year. This being a good opportunity to get into personal touch with the children, small talks are given to them, and every endeavour made to win their confidence.

Teeth are saved wherever possible by fillings, and the necessary extractions are done either by gas or local anaesthesia.

The regulation of permanent teeth is becoming more and more an important part of the school dentist's work, and means a great deal to the child in after life, not only in appearance but by the ability to masticate properly. This work is done by judicious extraction of permanent teeth or by the making of regulation plates. Some very striking results have been obtained in the past year.

MATERNITY AND CHILD WELFARE CENTRES.

Statistical details of the dental work in connection with the Maternity and Child Welfare Centres are shewn in the following table:—

No. of Sessions devoted to Treatment	No. of Attendances		No. of Permanent Teeth		No. of Temporary Teeth	
	Adults	Children	Ex-trac-ted	Filled	Ex-trac-ted	Filled
83	450	494	582	93	658	120

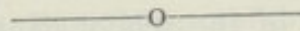
Total No. of Extractions	Total No. of Fillings	No. of Ad-minis-trations of General Anaes-thetics	No. of other Operations	
			Perma-nent Teeth	Tem-porary Teeth
1240	213	124	141	107

Two sessions per week are devoted to dental cases referred by the Medical Officers of the Maternity and Child Welfare Centres. These cases are children under 5 years of age and pre-

natal and nursing mothers. Extraction of teeth is carried out under gas or by local anaesthetic. Filling of temporary and permanent teeth is done wherever possible. Dentures are supplied when necessary.

The teeth of the babies on the whole show some improvement over past years. I am glad to be able to record that the mothers are making more use of this important service, which will greatly benefit their health and that of their babies.

May I thank my colleague, Mr. A. E. Hall, L.D.S., and the two Dental Nurses for their valued co-operation during the year, and also the Medical Officers, Teachers, and Staff for their help.



(i) Crippling Defects.

1. Orthopaedic and Postural Defects.

In November, 1929, the Authority entered into an agreement with Queen Mary's Hospital, Stratford, in respect of a complete scheme for the treatment of orthopaedic cases.

The treatment at the hospital includes operative, electrical and massage treatment, remedial exercises and the supply of surgical appliances, and is carried out under the direction of an orthopaedic surgeon.

Eight out-patients have received treatment during the year. The total out-patient attendances were 205.

Payment is made to the Hospital Authorities by a per capita grant contribution in respect of East Ham scholars sent to the Hospital through the School Medical Service.

All children referred by the Authority's Medical Officers to the Hospital for treatment are kept under observation at frequent intervals at one or other of the School Clinics, in order that the progress of the cases may be watched and recorded, and to ensure that treatment has not been allowed to lapse. If at any time such a case fails to attend the School Clinic it automatically becomes included in the following up list of one of the School Nurses.

The recent extension of facilities for orthopaedic treatment at the East Ham Memorial Hospital has enabled the School

Medical Department to refer several cases to this Hospital, under the general terms of agreement between the East Ham Corporation and the Hospital Authorities.

2. Rheumatism and Heart Disease.

The institutional treatment of children suffering from Rheumatism and Heart Disease is provided at the East Ham Memorial Hospital, at Queen Mary's Hospital, at Victoria Park Hospital, and in the Rheumatic Clinic at Great Ormond Street Hospital. These arrangements are on a purely voluntary basis, except in regard to the East Ham Memorial Hospital, and the results have been very satisfactory. The relationship existing between the Hospitals and the School Medical Service is cordial, and co-operation in the interests and well-being of the children is complete.

All cases of this type are kept under frequent observation at the School Clinics in order to assess progress and ensure regular hospital attendance. Head Teachers are notified in regard to necessary modification of the normal routine in the case of children, coming within this category, who are permitted to attend school.

Arrangements have also been made for the more serious and chronic cases to be admitted to Special Residential Schools at Godalming, Hayling, Lancing and Woodford.

It is particularly in connection with children suffering from rheumatic and cardiac defect, who are being allowed to attend Ordinary Elementary Schools, that the need for a Day Special School is emphasized, for, whilst the Teachers have rendered invaluable assistance in carrying out and supervising the special precautions and recommendations issued from time to time by the medical staff, the majority of these children lack the routine and graduated treatment which is available in the Day Special School. On reference to Table III. D. it will be appreciated that 39 children, with definite heart defect, are in attendance at Ordinary Elementary Schools.

Although it has long been the practice to give careful attention to scholars who have been discharged from Hospital after scarlet fever and diphtheria, or who have suffered from recurrent sore throat and "growing pains," there is no doubt that even greater vigilance in these cases would prove of value in the pre-

vention of rheumatism and cardiac defect. For this reason it is proposed to hold a Special Consultation Clinic once per week, and to institute a scheme for ascertaining and following up all children who come within this category.

(j) The Light Clinic.

A full account of the arrangements and methods adopted in regard to treatment by artificial light has been included in previous reports. No variation has been made in connection with the methods described, and very satisfactory results continue to be obtained.

The following table furnishes a brief summary of the cases treated by general and local irradiation throughout the year.

Condition	Boys	Girls	Babies
Alopecia	2	4	—
Anaemia	7	7	—
Asthma	2	1	—
Anaemia and Debility	5	5	—
Bronchitis	3	8	4
Bronchial Catarrh	20	38	1
Bronchial Catarrh and Anaemia	1	2	—
Blinking	—	1	—
Cough and Debility	—	1	—
Cervical Adenitis	—	3	—
Bronchial Catarrh and Subnormal nutrition	—	1	—
Debility and Eneuresis	—	1	—
Debility	74	71	160
Chorea	4	1	—
Debility and Cervical Adenitis	1	—	—
Debility and Malnutrition	3	2	—
Debility and Bronchial Catarrh	1	—	—
Contact T.B.	1	1	—
Catarrhal Chest	3	—	—
Catarrh and Nervous Debility..	1	—	—
Cervical Adenitis and Malnutrition	1	1	—
Eczema	—	1	—
Eneuresis	1	—	—
Glands	13	12	—
Lack of Appetite	—	1	—

Malnutrition	33	22	1
Rheumatism and Malnutrition	5	5	—
Loss of Weight	—	1	1
Nervous Debility	—	1	—
Pulmonary Fibrosis	—	1	—
Rheumatism	5	6	—
Rickets	1	—	1
Rachitis	1	—	—
Sinus of Face	—	1	—
Tabes Mesenterica.....	1	—	—
	<hr/>	<hr/>	<hr/>
	189	199	168
	<hr/>	<hr/>	<hr/>

Number of Children Treated (General)	529
Number of Children Treated (Local)	27
Number of Attendances (General)	11061
Number of Attendances (Local)	733
Total Number of Attendances (Local and General)	11794

9. OPEN-AIR EDUCATION.

(a) Playground Classes.

In a few cases playground classes continue to be held occasionally.

(b) School Camps.

The Camp School was held from 4th to 18th June at the Hopton Constitutional Holiday Camp. Seventy-four boys and seventy girls from Elementary Schools in the Borough attended. Every step was taken to make the facility known to and available for the children who were in the greatest need. No child was accepted who was likely to have a holiday away from home during the summer, and no child was excluded solely by the parents' inability to contribute the whole or part of the cost of maintenance.

Cases referred by the School Medical Department received special consideration.

It is interesting to note that the Education Authority have under consideration the purchase of a site for a Permanent Camp

School in co-operation with the Public Assistance Committee, the Camp School to be used jointly by the two Committees. It is hoped that this will ensure a much larger number of scholars receiving the opportunity of participating in the health-giving sojourn, of two or three weeks, in a School Camp.

School Journeys were undertaken by the undermentioned Schools:—

Brampton Senior Girls' School:

Hythe—16th to 23rd April—26 girls.

Shrewsbury—18th to 25th June—16 girls.

Central Park Senior Boys' School:

Tunbridge Wells—6th to 17 September—15 boys.

Essex Senior Boys' School:

St. Mary's Bay—4th to 18th June—50 boys.

Plashet Senior Boys' School:

Colwell Bay—4th to 18th June—50 boys.

Sandringham Central School:

Paris—31st August to 6th September—20 girls.

The Teaching Staff are unanimous in their opinion in regard to the definite educational value of these School Camps and School Journeys, and the Medical Staff regret that it is not possible for more scholars to be included in this phase of educational activity, having regard to the marked improvement in the physical condition of the comparatively few children who are permitted the opportunity of a complete change of air, environment, routine and dietary.

(c) Open-Air Classrooms in Public Elementary Schools.

There are four open-air classrooms at the Brampton School and one at Castle Street School.

(d) Open-Air Day Schools.

There are no open-air schools in the Borough.

(e) Residential Open-Air Schools.

There are no such schools under the direct control of the Local Education Authority; the Committee, however, have con-

tinued to send a certain number of children, for whom such treatment would be beneficial, to the Ogilvie School of Recovery at Clacton-on-Sea.

Arrangements have also been made for the admission of children to the Russell-Cotes School of Recovery at Parkstone, St. Dominic's School of Recovery at Godalming, St. Patrick's Open-Air School at Hayling, St. Catherine's School at Ventnor, Suntrap School at Hayling Island, St. Mary's School of Recovery at Dover, and to the Institutions of the Invalid Children's Aid Association.

The following statistical table gives particulars of the number of children admitted to these schools during the year 1937 :—

PARTICULARS OF THE NUMBER OF CHILDREN WHO WERE RESIDENT IN SCHOOLS OF RECOVERY BETWEEN 1ST JANUARY AND 31ST DECEMBER, 1937, AND THE PERIODS OF THEIR STAY BETWEEN THOSE TWO DATES.

SCHOOL	No. of MONTHS																								TOTALS		
	1		2		3		4		5		6		7		8		9		10		11		12		B.	G.	TOTALS
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.			
Ogilvie	2	2	3	2	—	—	1	1	—	—	3	2	4	2	1	1	1	—	2	3	2	1	—	3	19	17	36
I.C.A.A. (hdqts.)	2	1	—	1	—	—	1	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	5	10
St. Cather- ines	1	—	—	1	—	—	4	1	1	—	1	—	—	—	1	4	—	—	—	1	—	—	1	—	9	7	16
St. Domi- nic's	2	—	1	—	3	—	—	—	—	—	16	—	1	—	—	—	—	—	—	—	—	—	4	—	27	—	27
Suntrap	—	1	4	1	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	2	9	

No. of WEEKS

Russell- Cotes	9		10		12		14		18		24		26		TOTAL	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
	—	2	1	1	10	9	8	3	—	2	9	2	—	1	28	20

SYNOPSIS OF CASES REFERRED TO EAST HAM I.C.A.A.
BY SCHOOL MEDICAL SERVICE DURING 1937.

Disease from which the children were suffering :

Anaemia and debility	19
Debility following illnesses and operations	11
Bronchitis and bronchial catarrh	3
Asthma	1
Cerebral diaplegia	1
Knock knees	1
Irregular teeth requiring plate	1
Anterior poliomyelitis	1
	—
	38
	—

Action taken :

Convalescence	31
Surgical Instruments provided	4
Treatment refused by parents	3
	—
	38
	—

The provision of satisfactory treatment for delicate, debilitated and physically defective children, who require change of air and environment, and the regulation and routine of a healthy life, has been rendered possible, in a large number of cases, by the keen activity of the Local Branch of the Invalid Children's Aid Association. Ten children have been sent to Schools of Recovery through this Association, by arrangement with the Local Education Authority. In addition, the very courteous co-operation of the Association, with the Authority's Medical Officers, has secured open-air and convalescent treatment for 31 children of school age and for whom the Association has undertaken full financial responsibility.

The School of Recovery cases sent by the Education Committee through the I.C.A.A. (Headquarters) cost the Authority £1 8s. 6d. per week per case.

The 31 cases referred from the School Medical Department to the Local I.C.A.A. received convalescent treatment totalling 244 weeks, at an average cost of 15s. per week per case, or a cost of £183 for the year.

It should be appreciated that in addition to the above, children of all ages are recommended to the I.C.A.A. by private medical practitioners and hospitals for convalescent treatment.

It should also be noted that surgical instruments were provided by this Association at no cost to the Council in four cases.

(f) **Day Special Schools for Physically Defective Children**

There are no Schools of this type in the Borough, and a Special Report upon this matter was included last year.

10. PHYSICAL TRAINING.

The Education Committee have followed closely the policy recommended by the Board of Education in Circular 1445, and considerable progress and development have been made along the lines suggested. Special attention has been given to the appointment of Organisers of Physical Training, the training of Teachers, and the provision of equipment and adequate playing field accommodation.

The physical training lessons in the schools today are characterised by a real spirit of enjoyment, with continuous activity and a complete absence of monotony. There is no doubt that the increased interest and enthusiasm produced in the scholars is resulting in a greater degree of general alertness in the school atmosphere, and there is a very evident improvement in the poise, carriage and posture of the children.

Organised Games.

In regard to organised games, the Flanders Road Playing Field meets the needs of several schools, and other schools use the municipal parks and recreation grounds. In addition, the Town Council have appropriated $22\frac{1}{4}$ acres of land on the south side of Barking Road to Education purposes for use as a playing field for Elementary School children.

Swimming.

A comprehensive programme of swimming instruction enables all scholars attending the Elementary and Secondary Schools to attend the swimming baths throughout the year.

Sports and Athletics.

Participation in sports and athletics has always been enthusiastically encouraged amongst East Ham School children, and the results attained are sufficient proof of the keenness of the scholars for outdoor exercise of this type.

11. PROVISION OF MEALS.

During the year 130,749 meals were provided for children, as compared with 168,802 in 1936.

The Medical Officers and School Nurses visit the various feeding centres periodically. On these occasions the quality of the food and the preparation, distribution and service of the meals have been satisfactory.

12. SCHOOL BATHS.

There are no baths used at the schools for the bathing of school children.

13. CO-OPERATION OF PARENTS.

During the year 1937 the number of parents who were present at the routine medical inspections was 4,201 (4,237 in 1936), that is, 72.3 per cent. of the cases examined (76.3 per cent. in 1936).

14. CO-OPERATION OF TEACHERS.

The Teachers render most valuable assistance to the School Medical Service, and the great interest which they exhibit in regard to all matters affecting the physical and mental condition of the scholars is extremely stimulating and encouraging to the School Medical Officers and Nurses.

15. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

Many cases have been referred for special examination by the Attendance Officers on Form 21, and of these cases 16 were medically examined, reports and advice in each case being sent to the Secretary of the Education Committee.

16. CO-OPERATION OF VOLUNTARY BODIES.

Reference to Section 9 (e) will give some measure of the scope of the work carried out in association with Voluntary Bodies.

The National Society for the Prevention of Cruelty to Children has been of great assistance in our efforts on behalf of children whose parents have proved indifferent or stubborn.

Eighty-three such cases have been dealt with by the Society's Inspectors as the result of direct reference from the School Medical Service, during the year 1937.

The Inspectors have made 406 visits in regard to these cases and the following table indicates the work performed by the Society :—

Condition	Number of Cases	Treatment Obtained	Treatment arranged	Cases under Observation
Tonsils and Adenoids ...	5	4	1	—
Defective Vision	14	13	1	—
Dental Caries	1	1	—	—
General Neglect	42	37 improved	—	5
Ill-Treatment	9	8 improved	—	1
Others	12	12 improved	—	—
	83	75	2	6

One parent was prosecuted for not providing treatment for defective vision, but subsequently agreed to treatment.

17. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Physically Defective Children.

(See Table III).

Fifteen children are suffering from physical defects which prevents them attending public elementary schools.

Two hundred and eight children considered physically defective and 81 children suffering from non-infectious pulmonary

and non-pulmonary tuberculosis are attending ordinary Elementary Schools.

Mentally Defective Children.

During the year 1937, the number of cases examined for purposes of the Mental Deficiency Acts was 23 (38 in 1936). Of these, 8 were classified as mentally deficient and 15 as dull and backward, recommendations being made as shown in the following table:—

Number examined		23	
Classified as mentally deficient	7	}	8
Classified as morally deficient	—		
Classified as imbeciles	1		
Classified as idiots	—		
Classified as dull and backward		15	
Recommended for Special School		7	
Recommended for Residential Special School		1	

18. NURSERY SCHOOLS.

There are at present no Nursery Schools in East Ham.

19. SECONDARY SCHOOLS.

There are two secondary schools in East Ham, and tables relating to the work carried out in connection with these schools are appended.

20. CONTINUATION SCHOOLS.

There are at present no Continuation Schools in East Ham.

21. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Twenty-two boys have been specially examined in accordance with the Bye-laws, and these were found to be fit for employment. In addition, twenty school children were examined, under the

Regulations dealing with the Employment of Children at Entertainments, and certified fit for participation in such employment. During school medical inspection no children were discovered whose health was considered to be adversely affected through employment outside school hours.

Arising out of the Administrative Memorandum issued by the Board of Education, the Education Committee have approved arrangements for effecting co-operation between the School Medical Department and the Juvenile Employment Committee so far as concerns the question of giving advice in regard to the unsuitability of children for particular types of employment. In this connection the Committee have directed the attention of the Board of Education to the lapse of two years which normally takes place between the date of the last routine medical inspection of scholars and the date of attaining the school leaving age.

All children in their final medical examination prior to leaving school have a note placed on their medical record card if there is any special defect likely to affect the choice of employment, and parents are interviewed and advised.

22. SPECIAL ENQUIRIES.

No special enquiries were carried out during the year 1937.

23. MISCELLANEOUS.

During the year 1937, the following special medical examinations were made in connection with the appointment of staff:—

Teachers	6
Assistant Teachers and Student Teachers	18
Caretakers, School Attendants and Cleaners	21
Assistant Cook	1
Library Assistant	1

TABLE I.

RETURN OF MEDICAL INSPECTIONS.
CHILDREN ATTENDING PUBLIC ELEMENTARY
SCHOOLS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	2162
Second Age Group	1717
Third Age Group	1556
Total	5435

Number of other Routine Inspections 375

Grand Total 5810

B.—OTHER INSPECTIONS.

Number of Special Inspections	3254
Number of Re-Inspections	3063

Total 6317

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at Routine Medical Inspection to Require Treatment (excluding defects of Nutrition, Uncleanliness and Dental Diseases).

Group (1)	For defective vision (excluding squint) (2)	For all other conditions re- corded in Table IIA (3)	Total (4)
Entrants	6	251	257
Second Age Group	88	65	153
Third Age Group	77	43	120
Total (Pre- scribed Groups)	171	359	530
Other Routine Inspections	22	33	55
Grand Total	193	392	585

Note:—No individual child is counted more than once in any column of this table.

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1937.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.		
	No. of Defects.		No. of Defects.		
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	
(1)	(2)	(3)	(4)	(5)	
Skin	(1) Ringworm—Scalp ...	—	—	3	—
	(2) " Body ...	—	—	21	—
	(3) Scabies ...	3	—	37	—
	(4) Impetigo ...	7	11	188	—
	(5) Other Diseases (Non-Tuberculous) ...	22	27	287	—
TOTAL (Heads 1 to 5)	32	38	536	—	
Eye	(6) Blepharitis ...	6	6	25	—
	(7) Conjunctivitis ...	3	1	51	1
	(8) Keratitis ...	—	—	—	—
	(9) Corneal Opacities ...	—	1	—	—
	(10) Other Conditions (excluding Defective Vision and Squint) ...	7	8	55	—
TOTAL (Heads 6 to 10)	16	16	131	1	
Ear	(11) Defective Vision (excluding Squint) ...	193	187	158	18
	(12) Squint ...	26	11	23	1
	(13) Defective Hearing	11	3	28	1
Ear	(14) Otitis Media ...	13	2	98	—
	(15) Other Ear Diseases	32	40	77	—
Nose and Throat	(16) Chronic Tonsillitis only ...	68	780	18	2
	(17) Adenoids only ...	4	17	8	—
	(18) Chronic Tonsillitis and Adenoids ...	148	29	127	—
	(19) Other Conditions ...	19	19	79	—

Note:—No individual child is counted more than once in any column of this table.

TABLE II.—*continued.*

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.		
	No. of Defects		No. of Defects.		
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	
(1)	(2)	(3)	(4)	(5)	
20) Enlarged Cervical Glands (Non-Tuberculous)	13	136	33	—	
(21) Defective Speech	4	16	3	2	
Heart and Circulation	Heart Disease :				
{ (22) Organic	3	4	8	—	
{ (23) Functional	6	26	6	—	
{ (24) Anaemia	6	10	40	—	
Lungs	{ (25) Bronchitis 27 48 80 —				
	{ (26) Other Non-Tuberculous Diseases — 4 2 —				
	Pulmonary :—				
	{ (27) Definite — — — —				
	{ (28) Suspected — 1 5 —				
Tuberculosis	Non-Pulmonary :—				
	{ (29) Glands 2 — 1 —				
	{ (30) Bones and Joints — — 1 —				
	{ (31) Skin — — — —				
	{ (32) Other Forms 1 1 2 —				
TOTAL (Heads 29 to 32)		3	1	4	—
Nervous System	{ (33) Epilepsy — — — —				
	{ (34) Chorea 3 3 12 —				
	{ (35) Other Conditions 1 14 3 —				
Deformities	{ (36) Rickets — 2 — —				
	{ (37) Spinal Curvature 15 — 2 1				
	{ (38) Other Forms 13 49 22 —				
(39) Other Defects and Diseases (excluding defects of Nutrition, Uncleanliness and Dental Diseases...)	202	142	1591	75	
Total	858	1598	3094	101	

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	2,162	124	5.73	1,959	90.61	79	3.65	—	—
Second Age-group	1,717	101	5.88	1,558	90.73	58	3.37	—	—
Third Age-group	1,556	132	8.48	1,395	89.65	28	1.79	1	0.06
Other Routine Inspections	375	25	6.66	338	90.13	12	3.2	—	—
TOTAL ...	5,810	382	6.57	5,250	90.36	177	3.0	1	0.01

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

BLIND CHILDREN.

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class is included in this section.

At Certified Schools for the Blind	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	—	—	—	3

PARTIALLY SIGHTED CHILDREN.

Only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted, are entered in this Section.

TABLE III—*continued.*

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision are not included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	14	3	1	—	18

DEAF CHILDREN.

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class is included in this Section.

At Certified Schools for the Deaf.		At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Res. 5	Day 9	—	—	—	14

PARTIALLY DEAF CHILDREN.

Children who can appropriately be taught only in a school for the partially deaf are entered in this Section.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Day —	Day 1	1	—	—	2

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental

TABLE III—*continued.*

defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following Table includes all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928.

At Certified Schools for Mentally Defective Children.			At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Res.	Shrews.	LCC Day				
5	55	2	—	5	—	67

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children are included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	—	—	1

PHYSICALLY DEFECTIVE CHILDREN.

A. TUBERCULOUS CHILDREN.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere are recorded in this category.

I.—Children Suffering from Pulmonary Tuberculosis.
(Including pleura and intra-thoracic glands.)

TABLE III—*continued.*

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
7	25	—	9	41

II.—Children Suffering from Non-Pulmonary Tuberculosis.

(This category includes tuberculosis of all sites other than those shown in I. above.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
12	56	1	4	73

B. DELICATE CHILDREN.

This Section is confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
59	152	—	—	211

C. CRIPPLED CHILDREN.

This Section is confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the school curriculum as gardening or forms of handwork usually engaged in by other children, and in whose case the Medical Officer would be prepared to certify under

TABLE III—continued

Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
7	25	5	1	38

D. CHILDREN WITH HEART DISEASE.

This Section is confined to children in whose case the Medical Officer would be prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
15	31	3	1	50

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is given in respect of children suffering from any combination of the following types of defect:—

Blindness (excluding partially sighted children).
 Deafness (excluding partially deaf children).
 Mental Defect (Feeble-minded).
 Severe Epilepsy.
 Active Tuberculosis.
 Crippling (as defined in Section C above).
 Heart Disease.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Blind and M.D.	—	—	—	1	1
M.D. and Heart	1	—	—	—	1

TABLE IV.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp—			
(i). X-Ray Treatment.	3	—	3
(ii.) Other	—	—	—
Ringworm-Body	20	1	21
Scabies	36	1	37
Impetigo	188	—	188
Other skin disease	258	5	263
<i>Minor Eye Defects</i> (External and other, but excluding cases falling in Group II.)	81	—	81
<i>Minor Ear Defects</i>	138	8	146
<i>Miscellaneous</i> (e.g., minor injuries, bruises, sores, chilblains, etc.).	1729	139	1868
Total	2453	154	2607

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme	Otherwise.	Total.
ERRORS OF REFRACTION (including squint)	451	—	451
Other defect or disease of the eyes (exclud- ing those recorded in Group I) ...	—	—	—
Total	451	—	451
No. of Children for whom spectacles were			
(a) Prescribed	269	—	269
(b) Obtained	268	1	269

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.												Received other forms of Treatment. (4)	Total number treated (5)
Received Operative Treatment.													
Under the Authority's Scheme, in Clinic or Hospital (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
14	4	217	33	—	—	11	1	14	4	228	34	26	306

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
	Number of children treated	—	—	4	—	—		11	15

TABLE I.

RETURN OF MEDICAL INSPECTIONS
CHILDREN ATTENDING SECONDARY SCHOOLS.

A.—ROUTINE MEDICAL INSPECTIONS.

	<i>Boys.</i>	<i>Girls.</i>
	—	—
Total	437	263

All Secondary School Children are examined every year.

B.—OTHER INSPECTIONS.

	<i>Boys</i>	<i>Girls</i>
Number of Special Inspections	1	—
Number of re-Inspections	6	9
Total	7	9

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at Routine Medical Inspection to Require Treatment (excluding defects of Nutrition, Uncleanliness and Dental Diseases).

	For defective vision (excluding squint)		For all other conditions re- corded in Table IIA		Total	
	B	G	B	G	B	G
Total	13	12	7	17	20	29

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1937.

DEFECT OR DISEASE.		ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
(1)	(2)	(3)	(4)	(5)	
		B G	B G	B G	B G
Skin	(1) Ringworm—Scalp ...	— —	— —	— —	— —
	(2) " Body ...	— —	— —	— —	— —
	(3) Scabies ...	— —	— —	— —	— —
	(4) Impetigo ...	— —	— —	— —	— —
	(5) Other Diseases (Non-Tuberculous) ...	1 1	— 1	— —	— —
	TOTAL (Heads 1 to 5)	1 1	— 1	— —	— —
Eye	(6) Blepharitis ...	— —	— —	— —	— —
	(7) Conjunctivitis ...	— —	— —	— —	— —
	(8) Keratitis ...	— —	— —	— —	— —
	(9) Corneal Opacities ...	— —	— —	— —	— —
	(10) Other Conditions (excluding Defective Vision and Squint) ...	1 —	— —	— —	— —
	TOTAL (Heads 6 to 10)	1 —	— —	— —	— —
Ear	(11) Defective Vision (excluding Squint) ...	13 12	10 7	— —	— —
	(12) Squint ...	— —	— —	— —	— —
	(13) Defective Hearing ...	— —	— —	— —	— —
Ear	(14) Otitis Media ...	— —	— —	— —	— —
	(15) Other Ear Diseases ...	— 1	— 4	— —	— —
Nose and Throat	(16) Chronic Tonsillitis only ...	— —	9 3	— —	— —
	(17) Adenoids only ...	— —	— —	— —	— —
	(18) Chronic Tonsillitis and Adenoids ...	1 2	— —	— —	— —
	(19) Other Conditions ...	— 4	— 1	— —	— —

TABLE II.—continued.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but <i>not</i> requiring Treatment.
(1)	(2)	(3)	(4)	(5)
	B G	B G	B G	B G
(20) Enlarged Cervical Glands (Non-Tuberculous)	— —	2 1	— —	— —
(21) Defective Speech	— —	— —	— —	— —
Heart and Circulation { Heart Disease :				
(22) Organic	— —	— —	— —	— —
(23) Functional	— —	1 5	— —	— —
(24) Anaemia	— 1	1 3	— —	— —
Lungs { (25) Bronchitis	— —	1 1	— —	— —
(26) Other Non-Tuberculous Diseases	— —	— —	— —	— —
Tuberculosis { Pulmonary :—				
(27) Definite	— —	— —	— —	— —
(28) Suspected	— —	— —	— —	— —
(29) Glands	— —	— —	— —	— —
(30) Bones and Joints	— —	— —	— —	— —
(31) Skin	— —	— —	— —	— —
(32) Other Forms	— —	— —	— —	— —
TOTAL (Heads 29 to 32)	— —	— —	— —	— —
Nervous System { (33) Epilepsy	— —	— —	— —	— —
(34) Chorea	— —	1 —	— —	— —
(35) Other Conditions	— —	— 1	— —	— —
Deformities { (36) Rickets	— —	— —	— —	— —
(37) Spinal Curvature	— 6	— —	— —	— —
(38) Other Forms	— —	— 27	— —	— —
(39) Other Defects and Diseases (excluding defects of Nutrition, Uncleanliness and Dental Diseases	6 3	4 5	— —	— —
Total	22 32	29 60	— —	— —

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR.

	Number of children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
TOTAL Routine Inspections	700	75	10.71	602	85.85	23	3.28	—	—

TABLE IV.
TREATMENT TABLES

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.					
	Under the Authority's Scheme. (2)		Otherwise. (3)		Total. (4)	
	B	G	B	G	B	G
<i>Skin—</i>						
Ringworm-Scalp—						
(i). X-Ray Treatment.	—	—	—	—	—	—
(ii.) Other	—	—	—	—	—	—
Ringworm-Body	—	—	—	—	—	—
Scabies	—	—	—	—	—	—
Impetigo	—	—	—	—	—	—
Other skin disease	—	—	—	—	—	—
<i>Minor Eye Defects</i>	—	—	—	—	—	—
(External and other, but excluding cases falling in Group II.)						
<i>Minor Ear Defects</i>	—	1	—	—	—	1
<i>Miscellaneous</i>	4	6	1	—	5	6
(e.g., minor injuries, bruises, sores, chilblains, etc.)						
Total	4	7	1	—	5	7

GROUP II—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.					
	Under the Authority's Scheme		Otherwise.		Total.	
	B	G	B	G	B	G
ERRORS OF REFRACTION (including squint).	21	20	—	—	21	20
Other defect or disease of the eyes (excluding those recorded in Group I) ...	—	—	—	—	—	—
Total	21	20	—	—	21	20
No. of Children for whom spectacles were						
(a) Prescribed	14	12	—	—	14	12
(b) Obtained	14	12	—	—	14	12

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.		
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.							
(1)				(2)				(3)				(4)		(5)	
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	B	G	B	G
B	G	B	G	B	G	B	G	B	G	B	G	—	—	1	—
—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

INDEX

INDEX

INDEX

- A.**
- Act—Blind Persons, 1920 ... 42-46
 Act—Local Government, 1929 ... 24
 Act—Midwives, 1936 ... 49-53
 Act—Public Health, 1936 ...
 Child Life Protection ... 53
 Acts of Parliament Applied
 and Adopted 22
 Acts—Housing 119-122
 Acts—Mental Deficiency ... 38-41
 Acts—Midwives, 1902-36 ... 18, 49-53
 Act—Rag Flock 117
 Act—Rents Restriction ... 117
 Act—Shops, 1934 118
 Adenoids 56, 144, 150
 Adulteration of Foodstuffs... 125-127
 After-Care Committee ... 110
 Aldersbrook Homes ... 34-37
 Ambulance Facilities ... 20
 Attendance Officers,
 Co-operation of 165
 Ante and Post-Natal Clinics 58-60
 Area 10
 Artificial Sunlight 150, 158
 Atmospheric Pollution ... 115
 Aural Surgeon, Report of... 154
 Aural Treatment ... 27, 56, 150, 178
- B.**
- Bacteriology 19, 75
 Bacteriological Examinations 75, 123, 128
 Baths—School 165
 Baths—Swimming 111, 119
 Bed Bugs—Eradication of... 119
 Birth Rate 15
 Births 12, 57
 Births, Illegitimate 10, 11
 Births, Still 11, 58
 Blind Persons Act, 1920 ... 42-46
 Blind Children 166-167, 172
 Blindness—Prevention of ... 44-46
 Byelaws—Regulations, etc.... 23-24
- C.**
- Camps—School 159
 Cancer 77-79
 Caravans 115-117
 Centre, Training and Occupa-
 tion M.D. 40-41
 Chemical Examination of
 Food 126
 Child Life Protection ... 53
 Children's Homes 34-37
 Children—Invalid Aid Associa-
 tion 47-48, 62
 Cinemas 115
 Classrooms, Open Air ... 160
 Cleansing, Public 113
 Clinics, Ante and Post-Natal 58-60
 Clinics, Artificial Sunlight... 150, 158
 Clinics, Aural 150
 Clinics, Dental ... 56, 145, 154-156, 179
 Clinics, Immunisation ... 55, 150
 Clinics, Infant 54
 Clinics, Morning 56
 Clinics, Ophthalmic 149, 152
 Clinics, School 149-150
 Clinics, Toddlers' 55
 Clinic, Tuberculosis & Chest 80-91b
 Clinics and Treatment
 Centres 20-21, 149-150
 Closet Accommodation ... 113
 Committees 3-4
 Complaints 114
 Contents—Principal 2
 Continuation Schools ... 167
 Co-ordination 137, 139
 Cripples 146, 156-158, 175
- D.**
- Dairies 123
 Day-Schools, Open Air ... 160
 Deaf Children 166-167, 173
 Deaths 12, 15-16a
 Death-rate, General ... 10, 12
 Death-rate, Infantile ... 12
 Death-rate, Zymotic ... 63
 Deaths, Causes of 15a
 Deaths, Infants 12, 16a
 Deaths, in Wards and Rates 16
 Dental Treatment ... 56, 145, 154-156, 179
 Dental Treatment—Tubercu-
 lous Patients 94
 Dental Surgeons, Report of 154-156
 Diarrhoea 11
 Diphtheria 63, 66, 71, 75
 Disinfestation 119
 Drainage and Sewerage ... 112
 Dysentery 66
- E.**
- Ear Diseases 145, 154
 East Ham and Southend-on-
 Sea Joint Hospital Board 27
 East Ham Memorial Hospital 30-31
 Education Committee ... 4
 Employment of Children ... 167
 Enteric Fever 65, 67, 74
 Epileptic Children 166-167, 174
 Erysipelas 66, 67, 74
 Eye Diseases of Children ... 145, 151
 Exceptional School Children 138, 172-176
 Extracts from Vital Statistics 10-11
 Excessive Mortality, Particu-
 lars of 11
- F.**
- Factories and Workshops ... 115, 131-132
 Following-up 149
 Food and Drugs Adulteration 125-127

INDEX—continued.

F.			
Food, Chemical and Bacteriological Examination ...	126		
Food Inspection ...	123-128		
Food Premises ...	125		
Free Supplies of Milk ...	54		
Forest Gate Hospital ...	32, 33, 53, 60		
G.			
General Provision—Health Services ...	18-26		
General and Special Hospitals and Children's Homes...	27-37		
Graded Milk ...	124		
H.			
Harts Sanatorium ...	94-101		
Health Committee ...	3		
Health Services—General Provision of ...	18-26		
Health Visitors ...	57		
Heart Disease ...	157, 176		
Home Helps ...	62		
Home—Nursing in ...	18		
Homes, Aldersbrook and Scattered ...	34-37		
Homes—Nursing ...	54		
Homeless Children ...	53		
Hospital, Forest Gate ...	32, 33, 53, 60		
Hospitals—General and Special ...	27-37		
Hospital, Infectious Diseases	70-77		
Hospital, East Ham Memorial	30-31		
Hospital, Maternity ...	27, 54, 60		
Hospital, Mental ...	27-30		
Hospital, Smallpox ...	30		
Hospital, Whipps Cross ...	32, 33		
Houses—Inhabited ...	10		
Houses, maintenance of ...	120		
Housing ...	119-122		
Housing Statistics ...	121		
I.			
Illegitimate Births ...	10, 11		
Immunization ...	75, 147		
Immunization Clinics ...	55, 64-65		
Improvements ...	114		
Increase of Rent (Restriction) Act ...	117		
Infant Deaths ...	12, 16a		
Infant Welfare Clinics ...	54		
Infantile Mortality ...	10, 12, 16a		
Infectious Diseases Hospital	70-77		
Infectious Diseases ...	63-77, 148-150		
Inhabited Houses ...	10		
Inspection of and Supervision of Food ...	123-128		
Inspections ...	113		
Inspection of School Children	138-146		
Institutional Provision for Unmarried Mothers, Illegitimate Infants, etc. ...	53		
		Institutions controlled by West Ham ...	32-33
		Invalid Children's Aid Association ...	47-48, 62, 163
L.			
		Laboratory Facilities ...	19, 75
		Legal Proceedings ...	117
		Legislation in Force ...	22-24
		Light Treatment ...	150, 158
		Local Government Act, 1929	24
M.			
		Maternal Mortality ...	10, 13, 61
		Maternity and Child Welfare	49-62
		Maternity and Child Welfare Committee ...	3
		Maternity Boxes ...	62
		Maternity Homes and Hospitals ...	27, 60
		Meals, Provision of ...	165
		Measles ...	11, 74
		Meat, and other Foods ...	124-125
		Meat Inspection ...	124
		Medical Examinations, Miscellaneous ...	168
		Medical Inspection and Findings of School Children ...	138-146
		Medical Officer of Health's Report ...	1-132
		Medical Relief, Public Assistance ...	24-25
		Mental Defects, School Children ...	167, 173
		Mental Defectives, Training Centre ...	40-41
		Mental Deficiency ...	26, 38-41
		Mental Deficiency Committee	4
		Mental Hospital ...	27-30
		Meteorology ...	130
		Midwives Act, 1936 ...	49-53
		Midwives ...	18, 49-53, 60
		Midwives, Municipal ...	49-51
		Milk, Bacteriological Examination of ...	123
		Milk—Free Supplies ...	54
		Milk, Graded ...	124
		Milk (Special Designation) Order ...	124
		Milk Supply ...	123
		Minor Ailments ...	144, 150, 177
		Mortality, Analysis of ...	15
		Mortality, Excessive—Particulars of ...	11
		Mortality, Infantile ...	10, 12, 16a
		Mortality, Maternal ...	10, 13, 61
		Mortality, Neo-natal ...	13
		Mosquito Control ...	115
		Municipal Midwifery Scheme	49-51
		Municipal Midwives ...	49-51

INDEX—continued.

N.		R.	
Neo-natal Mortality	13	Rag Flock Act	117
Noteworthy Causes of Sick- ness or Invalidity	11	Rat Extermination	115
Notices served and complied with	114	Rateable Value	10
Notification of Births	57	Rents Restriction—Certifi- cates of disrepair	117
Nursing Arrangements	18	Reports, Special	17
Nursery Schools	167	Residential Schools	160-164
Nursing Homes—Public Health Act, 1936	54	Rheumatism	157
Nutrition	146, 172	Ringworm	56
		Rivers and Streams	112
		Runwell Mental Hospital	27-30
O.		S.	
Obstetrical Specialist	14	Sanatoria	99-105
Occupations and Premises subject to control of Local Authority	115	Sanitary Circumstances	112-118
Occupational Therapy—Tuber- culosis	110	Sanitary Inspection	113-118
Offensive Trades	115	Sanitary Section and Housing	112-122
Open Air Education	159-164	Scarlet Fever	63, 67, 72
Ophthalmia Neonatorum	27, 61, 70	Scattered Homes	34-37
Ophthalmic Clinic	150-153	Schick Immunisation Clinics	55, 64-65
Ophthalmic Surgeon, Report of	151-153	School Attendance Officers— Co-operation of	165
Ophthalmic Treatment	56	School Baths	165
Orthopaedic Treatment	27, 54, 156, 178	" Blind Children	166-167, 172
Outdoor Assistance	128, 129	" Camps	159
Overcrowding	119	" Children, Blind, Deaf, Defective and Epi- leptic	166-167
		" Children, Minor Ail- ments	144, 150, 177
		" Children, Medical In- spection	138-146
		" Children, Mentally Defective	167
		" Children, Physically Defective	164, 166
		" Children, Verminous Conditions	143
		" Continuation	167
		" Cripples	175
		" Exceptional Children	138, 172-176
		" Meals	165
		" Medical Officer's Re- port	133-184
		" Medical Service in Relation to Public Elementary Schools	137
		" Medical Treatment	149-159
		" Nursery	167
		" Open Air	160
		Schools of Recovery	160-164
		Schools, Secondary	167
		Senior Sanitary Inspector, Report of	112-122
		Sewerage	112
		Shops Act, 1934	118
		Sickness or Invalidity, any Noteworthy Causes	11
		Skin Diseases	145, 151
		Slaughterhouses	124
P.			
Parents, Co-operation of	165		
Physical Features of Area	10		
Physically Defective Children	166, 174		
Physical Training	164		
Plaiستow Maternity Hospital and District Nurses Home	18		
Playground Classes	159		
Pneumonia	73		
Pools—Swimming	111, 119		
Population	10, 14		
Post-Natal Work	58-60		
Premises and Occupations subject to control of Local Authority	115		
Prevention of Blindness	44-46		
Principal Contents	2		
Prosecutions	117		
Provision of Meals	165		
Public Assistance Domiciliary Medical Service	24-25		
Public Assistance Institutions	32		
Public Cleansing	113		
Public Health Act, 1936— Child Life Protection	53		
Public Health Act, 1936— Nursing Homes	54		
Public Health Committee	3		
Puerperal Fever and Pyrexia	27, 61, 66		

INDEX—continued.

S.	
Slum Clearance	120
Smallpox	30
Smoke Abatement	119
Social Conditions of Area...	10
Special Enquiries	168
Special Reports	17
Special Schools—Physically Defective Children	160-164
Staff	5-6, 62, 137
Statistical and Social Con- ditions of Area	10-16a
Still Births	11, 58
Streams	112
Swimming Baths and Pools	111, 119

T.	
Table, Aldersbrook and Scattered Homes	34
„ Birth-rate, etc.	15
„ Blind Persons	43a, 43b
„ Cancer	79
„ Clinics and Treatment Centres	21
„ Cost at Institutions	76, 99
„ Death Rate, etc.	15
„ Deaths, Causes of	15a
„ Deaths, Ward—Rates	16
„ Dental Treatment	94
„ Domiciliary Midwifery	51-53
„ East Ham Memorial Hospital	31
„ Exceptional Children...	172-176
„ Factories and Work- shops Act	131-132
„ Food and Drugs Adul- teration	127
„ Housing	121
„ Infant Deaths... ..	16a
„ Infectious Diseases, Notifiable	68, 69
„ Infectious Diseases, Removed to Hospital	69, 76
„ Infectious Diseases in School Children	148
„ Maternal Mortality	13
„ Mental Defectives	38-41
„ Mental Patients—dispo- sition of	30
„ Meteorology	130
„ Ophthalmia Neonatorum	70
„ Out-door Assistance...	129
„ Public Assistance Domiciliary Medical Service	24
„ Public Assistance Insti- tutions	33
„ Samples, Food and Drugs	126

Table, School Children, De- fects of	170-171
„ School Children Exam- ined	169
„ School Children found to require Treatment	140, 169
„ School Children—Mal- nutrition	172
„ School Children, Treat- ment carried out	177-179
„ Schools of Recovery...	162
„ Secondary School Ex- aminations	180-184
„ Sunlight Treatment	158
„ Tuberculosis Deaths...	109
„ Tuberculosis and Chest Clinic	90-91b
„ Tuberculosis, Five years After-History	93a
„ Tuberculosis Notifica- tions	106-109
„ Tuberculosis, Residen- tial Treatment	99-105
„ Unemployed	128a
„ Vaccination	63
„ Verminous Condition of School Children	143
„ Vital Statistics of cer- tain County Boroughs	111a
„ Work of Home Visitor to the Blind	43
Teaching Staff, Co-operation of	165
Toddlers' Clinic	55
Tonsils and Adenoids	56, 144, 150
Training Centre, Mental Defectives	40-41
Treatment Centres	20-21
Tuberculosis	80-111, 145, 151, 174
Tuberculosis and Chest Clinic	80-91b
Tuberculosis After Care Committee	110
Tuberculosis, Five years After-History	92-93a
Tuberculosis—Occupational Therapy	110

U.

Uncleanliness	141-143, 179
Unemployment and out-door Assistance	128-129
Unmarried Mothers	53

V.

Vaccination	63
Verminous Conditions— School Children	143, 179
Venereal Diseases	25-26

INDEX—continued

V.

Vital Statistics, Extracts from	10-11
Vision	145, 151, 177
Visits, Health Visitors	57
Visits, School Nurses	149
Voluntary Associations	47-48, 62, 163, 166

W.

Wards, Deaths in and Rates	16
----------------------------	----

W.

Water Supply	112
Whipps Cross Hospital	32, 33
Whooping Cough	74
Workshops	115, 131-132
Welfare of the Blind	42

Z.

Zymotic Diseases	63
-------------------------	----

