

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

Contributors

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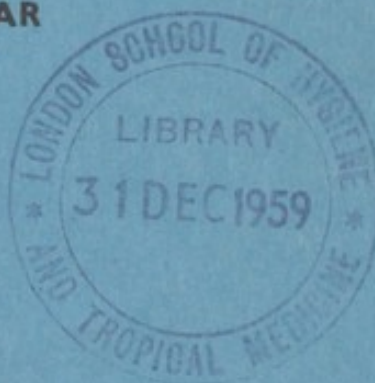
Borough of Ilford



HEALTH REPORT

FOR THE YEAR

1958



I. GORDON

M.D., Ch.B., M.R.C.P., D.P.H.

Medical Officer of Health, etc.

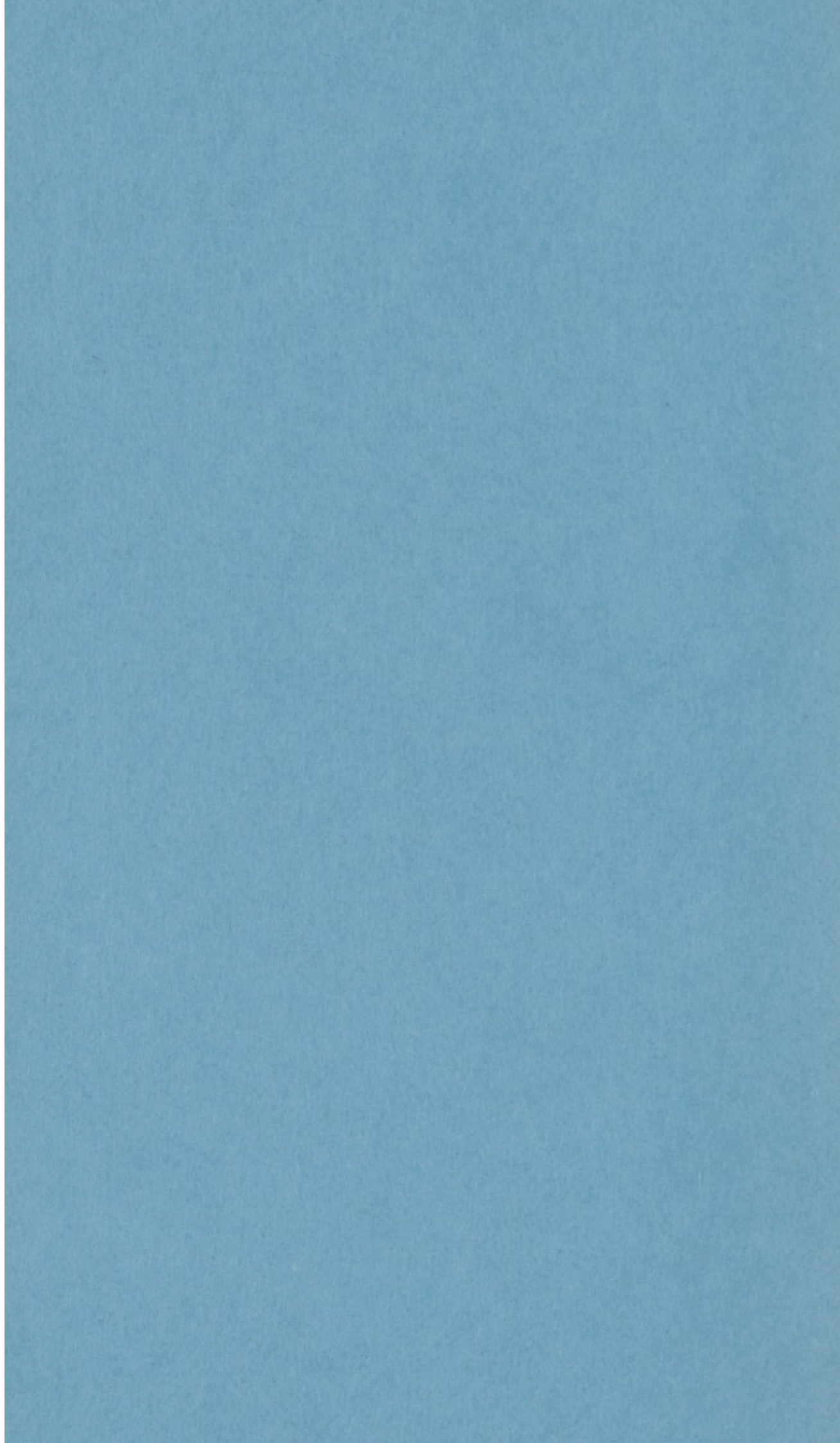


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ILFORD BOROUGH COUNCIL

Municipal Year 1958-59

COUNCILLOR F. R. MASTERS, J.P., *Mayor*.

COUNCILLOR A. R. SHERRELL (E.C.C.), *Deputy Mayor*.

Aldermen :

BARKER, JOHN, J.P.	GOOCH, LIONEL ARCHER SCOTT.
BENNETT, MRS. FLORENCE EDITH.	HEADLEY, CECIL AUBREY, J.P.
COLVIN, GILBERT, C.B.E., F.C.I.S.	PEARSON, FREDERICK THOMAS.
COWAN, HAROLD DOUGLAS, F.A.C.C.A., F.C.C.S.	TERRY, MISS ANNE SYLVIA, J.P.
FALLAIZE, MRS. LILIAN, J.P. (E.C.C.)	WOODS, SIDNEY CHARLES VICTOR.
GIBSON, CYRIL IRVING.	YOUNG, MAJOR ALEXANDER, O.B.E., T.D., J.P., C.A. (E.C.C.).

Councillors :

ALY, HARRY REGINALD BERTRAM.	LOVELESS, SYDNEY FRANK.
BANTHORPE, MRS. RUBY FLORENCE, J.P.	MARTIN, ROBERT.
BYSOUTH, HENRY ALBERT, F.I.A.C.	MASTERS, FRANK ROBERT, J.P. (<i>Mayor</i>).
CLACK, ARTHUR HENRY	MURPHY, JOHN LOUGHLIN, J.P., A.I.N.A., A.I.Mar.E.
CHAMBERLIN, MRS. GRACE MARY (E.C.C.).	NATZLER, ISAAC BERNARD.
DAVIES, DAVID SAMUEL.	NORWOOD, JOHN HENRY.
DAVIES, GEORGE EVELEIGH.	OSBORNE, ALAN FRANK.
DREW, LESLIE VICTOR.	PARFITT, JOHN HOWARD, B.Sc. (Econ.).
EAREY, ERIC RAYMOND, F.N.A.A., F.V.I.	ROLFE, CYRIL GEORGE, A.I.S.T.
GLEED, SYDNEY GEORGE.	ROOT, HAROLD GOLDSTONE, M.S.M.
GREEN, CECIL FREDERICK HERBERT, F.A.I.B. (E.C.C.).	RYDER, JOHN LOUIS.
GROSE, JOHN STANLEY.	SEAMAN, ERIC WILLIAM, A.A.C.C.A.
HARRIS, EDGAR FRANK.	SHAW, ARNOLD JOHN, B.A.
HITCHCOCK, LEONARD, A.I.B.	SHERRELL, ALBERT REGINALD PRENTICE, (E.C.C.) (<i>Deputy Mayor</i>).
JAMES FRANCIS HERBERT.	SMITH, MRS. LILY MAUDE, S.R.N.
LITTLEJOHN, MRS. RUTH CONSTANCE, M.A.	WATERS, OWEN FRANCIS, J.P.
LIVERMORE, JOHN.	WATSON, GEORGE HENRY.
LOVELESS, CHARLES EDGAR, F.A.I.A.	WOODS, DOUGLAS EDWARD.

PUBLIC HEALTH COMMITTEE

Municipal Year 1958/59

ALDERMAN JOHN BARKER, J.P., CHAIRMAN.

COUNCILLOR MRS. L. M. SMITH, S.R.N., *Vice-Chairman*.

ALDERMAN MISS A. S. TERRY, J.P.	COUNCILLOR C. G. ROLFE, A.I.S.T.
COUNCILLOR MRS. R. F. BANTHORPE, J.P.	COUNCILLOR H. G. ROOT, M.S.M.
COUNCILLOR MRS. G. M. CHAMBERLIN (E.C.C.).	COUNCILLOR J. RYDER.
COUNCILLOR S. G. GLEED.	COUNCILLOR E. W. SEAMAN, A.A.C.C.A.
COUNCILLOR L. HITCHCOCK, A.I.B.	COUNCILLOR A. R. P. SHERRELL (E.C.C.). (<i>Deputy Mayor</i>).
COUNCILLOR J. LIVERMORE.	COUNCILLOR G. H. WATSON.
COUNCILLOR F. R. MASTERS, J.P. (<i>Mayor</i>).	COUNCILLOR D. E. WOODS.

ILFORD HEALTH AREA SUB-COMMITTEE OF THE HEALTH COMMITTEE OF THE ESSEX COUNTY COUNCIL

Municipal Year 1958/59

Ilford Borough Council Representatives: ALDERMEN BARKER, COLVIN, MISS TERRY (*Chairman*); COUNCILLORS MRS. BANTHORPE, MRS. CHAMBERLIN (*Vice-Chairman*), CLACK, HITCHCOCK, MRS. LITTLEJOHN, C. E. LOVELESS, MURPHY, ROLFE, ROOT, SEAMAN, SHERRELL (*Deputy Mayor*), MRS. SMITH.

Essex County Council Representatives: ALDERMEN MRS. BALL, YOUNG, COUNCILLORS BERRY, MRS. FALLAIZE, MRS. GODFREY, MRS. WELSH, WORTLEY.

The Executive Council for Essex Representative: MR. W. G. CATCHPOLE.

Local Medical Committee Representative: DR. S. M. PRUSS.

Hospital Management Committee Representative: MR. W. A. PARISH.

Voluntary Organisations' Representatives: MRS. G. M. BUTLER, MRS. D. H. HOLLOWAY, MISS N. L. ODELL, MR. C. L. TUTT.

ILFORD COMMITTEE FOR EDUCATION

Municipal Year 1958/59

ALDERMAN C. I. GIBSON, *Chairman.*

ALDERMAN G. COLVIN, C.B.E., F.C.I.S., *Vice-Chairman.*

ALDERMAN J. BARKER, J.P.	COUNCILLOR J. LIVERMORE.
ALDERMAN MRS. L. FALLAIZE, J.P. (E.C.C.).	COUNCILLOR S. F. LOVELESS.
ALDERMAN F. T. PEARSON,	COUNCILLOR F. R. MASTERS, J.P. (Mayor).
ALDERMAN MISS A. S. TERRY, J.P.	COUNCILLOR J. L. MURPHY, J.P., A.I.N.A., A.I.Mar.E.
ALDERMAN MAJOR A. YOUNG, O.B.E., T.D., J.P., C.A. (E.C.C.).	COUNCILLOR J. H. PARFITT, B.Sc. (Econ.).
COUNCILLOR H. R. B. ALY.	COUNCILLOR C. G. ROLFE, A.I.S.T.
COUNCILLOR G. E. DAVIES.	COUNCILLOR E. W. SEAMAN, A.A.C.C.A.
COUNCILLOR E. R. EAREY, F.N.A.A., F.V.I.	COUNCILLOR A. J. SHAW, B.A.
COUNCILLOR MRS. R. C. LITTLEJOHN, M.A.	COUNCILLOR MRS. L. M. SMITH, S.R.N.
	COUNCILLOR O. F. WATERS, J.P.

Co-opted Members : MR. S. R. BAKER.

MRS. D. E. CARTER.

THE REV. CANON M. HANCOCK, B.A.

MR. H. S. KENWARD, M.A.

MR. E. R. LOWER, B.A.

THE REV. H. NEALE.

MISS F. STEVENS.

County Nominated Members :

COUNTY COUNCILLOR A. F. J. CHORLEY, M.B.E.

COUNTY COUNCILLOR A. R. P. SHERRELL.

OFFICERS OF THE PUBLIC HEALTH SERVICES

Ilford Borough Council.

Medical Officer of Health, Divisional School Medical Officer, Area Medical Officer, Ilford Health Area Sub-Committee :

I. GORDON, M.D., Ch.B., M.R.C.P. (Lond.), D.P.H. (Edin.).

Deputy Medical Officer of Health : (Part Time)

D. M. B. GROSS, M.D., Ch.B., (Leeds), M.M.S.A., D.P.H. (Lond.).

Chief Public Health Inspector :

S. R. DALY, LL.M., B.Sc., D.P.A. (Lond.), Barrister-at-Law.

Deputy Chief Public Health Inspector :

P. W. ENGLISH.

Public Health Inspectors :

G. W. NEWMAN.

J. COOK.

R. E. SMALLEY.

F. NAU.

A. C. R. NEALE.

D. F. SCOTT.

T. F. JOHNSON.

J. A. HARRIS.

C. BROOMFIELD.

Chief Administrative Assistant (I.B.C. and E.C.C.) :

F. J. HOCKING.

Administrative Assistant :

A. E. TOURLE.

Welfare Officer for Old Folk :

MISS M. J. COPPING, Dip. Social Sc. (Lond.).

Essex County Council.

Assistant County Medical Officers :

D. M. B. GROSS, M.D., Ch.B. (Leeds), M.M.S.A., D.P.H. (Lond.)
(Part Time).

F. E. O'CONNOR WILSON, B.A., M.B., B.Ch., B.A.O., D.P.H. (T.C. Dub.),
L.M. (Rot.).

A. COLLINS, M.B., B.Ch., B.A.O. (Cork).

H. B. GRANGE, M.B., B.S. (Lond.) (Part-time).

J. M. POOLEY, M.B., B.S. (Lond.), D.C.H. (Part-time).

R. M. NOORDIN, M.R.C.S., L.R.C.P.

P. A. C. WRIGHT, M.B., B.S. (Lond.), D.P.H. (Lond.) (to 15.11.58).

G. B. TAYLOR, M.B., B.S. (Lond.), D.C.H., D. Obst. R.C.O.G. (from 13.7.59).

Senior Dental Officer :

E. V. HAIGH, L.D.S., R.C.S. (Eng.).

Educational Psychologists :

K. PICKETT, B.Litt. (Oxon), Dip. Psych. (to 1.11.58).

MISS B. S. GASCOYNE, B.A. (Hons. Psych.).

Psychiatric Social Workers :

MISS P. RADFORD

MISS J. M. BARTON

Speech Therapists :

MRS. M. WALKER, L.C.S.T.

MRS. P. A. PRETIOS, L.C.S.T.

Cerebral Palsy Unit :

Physiotherapists :

MISS S. M. BOARDMAN, M.C.S.P. (to 9.11.58).

MRS. B. LENNOX, M.C.S.P.

MRS. F. G. COCKER, M.C.S.P. (from 16.2.59).

Occupational Therapist :

MISS M. I. BOND.

Officers of the Public Health Services—continued.

Non-Medical Supervisor of Midwives :

MISS R. K. JESSON.

Superintendent Health Visitor :

MISS J. M. OLIVER.

Health Visitors and School Nurses :

MISS E. M. P. COLLINS	MISS A. E. RIDPATH
MISS A. N. BOWMER	MRS. R. M. E. NELSON
MISS M. G. DUGUID	MRS. L. M. ELDRIDGE.
MISS H. ARNOLD	MRS. C. D. CONSTABLE
MISS C. OLDHAM	MISS M. M. STOWER.
MISS P. M. LEAVETT	MISS L. A. MARTIN.
MRS. J. M. WESTON	MISS R. A. BARTON.
MRS. J. L. HAYNES (to 1.9.58).	MISS M. R. MALES
MRS. L. K. LAWRENCE (part-time)	MRS. G. ODLING (from 28.8.58).
(from 12.1.59).	MRS. M. K. PRESSEY (from 2.2.59).
MISS I. L. MOBBS	

Tuberculosis Visitors :

MISS M. FORDE.	MRS. C. M. BENNETT (to 31.7.59).
MRS. B. P. MAKEPEACE.	Mrs. K. M. Parkes (from 24.8.59)

Occupational Therapist (T.B. Cases) :

MISS N. J. M. WHITELAW (to 15.8.58).
MISS Z. E. MERCER (from 6.10.58).

Matrons of Day Nurseries :

Goodmayes Lane	...	...	...	...	Mrs. E. DROWER.
Ley Street	...	...	...	...	Miss G. M. GROSS.

Administrative Assistants :

MISS H. NUNN (Part III Services).
E. S. JENKINS (School Health Services).

Domestic Help Organisers :

MRS. L. G. LAWRENCE.
MRS. K. M. BEDWELL.

PART TIME:—

Regional Hospital Board.

Surgeon in charge of Orthopaedic Clinic :

H. G. KORVIN, D.M., F.R.C.S.

Ophthalmologists :

H. J. R. THORNE, M.B., B.S., D.O., D.O.M.S.
M. H. MALIK, M.B., B.S., D.O. (to 30.12.58).
C. W. BROWN, M.R.C.S., L.R.C.P. (from 5.1.59).

Officers of the Public Health Services—*continued*

Surgeon in charge of Ear, Nose and Throat Clinic :

MARGARET M. MASON, M.A., F.R.C.S.

Physician in charge of Paediatric Clinic :

A. RUSSELL, O.B.E., M.D., M.R.C.P.

Child Guidance Clinic :

Consultant Psychiatrists :

H. M. S. DAVIDSON, M.B., B.S., M.R.C.S., D.P.M. (to 31.1.59)

W. P. GURASSA, M.D., M.R.C.P. (from 1.2.59),

Psychiatrist :

H. J. ALTSCHULOVA, M.D.

Cerebral Palsy Unit :

Consultant Physician :

D. L. WOOLF, D.Phys.Med., M.R.C.S., L.R.C.P.

Orthoptist :

MISS C. HAZEL, D.B.O.

Physiotherapist :

A. BRAND, M.C.S.P.

Essex County Council.

Assistant Dental Officers (Part-time):

E. M. SYCAMORE, M.R.C.S., L.R.C.P., L.D.S., R.C.S. (Eng.).

R. J. NEWMAN, M.B.E., L.D.S., R.C.S. (Eng.), J.P.

J. T. HUTCHINS.

MISS L. Y. GIBBS, B.D.S. (to 4.12.58).

R. A. SOAR, B.D.S.

R. C. BIGMORE.

Y. G. TOOLSY, B.D.S.

B. ABRAHAMS, L.D.S., R.C.S.(Eng.) (from 16.3.59).

Child Psycho-Therapists (Non Medical) :

MISS P. OPPENHEIMER, B.A.

MISS L. FOLKART, B.A.

Speech Therapist (Part-time) :

MRS. E. A. MCGILL, L.C.S.T.

Ilford Borough Council.

Public Analysts :

GEORGE TAYLOR, F.R.I.C.

J. HUBERT HAMENCE, M.Sc., Ph.D.

Preface

Phone :—
VALentine 3401

PUBLIC HEALTH OFFICES,
ILFORD.

July, 1959.

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

MR. MAYOR, LADIES AND GENTLEMEN,

I submit herewith the Annual Report of the Health Services for the year 1958.

In addition to my preface, various officers have been asked to make their own reports, as I consider it helpful to have individual views expressed. The table of contents will indicate the authors concerned. Perhaps the most important, as it deals with a topic the general public knows little about, is the contribution by Dr. H. M. S. Davidson, until recently Consultant Psychiatrist at our Child Guidance Clinic. Dr. Davidson is now Medical Director of the London Child Guidance Training Centre, and the contribution describes the objects and activities of a progressive Child Guidance Clinic. Miss Oliver, Superintendent Health Visitor, makes her debut as a contributor and Miss Copping, the Welfare Worker for the Aged, has written, with a pungent pen, what I can only call, as I did last year, a "forthright" report. Annual reports of Medical Officers of Health have a tendency to be dull, repetitive, and self-congratulatory. My endeavour in my own preface is neither to anaesthetise with statistics nor make this important document a chatty competitor with the women's magazines. If the unfortunate anonymous medical officer in the Ministry of Health who has to read the hundreds of reports produced by Medical Officers of Health each year remembers this one with a degree of respect, I feel I will have achieved some success.

BIRTHS AND DEATHS.

Some statistics, both pleasant and unpleasant, must, however, be given. On the credit side is the drop in the number of deaths from 2,164 to 1,985, and the adjusted death rate from 11.33 to 10.76. Deaths from cancer generally were 369 as compared with 392 the year previously. Cancer of the lungs showed a drop to 88 from 102 the previous year. However, this must not detract from the warning against heavy cigarette smoking and the pollution of the atmosphere.

The Infant Mortality Rate of 16.6 deaths per 1,000 births is an improvement on the previous year's rate of 17.12, and it is difficult to conceive that this extraordinarily low rate can be reduced much further. (Even 20 years ago we were congratulating ourselves on a figure of 36.7.)

There were no maternal deaths, and no deaths from measles, whooping cough, infantile diarrhoea, scarlet fever, enteric, diphtheria, poliomyelitis or meningococcal infection. Deaths from suicide were 20, nearly double, as last year, those from tuberculosis (11).

INFECTIOUS DISEASE.

There was no notable outbreak, apart from the usual epidemic of measles towards the end of the year. There were only 3 cases of poliomyelitis; immunisation against this disease proceeded satisfactorily in the under 15 age group and very poorly in the 15-25 group until the sudden flood which we, in common with the rest of the country, experienced this year after the death of a well-known footballer.

TUBERCULOSIS—PULMONARY.

We are witnessing a most important development in tuberculosis, which, although still the most important infectious disease, seems to be on the point of control. The number of notifications dropped in the year to 93, from 126 the year before. There is no doubt that the tuberculosis bacillus is less widely spread in the community; tuberculin-testing in school leavers, as part of the B.C.G. vaccination procedure, demonstrates this in a most effective fashion. A positive tuberculin test, whilst not necessarily a sign of disease, demonstrates that the individual has been infected at some time with the germ. The percentages of positive reactors in the years 1954 to 1958 inclusive were 18, 13.5, 10.8, 6.3 and 6.2, demonstrating a drop in the pool of infection to nearly a third in five years. Nevertheless, the number on the register of cases is still rising, in five successive years being 1,453, 1,451, 1,480, 1,510 and 1,525. This rise is due to the fact that many sufferers who would otherwise be dead are still with us, thanks to modern treatment. We were at one time worried that this development would cause an increased hazard to the community as more possible carriers of the disease would be abroad. The tuberculin-test figures quoted show that this danger is not important.

RADIOACTIVITY.

Medical Officers of Health are worried that they and their staffs are not competently trained to evaluate radiation hazards and feel that the Ministry of Health is showing unnecessary reluctance in providing this training. We hope that the Ministry will shortly make it possible for local authorities to take an active part in controlling and evaluating this potential hazard, but the experience of the Essex County Council with regard to their own scheme does not give rise to optimism. It is true that if a hazard is suspected the Medical Officer of Health can obtain a trained expert from the Ministry who will visit, inspect and advise, but how can one even suspect a hazard which is only demonstrable with special instruments that one doesn't possess, or how can suspicion be aroused by industrial or medical use of radioactive materials when information with regard to supply of these materials is withheld?

Our only recourse is to the members of the Civil Defence Corps with their Geiger counters. Their delicate instruments will show radioactivity which is far too low to be any hazard, they have no right of entry, and little technical knowledge of the processes involved. However, alarm resulting from a Civil Defence exercise will require the attendance, probably unnecessary, of a Ministry Official. Maybe many such unnecessary attendances will demonstrate to the Ministry the need for local knowledge. I describe no imaginary situation, an example occurred recently locally.

The problems of radioactivity are far more subtle and all-pervading than hazards from atom-power stations or industrial usage of isotopes. Natural background radiation varies enormously, for example in certain sands in India, granite formations in Scotland, and heights above sea-level, the extra amount above the average far exceeds that due to the testing of H-bombs to date. In fact, certain scientists in the U.S.A. have suggested from research data that human congenital malformations vary from residential district to residential district according to the background radiation resulting from different geological formations. Why then is the Medical Officer of Health not encouraged and made technically capable of a suitable study of the area he serves, or even given sufficient instruction so that he may decide what is reasonably within his competence and what is not.

O. & M. REPORT.

During the year a consultant firm in Organisation and Methods visited the department, and have since reported to the Council. We feel we came out of the scrutiny with credit, but not without some forcible discussion with the consultants, who seemed to think that clerical time could advantageously

be saved by passing the clerical work on to professional personnel, such as Public Health Inspectors. The review was, of course, confined to services provided by the borough council; it is interesting to speculate as to what sort of a report would have ensued had the consultants been empowered to study the effect of running two separate establishments, County and Borough, to cover the health services of the town.

ACCOMMODATION.

Work has commenced and should be completed this year, on two new health services clinics. When they are opened the Public Health Offices will only be concerned with administration, and clinic accommodation in the town will be vastly improved. Clinic accommodation is a "feature" in which hitherto we have lagged sadly behind our neighbours. The two clinics, plus new accommodation at Newbury Hall, will also provide peripheral stations for Health Visitors, who will thus have their offices nearer their districts.

REPORT ON THE MATERNITY SERVICES (CRANBROOK COMMITTEE).

This Committee did not recommend any drastic alteration in the Maternity Services in the country, but as far as local authority services are concerned, suggested a scheme not much different from that which has been in operation in Ilford for many years.

The Cranbrook report also recommends that the experience of local authorities in the provision of health education should be made available to hospitals and general practitioners. Accordingly, Ilford Health Area have appointed a doctor who, in addition to his usual duties as an assistant county medical officer, will be trained in modern methods of health education, so that his services may be made available, on request, to other sections of the medical profession in the town.

Our main difficulty in Ilford is the shortage of domiciliary midwives, which shortage may possibly lead to a severe curtailment of services which could be disastrous. The Borough Council do help in providing prompt and suitable accommodation for midwives who wish to work in the area.

A notable venture will occur in the autumn. The Ilford Medical Society will arrange locally a discussion on the Cranbrook report. National leaders of the three sections of the medical profession (hospitals, general practitioners and local authorities) will take part in the discussion and Lord Cranbrook will be present as Chairman.

HOSPITAL SERVICES.

Attention is drawn to the report given by the Secretary of the Ilford and Barking Hospital Management Committee on the agreed expansion of hospital services in the group. This is the culmination of a long struggle by interested people in all sections of the community, including the Borough Council. A completely new hospital will not be provided, but it is the next best.

COMMUNITY PHYSICIAN OR "TAKE-OVER OGRE."

"A medical officer of health* shall . . . inform himself as far as practicable respecting all matters affecting or likely to affect the public health in the district and be prepared to advise the local authority on any such matters." So instructs the Minister of Health in the Public Health Officers Regulations, 1959, and in preceding regulations. The implication of this is that the medical officer of health is the community physician for the area for which he is appointed. Unlike hospital doctors and general practitioners his main (but not sole) duty is towards groups and not individuals, but nevertheless this duty is medical and not administrative. Like the family doctor, and the regimental medical officer in the army, he

cannot really "order" his patient, or commanding officer, to do anything, but only advise. To enable him to familiarise himself with matters that affect his group, he requires wide contacts with institutions and individuals that are important medically for his area. It must be noted that this emphatically does not imply that he must control these institutions and individuals. Unfortunately, many suspicious persons feel that any attempt towards a closer liaison is but the beginning of an attempt to gain control. This suspicion leads to a resistance to collaboration which every medical officer of health probably finds out when he starts his appointment and thereafter he devotes an appreciable portion of his official service trying to dissipate. Of course this suspicion is not necessarily directed against the medical officer of health personally but toward his office. The hospital and general practitioner service may be suspicious of the take-over propensities of the local authority. The County Council may be suspicious of the ambitious and efficient district council, and even the various departments within a District Council may view with some reserve the activities of a public health department, although, because of local personal contacts such reserve can be, and is, more easily allayed. Voluntary societies may, with good reason, suspect the "statutory body" of trying to do them out of business, as so much now done by "statutory bodies" was once voluntary.

To come down to details, it would surely be obvious that the first person who should be considered as a member of a hospital management committee would be the one whose chief duty was the study of all that appertained to the health of the community served by the hospital group. Many progressive hospital management committees recognise the advantage of this association. A specific relationship should exist between the medical officer of health and the Isolation Hospital. I visit the local isolation wards regularly (even though these days there is little infectious disease to fill them). It must not be assumed from my present welcome there, that there was not originally some resistance.

Multiple Sclerosis, hemiplegia, poliomyelitis. These are medical terms, invented, defined and understood by doctors. Supervision of these sufferers up to school-leaving age is my responsibility. But after that! As chairman of the voluntary handicapped persons committee I happily become aware of the plans and intentions of the County Welfare Committee toward the physically handicapped, details concerning newly appointed visitors, or proposed occupational therapy centres, holidays and many other matters. As chairman, this information is mine, but the medical officer of health (even in his statutory disguise as Area Medical Officer) is not informed, although, once a year, at my request, I get a short résumé of the previous year's activities for my annual report.

Probably the activity that takes the largest single slice of my time is the welfare of the aged. Under my control is the Welfare Officer for the Aged and a number of health visitors, with similar interests. Yet when Pegram House was planned and opened, I was not informed. True, I knew all about it, as chairman of the voluntary Old People's Welfare Committee. The opening of Pegram House was a most auspicious occasion, as it is the very first residential accommodation ever to be provided in this borough of 180,000 by the County Council (and it is only just in the borough). I trust my disguise as chairman of the local voluntary committee was not penetrated on the opening day by those who felt that it was inappropriate for the medical officer of health to be there and did not invite him.

Co-operation with the Children's Officer, her local representatives and my staff is essential and occurs regularly. It is not made easier, however, by the fact that no Children's Officer's visitor is responsible for the borough. There are four such visitors, and each is responsible for part of an adjacent borough as well as the segment of Ilford she serves. It is difficult not to conclude that this arrangement (like the old divide and rule) is aimed at preventing too close an identity between the health area for

maternity and child welfare and the education district, on the one hand, from the Children's department on the other. It is not often that we regard the London County Council services as superior to Essex but even in the London County Council the health divisions and the Children's department areas coincide.

To come nearer home, it is now a good few years since eyebrows were gently raised when I asked that all medical priorities for rehousing should be vetted by myself after consultation with the family doctor. It was humorously hinted that the "Doc" was "moving in" when my representative regularly attended the Housing Committee. Now the medical priorities for rehousing come to me in increasing numbers and I am criticised if not represented at the Housing Committee.

With respect to the Education Department, as one of my statutory appointments is Divisional School Medical Officer, there is no need for me to declare an interest and the need for co-operation is accepted and is continuous.

In view of past history it is very strange that the local general practitioners are not worried about coming under the supervision of the medical officer of health and local authority. This exception is even more remarkable when it is noted that I have been in the past, chairman of the local medical society longer than anyone else. Perhaps this lack of concern is because the College of General Practitioners have developed their own plans (quite impracticable ones to my view) for reversing the process and taking over the medical officer of health (in a very friendly fashion and to the latter's financial advantage).

To conclude, now that the air is thick with rumours of "take-overs", I must formally declare that I have no present intention of taking over the hospital service, general practitioner service, County Welfare Department, Children's Department, Housing Department and Education Department. My present activities are devoted to maintaining good co-operation where it exists and improving it where there is room for such improvement. Increased liaison in itself will reduce any demand for unified control of the medical and associated services.

ACKNOWLEDGEMENTS.

Once again I must thank my staff for their unstinted co-operation, the Voluntary Societies in the town, whom I cannot mention individually each year, for their great help, and the Chief Officers of the Borough for their friendly assistance.

I would like to express my thanks to the members of the Council, especially to the Chairman, Vice-Chairman and Members of the Committees of the Ilford Borough Council and Essex County Council with whom I work.

I have the honour to be

Your obedient Servant,

I. GORDON,

Medical Officer of Health.

* N.B. :—This refers to a district medical officer of health,

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in Acres)	{ Land and Inland Water ... 8,404 Tidal Water ... 7 }	8,411
Population (Census 1921)		85,194
„ (Census 1931)		131,061
„ (Census 1951)		184,706
Registrar-General's Estimate of resident Population:—		
June 30th 1955		181,700
„ „ 1956		180,600
„ „ 1957		179,600
„ „ 1958		179,000
Number of inhabited houses (April 1st, 1958) according to Rate Books (approx.)		51,956
Rateable Value—April 1st, 1958 (Houses and Land)		£2,885,639
Sum represented by a penny rate, April 1st, 1958 (approx.)		£11,580
Education Rate—	1958-59	1957-58
(E.C.C.)	8s. 6·26d. in the £	7s. 11·58d. in the £
Combined Rate (all services) ...	19s. 10d. in the £	18s. 8d. in the £
The following figures as to unemployment were supplied by the Ministry of Labour:—		
	Males	Females
As at December, 1957	438	87
As at December, 1958	605	128
	1958	1957
Live Births	2,228	2,219
Live birth rate per 1,000 population—Crude rate ...	12·45	12·35
Adjusted rate ...	12·45	12·23
Still-births	43	41
Still-births rate per 1,000 live and still-births ...	18·93	18·14
Total live and still-births	2,271	2,260
Infant deaths	37	38
Infant mortality rate per 1,000 live births—total ...	16·61	17·12
„ „ „ „ „ „ „ —legitimate	16·70	17·60
„ „ „ „ „ „ „ —illegitimate	13·70	0·00
Neo Natal mortality rate per 1,000 live births (first four weeks)	13·02	13·5
Illegitimate live births per cent of total live births ...	3·28	2·7
Maternal deaths (including abortion)	Nil	2
Maternal mortality rate per 1,000 live and still-births	0·00	0·88
Deaths	1,985	2,164
Death rate per 1,000 population—Crude rate ...	11·09	12·05
Adjusted rate ...	10·76	11·33
Percentage of total deaths occurring in public institu- tions	48·61	49·27
Deaths from Cancer (all ages)	369	392
„ „ Measles (all ages)	Nil	Nil
„ „ Whooping Cough (all ages)	Nil	Nil
„ „ Diarrhoea (under 2 years of age) ...	Nil	1

1. RAINFALL.

Total rainfall registered in the district during the year was 30.19 inches; the greatest fall in 24 hours was registered on 5th September, 1.48 of an inch. June was the wettest month.

2. COMPARABILITY FACTOR—BIRTHS AND DEATHS.

The Registrar-General supplies each town with figures known as the "area comparability factor" in connection with the birth and death rates. These factors make allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole. The death rate area comparability factors are also adjusted specifically to take account of the presence of any residential institutions in each area, and the birth rate area comparability factors are adjusted specifically to take account of the presence of sterile population in institutions for the mentally ill or mentally deficient in each area.

The figures for Ilford are 1.00 for the birth rate and .97 for the death rate, and these are used in calculating these rates in Table 1A.

When local crude birth and death rates have been adjusted (by multiplication by the appropriate area comparability factors) they are comparable with the crude rate for England and Wales or with the corresponding adjusted rate for any other area.

3. BIRTHS.

The number of births registered (adjusted for inward and outward transfers) during the year was 2,228.

	Males	Females
Legitimate	1,134	1,021
Illegitimate	34	39

i.e., 3.3 per cent of the births registered were illegitimate.

The percentage of illegitimate births registered in the previous 10 years was 2.7 (1957), 2.8, 2.6, 2.2, 3.0, 3.9, 2.9, 3.1, 2.4, 3.2.

The *adjusted birth rate*, calculated on the estimated population of 179,000 is 12.45 per 1,000.

4. DEATHS.

The total number of deaths of Ilford residents was 1,985. This is obtained by taking the total number of deaths registered in the district (1,622), subtracting the deaths of non-residents, occurring in the district (241), and adding the deaths of Ilford residents registered as having died in other districts (604).

The number of deaths of non-residents registered in the district was as follows :—

King George Hospital	88
Chadwell Heath Hospital	23
Claybury Hospital	71
Goodmayes Hospital	24
Other Non-residents	35
Total	241

The number of deaths of Ilford residents registered as having died in other districts during the year was as follows, and includes deaths at the following Institutions:—

Oldchurch Hospital, Romford	...	...	...	77
Wanstead Hospital	...	...	...	44
Langthorne Hospital	...	...	...	67
London Hospital and Brentwood Annexe	...	...	...	73
St. Bartholomew's Hospital	...	...	...	10
Rush Green Hospital	...	...	...	20
Plaistow Hospital	...	...	...	6
St. Joseph's Hospice, Hackney	...	...	...	16
Queen Mary's Hospital, Stratford	...	...	...	6
East Ham Memorial Hospital	...	...	...	14
Harold Wood Hospital	...	...	...	5
Whipps Cross Hospital	...	...	...	46
Middlesex Hospital	...	...	...	4
Royal National T.N. & E. Hospital	...	...	...	4
St. Luke's Hospital, Chelsea	...	...	...	4
In other Hospitals, Institutions and residences outside the Ilford district	...	...	...	208
Total				604

The *adjusted death rate*, calculated on the estimated population of 179,000 is 10.76 per 1,000.

Inquests.—During the year, 70 inquests were held on deaths occurring in Ilford, 55 on Ilford residents, and 15 on non-residents.

The ages at death were as follows:—

Under 1 year	1-2 years	2-5 years	5-15 years	15-25 years	25-45 years	45-65 years	65 years and upwards
—	—	—	3	4	13	12	38

DEATH RATES FROM TUBERCULOSIS AND CANCER, 1958.

The following Table shows the death-rates for 1958 for Ilford, compared with the provisional death-rates for England and Wales for the same period per 1,000 population; the figures having been supplied by the Registrar-General:—

	Ilford	England and Wales
Respiratory Tuberculosis	·050	·089
Other Tuberculosis	·001	·011
Cancer of lung and bronchus	·491	·439
Cancer, other forms	1·569	1·685

5. TABLES OF VITAL STATISTICS.—Table I gives a comparative statement of the birth-rate and death-rate for the past five years.

Table IA gives a comparison of the vital statistics of Ilford with England and Wales, and other towns.

Table II gives a classified statement of the causes of death in 1958, arranged according to the age groups at which deaths occurred.

TABLE I.—VITAL STATISTICS OF WHOLE DISTRICT DURING 1958 AND PREVIOUS YEARS

YEAR	Resident population, estimated to middle of each Year	BIRTHS			TOTAL DEATHS REGISTERED IN THE DISTRICT		TRANSFERABLE DEATHS		NET DEATHS BELONGING TO THE DISTRICT			
		Uncorrected Number	Net (a)		Number	Rate (b)	of Non-Residents registered in the District	of Residents not registered in the District	Under 1 year of Age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Net Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1954	182,700	1,580	2,193	12·0(c)	1,552	8·5	164	476	41	18·7	1,864	10·2(c)
1955	181,700	1,632	2,100	11·56(c)	1,670	9·2	152	563	42	20·0	2,081	11·45(c)
1956	180,600	1,738	2,115	11·71(c)	1,676	9·3	162	572	33	15·6	2,086	11·55(c)
1957	179,600	1,788	2,219	12·35(c)	1,713	9·5	150	601	38	17·1	2,164	12·05(c)
1958	179,000	1,785	2,228	12·45(c)	1,622	9·1	241	604	37	16·6	1,985	11·09(c)

(a) The net number of births is obtained by taking the uncorrected number of births supplied by the local Registrar and adjusting for inward and outward transfers.

(b) Calculated on the estimated resident population;

(c) Crude rate.

TABLE 1A

Table showing comparison between the Birth-rate, Death-rate, etc., of Ilford, London (Admin. County), and of England and Wales for the Year 1958

	Rate per 1,000 Population	Rate per 1,000 Total (Live and Still) Births	Rate per 1,000 Population	Rate per 1,000 Related Live Births	Death rate per million Population				
					Whooping Cough	Diphtheria	Influenza	Acute Poliomyelitis	Pneumonia
England and Wales... ..	16.4	21.6	11.7	22.6	0.6	0.2	53	2.9	544
London Admin. County ...	16.7	20.2	11.8	22.6	0.3	0.6	47	2.2	703
ILFORD (Estimated Popu- lation mid-1958=179,000)	12.45	18.9	10.76	16.6	—	—	84 ¹	—	553 ²

A dash (—) signifies that there were no deaths.

¹ 15 deaths.

² 99 deaths.

Registrar-General's Short List of Deaths and Causes

TABLE II

Causes of, and Ages at, Death during the year 1958

[illegible]

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

1. (i) PUBLIC HEALTH OFFICERS OF THE AUTHORITY.—Vide list at the beginning of this report.

(ii) HOME NURSING.—This service is administered by the Essex County Council. A report of the work performed during 1958 will be found in Part III Services section.

(iii) LABORATORY FACILITIES.—Pathological specimens are now sent to the Bacteriological Laboratory, Oldchurch Hospital, Romford, for examination.

(iv) BYELAWS EXIST FOR:—

Prevention of Nuisances.

Cleansing of footways and pavements, and cleansing of earth closets, privies, ashpits and cesspools.

Dealing with common lodging houses and houses let in lodgings.

Houses let in lodgings or occupied by members of more than one family. (Sec. 84, Ilford Act, 1937.)

Slaughterhouses and humane slaughtering of animals.

Pleasure Fairs. (Sec. 59, Essex C.C. Act, 1952).

Tipping of Dust, Spoil and Refuse. (Sec. 85, Ilford Act, 1937.)

For securing the cleanliness and freedom from pollution of tanks, cisterns and other receptacles used for storing water used or likely to be used by man for drinking or domestic purposes, or for manufacturing drink for the use of man. (Sec. 53, Ilford Improvement Act, 1898.)

Nuisances in connection with the removal of offensive or noxious matter.

Depositing of Rubbish, etc. (Sec. 249, Local Government Act, 1933.)

Establishments for Massage and Special Treatment. (Essex C.C. Act, 1933, Part IV.) Inspections of licensed establishments are carried out quarterly. During 1958, 26 applications for renewal of licences were received. The Council renewed the licences in respect of these establishments. One new application was received and granted. The licences expire on 31st March of each year.

Hairdressers' and Barbers' Premises. (Essex C.C. Act 1933, Part VI). During 1958, 68 visits of inspection were made by the Public Health Inspectors to these premises.

Camping Grounds and Moveable Dwellings. (Essex C.C. Act 1933, Part IX.)

(v) There are three local Acts in operation—(1) The Ilford Improvement Act, 1898, which has important sanitary provisions; (2) The Ilford Urban District Council Act, 1904, the Section which deals with the control of tuberculosis is repealed, the powers of the Corporation now being contained in the Food and Drugs Act, 1955, and (3) The Ilford Corporation Act, 1937.

(vi) ESSEX COUNTY COUNCIL ACT, 1952. This Act came into operation in 1953. Reference is made in this Report in appropriate sections as to action taken under the Act.

(vii) NURSES AGENCIES ACT 1957.

The Essex County Council on application by the Ilford Council, delegated to them, the powers conferred upon the County Council by the Act, subject to certain conditions.

Agencies are inspected before the issue of a licence, and thereafter at intervals of not more than once a quarter.

The Medical Officer of Health and Deputy are authorised under Section 3(2) to enter and inspect any such licensed premises in the Borough.

No application for a licence was received during 1958.

(viii) NATIONAL ASSISTANCE ACT, 1948.—The County Welfare Officer has kindly supplied me with the following information.

"The County Welfare Committee is responsible to the County Council for functions under Part III of the National Assistance Act, 1948, the main aspects being :—

- (a) the provision of residential and temporary accommodation, and
- (b) welfare arrangements for blind and other handicapped persons.

The following statistics show the extent to which the main services provided by the County Welfare Committee under the National Assistance Act, 1948, have been afforded to persons residing within the Borough of Ilford during the year 1958 :—

(1) *Residential and Temporary Accommodation.*

(a) Aged persons admitted to hostels and other residential establishments :—62.

(b) Other persons admitted to residential accommodation :—Nil.

(c) Persons admitted to temporary accommodation :—

Adults, 2; Children, 6 :—8.

The County Council now have an Old People's Home in Ilford—Pegram House, Longhayes Avenue, Marks Gate, accommodating 47 residents and a further Home is in the course of erection at Little Heath which will accommodate some 60 residents. Additionally, financial grant is made by the County Council towards the cost of Welfare Services and amenities provided by the Borough in their special accommodation for old people at Stoneleigh Court.

(2) *Blind Persons.*

The numbers of registered blind, partially sighted and defective sighted persons resident in the Borough as at 31st December, 1958, were as follows :—

(i) Registered as blind	...	...	...	325
(ii) Partially sighted	...	...	...	67
(iii) Defective sighted	...	...	...	10

all of whom were under the supervision of the County Council's Home Teachers. During the year 7 blind residents participated in the Home Workers' Scheme operated through the agency of the Royal London Society for the Blind, and 1 was employed in a Workshop for the Blind. In addition, 30 blind and 7 partially sighted residents were employed in open industry. During 1958, 4 blind residents from the Borough were admitted to homes for the blind.

(3) *Deaf or Dumb and other Handicapped Classes.*

The Welfare Committee of the County Council has continued to develop its activities in respect of welfare services for permanently and substantially handicapped persons (other than blind, as mentioned above) as provided for under Section 29 of the National Assistance Act, 1948, and in addition to direct provision such as special equipment

on loan, grants towards the cost of structural adaptations to meet special needs, etc. the fullest co-operation has been maintained with specialised organisations in this field of welfare services, many of these bodies acting as the Council's agents in this connection.

During the year an Occupational Centre for the physically handicapped has been opened at Barking and this is used, amongst others, by suitable handicapped persons from the Borough of Ilford. In addition, Visiting Officers have been appointed to assist in the work amongst handicapped persons and they will be instrumental in the ascertainment of individual needs, giving advice and also instruction in handicrafts, especially to the home-bound."

In Ilford the scheme for other handicapped persons, so far as voluntary action is concerned, has been delegated to a Sub-Committee of the Ilford Social Service Association of which the Medical Officer of Health is Chairman.

NATIONAL ASSISTANCE ACT, 1948.

(a) Section 47 provides for the removal of persons to hospital who are unable to devote to themselves proper care and attention.

No persons were dealt with during the year.

(b) Section 50 requires a Local Authority to arrange for the burial or cremation of a person who has died or been found dead, and where it appears to the Local Authority no suitable arrangements are being made for the disposal of the body.

The burial of three persons was dealt with during the year as follows:—

- (a) A female, 82 years, died in a Nursing Home.
- (b) A male, 44 years, killed on railway.
- (c) A female, 81 years, died at home.

Miss M. J. Copping, Welfare Officer for Old Folk, reports as follows:—

"During 1958 cases dealt with totalled 678, of which 492 were new cases. Of the remaining 186 many had been known for three or four years, and will continue to need attention.

Of the new cases about 25% needed nothing more than friendly advice about a particular problem, such as, "Would I be wise to go and live with my daughter?" "If I enter a County Hostel and then do not like it what can I do about it?" "My wife is in hospital and talking of discharging herself—should I try to prevent this?" These are common problems. Young relatives come with such questions as "Father is getting senile and he leaves gas taps on". "Mother refuses to wash herself—what can we do?" Sometimes they agree to let me see the other person involved in the problem. Some wish to keep their appeal to me a secret. Sometimes the caller has suffered a bereavement, and seeks nothing more than comforting words. Interviews of this type numbered 225 and many of the cases were passed on to Almoners, the E.C.C. Welfare Department or some voluntary agency for further advice and assistance. On occasions their problems are discussed with their doctors, and ready co-operation is my general experience.

We now have several members of voluntary organisations who call on old people to have a friendly chat, to wheel them out in invalid chairs, or to assist them with their gardening. I would like to take this opportunity to acknowledge my indebtedness to all those who participate in this work. I would also like to thank those persons who put cars at the disposal of old persons needing lifts to railway stations, Hospitals, Post Offices, etc., during the long bus strike, and those young relatives of old persons whom I visited, who were so quick to notice that I was without transport and provided lifts to my next case or to my home. Thanks to them the work was less hampered than it otherwise would have been.

I paid 689 home visits during the year. Of the persons visited, 153 were admitted to Hospital and 92 died there. Thirteen of these were referred to the Medical Officer of Health by worried general practitioners who had made unsuccessful applications for hospital beds. Reports on the social backgrounds were prepared, and with a supporting note from the Medical Officer of Health, sent to the Medical Superintendents of Hospitals, in each case with the desired result. Since the opening of the geriatric unit at Chadwell Heath Hospital under Dr. T. B. Dunn, such appeals have become rarer. The unit has greatly eased the position. I visit the unit each Monday morning and with Dr. Dunn, visit the patients and discuss any social problems. Such matters as possible admission to Part 3 accommodation later, the finding of a companion, adjustments to the structure of their homes to make mobility easier and the provision of domiciliary services are discussed and considered, and incidentally a valuable relationship established so that by the time of their discharge I have become a familiar member of the team at the Hospital. The result is that when I visit them following their discharge I am welcomed as a friend, whereas without this contact I would have been a remote official from the Borough Council. After discharge, an endeavour is made to maintain continued contact and to report to Dr. Dunn from time to time so that any deterioration can be investigated before it becomes a major problem. Here again the voluntary visitors play a part.

The most serious problem of the year was that of accommodation. There are long waiting lists for old persons' accommodation of every type. Many old persons received notice to quit; fortunately, eviction orders have not followed except in one or two rare instances. Others find their present accommodation inadequate or unsuitable. A large number who made sacrifices during their younger days to purchase a house now find themselves alone in a fairly large old-fashioned type of property which they can no longer keep clean, the stairs of which they can no longer climb, the large windows of which they can no longer afford to furnish with curtains and gardens which they are too feeble to cultivate. In certain quarters there is a tendency to suggest that these persons can solve their problem by selling their property and purchasing something more suitable. I challenge those making this suggestion to find, for the price which a terraced or semi-detached property 50 years or more old, and possibly needing some structural repair or exterior decorating, will realise, a small bungalow or maisonette with modern conveniences and close to shops, or alternatively to find a building society or local authority who will grant a mortgage to an old-age pensioner.

Part 3 accommodation is sometimes the answer, but it appeals to the minority only. To sell up one's cherished possessions and go to live a communal life, often sharing a bedroom with persons whom one has never met before, is not an attractive proposition. If in Part 3 accommodation bed-sitting rooms could be provided, and the applicants be allowed to supply furnishings if they so desired, such accommodation would have a wider appeal. Since the demand cannot be met, even with conditions as they are, such a scheme would still fail to

solve the problem unless many more establishments could be provided. Nevertheless, 56 persons known to me applied for Part 3 accommodation during the year. Lest it be assumed from this, or from the continued existence of waiting lists, that the idea is not so unattractive as my previous remarks suggest, I would point out that among this number were persons living with relatives who made it quite clear that they no longer wanted them, others with landlords constantly urging them to make other arrangements, and many mildly mentally confused persons. About 98% were reluctant applicants, choosing the lesser of two evils. Nor is the fact that they remain in Part 3 accommodation any indication that they are happy there. For most of them it is an irretrievable step because they have had to surrender their former accommodation.

More self-contained bed-sitting room and one-bedroom flats, or some other self-contained unfurnished units with communal meals and common rooms, are the best possible solution.

It would also help if more landlords would allow elderly tenants to sublet to other elderly persons.

Holiday accommodation presents another difficulty. Many old persons come to me seeking a brief change by the sea at a low cost. There are some hotels and boarding establishments which cater for old persons at reduced rates outside the busy summer season, but the very old are not always acceptable, and often lack the confidence to go to such places. A holiday in a private house with a family who will accompany them on outings and give unobtrusive supervision is the most suitable arrangement but the least easy to provide.

Invitations still come to me from various sources to address meetings of local organisations. These are usually followed by some continued interest being shown in the old people, especially at Christmas time when requests arrive for lists of names of old persons to whom a gift can be sent.

Prominent among those rendering unobtrusive small kindnesses to the aged are personnel employed in the Essex County Council domestic help service. I hear frequently of little unselfish acts performed outside their working hours and in excess of their duties. Neither is it uncommon to hear of a Hospital Nurse spending her off-duty day visiting an ex-patient who lives alone, or of a shop assistant calling on an aged customer.

In April I attended the 9th National Conference organised by the National Old People's Welfare Council at Church House, Westminster. This afforded me an opportunity of meeting other workers in the field, of listening to some very inspiring speakers, and of joining in lively discussions.

There were 733 delegates attending this Conference, and I found it a tonic to be reminded by the sight of such a large, enthusiastic gathering, and by the trend of the discussions, that I am not, as I sometimes feel, struggling in isolation with rare problems, but one of a vast number of workers daily encountering almost identical difficulties, which difficulties constantly exercise the minds of some of the best brains in our country, and engaged in a very worth while occupation in a Borough which, when I compare it with others of a similar type and size, I know I can justly be proud of its provisions for the elderly within its boundaries."

The laundry service for cleansing of soiled bed linen and personal clothing continued to operate throughout the year, proving of invaluable assistance in very difficult cases.

During the year 70 persons were assisted and 16,359 articles were laundered."

(ix) HOSPITALS, ETC.

Chadwell Heath Hospital.—172 beds are provided; 100 for general infectious diseases, 69 for geriatric cases, and 3 beds are used for sick staff.

Maternity Hospital.—51 beds for the reception of maternity cases are maintained at the Ilford Maternity Hospital.

King George Hospital.—The following is a return in respect of bed accommodation:—

Total number of Beds at 31st December 1958.	Pay Beds 14 Amenity Beds 7	Other Patients				Children
		Medical		Surgical		
		Male	Female	Male	Female	
211	21	27	27	54	46	36

At 31.12.58 five beds were occupied by "chronic sick".

The above three hospitals are included in the Ilford and Barking Group. (Group 12 N.E. Metropolitan Regional Hospital Board).

Mr. H. F. Harris, the Hospital Group Secretary, has kindly given me the following summary of the proposed extensions to the King George Hospital and the Barking Hospital, contained within the Group's Major Development Scheme, which awaits the approval of the Ministry of Health.

"The anticipated total expenditure will be in the region of one and a half million pounds.

"At King George Hospital we have proposed 100 additional general beds, a Major Casualty and Admission Department, Theatre Suite, X-ray Department, Pathological Laboratory, Kitchen and Dining Rooms, Medical and Nursing Staff Accommodation, Stores, Offices, etc.

"At Barking Hospital we have proposed 125 general beds, a comprehensive Maternity Unit, X-ray Department, Theatre Suite, Out-Patient Department, Physiotherapy Department, Casualty and Admission Department, Pathological Laboratory, Dispensary, Kitchen and Dining Rooms, Nurse Training Unit, Stores, Offices, etc."

Mental Hospitals.—There are two large Mental Hospitals in the district, the Goodmayes Hospital, with 111 Resident Staff and 1,337 patients (males 597, females 740), and Claybury Hospital, with 172 Resident Staff and 2,154 patients (males 850, females 1,304) in residence on 30th June, 1958. (These Hospitals are included in Groups 21 and 20 respectively of the North East Metropolitan Regional Hospital Board.)

Other Institutions.—Australasian Hospital (Dr. Barnardo's Homes), Barkingside, has 60 beds in the Hospital and on 30th June, 1958, there were 27 Resident Staff and 30 patients.

Nursing Homes.—There are 2 private registered Nursing Homes in the district for medical and senile cases.

All Nursing Homes in the district are visited by the Medical Officer of Health and the Chief Public Health Inspector (or their deputies) quarterly and at other times when necessary.

(x) AMBULANCE FACILITIES: COUNTY AMBULANCE SERVICE.

A Central Ambulance Control at Ilford deals with all requests for Ambulance transport arising in the whole of the Metropolitan area of Essex. The Control is manned continuously, is in direct contact with all Ambulance Stations in the Metropolitan area of the County and with the Divisional Control at Chelmsford.

In cases of emergency it is only necessary to dial 999. All other requests for ambulance transport should be made, preferably in writing, to the Controller, Ilford Ambulance Control, Aldborough Road, Ilford, or in cases of urgency by telephone (Valentine 8822).

Requests for Ambulance transport, other than emergency requests, are only accepted from Doctors, Midwives, Duly Authorised Officers and the medical staff of hospitals.

General medical practitioners, when arranging a patient's admission or first appointment at a hospital, inform the hospital concerned that ambulance transport is necessary and the hospital is then responsible for ordering the ambulance transport.

If any difficulty should arise in obtaining an Ambulance a call may be made direct to the Controller, Ilford Ambulance Control, Valentine 8822, or to the County Medical Officer of Health, County Hall, Chelmsford, Chelmsford 3231.

(xi) CLINICS AND TREATMENT CENTRES: MATERNITY AND CHILD WELFARE.—Infant Welfare Centres are held at the following premises:—

Parish Hall, Mossford Green, Barkingside (for residents of Barkingside area)	Monday, 2 p.m.
Chadwell Christian Mission Hall, Essex Road, Chadwell Heath (for residents of Chadwell Heath area)	Monday, 2 p.m.
Mayesbrook Clinic, Goodmayes Lane, Goodmayes (for residents of Becontree area)	Tuesday, 2 p.m.
St. John's Church Hall, Devonshire Road, Seven Kings (for residents of Downshall area) ...	Tuesday, 2 p.m.
Manford Way Clinic, Hainault (for residents of the Ilford portion of L.C.C. estate)	Tuesday, 2 p.m.
Congregational Church Hall, Woodford Avenue, Ilford (for residents of Woodford Avenue area)	Wednesday, 2 p.m.
Cecil Hall, Granville Road, Ilford (for residents of the east side of Cranbrook Road) ...	Wednesday, 2 p.m.
Cecil Hall, Granville Road, Ilford (for residents of the west side of Cranbrook Road) ...	Thursday, 2 p.m.
Seven Kings Methodist Church Hall, Seven Kings Road (for residents of Seven Kings area) ...	Wednesday, 2 p.m.
Newbury Hall, Perryman's Farm Road, Newbury Park (for residents of the Newbury Park area)	Thursday, 2 p.m.
St. Albans Church Hall, Albert Road, Ilford (for residents of Grosvenor Road area) ...	Wednesday, 2 p.m.
Mayesbrook Clinic (for residents of Goodmayes area)	Thursday, 2 p.m.
Marks Gate Clinic, Lawn Farm Grove, Chadwell Heath (for residents on Padnall Estate) ...	Thursday, 2 p.m.
St. Albans Church Hall, Albert Road, Ilford (for residents of Ilford Lane area)	Friday, 2 p.m.
Valentines Mansion, Emerson Road, Ilford (for residents of Valentines area)	Friday, 2 p.m.
Parish Hall, Mossford Green, Barkingside (for residents of Fairlop area)	Friday, 2 p.m.

Ante-Natal Clinics.—An Ante-Natal Clinic is held at the Maternity Hospital, Eastern Avenue, Ilford, on Tuesday morning and afternoon, Wednesday morning and afternoon (Obstetric Specialist), Thursday morning and afternoon, Friday morning, and afternoon (Obstetric Specialist), Saturday morning; at Maysbrook Clinic, Goodmayes Lane, on Monday

and Thursday mornings, and alternate Saturday mornings: at Manford Way Clinic, Hainault, every Wednesday morning and on the first Friday morning in each month when required.

Midwives Ante-Natal Clinics are held at the Public Health Offices, each Monday afternoon; at Mayesbrook Clinic on 2nd and 4th Wednesday afternoons of each month; at Manford Way Clinic on alternate Thursday afternoons.

Post-Natal Clinics.—These Clinics are held at the Maternity Hospital on each Monday afternoon; at the Mayesbrook Clinic, Goodmayes Lane, on alternate Saturday mornings; and at the Manford Way Clinic, Hainault, on the first Friday morning of each month.

School and other Clinics.—Clinic sessions are held at Health Services Clinics as under:—

(i) PUBLIC HEALTH OFFICES, Valentines Mansion for—

Diphtheria and Whooping Cough Immunization.
Ear, Nose and Throat.
Ophthalmic treatment.
Paediatric.
Infant Welfare.
Midwives Ante-Natal.
Ante-Natal Relaxation Exercises.
Enuresis.
B.C.G. Vaccination.
Poliomyelitis Vaccination.

(ii) NEWBURY HALL, Perryman's Farm Road, for—

Minor Ailments.
Orthopaedic and Remedial Exercises treatment.
Artificial Sunlight treatment.
Infant Welfare.
B.C.G. Vaccination.
Poliomyelitis Vaccination.

(iii) MAYESBROOK CLINIC, Goodmayes Lane, for—

Minor Ailments.
Dental (Children and Expectant Mothers).
Ophthalmic treatment.
Artificial Sunlight treatment.
Ante-Natal and Post-Natal.
Ante-Natal Relaxation Exercises.
Diphtheria and Whooping Cough Immunization.
Orthopaedic and Remedial Exercises treatment.
Infant Welfare.
Speech Therapy.
Midwives Ante-Natal.
Orthoptic.
B.C.G. Vaccination.
Poliomyelitis Vaccination.

(iv) VALENTINES SCHOOL, Beehive Lane, for—

Dental (Children).
Speech Therapy.

(v) LOXFORD HALL, Loxford Lane, for—

Child Guidance Clinic.

(vi) MANFORD WAY CLINIC, Hainault, for—

Ante-Natal and Post-Natal.
 Ante-Natal Relaxation Exercises.
 Infant Welfare.
 Diphtheria and Whooping Cough Immunization.
 Midwives Ante-Natal.
 Dental (Children only).
 Ophthalmic treatment.
 Orthopaedic treatment.
 Poliomyelitis Vaccination.

(xii) CHEST CLINIC.—A clinic for the diagnosis and treatment of tuberculosis is provided by the North East Metropolitan Regional Hospital Board at 130-132, Cranbrook Road Ilford. This clinic from 16.3.59 to 12.10.59, was held at the Chadwell Heath Hospital whilst alterations were being carried out at 130-132, Cranbrook Road.

The following sessions are held each week.

For Adults—Monday, 2 to 4 p.m.; Friday, 10 to 12 noon; Tuesday, 10 to 12 noon;* Wednesday, evening;* Friday, 2 to 4 p.m.*

For Children—Wednesday morning at 9.30 to 12.*

* By appointment only.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

The Chief Public Health Inspector reports as follows:—

RENT ACT, 1957.

"The work of inspecting dwellinghouses under this Act continued during 1958 at a similar level to that during 1957. Comparative figures of certificates issued under the Rent and Mortgage Interest (Restrictions) Acts 1920 and 1933 and the Housing Repairs and Rents Act 1954 indicate the effectiveness of the 1957 Act to promote the intention of Parliament to (a) make better the sanitary conditions of dwellinghouses; (b) afford an equitable economic return in rent to the landlord and (c) prevent undue deterioration of houses thereby preventing action under the Housing Act 1957 in relation to slum clearance. The number of certificates issued under earlier Acts during the ten years prior to the passing of the 1957 Act was 121, of which four only relate to the years 1947 to 1953. Much work was done by house-owners without recourse to the statutory provisions relating to Disrepair Certificates.

Particulars relating to 1958 are as follows:—

Applications for Certificates of Disrepair received	...	198
Certificates of Disrepair granted	... ..	191
Applications withdrawn	... ..	3
Certificates of Disrepair refused	... ..	4
Certificates of Disrepair issued	... ..	55
Undertakings received from landlords	... ..	156
Unexpired Notices of Proposal to issue Certificates of Disrepair	... ..	9
Certificates cancelled	... ..	32
Applications for cancellations of Certificates applied for but not granted	... ..	7
Applications for Revocation (Outstanding at end of 1958)	... ..	Nil
Certificates as to remedying of Defects specified in landlord's Undertaking to remedy Defects:		
Issued to Landlords	... ..	38
Issued to Tenants	... ..	7

(32 Certificates of Disrepair issued under the Housing Repairs and Rents Act, 1954, were unrevoked at the end of 1958. One application for cancellation was received, but not granted.)

HOUSING ACT, 1957 (*Slum Clearance*).

Three Clearance Areas were declared by the Council during 1958, namely:—Ilford Hill, which was subsequently approved by the Minister of Housing and Local Government; Inglehurst Gardens, which has been the subject of a Public Enquiry; and the Willow Walk, High Road, area. The number of dwellings dealt with under the Council's five-year programme is 174 out of a total of 291 houses included in the original scheme.

ATMOSPHERIC POLLUTION.

The three sites having complete measuring instruments have been in operation for more than two years and figures for the second year are included in my report. A comparison with differing and similar towns to Ilford indicates that the air we breathe is better than most large industrial towns but inferior to that in rural and seaside areas. The figures are indicative of this viewpoint. The shortage of 'premium fuels' continued to influence the Council in the creation of a 'Smoke Control Area'; nevertheless it is hoped that this problem will be solved by the speeding up of the manufacture of such fuels to afford a free choice of heating fuels for all residents in smoke control areas. New smokeless fuels are being produced in increasing quantities and it is expected that the public will become 'smoke' conscious by publicity and education.

SMOKE OBSERVATION RECORDS—JANUARY, 1958 TO DECEMBER, 1958

	Average daily concentrations of :—		Mg. of SO ² / day collected by 100 sq. cm. of Batch A PbO ² (louvered cover)	Monthly Deposits		Tons per sq. mile				
	SMOKE in mg. per cubic metre	SULPHUR DI OXIDE in parts per 100 million		Water (litres)	pH Value	Water Insol- uble matter	Ash	Other Combust- ible matter	Water Soluble matter	SO ⁴
STATION No. 1										
GANTSHILL LIBRARY										
1958 January	0.34	9.6	2.3	3.35	3.9	9.67	4.16	5.51	7.59	1.71
February	0.15	7.04	1.8	4.2	3.9	10.43	6.20	4.23	8.28	1.74
March	0.21	7.5	1.6	1.65	4.5	6.37	4.36	2.01	5.67	1.17
April	0.17	4.6	1.1	3.10	4.3	6.68	2.92	3.76	5.84	1.17
May	0.05	3.6	1.3	3.7	4.8	7.82	4.84	2.98	7.32	0.67
June	0.04	2.0	0.47	9.90	4.5	1.27	0.13	1.14	8.49	1.78
July	0.03	1.8	0.87	3.80	4.2	4.40	2.42	1.98	7.35	2.05
August	0.03	1.8	1.2	6.35	6.0	6.43	3.40	3.03	7.21	3.30
September	0.04	1.02	1.2	8.05	3.6	5.30	3.35	1.95	11.01	3.79
October	0.14	2.04	1.6	6.2	4.2	5.84	3.14	2.70	7.20	3.67
November	0.37	3.6	1.7	1.0	3.9	3.20	2.10	1.10	4.30	1.33
December	0.35	3.9	2.6	5.30	4.5	7.87	5.64	2.23	8.97	2.90
STATION No. 2.										
JOHN BRAMSTON SCHOOL										
1958 January	0.24	5.7	2.5	3.5	4.1	6.21	3.76	2.45	8.19	1.88
February	0.13	4.1	2.4	3.6	3.9	7.63	4.84	2.79	6.61	1.34
March	0.12	3.6	1.4	1.35	4.5	4.56	3.12	1.44	4.39	0.57
April	0.12	2.9	1.1	2.40	4.0	4.70	1.91	2.79	4.50	0.97
May	0.03	2.4	0.49	3.8	5.3	7.08	4.26	2.82	6.48	1.28
June	0.03	1.6	0.71	8.60	4.4	4.09	1.61	2.48	7.28	1.68
July	0.02	1.7	0.59	4.20	4.5	7.32	4.10	3.22	9.70	2.45
August	0.03	1.7	1.4	6.80	4.5	3.76	2.01	1.75	6.58	3.56
September	0.02	1.03	1.5	7.6	4.4	5.10	3.66	1.44	6.54	2.82
October	0.08	3.21	2.0	6.35	4.2	4.06	2.08	1.98	7.14	3.96
November	0.28	4.02	1.9	0.85	3.7	1.61	1.14	0.47	3.53	1.07
December	0.15	3.7	2.9	5.0	4.4	4.53	3.36	1.17	7.85	2.58
STATION No. 3.										
ILFORD TOWN HALL										
1958 January	0.42	13.5	4.0	1.95	3.6	9.10	5.67	3.43	8.24	0.67
February	0.21	12.8	3.2	2.8	3.8	11.94	6.17	5.77	8.67	2.23
March	0.31	10.5	2.2	1.15	4.2	2.57	0.67	1.90	5.97	1.23
April	0.20	8.92	2.3	2.60	4.1	6.30	0.77	5.53	7.70	1.67
May	0.60	6.5	0.84	2.8	4.8	2.80	1.67	1.13	6.67	1.60
June	0.05	3.3	0.94	8.80	4.4	7.80	4.00	3.80	10.43	2.80
July	0.05	3.4	0.73	2.25	4.2	4.97	2.63	2.34	6.54	2.00
August	0.05	4.1	1.8	5.20	4.5	9.06	4.63	4.43	7.18	3.32
September	0.04	2.9	1.0	6.0	4.6	5.97	3.20	2.77	8.34	3.03
October	0.13	11.4	2.6	5.0	4.2	6.71	3.39	3.32	9.19	2.92
November	0.51	14.3	3.3	0.75	3.9	4.80	2.32	2.48	5.00	1.58
December	0.32	15.1	4.4	4.10	4.2	8.05	4.93	3.12	9.30	3.86

COMPARISON OF POLLUTION (MEASURED BY DEPOSIT GAUGE)
ILFORD AND OTHER TOWNS.

Monthly Averages of January, November and December, 1958 :

Deposits in tons per square mile of:—

					<i>Water— insoluble matter</i>	<i>Water— soluble matter</i>
Ilford	...	...	...	...	5.3	6.9
Barking (Park)	...	...	...	...	7.5	6.3
Dagenham	...	...	...	...	5.9	6.9
Romford	...	...	...	...	5.0	8.3
Hornchurch	...	...	...	...	7.7	6.8
Leeds	...	...	...	...	16.0	5.8
Hove	...	...	...	...	3.7	13.7

FOOD HYGIENE AND FOOD SAMPLING.

The Public Health Inspectors continued their important work of educating food handlers in the sound principles of hygiene. Lectures were given with film strip exhibitions. The efficiency of this function is amply demonstrated by the low incidence and falling rate of food poisoning in Ilford over the past four years, namely, 1955—50, 1956—51, 1957—22, 1958—29 cases, since the passing of the Food and Drugs Act, 1955, and the promulgation of the Regulations made thereunder.

No proceedings were instituted under the Food and Drugs Act though warnings were given by the Council in twelve cases respecting adulterated and unfit foods. Summonses were issued in respect of three street traders in food for 'smoking' whilst handling food. Convictions were obtained in all cases.

LITTER ACT, 1958.

This new piece of ameliorative legislation endeavours to clean up the pavements and countryside as the Clean Air Act attempts to purify the atmosphere we breathe. Its success will depend greatly on public-awareness of the need to tidy up our town. The Public Health Inspectors have been appointed to administer this Act—hence every effort will be undertaken to render the Act effective."

(i) WATER SUPPLY.—The district is served by the Metropolitan Water Board and South Essex Waterworks Co., both maintaining a constant supply. The subject of the water supply of the Borough was dealt with at length in the Report for 1945.

Dr. E. Windle Taylor, Director of Water Examination of the Metropolitan Water Board, has kindly supplied me with the following information.

"1,526 samples of filtered water were submitted to chemical and bacteriological examination and found to be pure and wholesome.

Samples of the water at all stages of purification are submitted to chemical and bacteriological examination daily in the Laboratories.

The part of Ilford in the area of the Board is supplied with water derived from the River Lee, filtered and chlorinated at the Lee Bridge works and Ferry Lane works and then pumped into supply. An additional amount of water is supplied to the Ilford area from Ferry Lane and Wanstead wells. Contact tanks are in operation at these works in which the dose of chlorine is able to exert its full effect before the water passes into the distribution system. During 1958 a total of 1,212 samples were examined.

All new and repaired mains are chlorinated before being restored to use and samples of water from them are tested to confirm that the quality of the water is up to that normally supplied.

The length of main laid by the Metropolitan Water Board in Ilford during 1958 was 449 yards of 4 inch."

The water provided to the remainder of the Ilford district by the South Essex Waterworks Co. is obtained from the River Stour and from deep wells at Mill Road, Grove Road and Roding Lane.

Mr. Hugh G. Ramsey, Engineer to South Essex Waterworks Co., has kindly supplied me with the following information.

"Over 4,048 chemical bacteriological and biological examinations were made at the Langham Laboratory and all water going into supply was reported as wholesome. In addition, examinations were made for radioactivity. Samples were taken weekly from wells and houses in various parts of the area and were invariably satisfactory.

Mains were extended by the Company as follows:—1,423 yards of 18-inch; 6 yards of 12-inch; 4 yards of 6-inch; 662 yards of 4-inch; and 767 yards of 3-inch.

A supplementary supply of water was obtained from the Metropolitan Water Board during the month of July, the total quantity supplied being 3 million gallons."

There are now no public wells in existence. There are a few private wells for domestic and commercial purposes.

Seven samples of piped water supply (5 South Essex Waterworks Co., and 2 Metropolitan Water Board) were taken by the Department and submitted for Chemical and Bacteriological examination, and all gave satisfactory analyses.

(ii) **SWIMMING BATHS AND POOLS.**—Six samples of water for examination were taken from the open-air swimming bath from April to September. The samples were satisfactory. Fifteen samples were also taken from the two indoor baths during January, March, April, May, June, July, August, September and November: all the samples were satisfactory.

(iii) **DRAINAGE AND SEWERAGE.**—The Borough Engineer has kindly supplied me with the following:—

Progress of Main Drainage Scheme.

Progress still continues in the alleviation of flooding in many areas.

The official opening of the Roding Valley Pumping Station by the Rt. Hon. Henry Brooke, P.C., M.P., Minister of Housing and Local Government, on April 18th, 1958, marked the completion of the first phase of the Drainage Scheme which commenced in 1953.

Works completed during the year include the Roding Valley Soil Sewer (£138,000), Water Lane Relief Sewer (£19,000) and also works on the Vicarage Lane Soil and Surface Water Scheme (£300,000) with the exception of a short length under the permanent track of the British Transport Commission and the construction of the Balancing Lake at Fairlop.

RIVERS AND STREAMS.

Flooding.—A number of cases of flooding due to surcharge of sewers and watercourses in times of heavy rain were reported.

Pollution of Streams.—There was no pollution of consequence reported during the year.

(iv) COLLECTION AND DISPOSAL OF REFUSE.—The Borough Engineer also kindly supplied the following information:—

	Tons
Total amount of refuse collected and disposed of	51,735
Collection of Salvage :—	
Wastepaper	997
Rags and Scrap Metal	76
	Income
	£8,502
	£697

(v) SANITARY INSPECTION OF THE AREA.—The following is a summary of the work of the Public Health Inspectors during the year :—

Houses and premises inspected	31,661
Houses and premises reinspected (work in progress)	24,389
Visits during disinfection	413
Houses in which nuisances were detected	862
Houses in which nuisances were abated	833*
Premises disinfected	90
Premises from which articles only disinfected	74
Articles disinfected	449
Premises disinfested for verminous conditions	41

*Includes 125 nuisances detected before 1st January, 1958.

Notices served :—

Statutory :—	Served	Complied with
Public Health Act, 1936	90	60
Housing Acts, 1936 and 1957	—	—
Factories Acts, 1937 and 1948	—	—
Shops Act, 1950	—	—
Provide Dustbin (Ilford Urban District Council Act, 1904)	6	6
Food and Drugs Act, 1955	2	2
Cleanse Water Storage Cistern (Byelaws)	—	—
Cover Water Storage Cistern (Byelaws)	—	—
Informal	1,002	818
	<u>1,100</u>	<u>886</u>

In addition to the above, 197 notices (36 statutory and 161 informal) served previous to 1st January, 1958, were also complied with.

Complaints.—During the year 2,832 complaints of nuisances were received and investigated.

The following is a summary :—

Accumulation of manure and refuse	39
Animals improperly kept	10
Bad smells	64
Dampness of premises	114
Defective drains, w.c.s and fittings	415
Defective roofs, gutters, downpipes, etc.	126
Defective water fittings	78
Dirty and verminous houses	31
Dirty condition of rearway	20
Flooding of premises	42
Overcrowding	44
Smoke nuisances	73
Defective or no provision of dustbin	920
Rats and mice	491
Miscellaneous	365
Total	<u>2,832</u>

(vi) SHOPS ACT, 1950 (Section 38).—Since this Act came into operation the Public Health Inspectors have made inspections in accordance with Section 38.

During the year 157 inspections were made, 2 Preliminary Notices were served, one of which was complied with.

One Certificate of Exemption from the provisions of Section 38 was granted in 1958.

(vii) SLAUGHTER OF ANIMALS ACTS, 1933 TO 1954.—No licence to act as slaughterman was granted during the year.

(viii) RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.—Registration has been granted in respect of 15 premises, where filling materials, as specified in the Act, are used.

The occupier of registered premises may only obtain "rag flock" from premises licensed under the Act, either for the manufacture of rag flock or as a rag flock store. One licence was renewed in 1958 in respect of premises used as a rag flock store.

(ix) ATMOSPHERIC POLLUTION.—Complaints were received of alleged smoke nuisance from 14 factories in the Grove Road, Redbridge Lane, Newbury Park, Green Lane and Ilford Lane areas. In 10 instances no emission was noted which would have enabled action to be taken under the Public Health Act, 1936, or Clean Air Act, 1956. Two informal notices were served in other instances.

A full report on the results of investigations into atmospheric pollution in the Borough is included in the report of the Chief Public Health Inspector.

(x) LAND CHARGES ACT, 1925.—During the year 3,766 enquiries were dealt with under this Act.

(xi) LICENCE TO REMOVE HUMAN REMAINS.—A Home Office licence, under Section 25 of the Burial Act, 1857, was issued for the removal of human remains of one person, from one grave to another in Barkingside Cemetery. All the necessary conditions were complied with.

SECTION D.—HOUSING.

(i) OVERCROWDING.—No notices were served during 1958.

(ii) CLEARANCE AREAS.—Three areas were declared by the Council to be Clearance Areas, in 1958.

The Council decided to make a grant of £5 towards the removal expenses of any family required to move from a house to which a demolition or closing order applies.

(iii) HOUSING STATISTICS.

1. Inspection of dwelling-houses during the year:—
 - (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... 1,873
 - (b) Number of inspections made for the purpose ... 17,858
 - (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 ... —
 - (b) Number of inspections made for the purpose ... —
 - (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... 12
 - (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 ... 568
2. Remedy of defects during the year without service of formal Notices:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... 285*
3. Action under Statutory Powers during the year:—
 - A. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 and Sections 9, 10, and 16 of the Housing Act, 1957.
 - (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 ... —
 - (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 ... 96
 - (2) Number of dwelling-houses in which defects were remedied after service of formal notices:—
 - (a) By owners ... 58*
 - (b) By local authority in default of owners ... —

c. Proceedings under Sections 11 and 13 of the Housing Act, 1936 and Section 17(1) of the Housing Act, 1957.

(1) Number of dwelling-houses demolished as a result of formal or informal procedure	46
(2) Number of dwelling-houses closed in pursuance of an undertaking given by the owners and still in force	—

d. Proceedings under Section 12 of the Housing Act, 1936 and Section 18 of the Housing Act, 1957.

Number of separate tenements in respect of which Closing Orders were made	—
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4. Housing Acts, 1936 and 1957, Part IV Overcrowding:—

(a) (i) Number of dwellings overcrowded at the end of the year	48
(ii) Number of families dwelling therein	56
(iii) Number of persons (units) dwelling therein	210½
(b) Number of new cases of overcrowding reported during the year	9
(c) (i) Number of cases of overcrowding relieved during the year	61
(ii) Number of units concerned in such cases	269½
(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) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report	—

*Includes compliances during 1958 of Notices served prior to 1st January, 1958.

HOUSING ACTS, 1936 and 1957.

During the year 1958 the work of receiving applications, calling for calculations for the "permitted number" was continued with a view to the issue of housing certificates.

23 certificates in respect of 23 houses were issued during the year, making a total of 18,353 certificates, in respect of 25,163 houses, issued to the end of 1958.

As new premises were constructed and placed upon the rating lists, "permitted number" certificates were issued as required.

INCREASE OF RENT AND MORTGAGE INTEREST (RESTRICTIONS) ACTS, 1920 and 1933, AND HOUSING REPAIRS AND RENTS ACTS, 1954 and 1957.

During 1958, 198 applications for Certificates of Disrepair were received. Of these, 191 were granted, 4 were refused and 3 withdrawn. Applications for revocation of Certificates were received in 40 cases. 32 were granted, and 8 were refused.

MEDICAL PRIORITIES FOR REHOUSING.

This is an increasing factor in the work of the Department and in 1958, 43 recommendations were made to the Housing Committee. In addition to the visits and reports of the Public Health Inspectors on the home circumstances, the Medical Officer of Health has consultations with the private doctors and/or Hospitals,

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

The Council delegated to the Public Health Committee all its powers and duties under the Food and Drugs (Milk and Dairies) Act, 1944, the Milk and Dairies Regulations, 1949, the Milk (Special Designation) (Raw Milk) Regulations, 1949, the Milk (Special Designation) (Pasteurized and Sterilized Milk) Regulations, 1949, the Food and Drugs (Milk, Dairies and Sterilized Milk) Regulations, 1949, the Food and Drugs Act, 1955, and any Regulations which might thereafter be made under the last named Act.

The Milk (Special Designations) (Specified Areas) Order, 1951, which came into operation on 1st October, 1951, specified an area, including Ilford, in which the compulsory use of special designations for retail sales of milk shall operate.

(i) MILK AND DAIRIES REGULATIONS, 1949 TO 1954.—Persons and premises registered as at 31st December, 1958 :—

Persons registered as distributors of milk	...	...	117
Premises registered as dairy premises (other than dairy farms)	...	...	13

157 inspections of dairy premises were carried out during the year.

(ii) MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949 TO 1954 :—

The following licences were granted during 1958 :—

Tuberculin Tested	...	...	36
do. (Supplementary)	...	...	10

(iii) MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILIZED MILK) REGULATIONS, 1949 TO 1953 :—

The following licences were granted during 1958 :—

Pasteurized (Dealer's)	...	...	68
do. do. (Supplementary)	...	...	11
do. (Pasteurizer's)	...	...	1
Sterilized (Dealer's)	...	...	98
do. do. (Supplementary)	...	...	14
do. (Sterilizer's)	...	...	1

One licence, granted by the Essex County Agricultural Executive Committee, in respect of the production of Tuberculin Tested milk at a farm in the Borough is in operation.

(iv) SAMPLING.—The following is the routine practice adopted :—

Designated Milks (Raw and Heat treated).—

These are sampled bi-monthly and after unsatisfactory reports.

Biological Tests.—Samples of all raw milk (if any) are submitted for biological test for T.B. quarterly. Repeat samples if positive after clearance by the Divisional Inspector of the Ministry of Agriculture Fisheries and Food.

Milk Supplies to Maintained Schools.—These are sampled monthly and after unsatisfactory results.

The following results were obtained:—

Grade of Milk	Total	Satisfactory	Unsatisfactory	Remarks on unsatisfactory results
Tuberculin Tested (Pasteurized) Milk	37	36	1	Was decolourized at end of 30 minutes. Did not satisfy Meth. Blue test. Letter sent to Producer.
Tuberculin Tested Milk (Farm bottled)	—	—	—	
Pasteurized Milk	78	76	2	The samples of milk treated outside the Borough, failed to satisfy the Methylene Blue Reduction Test. The processing firms were communicated with and further samples were found to be satisfactory.
Sterilized	22	22	—	—

(v) BIOLOGICAL TESTS.—No samples of milk were submitted to a biological test for tuberculosis.

(vi) MILK AND DAIRIES ORDERS, 1926 AND 1938: INSPECTION OF DAIRY HERDS.—Two examinations were made by the Veterinary Officers of the Ministry of Agriculture, Fisheries and Food. The Ministry's Divisional Officer states that no cows were found to be suffering from tuberculosis. No samples of milk were sent for bacteriological examination.

(vii) LEGAL PROCEEDINGS.—Six complaints of the presence of foreign bodies in milk were received and investigated. No legal proceedings were taken, but representations were made to the retailers in all cases.

(viii) REGISTRATION.—No application for registration was refused during the year.

ICE CREAM.

(i) REGISTRATION.

Section 158, Essex County Council Act, 1933. In 1948, the Council delegated to the Public Health Committee its powers and duties with regard to the granting, refusal or revocation of registrations, including the duty of interviewing applicants who are required to show cause why applications for registration should not be refused or existing registration should not be revoked.

41 applications for registration in respect of 39 premises were considered during the year 1958; all were granted in respect of the sale only of ice cream.

(ii) ICE CREAM (HEAT TREATMENT REGULATIONS) 1947 to 1952.

The Council decided, in accordance with the recommendations of the Minister of Health, that 4 thermometers should be provided of the following types:—

- A recording thermometer at the heat treatment stage;
- An indicating thermometer at the heat treatment stage;
- An indicating thermometer at the cooling stage;
- An indicating thermometer at storage stage.

(iii) SAMPLING.

Samples for bacteriological examination are taken monthly from April to September and at regular intervals during the winter months as supplied by all manufacturers to mobile salesman and local retailers. Samples are repeated after unsatisfactory results. In 1958, 25 samples were submitted for examination with the following results:—

<i>No. of Samples</i>	<i>Ministry of Health Provisional grade.</i>	<i>% of Total</i>	<i>Unsatis- factory Samples.</i>
20	I	80	
3	II	12	
1	III	4	
1	IV	4	
—			
25		100	Nil
—			

The Food Standards (Ice Cream) Order, 1953, described standards for ice-cream. During 1958, no samples were submitted for chemical analysis.

MEAT AND OTHER FOODS.

(i) INSPECTION AND SUPERVISION.

The Council made bye-laws under Section 15, Food and Drugs Act, 1938 for securing the observance of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food sold or intended for sale for human consumption, and in connection with the sale or exposure for sale in the open air of food intended for human consumption.

The Public Health Inspectors reported three instances of individuals using tobacco whilst engaged in the handling of "open" food contrary to the Food Hygiene Regulations, 1955. Legal proceedings were taken and fines of £2, £2 and £5, plus 10s. 6d. costs respectively, were imposed by the Court.

The Essex County Council Act, 1952, Section 105, requires that as from 2nd April, 1953, any person intending to use premises which were not used immediately before that date for the sale, storage, or preparation for sale of any food (other than milk) intended for human consumption shall give not less than 14 days' notice to the Council of his intention so to do.

The whole-time services of two Public Health Inspectors are utilised to deal with food preparing premises, factory canteen premises and food and drugs sampling. During 1958, they made 13,429 inspections of food shops and food preparing premises. 130 informal and 2 formal notices were served under the Food and Drugs Act, and 5 formal and 132 informal notices were complied with including 3 formal and 30 informal notices served prior to 1958.

(ii) FOOD HYGIENE.

The following gives the numbers of food premises in the area by the type of business:—

Cafés and Restaurants	...	...	...	...	135
Factory canteens	...	...	...	...	26
Butchers' shops	...	...	...	...	120
Grocers' shops	...	...	...	...	260
Fruiterers' and Greengrocers' shops	...	...	...	...	124
Fishmongers' and Fishfryers' shops	...	...	...	...	51
Bakehouses	...	...	...	...	22
Bakers' shops	...	...	...	...	41
Confectioners' shops	...	...	...	...	215
					<hr/> 994 <hr/>

The practice of inculcating interest in the proprietors, directors and staffs of food handling organisations was continued in 1958, and the catering industry, as a whole, continues to co-operate.

The lectures and demonstrations with film strips and films to food handlers were continued in 1958.

Education in food hygiene has been extended to the senior schools and to study groups of various local organisations.

(iii) SAMPLING.

The Council has delegated to the Public Health Committee power to institute legal proceedings under the Food and Drugs Act, 1955.

218 samples (209 formal and 9 informal) were obtained during the year 1958; 4 formal and 2 informal samples were not satisfactory as follows:—

(a) *Beef Sausages (formal)*.—Contained sulphur dioxide but no declaration of preservative [Public Health (Preservatives, etc., in Food) Regulation]. A letter of warning was sent to the retailer.

(b) *Gin (formal)*.—Sample contained only 68.7% proof spirit instead of 70% as stated on label. Distiller's attention drawn by letter.

(c) *Milk Loaf (formal)*.—Slight deficiency of skimmed milk powder. Letter to manufacturers drawing attention to deficiency.

(d) *Non-brewed Vinegar (formal)*.—Offered for sale in bottle embossed "Genuine Malt Vinegar" but bearing label non-brewed condiment. Letter to manufacturers drawing attention to misleading bottle.

(e) *Slice of Bread (informal)*.—Containing rodent excreta and beetle. Letter of warning sent to manufacturers.

(f) *Peanut Butter (informal)*.—Contained maggots. The retailers were communicated with.

(iv) HAWKERS OF FOOD.

Section 103 of the Essex County Council Act, 1952, came into operation on 2nd April, 1953, and provides that hawkers of any food, and premises used for the storage of such food, shall be registered by the local authority. Registration was granted to 13 persons and 5 premises were also registered during 1958. The storage premises concerned in the other cases were not in Ilford.

(v) REGISTRATION OF PREMISES USED FOR THE PREPARATION OR MANUFACTURE OF SAUSAGES, OR POTTED, PRESSED, PICKLED OR PRESERVED MEAT, FISH OR OTHER FOOD INTENDED FOR SALE.

Section 80 of the Ilford Corporation Act, 1937, requires registration of such premises.

2 applications for registration were received and granted during 1958.

(vi) ARTICLES OF FOOD SURRENDERED.

During the year the following articles were surrendered and condemned as being unfit for the food of man:—

Bacon, 127½ lb.; Beverages, 1 tin 1 bottle ½ lb.; Biscuits, 58 packets; Bread, 4 loaves; Butter, 4½ lb.; Cake, 3½ lb.; Cereals, 185 lb. 41 pkts. 7 tins; Cheese, 140 lb. 330 pkts.; Chocolate Spread, 11 lb.; Custard Powder, 7 pkts.; Cream, 49 tins; Confectionery, 45 lb.; Eggs Preserved, 14 lb.; Egg Albumen, 1 lb.; Fats, 1 pkt.; Fish (Wet and Dry), 190 stones; Fish (Tinned), 225 tins; Fish Cakes, 4; Fish Paste, 16 jars; Flour, 8 lb.; Fruit (Tinned), 1,737 tins; Fruit (Dried), 215 lb.; Fruit (Bottled), 2 lb.; Fruit (Apples), 70 lb.; Fruit Juice, 20 tins; Jam Preserves, 14 lb. 42 tins; Jellies, 5 pkts.; Meat (Fresh), 2,961 lb.; Meat (Tinned), 1,088 lb.; Meat Pies, 73; Milk (Tinned), 349 tins; Nuts, 19½ lb.; Pastry Mixtures, 9 lb. 7 pkts.; Pickles, 8 jars; Salt, 44 lb.; Salad Cream, 2 bottles; Sauces, 2 bottles; Sausages, 197 lb.; Soups, 134 tins; Sugar, 5 lb.; Tomatoes, 316 tins; Vegetables (Fresh), 1 lb.; Vegetables (Dried), 8 lb.; Vegetables (Tinned), 329 tins.

(vii) FOREIGN BODIES IN FOOD.

11 complaints were received during 1958 of the presence of foreign bodies in foodstuffs; letters of warning were sent in 5 cases.

(viii) FOOD POISONING.

By virtue of Section 82 of the Ilford Corporation Act, 1937, food poisoning became compulsorily notifiable in Ilford as from 1st October, 1938. It is also notifiable under Section 17, Food and Drugs Act, 1955.

29 notifications were received.

There were 16 family outbreaks and 15 single cases.

In 3 outbreaks (involving 6 persons) the causal organism was identified as *Salmonella Typhi-murium* and in 1 outbreak (involving 3 persons) *Salmonella Panama* was identified as the cause. In the remaining 12 outbreaks (involving 29 persons) no agent was identified.

Regarding the single cases, the agents identified were *Salmonella* Typhimurium 10, *Salmonella* St. Paul 1, *Salmonella* Derby 1, *Salmonella* Infantis 1. In the remaining 2 cases no organism was identified.

(ix) **BAKEHOUSES.**—There are 22 bakehouses in the district, all of which use motive power, 380 inspections of bakehouses were carried out during the year.

It was necessary to call upon the occupiers of bakehouses to carry out cleansing and other work in 12 instances, and the requests were complied with in all cases.

(x) **MERCHANDISE MARKS ACT, 1926.**—No contravention of this Act was reported during 1958.

DISEASES OF ANIMALS ACT, 1950.

(i) **SWINE FEVER ORDER, 1938.**

On 10th June, 1958, a Veterinary Inspector reported that swine fever was suspected at a Hospital farm in the Borough. Investigations revealed that two pigs had died and clinical examination revealed the existence of swine fever. A Notice (Form A) under the Order of 1938 defined the piggeries and surrounding areas as an infected place wherefrom pigs could only be moved on a licence issued under the Order. One licence was issued authorising the removal of 3 pigs to a bacon factory.

No further deaths of pigs occurred at the premises and a Notice dated 23rd June, 1958, was issued by the Ministry of Agriculture, Fisheries and Food withdrawing the Notice (Form A).

(ii) **THE SWINE FEVER (INFECTED AREAS RESTRICTIONS) AMENDMENT ORDER, 1958.**

This Order amended the Swine Fever (Infected Areas Restrictions) Order, 1956. The principal amendments make provision for the selling of swine at a dispersal sale of livestock on premises within an infected area, and for the movement of swine in the course of transport by road between two places outside an infected area through an infected area. The Order also makes contravention or failure to comply with any conditions attached to any licence issued under these Orders an offence against the Diseases of Animals Act, 1950.

(iii) **THE LIVE POULTRY (MOVEMENT RECORDS) ORDER, 1958**

This Order, which came into operation on 1st September, 1958, revoked the Live Poultry (Movement Records) Order, 1954, and re-enacted it with amendments. The principal amendment was the introduction of a provision requiring persons carrying on the business of slaughtering poultry to keep a record of the poultry they slaughter.

(iv) **THE FOWL PEST (INFECTED AREAS RESTRICTIONS) AMENDMENT ORDER, 1958**

This Order amended the Fowl Pest (Infected Areas Restrictions) Order, 1956, with particular reference to declarations relating to infected areas, the abolition of a prescribed notice before granting a movement licence permitting the movement of poultry to a poultry slaughterhouse in an infected area and also permitting sales of poultry on farms under licence.

(v) **FOWL PEST ORDER, 1936**

As a result of fowl pest in West Sussex, one Notice (Form B) was served restricting the movement of poultry from premises in this Borough.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.—The Council has appointed a whole-time Rodent Operative. Where infestation has been ascertained on inspection the services of the Rodent Operative are made

available to secure effective disinfection. In the case of business premises these services are offered on a contractual basis, a practice which is greatly appreciated by most business firms. The following is a statement of the work carried out during 1958 :—

	Type of Property				Total
	Local Authority	Dwelling Houses	Agricultural	All other (including Business and Industrial)	
I. Total No. of properties in District	213	52,211	28	6,271	58,723
II. No. of properties inspected as result :—					
(a) of notification ...	63	505	—	78	646
(b) survey under the Prevention of Damage by Pests Act, 1949	19	14	1	2	36
(c) otherwise	—	—	—	994	994
III. Total No. of inspections and re-inspections carried out...	158	1,024	3	13,544	14,729
IV. No. of properties found to be infested by rats :—					
Major	—	—	—	—	—
Minor	14	92	1	28	135
V. No. of properties found to be infested by mice :—					
Major	—	—	—	—	—
Minor	20	147	1	32	200
VI. No. of infested properties (under III and IV) treated by the Local Authority ...	41	247	—	62	350
VII. No. of notices served under Section 4 :—					
(1) Treatment	—	—	—	—	—
(2) Structural works (i.e., Proofing)	—	—	—	—	—
VIII. No. of cases in which default action was taken by Local Authority following issue of notice under Section 4	—	—	—	—	—
IX. Legal proceedings ...	—	—	—	—	—
X. No. of "block" control schemes carried out					Nil

PET ANIMALS ACT, 1951.—This Act came into force on 1st April, 1952, and the Council is the Local Authority for the Borough. The Chief Public Health Inspector is designated as the officer responsible for the administration of the Act and he and his Deputy are authorised to inspect any premises in the Borough where licences are in force.

Licences were granted in respect of 15 premises during 1958.

PETROLEUM (CONSOLIDATION) ACT, 1928.—The Public Health Inspectors made 1,938 visits to premises where petroleum is stored, or in conjunction with the installation of such storage, and the testing of petroleum appliances or fittings.

The number of Licences issued was 152, and the fees paid to the Council for such Licences was £118 10s. One Licence was issued for the storage of calcium-carbide, the fee payable being 5s.

SECTION F.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

The following diseases are notifiable to the Medical Officer of Health:

1. Under Section 144 and 343, Public Health Act, 1936.

Smallpox.	Enteric fever (Typhoid and Paratyphoid).
Cholera.	Relapsing Fever.
Diphtheria.	Anthrax (made notifiable by the Local Authority as from 1/4/22).
Membranous Croup.	Pemphigus Neonatorum (made notifiable by Local Authority as from 29/6/29).
Erysipelas.	
Scarlatina or Scarlet Fever.	
Typhus Fever.	

2. Under Regulations of the Ministry of Health.

Plague	L.G.B. Order, 19/9/1900.
Puerperal Pyrexia	The Puerperal Pyrexia (Amendment) Regulations, 1954.
Ophthalmia Neonatorum	P.H. (Ophthalmia Neonatorum) Regulations, 1926.
Acute Primary and Acute Influenzal Pneumonia	P.H. (Infectious Diseases) Regulations, 1953.
Dysentery	
Malaria	
Tuberculosis	P.H. (Tuberculosis) Regulations, 1952.
Acute Rheumatism (up to 16 years)	The Acute Rheumatism (Amendment) Regulations, 1958.
Measles and Whooping Cough	The Measles and Whooping Cough Regulations, 1940.
Acute Poliomyelitis	P.H. (Acute Poliomyelitis, Acute Encephalitis and Meningococcal Infection) Regulations, 1949.
Acute Encephalitis	
Meningococcal Infection	

3. By Local Act.

Food Poisoning	Ilford Corporation Act, 1937, and Food and Drugs Act, 1955.
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In addition to the above diseases notifiable to the Medical Officer of Health, certain industrial diseases are notifiable to the Chief Inspector of Factories, Home Office, under Section 66 of the Factories Act, 1937. These are cases of Lead, Phosphorus, Arsenical or Mercurial Poisoning or Anthrax contracted in any factory. The Secretary of State can add other diseases to those mentioned by Regulation.

The total numbers of deaths of Ilford residents from the following infectious diseases during 1957 and 1958 were as follows:—

	1957	1958
Scarlet Fever	—	—
Enteric Fever	—	—
Diphtheria	—	—
Acute Poliomyelitis	1	—
Measles	—	—
Whooping Cough	—	—
Influenza	31	15
Tuberculosis—Pulmonary	12	9
Other forms	1	2
Pneumonia (all forms)	85	99
Diarrhoea (under 2 years)	1	—
Meningococcal Infections	—	—
Totals	131	125

TABLE III.—CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES FOR THE YEAR 1958

NOTIFIABLE DISEASE	At all Ages	Number of Cases Notified At Ages—years							Total Cases Notified in each Ward											*Total Cases Admitted to Hospital	* Total Deaths	
		Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	Cranbrook	Park	Loxford	Clementswood	Mayfield	Goodmayes	Fairlop	Clayhall	Barkingside	N. Hainault	Seven Kings			S. Hainault
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	221	—	38	180	3	—	—	—	31	13	22	20	12	21	24	30	13	13	11	11	23	—
Diphtheria, including Mem- branous Croup	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever (Typhoid and Para-Typhoid)	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Pneumonia	141	1	9	6	5	16	52	52	17	18	7	6	8	12	14	18	13	15	12	1	23	99
Puerperal Pyrexia	54	—	—	—	21	33	—	—	—	2	—	1	—	—	—	—	49	1	1	1	53	—
Acute Poliomyelitis... ..	3	—	—	3	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	3	—
Acute-Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	6	1	2	1	2	—	—	—	—	—	—	—	1	1	—	—	1	1	—	2	6	—
Dysentery	76	1	14	14	14	11	13	9	2	11	—	2	4	4	7	15	20	6	4	1	6	—
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	18	—	—	—	—	4	9	5	2	4	1	—	1	—	—	3	5	1	—	1	3	—
Pemphigus Neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Tuberculosis Pulmonary	93	1	—	8	20	29	27	8	4	9	8	13	6	2	15	3	3	6	9	15	45	9
Other Forms	13	—	—	1	4	5	3	—	1	2	1	1	1	—	2	—	1	4	—	—	1	2
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria—Believed contracted in this country	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Believed contracted abroad	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Rheumatism	3	—	1	2	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	2	—
Measles	241	2	108	130	1	—	—	—	19	14	8	13	5	2	3	44	23	66	13	31	4	—
Whooping Cough	56	7	19	27	1	1	1	—	7	6	2	5	2	—	14	2	6	2	4	6	2	—
Food Poisoning	29	—	4	6	4	7	5	3	9	1	—	—	2	3	2	8	3	—	1	—	5	—
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	957	15	195	378	76	106	110	77	92	80	49	61	43	48	81	124	89	166	55	69	177	110

* Included in the figures in these columns are cases notified in previous years as well as 1958.

The year 1958 showed a lower incidence of infectious disease, especially in the number of cases of measles, 241 cases occurred as compared with 1,978 in the previous year. 56 cases of whooping cough occurred as compared with 268 in the previous year.

(a) *Smallpox*.—No cases were notified during 1958.

Under the National Health Service Act, 1946, compulsory vaccination was abolished, and from 5th July, 1948, this service became the responsibility of the Essex County Council *vide* Section 26 of the National Health Service Act, 1948.

Details of vaccinations during 1958 will be found in Part III section of this report.

(b) *Scarlet Fever*.—221 cases occurred in 1958. There were no deaths from this disease. Only 23 cases were admitted to hospital, the remainder being nursed at home.

(c) *Diphtheria*.—No cases occurred in 1958. This is the seventh successive year in which it has been possible to record a clean "bill of health" for this disease in Ilford.

(d) *Ophthalmia Neonatorum*.—One case occurred in 1958.

The following figures show the number of cases of *Ophthalmia Neonatorum* notified during the past five years: 1954, nil; 1955, nil; 1956, 7; 1957, 6; 1958, 1. No cases of *Ophthalmia Neonatorum* were due to gonococcal infection.

(e) *Enteric Fever (Typhoid and Para-Typhoid)*.—One case occurred in 1958. The patient, a male aged 23, was admitted to Hospital and made an uneventful recovery.

(f) *Acute Poliomyelitis*.—Three cases occurred during 1958. They were females of 14 and 11 years and a male of 8 years. All were admitted to Hospital (2 to Rush Green Hospital and 1 to Chadwell Heath Hospital). Two of the cases recovered without complications. The other patient suffered some paralysis and was receiving further physiotherapy treatment.

(g) *Acute Encephalitis*. No cases occurred in 1958.

(h) *Meningococcal Infection*.—Six cases were reported—males of 19 and 3 years and females of 23, 5, 1 year and 8½ months respectively. All were admitted to Chadwell Heath Hospital and made satisfactory recovery.

(i) *Pneumonia—Influenzal and Primary*.—The number of cases which occurred during 1958 was 141 as compared with 150 in 1957.

(j) *Tuberculosis*.—During 1958 there were 93 new notifications of Pulmonary Tuberculosis and 13 of other forms of Tuberculosis. In addition 67 pulmonary and 4 non-pulmonary cases were transferred to the district.

The population of Ilford has not varied greatly during the past five years and the number of cases added to the register has also shown little change as the following figures show :—

<i>Year</i>	<i>Population</i>	<i>No. of Persons added to list (all forms)</i>	<i>Deaths (all forms)</i>	<i>No. of Persons on register 31st December</i>
1954	182,700	207	27	1,453
1955	181,700	170	20	1,451
1956	180,600	197	21	1,480
1957	179,600	178	13	1,510
1958	179,000	177	11	1,525

Notifications and Deaths from Tuberculosis of Ilford residents during 1958 :—

<i>Age Periods</i>	<i>New Cases</i>				<i>Deaths</i>			
	<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Respiratory</i>		<i>Non-Respiratory</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
Under 1 year	—	1	—	—	—	—	—	—
1-5 years ...	—	—	—	—	—	—	—	—
5-15 ...	4	4	—	1	—	1	—	—
15-25 ...	9	11	—	4	—	—	—	—
25-45 ...	20	9	2	3	2	—	—	—
45-65 ...	22	5	—	3	4	—	—	—
65-75 ...	4	1	—	—	2	—	1	1
Over 75 ...	2	1	—	—	—	—	—	—
Totals ...	61	32	2	11	8	1	1	1

Of the foregoing new cases, the following were notified from Institutions in the district :—

	<i>Respiratory Tuberculosis</i>	<i>Non-Respiratory Tuberculosis</i>
King George Hospital ...	1	1
Goodmayes Hospital ...	4	—
Chadwell Heath Hospital ...	1	—
Claybury Hospital ...	5	—
Dr. Barnardo's Village Homes ...	—	—

Of the 11 deaths which occurred of Ilford residents, notification had previously been made of 8 of the cases. In the other cases the presence of tuberculosis was discovered as a result of post-mortem.

	Pulmonary	Non-Pulmonary	Total
Number of cases on register, 1st January, 1958	1,359	151	1,510
Number of cases entered on the register during the year	160	17	177
Number of cases removed from the register during the year			
	Pul.	Non-Pul.	
Recovered	12	2	
Deceased	27	1	
Left District	106	10	
Lost sight of	—	—	
Diagnosis not established	3	1	
	148	14	162
Number of cases remaining on register on 31st December, 1958	1,371	154	1,525

The treatment of Tuberculosis is now under the control of the Regional Hospital Board. On the 31st December, 1958, there were 1,297 patients on the register of the Ilford Chest Clinic.

The number of patients from Ilford sent to Institutions under the Regional Hospital Board Tuberculosis Scheme during 1958 was as follows:

	Pulmonary		Non-Pulmonary		Total
	Males	Females	Males	Females	
Adults ...	20	7	—	—	27
Children ...	1	2	—	—	3

Tuberculosis Care Association.—Assistance was granted to 44 persons who received 262 extra nourishment grants. 68 other grants (cash, etc.) were also made to 61 patients.

(k) *Venereal Diseases.*—Treatment of these diseases is now the responsibility of the Regional Hospital Board.

The following are the V.D. Treatment Centres situate nearest to Ilford:—

Romford.—The Annexe, Oldchurch Hospital, Waterloo Road, Romford:—

	Males	Females
Consultations:	Monday and Tuesday 4 p.m. to 6.30 p.m. Thursday 12 noon to 3 p.m.	Monday and Tuesday 4 p.m. to 6.30 p.m. Thursday 12 noon to 3 p.m.
Treatments:	Monday to Friday 9 a.m. to 7 p.m. Saturday 9 a.m. to 6 p.m.	Monday to Friday 9 a.m. to 7 p.m. Saturday 9 a.m. to 6 p.m.

Whitechapel.—Whitechapel Clinic, Turner Street, Mile End, London E.1:—

	Males	Females
Consultations:	Monday to Friday 10 a.m. to 7 p.m. Saturday 10 a.m. to 3 p.m.	Monday to Friday 10 a.m. to 7 p.m. Saturday 10 a.m. to 3 p.m.
Treatments:	Monday to Friday 8 a.m. to 7 p.m. Saturday 8 a.m. to 3 p.m.	Monday to Friday 9 a.m. to 7 p.m. Saturday 9 a.m. to 3 p.m.

West Ham.—Queen Mary's Hospital, West Ham Lane, Stratford, London, E.15:—

	<i>Males</i>	<i>Females</i>
Consultations:	Monday 3 to 6 p.m.	Monday 6 to 8 p.m.
	Thursday 11 a.m. to 1 p.m. and 6 to 8 p.m.	Thursday 11 a.m. to 1 p.m. and 3 to 6 p.m.
	Saturday 2.30 to 4.30 p.m.	Saturday 2.30 to 4.30 p.m.

	<i>Males</i>	<i>Females</i>
Treatments:	Monday 9 a.m. to 6 p.m.	Monday 9 a.m. to 8 p.m.
	Tuesday 9 a.m. to 5 p.m.	Tuesday 9 a.m. to 5 p.m.
	Wednesday 9 a.m. to 1 p.m.	Wednesday 9 a.m. to 1 p.m.
	Thursday 9 a.m. to 8 p.m.	Thursday 9 a.m. to 6 p.m.
	Friday 9 a.m. to 5 p.m.	Friday 9 a.m. to 5 p.m.
	Saturday 9 a.m. to 4.30 p.m.	Saturday 9 a.m. to 4.30 p.m.

Albert Dock Seamen's Hospital, Alnwick Road, London, E.16.

	<i>Males</i>	<i>Females</i>
Consultations:	Monday, Wednesday and Friday 2 to 4.30 p.m.	No female clinic.
Treatments:	Monday to Friday 9.30 a.m. to 5 p.m.	
	Saturday 9.30 a.m. to 12 noon.	

PUBLICITY AND PROPAGANDA, ETC.

Public lectures to Voluntary Guilds and Institutes and Church organisations, etc., on health topics were given during the year. The Chairman of the Public Health Committee also made reference at a number of Council meetings to health subjects. Poster displays regarding Diphtheria immunisation, Poliomyelitis vaccination and health topics were also given prominence. Visits were paid by children from a secondary school to a local farm, milk bottling depot and slum clearance area, under the direction of a Public Health Inspector.

EXAMINATION OF OFFICERS AND SERVANTS.

The following medical examinations were carried out during 1958:—

	Officers	Servants
New Appointments	27	54
Under Sickness Regulations ...	5	16
On behalf of other Authorities ...	5	—
Totals ...	37	70

In addition enquiries were made of General Practitioners and Hospitals in respect of numerous cases, referred under Sickness Regulations, which were not subsequently medically examined at the Public Health Offices.

SECTION G.—FACTORIES.

FACTORIES ACT, 1937.

There are 457 factories with and 163 factories without, mechanical power, and 315 outworkers, on the register.

1.—INSPECTION OF FACTORIES AND OTHER PREMISES.

INCLUDING INSPECTIONS MADE BY PUBLIC HEALTH INSPECTORS.

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers prosecuted (4)
Factories with Mechanical Power	911	6	—
Factories without Mechanical Power	184	—	—
Other premises (not including Outworkers' premises) ...	87	1	—
Total	1,182	7	—

2.—DEFECTS FOUND IN FACTORIES.

Particulars	Number of Defects			No. of defects in respect of which Prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	
Want of Cleanliness (S.1) ...	—	—	—	—
Overcrowding (S.2) ...	—	—	—	—
Unreasonable Temperature (S.3)	—	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—
Ineffective Drainage of Floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7) :—				—
Insufficient	2	4	—	—
Unsuitable or Defective	8	8	—	—
Not Separate for Sexes	—	—	—	—
Other Offences	—	—	—	—
Total	10	12*	—	—

* Includes compliances of defects found in 1957.

PART III.—SERVICES.

National Health Service Acts, 1946—1957.

BIRTHS.—In accordance with the provisions of the Public Health Act, 1936, all live births and all stillbirths of twenty-eight weeks gestation and over must be notified within 36 hours to the Medical Officer of Health of the area in which the birth took place. The number of live births notified in Ilford under this Act during 1958 was 1,785 (933 males and 852 females), of which there were 141 (73 males and 68 females) where the ordinary place of residence of the parents was outside Ilford.

In addition, 565 notifications of live births (294 males and 271 females) which took place outside the district, although the ordinary residence of the parents was in Ilford, were transferred to this district.

During the year there were no cases in which there was default in complying with the requirements of the Public Health Act relating to the Notification of Births.

There were also 32 stillbirths (20 males and 12 females) notified in Ilford including 2 (1 male and 1 female) where the home address of the parents was outside the district, and notifications of 11 stillbirths (5 males and 6 females) which took place outside the district, although the ordinary residence of the parents was in Ilford, were transferred to this district. This represents a total of 41 where the home address was in Ilford, whereas the Registrar-General has allocated 43 stillbirths to Ilford.

The following table shows the causes of the 41 stillbirths notified where the usual residence of the parents was in Ilford:—

STILLBIRTHS, 1958

Cause of Stillbirth	Delivery in Nursing Home	Delivery by County Council Midwife at Home	Delivery in Hospital	Total
Ante-Partum Haemorrhage...	—	—	2	2
Asphyxia ...	—	—	6	6
Complicated Breech—No Ante Natal Care	—	1	—	1
Congenital Abnormalities ...	—	—	4	4
Cord Round Neck ...	—	—	1	1
Diabetic Mother ...	—	—	1	1
Hydrops Foetalis ...	—	—	1	1
Infarction of Placenta ...	—	2	—	2
Intra-Uterine Death ...	—	—	2	2
Placental Insufficiency ...	—	—	5	5
Prematurity ...	—	—	1	1
Prolapsed Cord ...	—	—	1	1
Subdural Haemorrhage ...	—	—	2	2
Toxaemia ...	—	—	4	4
Unknown ...	—	4	4	8
Totals ...	—	7	34	41

CARE OF PREMATURE INFANTS.—Of the 1,785 live births occurring in Ilford during 1958, 78 weighed $5\frac{1}{2}$ lb. or less at birth; 15 of these babies were born on the district and 63 in Hospital (including 2 where the home address of the parents was outside Ilford).

Of the 15 babies born at home :—

12 were nursed entirely at home;

3 were transferred to hospital;

14 survived at the end of one month;

1 died between the ages of one day and one month.

Of the 63 babies born in hospital :—

9 died during the first 24 hours (including 1 where the home address was outside Ilford);

4 died between the ages of one day and one month.

50 survived at the end of one month (including 1 where the home address was outside Ilford).

In addition, 34 notifications were received of births outside the district where the ordinary residence of the parents was in Ilford and the weight of the infant at birth was $5\frac{1}{2}$ lb. or less. Of these there were :—

7 who died within the first 24 hours (in hospital);

1 who died between the age of one day and one month (in hospital);

26 who survived at the end of one month.

INFANT MORTALITY.—The number of infants dying within the first year of life was 37, the total number born being 2,228. The latter figure is supplied by the Registrar-General for calculating infant and maternal mortality rates. The infant mortality, or rate of deaths per 1,000 live births, was therefore 16.6.

The following table gives the deaths of infants under one year of age, classified according to age :—

INFANT DEATHS, 1958

Cause of Death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total
Acute Bronchiolitis ...	—	—	—	—	—	—	—	1	—	1
Acute Suppurative Meningitis ...	—	—	—	—	—	—	—	—	1	1
Atelectasis ...	6	—	—	—	6	—	—	—	—	6
Bilateral Renal Aplasia ...	1	—	—	—	1	—	—	—	—	1
Bronchitis ...	—	—	—	—	—	—	1	—	—	1
Broncho-Pneumonia ...	1	—	—	—	1	—	1	—	—	2
Cerebral Haemorrhage ...	1	—	—	—	1	—	—	—	—	1
Collapse of Lung Following Operation ...	—	1	—	—	1	—	—	—	—	1
Congenital Heart Disease	—	—	—	—	—	—	1	—	—	1
Erythroblastosis Foetalis	—	1	—	—	1	—	—	—	—	1
Fibrocystic Disease of Pancreas ...	—	—	—	—	—	—	—	1	—	1
Hydrops Foetalis ...	4	—	—	—	4	—	—	—	—	4
Immaturity ...	2	—	—	—	2	—	—	—	—	2
Intraventricular Haemorrhage ...	1	—	—	—	1	—	—	—	—	1
Multiple Abnormalities	1	—	—	—	1	—	—	—	—	1
Non Viable ...	2	—	—	—	2	—	—	—	—	2
Pneumococcal Meningitis	—	—	—	—	—	1	—	—	—	1
Prematurity ...	8	—	—	—	8	—	—	—	—	8
Venous Sinus Thrombosis	—	—	—	—	—	—	1	—	—	1
Totals ...	27	2	—	—	29	1	4	2	1	37

The comparative figures for the past 10 years are as follows:—

Year				No. of Deaths under 1 year	Rate per 1,000 Registered Live Births
1958	...	...	...	37	16.6
1957	...	...	...	38	17.1
1956	...	...	...	33	15.6
1955	...	...	...	42	20.0
1954	...	...	...	41	18.7
1953	...	...	...	45	20.2
1952	...	...	...	44	18.9
1951	...	...	...	50	21.0
1950	...	...	...	45	18.7
1949	...	...	...	53	20.1

The mean average Infant Mortality rate for the past 10 years is therefore 18.7 per 1,000 live births.

The following table shows the comparison for Ilford, England and Wales and London for the past 10 years:—

Year				Ilford	England and Wales	London
1958	...	...	...	16.6	23	23
1957	...	...	...	17.1	23	22
1956	...	...	...	15.6	24	21
1955	...	...	...	20.0	25	23
1954	...	...	...	18.7	25	21
1953	...	...	...	20.2	27	25
1952	...	...	...	18.9	28	24
1951	...	...	...	21.0	30	26
1950	...	...	...	18.7	30	26
1949	...	...	...	20.1	32	29

NEONATAL MORTALITY.—The death-rate of infants under four weeks of age is known as the Neonatal Mortality. There were 29 deaths of infants under four weeks of age during 1958 and the rate for the year was 13.0 per 1,000 live births.

The figures for the past 10 years are as follows:—

Year			Number	Rate
1958	...	...	29	13.0
1957	...	...	30	13.5
1956	...	...	25	11.8
1955	...	...	30	14.3
1954	...	...	29	13.2
1953	...	...	34	15.2
1952	...	...	32	13.8
1951	...	...	40	16.8
1950	...	...	32	13.3
1949	...	...	33	12.5

ILLEGITIMATE BIRTHS AND DEATHS.—73 of the live births registered (34 males and 39 females) were illegitimate, that is 3·3% of the births registered.

One illegitimate child died under one year of age.

The following table shows the birth and death rates of legitimate and illegitimate infants for the past ten years:—

Year	Legitimate Infants				Illegitimate Infants			
	Live Births	Percentage of Registered Births	Deaths	Rate per 1,000 Legitimate Live Births	Live Births	Percentage of Registered Births	Deaths	Rate per 1,000 Illegitimate Live Births
1958 ...	2,155	96·7	36	16·7	73	3·3	1	13·7
1957 ...	2,158	97·3	38	17·6	61	2·7	—	—
1956 ...	2,056	97·2	30	14·6	59	2·8	3	50·8
1955 ...	2,045	97·4	40	19·6	55	2·6	2	36·4
1954 ...	2,145	97·8	40	18·6	48	2·2	1	20·8
1953 ...	2,164	97·0	43	19·9	67	3·0	2	29·9
1952 ...	2,232	96·1	44	19·7	91	3·9	—	—
1951 ...	2,306	97·1	49	21·2	70	2·9	1	14·3
1950 ...	2,332	96·9	41	17·6	74	3·1	4	54·0
1949 ...	2,567	97·6	51	19·9	63	2·4	2	31·7

The Chelmsford Diocesan Moral Welfare Association continued to undertake the care of the unmarried mother and her child on behalf of the County Council and there has been direct co-operation through their Moral Welfare Workers for this district. In addition, all cases are followed up by the Health Visitors.

HEALTH VISITORS AND SCHOOL NURSES.—Miss Oliver, the Superintendent Health Visitor, reports as follows:—

“The scope of the health visitor's work continues to enlarge. So little is heard about her work, it is a pleasing task to be asked to contribute to this Report.

As we now visit from the expectant mother to a small proportion of the elderly, opportunity is given to teach preventive health to many different age groups. The personal visit to the home is still important and enables the health visitor to be a ‘friend of the family’.

A wider scope in the teaching of health aspects has been given to us by holding five relaxation sessions weekly with mothercraft talks included.

The Manford Way Clinic Mothers' Club made a good start again this year; films were shown and outside speakers invited. Guilds, Toc H Group, Young Wives' Groups have also called on us to assist them by speaking about our work.

Co-operation continues to be maintained with the Ilford Home Safety Committee and in 1958 health visitors visited 74 homes to give help and advice after the patients returned from hospital as the result of a home accident. Prevention from home accidents is foremost in every health visitor's teaching and the requests for the loan of fire guards by the Home Safety Committee quickly increased when the mothers became aware of the service available.

We continue to take student nurses from King George Hospital and Oldchurch Hospital; they usually spend a half-day with the health visitor observing the work done in the public health field. Student health visitors also continue to be trained in the Ilford area.

Considerable assistance has been given to physically handicapped persons and we hope to extend our work amongst these people by assisting with gadgets and various suggestions to make life easier for them."

Under the Essex County Council's Training Scheme for Health Visitors, in conjunction with the S.E. Essex Technical College, three trainees were allocated to Ilford for practical instruction during 1958. One trainee, on completing the course in 1958 and passing the examination for the Health Visitors' Certificate of the Royal Institute of Public Health, was appointed as Health Visitor and School Nurse here.

At the end of the year there were 17 full-time qualified Health Visitors and School Nurses in addition to the Superintendent Health Visitor, and 5 Clinic Nurses.

The following is a summary of the home visits made by the Health Visitors and Clinic Nurses during 1958 as far as Part III Services are concerned :—

First visits to newly-born infants	...	...	...	...	2,230
Subsequent visits to children under 1 year of age	...	...	...	...	6,371
Subsequent visits to children over 1 year of age and under 5	...	...	...	...	13,882
Visits to expectant mothers	...	...	...	...	1,057
Home visits for other reasons	...	...	...	...	1,681
Total visits paid					25,221

In addition there were 6,092 visits paid where no reply was received.

The arrangements made in 1957 for the Health Visitor serving in the area in which his practice is situated to assist at the baby clinic held by one of the general practitioners once a month, have continued and have proved most satisfactory.

With a view to increasing the degree of co-operation between the Department and the Doctors, a meeting was arranged to take place on the 9th September, 1958, as in 1954, 1955 and 1957, but unfortunately it was necessary for this to be cancelled as it was found that very few general practitioners could attend. A meeting with a somewhat wider scope, at which medical and nursing staff from the hospitals and the Health Areas and also general practitioners from both Ilford and Barking attended, was, however, held at the Chadwell Heath Hospital on the 27th January, 1959.

DAY NURSERIES.

(a) The hours of opening at the two Nurseries during 1958 continued to be 7.30 a.m. to 6 p.m., Monday to Friday only.

(b) The standard charge for accommodation at the Day Nurseries was raised from 8/6 to 10/6 per child per day as from the 31st March, 1958. Provision is made for this charge to be reduced according to scale when the means of the parents do not justify the full fee.

Accommodation has continued to be made available to neighbouring Areas for children who can more conveniently attend an Ilford Nursery than one in their own Area.

(c) The following is a table showing the attendances, etc., at the Day Nurseries during 1958 :—

Situation	Date of Opening	Accommodation (Children)	Average Daily Attendance during 1958	No. of Days "in Quarantine"	"Reasons for Quarantine" with Number of Cases				No. on Waiting List at 31st Dec.
					Chicken Pox	Mumps	Measles	German Measles	
Goodmayes Lane, Goodmayes (Replaced Green Lane Nursery, open from 5.5.43 to 9.11.51)	14.11.51	50	30	21	1	—	1	—	—
226-236, Ley Street, Ilford	16.8.43	50	36	66	14	—	—	1	—

(d) The training of Students at the Nurseries for the Certificate of the National Nursery Examination Board continued. Five Students (three from the Ley Street Nursery and two from the Goodmayes Lane Nursery) entered for the examination during the year, all of whom obtained the Certificate.

The arrangements for young students to attend part-time courses (on one day a week) at day continuation classes whilst awaiting enrolment for the Nursery Nurses' Course at a Technical College in the September following their sixteenth birthday also continued, thus enabling them to pursue their studies in general subjects and so improve their general educational standard during this pre-nursery course period. Only one student (from the Goodmayes Lane Nursery) attended such a course at the St. George's Day Release Centre, Dagenham, during 1958.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.—This Act requires, *inter alia*, that every local health authority shall keep registers—

- (a) of premises in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days;
- (b) of persons in their area who for reward receive into their homes children under the age of five to be looked after as aforesaid.

The following shows the position regarding registrations under the Act :—

	(a) Premises	(b) Child-minders
Number on register at 31/12/57	6	3
Number registered during 1958	1	2
Number removed from register during 1958	—	—
Number on register at 31/12/58	7	5
Number of children provided for at 31/12/58	151	29

CLINIC PREMISES.

Manford Way Health Services Clinic.—The Family Planning Association continued to use these clinic premises in 1958 for their sessions on the first and third Monday evenings in each month, a charge being made to them to cover the cost of heating, lighting, cleaning and caretaking.

Kenwood Gardens Health Services Clinic.—A tender of £22,360 for building works and £185 for laying out the grounds was accepted in August, 1958, for the erection of this new clinic and building commenced the following month; it is anticipated that it will be ready for occupation at the end of the year.

It is proposed to transfer to these new premises all the clinic services, with the exception of the infant welfare centres, at present carried on at Valentines Mansion and Newbury Hall. The infant welfare centre at Newbury Hall will continue to be held there, to serve the mothers and children living in that area, and negotiations are in progress to hire other premises to which to transfer the Valentines Centre, i.e. to serve the northern part of Cranbrook Ward and areas fringing on this.

The two rooms at present used for clinic purposes at Valentines Mansion will thus be vacated and it is proposed to use these for additional office accommodation which is so urgently required.

The services proposed to be provided at the new Clinic, with its modern facilities, include infant welfare centre (to replace the present Woodford Avenue Centre), ante-natal sessions, immunisation and vaccination, routine and special examinations of school children, minor ailment clinics, dental clinics and certain specialist clinics (orthopaedic, ear, nose and throat, paediatric and ophthalmic). There will also be greatly improved facilities for health education.

The health visitors for the area in which the clinic is situated will have their office in the premises, thus furthering our policy of decentralising these members of the staff so far as is practicable.

Heathcote Avenue Health Services Clinic.—The Minister of Health approved the revised plans submitted for this clinic and a tender of £9,737 for building works and £210 for laying out the grounds was accepted in February, 1959; building commenced in that month. It is anticipated that this clinic, will be ready for occupation early in 1960. The premises will be much smaller than the Kenwood Gardens Clinic and the services to be provided will, of course, be more limited. These will, however include an infant welfare centre, midwives' ante-natal clinic, immunisation and vaccination, routine and special examinations of school children and health education.

Again, the health visitors for the area to be served by the clinic will have their office in the premises.

INFANT WELFARE CENTRES.—107 voluntary lady helpers were engaged in the work at the Infant Welfare Centres at the end of December, 1958.

During the year the following attendances were recorded:—

Total number of attendances of infants	35,756
First attendances	1,946
Attendances of children from 1 to 5 years	10,229
Total number of children on roll on 31/12/58 after omission of all those who had not attended for six months	3,802

The following is a comparison of the attendances at the Infant Welfare Centres for the past five years:—

	Total No. of attendances of Infants	First attendances	Total No. of children on roll on 31st December
1958	35,756	1,946	3,802
1957	37,948	1,916	3,976
1956	36,902	1,895	3,916
1955	36,196	1,855	3,687
1954	38,392	1,858	3,565

760 sessions were held during the year, the average attendance at each session being 47 mothers with their infants.

The following are the figures for each Centre:—

	Sessions	Average Attendance
Barkingside	48	47
Chadwell	48	48
Becontree	48	47
Downshall	48	52
Manford Way	48	36
Woodford Avenue	48	74
Seven Kings	49	54
Grosvenor Road	47	48
Cecil Hall (Wednesdays)	49	43
Cecil Hall (Thursdays)	47	41
Newbury Hall	46	49
Mark's Gate	48	18
Goodmayes	48	37
Ilford Lane	45	47
Valentines	47	48
Fairlop	46	57

As was reported last year, the Grosvenor Road and Ilford Lane Infant Welfare Centres were moved from the Vine Memorial Church Hall, Grosvenor Road, to the St. Alban's Church Hall, Albert Road, as from the 1st January, 1958, as it was considered that the latter premises were more suitable as regards both accommodation and location.

ORTHOPAEDIC CLINIC.

The following table summarises the attendances of children under 5 years:—

Clinic	Sessions	New Cases	Old Cases	Attendances
Newbury Hall	44	78	57	275
Mayesbrook	23	20	34	97
Manford Way	8	12	8	28
Totals	75	110	99	400

The 209 children were found by the Orthopaedic Surgeon to have the following defects:—

Diagnosis	New Cases			Old Cases		
	A	B	C	A	B	C
Deformity of hips ...	2	—	—	1	—	1
Genu valgum ...	37	10	5	18	17	2
Pes valgo-planus ...	1	1	—	2	3	—
Valgus ankles ...	10	4	1	8	3	2
Deformity of chest ...	—	—	—	1	—	—
Congenital talipes E.V. ...	3	—	—	5	1	—
Intoeing ...	9	1	1	4	1	—
Deformity of toes ...	3	1	—	2	5	—
Torticollis ...	—	—	1	—	—	—
Metatarsal varus ...	—	—	2	4	2	—
Out. curvature tibiae ...	3	—	2	—	—	—
Genu varum ...	—	1	—	2	—	—
Spina Bifida ...	1	—	—	—	—	—
Deformity of Foot ...	1	—	—	—	—	—
Other conditions ...	8	2	—	10	2	3
Totals ...	78	20	12	57	34	8

A—Newbury Hall. B—Mayesbrook. C.—Manford Way.

13 pairs of Valgus Insoles, 15 G.V. night splints and 100 wedges to shoes were supplied during 1958.

The Physiotherapist treated 66 children under 5 at Newbury Hall, 24 at Mayesbrook Clinic, 29 at Manford Way, with attendances of 552, 164, 238 respectively.

PAEDIATRIC CLINIC.—Dr. A. Russell, the Consultant Paediatrician, continued to attend the Clinic at Valentines Mansion, 21 sessions were held and 91 new cases were examined, having been referred from the Infant Welfare Centres, Schools and Maternity Hospital for the reasons set out in the following table; a total of 198 attendances were made.

Diagnosis	Discharged Improved	Discharged with Advice or for Other Reasons	Discharged no Treatment	Discharged Cured	Referred to Hospital, Dr. or Clinic	Still attending	Total
Anaemia	—	1	—	—	—	—	1
Ataxia	—	1	—	—	—	—	1
Behaviour Problem ...	—	1	—	—	—	1	2
Breath Holding	—	1	—	—	—	—	1
Cardiac Murmur	—	1	—	—	—	2	3
Cephalhaematoma	—	1	1	—	—	—	2
Cerebral Hyperirritability	—	—	—	—	—	1	1
Congenital Epulis	—	—	—	—	1	—	1
Congenital -ethyosis ...	—	—	—	1	—	—	1
Congenital Microcephaly ...	—	—	—	—	—	1	1
Constipation	—	—	—	—	1	—	1
Craniostenosis	—	—	—	—	—	1	1
Cyst	—	—	—	—	—	1	1
Depressed Fracture of Skull	—	—	—	—	—	1	1
Epiphora	—	—	1	—	—	—	1
Erb's Palsy	—	—	—	—	—	1	1
Excessive Patency of Fontanelles	—	—	—	—	—	2	2
Facial Palsy	—	—	1	—	1	—	2
Fat Necrosis	—	—	1	—	1	1	3
Feeding Problem	3	—	—	2	1	1	7
Head Enlargement	—	—	—	1	—	1	2
Haemorrhage into Eye ...	—	—	—	—	1	—	1
Hernia	—	1	1	1	1	2	6
Hydrocele	—	—	—	—	2	—	2
Hypospadias	—	—	—	—	1	—	1
Hypothermia	—	—	—	—	1	—	1
Laryngitis Stridulosa ...	—	—	—	—	—	1	1
Meningocele	—	—	—	—	—	1	1
Mongolism	—	1	—	—	—	—	1
Naevus	—	1	2	1	1	—	5
Nasal Catarrh	—	—	—	—	1	—	1
Nil Abnormal Discovered	—	1	9	—	—	—	10
Obesity	—	1	—	—	2	—	3
Pilonidal Sinus	—	—	3	—	1	—	4
Pinhole Meatus	—	1	—	—	—	—	1
Post Nasal Stridor	—	—	—	—	—	1	1
Prematurity	1	2	2	—	—	—	5
Shortening of Leg	—	—	—	—	—	1	1
Sleeping Difficulty	1	—	—	—	—	—	1
Still Under Observation ...	—	—	—	—	—	4	4
Stress Headaches	—	1	—	—	—	—	1
Tone Deafness	—	—	—	—	—	1	1
Tremor of Hands	—	—	—	—	—	1	1
Vaginal Discharge	—	1	—	—	—	—	1
Vaginal Polyp	—	—	—	—	—	1	1
Totals	5	16	21	6	16	27	91

OPHTHALMIC CLINICS.—Attendances of children under school age for treatment by the Ophthalmologists during 1958 were as follows:—

	Valentines Mansion	Mayesbrook Clinic	Manford Way Clinic	Total
Number of children who attended	74	51	14	139
Number of pairs of spectacles prescribed ...	12	14	6	32
Total number of attendances made	99	104	30	233

EAR, NOSE AND THROAT CLINIC.—The E.N.T. Surgeon attended at 47 sessions during 1958. 65 attendances were made by 31 children of pre-school age. 9 children were operated upon for removal of tonsils and adenoids at King George Hospital, Ilford, and 2 at the Chadwell Heath Hospital.

ARTIFICIAL SUNLIGHT CLINIC.—The following table summarises the attendances of children under 5 years:—

Clinic	Sessions	New Cases	Old Cases	Attendances	Discharged		
					Cured	Much Improved	Left District etc.
Newbury Hall	46	6	7	79	2	—	1
Mayesbrook	47	7	2	61	—	2	—
Totals	93	13	9	140	2	2	1

The conditions treated were as follows:—

Conditions	Cases	
	A	B
Anaemia, Debility, Malnutrition and Catarrh ...	6	4
Bronchitis	2	1
Chilblains	1	2
Other conditions	4	2
Totals	13	9

A.—Newbury Hall.

B.—Mayesbrook.

SPEECH CLINIC.—40 children of pre-school age attended, making 554 attendances. The following is the classification of the defects found by the speech therapist:—

Dyslalia	26	Stammering	2
Retarded speech and language	10	Treatment not needed ...	1
Not yet diagnosed	1		

DIPHTHERIA IMMUNISATION.—During 1958 a total number of 805 children attended at Clinics for diphtheria immunisation (411 at Valentines Clinic, 281 at Mayesbrook, 109 at Manford Way and 4 at Mark's Gate), making a total number of attendances of 1,820 (865, 693, 258 and 4 respectively). Diphtheria and whooping cough immunisation is undertaken at the same session and as the numbers attending have declined, arrangements were made from December, 1958, at the Valentines and Mayesbrook Clinics for this work to be combined with the school clinics held for the treatment of minor ailments. At the Manford Way and Mark's Gate Clinics immunisation is undertaken at the infant welfare clinic sessions.

The following table shows the figures over the past five years.

No. of primary inoculations :—

	1954	1955	1956	1957	1958
At Clinics	515	398	338	282	401
By General Practitioners ...	1,341	1,324	1,745	1,492	1,681*
Totals ...	1,856	1,722	2,083	1,774	2,082

No. of re-inoculations :—

	1954	1955	1956	1957	1958
At Clinics	772	437	478	252	330
By General Practitioners ...	1,112	808	1,579	888	1,366†
Totals ...	1,884	1,245	2,057	1,140	1,696

No. of live births in Ilford ... 2,193 2,100 2,115 2,219 2,228

*Includes 556 combined Diphtheria and Whooping Cough inoculations.

†Includes 321 combined Diphtheria and Whooping Cough inoculations.

WHOOPING COUGH IMMUNISATION—The following are the details of the number of children immunised against whooping cough at the three Ilford clinics held for this purpose, together with records of such courses completed by general practitioners.

	Valentines Clinic			Mayesbrook Clinic			Manford Way Clinic			*General Practitioners	
	Inoculations (full course)	Reinoculations (one only)	Attendances	Inoculations (full course)	Reinoculations (one only)	Attendances	Inoculations (full course)	Reinoculations (one only)	Attendances	Inoculations (full course)	Reinoculations (one only)
Children under 5 years of age	122	1	376	128	1	403	70	—	206	907	29
Children 5 years of age and over	2	—	4	—	2	2	—	—	—	13	55
Totals	124	1	380	128	3	405	70	—	206	920	84

*For comparison, as it is not the policy of the County Council to use a combined diphtheria/pertussis vaccine, only plain pertussis injections carried out by general practitioners are entered in the above table. The figures for records received of combined diphtheria/pertussis courses of injections are as follows.

Inoculations ... 556 Re-inoculations ... 321

VACCINATION AGAINST POLIOMYELITIS.—As was reported last year, with the use of imported vaccine to supplement the limited supplies of British vaccine being received, in 1958 it was possible greatly to accelerate the programme of vaccination of the eligible groups, i.e. children born in the years 1943 to 1958 (provided babies had reached the age of six months), expectant mothers, and general practitioners and ambulance staff and their families. In the autumn the scheme was further extended by the Minister of Health to include all persons born in the years 1933 to 1942 and hospital and nursing home staffs and their families; it was also then decided that a third injection, or "booster", should be given not less than seven months after the second of the two injections now regarded as the primary course. Although publicity was given to the extension, registration of the "young adult" group (those born in 1933 to 1942) was very slow to begin with, the percentage registered at the end of the year being negligible. The situation has, however, altered considerably during 1959 and at the time of writing this report some 30 per cent of the age group 16 to 25 years have been vaccinated.

The general practitioners have continued to play an important part in this scheme and most of those practising in the area are now participating. The arrangements continue whereby the vaccine, as each batch is received, is allocated between the clinics and the doctors participating in proportion to the number of registrations held and the position has now been reached that we are able to obtain each month the amount of vaccine requisitioned early in the previous month.

The statistics given below show the vaccinations carried out at the clinics in 1958 and the record cards received from general practitioners during that year in respect of completed primary courses and "boosters" carried out by them. Again in 1958, as in the previous year, many of the sessions at the Mayesbrook and Newbury Hall Clinics were combined with school clinics and at Manford Way Clinic with the infant welfare centre; sessions were also combined with the infant welfare centre at Marks Gate Clinic and our medical and nursing staff attended on four occasions at the Village Homes, Barkingside, to vaccinate children resident there.

<i>Clinic</i>	<i>Sessions</i>	<i>First injections given</i>	<i>Second injections given</i>	<i>Third injections given</i>
Public Health Offices	92	3,450	3,533	652
Mayesbrook	... 59	1,774	1,931	303
Manford Way	... 38	963	905	160
Newbury Hall	... 27	548	522	192
Marks Gate	... 7	26	33	—
Village Homes	... 4	228	205	—
Totals	227	6,989	7,129	1,307

Record cards received from general practitioners :—

Completed primary courses (two injections)	...	9,519
Third injections ("boosters") given	... ..	1,514

At the 31st December, 1958, a total of 22,086 primary courses had been completed in Ilford (21,301 children under 16 years, 24 persons aged 16 to 25 years, 675 expectant mothers and 86 general practitioners, ambulance staff, etc.).

SMALLPOX VACCINATION.—During 1958 record cards were received from general practitioners and various hospitals as follows :—

Ages up to 14—

No. of children primarily vaccinated	...	1,482
No. of children revaccinated	...	47

Age 15 and over—

No. of adults primarily vaccinated	...	182
No. of adults revaccinated	...	490

In addition 50 children were primarily vaccinated at the Manford Way Clinic.

The following table shows the figures over the past five years :—

	1954	1955	1956	1957	1958
No. of primary vaccinations ...	1,359	1,383	1,545	2,169	1,714
No. of revaccinations ...	465	398	445	975	537
Totals ...	1,824	1,781	1,990	3,144	2,251
No. of live births in Ilford ...	2,193	2,100	2,115	2,219	2,228

TREATMENT OF MINOR AILMENTS.—Children suffering from simple dietetic ailments are treated at the Infant Welfare Centres. Facilities are, however, available at the sessions held for school children at Newbury Hall, Mayesbrook Clinic and Valentines Mansion for children under school age to receive treatment for minor ailments, although in practice very few so attend.

MIDWIVES.—There were 14 State certified midwives (including the Non-Medical Supervisor of Midwives, 8 domiciliary midwives and 3 part-time midwives employed by the County Council), resident and practising in the district at the end of the year. In addition there were 30 State certified midwives at the Ilford Maternity Hospital.

Supervision of the midwives practising on the district, including regular inspections by the Medical Supervisor of Midwives, was carried out as in previous years, and general supervision, in accordance with the Rules of the Central Midwives Board, was exercised over the midwives practising at the Ilford Maternity Hospital.

Suspension from Practice.—No Midwives were suspended from practice during the year.

Medical Aid.—Medical aid was sought in 1 instance where the infant was found to have a discharging eye. The condition of the eye cleared satisfactorily.

Domiciliary Midwifery Service.—At the end of the year there were 8 Domiciliary Midwives employed by the County Council whole-time and 3 part-time, in addition to the Non-Medical Supervisor.

During the year 487 cases were attended. In 455 cases the midwives were engaged to attend as midwives and in 32 cases as maternity nurses.

A Doctor was called in to 46 of the 455 cases in which a midwife had been engaged.

Of the infants born there were 4 stillbirths. In all of these cases the midwife was engaged as a midwife.

There were 4 deaths of infants during the first year of life where the birth had been attended by a Domiciliary Midwife; one of these occurred during the first two weeks of life.

Notices were received from the Domiciliary Midwives stating that artificial feeding had been substituted in respect of 30 infants attended by them during 1958.

During 1958 Ante-Natal Clinics conducted by the Domiciliary Midwives were held weekly at Valentines Mansion and fortnightly at Mayesbrook Clinic and Manford Way Clinic. The following is a summary of the attendances at these Clinics during the year:—

	Valentines Clinic	Mayesbrook Clinic	Manford Way Clinic
First attendances ...	384	132	81
Subsequent attendances ...	973	369	307
Totals ...	1,357	501	388
Number of sessions ...	48	24	26
Average attendance at each session ...	28	21	15

In addition 2,047 home ante-natal visits were made during the year.

The scheme continues whereby the doctor and the midwife have a consultation about their patient on three occasions (at specified intervals) during the pregnancy. The examinations take place at the patient's home, the doctor's surgery or at the Local Health Authority's Clinic, as mutually agreed, but in practice the joint consultation is held in the majority of cases in the doctor's surgery.

The Ilford Borough Council continued to provide housing accommodation, where necessary, for midwives employed in the service of the Ilford Health Area Sub-Committee. At the 31st December, 1958, one maisonette and one flat were being rented by the County Council from the Borough Council under this arrangement.

Salvation Army Midwifery Service.—One Salvation Army midwife, with a further midwife assisting her as required, served in Ilford during the year and in view of the shortage of County Council midwives the governing body, the Mothers' Hospital, Clapton, agreed to their undertaking certain cases outside their normal area, to relieve the position to a degree. 95 cases were attended by her, 93 as a midwife and 2 as a maternity nurse. A Doctor was called in to 15 of these cases.

Of the infants born there were 2 stillbirths.

Notifications were received from the Salvation Army Midwife that it was proposed to substitute artificial feeding in respect of 19 infants.

Gas and Air Analgesia.—During 1958 gas and air analgesia was administered in 463 cases, of which 373 were attended by the Domiciliary Midwives (348 when acting as midwives and 25 when acting as maternity nurses) and 90 were attended by the Salvation Army midwives (88 when acting as midwives and 2 as maternity nurses).

All the domiciliary midwives employed at the end of the year were qualified to administer gas and air analgesia and both the Salvation Army midwives were also so qualified.

Arrangements continued in operation for the midwives using cars in the course of their duties each to hold a machine at their respective homes to take with them to their own cases and there are three machines stored at the Ambulance Station for the use of the remaining midwives. With regard to the latter, the relatives of the patient are requested to collect a machine, where possible, but when they cannot do this, arrangements are made for a machine to be transported from the Ambulance Station to the house by a hired car.

The Salvation Army midwives also have two machines which are kept at their Branch Home and taken or sent to the home of the patient when required.

The service is freely available to all having home confinements, provided there are no medical contra-indications, and each expectant mother on booking the midwife is supplied with a leaflet explaining the nature and the availability of the service.

ANTE-NATAL CLINICS.—The following is a summary of the attendances at the Ante-Natal Clinics during 1958 for patients booked for confinement in hospital:—

		Maternity Hospital		Mayesbrook Clinic	Manford Way Clinic
		Doctors	Midwives		
First attendances	...	945	—	279	113
Subsequent attendances	...	5,666	3,686	2,523	1,040
Totals	...	6,611	3,686	2,802	1,153
Number of sessions	...	310	254*	129	59
Average attendance at each session	...	21	14	22	19

*Includes 206 running concurrently with Doctors' Clinics.

All patients booked for admission to the Maternity Hospital are medically examined at the Ante-Natal Clinics. The first examination takes place at the 10th week of pregnancy, or as soon as possible after that time if the booking for hospital admission is not made until after the 10th week. Further, arrangements are made for all hospital booked patients to see the Obstetric Registrar at either the Ilford Maternity Hospital or the Mayesbrook Ante-Natal Clinic at about the 35th week of pregnancy.

In conjunction with the Ante-Natal Clinics at the Manford Way and Mayesbrook Clinics the Health Visitors hold classes for relaxation exercises. During 1958 there were 103 sessions at the Mayesbrook Clinic, with 1,160 attendances, and 101 sessions at Manford Way Clinic, with 735 attendances. A weekly session is also run by Health Visitors at Valentines Mansion, 43 sessions being held in the year, with 273 attendances.

Relaxation exercises classes are in addition held by the staff of the Ilford Maternity Hospital for patients attending the Ante-Natal Clinic there.

POST-NATAL CLINICS.—All patients confined in the Ilford Maternity Hospital and other patients on request are invited to attend the Post-Natal Clinics for the first time approximately six weeks after confinement.

During 1958 clinics were held at the Maternity Hospital weekly, at Mayesbrook Clinic fortnightly, and at Manford Way Clinic monthly. The following attendances were recorded:—

	Maternity Hospital	Mayesbrook Clinic	Manford Way Clinic
First attendances	655	196	92
Subsequent attendances	162	71	7
Totals	817	267	99
Number of sessions	52	26	12
Average attendance at each session	15	10	8

CONSULTANT CLINIC.—The Consulting Obstetrician, or his Deputy, continued to hold a Clinic twice weekly for ante-natal and post-natal cases. During the year 102 sessions were held and a total of 1,358 examinations were made.

MATERNAL MORTALITY.—During 1958 there were no deaths of Ilford mothers recorded by the Registrar-General as due to or in consequence of pregnancy or childbirth.

DOMESTIC HELP SERVICE.—During 1958 the heavy demand for this service continued. The service was controlled by two full-time Organisers, under the general direction of the Area Medical Officer, and at the end of the year there were 6 full-time, 120 regularly-employed part-time and 18 casual Helps employed.

The following is a summary of the cases dealt with in 1958:—

Number of applications received for assistance	1,295
Number of cases where Domestic Helps were provided (including 622 who were having service at the com- mencement of the year)	1,601
Number of cases which on investigation were either not eligible for assistance or did not require the service	112
Cases booked but subsequently cancelled	111
Number of cases where, at the end of the year, a domestic help was booked to attend in future months (maternity cases)	64
Other cases awaiting help at end of year	29
Enquiries incomplete at end of year	—
Cases being served at 31st December, 1958	674

Three training courses, each of two weeks' duration, were held by the County Council at Chelmsford in 1958. One domestic help from Ilford attended at each and all were found to be entirely satisfactory.

PREVENTION OF BREAK-UP OF FAMILIES—HEALTH OF CHILDREN.—

Supervision of the few problem families in the Area continues, the Health Visitors taking the leading role and discussing the problems with interested persons, e.g., General Practitioners, Teachers, Housing Manager and Psychiatric Social Workers.

Local case conferences are called as necessary.

CONVALESCENT FACILITIES.—The following tables show the number of persons sent away for convalescence during 1958:—

(a) *Under Section 22 of the National Health Service Act, i.e., nursing mothers and young children.*

Name of Home	No. of Cases	No. of weeks' stay	Remarks
Beech Hill Convalescent Home, Mortimer	1	2 (each child)	Three children of one family—unaccompanied.
Broomhayes Nursery and Home, Northam	1	7	One unaccompanied child.
Dedisham Convalescent Home, Slinfold	1	2	Mother and baby.
Mrs. James' Home, Margate	1	1	Mother and two children.
Lennox House, Southsea ...	2	2 (each case)	Mother and child in each case
Totals	6	20	

(b) *Under Section 28 of the Act, i.e., other persons requiring a change of air and surroundings to aid recovery and rehabilitation.*

Name of Home	No. of weeks' stay				Total Cases
	1	2	3	4	
All Saints Convalescent Hospital, Eastbourne	—	1	—	—	1
Bannow Holiday Home, St. Leonards-on-Sea ...	—	1	—	—	1
Bell Memorial Convalescent Home, Lancing ...	2	9	10	—	21
Bramhope Guest House, Clacton-on-Sea ...	—	1	—	—	1
Brook Lane Rest Home, Brighton ...	—	2	1	—	3
Cumberland Convalescent Home, Herne Bay ...	1	5	3	—	9
Donkey Club Holiday Home, Lancing ...	—	1	—	—	1
Mrs. Foster's Home, Leconfield, Isle of Wight	1	—	—	—	1
Holiday Home Bramar Royal, Bournemouth	—	2	—	—	2
Lammermoor Nursing Home, Frinton ...	—	1	—	—	1
Lloyd Memorial Seaside Home, Deal ...	—	1	—	—	1
Mildmay Mission House, Ramsgate ...	—	1	—	—	1
Mrs. Pollitt's Home, Broadstairs ...	—	1	—	—	1
Rustington Convalescent Home, Littlehampton	—	6	3	—	9
Samuel Lewis Convalescent Home, Walton-on-Naze ...	—	6	—	—	6
Shoreditch Holiday Home, Copthorne ...	—	2	—	—	2
St. Anne's Nursing Home, St. Leonards-on-Sea	—	1	—	—	1
St. Joseph's Convalescent Home, Bournemouth	—	1	—	—	1
St. Michael's Convalescent Home, Clacton-on-Sea	—	6	2	1	9
St. Michael's Convalescent Home, Westgate-on-Sea ...	—	1	—	—	1
Victorian Convalescent Home, Bognor Regis ...	—	2	—	—	2
Totals	4	51	19	1	75

LOAN OF SICK ROOM EQUIPMENT.—The considerable demand for equipment continues and the following table shows the issues from the Public Health Offices during 1958 :—

Articles Loaned	Number of Articles			Articles in store at 31.12.58
	on loan at 31.12.57	loaned or reloaned in 1958	on loan at 31.12.58	
Mattress (Dunlopillo) ...	11	7	12	1
Mattress (Hair) ...	1	1	—	3
Invalid Chairs ...	49	55	49	6
Air Pillows ...	3	—	—	2
Air Rings ...	79	185	54	58
Cushions (Dunlopillo) ...	9	22	11	6
Back Rests ...	71	180	72	15
Beds ...	6	4	8	—
Commodes ...	29	29	34	—
Crutches ...	6	8	7	4
Fracture Boards (Sets) ...	3	4	4	—
Pillows ...	6	3	2	5
Pillow Slips ...	—	—	—	*1
Rubber Sheeting ...	151	262	124	39
Medical Sandbags (Sets) ...	—	—	—	1
Bed Cradles ...	19	21	16	3
Air Beds ...	4	7	2	3
Bed Pans ...	96	192	73	33
Diabetic Scales ...	3	—	2	2
Feeding Cups ...	2	13	—	10
Urinals ...	54	81	32	35
Sputum Mugs ...	5	3	3	1
Douche Cans ...	2	—	1	1
Water Beds ...	—	—	—	1
Water Pillows ...	—	—	—	1
Bed Blocks ...	1	—	1	1
Pails ...	—	—	—	2
Bowls ...	—	—	—	2
Bedstead Sides (Pair) ...	1	—	1	—
Lifting Pole and Chain ...	5	5	6	1
Commode Sorbo Cushion ...	1	—	—	1
Kidney Dishes ...	1	—	1	—
Rubber Toilet Seat (inflatable) ...	1	1	2	—
Totals ...	619	1,083	517	238
1957 Details ...	555	1,062	619	125
1956 Details ...	519	1,158	555	180
1955 Details ...	538	1,117	519	161
1954 Details ...	320	975	538	99
1953 Details ...	161	698	320	54
1952 Details ...	86	326	161	66
1951 Details ...	27	162	86	30

* Provided through special funds.

TUBERCULOSIS VISITORS.—The three Tuberculosis Visitors made a total of 3,005 visits to homes in the Borough.

DOMICILIARY OCCUPATIONAL THERAPIST.—The Domiciliary Occupational Therapist who had been working in Ilford and Romford left on the 16th August, 1958. Only one applicant was available for this post and another vacant in this part of Essex and she was appointed from the 6th October, 1958, to cover Ilford, Romford, Dagenham, Barking and part of the Forest Health Areas. The following shows the visits undertaken in Ilford in 1958:—

Number of visits to new patients	6
„ „ revisits to patients	535
„ „ other visits (to Chest Clinics, etc.) ...	11

REHABILITATION OF TUBERCULOSIS CASES.—No cases required assistance in the maintenance charges at a rehabilitation settlement during 1958.

OPEN-AIR SHELTERS FOR TUBERCULOSIS CASES.—One open-air shelter was supplied for a tuberculosis patient during 1958.

PROVISION OF FREE MILK FOR TUBERCULOSIS CASES.—The County Council's scheme for supplying to tuberculosis patients one pint of milk per day free of charge, on the recommendation of the Chest Physician, showed a further decline during 1958. Particulars of the grants made in 1958 are given below:—

No. of cases in receipt of free milk at 31.12.57 ...	195
„ „ new grants made during 1958	91
„ „ grants discontinued during 1958	136
„ „ cases in receipt of free milk at 31.12.58 ...	150

BOARDING-OUT OF CHILDREN (TUBERCULOSIS CONTACTS).—No applications were received in 1958 for assistance in the boarding-out of child contacts of tuberculosis patients under the County Council's scheme.

ILFORD TUBERCULOSIS CARE ASSOCIATION.—Mr. H. R. Stanbridge, a member of the Ilford Health Area Office staff, continued to undertake the secretarial work of this Association during 1958.

The following shows the assistance given by the Association during the year:—

	No. of persons Assisted	Total No. of Grants made
Extra nourishment (grants made usually for periods of one month and renewed as required)	44	262
		(including renewals)
Other grants (Christmas cash gifts, clothing, etc.)	61	68

TRAVELLING EXPENSES OF RELATIVES VISITING HOSPITAL PATIENTS.—As in previous years, the County Medical Officer was able to give financial assistance in 1958 only in very special cases to enable them to visit relatives who were in hospital; no Ilford persons, however, applied for assistance under this scheme.

EXAMINATION OF OFFICERS AND SERVANTS.—The following medical examinations by Essex County Council staff were carried out during 1958:—

Entrants to County Council Service	19
Other purposes	7
For other Authorities	5

INVALID NIGHT AND DAY ATTENDANT SERVICE.—The experimental scheme operating in conjunction with the Ilford Social Service Association for the provision of night attendants to provide some relief for those people who are called upon to sit up constantly all night with sick relatives or friends, or to help those who are sick and have no one to whom they can turn for such assistance, has continued, the County Council making agreed payments to the Association in respect of approved cases where need in meeting the cost of the service provided by the Association's night attendants has been proved.

Towards the end of 1958 the responsible Committee of the County Council agreed, in view of the limited expenditure being incurred at that time, that part of the money allocated and not required for the night attendant service could be utilised for providing day attendants in approved cases to sit with sick or infirm persons who could not afford to meet the charge made by the Ilford Social Service Association for their day attendants.

Although only a few cases were assisted under these schemes during 1958, there has been a considerable increase in 1959.

The following are the details of the cases dealt with under the County Council's scheme during 1958:—

	<i>Nights</i>	<i>Days</i>
No. of cases being attended at 31.12.57 ...	Nil	Nil
„ „ new cases attended during 1958 ...	3	1
„ „ cases discontinued during 1958 ...	3	Nil
„ „ „ being attended at 31.12.58 ...	Nil	1
Total No. of attendances given ...	11	16 plus 8 half-days

HOME NURSING.—The Home Nursing Service in Ilford is undertaken by Nurses under the supervision of the Superintendent of the Lady Rayleigh Training Home at Leytonstone but operating from the Branch Home "Abury House" in Aldborough Road, Ilford.

The work undertaken by Home Nurses in the Ilford area in 1958 was as follows:—

Cases attended ...	2,140
Visits paid ...	63,115

HEALTH EDUCATION.—Posters covering various aspects of Health were displayed at the Public Health Offices and the Mayesbrook, Manford Way and Newbury Hall Clinics throughout the year and a "Family Doctor" Exhibition Unit, loaned by the British Medical Association and installed in the entrance hall at Valentines Mansion in July, 1957, was used until March, 1958, for illustrative material on selected subjects, the display being changed each month. A similar Unit was used at Manford Way Clinic from January until March, 1958.

During the year a total of 36 lectures on various Health subjects were given by members of the medical staff of the Department, 4 to mothers attending Infant Welfare and Ante-Natal Clinics, and 32 to various organisations and children.

In addition, 204 lectures on Mothercraft were given by the Health Visitors at their ante-natal relaxation exercise classes at the Mayesbrook and Manford Way Clinics, a series of 12 lectures constituting each course.

As part of the national "Guard that Fire" Campaign in November, 1958, a local campaign under the aegis of the Ilford Health Area Sub-Committee was organised by a Sub-Committee of the Ilford Home Safety Committee. This was launched on the 8th November when a mobile display

toured the area. The Worshipful the Mayor of Ilford received the demonstration in public at the Town Hall during the afternoon. Pictures and news of the event were published in the local press. During the display, and subsequently, leaflets were widely distributed, together with poster displays and the showing of film trailers at local cinemas.

DENTAL TREATMENT.—Mr. E. V. Haigh, the Senior Dental Officer, has submitted the following report:—

“Full dental treatment continued to be available at Mayesbrook Clinic for expectant and nursing mothers and for children under five years of age. During 1958 there was less demand for this service so that compared with 2.5 sessions for the previous year only two sessions were required per week, one during the day time and one during the evening from 5.15 to 8.15 p.m. The latter session is continuing to prove very satisfactory for many mothers who are working and for those who have young children because the children can be left at home whilst the mother is free of worry to attend the clinic. The patients who were treated under this service were referred by medical staff from ante-natal, post-natal and child welfare clinics.

Conservative treatment, which consists of filling, scaling and gum treatment, was carried out whenever practicable in order to save as many teeth as possible. The choice of local or general anaesthesia was available to the patient when extractions were required; most were, however, performed under a general anaesthetic.

Dentures were supplied when required; these were made by a local dental laboratory which is continuing to prove a satisfactory arrangement.

Dental X-ray facilities, which are becoming more important in the diagnosis of dental abnormalities and thus saving the patients pain and inconvenience continue to be available at Mayesbrook Clinic.”

The number of cases treated at the Clinic during 1958 was as follows:—

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and nursing mothers				
(a) Day Sessions ...	45	45	45	38
(b) Evening Sessions ...	83	83	83	76
Children under 5 ...	79	79	82	88

The forms of dental treatment provided were:—

	Extractions	Anaesthetics		Fillings	Scaling or Scaling and Gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures Provided, repaired and remade	
		Local	General						Complete	Partial
Expectant and nursing mothers										
(a) Day Sessions	185	28	41	126	43	—	48	4	11	12
(b) Evening Sessions	92	56	—	228	136	—	117	6	20	11
Children under 5	94	—	55	213	—	—	40	—	—	—

In addition there were 141 prophylactic treatments and other operations carried out in the case of expectant and nursing mothers at day sessions and 155 at evening sessions.

The total number of sessions held for expectant and nursing mothers and children under five years of age was $97\frac{1}{2}$, 50 during the day and $47\frac{1}{2}$ in the evenings.

DISTRIBUTION OF NATIONAL WELFARE FOODS.

The distribution of national welfare foods (National Dried Milk, orange juice, cod liver oil and vitamin tablets) to beneficiaries has continued to be the responsibility of the local health authorities under the National Health Service.

Provision has been made at the new Kenwood Gardens Clinic, now in course of erection for a food store and office, to replace the present accommodation in the former Ambulance Station, Clarks Road, and for a distribution centre to replace the one now operating at the Public Health Offices. It is hoped that this new accommodation will be ready towards the end of 1959.

The following shows the present distribution centres in Ilford, with the days and times they are open :—

(a) Branch Centres.

Public Health Offices, Valentines Mansion.	Monday to Friday	9.15 a.m.—1 p.m. 2 p.m.—3.30 p.m.
	Saturday	9.15 a.m.—12 noon
Methodist Church Hall, High Road (entrance in Cleveland Road), Ilford.	Tuesday and Friday	9.15 a.m.—1 p.m. 2 p.m.—3.15 p.m.
	Saturday	9.15 a.m.—12 noon
Methodist Church Hall, Fremantle Road, Barkingside.	Tuesday	9.15 a.m.—1 p.m. 2 p.m.—3.30 p.m.
Goodmayes Methodist Church Hall, Blythswood Road (next to Seven Kings Library), Goodmayes.	Friday	9.15 a.m.—1 p.m. 2 p.m.—3.30 p.m.

(b) Infant Welfare Centres.

Barkingside	...	...	Monday	2—4 p.m.
Fairlop	...	...	Friday	2—4 p.m.
Chadwell	...	...	Monday	2—4 p.m.
Manford Way	...	...	Monday	2—4 p.m.
"	"	...	Tuesday	2—4 p.m.
"	"	...	Friday	2—4 p.m.
Becontree	...	...	Tuesday	2—4 p.m.
Goodmayes	...	...	Thursday	2—4 p.m.
Downshall	...	...	Tuesday	2—4 p.m.
Woodford Avenue	...	...	Wednesday	2—4 p.m.
Cecil Hall	...	...	Wednesday	2—4 p.m.
"	"	...	Thursday	2—4 p.m.
Seven Kings	...	...	Wednesday	2—4 p.m.
Newbury Hall	...	...	Thursday	2—4 p.m.
Marks Gate (Padnall)	...	...	Thursday	2—4 p.m.
Grosvenor Road	...	...	Wednesday	2—4 p.m.
Ilford Lane	...	...	Friday	2—4 p.m.
Valentines	...	...	Friday	2—4 p.m.

(c) *Private Houses*

Mrs. Taylor, 31, Lime Grove, Hainault.	Monday to Friday 9 a.m.—5 p.m.
Mrs. Peacock, 15, Culpeper Close, Hainault.	Evenings and Weekends only.

With a view to effecting economy and cohesion in the service, the work with regard to the national welfare foods has been fully integrated with that of the distribution of nutrients and medicaments which has been in operation in the maternity and child welfare service for many years.

SCHOOL HEALTH SERVICE.

SCHOOL ROLL AND PREMISES.—There are 39 schools with 65 departments. The number of children on the school roll of Primary and Secondary Schools in Ilford on 19th December, 1958, was 23,720, which figure includes Barking Abbey (459). In addition there were 104 children attending the special schools.

MEDICAL INSPECTION AND FOLLOWING UP.—During the year 7,707 periodic medical inspections were carried out and in addition, 960 special inspections and 2,502 re-inspections were undertaken. 5,772 parents or 74.9 per cent, attended the full medical inspections.

The supervision of the medical arrangements for pupils attending Elmbridge and Kennylands Boarding Schools continued as in previous years and routine medical inspections were undertaken during the year by Dr. Gross. Fortunately, there were no untoward incidents or epidemics.

The existing arrangements, however, whereby Surrey County Council undertook dental inspection and treatment of pupils at Elmbridge School were continued.

STAFF.—Subsequent upon the resignation of Dr. P. A. C. Wright, Assistant County Medical Officer and School Medical Officer, in November, 1958, Dr. J. M. Pooley returned to the Service in December and once again took over the Enuresis Clinic.

Owing to the continued shortage of part-time Dental Officers it was only possible to carry out a limited number of inspections of pupils at school.

The special swimming classes for specific types of physically handicapped pupils, inaugurated by Mr. T. Brand, the Physiotherapist, continued throughout the year, children attending for a one-hour session weekly. This form of therapy has for some time been advocated by the Orthopaedic Surgeon and all cases are referred on his recommendation. We have been fortunate in having the valuable assistance of Mr. C. Laxton, the Ilford Schools' Swimming Instructor and well-known National Coach.

The classes are proving to be a marked success and already some 45 cases have been referred for swimming therapy.

Our thanks are due to both Mr. Brand and Mr. Laxton for the good work they are undertaking with these children.

VISITS.—(a) The Public Health Inspectors made 1,153 visits to maintained schools, (1) to enquire as to the milk supplies and (2) to inspect the sanitary arrangements. In addition they made 157 home visits, 130 to measles cases and 27 to whooping cough cases.

(b) School nurses made (i) 190 visits to schools (99 for general hygiene and 91 for head inspections) when 18,429 individual children were examined and 33,867 actual examinations were made, (ii) 2,860 home visits in regard to treatment recommended, and (iii) 10 home visits to cases of minor infectious diseases.

(c) In February, 1958, the Chief Public Health Inspector of Ilford and his Deputy visited Kennylands and Elmbridge Schools and reported on many defects. The recommendations for improvements in facilities and accommodation were passed to the Principal School Medical Officer of Essex.

SPECIALIST SERVICES.—The various specialist clinics functioned as in previous years and these are the subject of separate reports by the Consultants included under the particular Clinic details.

STATISTICS.—The Ministry of Education Annual Returns and the summary of heights and weights over a period of 10 years are printed at the end of this Report.

MEDICAL TREATMENT.

(a) *Minor Ailments Clinics*.—The attendances during 1958 were as follows:—

	Newbury Hall	Mayesbrook
Number of individual children seen ...	379	450
Number of attendances of children ...	660	781
Number of exclusion certificates granted	2	12
Number of certificates of fitness to attend school granted	3	14

Owing to the falling off of numbers attending the minor ailment clinics it was decided to close one of the two weekly sessions hitherto operating at both the Mayesbrook and Newbury Hall Clinics.

So that facilities for consulting a doctor, on the days previously set aside as purely clinic sessions, remained, the clinic was combined with the immunisation clinic—one at Mayesbrook and the other at the Public Health Offices.

This change was effected from 1st December, 1958, and has worked very well.

The following table shows the conditions dealt with at both the Clinics during the year:—

Subnormal Nutrition	...	...	...	...	...	272
Debility	...	...	...	...	...	63
Uncleanliness:—						
Head	...	...	...	...	...	19
Body	...	...	...	...	...	—
Skin:—						
Ringworm:—						
Head	...	...	...	...	...	—
Body	...	...	...	...	...	—
Scabies	...	...	...	...	...	—
Impetigo	...	...	...	...	...	4
Dermatitis	...	...	...	...	...	—
Urticaria	...	...	...	...	...	—
Furunculosis	...	...	...	...	...	4
Eczema	...	...	...	...	...	3
Athletes Foot	...	...	...	...	...	6
Warts	...	...	...	...	...	116
Other Skin Diseases (Non-Tuberculosis)	...	...	...	...	...	34
Eye:—						
Blepharitis	...	...	...	...	...	6
Conjunctivitis	...	...	...	...	...	5
Defective Vision (excluding Squint)	...	...	...	...	...	92
Squint	...	...	...	...	...	10
Other conditions	...	...	...	...	...	57
Ear:—						
Defective Hearing	...	...	...	...	...	6
Otitis Media	...	...	...	...	...	3
Other Ear Diseases	...	...	...	...	...	7

Nose and Throat:—

Chronic Tonsilitis only	...	...	...	...	3
Adenoids only	...	...	...	...	2
Chronic Tonsilitis and Adenoids	...	...	...	...	4
Nasal Catarrh	...	...	...	...	11
Nasal Obstruction	...	...	...	...	4
Other conditions	...	...	...	...	23
Enlarged Cervical Glands (Non-Tuberculous)	...	...	...	...	9
Defective Speech	...	...	...	...	20
Teeth—Dental Diseases	...	...	...	...	47

Heart and Circulation:—

Functional	...	...	...	...	...	2
Organic	...	...	...	...	...	—
Anaemia	...	...	...	...	...	3

Infectious Diseases:—

German Measles	...	...	...	...	...	—
Whooping Cough	...	...	...	...	...	—
Colds and Coughs	...	...	...	...	...	50
Influenza	...	...	...	...	...	—

Lungs:—

Asthma	...	...	...	...	...	12
Bronchitis	...	...	...	...	...	1
Pulmonary Catarrh	...	...	...	...	...	9
Other Non-Tubercular Diseases	...	...	...	...	...	3

Psychological:—

Development	...	...	...	...	...	1
Stability	...	...	...	...	...	7

Nervous System:—

Nervous Debility	...	...	...	...	...	1
Habit Spasm	...	...	...	...	...	—
Chorea	...	...	...	...	...	—
Petit Mal	...	...	...	...	...	1
Enuresis	...	...	...	...	...	8
Other Conditions	...	...	...	...	...	7

Deformities:—

Genu Valgum	...	...	...	...	...	7
Posture	...	...	...	...	...	5
Pigeon Chest	...	...	...	...	...	—
Flat Feet	...	...	...	...	...	15
Valgus Ankles	...	...	...	...	...	9
Other Forms	...	...	...	...	...	27
Minor Injuries	...	...	...	...	...	23
Rheumatism	...	...	...	...	...	4
Other Defects and Diseases	...	...	...	...	...	53

Total number of ailments ... 1,078

RECUPERATIVE HOLIDAYS.

During 1958, 32 children were recommended for recuperative holidays and were placed by the Borough Education Officer.

SPECIAL CLINICS.

OPHTHALMIC CLINIC.

The following table summarises the attendances of school children:—

<i>Clinic</i>		<i>Sessions</i>	<i>New Cases</i>	<i>Old Cases</i>	<i>Attendances</i>
Valentines Mansion	...	101	283	915	1,651
Mayesbrook	...	101	185	559	1,277
Manford Way	...	11	31	78	195
Totals		213	499	1,552	3,123

979 complete pairs of spectacles were provided, some of these being renewals after breakages. In addition, in 282 cases the lenses of spectacles were replaced or repairs of frames were carried out.

Dr. H. J. R. Thorne, M.B., B.S., D.O., D.O.M.S., the Ophthalmic Surgeon at Valentines Ophthalmic Clinic, reports that the remarks made in his report for 1957 are equally applicable for 1958 and he has no fresh or additional comments to make.

The clinics continued to function smoothly and satisfactorily and were well attended.

Partially sighted (or blind) children were seen as required and reports submitted on Form B.D.8, advice being given as to schooling and treatment.

Cases requiring operative treatment such as squint were, as before, referred to various London Eye Hospitals.

ORTHOPTIC CLINIC.

Miss C. M. Hazel, D.B.O., makes the following report on the Orthoptic Clinic held at Mayesbrook Health Services Clinic for the year ended 31st December, 1958.

"264 sessions were held throughout the year and 91 new cases were referred for treatment. In addition 102 old cases were under treatment. Total attendances amounted to 686 and 40 patients were discharged.

The Orthoptic Clinic functioned efficiently as an indispensable adjunct to the School Eye Clinic in the treatment and observation of squint cases—both true and latent and pre- and post-operative."

Miss Hazel attends at the Clinic for three days a week.

ORTHOPAEDIC CLINIC.

Mr. H. G. Korvin, F.R.C.S., the Orthopaedic Surgeon, makes the following report:—

"The year 1958 saw no new developments at the Orthopaedic School Clinics. Attendance was at a satisfactory level. One of the ever-present problems at these clinics is that of the teen-age girl's foot-wear. In order to assist mothers in the choice of shoes Mr. Brand, M.C.S.P., has prepared a leaflet setting out the main points to be considered. The swimming-class introduced in the preceding year proved very beneficial and popular. Those children who had reached the required standard were given certificates at a party arranged by the voluntary workers.

Arrangements for hospital admissions, X-ray and laboratory investigations, and surgical appliances were unchanged. Messrs. Pryor and Howard have resumed the provision of surgical footwear.

I wish to thank all those taking part in the running of these clinics for their devoted and valuable help. Special thanks are due to the several voluntary workers in the swimming class."

The following table summarises the attendances of school children:—

<i>Clinic</i>	<i>Sessions</i>	<i>New Cases</i>	<i>Old Cases</i>	<i>Attendances</i>
Newbury Hall	44	102	238	473
Mayesbrook	23	39	101	234
Manford Way	8	6	15	33
Totals	75	147	354	740

SUMMARY OF CASES SEEN

Diagnosis	New Cases			Old Cases		
	A	B	C	A	B	C
Diplegia	—	—	—	2	—	—
Cerebral Palsy	1	—	—	—	1	—
A.P.M.	—	2	—	6	7	—
Hemiplegia	—	—	—	3	3	—
Monoplegia	—	—	—	1	—	—
Scoliosis	2	—	—	2	6	—
Kyphosis	2	1	—	2	1	—
Slack posture	6	—	—	12	2	2
Deformity of Hips	1	—	—	3	—	—
Depressed Sternum	—	—	—	1	—	—
Genu valgum	28	13	1	87	36	7
O.C.T.	2	—	—	4	1	—
Genu varum	1	—	—	4	—	1
Pes valgus-planus	—	2	2	27	6	—
Valgus ankles	19	3	—	16	13	2
Talipes calcaneo-valgus	—	—	—	1	1	—
Intoeing	1	2	—	6	—	—
Pes cavus	—	—	—	1	—	—
Hallux valgus	5	1	—	11	7	—
Deformity of Foot	4	—	—	5	—	—
Deformity of Toes	10	8	—	14	5	3
Torticollis	1	—	—	2	1	—
N.A.D.	—	—	—	—	1	—
Other conditions	16	5	2	16	8	—
Orthopaedic Defects, Birth Injury	—	—	—	1	1	—
Foot strain	2	2	—	5	—	—
Metatarsal varus	—	—	1	4	—	—
Osteomyelitis	—	—	—	—	1	—
Deformity of Chest	1	—	—	1	—	—
Hydrocephalus	—	—	—	1	—	—
Totals	102	39	6	238	101	15

A—Newbury Hall.

B—Mayesbrook.

C—Manford Way.

15 Children of school age were admitted to East Ham Memorial Hospital. Particulars as follows:—

<i>No. of Cases</i>	<i>Operation</i>
2	Phalangeal Osteotomy and Bunionectomy.
2	Arthrodesis Toes Rt. and Lt.
2	Stapling of knees.
1	Arthrodesis and Capsulotomy 2nd Rt. Toes.
1	Tenotomy and Capsulotomy.
1	Manipulation for Metatarsal Varus.
2	Manipulation and P.O.P. Splint for Congenital Hip.
1	Removal of Supernumerary Toes.
1	Subastragaloid Joint Lt. Foot Arthrodesis.
1	Bilateral Bunionectomy and Phalangeal Osteotomy Gt. Toe.
1	Shoulder Arthrodesis (Supracondylar Wedge).

During the year 26 pairs of valgus insoles, 15 pairs of surgical boots or shoes, 8 pairs Genu Valgum splints, 1 metatarsal bar, 9 calipers and inverting irons, 1 toe spring for drop foot, 1 brace and jacket, 34 repairs to calipers and shoes, and 60 pairs wedges to shoes were supplied to school-children.

192 cases were discharged from the Orthopaedic Clinic, 67 as cured, 23 due to absence and were kept under observation at school, 74 were showing improvement and were kept under observation at school, 25 cases left school or left the district, and 3 died.

MINOR ORTHOPAEDIC DEFECTS.

Dr. F. E. O'Connor Wilson, one of the school medical officers, has under supervision and attends periodically one of the following Clinics conducted by the Physiotherapist:—

Exercises	Massage	Sunlight
-----------	---------	----------

and she reports as follows:—

“ REMEDIAL EXERCISES

The Clinics for remedial exercises and physiotherapy were large and busy during 1958. There were 293 new cases and 1,260 attendances at Newbury Hall.

At Mayesbrook 158 new cases were seen and 858 attendances were made. Cases referred for treatment from School Medical Inspections numbered 297 and these made 420 attendances. The total number of new cases was 451 and total attendances 2,118 during the year.

Classes were held to demonstrate the exercises for the treatment of the particular defect. Mothers were present at these classes and were encouraged to assist their children to do the exercises daily at home. Those who worked at the exercises at home were seen at intervals by the physiotherapist to supervise progress.

It is most encouraging to see the interest shown by the mothers in the treatment given. Children from the Benton School who attended for treatment of deformities were taken direct to the clinic from the school by motor coach and in the care of a lady assistant. Certain cases continue to have regular swimming therapy of one hour sessions

per week at the Public Baths and this treatment is found to be beneficial physically and mentally.

Children are discharged from treatment following periodic examinations by the visiting doctor, should such treatment be no longer necessary.

ARTIFICIAL SUNLIGHT TREATMENT

Ultra violet ray treatment was given as usual at two centres, i.e. Newbury Hall and Mayesbrook. Attendances were more regular than in 1957 and all cases showed considerable benefit. There was a total of 39 new cases and 791 attendances during the year. Of these, 15 new cases and 336 attendances were at Newbury Hall, and 24 new cases, with 455 attendances, at Mayesbrook.

These children were examined at intervals by the doctor and discharged when considered to benefit."

PHYSIOTHERAPY CLINICS.

These are held at Newbury Hall on Monday and Thursday mornings and at Mayesbrook Clinic on Tuesday and Friday mornings. Cases are also seen at the Manford Way Clinic as required.

Details of attendances:—

<i>Clinic</i>	<i>Sessions</i>	<i>New Cases</i>	<i>Old Cases</i>	<i>Attendances</i>
Newbury Hall ...	92	98	50	981
Mayesbrook ...	93	56	24	717
Manford Way ...	91	8	12	238
Totals ...	276	162	86	1,936

ARTIFICIAL SUNLIGHT CLINICS.

These are held at Newbury Hall on Tuesday afternoon and at Mayesbrook Clinic on Thursday afternoon.

Details of attendances:—

<i>Clinic</i>	<i>Sessions</i>	<i>New Cases</i>	<i>Old Cases</i>	<i>Attendances</i>	<i>Discharged</i>		
					<i>Cured</i>	<i>Much Improv'd</i>	<i>Left District etc.</i>
Newbury Hall ...	46	15	24	336	9	4	5
Mayesbrook	47	24	14	455	8	—	6
Total ...	93	39	38	791	17	4	11

The lamp used at each Clinic is a Centrosol Unit. The conditions treated were as follows:—

Defects Treated.	Cases	
	A	B
Chilblains	3	3
Anaemia, Debility and Malnutrition	15	15
Bronchitis	12	8
Asthma	1	1
Other Conditions	8	11
	39	38

A—Newbury Hall Clinic.

B—Mayesbrook Clinic.

EAR, NOSE AND THROAT CLINIC.

The E.N.T. Clinic is held at Valentines Mansion, the Surgeon attending one session weekly.

47 sessions were held during 1958 and 613 attendances were made by 263 children of school age, of whom 177 were new cases.

The Consulting Ear, Nose and Throat Surgeon (Miss Margaret Mason, F.R.C.S.) submits the following report:—

“This has been a fairly uneventful year at the Clinic; the work proceeded as usual, with a slightly increased number of attendances—613 during the year—(177 for the first time) as against 588 in 1957.

As might be expected, a good many of these were cases of tonsil and adenoid disease, and 96 had operations for this, at King George Hospital and at Ilford Isolation (now Chadwell Heath) Hospital. We were again fortunate in that there was no summer poliomyelitis outbreak last year, and no closure of beds was necessary. The waiting list is therefore still very short, and stood at 21 at the end of the year.

The remainder comprised the usual assortment of conditions; otitis media, sinusitis, 1 case of mastoiditis, deafness, both slight and severe in degree, allergy, and constitutional lack of resistance to upper respiratory infections. Several of these latter have been treated with the appropriate vaccines, and the result so far has been encouraging.”

The following table shows the work of the Clinic:—

	No. Diagnosed
Tonsils and Adenoids Infection	118
Deafness	4
Otitis Media	4
Mastoid disease	1
Rhinitis	29
Other defects or diseases	44
	<u>200</u>

During 1958 392 children were operated on for the removal of enlarged tonsils and adenoids as follows:—

King George Hospital	257
Chadwell Heath Hospital	64
Others	71

These figures include those cases referred by private practitioners.

SPEECH CLINICS.

Mrs. M. Walker, the Senior Speech Therapist, reports on the work of the Speech Clinics during 1958 as follows:—

“The Speech Therapists in the Ilford Area are as follows:—

Mrs. Walker —full-time—Valentines Clinic.

Mrs. McGill —6 sessions per week—Mayesbrook Clinic.

Mrs. Pretious—6 sessions per week—Cerebral Palsy Unit.

4 sessions per week—Manford Way Clinic.

1 session per week—Fairlop School.

This year has seen more pre-school children referred for speech therapy than ever before. One obvious result is the possibility of preventing a more severe form of speech disorder developing, as has happened so often in the past when parents waited for spontaneous improvement or confused the child with too frequent correction. It has also given the opportunity for greater experiment in group treatments for the under-fives, and in most cases this has proved much more satisfactory than the somewhat unnatural one-child, one-adult therapist situation. Also it gives many of these children the only opportunity during their week to play with other children of their own age and interests. Each child, of course, has a short individual session during the group period with the therapist.

At the other end of the age scale several boys have been recommended for speech therapy. These boys apparently had been known to stammer for 2-4 years and had not been referred for speech therapy until they had become severe psychogenic stammerers; by then they were generally in, or approaching, adolescence. This is recognised as being the most notoriously difficult period in which to attempt treatment.

The importance of not waiting for children to grow out of their speech difficulties is stressed once again. Consultation between the *parents* and the speech therapist at an early stage could preclude the need for some of these children to receive treatment in the actual clinics at all.”

The defects treated were as follows:—

Stammer	...	...	...	...	...	53
Dyslalia	...	...	...	...	...	130
Retarded speech and language	...	...	...	...	...	13
Hearing losses	...	...	...	...	...	7
Cleft Palate	...	...	...	...	...	6
Dysarthria	...	...	...	...	...	4
Neurological	...	...	...	...	...	1
Treatment not needed	...	...	...	...	...	4
Others	...	...	...	...	...	9

96 children of school age were discharged from the Clinics during the year. In 63 cases the speech was normal. Of the remaining 33 cases, 13 left the district, 1 improved, 7 ceased to attend, 6 left school, 2 were referred elsewhere, 4 did not require treatment.

SCHOOL DENTAL SERVICE.

Mr. E. V. Haigh, Senior Dental Officer, reports as follows:—

"Dental treatment was carried out in the Ilford area at five surgeries; Mayesbrook and Valentines having two each and there being one surgery at Manford Way.

During 1958 we continued to staff the Clinics by using Part-Time Dental Officers, each Officer doing a few sessions per week. The use of these part-time Officers is not ideal owing to lack of continuity of treatment, but as without their services we should have to close the surgeries we are grateful to them. It is impossible to obtain full-time Officers.

At the beginning of the year we had nine part-time Officers but by the end of the year this number had dropped to six, giving the equivalent to nearly two full-time Officers. This, together with my own school dental duties, brings the total service to 2.62 Dental Officers compared with 3.39 in the previous year. At the present time it is impossible to obtain more staff due to the fact that private practice is more financially attractive. As a result of less staff it was made impossible to inspect or treat so many children.

Emergency treatment on two mornings a week continued during 1958 at Mayesbrook Clinic when any child without an appointment from any school in Ilford could attend and be seen by myself for the relief of pain, appointments being made for extractions under general anaesthesia or for conservative treatment such as fillings.

I continued with one evening session per week for school children, the time of these sessions being 5.15-8.15 p.m. They have proved to be most satisfactory and popular, especially for the older secondary children studying for examinations, who do not wish to attend the Clinic during school time. I have a waiting list for these sessions and only the patients who cannot possibly attend during the day may be given an after school appointment.

X-ray facilities have continued to be available at Manford Way and Mayesbrook Clinic; patients attending Valentines Clinic being sent to Mayesbrook Clinic if X-rays were required, the films then being sent back to the Dental Officer after they had been processed. At the end of 1958 a new X-ray apparatus was ordered for Valentines Clinic and a dark room fitted up, but this was not in operation until the beginning of 1959.

Most extractions were performed under general anaesthesia, always given by a Medical Officer. Slightly less sessions were needed for this purpose in 1958 because there were less school inspections and therefore not so many children with gross caries referred for extractions.

At the end of 1958 a sub-committee was formed to promote greater dental health propaganda. As before, this will take the form of films, lectures and demonstrations in the schools to encourage the children to take greater care of their teeth and so need less dental treatment."

Full details of the dental work are shown in Table V.

BENTON SCHOOL.

Dr. D. M. B. Gross, Medical Officer in charge, reports as follows:—

"During 1958 the number of children on roll varied from 83 on 31st December, 1957, to 81 on 31st December, 1958.

There were 24 admissions and 26 discharges during the year.

Recommendations for admissions were received from the following sources:—

School Medical Officer	2
Borough Education Officer	4
Private Doctor	3
Head Teacher	6
Parent	1
Hospital	6
Others	2
	<hr/>
	24
	<hr/>

The diagnoses were as follows:—

Meningocele	1
Multiple fractures	1
Old pulmonary T.B.	1
Brain haemorrhage	1
Bronchitis	2
Congenital dislocation of hip	1
Sub-acute rheumatism	2
Arthrogryphosis	1
Congenital heart disease	1
Asthma	8
Mild Cerebral Palsy	2
Achondroplasia	1
Congenital abnormalities	2
	<hr/>
	24
	<hr/>

The 26 children discharged left for the following reasons:—

Fit for ordinary school	13
Admission to special school	6
Withdrawn	1
Left district	2
Left school (over age)	4
	<hr/>
	26
	<hr/>

Throughout the year periodic medical examinations took place at the school and resulting from them the following recommendations were made:—

Milk, emulsion, exercises, etc	1
Convalescence	1
For special school	1
Ophthalmic clinic	2
Dental clinic	2

Children with lung diseases were given daily deep breathing exercises, and others continued to attend special clinics for therapy.

The work of the school has continued smoothly along the same lines as previously. The close liaison with the Cerebral Palsy Unit continues and has again proved most useful and I should like to thank all the staff concerned for their help and co-operation.

The Juvenile Employment Officer has also been most helpful and is always ready to visit the school and interview parents of leavers about their future employment."

CEREBRAL PALSY UNIT.

(i) Dr. D. L. Woolf, Consultant in Physical Medicine to the Cerebral Palsy Unit, reports as follows:—

"There have been five new admissions during the year and five discharges. Twenty-two children are at present on roll.

The medical auxiliaries and teaching staff continue to work in close liaison, and fortunately, on the medical side, we are again fully established. I am grateful to Mrs. Lennox, the physiotherapist, who managed so well when single handed.

Conditions in the treatment rooms could be improved considerably, and it is hoped next winter will see the establishment adequately heated throughout, and eventually, when money is available, rubber flooring will replace the stone floors which at present exist, especially in the treatment rooms.

I would again like to express my thanks to the medical auxiliaries and teaching staff for all their cheerful co-operation and assistance during the past year."

(ii) Dr. D. M. B. Gross, Medical Officer in charge, makes the following report:—

"The Unit has now been open since May, 1955, and at the end of 1958 there were 22 children on roll, 12 males and 10 females. One child from the Ilford Division appears on the waiting list and will be admitted on reaching five years of age.

During the year two children were examined with a view to admission; one was accepted and came from the Ilford Area; the other child from the Mid-Essex Division was found unsuitable owing to the fact that she was not a true cerebral palsy.

5 children were discharged for the following reasons:—

- | | |
|-------------|---|
| Ilford | —Removed to Basildon. |
| Romford | —1. Transfer to residential special school. |
| | 2. Reported ineducable under Section 57 (3) Education Act 1944. |
| Walthamstow | —Transferred to Wanstead Occupation Centre. |
| South Essex | —Transferred to Ogilvie School. |

Admissions (all boys) in 1958 were as follows:—

- | | | |
|---|-----------------------------|---|
| 1 | Cerebral Palsy | |
| 2 | Athetosis | |
| 1 | Generalised spasticity | |
| 1 | Spasticity of lower limbs | |
| | from these areas:—Mid-Essex | 2 |
| | —Ilford | 2 |
| | —Romford | 1 |

Moreover 4 children under 5 years (3 from Ilford and 1 from the Forest Division) were seen and examined. These would have been suitable for admission to a special nursery school had such been available. The need for such a nursery school is thus again emphasised if full use is to be made of the Unit, all authorities being agreed that the earlier training and treatment can be started, the better.

The work of filming the children continued throughout the year and, with the cine projector, is proving most useful to therapists and medical staff alike."

CHILD GUIDANCE CLINIC.

Dr. H. M. S. Davidson, Consultant Psychiatrist at the Ilford Child Guidance Clinic, reported as follows:—

"The work of the Clinic has continued with little change during 1958 but we have met with an increasing interest in our work and a wish to know more about it.

Though we are called a Child Guidance Clinic we are essentially a Family Clinic, our patients are members of a family where personalities react on each other and where problems are closely inter-related.

Children are sent to us through many sources:—School Teacher, Medical Officer, General Practitioner, Hospitals and Clinics, Children's Officer, Probation Officer, or the parents or guardians of the child themselves. They come because someone is worried, either the child who is anxious and fearful, or the parent or teacher who is faced with behaviour they do not like but are unable to modify.

The gradual transition from the stage of early childhood where impulses and emotions are strong and egotistic and self control is weak, to that of the adult, socially responsible, good citizen is a difficult one.

It requires a secure background with loving parents who can supply the child's needs for emotional as well as physical satisfaction and control him while his own self control is yet weak, and give him those standards and ideals through personal example which the child will eventually make his own.

Since parents and children vary in their needs and capacities in carrying out this task, the sources of maladjustment are legion. Minor difficulties abound, as all parents know. Most of them are temporary. It is in overcoming them that parents and children gain in mutual understanding and capacity to deal with difficulties in life. But sometimes they do not clear up and may get worse; then the whole machinery of family relationships is in danger of being thrown out of gear and the child's whole development may be endangered.

The child reacts to this situation of stress in one of two ways:

- (1) He reacts *actively*, e.g. with persistent temper tantrums, aggressive and destructive, or other forms of antisocial behaviour; with a persistence of babyhood habits, thumb sucking, wetting, soiling, etc.; with nervous symptoms such as tics, nail-biting or other compulsive habits; with psychosomatic disturbances such as asthma attacks, etc.,

or

- (2) He reacts *passively*. He is timid and fearful of everything; he reverts to babyishness and immaturity, feels he can do nothing right so refuses to attempt anything; fails to learn at school though he is of normal intelligence; fails to adjust socially and cannot make friends.

Many children present quite severe problems in their homes, yet may function quite normally at school. Others may be outwardly conforming at school but release the pent-up feelings relating to school with increased intensity when they return home. Most teachers now recognise the over-good child as a disturbed child who is afraid to be natural.

Diagnostic Survey.

When children are brought to us, we need to know as much as possible about them and the family set-up and background. We make use of whatever records are available from the School Medical Officer, Family Doctor, Health Visitor, and the schools he has attended.

The parents first come (fathers as well if they can) and are seen by the Psychiatric Social Worker who takes a full social history. This includes the problem for which they attend, its onset, duration, and also a full life history of the child's development, his personality and his interests; his relationships to his parents and brothers and sisters and theirs to him; the family background, housing and material conditions and the varied anxieties and stresses through which the family has passed. The parents' own history of their childhood is important. The way they handle their children will depend very largely on how they were treated themselves and what their relationships were with their families. It is their own past sufferings and problems, rather than "the sins of the parents" which are visited upon the children and much of the work with parents here is helping them to understand and sort this out.

If the child is old enough and willing enough to separate from his parents he is seen by the Educational Psychologist while the mother is seeing the Psychiatric Social Worker, and is given a series of tests, not only to assess his intellectual capacity but to gauge his attitude to learning. Some children show particular types of learning difficulties, e.g. in reading, which may indicate a need for special help. The parents and child are then asked to attend for an interview with the Psychiatrist who already has the reports of the first interviews.

The child is usually seen first in the playroom with toys where the Psychiatrist attempts to form a friendly relationship and observes the child's behaviour and reactions with play material and offers to help him with his problems. Most children, even three-year olds, are quite willing to admit that they have worries and usually express their willingness to come again for further help.

The Psychiatrist then sees the parent or parents and discusses the child's problems and possible ways of dealing with them, though final decision about this may need to be postponed till the case conference has taken place.

A Case Conference between the Psychiatrist, Psychiatric Social Workers and Educational Psychologists, and attended by the Child Therapists, who may take the child on for treatment, is then held. In some of the cases the problem is largely a social or marital one; in others an educational measure may be needed; in some the mother needs help and counselling in her handling of the child; but in a large proportion of cases, the child needs to attend for weekly treatment while the mother sees the Psychiatric Social Worker.

These diagnostic interviews are very time consuming but are nevertheless essential.

It was stated recently in a Medical Journal that under the National Health Service, the doctor talks and the patient listens, while in private practice the patient talks and the doctor listens. In this respect, all our patients are largely private patients. It is what they say and how they say it that gives us the data on which we make our diagnosis,

In a full diagnostic survey at least three people are involved, each spending an hour and a half on every case and there are often additional interviews as well as the Case Conference.

Treatment.

Our decision about the type of treatment and its probable duration rests largely on whether the problem when referred to us is still an external one or whether it has become internalised within the child's own personality.

In the small child of pre-school age most problems are external and present a conflict between him and his mother, or father, or brother or sister. Often help for the mother, with or without the child, may clear up the problem in a small number of interviews.

Another type of external problem for which we can give considerable assistance is in helping the child to adjust psychologically to some traumatic but unavoidable happenings:—a severe physical handicap, an injury such as the loss of a leg, the death, or mental or physical illness, of a parent.

We can also help to prepare a child for the birth of a brother or sister, for going to school or going to hospital in cases where the parents recognise that the child will have considerable difficulty.

In older children, too, problems are usually external at first, but are too often left untreated until they have become internalised and reappear as neurotic symptoms. They are then much less accessible to external help and to changed attitudes in the family and need prolonged psychotherapy to cure them.

To give an example, all children feel jealousy of younger brothers and sisters though they may not show it openly, and have some difficulty in coming to terms with it and developing a satisfactory fraternal relationship where a competitive spirit is mutually helpful. Some children fail in this task, especially if they are made to feel too guilty over their jealousy and may repress the whole struggle only to show it later in an internalised form when they fail in all competitive situations. If their conscience forbids them to have any feelings of rivalry they may fail at school and elsewhere whenever such feelings tend to be aroused.

The neurotic symptoms which we see are these inhibitions of learning or making friends, fears of all types, anxiety states, chronic depressive symptoms with persistent crying and many others.

In these children with largely internalised problems the Psychiatrist or Child Therapist takes them on for weekly treatment of $\frac{1}{4}$ hour for an average period of eighteen months, though difficult cases may take longer. Those with externalised problems need a shorter period of treatment. The Therapist's aim in these interviews is to establish a relationship with the child which will enable the child to work out his own problems and thereby to cope more adequately with his other relationships so that as an adult he may become a socially responsible good citizen.

The child's parent, mother or father, is also seen by the Psychiatric Social Worker for $\frac{1}{4}$ hour each week and, through the establishment of an accepting relationship, helped to understand and modify her or his attitudes towards herself or himself and the child.

In addition to regular treatment sessions our Staff are frequently called upon, both personally and by telephone, for discussion or advice on many different problems. Many families still need some support and the opportunity to come and talk over new problems as they arise after we have finished treatment. The parents of those children in boarding schools for Maladjusted Children continue to need help and are seen regularly by the Staff. Our Psychiatric Social Workers are very hard pressed and could do more of this valuable advising work if they had more time. We need a third Psychiatric Social Worker to cope even with the existing work.

We again have been fortunate in having the same fully staffed Clinic until, in October, Mr. K. Pickett, our Educational Psychologist for the Ilford Area, left us to take up a more senior position with the L.C.C. We were extremely sorry to lose him and have not yet filled the vacancy.

It is with real regret that I am leaving the Ilford Clinic at the end of January, but since I became Director of the Child Guidance Training Centre in London it is no longer possible to give the necessary time. I gave up two sessions in October. Dr. Guraassa has taken these on as a locum.

I will continue to follow the Clinic's progress with interest and hope to keep in contact with it."

The following is a table showing the work undertaken at the Child Guidance Clinic during 1958:—

(a) No. of cases awaiting diagnosis at end of previous year	1957	43
(b) No. of new cases referred to Clinic during year	...	152
(c) No. of cases awaiting diagnosis at end of year	...	62
(d) No. of cases diagnosed and which received treatment during year	...	44
(1) <i>Psychiatrists.</i>		
No. of treatment interviews	...	219
No. of interviews	...	534
(2) <i>Play Therapists.</i>		
No. of cases treated	...	62
No. of interviews	...	972
(3) <i>Psychiatric Social Workers.</i>		
No. of parents interviewed or advised	...	395
No. of interviews	...	1,579
(4) <i>Educational Psychologists.</i>		
No. of cases remedial education	...	16
No. of interviews	...	476
(e) No. of children placed in residential schools	...	15
(f) No. of children awaiting treatment		
1. at the Clinic	...	27
2. in a Residential School	...	8

(g)	No. of cases carried over from previous year which received treatment	...	...	...	...	...	...	...	87
(h)	No. of cases closed	...	...	...	...	...	...	...	181
	1. Treatment completed	...	...	...	...	...	...	...	58
	2. Not taken up, non-co-operation, etc.	...	...	...	...	...	...	...	69
	3. Improved while awaiting treatment	...	...	...	...	...	...	...	54

Miss B. S. Gascoyne, Educational Psychologist, reports as follows:—

SCHOOL PSYCHOLOGICAL SERVICE.

"During the course of this year the Special Remedial Classes which were at Barkingside have moved to Valentines School, Beehive Lane, Ilford, where there are better classroom facilities. This has not increased the number of children who can be admitted but the conditions generally are much better.

The work done in these classes is invaluable as it enables those children who have fallen too far behind with their lessons to catch up in a normal school to work on individual lines; as the classes are small this means that the teachers can give help to each child just when they most need it, both academically and emotionally, which is rarely possible in large classes where the teacher's time has to be spread over at least 40 children.

We were sorry to lose Mr. Pickett at the end of October and as yet have no replacement for him but the Clinic work has not been cut down since there is still one Psychologist in the area. The Schools' Service in Ilford has had to be temporarily reduced but not to such an extent that the work over the past ten years is likely to be seriously jeopardised since visits to schools are still maintained for two mornings a week.

The Exhibition of School Books which Mr. Pickett organised during the last two years continues to be on display and at the service of any teachers who wish to see them at the Clinic. New books are added as they are published so the collection remains one of the most complete available for new school books with a main focus on the basic subjects. It is also, of course, of value to the Psychologists who are able to study them before making recommendations which are frequently asked for from the Schools."

ILFORD ENURESIS CLINIC.

Dr. J. M. Pooley, who resumed charge of the Clinic in December, 1958, when Dr. Wright left, gives a summary report for the year ended December 31st, 1958.

"The Clinic was conducted by Dr. Wright each Wednesday morning at the Ilford Public Health Offices. The procedure for each case has remained similar to that reported in previous years.

During the 12 months ended December 31st, 1958, there have been 46 new cases, made up as follows:—

Recommended by	Under 5 years		Over 5 years	
	Boys	Girls	Boys	Girls
Parents	—	—	2	—
General Practitioners	1	—	1	—
Infant Welfare Centre Officers	2	1	—	1
School Medical Officers	—	1	22	13
Health Visitors	—	1	—	1
	3	3	25	15

Total 46 cases

Total attendances (old and new cases) 350

No. of sessions 39

During Dr. Wright's 16 months of office the drugs used have been the same as in previous years with the addition of a supply of long acting Dexten tablets issued for a clinical trial by Aspro-Nicholas Ltd.

The number of cases so far included in the trial has been insufficient to enable any concrete conclusions to be drawn but further investigation will probably be carried out during the ensuing 12 months and a report will be issued at the end of that time.

The need for a further "Buzzer" for the Ilford Bed-Wetters is becoming more pressing! This fact is being considered and it is hoped that another electrical machine may shortly be added to the one in use at present.

The place for posterior pituitary snuff for the older child is becoming increasingly evident, but only, of course, in selected cases.

Children of 10 years and over in whom enuresis has been resistant to other methods of treatment have shown a striking diminution of urine output following its use at night.

Dr. Wright noted that there had been a fall in attendances this year. This apparently started with the bus strike. The number of new cases referred has also dropped. I hope that more new cases will be referred from within the Public Health Services during the coming months and also that doctors in general practice in the area will feel free to make use of the Enuretic Clinic should they wish to do so."

HANDICAPPED CHILDREN

Section 33 of the Education Act, 1944, and the regulations made thereunder have placed on the Local Education Authorities responsibilities for the provision of suitable education of children suffering from disability of mind or body.

A record of all such children is revised annually from returns submitted by all Head Teachers, and any new cases attending local maintained schools are reported to me with a view to medical examination and ascertainment of their suitability or otherwise of attendance at an ordinary school.

The several categories of pupils requiring special educational treatment as defined in the Handicapped Pupils (Certificate) Regulations, 1953, came into operation on 16th December, 1953.

The number of children coming within these categories and their disposition as on the 31st December, 1958, are tabulated in the following table in accordance with the Handicapped Pupils Regulations, 1953.

RETURN OF HANDICAPPED PUPILS IN THE AREA ON 31ST DECEMBER, 1958.
(Aged 2-16 Years)

HANDICAPPED PUPILS.	Blind, 1	Partially Sighted 2	Deaf 3	Partially Deaf. 4	Delicate. 5	Physically Handicapped. 6	Educationally Subnormal. 7	Maladjusted. 8	Epileptic. 9	Total
A. Newly placed in 1958	—	—	—	3	14	16	21	13	—	67
B. Newly ascertained in 1958 ...	—	1	—	2	17	15	21	13	—	69
C. (i) Attending Special Schools— Day ...	—	3	8	8	42	52	64	—	—	177
Boarding ...	4	3	3	1	4	7	17	12	—	51
(ii) Boarded in homes	—	—	—	—	—	—	—	4	—	4
(iii) Attending assisted Schools ...	—	—	—	—	—	—	5	19	—	24
D. Unplaced— (i) At no school ...	—	1	—	1	—	1	—	—	1	4
(ii) At ordinary school	—	—	—	1	4	2	21	9	—	37
E. Receiving home tuition (including those in D). ...	1	—	—	—	1	1	1	—	—	4

MENTAL HEALTH SERVICE.

The Occupation Centre for Mentally Defective Children and Adult Female patients, was opened on 8th September, 1953, at the Methodist Church Hall, Bennett's Castle Lane, Becontree. It is known as the Ilford Junior Occupation Centre.

Full medical inspection is carried out once a year, by one of the School Medical Officers, also a survey visit is made quarterly.

GENERAL WELFARE.

Provision of Meals and Milk for School-children.—The provision of meals in the schools commenced on 7th October, 1940. The total number of mid-day meals served during 1958 was 2,166,256 approximately.

There are 26 kitchens in the Borough, established at the following schools:—

Barking Abbey, Barley Lane, Beal Boys, Beal Girls, Becontree C.P. Unit, Benton, Caterham, County High Boys, County High Girls, Cleveland, Dane, Fairlop Boys, Fairlop Girls, Goodmayes, Gordon, Loxford, Mayfield Boys, Mayfield Girls, Mossford Green, Parkhill, Redbridge, The Gilbert Colvin, The Glade, The John Bramston, Uphall and Wm. Torbitt.

As from 6th August, 1946, milk in school has been supplied free of charge in accordance with the Provision of Free Milk Regulations, 1946.

In October, 1958, 20,163 children, were receiving milk in school.

Provision of Baths.—Shower baths are installed at Beal, County High Boys, Barking Abbey Grammar, Caterham, Dane, Fairlop Boys and Loxford Secondary Schools.

Work done by the N.S.P.C.C.—The following 32 cases were investigated:—

(1) Neglect	...	...	...	...	21
(2) Ill-treatment cases	...	...	...	...	2
(3) Other cases	...	...	...	...	9

(Four cases were reported from the Public Health Department 28 were reported from other sources for general neglect).

74 children (47 boys and 27 girls) were involved, 49 being of school age. In addition to this work, 121 supervision visits were paid to different cases, some of which were made to those reported during the previous year.

The Invalid Children's Aid Association.—4 Ilford children were given free holidays, 1 was placed in a Convalescent Home by the Association and social workers carried out case work involving 28 other children.

THE HEALTH VISITOR AND THE SCHOOL NURSE—CHANGE OF EMPHASIS.

Hygiene Inspections in Schools and Follow-up of "Unsatisfactory" Children.—Following a change of emphasis, as from the Summer Term 1958, routine Head Inspections in schools were abolished and hygiene inspections instituted.

The Health Visitors visit the schools at the beginning of each term and the school staff bring forward cases for discussion and in return the Health Visitor from her records discusses cases and gives details which she feels they should know. Once a year the Health Visitor should be given the opportunity of seeing each child.

Generally speaking this innovation was well received by the Head Teachers and many social problems were discussed to the mutual benefit of the schools and the School Health Service.

As co-operation between the schools and Health Visitors increases it is thought that the new scheme should prove to be a useful venture.

The above scheme has also been found to be of benefit in the follow-up of those cases found at routine medical inspection to be "unsatisfactory", for the Health Visitor has the opportunity of discussing the condition with Head Teachers and in many cases school meals are recommended.

All "unsatisfactory" cases are re-examined by the school medical officer. In many cases nutriment is supplied or recommended and the case seen again at varying periods of one, three or six months or less frequently on the decision of the doctor.

It will be appreciated that in quite a number of such cases, because of environmental factors, no treatment or action is likely to bring forth a completely "satisfactory" condition and only the assistance most suited to the needs can be offered.

Chiropody.—Unfortunately there is no chiropody clinic under Local Authority control in Ilford and any cases requiring treatment have either to be referred privately or to hospitals. The establishment of such a clinic in Ilford has long since been advocated and is fast becoming a necessity.

Infectious Diseases.—There were no outbreaks of infectious disease in the Division in 1958.

Employment of School-children and Young Persons.—During 1958, 163 children were submitted for medical examination in accordance with the Bye-laws made under Part II of the Children and Young Persons Act, 1933 and all were found to be medically fit.

Employment of Children in Entertainments Provisional Amending Rules.—16 Certificates were granted during the year.

B.C.G. VACCINATION OF SCHOOL CHILDREN.

No. of pupils to whom B.C.G. was offered	...	...	1,940
No. of pupils whose parents consented to treatment	...	...	940
No. of pupils undergoing tuberculin test	...	...	930
Positive:	64		
No. of pupils who received B.C.G.	...	...	810

MEDICAL EXAMINATION OF TEACHERS, OFFICERS AND SERVANTS.—The following examinations were carried out during 1958:—

	Officers	Servants	Teachers	Intending Teachers	Total
New Appointments	14	20	29	42	105
Under Sickness Regulations	1	2	—	—	3

THE CAUSES OF DEATH AMONG CHILDREN OF SCHOOL AGE (i.e., FROM 5 - 15 YEARS) IN ILFORD, DURING 1958 WERE:—

Multiple injuries	...	...	...	...	1
Violence	...	...	...	...	2
Intracranial haemorrhage	...	...	...	...	1
Heart Disease	...	...	...	...	3
Addison's Disease	...	...	...	...	1
Meningitis	...	...	...	...	1
Misadventure	...	...	...	...	3
					—
					12
					—

MINISTRY OF EDUCATION.
MEDICAL INSPECTION RETURNS.
YEAR ENDED 31ST DECEMBER, 1958

TABLE I.

Medical Inspection of pupils attending maintained Primary and Secondary
Schools including (Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants	2,119
Second Age Group	3,355
Third Age Group	1,531
Total ...	7,005

Number of other Periodic Inspections 702

Grand Total ... 7,707

B.—OTHER INSPECTIONS.

Number of Special Inspections	960
Number of Re-inspections	2,502
Total ...	3,462

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to
Require Treatment (Excluding Dental Diseases and Infestation with
Vermin).

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

Age Groups inspected (by year of birth)	For defective vision (exclud- ing squint)	For any of the other condi- tions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
1954 and later	—	—	—
1953	38	297	320
1952	36	249	271
1951	14	60	69
1950	9	22	27
1949	9	15	23
1948	10	22	30
1947	263	420	631
1946	132	246	339
1945	9	18	25
1944	11	11	19
1943 and earlier	279	245	476
TOTAL	810	1605	2230

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1958.

NOTE.—All defects noted at medical inspection as requiring treatment are included in this return, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No.	Defect or Disease	Number of Defects Requiring Treatment		Number of Defects Requiring Observation but not Treatment	
		Periodic Inspection	Special Inspection	Periodic Inspection	Special Inspection
	(1)	(2)	(3)	(4)	(5)
4	Skin	168	2	36	—
5	Eyes— <i>a.</i> Vision ...	810	5	297	—
	<i>b.</i> Squint ...	74	—	41	—
	<i>c.</i> Other ...	48	1	8	—
6	Ears— <i>a.</i> Hearing ...	35	1	35	2
	<i>b.</i> Otitis ...				
	Media ...	11	—	12	—
	<i>c.</i> Other ...	1	—	1	1
7	Nose or Throat ...	156	2	498	1
8	Speech	46	27	71	3
9	Lymphatic Glands	2	—	89	—
10	Heart and				
	Circulation ...	43	—	104	—
11	Lungs	200	2	168	2
12	Developmental—				
	<i>a.</i> Hernia...	6	—	7	—
	<i>b.</i> Other ...	42	2	71	—
13	Orthopaedic—				
	<i>a.</i> Posture ...	307	5	28	3
	<i>b.</i> Flat foot ...	256	1	64	—
	<i>c.</i> Other ...	319	1	207	2
14	Nervous system—				
	<i>a.</i> Epilepsy ...	18	1	9	—
	<i>b.</i> Other ...	14	2	20	1
15	Psychological—				
	<i>a.</i> Develop- ment ...	2	6	6	—
	<i>b.</i> Stability ...	59	19	101	3
16	Abdomen	19	—	24	—
17	Other	160	27	145	10

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS (See Note (ii) on Table 1).

Age Groups inspected (by year of birth)	Number of Pupils Inspected	No. whose condition was classified	
		Satisfactory	Unsatisfactory
1954 and later	—	—	—
1953	1125	1082	43
1952	994	966	28
1951	241	230	11
1950	103	98	5
1949	70	67	3
1948	96	88	8
1947	2102	2037	65
1946	1157	1128	29
1945	79	78	1
1944	53	51	2
1943 and earlier	1687	1668	19
TOTAL	7707	7493	214

TABLE III.
INFESTATION WITH VERMIN.

All cases of infestation, however slight, are recorded.

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

(i) Total number of pupils examined in the schools by school nurses or other authorised persons ...	18,429
(ii) Total number of individual pupils found to be infested ...	39
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...	—
(v) Number of individual pupils disinfested:—	
By Local Authority ...	19
By parents ...	20

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

Notes:—(a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e., whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of individual pupils treated at Child Guidance Clinics	131	5

GROUP 6.—SPEECH THERAPY.

	By the Authority	Otherwise
Number of pupils treated by Speech Therapists for the first time... ..	61	2

GROUP 7.—OTHER TREATMENT GIVEN.

	New cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments ...	340	19
(b) Other		
(1) Sunlight Treatment	39	—
(2) Massage and Remedial Exercises	297	162
(3) Enuresis	46	—
(4) Hernias	—	10
(5) Major Respiratory Diseases...	—	6
(6) Major Digestive Diseases ...	—	26
(7) Major Injuries	—	4
(8) Other Major Diseases	—	6
Total ...	722	233

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's
Dental Officers:—

(a) Periodic age groups	4,106
(b) Specials	2,168
Total (1)	6,274

(2) Number found to require treatment	4,226
(3) Number referred for treatment	4,226
(4) Number actually treated	3,464

(5)	Attendances made by pupils for treatment	...	...	...	14,172
<hr/>					
(6)	Half-days devoted to :	Inspection	...	...	34
		Treatment	...	...	1,465
<hr/>					
		Total	(6)		1,499
<hr/>					
(7)	Fillings :	Permanent Teeth	...	...	6,585
		Temporary Teeth	...	...	1,450
<hr/>					
		Total	(7)		8,035
<hr/>					
(8)	Number of teeth filled:	Permanent Teeth	...	...	5,698
		Temporary Teeth	...	...	1,382
<hr/>					
		Total	(8)		7,080
<hr/>					
(9)	Extractions :	(i) Permanent Teeth:—			
		(a) On account of Caries	...		648
		(b) For other purposes	...		92
		(ii) Temporary Teeth:			
		(a) On account of Caries	...		1,722
		(b) For other purposes	...		73
<hr/>					
(10)	Administration of general anaesthetics for extraction				1,032
<hr/>					
(11)	Other operations:	Permanent Teeth	...	...	3,209
		Temporary Teeth	...	...	1,153
<hr/>					
		Total	(11)		4,362
<hr/>					
(12)	Orthodontics				
	(i)	Cases commenced during year	...	...	266
	(ii)	Cases carried forward from previous year	...		1,633
	(iii)	Cases completed during year	...	...	256
	(iv)	Cases discontinued during year	...	...	78
	(v)	Pupils treated with appliances	...	...	226
	(vi)	Removable appliances fitted	...	...	312
	(vii)	Fixed appliances fitted	...	...	—
	(viii)	Total attendances	...	...	4,223
	(ix)	Number of sessions devoted to treatment	...		308
		Number of pupils supplied with artificial dentures	...	...	23
		Number of dentures fitted	...	...	23

GROUP 1.—DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE III).

	Number of New Cases Treated during the year	
	By the Authority	Otherwise
Ringworm (i) Scalp	—	—
(ii) Body	—	—
Scabies	—	—
Impetigo	4	3
Other Skin Diseases	163	83

GROUP 2.— EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	160	17
Errors of Refraction (including squint)	—	1,895
Total	160	1,912
Number of pupils for whom spectacles were		
(a) Prescribed	—	981
(b) Obtained	—	952

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear ...	—	1
(b) for adenoids and chronic tonsillitis	—	392
(c) for other nose and throat conditions	—	1
Received other forms of treatment ...	63	85
Total ...	63	479

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	By the Authority	Otherwise
(a) Number treated as in-patients in hospitals	—	15
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patients departments	63	501

SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINICS

AS AT 31ST DECEMBER, 1958.

I.—STAFF OF THE SCHOOL HEALTH SERVICE.

Divisional School Medical Officer: I. GORDON, M.D., Ch.B.,
M.R.C.P. (Lond.), D.P.H.

Senior Dental Officer: E. V. HAIGH, L.D.S., R.C.S.

	Number	Aggregate staff in terms of full-time officers employed in the School Health Service
(a) Medical Officers :		
(i) Whole time School Health Service ...	—	—
(ii) Whole time School Health and Local Health Services ...	7	2.5
(iii) General Practitioners working part-time in the School Health Service ...	—	—
(b) Speech Therapists ...	3	2.54
(c) Physiotherapist C.P. Unit ...	1	1.00
(d) Occupational Therapist C.P. Unit ...	1	1.00
(e) School Nurses including Superintendent ...	*18	(Combined posts, H.V. and S.N.) 8.1
(f) Nursing Assistants ...	6	(Clinic Nurses) 3.6
(g) (i) Senior Dental Officer ...	1	.8
(ii) Dental Officers (Part-Time) ...	7	1.82
(iii) Orthodontists ...	—	—
(iv) Dental Attendants ...	4	3.8

*All hold Health Visitor's Certificate.

II.—NUMBER OF SCHOOL CLINICS (i.e., premises at which Clinics are held for school-children) provided by the L.E.A. for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics ... 6

III.—TYPE OF EXAMINATION AND/OR TREATMENT provided at the School Clinics returned in Section II. either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinic.

Examination and/or Treatment (1)	Number of School Clinics (i.e. premises) where such treatment is provided	
	Directly by the Authority (2)	Under arrange- ments made with R.H.B.&c. (3)
A. Minor ailment and other non-specialist examination or treatment	4	—
B. Dental	3	—
C. Ophthalmic	—	3
D. Ear, Nose and Throat	—	1
E. Orthopaedic	—	3
F. Paediatric	—	1
G. Speech Therapy	4	—
H. Cerebral Palsy Unit	—	1
I. Artificial Sunlight	—	2
J. Remedial Exercises & Physiotherapy ...	3	2
K. Enuresis	1	—
L. Orthoptic	—	1

IV.—CHILD GUIDANCE CENTRES.

(i) Number of Child Guidance Centres provided by the Authority = 1

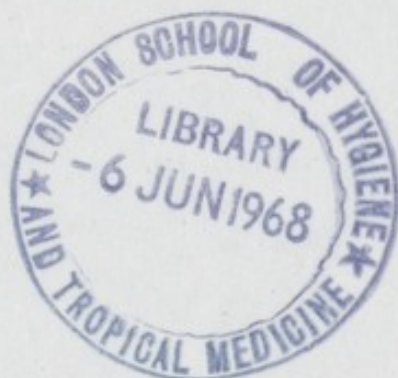
Staff	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists	3	0.82
Educational Psychologists	1	1
Psychiatric Social Workers	2	2
Others :—		
Child Psychotherapist	2	1
Clerk/Typist	3	3

The Psychiatrists are employed by arrangement with the Regional Hospital Board.

Table Showing the Average Heights and Weights of Ilford Boys and Girls Examined

Owing to a change in the Presentation of Ministry of Education Returns whereby Periodic Medical Inspections are recorded in Years of Birth, from and Including 1958, the Figures recorded below cannot be compared with the Groups in previous years.

[illegible]



JR/168

