

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

**Contributors**

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**Borough of Ilford**



# HEALTH REPORT

FOR THE YEAR

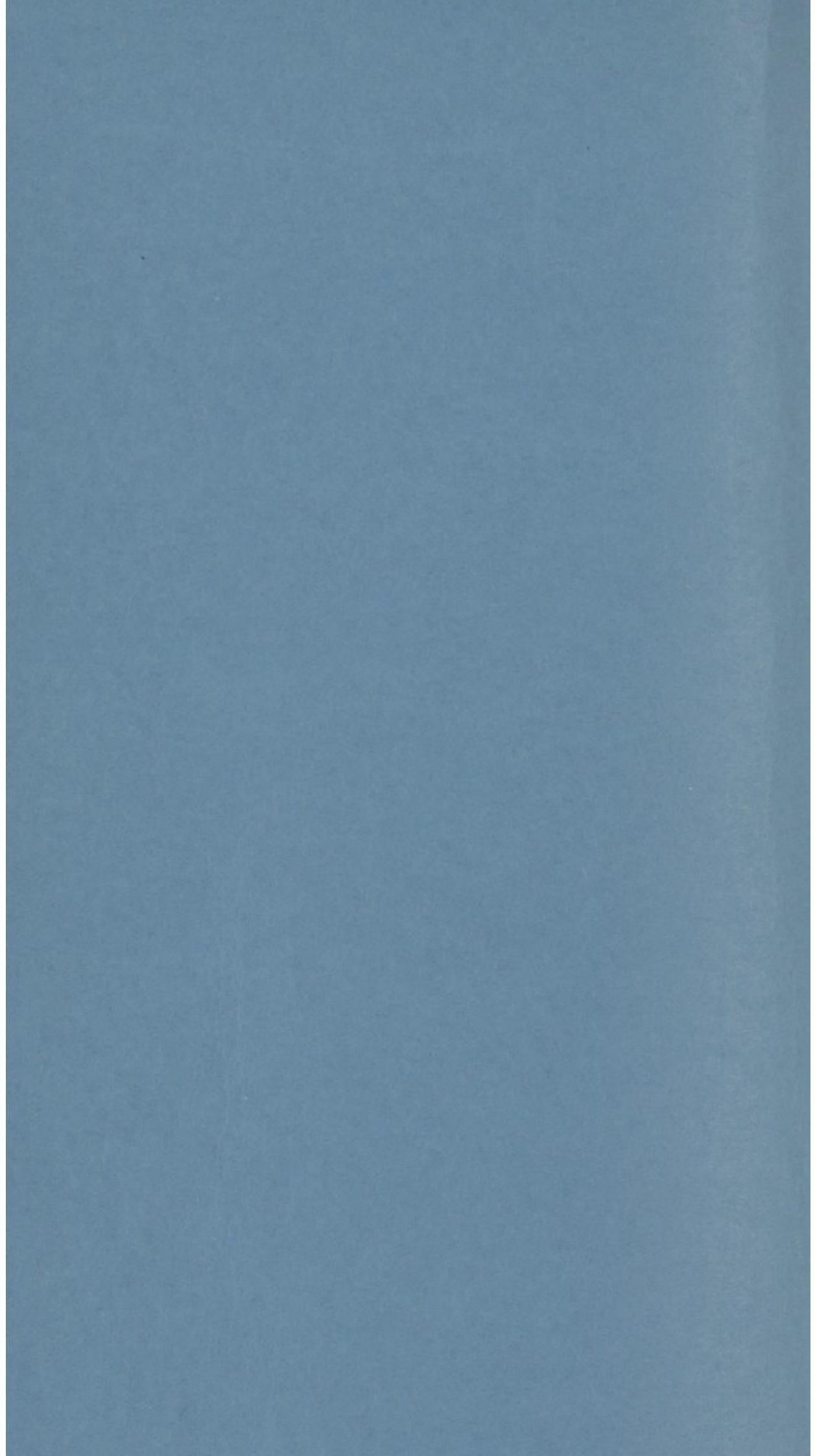
**1962**



**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 1962-63

COUNCILLOR EDGAR FRANK HARRIS, J.P. (E.C.C.) *Mayor.*ALDERMAN FREDERICK THOMAS PEARSON, *Deputy Mayor.**Aldermen:*BARKER, JOHN, C.B.E., J.P.  
(to 13.9.1962)

BENNETT, MRS. FLORENCE EDITH.

COLVIN, GILBERT, C.B.E., F.C.I.S.

COWAN, HAROLD DOUGLAS,  
F.A.C.C.A., F.C.C.S.FALLAIZE, MRS. LILIAN, J.P.  
(E.C.C.)

GIBSON, CYRIL IRVING.

GOOCH, LIONEL ARCHER SCOTT.

HEADLEY, CECIL AUBREY, J.P.

LITTLEJOHN, MRS. RUTH  
CONSTANCE, M.A.

MASTERS, FRANK ROBERT.

ROOT, HAROLD GOLDSTONE, M.S.M.

TERRY, MISS ANNE SYLVIA, J.P.

*Councillors:*

ALY, HARRY REGINALD BERTRAM.

BELLAMY, GORDON SYDNEY.

CARRADICE, DENNIS ANNESLEY.

CHAMBERLIN, MRS. GRACE MARY  
(E.C.C.)

CLACK, ARTHUR HENRY.

COPSEY, HUGH EDMUND.

DAVIES, DAVID SAMUEL.

DAVIES, GEORGE EVELEIGH, J.P.,  
B.Sc.

DOYLE, THOMAS JOHN.

EAREY, ERIC RAYMOND, J.P., F.V.I.

FERRIER, VIVIAN WILFRED.

FROST, ARTHUR GEORGE, M.Sc.

GILES, ROGER MICHAEL, B.Sc.,  
A.R.C.S.

GLEED, SYDNEY GEORGE.

GRANT, FRANK LIONEL.

HITCHCOCK, LEONARD, A.I.B.

JAMES, FRANCIS HERBERT (E.C.C.)

LIVERMORE, JOHN.

LOVELESS, SYDNEY FRANK.

MARTIN, ROBERT.

MASON, VICTOR WILLIAM.

MURPHY, JOHN LOUGHLIN, J.P.,  
A.R.I.N.A., A.I.Mar.E.

NATZLER, ISAAC BERNARD.

NORWOOD, JOHN HENRY.

OSBORNE, ALAN FRANK.

ROLFE, CYRIL GEORGE, A.I.S.T.

RYDER, JOHN LOUIS.

SEAMAN, ERIC WILLIAM, A.A.C.C.A.

SHAW, ARNOLD JOHN, B.A.

SHERRELL, ALBERT REGINALD  
PRENTICE, C.A. (E.C.C.).

SHUMAN, CHARLES AVROM AUBREY.

STONHAM, JOHN PETER.

VINCENT, JOHN ANTHONY.

WOODS, DOUGLAS EDWARD.

WORTLEY, FREDERICK ALEXANDER  
(E.C.C.).

(from 29.11.1962)

## PUBLIC HEALTH COMMITTEE

Municipal Year 1962-63

COUNCILLOR L. HITCHCOCK, A.I.B. *Chairman.*  
 ALDERMAN MISS A. S. TERRY, J.P., *Vice-Chairman.*

ALDERMAN J. BARKER, C.B.E., J.P. (to 13.9.1962)	COUNCILLOR J. H. NORWOOD.
ALDERMAN F. T. PEARSON ( <i>Deputy Mayor</i> ).	COUNCILLOR A. F. OSBORNE.
COUNCILLOR MRS. G. M. CHAMBERLIN, (E.C.C.).	COUNCILLOR C. G. ROLFE, A.I.S.T.
COUNCILLOR H.E. COPSEY.	COUNCILLOR A. R. P. SHERRELL, C.A. (E.C.C.).
COUNCILLOR T. J. DOYLE.	COUNCILLOR J. P. STONHAM.
COUNCILLOR A. G. FROST, M.Sc.	COUNCILLOR D.E. WOODS.
COUNCILLOR S. G. GLEED.	COUNCILLOR F. A. WORTLEY, (E.C.C.).
COUNCILLOR E. F. HARRIS, J.P., (E.C.C.) ( <i>Mayor</i> ).	(from 18.12.1962).

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

Municipal Year 1962-63

*Ilford Borough Council Representatives:* ALDERMEN COLVIN, MRS. LITTLEJOHN, MASTERS, MISS TERRY (*Chairman*); COUNCILLORS BELLAMY, MRS. CHAMBERLIN (*Vice-Chairman*), CLACK, G.E. DAVIES, DOYLE, FERRIER, FROST, GLEED, HITCHCOCK, NORWOOD, ROLFE.

*Essex County Council Representatives:* ALDERMAN GLENNY: COUNCILLORS BERRY, MRS. BOVILL, JAMES, SWEETLAND, MRS. WILLIS, WORTLEY.

*The Executive Council for Essex Representative:* MRS. V. L. WILSON.

*Local Medical Committee Representative:* DR. M.L.J. SEGALL.

*Hospital Management Committee Representative:* ALDERMAN MRS. L. FALLAIZE.

*Voluntary Organisations' Representatives:* MRS. G.M. BUTLER, MRS. R.E. EAST, MRS. D.M. HOLLOWAY, MRS. F.M. TAYLOR.



# ILFORD COMMITTEE FOR EDUCATION

Municipal Year 1962-63

---

COUNCILLOR S. F. LOVELESS, *Chairman.*

ALDERMAN F. R. MASTERS, *Vice-Chairman.*

ALDERMAN J. BARKER, C.B.E., J.P.  
(to 13.9.62).

ALDERMAN G. COLVIN,  
C.B.E., F.C.I.S.

ALDERMAN MRS. L. FALLAIZE, J.P.  
(E.C.C.).

ALDERMAN C. I. GIBSON.

ALDERMAN MRS. R.C. LITTLEJOHN,  
M.A.

ALDERMAN F. T. PEARSON,  
(*Deputy Mayor*).

ALDERMAN MISS A.S. TERRY, J.P.

COUNCILLOR H. R. B. ALY.

COUNCILLOR D. A. CARRADICE.

COUNCILLOR MRS. G. M.  
CHAMBERLIN, (E.C.C.).

COUNCILLOR DAVID DAVIES.

COUNCILLOR G. E. DAVIES.

COUNCILLOR T. J. DOYLE.

COUNCILLOR V. W. MASON.

COUNCILLOR J. L. MURPHY, J.P.,  
A.I.R.N.A., A.I.Mar.E.

COUNCILLOR C. G. ROLFE,  
A.I.S.T.

COUNCILLOR A. J. SHAW, B.A.

COUNCILLOR A. R. P. SHERRELL,  
C.A., (E.C.C.).

COUNCILLOR C. A. A. SHUMAN.

COUNCILLOR J. A. VINCENT.

COUNCILLOR F. A. WORTLEY,  
(E.C.C.).  
(from 18.12.62).

## *Co-opted Members:*

MR. R. E. DOVER.

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

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

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

THE REV. H. R. NEALE.

MR. J. G. PAGE.

MISS F. STEVENS.

## *County Nominated Members:*

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

COUNTY COUNCILLOR MRS. L. E. JACKSON.



## 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.):*

A.E. TOURLE.

*Welfare Officer for Old Folk:*

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

*Public Analyst:*

J. HUBERT HAMENCE, M.Sc., Ph.D. (Part-time).

### 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) (to 20.3.63).

D.J. GORDON-SMITH, M.B., B.Ch. (Witwatersrand), D.P.H. (Lond.) (from 29.10.62).

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

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

G.B. TAYLOR, M.B., B.S. (Lond.), D.C.H., D.Obst. R.C.O.G. (Part-time).

M.B. GEE, M.B., Ch.B. (Bristol) (Part-time).

*Area Dental Officer:*

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

*Dental Officers:*

G.H. WILSON, L.D.S., R.C.S. (Eng.) (from 7.5.62).

J.J.A. BOWE, L.D.S. (Belfast) (from 3.9.62).

E.B. HODGSON, B.D.S. (Durham) (from 1.4.63).

*Sessional Dental Officers:*

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

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

R.C. BIGMORE.

W.V. VICTORS, L.D.S., B.D.S.

G.H. WILSON, L.D.S., R.C.S. (Eng.) (to Whole-time from 7.5.62).

N.B. DAVIS, B.D.S.

MISS S. STEPHENS, B.D.S. (to 13.7.63).

N.D. GLICKMAN, L.D.S.

MISS A. PETERS, L.D.S., R.C.S. (Eng.) (from 3.4.62 to 27.6.62).

Y.J. TOOLSY, B.D.S. (from 31.5.62).

J.A. AKINOSI, B.D.S. (from 1.8.62 to 31.7.63).

# 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 I. L. MOBBS	MRS. M. R. VAN ALTAAN (to 27.6.62.)
MISS C. OLDHAM (to 31.10.62.)	MRS. J. H. GADD
MISS E. M. P. COLLINS	MISS I. HARRIS (Part-time)
MISS M. G. DUGUID	MRS. M. WELLER (Part-time)
MISS H. ARNOLD	MISS N. L. HALL
MISS A. N. BOWMER (to 2.12.62.)	MRS. W. R. HEYWOOD (Part-time)
MISS P. M. LEAVETT	MRS. V. I. BAYLIS
MRS. J. M. WESTON	MRS. E. T. FERGUSON
MISS A. F. RIDPATH	MRS. D. M. RASOR (Part-time)
MISS M. M. STOWER (to 7.1.62.)	MRS. J. P. WILLCOX (from 15.1.62.)
MRS. C. D. CONSTABLE	MISS L. H. E. HEVESI (from 28.8.62 to 31.12.62.)
MISS R. A. BARTON	MISS M. E. COOKE (from 20.12.62.)
MRS. G. OLDING (to 30.4.63.)	MRS. A. M. MURRAY (from 11.2.63.)
MRS. L. K. LAWRENCE (part-time)	MRS. C. A. ROBERTSON (from 1.8.63.)
MRS. M. K. PRESSEY (to 31.7.63.)	

## Tuberculosis Visitors:

MRS. K. M. PARKES      MRS. M. J. MOORE      MRS. C. EARWAKER

## Educational Psychologists:

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

MISS C. H. F. WATT, B.A. (Hons.).

## Psychiatric Social Workers:

MISS M. D. BOYD

MISS R. P. O'HARE (from 1.9.62)

MRS. B. BENJAMIN (from 1.10.62)

MISS J. M. BARTON (to 31.5.62)

MISS M. BAKER (to 6.7.62)

## Child Psycho-Therapists (Non-Medical) (Part-time):

MISS L. FOLKART, B.A.

MRS. D. HANDJA

## Speech Therapists:

MRS. M. WALKER, L.C.S.T. (to 24.9.62)

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

MRS. P. M. PEARCE, L.C.S.T. (from 1.10.62)

MRS. B. G. TINGEY, L.C.S.T. (Part-time)

MISS G. S. MEYERSBERG, L.C.S.T. (Part-time) (from 26.11.62)

## Physiotherapists (Cerebral Palsy Unit):

MISS G. L. BOWERS, M.C.S.P.

MR. W. P. MORRIS, M.C.S.P. (from 10.9.62)

## Occupational Therapists (Cerebral Palsy Unit):

MRS. M. I. RAVEN (to 31.3.62)

MRS. P. M. LEVERSEDGE (from 7.5.62 to 2.11.62)

MISS M. P. MOORHOUSE (from 1.1.63)

## Occupational Therapist (T.B. Cases):

MISS Z. E. MERCER (Part-time)



# Officers of the Public Health Services — continued.

## *Chiropodists:*

MR. F. W. GIBSON, M.Ch.S.  
 MISS M. I. MERCER, M.Ch.S.  
 MR. R. J. P. BUNDER, M.Ch.S. (Part-time) (to 27.5.63.)  
 MR. C. K. BOWER (Part-time)  
 MR. L. N. C. MARTIN, M.Ch. S. (from 1.11.62.)

## *Matrons of Day Nurseries:*

Goodmayes Lane ... .. MRS. E. DROWER.  
 Ley Street ... .. MISS G. M. GROSS.

## *Chief Administrative Assistants (E.C.C.):*

MISS H. M. NUNN  
 E. S. JENKINS

## *Domestic Help Organisers:*

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

## *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.  
 P. LANCER, M.B., B.S.

### *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. (to 30.11.62.)

### *Child Guidance Clinic:*

#### *Medical Director:*

W. P. GURASSA, M.D., M.R.C.P.

#### *Psychiatrist:*

H. J. ALTSCHULOVA, M.D.

### *Consultant to the Cerebral Palsy Unit:*

H. B. LEE, F.R.C.S.

### *Orthoptist:*

MISS M. LEWIS, D.B.O. (to 26.10.62.)  
 MISS C. MUIR, D.B.O. (Sydney) (from 22.10.62 to 11.7.63.)  
 MISS J. C. DIXON, D.B.O. (from 29.7.63.)

### *Physiotherapist:*

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



## Preface

Telephone:  
VALEntine 3401

PUBLIC HEALTH OFFICES,  
ILFORD.

August, 1963.

Mr. MAYOR, LADIES and GENTLEMEN,

I submit herewith the Annual Report of the Health Services for the year 1962.

The Health of the borough is well maintained and there was in 1962 no outbreak of disease warranting a special mention. The infant mortality rate of 17.72 deaths per 1000 total live births was higher than in the previous year (15.79), but this latter figure for 1961 was phenomenally low, and with deaths of infants varying per year from 44 (1960), 40 (1961) to 45 (1962), too much importance should not be given to small changes in numbers already too low to make such changes of statistical significance. In common with the rest of England, the birth rate is rising, being in the last six years 12.35, 12.45, 12.41, 14.07, 14.25 and 14.31. This will pose another "bulge" problem in the schools in three years' time. At the other end of the scale, on 31st July 1963 an Ilford resident died at the age of 105.

For some years we have wondered if the importation of dysentery and food-poisoning from abroad constituted an appreciable hazard. A record has been kept and in the last 12 months we have only been able to trace six such cases, from Morocco, Corsica, Spain and Israel. Perhaps it was a lucky year. It is not that Ilford residents are now "stay-at-homes", for the department authenticated 7198 vaccination certificates for those about to travel abroad. New regulations that came into operation on 1st August 1963 give the authorities far more power to control travellers by air from abroad. For instance, those who have come from any smallpox-infected local area, including returning British, should they not possess a valid International Certificate of vaccination, or had a previous attack of smallpox, and should they refuse vaccination, may, unless they are in transit, be isolated for fourteen days from the date of departure from the infected area, or the length of their stay in this country, whichever, is the less. This regulation gives teeth to our powers of control, but would not have prevented the last smallpox incident as all the Pakistani's who brought the infection here had valid certificates.

## THE DEVELOPMENT PLAN FOR HEALTH AND WELFARE

This, surely one of the most important and far-sighted directives that have ever come from Whitehall (or rather Elephant and Castle, the present address of the Ministry of Health), has already had its first annual revision and the tenth year is now two years later. There is, however, a cloud in the sky, already larger than a man's hand; the price of land. A difficult decision will be required when it is necessary to purchase land, already earmarked for health purposes in the ten year plan, when prices in Ilford may be £10,000 to £40,000 per acre. Perhaps even this figure will appear modest when we will be reviewing the plan in, say, five years' time. One thing is certain, should we not proceed in this regard, the whole plan will be at hazard.

## CHILDREN'S TEETH

The British Dental Association, some M.Ps. and many commentators have been deploring a supposed breakdown of the school dental service and suggesting a variety of remedies. As so often happens, their information is out of date; for the school dental service, certainly in Ilford, has never been so thriving. In 1960 we had the equivalent of two whole time dentists, 1961 - 3.8 and 1962 - 6. In 1960, 6.5% of pupils had school dental inspections, 1961 - 32%, 1962 - 51.5% and the figure for the current year will be even higher. In Ilford a considerable amount of chair-side work is done by private dentists, and we have, in fact, wondered at times if there would in the future be sufficient such work for our own dentists, so we do not intend at the moment to prepare and equip further dental surgeries, even though we have to turn down applications from dentists asking for sessional work. It is intended, however, to expand the health education aspects of dentistry, and in pursuance of this one of our dentists will this year be attending the summer school of the Central Council for Health Education.

Mention of teeth will inevitably remind readers of the fight over the fluoridation of water supplies. The borough council has expressed its approval in principle for this beneficent measure, but the well-organised, though small, opposition will not accept defeat. Council members and officers are still bombarded with propaganda, written, personal, and over the telephone. My correspondents write me long letters full of misinformation, even misquoting their own source "The National Pure Water Association for the Prevention of Water Pollution", apparently not aware that this Association has not been hesitant in sending me their literature. This measure can no longer be considered experimental, and when all wordy warfare has ceased (and this is no place to continue a lengthy technical argument), it remains evident that the fluoride ion, identical in both



natural and artificially treated waters, has been present in the drinking water of millions since time immemorial, and for up to eighteen years has been artificially added to the water of 43 millions in the United States, and in spite of misleading statements to the contrary, a million a year are added to that total. Some of the arguments against the measure are self-defeating. We are told not to introduce a "rat-poison" into the drinking water, when a couple of bath-tubs full or more must be drunk at one go for any ill-effect, but instead we should issue this "potent catalase cumulative poison" in pill form in welfare centres to mothers to leave lying about the house! One of the foremost antagonists of the measure informs us that some 10 minerals are needed to make sound teeth, and objects to our adding one (the proven one) and not the other nine (unproven). We are reminded of that almost forgotten battle of long ago against the pasteurisation of milk. Freedom to drink raw milk was demanded, the "evil effects" of pasteurisation were drummed into our ears. I doubt if anyone now deplores the passing of that freedom, the freedom for children to suffer and die from tuberculosis. In years to come we shall not regret the passing of the freedom of our children to have toothache.

## HEALTH EDUCATION

An interesting and comprehensive report by Dr. Gordon-Smith will be found on page 112.

## THE FAR EAST COMES TO TOWN

The report of the Superintendent Health Visitor on page 75 brings out some points of interest. Language difficulties make communication with some immigrants difficult, and interpreters may have to be arranged. The Tuberculosis Nurse is in especial difficulty for if T.B. is mentioned the interpreter disappears! To such families the T.B. visitor finds it difficult to teach hygiene, to arrange attendance at contact clinics, and in addition there is often overcrowding.

One Health Visitor was astounded to note the frequency, at her visits to a certain family, with which the dishes were washed and the food thrown away. She later realised that with this particular sect the shadow of an unbeliever (the H.V.) should not fall upon their food.

## AN UNUSUAL RELAXATION CLASS

Miss Oliver also reports an interesting and entirely spontaneous development at the local psychiatric hospital. Two Health Visitors attending a course of lectures there were approached by the psychiatrist for attendance with two very disturbed expectant mothers. He felt that they would be helped by relaxation methods and discussions about their preg-



nancy and, at the suggestion of the psychiatrist other disturbed patients, not pregnant, were chosen by the Ward Sister and invited to attend. The Health Visitor considers that these patients respond to relaxation, often enjoying a sleep. Short talks, discussions of various problems, often on topics put forward by the patients themselves, and musical programmes, from a tape recorder, may be part of the proceedings. The psychiatrist concerned is very pleased with the way the class is developing.

In conclusion I wish to thank the numerous members of voluntary societies, such as the Ilford Federation of Voluntary Workers, the Ilford Social Service Association, the W.V.S., the Red Cross and St. John, for their continued help and co-operation (and I would like to include here many members of the Public Health Department who also work in such a voluntary capacity). The continued support given me by my staff, fellow Chief Officers, combined with the co-operation of Chairmen, Vice-Chairmen and members of the Ilford Borough and Essex County Committees with which the department is concerned, makes my work, which is sometimes exacting, but always interesting, far easier.

I have the honour to be  
Your obedient Servant,  
I. GORDON,  
Medical Officer of Health.

8,411

v the

1961

2,533

14.25

14.25

3.79

40

15.59

2 573

40

15 30

15.79  
15.18

15.18

31.25

12.24

10.66

26.04

1

0.39

2,065

11.62

11.50

52.95

401

1

N41

N41



## 1. RAINFALL

Total rainfall registered in the district during the year was 20.39 inches; the greatest fall in 24 hours was registered on 26th July, 1.17 of an inch; whilst the longest duration occurred on 28th March, 12.1 hours. December 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 figure for Ilford for the year 1962 happens to be 1.00 for both the birth and death rates.

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 2,539.

	Males	Females
Legitimate ... ..	1,252	1,173
Illegitimate ... ..	63	51

i.e. 4.5 per cent of the births registered were illegitimate.

The percentage of illegitimate births registered in the previous 10 years was 3.8 (1961), 3.7, 3.3, 2.7, 2.8, 2.6, 2.2, 3.0, 3.9.

The adjusted birth rate, calculated on the estimated population of 177,460 is 14.31 per 1,000.

## 4. DEATHS

The total number of deaths of Ilford residents was 2,143. This is obtained by taking the total number of deaths registered in the district (1,805), subtracting the deaths of non-residents, occurring in the district (285), and adding the deaths of Ilford residents registered as having died in other districts (623).

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

King George Hospital ... ..	71
Chadwell Heath Hospital ... ..	55
Claybury Hospital ... ..	88
Goodmayes Hospital ... ..	22
Other Non-residents ... ..	49
Total ... ..	<hr/> 285 <hr/>

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 ... ..	57
Wanstead Hospital ... ..	31
Langthorne Hospital ... ..	4
London Hospital and Brentwood Annexe	91
St. Bartholomew's Hospital ... ..	9
Rush Green Hospital ... ..	30
St. Joseph's Hospice, Hackney ... ..	17
East Ham Memorial Hospital ... ..	29
St. George's, Hornchurch ... ..	77
Dagenham Hospital ... ..	13
Barking Hospital ... ..	11
Whipps Cross Hospital ... ..	44
Queen Mary's Hospital, Stratford ... ..	8
St. Andrew's Hospital, Billericay ... ..	10
Harts Hospital, Woodford Green ... ..	11
St. Mary's Hospital, Plaistow ... ..	9
In other Hospitals, Institutions and residences outside the Ilford district	<hr/> 172 <hr/>
Total ... ..	<hr/> 623 <hr/>



The adjusted death rate, calculated on the estimated population of 177,460 is 12.08 per 1,000.

Inquests. — During the year, 82 inquests were held on deaths occurring in Ilford, 66 on Ilford residents, and 16 on non-residents.

The ages at death were as follows:-

Under 1 year	1-2 years	3-5 years	6-15 years	16-25 years	26-45 years	46-65 years	66 years and upwards
—	1	1	1	5	21	25	28

#### DEATH RATES FROM CANCER, 1962.

The following Table shows the death-rates for 1962 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
Cancer of lung and bronchus... ..	.552	.510
Cancer, other forms... ..	1.916	1.667

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 the London Administrative County.

Table II gives a classified statement of the causes of death in 1962, arranged according to the age groups at which deaths occurred.

TABLE L - VITAL STATISTICS OF WHOLE DISTRICT DURING 1962 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)				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 (b)			Number	Rate per 1,000 Net Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1958	179,000	1,785	2,228	12.45 (c)	1,622	9.1	241	604	37	16.6	1,985	11.09 (c)
1959	178,600	1,802	2,216	12.41 (c)	1,682	9.4	257	612	33	14.9	2,037	11.41 (c)
1960	178,520	1,889	2,512	14.07 (c)	1,564	8.8	232	638	44	17.5	1,970	11.04 (c)
1961	177,760	1,928	2,533	14.25 (c)	1,660	9.3	225	630	40	15.8	2,065	11.62 (c)
1962	177,460	1,969	2,539	14.31 (c)	1,805	10.2	285	623	45	17.7	2,143	12.08 (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 IA.

Table showing comparison between the Birth-rate, Death-rate, etc., of Ilford, London (Admin. County), and of England and Wales for the Year 1962.

	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 Polomyelitis	Pneumonia
	Live Births	Stillbirths	Deaths (all ages)	Deaths under 1 year					
England and Wales ... ..	18.0	18.1	11.9	21.6	.51	.04	70.9	.39	677
London Admin. County ... ..	19.6	16.6	12.0	21.1	.63	—	45.2	.31	829
ILFORD (Estimated Population mid-1962 = 177,460) ...	14.31	20.4	12.08	17.7	—	—	45 <sup>1</sup>	—	1065 <sup>2</sup>

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

<sup>1</sup> 8 deaths.

<sup>2</sup> 189 deaths.

### Registrar-General's Short List of Deaths and Causes

TABLE II.

Causes of, and Ages at, Death during the year 1962.

[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 1962 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 1962, two new applications and 28 applications for renewal of licences were received. The Council granted the licences in respect of these establishments. The licences expire on 31st March of each year.

Hairdressers' and Barbers' Premises. (Essex C.C. Act, 1933, Part VI). During 1962, 108 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.)

Prevention of Fouling of Public Footway by Dogs.

(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 1962.

(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 1962:-

(1) Residential and Temporary Accommodation

- (a) Number of Ilford residents provided with residential accommodation at 31.12.62:- 259.  
(Aged - 215, Mentally Infirm - 19, Blind - 20, Others - 5)
- (b) Aged persons admitted to hostels and other residential establishments in 1962:- 47.
- (c) Other persons admitted to residential accommodation in 1962:- 14.
- (d) Persons admitted to temporary accommodation:- Adults 10; Children 23 = 33.

The County Council have two Old People's Homes in Ilford - at Pegram House, Longhayes Avenue, Marks Gate, accommodating 47 residents, and at Heath Gate, Chadwell Heath Lane, Chadwell Heath, which accommodates 60 residents. Additionally, an annual 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, 1962, were as follows:-

(i) Registered as blind	260
(ii) Partially sighted	76
(iii) Defective sighted	13

all of whom were under the supervision of the County Council's Home Teachers. During the year 6 blind residents participated in the

Home Workers' Scheme operated through the agency of the Royal London Society for the Blind, and 2 were employed in Workshops for the Blind. In addition, 31 blind and 11 partially sighted persons were employed in open industry. During 1962, 3 blind residents in 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, to which reference is made above) as provided for under Section 29 of the National Assistance Act, 1948. In addition to direct provision such as special equipment on loan, grants have been made towards the cost of structural adaptations to premises to meet special needs, etc.; the fullest co-operation has been maintained with specialised organisations in this field of welfare services.

364 handicapped persons in the Borough of Ilford have registered with the Welfare Department. They are visited by officers appointed to assist them with handicrafts and individual needs. Many of them attend the Occupational Centres for the handicapped at Barking and Ilford.

Under the re-organisation of Area Welfare administration which came into effect from 1st October, 1962, the Borough of Ilford is included in the Metropolitan West Welfare Area, the offices being at 33 Wanstead Place, E.11.

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.

One person was dealt with during the year — a female, aged 85 years.

- (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.

No burials were required to be arranged during 1962.

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

"During the year 1962 I dealt with 607 cases, 328 of which were not previously known to me. Of the remainder a few had been known to me since the early days of my appointment almost 9 years ago, and many for at least 5 years. Average age of the persons concerned was over 80 years.

Home visits by me numbered 625, visits to the Geriatric Unit Chadwell Heath Hospital 48, and interviews at the Public Health Offices and elsewhere 269. Of the persons dealt with 88 subsequently died in Hospital, and 62 at home.

Of the visits 143 were made at the request of Dr. Dunn, Consultant Geriatrician and were to persons either awaiting admission to, or recently discharged from, Chadwell Heath Hospital or St. George's Hospital, Hornchurch. There were also a few visits paid to persons discharged from Queen Mary's Hospital, Stratford, The London Hospital, St. Bartholomew's Hospital, Wanstead Hospital and Goodmayes Hospital. Most of the persons discharged from the Geriatric Unit are seen by me there with Dr. Dunn and the Ward Sister. We have a brief discussion about their home background and disabilities and endeavour to assess what they will need in the way domiciliary services following discharge. Some who are going home to the care of younger persons do not need anything; others who live alone need every service available and a degree of moral support. They may also need the loan of sickroom equipment and the services of some strong person to bring their bed from the first to the ground floor because they can no longer climb stairs. Toc H and other organisations have been helpful in that respect. An endeavour is made to arrange adequate domiciliary services to commence immediately from the date of discharge and where the patient lives alone to see that a kindly neighbour is waiting to receive him with a fire lit if appropriate, a welcoming cup of tea prepared and sufficient shopping done to provide for the first day or two.

The visit following discharge is primarily to check if the services are functioning and are adequate. A tactful survey of the premises sometimes prompts the giving of advice to make application for more suitable accommodation such as a ground floor flatlet

or Part 3 accommodation, or to adopt some home safety measures such as the discarding of torn mats, the tightening of loose stair carpets, fixing of safety taps to gas cookers, repair of broken sash cords etc. An attempt is also made to discourage persons living alone from locking themselves in, and to encourage them to let a trusted neighbour have a key so that ready access can be gained in an emergency. Some fail to co-operate; some cancel the domiciliary services after a short period, but the majority accept the help and advice given, and are grateful for it. Persons discharged from Goodmayes Hospital need more encouragement and supervision to help them re-establish themselves in the community than other types of ex-patients. Routine commitments make it impossible to give them the intensive help that those who live alone require in the early days of their discharge, but I do what I can to assist and try to get neighbours, voluntary organisations, Churches, etc. interested in them.

I referred 41 cases to the Area Officer of the Essex County Council, Welfare Department for consideration for admission to Part 3 accommodation. As I frequently have the advantage of a store of information about the person, gleaned over a considerable period of time, I try to send this Officer as full a report as possible in order to assist his visiting staff who call to investigate and assess the case. Elderly persons have poor memories, their relatives cannot always be present at these interviews to fill in the gaps, and to be forearmed with some details about them is a great help to anyone seeing them for the first time. The names of most persons referred are added to the Essex County Council waiting list, but a few withdraw their consent or are found to be unsuitable or not eligible. Some are found to be able to afford to make a private arrangement and are assisted in making it. Some are admitted to Chronic Sick Hospital beds instead. Always there remain a few whose need of care, attention and supervision is glaringly obvious but who cannot be persuaded to admit it, or to give up their treasured possessions or what they call their freedom. Few who talk about their freedom are in fact free since they live within the bondage of their own physical and mental limitations, allied to unsuitable accommodation. They would be freer in the spaciousness of a Hostel equipped to suit their special needs, and relieved of the worry of a house to maintain, and an inadequate income to budget, but it is sometimes quite impossible to convince them of this. In the minds of some is a vision of the workhouse. I have in fact met some old folk who were unfortunate enough to spend some time in a workhouse in childhood and it was a bitter experience of which they dread a repetition. When these people whose need is so obvious withhold their consent



I am often inundated with phone calls, messages and reproachful remarks from their neighbours, doctors, landlords and other interested persons. It is difficult to convince people that compulsory action is not easy. It is even more difficult to convince them that it is not desirable that it should be made easier. Also there is a wide variety of opinion as to what constitutes insanitary conditions. Hands are held up in horror at unwashed crockery, uncleaned windows, ashes left to accumulate on the hearth, and a garden full of weeds and someone telephones me to say that "Mrs. Smith is lazy", "is living in filth and squalor" and should be "removed". It is a pity that few critics offer to lend a helping hand.

It is not always realised that an old age pensioner without capital and obliged to seek a supplementary grant from the National Assistance Board has no money with which to purchase modern household equipment and such things as detergents, disinfectants, furniture polish, etc.; critics of the home helps who make such remarks as "goodness knows what she does with the time she spends there" should try substituting a dustpan and brush, a worn broom, and a ragged floor cloth for their vacuum cleaner, and a kettle full of water boiled on a gas ring for their constant hot water supply. Of course it takes twice as long to do each task under such circumstances and without modern appliances and the results are bound to be disappointing, but many old people would rather put up with the inconveniences of their large, draughty, shabby and ill equipped homes than enter Part 3 accommodation. Most would willingly surrender their accommodation for a council flatlet or for some sort of partially communal establishment where they could have a bedroom furnished with their own possessions to which they could withdraw if they wished, and I am convinced that we should aim at providing more such accommodation.

I dealt with 99 cases of persons wishing to find more suitable accommodation. Some of these were visited on behalf of the Housing Office. Others were not eligible to apply for council housing because they were adequately housed, or were the owners of the property in which they were residing. Many were in houses which they can no longer afford to keep in a satisfactory state of repair, and dampness, broken fireplaces, and hot water systems which no longer function make life a misery in all but the mildest, driest weather. A great deal of my time is spent in interviewing persons whose names are already on the housing list and whom I cannot convince that I have not some magic powers with regard to accommodation. About one third of the persons interviewed during the year came to ask me to expedite their rehousing. Many of these persons

call at the Public Health Offices without any appointment, often encouraged to do so by their Doctors, landlords, relatives, or by voluntary organisations. I am deeply disturbed when they come long distances spending upon fares money which they can ill afford to spend or arrive when the pavements are ice covered, or during heavy rainstorms. I would hesitate to call any interview a complete waste of time, but interviews of this sort achieve little, they sometimes keep me away from Committee meetings or make me late for appointments, and the time involved could undoubtedly be far better spent.

I received 66 requests for help and advice in finding holiday accommodation for old persons either to enable the old person to have a complete change, or to enable relatives who care for them throughout the year to have a holiday without them. There is a tendency to regard such an arrangement as a right, and to expect the Borough Council to finance it. The following remarks have been made to me, "They ought to send every person of pensionable age away free for at least two weeks every year." "It is a disgrace that they don't have Homes at the seaside for them." "I took it for granted that you would be able to put father into a Home while we went away." "The Doctor said I had only to ask you and you would get him into Hospital." "Oh no, he is not ill but Hospitals are free aren't they? and I shall know he is safe there." "Mother has paid rates all her life. She is entitled to be looked after free of charge while we go away." "My husband says that he will leave me if I don't get my mother looked after while we have a holiday together."

In some instances the request was left until 10 days before the family holiday dates and in many instances until less than 4 weeks earlier. One Daughter who enquired one week before the holiday remarked "we thought that if we left it until the last minute you would have to take over." In all but a few of the cases the family holiday booking has been made in January or February, and with the exception of three or four cases the need for help in arranging for the old person's care was known before that booking was made. Fortunately for the old people themselves it was possible to arrange something in each case. Some relatives were ready and able to pay fees of Private Guest Homes and Nursing Homes and simply needed advice about them and a list of addresses. Where there was any doubt about what type of accommodation would be suitable or any plea of financial hardship I visited the house to assess the position. Several were subsequently referred to Dr. Dunn as unfit for Guest Houses or seaside boarding houses and either unable to find



a guaranteed vacancy in a Nursing Home or unable to afford Nursing Home fees. These were admitted to the Geriatric Unit or St. George's Hospital, Hornchurch.

Ten persons were sent to seaside boarding houses in May, or September, and were given financial help from cash allocated by the Mayor, or from what remained of a small legacy set aside for this particular purpose. This money has now been exhausted.

I acknowledge with sincere gratitude the co-operation of Miss Short, Matron of The John Beech Home, 215-217 Chingford Mount Road, E.4. who has kindly accepted persons who by reason of very advanced age, or some handicap such as near blindness or severe deafness of a degree not helped by a hearing aid, were not acceptable elsewhere. Some of these old folk needed quite a lot of supervision and much of the extra work involved was undertaken by the Matron personally. I learned by chance that she frequently surrenders her off duty time during the summer months.

Matron also took several who did not really wish to go away at all, and some who wanted a change from home but did not feel able to make a journey.

Those who had gone under pressure from their families and against their own wishes all enjoyed their stay and spoke appreciatively of the meals provided and of the friendliness of the small staff who have to work very hard.

I would ask anyone who is advising a family on the matter of holidays to emphasize that if they want help in placing an old person the very longest possible notice is important; that they should not take it for granted that two weeks' board and lodging anywhere can be provided free of charge, and that it makes it much easier to guarantee help if the holiday can be in May, early June, or September.

One very time consuming factor of the work is the large number of telephone enquiries received. These average 10 a day. Over 100 relatives sought advice upon problems due to senility. The care of mentally confused persons, particularly the physically fit confused, present difficulties undreamed of by those who have never lived with them. Nursing them in some Hospital or other communal establishment is not comparable, since a nurse or attendant has off duty periods during which she is relieved of all responsibility for the patients. Some relatives are never off duty, they may even have

to share a bed with the patient and to take him along with them wherever they go because it is unsafe to leave him alone even for a few minutes. If they have no one with whom to leave him their responsibility is never laid aside and they have no relaxation.

Then too the nurse is not emotionally involved with the patient as is a wife, husband or offspring. The broken crotchety old man the wife must watch over may be the former athlete, brilliant scholar, successful business man and considerate spouse. She must bear the sadness of comparison between what he is now and what he once was; she may even be constantly asking herself if she is to blame for his deterioration. Friends may cease visiting the house because he is a bore to them, and neighbours complain because he does something which annoys them.

To the nurse he is just one of a succession of senile old men whom she has attended; she may not know which were the scholars or which the illiterate, which the kind and thoughtful, which the selfish bully. Senility tends to have a levelling effect and to bring about a pathetic similarity. Bearing this in mind, is it reasonable to expect a close relative to be able to care for the mentally confused or senile, with the same detached calm and the same firmness that a nurse can bring to bear? Yet Doctors and nurses sometimes remark "He gave no trouble during his stay in Hospital. I cannot understand why his family cannot manage him at home."

Forty relatives contacted me to say "I cannot cope". Sometimes the patients were chronic sick who needed lifting, others were both sick and senile, and caused both physical and emotional strain. A few were physically fit but mentally confused. These could not be trusted with gas taps, matches, drugs etc. and were a source of unceasing anxiety. Advice was given about re-organising the family life or the allocation of rooms, to ease the problem. Appeals were made to members of large families who were allowing an unfair share of the burden to fall upon one member; home safety measures were suggested such as the fitting of safety taps to gas cookers; and introductions made to some person willing to spend an evening with the patient to allow the family to have some recreation. Several were referred to the Ilford Social Service Association for provision of a Day Attendant. Others were referred to the Domestic Help Organiser for some assistance with the housework, or for a Night Attendant to provide a temporary respite from nights broken by a restless patient. A few had never consulted a Doctor about the problem and were referred to their G.Ps. with the outcome that a sedative or some other medicine brought relief to both patient and relative. There were a



number of financial problems and a good deal of interchange of cases with the National Assistance Board.

There were the ever recurring miscellaneous problems, this year numbering 259. Examples are disputes with landlords, and other tenants over access to gardens, bathrooms, coal stores etc. There were quarrels with neighbours about noise from children, from television sets and radios; about overgrown gardens and about parked cars the doors of which were slammed during night hours. A chat with both parties usually resulted in an improved relationship, a truce, or a compromise. Intolerance is often due to lack of knowledge about the mental and physical changes that old age brings and the ways and means of compensating for them or keeping them at bay for as long as possible. There is a need for places for old people who are confused and senile to go to during the day. Places where there is some unobtrusive supervision and to which special transport could be provided. So many of these petty disputes would not come about if the old person was away from the house more and not sitting brooding upon grievances either genuine or imaginary.

A few serious disputes which could not be smoothed out were referred to the Citizen's Advice Bureau, so also were some problems concerning tenancy agreements.

I addressed the following Organisations on my work and had some interesting discussions with the members:-

The Women's Co-op. Guild, St. Paul's Hall, 60 members present.  
 Ilford and Barkingside Townswomen's Guild, 200 members present.  
 Fairlop Townswomen's Guild, 19 members present.  
 The Family Forum, Marks Gate Baptist Church, 12 members present.\*

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 93 persons were assisted and 20,932 articles were laundered.

#### (ix) HOSPITALS, etc.

Chadwell Heath Hospital. — 164 beds are provided; 60 for general infectious diseases, 96 for geriatric cases, and 8 beds are used for ear, nose and throat cases.

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

Mr. H. F. Harris, the Hospital Group Secretary, informs me that a comprehensive development plan is being prepared which will allow for a Special Baby Care Unit, New Admission Block and Theatre, extra beds, etc.

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

Total number of Beds at 31st December 1962	Pay Beds 14 Amenity Beds 7	Other Patients				Children
		Medical		Surgical		
		Male	Female	Male	Female	
208	21	26	18	55	55	33

At 31.12.62. 4 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, informs me as follows regarding the proposed extensions to the King George Hospital.

"As mentioned last year, the acquisition of the War Memorial Site has necessitated a completely new approach. A new Schedule of Accommodation has had to be prepared and the revised plans will be based upon this Schedule which has recently been completed. One of the interesting new features is the proposal to link the Maternity Hospital with King George Hospital and to this end many of the services being supplied, e.g. kitchens, dining rooms, pharmacy, piped gases, etc., will be large enough to cover both Hospitals.

It is hoped that the Ministry will quickly agree the new Schedule of Accommodation and that the revised plans will be received in the near future. The official commencing date for work is still around 1965/66."

Psychiatric Hospitals. – There are two large Psychiatric Hospitals in the district, the Goodmayes Hospital, with 80 Resident Staff and 1,270 patients (males 572, females 698), and Claybury Hospital, with 191 Resident



Staff and 1,981 patients (males 810, females 1,171) in residence on 30th June, 1962. (These Hospitals are Groups 21 and 20 respectively of the North East Metropolitan Regional Hospital Board.)

Other Institutions. — Australasian Medical Unit (Dr. Barnardo's Homes), Barkingside, has 60 beds in the Hospital and on 30th June, 1962 there were 20 Resident Staff and 26 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.

The County Ambulance Service is provided and administered centrally by the Essex County Council.

An 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. The Control which is equipped with two-way radio, is also in direct communication with ambulance vehicles operating in the area.

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. Requests for ambulance transport, other than emergency requests, are only accepted from Doctors, Midwives, Mental Welfare 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, Seven Kings 0123 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:-

Chadwell Christian Mission Hall, Essex Road, Chadwell Heath (for residents of Chadwell Heath area) ... ..	Monday, 2.00 p.m.
Mayesbrook Clinic, Goodmayes Lane, Goodmayes (for residents of Becontree area) ... ..	Tuesday, 2.00 p.m.
St. John's Church Hall, Devonshire Road, Newbury Park (for residents of Downshall area) ... ..	Tuesday, 2.00 p.m.
Manford Way Clinic, Chigwell (for residents of the Ilford portion of L.C.C.'s Hainault estate) ... ..	Tuesday, 2.00 p.m.
Marks Gate Clinic, Lawn Farm Grove, Chadwell Heath (for residents on Padnall Estate) ... ..	Tuesday, 2.00 p.m.
Kenwood Gardens Clinic, Gants Hill (for residents of Woodford Avenue area) ... ..	Wednesday, 2.00 p.m. and Friday, 9.30 a.m.
Heathcote Avenue Clinic, Clayhall (for residents of Barkingside and Clayhall area) ... ..	Wednesday, 9.30 a.m. and Wednesday, 2.00 p.m.
Seven Kings Methodist Church Hall, Seven Kings Road (for residents of Seven Kings area) ... ..	Wednesday, 2.00 p.m.
St. Albans Church Hall, Albert Road, Ilford (for residents of Grosvenor Road area) ... ..	Wednesday, 2.00 p.m.
Cecil Hall, Granville Road, Ilford (for residents in the south Cranbrook and Park areas) ... ..	Thursday, 2.00 p.m.
Newbury Hall, Perryman's Farm Road, Barkingside (for residents of the Newbury Park area) ... ..	Thursday, 2.00 p.m.
Mayesbrook Clinic (for residents of Goodmayes area) ... ..	Thursday, 2.00 p.m.



St. Albans Church Hall, Albert Road, Ilford (for residents of Ilford Lane area) ... ..	Friday,	2.00 p.m.
Parish Hall, Mossford Green, Barking- side (for residents of Fairlop area)	Friday,	2.00 p.m.
Methodist Church Hall, The Drive (for residents of Valentines and Cranbrook area) ... ..	Friday,	2.00 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 Mayesbrook Clinic, Goodmayes Lane, on Monday and Thursday mornings, and alternate Saturday mornings; at Manford Way Clinic, Hainault, every Wednesday morning.

Midwives Ante-Natal Clinics are held at the Kenwood Gardens Clinic each Friday afternoon; at Mayesbrook Clinic each Monday afternoon; at Manford Way Clinic on alternate Thursday afternoons; at Heathcote Avenue Clinic on alternate Tuesday afternoons and at Marks Gate Clinic on first and third Wednesday afternoons of each month.

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) KENWOOD GARDENS CLINIC, for —

- Minor Ailments
- Dental (Children and Expectant and Nursing Mothers)
- Orthopaedic and Remedial Exercises treatment
- Artificial Sunlight treatment
- Diphtheria, Whooping Cough and Tetanus Immunisation
- B.C.G. Vaccination
- Poliomyelitis and Smallpox Vaccination
- Ear, Nose and Throat
- Ophthalmic treatment
- Infant Welfare
- Toddlers
- Midwives' Ante-Natal
- Mothercraft
- Enuresis
- Chiropody

## (ii) MAYESBROOK CLINIC, Goodmayes Lane, for —

Minor Ailments  
 Dental (Children and Expectant Mothers)  
 Ophthalmic treatment  
 Artificial Sunlight treatment  
 Ante-Natal and Post-Natal  
 Mothercraft  
 Diphtheria, Whooping Cough and Tetanus Immunisation  
 Poliomyelitis and Smallpox Vaccination  
 B.C.G. Vaccination  
 Orthopaedic and Remedial Exercises treatment  
 Infant Welfare  
 Speech Therapy  
 Midwives' Ante-Natal  
 Orthoptic  
 Chiropody

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

Infant Welfare  
 Chiropody  
 Mothercraft

## (iv) VALENTINES SCHOOL, Beehive Lane, for —

Dental (Children)  
 Speech Therapy

## (v) LOXFORD HALL, Loxford Lane, for —

Child Guidance

## (vi) MANFORD WAY CLINIC, Hainault, for —

Ante-Natal and Post-Natal  
 Mothercraft  
 Infant Welfare  
 Diphtheria, Whooping Cough and Tetanus Immunisation  
 Poliomyelitis and Smallpox Vaccination  
 Midwives' Ante-Natal  
 Dental (Children only)  
 Ophthalmic treatment  
 Orthopaedic treatment  
 Chiropody



## (vii) HEATHCOTE AVENUE CLINIC, for —

Infant Welfare  
 Midwives' Ante-Natal  
 Mothercraft  
 Diphtheria, Whooping Cough and Tetanus Immunisation  
 Poliomyelitis and Smallpox Vaccination  
 Chiropody  
 Speech Therapy

(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.

The following sessions (by appointment only) are held each week.

For Adults — Monday 2 to 4 p.m.	(new cases)
Friday 10 to 12 noon	(new cases)
Tuesday 10 to 11.45 a.m.	(old cases)
Wednesday 2.30 to 4.15 p.m.	(special non-tuberculosis cases new and old)
Friday 2 to 4.30 p.m.	(old cases)
Wednesday 6 to 7 p.m.	(old cases)
Monday 10 to 12 noon	(Ambulance cases and contacts for X-ray only)

For Children — Wednesday 10 to 12 noon

Tuesday 2.30 p.m.	Pre-B.C.G. twice monthly.
Thursday 10.30 p.m.	B.C.G. clinic once monthly.

## SECTION C

## SANITARY CIRCUMSTANCES OF THE AREA

The Chief Public Health Inspector reports as follows:-

**"SANITATION WITH SANITARY ADMINISTRATION AND ENFORCEMENT."**

"The early history of sanitation can be said to have commenced in biblical times and the laws of Moses or the Sinaitic Code contains a complete set of rules dealing with hygiene and sanitation and the Bible in the Pentateuch also contains a full exposition of sanitary laws which applied to both high priests, levites and laity, infractions of which called forth penalties extending even unto death. The code was enforced by the Priests and Levites, thus producing an early form of sanitary inspector. There was neither pardon nor avoidance of punishment by payment of a monetary fine available to offenders.

Roman sanitation and its enforcement provide an object lesson for modern civilization. The Romans constructed great sanitary works for the benefit of the community and the sanitary edicts promulgated by the rulers and senate were enforced by local government officers termed Aediles. Thus the Curator Aquaria or Water Inspectors were required to maintain a supply of 300 gallons per day to every person in Rome and provide the public baths and fountains with adequate supplies.

Public Health Officers consisted of six medical practitioners in each Roman city who treated the sick poor in a manner somewhat similar to the poor law medical officers' duties in Britain.

A true Sanitary Inspector was derived from the ranks of the Aediles Plebis included Housing Officers who were to inspect public buildings and places and by the fifth century these acquired the complete sanitary supervision of Rome itself including the paving, draining and cleansing of streets, prevention of noxious odours, control of baths and sanitary conveniences and the supervision of taverns and brothels. An offshoot of this office, termed the Cura Annonae was required to ensure the fitness of food for human consumption, thus providing an early type Food and Drugs Inspector. Curatori Altie prevented flooding of towns by sea water and supervised land drainage and sewerage works.

The care of public buildings was vested in Curatores Opedium Publicorum. Whilst the maintenance of public highways fell to the Cura Viarium.



Poor relief was administered by Cura Alimentorium who distributed portions every month to needy poor from funds granted by state and public spirited freemen.

These Sanitary Officers were strictly local and not central government officers, each city being quartered and having Aediles and assistants to carry out the various sanitary police duties.

The Dark and Middle Ages in Britain provide no record of real Sanitary Officers, despite the extant gross insanitary conditions. Few people washed, let alone bathed. Most women's heads were alive with lice and people refrained from entering cloisters of monasteries as the monks were so filthy and verminous. It was leprosy, which afforded an example of true sanitary legislation. Ordinances of the thirteenth and fourteenth century required the appointment of discreet persons to investigate cases of suspected leprosy and secure the removal to isolation or obtain a certificate from a medical practitioner of freedom from this dread disease.

Imported infectious diseases produced the quarantine laws and a Plague Order of 1543 introduced searchers in each parish to inspect for and report on cases and deaths of plague.

A Patent of Edward I ordained that specified noblemen inspect all lime furnaces burning coal instead of wood and prevent smoke nuisances from them which rendered houses unfit for habitation and if necessary to remove them.

The construction of buildings in London was regulated after the Great Fire when common sewers and drains were to be provided by the City of London Corporation and sanitary officers were appointed and paid from rates authorised by the Statute. 'Scavengers' or 'Necessary Officers' were appointed in the 17th century to investigate into nuisances and other insanitary conditions and report thereon to the Commissioners. These were unpaid civic dignitaries; the actual work was done by paid 'Rakers'. Thus was created an unpaid Public Health Inspector.

The great 'Sanitary Era' of 1840 to 1885 which produced many Royal Commissions and Parliamentary Committees of Enquiry, to investigate into the extant sanitary evils, produced much sanitary legislation empowering the appointment of Sanitary Inspectors but without success for the executing authority failed to make the necessary appointments generally on the grounds that these officers would affect members own properties and increase rates for salaries.

Private local Acts of Improvement contained powers to appoint

Inspectors; Newcastle under Lyme appointed one in 1834, Liverpool had a Nuisance Inspector and assistants under the Liverpool Sanitary Act 1846, and many other towns followed suit. But the appointment of an Inspector and allowing him to discharge his sanitary duties were not co-terminous. Indeed it paid the officer to eschew sanitary enforcement rather than risk the loss of what became known as a sinecure office. Thereby sanitary law was more honoured in the breach than in the execution.

So parlous became the sanitary condition of the country that Parliament, despite the vociferous opposition of those vested interests in slum property, made sanitary law compulsory and not permissive, by the Public Health Act of 1872, later repealed with the codifying Act of 1875 which laid the foundation for effective modern sanitary administration. Thereby the appointment of Sanitary Officers became obligatory and sanitary law enforcement made a specific object of local government administration and not its avoidance. Nuisance Inspectors, later known as Sanitary Inspectors and still later as Public Health Inspectors were then clothed with clearly defined sanitary duties prescribed by Orders and Regulations of the central government. Furthermore, to prevent avoidance of the rules, each inspector was not to be dismissed except by or with the consent of the general Board of Health, later the Local Government Board and now the Ministry of Health and the officer was to be paid a salary approved by the central department whilst the mode of appointment and qualifications to be held were to be approved likewise. Despite all this the history of the office of Public Health Inspector is strewn with the opposition of those whose proprietary interests would be injured by systematic and strict sanitary enforcement. Officers, not in Ilford, have been dismissed on trivial grounds and obstructions have been placed in the officers path whilst endeavouring to discharge his duties according to law. Others elsewhere have resigned their office rather than subject themselves to the personal demands of interested authority members and their friends.

The Smoke Control programme has steadily increased and the estimates of cost of appliances and works have fallen short of expectation, indicating either the readiness of those affected by the Orders to accept clean air at their own expense or that the contribution from public funds is not worth the trouble of collection.

Many people are taking the opportunity of completely rearranging the domestic heating system and receiving a grant of about £4 towards the cost. There has not been an offence against the Act since Orders were first made in 1960.

Food and Drugs and Food Hygiene administration have formed



an important part of the health preserving function of the department. A peculiar feature of the execution of the law in this behalf is the variations in the judicial decisions on penalties. For instance an offender charged for the fourth time for smoking whilst handling food was fined a less amount than that imposed for the third offence. It might in the end pay to continue infringing the rule.

A great improvement in general housing standards in the town occurred during the year. Sanitary defects creating nuisances were reduced and owners are demonstrating an intention to maintain their properties in a reasonable state of repair. Similarly the number of Rent Act Repair Certificates issued is steadily falling, indicating the salutary effects of the Act.

Ilford has not so far been troubled with many houses let in multiple occupation but particular attention is paid to all such possible lettings and the Regulations of 1962 will be strictly followed to obviate the insanitary conditions so prevalent in many of our larger towns.

At least it cannot be suggested that housing conditions and sanitary circumstances in the Borough are unsatisfactory. It is the objective of the Public Health Inspectorate to prevent such a claim ever being made."

(i) WATER SUPPLY. — The district is served by the Metropolitan Water Board and South Essex Waterworks Co. 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.

"The water supplied to the Ilford area by the Board is well-derived water from Wanstead well and River Lee-derived water from Lee Bridge Works in varying and unpredictable proportions."

"In Ilford pressures were low at times at peak hours during the summer on the higher ground above Redbridge, and in order to improve conditions, certain dead-ends were joined up and a new connection was made to a pumping main in the vicinity of Redbridge. The length of new service mains laid in the Borough during 1962 was 1,293 yards. All new and repaired mains are chlorinated before being restored to supply and samples from these are tested to confirm that the quality of the water is up to the standard normally supplied."

Samples of water passing into supply are collected daily and a total of 1,061 samples was submitted to chemical and/or bacteriological examination.

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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. P. Gordon Spencer, Chief Engineer to South Essex Waterworks Co., has kindly supplied me with the following information.

"During 1962 over 4,020 chemical, bacteriological and biological examinations were made at the Langham Laboratory, and all water going into supply was reported as wholesome. In addition samples were examined for radioactivity.

Samples from the wells situated in the Company's area of supply were analysed weekly and all were likewise reported on as above; in addition, samples were taken weekly from houses in various parts of the supply area for bacteriological examination and they were invariably perfectly satisfactory.

A supplementary supply of water was obtained from the Metropolitan Water Board during the months June and July, the total quantity being 26.773 million gallons.

The water supply of the area and of its several parts has been satisfactory as to quality and quantity.

The following mains were laid in Ilford during 1962:-

	3 ins.	4 ins.
Yards	87	203

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

Four samples of piped water supply (2 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) PUBLIC SWIMMING BATHS. — There are three public swimming baths in the Borough. Two indoor, 120,000 gallons and 66,000 gallons respectively and one open-air, of 250,000 gallons approximately. Mains water supply is used in all cases and the method of treatment is by break-point chlorination. The water is normally changed once annually in the case of the larger indoor bath and the open-air bath, which are closed



during the winter months. The smaller indoor bath is, however, in operation throughout the whole of the year but the water is completely changed biennially. All the baths are "topped up" with mains water as necessary.

Five samples of water for examination were taken from the open-air swimming bath from May to September. The samples were satisfactory. Fourteen samples were also taken from the two indoor baths during February, April, May, June, July, August, September and November: all the samples were satisfactory and of a high standard of bacterial purity.

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

#### Main Drainage

Progress continued on the relief of flooding in the Borough and the following schemes were completed during the year:-

- |  |          |
|--|----------|
| (a) Woodford Avenue, Clayhall Avenue to River<br>Roding Surface Water Sewer ... .. | £113,000 |
| (b) Roding Valley Mid-Level Soil Sewer Stage II                                    | £113,200 |
| (c) Wilton Road Surface Water Sewer ... ..   | £45,000  |

It is anticipated that work will commence on the following schemes during 1963:-

- |   |                         |
|---|-------------------------|
| (a) Belgrave Road Area Surface Water Sewer                                    | £23,500                 |
| (b) High Road, Grove Road Soil Sewer ... ..                                   | £81,500                 |
| (c) Relief — Eastern Avenue and Woodford Avenue<br>Surface Water Sewer ... .. | £112,500<br>(estimated) |
| (d) Beehive Lane Cranbrook Road area Soil Sewer                               | £55,000<br>(estimated)  |
| (e) Extension of Henley Road Relief Sewer ... ..                              | £70,000<br>(estimated)  |
| (f) Cranbrook Road — Beehive Lane to Bramley<br>Crescent Soil Sewer ... ..    | £15,000<br>(estimated)  |
| (g) Oaks Lane, Brook Road, Suffolk Road Surface<br>Water Sewer ... ..         | £78,500<br>(estimated)  |

(h) Cranbrook Road, Springfield Drive and Ardwell Avenue Surface Water Sewer ... ..	£75,000 (estimated)
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## RIVERS AND STREAMS

Flooding. — Work on the relief of flooding continues but flooding is still experienced in areas not yet dealt with under the drainage scheme.

Pollution of Streams. — Occasions of oil pollution occurred during the year of the Cranbrook, Seven Kings Water and the Mayesbrook.

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

Total amount of refuse collected and disposed of	<u>Tons</u> 54,087
Collection of Salvage:-	<u>Tons</u> <u>Income</u>
Wastepaper ... ..	1,140      £8,497
Rags and Scrap Metal ... ..	109      £1,206

(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 ... ..	34,290
Houses and premises reinspected (work in progress)...	18,298
Visits during disinfection ... ..	102
Houses in which nuisances were detected ... ..	713
Houses in which nuisances were abated ... ..	704*
Premises disinfected ... ..	4
Premises from which articles only disinfected ... ..	23
Articles disinfected ... ..	163
Premises disinfested for verminous conditions ... ..	17

\*Includes 62 nuisances detected before 1st January, 1962.

Notices served:-	<u>Served</u>	<u>Complied with</u>
Statutory:-		
Public Health Act, 1936 ... ..	82	60
Clean Air Act, 1956 ... ..	—	—
Housing Acts, 1936 and 1957 ... ..	—	—
Factories Act, 1961 ... ..	1	1
Shops Act, 1950 ... ..	—	—
Provide Dustbin (Ilford Urban District Council Act, 1904)	9	8



	<u>Served</u>	<u>Complied with</u>
Food and Drugs Act, 1955 ... ..	—	—
Cleanse Water Storage Cistern (Bye- laws) ... ..	—	—
Cover Water Storage Cistern (Byelaws)	—	—
Informal ... ..	525	445
	<u>617</u>	<u>514</u>

In addition to the above, 103 notices (18 statutory and 85 informal) served previous to 1st January, 1962, were also complied with.

Complaints. — During the year 2,885 complaints of nuisances were received and investigated.

The following is a summary:-

Accumulation of manure and refuse ... ..	35
Bad smells ... ..	68
Dampness of premises ... ..	52
Defective drains, w.c.s and fittings ... ..	660
Defective roofs, gutters, downpipes, etc. ... ..	53
Defective water fittings ... ..	30
Dirty and verminous houses ... ..	26
Dirty condition of rearway ... ..	4
Flooding of premises ... ..	3
Overcrowding ... ..	5
Smoke nuisances ... ..	65
Defective or no provision of dustbin ... ..	655
Rats and mice ... ..	674
Miscellaneous ... ..	555
Total ... ..	<u>2,885</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 669 inspections were made. No Notices were served. One Certificate of Exemption from the provisions of Section 38 was granted in 1962.

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

(viii) RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951. — Registration has been granted in respect of 7 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. No licence was issued in 1962 in respect of premises used as a rag flock store.

(ix) LAND CHARGES ACT, 1925. — During the year 3,874 enquiries were dealt with under this Act.

(x) CLEAN AIR ACT, 1956. — The Council has agreed that the whole of the Borough shall become a smokeless area and a programme has been prepared for this to be effected over a period of 10 years.

The following Smoke Control Orders are in operation, or will come into operation on the dates stated:-

No. 1 — Padnall and Marks Gate Estates	...	...	...	1.11.1960.
No. 2 — South Hainault	...	...	...	1.7.1963.
No. 3 — South Hainault	...	...	...	1.7.1963.
No. 4 — South Hainault	...	...	...	1.10.1963.
No. 5 — South Hainault	...	...	...	1.6.1964.

Further areas are the subject of detailed inspections with a view to the preparation of future Orders.

(xi) ATMOSPHERIC POLLUTION. — Complaints were received of alleged smoke nuisance in 19 instances from 12 factories in the Grove Road, Newbury Park, Ley Street and Ilford Lane areas. In 17 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 offences under the Clean Air Act were reported and legal proceedings were instituted which resulted in the firm concerned being granted a conditional discharge but £5.5s.0d. costs were awarded to the Council.

Three stations for measurement of atmospheric pollution have been installed in the Borough as follows:-

- No. 1 — Gantshill Library
- No. 2 — John Bramston School
- No. 3 — Ilford Town Hall.

Each station now has a volumetric apparatus only. The use of deposit gauges and lead peroxide instruments at the stations was discontinued, on the recommendations of the Department of Scientific and Industrial Research, as from 31st March, 1961.



## SECTION D. — HOUSING.

(i) OVERCROWDING. — No notices were served during 1962.

(ii) CLEARANCE AREAS. — Two areas were declared by the Council to be Clearance Areas in 1962.

The Council makes 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) ... ..	1,489
(b) Number of inspections made for the purpose	16,014
(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 ... ..	2
(b) Number of inspections made for the purpose	2
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	23
(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 ... ..	289

## 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 ... ..	170*
--	------

## 3. Action under Statutory Powers during the year:-

## A. Proceedings under 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 ... .. 1

(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 ... .. 91

(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 Section 17(1) of the Housing Act, 1957.

(1) Number of dwelling-houses demolished as a result of formal or informal procedure 23

(2) Number of dwelling-houses closed in pursuance of an undertaking given by the owners and still in force ... .. —

#### D. Proceedings under Section 18 of the Housing Act, 1957.

Number of separate tenements in respect of which Closing Orders were made ... .. —

#### 4. Housing Act, 1957, Part IV Overcrowding:-

(a) (i) Number of dwellings overcrowded at the end of the year ... .. 5

(ii) Number of families dwelling therein ... .. 5

(iii) Number of persons (units) dwelling therein 13

(b) Number of new cases of overcrowding reported during the year ... .. 2



(c) (i) Number of cases of overcrowding relieved during the year ... ..	12
(ii) Number of units concerned in such cases	50½
(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 1962 of Notices served prior to 1st January, 1962.

#### HOUSING ACTS, 1936 and 1957.

During the year 1962 the work of receiving applications, calling for calculations for the "permitted number" was continued with a view to the issue of housing certificates.

2 certificates in respect of 2 houses were issued during the year, making a total of 18,369 certificates, in respect of 25,179 houses, issued to the end of 1962.

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

#### MEDICAL PRIORITIES FOR REHOUSING

In 1962 42 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.

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

Particulars relating to 1962 are as follows:-

Application for Certificates of Disrepair received ... ..	13
Certificates of Disrepair granted ... ..	13
Certificates of Disrepair refused ... ..	—
Applications Withdrawn ... ..	—
Certificates of Disrepair issued ... ..	3
Undertakings received from landlords ... ..	9
Unexpired Notices of Proposal to issue Certificates of Disrepair	1
Certificates cancelled ... ..	5
Applications for cancellations of Certificates applied for but not granted ... ..	—
Certificates as to remedying of defects specified in Landlord's Undertaking to remedy Defects:	
Issued to Landlords ... ..	1
Issued to Tenants ... ..	—



## SECTION E.

## INSPECTION AND SUPERVISION OF FOOD

## MILK SUPPLY

The Council has delegated to the Public Health Committee all its powers and duties under the Food and Drugs Act, 1955, and any Regulations which might thereafter be made thereunder.

The Milk (Special Designations) (Specified Area) 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 (GENERAL) REGULATIONS, 1959. — Persons and Premises registered as at 31st December, 1962:-

Persons registered as distributors of milk...	135
Premises registered as dairy premises (other than dairy farms) ...	10

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

(ii) MILK (SPECIAL DESIGNATION) REGULATIONS, 1960:-

The following licences were granted during 1962 for the 5-year period ending 31st December, 1965:-

Dealer's (Pre-Packed Milk)					
Tuberculin Tested	...	...	...	...	6
Pasteurised	...	...	...	...	15
Sterilised	...	...	...	...	8

Two licences granted by the Essex County Agricultural Executive Committee, in respect of the production of Tuberculin Tested milk at farms in the Borough are in operation.

(iii) 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	56	56	—	—
Tuberculin Tested Milk (Farm bottled) ... ..	4	4	—	—
Pasteurized Milk	51	51	—	—
Sterilized ... ..	23	23	—	—

(iv) BIOLOGICAL TESTS. — Two samples of milk were submitted to a biological test for tuberculosis. Both proved to be negative.

(v) 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.

(vi) LEGAL PROCEEDINGS. — 3 complaints of the presence of foreign bodies in milk were received and investigated. Letters of warning were sent to the bottlers and distributors in two cases.

(vii) 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 registration, 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.

29 applications for registration in respect of 26 premises were considered during the year 1962; registration was granted to 4 applicants in respect of the manufacture and sale and to 25 applicants in respect of the sale only of ice cream.

#### (ii) ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1959.

The Council has decided, in accordance with the recommendations of the Ministry 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 1962 27 samples were submitted for examination with the following results:-

No. of Samples	Ministry of Health Provisional grade	% of Total	Unsatisfactory Samples.
23	I	85	—
2	II	7	—
1	III	4	—
1	IV	4	—
27		100	—

The Food Standards (Ice-Cream) Regulations, 1959, prescribed standards for ice-cream. During 1962, 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 15 instances of individuals using tobacco whilst engaged in the handling of "open" food contrary to the Food Hygiene (General) Regulations, 1960. In all instances letters of warning were served.

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 services of two Public Health Inspectors are utilised to deal with food preparing premises, factory canteen premises and food and drugs sampling. During 1962, they made 8,411 inspections of food shops and food preparing premises. 31 informal notices were served under the Food and Drugs Act, and 39 informal notices were complied with including 15 informal notices served prior to 1962.

## (ii) FOOD HYGIENE.

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

Cafes and Restaurants ... ..	160
Factory canteens ... ..	28
Butchers' shops ... ..	116
Grocers' shops ... ..	260
Fruiterers' and Greengrocers' shops	127
Fishmongers' and Fishfryers' shops	48
Bakehouses ... ..	20
Bakers' shops ... ..	41
Confectioners' shops ... ..	212
	<hr/>
	1,012

The practice of inculcating interest in the proprietors, directors and staffs of food handling organisations was continued in 1962, and the catering industry, as a whole, continues to co-operate.



The lectures and demonstrations with film strips and films to food handlers and various local organisations were continued in 1962.

### (iii) SAMPLING.

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

148 samples (138 formal and 10 informal) were obtained during the year 1962; 5 formal and 6 informal samples were not satisfactory as follows:-

(a) Pork Sausages (formal). - 7% deficient in meat. Contained 300 parts per million sulphur dioxide but no declaration given by vendor. A letter of warning was sent in this case.

(b) Sausage Meat (informal). - Contained a bandage which had apparently been cooked in the sausage meat pie. A letter of warning was sent in this case.

(c) Loaf of Bread (informal). - Contained foreign matter in form of mass of dough and fruit tissue. No action.

(d) Pork'n Ham (formal). - Deficient in meat. A letter to the manufacturer was sent in this case.

(e) Ice Cream (informal). - Showed presence of small blackish areas due to presence of blackened particles of aluminium. A letter to the manufacturer was sent in this case.

(f) Fynnon Salts (formal). - Contained 4.4 per cent of sodium bicarbonate which was twice the stated amount. A letter to the manufacturers was sent in this case.

(g) Pork Sausages (formal). - Contained 160 parts per million of sulphur dioxide but no declaration of preservative given at the time of sale. A letter of warning was sent in this case.

(h) Orange Juice (informal). - Consisted of sweetened orange juice therefore should have been described as such on the label. A letter was sent to the manufacturers in this case.

(i) Orange Juice (informal). - Consisted of sweetened orange juice therefore should have been described as such on the label. Label carried no statement showing the ingredients used in its preparation as required by the Labelling of Food Order. A letter was sent to the Manufacturers in this case.

(j) Portion of Chocolate and Cream Sponge Sandwich (informal). - Contained two pieces of absorbent gauze. Legal proceedings were taken and a fine of £5, plus £1.1s.0d. costs was imposed.

(k) Hamburgers (formal). — Meat content poor. A letter of warning was sent in this case.

(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 4 persons and 10 premises were also registered during 1962.

(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.

3 applications for registration were received and granted during 1962.

(vi) ARTICLES OF FOOD SURRENDERED.

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

Bacon, 9 lbs.; Beverages, 6 tins; Biscuits, 4½ lbs.; Butter, 2 lbs.; Cereals, 152 lbs.; Cheese, 20 lbs.; Chicklettes, 2 lbs.; Cream, 14 tins; Eggs (preserved), 7¼ lbs.; Eggs (shell), 2½ gross; Fish (Wet and Dry) 77 stones; Fish (tinned), 90 tins; Fish cakes, 30; Fish (paste), 10 jars; Flour, 15 lbs; Fruit (tinned), 1,267 tins; Fruit (Juice), 1 tin; Game, 27 lbs.; Ice Cream, 31 brickettes; Jam, 36 lbs.; Jellies, 23; Lard, 1 lb.; Meat (fresh), 1,795 lbs.; Meat (tinned), 771 lbs.; Meat (pies), 33; Milk (tinned), 85 tins; Pastry and Pudding Mix, 11 pkts; Pickles, 13 jars, Poultry, 88 lbs.; Salt, 1½ lbs.; Sausages, 3 lbs.; Soups (tinned), 58 tins; Sausage rolls, 9; Tea, 65 lbs.; Tomatoes, 11½ lbs.; Vegetables (fresh), 6 lbs.; Vegetables (dried), 76 pkts.; Vegetables (tinned), 128 tins.

(vii) FOREIGN BODIES IN FOOD,

13 complaints (including 4 instances referred to in paragraph (iii) Sampling) were received during 1962 of the presence of foreign bodies in foodstuffs; letters of warning were sent in 8 cases and legal proceedings taken in 4 cases and fines totalling £25, plus £14.14s.0d. costs were imposed.



## (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 26, Food and Drugs Act, 1955.

In 1962, 84 notifications were received.

There were 23 family outbreaks, 8 other outbreaks, and 17 single cases.

The Causal organisms were identified as follows:-

Outbreaks

Salmonella typhi-murium	3 outbreaks involving	18 persons
Salmonella Blockley	1 outbreak involving	6 persons
Salmonella Enteritidis	1 outbreak involving	3 persons
Salmonella Bredeney	1 outbreak involving	5 persons
Cl. welchii	2 outbreaks involving	65 persons
No identification	23 outbreaks involving	138 persons

Single Cases

Salmonella typhi-murium	3
Salmonella Bredeney	1
No identification	13

(ix) BAKEHOUSES. — There are 20 bakehouses in the district, all of which use motive power, 374 inspections of bakehouses were carried out during the year.

It was necessary to call upon the occupier of a bakehouse to carry out cleansing work and the request was complied with.

(x) MERCHANDISE MARKS ACT, 1926. — No contravention of this Act was reported during 1962.

## DISEASES OF ANIMALS ACT, 1950.

## (i) THE FOWL PEST (INFECTED AREAS) SPECIAL ORDER No.1, 1962

The Minister of Agriculture, Fisheries and Food, under the Fowl Pest (Infected Areas Restrictions) Order 1956, as amended in 1958, made this Order which became operative on 12th January, 1962. The Area covered by this Order included most of the County of Essex. The movement of Poultry within, into and out of the area was restricted and Public Notice of the effect of the Order was made. The Fowl Pest (Infected Areas) Special Order No. 9, 1961, was revoked by this new Order.

(ii) FOWL PEST (INFECTED AREAS) SPECIAL ORDER No. 2, 1962.

A notification was received on 1st February of contraction of the Fowl Pest Infected Area Restriction to exclude the whole of Essex, including the Borough of Ilford.

(iii) THE FOWL PEST ORDERS 1936 and 1947

Two Notices were served under these Orders; the poultry and premises were kept under strict surveillance. The suspected fowl pest was not verified.

(iv) THE POULTRY PENS, FITTINGS AND RECEPTACLES (DISINFECTION) ORDER, 1952. THE POULTRY PREMISES AND VEHICLES (DISINFECTION) ORDER, 1956.

Notice under these Orders was served on a person in Ilford requiring the necessary cleansing and disinfection of his premises, equipment and vehicles in order to prevent the spread of fowl pest.

(v) REGULATION OF MOVEMENT OF SWINE ORDER, 1959.

A movement licence was received in respect of 2 sows and 13 pigs to a farm in Newbury Park, Essex. The pigs were isolated and the premises kept under observation.

(vi) THE SWINE FEVER (INFECTED AREAS) SPECIAL ORDER No. 12, 1962.

This Order, made by the Minister of Agriculture, Fisheries and Food, prescribed an area which consisted of the County Boroughs of East Ham, West Ham, and Southend-on-Sea, with the whole of the controlling administrative County of Essex as a restricted area for movement of swine. In general it restricted the movement of swine into, out of, within and through the regulated Area. 17 Licences were issued for movement of pigs out of Ilford, and 2 Licences were received for movement of pigs into Ilford.

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 1962.



	Type of Property				Total
	Local Authority	Dwelling Houses	Agricultural	All other (including Business and Industrial)	
Total No. of properties in District	235	53,041	29	6,757	60,062
No. of properties inspected as a result of notification ... ..	48	503	—	95	646
No. of such properties found to be infested by —					
Common Rat      Major ... ..	—	—	—	—	—
Minor ... ..	9	177	—	33	219
Ship Rat          Major ... ..	—	—	—	—	—
Minor ... ..	—	—	—	—	—
House Mouse      Major ... ..	—	—	—	—	—
Minor ... ..	25	102	—	29	156
No. of properties inspected in the course of survey under the Act ...	12	15	—	13	40
No. of such properties found to be infested by —					
Common Rat      Major ... ..	—	—	—	—	—
Minor ... ..	11	8	—	7	26
Ship Rat          Major ... ..	—	—	—	—	—
Minor ... ..	—	—	—	—	—
House Mouse      Major ... ..	—	—	—	—	—
Minor ... ..	—	5	—	—	5
No. of properties otherwise inspected ... ..	—	—	—	1,012	1,012
No. of such properties found to be infested by —					
Common Rat      Major ... ..	—	—	—	—	—
Minor ... ..	—	—	—	—	—
Ship Rat          Major ... ..	—	—	—	—	—
Minor ... ..	—	—	—	—	—
House Mouse      Major ... ..	—	—	—	—	—
Minor ... ..	—	—	—	—	—
Total No. of inspections and re-inspections carried out ... ..	111	1,038	—	8,616	9,765
No. of infested properties (under II, III and IV) treated by Local Authority ... ..	36	299	—	60	395
Total No. of treatments and re-treatments carried out ... ..	36	299	—	74	409
No. of Notices served under Section 4 —					
(1) Treatment ... ..	—	—	—	—	—
(2) Structural works (i.e., Proofing) ... ..	—	—	—	2	2
No. of cases in which default action was taken by Local Authority following issue of Notice under Section 4 ... ..	—	—	—	—	—
Legal proceedings ... ..	—	—	—	—	—
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 12 premises during 1962.

**PETROLEUM (CONSOLIDATION) ACT, 1928.** – The Public Health Inspectors made 1,419 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 148, and the fees paid to the Council for such Licences was £127.5s.0d.

**LITTER ACT, 1958.** – The Public Health Inspectors are authorised by the Council to investigate and report offences under the Act. During 1962, 14 offences were reported. Legal proceedings were taken in seven cases and fines totalling £13, plus £6.4s.0d. costs were imposed. A letter of warning was also served in one other instance.

**NOISE NUISANCES – ILFORD CORPORATION ACT, 1937 AND PUBLIC HEALTH ACT, 1936.**

Complaints were received of noise nuisances from 28 premises during the year. In 11 cases no nuisance was found to exist in respect of which action could be taken. In 15 cases representations by the Public Health Inspector resulted in abatement of the nuisance. Two Intimation Notices were served and complied with in 1962.

**INTERNATIONAL CERTIFICATES OF VACCINATION AND INOCULATION.**

A person travelling abroad to certain countries is required to produce a certificate that he has been successfully vaccinated or inoculated against specified diseases such as smallpox, yellow fever, cholera etc.

In the case of diseases other than yellow fever the certificate must be obtained by the traveller himself and taken to his doctor who may carry out the vaccination or inoculation. Yellow fever inoculation must be done by specified doctors and the necessary certificate is issued at the centre at which the inoculation has been carried out.



The doctor's signature on a smallpox vaccination or cholera inoculation certificate must be authenticated by the Medical Officer of Health. During 1962, a total of 7,271 certificates were so authenticated.

## SECTION F.

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

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

## 1. Under Sections 144 and 343, Public Health Act, 1936.

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

## 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 ... ..)	
Dysentery ... ..)	P.H. (Infectious Diseases) Regulations, 1953 and 1960.
Malaria ... ..)	
Anthrax ... ..)	
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 82 of the Factories Act, 1961. These are cases of Lead, Phosphorous, 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 under-mentioned infectious diseases during 1961 and 1962 were as follows:-

	1961	1962
Scarlet Fever ... ..	—	—
Enteric Fever ... ..	—	—
Diphtheria ... ..	—	—
Acute Poliomyelitis ... ..	—	—
Measles ... ..	1	—
Whooping Cough ... ..	—	—
Influenza ... ..	19	8
Tuberculosis — Pulmonary	12	15
Other forms	1	2
Pneumonia (all forms) ...	140	189
Meningococcal Infections	—	—
Totals	<u>173</u>	<u>214</u>

The year 1962 showed a lower incidence of infectious disease, mainly due to the decrease in the number of cases of measles, 988 occurred as compared with 2,907 in the previous year. There were 53 cases of whooping cough as compared with 37 in the previous year.

(a) Smallpox. — No cases were notified during 1962.

Vaccination is the responsibility of the Essex County Council and details appear in the Part III Services Section of this Report.

(b) Scarlet Fever. — 139 cases occurred in 1962. There were no deaths from this disease. Only one case was admitted to hospital.

(c) Diphtheria. — No case occurred in 1962.

(d) Ophthalmia Neonatorum. — One case occurred in 1962.

TABLE III. - CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES FOR THE YEAR 1962.

NOTIFIABLE DISEASE	At all Ages	Number of Cases Notified At ages - Years							Total Cases Notified in each Ward										*Total Deaths		
		Under 1 year	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 ... ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever ... ..	139	-	24	102	9	3	1	-	10	11	14	13	4	2	30	21	7	6	12	9	-
Diphtheria, including Membranous Croup ... ..	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Enteric Fever (Typhoid and Para-Typhoid) ... ..	112	1	4	5	4	8	40	50	17	10	4	2	1	11	15	18	15	7	9	3	189
Pneumonia ... ..	42	-	-	-	20	22	-	-	1	-	-	-	-	-	1	-	1	37	-	-	-
Puerperal Pyrexia ... ..	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis ... ..	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis ... ..	2	-	1	1	-	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-
Meningococcal Infection ... ..	171	5	28	50	14	41	28	5	17	8	1	26	16	1	20	32	22	2	9	17	-
Dysentery ... ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum ... ..	10	-	-	-	-	1	8	1	1	-	-	-	-	-	1	1	1	3	1	1	-
Erysipelas ... ..	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Pemphigus Neonatorum ... ..	59	-	2	2	12	19	16	8	4	8	7	2	7	8	5	1	5	3	7	2	15
Tuberculosis Pulmonary ... ..	12	-	-	-	3	4	4	1	-	2	-	-	1	-	-	3	1	1	1	1	2
Other Forms ... ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anthrax ... ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria - Believed contracted in this country ... ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Believed contracted abroad ... ..	3	-	-	3	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Acute Rheumatism ... ..	988	9	400	568	5	6	-	-	50	140	49	25	31	24	140	169	62	61	145	92	-
Measles ... ..	53	5	21	25	2	-	-	-	1	4	1	-	3	10	7	2	2	15	5	3	-
Whooping Cough ... ..	84	1	7	13	14	26	20	3	4	6	11	12	11	8	4	4	2	4	7	11	-
Food Poisoning ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus Fever ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals ... ..	1,681	23	487	769	86	130	118	68	106	190	87	85	74	67	225	252	118	139	196	142	206

\* Included in the figures in this column are cases notified in previous years as well as 1962.



The following figures show the number of cases of Ophthalmia Neonatorum notified during the past five years: 1958, 1; 1959, nil, 1960, 6; 1961, nil; 1962, 1.

(e) Enteric Fever (Typhoid and Para-Typhoid). — One case occurred in 1962 — A male, aged 17. The patient had arrived from Delhi just prior to the onset and it is probable that infection occurred abroad.

(f) Acute Poliomyelitis. — One case (non-paralytic) occurred in 1962. — A youth aged 15, who was admitted to hospital and made a complete recovery.

(g) Acute Encephalitis. — One case occurred in 1962. — A scholar aged 18, who made a satisfactory recovery, following treatment in hospital.

(h) Meningococcal Infection. — Two cases occurred in 1962. — A male infant, aged 1, and a female, aged 6. Both were admitted to hospital and made satisfactory recovery.

(i) Pneumonia — Influenzal and Primary. — The number of cases which occurred during 1962 was 112 compared with 106 in 1961.

(j) Tuberculosis. — During 1962 there were 59 new notifications of Pulmonary Tuberculosis and 12 of other forms of Tuberculosis. In addition 75 pulmonary and 5 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:-

Year	Population	No. of Persons added to list (all forms)	Deaths (all forms)	No. of Persons on register 31st December
1958	179,000	177	11	1,525
1959	178,600	184	13	1,562
1960	178,520	181	8	1,574
1961	177,760	169	13	1,524
1962	177,460	151	17	1,180

Notifications and Deaths from Tuberculosis of Ilford residents during 1962:-

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	—	—	—
1-5 years ...	—	2	—	—	—	—	—	—
5-15 ...	2	—	—	—	—	—	—	—
15-25 ...	5	7	1	2	—	—	—	—
25-45 ...	9	10	3	1	—	1	—	—
45-65 ...	11	5	3	1	5	1	—	2
65-75 ...	5	1	—	—	3	—	—	—
Over 75 ...	1	1	1	—	2	3	—	—
Totals	33	26	8	4	10	5	—	2

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

	Respiratory Tuberculosis	Non-Respiratory Tuberculosis
King George Hospital ...	3	2
Goodmayes Hospital ...	—	—
Chadwell Heath Hospital ...	—	—
Claybury Hospital ...	—	—
Dr. Barnardo's Village Homes	—	—

Of the 17 deaths which occurred of Ilford residents, notification had previously been made of 11 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, 1962 ...	1,378	146	1,524
Number of cases entered on the register during the year ...	134	17	151
Number of cases removed from the register during the year ...			
	Pul.	Non-Pul.	
Recovered ..	322	28	
Deceased ...	25	3	
Left District ...	102	8	
Lost sight of ...	1	—	
Diagnosis not established	6	—	
	456	39	495
Number of cases remaining on register on 31st December, 1962 ...	1,056	124	1,180



The treatment of Tuberculosis is now under the control of the Regional Hospital Board. On the 31st December, 1962, there were 1,070 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 1962 was as follows:-

	Pulmonary		Non-Pulmonary		Total
	Males	Females	Males	Females	
Adults	38	21	35	17	111
Children	1	1	1	—	3

Tuberculosis and Chest Care Association. — Assistance was granted to 43 persons who received 233 extra nourishment grants. 73 other grants (cash, etc.) were also made to 63 patients.

As from May 1962 the scope of benefits given by the Association was extended to include patients suffering from certain other chest complaints, as well as those suffering from tuberculosis.

(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:-

	<u>Males</u>	<u>Females</u>
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 1 p.m.	Monday to Friday 9 a.m. to 7 p.m. Saturday 9 a.m. to 1 p.m.

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

	<u>Males</u>	<u>Females</u>
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.

	<u>Males</u>	<u>Females</u>
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:—

	<u>Males</u>	<u>Females</u>
Consultations:	Monday 3 to 6 p.m. Thursday 11 a.m. to 1 p.m. and 6 to 8 p.m. Saturday 2.30 to 4.30 p.m.	Monday 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.
Treatments:	Monday 9 a.m. to 6 p.m. Tuesday 9 a.m. to 5 p.m. Wednesday 9 a.m. to 1 p.m. Thursday 9 a.m. to 8 p.m. Friday 9 a.m. to 5 p.m. Saturday 9 a.m. to 4.30 p.m.	Monday 9 a.m. to 8 p.m. Tuesday 9 a.m. to 5 p.m. Wednesday 9 a.m. to 1 p.m. Thursday 9 a.m. to 6 p.m. Friday 9 a.m. to 5 p.m. Saturday 9 a.m. to 4.30 p.m.

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

	<u>Males</u>	<u>Females</u>
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.	

### HEALTH EDUCATION.

The work of Health Education was continued during the year by means of talks given by officers of the Department to various Associations and Bodies. The Chairman of the Public Health Committee also referred to health subjects at a number of Council meetings.

The Council considered the Circular of the Ministry of Health drawing



attention to the Report on "Smoking and Health" issued by the Royal College of Physicians and agreed that the publicity material issued by the Ministry should be displayed on the Council's notice boards.

A Medical Officer on the staff of the Essex County Council devotes a substantial part of his time to health education and his report is included in the Part III Section, together with a report by the Superintendent Health Visitor on health education at infant welfare centres.

#### EXAMINATION OF OFFICERS AND SERVANTS.

The following medical examinations were carried out during 1962:-

	Officers	Servants
New Appointments... ..	66	48
Under Sickness Regulations ...	2	16
On behalf of other Authorities ...	1	-
Others ... ..	1	1
Total ...	70	65

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..

#### MASS RADIOGRAPHY.

A mass radiography unit visited the Borough and was stationed at the Thompson Rooms on Mondays from 1st January to 16th July, 1962 and again from 17th September to the end of the year. The service is still in operation and Dr. H. Ramsey, the Medical Director, has kindly supplied me with the following details, relating to the period under review.

	Male	Female	Total
Referred by General Practitioners	1,774	1,579	3,353
General Public ... ..	2,059	2,347	4,406
Organised Groups ... ..	208	892	1,100
Total numbers X-rayed ... ..	4,041	4,818	8,859
Requiring further investigation ...	167	98	265

	<u>Male</u>	<u>Female</u>	<u>Total</u>
<u>Pulmonary Tuberculosis</u>			
Requiring immediate treatment...	10	3	13
Requiring occasional clinic supervision ... ..	9	6	15
Presumed healed, no further action required ... ..	25	26	51
Bronchial carcinoma ... ..	15	3	18
Metastases in the lung and mediastinum ... ..	1	2	3
Other abnormalities:-			
Pulmonary fibrosis - Non-tuberculous ... ..	23	10	33
Pleural thickening or calcification - Non-tuberculous ...	13	4	17
Bacterial and virus infection of lungs ... ..	15	5	20
Bronchiectasis ... ..	5	2	7
Emphysema ... ..	13	2	15
Other various abnormalities ...	25	21	46
	<u>94</u>	<u>44</u>	<u>138</u>

A mobile unit also visited the Borough and was stationed at hotel car parks and operated at various times, including evenings, during the period 21st November to 18th December, 1962.

The following details relate to this visit:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Referred by General Practitioners	10	9	19
General Public ... ..	553	495	1,048
Organised Groups ... ..	672	471	1,143
Total numbers X-rayed ... ..	<u>1,235</u>	<u>975</u>	<u>2,210</u>
<u>Pulmonary Tuberculosis</u>			
Requiring immediate treatment ...	—	2	2
Requiring occasional clinic supervision ... ..	3	1	4
Presumed healed, no further action required ... ..	9	2	11



	<u>Male</u>	<u>Female</u>	<u>Total</u>
Other abnormalities:-			
Pulmonary fibrosis - Non-tuberculous ... ..	1	2	3
Pleural thickening or calcification - Non-tuberculous ...	1	-	1
Bronchiectasis ... ..	2	-	2
Other various abnormalities ...	4	1	5
	<u>8</u>	<u>3</u>	<u>11</u>

## SECTION G. — FACTORIES.

Prescribed Particulars on the Administration of the Factories Act, 1961.

## PART I OF THE ACT.

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	150	141	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities ... ..	465	675	7	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	32	61	1	—
Total ... ..	647	877	8	—

2. Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
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)					
(a) Insufficient ... ..	3	2	—	—	—
(b) Unsuitable or defective	6	7	—	4	—
(c) Not separate for sexes...	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) ... ..	—	—	—	—	—
Total ... ..	9	9	—	4	—



## PART VIII OF THE ACT

## OUTWORK

(Sections 133 and 134)

Nature of work	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing ) Making apparel ) etc. ...	87	—	—	—	—	—
Cosaques, Christmas stockings, etc. ... ..	57	—	—	—	—	—
Total ...	164	—	—	—	—	—

## PART III - SERVICES

## NATIONAL HEALTH SERVICE ACT, 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 1962 was 1,969 (1,037 males and 932 females), of which there were 101 (61 males and 40 females) where the ordinary place of residence of the parents was outside Ilford.

In addition 688 notifications of live births (362 males and 326 females) which took place outside the district, although the ordinary residence of the parents was in Ilford, were transferred to this district.

There were also 44 stillbirths (23 males and 21 females) notified in Ilford, of which there were 4 (3 males and 1 female) where the ordinary place of residence of the parents was outside Ilford, and notifications of 12 stillbirths (3 males and 9 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 52 where the home address was stated to be in Ilford, whereas the Registrar-General has allocated 53 stillbirths in Ilford.

The following table shows the causes of the 52 stillbirths notified where the usual residence of the parents was stated to be in Ilford:-

## STILLBIRTHS 1962.

Cause of Stillbirth	Delivery at Home	Delivery at Hospital	TOTAL
Ante-Partum Haemorrhage ...	-	3	3
Asphyxia ... ..	1	4	5
Atelectasis ... ..	-	3	3
Cord Around Neck ... ..	-	2	2
Foetal Abnormalities ... ..	-	3	3
Hydrocephalus ... ..	1	3	4
Placental Insufficiency ... ..	1	6	7
Prolapsed Cord ... ..	-	2	2
Rhesus Incompatibility ... ..	1	1	2
Toxaemia ... ..	1	7	8
Treponemal Infection ... ..	-	1	1
Unknown ... ..	2	10	12
Totals ... ..	7	45	52



CARE OF PREMATURE INFANTS. — Of the 1,969 live births occurring in Ilford during 1962, 91 weighed  $5\frac{1}{2}$  lbs. or less at birth; 19 of these babies were born on the district and 72 in Hospital (including 5 where the home address of the parents was outside Ilford).

Of the 19 babies born at home:-

- 12 were nursed entirely at home;
- 7 were transferred to hospital;
- 4 died within 24 hours (3 in hospital);
- 1 died at the age of six days (in hospital);
- 14 survived at the end of one month.

Of the 72 babies born in hospital:-

- 6 died during the first 24 hours;
- 2 died between the ages of one day and one month;
- 64 survived at the end of one month (including 5 where the home address was outside Ilford).

In addition, 51 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:-

- 4 who died within the first 24 hours (in hospital);
- 3 who died between the ages of one day and one month (in hospital);
- 44 who survived at the end of one month.

INFANT MORTALITY. — The number of infants dying within the first year of life was 45 the total number born being 2,539. 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 17.7.

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

Age	Number of Deaths	Rate per 1,000 Live Births
Under 1 year	45	17.7
Under 1 month	10	3.9
1 month to 1 year	35	13.8
Total	45	17.7

## INFANT DEATHS 1962.

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
Anencephalus ... ..	1	-	-	-	1	-	-	-	-	1
Anoxaemia... ..	1	-	-	-	1	-	-	-	-	1
Atelectasis ... ..	8	-	-	-	8	-	-	-	-	8
Bronchiolitis ... ..	-	-	-	-	-	-	2	-	-	2
Broncho-Pneumonia ... ..	-	-	-	-	-	2	2	1	-	5
Congenital Heart Disease ... ..	-	-	-	-	-	-	1	-	1	2
Haemolytic Disease of the Newborn	1	-	-	-	1	-	-	-	-	1
Hyaline Membrane Disease ... ..	1	-	-	-	1	-	-	-	-	1
Hypoglycaemia ... ..	1	-	-	-	1	-	-	-	-	1
Intracranial Haemorrhage ... ..	-	-	1	-	1	-	-	-	-	1
Multiple Abnormalities ... ..	2	-	1	-	3	-	-	-	-	3
Pneumococcal Meningitis ... ..	-	-	-	-	-	1	-	-	-	1
Prematurity ... ..	13	2	-	-	15	-	-	-	-	15
Spina Bifida ... ..	2	1	-	-	3	-	-	-	-	3
<b>Totals ... ..</b>	<b>30</b>	<b>3</b>	<b>2</b>	<b>-</b>	<b>35</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>45</b>

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
1962 ... ..	45	17.7
1961 ... ..	40	15.8
1960 ... ..	44	17.5
1959 ... ..	33	14.9
1958 ... ..	37	16.6
1957 ... ..	38	17.1
1956 ... ..	33	15.6
1955 ... ..	42	20.0
1954 ... ..	41	18.7
1953 ... ..	45	20.2



The mean average Infant Mortality rate for the past 10 years is therefore 17.4 per 1,000 live births.

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

<u>Year</u>	<u>Ilford</u>	<u>England and Wales</u>	<u>London</u>
1962 ... ..	17.7	22	21
1961 ... ..	15.8	22	21
1960 ... ..	17.5	22	22
1959 ... ..	14.9	22	22
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

NEONATAL MORTALITY. — The death-rate of infants under four weeks of age is known as the Neonatal Mortality. There were 35 deaths of infants under four weeks of age during 1962 and the rate for the year was 13.8 per 1,000 live births.

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

<u>Year</u>	<u>Number</u>	<u>Rate</u>
1962 ... ..	35	13.8
1961 ... ..	31	12.2
1960 ... ..	38	15.1
1959 ... ..	27	12.2
1958 ... ..	29	13.0
1957 ... ..	30	13.5
1956 ... ..	25	11.8
1955 ... ..	30	14.3
1954 ... ..	29	13.2
1953 ... ..	34	15.2

ILLEGITIMATE BIRTHS AND DEATHS. — 114 of the live births registered (63 males and 51 females) were illegitimate, that is 4.5% of the births registered.

There was one death of an illegitimate child 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
1962	2,425	95.5	44	18.1	114	4.5	1	8.8
1961	2,437	96.2	37	15.2	96	3.8	3	31.2
1960	2,417	96.2	44	18.2	95	3.8	—	—
1959	2,134	96.3	32	15.0	82	3.7	1	12.2
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

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 J. M. Oliver, Superintendent Health Visitor, reports:-

"As this was the centenary year of health visiting, memories of a hundred years ago, by exhibitions and entertainment, were brought vividly to our minds.

On June 4th 1962 the Ilford health visitors joined with their other Essex colleagues a party at Shire Hall, Chelmsford. Many guests connected with our work were present and the evening was voted a great success.

Like many areas we began the year with the fear of smallpox



spreading; despite leaflets to parents and a discussion with each mother at the first visit to the home and possibly at return visits, many parents tend to pass vaccination against smallpox as being unimportant. The plans for routine immunisation against infectious diseases were changed this year as recommended by the Ministry of Health, smallpox vaccination now being offered during the second year of life.

### Staff

We were pleased to hear of Miss Oldham's new post as Area Superintendent Health Visitor at Walthamstow. We have also lost Miss Bowmer this year to another area. Both of these health visitors had been with Ilford many years and it was a loss for the districts on which they were working as they knew their families so well.

Miss Stower, another health visitor, was promoted to work with the Health Visitor Tutor at the South East Essex Technical College and is now studying to be a Tutor.

### Home Accidents

935 home accidents were visited this year. Propaganda on this subject continues by talks given by health visitors and leaflets have been distributed on request to many different organisations. One health visitor attended the Ro.S.P.A. Conference and following this some health visitors attended a local clinic for lectures on "House-work with Ease". These lectures enabled them to give useful tips to the mother in the home, emphasis being on how to avoid accidents.

### Family Day Exhibition

As this was "Christian Family Year" the Health Department was asked by the Church to take part in their exhibition. Our part of this exhibition included pictures on the child in the family, at the infant welfare centre and in school. This exhibition was a great success because such a large number of interested people attended. The health visitor was available to answer questions.

### Meals on Wheels

At the request of the W.V.S. and the Ilford Borough Council every person having "Meals on Wheels" was visited by a health visitor. This was to ascertain if the elderly could cope with the packet "Frood" frozen food method. Visits to the elderly always need time and many, for no reason, were against changing. However, by

persuasion the majority finally accepted; some were much too handicapped to manage the new method and in these cases the meals would continue to go to them as before.

### Mental Health

Two health visitors attended psychiatric lectures at Goodmayes Hospital in 1962. Arising from previous visits to the hospital in 1961, it was suggested by the Doctor of Ward II for disturbed patients that we endeavour to teach the patients relaxation. At this time two of the patients were expectant mothers. Therefore classes began in exactly the same way as we teach in our clinics. Once the two mothers had been discharged different subjects for discussion had to be chosen. The health visitor finds that the patients chosen by the ward sister respond to relaxation, often enjoying a sleep. The short talk or discussion afterwards for 10 minutes is sufficient; anything from "Budgeting" to "Care of the Hair" is discussed, the patients very often putting forward a topic they wish to chat about.

Although we perhaps do not see the patient always getting better, the doctor in charge of the patients assures us that this is worth while continuing.

### Health Education

Following a discussion with the Matron and Tutor at our local Maternity Hospital, a health visitor now joins in the fortnightly evening talks to prospective parents, the Tutor, Sister and Health Visitor each taking the subject most suited to her work. From discussion afterwards parents are obviously stimulated to ask questions.

Our Mothercraft and Relaxation continue, plus one evening club for young mothers.

We continue to accept for public health visits student nurses, trainee district nurses and other students. The Ilford health visitors have been invited to take part in study days, both with our Maternity Hospital and Oldchurch Hospital.

### Health Visiting Shows a Slight Change in 1962

The health visitors are finding many immigrants moving into the Area, with language difficulties health visiting becomes more difficult. The visitor visiting the tuberculosis patients finds this a problem; she often arranges an interpreter but once the word "T.B." is mentioned he or she disappears. It is difficult to get patients to attend "contact" clinics and follow rules of simple hygiene. Several families tend to live together in one house causing overcrowding.



Private day nurseries are increasing, often taking children for the morning only; many children at 4 years to 4½ years are ready for companionship and organised activities."

One health visitor continues to work with a general practitioner at Clinics he holds in his surgery; from November 1962 her attendances have increased from one to two sessions per month at his baby clinic and from one to two sessions per month teaching mothercraft to expectant mothers. This form of co-operation has been most satisfactory and similar facilities, with due regard to the staffing position, could be made available to other doctors, if they so request. In addition, general practitioners frequently contact the health visitors regarding individual patients or families and, similarly, the health visitors consult the doctors as necessary.

Co-operation and liaison between the health visitors and various hospitals has continued during 1962. The health visitors attend in turn, each for three months, at King George Hospital on Thursday afternoons to be present at the ward round conducted by Dr. I. Anderson, Consultant Paediatrician, and, following this, at his paediatric clinic; this contact enables them to keep up with modern trends of treatment and much helpful information is exchanged between the Public Health Department and the Hospital. In order to establish early contact with mothers confined in the Ilford Maternity Hospital each health visitor, where possible, visits the Hospital to see the mothers from her own district before they are discharged; she is then also able to discuss with the hospital staff any special problems. The Superintendent Health Visitor has referred in her report (*ante*) to the special arrangements made with Goodmayes Hospital.

Notifications are received from many hospitals of patients discharged home following in-patient treatment and where necessary follow-up visits are paid by the health visitors, mainly to children under the age of five years but also to other groups where it is considered that assistance may be required. When an urgent visit is required following discharge this is usually requested by telephone before the patient leaves the hospital.

In furtherance of the policy of decentralising the health visitors to bases as near as practicable to their districts and to relieve the overcrowding at the Public Health Offices and at the Mayesbrook Clinic, the Education Committee agreed, with the sanction of the Ministry of Education, to the inclusion of an office for health visitors in the new Benton School at Barley Lane. This will accommodate four health visitors and it is anticipated it will be ready for occupation towards the end of 1963.

At the end of the year 1962 there were 18 full-time and 5 part-time qualified health visitors and school nurses, in addition to the Superintendent Health Visitor, and 6 clinic nurses.

The following is a summary of the home visits made by the health visitors and clinic-nurses during 1962 as far as the Part III Services are concerned:-

First visits to newly-born infants ... ..	2,508
Subsequent visits to children under 1 year of age ...	8,102
Subsequent visits to children over 1 year of age and under 5 ... ..	17,885
Visits to expectant mothers ... ..	1,376
Home visits for other reasons (inc. 2,020 visits to old folk) ... ..	5,245
Total visits paid ... ..	35,116

In addition there were 7,445 visits paid where no reply was received.

Last year I reported that, at the request of the Director of the Public Health Laboratory at the Chelmsford and Essex Hospital, assistance was being given in a survey, which has been carried out in selected areas throughout the Country, to determine the intestinal carriage of poliomyelitis, other viruses and food poisoning organisms in young children. The survey was commenced in Ilford in July 1961, with the object of covering over a period of a year about 1,000 children under the age of five years, some 20 children being selected at random in specified age groups each week. A letter sent to the parents explaining the nature of the survey and seeking their co-operation was followed by a visit from the health visitor and those parents who agreed to take part themselves posted to the laboratory a specimen of the child's faeces. The excellent response was very gratifying and I give below the final figures relating to Ilford's part in the survey, the results of which have not yet been published:-

	31.7.61. to 31.12.61.	1.1.62. to 30.6.62.	Total
Number of families contacted by health visitors ...	505	506	1,011
Number of families who agreed to co-operate ... ..	494	483	977
Number of specimens received at the Laboratory ...	459	448	907

#### DAY NURSERIES

(a) The hours of opening at the two nurseries during 1962 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 remained at 10/6d. per child per day during 1962, although this has been increased to 11/6d. per day from the 8th July, 1963. 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 training of students at the Nurseries for the Certificate of the National Nursery Examination Board continued. Six students (3 from the Ley Street Nursery and 3 from the Goodmayes Lane Nursery) entered for the examination during the year, all of whom obtained the Certificate.

(d) The following is a table showing the attendances, etc., at the day nurseries during 1962:-

Situation	Accommodation (Children)	Average daily attendances during 1962	No. of days "In Quarantine"	Reasons for "Quarantine" with Number of Cases				No. on Waiting List at 31st Dec. 1962
				Chicken Pox	German Measles	Scarlet Fever	Measles	
Goodmayes Lane, Goodmayes ... .. (Opened 14.11.51 - replaced Green Lane Nursery, open from 5.5.43 to 9.11.51)	50	41	74	1	21	4	10	10
226-236, Ley Street, Ilford ... .. (opened 16.8.43)	50	39	77	1	4	—	20	23

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.

Certain conditions are laid down to safeguard the welfare of the children received and periodic visits of inspection are paid by authorised members of the staff.

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

	(a) <u>Premises</u>	(b) <u>Child-minders</u>
Number on register at 31.12.61. ...	13	5
Number registered during 1962. ...	4	4
Number removed from register during 1962 ... ..	6	—
Number on register at 31.12.62. ...	11	9
Number of children provided for at 31.12.62. ... ..	461	52

Of the premises referred to in (a) above as removed from the register, three were closed as the nurseries were transferred to other premises (included in the "number registered in 1962") and in the other three cases the persons in charge no longer wished to receive children therein.

DEVELOPMENT OF LOCAL AUTHORITY HEALTH SERVICES. — Following the issue by the Ministry of Health of the long-term plan for the development of hospitals within the framework of the National Health Service as a whole, local health authorities were requested by the Minister early in 1962 to prepare a plan, which will be reviewed annually, for the development of their health and welfare services over the ten years 1963/64 to 1971/72. So far as the health services administered by the Ilford Health Area Sub-Committee are concerned, the following capital building projects were included:-

Year 1964/65: Health services clinic in Goodmayes area, to replace Mayesbrook Clinic which is inadequate for the extended services now operating and to be provided in the foreseeable future — site to be purchased. (This project is subject to amended proposals in the review being undertaken in 1963).

Year 1965/66: Health services clinic in Loxford Lane — site owned by County Council.

Year 1966/67: Health services clinic in High Road area — site to be rented.

Period 1967/68 to 1971/72: Extensions to Kenwood Gardens Health Services Clinic.



Period 1967/68 Health services clinic in Barley Lane – site to  
to 1971/72: cont. be purchased.

Health services clinic in Cobbetts Avenue area –  
site to be purchased.

#### HEALTH SERVICES CLINIC PREMISES.

Manford Way Clinic. – The Family Planning Association continued to use these clinic premises throughout 1962 for their sessions on every Monday evening, a nominal charge being made to them for the facilities provided.

At this clinic probation officers of the Essex Probation Committee, also, have for some years been using accommodation one evening a week for interviews and similar arrangements were made for officers of the Division of Beacontree to use the premises for a fortnightly evening session from July 1962. In these cases, too, a charge is made.

Kenwood Gardens Clinic. – Owing to the maintained improvement in the recruitment of dental officers it was necessary to find other accommodation for the chiropodist at Kenwood Gardens Clinic so that the second dental surgery, which was used by him, could be equipped for its original purpose. As the perambulator room was rarely used as such, mothers attending the clinic preferring to leave their perambulators on the verandah or pathway, it was decided to adapt this to form a chiropody suite, with two cubicles, a waiting room, toilet and a small workroom. The work commenced towards the end of 1962 and by the 1st April 1963 the suite was completed, equipped and in use. Similarly, the second dental surgery was equipped and brought into full service by early April.

An application was received from the Metropolitan Essex Marriage Guidance Council for the use of accommodation at this clinic on Tuesday evenings for a counselling centre. The Committee were pleased to approve this letting, at a nominal charge, and the weekly session commenced in September, 1962.

INFANT WELFARE CENTRES. – 91 voluntary lady helpers were engaged in the work at the infant welfare centres at the end of December, 1962.

During the year 1962 the following attendances were recorded:-

Total number of attendances of infants	...	...	...	40,828
First attendances	...	...	...	2,346
Attendances of children from 1 to 5 years	...	...	...	10,611
Total number of children on roll on 31/12/62 after omission of all those who had not attended for six months	...	...	...	4,317

The following is a comparison of the attendances at the infant welfare centres for the past five years:-

Year	Total No. of attendances of Infants	First attendances	Total No. of children on roll on 31st December
1962 ... ..	40,828	2,346	4,317
1961 ... ..	41,730	2,401	4,287
1960 ... ..	38,560	2,372	4,460
1959 ... ..	35,961	2,043	3,859
1958 ... ..	35,756	1,946	3,802

856 sessions were held during the year, the average attendance per session being 48 mothers with their infants:-

The following are the figures for each centre:-

	Sessions	Average Attendance
Chadwell ... ..	48	63
Becontree ... ..	48	50
Downshall ... ..	48	71
Manford Way ... ..	48	37
Kenwood Gardens (Wednesdays) ... ..	48	61
Kenwood Gardens (Friday mornings) ... ..	48	20
Seven Kings ... ..	48	64
Grosvenor Road ... ..	47	52
Heathcote Avenue (Wednesday mornings) ... ..	48	15
Heathcote Avenue (Wednesday afternoons) ..	48	44
Cecil Hall (Wednesdays) ... ..	46	39
Cecil Hall (Thursdays) ... ..	46	33
Newbury Hall ... ..	48	45
Marks Gate ... ..	48	40
Goodmayes ... ..	48	45
Ilford Lane ... ..	46	54
Fairlop ... ..	47	61
The Drive ... ..	48	57



TODDLERS' CLINICS. — Dr. J. M. Pooley reports as follows regarding the clinic which has been in operation at the Kenwood Gardens Clinic since February, 1960:-

"During the 12 months ended December 31st 1962, the Toddlers' Clinic continued to be held every third Wednesday morning at the Kenwood Gardens Clinic.

Attendance at the clinic is by appointment only and this system is thoroughly appreciated by the mothers who rarely, if ever, have to wait to be seen. The sessions, attendances and referrals for the year 1962 were as follows:-

Sessions held	...	...	...	...	14
First attendances	...	...	...	...	106
Follow-up attendances	...	...	...	...	90
Referrals to other clinics	...	...	...	...	41
Referrals to hospital	...	...	...	...	2

The following advantages have become obvious during the years that the clinic has been in existence:-

1. The opportunity for a complete examination of the pre-school child.
2. A continuity of medical records is now possible from the infant welfare clinic to the school medical examination.
3. The first effective vision tests are carried out on the pre-school child.
4. Opportunity arises for the immunisation programme of the child to be checked.

Attendance and interest have been well maintained throughout the year."

A further toddlers' clinic was commenced at the Heathcote Avenue Clinic on the 12th September, 1962 and this is held on the second Wednesday morning of each month, concurrently with the Health Visitors' infant welfare centre. For the first few months the clinic was conducted by Dr. M. Fish, who was engaged under our locum arrangements, but Dr. D. J. Gordon-Smith has now assumed charge. Details for the year 1962 are as follows:-

Sessions held	...	...	...	...	4
First attendances	...	...	...	...	46
Follow-up attendances	...	...	...	...	—
Referrals to other clinics	...	...	...	...	6
Referrals to hospital	...	...	...	...	—

**PHENYLPYRUVIC AMENTIA.** — This form of mental backwardness is associated with the presence of phenylpyruvic acid in the urine, and by early detection and dietary treatment mental deterioration that is otherwise unavoidable may be prevented. The arrangements for testing by routine the urine of infants at the third to fourth week of life for the detection of the presence of this acid have continued. The test is a simple one and is carried out by the health visitors. The following are the statistics with regard to this testing in the year 1962:-

(i) Number of children tested:-

(a) Where specimen of urine obtained at clinic	1,227
(b) Where specimen of urine obtained at home	766 1,993
(ii) Number of children tested (included in (i) above) because of suspected mental backwardness ...	2
(iii) Number of tests which resulted in a positive reaction ... ..	Nil

**ORTHOPAEDIC CLINIC.** — The following table summarises the the attendances of children under 5 years during 1962:-

Clinic	Sessions	New Cases	Old Cases	Attendances
Kenwood Gardens	45	80	91	258
Mayesbrook ...	22	37	33	112
Manford Way ...	9	11	6	24
Totals ...	76	128	130	394

The 258 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 ... ..	1	2	—	—	—	—
Genu Valgum ... ..	26	15	2	35	17	1
Pes Valgo-Planus ... ..	1	—	1	1	1	—
Valgus Ankles ... ..	7	4	4	11	3	2
Congenital Talipes E.V. ... ..	2	1	—	2	1	—
Intoeing ... ..	24	4	—	15	3	1
Deformity of Toes ... ..	2	3	—	3	5	—
Depressed Sternum ... ..	—	—	—	3	—	—
Metatarsal Varus ... ..	2	—	—	1	—	—
Out. Curvature Tibiae ... ..	—	—	1	—	—	—
Genu Varum ... ..	—	—	—	—	—	1
Deformity of Foot ... ..	1	—	—	4	—	—
Hemiplegia ... ..	—	—	—	—	1	—
Torticollis ... ..	2	1	—	—	—	—
Kyphosis ... ..	1	—	—	—	—	—
Other conditions ... ..	10	6	—	16	2	1
No abnormality discovered ... ..	1	1	3	—	—	—
<b>Totals ... ..</b>	<b>80</b>	<b>37</b>	<b>11</b>	<b>91</b>	<b>33</b>	<b>6</b>

A — Kenwood Gardens      B — Mayesbrook      C — Manford Way

7 pairs of valgus insoles, 8 G.V. night splints and 144 wedges to shoes were supplied during 1962.

The Physiotherapist treated 45 children under 5 at Kenwood Gardens Clinic, 38 at Mayesbrook Clinic and 17 at Manford Way, with attendances of 439, 189 and 120 respectively.

**PAEDIATRIC CLINIC.** — Dr. A. Russell, the Consultant Paediatrician, resigned his appointment with the Ilford and Barking Hospital Management Committee in November 1962 to take up another appointment elsewhere and he consequently undertook his last fortnightly session at the Kenwood Gardens Clinic on the 8th of that month. Efforts made by the staff of the Hospital Management Committee and of the North-East Metropolitan Regional Hospital Board to obtain a locum to continue our clinic were unsuccessful and it was decided that the work involved should be absorbed at the sessions held at King George Hospital by Dr. I. Anderson, Consultant Paediatrician. Before the final arrangements for this were completed, however, Dr. Russell agreed to continue to see at Queen Elizabeth Hospital for Children, Hackney, some of the children who had been under his care at our clinic and these cases were accordingly transferred to that Hospital.

To reduce the waiting list and the waiting time for appointments, Dr. Anderson has, since May 1963, been holding an additional weekly session at King George Hospital.

During 1962, 18 sessions were held at the Kenwood Gardens-Clinic

and a total of 182 attendances were made. 85 new cases were examined, having been referred from the infant welfare centres, from the Ilford Maternity Hospital and from schools for the reasons set out in the following table:-

Diagnosis	Discharged Improved	Discharged with Advice or for other Reasons	Discharged No treatment	Cured	Referred Hospital, Doctor or Clinic	Transferred to another Paediatric Clinic	Total
Abnormal Suture Patency ...	—	—	1	—	—	—	1
Acidosis ... ..	—	—	—	—	—	1	1
Anaemia ... ..	—	—	—	—	—	1	1
Bronchospasm ... ..	—	—	—	—	—	1	1
Cardiac Murmur ... ..	1	—	—	—	1	2	4
Cleft Palate ... ..	—	—	—	—	—	2	2
Congenital Megacephaly ...	—	—	—	—	1	2	3
Cutis Laxa-Neck ... ..	—	1	—	—	—	—	1
Deformity of Auricle ... ..	—	—	—	—	1	1	2
Eczema ... ..	—	—	—	—	1	—	1
Erbs Palsy ... ..	—	—	—	—	—	1	1
Excessive Sweating ... ..	—	1	—	—	—	—	1
Feeding Problems ... ..	—	2	—	—	—	1	3
Hare Lip ... ..	—	—	—	—	1	—	1
Hernia ... ..	—	—	—	—	—	1	1
Hypospadias ... ..	—	—	2	—	1	1	4
Meningocele ... ..	—	—	—	—	—	1	1
Migraine ... ..	—	—	—	—	—	1	1
Multiple Congenital Anomalies of Fingers ...	—	—	—	—	2	—	2
Naevi ... ..	—	—	—	—	—	1	1
No Abnormality Discovered ... ..	—	2	3	—	—	2	7
Obesity ... ..	—	—	—	—	2	—	2
Plagiocephaly ... ..	—	—	—	—	—	1	1
Prematurity ... ..	—	1	—	—	—	2	3
Pyknolepsy ... ..	—	—	—	—	1	—	1
Seborrhoeic Dermatitis ...	—	2	—	—	—	—	2
Speech Defects ... ..	—	—	—	—	1	1	2
Strabismus ... ..	—	—	—	—	—	1	1
Sub-Dural Haematoma ... ..	—	—	—	—	—	1	1
Supernumerary Digit ... ..	—	—	—	—	1	—	1
Talipes ... ..	—	—	1	—	—	—	1
Tetany and Convulsions ...	—	—	—	—	—	1	1
Tics ... ..	—	—	—	—	—	1	1
Toe Nail Malformation ... ..	—	1	—	—	—	—	1
Tonsillar Hyperplasia ... ..	—	1	—	—	—	—	1
Under observation ... ..	—	2	—	—	2	21	25
Urinary Infection ... ..	—	—	—	—	—	1	1
Totals ... ..	1	13	7	—	15	49	85



OPHTHALMIC CLINICS. — Attendances of children under school age for treatment by the Ophthalmologists during 1962 were as follows:-

	<u>Kenwood Gardens Clinic</u>	<u>Mayesbrook Clinic</u>	<u>Manford Way Clinic</u>	<u>Total</u>
Number of children who attended... ..	58	53	3	114
Number of pairs of spectacles pre-scribed ... ..	7	11	1	19
Total number of attendances made ... ..	88	109	3	200

EAR NOSE AND THROAT CLINIC. — The E.N.T. Surgeon attended at 51 sessions during 1962. There were 23 new cases and a total of 52 attendances were made by children of pre-school age.

Operations were performed on twelve children, ten at King George Hospital and two at 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.
Kenwood Gardens	44	1	2	10	1	—	1
Mayesbrook ...	43	2	4	39	1	2	2
Totals ...	87	3	6	49	2	2	3

The conditions treated were debility, catarrh, coughs and frequent colds.

SPEECH CLINIC. — 34 children of pre-school age attended, making 570 attendances. The following is the classification of the defects found by the speech therapist:-

Delayed development including Asphasia	...	15
Defect of Articulation	... ..	15
Defects associated with Hearing loss	... ..	1
Stammer	... ..	1
Stammer and Articulation defect (combined)	... ..	1
Disorder of Voice	... ..	1

**VACCINATION AND IMMUNISATION.** — The County Council's arrangements for vaccination and immunisation provide for a programme throughout childhood, in accordance with advice given to the Minister of Health by the Standing Medical Advisory Committee, involving smallpox and poliomyelitis vaccination and immunisation by the use of combined antigens against diphtheria, whooping cough and tetanus, with appropriate reinforcing doses. The provision of facilities for immunisation against tetanus to all residents in the Administrative County has been approved in principle, but for the time being this form of immunisation is limited to children up to school leaving age.

Early in 1962 a personal record card, with a protective, transparent cover, was introduced throughout the County. This is issued to the parent, with the intention that each time the child attends for vaccination or immunisation, at a clinic or at the doctor's surgery, the appropriate entry is made.

**Immunisation against Diphtheria, Whooping Cough and Tetanus.** — Regular sessions for immunisation, combined with the school clinics held for the treatment of minor ailments, were held throughout 1962 at the Kenwood Gardens and Mayesbrook Clinics, and at the Manford Way, Newbury Hall, Marks Gate and Heathcote Avenue Clinics immunisation was undertaken at the infant welfare centre sessions. In addition, approximately 80% of this work was carried out by general practitioners.

Details of the immunisation carried out during the year 1962 are given in the following table:-



Form of Immunisation	Primary Courses	Reinoculations	Attendances at Clinics
<b>Diphtheria only:</b>			
Kenwood Gardens Clinic ... ..	8	47	100
Mayesbrook Clinic ... ..	3	57	110
Infant Welfare Centres ... ..	2	28	35
Totals at Clinics ... ..	13	132	245
General Practitioners ... ..	261	447	—
Totals ... ..	274	579	245
<b>Whooping Cough only:</b>			
Kenwood Gardens Clinic ... ..	14	—	42
Mayesbrook Clinic ... ..	8	—	26
Infant Welfare Centres ... ..	15	—	31
Totals at Clinics ... ..	37	—	99
General Practitioners ... ..	164	57	—
Totals ... ..	201	57	99
<b>Tetanus only:</b>			
Kenwood Gardens Clinic ... ..	51	7	79
Mayesbrook Clinic ... ..	54	7	110
Infant Welfare Centres ... ..	70	10	153
Totals at Clinics ... ..	175	24	342
General Practitioners ... ..	353	90	—
Totals ... ..	528	114	342
<b>Diphtheria, Whooping Cough and Tetanus:</b>			
Kenwood Gardens Clinic ... ..	41	9	86
Mayesbrook Clinic ... ..	49	2	101
Infant Welfare Centres ... ..	74	11	210
Totals at Clinics ... ..	164	22	397
General Practitioners ... ..	1,107	254	—
Totals ... ..	1,271	276	397
<b>Diphtheria and Tetanus (combined):</b>			
Kenwood Gardens Clinic ... ..	36	9	73
Mayesbrook Clinic ... ..	35	12	92
Infant Welfare Centres ... ..	32	17	87
Totals at Clinics ... ..	103	38	252
General Practitioners ... ..	65	29	—
Totals ... ..	168	67	252
<b>Diphtheria and Whooping Cough (combined):</b>			
General Practitioners ... ..	49	38	—
<b>Whooping Cough and Tetanus (combined):</b>			
General Practitioners ... ..	2	2	—

The programme now generally operating in clinics in Essex and by many of the general practitioners provides for poliomyelitis vaccination to be undertaken before triple immunisation against diphtheria, whooping cough and tetanus, whereas previously it followed immunisation against first whooping cough and then diphtheria. Consequently, in many cases the primary course of triple immunisation is not now completed before the child's first birthday and this in part accounts for the reduction in the numbers immunised during 1962, when compared with previous years as shown in the table below. A further factor which explains the high immuni-

sation rate in 1961 is that cases of diphtheria occurred during that year in or near London, thus increasing the demand for immunisation.

				<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>
Diphtheria Immunisation:-								
Primary courses	...	...	...	2,082	2,042	2,151	2,784	1,762
Reinoculations	...	...	...	1,696	1,192	1,577	2,587	960
Whooping Cough Immunisation:-								
Primary courses	...	...	...	1,798	1,692	2,112	2,341	1,523
Reinoculations	...	...	...	409	290	516	671	373
Tetanus Immunisation:-								
Primary courses	...	...	...	—	—	—	74	1,969
Reinoculations	...	...	...	—	—	—	40	459
No. of live births in Ilford	...			2,228	2,216	2,512	2,533	2,539

(N.B. — Where combined antigens have been used the figures have been included under each of the headings concerned).

Vaccination against Poliomyelitis. — The programme of vaccination of the eligible groups, i.e. children and adults from the age of six months to 40 years at the date of registration; expectant mothers; and doctors, dentists, nurses, ambulance and certain other public health staff, and their families, proceeded during 1962. The general practitioners have continued to play an important part in the scheme and most of those practising in the Area are participating; during 1962 they undertook a little over 70% of this vaccination in Ilford.

Early in 1962 the Ministry of Health made available Sabin (oral) vaccine for use against poliomyelitis. The Essex County Council approved the use of this vaccine throughout the Administrative County and arrangements were made, in the first instance, for the vaccine to be stored in its frozen state by a local cold storage company prior to distribution to general practitioners and clinics. The general use of the vaccine was commenced on 1st April 1962 and special polystyrene containers were provided for its transport at an even temperature to clinics and for the use of doctors when collecting vaccine from the Public Health Offices. The storage regulations were, however, subsequently relaxed, it being considered sufficient for the vaccine to be stored in a domestic refrigerator on delivery to the Health Areas, and the special facilities which the cold storage company had so kindly provided were no longer required.

Sabin (oral) vaccine, as well as being used for new vaccinations, may be administered for the completion of primary courses and/or reinforcing



doses where vaccination has been commenced with Salk vaccine (by injection) and, although the use of Salk vaccine has continued where preference has been expressed for this, by the end of 1962 the demand for these injections had greatly reduced, the majority of vaccinations now being undertaken by the use of the oral vaccine.

During 1962 in addition to holding sessions at the various clinics, most of which were combined with school clinic or infant welfare centre sessions, our medical and nursing staff, with the excellent co-operation extended by some of the larger firms in the Area, continued to visit their premises during working hours to vaccinate eligible persons employed by them. The following statistics show the vaccinations carried out by our medical staff:-

Premises	Sessions	Sabin Vaccine (Oral)					Salk Vaccine			
		Primary Courses — Doses			Reinforcing Doses		Primary Courses — Injections		Reinforcing Injections	
		1st	2nd	3rd	1st	2nd	1st	2nd	1st	2nd
Kenwood Gardens Clinic	31	171	142	122	240	276	101	129	353	911
Mayesbrook Clinic ...	16	167	108	80	190	141	185	203	204	73
Manford Way Clinic ...	49	73	62	48	46	6	57	69	65	87
Marks Gate Clinic ...	41	84	74	70	21	12	9	13	26	—
Heathcote Avenue Clinic	48	104	91	77	46	22	40	42	54	7
Newbury Hall Centre ...	2	—	—	—	—	—	1	1	3	45
Chadwell Centre ...	29	47	52	44	12	2	2	4	—	1
Fairlop Centre ...	28	24	19	14	5	3	6	4	4	2
Factories ...	5	3	—	—	48	—	5	34	90	—
Totals ...	249	673	548	455	608	462	406	499	799	309

Record cards received in 1962 from general practitioners and the medical staff at Dr. Barnardo's Homes, Barkingside, and King George Hospital were as under:-

	A	B	C
Sabin Vaccine (oral):-			
Completed primary courses ...	677	82	9
First reinforcing doses ...	1,592	6	10
Second reinforcing doses ...	624	179	—

Salk Vaccine (injections):-			
Completed primary courses ...	1,644	31	—
First reinforcing doses ...	2,520	50	—
Second reinforcing doses ...	797	13	—

- A — General practitioners  
 B — Dr. Barnardo's Homes  
 C — King George Hospital

At the 31st December, 1962 a total of 60,237 primary courses had been completed in Ilford (38,194 children under 16 years, 10,392 persons aged 16 to 25 years, 8,411 persons aged 26 to 40 years and 3,240 general practitioners, ambulance staff, dentists, hospital and public health staff and their families, etc.).

Smallpox Vaccination: — In common with the rest of the country there was a very heavy demand for vaccination in Ilford during the early months of 1962, arising from the incidence of smallpox in various parts of the country. Most of this work (92%) was carried out by the general practitioners, as very little smallpox vaccination is normally undertaken at our clinics and, as no case of smallpox occurred in Ilford, it was not considered necessary to make emergency arrangements for mass vaccination of the population. In response to requests for assistance from a few doctors, however, some special sessions were held at the clinics and arrangements were also made for medical staff of the Department to vaccinate certain special groups.

The following table details the primary vaccinations and revaccinations carried out in 1962 by our medical staff and shows the number of record cards of completed vaccinations received from general practitioners, hospitals, etc.:-

	Under 2 years of age		Others	
	Primary Vacc.	Re- vacc.	Primary Vacc.	Re- vacc.
<b>Vaccinations by Council's staff:-</b>				
At clinics ... ..	312	3	378	392
Day Nursery Staff ... ..	—	—	4	8
At Cerebral Palsy Unit ... ..	—	—	10	3
Ambulance Staff ... ..	—	—	2	112
Public Baths Staff ... ..	—	—	2	16
Laundry Staff ... ..	—	—	38	80
Totals ... ..	312	3	434	611
<b>Record cards received from:-</b>				
General Practitioners ... ..	1,964	59	13,707	18,129
Hospitals ... ..	—	—	107	444
Dr. Barnardo's Homes ... ..	14	—	154	497
Factories, etc. ... ..	—	—	108	170
Grand Totals ... ..	2,290	62	14,510	19,851



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

	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>
No. of primary vaccinations	1,714	1,529	1,646	1,774	16,800
No. of re-vaccinations ...	537	562	485	646	19,913
Totals... ..	2,251	2,091	2,131	2,420	36,713
No. of live births in Ilford.	2,228	2,216	2,512	2,533	2,539

**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 Kenwood Gardens and Mayesbrook Clinics for children under school age to receive treatment for minor ailments, although in practice very few so attend.

**MIDWIVES.** — There were 12 State Certified midwives (including the Non-Medical Supervisor of Midwives, 9 domiciliary midwives and 1 part-time midwife employed by the County Council), resident and practising in the district at the end of the year. In addition there were 31 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. — It was necessary in 1962 to require one domiciliary midwife to remain off duty for 53 days to prevent the spread of infection.

Domiciliary Midwifery Service. — At the end of the year there were 9 domiciliary midwives employed by the County Council whole-time and 1 part-time, in addition to the Non-Medical Supervisor.

During the year 677 cases were attended and a doctor was specially called in by the midwife to 74 of these.

Of the infants born there were 6 stillbirths.

Eleven deaths occurred of infants during the first year of life where the birth had been attended by a domiciliary midwife; in eight of these the infant was under the age of ten days.

During 1962 ante-natal clinics conducted by the domiciliary midwives were held weekly at the Kenwood Gardens and Mayesbrook Clinics, fortnightly at the Manford Way and Heathcote Avenue Clinics and twice a month at Marks Gate Clinic. The following is a summary of the attendances at these clinics during the year:-

	First Attendances	Subsequent Attendances	No. of Sessions	Average Attendance per Session
Kenwood Gardens Clinic	379	1,090	50	29
Mayesbrook Clinic ...	241	673	49	21
Manford Way Clinic ...	74	280	27	13
Heathcote Avenue Clinic	61	191	25	10
Marks Gate Clinic ...	63	148	24	9
Totals ...	818	2,382	175	18

In addition 2,944 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 several occasions 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 1962, one maisonette and two flats were being rented by the County Council from the Borough Council under this arrangement.

During 1962, the domiciliary midwives continued to assist in the training of pupil midwives from the Thorpe Coombe Maternity Hospital, Walthamstow; seven of the whole-time midwives have been approved by the Central Midwives Board as teaching district midwives. The arrangements are for six or more pupils at a time to come to Ilford for a period of three months, accommodation being provided in one of the local hospitals or in a private house, 26 pupil midwives completed their district training in the Area during 1962 and 9 were still undertaking this training at the 31st December.

Salvation Army Midwifery Service. - One Salvation Army midwife, with a further midwife assisting her as required, served in Ilford during the year; 49 cases were attended by them and a doctor was specially called in to one of these.



Of the infants born there was one stillbirth.

There were no deaths of infants where the birth had been attended by a Salvation Army midwife.

Gas and Air Analgesia. — During 1962 gas and air analgesia was administered in 602 cases (579 attended by the domiciliary midwives and 23 by the Salvation Army midwives).

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

Arrangements continued in operation for each of the midwives using cars in the course of their duties to hold a machine at their respective homes to take with them to their own cases and there are also 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, or failing this, by an ambulance vehicle.

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 attendance at the ante-natal clinics during 1962 for patients booked for confinement in hospital:-

	Maternity Hospital		Mayesbrook Clinic	Manford Way Clinic
	Doctors	Midwives		
First attendances ... ..	974		230	98
Subsequent attendances ...	4,003	3,551	2,080	771
Totals ... ..	4,977	3,551	2,310	869
Number of sessions ... ..	305	251*	130	55
Average attendance at each session ... ..	16	14	18	16

\*Includes 200 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 1962 there were 101 sessions at the Mayesbrook Clinic, with 911 attendances, and 96 sessions at Manford Way Clinic, with 587 attendances. A weekly session was also run by Health Visitors at Kenwood Gardens Clinic, 43 sessions being held in the year, with 311 attendances; at Heathcote Avenue Clinic there were 44 sessions, with 328 attendances; at Cecil Hall there were 41 sessions, with 263 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 a post-natal clinic for the first time approximately six weeks after confinement.

During 1962 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 ... ..	812	182	91
Subsequent attendances ... ..	94	34	5
Totals ... ..	906	216	96
Number of sessions ... ..	53	25	13
Average attendance at each session	17	9	7

CONSULTANT CLINIC. — There were two Consulting Obstetricians in 1962 who each held a weekly clinic for ante-natal and post-natal cases. During the year 102 sessions were held and a total of 1,735 examinations were made.

MATERNAL MORTALITY. — During 1962 there was one death of an Ilford mother recorded by the Registrar-General as due to or in consequence of pregnancy or childbirth; this occurred in hospital.



**DOMESTIC HELP SERVICE.** — During 1962 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 3 full-time, 130 regularly-employed part-time and 20 casual helps employed. The efforts made to accelerate recruitment of domestic helps, including periodic advertising of vacancies in the local press, were beginning to have effect by the end of the year and this improvement has continued in 1963. The organisers ensure that the helps available are employed to the best possible advantage to give some assistance to every case requiring it; this can only be achieved by allocating most of the helps to two or three cases in a day.

The following is a summary of the cases dealt with in 1962:-

Number of applications received for assistance	1,525
Number of cases where domestic helps were provided (including 898 who were having service at the commencement of the year)	2,102
Number of cases which on investigation were either not eligible for assistance or did not require the service ... ..	153
Cases booked but subsequently cancelled	58
Number of cases where, at the end of the year, a domestic help was booked to attend in future months (maternity cases) ... ..	67
Other cases awaiting help at end of year	26
Enquiries incomplete at end of year ... ..	17
Cases being served at 31st December, 1962	944

The County Council have authorised the provision of free domestic help service in all cases where a doctor certifies an expectant mother as suffering from toxæmia of pregnancy and such assistance is medically necessary. During 1962 service was given in six cases under this arrangement.

One training course, of two weeks' duration, was held by the County Council at Chelmsford in 1962. One domestic help from Ilford attended and she was found to be entirely satisfactory.

**NIGHT ATTENDANCE SERVICE.** — The service for supplying night attendants to give some relief to those people called upon to sit up constantly at night with sick relatives or friends, or to help sick persons

with no one to whom to turn for such assistance, has continued. This is integrated with the domestic help service and controlled by the two full-time organisers under the general direction of the Area Medical Officer. Details during 1962 are as follows:-

Number of applications received for assistance ... ..	30
Number of cases where night attendants were provided	17
Number of cases which on investigation were either not eligible for assistance or did not require the service	13
Number of cases awaiting help at end of year ... ..	—
Number of cases being served at 31st December, 1962	—
Total number of hours for which attendants were provided ... ..	568
Number of attendants on panel at 31st December, 1962	1

DAY ATTENDANCE SERVICE. — The arrangement with the Ilford Social Service Association for providing day attendants in approved cases to sit with sick and infirm persons who cannot afford to meet the charge made by the Ilford Social Service Association, the County Council making agreed payments to the Association, has continued. Two cases were dealt with under this arrangement during 1962, the details being as follows:-

No. of cases being attended at 31.12.61. ... ..	Nil
No. of new cases attended during 1962 ... ..	2
No. of cases discontinued during 1962 ... ..	2
No. of cases being attended at 31.12.62. ... ..	Nil
Total number of attendances given:-	
(a) whole days ... ..	56
(b) Part-days ... ..	34

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 recuperative holidays during 1962:-



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

Convalescent Home	No. of Cases	No. of weeks' stay	Remarks
Church Army Home, Bexhill ...	1	2 days	Mother and baby (Stay curtailed owing to serious illness in family).
House Beautiful, Bournemouth..	1	4	Unaccompanied child
Sheen Hall Hotel, Walmer ...	2	4 (each)	2 unaccompanied children
Totals ... ..	4	12 <sup>2</sup> / <sub>7</sub>	3 unaccompanied children 1 mother and baby

(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
	2	3	4	
Miss Barton's Home, Clacton ... ..	1	—	—	1
Bell Memorial Convalescent Home, Lancing ... ..	13*	5	—	18
Caxton Convalescent Home, Limpsfield..	5	2	—	7
Grange Farm Holiday Centre, Chigwell ...	1	—	—	1
John Beech Home, Chingford ... ..	1	—	—	1
Kingsleigh Convalescent Home, Seaford	—	1	—	1
Lloyd Memorial Convalescent Home, Deal	6	—	1	7
Mildmay Convalescent Home, Worthing ...	3	—	—	3
Rustington Convalescent Home, Littlehampton ... ..	2	1	—	3
Samuel Lewis Convalescent Home, Walton-on-Naze ... ..	13	1	—	14
St. Ediths, Thorpe Bay ... ..	1	—	—	1
Surrey Convalescent Home, Bognor ...	—	2	—	2
St. Michaels Convalescent Home, Clacton	6	—	—	6
The Vale, Broadstairs ... ..	2	—	—	2
Wooburn Guest House, Thorpe Bay ...	4	—	—	4
Mrs. Wood's Home, Margate ... ..	1	—	—	1
TOTALS ... ..	59	12	1	72

\*Two patient's stayed one week only, although arrangements had been made for two weeks.

The standard charges of £3.18s.2d. per week for adults and £2.18s.11d. for children under five years of age, subject to reduction according to scale in necessitous cases, continued to apply throughout 1962, but from the 7th July, 1963 these have been increased to £4.17s.0d. and £3.8s.2d. per week respectively. Travel vouchers are issued in cases where the payment of fares would cause hardship.

LOAN OF SICK ROOM EQUIPMENT. — The considerable demand for equipment continues and the following table shows the issues from the Public Health Offices during 1962:-

Articles Loaned	Number of Articles			Articles in store at 31.12.62.
	on loan at 31.12.61.	loaned or reloaned in 1962	on loan at 31.12.62.	
Mattress (Dunlopillo) ... ..	18	10	18	3
Mattress (Hair) ... ..	2	1	2	2
Invalid Chairs ... ..	66	82	80	7
Air Pillows ... ..	1	1	—	1
Air Rings ... ..	56	127	57	48
Cushions (Dunlopillo) ... ..	12	14	11	—
Back Rests ... ..	104	158	98	15
Beds ... ..	9	3	8	6
Commodes ... ..	71	92	91	2
Crutches ... ..	11	9	12	9
Fracture Boards ... ..	6	5	7	1
Pillows ... ..	5	1	4	4
Pillow Slips ... ..	—	—	—	1*
Rubber or Plastic Sheeting ...	148	265	156	33
Medical Sandbags ... ..	1	—	—	2
Bed Cradles ... ..	39	45	36	8
Air Beds ... ..	—	8	1	4
Bed Pans ... ..	104	231	109	78
Diabetic Scales ... ..	4	—	2	1
Feeding Cups ... ..	3	15	6	7
Urinals ... ..	43	75	43	22
Sputum Mugs ... ..	2	1	1	4
Douche Cans ... ..	2	1	1	1
Water Beds ... ..	—	—	—	1
Water Pillows ... ..	—	—	—	1
Bed Blocks ... ..	1	2	2	—
Bowls ... ..	—	1	—	2
Bedstead Sides (Pair) ... ..	1	—	1	1
Lifting Pole and Chain ... ..	11	4	11	—
Kidney Dishes ... ..	1	1	2	—
Commode Sorbo Cushions ... ..	1	—	—	1
Rubber Toilet Seats ... ..	2	3	3	—
Restraining Net ... ..	—	—	—	1
Walking Aid ... ..	7	13	15	—
Hydraulic Hoist ... ..	2	1	1	1
Slings ... ..	2	—	2	—
Sterex Air Mattress ... ..	1	—	1	—
Totals ... ..	736	1,169	781	267
1961 Details ... ..	622	1,186	736	186
1960 Details ... ..	561	1,147	622	241
1959 Details ... ..	517	1,279	561	237
1958 Details ... ..	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

\* Provided through special funds.



The arrangements commenced during 1961 for the issue of draw sheets on loan to incontinent persons and the issue of disposable pads to such persons being nursed at home have proved of considerable benefit and there is a large demand for these items. During 1962 a total of 239 draw sheets were loaned to 42 persons and at the 31st December there were 119 on loan to 21 persons; 12,310 disposable pads were issued to a total of 67 persons during the year.

Further alarms and pads were purchased for loan to children attending the Enuresis Clinic. Ten children were provided with alarms on loan during 1962 and 38 pads were issued; 6 alarms were on loan at the end of the year.

**CHIROPODY SERVICE.** — This service continued during 1962 with two full-time chiropodists and two part-time (one undertaking five sessions and the other three sessions per week) until 1st November, when a third full-time chiropodist took up duty.

Sessions are held at each of the four health services clinics and also at Newbury Hall. In addition, one chiropodist regularly visits the two Welfare Committee residential establishments in Ilford and undertakes domiciliary visits to patients unable to travel, even by ambulance, to a chiropody clinic. It has also been possible to take over from the 1st April, 1963 the treatments given to elderly and handicapped persons under a scheme which had been administered by the Ilford Social Service Association for some years.

Treatment continues to be given only to those patients in the priority groups, i.e. the elderly, the physically handicapped and expectant mothers, although it is intended that the service will be extended to others when circumstances permit. The standard charge is 2/6d. per week, provision being made for reduction or remission, according to scale, where the patient's means do not justify the full charge.

The attendances during the year 1962 were as follows:-

Ilford Health Services			
Category	Number	Percentage	Total
General	1,111	75.2	1,472
Maternity	138	9.4	1,472
Old People	178	12.1	1,472
Other	45	3.1	1,472
<b>Total</b>	<b>1,472</b>	<b>100.0</b>	<b>1,472</b>
Enuresis Clinic			
Alarms	10	0.7	1,472
Pads	38	2.6	1,472
<b>Total</b>	<b>48</b>	<b>3.3</b>	<b>1,472</b>

	No. of Sessions	Attendances	
		New Cases	Re-attendances
Newbury Hall ... ..	493	175	2,717
Kenwood Gardens Clinic ...	408	158	2,142
Manford Way Clinic ... ..	135	50	906
Mayesbrook Clinic ... ..	308	130	1,606
Heathcote Avenue Clinic ...	56	42	277
Welfare Establishments ...	37	30	406
Domiciliary Visits ... ..	66	71	213
Totals ... ..	1,503	656	8,267

TUBERCULOSIS VISITORS. — The 3 Tuberculosis Visitors made a total of 2,665 home visits.

DOMICILIARY OCCUPATIONAL THERAPY. — The Domiciliary Occupational Therapist, who undertakes part-time duty in Ilford, has submitted the following report:-

"There were 12 patients on the register at the end of the year. 190 visits were made to these patients, who were taught printing, crochet, toymaking, modelling, basketry, leatherwork and embroidery.

Several of these patients entered work in the Dagenham Town Show and were successful in winning First, Second and Third prizes, also a "Woman's Own" Diploma.

These patients appreciate the domiciliary occupational therapy service and all work steadily to reach a high standard. Some patients are limited in the type of work they undertake owing to their physical condition.

Work is sold at the Dagenham Town Show and also from the Showcase at 15/17, Thompson Road, Dagenham, throughout the year. These sales enable the patients to pay for the materials provided by the occupational therapist.

Some patients have been assisted with payment for materials by the Ilford Tuberculosis Care Association. This has been appreciated by all and has helped to restore confidence and initiative."

The following visits were undertaken in Ilford during 1962:-



Number of visits to new patients	...	...	...	...	...	3
Number of revisits to patients	...	...	...	...	...	187
Number of other visits (to Chest Clinics, etc.)	...	...	...	...	...	46

REHABILITATION OF TUBERCULOSIS CASES. — No cases required assistance in the maintenance charges at a rehabilitation settlement during 1962.

OPEN-AIR SHELTERS FOR TUBERCULOSIS CASES. — One open-air shelter supplied for a tuberculosis patient during 1958, continued in use throughout 1962.

PROVISION OF FREE MILK FOR TUBERCULOSIS AND OTHER CHEST 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 was extended during 1962 to include patients suffering from other chest conditions. Particulars of the grants made in 1962 are given below:-

	T.B. Cases	Others
No. of cases in receipt of free milk at 31.12.61. ... ..	96	—
No. of new grants made during 1962 ...	63	8
No. of grants discontinued during 1962 ..	52	3
No. of cases in receipt of free milk at 31.12.62. ... ..	107	5

BOARDING-OUT OF CHILDREN (TUBERCULOSIS CONTACTS). — No applications were received in 1962 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, continues to undertake the secretarial work of this Association and he reports that in May, 1962, the scope of benefit given by the Association was extended to include patients suffering from certain other chest complaints as well as those suffering from tuberculosis.

The following shows the assistance given by the Association during 1962:-

	<u>No. of persons assisted</u>	<u>Total No. of grants made</u>
Extra nourishment (grants made usually for periods of one month and renewed as required) ... ..	43	233 (including renewals)
Other grants (Christmas cash gifts, clothing, etc.) ... ..	63	73

**TRAVELLING EXPENSES OF RELATIVES VISITING HOSPITAL PATIENTS.** — As in previous years, the County Medical Officer was able to give financial assistance in 1962 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 1962:-

Entrants to County Council's Service ... ..	35
Other purposes ... ..	19
For other Authorities ... ..	3

**HOME NURSING.** — The home nursing service in Ilford continues to be 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 1962 was as follows:-

Cases attended ... ..	1,911
Visits paid ... ..	53,790

**HEALTH EDUCATION.** — The following is a copy of an article by Dr. G. B. Taylor, Assistant County Medical Officer, which was published in "The Medical Officer" in March, 1963, and is reproduced with the kind permission of the Editor:-



## "A SURVEY OF HEALTH EDUCATION AND SMOKING

"The classic method of stopping an epidemic – eradicating the cause at its source – cannot be used in this particular cancer epidemic. It appears that the commonest attempt to eradicate it is by education. However, education, even though it may convince will not necessarily procure a change of smoking habit. This survey was carried out in an attempt to –

- (a) assess how many people could be intellectually convinced of the relationship between smoking and cancer by health education
- (b) to find out how frequently smoking habits altered in those who were intellectually convinced.

The Audience: From previous experience, an appeal to the general public to attend lectures or discussions meets with minimal response. This proved to be no exception. The only results from an advertisement in the local press were four enquiries. Several local organisations were then circularised and agreed to a lecture and group discussion.

Content of the Lecture: The main emphasis was to demonstrate the relationship between dust and pulmonary disease rather than emphasise cancer and smoking. X-rays of silicosis and stannosis were shown. Opacities of fibrosis on the X-ray film were pointed out and a brief account of the symptoms produced, particular emphasis being placed upon the fact that neither of these dusts were carcinogenic. These films were followed by an X-ray demonstrating asbestosis, opacities again being remarked upon but here the fact that this particular dust could cause malignant change as well as fibrosis, in contra-distinction to silicosis and stannosis which produced only fibrosis, was emphasised. Other carcinogenic dusts such as arsenic and chrome were mentioned and finally an X-ray of carcinoma in a heavy smoker.

Simple charts of the increasing incidence of lung cancer compared with other cancers were shown and slides of the prospective and retrospective studies of Doll & Hill.

All this occupied about an hour following which there was informal group discussion which averaged up to an hour.

Questionnaire: At the time of the lecture I did not mention a follow up study but 6 months later the following questionnaire was sent to the organisations:-

1. Male/Female
2. Were you a smoker or non-smoker at the time of the lecture?
3. Was the lecture interesting?
4. Do you now believe there is an association between smoking and cancer?
5. Have you altered your smoking habits since hearing the lecture?
6. If you have not altered your smoking habits would you like to be able to do so if some form of treatment to stop people smoking was discovered?

In order to reduce the problem of non-response the organisations were not forewarned about the questionnaire. The questionnaire was sent 6 months after the lecture and handed out to members present. None stayed away therefore on the score that they did not want to fill it in.



Detailed Analysis of Questionnaires received following Lectures on Smoking and Cancer at Ilford

Males

	Non-smokers	Effect of lecture on Smokers – Convinced?			Smokers' attitude to Association with cancer Believed?			Effect on smoking habits of "believers"		
		Yes	No	D.K.*	Yes	No	D.K.*	Changed	Wish for Change	Dont Care!
Round Table ... ..	12	15	8	7	13	6	11	2	7	4
British Legion ... ..	4	9	–	–	8	–	1	1	2	5
Toc H ... ..	2	8	2	–	9	1	–	2	4	3
Ratepayers ... ..	2	5	–	1	5	1	–	–	3	2
Welsh Club ... ..	–	4	1	–	3	2	–	–	3	–
Glenyou Club ... ..	1	5	1	–	5	1	–	2	2	1
Office Staff ... ..	6	3	–	–	1	1	1	–	–	1
Young Liberals ... ..	2	3	–	–	3	–	–	1	1	1
Seven Kings Youth Club.	2	3	3	4	5	3	2	2	3	–
Methodist Youth Club ...	2	5	6	–	7	2	2	1	1	5
Total ... ..	33	60	21	12	59	17	17	11	26	22

Females

	Non-Smokers	Effect of lecture on Smokers – Convinced?			Smokers' attitude to Association with cancer Believed?			Effect on smoking habits of "believers"		
		Yes	No	D.K.*	Yes	No	D.K.*	Changed	Wish for Change	Dont Care!
Soroptimists ... ..	11	4	2	–	5	–	1	1	4	–
Inner Wheel ... ..	6	4	–	–	3	–	1	3	–	–
British Legion ... ..	–	1	–	–	1	–	–	–	–	1
Toc H ... ..	1	3	–	–	3	–	–	2	1	–
Ratepayers ... ..	2	–	–	–	–	–	–	–	–	–
Welsh Club ... ..	2	3	–	–	3	–	–	1	1	1
Glenyou Club ... ..	–	3	–	–	3	–	–	1	–	2
Office Staff ... ..	7	3	–	1	2	–	2	1	–	1
Health Visitors ... ..	6	4	1	3	4	1	3	–	2	2
Young Liberals ... ..	1	–	1	–	–	1	–	–	–	–
Seven Kings Youth Club	1	–	–	–	–	–	–	–	–	–
Methodist Youth Club ...	5	–	–	–	–	–	–	–	–	–
Totals ... ..	42	25	4	4	24	2	7	9	8	7

\* "Dont know" includes answers that could not reasonably be included under "Yes" or "No.".



### Proportion of Smokers

Of the 201 persons completing the questionnaire, 126 were males and 75 females. Their smoking habits at the time of the lecture may be summarized as follows:-

	Non-Smokers	Smokers	Total	Per cent Smokers
Males	33	93	126	74
Females	42	33	75	44

These percentages agree closely with the percentages of men and women who were smokers in 1961 as given in "Statistics of Smoking in the United Kingdom - 3rd Edition", published by the Tobacco Manufacturers Standing Committee.

There was some variation from group to group in the proportion who were smokers. Only 35% of the staff of the Health Department were smokers and there was little difference between the sexes. On the other hand the smaller groups of the general public tended to have a larger proportion of smokers. Combining the Welsh Club, the Chadwell Heath Ratepayers, Barkingside Toc H and the Glenyou Club we have:-

	Non-Smokers	Smokers	Total	Per cent Smokers
Males	5	27	32	84
Females	5	9	14	64

However, the figures for the different groups are not large enough to make these differences statistically significant.

### Smokers who found the lecture interesting

Of the 126 smokers, 85 (67%) found the lecture convincing 25 (20%) unconvincing and 16 (13%) gave a guarded answer to the question. Of the latter 7 were Round Tablers, 4 from the Seven Kings Youth Club and 3 were Health Visitors. A larger proportion of women than men were interested by the lecture.

### Smokers who believe there is an association between smoking and cancer

Of the 126 smokers, 83 (66%) said they believed there is an association between smoking and cancer, 19 (15%) denied such a

belief and 26 (21%) gave an indefinite answer. The percentage of women who said they believed in such an association was 73% compared with 63% for men. The difference is not statistically significant.

#### Change in smoking habits

Of the 83 smokers who believe in an association between smoking and cancer, 20 claimed to have changed their smoking habits. One Youth Club member had changed from a pipe to cigarettes so the effective figure is 19. Ten were males and nine females, so the percentage changing their habits was much larger for females at 37% than males at 17%. This difference does not quite reach the 0.05 level of significance.

On analysis of the forms for the twenty who claimed to have changed their smoking habits, it was found that two males claim their change was unconnected with the lecture, another has become a non-smoker, another has "eschewed cigarettes" and two others have reduced the quantity smoked. There is no information on the type of change for the nine females and the remaining four males. A weakness of this investigation is that no information was obtained of the type of change, e.g. to non-smoking, to smoking less, to smoking a pipe instead of cigarettes or indeed to smoking more. It appears, however, that lectures of this type are likely to be more effective with women than men – only eight out of 59 men changed their smoking habits as a result (presumably) of the lecture compared with 9 out of 24 women. Several other smokers admitted to having tried to reduce their consumption of cigarettes with no lasting effect.

Of the 64 who failed to change their smoking habits for the better, 29 (45%) welcomed the idea of a treatment designed to help people to stop smoking. On the other hand 35 (or 42% of the 83 who believe in an association between smoking and cancer) had not changed their smoking habits and apparently had no wish to do so.

#### Summary

The answers to the questions posed in the survey were

- (a) How many people intellectually convinced – 66%
- (b) How frequently smoking habits changed in the intellectually convinced – 23%.

The other point of interest was that 35% of the intellectually convinced would like to change their habits. This could create quite a problem in numbers for smoking clinics made generally available.

I wish to thank Mr. Leak, Statistician, Essex County Council for his help with the statistics."



Dr. D. J. Gordon-Smith, Assistant County Medical Officer and recently Deputy Medical Director of the Central Council for Health Education, reports as follows upon the general aspects of health education:-

"At a meeting of Area Medical Officers at County Hall on 22nd November 1962 under the chairmanship of Dr. Stewart, it was accepted that the subject of health education should be an important facet of the work of departments of public health. In most of the Essex areas, health education has been in progress for many years. The interest of County Hall is demonstrated by the fact that there is an appointed full-time health education officer with assistants, plus office and storage accommodation, but these officers cannot hope to cover adequately a large county such as Essex, nor can the material available be immediately accessible to all areas when needed. Thus it seems essential that each area should build up its own resources and make full use of its own personnel.

As in other areas, Ilford has been concerned with health education for some time. Major difficulties have been the lack of suitable equipment, and the lack of a single officer with authority to mobilise the available potential of health educators, and assume responsibility for building up stocks of useful material. Some minor examples of these difficulties may be quoted. The main office and each clinic has stocks of posters and leaflets. Many of the posters are dilapidated or out of date. There is a dearth of adequate storage space. There are few facilities for displaying a poster properly, and the posters are sometimes used in a haphazard fashion. One clinic may have a dozen posters on view, each on a different topic. Some clinic nurses and health visitors have little or infrequent contact with the main office, and are just not aware of new material on health education that may have become available. This applies also to assistant medical officers of health. Any programme of planned health education must aim to keep all health department staff aware of all new productions, and encourage them to use them at every opportunity. Opportunities abound. At every child welfare and ante- and post-natal clinic there is the invaluable person to person education of the mother by the nurse or doctor. Every visit to a home by a public health inspector or health visitor should be an opportunity for observation of unhealthy habits and practices, and concomitant education. In addition, good posters should be displayed at clinics, and literature made available in the form of booklets and leaflets. The routine medical inspection should be half inspection and half advice. No school boy should leave an R.M.I. without having been warned about the dangers of smoking, and been given a leaflet to reinforce the warning. All school girls need timely advice and information on parentcraft and child care.

A first step to keeping staff informed on the nature of educational material was to have a notice board erected in the foyer of the main offices. It is intended that on this board will be pinned specimens of new posters, and that these should be changed at reasonably frequent intervals.

A tall, glass-fronted cupboard has also been placed in the foyer, and in this is displayed the current stock of educational leaflets. All new leaflets will be displayed here, and stocks should be kept as up-to-date as possible. Both posters and leaflets may be an expensive item on the budget, and this is an added incentive to use only the best material, and to keep it stored where it cannot suffer damage. It is also an incentive to order materials which can be obtained free. One example is posters on smoking. The Ministry of Health now has a fairly wide range of effective posters on the dangers of smoking — naturally these will be ordered in preference to posters from other sources which may cost 1s.6d. each.

Attention was given to various methods of displaying posters and enquiries were made of British Railways and London Transport about hiring display space at Ilford Station and Gants Hill Underground. The price was found to be quite reasonable, and since February, health education posters have been displayed on these stations. Both stations are used by many thousands of commuters every day and the posters are seen by many of the population of the Ilford area. The posters are changed every month. The subject for display must obviously be topical. During the winter, home safety, with particular emphasis on burns, was selected. In the summer and autumn the subjects will include dental health, vacation hazards, food hygiene and smoking. In the future it may be practicable to integrate the poster campaign, and display the same poster in all the clinics, on the stations and other sites at the same time.

There are other avenues for the distribution of health education material which are being studied. The surgeries and waiting rooms of family doctors are the obvious first choice. Finance permitting, it may be possible to supply all general practitioners with supplies of posters, leaflets and booklets for distribution to their patients. Chemists are another possibility. People consult chemists about minor ailments almost as frequently as they do family doctors, and chemists are certain to be willing to offer space for the display of material. This avenue will also be explored. Public libraries are yet another possibility. Free bookmarks containing brief advice on various aspects of health should be available at all libraries.



The editors of both the local newspapers were visited personally, and their co-operation invited on health education campaigns. The "Ilford Recorder" carried an excellent editorial on the advantages of fluoridation, whilst the "Pictorial" published readers' letters on this topic for many weeks. The "Pictorial" also had a recent front-page feature on the dangers of smoking. The value of the local newspaper as an educational medium cannot be over-emphasised. There is regular contact between the Medical Officer of Health and both papers on health topics of national and local interest.

At the end of January a circular letter was sent to all secondary schools offering a course of six talks to be given by health department staff. A synopsis of the course is as follows:-

1. Personal Hygiene      - Good grooming for young people  
Skin, hair and foot health  
Food hygiene
2. Hazards to Health      - Basic nutrition and the dangers of obesity  
Smoking and lung cancer  
Road and home accidents  
Prevention of tooth decay
3. Human Reproduction   - Anatomy and physiology  
Venereal diseases
4. Human Reproduction   - Problems of adolescence  
Relationships between boys and girls  
The case against promiscuity
5. Parenthood              - The birth of a baby  
Infant care  
Responsibilities of parents
6. Child Psychology        - The emotional needs of children  
Behaviour disorders  
Child/Parent relationships

This course was felt to be fairly comprehensive, and covered the most important aspects of health and hygiene likely to be of interest to young people between the ages of 13 and 15. The acceptance rate by the schools was encouraging, and the following schools have been, or will be, visited:-

Ilford County High Boys  
 Beal Grammar Girls  
 Fairlop Secondary Girls  
 Mount Secondary Girls  
 Gearies Secondary Girls  
 Becontree Secondary Girls  
 Becontree Secondary Boys  
 Fairlop Secondary Boys

For girls' schools, health visitors have been involved in teaching personal hygiene, human relations and reproduction, and parentcraft, while an Assistant Medical Officer of Health and a health visitor have dealt with hazards to health and child psychology. In boys' schools, the series was undertaken by a male Assistant M.O.H., sometimes accompanied by a health visitor who discussed the birth of a baby and child care. The general experience has been that it is not at all difficult for a trained nurse or doctor to maintain young people's interest in the topics suggested, and in one or two schools the number of sessions has had to be increased to deal with the large number of questions asked by the pupils. At the same time the stock of films, flannelgraphs, film strips and other visual aids for use in schools has been steadily built up, and some sort of visual aid should now be available on most subjects. The schools themselves have been most co-operative in supplying film projectors and projectionists when required.

It is essential that this sort of health education activity should not be interrupted. Head teachers should feel that some member of the public health staff should be available whenever the heads feel that they would like some particular topic presented, or that a course of talks will be arranged without too much delay, to groups of school-leavers, or younger pupils. The head teachers should feel confident that the nurses or doctors invited to the school will have modern equipment and material available, and will be able to talk confidently and with sympathy to the children. If no health education is done in schools, then education in other places and with older age groups is likely to be much less effective. Doctors doing routine medical examinations must make a point of meeting the head teacher and discussing his pupils' health and welfare problems with him, and thus maintaining a friendly and informal relationship. This will make it more probable that offers to teach in schools will be accepted.

Also at the end of January, a letter was sent to fifteen randomly selected voluntary organisations (social centres and clubs, women's guilds, rotary clubs, inner wheel and youth clubs) again offering speakers on topics of public health. Here the response was rather less encouraging. However, letters will again be sent out in the



late summer when clubs are arranging their winter programmes, and the response may well be better. During recent years, the voluntary organisations have frequently obtained the services of speakers from the health department and this activity is likely to continue. This year the Barkingside Rotary and Inner Wheel Clubs were addressed, and a Methodist Youth Club.

It need hardly be mentioned that the nursing staff are constantly engaged in running talks and discussions in clinics with expectant mothers and mothers of young children. This instruction is obviously a *sine qua non* of health education. Young mothers are eager for knowledge which will help to maintain their family's health, and the work in the clinics is of the greatest importance.

Two or three clinics have started toddlers' clinics in an effort to maintain the advisory relationship established during the ante-natal and post-natal periods. This activity could well be expanded. A series of talks and film shows given at the Ilford Maternity Hospital (with the invaluable co-operation of their staff) to expectant mothers and their husbands was remarkably well attended, even during the bitter weather.

Occasional showings of new films and filmstrips are arranged to keep the staff informed of new developments."

A brief reference has been made in the report submitted by the Superintendent Health Visitor (page 75) to the lectures given on "Housework with Ease". The course consisted of three lectures given by the Senior Technical Representative of the Central Council of Physical Recreation (Eastern Region) and was attended by the Non-Medical Supervisor of Midwives, two midwives, the two Domestic Help Organisers and a domestic help, as well as some of the health visitors.

The Central Council for Health Education, in co-operation with the British Epilepsy Association, produced a film "I Want to Work", presenting the difficulties experienced by epileptics in obtaining employment. The film was made in Ilford, most of the cast being members of the Public Health Department staff and a few others were pupils at the Ilford County High School for Girls.

During 1962, 81 lectures on various Health subjects were given by members of the medical and health visiting staff and the domestic help organisers to schools, professional organisations, youth groups and general adult groups, the total attendances being approximately 2,170. At 15 of the lectures films were shown.

In addition 319 lectures on "Mothercraft" were given by the health visitors at their ante-natal relaxation classes at the health services clinics, a series of 12 lectures constituting each course.

Posters covering varied aspects of Health were displayed at the Public Health Offices and the health services clinics throughout the year.

**HOME SAFETY.** — For some years King George Hospital have been most co-operative in advising us of the patients treated for home accidents. At our own request this reporting is still being continued but is now confined to children under the age of five years and elderly persons, who are then followed-up by the health visitors.

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

"Dental treatment for expectant and nursing mothers and children under five years old continued to be provided on similar lines to past years. The patients were treated at Kenwood Gardens and Mayesbrook Clinics.

The treatment, which consisted of conservative dentistry, extractions and supplying of dentures when required, was carried out by myself at Mayesbrook Clinic and, until May, 1962, at Kenwood Gardens Clinic. In May Mr. Willson became a full-time dental officer at Kenwood Gardens Clinic and he has ably carried on treatment of these patients living in the north side of the Borough and I have continued at Mayesbrook.

It is most noticeable that there are less mothers wishing to avail themselves of this dental service. This is due in my opinion to the fact that they are receiving regular dental treatment by private practitioners under the National Health Service. The dental health of most of these patients is much better and we seldom see grossly neglected mouths in the younger mothers as we did a few years ago.

With the young children under five years old the condition of their mouths is not so good. Many private dentists do not wish to treat small children and so they are neglected and conservative dentistry does not commence at an early enough age. The parents often wait until the child has pain and then extractions are necessary. I am hoping, now that we have more staff, to encourage parents to bring their small children for early inspections and so start regular dental treatment, thus avoiding the loss of many teeth before they go to school.



I continued with one evening session per week at Mayesbrook Clinic. The evening sessions are very popular with the mothers because many find it difficult to attend during the day if they are working or unable to leave their children. Patients attending during these sessions seem to be more at ease and therefore easier to treat.

Extractions for mothers and children were mainly performed under general anaesthesia, this being used for almost all the small children under five because these children do not accept a local anaesthetic well.

Dental radiographic facilities continued to be available at all clinics, thus making diagnosis quicker and often saving the patients pain and time. The high speed Borden Airators used for fillings continued to be of great value, most patients preferring it to the older method of cavity preparation.

Partial and full dentures were supplied to patients needing them, these being made at a local dental laboratory.\*

The number of cases treated at the Clinics during 1962 was as follows:-

	New Cases		Made Dentally Fit	Total Attendances
	Examined	Needing Treatment		
Expectant and nursing mothers:-				
(a) Day Sessions:-				
Mayesbrook ... ..	57	57	50	168
Kenwood Gardens ...	35	34	18	77
(b) Evening Sessions:-				
Mayesbrook ... ..	56	56	55	177
Children under 5:-				
Mayesbrook ... ..	108	108	103	178
Kenwood Gardens ... ..	130	101	84	186

The forms of dental treatment provided were:-

	Extractions	Anaesthetics		Fillings	Scaling or Scaling and Gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided, repaired and remade	
		Local	General						Complete	Partial
Expectant and nursing mothers:-										
(a) Day Sessions:-										
Mayesbrook ...	123	25	19	68	32	—	67	1	10	1
Kenwood Gardens	11	10	—	71	22	—	16	4	4	1
(b) Evening Sessions:-										
Mayesbrook ...	51	28	2	76	66	—	58	1	15	—
Children under 5:-										
Mayesbrook ...	84	1	37	195	—	—	45	—	—	—
Kenwood Gardens ...	26	—	12	202	—	37	25	—	—	—

In addition there were 192 prophylactic treatments and other operations carried out in the case of expectant and nursing mothers at day sessions (139 at Mayesbrook and 53 at Kenwood Gardens) and 217 at evening sessions (at Mayesbrook).

The total number of sessions held for expectant and nursing mothers and children under five years of age was 107½, 74 during the day (43 at Mayesbrook and 31 at Kenwood Gardens) and 33½ in the evenings (at Mayesbrook).

**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. With a view to effecting economy and cohesion in the service this work 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.



The following shows the present distribution centres with the days and times they are open:-

(a) Main Centre

Kenwood Gardens Clinic,	Monday to Friday	9.30 a.m. - 5 p.m.
Kenwood Gardens, Ilford.	Saturday ... ..	9.30 a.m. - 12 noon

(b) Branch Centre

Methodist Church Hall,	Tuesday ... ..	(9.15 a.m. - 1 p.m.
Ilford Lane (entrance in		(2 p.m. - 3.15 p.m.
Britannia Road), Ilford.	Saturday ... ..	9.15 a.m. - 12 noon

(c) Infant Welfare Centres

Chadwell ... ..	Monday ... ..	2 - 4 p.m.
Marks Gate ... ..	Tuesday ... ..	2 - 4 p.m.
Manford Way ... ..	Tuesday ... ..	2 - 4 p.m.
Manford Way ... ..	Friday ... ..	2 - 4 p.m.
Becontree ... ..	Tuesday ... ..	2 - 4 p.m.
Goodmayes ... ..	Thursday ... ..	2 - 4 p.m.
Downshall ... ..	Tuesday ... ..	2 - 4 p.m.
Kenwood Gardens ... ..	Wednesday ... ..	2 - 4 p.m.
Kenwood Gardens ... ..	Friday ... ..	9.30 a.m. - 12 noon
Heathcote Avenue ... ..	Wednesday ... ..	9.30 a.m. - 12 noon
Heathcote Avenue ... ..	Wednesday ... ..	2 - 4 p.m.
Cecil Hall ... ..	Thursday ... ..	2 - 4 p.m.
Seven Kings ... ..	Wednesday ... ..	2 - 4 p.m.
Newbury Hall ... ..	Thursday ... ..	2 - 4 p.m.
Grosvenor Road ... ..	Wednesday ... ..	2 - 4 p.m.
Ilford Lane ... ..	Friday ... ..	2 - 4 p.m.
The Drive ... ..	Friday ... ..	2 - 4 p.m.
Fairlop ... ..	Friday ... ..	2 - 4 p.m.

## SCHOOL HEALTH SERVICE

**SCHOOL ROLL AND PREMISES.** — There are 40 schools with 66 departments. The number of children on the school roll of Primary and Secondary Schools in Ilford on 19th December, 1962, was 22,276 which figure includes Barking Abbey (456). In addition there were 84 children attending the special schools.

**MEDICAL INSPECTION AND FOLLOWING UP.** — During the year 5,088 periodic medical inspections were carried out and in addition, 832 special inspections and 1,575 re-inspections were undertaken. 2,759 parents or 54.2 per cent, attended the full medical inspections.

Owing to the considerable improvement in the staffing of the school dental service, 11,557 pupils received dental inspections in the schools, this being the highest such figure in post-war years and representing over 50% of the school roll.

Reference will be made to Ilford's fortunate position regarding dentists in other parts of the report.

As in previous years the Elmbridge and Kennylands Boarding Schools remained under this authority for the purpose of medical supervision and Dr. Gross and Dr. Gordon Smith visited each school to undertake routine medical inspections and follow-up cases.

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

**STAFF.** — Dr. D. J. Gordon-Smith was appointed as a full-time Assistant County Medical Officer of Health and School Medical Officer on 29th October 1962, and his considerable experience in his previous appointment with the Central Council of Health Education will prove a great asset in this work in Ilford.

Two additional full-time dental officers were appointed during the year, Mr. G. Willson and Mr. J. J. Bowe joining the staff; this in addition to the 9 part-time dental officers undertaking 23 sessions, saw all our dental surgeries fully manned for the first time in many years. In December yet another full-time dentist was appointed and he is to commence duties on 1st April 1963 after a further surgery has been adapted and equipped.



We were sorry to lose the services of Mrs. M. Walker who had been one of our Speech Therapists for 10 years. She resigned in September to enter the teaching profession. Mrs. P. Pearce was appointed as a full-time Speech Therapist in her place and again here we were fortunate in securing the services of such an experienced therapist. The speech therapy establishment was increased by six sessions during the latter part of the year and Miss G. Meyersberg was appointed to the vacancy.

At the Cerebral Palsy Unit, Mrs. M. Raven, Occupational Therapist for 5 years, and Mrs. P. Colbert, Physiotherapist, both resigned but their posts were filled respectively by Miss P. Moorhouse and Mr. W. P. Morris.

Two of the full-time Psychiatric Social Workers at the Child Guidance Clinic resigned—Miss J. M. Barton in May and Mrs. M. Hyde in July. After a delay of a few months, Mrs. B. Benjamin and Miss R. O'Hare were appointed to the vacancies. One of the part-time Child Psycho-Therapists also left the service and her six sessions have not yet been filled.

The Resident School Nurse (Mrs. M. E. Vallance) at Kennylands School, also resigned but in April 1962 Miss M. Francis was appointed to take over this difficult assignment.

VISITS. — (a) The Public Health Inspectors made 1,036 visits to maintained schools, (1) to enquire as to the milk supplies and (2) to inspect the sanitary arrangements.

(b) School nurses made (i) 168 visits to schools (144 for general hygiene and 24 for head inspections) when 16,330 actual examinations were made, (ii) 3,190 home visits in regard to treatment recommended, and (iii) 150 home visits to cases of minor infectious diseases.

(c) A separate report is furnished by the Chief Public Health Inspector on the general subject of hygiene conditions in schools.

INFECTIOUS DISEASES. — There were no serious outbreaks of infectious diseases in the Ilford Schools during the year though scarlet fever, Measles and German Measles was prevalent during the early part of 1962.

Some sonne dysentery occurred in two Ilford schools during the Christmas term and in one of the schools some 60 children and 6 members of the staff were affected and this persisted throughout the whole term.

Two or three schools were affected by outbreaks of diarrhoea and vomiting but this was not persistent.

At Kennylands Residential School the German Measles which had been rife during the latter part of 1961 did not clear up until February. Following this the school was beset with an extensive outbreak of influenza, when it became necessary to open one of the dormitories as a sick bay. In addition to the Resident School Nurse, many auxiliary nurses called in to assist also fell ill with the complaint but we were grateful for the assistance afforded by nurses from the Lady Raleigh Training Home and the British Nursing Association who kept the school supplied during the many weeks this minor epidemic lasted.

CHIROPODY CLINICS. — Owing to the pressure on the chiropody clinics from the aged and physically handicapped, sanction has not yet been received for the scheme to include treatment for school children.

MINOR AILMENT CLINICS. — The Minor Ailment clinics functioned as last year, a full session weekly being operated at both the Mayesbrook and Kenwood Gardens Clinics. In addition facilities were afforded for any urgent cases to consult the doctor at the immunisation clinics held weekly at Mayesbrook Clinic and the Kenwood Gardens Clinic.

NEW OR ORIGINAL WORK. — Dr. Taylor continued his lectures to small groups in Secondary Schools on the relevancy of smoking to lung cancer and also talks to school leavers in certain selected Grammar Schools relating to sex education.

Dr. Gordon-Smith is preparing a series of lectures in the Secondary Schools on Parentcraft, Health and Hygiene, such subjects intending to cover such diverse subjects as nutrition, food hygiene, child psychology and the problems of adolescence. It is hoped to arrange a programme in the schools early in 1963 and the talks will doubtless serve as a valuable adjunct to the work which is already being undertaken by most teachers and as far as possible will be illustrated by films, film-strips and other visual aids. It is hoped to enlist the services of health visitors and public health inspectors.

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 1962 were as follows:-

	<u>Kenwood Gardens</u>	<u>Mayesbrook</u>
Number of individual children seen	286	360
Number of attendances of children	427	778

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

Sub-normal Nutrition	...	...	...	...	...	...	133
Debility	...	...	...	...	...	...	46

Uncleanliness:-

[illegible]

**Skin:-**

Ringworm:-

[illegible]

Eye:-

Blepharitis	...	...	...	...	...	...	...	7
Conjunctivitis	...	...	...	...	...	...	...	6
Defective Vision (excluding Squint)	...	...	...	...	...	...	...	83
Squint	...	...	...	...	...	...	...	3
Other conditions	...	...	...	...	...	...	...	40

## Ear:-

Defective Hearing	...	...	...	...	...	...	11
Otitis Media	...	...	...	...	...	...	2
Other Ear Diseases	...	...	...	...	...	...	5

Nose and Throat:-

Tonsilitis only	...	...	...	...	...	...	...	16
Adenoids only	...	...	...	...	...	...	...	-
Tonsilitis and Adenoids	...	...	...	...	...	...	...	2
Nasal Catarrh	...	...	...	...	...	...	...	12
Nasal Obstruction	...	...	...	...	...	...	...	7
Other conditions	...	...	...	...	...	...	...	13

### Enlarged Cervical Glands

(Non-Tuberculous)	...	...	...	...	...	...	6
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Defective Speech	...	...	...	....	...	...	...	9
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Teeth – Dental Diseases ... .. 21

### Heart and Circulation:-

[illegible][illegible]

### Infectious Diseases:-

Colds and Coughs	...	...	...	...	...	...	9
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Chicken Pox ... ..	2
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Lungs:-

[illegible]

Bronchitis . . . . . 5

Pulmonary Catarrh	...	...	...	...	...	...	4
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Other Non-Tubercular Diseases ... ..	9
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Psychological:-

Development ... .. —Stability ... .. 19

**Nervous System:-**

[illegible]

Other conditions	...	...	...	...	...	...	5
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Deformities:-

Genu Valgum	...	...	...	...	...	...	...	1
-------------	-----	-----	-----	-----	-----	-----	-----	---

[illegible]

Pigeon Chest	...	...	...	...	...	...	...	—
--------------	-----	-----	-----	-----	-----	-----	-----	---

Flat Feet	...	...	...	...	...	...	...
							23

Valgus Ankles	...	...	...	...	...	...	...	11
---------------	-----	-----	-----	-----	-----	-----	-----	----

Other forms	... ..	22
-------------	--------	----



Minor Injuries	...	...	...	...	...	...	...	15
Rheumatism	...	...	...	...	...	...	...	3
Other Defects and Diseases	...	...	...	...	...	...	...	42
Total number of ailments								866

## RECUPERATIVE HOLIDAYS.

During 1962 17 Children were recommended for recuperative holidays and were placed by the Borough Education Officer.

## SPECIAL CLINICS

### OPHTHALMIC CLINIC

The following table summarises the attendance of school children:-

Clinic	Sessions	New Cases	Old Cases	Attendances
Kenwood Gardens	101	170	857	1,501
Mayesbrook ...	92	133	525	1,210
Manford Way ...	9	25	69	154
Totals	202	328	1,451	2,865

852 complete pairs of spectacles were provided, some of these being renewals after breakages. In addition, in 268 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 Ophthalmologist, reports as follows:-

"The School Eye Clinic has continued to function smoothly and satisfactorily.

The Clinic has been well attended at all times throughout the year. The cases seen call for no special comment — the usual school eye clinic "mixture" with refractive errors and squints predominating but with a few cases of congenital abnormalities and odd cases of pathological change.

Equipment and accommodation are adequate and satisfactory. As

far as possible cases requiring further investigation and/or operation have been referred to the Eye Department of King George Hospital, Ilford, with which good liaison and co-operation have been established. The London Eye Hospitals have also co-operated as necessary.

The Orthoptic Department (at Mayesbrook) and the arrangements for fitting, supply and repair of spectacles (by attending optician) have been quite satisfactory."

#### ORTHOPTIC CLINIC.

Miss C. Muir, D.B.O. (Sydney), makes the following report on the Orthoptic Clinic held at Mayesbrook Health Services Clinic for the year ended 31st December 1962.

For the first ten months of 1962 Miss M. Lewis attended one session per week, and Miss Muir then commenced attending 5 sessions weekly.

"85 sessions were held throughout the year and 50 new cases were referred for treatment. In addition 30 cases were discharged. Total attendances amounted to 260.

The Orthoptic Clinic is an indispensable adjunct to the School Eye Clinic in the treatment and observation of squint cases."

#### ORTHOPAEDIC CLINIC.

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

"No new developments have taken place in these clinics during the past year. The number of cases appears to be slightly declining mainly through serious cases only being referred there.

The new Kenwood Gardens Clinic has proved to be most satisfactory. Arrangements for hospital admissions, x-ray examinations, laboratory investigations, and provision of surgical appliances, have been the same as in previous years.

I would like, again, to thank all those who helped in the running of the Clinics, for their helpful co-operation."



The following table summaries the attendances of school children:-

<u>Clinic</u>	<u>Sessions</u>	<u>New Cases</u>	<u>Old Cases</u>	<u>Attendances</u>
Kenwood Gardens	45	88	211	432
Mayesbrook ...	22	22	65	127
Manford Way ...	9	2	5	8
Totals ...	76	112	281	567

### SUMMARY OF CASES SEEN

Diagnosis	New Cases			Old Cases		
	A	B	C	A	B	C
Spastic Paresis ... ..	—	—	—	1	—	—
A.P.M. ... ..	—	—	—	4	7	—
Hemiplegia ... ..	—	—	—	2	—	—
Scoliosis ... ..	—	—	—	5	1	—
Kyphosis ... ..	1	2	—	2	—	—
Slack Posture ... ..	6	1	—	16	5	—
Deformity of Hips ... ..	1	—	—	4	2	—
Genu Valgum ... ..	15	4	1	70	16	1
O.C.T. ... ..	—	1	—	1	1	—
Pes Cavus ... ..	—	1	—	1	—	—
Genu Varum ... ..	—	—	—	—	1	—
Pes valgus-planus ... ..	5	—	—	9	2	1
Valgus Ankles ... ..	12	2	1	35	9	2
Talipes calcaneo-valgus ... ..	1	—	—	2	2	—
Intoeing... ..	6	2	—	10	4	—
Hallux valgus ... ..	7	—	—	2	2	—
Deformity of Foot ... ..	1	—	—	3	—	—
Deformity of Chest ... ..	—	—	—	2	—	—
Lumbar Lordosis ... ..	—	—	—	—	—	—
Deformity of Toes ... ..	5	3	—	17	4	1
Torticollis ... ..	1	—	—	—	—	—
N.A.D. ... ..	8	3	—	—	—	—
Foot Strain ... ..	1	—	—	—	—	—
Metatarsal varus ... ..	2	—	—	2	—	—
Osteomyelitis ... ..	—	—	—	1	1	—
Spina Bifida ... ..	1	—	—	1	—	—
Hydrocephalus ... ..	—	—	—	1	—	—
Other conditions ... ..	15	3	—	20	8	—
Totals ... ..	88	22	2	211	65	5

A - Kenwood Gardens. B - Mayesbrook. C - Manford Way.

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

<u>No. of Cases</u>	<u>Operation</u>
1	Skin excision Rt. thumb
1	I.P. Arthrodesis 3rd toe Rt.
1	Tendon Transplantation 4th Toes Rt. and Lt.
2	Holdsworth Operation Lt.
1	Interphalangeal Arthrodesis 3rd toe Lt.
1	D.I.P. Arthrodesis 4th toe Lt.
1	Phalangeal Osteotomy Gt. toe Lt. & Rt. and Tenotomy 2nd toes
1	Triple Arthrodesis - Tendon Lt. foot
1	Wedge Tarsectomy and elongation of tendons Lt. foot
1	Eradication of Toe Nail
1	Further operation to elbow
1	Wedge Osteotomy - 1 medial phalanx both little fingers
1	Arthrodesis Rt. shoulder
1	Removal of nodules from Rt. forearm

During the year 23 pairs of valgus insoles, 9 pairs of surgical boots or shoes, 2 pairs Genu Valgum splints, 2 metatarsal bars, 3 calipers and inverting irons, 25 repairs to calipers and shoes, and 111 pairs of wedges to shoes, 1 spinal jacket and 2 repairs to spinal jackets were supplied to school children.

169 cases were discharged from the Orthopaedic Clinic, 37 as cured, 53 due to absence and 69 were showing improvement and were kept under observation at school. 10 cases left school or left the district.

#### 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:-

Exercise

Massage

Sunlight

and she reports as follows:-



### \*REMEDIAL EXERCISES.

At Kenwood Gardens, 75 new cases were treated and total attendances made were 924.

At Mayesbrook 47 new cases were treated, and the total attendances were 475.

In addition, cases referred for treatment from school medical inspections numbered 149 and these made 319 attendances.

The total number of new cases at both clinics were 271 and the total attendances 1,718.

Classes were held each week to demonstrate the exercises for treatment of the particular defect; the mothers being present with the younger children.

School medical inspections of the juniors are now carried out at a later age. Previously children aged 10 years were inspected; now these inspections are done when the child has moved to the senior school. It is impossible to cure postural defects at this late age.

### ARTIFICIAL SUNLIGHT TREATMENT

Ultra-violet ray treatment was given as usual at two Centres - Kenwood and Mayesbrook.

At these centres there was a total of 25 new cases and 356 attendance were made during the year 1962.

Of these, 3 new cases and 126 attendances were at Kenwood; 22 new cases with 230 attendances at Mayesbrook."

### PHYSIOTHERAPY CLINICS.

These were held at Kenwood Gardens on Monday and Thursday mornings and at Mayesbrook Clinic on Tuesday and Friday mornings.

Details of attendances:-

Clinic	Sessions	New Cases	Old Cases	Attendances
Kenwood Gardens	90	92	75	924
Mayesbrook ...	89	65	47	475
Total ...	179	157	122	1,399

### ARTIFICIAL SUNLIGHT CLINICS.

These were held at Kenwood Gardens on Tuesday afternoon and Mayesbrook Clinic on Thursday afternoon.

Details of attendances:-

Clinic	Sessions	New Cases	Old Cases	Attendances	Discharged		
					Cured	Much Improved	Left District etc.
Kenwood Gardens	44	3	8	126	7	—	2
Mayesbrook	43	22	10	230	11	5	10
Total ...	87	25	18	356	18	5	12

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

Defects Treated	Cases	
	A	B
Alopecia ... ..	1	3
Chilblains ... ..	2	5
Anaemia, Debility and Malnutrition	5	13
Bronchitis and Catarrh ... ..	3	7
Other conditions ... ..	—	4
	11	32

A. - Kenwood Gardens Clinic. B. - Mayesbrook Clinic.



## EAR, NOSE AND THROAT CLINIC.

Miss M.M. Mason, F.R.C.S., Consultant, Ear Nose and Throat Clinic, makes the following report:-

"There were 50 Ear, Nose and Throat Clinic sessions held during 1962. The attendances were identical in number with those for the previous year - 362; of these 122 were first attendances. 82 cases were operated on, 62 at King George Hospital and 20 at Chadwell Heath Hospital.

Most of the cases seen were referred in the ordinary way through the School Medical Service, but a definite number were sent direct by the family practitioners. It is hoped that this practice can be encouraged as children can often thereby receive attention with less waiting than occurs at Hospital Clinics, and in a less formal atmosphere."

### Cases diagnosed during the year -

Tonsil and Adenoid Disease	...	...	...	...	...	27
Hypertrophied Adenoids	...	...	...	...	...	32½
Deafness	...	...	...	...	...	3
Eustachian Deafness	...	...	...	...	...	1
Maxillary Sinusitis	...	...	...	...	...	4
Nasal Allergy	...	...	...	...	...	10½
Otitis Media	...	...	...	...	...	5
Rhinitis	...	...	...	...	...	6
Other defects	...	...	...	...	...	6
						<hr/> 95

Where ½ shown - 2 defects diagnosed.

## SPEECH CLINICS.

Mrs. B. J. Tingey, the Senior Speech Therapist, reports on the work of the Speech Clinics during 1962 as follows:-

Mrs. Tingey	Six Sessions per week.	Mayesbrook Clinic and schools.
Mrs. Pretious	Full-time	Cerebral Palsy Unit, school clinics and schools.

Mrs. Walker	Full-time to 24.9.62.	Valentines Clinic and schools.
Mrs. Pearce	Full-time from 1.10.62.	Valentines Clinic and schools.
Miss Meyersberg	Six Sessions per week from 26.11.62.	Valentines Clinic and schools.

"After ten years devoted service in the Speech Clinic, Mrs. M. Walker left in September to extend her knowledge on the relationship between speech and reading problems by entering training college as a student teacher. Her interest and skill in this field of work has already been of benefit to her patients, and although we regret that she is no longer with this clinic, we realise that her knowledge and understanding will be of importance in the specialised field of teaching.

Her full-time post was filled in October by Mrs. P. Pearce, and in November Miss G. Meyersberg joined the Speech Therapy staff, thus contributing an additional six sessions of therapy to the school clinic and schools. We have been very fortunate in securing the services of Mrs. Pearce and Miss Meyersberg, bringing as they do extra knowledge and experience to their work, and their presence at clinical discussions has already been of great benefit. We are very happy to welcome them as therapists in the Speech Clinic.

The aim of the additional therapy time is to increase the effective service of the Speech Therapy Clinic by reducing the wait before treatment, and by making it increasingly possible for school visits to be made. As mentioned in earlier annual reports, this has always been the aim of the Speech Clinic, so that both therapist and teachers can exchange views regarding the child, and discuss problems of handling. We are delighted that it has come into being.

In the schools where it is warranted, we have continued the practice of working full therapy sessions.

The work with children under school age has also continued and is proving helpful to the parents as well as the children, in giving them expert help and advice on their difficulties regarding speech. With an increasingly early age of referral, it is becoming possible to assist before parents and child develop additional emotional problems and attitudes regarding speech and speech situations."



## SCHOOL DENTAL SERVICE.

Mr. E. V. Haigh, Area Dental Officer, reports as follows:-

"The School Dental Service in the Ilford area increased considerably during 1962. The dental staff shortage started to improve during 1961. In May 1962 Mr. Willson, a part-time dental officer in Ilford, commenced full-time duties at Kenwood Clinic and in September Mr. Bowe commenced full-time at Valentines dental clinic. The Valentines Clinic was redecorated and partially re-equipped prior to Mr. Bowe commencing.

By the end of 1962 the dental services available to school children in the Ilford area were better than at any other time, having five surgeries fully staffed.

With this extra dental staff it has become possible to do more regular school dental inspections. These inspections are a very important part of school dentistry because it is the main way of notifying the parents that dental treatment is required. Unfortunately many parents do not accept the advice to obtain dental treatment either privately or to bring the child to the school dental clinic.

At the end of 1962 the planning of opening a further surgery at Kenwood Clinic was made and this will take place during the early part of 1963.

High speed equipment for cavity preparation has been installed in all surgeries and continues to be of great value in cavity preparation and causing less pain to the patient.

Dental Radiographic facilities which have become very important in the diagnosis of dental abnormalities continued to be available in all clinics. This often saves the patient attending a hospital, thus saving pain and time.

I continued with one evening session per week at Mayesbrook Clinic for school children who are unable to attend during the day. Appointments for these sessions are in great demand by older children studying for examinations. Many of these children would not attend during the day and so I feel this is a service of value.

Emergency treatment and inspection sessions continued at Mayesbrook Clinic on Wednesday and Friday mornings, 9 – 11 a.m., when any school child without an appointment could attend and be seen for the relief of pain or for an inspection. This service will be extended to Valentines Clinic when an emergency and inspection session commences in January 1963.

Most teeth were extracted under general anaesthesia, which was always administered by a medical officer.

The dental health of the school children in Ilford is improving. This is due to the fact that more parents are dentally conscious.

The comparative figures for 1961 and 1962 show that although the number of fillings and children treated increased considerably during 1962, the number of extractions required by these children remained almost the same as 1961."

#### BENTON SCHOOL.

Dr. D. M. B. Gross, Medical Officer in Charge, reports as follows:-

"During 1962 the number of children on roll varied, being 71 on the 31st December 1961 and 63 on the 31st December 1962.

There were 12 admissions and 20 discharges. Recommendations for admission were received from the following sources:-

School Medical Officer	...	...	...	...	...	4
Borough Education Officer	...	...	...	...	...	5
Hospitals	...	...	...	...	...	1
General Practitioner	...	...	...	...	...	1
Others	...	...	...	...	...	1
						<hr/> 12

The diagnoses were as follows:-

Craniostenosis	...	...	...	...	...	1
Rt. Hemiplegia	...	...	...	...	...	1
Congenital Heart	...	...	...	...	...	2
Asthma	...	...	...	...	...	3
Ataxia and Partially Deaf	...	...	...	...	...	1



Spina bifida	...	...	...	...	...	...	1
Peroneal muscular atrophy	...	...	...	...	...	...	1
Cerebral Palsy	...	...	...	...	...	...	1
Removal of left eye	...	...	...	...	...	...	1
							<hr/> 12

The 20 children discharged left for the following reasons:-

Fit for ordinary school	...	...	...	...	...	6
Left school (over age)	...	...	...	...	...	9
Removed from Area	...	...	...	...	...	3
Admission to alternative Special School	...	...	...	...	...	2
						<hr/> 20

The number of children attending the school is a little lower than last year. This is accounted for partly by the well-recognised virtual disappearance of cases of malnutrition and largely by the increasing tendency to keep children in ordinary schools if at all possible, the result being that on the whole children in a school for handicapped pupils are very much more severely handicapped than in the past. For instance, there are at Benton several chair bound children who in the old days could not have been placed anywhere.

All this, however, creates fresh difficulties, that of transport being by far the greatest. Means of transport which are adequate for ambulant or semi-ambulant children are quite unsuitable for completely helpless and often very heavy ones. In fact, cases have occurred of children unable to attend school because no suitable transport for them could be found and because drivers and welfare workers cannot and should not be expected to manhandle them. The same conditions apply to an even greater extent to the children attending the Cerebral Palsy Unit.

I suggest that the only feasible solution is to provide a special vehicle fitted with a ramp and a hydraulic hoist. It could be used by both schools even before they join up on the Barley Lane site as we hope they will do in the autumn of 1963.

The work of the school has continued to go smoothly as in previous years and from that angle there is nothing fresh to report,

but before closing I should refer to the sudden and unexpected death of Miss Davis in August. Her loss is felt particularly at this time of transition and re-organisation for her heart was in her work and she had always hoped to see the new school established. We are fortunate, however, in having in the new Headmaster someone thoroughly acquainted with the work and proposed development of the schools and the change of headship has therefore been carried out with smoothness and efficiency and the fullest co-operation with the School Medical Service.

Finally I should like to thank all the staff for their continued help and co-operation."

### CEREBRAL PALSY UNIT

Mr. H. B. Lee, F.R.C.S., Consultant Orthopaedic Surgeon, reports as follows:-

"The Unit has continued to do very good work. The children are drawn from a wide area of Essex, and their number has varied from 20 to 23. There is now a small waiting list.

The degrees of handicap are varied, some of them being able to get about without help, and some being virtually physically helpless. The value of good schooling is even greater to those who are unable to use their hands properly. Good co-operation between the treatment, teaching and ancillary staffs maintains an excellent atmosphere in which good results, both scholastic and physical, are obtained."

Dr. D. M. B. Gross, Medical Officer in Charge, reports as follows:-

"During the year in question the number of children on roll varied between 23 on the 31st December 1961 and 20 on the 31st December 1962.

In reviewing the work undertaken throughout this period 6 children were examined in connection with suitability for admission, of these, 4 were accepted and came from the following areas.

Ilford	1
South Essex	2
Dagenham	1



The two children rejected, with the reason for rejection and the responsible Authority concerned were:-

South Essex (a) Did not present a true case of cerebral palsy and physically was above average normally accepted at Unit.

South Essex (b) Would probably be able to cope at an ordinary school.

The admissions numbered 3 from the following areas:-

Ilford	1
South Essex	1
Dagenham	1

this therefore leaves 2 children on the waiting list, one from the South Essex Division and one from Romford that has been carried over from 1961. In connection with the last mentioned child his admission has been deferred until such time as it is considered that he will be able to benefit from all the facilities offered at the Unit although meantime, he has been having physiotherapy once a week.

The pupils discharged from the roll numbered 4 and the reason together with the Authority concerned is as follows:-

Forest Division: (a) Transferred to a residential special school of the National Spastic Society.

(b) Removal from area.

Romford: Transferred to a residential special school.

South Essex. Action under Section 57(4) of the Education Act.

It is hoped that in the Autumn of 1963 the present building will be vacated and the Unit transferred to the new school in Barley Lane. The children of Benton and the Unit will then all be under one roof which will make administration and general supervision easier. It also means that much of the therapy will be available to all the children on the spot with minimal loss of time spent in transportation and less interruption of actual education.

Although the Cerebral Palsy children will have their own wing they will now be able to mix with the other children and share as fully as possible in the life of the school as a whole. This is particularly desirable in the case of such severely handicapped children whose opportunities are inevitably very limited.

The work of the Unit has gone smoothly throughout the year, largely owing to a devoted and loyal staff whom I should like to thank for their support and interest in often difficult circumstances."

**CHILD GUIDANCE CLINIC.**

Dr. W. P. Gurassa, Consultant Psychiatrist, and Medical Director of the Ilford Child Guidance Clinic, writes as follows:-

"This has been a year with a number of staff changes. Miss Barton, our senior Psychiatric Social Worker left in June after 6 years to take up an appointment at a teaching Hospital. She had established many important contacts in the community, and her valued services cannot easily be replaced. In addition, Miss Baker (Mrs. Hyde) another Psychiatric Social Worker, who was beginning to establish herself in the Clinic, and make good contacts with a number of mothers, married and left to have her own baby. Finally, in August, Miss Folkart, Child Psycho-Therapist, working at the Clinic for several years also left to take up an appointment at a post-graduate Training Centre, and this has left a gap which will be difficult to fill because of the shortage of trained Therapists.

We have been fortunate in being able to replace the two Psychiatric Social Workers and welcome Miss O'Hare and Mrs. Benjamin, who have recently started with us. Miss O'Hare is a very experienced Psychiatric Social Worker, who comes to child guidance from the Mental Hospital field, where, in addition to routine social work she has had teaching experience in connection with London University. Mrs. Benjamin has come straight to us from completing her training at the London School of Economics, having previously had valuable experience as a teacher, and as a Social Worker in a Mental Hospital.

During the year we have been pleased to have a number of overseas visitors who have wanted to see the type of work carried on in English Guild Guidance Clinics. In addition, we learned something from them about the Social Services in other countries. We have also had a student Educational Psychologist, and a student from the Institute of Education, attending and assisting in the work of the Clinic.



Mrs. Bowman, a former student who attended this Clinic has now started a small group of children who are unsuitable for normal Infant Schools. We are finding this class invaluable because it enables each child to be closely observed, prior to further decisions about the type of schooling for which they are best suited.

The problem of children who find it difficult, if not impossible, to attend school, due to their intense anxieties, is still a major one for us. We have at the moment, six such children attending here for regular treatment. It is very helpful when they are referred to us at an early stage, since the chances are then greater of an early return to school.

We also have a number of psychotic children attending and proving to be capable of adjustment in a suitable educational environment. One in fact is now able to attend a Secondary Boys' School, three attend special remedial classes, which have been very successful with such children, and one is in a class for the School for Maladjusted Children. We feel this to be a great achievement for all concerned since although these children are unlikely ever to be completely normal and adjusted adults, none the less it is hoped that they will be able to take their place in the community to a limited extent. In this type of case the unreserved help and co-operation of the Education and Health Departments has contributed considerably to the success achieved.

We continue our policy of working as a team in which all members of the Clinic staff meet regularly to discuss new cases, treatment, and questions of policy, and to which visitors are welcomed. During this year we have been particularly pleased to note the interest shown by Probation Officers who now come to consult regularly on children referred from the Juvenile Courts. Staff of the Children's Department, and other social workers are also using the Clinic, both for diagnostic assessment and support in their case work."

#### SCHOOL PSYCHOLOGICAL SERVICE.

Miss B. S. Gascoyne and Miss C. H. Watt, Educational Psychologists, report as follows:-

"During the year we have been able to increase still further the

special groups into which children can be placed who are unsuitable for attendance in normal schools. The Maladjusted Classes have become a larger unit as there are now two teachers who take groups and Mrs. Shaw who has taken on some children for individual tuition in the same building. We have found this invaluable as she is preparing one boy for full time attendance at the Special Classes after he had broken down at his boarding school and another child is being supported back to what we hope will become full time attendance in a normal primary school. Although this scheme has only been operative this year we have found that as soon as one child is ready to go we have another urgent case to fill the gap.

Mrs. Bowman started this Autumn with an observation group of 5 children of Infant school age who appeared to be either very dull or possibly ineducable, but who could not be assessed accurately by a test because of their emotional disturbances. Having completed the course for teachers of Maladjusted children she has been able to observe, assess and help these children so that a decision can be made about the type of school they should attend when this comes up for consideration. Although this class is not directly connected with the Clinic, one of the Social Workers runs a group for the parents of these children so that they can be given support and an assessment of the home situation can be made.

We are fortunate in having students who come to the Clinic because it enables us to keep in touch to a certain extent with current training schemes so that we feel the help gained is reciprocal, Mrs. Bowman came regularly to the Clinic last year to give individual remedial teaching to three children and to run a small group of difficult children in a normal infant school. We were very glad when she was able to open the new infant observation class because we already knew her very well and she has been able to join the Friday afternoon discussion group with us at the Clinic together with the staff from the Maladjusted Classes which provides a most useful link for all of us.

University College send us one of their Educational Psychologists in training each year for three weeks or so to gain direct experience of the day to day type of work both of Child Guidance Clinics and the School Psychological Service. Mr. Davey came last year, and has since been appointed to the Chelmsford Clinic, and the previous year Mr. Cranmer was with us which proved particularly



fortunate as it later gave us a close connection with Doctor Barnardo's where he is Psychologist, so that we can now contact him when problems with their children arise and he has always been most willing to take over all the liaison work which we had previously found so difficult.

This Christmas a student studying at Oxford asked if we could give her any work, so we took the opportunity to ask her to carry out a short piece of research for us since we felt this would be a mutual gain. We are always very much aware that more research should be undertaken, but unfortunately any worthwhile project would need a full time worker so we try to compromise with short surveys and by utilizing any outside form of help that comes our way.

We feel very grateful to our Education Officer who listens to our schemes and goes to considerable lengths to enable us to carry them out; we think he sometimes feels that we are continually inventing new categories of children but as our special educational facilities become more specific the diagnosis of each case can become more accurate and less has to be done on a 'faut de mieux' basis."

New Cases	...	...	...	...	...	...	118
Follow ups for schools	...	...	...	...	...	...	62
Follow ups for Clinic	...	...	...	...	...	...	180
Remedial Education Cases	...	...	...	...	...	...	14
Children referred to C.G.C.	...	...	...	...	...	...	10

#### ILFORD ENURESIS CLINIC.

Dr. J. M. Pooley, Medical Officer in charge, reports as follows:-

"During the 12 months ended December 31st 1962, the clinic continued to be held on Wednesday mornings at the Kenwood Gardens Clinic.

#### Sessions and New Cases

33 sessions were held this year, during which 70 new cases were seen, as compared with 55 new cases during 1961.

## I. Appointment List

The 70 new cases were made up as follows:-

<u>Recommended by</u>	<u>Under 5 years</u>		<u>Over 5 years</u>	
	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>
Infant Welfare Officers	5	2	—	—
School Medical Officers	—	—	25	7
General Practitioners	6	—	8	5
Parents ... ..	1	—	2	3
Health Visitors ... ..	1	—	—	1
Consultants ... ..	—	—	—	2
Head Teachers ... ..	—	—	2	—
	13	2	37	18

Total = 70 new cases

Total attendances (old and new cases) = 358

Number of sessions held = 33

It is to be noted that during 1962, 19 cases were referred to the Clinic by General Practitioners, as compared with 8 cases during 1961, indicating the usefulness of the clinic to the borough as a whole.

## II. Procedure

The procedure adopted during previous years has been largely adhered to, namely:-

- (1) Urinalysis
- (2) History of enuresis and previous illnesses
- (3) Physical examination
- (4) Treatment

It is worthy of note once again, that most of the time is spent interviewing the child, with an occasional remark to the parent, to ensure that the instructions given to the child will be remembered and emphasised by the parent.



Overcrowding, housing difficulties and emotional instability are, of course, problems which are met with each year.

### III. Treatment

The treatments issued or prescribed throughout the year include:-

- (1) Long-acting (bonded) Dexamphetamine known as "Dexten" - 5 mgms. at bedtime.
- (2) Plain dexamphetamine - 5 mgms. at bedtime.
- (3) Phenobarbitone grs.  $\frac{1}{4}$  -  $\frac{1}{2}$  usually b.d.
- (4) Routine and charting only.
- (5) The Sentinel or Downs bed buzzer.
- (6) Librium mgms. v.o.m. or b.d. (prescribed by co-operation with the patient's general practitioner).

There are now 20 bed buzzers available for use through the clinic and in all 45 patients have been successfully treated by the bed buzzer (old and new cases) during 1962.

### IV. Results

74 children have been discharged dry or self-discharged due to poor attendance during 1962. These cases are made up as follows:-

	<u>Discharged</u>		<u>Self-Discharged</u>	
	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>
Over 5 years	25	17	19	6
Under 5 years	4	2	-	1
	29	19	19	7

Total = 74 cases (as compared with 46 in 1961).

Attendances at the clinic have been particularly well maintained during 1962, and both parent and child have shown interest and co-operation throughout."

### 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 number of children coming within the various categories and their disposition as on the 31st December, 1962, is shown in the following table:-

CATEGORY	Number of children of school age on 31st December, 1962, formally ascertained as handicapped pupils and requiring special educational treatment (s.e.t.)													Total No. of children of school age requiring s.e.t.
	Attending day special school	Awaiting placement in day special school	Attending residential special school	Awaiting placement in residential special school	Attending boarding homes	Awaiting placement in boarding homes	Attending independent schools	Awaiting placement in independent schools	Attending hospital schools	Awaiting placement in hospital schools	Receiving Education in hospital under Section 56	Receiving home tuition under Section 56	Awaiting home tuition under Section 56	
Blind ... ..	—	—	2	—	—	—	—	—	—	—	—	—	—	2
Partially Sighted ...	5	—	1	—	—	—	1	—	—	—	—	—	—	7
Deaf ... ..	6	—	—	—	—	—	—	—	—	—	—	—	—	6
Partially deaf ... ..	12	—	—	—	—	—	2	—	—	—	—	—	—	14
Delicate ... ..	20	—	1	—	—	—	4	—	—	—	—	—	—	25
Physically handicapped	40	1	—	1	—	—	9	—	—	—	—	—	—	51
E.S.N. ... ..	50	1	3	5	—	—	14	—	—	—	—	2	—	75
Maladjusted ... ..	—	—	7	12	2	—	14	—	—	—	—	2	—	37
Epileptic ... ..	—	—	2	—	—	—	—	—	—	—	—	—	—	2
Speech defect ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dual Defects ... ..	4	—	—	1	—	—	—	—	—	—	—	—	—	5
Total ... ..	137	2	16	19	2	—	44	—	—	—	—	4	—	224



## GENERAL WELFARE

Provision of Meals and Milk for School-children. — The total number of mid-day meals served in the schools during 1962 was 2,247,773 approximately.

There are 29 kitchens in the Borough, established at the following schools:-

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

Free milk is served in all Departments of all the schools and the total number who received milk on 26th September 1962 was 18,183.

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 53 cases were investigated:-

(1) Neglect	...	...	...	...	...	...	...	...	...	...	29
(2) Ill-treatment cases	...	...	...	...	...	...	...	...	...	...	8
(3) Other cases	...	...	...	...	...	...	...	...	...	...	16

One hundred and thirty-nine children (80 boys and 59 girls) were involved, 82 being of school age. In addition to this work, 189 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. — Once again we are indebted to this Association for the case-work and welfare undertaken by its members. The following is a summary of activities in 1962:-

- 3 children sent for holidays and paid for by Local Authority.
- 4 children sent for holidays and paid from voluntary funds and parents payments.
- 1 child supplied with larger tricycle through Ministry.
- 1 child loaned T.V. Set.
- 6 children regular casework visiting.
- 11 children supportive visiting.

#### THE HEALTH VISITOR AND THE SCHOOL NURSE.

Miss J. Oliver, Superintendent Health Visitor, submits the following report:-

"Visits to schools by the health visitor in 1962 show a slight increase. Extra visits are possibly due to suspected cases of head lice.

Our plan, commenced in 1958, continues, the health visitor going into school at the beginning of every term, discussing cases which will possibly need supervision and co-operation between school teacher and health visitor. At this visit the Head Teacher can ask for a hygiene inspection for the whole school or certain classes. We continue to do a full inspection of every child in the schools, usually during the September term.

Two schools have continued with their mothercraft lectures; the girls show great interest, writing their lectures up and illustrating these with their own drawings or cut-out pictures. We are continually surprised by the questions senior girls ask health visitors. Questions are placed in a box, without the girl's name; in this way pupils feel free to ask any question they wish."

#### 38 YEARS ON!

##### Cleanliness in Two Schools A and B, 1924-1962

Our records in the School Health Service go back as far as 1924 in some cases, and it was thought that it might be of interest to compare findings during these 38 years and see whether there had been an improvement in cleanliness and hygiene generally. The table below shows the % of all children examined in two schools for certain selected years who had live vermin, nits or both. The schools chosen are both in the south



of the borough and are well known to our staff as producing the highest number of "dirty heads". Surprisingly A shows up slightly better than B and on the whole the figures are lower than would have been expected by those of the staff who have long been connected with this work. The records of the war years are incomplete, but the numbers for 1944 and 1945 reflect the relapse expected compared with the immediate prewar years. From about 1948 onward there is a gradual drop in the number of cases; this is due partly to a general improvement in standards among the school population, but largely to the efforts of the school nurses who now conduct regular "hygiene" inspections. In spite of this there remains a hard core of bad cases whose names crop up again and again.

Year	% A	% B
1925	4.4	
1936	1.3	5.5
1938	1.7	3.0
1944	5.4	7.7
1945	3.1	9.1
1961	0.7	0.09
1962	0.8	1.5

Health Education in Schools. — Dr. D. J. Gordon-Smith and Dr. G. B. Taylor, School Medical Officers, have been carrying out Health Education in Schools and the following reports will be of interest:-

#### Smoking and Health

Dr. G. B. Taylor reports as follows:-

"We have been carrying out a health education programme in the Ilford schools over the past two years. The essence of the programme has been two-phased.

In the first phase we felt that we should have the co-operation of the Borough Education Officer and the Head Teachers and accordingly a meeting was arranged at which over 40 Head Teachers attended. I gave an illustrated lecture on dust disease and different forms of cancer, and the X-rays I showed were those of patients I had known over the past ten years who had been suffering from different forms of dust disease. These X-rays were followed by slides bearing the main pronouncements of the survey carried out by Professors Doll and Hill over the past few years.

The Head Teachers then invited me to several schools and I gave the same lecture to all the staff, with the intention of letting them know what was in my mind and what I intended to put over to the pupils. That phase ended about a year ago.

The second phase was to choose certain schools in Ilford and conduct a health education programme based on scientific principles. At the moment two schools are involved – Fairlop Secondary Boys and Mayfield Secondary Boys. In these schools the pupils have been divided into two groups. One group is having health education on dust in general, and cancer in particular, and the other is having no such health education. The boys are asked to fill in questionnaires each term and at the end of five years we hope to analyse these questionnaires to find out whether this sort of publicity is of any use. In these two schools I lecture to each group once a term and this involves giving about ten lectures.

I hope to include the two grammar schools – Beal and the Ilford County High – in the near future but the main difficulty is that with a campaign of this sort it does mean that a lot of my time is taken up with it, and for the purpose of this experiment I do not intend to include any other schools. There will be nothing more to report on this particular experiment until five years have elapsed."

### Smoking and Lung Cancer

Dr. D. J. Gordon-Smith reports as follows:-

"Perhaps one of the most effective methods of educating young people regarding the dangers of lung cancer is the personal interview at the time of the routine medical inspection. Medical Officers of Health should make it a particular duty to emphasise these dangers, and to hand out a leaflet to reinforce the message.

During the past few months several hundred such leaflets have been distributed at the time of school inspections.

The topic of lung cancer has also been included in the syllabus of lectures which are being provided for secondary schools. So far this has only been done at Becontree Secondary Modern School, where approximately 40 pupils have been addressed, but in the next six months a much wider audience will be spoken to."



Dr. Gordon-Smith discusses other aspects of health education in schools in his main report on page 112.

Hygienic Conditions in Schools in the Division. — Mr. S. R. Daly, Chief Public Health Inspector, reports as follows:-

"The sanitary circumstances obtaining in the Council schools within the Borough of Ilford continues to improve although there is still room for improvement, particularly in those establishments where the sanitary conveniences are situated outside the main school building. This, of course, creates sanitary chaos when inclement weather causes freezing up of the water supply, thereby entailing the absence of suitable flushing facilities. It is suggested that greater efforts be made to place these amenities within the building itself. They would afford greater protection, more efficacious use, and a stricter means of sanitary supervision could be maintained, particularly in relation to the washing of hands after using, provided of course there is a reasonably available hot water supply, towels and soap. Consideration might be given to the provision of staff sanitary accommodation in the same apartment as that used by the scholars thereby enabling the teachers perhaps to inculcate the elementary principles of hygiene in them. The provision of isolated sanitary conveniences for teachers is both costly and provides no education facility.

The school milk supplied in the waxed cartons has produced few difficulties this year except that some of them have burst thereby contaminating other containers but as the milk is not itself handled it does not appear to be a great difficulty. Complaints have been received regarding the disposal of the containers but I feel this is a matter of less sanitary importance than the dangers previously created by dirty bottles sometimes containing dangerous foreign bodies.

It might be appropriate at this juncture to state that a survey of sanitary circumstances in private schools has been made and whilst there is no control over these establishments, it is considered that the sanitary circumstances, particularly in relation to the provision of sanitary conveniences, washing facilities and other sanitary amenities, could be improved but this could only be undertaken if the necessary regulations were made by the Minister. It is felt that private schools ought not to have an inferior standard of sanitary facilities than obtains in local education authority establishments."

Employment of School-children and Young Persons. — During 1962, 98 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.

#### B.C.G. VACCINATION OF SCHOOL CHILDREN

In 1962 the scheme included all pupils over the age of 13 years and students attending Universities, Colleges or other establishments of further education. In addition those previously invited who did not accept were given a further opportunity to participate.

No. of pupils to whom B.C.G. was offered...	...	...	...	...	...	2,120
No. of pupils whose parents consent to treatment	...	...	...	...	...	1,099
No. of pupils undergoing tuberculin test	...	...	...	...	...	*1,171
Positive: 79						
No. of pupils who received B.C.G.	...	...	...	...	...	950
*72 carried forward from previous year.						

MEDICAL EXAMINATION OF TEACHERS, OFFICERS AND SERVANTS. — The following examinations were carried out during 1962:-

	Officers	Servants	Teachers	Intending Teachers	Total
New Appointments	17	27	37	83	164
UnderSickness Regulations	—	3	—	—	3

THE CAUSES OF DEATH AMONG CHILDREN OF SCHOOL AGE (i.e. FROM 5 — 15 YEARS) IN ILFORD, DURING 1962 WERE:-

Congenital Hydrocephalus	...	...	...	...	...	1
Congenital Aortic Stenosis	...	...	...	...	...	1
Cerebral Contusion (Road Accident)	...	...	...	...	...	1
Fractured Skull (Road Accident)	...	...	...	...	...	1
Ruptured Liver (Road Accident)	...	...	...	...	...	1
Rathke Pouch Tumour	...	...	...	...	...	1
Chondrofibrosarcoma	...	...	...	...	...	1
Renal Carcinoma	...	...	...	...	...	1
Cirrhosis of Liver	...	...	...	...	...	1



## MINISTRY OF EDUCATION

## MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1962.

TABLE I.

Medical Inspection of pupils attending maintained Primary and Secondary Schools including (Special Schools).

## A. - PERIODIC MEDICAL INSPECTIONS

Number of Inspections 5-15 year age group ... ..	4,505
Number of other Periodic Inspections ... ..	583
Total: ... ..	<u>5,088</u>

## B. - OTHER INSPECTIONS

Number of Special Inspections ... ..	832
Number of Re-inspections ... ..	1,575
Total: ... ..	<u>2,407</u>

## 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) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
1957	6	65	69
1956	13	87	94
1955	9	30	37
1954	7	14	18
1953	7	8	13
1952	4	8	10
1951	39	28	64
1950	108	102	191
1949	71	83	141
1948	95	84	165
1947 and earlier	250	135	370
TOTAL	609	644	1,172

TABLE II.

A. - RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN  
THE YEAR ENDED 31st DECEMBER, 1962.

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 ... ..	64	—	23	—
5	Eyes — a. Vision ...	609	1	104	1
	b. Squint ...	39	—	6	—
	c. Other ...	27	—	5	1
6	Ears — a. Hearing ...	11	3	14	4
	b. Otitis Media	3	—	3	—
	c. Other ...	7	—	3	—
7	Nose or Throat ...	53	2	77	—
8	Speech ... ..	22	9	12	3
9	Lymphatic Glands ...	3	—	17	—
10	Heart and Circulation	13	—	25	—
11	Lungs ... ..	50	—	64	—
12	Developmental —				
	a. Hernia ...	5	—	1	—
	b. Other ...	31	—	66	—
13	Orthopaedic —				
	a. Posture ...	88	—	18	1
	b. Flat foot ...	87	1	28	—
	c. Other ...	90	—	74	—
14	Nervous system —				
	a. Epilepsy ...	6	—	6	—
	b. Other ...	7	—	9	—
15	Psychological —				
	a. Develop- ment	14	—	15	—
	b. Stability ...	23	17	32	—
16	Abdomen ... ..	6	—	6	—
17	Other ... ..	47	27	42	15

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

Age Groups inspected (by year of birth)	Number of Pupils inspected	Number whose condition was classified	
		Satisfactory	Unsatisfactory
1957	312	310	2
1956	555	543	12
1955	135	134	1
1954	56	54	2
1953	32	32	—
1952	31	31	—
1951	185	179	6
1950	1,050	1,037	13
1949	545	540	5
1948	614	612	2
1947 and earlier	1,573	1,570	3
TOTAL	5,088	5,042	46

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 ... 16,330
- (ii) Total number of individual pupils found to be infested 89
- (iii) Number of individual pupils in respect of whom clean-  
sing notices were issued (Section 54(2), Education  
Act, 1944) ... —
- (iv) Number of individual pupils in respect of whom clean-  
sing orders were issued (Section 54(3), Education  
Act, 1944) ... —
- (v) Number of individual pupils disinfested:-
  - By Local Authority ... 57
  - By parents ... 32



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 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 ... ..	1	—
Scabies ... ..	—	—
Impetigo ... ..	—	—
Other Skin Diseases ... ..	159	12

## 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 ... ..	53	15
Errors of Refraction (including squint) ...	86	1,764
Total ... ..	139	1,779
Number of pupils for whom spectacles were -		
(a) Prescribed ... ..	-	883
(b) Obtained ... ..	-	852

## 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 ... ..	-	-
(b) for adenoids and chronic tonsillitis ...	-	369
(c) for other nose and throat conditions ...	-	-
Received other forms of treatment ... ..	68	49
Total ... ..	68	418

## GROUP 4. - ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	Otherwise
(a) Number treated in clinics or out-patients departments ... ..	271	687
(b) Pupils treated at school for postural defects ... ..	71	-



## 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 ... ..	112	7

## GROUP 6. - SPEECH THERAPY

	By the Authority	Otherwise
Number of pupils treated by Speech Therapists for the first time ... ..	48	2

## GROUP 7. - OTHER TREATMENT GIVEN

	By the Authority	Otherwise
(a) Miscellaneous minor ailments ... ..	280	16
(b) Other		
(1) Sunlight Treatment ... ..	43	—
(2) Enuresis ... ..	88	—
Total ... ..	411	16

TABLE V.

DENTAL INSPECTION AND TREATMENT  
CARRIED OUT BY THE AUTHORITY

## (1) Number of pupils inspected by Dental Officers:

(a) Periodic age groups ...	11,557
(b) Specials ... ..	1,859
Total (1)	13,416

(2) Number found to require treatment ...	7,819
(3) Number referred for treatment ... ..	7,819
(4) Number actually treated ... ..	3,575
(5) Attendances made by pupils for treatment ... ..	15,352

## (6) Half-days devoted to:

Inspection	...	...	...	...	...	74
Treatment	...	...	...	...	...	<u>1,934</u>
Total (6)						2,008

(7) Fillings: Permanent Teeth ... .. 9,036  
Temporary Teeth ... .. 2,561Total (7) 11,597

## (8) Number of teeth filled:

Permanent Teeth	...	...	...	...	8,745
Temporary Teeth	...	...	...	...	<u>2,467</u>
Total (8)					11,212

## (9) Extractions:

## (i) Permanent Teeth:-

(a) On account of Caries	...	626
(b) For other purposes	...	117

## (ii) Temporary Teeth:-

(a) On account of Caries	...	1,558
(b) For other purposes	...	91

## (10) Administration of general anaesthetics for extraction ... .. 913

## (11) Other operations:

Permanent Teeth	...	...	...	4,199
Temporary Teeth	...	...	...	<u>1,316</u>
Total (11)				5,515

## (12) Orthodontics

(i) Cases commenced during year	188
(ii) Cases carried forward from previous year	...
(iii) Cases completed during year	168
(iv) Cases discontinued during year	...
(v) Pupils treated with appliances	164
(vi) Removable appliances fitted	182
(vii) Fixed appliances fitted	—
(viii) Total attendances	2,942
(xi) Number of sessions devoted to treatment	309
Number of pupils supplied with artificial dentures	28
Number of dentures fitted	28



# SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINICS

AS AT 31st DECEMBER, 1962.

## 1. — STAFF OF THE SCHOOL HEALTH SERVICE

Divisional School Medical Officer:

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

Area 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 ... ..	8	2.10
(iii) General Practitioners working part-time in the School Health Service ... ..	—	—
(b) Speech Therapists ... ..	4	3.09
(c) Physiotherapist C.P. Unit ...	3	2.16
(d) Occupational Therapist C.P. Unit ... ..	1	1.00
(e) School Nurses including Superintendent ... ..	23*	(Combined posts, H.V. and S.N. 9.25
(f) Nursing Assistants ... ..	7	(Clinic Nurses) 4.30
(g) (i) Area Dental Officer ...	1	0.76
(ii) Dental Officers (whole time) ...	2	1.9
(iii) Dental Officers (part-time) ... ..	9	1.83
(iv) Orthodontists ... ..	—	—
(v) Dental Surgery Assistants	5	4.48

\* 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 ... 5

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 arrangements made with R.H.B. &c.  (3)
A. Minor ailment and other non-specialist examination or treatment ... ..	3	—
B. Dental ... ..	3	—
C. Ophthalmic ... ..	—	3
D. Ear, Nose and Throat ... ..	—	1
E. Orthopaedic ... ..	—	3
F. Paediatric ... ..	—	—
G. Speech Therapy ... ..	4	—
H. Cerebral Palsy Unit ... ..	—	1
I. Artificial Sunlight ... ..	—	2
J. Remedial Exercises and 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 ... ..	2	0.82
Educational Psychologists ... ..	2	2
Psychiatric Social Workers ... ..	3	3
Others:-		
Child Psychotherapist ... ..	2	0.63
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.

		1957		1956		1955		1954		1953		1952		1951		1950		1949		1948		1947		1946		1945		
BOYS																												
1958	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1959	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1960	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1961	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1962	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GIRLS																												
1958	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1959	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1960	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1961	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1962	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Age Groups																				Age Groups																			
		5-6 Years		6-7 Years		7-8 Years		8-9 Years		9-10 Years		10-11 Years		11-12 Years		12-13 Years		13-14 Years		14-15 Years		15-16 Years		16-17 Years		17-18 Years													
		Number of Children Examined	Average Height (in Centimetres)	Average Weight (in Kilogrammes)	Number of Children Examined	Average Height (in Centimetres)	Average Weight (in Kilogrammes)	Number of Children Examined	Average Height (in Centimetres)	Average Weight (in Kilogrammes)	Number of Children Examined	Average Height (in Centimetres)	Average Weight (in Kilogrammes)	Number of Children Examined	Average Height (in Centimetres)	Average Weight (in Kilogrammes)	Number of Children Examined	Average Height (in Centimetres)	Average Weight (in Kilogrammes)	Number of Children Examined	Average Height (in Centimetres)	Average Weight (in Kilogrammes)	Number of Children Examined	Average Height (in Centimetres)	Average Weight (in Kilogrammes)	Number of Children Examined	Average Height (in Centimetres)	Average Weight (in Kilogrammes)											
BOYS																																							
1957	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...											
1958	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...											
1959	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...											
1960	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...											
1961	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...											
1962	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...											
GIRLS																																							
1957	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...											
1958	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...											
1959	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...											
1960	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...											
1961	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...											
1962	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...											

## Age Groups

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				5-6 Years		6-7 Years		7-8 Years		8-9 Years		9-10 Years		10-11 Years		11-12 Years		12-13 Years		13-14 Years		14-15 Years		15-16 Years		16-17 Years		17-18 Years														
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1957	BOYS			498	113	20.5	470	116	21.7	62	123	24.7	35	127	26.8	29	132	29.8	603	142	34.9	781	144	36.5	18	145	38.5	8	148	45.2	437	160	50.7	48	167	57.4	59	170	62.4	10	168	65.8
1956	1	1	1	818	112	20.0	409	117	21.7	89	122	23.9	70	128	27.9	47	135	30.8	555	140	34.6	688	142	36.1	50	145	38.7	37	152	43.8	575	162	51.1	160	168	57.4	104	172	61.2	60	174	64.3
1955	1	1	1	605	113	20.6	842	116	21.9	125	123	24.3	68	124	25.5	38	135	29.9	320	142	34.4	994	144	35.7	46	146	37.3	13	155	47.0	381	162	50.7	206	168	57.8	62	171	61.4	45	175	63.5
1954	1	1	1	561	113	20.4	718	117	21.8	124	123	23.8	73	128	26.6	52	132	29.2	325	141	34.5	863	144	34.9	63	147	38.5	33	153	42.5	485	162	48.3	203	167	57.2	75	171	60.2	43	176	64.1
1953	1	1	1	649	112	20.2	925	116	20.4	82	121	23.6	34	126	26.3	36	133	28.9	194	140	33.3	799	144	34.7	49	145	36.3	22	153	44.0	441	162	51.0	259	168	55.7	84	172	61.2	35	172	56.6
1952	GIRLS			452	113	20.0	441	116	21.1	66	122	24.4	55	128	28.5	41	132	29.7	456	141	34.8	826	144	37.4	24	150	41.5	13	151	46.6	305	158	50.1	119	160	53.1	44	161	55.0	16	161	55.3
1951	1	1	1	782	112	19.7	373	117	21.6	91	121	23.1	44	126	26.4	46	134	29.8	438	141	34.9	821	142	37.1	100	150	41.4	57	156	48.1	525	157	50.2	149	160	53.0	128	164	54.1	23	158	54.5
1950	1	1	1	604	113	20.1	637	116	21.5	113	121	24.4	74	126	25.9	54	133	29.9	292	141	34.6	1052	144	36.6	73	149	40.5	34	156	48.8	359	159	50.7	180	159	52.5	68	161	54.8	19	161	54.7
1949	1	1	1	522	111	19.6	605	116	21.3	93	121	22.8	44	125	24.9	52	134	29.2	288	140	33.9	968	144	36.5	71	148	39.8	36	155	46.4	481	158	48.4	216	160	55.0	85	161	56.8	9	164	57.1
1948	1	1	1	657	112	20.0	827	117	21.3	81	119	22.8	38	127	25.8	37	133	28.9	173	140	32.5	841	143	35.5	59	150	39.9	49	156	47.1	374	156	50.9	212	160	53.6	49	162	54.9	5	164	55.6



