

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

Contributors

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Borough of Ilford



HEALTH REPORT

FOR THE YEAR

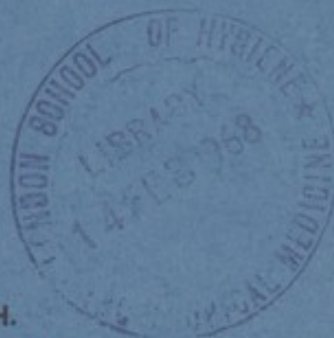
1963



I. GORDON

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

Medical Officer of Health, etc.





LONDON BOROUGH OF REDBRIDGE

Health and Welfare Department,
17/23 Clements Road,
ILFORD, Essex.

Telephone: ILFord 3020.

WITH THE COMPLIMENTS

of

I. GORDON, M.D., CH.B., M.R.C.P., D.P.H.

MEDICAL OFFICER OF HEALTH,
PRINCIPAL SCHOOL MEDICAL OFFICER,
and CHIEF WELFARE OFFICER

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ILFORD BOROUGH COUNCIL

Municipal Year 1963-64

COUNCILLOR FRANCIS HERBERT JAMES, J.P. (E.C.C.) *Mayor.*COUNCILLOR EDGAR FRANK HARRIS (E.C.C.) *Deputy Mayor.**Aldermen:*BENNETT, MRS. FLORENCE EDITH,
(to 12.2.1964)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.

GLEED, SYDNEY GEORGE.

GOOCH, LIONEL ARCHER SCOTT.

HEADLEY, CECIL AUBREY, J.P.

LITTLEJOHN, MRS. RUTH

CONSTANCE, M.A.

(to 3.1.1964)

MASTERS, FRANK ROBERT.

PEARSON, FREDERICK THOMAS.

ROOT, HAROLD GOLDSTONE, M.S.M.

SHAW, ARNOLD JOHN, B.A.

TERRY, MISS ANNE SYLVIA, J.P.

Councillors:

ALY, HARRY REGINALD BERTRAM.

BELLAMY, GORDON SYDNEY.

BYSOUTH, HENRY ALBERT, F.I.A.C.

CANNON, STANLEY FREEMAN.

CARRADICE, DENNIS ANNESLEY.

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

CLACK, ARTHUR HENRY.

DAVIES, DAVID SAMUEL.

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

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.

GRANT, FRANK LIONEL.

HITCHCOCK, LEONARD, A.I.B.

LOVELESS, SYDNEY FRANK.

MARTIN, ROBERT.

MASON, VICTOR WILLIAM.

MURPHY, JOHN LOUGHLIN, J.P.,

A.R.I.N.A., A.I.Mar.E.

NÄTZLER, ISAAC BERNARD.

NORWOOD, JOHN HENRY.

OSBORNE, ALAN FRANK.

PARKER, HENRY CECIL CHESNEY.

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

RYDER, JOHN LOUIS.

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

(to 28.5.1963)

SHUMAN, CHARLES AVROM AUBREY.

SOLEY, JOSEPH EDWARD.

STONHAM, JOHN PETER, B.Sc.

VINCENT, JOHN ANTHONY.

WATSON, GEORGE HENRY.

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

YEOMAN, ALFRED JAMES.

(from 11.7.1963)

PUBLIC HEALTH COMMITTEE

Municipal Year 1963-64

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

COUNCILLOR D. A. CARRADICE.

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

COUNCILLOR D. S. DAVIES.

COUNCILLOR A. G. FROST, M.Sc.

COUNCILLOR E.F. HARRIS (E.C.C.)
(*Deputy Mayor*)COUNCILLOR F.H. JAMES, J.P.
(E.C.C.) (*Mayor*)

COUNCILLOR V. W. MASON.

COUNCILLOR J. H. NORWOOD.

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

COUNCILLOR J. E. SOLEY

COUNCILLOR J.P. STONHAM, B.Sc.

COUNCILLOR G. H. WATSON.

COUNCILLOR A. J. YEOMAN.

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

Municipal Year 1963-64

Ilford Borough Council Representatives: ALDERMEN COLVIN, MRS. LITTLEJOHN (to 3.1.64), MASTERS, MISS TERRY (*Chairman*); COUNCILLORS BELLAMY, MRS. CHAMBERLIN (*Vice-Chairman*), CLACK, G. E. DAVIES, FERRIER, FROST, GLEED, HITCHCOCK, NORWOOD, ROLFE, STONHAM.

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 (to 10.9.63)

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 1963-64

ALDERMAN C. I. GIBSON *Chairman.*ALDERMAN F. R. MASTERS, *Vice-Chairman.*ALDERMAN G. COLVIN, C.B.E.,
F.C.I.S.ALDERMAN MRS. L. FALLAIZE,
J.P. (E.C.C.)ALDERMAN MRS. R.C. LITTLEJOHN,
M.A. (to 3.1.64)

ALDERMAN F. T. PEARSON.

ALDERMAN A. J. SHAW, B.A.

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 G. E. DAVIES.

COUNCILLOR S. F. LOVELESS.

COUNCILLOR V. W. MASON.

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

COUNCILLOR A. F. OSBORNE.

COUNCILLOR H. C. C. PARKER.

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

COUNCILLOR C. A. A. SHUMAN.

COUNCILLOR J. A. VINCENT.

COUNCILLOR A. J. YEOMAN.
(from 27.8.63)*Co-opted Members:*

MR. T. F. COBB, A.I.A.C.

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.

MISS F. STEVENS.

MR. T. E. WILLIAMS.

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 (to 19.8.63).

R. E. SMALLEY (from 20.8.63).

Public Health Inspectors:

G. W. NEWMAN (to 30.9.63).

J. COOK.

R. E. SMALLEY (to 19.8.63).

F. NAU.

A. C. R. NEALE.

D. F. SCOTT.

T. F. JOHNSON.

J. A. HARRIS (to 1.11.62).

C. BROOMFIELD.

L. W. COLE (from 28.5.63).

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.) (to 19.4.64).

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), D.C.H., (Part-time).

Area Dental Officer:

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

Officers of the Public Health Services — *continued.*

Dental Officers:

G. H. WILSON, L.D.S., R.C.S. (Eng.).
 J. J. A. BOWE, L.D.S. (Belfast).
 E. B. HODGSON, B.D.S. (Durham) (from 1.4.63).
 Y. G. TOOLSAY, B.D.S. (Durham) (from 2.9.63).

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.
 N. B. DAVIS, B.D.S.
 MISS S. STEPHENS, B.D.S. (to 13.7.63).
 N. D. GLICKMAN, L.D.S.
 Y. G. TOOLSAY, B.D.S. (to whole-time from 2.9.63).
 J. A. AKINOSI, B.D.S. (to 31.7.63).
 E. B. KILSBY, M.R.C.S., L.R.C.P., B.Sc., B.A. (Part-time from 28.9.64).
 W. H. TOMS, M.B., Ch.B. (from 4.8.64).

Non-Medical Supervisor of Midwives:

MISS R. J. JESSON.

Superintendent Health Visitor:

MISS J. M. OLIVER.

Health Visitors and School Nurses:

MISS I. L. MOBBS.	MISS N. L. HALL.
MISS E. M. P. COLLINS.	MRS. W. R. HEYWOOD (part-time)
MISS M. G. DUGUID.	MRS. V. I. BAYLIS.
MISS H. ARNOLD.	MRS. E. T. FERGUSON.
MISS P. M. LEAVETT (to 5.4.64).	MRS. D. M. RASOR (part-time)
MRS. J. M. WESTON.	MRS. J. P. WILLCOX.
MISS A. F. RIDPATH.	MISS M. E. COOKE.
MRS. C. D. CONSTABLE.	MRS. A. M. MURRAY (from 11.2.63).
MISS R. A. BARTON.	MRS. C.A. ROBERTSON (from 1.8.63).
MRS. G. ODLING (to 30.4.63).	MRS. O. ELDRIDGE (part-time) (from 20.8.63).
MRS. L. K. LAWRENCE (part-time).	MRS. K. M. RICH (part-time) (from 2.3.64).
MRS. M. K. PRESSEY (to 31.7.63).	
MRS. J. H. GADD.	
MISS I. HARRIS (part-time).	MISS P.M. YOUNG (from 1.9.64).
MRS. M. WELLER (part-time).	MRS. F. O. ERINLE (from 11.9.64).

Tuberculosis Visitors:

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

Officers of the Public Health Services – continued.

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 (to 31.3.64).

MRS. B. BENJAMIN

Child Psycho-Therapists (Non-Medical) (Part-time).

MRS. D. HANDJA.

Speech Therapists:

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

MRS. P. N. PEARCE, L.C.S.T. (to 23.11.63).

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

MISS G. S. MEYERSBERG, L.C.S.T. (Part-time) (to 16.10.64).

Physiotherapists (Cerebral Palsy Unit):

MR. A. BRAND, M.C.S.P. (from 2.3.64).

MISS G. L. BOWERS, M.C.S.P. (to 27.10.63).

MISS A. DOTZLER, M.C.S.P. (from 25.5.64).

MR. W. P. MORRIS, M.C.S.P. (to 19.1.64).

Occupational Therapists (Cerebral Palsy Unit):

MISS M. P. MOORHOUSE.

Nursing Assistants (Cerebral Palsy Unit):

MRS. B. LLEWELLYN.

MRS. V. E. WAITES (from 7.9.64).

Occupational Therapist (T.B. Cases):

MISS Z. E. MERCER (Part-time).

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).

MR. L. N. C. MARTIN, M.Ch.S.

MR. R. P. BROWN, A.Ch.S. (from 4.8.64).

MRS. R. V. PAY, M.Ch.S. (Part-time) (from 3.12.63).

MR. G. P. BLACKMAN, M.Ch.S. (Part-time) (from 2.4.64).

MR. B. L. SCLARE, L.Ch. (Part-time) (from 3.10.63).

Matrons of Day Nurseries:

Goodmayes Lane MRS. E. DROWER.

Ley Street MISS G. M. GROSS.

Officers of the Public Health Services — *continued.*

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.

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 C. MUIR, D.B.O. (Sydney) (to 11.7.63).
MISS J. C. DIXON, D.B.O. (from 29.7.63).
MISS M. WARD, D.B.O. (from 29.7.64).

Preface

Telephone:
ILFord 3020

PUBLIC HEALTH OFFICES,
17/23 Clements Road,
ILFORD.

December, 1964.

Mr. MAYOR, LADIES and GENTLEMEN,

I submit herewith the Annual Report of the Health Services for the year 1963.

It is regretted that the report this year is so late, but I am sure members will appreciate the reasons. First, the main staff concerned in its production are not only carrying on with their usual duties for Essex and Ilford, but are deeply concerned with the planning for Redbridge, and in fact organising concurrently material for committees for all three authorities. Secondly, at the end of November we moved from the friendly and pleasant surroundings of Valentines Park to the more impersonal but doubtless more efficient premises in Clements Road; again this caused some dislocation in our routine. Finally, the printing section has likewise been involved in extra duties required by London Government Re-organisation.

The rise in the birth rate continued from an adjusted figure of 14.31 in 1962 to 15.74 in 1963; this meant an extra 212 births. On the credit side we had a drop in stillbirths from 53 to 40 (and in the rate from 20.44 to 14.33), a drop in the perinatal mortality rate (stillbirths and deaths under one week) from 31.64 to 27.23 per 1,000. The number of deaths from cancer fell from 438 to 384, and the adjusted general death rate from 12.08 to 11.84. The main feature on the debit side was a rise in infant mortality from 45 deaths (1962) to 56 (1963) (in the rate from 17.72 to 20.36), but this is still below both the national and London figures. It is difficult to account for the rise; the main groups were; 11 due to premature births, 7 to bronchopneumonia and 6 to asphyxia. With such small numbers statistical evaluation is difficult, furthermore the figure for 1964 shows a dramatic improvement to 35 (up to 22nd December), so the total for 1964 will probably be even lower than the 45 of 1962.

One of the problems that is causing us most concern for the future in Redbridge is that of staffing, especially professional personnel such

as social workers. I hope that we will be able to do at least as well as we now do in Ilford, where, contrary to what obtains in many other local authorities, we, at the moment, have no shortage of dentists, chiropodists, midwives or school medical officers. Even the establishment of public health inspectors will shortly be complete.

Our Child Guidance Clinic, although not up to establishment, compared most favourably with similar clinics, and is an excellent example of the "brain-drain" in reverse, for we could hardly carry on with the present efficiency without our Central and Eastern European visiting colleagues (at times even the Americas have contributed).

In the School Health Service, the most important occasion this year has been the opening of the Ethel Davis School for the Physically Handicapped, one of the most up-to-date in the country, and replacing the old Benton Road School, with its Cerebral Palsy Unit annexe that was some miles away from the parent school. We have, somewhat regretfully, severed our administrative connection with the two County residential schools in Surrey and Oxfordshire, coupled, however, with a sense of relief as adequate administration and medical supervision of schools far on the other side of London cannot be conducted efficiently, especially in emergencies.

As before, I would like to draw attention to contributions by others to this report; Dr. Gurassa, the Medical Director, and the Educational Psychologists on the Child Guidance Service, Dr. Gordon-Smith and Dr. Taylor on Health Education, Dr. Gross on problems of the school for the physically handicapped, the reports of the Welfare Worker for the Aged, the Chief Public Health Inspector, and others.

Again, I would like to thank all those who help us in a voluntary capacity, the Ilford Social Service Association; the Ilford Federation of Voluntary Workers, W.V.S., St. John, Red Cross, and many others.

This year I must especially thank those in my department who are carrying, in addition to their usual duties, the heavy responsibilities of planning the new Redbridge, and our move to Clements Road. I would like to include here also those employed presently by other authorities but appointed to and working now for the new borough.

Finally again the Chairmen, Vice-Chairmen and members of the Ilford and Essex Committees have given me help and encouragement.

My fellow Chief Officers and other officers in the various departments have continued their friendly support, for which I am very grateful.

I have the honour to be

Your obedient servant,

I. GORDON,

Medical Officer of Health.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

										(Land and Inland)	
Area (in Acres)										(Water ... 8,404)	8,411
										(Tidal Water.. 7)	
Population (Census 1931)											131,061
" (Census 1951)											184,706
" (Census 1961)											178,024
Registrar-General's Estimate of resident Population:—											
June 30th 1960											178,520
" 1961											177,760
" 1962											177,460
" 1963											176,550
Number of inhabited houses (April 1st, 1963) according to Rate Books (approx.)											53,201
Rateable Value — April 1st, 1963											£8,713,600
Sum represented by a penny rate, April 1st, 1963 (approx.)											£36,200
										1962-63	1963-64
Combined Rate (all services)										25s.0d.	9s. 6d.*
										in the £	in the £

* Following National re-rating.

The following figures as to unemployment were supplied by the Ministry of Labour:—

	Males	Females
As at December, 1962	706	109
As at December, 1963	477	84
	1963	1962
Live Births	2,751	2,539
Live Birth rate per 1,000 population — Crude rate	15.58	14.31
Adjusted rate	15.74	14.31
Illegitimate Live Births per cent of total live births	5.10	4.49
Stillbirths	40	53
Stillbirth rate per 1,000 total live and stillbirths	14.33	20.44
Total Live and Stillbirths	2,791	2,592
Infant deaths (under 1 year)	56	45
Total Infant deaths per 1,000 total live births	20.36	17.72
Legitimate " " " legitimate "	21.06	18.14
Illegitimate " " " illegitimate "	7.14	8.77
Neo-natal mortality rate per 1,000 live births (first four weeks) ...	14.18	13.78
Early Neo-natal mortality rate per 1,000 total live births		
(under one week)	13.9	11.42
Perinatal mortality rate (stillbirths and deaths under one week		
combined per 1,000 total live and stillbirths)	27.23	31.64
Maternal deaths (including abortion)	1	1
Maternal mortality rate per 1,000 live and stillbirths	0.36	0.39
Deaths (all causes)	2,178	2,143
Death rate per 1,000 population — Crude rate	12.34	12.08
Adjusted rate	11.84	12.08
Percentage of total deaths occurring in public institutions	42.51	52.41
Deaths from Cancer (all ages)	384	438
" " Measles (all ages)	1	Nil
" " Whooping Cough (all ages)	Nil	Nil
" " Diarrhoea (under 2 years of age)	Nil	Nil

1. RAINFALL

Total rainfall registered in the district, taken as an average over the stations in the five Parks, during the year was 23.04 inches; the greatest fall in 24 hours was registered on 17th November, 1963, .96 of an inch. November was the wettest month.

2. COMPARABILITY FACTOR – BIRTHS AND DEATHS

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

The figures for Ilford for the year 1963 are 1.01 for the birth and 0.96 for the death rates respectively.

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 2,751.

	Males	Females
Legitimate	1,359	1,252
Illegitimate	77	63

i.e. 5.1 per cent of the births registered were illegitimate.

The percentage of illegitimate births registered in the previous 10 years was 4.5 (1962), 3.8, 3.7, 3.3, 2.7, 2.8, 2.6, 2.2, 3.0.

The adjusted birth rate, calculated on the estimated population of 176,550 is 15.74 per 1,000.

4. DEATHS

The total number of deaths of Ilford residents was 2,178. This is obtained by taking the total number of deaths registered in the district (1,741), subtracting the deaths of non-residents occurring in the district (231), and adding the deaths of Ilford residents registered as having died in other districts (668).

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

King George Hospital	61
Chadwell Heath Hospital	34
Claybury Hospital	60
Goodmayes Hospital	52
Other Non-residents	24
Total	<hr/> 231 <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	87
Wanstead Hospital	32
Langthorne Hospital	5
London Hospital and Brentwood Annexe	94
St. Bartholomew's Hospital	13
Rush Green Hospital	32
St. Joseph's Hospice, Hackney	19
East Ham Memorial Hospital	31
St. George's, Hornchurch	70
Dagenham Hospital	14
Barking Hospital	13
Whipps Cross Hospital	38
Queen Mary's Hospital, Stratford	5
St. Andrew's Hospital, Billericay	10
Harts Hospital, Woodford Green	9
In other Hospitals, Institutions and residences outside the Ilford district	<hr/> 196 <hr/>
Total	<hr/> 668 <hr/>

The adjusted death rate, calculated on the estimated population of 176,550 is 11.84 per 1,000.

Inquests. — During the year, 66 inquests were held on deaths occurring in Ilford, 51 on Ilford residents, and 15 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	—	—	3	8	8	20	26

DEATH RATES FROM CANCER, 1963.

The following Table shows the death-rates for 1963 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... ..	.515	.519
Cancer, other forms... ..	1.659	1.658

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 1963, arranged according to the age groups at which deaths occurred.

TABLE I. - VITAL STATISTICS OF WHOLE DISTRICT DURING 1963 AND PREVIOUS YEARS

Year	Resident population, estimated to middle of each Year	Births			Total Deaths Registered in the District		Transferable Deaths		Net Deaths belonging to the District			
		Uncorrected Number	Net (a)		Number	Rate (b)	of Non-Residents registered in the District	of Residents not registered in the District	Under 1 year of Age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Net Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
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)
1963	176,550	2,040	2,751	15.58(c)	1,741	9.9	231	668	56	20.4	2,178	12.34(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 1963.

	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 Polionyelitis	Pneumonia
	Live Births	Stillbirths	Deaths (all ages)	Deaths under 1 year					
England and Wales	18.2	17.2	12.2	21.1	.76	.04	68.3	.14	781
London Admin. County	20.0	15.7	12.5	21.8	.63	—	50.6	—	971
ILFORD (Estimated Population mid-1963 = 176,550) ...	15.74	14.3	11.8	20.4	—	—	45 ¹	—	1200 ²

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

¹ 8 deaths.

² 212 deaths.

Causes of, and Ages at, Death during the year 1963.

[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 1963 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 or Special Treatment. (Essex C.C. Act, 1933, Part IV.) Inspections of licensed establishments are carried out quarterly. During 1963, one new application and 29 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 1963, 52 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 1963.

(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 1963:-

(1) Residential and Temporary Accommodation

- (a) Number of Ilford residents provided with residential accommodation at 31.12.63:- 231.
(Aged - 197, Mentally Infirm - 2, Blind - 12, Others - 20)
- (b) Aged persons admitted to hostels and other residential establishments in 1963:- 58.
- (c) Other persons admitted to residential accommodation in 1963:- 1.
- (d) Persons admitted to temporary accommodation:- Adults 12; Children 28 = 40.

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, 1963, were as follows:-

(i) Registered as blind	267
(ii) Partially sighted	79
(iii) Defective sighted	12

all of whom were under the supervision of the County Council's Home Teachers. During the year 5 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, 34 blind and 15 partially sighted persons were employed in open industry. During 1963, 12 blind residents in the Borough were admitted to homes for the blind and 7 partially sighted persons to suitable homes.

(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.

399 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.

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 66 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.

Four burials were required to be arranged during 1963 – they concerned three females aged 85, 81 and 74 years respectively, and a male, aged 75 years. All died at home.

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

"The total number of cases dealt with during 1963 was 657 of which 390 concerned old persons not previously known to me. Of the remainder a few had been known to me for ten years and many for five or more years. Average age of the old people seen was over 80 years and several were over 90 years, yet alert and active. Home visits paid by me numbered 676 and of the persons visited approximately 150 were referred to the Health Visitors for further visiting, and 42 to the Essex County Council for consideration for eventual admission to Part 3 accommodation or for inclusion on the register of physically handicapped persons. A much larger number were referred to the Domestic Help Organisers for Home Help Service, to the Women's Voluntary Service for Meals-on-Wheels, and to the Chiropodists. No factual report can convey the value of these home visits. Advice, ideas and information are not only given to the visited but received by the visitor and the keen and delightful sense of humour that so many old persons have makes the bulk of the visiting a pleasant duty.

I continue to see Dr. Dunn at the Geriatric Unit once weekly and liaison with the Unit is now so well developed that there is an almost daily telephonic interchange of information about patients past, present and awaiting admission. Of 147 patients of the Unit visited by me following their discharge the majority spoke highly of the kindness, good food, and medical and nursing care. We sometimes read in the press complaints and criticisms of the treatment of old persons in Hospital. This has the unfortunate effect of causing some old persons to refuse a proffered bed. I regret that the praise I hear and the messages of gratitude and affection I am asked to convey to the staff cannot be amassed and published. The result would be a glowing testimonial. Isolated complaints are made to me. Seldom have these been about anything which could not have been rectified if the Ward Sister had been approached at the time. Also some of the things about which young relatives complain are accepted quite happily by elderly patients or are not noticed by them.

Among the persons admitted are some who are cared for while their relatives are on holiday and these are often more critical of the conditions than those admitted for treatment. This is understandable as they often do not wish to be there and are resentful.

Arranging for the care of old persons while their families have a holiday or a rest is fraught with pit falls and causes far more work than is readily apparent. I was asked to make such arrangements for

39 persons. It tends to be taken for granted by relatives that there will be no charge, that the persons will be conveyed from door to door, either by Ambulance or by a car provided by the Council, that the old person should have a single room, that all bedrooms should be on a ground floor, and that special diets will be available. That it was possible to arrange for all these persons to be cared for at all was due to the relaxing of rules, and sacrificing of off duty time by Matrons and Proprietors; and the giving up of time at weekends by car owners who gave voluntary and free transport. Despite this there were numerous telephone calls about last minute cancellations, disputes about agreed charges, old persons causing disturbances, and relatives failing to return home on the day stated; and some old persons complained about the drivers who so kindly undertook the voluntary transport.

It would help if Doctors, relatives and other interested persons would be absolutely honest when recommending recuperative holidays, and relief for families. "Can use stairs" is sometimes found to mean that the patient manages to scramble up on hands and knees once a day. "Forgetful" is used to describe all degrees of mental deterioration from mild absentmindedness to severe senile dementia. An old person who becomes disorientated at night and wanders into other visitors' rooms can be a great problem, and if the relatives have gone abroad or are touring the country by car so that they cannot be contacted a great deal of trouble results. The majority of Proprietors and Matrons are very tolerant and continue to accept old persons through us despite these unfortunate incidents. What is needed is more Part 3 accommodation which could be set aside for short stays from May to October each year, or some specific premises provided by the local authority for the short term care of old persons needing some help and supervision but not Hospital admission. It would then be possible to provide relief when younger members of the household are ill, or very tired, as well as during the holiday season.

Problems concerning housing accommodation numbered 109 and many of the 254 interviews I gave were connected with these particular cases. I estimate that they were the subject of 300 telephone calls from interested parties. Some persons were required to leave their accommodation under the terms of the Rent Act, others lived in properties the owners of which died, and were being pressed by solicitors acting for the deceased persons beneficiaries. Some were being asked to leave by sons and sons-in-law whose offspring had reached an age at which singly occupied bedrooms were desirable. Sons and daughters are sometimes quite ruthless in their treatment of ageing parents. Accommodation problems could often be overcome

without reference to the local authority by the use of ingenuity, while forethought could often prevent problems arising.

A partitioned bedroom or a studio couch in a living room are obvious ways of overcoming the problem of finding separate sleeping accommodation for mixed families. Undoubtedly some inconvenience would result but the suffering of minor inconveniences is surely not too much to expect of fit young people when the comfort and happiness of a grandparent is at stake. A few old persons prefer a solitary life but the majority like to have their families around them and vacancies in Homes should be left free for those old persons who have no family, whose families are invalids, or who need more supervision than it is possible to arrange in a normal household.

Each year I have added to my records the cases of old persons whose offspring or other young relatives have given them notice to quit. These old persons are almost invariably victims of their own kindness. They have allowed offspring to remain in the parental home upon marriage; in some instances rent free. The young couple have had children and over a period of years the older persons have gradually surrendered one or more additional rooms to provide bedrooms for the growing grandchildren. In some cases the younger couple have both gone to business and the children have been reared by the grandparents who may also have done all cleaning and cooking. Then one day the owner of the premises has made known his desire to sell and has offered the older persons as protected tenants an opportunity to buy at a price well below the market value. The older persons having insufficient capital and being unable to obtain a mortgage have transferred the opportunity to their offspring. Thus the offspring have then become the owners and the older persons have become unprotected tenants, a point they do not always realise until they are caught in the trap. It would be reasonable to expect the young couple to allow the older persons to remain with the family to the end; and even to allow them to remain rent free as their share in the advantageous purchase price but I must report that in 1963 several persons rewarded their parents by giving them notice to quit and by making their lives miserable in the interim period. I interviewed three couples and at least ten widows or widowers who broke down when telling me about this shameful treatment. Some were re-housed in Ilford Borough Council flatlets, some entered Part 3 accommodation, and others were able to make alternative private arrangements but in the meantime they trudged about the town making fruitless enquiries and becoming physically and mentally exhausted. The hardest thing for them to bear was the resultant severing of friendly relationships with their family.

Among the 42 persons referred to the Essex County Council for admission to Part 3 accommodation were several who were not wanted by their families. Some were undoubtedly difficult to live with and others were not fit to be left alone all day while their families were at business. An extending of the domiciliary services would ease the demand for Part 3 accommodation. The home help service in particular needs expanding and we should not be satisfied with the Meals-on-Wheels Service until a meal is delivered daily, except perhaps on Saturdays and Sundays, when relatives and neighbours are free from their employment and should be able to assist. I might be criticised for suggesting that neighbours should be expected to do anything but experience has shown me that if every citizen gave simple practical assistance the problem of how to prevent neglect of our older generation would be halved.

The lot of 55 persons who consulted me in a state bordering upon despair would have been greatly eased by an increase of local authority and neighbourly help. The majority of these persons were women, but about a third of them were unmarried sons, brothers, or husbands of old persons. A number of them were of pensionable age, and longing to relax a little, but compelled to work even harder than formerly because of their responsibilities towards an aged relative either physically ill, mentally deteriorated or both. The middle aged are now being exhorted to make preparation for retirement and this is excellent. Courses on this subject are being held throughout the country and middle aged and elderly persons are being encouraged to attend. I have read some literature upon this subject. Advice to women neatly summed up in one little booklet handed to persons who have attended a course reads, "You are both going to have more free time", "Your children will be looking after themselves", "Your husband will have his pleasures, like going to the pub., so you will need yours". Suggestions are:- "Take an interest in public life, join a Club, enrol at an evening class", "Get into the habit of reading", "Friends will be important to you".

Among the advice to both sexes is:- "Move into a smaller house, if necessary". "Your income will be only barely sufficient, so close the gap with part-time employment or with income from a hobby".

Included is a little discussion entitled "Should we go and live with the children".

This is very valuable to a large proportion of middle aged persons; but it must have a very hollow ring for many such as the 55

persons I am discussing. In ten years I have seen several hundreds of middle aged couples who must ask themselves not "Shall we live with the children?" but "Must we have the old parents to live with us?" not "Shall we move to a smaller house?" but "Are we going to find we have sufficient room in this small house for your mother and my father?" and "Are they going to hit it off together?" To them this booklet should say "Your children will be busy looking after themselves so do not rely upon them to assist with grandma and grandpa". "You are both going to have more free time, therefore the Domestic Help Organiser who because of staff shortage finds it very difficult to satisfy the demands, may expect to be able to withdraw the service at present given to your parents". The Doctor may say to you "District Nurses are very overworked. You will now be able to give your parents the services they have been giving". "Hospital beds are hard to obtain. You can now nurse mother at home". "If you wish to join a Club or Class or to spend a day by the sea you will first need to find someone to care for the old parents and you are warned that this is almost impossible".

Middle aged persons with this problem may be a minority group but I suggest that their need of advice is greater than that of those who have no such responsibilities, and I hope that they will not be overlooked. The community has a duty towards minority groups. This one is kept so busy with its commitments that it has little time to make its voice heard.

We should appeal to those who can look forward to a retirement free of such responsibilities to give some regular practical assistance to those of their contemporaries who are involved, and what better place is there to make such an appeal than at these courses? Increasing numbers of very young persons are offering to assist the old, and practical tasks such as gardening, shopping, and carrying fuel can be undertaken by them, but middle aged and elderly persons are those best suited to give the old personal attention and supervision.

Many persons approached me for advice about Private Homes for the Old and several old persons and younger relatives complained about specific Homes. Good ones are very few; are always full, and sometimes have short waiting lists. I have grave misgivings about the suitability of the majority and regret that the very excellent local authority accommodation is insufficient to meet the demand. I am convinced that the present system of registration and periodic inspection is not an adequate safeguard against exploitation of the old, but I doubt whether it is possible to devise a better system.

Frequent snap checks at unorthodox hours might lead to improved conditions but are undesirable in other ways, and would create bad relationships. Chief complaint, which comes too frequently and consistently to be attributed to senile memory loss and the possible unreliability of the evidence of old persons is about inadequate meals. Indeed my views are not founded entirely upon reports as several persons have been served with very unsuitable and meagre meals while I have been visiting them. Last meal of the day at 4.30 p.m. and breakfast at 9 a.m. is not unusual. Unappetising food, lacking in vitamin content, and unreasonable restriction of fluids because of the problem of incontinence are common. Toilet facilities lacking privacy are sometimes mentioned, and bed linen that is not changed when rooms are re-allocated. Persons unable to get into a bath unaided have spoken of not being offered assistance with their toilet. Some homes have no lounge and the occupants live cloistered lives in bed-sitting rooms, sometimes overlooking uncultivated gardens where rubbish is dumped. Many have no visitors and never see a newspaper or television. Charges average eight guineas weekly. It is easy to offer excuses that old persons appetites are small, that they do not like the sort of diet that is correct for their needs and that they dislike each other's company. Of many this is true, but in Local Authority Homes old people are successfully persuaded to eat a suitable diet, and to use communal dining rooms and lounges; and those who upon admission do so unwillingly become quite happy after a short period of adjustment. Local Authorities are also encouraging their residents to dress fully and to take a pride in their appearance. In some Private Homes they sit about in grubby dressing gowns with their hair unkempt and do not wear their dentures, hearing aids and spectacles. Some, in fact, lack a necessary appliance. A really interested Proprietor would look into these needs but in some places the Proprietor is seldom seen, and does not reside at the premises.

Of the total number of cases dealt with, 160 subsequently died, 95 in Hospital and 65 at home. Many of these persons were very ill indeed when referred and the reason for my being requested to see them was that various services and general advice as to their care were required. Loan of sick room equipment and laundry service was arranged in most cases.

Of the 65 who died at home a few were listed for admission to Hospital but in most cases the family preferred to nurse the old person at home and the old person wished to remain there.

I spoke to a few organisations during the year as follows:—

Some of the girls of the Dane Secondary Modern studying social conditions.

A large meeting of Old Age Pensioners at All Saints' Hall.

The Ilford North Women's Liberal Association.

The Wives' Fellowship of St. Clement's Church.

The Women's Fellowship of St. Laurence's Church.

The Goodmayes Methodist Sisterhood.

The Ilford Fabian Society.

There were some lively discussions and these were mutually beneficial."

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 115 persons were assisted and 22,676 articles were laundered.

(ix) HOSPITALS, etc.

Chadwell Heath Hospital. — 161 beds are provided; 57 for general infectious diseases, 96 for geriatric cases, and 8 beds are used for ear, nose and throat cases.

Maternity Hospital. — 54 beds for reception of maternity cases are maintained at the Ilford Maternity Hospital.

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

Total number of Beds at 31st December 1963	Pay Beds 14 Amenity Beds 7	Other Patients				Children
		Medical		Surgical		
		Male	Female	Male	Female	
208	21	26	18	55	55	33

At 31.12.63. 4 beds were occupied by "chronic sick".

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

Psychiatric Hospitals. — There are two large Psychiatric Hospitals in the district, the Goodmayes Hospital, with 61 Resident Staff and 1,270 patients (males 578, females 692), and Claybury Hospital, with 183 Resident Staff and 1,894 patients (males 732, females 1,162) in residence on 30th June, 1963. (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, 1963 there were 22 Resident Staff and 43 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, and where practicable a minimum of 24 hours notice is required.

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 Cranbrook and Park areas)	Thursday, 2.00 p.m.

Newbury Hall, Perryman's Farm Road, Barkingside (for residents of the New- bury Park areas)	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 last Monday afternoon 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
 Relaxation and Mothercraft
 Enuresis
 Chiropody

(ii) MAYESBROOK CLINIC, Goodmayes Lane, for —

Minor Ailments
 Dental (Children and Expectant and Nursing Mothers)
 Ophthalmic treatment
 Artificial Sunlight treatment
 Ante-Natal and Post-Natal
 Relaxation and 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

(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
 Relaxation and Mothercraft
 Infant Welfare
 Diphtheria, Whooping Cough and Tetanus Immunisation

Poliomyelitis and Smallpox Vaccination

Midwives' Ante-Natal

Dental (Children only)

Ophthalmic treatment

Orthopaedic treatment

Chiropody

Toddlers

(vii) HEATHCOTE AVENUE CLINIC, for –

Infant Welfare

Midwives' Ante-Natal

Mothercraft

Diphtheria, Whooping Cough and Tetanus Immunisation

Poliomyelitis and Smallpox Vaccination

Chiropody

Speech Therapy

Toddlers

(xii) CHEST CLINIC. – A clinic for the diagnosis and treatment of diseases of the chest 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 – Workers' Clinic)
	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 a.m. B.C.G. clinic once monthly.

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

The Chief Public Health Inspector reports as follows:—

"GENERAL ENVIRONMENTAL HEALTH SERVICES"

Insofar as the general environmental health services of the Borough are concerned, the problems dealt with during the year emphasize the great change in the nature of complaints made to the health inspectorate.

For instance, much play was made of the alleged exorbitant price of pre-packed fuels, particularly when sharp cold spells present themselves. The price charged, of course, has to include the special cost of the fuel container, the handling of small quantities, its transport and storage during low demand periods and in particular the need for special packing appliances.

The difficulty of fuel supply and its price could be alleviated somewhat if adequate bunker space were provided in all new premises. Even this would avail little where the aged and poor cannot afford to buy ample fuel to tide over excessive cold spells. It is hoped that more fuel stores can be provided at large housing sites and that the merchants will extend the "pay as you use" principle throughout the year.

Smoke Control Areas have been the subject of much inspectorial activity and the Council's ten year programme progressed as quickly as the fuel supply system and the shortage of staff dictated.

The water courses and balancing lakes within the Borough, especially in the Council's Parks, were seriously contaminated by oil deposits. This is due, no doubt, to the wilful acts of irresponsible persons who pour waste oils from cars and machines into the district surface water drainage system. An examination of the Cranbrook Park Lake which had to be cleansed, indicated the gross pollution of our streams.

The Public Health Act 1961 gave power to local authorities to take any necessary steps to eradicate nuisances caused by pigeons, house doves, starlings or sparrows. The Council assumed this responsibility with alacrity and instituted a scheme of bird destruction by trapping and disposal by a humane method. A large

measure of success attended this procedure which could be amplified were the bird loving section of the community to refrain from feeding these nuisance creating birds.

Pigeons can be carriers of many diseases including psittacosis and fungus cryptococcus. They also cause serious contamination and discolouration of many buildings in the town centre, schools and flats, besides the disgusting excremental deposit on pedestrians. Furthermore, the cost of cleansing both buildings and pavements is enormous.

Houses let in multiple occupation were the subject of action by the council and the standards formulated under the Housing Act 1961 were implemented by inspections, notices and serving of directions. It is considered that a full execution of these standards will prevent the more serious housing problems in dwellings occupied by more than one family. There has been no necessity to prepare "Management Orders" under this Act.

The ever increasing public awareness of their entitlement to enjoy their homes free from interference from others and their improving knowledge of health preservation has produced a marked increase in complaints about noise nuisances. These vary from factory operations, vehicular traffic on roads and from factories, piano and violin practice, brass band rehearsals, musical entertainment and pop group rehearsing.

Noise nuisances are very difficult to determine. What is a noise to one person can be pleasant to another. Is there a nuisance from a pop group rehearsing or from the playing of a piano or violin? Teenagers and the more adult population would furnish conflicting view-points on the relative merits and demerits of pop and serious music. Again mechanical devices for measuring sound waves are more scientific than practical, hence a statutory nuisance is difficult of proof.

Unfortunately idiosyncrasies in relation to different noises affect many peoples attitudes to this increasing administrative problem.

"HISTORICAL DEVELOPMENT OF LONDON GOVERNMENT AND SANITARY AUTHORITIES"

The London Government Act 1963 completely reorganises Greater London Local Government providing a final step in the long history of Local Authorities in the Metropolis.

It might be interesting to the members of the Council to have a resumé of this history which by its development demonstrates the long and interesting struggle for local control in this great City of ours commencing as it does with sanitary administration.

English local government can rightly be said to have commenced before Parliament, having its origins in Anglo-Saxon times when the country was divided into hundreds, wapentakes, parishes and boroughs where justice and local affairs were jointly administered. The growth of the manor produced a decline in the administrative powers of these authorities and the local judicial and civil administration was vested in the Lord's court and executed by the Lord's officials.

In the Shires and Counties the Sheriff, acting as the representative of the Crown dispensed local justice, whilst in the boroughs the local customary rules prevailed without intervention by the Sheriff.

With the supremacy of the Normans the former Saxon customs and institutions were in large measure preserved, but with the diminution of the feudal systems local government advanced and the execution of local matters was vested in the parishes and boroughs. The latter, gaining importance from the rapid growth of both population and commercial interests, required powers for the government of their districts which they obtained by petition to Parliament to include both the civil and judicial control of borough affairs.

Thus the Sheriff ceased to be an important local executive and his functions became more or less honorary. His judicial powers were transferred to the Justices of the Peace who were to have jurisdiction in the local courts primarily to preserve the King's Peace.

These early authorities appointed officers whose duties were generally of a sinecure nature. Thus the 'High Steward', invariably a 'Peer of the Realm' was responsible for the protection of the proprietary rights of the corporation; whilst the 'Patron' guaranteed

that the corporate funds would remain solvent. This latter office ceased with the Municipal Corporations Act, 1835 after which the fund deficiency was made good out of rates and not by any individual. An important feature of this office was the right to nominate the member of Parliament for the Borough.

The 'Recorder' or 'Steward' was elected either by the council or the burgesses and as a rule was a 'Judge of Parliament' who acted generally through a deputy. The 'Bailiff' was the 'Receiver' for the Crown of the feudal dues and though the office was unpaid it carried with it high civic dignity.

The 'Magistrates' were selected from among the Aldermen by the burgesses. Their jurisdiction extended to all criminal and capital offences. This purely local office disappeared with the creation of the Crown Courts of Assize.

In fact Blackstone in his Commentaries defined English Local Government as consisting of "subordinate magistrates" whilst Guist separates this function into (a) ecclesiastical proper and (b) the local administrative duties for the parish discharged by the church wardens including the sustaining of the poor and the work of surveyor of the highways to provide an early example of the local government official.

These wardens as surveyors were appointed by the Justices of Peace hence their transfer to the county councils when the local government powers were removed from the Justices in 1888.

The 'Police' consisted of unpaid constables appointed to keep watch and ward; offices which they were compelled to serve.

The 'Relieving Officer' or 'Keeper of the Poor' was usually chosen from the Select Vestry of the corporation and the function of these 'officials' was confined to the preservation of the corporate benefits for the members and in no wise for public welfare. Indeed the whole of the corporate property including the fund was mis-managed, misused and generally mis-appropriated to the advantage of the members personally.

The first principles of public administration generated from the primary police function which in turn produced the initial and simple forms of local government which finally resulted in the three great pillars of English administration namely the county, the town or borough separated from the former and the local landed gentry who

were appointed justices of the peace for the county or the municipal corporation. Thereby the administration of local government became entirely dependent on the force of law as dispensed by the justices whose rise to power brought about the obsolescence of the Manorial - Court and the Court - Leet as well as the hundreds and tythings, acknowledged to be the oldest forms of local government.

An Act of 1514 created a new local government authority, namely the Commissioners of Sewers who were to superintend the paving of thoroughfares to the middle of the road by the occupiers of houses fronting it, whilst the main thoroughfares were repairable by the Mayor and Corporation out of corporate funds. The powers of these Commissioners were extended to cover the repair and widening of streets and pay for them by levying a rate on all the frontages.

Many statutes passed during the fourteenth century enabled specified bodies to manage local affairs consisting mainly of town improvements and the suppression of the grosser nuisances. Apart from these few municipal rules the only means of redress for 'nuisance' lay in a 'presentment' at the 'Sheriffs Tourn' or by a pleading in the Court - Leet both of which were cumbersome in application and witness attendances were both difficult to secure and expensive.

The Court - Leet was held but once a year therefore no speedy remedy for nuisance was available, hence some of the larger towns obtained powers by private bill procedure to indict for nuisance; but this also was a lengthy and costly procedure, and was very infrequently invoked for redress of wrongs.

The Commissioners of Sewers created under the Commissioners of Sewers Acts were to prevent the flooding of land by sea or river water or by excessive rainfall. Some three hundred or so such commissions were issued to improve land drainage but as they had no control over domestic drainage or refuse there was little alleviation of sanitary nuisances. Their duties were restricted to surface water only.

With the increasing powers of the justices, the functions of the parish diminished rapidly whilst the close and select chartered corporations having no direct responsibility for the public welfare did little to better local sanitary conditions.

Local Government had remained separate from the provinces due to a large extent, to the peculiar political system in the Capital.

The early system of local government of London consisted of parishes augmented by the Justices of the Peace. The administration of the highways, streets and paving was vested in the various parochial organisations; authorities which executed the sanitary functions for the whole of London.

With the growth of the Metropolis, the small local authorities sought and obtained local private act powers to deal with the serious health hazards prevalent in their districts. Thus Improvement Commissions were created to manage sanitary matters but it was not until the passing of Michael Angelo Taylor's Act of 1817, that some uniformity appeared in street sanitation previously performed by *ad-hoc* commissioners of sewers, constituted under the Statute of Sewers 1531 for land drainage purposes.

The Public Health Act 1848 dispensed with many Commissions replacing them by one Commission of Sewers for the whole of London. But generally London local government remained with the closed parish vestries and the Justices who relinquished their poor law powers in 1834. The Open Vestry system of local government led to chaotic administration hence the creation under local private acts, of the 'select' or 'closed' vestry or district board controlling two or more parishes.

Surveyors were appointed under the Metropolitan Building Act, 1844 to supervise the construction of buildings and Commissioners of Sewers were set up under an Act of 1848 to deal with sanitary matters in the City of London.

Hobhouses' Act of 1831 introduced vestries elected by the rate-payers and granted wide powers over public health matters. But these were so profuse and diverse in their administration that together with the absence of efficiency and uniformity a satisfactory discharge of their public duties became impossible. Furthermore there was no supervising body to co-erce these sanitary authorities to perform their duties with the result that they were generally neglected.

It was not until 1855 that these defects were remedied by the reformation of London Local Government, as a result of the Royal Commission on London Government 1853, which recommended the setting up of a central body to control the administration of London local government by the local authorities and ensure effective and efficient execution of the law. This statute constituted the Metropolitan Board of Works with powers to control main drainage of London and execute the duties under the Metropolitan Building Act

1844, and created the Vestries and District Boards of Works to replace the large number of local bodies administering local affairs in the Metropolis. The dismerit of the Metropolitan Board of Works lay in the system of indirect election by the Vestries and District Boards, the absence of control over the latter bodies and the serious corruption which negated any reasonable means of supervision.

In 1888 the Metropolitan Board of Works was disbanded and replaced by the London County Council whilst in place of the twenty-three Vestries and fifteen District Boards of Works, the twenty-eight newly created Metropolitan Borough Councils were substituted in 1899 to make uniform and comprehensive the local government administration of London. Separate sanitary authorities were maintained for the Inner and Middle Temples and for the City of London where the Mayor, Aldermen and Common Council were to be the local sanitary authority. The principal statutes prescribing the duties of these London Authorities were the Metropolis Local Management Act, 1855. The Metropolitan Building Act, 1855. The Public Health (London) Act, 1891, The London Government Act, 1899, The Public Health (London) Act, 1936, The London Government Act, 1939. The Royal Commission on London Government appointed in 1894, in its Report of 1895 recommended that the local government of London be entrusted to one authority; that the City of London be abolished and the remaining local authorities be strengthened and made autonomous but the resultant Act of 1899 left the City Corporation within the hierarchy of London Government. The City of London Corporation district has been defined as consisting of "Those parts of London formerly within the jurisdiction of and exercised by the Court of Common Council" and the sanitary and health duties are discharged by the Improvements, Town Planning, Streets and Public Health Committees."

(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."

The fluoride content of these supplies is as follows:—

Wanstead Well ... 0.55 - 0.6 of a milligramme per litre F.
 River Lee derived... 0.3 - 0.45 of a milligramme per litre F.

"The water supplies have been satisfactory in both quantity and quality during the year. The length of new service mains laid in the Borough during 1963, was 291 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 in them is up to the standard normally supplied."

A total of 1,086 samples was submitted to chemical and/or bacteriological examination.

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 1963 over 3,967 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 February to July (inclusive), the total quantity being 388.646 million gallons.

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

The fluoride content of the various supplies is as follows:—

Mill Road Well 1.1 P.P.M.
 Roding Lane Well 1.1 P.P.M.
 Grove Road Well 1.4 P.P.M.
 Langham, Layer and Hanningfield 0.2 to 0.25 P.P.M.

The following mains were laid in Ilford during 1963:—

	<u>3 ins.</u>	<u>4 ins.</u>	<u>12 ins.</u>
Yards	127	128	1

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 68,000 gallons respectively and one open-air, of 250,000 gallons approximately.

The larger indoor bath and the open-air bath are closed in winter. These are filled with mains water at the commencement of each season, and during the time the baths are open, the water is maintained at a high standard of purity by continuous filtration and chlorination. The smaller bath, which is open throughout the year, receives the same treatment but is emptied biennially for cleaning.

Mains water is used for maintaining the level of water in all baths.

Five samples of water for examination were taken from the open-air swimming bath from June to August. The samples were satisfactory. Fourteen samples were also taken from the two indoor baths during February, April, May, June, August, September and December: 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) Roding Valley Mid Level Soil Sewer... | £113,000 |
| (b) Belgrave Road Surface Water Sewer ... | £21,600 |

During the year work commenced on the following:—

- | | |
|---|---------|
| (a) High Road — Grove Road Soil Sewer... | £81,547 |
| (b) Cranbrook Road, Springfield Drive and Ardwell
Avenue Surface Water Sewer ... | £61,600 |

Works scheduled to commence in 1964/65 are as follows:—

- | | |
|--|----------|
| (a) Oaks Lane, Brook Road, Suffolk Road Surface
Water Sewer ... | £54,428 |
| (b) Henley Road Relief Sewer ... | £80,000 |
| (c) Beehive Lane, Cranbrook Road area Soil Sewer | £70,000 |
| (d) Tomswood Hill, Fencepiece Road and Forest
Road Soil Sewer ... | £116,075 |
| (e) Tomswood Hill, Fullwell Cross and Forest Road
Surface Water Sewer ... | £127,783 |
| (f) Relief Eastern Avenue and Woodford Avenue
Surface Water Sewer ... | £112,500 |
| (g) Green Lane — Hazeldene Road Surface Water
Sewer ... | £40,000 |
| (h) Green Lane, Goodmayes Lane and Trenance
Gardens Surface Water Sewer ... | £50,350 |

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. — Oil pollution of surface water sewers, streams and lakes still persists, more consistently in South Park and Goodmayes Park Lakes. One heavy incident occurred at Valentines Park but this was of an accidental nature.

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

	<u>Tons</u>
Total amount of refuse collected and disposed of	59,004

Collection of Salvage:—	<u>Tons</u>	<u>Income</u>
Wastepaper	1,012	£8,272
Rags, Scrap Metal and Tyres	94½	£874

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

Houses and premises inspected	31,405
Houses and premises reinspected (work in progress) ...	16,836
Visits during disinfection	97
Houses in which nuisances were detected	984
Houses in which nuisances were abated	961*
Premises disinfected	4
Premises from which articles only disinfected	11
Articles disinfected	86
Premises disinfested for verminous conditions	16

*Includes 79 nuisances detected before 1st January, 1963.

Notices served:—	<u>Served</u>	<u>Complied with</u>
Statutory:—		
Public Health Act, 1936	105	71
Clean Air Act, 1956	—	—
Housing Acts, 1936 and 1957... ..	—	—
Factories Act, 1961	2	1
Shops Act, 1950	—	—
Provide Dustbin (Ilford Urban District Council Act, 1904)	12	10
Food and Drugs Act, 1955	—	—
Cleanse Water Storage Cistern (Bye- laws)	—	—
Cover Water Storage Cistern (Byelaws)	—	—
Informal	445	338
	<u>564</u>	<u>420</u>

In addition to the above, 104 notices (20 statutory and 84 informal) served previous to 1st January, 1963, were also complied with.

Complaints. — During the year 2,936 complaints of nuisances were received and investigated.

The following is a summary:—

Animals improperly kept	...	...	...	...	...	...	...	1
Accumulation of manure and refuse	...	...	...	...	...	...	...	43
Bad Smells	...	...	...	...	...	...	...	71
Dampness of premises	...	...	...	...	...	...	...	47
Defective drains, w.c.s and fittings	...	...	...	...	...	...	...	741
Defective roofs, gutters, downpipes, etc.	...	...	...	...	...	...	...	83
Defective water fittings	...	...	...	...	...	...	...	40
Dirty and verminous houses	...	...	...	...	...	...	...	17
Dirty condition of rearway	...	...	...	...	...	...	...	3
Flooding of premises	...	...	...	...	...	...	...	6
Overcrowding	...	...	...	...	...	...	...	12
Smoke nuisances	...	...	...	...	...	...	...	55
Defective or no provision of dustbin	...	...	...	...	...	...	...	487
Rats and mice	...	...	...	...	...	...	...	697
Miscellaneous	...	...	...	...	...	...	...	633
Total ..	...	...	...	...	...	...	...	<u>2,936</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 607 inspections were made. No Notices were served. No Certificate of Exemption from the provisions of Section 38 was granted in 1963.

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

(viii) RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951. — Registration has been granted in respect of 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 1963 in respect of premises used as a rag flock store.

(ix) LAND CHARGES ACT, 1925. — During the year 4,684 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.
No. 6 — South Hainault and Goodmayes	...	...	...	1.8.1965.

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 9 instances from 7 factories in the Grove Road, Newbury Park, Seven Kings and Hainault areas. In 8 instances no emission was noted which would have enabled action to be taken under the Public Health Act, 1936, or Clean Air Act, 1956. One informal notice was served and complied with.

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 has a volumetric apparatus.

SECTION D. — HOUSING.

(i) OVERCROWDING. — Three informal notices were served during 1963.

(ii) CLEARANCE AREAS. — Two areas were declared by the Council to be Clearance Areas in 1963.

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)	2,089
(b) Number of inspections made for the purpose	18,078
(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	1
(b) Number of inspections made for the purpose	1
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	6
(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	341

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	199*
--	------

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 -

(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 105

(2) Number of dwelling-houses in which defects were remedied after service of formal notices:-

(a) By owners 78*

(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 6

(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 18

(b) Number of new cases of overcrowding reported during the year 6

(c) (i) Number of cases of overcrowding relieved during the year	6
(ii) Number of units concerned in such cases	24
(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 1963 of Notices served prior to 1st January, 1963.

HOUSING ACTS, 1936 and 1957.

During the year 1963 the work of receiving applications, calling for calculations for the "permitted number" was continued with a view to the issue of housing certificates.

4 certificates in respect of 4 houses were issued during the year, making a total of 18,373 certificates, in respect of 25,183 houses, issued to the end of 1963.

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

MEDICAL PRIORITIES FOR REHOUSING

In 1963 77 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 1963 are as follows:-

Application for Certificates of Disrepair received	11
Certificates of Disrepair granted	10
Certificates of Disrepair refused	-
Applications Withdrawn	1
Certificates of Disrepair issued	1
Undertakings received from landlords	9
Unexpired Notices of Proposal to issue Certificates of Disrepair	1
Certificates cancelled	1
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, 1963:—

Persons registered as distributors of milk... .. 133

Premises registered as dairy premises (other than dairy farms) 10

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

(ii) MILK (SPECIAL DESIGNATION) REGULATIONS, 1960 and 1963:—

The following licences were granted during 1963 for the 5-year period ending 31st December, 1965:—

Dealer's (Pre-Packed Milk)

Tuberculin Tested 3

Pasteurised 4

Sterilised 3

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	52	52	—	—
Tuberculin Tested Milk (Farm bottled)	1	1	—	—
Pasteurized Milk	41	41	—	—
Sterilized Milk ...	17	17	—	—

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

(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. — One complaint of the presence of foreign matter in milk was received and investigated. Legal proceedings were taken against the retailers who were given an absolute discharge on payment of £5.5s.0d. costs.

(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.

14 applications for registration in respect of 13 premises were considered during the year 1963; all were granted 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 salesmen and local retailers. Samples are repeated after unsatisfactory results. In 1963 27 samples were submitted for examination with the following results:—

No. of Samples	Ministry of Health Provisional grade	% of Total	Unsatis- factory Samples.
23	I	85	—
2	II	7	—
1	III	4	—
1	IV	4	—
<u>27</u>		<u>100</u>	

The Food Standards (Ice-Cream) Regulations, 1959, prescribed standards for ice-cream. During 1963, 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 13 instances of individuals using tobacco whilst engaged in the handling of "open" food contrary to the Food Hygiene (General) Regulations, 1960. In 3 instances legal proceedings were taken and fines totalling £33 and costs £5.3s.0d. were imposed. In the other 10 cases letters of warning were served.

Legal proceedings were taken regarding an offence under the Food Hygiene (General) Regulations in connection with the carrying of food in a dirty vehicle. The owner was fined £10, plus £2.2s.0d. costs.

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.

During 1963 6,130 inspections of food shops and food preparing premises were made; 12 informal notices were served under the Food and Drugs Act, and 13 informal notices were complied with including 5 informal notices served prior to 1963.

(ii) FOOD HYGIENE.

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

Cafes and Restaurants	...	...	...	...	162
Factory Canteens	...	...	...	...	28
Butchers' Shops	...	...	...	...	116
Grocers' Shops	...	...	...	...	259
Fruiterers' and Greengrocers' Shops	...	...	...	...	122
Fishmongers' and Fishfryers' Shops	...	...	...	...	47
Bakehouses	...	...	...	...	19
Bakers' Shops	...	...	...	...	42
Confectioners' Shops	...	...	...	...	212
					<u>1,007</u>

The practice of inculcating interest in the proprietors, directors and staffs of food handling organisations was continued in 1963, 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 1963.

(iii) SAMPLING.

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

150 samples (143 formal and 7 informal) were obtained during the year 1963, 1 formal and 5 informal samples were not satisfactory as follows:—

(a) Crispbread (formal). — Claimed to be starch reduced for slimming, but no warning on label that intake must be carefully restricted to effect this. Referred to Association of Municipal Corporations.

(b) Cake (informal). — Contained portion of fruit stalk. No action.

(c) Orange Drink (informal). — Contaminated with carbolic disinfectant. A letter of warning was sent in this case.

(d) Fruit Cake (informal). — Contained a field slug. No action (complainant declined to give evidence).

(e) Slice of Bread and Margarine (informal). — Contained foreign matter — compact mass of dough. A letter of warning was sent in this case.

(f) Milk (informal). — Contained coal dust. Legal proceedings were taken but the retailers were granted an absolute discharge on payment of £5.5s.0d. costs.

(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 6 persons and 2 premises were also registered during 1963.

(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.

1 application for registration was received and granted during 1963.

(vi) ARTICLES OF FOOD SURRENDERED.

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

Bacon, 13 lbs.; Beverages, 31 tins; Biscuits, 77 lbs.; Butter, 33 lbs.; Cereals, 165 lbs.; Cheese, 41 lbs.; Cream, 17 tins; Eggs (Shell), 77 doz.; Fish (Wet and Dry), 102 stone; Fish (Tinned), 734 tins; Flour, 133 lbs.; Fruit (Tinned), 2,022 tins; Game, 14 lbs.; Ice Cream, 20 bricquettes; Jam (Preserves), 32 lbs.; Jellies, 17; Lard, 3 lbs.; Meat (Fresh), 2,455 lbs.; Meat (Tinned), 1,077 lbs.; Meat (Pies), 21; Margarine, 14 lbs.; Milk (Tinned), 83 tins; Pastry Mix, 5 packets; Pickles, 30 jars; Poultry, 124 lbs.; Salt, 3 lbs.; Sausages, 7 lbs.; Sugar, 15 lbs.; Soups (Tinned), 38 tins; Tea, 49 lbs.; Tomatoes, 1 lb.; Vegetables (Dried), 16 lbs.; Vegetables (Tinned), 208 tins.

(vii) FOREIGN BODIES IN FOOD.

21 complaints (including 5 instances referred to in paragraph (iii) Sampling) were received during 1963 of the presence of foreign bodies in foodstuffs; letters of warning were sent in 5 cases and legal proceedings taken in 5 cases and fines totalling £15, plus £18.13s.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 1963, 36 notifications were received.

There were 13 family outbreaks and 8 single cases.

The Causal organisms were identified as follows:—

Outbreaks

Salmonella typhi-murium	1 outbreak involving 2 persons
No identification	12 outbreaks involving 43 persons

Single Cases

Salmonella typhi-murium	2
Salmonella Heidelberg	2
Salmonella Blockley	1
Salmonella Bredeney	1
No identification	2

(ix) BAKEHOUSES. — There are 19 bakehouses in the district, all of which use motive power, 220 inspections of bakehouses were carried out during the year.

(x) MERCHANDISE MARKS ACT, 1926. — No contravention of this Act was reported during 1963.

DISEASES OF ANIMALS ACT, 1950.

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

Under this Order made by the Minister of Agriculture, Fisheries and Food which came into operation on 9th November, 1962, there were 96 licences issued for movement of pigs out of Ilford and 12 licences for movements of pigs into Ilford, during the first half of 1963. The animals were isolated and kept under observation.

(ii) THE SWINE FEVER (INFECTED AREAS) SPECIAL ORDER No. 61, 1963.

This Order which operated from 26th July, 1963 contracted the area comprised in the Special Order No. 12, 1962 and No. 56 of 1963 both of which were revoked by the above Order. The contracted area still included Ilford, therefore restrictions still applied to movements into and out of the borough. There were 5 licences for movement of pigs out of and one into Ilford under the above Order.

(iii) THE SWINE FEVER (INFECTED AREAS) SPECIAL ORDER No. 82, 1963.

This Order reduced the infected areas prescribed in the Special Order No. 12, 1962, as amended by the Special Orders Nos. 60 and 61, 1963, and removed the Southern part of Essex (including Ilford) from the restrictions as and from 18th October, 1963.

(iv) THE IMPORTATION OF CARCASSES AND ANIMAL PRODUCTS (AMENDMENT) ORDER 1963.

This Order made by the Minister of Agriculture, Fisheries and Food, amends the Order of 1954 relating to fresh or refrigerated pigmeat imported from specified countries and the certification against foot and mouth disease and swine fever in respect thereof.

(v) THE FOWL PEST (AMENDMENT) ORDER 1963.

This Order which substitutes permissive for mandatory powers to control fowl pest, thus enabling the former requirements of the Order to be waived in cases where the Minister ceases henceforth to cause poultry to be slaughtered (under Section 48 of the Act) on account of this disease. The Order also prohibits the vaccination of poultry except with vaccines which have been licensed under Orders made under Part III of the Act (which regulate the manufacture and importation of veterinary therapeutic substances).

(vi) TRANSIT OF CALVES ORDER 1963.

This Order has been promulgated to protect calves of less than 6 months old from needless suffering during road transport and deals with the construction of vehicles in which calves are carried and for the supply of food and water at specified periods during transit.

(vii) DISEASES OF ANIMALS (MISCELLANEOUS FEES) ORDER 1963

The Minister of Agriculture, Fisheries and Food made this Order which prescribed fees payable to his Department in connection with defined animals under the Diseases of Animals Act, 1950.

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 disinfestation. 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 1963.

	Type of Property				Total
	Local Authority	Dwelling Houses	Agricultural	All other (including Business and Industrial)	
Total No. of properties in District	251	53,201	29	6,917	60,398
No. of properties inspected as a result of notification	30	509	—	94	633
No. of such properties found to be infested by —					
Common Rat Major	—	—	—	—	—
Minor	14	183	—	30	227
Ship Rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House Mouse Major	—	—	—	—	—
Minor	16	164	—	30	210
No. of properties inspected in the course of survey under the Act ...	8	30	—	12	50
No. of such properties found to be infested by —					
Common Rat Major	—	—	—	—	—
Minor	8	20	—	4	32
Ship Rat Major	—	—	—	—	—
Minor	—	—	—	—	—
House Mouse Major	—	—	—	—	—
Minor	—	4	—	1	5
No. of properties otherwise inspected	—	—	—	1,007	1,007
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	75	1,209	—	6,314	7,598
No. of infested properties (under II, III and IV) treated by Local Authority	27	336	—	58	421
Total No. of treatments and re-treatments carried out	27	336	—	67	430
No. of Notices served under Section 4 —					
(1) Treatment	—	—	—	—	—
(2) Structural works (i.e., Proofing)	—	—	—	3	3
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 13 premises during 1963.

PETROLEUM (CONSOLIDATION) ACT, 1928. — The Public Health Inspectors made 821 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 145, 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 1963, 17 offences were reported. Legal proceedings were taken in five cases and fines totalling £12, plus £6.2s.0d. costs were imposed. Letters of warning were served in three other instances.

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

Complaints were received of noise nuisances from 25 premises during the year. In 17 cases no nuisance was found to exist in respect of which action could be taken. In 7 cases representations by the Public Health Inspector resulted in abatement of the nuisance. One Intimation Notice was served and complied with in 1963.

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 1963, a total of 1,339 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 1962 and 1963 were as follows:-

	1962	1963
Scarlet Fever	—	—
Enteric Fever	—	—
Diphtheria	—	—
Acute Poliomyelitis ...	—	—
Measles	—	1
Whooping Cough	—	—
Influenza	8	8
Tuberculosis — Pulmonary	15	12
Other forms	2	—
Pneumonia (all forms) ...	189	212
Meningococcal Infections	—	—
Totals	<u>214</u>	<u>233</u>

The year 1963 showed a higher incidence of infectious disease, mainly due to the increase in the number of cases of measles, 1,277 occurred as compared with 988 in the previous year. There were 183 cases of whooping cough as compared with 53 in the previous year.

(a) Smallpox. — No cases were notified during 1963.

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

(b) Scarlet Fever. — 93 cases occurred in 1963. There were no deaths from this disease.

(c) Diphtheria. — No case occurred in 1963.

(d) Ophthalmia Neonatorum. — One case occurred in 1963.

TABLE III. — CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES FOR THE YEAR 1963.

TABLE III. — CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES FOR THE YEAR 1935.																					
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	Clementwood	Mayfield	Goodmayes	Fairlop	Clayhall	Barkingside	N. Hainault	Seven Kings		S. Hainault
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever	93	—	17	73	3	—	—	—	7	5	13	5	7	18	8	3	3	2	16	6	
Diphtheria, including Membranous Croup	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Enteric Fever (Typhoid and Para-Typhoid)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pneumonia	82	4	11	4	4	32	27	6	1	5	4	3	15	6	7	15	13	5	2	212	
Puerperal Pyrexia	22	—	—	9	13	—	—	—	—	—	—	—	—	—	—	—	20	—	—	—	
Acute Poliomyelitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Encephalitis	3	—	2	—	—	—	1	—	—	—	1	—	—	1	—	1	—	—	—	1	
Meningococcal Infection	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dysentery	295	6	56	76	37	57	44	19	15	10	3	9	18	14	36	22	71	22	42	33	
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Erysipelas	7	—	—	1	1	1	3	1	—	—	—	—	1	1	1	—	3	—	1	—	
Pemphigus Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tuberculosis Pulmonary	53	—	—	7	19	17	10	7	6	4	4	5	5	6	3	3	4	3	3	12	
Other Forms	4	—	—	1	2	1	—	—	—	—	—	—	—	2	—	—	—	2	—	—	
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malaria — Believed contracted in this country	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Believed contracted abroad	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Rheumatism	6	2	3	1	—	—	—	—	1	—	—	—	—	—	—	—	5	—	—	—	
Measles	1,277	43	613	612	5	4	—	126	98	129	146	40	97	103	212	126	83	73	44	1	
Whooping Cough	183	18	82	77	3	3	—	6	15	5	15	13	13	13	18	32	6	41	6	—	
Food Poisoning	36	1	3	7	6	9	9	1	2	—	5	2	6	2	5	—	—	—	—	—	
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals	2,063	68	778	863	77	112	106	59	169	138	161	189	89	172	175	271	261	150	182	226	

* Included in the figures in this column are cases notified in previous years as well as 1963.

The following figures show the number of cases of Ophthalmia Neonatorum notified during the past five years: 1959, nil, 1960, 6; 1961, nil; 1962, 1; 1963, nil.

(e) Enteric Fever (Typhoid and Para-Typhoid). — No cases occurred in 1963.

(f) Acute Poliomyelitis. — One case (non-paralytic) occurred in 1963. — A boy aged 6, made a good recovery following treatment in hospital.

(g) Acute Encephalitis. — 3 cases occurred in 1963. — A female aged 66, who died, and a girl and boy aged 6 and 7, who made good recoveries. All three cases were admitted to hospital.

(h) Meningococcal Infection. — One case occurred in 1963. — A male infant aged 1, who made a satisfactory recovery following treatment in hospital.

(i) Pneumonia — Influenzal and Primary. — There were 82 cases during 1963 compared with 112 in 1962.

(j) Tuberculosis. — During 1963 there were 45 new notifications of Pulmonary Tuberculosis and 3 of other forms of Tuberculosis. In addition 118 pulmonary and 6 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
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
1963	177,550	172	12	1,102

Notifications and Deaths from Tuberculosis of Ilford residents during 1963:—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	—	—	—
1 - 4 years ...	—	—	—	—	—	—	—	—
5-14	—	—	—	—	—	—	—	—
15-24... ..	4	3	1	—	—	—	—	—
25-44... ..	9	10	2	—	1	—	—	—
45-64... ..	13	4	1	—	5	1	—	—
65-74... ..	8	1	—	—	2	—	—	—
Over 75 ...	1	—	—	—	2	1	—	—
Totals	35	18	4	—	10	2	—	—

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

	Respiratory Tuberculosis	Non- Respiratory Tuberculosis
King George Hospital	3	—
Goodmayes Hospital	1	1
Chadwell Heath Hospital ...	—	—
Claybury Hospital	—	—
Dr. Barnardo's Village Homes	—	—

	Pulmonary	Non- Pulmonary	Total
Number of cases on register, 1st January, 1963	1,056	124	1,180
Number of cases entered on the register during the year... ..	163	9	172
Number of cases removed from the register during the year... ..			
	Pul.	Non-Pul.	
Recovered..	133	15	
Deceased	30	1	
Left District	63	5	
Lost sight of	—	—	
Diagnosis not established	3	—	
	229	21	250
Number of cases remaining on register on 31st December, 1963	990	112	1,102

The treatment of Tuberculosis is now under the control of the Regional Hospital Board. On the 31st December, 1963, there were 846 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 1963 was as follows:-

	Pulmonary		Non-Pulmonary		Total
	Males	Females	Males	Females	
Adults	35	22	—	—	57
Children	—	—	—	—	—

Tuberculosis and Chest Care Association. — Assistance was granted to 60 persons who received 363 extra nourishment grants. 69 other grants (cash, etc.) were also made to 64 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:-

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

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

	<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.

A Medical Officer on the staff of the Essex County Council devotes a substantial part of his time to health education and his reports are included in the Part III and School Health Sections.

EXAMINATION OF OFFICERS AND SERVANTS

The following medical examinations were carried out during 1963:—

	<u>Officers</u>	<u>Servants</u>
New Appointments	53	51
Under Sickness Regulations ...	2	5
On behalf of other Authorities ...	—	—
Others	—	4
	<hr/>	<hr/>
Total ...	55	60
	<hr/>	<hr/>

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.

The mass radiography unit stationed at the Thompson Rooms continued to operate on Mondays from 7th January to 15th July, 1963 and again from 16th 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.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Referred by General Practitioners	1,782	1,734	3,516
General Public	1,646	2,053	3,699
Organised Groups	241	1,619	1,860
Contact Group	7	9	16
	<hr/>	<hr/>	<hr/>
Total numbers X-rayed	3,676	5,415	9,091
	<hr/>	<hr/>	<hr/>
Requiring further investigation ...	157	140	297

	<u>Male</u>	<u>Female</u>	<u>Total</u>
<u>Pulmonary Tuberculosis</u>			
Requiring immediate treatment...	9	1	10
Requiring occasional clinic supervision	16	10	26
Presumed healed, no further action required	28	34	62
<hr/>			
Bronchial carcinoma	16	2	18
<hr/>			
Metastases in the lung and mediastinum	—	1	1
<hr/>			
Other abnormalities:—			
Pulmonary fibrosis — Non-tuberculous	27	20	47
Bacterial and virus infection of lungs	16	13	29
Bronchiectasis	3	—	3
Other various abnormalities ...	20	26	46
	<u>66</u>	<u>59</u>	<u>125</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	137	202	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities	451	501	5	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	26	53	1	—
Total	614	756	7	—

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	5	3	—	2	—
(b) Unsuitable or defective	4	3	—	2	—
(c) Not separate for sexes...	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	—	—	—	—	—
Total	9	6	—	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. ...	165	—	—	—	—	—
Cosaques, Christmas stockings, etc.	43	—	—	—	—	—
Total ...	208	—	—	—	—	—

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 1963 was 2,040 (1,083 males and 957 females), of which there were 132 (70 males and 62 females) where the ordinary place of residence of the parents was outside Ilford.

In addition 822 notifications of live births (406 males and 416 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 32 stillbirths (17 males and 15 females) notified in Ilford, of which there were 5 (3 males and 2 females) where the ordinary place of residence of the parents was outside Ilford, and notifications of 14 stillbirths (10 males and 4 females) which took place outside the district, although the ordinary residence of the parents was in Ilford, were transferred to this district. This represents a total of 41 where the home address was stated to be in Ilford, whereas the Registrar-General has allocated 40 stillbirths in Ilford.

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

STILLBIRTHS 1963.

Cause of Stillbirth	Delivery at Home	Delivery at Hospital	TOTAL
Ante-Partum Haemorrhage	—	7	7
Asphyxia	—	1	1
Atelectasis	—	2	2
Cord Around Neck	—	2	2
Foetal Abnormalities	1	4	5
Hydrocephalus	2	—	2
Hydrops Foetalis	—	1	1
Maceration	2	—	2
Placental Insufficiency	—	9	9
Prematurity	1	2	3
Rhesus Incompatibility	—	1	1
Toxaemia	—	3	3
Unknown	1	2	3
Totals	7	34	41

CARE OF PREMATURE INFANTS. — Of the 2,040 live births occurring in Ilford during 1963, 98 weighed $5\frac{1}{2}$ lbs. or less at birth; 13 of these babies were born on the district and 85 in Hospital (including 10 where the home address of the parents was outside Ilford).

Of the 13 babies born at home:—

- 10 were nursed entirely at home;
- 3 were transferred to hospital;
- 2 died within 24 hours (both in hospital);
- 11 survived at the end of one month.

Of the 85 babies born in hospital:—

- 13 died during the first 24 hours (including 4 where the home address was outside Ilford);
- 3 died between the ages of one day and one month;
- 69 survived at the end of one month (including 6 where the home address was outside Ilford).

In addition, 45 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:—

- 8 who died within the first 24 hours (in hospital);
- 1 who died aged 10 days (in hospital);
- 36 who survived at the end of one month.

INFANT MORTALITY. — The number of infants dying within the first year of life was 56 the total number born being 2,751. 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 20.4.

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	56	20.4
Under 1 month	21	7.6
1 month to 1 year	35	12.8
Total	56	20.4

INFANT DEATHS 1963

Cause of Death	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 4 Weeks	1-3 Months	3-6 Months	6-9 Months	9-12 Months	TOTAL
Acute Suppurative Bronchitis	—	—	—	—	—	—	—	—	1	1
Adrenal Haemorrhage	—	1	—	—	1	—	—	—	—	1
Anencephalus	1	—	—	—	1	—	—	—	—	1
Asphyxia	5	—	—	—	5	—	1	—	—	6
Atelectasis	4	—	—	—	4	—	—	—	—	4
Broncho-Pneumonia	2	—	—	—	2	1	2	2	—	7
Congenital Abnormalities	1	1	—	1	3	—	1	—	—	4
Encephalitis	—	—	—	—	—	—	—	1	—	1
Haemorrhagic Disease of the Newborn	1	—	—	—	1	—	—	—	—	1
Heart Failure	—	—	—	—	—	—	2	—	—	2
Hepatic Angioma	—	—	—	—	—	1	—	—	—	1
Hyaline Membrane	1	—	—	—	1	—	—	—	—	1
Hydrocephalus	1	—	—	—	1	1	—	—	—	2
Intracranial Haemorrhage	2	—	—	—	2	—	—	—	—	2
Non-Viability	1	—	—	—	1	—	—	—	—	1
Prematurity	11	—	—	—	11	—	—	—	—	11
Respiratory Failure	2	—	—	—	2	—	—	—	—	2
Rhesus Incompatibility	1	—	—	—	1	—	—	—	—	1
Synovial Cell Sarcoma	—	—	—	—	—	—	—	1	—	1
Tentorial Tear	3	—	—	—	3	—	—	—	—	3
Toxaemia	—	—	—	—	—	1	—	—	—	1
Urinary Tract Infection	—	—	—	—	—	—	1	—	—	1
Volvulus of Small Intestine	—	—	—	—	—	—	—	1	—	1
Totals	36	2	—	1	39	4	7	5	1	56

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
1963	56	20.4
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

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>
1963	20.4	21	22
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

NEONATAL MORTALITY. — The death-rate of infants under four weeks of age is known as the Neonatal Mortality. There were 39 deaths of infants under four weeks of age during 1963 and the rate for the year was 14.2 per 1,000 live births.

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

<u>Year</u>	<u>Number</u>	<u>Rate</u>
1963	39	14.2
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

ILLEGITIMATE BIRTHS AND DEATHS. — 140 of the live births registered (77 males and 63 females) were illegitimate, that is 5.1% 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 rate of legitimate and illegitimate infants for the past ten years:—

Year	Legitimate Infants				Illegitimate Infants			
	Live Births		Deaths		Live Births		Deaths	
	Number	Percentage of Registered Births	Number	Rate per 1,000 Legitimate Live Births	Number	Percentage of Registered Births	Number	Rate per 1,000 Illegitimate Live Births
1963	2,611	94.9	55	21.1	140	5.1	1	7.1
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

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. — At the end of the year 1963 there were 17 full-time and 6 part-time qualified health visitors and school nurses, in addition to the Superintendent Health Visitor, 5 full-time and one part-time clinic nurses.

The following is a summary of the home visits made by the health visitors and clinic nurses during 1963 as far as the Part III Services are concerned:—

	No. of first Visits in 1963	Total Visits in 1963
Children under 5 years of age:—		
Born in 1958	1,850)	
Born in 1959	1,959)	
Born in 1960	2,350)	29,933
Born in 1961	2,383)	
Born in 1962	3,099)	
Born in 1963	2,809)	
Persons aged 65 years or over ...	1,604	2,966
Other persons (expectant mothers etc.)	1,546	2,622
Totals	17,600	35,521

In addition there were 8,068 visits paid where no reply was received.

Co-operation with General Practitioners. — An application was received in November, 1963, for an extension of the arrangement whereby a health visitor is allocated to work with a general practitioner at clinics held in his surgery. This form of co-operation had been so satisfactory throughout the earlier part of the year that the request was granted and the increase was introduced early in 1964.

Similar facilities were made available in 1964 to two other general practitioners requesting the services of a health visitor.

Co-operation and Liaison with Local Hospitals. — Health visitors have continued to attend at King George Hospital on Thursday afternoons to be present when Dr. I. Anderson, Consultant Paediatrician, conducts his clinic and ward round. Each health visitor attends for three months in turn.

The relaxation and discussion groups for patients in the ward for nervous disorders at Goodmayes Hospital has also proved satisfactory and continued weekly throughout the year.

During 1963 a health visitor continued to attend the Ilford Maternity Hospital one evening a fortnight for the purpose of addressing prospective parents.

The Mothers Clubs held at Heathcote Health Services Clinic weekly and Newbury Hall monthly, proved very popular and continued during the year.

Accommodation. — The new Ethel Davis School in Barley Lane, Goodmayes, did not open as anticipated in 1963 so that the proposed decentralisation of certain health visitors to the office accommodation provided there as reported last year, did not take effect until early in 1964.

The rental payable will be £220 per annum.

Health Education. — Following an invitation to Head Teachers, a limited response was received for Health Education in schools.

The health visitors co-operating with Dr. Gordon-Smith, the Head Teachers, and the Public Health Inspectors, gave a series of lectures on varying subjects to school children in the 14-16 years age group. A panel of speakers was arranged and a group discussion followed each lecture.

Home Accidents. — Over 1,000 visits to Ilford residents were made following home accidents during the year, and health visitors gave numerous lectures on Home Safety to various organisations.

At Risk Register. — On the instructions of the Minister of Health, commencing 1st January, 1963, a register has to be kept of all children who, when born, are considered to warrant special attention to ensure that no abnormality or deviation from normal exists. At 31st December, 1963, there were 228 children on this register.

DAY NURSERIES

(a) The hours of opening at the two nurseries during 1963 continued to be 7.30 a.m. to 6 p.m., Monday to Friday only.

(b) The standard charge for accommodation at the day nurseries was increased from 10/6d. to 11/6d. per child 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 1963:—

Situation	Accommodation (Children)	Average daily attendances during 1963	No. of days "In Quarantine"	Reasons for "Quarantine" with Number of Cases				No. on Waiting List at 31st Dec. 1963
				Chicken Pox	German Measles	Mumps	Measles	
Goodmayes Lane, Goodmayes (Opened 14.11.51 – replaced Green Lane Nursery, open from 5.5.43 to 9.11.51)	50	39	110	2	1	13	13	8
226-236, Ley Street, Ilford (Opened 16.8.43)	50	38	159	1	4	9	29	12

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 31.12.62.	11	9
Number registered during 1963	11	6
Number removed from register during 1963	3	2
Number on register at 31.12.63.	19	13
Number of children provided for at 31.12.63.	854	74

Of the premises referred to in (a) above as removed from the register two were closed as the nurseries were transferred to other premises (included in the "number registered in 1963") and in the other case the person in charge no longer wished to receive children therein.

Of the child-minders referred to in (b) above as removed from the register one moved from the area and the other applied successfully for the registration of her premises under the Act (now included under (a)).

DEVELOPMENT OF LOCAL AUTHORITY HEALTH SERVICES. —

The first annual review of the Ten-Year Development Plan was undertaken in 1963 to cover the ten years 1964/65 to 1973/74 inclusive, the programme being set out year by year for the first five years (1964/65 to 1968/69) and the second quinquennium (1969/70 to 1973/74) being treated as a single period. So far as the health services administered by the Ilford Health Area Sub-Committee are concerned the following capital building projects were included:—

Year 1965/66:

Annexe to Mayesbrook Clinic, which is inadequate for the extended services now operating and those to be provided in the foreseeable future — to be built on a near-by site in Goodmayes Lane, which site was purchased by the County Council in March, 1964.

Health Services Clinic in Loxford Lane — site owned by the County Council.

Extensions to Kenwood Gardens Health Services Clinic.

Year 1966/67:

Health Services Clinic in High Road area — site to be rented.

Year 1968/69:

Health Services Clinic in Barley Lane — site to be purchased.

Health Services Clinic in Cobbetts Avenue area — site to be purchased.

Period 1969/70 to 1973/74:

Day Nursery in Newbury Park area to replace the Ley Street Day Nursery — site not yet found.

Health Services Clinic in Newbury Park area — site not yet found.

HEALTH SERVICES CLINIC PREMISES.

Manford Way Clinic. — The Family Planning Association continued to use these clinic premises throughout 1963 for their sessions on every Monday evening, a nominal charge being made to them for the facilities provided.

At this clinic probation officers also continued to use accommodation for interviews, those of the Essex Probation Committee on one evening a week and those of the Division of Beacontree for a fortnightly evening session. A charge for these facilities, too, is made.

Kenwood Gardens Clinic. — As was reported last year, the Chiropody suite at this clinic, comprising two treatment cubicles, a waiting room, toilet and a small work room, was completed, equipped and brought into use by 1st April, 1963. The provision of this suite enabled the second Dental Surgery, which had been temporarily used for Chiropody, to be equipped for its original purpose and this also was brought into service by early April, 1963.

At the time of writing this report, negotiations for the purchase of the site of 15/19 Horseshoe Cottages, Cranbrook Road, adjoining the clinic, have just been successfully completed and an order has been placed for this land to be developed to provide an extension to the clinic grounds with a pedestrian entrance from Cranbrook Road.

The use of accommodation at this clinic by the Metropolitan Essex Marriage Guidance Council on Tuesday evenings continued throughout the year. In July 1963 an application was received from the Catholic Marriage Advisory Council for the use of similar accommodation for their counselling centre and the Committee were pleased to agree to this letting, on Friday evenings, at the approved charge. The weekly session did not, however, commence until January, 1964.

INFANT WELFARE CENTRES. — 94 voluntary lady helpers were engaged in the work at the infant welfare centres at the end of December, 1963.

During the exceptionally severe weather in the early weeks of 1963 the attendances at the centres were, as would be expected, lower than usual and it was, in fact, not possible to hold sessions at the Grosvenor Road, Ilford Lane and Fairlop Centres for two weeks in this period owing to the failure of the heating systems at the St. Alban's and Holy Trinity Church Halls.

As the numbers attending the Cecil Hall Centre had declined, and particularly in view of the increase in general practitioners' baby clinics in that part of Ilford, it was considered that one weekly session there would suffice. The Wednesday afternoon clinic was accordingly discontinued at the end of March, 1963.

Statistics regarding the children attending the infant welfare centres during 1963 are given below:—

Number of children who attended:—

(a) Born in 1963	...	...	...	...	...	...	...	2,467
(b) Others	...	...	...	...	...	...	...	4,494
Total number of attendances	...	...	...	...	...	...	...	41,823
Total number of children on roll at 31.12.63, after omission of all those who had not attended for six months	...	...	...	...	...	...	...	4,289

The following is a comparison of the attendances at the centres for the past five years:—

Year	Total No. of attendances of Infants	Total No. of Children on roll on 31st December
1963	41,823	4,289
1962	40,828	4,317
1961	41,730	4,287
1960	38,560	4,460
1959	35,961	3,859

818 sessions were held during the year, the average attendance per session being 51 mothers with their infants. The following are the figures for each centre:—

	<u>Sessions</u>	<u>Average Attendance</u>
Chadwell	48	63
Becontree	49	51
Downshall	49	80
Manford Way	49	46
Kenwood Gardens (Wednesdays)	48	54
Kenwood Gardens (Friday mornings) ...	48	21
Seven Kings	48	53
Grosvenor Road	44	63
Heathcote Avenue (Wednesday mornings).	48	19
Heathcote Avenue (Wednesday afternoons)	48	47
Cecil Hall (Wednesdays) (to 20.3.63) ...	12	33
Cecil Hall (Thursdays)	47	71
Newbury Hall	48	45
Marks Gate	49	35
Goodmayes	48	53
Ilford Lane	43	57
Fairlop	44	61
The Drive	48	51

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, 1963, the Toddlers' Clinic continued to be held every third Wednesday morning at the Kenwood Gardens Clinic.

Attendance at this clinic is by appointment only and appreciation has been expressed by the parents concerning this fact, in that patients are seen promptly and a complete overhaul of the child is effected.

Sessions held...	15
First attendances ...	190
Follow-up cases ...	11
Referrals to other clinics ...	35
Referrals to Hospitals ...	—

The clinic is particularly valuable in that it affords access to the pre-school child and in many cases treatment can be instituted early for orthopaedic and visual defects, apart from the regular check-up on immunisation programmes, enuresis and other abnormalities,

which would not otherwise be detected at such an early age.

Attendance and interest have been particularly well maintained."

Dr. D. J. Gordon-Smith reports as follows regarding the clinic at the Heathcote Clinic:—

"The clinic at Heathcote is a new, purpose-built amenity, and is set amongst a large number of new dwellings, including Council houses and flats. Much of the population served have therefore recently moved into the area and are largely of middle and upper social class composition. A certain percentage of the problems encountered are due to this re-housing, to living in flats, and to the severance, in many instances, of close family ties.

The mothers and children are, in general, well nourished, well-clothed and clean. The families tend to be small, with a maximum of two or three children. The mothers are intelligent and fastidious and are very concerned with the welfare of their offspring. Cases of physical or mental neglect are rare, and broadly it is true to say that those problems which do arise are due to over-solicitousness rather than the reverse.

Miss Arnold and Mrs. Ferguson, the two Health Visitors attached to the clinic, have an excellent rapport with the families in the area and can give detailed case-histories of any child without reference to notes. They are concerned with the physical and mental health of the families and spend most of their time in visiting at home. Families referred to the Toddlers' Clinic are, for all these reasons, highly selected and tend to involve emotional and behaviour disorders in the children, rather than physical disorders.

Major presenting problems include conditions such as temper-tantrums, enuresis, feeding difficulties, marital disturbances in the parents, infertility in the mother and mothers referred for advice on family planning. Some of the emotional difficulties in the children appear to be fairly intractable and these include constant screaming and other violent behaviour at home and in public, masturbation and irrational fears of the dark and of strangers. In many such cases there is a history of marital discord, or of one parent deserting the home or psychiatric disturbance in a parent.

The purpose of the Toddlers' Clinic is to assess the child and the mother, and then if necessary to offer immediate education and

advice to the mothers. No extensive psychological case-histories are taken because of lack of time, and follow-up at subsequent clinics is rather limited. However, there is usually a close follow-up by the health visitors at home. It is felt that many mothers benefit very much by being able to discuss their problems thoroughly and often simply by being re-assured. A Toddlers' Clinic should not degenerate (the word is used advisedly) into a miniature child guidance centre. Where there is no improvement in the child's behaviour or the mother's attitude in a reasonable time, then they are referred to the Child Guidance Centre for a really competent opinion.

In reporting on a Toddlers' Clinic, two factors emerge. Firstly, there needs to be a coherent follow-up in as many cases as possible. It is, at the moment, impossible to assess results on a logical rather than on an intuitive basis and the follow-up should extend, if possible, for ten or fifteen years.

Secondly, a Toddlers' Clinic with a highly selected clientele may be one way of preventing mental and emotional catastrophes in adult life. Intelligent modern mothers are presented with a plethora of advice on the psychological needs of their children. They are often confused. As a result, some homes have little discipline, others have too much, in others the discipline is quite inconstant. By means of clinic attendances, talks at home with health visitors, talks and films at the clinic by invited experts the disturbed mother can often be persuaded to adopt a more balanced attitude to the temperamental care of her child."

Details for the year 1963 are as follows:—

Sessions held	...	...	...	...	12
First attendances	...	...	...	...	118
Follow-up attendances	...	...	...	...	—
Referrals to other clinics	...	...	...	...	4
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.

During the year 1963 tests were made on 2,494 children, and 576 special visits to homes were made by health visitors to collect urine specimens.

ORTHOPAEDIC CLINIC. — The following table summarises the attendances of children under 5 years during 1963:—

Clinic	Sessions	New Cases	Old Cases	Attendances
Kenwood Gardens	42	77	89	244
Mayesbrook ...	21	33	48	121
Manford Way ...	8	11	11	31
Totals ...	71	121	148	396

The 269 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	—	—	1	—
Deformity of Toes	2	4	—	3	4	—
Deformity of Foot	—	—	—	2	1	—
Deformity of Chest	2	—	—	—	—	—
Deformity of Fingers	—	—	—	1	1	—
Genu Valgum	26	13	2	26	19	2
Genu Varum	2	2	—	4	3	—
Pes Valgo Planus	—	—	—	1	1	—
Valgus Ankles	11	2	9	11	4	4
Talipes	1	—	—	3	1	—
Torticollis	2	—	—	1	1	—
Intoeing	24	3	—	30	8	1
Metatarsal Varus	—	—	—	3	—	1
Outward Curvature of Tibiae	1	—	—	—	—	1
Shortening of Leg	1	—	—	1	—	—
Postural Defect	1	—	—	—	1	—
Faulty Gait	—	2	—	1	1	—
Spastic Conditions	—	—	—	—	1	—
Cerebral Palsy	—	1	—	—	—	—
Trigger Thumb	—	1	—	—	—	—
Other Conditions	3	3	—	2	—	—
No abnormality discovered	1	1	—	—	1	2
Totals	77	33	11	89	48	11

A — Kenwood Gardens B — Mayesbrook C — Manford Way

4 pairs of valgus insoles, 8 G.V. night splints and 179 wedges to shoes were supplied during 1963.

The Physiotherapist treated 68 children under 5 at Kenwood Gardens Clinic, 48 at Mayesbrook Clinic and 12 at Manford Way, with attendances of 344, 236 and 54 respectively.

OPHTHALMIC CLINIC. — Attendances of children under school age for treatment by the Ophthalmologists during 1963 were as follows:—

	Kenwood Gardens Clinic	Mayesbrook Clinic	Manford Way Clinic	Total
Number of children who attended	67	51	2	120
Number of pairs of spec- tacles prescribed ...	17	17	—	34
Total number of atten- dances made	99	109	4	212

EAR NOSE AND THROAT CLINIC. — The E.N.T. Surgeon attended at 47 sessions during 1963. There were 31 new cases and a total of 53 attendances were made by children of pre-school age.

Operations were performed on five children, at King George Hospital.

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

Sessions	New Cases	Old Cases	Atten- dances	Discharged		
				Cured	Much Improved	Left Dis- trict etc.
42	4	—	34	—	2	—

The conditions treated were debility, catarrh and coughs.

SPEECH CLINIC. — 29 children of pre-school age attended, making 668 attendances. The following is the classification of the defects found by the speech therapist:—

Delayed development including Asphasia	...	12
Defect of Articulation	... ..	15
Stammer and Articulation defect (combined)	...	2

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.

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 1963 at the Kenwood Gardens and Mayesbrook Clinics, and at the Manford Way, Chadwell, Fairlop, Newbury Hall, Marks Gate and Heathcote Avenue Clinics immunisation was undertaken at the infant welfare centre sessions. In addition, approximately 66% of this work was carried out by general practitioners.

Details of the immunisation carried out during the year 1963 are given in the following table:—

Form of Immunisation	Primary Courses	Reinoculations	Attendances at Clinics
Diphtheria only:			
Kenwood Gardens Clinic	3	86	106
Mayesbrook Clinic	5	100	115
Infant Welfare Centres	2	103	109
Totals at Clinics	10	289	330
General Practitioners	75	428	—
Totals	85	717	330
Whooping Cough only:			
Kenwood Gardens Clinic	1	—	3
Mayesbrook Clinic	2	—	6
Infant Welfare Centres	2	—	6
Totals at Clinics	5	—	15
General Practitioners	20	36	—
Totals	25	36	15
Tetanus only:			
Kenwood Gardens Clinic	71	45	292
Mayesbrook Clinic	68	54	261
Infant Welfare Centres	51	57	212
Totals at Clinics	190	156	765
General Practitioners	543	136	—
Totals	733	292	765
Diphtheria, Whooping Cough & Tetanus (combined):			
Kenwood Gardens Clinic	54	70	241
Mayesbrook Clinic	101	65	369
Infant Welfare Centres	206	74	696
Totals at Clinics	361	209	1,306
General Practitioners	1,434	507	—
Totals	1,795	716	1,306
Diphtheria and Tetanus (combined):			
Kenwood Gardens Clinic	15	44	96
Mayesbrook Clinic	15	41	87
Infant Welfare Centres	10	30	64
Totals at Clinics	40	115	247
General Practitioners	25	113	—
Totals	65	228	247
Diphtheria and Whooping Cough (combined):			
Kenwood Gardens Clinic	3	—	9
Mayesbrook Clinic	3	—	9
Infant Welfare Centres	4	—	12
Totals at Clinics	10	—	30
General Practitioners	23	22	—
Totals	33	22	30
Whooping Cough and Tetanus (combined):			
General Practitioners	—	—	—
Quadrilin:			
General Practitioners	19	2	—

In addition the following immunisations were carried out at the Kennylands and Elmbridge Camp schools, by Ilford medical staff:—

Tetanus Primary Courses	...	...	...	...	...	...	217
Tetanus Reinoculations	...	...	...	...	...	...	169
Diphtheria Reinoculations	...	...	...	...	...	...	196
Diphtheria and Tetanus (combined) Reinoculations	...	...	...	...	...	...	15

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

			<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
Diphtheria Immunisation:—							
Primary courses	...	...	2,042	2,151	2,784	1,762	1,997
Reinoculations	...	...	1,192	1,577	2,587	960	1,896
Whooping Cough Immunisation:—							
Primary courses	...	...	1,692	2,112	2,341	1,523	1,872
Reinoculations	...	...	290	516	671	373	776
Tetanus Immunisation:—							
Primary courses	...	...	—	—	74	1,969	2,829
Reinoculations	...	...	—	—	40	459	1,422
No. of live births in Ilford	...	...	2,216	2,512	2,533	2,539	2,751

(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 1963. The general practitioners have continued to play an important part in the scheme and most of those practising in the Area are participating; during 1963 they undertook a little over 66% of this vaccination in Ilford.

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 1963 the demand

for these injections had greatly reduced, the majority of vaccinations now being undertaken by the use of the oral vaccine.

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	27	173	154	138	83	204	17	17	22	33
Mayesbrook Clinic ...	16	272	249	213	106	194	14	15	28	39
Manford Way Clinic ...	49	115	102	111	70	79	1	1	9	5
Marks Gate Clinic ...	49	79	76	77	15	23	—	—	1	—
Heathcote Avenue Clinic	48	167	159	156	50	73	3	4	7	4
Chadwell Centre ...	48	92	89	88	26	32	1	4	—	1
Fairlop Centre ...	45	76	77	66	13	16	3	4	2	4
Totals ...	282	974	906	849	363	621	39	45	69	86

Record cards received in 1963 from general practitioners and the medical staff at Dr. Barnardo's Homes, Barkingside, and Chadwell Heath Hospital were as under:—

	<u>A</u>	<u>B</u>	<u>C</u>
Sabin Vaccine (oral):—			
Completed primary courses...	1,389	21	8
First reinforcing doses ...	740	15	15
Second reinforcing doses ...	675	37	—
Salk Vaccine (Injections):—			
Completed primary courses...	* 411	17	—
First reinforcing doses ...	* 501	10	—
Second reinforcing doses ...	251	—	—

- A — General practitioners
 B — Dr. Barnardo's Homes
 C — Chadwell Heath Hospital

*Includes 19 primary courses and 2 booster doses given with Quadrilin Vaccine.

At the 31st December, 1963 a total of 62,977 primary courses, 55,052 third injections or doses and 13,612 fourth injections or doses had been completed in Ilford.

Smallpox Vaccination. — The following table details the primary vaccinations and revaccinations carried out in 1963 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.
Vaccinations by Council's staff:—				
At clinics	33	—	—	10
Totals ...	33	—	—	10
Record cards received from:—				
General Practitioners	492	2	273	604
Hospitals	—	—	4	23
Dr. Barnardo's Homes	24	—	36	11
Grand Totals ...	549	2	313	648

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

	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
No. of primary vaccinations ...	1,529	1,646	1,774	16,800	862
No. of re-vaccinations	562	485	646	19,913	650
Totals	2,091	2,131	2,420	36,713	1,512
No. of live births in Ilford ...	2,216	2,512	2,533	2,539	2,751

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 are 13 State Certified midwives (including the Non-Medical Supervisor of Midwives, 10 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 21 (14 full-time and 7 part-time) 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 not necessary in 1963 to require any domiciliary midwife to remain off duty.

Domiciliary Midwifery Service. — At the end of the year there were 10 domiciliary midwives employed by the County Council whole-time and 1 part-time, in addition to the Non-Medical Supervisor.

During the year 669 cases were attended and a doctor was specially called in by the midwife to 87 of these. In two cases, medical aid was sought to treat an infant with sticky or watery eyes. In both cases the condition cleared satisfactorily.

Of the infants born there were 7 stillbirths.

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

During 1963 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 in 1963	Total Attendances	No. of Sessions	Average Attendance per Session
Kenwood Gardens Clinic	545	1,451	50	29
Mayesbrook Clinic ...	388	1,054	48	22
Manford Way Clinic ...	95	308	26	12
Heathcote Avenue Clinic	102	307	26	12
Marks Gate Clinic ...	56	165	24	7
Totals ...	1,186	3,285	174	19

In addition 2,985 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, 1963, one maisonette and three flats were being rented by the County Council from the Borough Council under this arrangement.

During 1963, the domiciliary midwives continued to assist in the training of pupil midwives from the Thorpe Coombe Maternity Hospital, Walthamstow and Barking Hospital, Barking; eight 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, 22 pupil midwives completed their district training in the Area during 1963 and 8 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; 37 cases were attended by them and a doctor was specially called in to 23 of these.

In one case medical aid was sought to treat an infant with sticky or watery eyes. The condition cleared satisfactorily.

Of the infants born there were no stillbirths.

There was one death of an infant where the birth had been attended by a Salvation Army midwife. The age of the infant was 3 days.

Gas and Air Analgesia. — During 1963 gas and air analgesia was administered in 614 cases (596 attended by the domiciliary midwives and 18 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 1963 for patients booked for confinements in hospital:—

	Maternity Hospital		Mayesbrook	Manford Way
	Doctors	Midwives	Clinic	Clinic
First attendances in 1963	1,179	—	356	139
Total attendances in 1963	5,600	3,147	2,399	910
Number of sessions ...	300	248*	130	51
Average attendance each session	18	12	18	18

*Includes 194 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 1963 there were 98 sessions at the Mayesbrook Clinic, with 1,016 attendances, and 99 sessions at Manford Way Clinic, with 608 attendances. A weekly session was also run by Health Visitors at

Kenwood Gardens Clinic, 48 sessions being held in the year, with 242 attendances; at Heathcote Avenue Clinic, there were 46 sessions, with 187 attendances; at Cecil Hall there were 41 sessions, with 194 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 1963 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 in 1963	...	...	...	941	191	74
Total attendances	...	...	...	974	236	82
Number of sessions	...	...	...	52	24	12
Average attendance at each session				18	10	7

CONSULTANT CLINIC. — There were two Consulting Obstetricians in 1963 who each held a weekly clinic for ante-natal and post-natal cases. During the year 102 sessions were held and a total of 1,428 examinations were made.

MATERNAL MORTALITY. — During 1963 there was one death of an Ilford mother recorded by the Registrar-General as due to or in consequence of pregnancy or childbirth.

DOMESTIC HELP SERVICE. — During 1963 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 2 full-time, 152 regularly-employed part-time and 12 casual helps employed. The efforts made to accelerate recruitment of domestic helps, including periodic advertising of vacancies in the local press 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 1963:—

Number of applications received for assistance	1,594
Number of cases where domestic helps were provided (including 944 who were having service at the commencement of the year)	2,144
Number of cases which on investigation were either not eligible for assistance or did not require the service	146
Cases booked but subsequently cancelled	54
Cases cancelled before investigation	83
Number of cases where, at the end of the year, a domestic help was booked to attend in future months (maternity cases)	77
Other cases awaiting help at end of year ...	20
Enquiries incomplete at end of year	14
Cases being served at 31st December, 1963	1,087

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 1963 service was given in three cases under this arrangement.

Three training courses of two weeks' duration, were held by the County Council at Chelmsford in 1963. Four domestic helps from Ilford attended and all were found to be entirely satisfactory.

Towards the end of the year, following discussions with the Essex County Council's Domestic Help Organiser, arrangements were made for each Domestic Help to attend an In-service Training Course to be held in Ilford.

Each course would consist of six sessions to be held at the Cecil Hall, Granville Road, Ilford on Tuesday afternoons between 2 and 4.30 p.m.

The first course commenced on 7th January, 1964.

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 1963 are as follows:—

Number of applications received for assistance	50
Number of cases where night attendants were provided	28
Number of cases which on investigation were either not eligible for assistance or did not require the service	22
Number of cases awaiting help at end of year	—
Number of cases being served at 31st December, 1963	—
Total number of hours for which attendants were provided	871
Number of attendants on panel at 31st December, 1963	2

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. Three cases were dealt with under this arrangement during 1963, the details being as follows:—

Number of cases being attended at 31.12.62.	Nil
Number of new cases attended during 1963	3
Number of cases discontinued during 1963	2
Number of cases being attended at 31.12.63.	1
Total number of attendances given:—	
(a) Whole days	Nil
(b) Part-days	77
(c) Weeks	11

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 1963:—

(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
United Counties Childrens Convalescent Home, Walmer	1	4 days	Unaccompanied child. Returned home after 4 days - unsettled.
Victoria Lodge, Clacton ...	1	2 weeks	Mother and 3 children.
The Church Army, Bexhill ...	2	2 weeks each	2 mothers and 2 children.
TOTALS ...	4	4-4/7	1 unaccompanied child 3 mothers and 5 children.

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

Convalescent Home	No. of weeks' stay				Total Cases
	1	2	3	4	
Bell Memorial Convalescent Home, Lancing	—	10	6	—	16
"Barnsley", Broadstairs	—	—	1	—	1
"Barnsley", Westgate-on-Sea	1	—	—	—	1
Caxton Convalescent Home, Limsfield	—	5	—	—	5
Dolly Ross Holiday Home, Bournemouth	—	—	1	—	1
John Beech Home, Chingford	—	3	—	—	3
Kingsleigh Convalescent Home, Seaford	1	9	—	—	10
	(booked)				
Limsfield Convalescent Home	—	2	—	—	2
Lloyd Memorial Home, Deal	1	2	1	—	4
Mildmay Convalescent Home, Worthing	—	—	1	—	1
Rustington Convalescent Home, Littlehampton	2	6	2	—	10
	(1 booked)				
Samuel Lewis Convalescent Home, Walton-on-Naze	—	21	2	—	23
St. Michaels Convalescent Home, Clacton	—	6	2	—	8
St. Michaels Convalescent Home, Westgate	—	1	—	—	1
Surrey Convalescent Home, Seaford	—	1	—	—	1
The Friars, Aylesford	1	—	—	—	1
	(2 days)				
Wooburn Guest House, Thorpe Bay	2	10	—	—	12
TOTALS	8	76	16	—	100

The standard charges of £4.17s.0d. per week for adults and £3.8s.2d. for children under five years of age, subject to reduction according to scale in necessitous cases, continued to apply throughout 1963. 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 1963:—

Articles Loaned	Number of Articles			Articles in store at 31.12.63.
	on loan at 31.12.62.	loaned or reloaned in 1963	on loan at 31.12.63.	
Mattress (Dunlopillo)	18	3	15	6
Mattress (Hair)	2	1	2	2
Invalid Chairs	80	81	81	13
Air Pillows	—	—	—	1
Air Rings	57	91	47	67
Cushions (Dunlopillo)	11	20	13	10
Back-rests	98	179	95	21
Beds	8	2	8	6
Commodes	91	91	106	6
Crutches	12	2	12	9
Fracture Boards	7	7	9	4
Pillows	4	1	3	5
Pillow Slips	—	—	—	1*
Rubber Sheets	156	275	157	47
Medical Sandbags	—	—	—	2
Bed-cradles	36	56	43	13
Air-beds	1	9	2	3
Bed-pans	109	161	87	88
Diabetic Scales	2	—	2	1
Feeding-cups	6	19	1	22
Urinals	43	83	45	39
Sputum Mugs	1	2	2	3
Douche Cans	1	—	1	2
Water Beds	—	3	—	1
Water Pillows	—	—	—	1
Bed Blocks	2	—	2	—
Bowls	—	—	—	2
Bedstead Sides (pair)	1	1	2	—
Lifting Pole and Chain	11	3	12	1
Kidney Dishes	2	—	1	1
Commode Sorbo Cushions	—	—	—	1
Rubber Toilet Seat	3	2	4	1
Restraining Net	—	—	—	1
Walking Aids	15	35	31	2
Hydraulic Hoists	1	—	2	—
Slings	2	—	1	1
Sierex Air Mattress	1	—	—	1
Totals	781	1,127	786	384
1962 Details	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 1963 a total of 333 draw sheets were loaned to 64 persons and at the 31st December there were 198 on loan to 35 persons; 16,200 disposable pads were issued to a total of 220 persons during the year. A large number of pads were requested by the District Nurses for terminal cases.

Further alarms and pads were purchased for loan to children attending the Enuresis Clinic. Nine children were provided with alarms on loan during 1963 and 36 pads were issued; 5 alarms were on loan at the end of the year.

CHIROPODY SERVICE. — This service continued during 1963 with three full-time chiropodists and two part-time (one undertaking five sessions per week and the other two sessions per week until 31st May). Another part-time chiropodist was engaged for two sessions per week from 1st December.

Sessions are held at the four County Council Health Services Clinics and 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. Patients previously treated under a scheme administered by the Ilford Social Service Association are now seen under the County Council's service.

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 shall 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 1963 were as follows:—

	No. of Sessions	Attendances	
		New Cases	Re-attendances
Newbury Hall	512	67	2,702
Kenwood Gardens Clinic ...	683	358	3,433
Manford Way Clinic	160	48	932
Mayesbrook Clinic	392	52	2,091
Heathcote Avenue Clinic ...	93	11	470
Welfare Establishments ...	41	34	402
Domiciliary Visits	180	134	676
Totals	2,061	704	10,706

TUBERCULOSIS VISITORS. — The 3 Tuberculosis Visitors made a total of 2,526 home visits.

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

"In spite of the inclement weather in the first two months of the year, the total of yearly visits was normal. Patients all worked steadily and took pride in completing articles of a high standard. In various competitions held during the year, one patient gained four prizes for Basketry, another gained a third and two Very High Recommendations for embroidery, while several prizes for leatherwork were gained by a third patient. There were eight new patients visited, and thirteen on Register at December 1963. Work undertaken by patients included printing, leatherwork, basketry, embroidery and bookbinding.

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

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

The following visits were undertaken in Ilford during 1963:—

First Visits	...	...	...	...	...	...	...	8
Re-Visits	...	...	...	...	...	...	...	189
Ineffective Visits	...	...	...	...	...	...	...	6
Other Visits	...	...	...	...	...	...	...	39
Visits to Clinics	...	...	...	...	...	...	...	12
Total Visits	...	...	...	...	...	...	...	254
No. of Visits to Patients	...	...	...	...	...	...	...	197
New Patients	...	...	...	...	...	...	...	8
No. on Register	...	...	...	...	...	...	...	13

REHABILITATION OF TUBERCULOSIS CASES. — No cases required assistance in the maintenance charges at a rehabilitation settlement during 1963.

OPEN-AIR SHELTERS FOR TUBERCULOSIS CASES. — One open-

air shelter supplied for a tuberculosis patient during 1958, continued in use throughout 1963.

PROVISION OF FREE MILK FOR TUBERCULOSIS AND OTHER CHEST CASES. — The County Council's scheme for supplying to tuberculosis, and other chest patients one pint of milk per day free of charge, on the recommendation of the Chest Physician continued during 1963. Particulars of the grants made in 1963 are given below:—

	T.B. <u>Cases</u>	<u>Others</u>
No. of cases in receipt of free milk at 31.12.62.	107	5
No. of new grants made during 1963	59	7
No. of grants discontinued during 1963	59	7
No. of cases in receipt of free milk at 31.12.63.	107	5

BOARDING-OUT OF CHILDREN (TUBERCULOSIS CONTACTS). — No applications were received in 1963 for assistance in the boarding-out of child contacts of tuberculosis patients under the County Council's scheme.

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

The following shows the assistance given by the Association during 1963:—

	<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)	60	363 (including renewals)
Other grants (Christmas cash gifts, clothing, etc.)	64	69

TRAVELLING EXPENSES OF RELATIVES VISITING HOSPITAL PATIENTS. — As in previous years, the County Medical Officer was able to give financial assistance in 1963 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 1963:—

Entrants to County Council's Service	...	...	43
Other purposes	...	...	12
For other Authorities	...	...	5

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 1963 was as follows:—

Cases attended	...	...	...	...	...	1,757
Visits paid	...	...	...	...	...	52,679

HEALTH EDUCATION. — Dr. D. J. Gordon-Smith, Assistant County Medical Officer reports as follows upon the general aspects of health education:—

"This report will assess the progress made in health education during the past year under three main headings — the use of printed material, education in schools and education in public groups.

The use of Printed Material. — With fairly adequate storage space now available, it has been possible to increase the number of posters and leaflets held in stock. All printed material received from various organisations has been critically assessed, and material which was slightly out of date or unattractive has been discarded. Each month a fresh stock of posters is sent to each clinic and is displayed there. At the same time a similar poster has been displayed at Gants Hill Underground and on Ilford Station. When the time came to renew the contract with London Transport regarding the use of underground station sites, it was felt that these sites had such a large viewing audience and were so relatively inexpensive, that a site should be hired on each of the six underground stations in the Borough. The posters displayed are clearly marked as having originated from the Public Health Department. Thus during any one month, mothers and school children using the clinics ought to notice the one message contained on the posters displayed, and if they subsequently have to wait for a train on the underground, they may notice the same message repeated. With this technique of the mass display of posters,

at any given time there should be some forty posters on view in the Borough. The topics each month commencing in February were as follows:—

- February — Home Safety — Use of Fireguards.
- March — Dental Health.
- April — Help for the Elderly.
- May — Home Safety — Encouraging the use of Adequate lighting in the Home.
- June — Guarding against infection from Dustbins.
- July — Personal Hygiene.
- August — Personal Hygiene.
- September — Immunisation and Vaccination against Infectious Diseases.
- October — Home Safety — Dangers of Fireworks.
- November — Smoking and Health.
- December — Infectious Diseases — Spreading of cold germs.

Supporting printed leaflets (where available) were offered in the clinics for the public to take away.

In June a circular letter was sent to 98 general practitioners in the Borough offering regular free supplies of leaflets and small (folio size) posters for display in Surgeries. This offer was taken up by 21 general practitioners and material is dispatched to them at monthly intervals. In September a similar circular letter was sent to 32 chemists in the Borough and 6 also accepted the offer. As mentioned in the annual report for 1962, it is felt that doctors surgeries and chemists premises are particularly useful for the dissemination of health education material and it is hoped that these two avenues will be expanded in the future.

At the moment it is felt that further use of commercial sites for the display of posters is not justified, and that free sites are being adequately used.

A start has been made in sending regular supplies of leaflets to Medical Officers engaged in routine medical examinations in schools. The intention is that each child examined should be given a leaflet to take away from the medical inspection; subjects of obvious topical interest are smoking, child care and personal hygiene.

Whenever posters and leaflets are used, there is an inevitable doubt as to whether these media are effective in influencing the public in any way. A number of studies have been done to try to

gauge this effectiveness, particularly in America, and the results in most cases have been inconclusive. A public health department, with a necessarily restricted budget, cannot hope to compete in any way with powerful and prosperous commercial interests. (e.g. cigarette advertising), but until our limited activities have been proved to be ineffective, it seems clear that on empirical grounds they should be continued.

Education in Public Groups. — A letter was again circulated to a number of youth clubs and voluntary organisations, and again the response was somewhat disappointing. Speakers have been invited to all the Ilford Rotary Clubs, the Barkingside Inner Wheel Club, the Women's Co-operative Guild and a Methodist youth club. Youth clubs present a particularly complicated issue. There is apparently no point in offering health talks and discussions to all clubs. The clubs are not geared to receiving the occasional strange speaker in a formal atmosphere. If there is to be any health education in clubs, then individual members of the health department must make it their business to become well acquainted with one or two clubs, and be eventually accepted as a familiar and friendly visitor. This should not be a fundamentally proselytising activity — the adult helper at youth clubs may well learn as much as he or she is able to teach, but in any event, this sort of health education is beset with manifest difficulties.

Progress in health education during the past year has been slow, but on the whole fairly satisfactory. When the new Borough is operating, activities will doubtless be further consolidated and extended. The health department now has a very useful nucleus of visual aids, equipment and speakers. In the next few years we can expect to engage in the production of short films, filmstrips and collections of slides to suit particular speakers and to cover particular topics."

During 1963, 166 lectures on various 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 4,763. At 34 of the lectures films were shown.

In addition 332 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:—

"Expectant and nursing mothers and children under five years old wishing to have dental treatment were able to obtain this at two clinics in the Ilford area. The patients living in the north side of Ilford were treated by Mr. Wilson at Kenwood Clinic and those in the south by myself at Mayesbrook Clinic. Full dental treatment was given to all patients who agreed to attend one of the above clinics.

The number of mothers attending the dental clinics during 1963 was almost the same as in the previous year. This figure, however, is lower than a few years ago. The reason for this is that the mothers are now more dentally conscious and 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 than it was and we seldom see grossly neglected mouths in the younger mothers.

It is noticeable from the attendance figures at Mayesbrook and Kenwood Clinics that there is more demand for treatment in the Mayesbrook area. This is due partly to the public reaction to clinics in different areas. Many more mothers in the Kenwood area prefer to attend private practitioners than those living in the Mayesbrook area.

During 1963 the total number of children treated in Ilford increased by nearly 50%. This was due to the fact that it was felt that many small children do not receive dental treatment before going to school and so with the help of the medical officers and nurses many more children were referred to Mr. Wilson or myself. Dental health propaganda such as posters and notices in welfare clinics also helped to increase the children treated.

This service will increase even more during the next year when Mr. Hodgson will be undertaking increasing Dental Health Education and treatment of children under the age of five. I am certain that one of the main ways to combat dental disease is to start now with the very young children. By showing their mothers the importance of good dental habits and regular dental treatment

these children will become conscious of the fact that their teeth are important to their health.

I continued with one evening session per week at Mayesbrook Clinic for mothers who find it difficult to attend during the day.

Extractions for the children were mainly performed under general anaesthesia, this being preferred because they do not tolerate local anaesthesia. Mothers often prefer a local anaesthetic for themselves.

Dental radiographic facilities have continued to be available at all clinics thus making diagnosis quicker and often saving the patients pain and time.

The use of the High Speed Borden Airtors for cavity preparation continued to be of great value and is one of the major advances made in dentistry during recent years.

Partial and full dentures were supplied whenever it was necessary for a patient to have them, these being made at a local dental laboratory."

The number of cases treated at the Clinics during 1963 was as follows:-

	New Cases		Made Dentally Fit	Total Attendances
	Examined	Needing Treatment		
Expectant and nursing mothers:-				
(a) Day Sessions:-				
Mayesbrook	60	60	56	188
Kenwood Gardens	37	33	20	87
(b) Evening Sessions:-				
Mayesbrook	76	76	78	250
Children under 5:-				
Mayesbrook	152	148	147	288
Kenwood Gardens	196	149	109	323

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	
		General						Complete	Partial
Expectant and nursing mothers:—									
(a) Day Sessions:—									
Mayesbrook ...	64	10	128	60	—	27	3	2	—
Kenwood Gardens	14	3	59	45	—	20	4	1	—
(b) Evening Sessions:—									
Mayesbrook ...	36	—	140	100	—	45	1	9	3
Children under 5:—									
Mayesbrook ...	142	48	280	—	—	69	—	—	—
Kenwood Gardens ...	102	39	293	—	103	67	—	—	—

In addition there were 379 prophylactic treatments and other operations carried out in the case of expectant and nursing mothers at day sessions (117 at Mayesbrook and 34 at Kenwood Gardens) and 228 at evening sessions (at Mayesbrook).

The total number of sessions held for expectant and nursing mothers and children under five years of age was 151, 108½ during the day (63½ at Mayesbrook and 45 at Kenwood Gardens) and 42½ 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, Ilford Lane (entrance in Britannia Road), Ilford.	Tuesday	(9.15 a.m. - 1 p.m. 2 p.m. - 3.15 p.m.)
	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 31st December, 1963, was 22,081. In addition there were 87 children attending the special school.

MEDICAL INSPECTION AND FOLLOWING UP. — 6,643 periodic medical inspections were carried out during 1963 and in addition 667 special inspections and 1,376 re-inspections were undertaken.

For the first time during the post-war years we were in the happy position of having a complete establishment of dentists, 5 of our surgeries being manned by full-time dental officers and the remaining one by sessional officers working the equivalent of a full-time dentist. The number of dental inspections carried out in schools was 12,473 or 56.7% of the school roll. There were, in addition 2,479 special dental inspections.

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. — Mr. E. B. Hodgson and Mr. Y. G. Toolsy were appointed as full-time dental officers in April and September respectively and as a consequence we were compelled to dispense with the services of some of our part-time dentists who had given valuable service for many years on a sessional basis.

Dr. I. Munari — undertaking 2 sessions weekly — and Miss R. Riesenbergh — 4 sessions weekly — were appointed as Child Psycho-Therapists, and these appointments brought the staff of the Ilford Child Guidance Clinic up to full establishment.

We were indeed sorry to lose the services of Miss G. Bowers, who had been one of our Physiotherapists at the Cerebral Palsy Unit for 3½ years, but on the other hand we were pleased to welcome Miss M. P. Moorhouse, who was appointed full-time Occupational Therapist at the Unit.

Mrs. P. M. Pearce resigned her post as Speech Therapist for domestic reasons, and Mrs. T. M. Oliver was appointed to take her place.

VISITS. — (a) The Public Health Inspectors made 975 visits to maintained schools, (1) to enquire as to the milk supplies and (2) to inspect the sanitary arrangements.

(b) School nurses made (i) 142 visits to schools (118 for general hygiene and 24 for head inspections) when 18,647 actual examinations were carried out, (ii) 1,138 home visits were made.

(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 outbreaks of infectious diseases of any serious consequence but measles was prevalent for the first six months of the year. There was, however, an outbreak of dysentery at the Village Homes, Barkingside, which affected 21 of the 60 cottages whilst some 17 school children were involved.

At the Kennylands Residential School we were beset with the usual problems. In February there was a considerable incidence of influenza which necessitated the opening of a dormitory as an addition to the sick bay for nursing purposes and it was necessary to enlist the services of the British Nursing Association in Reading.

In October at this school and also at the Elmbridge Residential School a considerable number of pupils were affected by diarrhoea and vomiting which fortunately was of only a few hours duration.

During the year at these Residential Schools we introduced a programme of diphtheria/tetanus immunisation.

CHIROPODY CLINICS, — Owing to the pressure on the chiropody clinics from the aged and physically handicapped, it has not yet been possible 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 AND ORIGINAL WORK. — Dr. Gordon-Smith has throughout the year been giving a series of lectures in Secondary Schools on Parentcraft, Health and Hygiene, such covering the diverse subjects of nutrition, food hygiene, child psychology and the problems of adolescence. Dr. Gordon-Smith has been able to enlist the services of both the health visitors and public health inspectors who in some instances have given their own talks. 7 schools were covered and this entailed 28 sessions during 1963. This programme is continuing in 1964.

In addition to the above, both Dr. Gordon-Smith and Dr. Taylor have taken the opportunity of giving talks to selected groups of Secondary Boys Schools on the topic of Smoking and Lung Cancer and these have been illustrated by films, film-strips and other visual aids.

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 1963 were as follows:—

	<u>Kenwood Gardens</u>	<u>Mayesbrook</u>
Number of individual children seen	290	523
Number of attendances of children	299	551

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

Sub-normal Nutrition	80
Debility	25

Uncleanliness:—

Head	72
Body	—

Skin:—

Ringworm:—

[illegible]

Eye:—

Blepharitis	...	...	...	...	...	...	...	3
Conjunctivitis	...	...	...	...	...	...	...	4
Defective Vision (excluding Squint)	...	...	...	...	...	...	...	68
Squint	...	...	...	...	...	...	...	7
Other Conditions	...	...	...	...	...	...	...	29

Ear:—

Defective Hearing	...	...	...	...	...	...	...	15
Otitis Media	...	...	...	...	...	...	...	3
Other Ear Diseases	...	...	...	...	...	...	...	8

Nose and Throat:—

Tonsilitis only	...	...	...	...	...	...	...	12
Adenoids only	...	...	...	...	...	...	...	2
Tonsilitis and Adenoids	...	...	...	...	...	...	...	3
Nasal Catarrh	...	...	...	...	...	...	...	12
Nasal Obstruction	...	...	...	...	...	...	...	3
Other conditions	...	...	...	...	...	...	...	6

Enlarged Cervical Glands

(Non-Tuberculous)	4
Defective Speech	13
Teeth — Dental Diseases	19

Heart and Circulation:—

[illegible]

Infectious Diseases:—

Colds and Coughs	...	...	...	...	...	...	...	18
Chicken Pox	...	...	...	...	...	...	...	-

Lungs:—

Asthma	...	...	...	...	...	...	...	2
Bronchitis	...	...	...	...	...	...	...	—
Pulmonary Catarrh	...	...	...	...	...	...	...	3
Other Non-Tubercular Diseases	...	...	...	...	...	...	...	3

Psychological:—

Development	...	...	...	...	...	...	...	4
Stability	...	...	...	...	...	...	...	9

Nervous System:—

Enuresis	...	...	...	...	...	...	...	14
Other conditions	...	...	...	...	...	...	...	13

Deformities:—

Genu Valgum	...	...	...	...	...	...	...	4
Posture	...	...	...	...	...	...	...	4
Pigeon Chest	...	...	...	...	...	...	...	—
Flat Feet	...	...	...	...	...	...	...	21
Valgus Ankles	...	...	...	...	...	...	...	5
Other forms	...	...	...	...	...	...	...	24
Minor Injuries	...	...	...	...	...	...	...	5
Rheumatism	...	...	...	...	...	...	...	2
Other Defects and Diseases	...	...	...	...	...	...	...	216

Total number of ailments ... 881

RECUPERATIVE HOLIDAYS.

During 1963 25 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:—

<u>Clinic</u>	<u>Sessions</u>	<u>New Cases</u>	<u>Old Cases</u>	<u>Attendances</u>
Kenwood Gardens	94	177	805	1,355
Mayesbrook ...	101	171	498	1,280
Manford Way ...	10	19	74	158
Totals	205	367	1,377	2,793

844 complete pairs of spectacles were provided, some of these being renewals after breakages. In addition, in 238 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 Clinics have continued satisfactorily throughout 1963 and the report he submitted in respect of 1962 remains applicable in full.

ORTHOPTIC CLINIC.

Miss C. Muir, D.B.O. (Sydney), resigned her appointment as Orthoptist at the Mayesbrook Health Services Clinic on 11th July, 1963, but we were fortunate in securing as her successor Miss J. Dixon, D.B.O., who commenced duties on 29th July, 1963.

203 sessions were held throughout the year. 130 new cases were investigated and the total attendances amounted to 597. 49 cases were discharged. 108 new and old cases were in attendance at the Clinic on 31st December, 1963.

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., Consultant Orthopaedic Surgeon, reports as follows:—

"No changes have taken place in the running of these clinics during the past year. The attendances were at a lower level than in the past, mainly, it is thought, through the School Medical Officers dealing efficiently with the less serious cases in the Infant Welfare and School Clinics. The attendances for treatment did not fall to the same extent.

The swimming classes are increasing in popularity. They have been found very beneficial, especially for postural defects, and have enabled many children to learn to swim who have not done so during the period set aside for the purpose in the school curriculum. It would be gratifying and of great prophylactic value if every child were given such an opportunity outside school hours.

The arrangements for ancillary services to the Clinics have been the same as in previous years.

I would once more like to thank all those concerned with the running of these clinics for their unfailing help and devotion."

The following table summaries the attendances of school children:-

Clinic	Sessions	New Cases	Old Cases	Attendances
Kenwood Gardens	42	84	181	339
Mayesbrook ...	21	36	45	103
Manford Way ...	8	6	4	18
Totals ...	71	126	230	460

SUMMARY OF CASES SEEN

Diagnosis	New Cases			Old Cases		
	A	B	C	A	B	C
Spastic Conditions	—	—	—	2	—	—
A.P.M.	—	—	—	1	6	—
Osgood-Schlatters Disease	—	1	—	2	—	—
Scoliosis	—	—	—	3	3	—
Kyphosis	1	—	—	4	1	—
Postural Defect	1	2	—	13	—	—
Deformity of Hips	—	—	—	4	1	—
Genu Valgum	11	12	—	70	13	1
O.C.T.	—	—	—	—	1	—
Genu Varum	3	1	1	1	2	—
Pes valgus-planus	7	1	—	6	1	—
Valgus Ankles	26	9	4	29	6	—
Talipes	—	—	—	3	1	—
Intoeing	3	—	—	10	2	—
Hallux valgus	3	3	—	4	—	—
Deformity of Foot	2	—	—	—	—	—
Deformity of Fingers	1	—	—	1	1	—
Deformity of Chest	—	—	—	1	—	—
Deformity of Hand	—	—	—	—	—	1
Deformity of Toes	8	1	—	11	3	1
N.A.D.	2	1	1	—	—	—
Foot Strain	5	—	—	2	—	—
Faulty Gait	—	2	—	4	1	—
Metatarsal varus	—	—	—	1	—	1
Osteomyelitis	—	—	—	1	—	—
Exostosis	2	—	—	—	—	—
Spina Bifida	—	—	—	3	1	—
Shortening Leg	1	1	—	1	1	—
Hydrocephalus	—	—	—	1	—	—
Other Conditions	8	2	—	3	1	—
Totals	84	36	6	181	45	4

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

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

<u>No. of Cases</u>	<u>Operation</u>
1	Holdsworth Operation R
1	Phalangeal Osteotomy Gt. toe L.
1	Investigation and treatment rheumatic arthritis chiefly cervical spine

During the year 19 pairs of valgus insoles, 3 pairs of surgical boots or shoes, 2 pairs Genu Valgum splints, 1 pair calipers and inverting irons, 13 repairs to calipers and shoes, 73 pairs of wedges to shoes, 1 spinal jacket, 1 pubic pressure urinal and 1 walking aid were supplied to school children.

119 cases were discharged from the Orthopaedic Clinic, 22 as cured, 5 due to absence and 83 were showing improvement and were kept under observation at school. 9 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
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and she reports as follows:—

*REMEDIAL EXERCISES.

Kenwood Gardens Clinic:	New Cases	64
	Total Attendances	630
Mayesbrook Clinic:	New Cases	21
	Total Attendances	225

Cases referred for treatment from school medical inspections numbered 102 and these made 182 attendances.

The total number of new cases at both Clinics were 187 and the total attendances were 1,037. As usual classes were held at both Clinics to demonstrate the exercises for treatment of the particular

defect so that the child's mother could supervise the exercises at home.

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.

Regular treatment was given as usual both in Kenwood Gardens Clinic and in Mayesbrook Clinic.

There were 15 new cases with 250 total attendances at Kenwood Gardens, and 15 new cases with 164 total attendances at Mayesbrook, making a total of 30 new cases and 414 attendances at both Clinics."

PHYSIOTHERAPY CLINICS.

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

Details of attendances:—

Clinic	Sessions	New Cases	Old Cases	Attendances
Kenwood Gardens	85	64	27	630
Mayesbrook ...	88	21	13	225
Mayford Way ...	—	1	8	45
Total ...	173	86	48	900

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	45	15	3	250	—	2	4
Mayesbrook	42	15	4	164	1	6	4
Total ...	87	30	7	414	1	8	8

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

Defects Treated	Cases	
	A	B
Underweight, Debility and Malnutrition	9	13
Bronchitis and Catarrh	4	5
Chilblains	3	—
Ichthyosis	—	1
Severe Acne	1	—
Psoriasis	1	—
	18	19

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:—

"This Clinic was held 47 times in 1963 — 3 less sessions than in the previous year, as the Regional Hospital Board were only willing to allow us to engage a locum for 3 out of the 6 weeks of my annual leave. The attendances increased somewhat — 401 in all, as compared with 362; 164 of these were for the first time. 62 cases were operated on — 20 less than last year; this drop was due to re-building operations in the theatre suite at Chadwell Heath Hospital, which rendered it out of use for several months.

69 audiographs were carried out during the year, as a result of which significant deafness was detected in 10 cases, requiring further investigation and treatment.

Cases diagnosed during the year:—

Tonsils and Adenoids Infections	...	...	...	...	32
Hypertrophied Adenoids	...	...	...	...	33
Deafness	...	...	...	...	4
Epistaxis	...	...	...	...	2
Maxillary Sinusitis	...	...	...	...	3
Otitis Media	...	...	...	...	4
Vasomotor Rhinitis	...	...	...	...	9
Rhinitis	...	...	...	...	3
Cerumen	...	...	...	...	1
					<hr/> 91 <hr/>

SPEECH CLINICS.

Mrs. B. Tingey, Speech Therapist, submits the following report:—

Miss Meyersberg:	Six Sessions per week	Valentines Clinic and Schools.
Mrs. Tingey:	Six Sessions per week	Mayesbrook Clinic and Schools.
Mrs. Pretious:	Full-time	Cerebral Palsy Unit, School Clinics and Schools.
Mrs. Pearce:	Full-time to 23.11.63.	Valentines Clinic and Schools.
Mrs. T. Oliver:	Full-time from 30.12.63.	Valentines Clinic and Schools.

After over a year with the speech therapy clinics, Mrs. P. Pearce left us to await her first baby. She is a most efficient and effective speech therapist and her loss to the clinics was regretted by her colleagues and patients. Her successor, Mrs. T. Oliver, was welcomed to the Clinics in December 1963.

During the year, the benefit of the increase made in speech therapy sessions in November 1962 has been apparent. The time between referral for, and admission to, speech therapy has been very effectively decreased. It has also been possible to visit the schools and this has been appreciated by the head teachers, their

staffs and the speech therapists. Full sessions have continued to be worked in schools where a large enough number of speech defective children are found.

We continue to welcome the early referral of children with speech or language disorders. Many such children benefit from speech therapy prior to attending school. It is encouraging to note the prompt referral of even minor speech defects, following the parents expressing concern regarding the child's speech, as this is always a good enough reason for referring them for advice and/or treatment."

SCHOOL DENTAL SERVICE.

Mr. E. V. Haigh, Area Dental Officer, submits the following report:—

"The School Dental Service in the Ilford Area continued to expand during 1963. This improvement in the service has been progressing slowly since 1960, when the total equivalent full time dental officers was only two. Now by the end of 1963 we have an equivalent full time staff of six; five full time dental officers and one surgery staffed by part-time surgeons. In April of this year Mr. Hodgson commenced full time duty at Mayesbrook Clinic and then in September Mr. Toolsy, who had been with us as a part-time officer for several years, changed over to full time duty at Kenwood Clinic. Mr. Willson and Mr. Bowe continued with their services at Kenwood and Valentines Clinics respectively. All surgeries are now fully staffed.

This increase in staff has enabled the dental service to undertake more school inspections and also to re-inspect more patients treated at the Clinics. One of the most important duties of dental officers is the regular inspection of children at school. These inspections are often the only way of notifying the parents that their children's teeth are in need of dental treatment. Unfortunately many parents do not take any notice of our advice to receive treatment either from Private Practitioners or School Dental Service.

During the latter part of 1963 I co-opted the assistance of many Headmasters and Headmistresses to try and get more consent forms returned after a school inspection. This has helped considerably because in the past many forms advising treatment were not taken home to the parent. However, with the teachers' help we have had a greater response and more have agreed to school dental treatment.

With the need for more dental health education in mind, Mr. Hodgson was sent to the Central Council for Health Education Course held at Bangor in 1963 and he returned with many new ideas concerning this difficult problem. Greater use of posters, leaflets and talks in schools can do much to make children and parents more dentally conscious, and the importance of teeth as regards health. In this comparatively new branch of the school dental service it may be many years before we can see the benefits of our efforts.

It is gratifying to learn from the dental figures for the year that the number of permanent teeth that had to be extracted was lower than last year, although more children were treated. This was not so with the deciduous teeth, more having to be extracted. This points, I feel, to the need for early conservative treatment as soon as a child commences school, or prior to this whenever possible.

High speed equipment for cavity preparation continued to be used in all surgeries and almost every child preferred it to the old slow speed technique. Dental radiographic facilities available at all clinics helped in the diagnosis of dental abnormalities.

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 the older children studying for examinations. Many of these children would not attend during the day sessions and so I feel this is a service of value.

Emergency treatment and inspection sessions were held at two clinics in the area per week, namely Mayesbrook Clinic on a Wednesday and Friday mornings, 9 - 11 a.m., and Valentines Clinic on Tuesday mornings at 9 - 11 a.m. Any child may attend one of these sessions for the relief of pain when possible, or for an inspection.

The dental health of the school children in Ilford is slowly improving. This is due to the fact that more parents are becoming dental health conscious and so are having their children treated either under the National Health Service or School Dental Service.

In conclusion, I am certain that the next major advance in the dental health of children must be in the introduction of fluoridation of water supplies."

BENTON SCHOOL AND CEREBRAL PALSY UNIT.

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

"The big event of the year has been the preparation for opening the new Ethel Davis School for the physically handicapped which will incorporate both schools. The removal took place during the Christmas holidays and the children came in at the beginning of January 1964.

While work in both schools continued normally until the end of the summer term, the autumn term was increasingly taken up with planning and preparing the removal. There were numerous consultations with the educational staff and the architects and builders, and many snags arose which had to be ironed out. This inevitably effected the time available for routine medical inspections, though special cases and problems were dealt with as they arose. In this connection I should like to thank the administrative staff of the School Health Service for their unfailing help and support and for the patience and good humour with which they met all the various difficulties which were encountered.

As regards the actual work at Benton during the year, this has proceeded smoothly with the maximum co-operation with hospitals and consultants. The work at the Cerebral Palsy Unit also continued along previous lines. Once the routine of the new school becomes established it will be possible to carry out certain treatments on the spot which hitherto have only been obtainable at the various clinics throughout the Borough.

It may be remembered that in last year's report a plea was made for a special vehicle fitted with a ramp and a tail hydraulic hoist. We understand that this has now been ordered and that delivery may be expected in the near future. Such a van will be of the greatest help to staff and children alike.

The Staffing position has undergone two changes. Our two physiotherapists resigned, Miss Bowers on 27th October, 1963 and Mr. Morris in December with effect from January 1964. It is hoped to fill at least one vacancy in the New Year.

There is, however, one aspect of the work which is giving cause for anxiety. The school leaving age is fifteen, but in their own interest children in special schools are legally expected to stay on until they are sixteen to make up for schooling lost through illness.

This is always explained to parents on admission. But although the compulsory leaving age is sixteen exceptions have been made in cases where a child who is over fifteen years of age is offered a suitable job or the opportunity to train for one. He may then, if considered fit, be discharged before the official date rather than make him stay on and miss the chance of getting settled in suitable work. Recently, however, there have been instances of parents insisting that their children leave school at fifteen years of age in order that they may start earning at the earliest possible moment even though the proposed work is unsuitable from a medical point of view. In one extreme case the parents even wished to withdraw a boy before he was fifteen years old. This situation may become even more acute if, when the ordinary school leaving age is raised to sixteen, that for children in special schools rises automatically to seventeen.

There is another complicating factor resulting from the new regulations governing school leaving. Previously leavers were spread out more evenly over the year, now they are concentrated into two main streams which flood the employment market at Easter and in July. The handicapped are also caught up in this flood and now have to take their chance of getting jobs in competition with all the other normal and younger leavers. Previously it had been possible to place them during slack periods and in-between times. These remarks apply with even greater force to children leaving the Cerebral Palsy Unit who may well be unemployable in the ordinary sense of the word and yet have some small skill which could be usefully developed. As it is, they may too often remain unemployed and may stay at home for several months during which time lack of treatment and of social contacts may undo the work of the school. The opposite may also occur, as in the case of a boy born on September 2nd. The dead line date for leaving in the summer being September 1st, he cannot legally leave school until the following Easter, when he will be 16½ years of age.

This problem of the handicapped school leaver is a national one, and though it is exercising many people's minds, little constructive help towards its solution has so far been forthcoming. It is also a long term one involving a change in most parents' attitude towards their children's handicap and working capacity and also the provision of more training centres to which they would be glad to see their children admitted. Ministry, Education Departments, School Health Services and Youth Employment Officers and employers are all involved, but none of these groups can act singly and on their own. Could they not all get together to work out a fair solution? This seems the only reasonable way of tackling such a problem.

In conclusion I should like to express my thanks to the staff of both schools for their loyal help and support during a difficult period."

BENTON SCHOOL.

During 1963 the number of children on roll varied, being 63 on 31st December 1962 and 64 on 31st December 1963.

There were 12 admissions and 11 discharges. Recommendations for admission were received from the following sources:—

School Medical Officers	5
Hospitals	3
Borough Education Officer	3
Transfer	1
	<hr/>
	12
	<hr/>

The diagnoses were as follows:—

Congenital Heart Disease	1
Old Meningocele	1
Poliomyelitis	2
Talipes	1
Arthrogryphosis	1
Acute Bronchitis	1
Achondroplasia	1
Migraine and Cyclical Vomiting	1
Asthma	1
Hydrocephalus and Paraplegia	1
Ataxical Gait	1
	<hr/>
	12
	<hr/>

CEREBRAL PALSY UNIT.

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 20 on 31st December, 1962 and 24 on 31st December, 1963.

In reviewing the work undertaken throughout this period 5 children were examined in connection with suitability for admission. Of these, 4 were acceptable and came from the following areas:—

Ilford	1
Dagenham	2
Forest Division	1

The child considered unsuitable was submitted for examination by the South Essex Division — there was no evidence of spasticity and it was thought to be ineducable.

The admissions numbered 4 from the following areas:—

Ilford	1
South Essex Division ...	1
Romford	1
Forest Division	1

This therefore leaves two children on the waiting list from the Dagenham area.

One child was discharged during the year having reached school leaving age.

ILFORD CEREBRAL PALSY UNIT.

Mr. H. B. Lee, F.R.C.S., Consultant Orthopaedic Surgeon, makes the following report:—

"The Unit continued in the old school until Christmas, and the happy atmosphere and high standard of co-operation between the various branches of the staff were maintained. The children derive much benefit from social contacts and the stimulus of associating with others with similar handicaps.

The policy of admitting children for a trial period in the first place continues to justify itself in the realisation by the parents that their child is being given a fair chance. Only detailed and prolonged observation by experienced teachers and other staff can allow a true opinion of a child's mental ability to be formed when bodily disability makes ordinary methods of expression difficult.

Much improved facilities at the new Ethel Davis School, including a treatment pool, will we hope produce even better results, and it is proposed to start a nursery class in the autumn."

CHILD GUIDANCE CLINIC.

Dr. W. P. Gurassa, Medical Director, reports as follows:—

"This has been a year of consolidation in which we have not felt it necessary to introduce any major changes of policy but have continued to keep in close touch with agencies outside the Clinic.

Since October we have fortunately again been fully staffed. Dr. Munari who is on an extended visit to this country from the University of Padua has been able to join our staff as a Psychotherapist for one day a week and Miss Riesenbergh who has come over from Chile to work in this country for a few years has joined us more recently also as a Psychotherapist. We are very fortunate indeed to have such experienced and gifted people with us. We are most appreciative of the hard work put in by our administrative colleagues in disentangling the regulations and so obtaining the necessary labour permits. There is a world shortage of qualified Psychotherapists, so we feel this is a small brain drain in reverse.

We are in close touch with probation officers and child care officers. Recently we have invited G.Ps. to the Clinic, and have discussed with them informal referral of patients. Sometimes parents who have had no experience of Child Guidance Clinics are very apprehensive of taking their child to a place they do not know and can be helped by an explanatory interview so that they can understand something of what referral involves and can then bring their child more happily once their own anxieties have diminished. It is perhaps due to this contact with G.Ps. that we have had an increasing number of pre-school children referred. We are particularly glad to see these children and their mothers as their problems are still very fluid, and early treatment can more readily turn the child's emotional growth towards health and sound adjustment before the problems become so set that long and intensive treatment is necessary. We are concerned too with preventive work, and often an anxious mother of a young child can be helped to understand her child's needs so that later problems are averted.

Another problem which takes up considerable staff time is finding appropriate placements for those children who need to go away from home. Some of these children are so sick that they need hospital in-patient treatment, and beds are in very short supply, particularly for adolescents, and also for the 12 year olds who are often considered too old for a children's ward and too young for an adolescent unit. This shortage of hospital beds is a national problem and is being investigated by the Ministry of Health so we hope the

situation will improve. Other children who need to be placed away from home are those who go to boarding school, and here we are fortunate in having help from County Hall, but there is a shortage of places in schools for Maladjusted Children, particularly as the requirements for recognition of such schools have recently been tightened up.

There is practically no chance of placing older girls in schools for Maladjusted Children, unless they come within the E.S.N. range. There seem to have been an increasing number of adolescent girls referred to this Clinic during the year. Some very intelligent and the disturbance was largely concerned with the home — the Education Department has been most helpful in arranging for admission of one or two of them to ordinary boarding schools. If this works out it will perhaps prove a very useful development for such children, the parents are required to pay for this type of education and where they are able to do this it helps them and the children to know that there is a positive contribution from the home. This is likely to work best with children who are not too disturbed in themselves, and may be particularly beneficial at puberty which is a natural time for personality re-adjustment.

We are sad that Mrs. Pym has moved from Ilford and so has left the Day Maladjusted Classes which have continued to do invaluable work throughout the year and catered for some extremely disturbed children. We are, however, very lucky to have Mrs. McGrath to take her place who is also a qualified teacher of Maladjusted Children."

SCHOOL PSYCHOLOGICAL SERVICE.

Miss B. S. Gascoyne and Miss C. Helen Watt, Educational Psychologists, report as follows:—

"During the year we held at the Child Guidance Clinic a series of four discussions for teachers on the subject of emotionally disturbed children; the meetings were open to Ilford and Barking teachers. In order to focus the discussion on the practical situation which faces the teacher, we gave as the title for our discussions "The problem of dealing with emotionally disturbed children in class teaching." Although we started by discussing the class-room situation, the discussions tended to develop in such a way that people stated their views, in a rather theoretical and generalised fashion, about the causes of emotional disturbance and we got rather far from the class-room situation.

At the first meeting a common problem did arise and all present seemed to be agreed that the type of emotionally disturbed child who causes most difficulty in the class-room is the aggressive, demanding, attention seeking child, as he is a source of distraction to his classmates as well as commanding a disproportionate amount of the teacher's attention, time and energy.

In all the discussions, the parents were mentioned as important in connection with the children's problems and because of the interest in this, we invited the psychiatric social workers to attend the last meeting, to describe the aims of their work with parents.

As the group varied in composition at each meeting, different people attending each time and only a few coming to all or most meetings, we really had to start the discussion afresh each time for there was little chance to achieve continuity of discussion.

We hope to hold further such meetings in the future. We have learnt from the meetings we have already had, that we need to be more specific in our subjects for discussion and we may, for example, ask people to present for discussion more detailed accounts of problems arising with individual children.

During the past year the waiting list for the Special Remedial Classes has grown enormously and children are now having to wait about a year from the time their names are placed on the waiting list to the time of admission. The long wait is unfortunate, but at the same time it is encouraging to note that very few of the children on the waiting list are of Secondary School age, so it seems that a greater number of children are being referred at a young age. We are lucky to have such excellent remedial facilities, but the length of the waiting list suggests that we need to increase the number of the special classes, when this is possible.

One of the three teachers at the day maladjusted classes, Mr. Horton, left at the beginning of the year to take a similar job with the L.C.C. We were fortunate to get Mr. Westlake who had been working at the remedial classes and had had experience there with one or two children who later went to residential schools for maladjusted children, to transfer to the maladjusted classes to replace Mr. Horton.

At the end of the year, we lost Mrs. Pym who started the classes going and with special training, combined with skill and insight into the children's problems and full liaison with the staff

Mrs. Bowman's observation group has now been going long enough for us to have reached decisions about the problems, needs and probable future placement of some of the children. Out of seven children, two are thought suitable for E.S.N. school, one is probably ineducable and two seem to be above E.S.N. level in intelligence but are severely emotionally disturbed; we are not yet sure about the other two children who need further observation. It was quite impossible to assess any of these children properly without a period of observation and as each one was a serious and in some cases impossible problem in an ordinary class, the observation class is filling a very real need in providing special facilities for the children so that they can be taken out of the ordinary school to relieve the immediate pressure of the problem for child and school, but the decision about the most suitable ultimate placement for the children can be made without this pressure of urgency. Because time can be allowed to study the children closely and find out a lot about them in the observation group, the final decisions on placement are much more sound and reliable than they would be if the children had to be assessed without this opportunity."

New Cases	... ..	102
Follow ups for Schools	... ..	99
Follow ups for Clinic	... ..	119
Remedial Education Cases	... ..	10
Children referred to C.G.C.	... ..	16

ILFORD ENURESIS CLINIC.

Dr. J. M. Pooley, Medical Officer in charge, reports on the Clinic as follows:—

"During the 12 months ended December 31st, 1963, the clinic continued to be held on Wednesday mornings at the Kenwood Gardens Clinic.

Sessions and New Cases

39 sessions were held this year, during which 99 new cases were seen as compared with 70 new cases during 1962 and 55 during 1961.

I. Appointment List

<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 ...	7	4	—	—
School Medical Officers ..	—	—	34	13
General Practitioners ...	2	2	11	6
Parents	—	—	9	2
Health Visitors	—	1	5	2
Consultants	—	—	—	1
	9	7	59	24

Total = 99 new cases

Total Attendances (old and new cases) = 463 in 1963

Total Attendances (old and new cases) = 358 in 1962

Number of Sessions held = 39

Thus during 1963 21 cases were referred by General Practitioners, as compared with 19 in 1962 and 8 in 1961.

II. Procedure

The procedure followed with each new case is as follows:—

1. Urinalysis
2. History of enuresis and previous illnesses
3. Physical examination
4. Treatment

Following on the research into the use of the long acting (bonded) dexamphetamine known as Dexten, which was carried out in the clinic, and the subsequent publication of a paper thereon in the Practitioner (April 1963) a far larger number of deep sleeping enuretics were referred to the clinic than in previous years.

From these cases a group of "Prewaking Enuretics" were definitely identified. This group includes children who were wetting between the hours of 5 a.m. and 7 a.m. and were treated with these times particularly in mind.

III. Treatment

The treatments issued or prescribed throughout the year include:—

- (1) Long-acting (bonded) Dexamphetamine — known as "Dexten" — 5 mgms. at bedtime or at 10.30 p.m.
- (2) Phenobarbitone gr. $\frac{1}{4}$ — $\frac{1}{2}$ b.d.
- (3) Routine and charting only.
- (4) The Sentinel or Downs Bed-buzzer.
- (5) Librium mgms. v.o.m. or b.d. (in conjunction with the patient's general practitioner.

There are 20 bed-buzzers in use through the clinic and 43 cases used a machine during the year.

IV. Results

41 cases were discharged dry, made up as follows:—

Over 5	30 Boys	7 Girls	
Under 5	2 Boys	2 Girls	
	<u>32</u>	<u>9</u>	= 41 Total Dry

The following cases were self-discharged:—

Over 5	29 Boys	14 Girls	
Under 5	1 Boy	—	
	<u>30</u>	<u>14</u>	= 44

The attendance, interest and co-operation shown throughout the year have again made this a very worth while clinic."

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, 1963 is shown in the following table:—

CATEGORY	Number of children of school age on 31st December, 1963, formally ascertained as handicapped pupils and requiring special educational treatment (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	Total No. of children of school age requiring s.e.t.
Blind	—	—	2	—	—	—	1	—	—	—	—	—	—	3
Partially Sighted ...	6	—	1	1	—	—	1	—	—	—	—	—	—	9
Deaf	4	—	—	—	—	—	—	—	—	—	—	—	—	4
Partially Deaf	16	—	—	—	—	—	1	—	—	—	—	—	—	17
Delicate	3	3	2	—	—	—	4	—	—	—	—	—	—	12
Physically handicapped	59	—	—	—	1	—	7	—	1	—	—	2	—	70
E.S.N.	53	5	6	3	—	—	14	—	—	—	—	1	1	83
Maladjusted	—	—	10	16	2	—	15	—	—	—	—	2	—	45
Epileptic	—	—	—	—	—	—	2	—	—	—	—	—	—	2
Speech Defect	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dual Defects	8	—	2	1	—	—	—	—	—	—	—	—	—	11
Total	149	8	23	21	3	—	45	—	1	—	—	5	1	256

GENERAL WELFARE

Provision of Meals and Milk for School-children. — The total number of mid-day meals served in the schools during 1963 was 2,297,556 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 25th September, 1963 was 17,323.

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 59 cases were investigated:-

(1) Neglect	...	...	...	...	...	...	...	...	...	...	27
(2) Ill-treatment cases	...	...	...	...	...	...	...	...	...	...	12
(3) Other cases	...	...	...	...	...	...	...	...	...	...	20

One hundred and nineteen children (71 boys and 48 girls) were involved, 66 being of school age. In addition to this work, 301 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 1963:-

Number of Ilford children placed in convalescent homes:

Fees paid by voluntary funds	2
------------------------------	-----	-----	-----	-----	-----	-----	-----	---

Assisted in other ways:—

Intensive Casework	...	...	...	...	...	...	...	4
Casework Visiting	...	...	...	...	...	...	...	10
Supportive Visiting	...	...	...	...	...	...	...	5
After-care of children who have been in our residential schools	...	...	...	...	...	...	...	1
Visiting parents of children still in I.C.A.A. Schools								1
Grant towards T.V. Licence	...	...	...	...	...	...	...	1
Invalid Chair	...	...	...	...	...	...	...	2

THE HEALTH VISITOR AND THE SCHOOL NURSE.

Miss J. Oliver, Area Superintendent Health Visitor, submits the following report:—

"Much of the work done in schools cannot be shown by statistics. Apart from our usual visits for hygiene, eye testing and routine medical inspections, much time is spent on discussing individual children with the school teacher. This often involves visits to the home, contact with Education Department, School Enquiry Officers, N.S.P.C.C. Officer and other social workers.

It is interesting to note that forty visits were made to schools this year, the teacher usually telephoning the health visitor in the first instance.

The grubby, badly clothed child from the family with a severe problem is known to many, shunned by his school fellows, especially if enuretic. He becomes aggressive and friendless and continues through his school days to be a misfit. The parents are difficult to convince that clothes are important and cannot be persuaded to accept assistance. The Health Visitors often find there is no lack of money in these homes.

Open days are usually a great delight to the school child and parents; somewhere in this set-up is the odd child who says "My mummy never comes, she works". Here the teacher again asks the health visitor about the child's background; is mother so desperately hard up that a few hours cannot be taken off for school medical or open day? Could we persuade mother or father to attend to discuss the child's educational progress?

Health Education in Schools

All schools were advised of the type of lectures and visits we could give at the beginning of this year. Our work showed some improvement in this field; mothercraft lectures were extended to two further schools. Visits to infant welfare centres, and to the block of flats for elderly physically handicapped persons proved popular. We endeavoured, at the Infants Welfare Centres, to gather the group together and discuss "Home Safety" and local authority services available for the community. At the block of flats children were encouraged to visit the elderly provided they had their parents' permission.

International Youth Camp

One health visitor attended this camp to act as resident nurse. Of all the nationalities gathered together the English children headed the list in their demands for "pills and potions". It would be interesting to know if her colleagues attending the camp found this also to be a fact."

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, School Medical Officer, reports as follows:—

"My last report was devoted to a survey among the Ilford population on the effectiveness of health education and its prevention of smoking. The results of that survey showed that most people, in spite of accepting the evidence of cigarette smoking producing cancer of the lung, were unable to stop smoking.

In the light of this, there is not much use in continuing health education for confirmed smokers, and the salient feature which arose from this survey was that smoking was an addiction and that medical means should be used to overcome this addiction. This meant the creation of smokers' clinics, but so far this has not been done.

There is little purpose in spending any more time on the smoking population, and it seems that future emphasis must be placed

upon school children, to try to prevent them acquiring the habit. This is being done constantly by all medical officers during their routine medical inspections which are performed in the schools.

So far as I am concerned, in addition to education during the routine medical inspections, I am carrying out a controlled experiment in two Ilford schools lasting over a period of five years. This experiment consists mainly of lectures to children. At the end of five years the effect of these lectures will be assessed and we shall be in a better position to know whether health education among school children is likely to reduce the number of cigarette addicts in the future."

Smoking and Lung Cancer

Dr. D. J. Gordon-Smith reports as follows:—

"There was a satisfactory response to the offer of short courses in schools on health education, and a number of schools have been visited on more than one occasion. All the girls at Dane S.M. School were given a talk on smoking and lung cancer and most of the senior boys at Becontree S.M., Ilford County High, Fairlop S.M., and the senior girls at the Mount and Gearies S.M. have had talks. Health Visitors have been involved in school teaching in many other schools. This is by far the most encouraging and certainly most rewarding aspect of health education in the borough and again it is hoped that this will expand in coming years. A particularly successful venture was a free discussion group held with some of the senior girls at Fairlop S.M. A recently married teacher gave her impressions of the adaptations necessary for a successful marriage, and from there, discussion ranged over most of the problems of contemporary society and how young people can deal with them. This is health education at its best, and probably no amount of talk on health and hygiene will be as useful and acceptable to young people as a free discussion on parent/child relationships or the adjustments needed when leaving school.

Young people are not, on average, particularly interested in smokeless zones or the problems of ageing. But they are engrossed with aspects of human relationships with their parents, with their peers, with teachers and other adults. The attention of the more senior girl can be riveted by discussions on personal hygiene and make-up, elementary child psychology and infant care. Senior boys are absorbed in discussions on relationships with persons in autho-

rity, on the place of the father in the home, discussions on relationships with girls, on the need (or otherwise) to keep fit and so on. Once a permissive and sympathetic atmosphere has been created, the discussion can then be widened to such subjects as nutrition, budgeting, accidents and other interests embraced under the broad title of social and preventive medicine. Most teachers already make some effort to prepare their pupils for their future as adults. The function of the health department team is to bring in their more expert knowledge on particular subjects, and so to assist the teacher.

A few schools have asked for supplies of posters and leaflets on particular topics such as personal hygiene and smoking. There is no doubt that with encouragement, more head teachers can be persuaded to display posters of interest to children."

Hygienic Conditions in Schools in the Division. — Mr. S. R. Daly, Chief Public Health Inspector, reports as follows:—

"The sanitary arrangements at the various schools throughout the Borough have been under constant supervision by the Council's Public Health Inspectors, and the standards have not been greatly improved. Hot water for hand washing is supplied to internal conveniences but the old, badly constructed and unsuitably orientated external conveniences have cold water only, a factor bearing hardly at all on hygienic education of school children. It is high time that all school sanitary conveniences were placed indoors even in the older schools, for hot water should not be the prerogative of pupils in new schools only.

Inspections have revealed sanitary and other defects in school buildings and these have been referred for action. In most cases long delays occur in providing remedies and in some cases they go without reparations at all. The reason is that enough money is not available for the Divisional Executive for all the improvements; nevertheless it bodes ill for effective sanitary administration when an Education Authority fails to or delays to effect remedies for faults which call for statutory sanctions on private property owners, particularly in Offices and Shops under the Act of 1963 and the Food Hygiene Regulations in so far as food premises are concerned.

School Meal canteens and kitchens are carefully inspected and there is still an absence of adequate hot water for washing up utensils and dishes, in one case arising from an insufficient heating appliance.

I am fully aware of the national and local economic difficulties facing the educational services, but I do feel that this most important field of hygiene implementation and education, with its concomitant future value in the prevention of the spread of diseases, would amply repay the proportionately small cost of renovating and re-organising the school sanitary facilities by the provision of enclosed building suitably protected against inclement weather, provided with hot and cold running water at a suitable temperature and housing paper towels or hot air blowers for effective drying.

The School Milk supplies have been satisfactory; in fact no complaints were received in the department, thereby suggesting that this service is improving rapidly."

Employment of School-children and Young Persons. — During 1963 85 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 1963 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. were offered	...	...	...	...	...	1,987
No. of pupils whose parents consent to treatment	...	...	...	...	...	995
No. of pupils undergoing tuberculin test	...	...	...	...	...	* 908
Positive: 30						
No. of pupils who received B.C.G.	...	...	...	...	...	854
*22 carried forward from previous year.						

MEDICAL EXAMINATION OF TEACHERS, OFFICERS AND SERVANTS. — The following examinations were carried out during 1963:—

	Officers	Servants	Teachers	Intending Teachers	Total
New Appointments	18	75	46	98	237
Under Sickness Regulations	—	4	1	—	5

THE CAUSES OF DEATH AMONG CHILDREN OF SCHOOL AGE (i.e. FROM 5 – 15 YEARS) IN ILFORD, DURING 1963 WERE:—

Leukaemia	2
Accidental (Asphyxia)	2
Pulmonary Stenosis	1
Mediastinal Tumour	1
Cardiac Failure (Muscular Dystrophy)	1
Bronchial Pneumonia	2
Uraemia	1
Anoxia	1
Primary Hepatoma	1
	—
	12
	—

MINISTRY OF EDUCATION
MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1963.

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	6,069
Number of other Periodic Inspections	574
Total:	<u>6,643</u>

B. — OTHER INSPECTIONS

Number of Special Inspections	78
Number of Re-inspections	891
Total:	<u>969</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)
1958	30	124	150
1957	63	260	309
1956	53	186	230
1955	12	35	45
1954	11	9	17
1953	8	5	12
1952	37	23	57
1951	158	93	242
1950	82	49	127
1949	15	8	21
1948 and earlier	236	50	275
TOTAL	705	842	1,485

TABLE II.

A. — RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1963.

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	45	—	37	—
5	Eyes — a, Vision ...	705	3	229	—
	b, Squint ...	71	—	10	—
	c, Other ...	17	—	14	—
6	Ears — a, Hearing ...	62	1	73	—
	b, Otis				
	Media	11	—	8	—
	c. Other ...	5	1	4	—
7	Nose or Throat ...	160	2	219	2
8	Speech	40	15	22	7
9	Lymphatic Glands ...	2	—	51	1
10	Heart and Circulation	12	—	74	—
11	Lungs	55	—	159	—
12	Developmental—				
	a. Hernia ...	6	—	10	—
	b. Other ...	22	3	127	2
13	Orthopaedic —				
	a. Posture ...	25	—	18	—
	b. Flat foot ...	116	—	73	—
	c. Other ...	113	1	184	1
14	Nervous system —				
	a. Epilepsy ...	5	—	8	—
	b. Other ...	1	—	11	—
15	Psychological —				
	a. Develop- ment	2	1	19	—
	b. Stability ...	7	31	29	2
16	Abdomen	15	—	12	—
17	Other	141	4	180	3

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
1958	1,089	1,065	24
1957	1,460	1,439	21
1956	995	989	6
1955	188	186	2
1954	48	48	—
1953	31	31	—
1952	212	211	1
1951	1,139	1,128	11
1950	559	552	7
1949	58	57	1
1948 and earlier	864	863	1
TOTAL	6,643	6,569	74

TABLE III.

INFESTATION WITH VERMIN.

All cases of infestation, however, slight, are recorded.

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

(i) Total number of pupils examined in the schools by school nurses or other authorised persons	...	...	18,647
(ii) Total number of individual pupils found to be infested			103
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	—
(v) Number of individual pupils disinfested:-			
By Local Authority	...	...	72
By parents	...	...	31

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	—	—
Scabies	—	—
Impetigo	1	—
Other Skin Diseases	140	2

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	68	3
Errors of Refraction (including squint) ...	43	1,741
Total	111	1,744
Number of pupils for whom spectacles were -		
(a) Prescribed	-	877
(b) Obtained	-	832

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 ...	-	218
(c) for other nose and throat conditions ...	-	14
Received other forms of treatment	64	105
Total	64	337

GROUP 4. - ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	Otherwise
(a) Number treated in clinics or out-patients departments	102	356
(b) Pupils treated at school for postural defects	30	-

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	172	—

GROUP 6. - SPEECH THERAPY

	By the Authority	Otherwise
Number of pupils treated by Speech Therapists for the first time	120	1

GROUP 7. - OTHER TREATMENT GIVEN

	By the Authority	Otherwise
(a) Miscellaneous minor ailments	216	43
(b) Other		
(1) Sunlight Treatment	30	—
(2) Enuresis	97	—
Total	343	43

TABLE V.

DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by Dental Officers:

(a) Periodic age groups ...	12,473
(b) Specials	2,479
Total (1)	14,952
(2) Number found to require treatment ...	8,842
(3) Number referred for treatment	8,842
(4) Number actually treated	3,754
(5) Attendances made by pupils for treatment	16,756

(6) Half-days devoted to:					
Inspection	...	...	...	...	94
Treatment	...	...	...	...	2,234
Total (6)					2,328
(7) Fillings: Permanent Teeth					
	...	...	...	...	9,217
Temporary Teeth					
	...	...	...	...	3,207
Total (7)					12,424
(8) Number of teeth filled:					
Permanent Teeth	...	...	...	...	7,620
Temporary Teeth	...	...	...	...	2,635
Total (8)					10,255
(9) Extractions:					
(i) Permanent Teeth:					
(a) On account of Caries	...	...	...	...	578
(b) For other purposes	...	...	...	...	142
					720
(ii) Temporary Teeth:					
(a) On account of Caries	...	...	...	...	1,953
(b) For other purposes	...	...	...	...	130
					2,083
(10) Administration of general anaesthetics for extraction					
...	...	...	...	...	956
(11) Other operations:					
Permanent Teeth	...	...	...	...	5,871
Temporary Teeth	...	...	...	...	1,276
Total (11)					7,147
(12) Orthodontics					
(i) Cases commenced during year	...	...	...	...	208
(ii) Cases carried forward from previous year	...	...	...	...	578
(iii) Cases completed during year	...	...	...	...	158
(iv) Cases discontinued during year	...	...	...	...	40
(v) Pupils treated with appliances	...	...	...	...	230
(vi) Removable appliances fitted	...	...	...	...	165
(vii) Fixed appliances fitted	...	...	...	...	-
(viii) Total attendances	...	...	...	...	2,777
(ix) Number of sessions devoted to treatment	...	...	...	...	265
Number of pupils supplied with artificial dentures	...	...	...	...	25
Number of dentures fitted	...	...	...	...	25

SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINICS

AS AT 31st DECEMBER, 1963.

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	7	1.69
(iii) General Practitioners working part-time in the School Health Service	—	—
(b) Speech Therapists	4	3.09
(c) Physiotherapist	2	1.16
(d) Occupational Therapist C.P. Unit	1	1.00
(e) School Nurses including Super- intendent	24*	(Combined posts, H.V. and S.N.) 9.48
(f) Nursing Assistants	7	(Clinic Nurses) 4.05
(g) (i) Area Dental Officer ...	1	0.76
(ii) Dental Officers (whole time) ...	4	3.84
(iii) Dental Officers (part-time)	5	0.9
(iv) Orthodontists	—	—
(v) Dental Surgery Assistants	6	5.1

* 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	5	—
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	3	1.18
Clerk/Typist	4	3.5

The Psychiatrists are employed by arrangement with the Regional Hospital Board.

Owing to a change in the Presentation of Ministry of Education Returns whereby Periodic Medical Inspections are recorded in Years of Birth, from and Including 1958, the Figures recorded below cannot be compared with the Groups in previous years.

[illegible]

										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)	Number of Children Examined	Average Height (in Centimetres)	Average Weight (in Kilogrammes)									
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	63.8
1956	---	---	---	---	---	---	---	---	---	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	61.4	60	174	63.5
1955	---	---	---	---	---	---	---	---	---	605	113	20.6	442	116	21.9	125	123	24.3	68	124	25.5	48	135	29.3	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	---	---	---	---	---	---	---	---	---	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
1957	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
1956	---	---	---	---	---	---	---	---	---	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
1955	---	---	---	---	---	---	---	---	---	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
1954	---	---	---	---	---	---	---	---	---	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

