

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

Contributors

West Ham (London, England). County Borough.

Publication/Creation

[1927?]

Persistent URL

<https://wellcomecollection.org/works/xm5wersu>

License and attribution

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

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

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



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

County Borough of West Ham.



ANNUAL REPORT
of the
Medical Officer of Health
and
School Medical Officer
for the Year 1926.

Including his Report as Administrative Officer
under the Mental Deficiency Act.

F. GARLAND COLLINS,
M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.

*TO HIS WORSHIP THE MAYOR, ALDERMEN AND
COUNCILLORS OF THE COUNTY BOROUGH
OF WEST HAM.*

MR MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report for the year 1926. I have included in this volume not only the report upon the work of the Public Health Department, but also my Annual Report as Chief School Medical Officer to the Education Committee, and my Report as Administrative Officer under the Mental Deficiency Act. This will facilitate references, and combine reports upon the whole of the Health Services of the Council.

Fresh legislation dealing with matters appertaining to the health of the population continues to pour in upon Local Authorities, notwithstanding that much of the legislation previously in force has not yet become stabilised. Since my last report the following have become operative:—

Public Health Act, 1925—

Sections 36, 37, 38, 39, 40, 41, 42, 43, and 44.

Part III.

Sections 45, 46, 47, 48, 49, and 50. Part IV.

Sections 51, 52, 53, 54, and 55. Part V.

(Adopted 22nd June, 1926).

Milk and Dairies Order, 1926—

Came into operation on the 1st October, 1926.

Public Health (Imported Milk) Regulations, 1926—

Came into operation on the 1st January, 1927.

Public Health (Ophthalmia Neonatorum) Regulations,
1926—

Came into operation on the 1st October, 1926.

Public Health (Notification of Puerperal Fever and
Puerperal Pyrexia) Regulations, 1926—

Came into operation on the 1st October, 1926.

Midwives and Maternity Homes Act, 1926—

Came into operation 1st January, 1927.

Public Health (Preservatives in Food) Amendment Re-
gulations, 1926—

Came into operation on 1st January, 1927.

With the sanction of the Ministry of Health, an Assistant Medical Officer to help mainly with Maternity and Child Welfare work was appointed on the 13th September, 1926. This appointment has enabled the Council to dispense with the part-time services of Dr. Tivy at Silvertown.

An Antenatal Clinic has been started and additional sessions established in connection with the Child Welfare at the Silvertown Centre. A new Maternity and Child Welfare Centre has been opened in West Ham Lane, where both antenatal and post-natal Clinics are in operation. The work of the Health Visitors has been re-organised and a definite arrangement has been come to with the Plaistow Maternity Charity to prevent over-lapping and to more closely co-ordinate their work with this Department.

A Sanatorium for children suffering from pulmonary Tuberculosis, with accommodation for 40 cases, is now being built on the Council's site at Langdon Hills, and should be opened for the reception of patients within a few months. This long overdue Institution should prove of inestimable value to the tuberculous children of the Borough.

It is lamentable that it has so far been found impracticable to abate the over-crowding—often of a flagrant nature—which continues to be the one great bane prevalent in the Borough, and acts as a deterrent to many of the schemes advanced to promote the public weal. It is not only impracticable to live hygienic lives in such over-crowded houses, but it is extremely difficult effectively to treat illness when it arises in such homes.

As for many other districts, the year 1926 has been sadly productive of much distress in West Ham. In spite of this, I am able to record a favourable report in respect to the Public Health for the year as a whole, though for the last few months the figures relating to mortality statistics have shown a definite upward tendency. It is to be hoped that this is not a portent for the year 1927.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

F. GARLAND COLLINS.

County Borough of West Ham.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1926.

Natural and Social Conditions.

West Ham is situated in latitude $51^{\circ} 30'$ to $51^{\circ} 33'$ N. and longitude $0^{\circ} 1'$ to $0^{\circ} 3'$ E., in the extreme south-west of the County of Essex and on the eastern side of the administrative County of London, from which it is separated by the windings of the River Lee and Bow Creek for $3\frac{1}{2}$ miles.

In shape it is an irregular rhomboid, some 2 miles from east to west, and 4 miles from north to south, comprising within its boundaries 4,706 acres. The northern and eastern sides of the Borough are contiguous to the populated district of Leyton and the County Borough of East Ham respectively. The southern boundary is formed by the River Thames for $2\frac{1}{2}$ miles. In elevation it is almost flat, varying from less than 5 feet to 45 feet above ordnance datum, about half the area being not more than 10 feet above that level, and consequently protected only from serious flooding by the river banks.

Summary of General Statistics.

Area (acres), 4,706.

Population—

Census, 1921, 300,860.

Estimated, 1926, 315,900.

Number of inhabited houses (1921), 47,995.

Number of families or separate occupiers (1921), 68,569.

Rateable value—

Poor Rate, £1,434,037.

General District Rate, £1,350,423.

Sum represented by a penny rate—General District Rate,
£5,627.

CHIEF OCCUPATIONS OF INHABITANTS.

West Ham is a typical industrial Borough. Large factories abound on the river frontages west and south; railway works employing thousands of regular hands are located in the north, and large docks—the staple support of casual labour—intersect the south. The rest of the area may be said to form the dormitory of artizans, clerks and others whose daily work is carried on in London and district, together with the local shops and retail businesses necessary for the welfare of their families. There is no particular industry calculated to specially affect the public health.

Extracts from Vital Statistics.

The Births during 1926 numbered 6,710, classified as follows:—

	Total.		Male.		Female.
Legitimate	6,547	...	3,393	...	3,154
Illegitimate	163	...	86	...	77

giving a BIRTH RATE of 21.2 (Eng. and Wales 17.8), (105 Great Towns 18.2).

The Deaths numbered 3,405, viz., 1,796 Males, 1,609 Females, giving a **Death Rate of 10.7** (Eng. and Wales 11.6), (105 Great Towns 11.6).

Number of women dying in, or in consequence of, child birth:

From Sepsis 9

From other causes 4

Maternal Mortality **1.9**

Infant Mortality (Deaths of Infants under one year of age per 1,000 births) **62.2**

(Eng. and Wales) 70.0

(105 Great Towns) 73.0

Illegitimate Death Rate under one year (per 1,000 illegitimate births) 116

Deaths from Measles (all ages) 78

Deaths from Whooping Cough (all ages) 20

Deaths from Diarrhoea (under two years of age) 93

In the early part of the year Measles was prevalent to an unusual degree. The percentage of deaths from Broncho-Pneumonia accordingly increased. In this connection it was not found necessary to close any day schools or Sunday schools, but exclusion of the family affected from school was carried out in accordance with the Board of Education Regulations. Large posters were exhibited throughout the Borough, and leaflets distributed emphasizing the evil effects of Measles.

Towards the end of the year Influenza became epidemic, and, though the incidence was of a comparatively mild type, it caused considerable distress to the individuals attacked and disorganisation of work, owing to the large percentage of the population absent from their duties. Posters were exhibited warning the people of the dangers of Influenza.

A very large number of cases of Scarlet Fever have occurred during the year, and has taxed the Fever Hospital accommodation to its utmost. Fortunately only 7 deaths have occurred, nor have there been any ill effects as sequelæ (see page 65-73).

VITAL STATISTICS OF THE WARDS OF THE BOROUGH DURING 1926.

WARDS.	Births.	Birth Rate.	Deaths.	Death Rate.	Infant Deaths.	Infant Mortality per 1,000 births	Natural increase Births over Deaths.	Estimated popu- lation middle of 1926.
New Town	377	19.29	220	11.25	26	68	157	19,540
Forest Gate	327	16.23	221	10.96	21	64	106	20,146
High Street	436	22.69	218	11.34	34	77	218	19,214
Broadway	298	18.81	187	11.80	17	57	111	15,838
Park	263	16.27	159	9.84	13	49	104	16,156
Upton	261	14.30	175	9.59	13	49	86	18,243
Plashet Road	284	17.29	158	9.62	8	28	126	16,423
West Ham	345	18.77	184	10.01	13	37	161	18,375
Plaistow	465	20.87	206	9.24	25	53	259	22,280
Bemersyde	221	14.50	145	9.52	13	58	76	15,231
Canning Town & Grange ..	628	24.85	279	11.04	38	60	349	25,268
Hudsons	459	21.58	189	8.88	18	39	270	21,261
Ordnance	500	23.53	258	12.14	29	58	242	21,245
Beckton Road	558	26.42	231	10.93	39	69	327	21,116
Tidal Basin	778	33.68	321	13.89	70	89	457	23,094
Custom House & Silvertown ..	510	22.69	254	11.30	41	80	256	22,470
County Borough	6,710	21.24	3,405	10.7	418	62	3,305	315,900

Births.

The number of births registered in the Borough during the year was 7,530 (3,886 males and 3,644 females), but of this total 969 were children of non-residents, who came to be confined in one or other of the maternity hospitals, or were visiting friends, while 149 West Ham women were confined outside the Borough. Suitable adjustment makes the net West Ham Births 6,710 (3,479 males and 3,231 females); 163 of these (86 males and 77 females) were illegitimate.

Calculated on the Registrar General's estimate of the population of the Borough at the middle of 1926, viz., 315,900, the **birth rate** for the year was **21.2**, being the lowest ever recorded for the Borough. 7,183 live births and 219 still births were notified within 36 hours of birth in accordance with the notification of Births Act 1907.

Deaths.

The number of deaths registered during the year was 2,214, but of these 179 occurred in persons not belonging to the Borough, while the deaths of 1,370 residents of West Ham occurred in various institutions and districts elsewhere, making the total net deaths attributable to the Borough number 3,405, of which 1,796 were males and 1,609 females.

The distribution of these deaths to their various causes will be found later in this report, but the grand total of 3,405 from all causes gives an annual **death rate of 10.7** per 1,000 of the estimated population. It may be of interest to compare the annual death rate for England and Wales, which was 11.6 per 1,000 of the total population, and that for the 105 County Boroughs and Great Towns, including London, which was 11.6.

Deaths in Public Institutions.

The increasing use made of the facilities for Institutional treatment is shown by the subjoined table. The larger Institutions serving the Borough, such as Whipps Cross Hospital and the Central Home of the Board of Guardians and the Borough Mental Hospital, are situate outside the Borough boundary, while in addition many West Ham residents are received into the London Hospitals and Institutions elsewhere. Similarly the Public Institutions within the Borough (Queen Mary's Hospital for the East End, St. Mary's Hospital, Plaistow Maternity Charity, the Children's Hospital (Balaam Street), Royal Albert Dock Hospital and Forest Gate Sick Home) receive patients from the surrounding districts whose deaths are registered in the district, but have to be excluded from tabulation as transferable from West Ham.

It will be noted that in the former group (outside Institutions) 71 infants and 1,300 persons over the age of one year died during the year, and in the latter group (inside Institutions) 107 infants and 213 elders died, of which numbers 52 infants and 132 elders were non-residents of the Borough. The net deaths of West Ham residents in Public Institutions were 126 infants and 1,381 persons of one year and upwards, making a total of 1,507 institutional deaths as compared with 1,898 deaths in private residences, *i.e.*, over 44 per cent. of the deaths during the year occurred in Public Institutions.

	Under 1 year.	1 year and upwards.
DEATHS IN OUTSIDE INSTITUTIONS :—		
Whipps Cross Hospital	45	495
Central Home	3	430
Dagenham Sanatorium	—	52
Goodmayes Mental Hospital	—	48
Residents dying in London Institutions, etc.	23	275
DEATHS IN INSIDE INSTITUTIONS :—		
Plaistow Hospital	9	47
Queen Mary's Hospital for East End	51	69
St. Mary's Hospital	30	34
Plaistow Maternity Charity	6	1
Royal Albert Dock Hospital	—	26
Children's Hospital, Balaam Street	2	1
Forest Gate Sick Home	7	19
Other Places, <i>e.g.</i> , Docks, etc.	2	17
	178	1513
Non-residents dying in Inside Institutions ...	52	132
	126	1381
Net West Ham Deaths in Institutions	1507	

Chief Vital Statistics since 1877.

Year.	Population.	Births	Birth Rate.	Deaths	Death Rate.	Infant Deaths.	Infant Mortality Rate.
1877	112,541	4,149	36.8	1,817	16.1	530	128
1878	115,144	4,491	39.0	2,147	18.6	733	163
1879	120,747	4,862	40.2	2,113	17.5	688	141
1880	124,350	5,164	41.5	2,371	19.0	793	153
1881	128,953	5,488	42.5	2,409	19.4	745	136
1882	136,548	5,907	43.2	2,586	18.9	874	148
1883	144,143	6,014	41.7	2,693	18.6	897	149
1884	151,737	6,563	43.2	3,057	20.1	1,035	157
1885	159,334	6,547	41.0	3,503	21.9	1,070	163
1886	166,936	7,075	41.7	3,151	18.8	1,060	149
1887	174,523	6,865	39.1	3,286	18.7	723	105
1888	182,118	6,867	38.5	2,848	18.0	905	131
1889	189,713	6,947	38.5	2,883	18.0	907	130
1890	197,308	7,063	38.5	3,977	21.7	1,142	161
1891	206,463	7,911	38.2	3,952	19.1	1,191	150
1892	212,703	8,013	36.9	4,019	18.6	1,225	158
1893	218,942	8,026	35.3	4,565	20.0	1,387	172
1894	225,184	8,089	33.9	4,026	18.2	1,123	139
1895	231,426	8,591	35.9	4,656	20.9	1,452	169
1896	237,665	8,519	35.4	4,395	18.9	1,395	163
1897	243,908	8,761	35.8	4,486	18.3	1,535	175
1898	250,145	8,750	34.9	4,594	18.3	1,525	174
1899	256,386	8,779	34.2	5,213	20.3	1,770	201
1900	262,627	8,885	33.8	5,156	19.6	1,671	188
1901	268,868	9,434	35.0	4,910	18.2	1,589	168
1902	270,076	9,553	35.3	4,858	17.9	1,382	144
1903	272,250	9,478	34.8	4,394	16.1	1,344	142
1904	274,424	9,276	33.3	4,836	17.6	1,467	158
1905	276,598	9,018	32.5	4,574	16.5	1,341	148
1906	278,772	9,193	32.9	4,610	16.5	1,270	138
1907	280,946	8,759	31.1	4,412	15.7	1,078	123
1908	283,121	9,214	32.5	4,364	15.4	1,089	118
1909	285,471	8,730	30.6	4,435	15.1	1,087	123
1910	287,471	8,646	30.0	3,773	13.1	866	100
1911	289,646	8,642	29.8	4,561	15.7	1,223	141
1912	291,900	8,642	29.6	4,146	14.2	889	102
1913	294,223	9,125	30.5	4,312	14.4	984	107
1914	296,570	8,848	29.8	4,425	14.9	957	108
1915	294,396	8,380	28.4	4,744	16.1	940	112
1916	287,969	8,377	29.1	4,233	14.7	828	112
1917	271,934	6,701	24.6	4,203	15.4	707	105
1918	262,858	6,021	22.9	5,492	20.8	700	116
1919	287,966	7,132	24.7	3,946	13.7	619	86
1920	299,440	9,723	32.4	3,888	12.9	716	73
1921	300,903	8,242	27.3	3,712	12.3	615	74
1922	304,738	7,959	26.1	4,124	13.5	641	80
1923	314,400	7,803	24.8	3,331	10.5	466	59
1924	317,400	7,202	22.6	3,652	11.5	564	78
1925	318,500	7,017	22.0	3,428	10.7	463	65
1926	315,900	6,710	21.2	3,405	10.7	418	62

General Provision of Health Services.

HOSPITALS.

(1) The Plaistow Fever Hospital (opened as two wards in 1896 and as to the computed Hospital designed by the late Edwin T. Hall in 1901) now contains 210 beds, originally allocated for the reception of scarlet fever, diphtheria and enteric fever cases, with 15 isolation beds for mixed or staff cases. The variable incidence of these diseases in recent years has enabled the Medical Superintendent to receive and treat many other infectious cases as well as to admit special cases for teaching purposes, including severe Measles, Tubercular peritonitis, Encephalitis Lethargica, etc.

(2) Dagenham Smallpox Hospital, situate about 9 miles from the Borough, occupies a site of $6\frac{1}{2}$ acres, enclosed within the Rookery farm of 119 acres, owned and cultivated by the Council. It consists of permanent buildings, capable of accommodating 50 patients with the administrative staff required for their care, together with temporary iron buildings sufficient for a further 300 cases. The permanent buildings were opened in 1899, and the Hospital is a safeguard in epidemic periods of smallpox to the greater part of London-over-the-Border, as by agreement twelve other Authorities contribute to the maintenance of the Hospital in consideration of West Ham undertaking to receive and treat all the smallpox patients sent to the Hospital by those authorities, viz., Barking, East Ham, Romford Joint Hospital Board, Ilford, Wanstead, Waltham Joint Hospital Board, Brentwood, Billericay, Loughton, Epping Rural, Epping Urban, Ongar Rural.

Under the Tuberculosis Scheme formulated after the passing of the National Health Insurance Act, the Council were permitted to use Dagenham Hospital as a Temporary Sanatorium for Adults with Pulmonary Tuberculosis, but owing to an outbreak of smallpox at Easter, 1920, the Hospital had to be promptly cleared of consumptive patients and revert to its primary use, a costly and very inconvenient undertaking, as only 30 smallpox cases were admitted. Fortunately in 1922 the Council was enabled to enter into agreement with the Orsett Joint Hospital Board whereby the latter authority will admit sporadic cases of smallpox, up to 22 in number, sent to their Hospital by West Ham, thus enabling the Council to continue using Dagenham Hospital for the reception of Tuberculosis until the increasing pressure on the accommodation of the Orsett Hospital compels the Council to re-open Dagenham Hospital for smallpox cases (see Annual Report for 1925).

The total number of beds available for tuberculous cases at Dagenham Sanatorium is now 128.

(3) The Grange Convalescent Home consists of a residential Institution with 7 acres of grounds, together with 61 acres of land situated at Harold Wood, being about 9 miles from the Borough. It was opened on 22nd February, 1909, for the reception of scarlet fever convalescents, and is capable of accommodating 60 patients. Owing to the fall in the number of scarlet fever cases the Institution has, during the last 4 years, been used for the reception of diphtheria convalescents. In October of this year it was again used for Scarlet Fever cases (see page 72).

(4) There are two Open Air Schools, one at Fyfield, near Ongar, to accommodate 80 boys, and one within the Borough at Crosby Road to accommodate 60 girls (see page 139).

(5) In my last Annual Report I referred to a scheme which the Council had formulated for treating children suffering from Pulmonary Tuberculosis in an Institution which they proposed building for that purpose. A Sanatorium to accommodate 40 children suffering from Tuberculosis is now in process of being built (with the sanction of the Ministry of Health) at the Council's Langdon Hills site. This site was purchased in 1914 with the object of erecting upon it a Sanatorium for adults suffering from Tuberculosis, but for many reasons it has so far been found impracticable to carry out this proposal. The site comprises 100 acres, and is situated in one of the highest parts of Essex, overlooking the mouth of the Thames, and is about 20 miles distant from West Ham.

The building will consist of 2 long wards, each containing 14 beds, and 6 special wards, with 2 beds in each.

The old Farm House on the original site has been altered to form the administrative block. A schoolroom is also provided.

The buildings are being constructed of "Frazzi" material, and the total cost is estimated not to exceed £12,824.

Many other details of staffing and administration are still under consideration.

HOSPITALS SUBSIDIZED BY COUNCIL.

(6) Plaistow Maternity Hospital (see page 93).

(7) Queen Mary's Hospital—Maternity and Out-Patients for Tonsils and Adenoids (see page 93).

(8) St. Mary's Hospital—Children and Infants under 5 (see page 93).

(9) Children's Hospital, Balaam Street (see page 93).

AMBULANCE SERVICE.

The Council has two Motor Ambulances for the removal of infectious patients to hospital, and two ambulances for removing bedding, clothing, or other infected material to the disinfecting station.

There are also in addition two motor ambulances for transference of non-infectious and accident cases to or from institutions. The latter ambulances made 1,212 journeys during the year. In 472 cases persons were removed from one address to another within the Borough. In 733 cases from an address within the Borough to an institution outside, or *vice versa*. Provision is made for a Nurse to accompany the patient, and hot bottles are supplied during the cold weather.

Mutual arrangements are in existence between West Ham, the County Borough of East Ham, and the District of Barking for reciprocal use of ambulances on call in case of emergency should the ambulance of one or other Authority be unavailable, and 7 journeys were made under this arrangement during 1927.

Facilities for obtaining ambulances through Tram Conductors and the Police have been made, and transparencies are displayed on all West Ham cars giving full information. Notices to the same effect are exhibited at all the Council's Conveniences, Fire Stations, Schools, and other public buildings.

During the year a new Austin Motor Ambulance, capable of carrying 6 cases, was purchased. This was necessary on account of one of the existing ambulances, which had been in use for over 8 years, having become quite unsafe for the conveyance of patients.

The following table sets out the nature of the cases removed, *as stated on ambulance removal forms*:—

Abdominal Trouble	28	Brain Trouble	1
Abrasions, Arm, Leg, and Face	7	Bronchitis	4
Abscess	5	Burns	3
Accidents	9	Buttocks	1
Ankle, Broken	13	Cancer	10
Appendicitis	71	Chest Trouble	2
Arthritis	3	Collapse	69
Asthma	2	Convulsions	1
Bladder Trouble	3	Concussion	10
		Debility	2

Dermatitis	1	Mastoid	1
Diabetes	1	Maternity	74
Diseased Leg	1	Meningitis	4
Eclampsia	1	Miscellaneous (including	
Enteritis	1	operations)	119
Erysipelas	2	Nephritis	3
Examination	1	Nervous Debility.....	2
Fall	4	Neurasthenia	1
Fits	58	Neuritis	1
Food Poisoning	1	Obstruction	3
Fractured Ribs.....	8	Operation	21
Fractured Thigh	2	Otitis	1
Fractured Ankle	16	Orchitis	2
Fractured Leg	18	Paralysis	1
Fractured Femur.....	6	Pelvis, Broken	2
Fractured Tibia	1	Peritonitis	1
Gallstones	5	Pleurisy	1
Gangrene, Foot	1	Pneumonia, all forms ...	47
Gassed	3	Poisoning, Septic, etc. ...	2
Gastric Trouble	10	Rheumatic Fever	6
Hæmorrhage	19	Rheumatism	3
Head Trouble	1	Rupture	1
Heart	26	Ruptured Vein	1
Hernia	2	Salpingitis	1
High Temperature	1	Septicæmia	4
Illness in Street	13	Shingles	1
Injuries to Thigh	15	Shock	33
Injuries to Head	99	Spinal Trouble	3
Injuries to Arms	13	Spleen	1
Injuries to Face	21	Stroke	5
Injuries to Foot	22	Suicide and attempted	
Injuries to Leg	57	Suicide	24
Injuries to Collar Bone ...	2	Tonsils and Adenoids ...	1
Injuries to Knee	8	Tropical Trouble	1
Injuries to Shoulder	12	Tuberculosis	84
Injuries to Spine	1	Ulcer	1
Injuries to Back	8	Varicose Tumour of Leg	1
Injuries to Toes	2	Vertebrae, Displaced	1
Injuries to Throat	1	Whooping Cough	1
Injuries to Hand	3	X-Ray	1
Internal Growth	1		
Internal Trouble	28		
Intussusception	1		
Jaundice	1		
Kidney Trouble	8		
Loss of Memory	1		
Malaria	1		
		Total	1212

School Clinics.*

Stratford Clinic, 84, West Ham Lane, E.	2 Dental Clinics 1 Minor Ailment Clinic.
Balaam Street Clinic, Plaistow, E.	1 Minor Ailment Clinic. 1 Eye Clinic.
Rosetta Road Clinic, Custom House, E.	1 Minor Ailment Clinic.
Swanscombe St. Clinic, Canning Town, E.16.	1 Minor Ailment Clinic. 1 Dental Clinic.

All Clinics are used as Inspection Clinics, and are provided by the Local Education Authority.

Tuberculosis Dispensary: Balaam Street, Plaistow.

There are 7 Maternity and Child Welfare Centres subsidised by the Council (see page 91) in addition to 2 Municipal Infant Welfare Clinics. One of these was opened during the year (see page 90).

For table of Hospitals treating Venereal Disease under the L.C.C. Scheme (see page 87).

* See Ministry of Health Circular 743, dated 20th December, 1926.

Public Health Staff.*

NAME.	QUALIFICATIONS.	OFFICES HELD. (Wholetime appointments except where otherwise stated.)
Dr. F. Garland Collins	M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.	Medical Officer of Health, Chief Administrative Tu- berculosis Officer and School Medical Officer.
Dr. F. B. Skerrett	M.B., B.Sc. (Lond.), B.Sc. Vict.) M.R.C.S., L.R.C.P., D.P.H.	Assistant Medical Officer of Health and Senior Assistant School Medical Officer.
Dr. Eileen Dowling	M.B., B.Ch. (Liverpool), L.M. (Rotunda).	Assistant Medical Officer, Maternity and Child Welfare.
Dr. D. MacIntyre	M.D. (Glasgow), D.P.H.	Medical Superintendent Plaistow Fever Hospital.
Dr. E. James	M.B., Ch.B. (Aberdeen), D.P.H.	Resident Medical Officer Plaistow Fever Hospital
Dr. C. Shepherd	M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)	Assistant Resident Medical Officer Plaistow Fever Hospital.
Dr. P. A. Galpin	M.D., D.P.H.	Tuberculosis Officer.
Dr. W. R. Kilgour	M.R.C.S. (Eng.), L.R.C.P. (Lond.)	Assistant Tuberculosis Officer.
Dr. G. M. Mayberry	L.A.H. (Dublin), L.R.C.P. (Ireland).	Medical Superintendent Dagenham Sanatorium.
Dr. Constance S. Steele	M.B., B.Ch. (Aberdeen).	Assist. Resident Medical Officer Dagenham Sana- torium.
Mr. H. E. Bywater	M.R.C.V.S.	Veterinary Surgeon.
Miss R. Alefs	General Nursing, C.M.B., Fever Nursing Certifi- cate.	Health Visitor.
Miss A. E. Bradley	General Nursing, C.M.B., Royal Sanitary Institute	Do.
Miss B. H. Clipstone	General Nursing, C.M.B.	Do.
Miss A. Connolly	General Nursing, Health Visitor's Certificate	Do.
Miss M. Cross	General Nursing, C.M.B., Fever Nursing Certifi- cate	Do
Mrs. N. C. Gibbins	General Nursing, C.M.B., Health Vis. and Fever Nursing Certificate	Do.
Miss M. Grierson	General Nursing, C.M.B.	Do.

NAME.	QUALIFICATIONS.	OFFICES HELD. (Wholetime appointments except where otherwise stated.)
Miss M. E. Hopwood	General Nursing, C.M.B., San. Inst. Examn. Board	Health Visitor.
Miss A. E. Lunn	General Nursing, C.M.B.	Do.
Miss L. Martin	General Nursing, C.M.B., Board of Education Diploma	Do.
Miss M. B. Wallace	General Nursing, C.M.B.	Do.
Miss E. B. Welch	General Nursing, C.M.B., Board of Education Diploma	Do.
Miss A. S. Billing	Cert. San. Inspr. Royal San. Inst., Advanced Physiology & Hygiene, Science & Art, Kensington, St. John's Ambulance Nursing and First Aid.	Sanitary Inspector.
Miss C. M. Heaviside	San. Inspr. Cert. Royal San. Inst., Advanced Physiology & Hygiene (Kensington), St. John's Ambulance Nursing and First Aid, London City and Guilds Cookery Certificate.	Do.
Miss B. M. Keogh	San. Inspr. Cert. London Examn. Board, Health Visitor's Cert. Sanitary Inst., L.C.C. Teachers' Certificates in First Aid, Infant Care, Home Nursing, Health	Do.
Miss M. Monkhouse A.R.S.I.	Certificate General Nursing and Certificate of Q. V. J. I. as Nurse and as Superintendent of Queen's Nurses,* San. Inspr. Royal San. Institute, San. Inspr. San. Inspectors' Association *Registered Nurse and Member of the College of Nursing.	Do.
Mr. B. G. Bannington M.S.I.A.	San. Inspr. Cert. R. San. Inst., Cert. of London Sch. of Economics (Lond. University) for Social Science and Administration, Honoursman and Gilchrist Medallist (Lond. University Extension) for Public Administration	Sanitary Inspr., Inspr. under Rag Flock Act.
Mr. B. J. Driscoll M.S.I.A.	Cert. San. Inspectors' Exam. Board, London.	Sanitary Inspector.

NAME.	QUALIFICATIONS.	OFFICES HELD. (Wholetime appointments except where otherwise stated.)
Mr. J. Dyke M.S.I.A.	Cert. San. Instr. Royal San. Inst., Cert. Plumb- ing, Cert. Building Constn. West Ham Tech. Institute	Sanitary Inspector, Instr. under Rag Flock Act.
Mr. T. R. Harris, M.S.I.A., A.R.San.I.	Cert. San. Instr., Meat Instr. Royal San. Inst. Cert. San. Instr., Meat Instr. San. Inspectors' Exam. Board, London. Cert. San. Science, 1st Class, Battersea Poly- technic Diploma in Bacteriology of the Battersea Poly- technic.	Sanitary Inspector, Meat Inspector.
Mr. John F. Mules, M.S.I.A.	Cert. San. Instr., Meat Instr. Royal San. Inst. Dip. San. Science, Lond.	Sanitary Inspector.
Mr. H. E. Parker, M.S.I.A.	Cert. San. Instr. Royal San. Inst.	Sanitary Inspector, Instr. under Rag Flock Act.
Mr. A. T. Plackett M.S.I.A.	Cert. San. Instr. Royal San. Inst.	Do. Do.
Mr. W. H. Roberts, M.S.I.A.	Cert. San. Instr. (1892) Royal San. Inst. Prizeman Building Const. (Honours) Prizeman Civil Engineer- ing (Survey Sec.) West Ham Tech. Inst.	Do. Do.
Mr. Chas. Smith, M.S.I.A.	Cert. San. Instr. (1894) Royal San. Inst. Cert. Building Const. (Adv.) Science & Art Dept, S. Kensington	Do. Do.
Mr. H. A. Smith	Cert. San. Instr. Royal San. Inst.	Sanitary Inspector.
Mr. E. G. Simmons, M.S.I.A.	Cert. San. Instr. (1912) Royal San. Inst.	Sanitary Inspector, Instr. under Rag Flock Act.
Mr. G. H. Wilson	Cert. San. Instr. Royal San. Inst.	Do. Do.
Mr. E. F. Hughes, M.S.I.A., A.R.San.I.	Cert. Problems of Life and Health (Merit) London University Cert. San. Instr. Royal San. Institute.	Sanitary Inspector, Instr. under Food and Drugs Acts and Fertilisers and Feeding Stuffs Act.
Mr. E. J. Ferrier Miss E. D. Rayment	General Nursing	Instr. under Shops Acts. Supervising Nurse under Mental Deficiency Act.

Public Health Administrative Staff.*

Mr. J. A. Cheatle	Chief Clerk.
„ F. W. Bromley	Senior Clerk.
„ H. R. Cole	Clerk.
„ C. A. Haigh	do.
„ F. H. Barker	do.
„ J. Sabin	do.
„ A. Clark	do.
Miss V. M. Busby	do.
„ W. I. Compton	do.

TUBERCULOSIS DISPENSARY.*Nurses.**Clerks.*

Mrs. E. Siggins, Sister-in-Charge.	Mr. W. Pike.
Miss E. J. Egerton, Nurse.	Miss M. F. Bush.
Mrs. Z. Griffin, do.	
Miss K. E. Pottinger, do.	

PLAISTOW HOSPITAL.*Steward.**Matron.**Clerks.*

Mr. F. Milsted.	Miss M. Drakard.	Mr. J. Regan.
		„ W. Liddall.

DAGENHAM.*Steward.**Matron.*

Mr. F. Milsted.	Miss E. Jones.
-----------------	----------------

DISINFECTORS.

Mr. G. Palmer.	Mr. G. J. Howes.
„ H. J. Murty.	„ W. Hubbard.

MORTUARY KEEPERS.

Mr. E. Heisterman.	Mr. H. B. West.
--------------------	-----------------

The staff of the School Medical Office consists of 6 Medical Officers, 3 Dental Surgeons, 23 Nurses, 9 Clerks, together with 2 Consulting Oculists, all of whom work in the closest possible co-operation with the Public Health Department.

* A detailed list of the Staff is included in this Report by the special request of the Minister of Health in accordance with Circular 743, dated 20th December, 1926.

Shops Acts.

The Shops Acts are carried out under the supervision of the Medical Officer of Health, and the following table shows the work performed in connection therewith:—

List of Shops Visited during the year 1926.

	Visited.	No half-holiday form exhibited.	Warned Verbally	Warning Notice sent	Refused to serve.	Summonses attended.
Bakers	97	11	15	3	20	..
Boot-repairers, etc. .. .	109	5	14	3	28	..
Butchers	196	31	32	8	59	..
Caterers	52	1	..	..	..	..
Carpets and Rugs	36	2	2	..	1	..
Chemists and Druggists .. .	63	1	1	..	4	..
China and Glassware .. .	80	7	8	5	16	1
Clothiers	131	4	6	..	16	..
Confectionery and Tobacco .. *	730	29	111	74	283	30
Corn Merchants	43	..	..	..	..	..
Cycle Dealers	55	..	..	..	..	..
Drapers, Milliners and Mantle Dealers	447	37	48	8	67	1
Fishmongers	78	3	8	1	2	..
Fruiterers and Greengrocers ..	370	13	46	11	111	5
Furniture Dealers	63	..	1	..	1	..
Furriers	14	..	..	..	..	..
Grocers and General	786	43	93	53	229	8
Hairdressers and Barbers .. .	403	21	23	7	11	..
Hosiery and Hatters	94	1	3	3	5	..
Ironmongers	43	..	1	..	..	..
Leather and Grindery	37	..	..	1	..	..
Mixed	309	18	41	4	75	..
Music	44	..	1	..	..	..
Picture Frames	33	..	..	2	..	..
Public Houses	127	14	17	9	60	..
Tailors	107	1	4	..	6	..
Toy and Fancy Goods	98	..	4	1	13	..
Watchmakers, Jewellers & Pawnbrokers	55	1	..	..	1	..
Wireless	39	..	2	1	4	..
Totals	4,739	243	481	194	1,012	45

For results of Police Court Proceedings, see page 40.

List of Adoptive Acts, Bye-Laws and Local Regulations relating to Public Health in force in West Ham.

The Public Health Acts Amendment Act, 1907—

Sections 16, 20, 22, 29, 33. Part II.

Sections 38, 50. Part III.

Sections 53, 62, 63, 64. Part IV.

Section 81 (part of). Part VII.

Section 95. Part X.

Adopted 10th April, 1909.

The Public Health Acts, 1925—

Sections 36, 37, 38, 39, 40, 41, 42, 43, and 44. Part III.

Sections 45, 46, 47, 48, 49, 50. Part IV.

Sections 51, 52, 53, 54, 55. Part V.

Adopted 22nd June, 1926.

BYE-LAWS.

Good Rule and Government (Tent Dwellers, Squatters, etc.).

Adopted 22nd October, 1889.

*Removal of House Refuse. Adopted 28th December, 1892.

Common Lodging Houses. Adopted 26th July, 1892.

Knackers' Yards. Adopted 28th December, 1892.

Offensive Trades. Adopted 1st November, 1892.

Nuisances. Adopted 1st November, 1892.

Houses Let in Lodgings. Adopted 1st November, 1892.

Slaughter Houses. Adopted 1st April, 1921.

Nuisances in connection with the removal of offensive or noxious matter. Adopted 22nd August, 1907.

* Transferred to Borough Engineers' Department, 1st June, 1925.

LOCAL REGULATIONS.

Nil.

The Bye-Laws are enforced, where necessary, by the Public Health Committee, acting through their Medical Officer of Health.

Professional Nursing in the Home.

There is no municipal arrangement for professional nursing in the homes. There are, however, several voluntary Associations employing a large staff of efficient nurses who carry out invaluable work in nursing the necessitous in their homes. As mentioned elsewhere, the co-operation between these Societies and the Local Authority is of the closest possible nature, both in respect to home nursing and health visiting. The Forest Gate section of this Borough is supplied with home-nurses by the Essex County Nursing Association from their branch in Beechcroft Road, Leytonstone. The Silvertown area is similarly supplied through the Tate Nurses (Queen's Nurses), Nurses Home, Saville Road, Silvertown. By far the largest amount of nursing in the homes, however, is carried out by the Plaistow Maternity Charity, who serve all local areas.

HEALTH WEEK.

September 25th-October 2nd, 1926.

The Council magnanimously voted a considerable sum to be expended in connection with Health Week.

The functions and ceremonies of the week (including Services, Lectures, Concerts, Cinema Films, etc.) were of the usual type, except that special mention should be made of the one outstanding successful function, which was that of the Thanksgiving Service in West Ham Park, when a choir of 8,000 elementary school children sang. The success of this undertaking is due to the West Ham Teachers, who organised the affair, and to the parents, who allowed their children to come.

It is incumbent upon me to place on record my grateful thanks to every member of my staff for the co-operation and extra time they so enthusiastically gave towards the work entailed in connection with the Health Week.

It is manifestly quite impossible to state precisely whether or not an adequate return accrued. When, however, it is remembered that no fewer than 35,000 people visited one or other of the two separate exhibitions held at the Town Hall, Stratford, and the Public Hall, Canning Town, respectively, it must be inferred that an enormous interest in the Public Health was stimulated. If only a small percentage of these 35,000 absorbed a little of the priceless information concerning their wellbeing so lucidly demonstrated at the exhibitions the Health Week was a success. Experience tends to show that lectures on health matters should be supplemented by cinema pictures, and care taken that the lecturers, who sometimes have only the slightest knowledge of the class of neighbourhood from which their audiences are drawn, do not put forth impracticable suggestions. It is necessary to be very careful in order that the Public Health Authority may not be exploited through its Health Week to advertise firms whose claim in one way or another that their goods are beneficial to health is either in every respect baseless or based upon the flimsiest possible evidence. I am strongly of opinion that the amount of trade rivalry, which is so prevalent and often entirely dominates a Health Exhibition with its babel, is quite out of place, and tends very definitely to minimise the effect of the true purpose for which the Exhibition is held.

While Health Weeks and Exhibitions are of great value, it is questionable as to whether more than a year should not elapse between these weeks of intense propaganda. I believe that the best form of propaganda in health matters is to be obtained through the public Press, by posters, and by steady, persistent teaching of hygiene in the schools, in the Churches, and in the homes and haunts of the people.

Particulars of Bodies received into the Mortuaries during 1926.

MONTH.	STRATFORD MORTUARY.								CANNING TOWN MORTUARY.							
	Number received.	Over 5 yrs.	Under 5 yrs.	Sent in by Coroner.	Sent in by Police.	Sent in on Sanitary grounds.	Number of Post-mortems.	Number of Inquests.	Number received.	Over 5 yrs.	Under 5 yrs.	Sent in by Coroner.	Sent in by Police.	Sent in on Sanitary grounds.	Number of Post-mortems.	Number of Inquests.
January ..	19	15	4	19	..	..	13	19	7	6	1	..	7	..	5	7
February ..	19	14	5	19	..	..	11	19	..	..	..	..	..	..	..	..
March ..	16	15	1	16	..	..	12	16	..	..	..	..	..	..	..	..
April ..	15	12	3	13	2	..	7	15	..	..	..	..	..	..	..	..
May ..	11	8	3	10	1	..	7	11	1	1	..	..	1	..	1	1
June ..	17	11	6	12	5	..	11	17	..	..	..	..	..	..	..	..
July ..	18	14	4	11	7	..	10	18	2	2	..	..	..	2	..	..
August ..	11	9	2	6	5	..	5	11	2	1	1	..	2	..	2	2
September ..	14	11	3	10	4	..	12	14	3	3	..	..	2	1	2	2
October ..	20	13	7	13	7	..	13	20	3	3	..	..	3	..	3	3
November ..	24	18	6	15	9	..	15	24	3	2	1	..	3	..	3	3
December ..	22	19	3	18	4	..	12	22	2	2	..	..	1	1	1	1
Total ..	206	159	47	162	44	..	128	206	23	20	3	..	19	4	17	19

West Ham Mortuary was not in use during 1926.

All the above Inquests were dealt with at Stratford.

Number of days bodies remained in Mortuaries :—

109 were 1 day in Stratford Mortuary.

45	„	2	days	„	„	„
18	„	3	„	„	„	„
11	„	4	„	„	„	„
8	„	5	„	„	„	„
6	„	6	„	„	„	„
6	„	7	„	„	„	„
1	was	8	„	„	„	„
1	„	9	„	„	„	„
1	„	10	„	„	„	„

3 were 1 day in Canning Town Mortuary.

9	„	2	days	„	„	„	„
3	„	3	„	„	„	„	„
2	„	4	„	„	„	„	„
2	„	6	„	„	„	„	„
3	„	7	„	„	„	„	„
1	was	8	„	„	„	„	„

1 Doctor performed 16 post-mortem Examinations.

1	„	„	11	„	„	„
2	Doctors	„	9	„	„	each.
1	Doctor	„	6	„	„	„
6	Doctors	„	5	„	„	each.
6	„	„	4	„	„	„
13	„	„	3	„	„	„
20	„	„	2	„	„	„
36	„	„	1	„	Examination	„

Seventy-five of these post-mortems were held at one or other of the Hospital Mortuaries.

Sanitary Circumstances of the Area.

WATER.

Several large factories have private wells for drawing water from the chalk, but practically the whole of the Borough is supplied with water by the Metropolitan Water Board. The supply is constant, and in every case it is conveyed directly to the house. A few houses have storage tanks in the roof which need periodical cleansing. The cleaning of these tanks is often difficult owing to some of them being built into the roof with no facilities for access.

RIVERS AND STREAMS.

The ditches are under the control of the Town Council as successors to the Dagenham Commissioners, as also are the river banks for the prevention of floods. The Lea and the Thames, both tidal rivers, are under the control of the Port of London Authority as regards the Thames and part of the River Lea. The rest of the Lea and its backwaters are under the Lea Conservancy.

There are two main sources of pollution into the river before it enters West Ham at Temple Mills, viz., from the sewage effluents of two neighbouring Authorities. These enter this area at Temple Mills Railway Sidings and discharge into the Water Works River (a tributary of the Lea).

Under the London County Council (General Powers) Act, 1925, both these Authorities now have powers to discharge into the L.C.C. Sewer at Hackney. In respect to one of these Authorities plans have been prepared, and it is anticipated that the work will be begun during the coming year (1927).

DRAINAGE AND SEWERAGE.

The water carriage system of sewage removal is almost universal throughout the whole area. With few exceptions all houses are provided with properly flushed modern water-closets, discharging through appropriate drains into Public Sewers, which also convey the surface water and most of the rainfall. A certain portion of the Borough, being isolated by the Victoria and Albert Docks, is drained into a main sewer running from west to east through a narrow strip of the southern portion of the Borough of East Ham, whence it discharges into the London County Council Sewer at North Woolwich.

The North-Western corner of the Borough—an area of, roughly, 120 acres containing two terraces of houses and some isolated buildings remains unsewered, but is drained into a series of cesspools. A scheme is now in hand whereby the sewage of this area will be dealt with by the installation of suitable filter beds, unless consent can be obtained to drain into the new sewer, which is being laid in this region by one of the authorities referred to above.

The Sewers draining the main portion of the district (five-sixths of the whole area) converge by means of specially constructed intercepting Sewers to the Corporation Pumping Station, situated near the middle of the Western border of the

Borough. Here the sewerage is pumped into the London Northern Outfall Sewer which crosses the Borough obliquely, whence it gravitates to the London Outfall at Barking.

CLOSET ACCOMMODATION.

Seal Wharf is an area of about 56 acres, which is converted into an island by the back waters of the River Lea. It is entirely given over to factories of varying size. This piece of land is so peculiarly placed that an elaborate and costly system of sewerage would have to be laid down to effectively carry the sewage either under or over the river. There are closets of the pail type on the site. The lessee of the land is directly responsible for keeping these in a sanitary and efficient state. The Sanitary Inspector for the area inspects this area at very frequent intervals to see that no nuisance arises.

SCAVENGING.

The collection of house refuse, previously the responsibility of the Public Health Department, has been transferred to the Borough Engineer's Department, in order that it should be more closely correlated with the cleansing of the streets and highways, and with a view to the early adoption of an up-to-date method of collection (*viz.*, Pagefield system) in place of the present method.

Summary of Work of Sanitary Inspectors during 1926

No. of Complaints Received and Investigated.....	5890
No. of Inspections—	
Dwelling Houses	12,981
Newly-infected Houses	8,650
Common Lodging Houses	60
Slaughter-houses	410
Bakehouses	229
Dairies	211
Cowsheds	50
Milkshops	156
Retail Shops (<i>e.g.</i> , Eel-pie Shops, Ice Cream Shops, etc.)	6,792
Schools	5
Canal Boats	—
Offensive Trades	262
Factories (including Food Factories)	594
Workshops	209
Laundries	6
Miscellaneous (<i>e.g.</i> , Smoke Abatement, Offensive Accumulations, etc.)	3,456
Re-inspections	50,450

No. of Notices served—

On Offender	17
On Owner	*9,677
On Occupier	117

No. of Notices complied with—

By Offender	1
By Owner	*9,235
By Occupier	67
Total Nuisances found	56,624
Total Nuisances abated	53,060

*Apparent discrepancies caused by a large number of notices not being complied with at the end of previous year. There would normally be about 1,000 notices not fully complied with at any date during the year.

Abatement of Nuisances.

The following table shows the number of Inspections and Sanitary Notices served in respect of, in the sixteen Wards of the Borough during the year 1926:—

Ward.	Inspections	Notices served in respect of
New Town	966	791
Forest Gate	599	423
High Street	1057	838
Broadway	1064	812
Park	356	261
Upton	492	348
West Ham	718	419
Plashet Road	291	198
Plaistow	858	681
Canning Town and Grange.....	1060	897
Ordnance	977	712
Hudsons	612	368
Bemersyde	386	252
Tidal Basin	973	717
Beckton Road	1076	891
Custom House and Silvertown	1138	834
Totals	12,623	9,442

In this connection 393 summonses have been issued during the year, and it is of interest to note that, although there are approximately 6,000 owners or agents in this Borough, only 88 have been proceeded against for not carrying out the Sanitary Notices, and a few of these have been proceeded against on many occasions (see also page 39).

Defects for the abatement of which Notices were served during the year 1926.

Drains and Soil Pipes—		Flushing Apparatus—	
Cleansed	74	Repaired	766
Repaired	776	New provided	58
W.C. Pans or Traps—		Water Supply provided...	9
Cleansed	6	Yard Paving—	
Repaired	93	Repaired	1218
New provided	363	Defects remedied in—	
Surface Gullies—		Roofs	4784
Repaired	7	Floors	1245
New provided	3	Staircases	590
Sinks and Sink-Pipes—		Windows	1980
Repaired	514	Doors	570
New provided	22	Fireplaces	1371
Stack-Pipes and Rain-		Walls and Ceilings ...	13744
Water Gutters—		Animals improperly kept	18
Repaired	1994	Offensive Accumulations	95
New provided	20	Overcrowding	63
Water Fittings and		Smoke Nuisance	130
Cisterns—		Gipsies removed.....	1
Cleansed	1	Dust receptacles provided	1663
Repaired	467	Rooms disinfected.....	3304
New provided	2	Premises infested with	
		Rats	46

It frequently happens that a single sanitary notice specifies many defects needing abatement.

Smoke Abatement.

Chimneys are at all times under general observation, special detailed observations being made at intervals, or when complaints are received. Responsible persons are interviewed, and letters of warning sent, or notices served when occasions for such action arise. The smoke rising from Railway Engines at a large Railway Centre in the Borough is very appreciable. The same may be said in respect to ships in the Docks when stoking is in progress.

The number of warnings and notices issued during the year was 130.

Readings of atmospheric impurity are not taken.

Common Lodging Houses.

There are 11 Common Lodging Houses in the Borough, four in the North of the Borough and seven in the Southern portion, all of which, with one exception, were originally constructed and used for other purposes, such as private dwellings or warehouses, and have been adapted to meet the requirements of the Common Lodging House Bye-Laws. The accommodation in these houses amounts to 666 beds.

These Lodging Houses receive frequent visits from the Sanitary Inspectors.

An application for registration of premises at High Street, Stratford, was refused on account of the unsuitability of the house for this purpose.

There are some houses let as tenements which are often a source of anxiety, as they are not subject to Bye-Laws similar to a Common Lodging House, and it is manifestly impracticable at present to put into force in this area Section 6 of the Housing Act, 1925.

Offensive Trades.

There are 29 premises where statutory offensive businesses are carried on in the Borough. They include: Fat Melters and Bone Boilers, 21; Soap Boilers, 2; Fish Skin Dressers, 1; Gut Scrapers, 1; Chemical Manure Manufacturers, 1; Fish Waste Collectors and Fish Meal Manufacturers, 1; Degreasing Bones and Glue Making Contractors, 1; Tripe Dressers, 1.

These are subject to constant inspection, and may be said to be carried on with as little nuisance or inconvenience to the general public as practicable. During the year 262 visits were made by the Sanitary Inspectors.

An application was received to establish the trade of Fat Melting and Drying at the rear of the premises, 10, Sugar House Lane, Stratford. This application was refused, but nevertheless the trade was commenced, and legal action is being taken in the matter.

Bye-Laws are in force in respect to the time and manner of conveyance of offensive material through the streets, and several summonses have been issued upon offenders, and penalties imposed in this connection (see page 40).

With the modern facilities for transport and power it is difficult to find any laudable reason why offensive trades should be established and carried on in the very midst of thickly populated districts.

Owing to the establishment of new trades of offensive types to meet modern demands and with the rapid advance of chemical science, it is a matter for consideration as to whether or not the Council should deem it advisable to revise their list of offensive trades and the Bye-Laws affecting such trades.

Schools.

The Public Elementary Schools consist of 46 Council Schools and 14 Non-Provided Schools, together with five Council Special Schools, two Higher Elementary Schools, and two Secondary Schools, affording in the aggregate accommodation for 60,743 scholars.

The School Medical Service is administered by the Chief School Medical Officer (who is also the Medical Officer of Health) with a whole-time staff of 6 Medical Officers, 3 Dental Surgeons, 23 Nurses and 9 Clerks.

The Schools are, with one or two notable exceptions, modern, substantially built buildings adequately supplied with water, and provided with sufficient surrounding air space, while their general cleanliness is satisfactory. Cloak-room accommodation is very limited in some Schools, and more efficient heating is desirable, also several latrines need re-modelling.

With a view to checking the spread of epidemic disease it has been the practice for many years past for the Medical Officer of Health on receiving information of the occurrence of infectious disease in the family of a scholar to send a red-coloured Notice to the Head Teacher of the School attended (Day School and Sunday School) recommending the exclusion of children coming from the infected home. The Red Notice is subsequently followed by a White Notice freeing the family from quarantine on the completion of the necessary isolation and the official disinfection of the premises. Each school is provided with a supply of disinfectants for general or special use by the Education Authority.

It was not found necessary to order the closure of any School, or part of a School, on account of infectious disease, or for any other reason.

During 1925 a residential Open Air School to accommodate 80 boys was opened at Fyfield, near Ongar, Essex. The benefit derived by the children who have been fortunate enough to be sent to this School has been remarkable. The School has now been open for two years, and not a single case of infectious disease or serious illness of any kind has occurred. I am of opinion that such a School is one of the most valuable assets in the Institutional treatment of children.

It is very striking that during the recent epidemic of Influenza not a single case of Influenza occurred at the Residential Open Air School, though all the public and private Day Schools in the vicinity of the Institution had to be closed owing to the extent and severity of the epidemic.

A Day Open Air School, to accommodate 60 girls, has been open for two years within the Borough at Crosby Road.

Housing.

INCREASE OF RENT AND MORTGAGE INTEREST RESTRICTION. Act, 1920.

The total number of certificates granted by the Authority under the above Act during the year was 56.

*Housing particulars during 1926 in the form desired by
the Ministry of Health.*

Number of New Houses erected during the year—

(a) Total—including numbers given separately under	
(b)	38
(b) With State assistance under the Housing Acts—	
(i.) By Local Authority	Nil
(ii.) By other bodies or persons	Nil

1. UNFIT DWELLING HOUSES: INSPECTION—

(1) Total number of Dwelling Houses inspected for housing defects (under Public Health or Housing Acts)	12,981
(2) Number of Dwelling Houses which were inspected and recorded under the Housing Consolidated Regulations, 1925	4,648
(3) Number of Dwelling Houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil

- (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 9,811

2. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICE—

Number of defective Dwelling Houses rendered fit in consequence of informal action by the Local Authority or their Officers.

A certain number of defective Dwelling Houses are rendered fit as a result of interviews between Officials and Builders.

3. ACTION UNDER STATUTORY POWERS—

A. Proceedings under Section 3 of the Housing Act, 1925—

- (1) Number of Dwelling Houses in respect of which notices were served requiring repairs.

All notices dealt with under Public Health Acts and West Ham Corporation Acts.

- (2) Number of Dwelling Houses which were rendered fit after service of formal notices—

- (a) By Owners Nil
(b) By Local Authority in default of Owners Nil

- (3) Number of Dwelling Houses in respect of which closing Orders became operative in pursuance of declarations by Owners of intention to close Nil

B. PROCEEDINGS UNDER PUBLIC HEALTH ACTS—

- (1) Number of Dwelling Houses in respect of which notices were served requiring defects to be remedied 9,811

- (2) Number of Dwelling Houses in which defects were remedied after service of formal notices—

- (a) By Owners 9,303
(b) By Local Authority in default of Owners Nil

C. PROCEEDINGS UNDER SECTIONS 17 AND 18 OF THE
HOUSING, TOWN PLANNING, ETC., ACT,
1909—

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-------|
| (1) Number of Representations made with a view to the making of closing orders | } Nil |
| (2) Number of Dwelling Houses in respect of which closing orders were made | |
| (3) Number of Dwelling Houses in respect of which closing orders were determined, the dwelling houses having been rendered fit | |
| (4) Number of Dwelling Houses in respect of which demolition orders were made | |
| (5) Number of Dwelling Houses demolished in pursuance of demolition orders ... | |

On the Manor Road Estate the Council are erecting blocks of flats 4 storeys high, capable of accommodating 152 families. Some of these tenements are now nearing completion.

Prosecutions, 1926.

Nuisances (Public Health Act)—

342 Summonses. 212 Summonses withdrawn, the work being done before the day of hearing, and the costs of summonses, namely, 2s. 6d., paid. One adjourned *sine die*.

Failure to comply with Magistrate's Orders—

51 Summonses. 30 withdrawn; others fined.

Adulterated Milk—

10 Summonses. One dismissed; others fined various amounts up to £10.

Refusal to sell Milk, etc., to Officer—

3 Summonses. Fined varying amounts up to £5.

Selling Milk containing colouring matter.

2 Summonses. Fined £2 2s. in each case.

Carrying on Trade as Purveyor of Milk without being registered by Local Authority—

2 Summonses. One fined 40s. and one fined £5 and £1 1s. costs for this and two other offences.

Selling Milk from can which had not name and address conspicuously inscribed thereon—

3 Summonses. One dismissed; one to pay 4s. costs; one fined £5 and £1 1s. costs for this and two other offences.

Selling Graded Milk without being licensed by Local Authority—

1 Summons. Fined 10s.

- West Ham Corporation Acts, 1893 and 1898 (Drains)—
 12 Summonses. 11 Withdrawn on payment of costs.
 Public Health (Meat Regulations), 1924—
 3 Summonses. Total fines, £23 1s. and costs £7 7s.
 { Removal of offensive matter during prohibited hours—
 2 Summonses.
 { Removal of offensive matter in a vehicle not properly covered
 or constructed for the purpose.
 2 Summonses. Total fines, £8 8s. and £1 1s. costs.
 West Ham Grocers, etc., Half Holiday Order, 1912—
 3 Summonses. Total fines, £2 10s.; costs, 4s.
 West Ham Grocers, etc., Closing Order, 1919—
 6 Summonses. Total fines, £3 10s.
 Shops Act, 1912; Section 2—
 1 Summons. One dismissed on legal technical point.
 Shops Early Closing Act, 1920.
 34 Summonses. One dismissed; the other 33 were
 fined various amounts.
 Obstruction of Shops Inspector in the execution of his duties—
 1 Summons. Fined £2.

**Table showing the different Trades in which the
 Outworkers were engaged during 1926.**

Tailoring	224
Making of Shirts	175
" " Blouses	29
" " Boxes	29
" " Underclothing	27
" " Ties	27
" " Umbrellas	22
" " Dresses	20
" " Millinery	19
" " Artificial Flowers	16
" " Brushes	13
" " Dressing Gowns	10
" " Knitted Goods	10
" " Upholstery	9
" " Bon-bons	5
" " Lampshades	4
" " Shoes	4
" " Waterproofs	6
" " Furs	3
" " Handbags	2
" " Tennis Balls	2

Nature of Work.	Outworkers' List. Section 107.								
	Lists received from Employers.						Number of Outworkers' Ad- dresses received from other Councils	Number of Outworkers' Ad- dresses forwarded to other Councils.	Notices served on Occupiers as to keeping or sending Lists.
	Twice in year.			Once in year.					
	Lists.	Outworkers.		Lists.	Outworkers.				
		Contractors.	Workmen.		Contractors.	Workmen.			
Wearing Apparel— (1) Making, etc. (2) Cleansing & Washing Lace, Lace Curtains and Nets .. Furniture and Up- holstery.. Fur Pulling .. Umbrellas, etc. .. Paper Bags & Boxes Brush Making .. Stuffed Toys .. Tennis Balls .. Tile Making .. Electro Plate .. Cables and Chains Locks, Latches and Keys .. Totals ..	66 2 68	94 94	314 4 1 318	10 1 11	2 1 2	15 1 16	557 557	332 332	92 92

No. of Outworkers notified to West Ham from the undermentioned Districts.	
City of London	179
Poplar	85
Finsbury	61
Stepney	49
East Ham	41
Bethnal Green	30
Shoreditch	30
Leyton	29
Hackney	25
Westminster	12
Marylebone	6
Southwark	3
Tottenham	2
Islington	2
St. Pancras	1
Lambeth	1
Woolwich	1

557

No. of Outworkers working for West Ham firms notified to the undermentioned Districts.	
Stepney	187
East Ham	58
Leyton	40
Poplar	19
Walthamstow	10
Finsbury	6
Bethnal Green	4
Barking	3
Westminster	2
Ilford	1
Holborn	1
Buckingham	1

332

1.—Inspection of Factories, Workshops and Workplaces.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices (3)	Occupiers Prosecuted. (4)
Factories (Including Factory Laundries)	701	31	..
Workshops (Including Workshop Laundries)	260	19	..
Workplaces (Other than Outworkers' premises)	281	9	.
Total.. .. .	1,242	59	..

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects.			Number of offences in respect to which Prosecutions were instituted. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts:—*				
Want of cleanliness	82	80	1	..
Want of ventilation.. ..	5	4	..	..
Overcrowding	1	1	..	..
Want of drainage of floors.. ..	8	8	..	..
Other nuisances	31	30	..	..
Sanitary accommodation—				
Insufficient .. ..	..	..	..	..
Unsuitable or defective ..	11	11	..	..
Not separate for sexes ..	..	..	..	..
Offences under the Factory and Workshop Acts:—				
Illegal occupation of underground bakehouse (s. 101) .. ..	..	..	..	..
Other offences	7	7	..	..
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.)				
Total	145	141	1	..

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

Outwork in Unwholesome Premises. Section 108.

Nature of Work. (1)	Instances. (2)	Notices. served. (3)	Prosecu- tions. (4)
Wearing Apparel—			
Making, etc.			
Cleaning and Washing.....			
Household linen.....			
Lace, lace curtains and nets			
Curtains and furniture hangings			
Furniture and upholstery			
Electro-plate			
File making			
Brass and brass articles			
Fur pulling			
Cables and chains			
Anchors and grapnels			
Cart gear			
Locks, latches and keys			
Umbrellas, etc.			
Artificial flowers			
Nets, other than wire nets			
Tents			
Sacks			
Racquet and tennis balls			
Paper, etc., boxes, paper bags			
Brush making			
Pea picking			
Feather sorting			
Carding, etc., of buttons, etc.			
Stuffed toys			
Basket making			
Chocolates and sweetmeats			
Cosaques, Christmas crackers, Christ- mas stockings, etc.			
Textile weaving			
Total	—	—	—

*No notices were served,
but many minor defects
were remedied when
pointed out by Sanitary
Inspectors.*

Overcrowding.

In spite of the overcrowding, and in spite of the wretched condition of some of the houses, it is very exceptional to find a room infested with vermin (this is borne out by my report upon the School Medical Service), it is exceptional to find a filthy room, and it is exceptional to find an abode in which some attempt has not been made to mask the squalor inevitable under the circumstances. All this is, in my opinion, a tribute to the housewives of this area, more especially when it is considered what frugal means are at their disposal and what little change they get from the humdrum of domesticity. Untidy rooms abound, but it must be borne in mind that when four, five or even more people occupy one room there cannot be adequate storage accommodation, even assuming that each individual is provided with only the barest necessities, which is too often the case.

As regards sub-letting, it not infrequently happens that a tenant renting 3 rooms from a landlord will sublet 2 of these rooms to 2 separate families, and himself with his family occupy one room. How much this conduces to over crowding is obvious, also when these overcrowded rooms become insanitary, as they very often do, it is not the tenant but the landlord who is called upon to carry out the necessary work, and he naturally enough puts every possible obstacle in the way of complying with the Sanitary Notice served. Further, when there is only one W.C. connected with the house this is very often the cause of much bitterness between the tenants and sub tenants, as those on the ground floor strongly resent their kitchen being made into a thoroughfare by all those wanting to use the W.C. when this is in the back yard, as is usually the case.

Inspection and Supervision of Food.

BACTERIOLOGICAL EXAMINATION OF MILK.

During the year 53 samples of milk were taken for bacteriological examination and investigation as to the presence of dirt from Cow-keepers and Milk Purveyors (hand cans and counter pans)—special sterile bottles being used for this purpose. In the event of an adverse report from the Bacteriologist the matter is taken up with the vendor with a view to tracing the source of contamination.

MILK SHOPS AND DAIRIES, 1926.

On January 1st, 1926, there were 226 Milkshops and Dairies on the register, and during the year three new premises were registered and 18 premises ceased to sell ordinary unbottled cows' milk, and were taken off the register; thus 211 premises remained on the register on December 31st, 1926, of which 103 are Dairies or premises where milk is the chief—or one of the chief—articles for sale.

Thirty-seven persons living in the Borough applied to be registered for the sale of milk, the majority of whom had taken over businesses where milk had already been sold. Out of the 37 applicants one withdrew his application; 15 were refused because some of the goods sold on the premises were not suitable to be handled in a shop where open milk was sold, and in one case registration was refused as there was a risk of grave contamination. In two other cases registration was refused because of the undesirability of two dairymen sharing the same premises.

Applications were also received from four applicants living outside the Borough; only two of these were registered.

One of the new premises registered was taken by a resident in the Borough who had formerly only been able to find suitable premises outside the Borough, although the milk round was within the Borough.

Eleven Statutory Notices were served and the following defects remedied:—

- 3 Defective Roofs.
- 4 Defective Rainpipes or guttering.
- 5 Defective Water Fittings.
- 3 Defective Floorings.
- 3 Defective Yard Pavings.
- 1 Defective Sink Waste Pipe.
- 1 Defective Copper.
- 1 Defective Chimney.

And in three cases new W.C. pan and trap were fixed, and cleansing was done on six premises and four ashpails provided, besides other minor defects remedied.

Also defects were found on 56 other premises, but were remedied without a formal notice. Among the defects so remedied were:—

- 2 Defective Drain Ventilation Pipes.
- 5 Defective Roofs.
- 3 Defective Floorings.
- 12 Defective Pavings.
- 4 Defective Water-fittings.
- 2 Defective Guttering.
- 1 Defective Sink, etc.

In one case better W.C. accommodation was provided, and in nine cases new arrangements were made for the safe storage of the milk, five yards were cleansed, five W. C. pans cleansed and four ashpails provided. Cleansing was also carried out on twelve premises.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The following licenses were granted during 1926:—

One to bottle and sell and nine to sell Grade "A" (Tuberculin Tested) Milk, including one supplementary licence; nine to sell "Certified" Milk; one to bottle and sell and three to sell Grade "A" Milk; one to Pasteurise and sell.

Thirty-eight samples of milk (in addition to 53 samples of ordinary milk) were submitted for Bacteriological Examination, the results being as follows:—

Grade "A" (Tuberculin Tested).				Pasteurised.			
Up to		Below		Up to		Below	
Standard.		Standard.		Standard.		Standard.	
8	...	6	...	18	...	6	

In the case of the 6 samples of Grade "A" (Tuberculin Tested) Milk and 6 samples of Pasteurised Milk which failed to pass the standard, these were obtained from the same Dealer, and letters pointing out the result of the Bacteriologist's Examination, and also to the seriousness of the offence, were sent.

A comparison with the results of the samples taken during 1925 will show that improvement has taken place in the standard of Graded Milk sold in the Borough.

One Vendor was prosecuted for selling Graded Milk without the sanction of the Local Authority.

UN SOUND FOOD CONDEMNED.

Bananas: 7 crates.
 Black Currants: 46 boxes.
 Cherries: 29 boats and 21½ sieves.
 Crabs: 2 barrels.
 Gooseberries: 1 bushel.
 Grapes: 10 barrels.
 Haddocks: 1 case and 31 st.
 Herrings: 2 boxes.
 Kidneys: 4 st.
 Kippers: 5 boxes.
 Livers: 1, and 5 lbs.
 Mackerel: 3 st. and ½-box.
 Mutton: 3 lbs.

Peaches: 11 boats.
 Pears: 2 boxes, 15 barrels.
 Peas: 28 lbs.
 Plaice: 66 st. and 1 box.
 Pigeons: 12.
 Pigs' Heads: 4 lbs.
 Potatoes: 2½ cwt.
 Prunes: 40 lbs.
 Rabbits: 2 boxes.
 Skate: 5 boxes, 1 kitt. and 24 st.
 Tomatoes: 4 boxes and 3 lbs.
 Walnuts: 27 bags.
 Winkles: 1 bag.

Samples Analysed by Borough Analyst, 1926.

Articles.	Analysed.		Genuine.		Adulterated.	
	Official.	Unofficial.	Official.	Unofficial.	Official.	Unofficial.
Milk	648	3	623	3	25	..
Dried Milk	18	..	18	..	..	..
Butter	86	209	86	208	..	1
Margarine	18	8	18	8	..	..
Lard	17	109	17	109	..	..
Dripping	23	8	20	8	3	..
Coffee	9	24	8	24	2	..
Cocoa	10	32	10	32	..	..
Mustard	7	6	6	6	1	..
Pepper	29	33	30	32	..	..
Vinegar	27	3	26	3	1	..
Corned Beef	1	..	1	..	..	..
Dried Peas	3	..	3	..	..	..
Baking Powder	4	7	2	5	2	1
Apples	13	..	..	..	13	..
Condensed Milk	9	..	9	..	..	..
Cream	3	1	3	1	..	..
Preserved Cream	5	..	5	..	..	..
Ground Ginger	6	20	6	20	..	..
Self-raising Flour	6	..	6	..	..	..
Corn Flour	2	1	2	1	..	..
Arrowroot	5	13	5	13	..	..
Lemonade Powder	1	..	1	..	..	..
Curry Powder .. ..	..	1	..	1	..	..
Brown Bread	2	..	2	..	..	..
Sugar	1	..	1	..	..	..
Gregory Powder .. ..	..	1	..	1	..	..
Whisky .. ..	..	2	..	2	..	..
Totals ..	953	481	908	477	47	2

For list of Prosecutions taken in connection with adulterated articles, see page 39

Public Health (Milk and Cream) Regulations, 1912 and 1917.

Summary of action taken under the above Regulations, on the lines indicated in the Department's Circular Letter No. 162 dated 7/1/1921.

1. Milk and Cream not sold as Preserved Cream:—

	(a) No. of Samples examined for the presence of a Preservative.	(b) No. in which Preservative was reported to be present, and percentage of Preservative found in each sample.
Milk	651	Nil.
Cream	4	Nil.

2. Cream sold as Preserved Cream:—

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservative were correct—

(i.) Correct statements made	5
(ii.) Statements incorrect	—
	5

(iii.)

	Percentage of Preservative found in each sample.	Percentage stated on statutory label.
No. 664.—0.36% Boric Acid ...		0.4% Boric Acid.
No. 666.—0.15% do. ...		do.
No. 711.—0.4% do. ...		do.
No. 831.—0.3% do. ...		do.
No. 920.—0.31% do. ...		do.

(b) Determinations made of Milk Fat in Cream sold as Preserved Cream:—

(i.) Above 35 per cent.	5
(ii.) Below 35 per cent.	—
	5

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed:—

Nil.

(d) Particulars of each case, in which the Regulations have not been complied with, and action taken:—

Nil.

3. Thickening substances:—Nil.

4. Other observations, if any:—Nil.

5. Action taken in connection with Paragraph 4 of the said Circular Letter 162:—

“No cases occurred in which an ‘appeal to the cow’ was made.”

6. Action taken under Section 4 of the Milk and Dairies (Amendment) Act, 1922:—

Seven cases of colouring matter were reported by the Analyst:—

1. Samples 154, 155. Purchased from the same purveyor. Information laid in respect of No. 154.
2. Samples 216, 217. Same purveyor. Letter of caution sent. First offence.
3. Sample 219. This was purchased from No. 2 purveyor. Letter of caution sent.
4. Samples 368, 369. Same purveyor. One information was laid in respect of No. 369 only, as this also failed to meet the required standard for Solids not Fat, and an inclusive penalty for dual infringement was imposed.

Tuberculosis Order of 1925.

REPORT OF VETERINARY SURGEON FOR 1926.

The above Order provides for the elimination of any bovine animal which is suffering with tuberculosis in such a manner that the milk supply is rendered dangerous, or that tubercle bacilli are being liberated to such a degree that the animal is a source of danger to other cattle.

To this end certain types of the disease are classified. Should an animal come within such a class, it must be destroyed and the owner compensated.

Post mortem examinations are held, and the amount of compensation (25% or 75% of the market value of the animal) is assessed according to the degree of the advancement of the disease.

75% of the expenses incurred by the Local Authority in carrying out the Order are recoverable from the Ministry of Agriculture and Fisheries.

During the past year twenty-seven animals were examined, and two cows from cowsheds in this area were slaughtered under the Order, £21 15s. 0d. being paid as compensation.

One case was reported by the owner, but the other case was discovered as a result of the routine inspection of cattle under the Milk and Dairies Order, 1926.

The Milk and Dairies (Consolidation) Act 1915.

The Milk and Dairies Order 1926.

The Contagious Diseases of Animals Act 1878.

**The Dairies, Cowsheds and Milkshops Orders of
1885, 1886 and 1889.**

REPORT OF THE VETERINARY SURGEON FOR THE YEAR 1926.

The cattle, cowsheds and dairies were visited and inspected until the 30th September last, under powers conferred by the Dairies, Cowsheds and Milkshops Orders of 1885, 1886 and 1889. The Inspections since the 1st October last, however, have been conducted under the Milk and Dairies Order 1926, which revoked the Orders of 1885, 1886 and 1889.

The new Order is more exacting, in many respects, in its requirements than the old Orders, particularly in regard to such matters as methods of production and general cleanliness, and although some of its provisions do not come into operation until the 1st April, 1927, and others are postponed until

the 1st April 1928, it should be of great assistance to Health Officers in their efforts to secure a higher standard of purity in the milk supply of the country.

During the year 555 examinations of cattle in cowsheds were made under the above Orders, in addition, visits and examinations have been made under the Tuberculosis Order of 1925; these latter are the subject of a special report (see page 50).

A new herd of milch cows has been recently established at Silvertown, while the herds at Edward Street, Beale Street and Clegg Street have been disposed of.

One case of Tuberculosis was detected during the course of a routine inspection, and the animal destroyed under the Tuberculosis Order of 1925.

Five cases of acute mastitis were also observed during the inspections; the affected animals were isolated and their milk rejected until the disease had abated.

A number of other cases of minor illness were noted where the power to suspend the sale of the milk for human consumption was not particularly strong. In each case, however, the co-operation of the cow-keepers concerned was obtained, and the milk was rejected until the danger of possible contamination of the milk supply was past.

Indurations of the udder were noted in twenty-eight cases, and the animals, after a careful examination, were placed under observation. Samples of milk were taken direct from the udders of those cows where it appeared that a bacteriological examination was desirable, but in no case was tubercle bacilli demonstrated.

The cattle and the sheds in the Borough compare favourably with many in rural areas, but, notwithstanding this, the general cleanliness in many of the sheds falls short of the standard which the new Order seeks eventually to attain. It is, however, pleasing to note that many improvements have taken place during the past year, and in this connection it may be mentioned that one cow-keeper has reconstructed his dairy and has installed mechanical bottle-washing and bottle-filling machines.

In connection with the cowsheds 43 visits were made by the Sanitary Inspectors, but it was not found necessary to serve any official notices.

Other Foods.

There are a number of Factories dealing with food of various kinds in the Borough, and these, together with the Retail Shops, Bakehouses (there are 45 underground bakehouses), and other premises are continually under the observation of the District Sanitary Inspectors.

7,386 visits were paid during the year 1926.

The Food Inspector, who devotes the greater part of his time to the administration of the Sale of Food and Drugs Acts, is charged equally with the other Inspectors with the duty of safeguarding the sale of food in market streets and other premises where dietary articles are exposed for sale.

The Public Health (Meat) Regulations, 1924 and the Slaughter-House By-Laws.

The Public Health (Meat) Regulations were introduced following the report of the Departmental Committee on Meat Inspection, appointed by the Minister of Health in 1920, and came into force in 1924.

The Veterinary Surgeon (Mr. H. E. Bywater) and the Meat Inspector (Mr. T. R. Harris) the officers appointed under the Regulations report:—

The ante-mortem examinations, which numbered 5,659, have proved of considerable help in the performance of our work since, as a result, many animals were noted for a more searching general or a special local examination following slaughter.

The number of animals examined after slaughter was 14,147, and of these 1,487 or 10.5% were found to be affected with some form of disease. This figure includes 1,888 bovines, of which 485 or 25.7% were tubercular, while 442 or 23.4% were affected with other diseases; 4,622 swine, of which 149 or 3.2% were tubercular, and 136 or 2.9% were affected with other diseases; and 7,634 ovines, of which 275 or 30% were found to be diseased.

Detailed information will be found in Appendix I. as to the number and percentage of animals found to be diseased.

Appendices II., III. and IV. give particulars of meat condemned, and indicate the diseases which rendered it unsound.

The total quantity of meat found to be unfit for human food is given in Appendix V.

Meat condemned is rendered useless for human consumption by the use of a strong disinfectant or a powerful dye.

It is perhaps of interest to mention that it was not found necessary to seize any meat during the year, as we were successful in effecting the surrender of all the unsound meat condemned by us.

TUBERCULOSIS.

The presence of any degree of tuberculosis in a carcase necessitates a special and searching examination to ascertain the degree of infection from which the animal was suffering—and upon this depends the extent of the condemnation.

Some difficulty has been experienced in the examination for tuberculosis of animals—especially pigs—killed during the evening, and which have had to be examined by artificial light. It has frequently been necessary to arrange for the removal of carcases to be delayed until after re-examination, in daylight, early the following morning.

The deposition of tubercular lesions is shown in Appendices VI. and VII.

TIMES OF SLAUGHTERING.

The slaughtering of animals within the Borough takes place daily, including Sundays, at all hours of the day, particularly during the afternoon and evening. In consequence, much of the work of inspection is continued till a late hour. This is particularly the case where slaughtering is taking place for the early morning meat market, and on a number of occasions this has necessitated examinations being conducted up till as late as midnight on Sundays.

The Regulations provide that carcases and offal, excepting stomachs, intestines and bladders, shall be retained for three hours after slaughter, save in the case of sheep or where notice of regular slaughter has been given. It would be of advantage if all carcases and all offal were required to be kept at the place of slaughter for three hours after killing, irrespective of notice of regular slaughter having been given.

Letters of warning were sent to several butchers drawing attention to infringements of the Regulations, but in only two cases were legal proceedings found necessary. In these cases convictions were obtained, and fines and costs amounting to £26 5s. were imposed.

No prosecutions were instituted under the By-Laws, but letters of warning were sent to certain butchers in connection with humane slaughtering.

It is, perhaps, of interest to record that some improvement has been noticed in the class of animal slaughtered during the year in certain parts of the Borough, and this no doubt is due to the operation of the Regulations.

The work of meat inspection—entailing as it does the necessity of condemning meat which may have been purchased in good faith, but which upon examination is found to be unsound—does not lend itself to good feeling between the trade and servants of the Council. We are pleased to state, however, that in this respect our work, generally speaking, has progressed smoothly.

410 Visits were made by the Sanitary Inspectors to the slaughter-houses, but it was not found necessary to serve any official notice, no structural defects being found. One summons was issued in respect to a stall which had not the meat properly screened, and a fine of £2 2s. 0d. and £2 2s. 0d. costs imposed.

APPENDIX I.

Table showing Animals examined post-mortem and those found to be Diseased.

Class of Animals.	Number Inspected	Affected with T.B.		Affected with other Diseases.	
		No.	Percentage.	No.	Percentage.
Bovines—					
Bulls	6	..	..	1	16.7
Bullocks	562	31	5.5	163	29.0
Cows	958	433	45.2	241	25.2
Heifers	168	20	11.9	34	20.2
Calves	194	1	0.5	3	1.5
Swine—					
Boars	37	2	5.4	4	10.8
Sows	99	12	12.1	8	8.1
Porkers	4,486	135	3.0	124	2.8
Ovines—					
Sheep	5,173	..	..	256	4.9
Lambs	2,461	..	..	19	0.8
Caprines—					
Goats	1	..	..	..	..
Kids	2	..	..	..	..
TOTALS ..	14,147	634	4.5	853	6.0

APPENDIX II.

Table showing Meat found to be unfit for Human Food, and the Disease or Condition which required its condemnation.

BOVINES.

Disease or Condition.	Entire Carcase and Viscera.	Heads.	Tongues.	Forequarters.	Shins.	Loins.	Rumps.	Top Pieces.	Legs.	Hearts.	Lungs.	Diaphragms.	Stomachs.	Omenta.	Intestines.	Mesenteries.	Livers.	Pancreas.	Spleens.	Kidneys.	Mammary Glands.
Tuberculosis	6	56	56	5	..	1½	1	1	..	10	438	7	1	1	4	66	30	4	3	2	4
Actinomycosis and Actinobacillosis	25	24	..	..	..	..	..	..	..	12	..	..	..	..	5	7	..	..	..	4
Distomatosis	8	..	..	..	..	..	271½	..	..	..	..
Echinococcus Veterinorum Cysts	17	..	..	..	..	..	10½	..	..	7	4
Pneumonia	9	..	..	..	..	..	..	..	..	..	..
Pleurisy	3	..	..	..	..	..	..	..	..	..	..
Peritonitis	2	..	..	..	..	..	..	..	..	..
Hepatitis	2½	..	..	..	..
Splenitis	1	..	..	..
Mastitis	285	..
Cirrhosis	12	..	..	..	..
Necrosis	17	..	..	4	..
Abscesses	1	..	..	..	..	..	20½	..	..	..	..
Bruises and Fractures	1½	..	..	½	..	..	..	..	..	..	..	..	..	..	..	..
Fatty Degeneration	8	..	..	..	..
Cavernous Angioma	8½	..	..	..	..
Blood Aspiration	1	..	..	..	..	..	..	..	..	..	..
TOTALS	6	81	80	5	1½	1½	1	1	½	10	489	9	1	1	4	71	387½	4	4	13	297

APPENDIX III.

Table showing Meat found to be unfit for Human Food and the Disease or Condition which required its condemnation.

SWINE.

Disease or Condition.	Entire Carcase and Viscera.	Heads and Collars.	Hands and Springs.	Loins.	Bellies.	Legs.	Hearts.	Lungs.	Stomachs.	Intestines.	Mesenteries.	Livers.	Spleens.	Kidneys.	Peritoneal and Renal Fat.	Skins.
Tuberculosis	1	82	4	..	..	..	..	21	2	6	75	8	1	..	..	..
Swine Fever	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Swine Plague	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hydraemia	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Ecchinococcus Veterinorum Cysts .. .. .	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Pneumonia .. .. .	..	..	..	..	..	..	..	59	..	..	..	..	..	..	..	..
Pleurisy .. .. .	..	..	..	..	..	..	..	20	..	..	..	..	..	..	..	..
Pericarditis .. .. .	..	..	..	..	..	..	7	..	..	..	..	..	..	..	..	..
Epicarditis .. .. .	..	..	..	..	..	..	6	..	..	..	..	..	..	..	..	..
Peritonitis .. .. .	..	..	..	..	..	..	..	..	..	13	3	..	..	..	1	..
Enteritis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hepatitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..
Splenitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	8	..	..	..
Nephritis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	9	..	..
Mastitis .. .. .	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..
Dermatitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Cirrhosis .. .. .	..	..	..	..	..	..	..	..	..	..	..	46½	..	..	..	..
Necrosis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Bruises and Fractures .. .. .	..	..	..	½	½	1½	..	..	..	..	..	..	..	..	..	..
Blood Aspiration .. .. .	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
TOTALS	4	82	4	½	3½	1½	18	102	2	19	78	58½	9	10	1	2

APPENDIX IV.

Table showing Meat found to be unfit for Human Food, and the Disease or Condition which required its condemnation.

OVINES.

Disease or Condition.	Entire Carcase and Viscera.	Heads.	Necks.	Shoulders.	Breasts.	Legs.	Hearts.	Lungs.	Mesenteries.	Livers.
Distomatosis	1	..	98
Ecchinococcus Veterinorum Cysts	2	..	8
Strongylosis	27	1	..
Tenuicollis Embryos	21½
Parasitic Catarh	9	..	..	..	..	..	..	..	..
Pneumonia	4	..	..
Pleurisy	2	..	2	..	..	2	..	..
Epicarditis	1	..	..	..
Cirrhosis	12
Abscesses	2
Bruises and Fractures	1	..	1	..	..	..	..
Asphyxia	1	..	..	..	..	..	..	..	..	..
TOTALS	1	9	2	1	2	1	1	36	1	141½

APPENDIX V.

Table Showing Unsound Meat Condemned as a Result of Post-Mortem Examinations.

BOVINES:—

Entire Carcases and All Viscera	6
Heads	81
Tongues	80
Forequarters	5
Shins	1½
Loins	1½
Rumps	1
Top pieces	1
Legs	1½

BOVINES—*Continued.*

Hearts	...	...	...	...	...	...	10
Lungs	...	...	...	...	...	...	489
Diaphragms	...	...	...	...	...	...	9
Stomachs	...	...	...	...	...	...	1
Omenta	...	...	...	...	...	...	1
Intestines	...	...	...	...	...	...	4
Mesenteries	...	...	...	...	...	...	71
Livers	...	...	...	...	...	...	387 $\frac{1}{2}$
Pancreas	...	...	...	...	...	...	4
Spleens	...	...	...	...	...	...	4
Kidneys	...	...	...	...	...	...	13
Mammary Glands	...	...	...	...	...	...	297

SWINE:—

Entire Carcasses and All Viscera	...	...	...	...	...	...	4
Heads and Collars	...	...	...	...	...	...	82
Hands and Springs	...	...	...	...	...	...	4
Loins	...	...	...	...	...	...	$\frac{1}{2}$
Bellies	...	...	...	...	...	...	3 $\frac{1}{2}$
Legs	...	...	...	...	...	...	1 $\frac{1}{2}$
Hearts	...	...	...	...	...	...	13
Lungs	...	...	...	...	...	...	102
Stomachs	...	...	...	...	...	...	2
Intestines	...	...	...	...	...	...	19
Mesenteries	...	...	...	...	...	...	78
Livers	...	...	...	...	...	...	58 $\frac{1}{2}$
Spleens	...	...	...	...	...	...	9
Kidneys	...	...	...	...	...	...	10
Peritoneal and Renal Fat	...	...	...	...	...	...	1
Skins	...	...	...	...	...	...	2

OVINES:—

Entire Carcasses and All Viscera	...	...	...	...	...	...	1
Heads	...	...	...	...	...	...	9
Necks	...	...	...	...	...	...	2
Shoulders	...	...	...	...	...	...	1
Breasts	...	...	...	...	...	...	2
Legs	...	...	...	...	...	...	1
Hearts	...	...	...	...	...	...	1
Lungs	...	...	...	...	...	...	36
Mesenteries	...	...	...	...	...	...	1
Livers	...	...	...	...	...	...	141 $\frac{1}{2}$

APPENDIX VI.

Table showing depositions of Tubercular Lesions found in the Lymphatic Systems of Bovines and Swine.

Class of Animals.	No. of Animals affected with T. B.	Sub-Maxillary.	Retro-Pharyngeal	Parotid.	Pre-Scapula.	Pre-Pectoral.	Pre-Sternal.	Supra-Sternal.	Sub-Dorsal.	Renal.	Lumbar.	Iliacs.	Pre-Crural.	Supra-Mam. or Sup. Inguinal.	Ischiatic.	Popliteal.	Pericardial.	Bronchial.	Anterior Mediastinal.	Posterior Mediastinal.	Gastric.	Splenic.	Hepatic.	Pancreatic.	Mesenteric.	
Bovines—																										
Bulls ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bullocks ..	31	7	6	1	..	..	..	..	..	..	..	..	..	..	..	..	1	17	11	7	..	..	5	..	8
Cows ..	433	15	38	5	2	6	7	2	1	4	1	2	..	1	..	1	4	325	303	272	2	1	23	5	57	
Heifers ..	20	1	5	1	1	1	..	1	..	..	..	1	1	1	..	1	1	9	9	10	..	1	3	1	6
Calves ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..
Swine—																										
Boars ..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Sows ..	12	8	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	7	1	1	2	..	3	..	7
Porkers ..	135	75	..	3	..	1	1	..	..	1	..	..	..	1	..	..	1	13	2	1	..	6	..	..	68

APPENDIX VII.

**Table showing deposition of Tubercular Lesions found in the Bones and Organs
and on the Serous Membranes of Bovine and Swine.**

Class of Animals.	No. of Animals affected with T.B.	Sternebrae.		Ribs.	Lumbar Vertebrae.		Adrenal Bodies.	Kidneys.	Mammary Glands.		Pleura.	Peritoneum.	Hearts.				Lungs.		Livers.		Pancreas.		Stomachs.		Omenta.	Spleens.		Intestines.		Mesenteries (surface).	Uteri and Ovaries.		Penis.
													Pericardium.	Epicardium.	Myocardium.	Endocardium.	Pleura.	Parenchyma.	Capsule.	Parenchyma.	Capsule.	Parenchyma.	Outer Surface.	Inner Surface.		Capsule.	Parenchyma.	Outer Surface.	Inner Surface.		Capsule.	Parenchyma.		Testicles and
Bovines—																																	
Bulls ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bullocks ..	31	..	..	..	..	..	..	..	..	..	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cows ..	433	..	1	..	1	3	14	5	6	2	14	180	3	23	2	..	3	..	3	3	..	2	..	2	2
Heifers ..	20	1	..	1	4	1	2	1	4	8	1	4	1	..	1	..	1	1	..	1	..	1	1
Calves..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Swine—																																	
Boars ..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sows ..	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Porkers ..	135	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	2	..	..	..	..	..	..

Prevalance of, and Control over, Infectious Diseases.

NOTIFIABLE DISEASES (Other than T.B.)

The following table shows the number of cases of notifiable diseases occurring during the year 1926, together with the number removed to hospitals and the total number of deaths from each disease.

Diseases.	Cases Notified.	Removed to Hospital.	Total Deaths.
Smallpox .. .. .	..	..	..
Diphtheria	698	669	13
Scarlet Fever	1311	934	7
Enteric Fever (including Paratyphoid) ..	18	16	3
Puerperal Fever	20	13	9
Pneumonia (all forms)	530	181	328
Cerebro Spinal Fever	2	2	3
Acute Polio Myelitis	2	2	1
Acute Polio Encephalitis .. .. .	..	..	..
Encephalitis Lethargica.. .. .	13	6	8
Erysipelas	213	41	5
Ophthalmia Neonatorum	30	3	..
Malaria	5	..	..
Continued Fever	1	1	..
Dysentery	4	2	..
Puerperal Pyrexia	28	5	..

Scarlet Fever (Return Cases).

Cases occurring within the outside margin of one month of the discharge of a case from Hospital to the same house were regarded as "Return Cases." Of 899 admitted to Hospital 26 or 2.89 per cent. were associated with recurrent infection in this way (see also report of Medical Superintendent of Plaistow Fever Hospital (pages 65-73).

Special Diseases Report 1926.

CEREBRO-SPINAL FEVER.

During the year three cases of Cerebro-Spinal Fever were notified, but in one case the diagnosis was not confirmed, the patient (a man of 30 years of age) being later reported as suffering from "Cervical Abscess."

Both the other cases (a boy of 12 years and a boy of seven months) died. A further case, a girl of 20 years, who had not been diagnosed previously, was notified after death as the result of a post-mortem examination.

All these cases died in Hospital.

POLIOMYELITIS.

There were two cases of Poliomyelitis notified during the year, a girl of 2 years old, who died, and a girl of four, still under treatment in a Poor Law Hospital.

ENCEPHALITIS LETHARGICA.

There have been thirteen fresh cases during 1926, of whom seven have died; there has also occurred the death of a girl of 17 years of age, who was first notified in 1924, and who had been ill for over $2\frac{1}{4}$ years. One other case was notified, a man of 46 years, but the diagnosis was not confirmed, the patient dying of "pachy meningitis." The ages of the males affected were: 52, 27 and 3 years (deaths), a boy 14 years, now at work, and a boy 9 years, now at school, also a man 37, still under treatment.

The ages of the females affected were: 22 years, 48 years, 17 years (still under treatment), and deaths: 66, 53, 5 and $1\frac{1}{2}$ years.

Of these cases, two were treated in an Isolation Hospital, three in General Hospitals, and two in Poor Law Hospitals.

LABORATORY WORK.

In addition to the work carried out at the Plaistow Fever Hospital (see the report of the Medical Superintendent, Plaistow Hospital), and at the Tuberculosis Dispensary, other pathological specimens are examined at the Seamen's Hospital, Greenwich, most of these specimens being submitted by private Practitioners in the Borough.

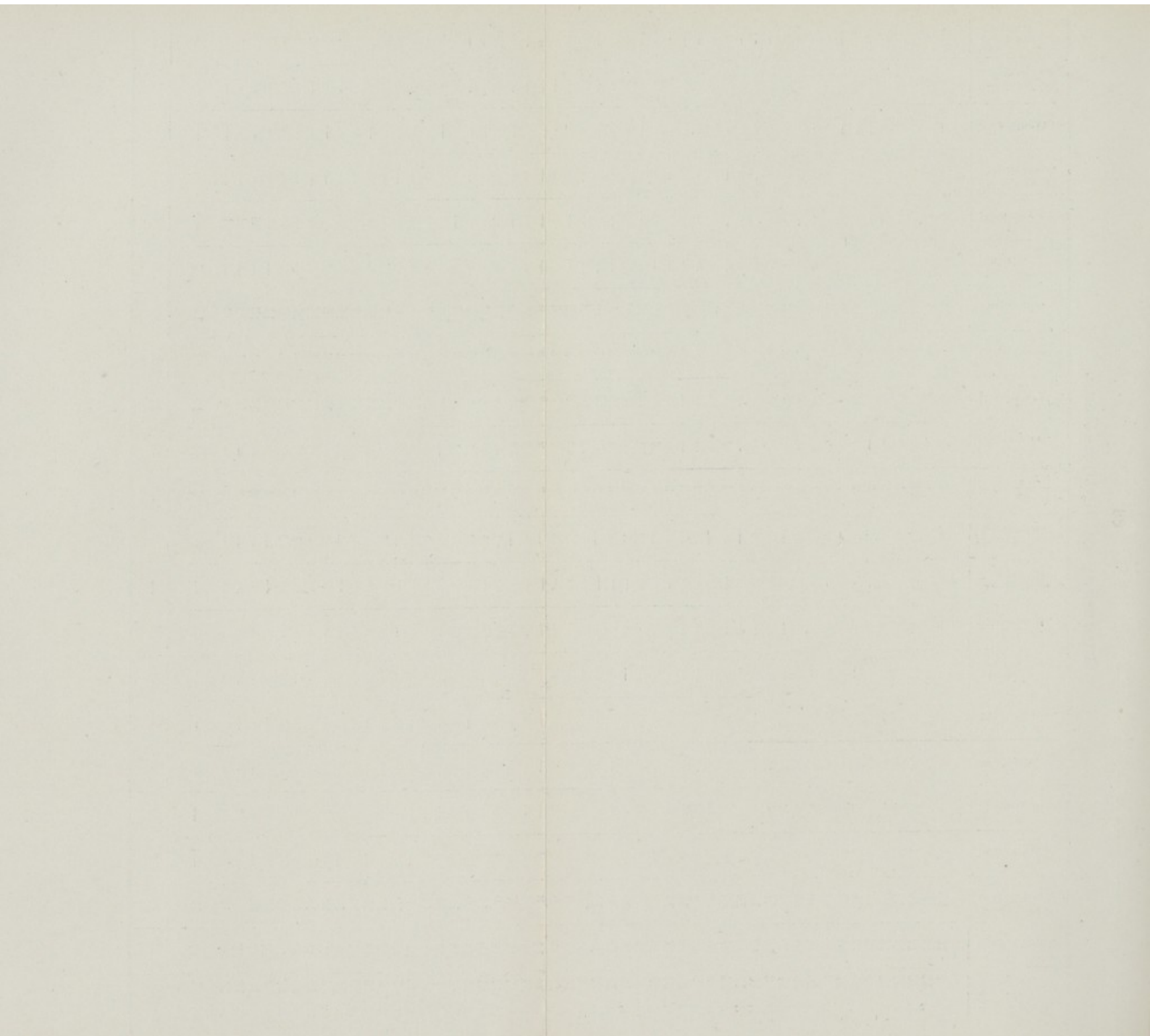
Queen Mary's Hospital, Stratford, have recently opened a Pathological Department, fully equipped with the most up-to-date apparatus. The Laboratory is under the charge of a highly skilled Pathologist, and should prove a great asset to all concerned.

CASES OF SICKNESS VISITED AND INVESTIGATED
BY THE WOMEN SANITARY INSPECTORS DURING
1926.

Measles	...	...	...	...	3098
Chicken Pox	...	...	...	...	991
Whooping Cough	...	...	...	...	117
Mumps	...	...	...	...	325
Tonsillitis	...	...	...	...	363
Other diseases	...	...	...	...	738
					<hr/>
					5632
					<hr/>

Summary of Notifications.

Week Ending. 1926	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Small Pox.	Typhus Fever.	Cerebro Spinal Fever.	Acute Poliomyelitis.	Acute Polio Encephalitis.	Encephalitis Lethargica.	Erysipelas.	Ophthalmia Neonatorum.	Tuberculosis.		Pneumonia.	Malaria.	Dysentery.	Trench Fever.	Relapsing Fever.	Continued Fever.	Puerperal Pyrexia.
													Respiratory.	Other Forms.							
Jan. 9	13	23	1	—	—	—	—	—	—	—	7	—	11	1	11	—	—	—	—	—	—
" 16	16	15	—	—	—	—	—	—	—	—	8	—	19	3	7	1	—	—	—	—	—
" 23	17	10	1	—	—	—	1	—	—	—	3	—	15	1	13	—	—	—	—	—	—
" 30	19	18	—	1	—	—	—	—	—	—	5	—	17	2	13	—	—	—	—	—	—
Feb. 6	16	19	1	—	—	—	1	1	—	—	6	—	29	4	17	—	—	—	—	—	—
" 13	12	12	1	—	—	—	—	—	—	2	3	—	13	4	8	—	—	—	—	—	—
" 20	12	31	3	2	—	—	—	—	—	—	6	1	12	3	6	—	—	—	—	—	—
" 27	20	25	1	—	—	—	—	—	—	—	7	—	12	5	14	—	—	—	—	—	—
Mar. 6	21	14	—	—	—	—	—	—	—	—	5	2	19	4	3	—	—	—	—	—	—
" 13	14	23	1	1	—	—	—	—	—	—	1	—	17	6	7	—	—	—	—	—	—
" 20	18	23	—	2	—	—	—	—	—	—	3	3	10	2	18	—	—	—	—	—	—
" 27	20	24	—	—	—	—	—	—	—	—	2	—	20	6	14	—	—	—	—	—	—
April 3	15	17	—	1	—	—	—	—	—	—	2	2	6	3	14	1	—	—	—	—	—
" 10	10	15	1	—	—	—	—	—	—	1	4	—	10	2	26	—	—	—	—	—	—
" 17	24	15	—	—	—	—	—	—	—	—	3	—	17	—	23	—	—	—	—	—	—
" 24	27	14	—	4	—	—	—	—	—	—	1	1	19	5	8	—	—	—	—	—	—
May 1	20	3	—	1	—	—	—	—	—	—	4	—	4	3	23	—	—	—	—	—	—
" 8	16	4	—	2	—	—	—	—	—	—	4	—	13	3	8	—	—	—	—	—	—
" 15	19	12	—	—	—	—	—	—	—	—	6	—	21	2	12	—	—	—	—	—	—
" 22	14	14	—	—	—	—	—	—	—	—	3	—	21	3	6	—	—	—	—	—	—
" 29	23	8	—	—	—	—	—	—	—	—	5	1	10	4	19	—	—	—	—	—	—
June 5	12	8	—	2	—	—	—	—	—	1	7	1	14	2	12	—	—	—	—	—	—
" 12	16	13	—	—	—	—	—	—	—	—	4	—	25	6	6	—	—	—	—	—	—
" 19	17	9	—	—	—	—	—	—	—	—	5	1	16	4	1	—	—	—	—	—	—
" 26	22	10	—	—	—	—	—	—	—	—	4	—	15	1	12	—	—	—	—	—	—
July 3	25	14	—	—	—	—	—	—	—	—	3	—	16	5	8	—	—	—	—	1	—
" 10	24	5	—	—	—	—	—	—	—	—	3	—	9	2	12	—	—	—	—	—	—
" 17	37	8	—	2	—	—	—	—	—	—	7	2	9	2	5	—	—	—	—	—	—
" 24	14	9	1	—	—	—	—	—	—	—	5	2	9	2	5	—	—	—	—	—	—
" 31	11	6	2	—	—	—	—	—	—	—	4	2	5	1	6	—	—	—	—	—	—
Aug. 7	12	7	—	—	—	—	—	—	—	—	2	1	11	4	2	—	—	—	—	—	—
" 14	16	9	1	—	—	—	—	—	—	1	4	—	4	1	12	—	—	—	—	—	—
" 21	18	14	—	—	—	—	—	—	—	1	3	—	8	3	2	—	—	—	—	—	—
" 28	22	9	—	—	—	—	—	—	—	1	2	1	6	2	5	—	—	—	—	—	—
Sept. 4	30	14	1	—	—	—	—	1	—	—	3	1	10	5	5	—	—	—	—	—	—
" 11	20	14	1	—	—	—	—	—	—	—	2	—	9	1	4	—	—	—	—	—	—
" 18	28	11	—	—	—	—	—	—	—	1	2	—	10	—	7	—	—	—	—	—	—
" 25	33	9	—	—	—	—	—	—	—	—	3	—	9	4	9	—	—	—	—	—	—
Oct. 2	47	10	—	—	—	—	—	—	—	—	5	1	9	2	5	—	—	—	—	—	—
" 9	50	17	—	—	—	—	—	—	—	1	6	2	11	1	7	1	—	—	—	—	7
" 16	47	10	—	—	—	—	—	—	—	—	3	—	14	1	10	—	—	—	—	—	3
" 23	54	14	—	—	—	—	—	—	—	—	4	1	15	4	12	—	—	—	—	—	2
" 30	53	14	—	—	—	—	—	—	—	—	4	2	—	1	18	—	—	—	—	—	2
Nov. 6	51	16	—	1	—	—	—	—	—	1	1	—	16	3	6	1	—	—	—	—	3
" 13	41	18	—	—	—	—	—	—	—	—	7	1	10	1	14	—	—	—	—	—	1
" 20	48	18	—	—	—	—	—	—	—	1	6	1	5	2	12	—	—	—	—	—	1
" 27	40	15	—	—	—	—	—	—	—	2	5	—	7	5	6	—	—	—	—	—	3
Dec. 4	22	13	2	—	—	—	—	—	—	—	5	—	5	—	11	—	—	—	—	—	1
" 11	37	12	—	—	—	—	—	—	—	—	5	—	15	1	13	—	2	—	—	—	1
" 18	37	8	—	1	—	—	—	—	—	—	3	—	10	1	10	—	1	—	—	—	2
" 25	34	12	—	—	—	—	—	—	—	—	5	—	8	—	9	—	1	—	—	—	—
1927 Jan. 1	27	13	—	—	—	—	—	—	—	—	3	1	10	3	14	1	—	—	—	—	2
TOTALS	1,311	698	18	20	—	—	2	2	—	13	213	30	635	136	530	5	4	—	—	1	28



Disinfection.

The following return sets out the diseases for which disinfection took place during 1926:—

Disease.	North.	South.	Totals.
Scarlet Fever	533	731	1264
Diphtheria	389	469	858
Enteric Fever	8	19	27
Puerperal Fever	1	1	2
Phthisis	308	296	604
Encephalitis Lethargica	5	3	8
Cerebro-Spinal Fever	—	1	1
Acute Poleomyelitis	2	—	2
Erysipelas	1	2	3
Pneumonia and Measles	11	8	19
Cancer	15	11	26
Schools (Classrooms)	131	185	316
General Infection	29	25	54
Disinfestation	101	32	133
Total			3,317

Plaistow Hospital.

Annual Report for 1926.

The total number of cases treated in the Hospital during 1926 showed an increase of 431 over the number treated in the previous year. This increase was due mainly to a rise in the prevalence of scarlet fever which occurred during the autumn. The year also showed an increase in the total number of deaths, which were 56 as compared with 49 in 1925.

There was a severe epidemic of measles in the district at the beginning of the year, and as many as possible of the complicated cases were admitted. The increase in the total deaths during the year was mainly due to this disease. Though the cases of scarlet fever were more than double the

number treated in the previous year the type of disease remained mild. Diphtheria, on the other hand, showed a decrease in the number of cases treated, and also in the fatality rate. Whooping cough was not prevalent, and the incidence of typhoid fever remained low.

The chief causes of death during the year are briefly summarised as follows:—

Scarlet Fever caused	...	...	6 deaths.
Diphtheria caused	...	...	13 „
Measles caused	...	...	17 „
Pneumonia caused	...	...	5 „
Erysipelas caused	...	...	2 „
Whooping Cough caused	...	...	2 „
Other diseases caused	...	...	11 „
Total			56

The mortality rate, calculated on all the cases admitted, was 2.99 per cent.

In Table I. there is shown the annual admissions and deaths from scarlet fever, diphtheria and typhoid fever during the past 31 years. The Hospital was opened in 1896, but the building was not completed until 1901, and typhoid fever cases were not admitted until that year. From this table it will be seen that typhoid fever has greatly diminished in recent years, and it has now become a comparatively rare disease. Scarlet Fever shows marked fluctuations in prevalence, and though it has become a mild disease, as judged by its fatality rate, it is still the cause of much permanent disability on account of the complications which so frequently occur with it. Diphtheria still remains prevalent in the Borough, but the number of deaths caused by it has shown a steady decrease during the past four years. The evidence is increasing every year that both these diseases can be prevented by the active immunisation of individuals who have been found to be susceptible by the Dick and Schick tests. In several districts this method is now being practised on an extensive scale with encouraging results.

Year.	Scarlet Fever.		Diphtheria.		Typhoid Fever.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
1896	170	8	114	23	..	..
1897	188	6	163	21	..	..
1898	206	4	249	42	..	..
1899	192	2	309	49	..	..
1900	177	4	269	36	..	..
1901	203	16	310	66	47	4
1902	257	12	431	72	138	30
1903	370	10	334	48	84	17
1904	679	29	351	31	95	15
1905	747	18	438	53	62	14
1906	806	18	421	70	127	18
1907	667	29	422	82	68	12
1908	665	26	373	47	73	12
1909	990	32	337	35	34	5
1910	655	17	260	45	71	14
1911	491	13	295	52	79	15
1912	562	17	291	35	49	10
1913	782	13	333	24	42	6
1914	699	10	380	43	36	7
1915	575	8	403	60	40	11
1916	310	7	533	64	23	2
1917	304	8	559	67	27	4
1918	213	4	464	70	25	0
1919	373	3	601	57	15	2
1920	748	6	769	62	14	3
1921	1,119	10	560	32	7	0
1922	592	8	611	40	3	1
1923	412	7	671	23	10	0
1924	317	4	713	27	2	1
1925	412	4	719	18	5	1
1926	899	6	647	13	7	0

On 1st January, 1926, 214 cases were resident in the Hospital, and 1,872 were admitted during the year, making a total of 2,086 cases under treatment. Of these 1,794 were discharged recovered, 56 died, and 236 remained under treatment at the end of the year.

The following Table shows the admissions and deaths for each month of the year:—

TABLE II.

1926.	ADMISSIONS.											DEATHS.										
	Scarlet Fever.	Diphtheria	Typhoid Fever.	Measles.	Pneumonia	Erysipelas.	Chicken- pox.	Rubella.	Whooping Cough.	Other Diseases.	Total.	Scarlet Fever.	Diphtheria.	Typhoid Fever.	Measles.	Pneumonia	Erysipelas.	Chicken- Pox.	Rubella.	Whooping Cough.	Other Diseases	Total.
January	54	72	1	25	3	1	2	1	..	11	170	..	2	..	6	1	1	..	..	..	1	11
February	49	75	3	19	3	1	..	..	..	8	158	..	1	..	4	..	..	..	..	..	1	6
March	68	93	1	15	1	..	2	3	..	21	204	3	4	..	2	..	..	..	..	..	..	9
April	38	44	..	9	1	..	..	2	..	13	107	2	1	..	2	..	..	..	..	..	1	6
May	66	35	..	12	2	2	..	1	2	21	141	..	..	..	2	..	..	..	..	1	2	5
June . . .	67	49	..	4	3	4	3	4	..	15	149	..	1	..	..	1	1	..	..	..	1	4
July	69	28	..	1	3	2	1	..	..	13	117	..	..	..	..	1	..	..	..	..	..	1
August	66	36	1	..	1	2	2	..	..	13	121	..	1	..	1	..	..	..	..	..	..	2
September ..	113	59	1	..	2	1	..	..	..	17	193	..	1	..	..	..	..	..	..	..	2	3
October	112	51	..	..	1	..	..	..	..	8	172	..	1	..	..	..	..	..	..	..	1	2
November ..	75	50	..	..	1	1	2	..	1	11	141	..	..	..	..	1	..	..	..	1	..	2
December ..	122	55	..	..	4	1	..	..	2	15	199	1	1	..	..	1	..	..	..	..	2	5
Totals	899	647	7	85	25	15	12	11	5	166	1 872	6	13	..	17	5	2	..	..	2	11	56

SCARLET FEVER.—The total number of cases under treatment was 966, which is 496 more than in the previous year. Of these, 803 were discharged recovered, 6 died, and 157 remained under treatment at the end of the year. In one of the fatal cases acute nephritis was the contributory cause of death; the other 5 fatal cases were all of the septic type. The fatality rate was .66 per cent. of the admissions.

In 64 cases the disease was complicated by the presence of other infections as follows:—

Scarlet Fever with Diphtheria	...	...	21 cases.
" " " Measles	...	...	19 "
" " " Whooping Cough	...	...	7 "
" " " Mumps	...	...	5 "
" " Chickenpox	...	...	12 "

55 cases admitted as Scarlet Fever proved to be wrongly diagnosed, and were found after admission to be suffering from the following diseases:—

Diphtheria 4, Measles 13, Rubella 12, Erythema 4, Chickenpox 2, Septic Rash 2, Tonsillitis 7, Pneumonia 2, Scabies 2, Ulcerative Pharyngitis 1, Tubercular Meningitis 1, Catarrhal Jaundice 1, Food Poisoning 1, Puerperal Fever 1, Urticaria 1, No disease 1.

Ten cases admitted as Diphtheria were found to be suffering from Scarlet Fever.

COMPLICATIONS.—Of the 803 cases discharged during the year, 251, or 30.25 per cent., suffered from complications as follows:—

Arthritis	...	...	20 cases or 2.49 per cent.
Albuminuria	...	...	36 " 4.60 "
Nephritis	...	...	14 " 1.74 "
Otorrhœa	...	...	49 " 6.10 "
Adenitis	...	...	95 " 11.83 "
Rhinitis	...	...	25 " 3.11 "
Vaginal Discharge	...	...	8 " 0.99 "
Pericarditis	...	...	2 " 0.24 "
Jaundice	...	...	2 " 0.24 "

The average duration of residence of all the cases was 40.1 days.

DIPHTHERIA.—This disease showed a slight decrease in prevalence during 1926 as compared with the previous year, the admissions being 172 less than in 1925. The majority of the cases also were of a mild type as shown by the total deaths, which numbered 13, which is the lowest figure recorded during the past 31 years. It is impossible to say, however, if this figure can be maintained.

The total number of cases under treatment during the year was 751. Of these, 671 were discharged recovered, 13 died, and 67 remained under treatment at the end of the year. Of the cases discharged, 38 suffered from paralysis, which was severe in 13 cases and mild in 25 cases. The average amount of antitoxin given to all cases was 13,000 units, and the average duration of residence was 49.8 days.

Tracheotomy was performed in 36 cases on account of faucial or laryngeal obstruction, and 7 of these proved fatal; 4 of the fatal cases suffered from severe faucial diphtheria, 2 were recovering from an attack of measles, and one suffered from septic scarlet fever.

Fatal Cases:—The duration of illness of the 13 fatal cases prior to admission averaged 3.5 days, and their average age was 4 years. The fatality rate for all the cases admitted was 2 per cent. The amount of antitoxin administered to the fatal cases averaged 67,000 units.

151 cases admitted as Diphtheria proved to be wrongly diagnosed, and were found after admission to be suffering from the following complaints:—

Tonsillitis 98, Laryngitis 17, Scarlet Fever 10, Measles 6, Bronchitis 4, Broncho-pneumonia 7, Pneumococcal Meningitis 1, Retro-pharyngeal abscess 2, Lymphadenoma 1, Ulcerative pharyngitis 1, Quinsy 1, Vincent's Angina 1, Miliary Tuberculosis 1, Thrush 1.

TYPHOID FEVER.—23 cases notified as Typhoid Fever were admitted during the year. Of these, 8 proved to be suffering from the disease. All recovered. Perforation occurred in one case, which recovered after operation. The other 15 cases were found after admission to be suffering from the following complaints:—

Enteritis 5, Gastro-enteritis 3, Pneumonia 2, Parametritis 1, Cystitis 1, Nephritis 1, Duodenal Ulcer 1, Tubercular Peritonitis 1.

MEASLES.—This disease was very prevalent in the Borough at the beginning of the year, and 85 severe cases were admitted. 13 of these cases had been notified as Scarlet Fever

and 6 as Diphtheria; also the disease was present with scarlet fever in 5 cases, and with diphtheria in 11 cases. From these 19 other patients were infected in the Hospital. 21 cases had been in residence at the beginning of the year, 89 were discharged and 17 died. The fatality rate was 20 per cent. of the admissions. Broncho-pneumonia was the contributory cause of death in 13 cases, Diphtheria in 2 cases and Pneumococcal Meningitis in one case.

WHOOPING COUGH.—This disease was not prevalent during 1926. Only 5 cases were admitted as such, but it was present as a complication in 7 cases of scarlet fever, and in 3 cases of diphtheria. Two cases proved fatal, giving a fatality rate of 40 per cent. of the admissions.

CHICKENPOX.—12 cases were admitted during the year. Three were severe, and the rest were of a mild type; there were no deaths. The disease was also present in combination with scarlet fever in 12 cases, with diphtheria in 10 cases, and with measles in 5 cases.

ERYSIPELAS.—16 cases were under treatment during the year. They were all moderately severe. Two cases proved fatal. Both of them were babies, one aged three weeks, the other aged nine weeks.

RUBELLA.—12 cases were under treatment during the year. All of them had been notified as scarlet fever, and were of a mild type. None proved fatal, and there were no complications.

PNEUMONIA.—Cases of both Lobar Pneumonia and Broncho-Pneumonia are included in this group. Thirty cases were under treatment. Of these, 24 were discharged recovered, 5 died, and one remained in residence at the end of the year. Three of the fatal cases were babies under 6 months who suffered from Broncho-pneumonia; the other two were males suffering from Lobar Pneumonia whose ages were 33 years and 38 years respectively.

OTHER DISEASES.—Under this group are classed diseases which are not regularly admitted and cases in which the diagnosis was changed after admission. The following are the diseases included in the group:—

Tonsillitis 101, Laryngitis 14, Enteritis 4, Gastro-enteritis 5, Bronchitis 4, Tubercular Meningitis 3, Pneumococcal Meningitis 2, Erythema 4, Septic Rash 2, Thrush 1, Nephritis

1, Jaundice 1, Conjunctivitis 1, Lymphadenoma 1, Puerperal Fever 1, Duodenal Ulcer 1, Septicæmia 1, Tubercular Peritonitis 1, Miliary Tuberculosis 1, Retro-pharyngeal Abscess 2, Ophthalmia Neonatorum 1, Scabies 2, Urticaria 2, Epilepsy 1, Parametritis 1, Ulcerative Pharyngitis 2, Rectal Abscess 1, Quinsey 1, Vincent's Agina 1, Encephalitis 1, Lead poisoning 1, Food Rash 1, Re-admitted 3, No disease 1.

Of these 11 proved fatal as follows:—

Tubercular Meningitis	...	...	3 cases.
Pneumococcal Meningitis	...	...	2 „
Ulcerative Pharyngitis	...	...	2 „
Puerperal Fever	...	...	1 case.
Septicæmia	...	...	1 „
Lead Poisoning	...	...	1 „
Miliary Tuberculosis	...	...	1 „

THE GRANGE CONVALESCENT HOME.—During the first nine months of the year the Convalescent Home was used for patients convalescing from Diphtheria. The number of cases transferred there from Plaistow Hospital was 327, and their average period of residence was 38.78 days. In October Scarlet Fever had become very prevalent, and there was not sufficient accommodation for all the cases at Plaistow Hospital so it was decided to discharge the Diphtheria patients at the Convalescent Home and use it for Scarlet Fever patients. The number of cases transferred there was 125, and their average period of residence was 27.1 days.

During the summer months the patients derive great benefit from a short residence at the Convalescent Home. The gardens keep the Home supplied with vegetables and a good quantity of fruit, also over 6,000 eggs were supplied last year from the poultry.

DICK TEST.—1,200 Dick Tests were made on scarlet fever patients during the year with the following results:—

Of 71 patients tested in the first five days of illness, 66 were positive.

Of 87 patients tested on the seventh day of illness, 48 were positive.

Of 160 patients tested in the second week of illness, 57 were positive.

57 Dick positive cases were retested at weekly intervals, and all had become Dick negative by the end of the sixth week of illness except seven cases, which were positive on discharge from hospital.

SCHICK TEST.—The Schick Test was performed on 192 Scarlet Fever Convalescents. Of these 112 were positive and 80 were negative.

STAFF ILLNESS.—114 nurses and maids had been warded during the year with various complaints; all recovered. Seven nurses contracted Scarlet Fever, 8 contracted Diphtheria, 2 contracted Measles, and 5 contracted Mumps. Ten nurses and maids had been warded with Influenza, 23 with sore throat, and 59 others were off duty for short periods with minor complaints. All the probationers are now Dick and Schick tested on their arrival for duty, and those found susceptible to either Scarlet Fever or Diphtheria are immunised.

GATE CASES.—The following is a record of cases suspected to be suffering from infectious disease which were brought direct to the Hospital for diagnosis:—

Number sent by medical practitioners ...	183	
Number of these admitted ...		109
Number brought by relatives ...	433	
Number of these admitted ...		119
Total number of cases examined ...	616	
Total number of these admitted ...		228

BACTERIOLOGICAL WORK.—In addition to the routine bacteriological work of the Hospital, the following examinations were made for medical practitioners:—

Throat Swabs for Diphtheria ...	1513	
Number which proved positive ...		158
Nasal Swabs for Diphtheria ...	18	
Number which proved positive ...		10
Widal Tests (negative) ...	3	
Total number of examinations ...	1534	
Total number of positive Swabs ...		168

AMBULANCES AND DISINFECTING VANS.—The number of journeys made by the two motor ambulances during the year was 1,645. The mileage run was 8,225.

In the collection and delivery of infected clothing the two motor vans made 3,282 journeys, and the mileage run was 13,128.

All minor repairs to the motor vehicles are carried out by the Engineer's staff.

D. MACINTYRE,
Medical Superintendent.

Tuberculosis.

The following table sets out the number of notified cases of Tuberculosis and the number of deaths during the year at certain age periods, distinguishing separately the pulmonary and non-pulmonary forms, males and females:—

AGE PERIODS.				NEW CASES.				DEATHS.			
				Pulmonary.		Non-pulmonary		Pulmonary.		Non-pulmonary	
				M.	F.	M.	F.	M.	F.	M.	F.
0	..	..	..	..	..	1	..	..	..	1	..
1	..	..	..	12	14	17	9	3	..	11	4
5	..	..	..	49	36	30	21	3	2	9	10
10	..	..	..	27	29	14	10	1	1	7	5
15	..	..	..	29	36	6	6	12	17	2	4
20	..	..	..	29	40	3	4	17	22	..	..
25	..	..	..	71	58	4	4	42	37	2	1
35	..	..	..	49	44	1	2	27	20	2	1
45	..	..	..	62	33	1	2	35	23	..	..
55	..	..	..	23	11	..	0	28	3	1	..
65 and upwards	..	..	..	3	4	..	0	4	4	..	..
Totals	..	..	..	354	305	77	58	172	129	35	25

Included in the above new cases are 13 pulmonary males, 10 pulmonary females, 2 non-pulmonary males and 3 non-pulmonary females which were unnotified but were discovered from the returns of the Registrar of Births and Deaths, showing that 12.8 per cent. of the deaths registered as due to Tuberculosis had not been notified during life.

In this connection many deaths notified as having been due to Tuberculosis are frequently so notified because the case had at some time or other suffered from this complaint, the actual cause of death often being due to some intercurrent disease.

The total number of cases of Tuberculosis coming to my knowledge during the year was 794, of which 659 were pulmonary cases. The deaths due to this disease numbered 361, giving a death rate of 1.14 per 1,000.

The death rate from respiratory Phthisis being 0.95, and from other forms 0.18 per 1,000 of the population.

The Reports of the Tuberculosis Officer and of the Medical Superintendent of Dagenham Sanatorium will be found on pages 75-81 and 82-84.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS)
REGULATIONS, 1925.

No occasion has arisen necessitating official action under the above Regulations.

PUBLIC HEALTH ACT, 1925, SECTION 62.

No action was deemed necessary under the above Act.

**Tuberculosis Dispensary—Annual Report of
Tuberculosis Officer.**

The general methods as outlined in last year's report have been pursued. The examination of notified, request and contact cases by Medical Officers and the investigation and visiting of notified cases by the Tuberculosis Nurses have formed the daily work of the Dispensary, together with the recording of cases and other clerical and administrative work.

RETURNS TO THE MINISTRY.—I attach herewith the Annual Returns which the Ministry of Health have now made obligatory. The completion of these Returns requiring the keeping of a Register of Cases has increased considerably the routine weekly clerical work.

TABLE I. is an analysis of the work done. All new cases and contacts examined are classified into definite, doubtful or non-Tuberculous. The definite cases are subdivided into Pulmonary and Non-Pulmonary, and further classified according to age and sex.

TABLE II. shows the number of beds in use in Institutions throughout the year, and the number of patients who have received treatment.

TABLE III. shows the immediate results of treatment.

COMPARISON WITH PREVIOUS YEARS.

The figures relating to cases dealt with in previous years are set out in parallel columns:—

Cases.	1922.	1923.	1924.	1925.	1926.
Request	564 ...	600 ...	643 ...	593 ...	726
Contact	872 ...	887 ...	984 ...	849 ...	743
Notified	228 ...	324 ...	342 ...	338 ...	188
Positive	547 ...	593 ...	622 ...	629 ...	525

The number of request cases is greater than in any preceding year; whereas the number of notified cases is less. This indicates that the Dispensary function as a centre of diagnosis is receiving growing recognition. There has been a falling off in the actual number of contacts, but the number of positive cases has also declined. The proportion of contacts to positive cases is the same as in the year 1924, viz., 1.4 to 1.0.

PERCENTAGE OF POSITIVE CASES AMONG CONTACTS.

	1924.	1925.	1926.
Contacts	984 ...	848 ...	743
Positive	40 ...	38 ...	41
Percentage	4.0 ...	4.48 ...	5.1

INSTITUTIONAL TREATMENT.—There have been periods when the “Waiting List” of patients for admission to Institutions has been longer than was desired, particularly in the case of women. One cause may be that men are more restless than women and remain for shorter periods, but also there is the fact that there is actually less accommodation at Dagenham for women than for men.

The proportion of beds allotted to women is less than the proportion of female cases notified in the year. To adjust this beds have been taken for women in the Grosvenor Sanatorium, Ashford. Sea-men have been treated in the Bramshott Sanatorium.

CHILDREN.—Pulmonary cases have been sent to the East Anglian Sanatorium. It is hoped that by next year the proposed Sanatorium of the Borough at Langdon Hills will be in full use.

DOMICILIARY TREATMENT.—Medical Practitioners have submitted quarterly reports on all cases receiving domiciliary treatment under their care promptly and efficiently. The number of domiciliary reports received have been 1,067.

NON-PULMONARY CASES.—All cases have now been withdrawn from the St. Andrew's Home, South Hayling. Surgical cases are now being sent to the Alexandra Hospital, Swanley, where 10 beds have been in continuous occupation for some months. The treatment of this type of case is prolonged, and can only be carried out in special Hospitals with skilled staff. The results are, however, eminently satisfactory. Beds have been taken in other Institutions, making 16 in all occupied.

The importance of the Hospital for Surgical Cases was emphasised at the Conference of the National Association for the Prevention of Tuberculosis held at Glasgow during the summer.

TUBERCULOSIS OF SKIN.—Twenty cases of Lupus have been receiving treatment at the London Hospital, most of them by Artificial Sunlight Treatment.

AFTER-CARE-COLONY AND VILLAGE SETTLEMENT.—Two cases, ex-service men, have received treatment and training at the Preston Hall Colony during the year. One was discharged as unsuitable for Colonisation, but the other has now been transferred to the Village Settlement, where he now lives with his family. There is need of an organisation which would provide work under good conditions subsidised so as to shelter workers from ordinary industrial conditions. It is recognised that the care of Tuberculosis is not complete until the consumptive, who is fit for work, has been found work under suitable conditions and adjusted to his capacity.

PREVENTION OF TUBERCULOSIS.—The continuation of overcrowding seriously impedes measures of prevention applicable to patients' homes. It is quite impossible for isolation to be arranged in many of the most urgent cases.

There are cases where the loan of a bed would permit of the isolation of the patient in his own home, but in the most urgent cases the accommodation is such that there is no room to put the bed, if provided. The question of loaning beds in suitable cases is one recommended for consideration.

I would also recommend for consideration the question of making grants of food to the family of a patient after his or her removal to an Institution where there is a shortage of food in the family.

RESIDENTIAL INSTITUTIONS.

(A) AVERAGE NUMBER OF BEDS AVAILABLE FOR PATIENTS DURING THE YEAR 1926.

	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		"Sanatorium" Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions.	
Adult Males ..	1	59	28	1	1	90
Adult Females ..	..	31	24	1	2	58
Children under 15..	..	23	..	16	..	39
Total ..	1	113	52	18	3	187

(B) RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT DURING THE YEAR 1926.

	In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of Patients					
Adults—Males ..	87	184	160	33	78
„ Females	63	126	109	22	58
Children—Males	27	15	27	1	14
„ Females	21	22	29	..	14
Number of Observation Cases.					
Adults—Males ..	..	2	2	..	..
„ Females	..	..	..	..	..
Children—Males	..	..	..	..	..
„ Females	..	..	..	..	..
Total ..	198	349	327	56	164

Return showing the work of the Dispensary during the year 1926

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts):—												
(a) Definitely tuberculous	190	143	53	24	12	18	25	19	202	161	78	43
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	95	104	75	64
(c) Non-tuberculous	—	—	—	—	—	—	—	—	61	76	40	29
B.—CONTACTS examined during the year:—												
(a) Definitely tuberculous	4	5	19	12	—	—	1	—	4	5	20	12
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	7	30	42	48
(c) Non-tuberculous	—	—	—	—	—	—	—	—	66	198	151	160
C.—CASES written off the Dispensary Register as												
(a) Cured	13	19	—	2	6	3	—	—	19	22	—	2
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ..	—	—	—	—	—	—	—	—	274	432	400	339
D.—NUMBER OF PERSONS on Dispensary Register on December 31st:—												
(a) Diagnosis completed	750	745	475	383	56	75	119	93	806	820	594	476
(b) Diagnosis not completed.. ..	—	—	—	—	—	—	—	—	88	162	194	199
Total number on Register											3,339	

This figure has been obtained from the Nurse's lists.	1. Number of persons on Dispensary Register on January 1st	3,684	9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	Nil.
	2. Number of patients transferred from other areas and of "lost sight of" cases returned	21	10. Number of consultations with medical practitioners :—	
	3. Number of patients transferred to other areas and cases "lost sight of"	345	(a) At Homes of Applicants	28
	4. Died during the year	254	(b) Otherwise	633
	5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months.. .. .	255	11. Number of other visits by Tuberculosis Officers to Homes	191
	6. Number of attendances at the Dispensary (including Contacts).. .. .	12,714	12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	3,889
	7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision	Nil.	13. Number of	
	8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for		(a) Specimens of sputum, etc., examined ..	672
	(a) "Light" treatment	1,119	(b) X-ray examinations made	9
	(b) Other special forms of treatment	Nil.	in connection with Dispensary work.	
			14. Number of Insured persons on Dispensary Register on the 31st December	1,092
			15. Number of Insured Persons under Domiciliary Treatment on the 31st December	352
			16. Number of reports received during the year in respect of Insured Persons :—	
			(a) Form G.P. 17	6
			(b) Form G.P. 36	1,067

Return showing the immediate results of treatment of patients* and of observation of doubtful cases discharged from Residential Institutions during the year 1926:—

Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Total.
	Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.													
Class T.B. minus.													
Quiescent.. ..	3	1	2	13	10	6	4	5	9	3	..	1	57
Improved	16	10	3	6	9	7	3	1	8	2	1	..	66
No material improvement	4	4	..	..	..	..	..	..	2	..	..	..	10
Died in Institution ..	11	9	..	2	..	..	..	..	..	..	..	..	22
Class T.B. plus. Group 1.													
Quiescent.. ..	1	..	..	8	1	..	5	1	..	1	..	..	17
Improved	3	5	..	3	3	1	2	5	1	1	..	3	27
No material improvement	1	..	..	..	1	..	1	..	..	..	..	..	3
Died in Institution ..	..	1	..	2	..	..	..	..	..	..	1	..	4
Class T.B. plus. Group 2.													
Quiescent.. ..	..	..	..	4	..	..	5	..	..	..	..	..	9
Improved	7	3	..	15	8	..	14	9	..	4	1	1	62
No material improvement	..	6	1	3	5	..	2	2	..	1	..	..	20
Died in Institution ..	6	2	..	1	3	..	5	..	..	2	1	..	20
Class T.B. plus. Group 3.													
Quiescent.. ..	..	..	..	2	..	..	..	..	..	..	..	..	2
Improved	3	..	..	5	1	..	6	5	..	1	1	..	22
No material improvement	2	4	..	1	2	..	4	3	1	..	..	..	17
Died in Institution ..	2	1	..	..	2	..	2	1	..	..	1	..	9
NON-PULMONARY TUBERCULOSIS.													
Bones and Joints.													
Quiescent or Arrested ..	..	..	..	..	..	..	1	..	1	..	1	3	6
Improved .. ..	..	..	..	..	..	..	..	..	..	..	..	2	2
No material improvement	..	..	..	..	..	1	..	..	..	..	..	..	1
Died in Institution ..	..	..	..	..	..	..	..	..	1	..	..	..	1
Abdominal.													
Quiescent or Arrested ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Improved .. ..	..	..	..	..	..	1	..	..	..	..	..	..	1
No material improvement	..	..	..	..	..	..	..	..	..	..	..	..	..
Died in Institution ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Organs.													
Quiescent or Arrested ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Improved .. ..	..	1	..	..	..	..	1	..	..	..	..	..	2
No material improvement	..	..	..	..	..	..	..	..	..	..	..	..	..
Died in Institution ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Peripheral Glands.													
Quiescent or Arrested ..	..	..	1	..	..	..	..	..	1	..	..	..	2
Improved .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
No material improvement	..	..	..	..	..	..	..	..	..	..	..	..	..
Died in Institution ..	..	..	..	..	..	..	..	..	..	..	..	..	..
OBSERVATION FOR PURPOSE OF DIAGNOSIS.													
	Under 1 week.			1-2 weeks.			2-4 weeks.			More than 4 weeks.			
Tuberculous .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Non-tuberculous .. ..	..	..	..	..	..	..	..	..	..	2	..	..	2
Doubtful .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..

* It should be borne in mind that the definition of "patient" does not include persons in whom a definite diagnosis of tuberculosis has not been made.

Dagenham Sanatorium.

Annual Report for the Year 1926.

At the end of 1925 the number of patients remaining under treatment were:—

Males	...	...	...	76
Females	...	...	...	47—123

The total admissions during 1926 were:—

Males	...	...	...	179
Females	...	...	...	117—296

The number of deaths was:—

Males	...	...	...	32
Females	...	...	...	20—52

Discharges during the year totalled:—

Males	...	...	...	149
Females	...	...	...	95—244

Leaving under treatment at 31st December, 1926:—

Males	...	...	...	74
Females	...	...	...	49—123*

* Including 22 non-insured persons.

Insured Persons admitted during the year totalled 235, the remaining 61 being non-insured.

56 Ex-service Men were admitted to the Sanatorium during the same period.

THE DEATH RATE (calculated on admissions) was 17.56 per cent.

In the case of males the percentage was 17.87, and in the case of females 17.09.

THE AVERAGE DURATION OF RESIDENCE (both sexes) was 108.25 days.

The average for males was 106.18 days, and for females 110.62 days.

The grades of cases discharged and the results of treatment were as follows:—

	T.B. minus.		T.B. plus. Grade I.		T.B. plus. Grade II.		T.B. plus. Grade III.		Total.
Males	49	...	11	...	32	...	57	...	149
Females	40	...	3	...	21	...	31	...	95

MALES—

Quiescent	28	...	9	...	8	...	0
Improved	17	...	1 (a)...	...	24	...	43
No material improvement	4	...	1 (b)...	...	0	...	14
	—		—		—		—
Total ...	49		11		32		57
	—		—		—		—

(a) Did not complete treatment.

(b) Only remained 8 days.

FEMALES—

Quiescent	22	...	1	...	2	...	0
Improved	17	...	2	...	17	...	12
No material improvement	1	...	0	...	2	...	19
	—		—		—		—
Total ...	40	...	3	...	21	...	31
	—		—		—		—

The average gain in weight was 8½lbs.

The results of treatment obtained during the year emphasise again how very important early diagnosis and treatment is in Pulmonary Tuberculosis, but even where the diagnosis is made early and treatment available, it is very disappointing year after year to see the number of patients that take their discharge before they have received the maximum benefit, in many cases only to return again much worse. If patients in many instances could only realise that returning home in indifferent health makes the situation worse, many

lives would be considerably prolonged, and the outlook for the home made more promising. Three cases who took their discharge during the year were re-admitted by ambulance before many months had elapsed. Approximately one-third of the cases admitted take their discharge before completing the period of treatment advised.

It has been proposed to instal two Sunrae Lamps for artificial light treatment. Reports from many authorities show that artificial light treatment when carefully administered is very beneficial in many of the complications of Pulmonary Tuberculosis. It should prove of valuable assistance in the treatment here.

Accommodation is the same as last year, 128 beds—80 for male cases and 48 for female cases.

STAFF.

MEDICAL—

Medical Superintendent.
Assistant Medical Officer.

NURSING—

Matron.
3 Sisters (one night).
1 Staff Nurse.
6 Assistant Nurses.
13 Probationers.

DOMESTIC—

Twenty-six (including 6 laundrymaids and 1 sewing maid).

During the year many concert parties visited the Sanatorium. Whist drives were held at intervals, and billiard handicaps were carried on throughout the winter months. The wireless installation continues to give great satisfaction. the mental effect on the bed patients was very striking.

Dr. Constance Steel, late Assistant Medical Officer, Notts. County Sanatorium, was appointed Assistant Medical Officer, and took up her duties on July 1st, Dr. Willis having resigned in June, 1926.

G. M. MAYBERRY,

Medical Superintendent.

LONDON COUNTY COUNCIL.

Venereal Diseases.

Summary of work done by the Hospitals during the year 1926.

	London.	Middle- sex.	Essex.	Surrey.	Kent.	Herts.	Bucks.	East Ham.	West Ham.	Croydon.	Total.	Other Places.	Grand Total.
New Patients:—													
Syphilis	4,181	335	177	129	115	28	35	39	131	23	5,193	545	5,738
Soft Chancre	197	8	3	4	7	2	1	2	11	..	235	68	303
Gonorrhœa	8,581	821	419	318	180	87	45	104	223	56	10,834	849	11,683
Not Venereal	6,733	609	364	293	177	76	43	84	234	51	8,664	324	8,988
Total	19,692	1,773	963	744	479	193	124	229	599	130	24,926	1,786	26,712
Total attendances ..	569,938	38,744	15,007	17,826	7,883	3,578	1,748	4,608	9,990	2,767	672,089	14,986	687,075
No. of In-patient days ..	58,469	3,383	2,743	1,989	3,780	1,502	1,408	779	1,355	330	75,738	25,997	101,735
Salvarsan Subs. doses ..	37,325	3,791	1,693	1,510	894	385	333	326	1,053	218	47,528	1,787	49,315
PATHOLOGICAL EXAMINATIONS.													
For or at Centres:—													
Spirochaetes	755	34	2	8	6	5	..	1	18	1	830	85	915
Gonococci	44,703	2,193	1,765	941	1,040	286	113	527	1,009	248	52,825	1,638	54,463
Wassermann	24,621	1,674	996	877	537	249	139	185	491	164	29,933	1,294	31,227
Others	11,145	746	291	879	292	50	85	24	32	129	13,673	265	13,938
Total	81,224	4,647	3,054	2,705	1,875	590	337	737	1,550	542	97,261	3,282	100,543
For Practitioners:—													
Spirochaetes	19	7	..	7	..	..	..	..	1	..	34	..	34
Gonococci	3,187	266	162	734	22	17	21	15	17	353	4,794	18	4,812
Wassermann	16,021	1,504	932	587	109	77	103	183	495	438	20,449	258	20,707
Others	1,433	31	15	433	23	6	9	1	3	8	1,962	50	2,012
Total	20,660	1,808	1,109	1,761	154	100	133	199	516	799	27,239	326	27,565

Venereal Diseases.

Summary of the work done at the London Clinics for all areas from 1917.

Year.	New Cases.						Total Venereal Cases.		Total Non-Venereal Cases.		Total Attendances.		In-patient days.		Pathological Examinations for	
	Syphilis.		Soft Chancre.		Gonorrhœa.											
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Clinic.	Practitioners.
1917	4,427	3,351	199	11	3,830	1,207	8 456	4,569	1 192	1 168	120,659		63,923		13,988	3,649
1918	3,764	3 002	116	13	4,844	1,940	8 724	4 955	1,345	1,348	169,485		66,095		25,973	6,380
1919	6,394	3,391	463	18	10,441	2,440	17 298	5 849	3 418	1,700	201,626	106,096	24,025	49 186	51,554	10,464
1920	6,988	3,579	766	25	10,669	2,427	18 423	6 031	4 403	2,189	329,940	134,093	29,430	52,182	58 920	14 027
1921	5,088	3,100	458	13	8,573	2,136	14,119	5 249	3 696	2 354	357,503	138 706	30 272	49 420	66,134	18 472
1922	4,207	2,600	309	12	8,233	2 402	12,749	5,014	3,759	2,191	387 631	141 372	28,809	83,755	74,022	19,836
1923	4 497	2,631	311	4	9,043	2,520	13,851	5 155	4 167	2,477	412,915	142 594	29,661	77,001	69,784	24 403
1924	4,174	2,452	301	4	8,565	2,785	13 040	5 241	4 869	2,423	424 850	164 152	31,620	70,836	79,005	24,797
1925	3,556	2,346	268	11	8,464	2,857	12,288	5 214	5,726	2 954	459,011	187,120	29,313	73,141	106,064	26,346
1926	3,725	2,013	301	2	8,825	2,858	12,851	4,873	5,830	3,158	490,578	196,497	31,258	70,477	100 543	27,565

LONDON COUNTY COUNCIL.

Venereal Diseases.

Return showing the extent to which the facilities have been utilized during the year ended 31st December, 1926.

HOSPITAL.	New Cases.					No. of Persons.		Total attendances.	No. of In-patient days.	Sal. Subs. doses given.	Pathological Examinations.								Total.
	Syp.	S.C.	Gon.	Not V.D.	Total.	Ceased to attend	Dis-charged.				Spiro.		Gon.		Wass.		Others.		
											(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	
Albert Dock	202	55	345	238	840	345	73	10,772	2,749	1,174	86	..	516	50	608	421	..	..	1,681
Charing Cross	158	8	235	98	499	217	179	8,134	97	1,048	7	..	2,867	89	786	863	..	..	4,612
Diseases of Skin	4	..	6	8	18	..	6	232	..	37	1	..	69	32	53	51	2	..	208
E. G. Anderson	28	..	82	73	183	21	36	3,793	459	471	..	..	530	13	345	320	170	133	1,511
Gt. Ormond Street	44	..	16	428	488	2	14	2,779	2,299	1,047	..	1	297	104	607	441	622	113	2,185
Guy's	379	34	493	494	1,400	191	352	38,079	2,308	3,280	92	..	5,832	99	1,618	2,086	453	..	10,180
King's College	143	3	150	151	447	111	88	17,758	1,039	914	15	4	5,085	98	1,622	1,967	37	..	8,728
Lock (Male)	418	69	2,463	1,209	4,159	1,212	963	93,134	12,288	2,396	201	..	6,723	382	3,546	478	372	..	11,702
Lock (Female)	216	..	458	269	943	31	49	9,695	34,896	1,005	..	..	..	..	..	..	..	..	..
London	418	3	785	908	2,114	802	255	45,828	4,721	3,343	25	1	6,543	760	1,807	3,415	..	..	12,551
Metropolitan	63	22	161	142	388	122	117	4,809	157	817	25	..	654	11	492	216	..	6	1,404
Middlesex	172	..	246	204	622	169	97	18,207	590	2,125	15	..	2,450	79	637	936	64	270	4,451
Miller General	132	1	229	86	448	149	91	14,194	218	745	11	..	1,260	16	300	241	..	..	1,828
Royal Free	194	..	449	391	1,034	151	232	24,227	2,317	2,871	..	..	5,704	4	1,933	902	149	13	8,705
Royal London Ophthalmic	154	..	44	..	198	101	91	2,484	1,405	747	3	..	167	..	597	..	..	..	767
Royal Northern	129	..	322	190	641	186	333	15,234	346	1,675	20	..	1,215	31	853	1,031	4	..	3,154
St. George's	146	1	176	104	427	68	291	8,142	16	1,275	13	..	408	144	840	233	9	..	1,647
St. John's, Lewisham	111	..	211	81	403	47	102	10,515	1,580	777	2	..	320	46	707	509	175	22	1,781
St. Mary's	258	1	278	105	642	158	137	10,719	470	1,409	10	8	694	136	536	1,028	..	..	2,412
St. Paul's	506	..	734	901	2,141	429	644	82,197	1,204	2,801	219	1	6,394	1,050	2,393	400	..	..	10,457
St. Thomas'	838	50	1,784	2,023	4,695	759	1,366	165,935	3,621	13,175	..	14	2,756	862	7,755	1,349	11,573	721	25,030
Seamen's	509	55	761	59	1,384	720	488	16,630	9,025	1,235	27	2	1,078	427	814	393	225	7	2,973
South London for Women	28	..	73	140	241	39	46	3,342	588	380	3	..	473	80	262	597	..	..	1,415
University	146	1	249	56	452	193	87	19,307	644	1,157	19	..	897	80	938	91	..	..	2,025
West London	246	..	635	345	1,226	273	171	35,885	176	2,442	114	2	1,063	200	888	1,578	9	97	3,951
Westminster	83	..	125	81	289	55	90	15,060	420	951	7	1	468	19	390	1,161	74	630	2,750
S.A., Mothers'	10	..	144	204	358	33	1	9,984	9,093	18	..	..	..	..	..	..	..	..	..
Children's, Waddon	3	..	29	..	32	..	..	..	9,009	..	..	..	..	..	..	..	..	..	..
Totals	5,738	303	11,683	8,988	26,712	6,584	6,399	687,075	101,735	49,315	915	34	54,463	4,812	31,227	20,707	13,938	2,012	128,108

(a) For Centre: 100,543. (b) For Practitioners: 27,565.

Venereal Diseases.

Utilization of Facilities at Hostels, 1926.

Particulars of the work done on behalf of the participating authorities by the Hostels in the scheme for the year ended 31st December, 1926. These institutions are as follows:—

Royal Free, 22 Highbury Quadrant, N.

Royal Free, 62 Regents Park Road, N.W.

St. Thomas', 148 Lambeth Road, S.E.

Southwark Diocesan, 80 Stockwell Park Road, S.W.

West London Mission, 35 Parkhurst Road, N.

Salvation Army, 17 Highbury Terrace (now 122/4 Lower Clapton Road, E.).

Salvation Army, 4 Clapton Common (now 126/8 Lower Clapton Road, E.).

The following table shows the allocation of the patients received at these institutions, to the areas in the scheme:—

AREA.						No. of Patients.	Aggregate No. of days in residence.	Percentage (days).
London County	..	..	..	..	..	165	13,379	54.4
Middlesex	..	..	..	..	..	35	3,620	14.7
Surrey	..	..	..	..	..	26	2,169	8.8
Kent ..	..	..	..	..	..	26	1,827	7.5
Essex ..	..	..	..	..	..	25	1,403	5.7
Herts ..	..	..	..	..	..	13	1,375	5.6
Bucks ..	..	..	..	..	..	3	450	1.8
East Ham	..	..	..	..	..	..	..	..
West Ham	..	..	..	..	..	4	360	1.4
Croydon	..	..	..	..	..	1	20	.1
Totals	..	..	..	..	..	298	24,603	100.0%

Maternity and Child Welfare.

NOTIFICATION OF BIRTHS.

The birth rate for 1926 was 21.24. There were 7,183 live births and 219 still births.

Number of West Ham Births:—

1922.	1923.	1924.	1925.	1926.
7,959 ...	7,803 ...	7,202 ...	7,017 ...	7,183

On receiving a notification of birth the Health Visitor of the district visits the mother and baby on the eleventh day, *i.e.*, after the Doctor or Midwife has ceased to attend; she continues to visit at intervals of three months during the first year, of four months during the second year, of six months during the third, fourth and fifth years. These visits of course are only the minimum to be paid; in cases of delicate or ailing babies extra visits are necessary. In this way continued supervision of the mother and child is maintained until the latter enters School and is handed over to the care of the School Medical Service.

Advice is given, amongst other things on the hygiene of nursing, clothing and bathing the infant; attendance at a Clinic is recommended, and real stress is laid on breast feeding, since the presence of so many well advertised patent foods encourage artificial feeding.

TABLE SHOWING HOW INFANTS ARE FED IN WEST HAM.

Births.	No. of Infants Breast Fed.	Breast and Supplementary.	Artificially.
Out of 2,997 ...	2,307 ...	415 ...	275

CLINICS.

There are seven voluntary and two Municipal Centres in the Borough. Here both mothers (nursing and expectant), and babies are seen and advised. Sewing classes and health talks are also given, and at some of the Centres malt and oil, Virol or emulsion are supplied at cost price.

In October an Ante-Natal Clinic was started at the Silver-town Municipal Centre. Co-operation between the Medical Staff and the Tate Nurses is helping to build up a sound system of supervision of both pre- and post-natal mothers.

Although the official opening of the West Ham Lane Centre took place on February 25th, 1927, both an Ante-Natal and Infant Welfare Clinic were actually started in October, 1926. The latter has been so well attended that an extra session was commenced in January, 1927.

The services of a part-time Dentist will soon be obtained, so that the children may obtain treatment before permanent damage to teeth and mouth result from neglect of decayed teeth.

STRATFORD DAY NURSERY—WELFARE ROAD.

This Day Nursery, so well staffed and equipped, has proved a great boon to those working mothers who are compelled to leave their infants. For the small sum of 8d. the child is cared for and fed for the whole day, thus relieving the busy mother of many anxious moments.

Attendances during 1926 were:—

Half-days, nil. Whole days, 2,006. Average per day, 33.

SUNLIGHT CLINIC.

This valuable asset was started in July, 1925, by the Women's League of Service for Motherhood at the Welfare Road Clinic. There is no doubt that it is of considerable benefit to rachitic and debilitated children, who are unable to obtain the natural sunlight.

Attendances.	Treatments.	Patients
4,286	4,244	545

CENTRES & CLINICS (Municipal and subsidised by the Council):—

ADDRESS.	No. of Sessions held weekly.	Day and time of meeting.	Centre Att.		Med. Consults		Present arrangements for Medical Supervision.
			Average per		Session.		
			Expectant Mothers.	Children.	Expectant Mothers.	Children.	
Chesterton House	4	Mon. and Fri., 1.30 p.m. Wed. and Th., 2.30 p.m.	107.51	142.49	40.69	24.49	Dr. Hirst.
St. Luke's Square	2	Tuesday, 3.30 p.m. Friday, 3 p.m.	102.36	295.46	35.48	46.86	„ Hogg.
Martin Street ..	1	Thurs., 3.30 p.m.	34.26	52.07	11.46	13.67	„ Hogg.
S.W. Ham Health Society	3	Tues., Wed. & Friday, 1.30 p.m.	15.42	45.80	4.17	36.07	„ Lorimer Hawthorne.
Trinity Mission ..	2	Wed. & Thurs., 1.30 p.m.	1.21	40.0	..	24.51	„ Margaret Alden.
Women's League of Service	3	Mon., Wed. & Fri., 2 p.m.	5.32	34.40	..	21.72	„ Dorothea Brooks.
†Silvertown Municipal Centre	2	Wed., 10 a.m. & 2 p.m.	3.18	19.57	3.18	11.19	„ Eileen Dowling.
*West Ham Lane Mun. Centre	3	Mon. & Thurs., 2 p.m. Tues., 10 a.m.	1.50	7.70	1.50	6.50	„ Eileen Dowling.
Given-Wilson Ins.	1	Mondays, 2 p.m.	..	33.30	..	24.42	„ Eva Morton.

*West Ham Lane Centre—

First Session Ante-Natal Clinic November 2nd, 1926.

First Session Infant Clinic October 21st, 1926.

†Silvertown Municipal Centre—

First Session Ante-Natal Clinic October 27th, 1926.

HOME HELPS IN 1926.

Eligible, 1,261; Ineligible, 178; Withdrawn, 13.
Total, 1,453.

MIDWIVES.

Number practising in district: Trained, 79; Untrained,
1 B.F. 1904.

Number of cases attended in 1926, 4,338.

No. of cases in which M.H. was summoned, 780.

Midwives practising for Associations or privately.	Number giving notice of intention to practise.	Number of Births attended.	Number of Records of sending for Medical Aid.
Plaistow Maternity Charity	44	2,700	580
Essex County Nursing Association ..	8	69	11
Salvation Army Nurses	3	343	48
Tate Nurses' Institute	5	198	23
Queen Mary's Hospital (Extern.) ..	9	185	26
PRIVATE PRACTICE: -			
Midwives residing within Borough—			
a.	1	153	15
b.	1	6	0
c.	1	87	4
d.	1	37	2
e.	1	240	19
f.	1	126	23
g.	1	157	22
h.	1	1	1
Practising within, but residing without Borough:			
a.	1	7	0
b.	1	35	5
c.	1	1	1
	80	4,345	780

HEALTH VISITING.

Not only does the Health Visitor visit the children under five years of age, she also advises and helps the expectant mother, arranges for the Home Help and is responsible for the cleanliness and efficiency of the person selected. She has to ascertain particulars of all medical aids, enquire into the causes of death of all infants under five years of age, visit all cases

of Ophthalmia Neonatorum and Puerperal infection at least once a week, investigate each still-birth, and, finally, must be prepared to deal with any of the special reports, visits or investigations which are so frequently necessary.

Visits Paid—

(1) To Expectant Mothers—

(a) First visits	...	...	...	1,533
(b) Total visits	...	...	...	1,872

(2) To Infants under one year—

(a) First visits	...	...	...	4,369
(b) Total visits	...	...	...	21,989

(3) To Children 1-5 years—

(a) Total	19,785
-----------	-----	-----	-----	--------

(4) Special visits

(Home Helps, etc.).

HOSPITAL ACCOMMODATION.

Although the Council does not actually possess any Municipal Hospitals for Maternity or Infant work, agreements have been made with Queen Mary's Hospital, St. Mary's Hospital and Plaistow Maternity Charity for the treatment of cases in the Borough.

The Forest Gate Sick Home, an Institution belonging to the West Ham Guardians has a Maternity Block where a large number of women are admitted, including many single girls.

Orthopædic work is carried on at the Children's Hospital Balaam Street.

MATERNITY HOMES.

	No. of Beds.	No. of Cases.	Weeks spent.
(1) Queen Mary's Hospital	10	377	691
(2) Plaistow Maternity Charity	10	531	286

HOSPITALS FOR CHILDREN UNDER FIVE YEARS.

(1) St. Mary's Hospital	10	231	205
(2) Children's Hospital, Balaam St.	10	29	236

Number of children under five years in Homes and Hospitals outside the Borough, 25.

Number of weeks spent in such Homes, 162

*List of Complaints of Children under five years treated at
St. Mary's Hospital, and Children's Hospital (Balaam St.):—*

St. Mary's Hospital.

Abdominal Injuries	1	Infantilism	1
Abscess of—		Injury to—	
Groin	1	Eye	1
Neck	1	Head	1
Rectum	1	Thumb	1
Thigh	1	Intussusception	4
Appendicitis	3		
		Lachrymal Sac.	1
Blepharitis	1		
Blocked lachrymal duct	1	Marasmus	12
Bronchial Pneumonia	10	Mastoid	3
Bronchitis	11	Max. Abscess	1
Burn	2	Measles	1
		Miliary T.B.	1
Circumcision	5		
Cleft Palate	4	Nephritis	2
Concussion	2		
Congenital Heart	1	Otitis Media	1
Congenital Fracture of Tib.	1	Otorrhœa	6
Conjunctivitis	1		
Corneal Ulcer	2	Paralysis	1
Constipation	1	Pemphigus	2
Convulsions	1	Pertussis	1
Cold Abscess	1	Phimosis	2
		Pneumonia	36
Diabetes	1	Poisoning	1
Discharging—		Pyloric Stenosis	3
Ears	1	Pyrexia	1
Eyes	2		
		Rheumatism	6
Empyema	6	Rickets	1
Enteritis	22		
		Scalds	4
For Observation	6	Septic Arthritis	1
Fractured Femur	1	Spinal Bifida	1
		Squint	1
Glands of Neck	2		
		T.B. Hip	1
Hernia	24	Tonsils and Adenoids	8
Hydrocele	1	Tonsillitis	3
		Vomiting	1

Children's Hospital, Balaam Street.

Abscess of toe	1	O.C.T.	3
A.P.M.	1	Otitis Media	1
Appendicitis	1	P.I.H.	1
Congen. Disloc. of Hip.	3	R.I.H.	3
Convulsions	1	Rickets	2
C.T.E.V.	3	Spastic Paraplegia	4
C.T.V.	1	Spinal Caries	1
D.I.H.	1	Syndactylism	1
Dorsal Caries	1	T.C.V.	1
Fractured Skull	1	T.B. Hip	1
Genu Varum	2	Talipes	1
Hernia	1	Under Observation	1
McEwan's	1	Vomiting	1

CONVALESCENT HOMES.

Twenty-five children under five years of age were sent to Convalescent Homes at the expense of the Council through the Invalid Children's Aid Association and Invalid and Crippled Children's Society. These children are all examined by the Assistant Medical Officer for Maternity and Child Welfare, who gives a certificate which states the length of convalescent treatment necessary. Much consequent ill-health would be avoided if more stress were laid on a seaside or country "holiday" as the final treatment to pneumonia, the infectious fevers and various other complaints.

HOME HELPS.

"Home Helps" is the name given to women who are employed by the Council to assist in the homes during the lying-in period of certain necessitous women. These "helps" are specially selected and approved by the Health Visitors as being suitable for the work. A list of such available women is kept at the Town Hall, any person concerned being entitled to see this list as an aid to the selection of a suitable Home Help. The work of these women is closely supervised by the Health Visitor, and only those people from homes clean and free from infectious disease are allowed to come to the lying-in patient. The Health Visitor also visits the house several times during the stay of the Home Help in the house, in order to see that she performs her duties, and also to give any advice needed. The duties of these women are briefly set out in the following form, a copy of which is handed to each one on her accepting duty. The object of the quick

return of the intimation of the commencement of duties is in order that the Health Visitor may at once get into touch with the case, for obviously the expectant mother sends first for her doctor, midwife, or Home Help, and it might be many days before the Health Visitor got to know that the birth had occurred.

COUNTY BOROUGH OF WEST HAM.

DUTIES OF HOME HELPS.

1.—To act under the direct supervision of the Health Visitor.

2.—To be at hand at the time of labour and confinement: to see that the patient's room is clean and everything in readiness for the arrival of the Doctor or Midwife. The Home Help is not responsible for the confinement itself, nor must she interfere in any way with the instructions of the Doctor or Midwife.

3.—After the confinement, to remove all soiled linen from the patient's room, and to care for her generally, especially as regards cleanliness and food.

4.—To see that the infant is properly fed and cared for and, if possible, put to sleep in a separate cot.

5.—To wash and dry the labour clothes as soon as possible and to keep the ordinary clothes washed in the usual way: to get meals and tidy the house as the patient would, were she not for the time laid aside.

6.—To care for any other children there may be and see that school children attend punctually and are clean and tidy.

7.—Should the Home Help in any way come into contact with a case of infectious disease, either in her own home, the home of the patient, or elsewhere, she must at once report the matter to the Medical Officer of Health.

8.—*On the day following the confinement*, the Home Help must notify the Medical Officer of Health (Town Hall, Stratford, E.15), that she has commenced her duties.

9.—Any conduct on the part of the Home Help which is contrary to the interests of the person she is helping, may lead to her name being removed from the list of Home Helps, and render her liable to forfeit the payment due to her.

F. GARLAND COLLINS,
Medical Officer of Health.

Town Hall,
West Ham.

To:

The Medical Officer of Health,

Town Hall, Stratford, E.15.

In accordance with my agreement to act as Home Help to Mrs. of I hereby inform you that I began my duties on the day of 192.....

Signed.....

Home Help's Address

(Detach this slip and forward as directed above).

During 1926 there were 1,453 applications for the grant of a Home Help. All these applications were investigated as to the eligibility of the applicant for the grant, and a "Help" was granted to 1,261 of the applicants, 178 being ineligible, and the application withdrawn in 13 cases.

I am firmly of the opinion that the work done by these women is of great value by saving many mothers from getting up too soon after their confinement, with often its consequent chronic ill-health due to pelvic trouble.

MIDWIVES ACT, 1902 & 1918.

Analysis of "Records of sending for Medical Aid," 1926:—

PREGNANCY—		LYING-IN—	
Abortion or Threatened	6	Breasts swollen	8
Albumenuria	5	Fits	1
Ante-partum Hæm.	29	Secondary Post Partum Hæm....	1
Dangerous varicose veins	1	Swollen and painful veins	5
Excessive Sickness	1	Temperature raised	44
Unsatisfactory condition	1	Unsatisfactory condition	38
LABOUR—		CHILD—	
Excessive hæmorrhage	25	Asphyxia	10
Fits	2	Dangerous feebleness	41
Mal-presentation	20	Deformity	9
Placenta prævia	—	Fits	1
Pres. or prolapse of cord	15	Found dead.....	6
Prolonged labour	127	Inflam. and discharge of eyes ...	36
Retained placenta and membs....	42	Prematurity	36
Ruptured perineum	170	Skin eruptions	21
Unsatisfactory condition	19	Unsatisfactory condition	52
		Hæmorrhage of navel	1

EXPECTANT MOTHERS.

Since Dame Janet Campbell's report on Maternal Mortality a great impetus has been given to the care of the expectant mother as a means of reducing preventable diseases such as eclampsia and albuminuria, and of ensuring a safe confinement by diagnosing the position and comparative size of the child. In West Ham there are six clinics where free advice is given on all matters dealing with the hygiene of pregnancy.

The Health Visitors, too, visit the mothers at their homes and give advice. Unfortunately, many cases are not discovered until the actual confinement.

Eventually the expectant mothers themselves will come to regard ante-natal care as a routine procedure: direct co-operation between the Midwives, the Health Visitors and the Clinics will then be made easier.

The low Maternal Death Rate in West Ham bears evidence to the first-class midwifery carried on in the Borough.

DEATHS OF MATERNITY CASES DURING 1926.

- (a) From Sepsis, 9.
- (b) From other causes, 4.
- (c) Maternal Mortality Rate, 1.9.

DRIED MILK.

Distribution of Dried Milk to Nursing and Expectant Mothers and Children under three years of age.

The demand for Full Cream Dried Milk continues, and it is gratifying to record that it is highly spoken of by a great number of mothers who are regular users for Infant Feeding.

The supplies delivered by the Contractors during the year have been quite satisfactory, and no inconvenience has been experienced as a result of strikes, weather conditions, etc.

Circular 185 of the Ministry of Health is carefully followed, and the number of persons who endeavoured to obtain Dried Milk by false pretences during the year was negligible.

The Distributing Centre at 84 West Ham Lane was opened on the 8th September, 1924, and continues to prove a great convenience both from the public and administrative points of view.

During the year 1926, 99½ tons of Full Cream Dried Milk were distributed in 1lb. greaseproof bags enclosed in carton packets, with printed directions clearly set out as to use, to persons residing in the Borough from the following centres:—

84 West Ham Lane, Stratford.
Public Hall, Barking Road, Canning Town.
Nurses' Home, Howards Road, Plaistow.
Maternity Centre, Barnwood Road, Silvertown.

This branch of the Council's service has been in operation since August, 1920, and it is interesting to note how an average of 100 tons per annum has been maintained since the year 1923.

Year 1920—	18,247 packets,	or 8 tons 3 cwts.
1921—	73,872	„ 33 tons.
1922—	127,934	„ 57 tons 2 cwts.
1923—	221,114	„ 98 tons 14 cwts.
1924—	237,963	„ 106 tons 4½ cwts.
1925—	222,410	„ 99 tons 5 cwts. 90 lbs.
1926—	222,776	„ 99 tons 9 cwts. 8 lbs.

The milk powder is received in bulk in hermetically sealed cannisters, and only the estimated quantity is packed daily in order to ensure, as far as possible, the milk being fresh when supplied to applicants, although it will keep perfectly good for a long period if stored in a cool place. This latter direction is clearly printed on the outside of the carton, but cases have been discovered where this instruction has not been observed, hence the very occasional return to the office of a packet half used, declared to be out of condition.

I have carefully considered the dietary table at present in use, and have decided to make certain alterations, clearly set out on the cover of the new carton now being printed, and I also propose to issue with each packet of milk a small cardboard measure in order that the correct amount of Dried Milk Powder be given to Infants at the specified feed times, and that the quantity be graduated according to age and other circumstances. I am indebted to Dr. Margaret Alden for valuable suggestions in respect to these diet alterations.

Although the following extract of a circular, "What every Nursing Mother ought to know," has appeared in previous Annual Reports I think it serves a useful purpose to reprint it.

DRIED MILK.

What every Nursing Mother ought to know.

The Council are selling Full Cream Milk in a dried form suitable for infants and nursing mothers.

Dried Milk is a valuable food (not a patent manufactured food) being good cows milk from which the moisture has been evaporated and possesses certain special advantages. Liquid milk cannot be kept for any lengthened period without undergoing changes which render it unfit for food, but Dried Milk can undoubtedly be preserved for a considerable time with practically unimpaired food value.

Dried Milk is an excellent substitute—not for breast milk, but for much of the milk upon which infants are now fed. Under present conditions, and in view of the liability to bacterial changes in fresh milk when kept in the ordinary dwelling-house, especially in hot weather, it is often desirable to use dried milk in preference.

By its use waste is preventable; the exact quantity can be made up as and when occasion requires.

The processes used in drying milk largely reduce the number of bacteria present and materially decrease the risk of conveyance of disease from tuberculous milk, a very common cause of tuberculosis in children.

Mortality figures showing comparison of death rate between children fed on Dried Milk and other hand-fed children are strikingly in favour of the use of Dried Milk.

Scurvy and Rickets are rare in infants fed on Dried Milk and their occurrence is probably not attributable to this form of food.

Full Cream Dried Milk requires to be mixed with about seven parts by weight of water to give a mixture corresponding to ordinary milk. Therefore, 5 ozs. of Dried Milk should reconstitute to correspond to one quart of milk.

Dried Milk is cheaper than liquid milk, and it is sold by the Council at cost price for the safeguarding of the health of young children and nursing mothers.

Dried Milk can be obtained from the Town Hall, Stratford, by Nursing and Expectant Mothers for their own consumption or for the use of children under three years of age in accordance with a Scale adopted by the Council. Dried Milk can also be obtained from the Town Hall for the use of children between three and five years of age, but in such case a medical certificate must be supplied in respect of each child.

Any nursing mother experiencing difficulty in preparing the milk should send a Post Card to the Medical Officer of Health at the Town Hall, Stratford, when a Health Visitor will call and give all the information necessary.

OPHTHALMIA NEONATORUM AND PUERPERAL INFECTION.

On October 1st, 1926, new Regulations drawn up by the Minister of Health came into force. The onus of notifying to the Medical Officer of Health cases of Ophthalmia Neonatorum now rests with the Medical Practitioner alone and not as hitherto on the Midwife, while all rises of temperature above 100.4° in women after child birth are compulsorily notifiable as *Puerperal Pyrexia or Fever* by the Medical attendant. On receiving such a notification the Council is made responsible for the provision of suitable hospital accommodation if desired or of home nursing where this is considered more beneficial to the patient, the facilities for Consultation with a specialist where a second opinion is asked and the examination of bacteriological specimens when necessary. Although arrangements have been made for the nursing of such cases in the Plaistow Isolation Hospital in practice we find that most of the cases are sent to Whipps Cross Hospital by the Medical Practitioner, while both Plaistow Maternity Charity and Queen Mary's Hospital make their own arrangements.

Where home nursing has been required the Plaistow Maternity Charity Nurses have attended their own cases, and the District Nurses have undertaken those for whom the doctor has applied for help to their organisations. It has not been found necessary yet to provide a Municipal Nurse for this purpose.

A panel consisting of three consultants has been formed, so that a doctor may have a choice of specialist when a second opinion is desired.

OPHTHALMIA NEONATORUM.

CYTHAEMIA NEONATORUM.						
	CASES.		Vision un- impaired.	Vision impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	In Hospital.				
30	27	2	22	2	0	0
	1 removed from Dis- trict.					

Puerperal Fever: 20 cases notified.

Puerperal Pyrexia (from October 1st—December 31st, 1926): 28 cases notified.

INFANTILE MORTALITY.

The death rate for 1926 was 62.2 per 1,000, despite the particularly hot months of September and October, which contributed to a small increase in the death roll from epidemic diarrhoea. Each case is investigated by the Health Visitor with a view to discovering the cause of death.

Table showing causes of death under one year:

	1926.	1925.
Congenital debility, malformation, premature birth	146	141
Pneumonia	74	81
Bronchitis	16	22
Other respiratory diseases	4	2
Diarrhoea	84	81
Measles	17	4
Scarlet Fever	2	1
Whooping Cough	8	39
Influenza	4	2
Deaths from violence	6	19
Other Diseases	57	71

Congenital debility, malformation and premature birth rank highest in these causes of death. General disease of the mother, such as tuberculosis, cardiac trouble, nephritis, pneumonia, pathological conditions due to pregnancy and parturition, such as eclampsia, antepartum hæmorrhage, obstructed labour and the taking of ecboic drugs are factors all predisposing to premature birth and weakness of the child. Respiratory diseases, too, exact a heavy toll in our variable climate, and, while many of the rachitic and otherwise physically unfit pay the penalty, unfortunately pneumonia has a predilection for the healthy breast-fed babies. In these cases good nursing is the chief factor to be considered; too often the mother is unable to give the skilled care required, and the removal to hospital of breast-fed babies is not always desirable.

Table showing ages of children dying under one year.

Under 1 day	...	...	...	...	12.91%
1 to 7 days	...	...	...	...	15.31%
1 week to 4 weeks	...	...	...	...	12.91%
4 weeks to 3 months	...	...	...	...	15.07%
3 months to 6 months	...	...	...	...	13.63%
6 months to 12 months	...	...	...	...	30.17%

This table shows that 41.13 % of the deaths occur in infants under four weeks of age, 56.2% during the first three months of life, and 69.83% during the first six months.

OVER-CROWDING AND INFANTILE MORTALITY.

Of 175 cases investigated the following data were found:—

1 person occupying more than 1 room	...	...	...	2.28%
1 person occupying 1 room	...	...	...	13.71%
2 persons occupying 1 „	...	...	...	37.14%
3 „ „ 1 „	...	...	...	31.42%
4 „ „ 1 „	...	...	...	11.14%
5 „ „ 1 „	...	...	...	.57%
6 „ „ 1 „	...	...	...	2.85%
7 „ „ 1 „	...	...	...	Nil
8 „ „ 1 „	...	...	...	.57%
9 „ „ 1 „	...	...	...	.57%
10 „ „ 1 „	...	...	...	Nil

MENTAL DEFICIENCY ACT, 1913.

On the 31st December, 1926 the number of Mental Defectives on the Register numbered 250. Males 146, Females 104.

Number actually in Institutions 106. Males 64, Females 42.

Number under supervision 143. Males 82, Females 61.

Under guardianship 1 Female.

Forty new cases were dealt with during 1926, as follows:—

Recommended Institutional treatment:

Males 8, Females 4.

Recommended Supervision at home:

Males 11, Females 4.

No action necessary:

Males 4, Females 9.

Number awaiting Institutional treatment, 31/12/26,
Males 8, Females 13.

Number removed to other areas 1.
Males —, Female 1.

Number died during the year 4.
Males 3, Females 1.

Cases notified by the Local Education Authority under Sec.2
(1) (b) (v) during the year 12.
Males 7, Females 5.

Eight cases were admitted to Institutions, of which number three were notified to the Local Authority prior to 1/1/26, and five notified during 1926.

During the year 22 Continuation Orders were received as follows:—

For five years 16. Males 10, Females 6.

For one year 6. Males 3, Females 3.

Very great difficulty is still being experienced in obtaining suitable Institutional treatment for Mental Defectives owing to lack of accommodation.

The above lists do not include Mentally Defective Children being dealt with under the Education Acts.

COLONY ACCOMMODATION.

The provision of a Colony of 500 beds at Ockendon is now the subject of consideration by the West Ham Authorities. The number of beds provided for is at least 200 in excess of that needed in this area: the Board of Control suggest that neighbouring Authorities should be approached with a view to combination or co-operation in this scheme. There will be no difficulty in filling the extra beds from outside areas.

ASCERTAINMENT.

It is to be expected that the percentage of ascertainment will vary considerably in different areas, *e.g.*, in West Ham many cases are attending a special school who would probably have been notified to the Local Authority were it not for such schools being available. Further, in a borderland case of mental defect it is dependent upon the individual view of the examining Officer as to whether or not that case is certified as a definite case, some Medical Officers taking the view that none but very definite cases should be certified, and others that such borderland cases are better certified, in order that they may be brought under control.

As regards co-operation with Poor Law Authorities, Charitable Homes for Defectives, and the Central Association for Mental Welfare, in this area this is of the closest possible nature, as is evidenced by constant correspondence with these Authorities which is placed before this Committee. I am of opinion that the West Ham ascertainment figure of .77 per 1,000 (excluding Poor Law cases and E.A. children) though low is not altogether incorrect. As regards children, I have no doubt whatever that very few, if any, are overlooked. In respect to adults who are certifiable under the Mental Deficiency Act, 1913, and who have newly come into this district, it is possible that they may not come to my notice unless I am informed by the Local Authority from whose area they have arrived. This Committee are now responsible for 250 cases, 64 males and 42 females being in Institutions, the remainder under supervision.

SUPERVISION.

Supervision is carried out by your Mental Deficiency Nurse, who has had twelve years' experience in this duty. There were 143 cases, 82 males and 61 females, under supervision in their homes at 31st December, 1926. Many of these are under supervision only because Institutional treatment is not available. The Nurse visits at varying intervals, ranging from a month to three months, according to the circumstances of the individual case. Defectives are re-examined

from time to time, as is considered advisable by your Medical Adviser. Frequent visits to the defective's home for supervision purposes are, however, in a large percentage of cases a very fruitless task, for the most part the home conditions cannot be changed, nor is it possible in very many cases to get the defective into an Institution or give any other additional help. In these circumstances it is not unnatural that the relatives of the defective should often refuse to supply needful information.

APPOINTMENT OF ASCERTAINMENT AND SUPERVISION OFFICERS.

As stated above, the Committee's Nurse has had many year's experience in ascertainment and supervision work. There is no special Officer appointed for ascertainment alone. The cases come to my knowledge chiefly by means of Health Visitors, School Nurses, School Attendance Officers, School Teachers, Sanitary Inspectors, and Voluntary Societies, though it is not part of the actual duty of the Authorities' Officers mentioned to report such cases. They report all cases of a doubtful character which come to their knowledge. These cases are then exhaustively examined by your Medical Adviser.

OCCUPATION CENTRES.

Occupation Centres have been established in many districts. The Board of Control report that these Centres are still in the experimental stage, but have already achieved a large measure of success. Eighty of these Centres are controlled by voluntary Associations, and three by Local Authorities. There are certainly in West Ham a number of defectives of the type who should benefit by attendance at such Centres. The Committee might deem it advisable to consider the possibilities of an Occupation Centre in this area.

There is much diversity of opinion as to the best method of dealing with mental defectives. There are some who favour a lethal chamber as the best method of ridding the Community of Mental Defectives; others suggest sterilisation; others again, complete incarceration. On the whole, it would appear that there is no one method which has any outstanding advantage.

Mental Deficiency is a disease, the prevention of which is a very involved problem, embracing many factors, both in respect to the parents and to the child. Syphilis, Alcoholism, Consanguinity, play an important part: it is, further, a matter for investigation as to how far environment and other relative conditions conduce directly and indirectly to mental derangement.

ANNUAL REPORT
of the
School Medical Officer
for the Year
1926

ANNUAL REPORT
of the
School Medical Officer
for the year ending
1936

*TO THE CHAIRMAN AND MEMBERS
OF THE EDUCATION COMMITTEE.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you the 19th Annual Report on the School Medical Service.

The proposal mentioned in my last Annual Report that a Special Class for Mentally Defective Children should be established at Silvertown has unfortunately not materialised, owing to failure to obtain sanction thereto from the Board of Education.

A scheme has been formulated to erect a Residential Open Air School, to accommodate 60 girls, on the land at Fyfield now owned by the Education Committee, and on which is situated the Residential Open Air School for Boys. An Institution of this type would be a great boon to those girls whose regular attendance at ordinary schools is restricted owing to delicate health. (The Board of Education have not as yet given their sanction to this Scheme.)

It is with great regret that I have to record the death of Dr. P. J. S. Nicoll, who had been your Consulting Medical Officer for over 30 years. By his decease the Authority has lost a valuable official and the staff a loyal colleague.

The medical examination of children for admission to the Mentally Defective and Physically Defective Schools, previously carried out by the late Dr. Nicoll, has now been placed under my control, and the examinations will be undertaken in future by my Chief Assistant, Dr. F. B. Skerrett.

The Summer Holiday Camp for Boys, inaugurated in 1925, proved so satisfactory that this year arrangements were made for two Camps of this nature—one for Boys at Shoeburyness,

and also one for Girls at Dymchurch. Both ventures were so great a success that it has been decided to continue the Camps during the coming year.

The health of the school children, as a whole, continues to be satisfactory. Reference to the body of this Report will show that, in the main, this is due to your successful and persistent efforts to provide as far as possible all those facilities which are necessary for safeguarding and maintaining the well-being of the children under your Authority.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

F. GARLAND COLLINS,

School Medical Officer.

Town Hall, West Ham.

March, 1927.

(1) **Staff.**

The staff consists of the following Officers:—

Chief School Medical Officer—F. Garland Collins, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Also Medical Officer of Health.)

Chief Assistant School Medical Officer—Frank B. Skerrett, M.B., B.Sc. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Also Assistant Medical Officer of Health.)

Assistant School Medical Officers (full time)—

A. Crichton Lupton, M.B., C.M.

W. J. Thomas, M.R.C.S., L.R.C.P., D.P.H.

H. McDonald Borland, M.B., Ch.B.

Janetta J. Powrie, M.B., Ch.B., D.P.H.

Austin Furniss, L.R.C.P., L.R.C.S., D.P.H., L.D.S.

Dental Officers (full time)—

L. Kepler Percy, L.D.S. (Eng.).

J. S. Dick, L.D.S. (Eng.).

Hélène Marie Gubb, L.D.S. (Eng.).

Ophthalmic Surgeons (part time)—

G. A. Troup, M.D. (Edin.).

E. Erskine Henderson, F.R.C.S.

Consulting Medical Officer (special purposes)—

Patrick J. S. Nicoll, M.D. (Deceased.)

CLERICAL STAFF.

Mr. F. W. England, Chief Clerk.

Mr. R. H. Thomas, Senior Clerk.

Miss E. F. English.

Miss P. I. Geaussent.

Miss M. I. Sparrow.

Miss G. A. Blackler.

Miss W. S. Reed.

Miss M. G. England.

Miss E. W. Wood,

NURSING STAFF.

Miss E. R. Tanner.	Miss B. Downs.
Miss F. R. Pritchard.	Miss E. K. Jack.
Miss M. E. Tanner.	Miss M. T. Morrison.
Miss A. Burrows.	Miss F. I. F. Bateman.
Miss L. C. Glover.	Miss M. Mackenzie.
Miss M. M. Empson.	Miss C. E. Hutton.
Miss L. F. Manning.	Miss M. A. Van Ryssen.
Miss E. Alford.	Miss A. J. Costain.
Mrs. C. B. Halls.	Miss M. H. Rose.
Miss E. D. Harris.	Miss E. M. Bussell.
Miss E. E. Kerbey.	Miss C. Aitken.
Miss L. M. Pennington.	

(2) Co-ordination.

The School Medical Officer is also Medical Officer of Health, and there is the closest possible co-operation between the various Departments under his control.

(a) Co-ordination between the School Medical Service and the Maternity and Child Welfare work is effected by the transfer of the Visiting Card used by the Health Visitors, and on which the infant's previous record is made, to the School Medical Department on the child attaining the age of 5 years or being entered at a school.

(b) NURSERY SCHOOLS.—There is one private Nursery School in the Borough, but it is not supervised by the Local Education Authority.

(c) CARE OF DEBILITATED CHILDREN UNDER SCHOOL AGE.—These are brought to the notice of the School Medical Officer by such voluntary agencies as the Invalid and Crippled Children's Society and the Invalid Children's Aid Association. Hitherto the examination of these children has been carried out by the Chief Assistant School Medical Officer, and various lines of treatment, *e.g.*, convalescence, surgical instruments, hospital, or other forms of treatment recommended. This work has recently been transferred to the Assistant Medical Officer in the Maternity and Child Welfare Department.

(d) The Bye-Laws Department, through the Superintendent of Visitors, notifies the Medical Officer of Health of daily absentees from school on medical grounds. The Tuberculosis Officer

is frequently in touch with the School Medical Officer regarding tuberculous school children, and the Assistant School Medical Officers constantly refer to the Tuberculosis Officer cases of suspicious tuberculosis which come under their notice among school children.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

(3) **School Hygiene.**

School Teachers report to the School Medical Officer any insanitary conditions arising in the schools or their immediate environs. Certain complaints are investigated by the Public Health Department, while structural defects relating to heating, lighting or ventilation are referred to the Committee's Architect, Mr. J. H. Jacques, to deal with. The desks in use are of the modern dual type, and as opportunity arises box desks are being gradually substituted for older children, and chairs and tables for the younger children. The schools, classrooms, and cloakrooms are cleaned by an efficient staff of cleaners under the direction of the School Caretaker, and every endeavour is made to see that the daily and periodic cleaning is well performed. Head Teachers see to the drying of children's clothes when required. The question of meals at schools hardly arises, as the children are within easy reach of their homes. A certain number of necessitous children daily attend the School Feeding Centres.

In the Special Schools, however, where the children come from all parts of the Borough, proper arrangements are made for the provision of hot meals.

(4) **Medical Inspection.**

For the purposes of the School Medical Service, the whole Borough is sub-divided into five areas; each separate area is allocated to an Assistant School Medical Officer with his Nurses, and served by a Clinic. The schools in each area are visited in rotation, the Head Teacher sending out beforehand notices to parents informing them of the Inspection, according to an arranged programme. These notices expressly urge the presence of the parents at the examination.

At the end of a School Inspection Head Teachers are informed (by a written list) of those special defects found which need their attention, or which are liable to have a bearing on the child's educational career.

(a) The "age groups" inspected throughout the schools are:—

- (1) Children admitted to school for the first time during the year (entrants).
- (2) Children, 8 years of age (intermediates).
- (3) Children expected to leave and who have not been previously inspected since reaching the age of 12 years (leavers).

Besides the above Statutory Routine Examination a considerable number of other children have also been medically inspected, classified as follows:

- (1) Specials selected by Head Teachers, examined at School.
- (2) Specials sent by Teachers to the Clinics for minor ailments.
- (3) A number of non-ailing children are examined for fitness to engage in Employment or in Sports, or to go to Holiday Camp, and also under the "Employment of Children in Entertainments Rules." These form a fourth group—as other Routine Inspections. (See Table I.)
- (4) All other children referred in any way to the School Medical Officer for examination, advice, or treatment.

(b) There has been no material departure made in the Board's Schedule of Inspection.

Owing to exceptional circumstances, the following schools, with the Board's sanction, were examined on other than school premises, *i.e.*, at the places indicated:—

Hallsville	}	At the Public Hall, Canning Town.
Clarkson Street		
St. Margaret's		
Holy Trinity		
Canning Town		
St. Luke's.	At the Boyd Institute,	

St. Patrick's } At the Y.M.C.A. Hall, Red Triangle
Carpenters Road } Club, Carpenters Road.

Free School. At Bridge Road School.

Salway Place } At the Wesleyan Hall.
St. Francis' }

St. Paul's. At the Mechanics' Institute (G.E.R.).

Custom House. At the Bancroft Hall.

Application is being made for the examination of scholars from South Hallsville School at the Boyd Institute on account of the bad accommodation and insufficient lighting in the school.

SCOPE OF THE SCHOOL MEDICAL SERVICE.

The School Medical Service participates in the following activities:—

- (1) Medical Inspection in Elementary Schools (Routine and Specials).
- (2) "Following up" of children found defective.
- (3) Cleanliness Surveys (Five Special Duty Nurses engaged).
- (4) Treatment of Minor Ailments (four Clinics).
- (5) Dental Inspection and Scheme of Treatment (three full-time Dental Surgeons, three Clinics).
- (6) Treatment of Visual Defects (two part-time Ophthalmic Surgeons; three afternoons per week).
- (7) Operative Treatment of Tonsils and Adenoids by arrangement with two local Hospitals.
- (8) X-Ray Treatment of Ringworm (1) by local Radiologist; (2) by arrangement with the London Hospital.
- (9) Provision of meals to necessitous children.
- (10) Provision of Surgical Instruments and Appliances to Crippled Children.
- (11) Convalescence of debilitated children.
- (12) Juvenile Employment.

- (13) Open Air Education. (1) Residential Open Air School for 80 Boys at Fyfield. (2) Day Open Air School, Crosby Road, for 60 Girls. (3) Fifteen allocated beds for Girls at the Ogilvie School of Recovery, Clacton-on-Sea. (4) A Holiday Camp during the Summer Vacation at the Seaside.
- (14) Class for Stammering Children.
- (15) Medical Inspection of Special Defective Children at the two Special Schools and two Deaf Centres.
- (16) Medical Inspection of Scholarship Children at the two Higher Elementary Schools.
- (17) Medical Inspection of Pupils, Bursars, and Scholars at the two Secondary Schools.
- (18) Medical Inspection of Junior Technical and Art Classes at the Municipal College.
- (19) Medical Inspection of St. Angela's High School for Girls.
- (20) Medical Inspection of Pupils at the West Ham High School for Girls.
- (21) Examination of Referred Pupils from Continuation Schools and Juvenile Unemployment Centres.
- (22) Orthopædic Treatment. Remedial Clinic in-patient and out-patient treatment at Orthopædic Hospitals.
- (23) Work in conjunction with N.S.P.C.C., as occasion arises.

The chief additions during the year under review are (1) the class for Stammering Children; (2) the examination of children at the new Plaistow Secondary School.

(5) The Findings of Medical Inspection.

(a) UNCLEANLINESS.

As previously mentioned the Borough is divided into five areas for administrative purposes. A Special Duty Nurse is attached to each, and engaged in Cleanliness Surveys in the schools of the area, and the following-up of those children found dirty. Other findings incidental to the work, such as skin disease, are also recorded at the same time. Bad cases (with the parents' permission) are cleansed at the Clinics. The

following tables give a brief résumé of the work involved in carrying out this duty:—

Number Examined.	Ova.	Ova & Pediculi.	Body Pediculi.	Head & Body Pediculi.	Sores.	Dirty.	Visited.
59,652	2,805	925	211	81	488	500	3,056

The percentages for head and body vermin are respectively 1.7% and .5%.

Number of Home Visits	2,457
Number of School Visits	8,885

Conditions remedied:—

Defective Clothing	158
Unclean Heads	1,482
Unclean Bodies	224
Scabies	3
Impetigo	100
Other Skin Diseases	155

No children were cleansed under Sec. 122 of the Children Act during the year, but 219 dirty heads were cleansed by the Nurses at the School Clinics.

(b) MINOR AILMENTS.

The conditions under this head comprise such minor affections as Sores, various Skin Diseases, Sore Eyelids, Blepharitis, Conjunctivitis, Wax in Ears, Discharging Ears, and the slighter First Aid cases.

A certain number of these are discovered at School Medical Inspection, but by far the larger number are sent directly to the Clinics by the Head Teachers. Columns 2 and 4 of Table II. in the Appendix give the findings among the Routines and Specials respectively.

(c) ENLARGED TONSILS AND ADENOIDS.

At Routine Inspection 1,224 cases of this condition were recommended for operative treatment and 940 cases from among the Specials. The percentage among the unselected "Routines" amounts to 6.4%.

(d) TUBERCULOSIS.

Only 20 children were found at the Routine Inspections to be suffering from active Pulmonary Tuberculosis and requiring treatment for that condition. Ten other cases requiring treatment were suspected to have Phthisis. There were 102 cases of past Tuberculosis of the lungs referred for observation and four suspected cases. Among the Specials 14 were tuberculous and 37 suspected to be so. Non-Pulmonary Tuberculosis does not figure largely, the total being 23 cases.

Of the above cases 77 were referred to the Tuberculosis Officer for confirmation of diagnosis and treatment where necessary, under the Tuberculosis scheme of the Council.

(e) SKIN DISEASES.

At Routine Inspections 253 children were found with Skin Diseases needing treatment, classified as in Table II. Among the Specials (Schools and Clinics) there were 3,849 needing treatment. Included in the above cases were 117 children with Ringworm of the Scalp.

(f) EXTERNAL EYE DISEASES.

These are very prevalent among school children, and to some extent indicate visual defects or some degree of faulty personal hygiene in the home. There were 196 among the Routines and 1,283 among the Specials requiring treatment, the percentage in the former case being 1%.

(g) VISION AND SQUINT.

At the Routine Inspections 1,089 children were referred for the Oculist and 264 for Squint. This gives 7% as the amount of Visual defect among unselected children. Besides the above, 639 cases of Defective Vision were found among the specially selected cases.

(h) EAR DISEASE AND HEARING.

The detection of faulty hearing is an essential part of the Routine Examination of every child. It is carried out by a whisper test at 20 feet for each case. The commoner causes

are wax, or middle ear disease (ear discharge being the usual symptom). Very often Adenoids is the essential cause.

The following were referred for treatment—183 deaf children among the Routines (roughly .9%) and 140 among the Specials.

Ear discharge is a dangerous condition and besides entailing a varying amount of deafness may involve serious developments, necessitating immediate operation. The findings show 178 Routines and 583 Specials requiring treatment.

(i) DENTAL DEFECTS.

The findings here relate to septic mouths (*i.e.*, gumboils and inflamed gums), the result of decayed teeth found at the School Medical Inspection. These conditions are a potent cause of much general ill-health among the children. At Routine Inspection there were some 1,200 obvious cases and 109 among the Specials, while 427 less defined cases were kept under observation. All children recommended for the Residential Open Air School are treated for these conditions (if present) at the Clinics prior to admission.

(j) CRIPPLING DEFECTS.

Marked crippling defects are not considerable in the Elementary School Children examined, as these are segregated at the two Special Schools for Defectives. Minor deformities are found at the School Inspection, but they are of such a nature as not to hamper the child attending the Elementary School.

Past Tuberculosis or Rickets frequently leave signs of former deformities. In this connection there were 72 cases among the Routines and 62 cases among the Specials, some of these only requiring to be kept under observation.

There are Special Schools for Physically Defective Children at Grange Road and Knox Road, having accommodation for 72 and 80 children respectively.

These schools have four statutory examinations a year, when admissions are seen and others on the books are examined.

The following Table gives the analysis of the special findings at each of the four examinations at the two Special Schools during the year under consideration:—

CASES ADMITTED TO SPECIAL SCHOOLS.

	Boys		Girls.
Mentally Defective	32	...	21
Deformities	3	...	1
Tuberculosis	6	...	4
Other Physical Defects	16	...	14

CASES NOT ADMITTED TO SPECIAL SCHOOLS.

	Boys.		Girls.
To continue at Elementary School (mentally dull)	28	...	19
To continue at Elementary School (slight physical defects)	3	...	6
Recommended for Open Air School	—	...	1
Notified to Local Authority (M.D's.)	4	...	10
Too young to certify	3	...	5
Deaf Centre	1	...	—
Unfit for School—			
Epilepsy	—	...	2
Paralysis	1	...	3
Defective Vision (Blind)	1	...	2
Debility	2	...	4
Mental Defectives	19	...	6
Tuberculosis	2	...	1
Heart	1	...	2
Rickets	1	...	—
Exempt	1	...	1
Other Physical Defects	14	...	21

(6) Infectious Disease.

There has been no school closure during the year on account of infectious disease. All children excluded from school by the Assistant School Medical Officers are notified to the School Medical Officer, and their names entered in the School Diseases Register of Exclusions.

The following Table gives an analysis of the entries therein for the year under consideration:—

EXCLUSIONS DURING 1926.

	No. of Cases excluded.
Scabies	65
Impetigo	61
Other Skin Diseases.....	53
Anæmia and Debility	4
Injuries	5
Conjunctivitis	47
Other External Eye Diseases	8
Other Defects and Diseases	32
Mumps	13
Otitis Media	9
Tonsillitis	14
Verminous	2
Chorea	3
Diphtheria	2
Measles	1
Tuberculosis	136
Scarlet Fever	2
Tinea Tonsurans—	
Treated by X-Rays	71
Treated at Clinic	28
Tinea (Body)	22

Total Number of Children involved, 570.*

* This figure includes cases notified from other sources.

(7) Following-Up.

At the time of examination a Medical "Following-up" Card is made out for all children requiring treatment. If not referred to one of the School Clinics the case is followed up by home visits made by one or other of the School Nurses.

If the treatment required is beyond the scope of simple domestic measures the family Doctor or Hospital is advised, where the case is not otherwise suitable for Clinic treatment. In the course of following-up both home and school visits are made. In addition, these cases marked out for treatment form the basis of the Doctor's re-inspection at a subsequent visit to the School or Clinic.

Children for whom glasses are prescribed are followed up, until glasses are obtained, by one of the School nurses attached to the district where the child resides, and the corresponding Doctor re-inspects the child with its new glasses within three months.

Ringworm of the Scalp, which has had X-Ray treatment under the Authority's Scheme, is also re-inspected on recovery by the Doctor at the Clinic.

Failing private treatment after repeated visits a case is drafted to the Clinic, if the condition justifies this course.

Number of Home Visits	12,893
Number of Children visited at School	4,891
Number of hours spent in following-up by visits, including Verminous Cases	4,276
Number of Re-inspections by School Doctors of Elementary School Children	6,828

(8) **Medical Treatment.**

(a) MINOR AILMENTS.

In a district such as this parents are somewhat reluctant to seek the aid of the family Doctor or the Hospital for minor troubles, partly on account of expense and partly on account of the time involved by attendance at the latter, so that, failing domestic measures for their cure, these cases eventually find their way to the School Clinics. In order to avoid unnecessary visiting and delay Teachers are provided with Clinic Attendance Cards, with which to draft such necessitous cases directly to the Clinic for treatment. The conditions included under this head comprise slight skin affections, sores, impetigo, eczema, scabies, minor cuts and bruises, external eye conditions, such as conjunctivitis, blepharitis, corneal ulcers: ear troubles, such as otorrhœa, eczema, cerumen (wax) and deafness from any cause, ringworm of head or body (if of slight degree), and minor first aid cases.

By far the greater proportion of the attendances come from the special cases sent by the Head Teachers. The amount of these conditions found at Routine Inspection is kept at a low limit. Table IV. (1) shows the amount of treatment undertaken by the scheme provided by the Local Education Authority as compared with that undertaken otherwise, *i.e.*, by Hospital, private Doctor, or domestic remedies.

(b) TONSILS AND ADENOIDS.

For the treatment of these conditions arrangements for operative treatment have been made with (1) Queen Mary's Hospital, Stratford; (2) St. Mary's Hospital, Plaistow. Before operation every child is examined by one of the School Medical staff, and provided with a voucher to take to the Hospital. All cases are re-inspected by the staff after notification of the operation from the Hospital. Cases that attend other Hospitals for operation are few, and are not chargeable to the Local Education Authority. During the year 1,222 operations for this condition were performed under the Authority's Scheme and 60 privately or at other Hospitals.

The value of these operations cannot be over-estimated, the benefits resulting comprising various improvements both general and special in the child's condition. Anæmia, deafness, poor appetite, mental backwardness, debility, disturbed sleep, are all benefited by this radical operation properly performed.

(c) TUBERCULOSIS.

The treatment of this condition is not provided for by the Education Committee, but arrangements exist for transferring such cases under the Tuberculosis Scheme of the Council. The examining School Doctor refers the case by a special card to the Tuberculosis Officer whenever Tuberculosis is, or is suspected to be, present. By this means pre-tubercular cases also are kept under observation, and can receive any requisite treatment. During the year 77 cases were so referred.

Both the School Doctors and the Tuberculosis Officer notify the School Medical Officer of school cases coming under their notice. During the year 136 cases were entered in the School Diseases Register as exclusions, and eleven cases, two of which were Tuberculosis of the Glands, were not excluded. Only those cases liable to be infectious are excluded from school.

Provision is made for Institutional treatment of those children unfit for ordinary school life. The following Table gives the number of children suffering from some form of Tuberculosis who were being maintained at various Institutions at the end of the year.

TUBERCULOUS CHILDREN (OUT OF SCHOOL) HAVING
INSTITUTIONAL TREATMENT.

East Anglian Sanatorium (Lungs and Glands) ...	12
Seven Oaks Open Air School	1
Morden Hall Convalescent Home (London Hos- pital)	1
Heritage Craft Schools, Chailey	3
Cold Ash Convalescent Home, Newbury	1
Sir William Treloar's Home, Alton	2
St. Andrew's Home, Hayling Island	5
Alexandra Hospital, Guildford	1
Alexandra Hospital, Swanley	1
Victoria Homes, Margate	1
Heatherwood Hospital, Ascot	1
Whipps Cross Hospital	11
St. Vincent's Cripple Home, Pinner	2

In addition to the above, there are 57 Out of School Cases calculated up to the end of December, 1926.

(d) SKIN DISEASES.

The majority of skin diseases are already included under the Section, "Minor Ailments," and treated at the Clinics. One, however, needs special mention, as a special line of treatment is adopted. Ringworm of the scalp, if discovered quite early and before any large area is involved, may be treated at the Clinic and its course cut short, but if well-established can only be adequately and expeditiously dealt with by X-Rays.

Arrangements have accordingly been made for this method of treatment (1) with Dr. Kennedy, (2) with the London Hospital, leaving the choice to the parent. The child is first examined by one of the School Medical staff, hairs taken for examination, and the diagnosis confirmed, and a voucher given for treatment on behalf of the Education Authority. Seventy-one cases out of 103 received X-Ray treatment. Ringworm of the body is more amenable to drug treatment, and 273 such cases were treated at the Clinics.

Scabies is sometimes a difficult skin disease to treat at the Clinics, as one must rely to a certain extent on domestic measures as well. Nevertheless 62 cases were cured at the Clinics. (See Table IV., Group 1.)

(e) EXTERNAL EYE DISEASE.

These conditions figure largely among the children sent to the Clinics by the Head Teachers. Being fairly obvious they are easily detected in an early stage, and drafted to the Clinics by the Clinic Attendance Cards, with which Teachers are provided. The number treated under the Authority's Scheme, as compared with that undertaken privately, is shown in Table IV. (1) under the heading of "Minor Ailments," the proportion being roughly 20 to 1. Only 53 cases were cured by private endeavour.

(f) DEFECTIVE VISION.

The Authority have made arrangements for these defects to be dealt with at the Balaam Street Clinic. Mr. E. Erskine Henderson, F.R.C.S., and Dr. G. A. Troup, the Committee's Oculists, undertake refractions on three afternoon sessions per week.

There is always a long waiting list for this treatment, which is made up from the recommendations of the Assistant School Medical Officers at their routine and special inspections in school. Apart from this, the teachers notify the School Medical Officer direct at any time of children who appear to have defective sight. The appointments are made from the office and the children attend twice. Prescriptions are made up at contract prices by the Eastern Optical Company. Every case prescribed for is followed up, and warning letters are sent to parents who persistently neglect their children's requirements in this direction.

All cases are re-inspected within three months, to see if the glasses are suitable and giving satisfaction. The following brief statistics summarise the whole work of the year at the Eye Clinics (Elementary and Higher Education Institutions):—

Cases sent to Ophthalmic Specialists	2,359
Number attended	2,043
Percentage attendance	86.6
Number of Clinic Days	116

Table IV., Group II., gives the results from the Elementary Schools.

(g) EAR DISEASE AND HEARING.

These conditions are usually treated at the four Clinics under the Committee's Scheme. There are two reasons that lead to this result. Firstly, some of the affections, such as cerumen (wax) are so slight, parents do not deem it necessary to call in the family doctor, and the other conditions, such as otorrhœa, are usually of a very chronic nature, and therefore expensive for prolonged private treatment.

The Clinic has a special value in these cases in this respect. The sooner ear discharges are attended to, the more easily are they responsive to treatment, whereas a long-neglected otorrhœa is equally prolonged in its treatment, to say nothing of the damage accruing to the sense of hearing. A large amount of deafness is due to the presence of adenoids, and finds its remedy in the operative treatment of that condition.

Table IV., Group I., gives the relative amount of treatment undertaken at the Clinics and privately.

(h) DENTAL DEFECTS.

The dental defects, such as septic teeth, found at routine and special Medical Inspections in the Schools are referred to the School Dentists if falling within the scope of the Authority's Dental Scheme, otherwise they are referred for private or Hospital treatment.

The scheme approved by the Board comprises the 6-8 years' period, together with a few special cases of an urgent nature at other ages. Under the latter head figure all prospective candidates for the Open Air School, for, as mentioned in my last report, these cases do not do so well as their colleagues as long as their mouths are in a septic condition. There are three Dental Clinics, two at Stratford and one at Canning Town. Under the scheme some 16,164 children were inspected, together with 1,794 "specials." Of these 7,933 were found to require treatment, and 6,912 were actually treated. The following remarks and comments are abstracted from the individual reports of the Dental Surgeons.

Mr. Percy writes:—

The Dental Inspection has now been carried out long enough for its necessity to be thoroughly appreciated by all, and the co-operation of the Teachers we much appreciate and look for at all times.

The carrying on of this work by the same Officer, with whom, as the years pass, the parents and children become well acquainted, must be an advantage to success in work of this kind.

Statistics taken on the views of the parents show that the inspection and treatment is generally popular, and it certainly can be noticed that the children's teeth are kept much cleaner than in the past, showing that influence has been brought to bear by our persistent advice to them.

In the matter of attendance for treatment indifference is not so much the obstacle as inability: there is the inconvenience of the child having to attend school before visiting the Clinic, and to be taken back after treatment; also if an older child is sent with the patient there is the loss of attendance mark.

Regarding children over the age of eight suffering pain, and unable to pay a private practitioner, these are rather badly off. Hospitals will not treat them, and Head Teachers are at a loss to know how to obtain relief for them, as we can only cope with a few special cases. Three Dental Clinics is a good start, but there is need for more to do justice to all.

The School Medical Officer has now arranged that we shall inspect and treat all children recommended for Fyfield Open Air School before they enter that Institution.

THE FOLLOWING SPECIAL CASES CAME UNDER OBSERVATION FOR TREATMENT.

Alveolar Abscess	65
Gingivitis	14
Stomatitis	4
Hypertrophy of the Gums	2
Cases prepared for entrance to Fyfield School	4
Cases specially recommended by the School Medical Officer.....	21
Cases prepared for operation on the Throat...	25

Mr. Dick writes:—

The outstanding feature of this year's report is the large increase shown in the number of special cases.

This shows primarily that the amount of treatment which it is possible to give is totally inadequate. Some of these had not attended when requested to do so for treatment after the routine inspection, but the majority were genuine "specials."

A large attendance of special cases disorganises the routine work, and it can be seen from the figures that the conservative

work suffered in consequence, the total number of fillings being 337, as against 553 for the year 1925.

This condition of affairs is to be greatly regretted, and I see no solution to the problem other than an increase in the staff of School Dental Officers.

The average attendance for treatment, as the result of inspection, for all schools, was 58.9 per cent., and that for the previous year 61.7 per cent. This lower percentage was mainly due to one school, which for some unaccountable reason only showed an attendance of 30.4 per cent.

All the other figures compare favourably with those of the previous year, and need no comment.

I have again to thank the Head Teachers for their co-operation at the routine inspections.

Miss Gubb writes:

There is very little of fresh import to comment upon in my Report for the year 1926.

Each successive year shows that the figures for Inspections and Treatments remain remarkably constant, varying only with the increase or decrease of the various age groups in the schools, and influenced by any epidemic illness prevailing at the time of inspection or during the time appointed afterwards for attendance at Clinic for treatment or any disorganisation at all of the usual number of sessions available.

The year 1926 shows an increase in number of the six and seven age groups, and a decrease in the eight-year-old group, and altogether a larger total number of the routine age groups examined during the year (4,370). A slight decrease in the figure for total attendance (3,765) is accounted for by a week of afternoon sessions devoted to Demonstrations and Propaganda Work at the Town Hall during the Health Week.

Each year brings a fresh supply of six-year-olds, who usually require a considerable number of extractions. It is, therefore, impossible to increase conservative work beyond a certain point.

Total number of Extractions for year	3,188
Total number of Fillings for year	707

The children who attend regularly for treatment are, perhaps, indicative of a better understanding and appreciation of the term "Dental Treatment," but the fact that there still remains a lamentably large number of children who are only brought to the Clinic for the immediate relief by extraction of abscessed aching teeth is evidence of the old existing prejudice with regard to regular dental inspection and treatment has not yet by any means been completely overcome.

This state of affairs is no doubt very largely due to the lack of knowledge of the relationship of the deciduous (temporary) teeth to the permanent dentition, their various functions and effects on the permanent teeth, and the result of Dental Sepsis of both dentitions on the general health. The following are three of the many tenacious and erroneous ideas:—

1. That children's teeth (milk teeth) fall out by the process of decay or "rotting away."
2. That children's teeth (milk teeth) do not require Dental Treatment.
3. That children's teeth (milk teeth) have no roots.

The majority of parents appear to respond fairly readily to my efforts in educating them if the knowledge is given to them in a palatable form. The co-operation of the Head and Assistant Teachers is always a most valuable asset in helping to secure attendance at the Clinic.

SUMMARY OF WORK AT WEST HAM SCHOOL CLINICS.

There are four School Clinics serving five areas, situated as follows:—

- (1) Stratford Clinic, 84, West Ham Lane.
Drs. Skerrett and Thomas.
- (2) Balaam Street Clinic, Plaistow—serving two areas.
Drs. Lupton and Borland.
- (3) Swanscombe Street Clinic, Canning Town.
Dr. Powrie.
- (4) Rosetta Road Clinic, Custom House.
Dr. Furniss.

A Nurse is in constant attendance during school sessions and on Saturday mornings, and the Doctor concerned pays two sessional visits weekly, or more if required.

Suitable defects found at routine inspection at the Schools, as well as special cases, are referred by the School Doctors for treatment, but the chief source of attendances is from the special cases submitted by Teachers.

The Clinic at Stratford includes two Dental Clinics, attended by Mr. J. S. Dick and Miss H. M. Gubb. That at Swanscombe Street also includes the Dental Clinic previously situated at Balaam Street, and is attended by Mr. L. K. Percy. A summary of the dental work appears in Table IV., Group III., of the Appendix.

The following is a summation of the medical cases attending the four Clinics during 1926:—

New Cases Admitted.		Total Attendance.		No. of Children Discharged.
13,489	...	57,867	...	13,659

The above figures do not include the work of the Ophthalmic Surgeons, which is done at the Balaam Street Clinic, and is summarised in Table IV., Group II., of the Appendix.

(9) **Open-Air Education.**

(a) Every opportunity is taken when weather permits of holding classes in the playgrounds; and even in unsettled weather, suitable sheds enable this to be done. Physical exercises and drill, as well as games, especially lend themselves to Open Air Classes.

(b) School journeys to places of educational interest, *e.g.*, Epping Forest, take place during the summer months of the year.

(c) School Camps. School Holiday Camps both for boys and girls have now become a regular institution. Their value has been increasingly manifest the last two years. Efforts are being made to repeat the innovation, but on a larger scale. During 1926, 239 boys and 132 girls were sent away for a fortnight to Shoeburyness and Dymchurch Camps respectively during the summer vacation.

The selected children were all previously medically examined by the School staff as to cleanliness, suitability, and freedom from contagion, and the Camp was visited by the School Medical Officer.

(d) Four schools hold classes during the summer months in the open air, on the flat roofs provided, and certain schools hold classes in the neighbouring parks and recreation grounds.

(e) There is one Open Air Day School in the Borough at Crosby Road, Forest Gate, with places for 60 girls, from the age of seven years upwards. The cases are recommended by the School Medical Staff from their findings at Medical Inspection. The children are again examined by the Chief Assistant School Medical Officer prior to admission. The scholars are also periodically examined, and cases that have recovered are referred back to the Elementary Schools. There were 29 admissions and 31 discharges during the year. A marked feature, following a period of stay at this School, is in the way of increased tonicity of nerve and muscle and indirectly nutrition. In addition to lessons in the open air at this Institution, the children have the advantage of good meals, a drink of milk in the morning, plenty of rest, spray baths weekly, breathing exercises and handkerchief drill, tooth-brush drill and medical attention at a neighbouring School Clinic as required. During the year 87 cases were so referred to the Stratford Clinic, 350 visits in all being paid.

RESIDENTIAL OPEN AIR SCHOOLS.

(f) The Local Authority retains 15 beds at the Ogilvie School of Recovery—for girls. The cases suitable are the chronically delicate children found at Medical Inspection or notified by the Teacher. The children are examined before admission by one of the School Medical Staff. They are also re-inspected six months after their return. A varying period of six months or more is usually necessary to secure marked permanent benefit.

During the year 12 girls were admitted and 15 returned, all considerably benefited by their stay.

The Authority has a Residential Open Air School for 80 boys at Fvfield. This School provides all the essentials of outdoor education, comprising fresh air, abundant food, ample rest, games, and physical exercises in the open, and lessons

in open air covered classrooms. The children are selected by the School Medical Staff, and examined prior to admission by the Chief Assistant School Medical Officer. Visits are made fortnightly by the School Medical Officer or his Chief Assistant, when all the boys are re-inspected, and a record of their height and weight noted.

During the year there were 141 boys admitted and 125 discharged. The boys discharged are re-examined within three months of their return home. All the prospective scholars have their teeth attended to, as well as any nose and throat conditions prior to admission.

The minimum period of stay is three months, but, as a rule, longer periods, six to nine months or more, are necessary to obtain permanent benefit.

The improvement is most marked, especially shortly after admission, due no doubt to the change to a regular healthy habit of life—good food and efficient sleep.

Out of 128 re-examinations made at periods varying from three to twelve months after discharge:—

Seventy-one were in good health.

Twenty-nine had maintained improvement gained at Open Air School.

Twenty had not maintained improvement gained at Open Air School.

Eight had left School, were in good health, and had secured employment.

Appointments were given for the attendance of a further 41 cases who failed to attend. A School Nurse visited the home of each of these children, and it was ascertained that in most cases the parent did not bring the child because he was apparently quite well. One of these cases had left School and obtained employment.

During the first 12 months following the opening of the School parents were allowed to visit on the first afternoon of every month for a period of two hours. It was found, however, that, seeing their parents had a somewhat unsettling effect upon a considerable percentage of the pupils. The School Sub-Committee therefore wisely decided to restrict the parents' visits to once in three months.

By an arrangement with a local medical practitioner he is called in to see any boy who may become suddenly ill, or in any case of accident. This has only happened on rare occasions.

There is a well-equipped Isolation block at the School, but it has only been necessary to utilise this on two occasions over a period of two years.

The School is staffed by:—

A Superintendent.
A Matron.
Three Assistant Teachers.
One Nurse.
One Cook.
Four Maids.
Two Gardeners.
Two Needlewomen.
One Handyman.

The following is a brief account of the daily routine at the School:—

Monday to Friday.

7.0 a.m. Boys rise. Clean boots. Wash.
8.0 Breakfast.
8.30 Inspection. Prayers.
9.10-11.50. Classwork.
12.0 Dinner.
1.0-2.30. Rest.
2.40-4.35. Classwork.
4.45 Tea. Then recreation. Wash.
8.0 Retire.

Saturday.

Walks and recreation instead of classwork. Rest from 1.0 to 3.0 p.m.

Sunday.

Rise at 8.0 a.m. Walk in forenoon. Rest from 1.30 to 3.30 p.m. Recreation afterwards.

Bathing, Tuesday and Friday evenings.

Weighing, each alternate Saturday.

WEEKLY MENU.

	Breakfast,	Recreation Period.	Dinner.	Tea.	Supper.
Sunday	Cocoa, bread and jam or honey, raw fruit if possible.	—	Joint, cabbage and po- tatoes, stewed fruit and custard.	Tea, bread and butter and cake.	Lemonade, cocoa or milk, with bread and butter, dripping, honey or jam.
Monday	Tea bread and butter, jam.	Cocoa.	Cold meat, boiled po- tatoes, suet pudding.	Tea, bread and butter, dripping, lettuce (in season).	Do.
Tuesday	Cocoa, porridge, bread, marmalade.	Milk.	Irish stew, stewed fruit, or rhubarb & custard.	Tea, bread and butter, jam.	Do.
Wednesday	Tea, egg (boiled or scrambled), bread, jam.	Lemonade.	Meat pudding, cabbage, milk pudding.	Tea, bread and butter, bananas (or other fruit).	Do.
Thursday	Cocoa, fresh herrings, bread, marmalade.	Cocoa.	Stewed steak, onions, po- tatoes, jam roll.	Tea, bread and butter, bun.	Do.
Friday	Tea, porridge, milk, bread, jam.	Milk.	Boiled fish, potatoes, boiled pudding.	Tea, bread and butter, jam.	Do.
Saturday	Cocoa, porridge, bread, marmalade.	Lemonade.	Lentil soup, suet dump- lings, potatoes, boiled pudding.	Tea, bread and butter, egg, or sardine.	Do.

Milk and sugar should be added to porridge, cocoa and tea; raw home grown fruit to be provided (according to season) in addition.

The food is of the best quality, and each boy is allowed a liberal quantity.

RECREATION.

Cricket, football, rounders, and other games are played on the ten-acre playing field at week-ends all the year round and during the evenings from about March to October. Walks, picnics, and rambles are conducted when the weather is favourable, and flower gathering and blackberry picking expeditions are organised. During the winter months indoor games, such as draughts, dominoes, and other table games are played in the dining hall, while table tennis is very popular in the rest room. There is also an excellent library of boys' books for those who prefer to read. On one evening weekly throughout the winter lantern entertainments are given, the boys selecting the subjects from the hirers' catalogues.

BANK AND TUCK SHOP.

Money brought to the School by the boys or sent to them is placed in the School Bank, which is conducted by one of the teachers. The boys are then allowed to withdraw a small sum twice weekly, which may be spent at the School Tuck Shop, where sweets and chocolates of good quality are supplied at approximately wholesale prices.

DISCIPLINE.

As an aid to discipline a mark system is used, whereby each boy commences the week with 20 marks, some or all of which may be lost by breaches of discipline. If a boy goes through the week without losing a mark he is allowed to go to the neighbouring town of Ongar for an afternoon in the following week, and to spend some of his bank money there. About 50 per cent. of the boys often win this privilege. At the end of each month the best two boys, as shown by the mark list, are given a special treat. Occasionally a boy who has lost an unduly large number of marks is not allowed to attend the lantern entertainment, or is withheld from football or cricket on Saturday afternoon. A number of boys act as monitors.

(10) Physical Training.

There is no organiser of physical training, but drill, physical exercises and games are organised and supervised by individual teachers in the Elementary Schools.

There is a well-organised Schools Sports Association, composed of members of the Education Committee and Teachers, who superintend the various sports sections among the children, such as swimming, football, netball, cricket, boxing, etc. Notable successes have fallen to West Ham in these various branches of sport among its scholars.

Scholars for whom an opinion of fitness to participate in sports is required are examined by the honorary Medical Adviser, Dr. F. B. Skerrett. During the year 122 boys were examined, and of these 117 certified as fit in this connection.

(11) **Provision of Meals.**

West Ham being largely a necessitous area, the provision of meals to necessitous school children is an important duty on the part of the Local Education Authority.

The scheme has now been in operation several years, and is continued throughout the school holidays. At present there are nine Dining Centres in operation, under the superintendence of Miss Hale. The Centres are visited from time to time by the School Medical Officer, and the dietary is submitted for his approval. The Centres are clean and well managed, and the food is of excellent quality. Good table manners are tactfully inculcated and observed, so that there is food for the mind as well as the body.

The following figures summarise the extent of the undertaking during the year :—

	Breakfasts.	Dinners
Number of Meals supplied at Silvertown National Kitchen	4,451 ...	7,547
Number of Meals supplied at School Dining Centres	148,394 ...	252,562

Average number of children attending per month : 4,050.

These figures constitute a large increase on those of the previous year.

(12) **School Baths.**

School Baths are provided at two Elementary Schools, viz., Gainsborough Road and Rosetta Road. Spray Baths are provided at the Special School at Knox Road. A large School Bath is provided at the Residential Open Air School at Fyfield.

Selected children, with the consent of their parents, are conducted in rota to the Corporation Baths at Balaam Street, Jupp Road, Fenn Street and Silvertown. This takes place in school hours.

Facilities are also afforded to school children for instruction in swimming at the Beckton Road Open Air Bath. Men

and women professors are engaged in instruction and supervision.

The number of school children who attended the Corporation Washing Baths during 1926 is given in the following Table:—

	Boys.		Girls.		Total.
Balaam Street Baths.....	4,926	...	4,687	...	9,613
Jupp Road Baths	5,298	...	2,757	...	8,055
Silvertown Baths	1,492	...	1,110	...	2,602
Fenn Street Baths	4,524	...	2,520	...	7,044
	<hr/>		<hr/>		<hr/>
Totals	16,240	...	11,074	...	27,314
	<hr/>		<hr/>		<hr/>

The above figures do not include the children who have attended the Swimming Baths during the above period.

(13) **Co-operation of Parents.**

The co-operation of parents is an essential factor in the success of every undertaking by the School Medical Service. The attitude of the parents on the whole is increasingly helpful, and they are now realising that the School Medical Service is functioning purely and solely in the interests and future well-being of their children.

During the year parents or guardians attended the Routine Medical Inspections in the case of 7,334 boys and 8,061 girls, making a combined average attendance of 78 per cent. as regards the Elementary Schools.

In connection with the co-operation of parents we have the question of refusal of examination. The chief reasons given by the parents are: "We have our own Family Doctor," "We do not hold with it," or "parent unable to attend."

Occasionally, parents bearing in mind the possibility of having to purchase glasses, invent excuses such as "the child was confused at the time of examination," or unfamiliar with the style of letters used in the preliminary Vision Test.

The following Table gives a list of Schools and Departments from which "refusals" were received during 1926:—

School.	Boys.	Girls.	Infants.
Abbey	1	2	—
Beckton Road	1	—	2
Clarkson Street	—	1	—
Credon Road	1	—	2
Godwin Road	2	2	1
Hermit Road	—	1	—
Holborn Road	—	1	3
Napier Road	—	1	—
New City Road	—	1	—
Odessa Road	1	2	—
Regents Lane	1	—	—
Salway Place	—	—	1
Silvertown	—	—	1
Stock Street	—	—	1
St. Antony's	—	—	1
St. James'	1	3	1
St. John's	—	1	—
St. Margaret's	—	2	—
St. Paul's	—	1	—
Three Mills	1	—	—
Upton Cross	2	—	—
Upton Lane	—	2	3
Water Lane	—	1	1
West Ham Church	2	1	—
West Ham Park	—	—	1
Whitehall Place	1	—	—
Totals	14	22	18

The percentage of refusals amongst all the children examined was only .28.

(14) Co-operation of Teachers.

The co-operation of the Teachers is a factor which makes for the success of School Medical Inspection. In many cases teachers are in a position to advise parents as to their child's health and welfare as a result of the medical findings.

The Teachers make out the lists for examinations, and select the specials to be submitted, sending out the Notices to Parents,

In the process of following up they render many services in conjunction with Nurses' visits to the School and drafting children to the Clinics.

With regard to treatment, their scope is limited to seeing that the children attend or by bringing pressure to bear on negligent parents.

They also put into effect the Medical recommendations or suggestions of the School Doctor after his examination.

The following Table gives a list of defects notified to the Teachers, often with suitable recommendations of an educational value :—

Vision	1700
Hearing	124
Breathing Exercises	71
Physical Exercises	39
Heart (Physical Overstrain)	155
Teeth	9
Nervous System.....	49
Mental Condition	19
Deformities	11
Skin Dis. and Vermin	27
Speech	17
Other Defects and Diseases	463

(15) **Co-operation of School Attendance Officers.**

There is complete co-ordination between the School Medical Service and the Bye-Laws Department, which is supervised by Mr. G. F. Crane.

The cases brought to the notice of the School Medical Officer concern school attendance, cleanliness, fitness for school, fitness for employment and "out of school" cases.

The School Attendance Officers are a valuable asset, and amongst other things they make a daily return of all children "out of school" on medical grounds; these returns are followed up by lady Sanitary Inspectors.

The following Table gives a list of such cases notified by School Attendance Officers, and subsequently visited by Sanitary Inspectors during the year in question:—

Measles	3098
Chicken Pox	991
Whooping Cough	117
Mumps	325
Tonsillitis	363
Other Diseases	273

(16) **Co-operation of Voluntary Bodies.**

The following Societies or Associations in particular render useful service to the School Medical Department:—

- (1) The Invalid Children's Aid Association.
- (2) Invalid and Crippled Children's Society.
- (3) Central Association for Mental Welfare.
- (4) National Society for the Prevention of Cruelty to Children.

The first two Societies notify to the School Medical Officer ailing children who come to their notice as requiring convalescence, or crippled children requiring surgical appliances (or alteration to same).

During the year 59 cases were referred by the above Societies and examined as to necessary surgical instruments or alteration.

During the same period 242 children of school age and 54 under school age were examined and sent away for varying periods of convalescence.

Occasionally the Inspectors of the N.S.P.C.C. have been called in to help in cases of persistent neglect, and their visits have a moral and material effect on neglectful parents.

The Central Association for Mental Welfare interests itself in mentally defective educable children both at and after school age.

(17) **Blind, Deaf, Defective and Epileptic Children.**

(a) The ascertainment of these exceptional children is obtained from two sources. The School Attendance Department have a complete list of all out of school cases and of those already placed in Institutions.

The out of school cases have all at some time been submitted to the certifying Medical Officer to ascertain their fitness for ordinary school, their fitness for a special school, or their total unfitness for school life.

The permanent out of school cases are provided with a special card, and are visited periodically by a Nurse detailed for the purpose. The School Medical Officer thus keeps in touch with these cases, and is thereby notified of any change justifying their re-examination.

Besides the above method of ascertainment an annual census of exceptional children is made at the end of each year throughout the schools. The method consists in circularising all Heads of Departments to submit names of children, classified according to defects who, in their opinion, are unfit for the ordinary education of the Elementary Schools. These children are then examined in January of each year by the School Medical Staff, so that the decision may eventually rest on medical opinion. Such children as the Doctors decide are exceptional, figure in Table III. of the Report.

(b) A Special Nurse is employed in following up at the homes all mentally defective children not in school.

In brief, all out of school cases, both physical and mental defectives, which arise as a result of the four statutory examinations for admission to Special Schools, are followed up to see what treatment, if any, is being provided, or otherwise to urge the parent to obtain any attention necessary.

After-care Committees have been formed in the North and South of the Borough to interest themselves in the future welfare of children recently discharged from the Special Schools, including the two Deaf Centres at Water Lane and Frederick Road.

It is customary for the Head Teachers of the Special Schools and Deaf Centres to keep in touch with leavers to find out whether employment has been obtained for the children.

The following reports have been received regarding children who have left during the past year:—

KNOX ROAD SPECIAL SCHOOL.

Physically Defective—

One boy learning Piano Tuning.

One boy attending Evening Classes.

One girl working at Sweet Factory (only lost two days since she left school).

Mentally Defective—

One boy on return as Pantry Boy from voyage to Australia reported "very good boy."

One boy in local Laundry doing very well.

One girl Braidmaking.

One girl works with sister at Umbrella Makers in the City.

One boy "making Batteries" at local factory.

One girl homework with mother.

One girl has had several situations, but now at home on account of death in family.

GRANGE ROAD SPECIAL SCHOOL.

Physically Defective.

One boy Bottlemaking in Poplar.

One girl Box Packing.

One girl helping invalid mother at home.

One girl helping in General Shop, learning the business.

One boy working satisfactorily as Shop Boy.

One girl allowed to leave by permission of Education Committee to help at home.

One girl working as "Embroideress" in City.

Three leavers removed from district.

Two leavers gone into Hospital.

Two leavers excluded as unfit on account of debility.

Mentally Defective—

- One boy—father rejected suggested work. Boy still out of work.
- One girl—father rejected suggested work. Girl helping at home.
- One girl—Nursemaid to two children.
- One girl—Domestic work at home.
- One girl—Two good situations not accepted. Girl still helping at home.
- One boy—Printer's Apprentice, but proved not suitable.
- One boy—Has a year's extension of pension as "War Orphan" to learn a trade.
- One boy—Daily hand.
- One girl—Packing chocolate.
- One boy—at work.
- One boy—With Varnishing firm locally.

Work in connection with After-Care of Children consists of—

- (1) Interviews with parents and children by Head Teachers.
- (2) Investigation of two After-Care Committees.
- (3) Visits of Mr. Tarr, Juvenile Employment Officer and Secretary of After-Care Committee.

BLIND CHILDREN.

The Authority itself has no provision for the Education of blind children, but Institutional treatment is usually found for them as the necessity arises. A few high myopes are sent to the two Special Schools at Knox Road and Grange Road.

The following is a list of Institutions where West Ham blind children are placed:—

- Ellen Terry Home for Blind Mentally Defective Children, Reigate—one girl.
- Royal Normal College for the Blind, Norwood—one boy.
- Barclay Home for the Blind, Brighton—one girl.
- Brighton School for Blind Boys—one boy.
- East London School for Blind—four boys, three girls.
- Swiss Cottage School for the Blind—one boy, three girls.
- Manor House Eye Hospital, South Woodford—one boy.
- Fountain Mental Hospital, Tooting—one blind M.D. girl.

DEAF CHILDREN.

The Authority has provided Deaf Centres at Water Lane and at Frederick Road, with places for 40 and 44 deaf mutes respectively. These schools are visited annually by the Chief Assistant School Medical Officer. A few of the children belong to the "partially deaf" class, and one or two are aphasic cases. Children from outside areas are admitted by arrangement.

Institutional cases:—

Royal School for Deaf and Dumb, Margate—two girls.

Jewish School for Deaf and Dumb, Wandsworth—one girl.

INQUIRIES BY AFTER-CARE COMMITTEE.

Frederick Road Deaf Centre.

One girl Machinist.

One girl tried sewing, but proved a failure.

Water Lane Deaf Centre.

One boy bedstead making in City.

One boy Tailor's Cutter (learning) in City.

One girl Finisher in Wholesale Clothier's.

DEFECTIVE CHILDREN.

Provision is made by the Authority for defective children at their two Special Schools, Knox Road and Grange Road.

	Number of places occupied.			
	Mental Defectives.		Physical Defectives.	
	Boys.	Girls.	Boys.	Girls.
Grange Road	55	33	73	53
Knox Road	57	38	50	28

The places filled are over the original accommodation provided.

Quarterly examinations are held by the Consulting Medical Officer in accordance with the Board's regulations. The results of these examinations have been already recorded. It will be seen that 14 imbeciles and two feeble-minded children were reported to the Local Authority (Table III., Appendix). Twenty-five children, as certified Imbeciles, are in Institutions and 52 children certified as Imbeciles are residing at home. Seven children are too young to be certified as possible Imbeciles.

EPILEPSY.

Table III. (d) gives a summary of epileptics found among school children during 1926. Only the more severe cases are excluded from school.

A number of West Ham epileptic children are boarded out in Institutions as follows:—

Chalfont St. Peter's Home for Epileptics—one boy and one girl.

St. Elizabeth's Home for Epileptics, Much Hadham—one girl.

Lingfield Colony for Epileptics—one boy.

Stoke Park Colony—one girl.

Fountain Mental Hospital, Tooting—one boy.

Forest Gate Sick Home—three girls.

There are eleven cases of severe epilepsy and three slighter cases "out of school."

STAMMERERS.

Throughout the year special classes of six weeks' duration have been carried on at various school centres.

The number in each class is about ten, and a continuous waiting list is available from the findings of the annual census of exceptional children.

The classes, which are under the supervision of Mrs. Wardhaugh, have been very successful, and the results have been promising, there being only two cases during the year that did not make any headway, and in these cases the home environment was at fault. It remains to be seen whether or not the improvement is permanently maintained.

The children are medically examined before and at the end of the course. During the year 73 children were so examined prior to attending the Stammering Class.

(18) **Nursery Schools.**

There is now only one school (voluntary) in the Borough. The supervision of children under five years who require convalescence or operative treatment for Tonsils and Adenoids or other medical attention is carried out by the Maternity and Child Welfare Department.

(19) **Secondary Schools.**

The statutory duties laid on Local Education Authorities are carried out in their entirety at the Higher Educational Institutions in the Borough, *i.e.*, the Municipal College, the Municipal Central Secondary School, Tennyson Road and the new Plaistow Secondary School. By request of the Governors the School Medical Services are applied also to the West Ham High School for Girls and the St. Angela's High School for Girls.

MUNICIPAL SECONDARY SCHOOL, TENNYSON
ROAD.

Two visits of inspection were made during the year, and all the scholars were examined. The examination of the juniors and at the age of 15 years was in full, as in previous years, but as all scholars were fully examined the previous year, a certain number were partially inspected in less detail, as suggested in the Board's Circular 1153.

The partial examination consisted of measurement of height, weight, vision testing, testing of hearing, examination of throat and teeth, and inquiries as to any illness during the preceding 12 months.

If at this inspection it appeared that the fuller examination was advisable, then the case was referred for the full examination and the parent invited as usual.

AGE DISTRIBUTION OF EXAMINEES.

Age in years.	Boys.	Girls.
10 	5 	3
11 	55 	38
12 	72 	47
13 	59 	37
14 	20 + 1 special	20
15 	49 	36
16 	52 	45
17 	25 	12
18 	6 	8
19 	2 	1
Totals ...	<hr/> 345 <hr/>	<hr/> 247 <hr/>

ATTENDANCE OF PARENTS.

153 with Boys.

140 with Girls.

CHIEF DEFECTS REFERRED FOR TREATMENT OR
OBSERVATION.

Condition.	Treatment.		Observation.	
	Boys.	Girls.	Boys.	Girls.
Malnutrition	3	—	1	1
Uncleanliness	1	4	—	1
Other Skin Diseases ...	1	—	1	1
Blepharitis	1	3	1	—
Defective Vision	59	43	4	6
Ear Disease	5	—	1	—
Nose and Throat	10	9	15	7
Teeth	58	35	16	12
Anæmia and Debility..	28	40	5	2
Deformities	—	2	—	6

Number of boys referred for treatment, 166.

Number of girls referred for treatment, 136.

FOLLOWING UP is carried out by home and school visits of the Nurse, and re-inspection by the Doctor. During the year 216 visits were made and 53 scholars re-inspected. As all the scholars at this school are seen annually, re-inspections are confined to the more special cases.

TREATMENT.—The same Medical Services as obtain in the Elementary Schools are extended to these Higher Educational Institutions.

The following cases received treatment during the year:—

VISION.—Referred to Specialist, 71; attended, 51; obtained glasses under Local Education Authority's Scheme, 37; obtained glasses privately, 11; to continue present glasses, 12; no glasses ordered, 5.

TONSILS AND ADENOIDS.—Three cases were operated on during the year.

TREATED AT THE CLINIC.—Scabies, 1; Blepharitis, 4; Ear Disease, 5; Anæmia (examined only), 9 boys and 5 girls; First Aid, 1.

RECEIVED PRIVATE TREATMENT.—Uncleanliness, 4; External Eye Disease, 3; Ear Disease, 1; Teeth, 4; Anæmia, Debility and General Condition, 69; Deformities, 2.

Recommendations and advice *re* individual scholars left with the Principal as follows:—

Vision, 102; Hearing, 5; Breathing Exercises, 31; Physical Exercises, 4; Moderation in Physical Exercises, 8; Nerves, 4; Spinal, 6.

Physical drill at this Institution is in charge of Sergeant Pritchard for boys and Miss Newmarsh for girls, with very excellent results. Public displays were given during the year, and the attendance of parents and members of the Committee, officials, etc., amply testify to the training and welfare of the scholars on the physical side of education.

MUNICIPAL COLLEGE.

Two visits of Inspection are made annually by the Chief Assistant School Medical Officer. The scholars inspected each year comprise the Preparatory Classes, the Junior Art Technical Classes and Engineering and Domestic subjects as required in Circular 1153.

AGE DISTRIBUTION OF EXAMINEES.

Age in years.	Boys.	Girls.
13	20	11
14	45	41
15	41	28
16	7	6
	<hr/>	
	113	
Special	1	
	<hr/>	<hr/>
Totals	114	86
	<hr/>	<hr/>

PARENTS PRESENT.—47 with Boys, 54 with Girls. Combined percentage, 50.

FINDINGS OF MEDICAL INSPECTION (Chief Defects referred for treatment).—

Condition.	Boys.	Girls.
Uncleanliness	— ...	1
Skin Disease	1 ...	1
External Eye Disease	— ...	1
Defective Vision	8 + 1 special	12
Ear Disease	2 ...	1
Nose and Throat (Operative)...	7 ...	1
Other Throat Conditions	12 ...	4
Teeth	15 ...	19
Anæmia and Debility	7 ...	10
Phthisis	1 suspected	—
Deformities and Special Defects (for observation) ...	— ...	5
Other Defects	2 ...	2

Number of Boys referred, 43; number of Girls, 45.

In addition to the above, 27 boys and 16 girls were referred for observation only.

Following up takes place by means of a Nurse's visits both to the homes and to the Institution, and also by re-inspection by the Doctor either at the Institution or the Clinic.

The Nurse made 101 home visits during the year, and 94 scholars were re-inspected by the Doctor.

TREATMENT.—The same facilities as obtain in the case of Elementary Schools are available.

DEFECTIVE VISION (including specials not included in above inspection at the College).—33 sent; 27 attended; 21 obtained glasses under Authority's scheme; 3 obtained glasses privately; 3 continued same glasses; 3 no glasses ordered.

TONSILS AND ADENOIDS.—One operation.

TREATED AT THE CLINIC.—Ear Disease, 3; Anæmia, 1; other defects, 1.

Physical drill is supervised by Sergeant Pritchard and the Misses Newmarsh and Hobson. Public displays are given from time to time, and the attendance amply testifies to the excellent work being done in this direction.

WEST HAM HIGH SCHOOL FOR GIRLS.

The Medical Inspection in this school is confined to the inspection of pupils who reside in West Ham. The scholars were examined for the first time in December, 1925, by the lady Assistant School Medical Officer. Then all the scholars, excluding those in the Preparatory School were fully examined. In November, 1926, all new admissions from the Preparatory and other schools and all children between the ages of 12 and 13 years were fully examined. All remaining scholars under the age of 15 years were partially examined—that is, they were weighed and measured, had their vision and hearing tested, their throats and teeth examined, and were questioned as to their health during the preceding year. Any of these children who had defective vision were referred for the full examination.

In May, 1927, all children between the ages of 15 and 16 years are to be fully examined, and all children over the age of 16 are to be partially examined in a way similar to above.

AGE DISTRIBUTION OF EXAMINEES.

Age in years.		Full Examination. Number.				Partial Examination. Number.	
10	...	...	5	...	...	...	—
11	...	...	18	...	...	...	3
12	...	...	34	...	...	...	—
13	...	...	4 + 1 special			...	28
14	...	...	5 + 3 specials			...	20
15	...	...	2	...	...	...	—
16	...	...	3	...	...	...	—
17	...	...	1	...	...	...	—
Total ...		72				Total ...	51

The attendance of parents or friends was 89.5 %.

DEFECTS REFERRED FOR TREATMENT OR OBSERVATION.

Condition.	Treatment.
Uncleanliness, Body	1
Malnutrition	2
Defective Vision	14
Defective Hearing	1
Otitis Media	1
Enlarged Tonsils and Adenoids	3
Other Conditions of Throat...	1
Dental Caries (mainly slight)...	56
Deformities (slight flatfoot) ...	3
Anæmia	1
Heart Disease—	
Organic	2 + 3 specials
Functional	7
Other Defects and Diseases ...	2

The children found defective at the first inspection were re-inspected in May, 1926, when 41 children were seen.

TREATMENT.—The same Medical Services are available for the scholars of this school as for those in the Elementary Schools. Vision is mainly treated by the Committee's Oculist, although a few parents prefer to obtain treatment privately. Other minor ailments are almost entirely treated privately.

DEFECTIVE VISION.—Referred for treatment, 28, Attended the Committee's Oculist, 13; of which 12 obtained glasses and one did not require glasses. Fifteen were treated privately, of which 14 obtained glasses and one did not require glasses.

TONSILS AND ADENOIDS.—Three cases were recommended treatment. One had operation.

The following were cured or improved as a result of treatment:—

Hearing, 3.	Blepharitis, 1.
Otorrhœa, 2	Anæmia, 1.
Cerumen, 1.	Heart Disease, 4.
Seborrhœa, 1.	Chest Disease, 5.

Recommendations, advice, etc., were left with the Principal and the Gymnastic Mistress *re* the following conditions:—

Vision	...	...	...	...	...	14
Breathing Exercises	...	...	...	...	...	1
Physical Exercises for Flatfoot	...	...	...	...	...	3
Hearing	...	...	...	...	...	1
Heart and Overstrain	...	...	...	...	...	8

Both the Principal, Dr. Barnett, and the Gymnastic Mistress, Miss Davidge, took a great interest in the inspection.

There is an excellent gymnasium and special attention is given to children requiring special exercises for slight deformities. The younger children play net-ball and the older children play hockey in addition to net-ball.

ST. ANGELA'S HIGH SCHOOL.

On the request of the Governors arrangements have been made for West Ham scholars in this school to be medically inspected.

The school is visited each year by the Chief Assistant School Medical Officer, half of the scholars being examined while those of the previous year are re-inspected.

AGE DISTRIBUTION.					
Age in years.					Number.
11	...	...	...	...	5
12	...	...	...	...	20
13	...	...	...	...	10
14	...	...	...	...	3
15	...	...	...	...	13
16	...	...	...	...	28
17	...	...	...	...	9
18	...	...	...	...	2
					<hr/>
					90
					<hr/>

Parents present, 66 = 73.3%.

Chief findings referred for Treatment or Observation:—

	Treatment.	Observation.
External Eye Disease	1	—
Defective Vision	9	2
Defective Hearing	2	—
Nose & Throat (non operative)	5	1
Teeth, Oral Sepsis	9	8
Anæmia and Debility	19	—
Nervous System	1	—
Other Defects	1	—

FOLLOWING UP.—The Nurse attending the Inspection follows up the cases referred for treatment by means of home visits and the Doctor re-inspects these cases on his next visit. During the year 42 visits were paid by the Nurse and 95 scholars re-inspected by the Visiting Doctor.

TREATMENT DURING THE YEAR.—Teeth remedied, 10. Anæmia treated and improved, 32. Deformities, 4. Vision, 12 sent, 12 attended; 10 obtained glasses under Local Education Authority's scheme, 1 continued glasses, 1 no glasses needed.

OTHER DISEASES.—2 cases of defective hearing operated on for Adenoids.

TREATED AT THE CLINIC DURING THE YEAR.

External Eye Disease	1
Defective Hearing	2
Other Ear Diseases	4
Throat	1
Re-inspected	2

Directions, notes, etc. were left with the Principal and Drill Mistress *re* the following conditions:—

Vision	10
Hearing	2
Breathing Exercises	8
Physical Exercises	10
Moderation in Drill, etc.	4

The keenest interest, encouraged by Mother Mary Angela Boord, the Principal, is taken by the parents in the Medical Inspection and the subsequent following up, and every endeavour is made to remedy the defects found. Special interest is taken by Miss Barrington, the Drill Mistress, in girls needing spinal and other exercises.

PLAISTOW SECONDARY SCHOOL.

This school was opened during the year 1926, and 83 scholars who were admitted, were medically inspected together with those at the Central Secondary School, prior to the opening.

AGE DISTRIBUTION.

Age in years.	Boys.	Girls.
10	— ...	2
11	38 ...	29
12	11 ...	3
	—	—
	49	34
	<hr/>	
	83	

Chief defects referred for Treatment.

	Boys.	Girls.
Unclean Head	— ...	2
Defective Vision	4 ...	6
Throat	— ...	1
Defective Hearing	1 ...	—
Teeth	2 ...	8
Anæmia and Debility	2 ...	4
Other Defects	— ...	2
Deformities	— ...	9

Parents present with boys 42

Parents present with girls 30

Percentage 86.7.

TREATMENT.—The same services are available as obtain in the Elementary Schools. Fifteen cases were followed up by the Nurse, who made 17 home visits.

Teeth remedied, 7.

Anæmia treated and improved, 5.

Tonsillitis, 1.

Deafness, 1.

VISION.—10 cases sent, 10 attended; all obtained glasses through the Local Education Authority's scheme.

DIRECTIONS, ETC. TO PRINCIPAL.

Vision	...	...	...	...	...	10
Hearing	...	...	...	...	...	1
Breathing Exercises			...	...	...	1
Nerves	...	...	...	...	...	1
Other Defects	...	...	...	...	...	1

(20) Continuation Schools.

There are three Continuation Schools open in the Borough:—

- (1) The Shakespeare Institute, (2) The Livingstone Institute,
(3) The Faraday Institute.

Owing to the practical difficulties of examining these schools, and in view of the fact that the scholars are examined as leavers from the Elementary Schools the Committee decided that the Head Masters should refer to the School Medical Officer all scholars requiring medical attention. Such cases are accordingly drafted to the Clinic at West Ham Lane for Examination and advice, and treatment when necessary. During the year two boys and one girl were so referred, for vision. The two boys attended the Oculist and obtained glasses through the Local Education Authority's scheme, but the girl did not attend, obtaining her glasses privately.

(21) Employment of Children and Young Persons.

The employment of school children out of school hours is subject to certain restrictions governed by the Bye Laws made under Section 90 of the Education Act, 1921. The restrictions limit the age below which employment is illegal and the hours of employment as to time and duration. The child must also be certified as physically fit and its education not likely to be endangered by such employment. The chief work undertaken by school children in this Borough consists of Paper rounds, Milk rounds, and errand boys connected with provision stores.

During the year 114 boys were examined, 113 being certified under this heading.

For the most part the children are from among the healthiest, and parents remark on the benefit in the way of increased appetite which this open air early duty brings with it.

The following defects were discovered among these boys and referred for treatment.

Unclean Head	...	...	...	...	1
Impetigo	...	...	...	...	1
Other Skin Disease	...	...	...	...	1
Defective Vision	...	...	...	...	1
Enlarged Tonsils	...	...	...	...	3
Adenoids	...	...	...	...	1
Catarrh	...	...	...	...	1
Teeth	...	...	...	...	1
Rupture	...	...	...	...	1

EMPLOYMENT OF CHILDREN IN ENTERTAINMENT RULES, UNDER SEC. 101 OF EDUCATION ACT, 1921.

Under the above Rules, 16 examinations were made, referring to ten girls and one boy. All but one girl were licensed as physically fit, the condition of their employment proving suitable. The girl who was refused a license was physically too delicate and required special attention for vision.

(22) **Special inquiries.**

There have been no special inquiries during the year, the time of the School Medical Staff being fully occupied with essential duties.

The Medical Research Committee mentioned in my Report last year dealt on the School side with the following subjects:—Prevention and Treatment of Measles, Summer Diarrhoea, Present incidence of Scarlet Fever.

(23) **Miscellaneous.**

SCHOLARSHIP CHILDREN.

All the pupils at the two Higher Elementary Schools, *i.e.*, The Grove and The Russell, are scholarship children from the Elementary Schools.

These schools have two visits a year, when entrants and leavers are examined.

The numbers examined were as follows:—

	Boys.		Girls.
THE GROVE.			
Entrants	32	...	62
Leavers	28	...	34
THE RUSSELL.			
Entrants	49	...	33
Leavers	61 + 2 specials		30 + 2 specials

The findings are incorporated in the main Statistical Tables for Elementary Schools.

The pupils at the Municipal Secondary School are for the most part scholarship children. The Juniors are examined soon after entrance. The bursars and Pupil Teachers are examined in the upper form at one of the three annual examinations.

The Plaistow Secondary School was opened this year, pupils being submitted to Medical Inspection prior to entrance. The results are already separately recorded in the Report under Section 19.

PATHOLOGICAL WORK.

Microscopical examination of sputum for the possible presence of the Tubercle Bacillus is undertaken by the Tuberculosis Officer for the School Medical Department.

Throat swabs are taken by the School Medical Staff and sent to the Superintendent of the Plaistow Fever Hospital for cultivation and report.

The microscopic diagnosis of ringworm is done at the Town Hall by the School Medical Staff. During the year 60 hair specimens were examined, and of these 50 were positive, *i.e.*, contained living Ringworm spores.

HEALTH WEEK.

The School Medical Service took its share in the Exhibits and demonstrations during Health Week; large anatomical models and specimens were shown and explained, and microscopic slides demonstrating the more familiar afflictions of the child population were exhibited. My thanks are due to the staff who gave such whole-hearted co-operation.

Special interest was taken in the Dental demonstration affecting school children.

Health Week began on Saturday, September 25th. On Sunday, September 26th, a Service was held in West Ham Park, where a Choir composed of some 8,000 children from the Elementary Schools was present, and sang well known hymns, accompanied by the Band of H.M. Scots Guards. This event roused extraordinary interest in Health Week amongst the scholars and parents, and it is due mainly to this publicity that no fewer than 35,000 people visited the Health Exhibitions held during the week. Unstinted praise and the thanks of all concerned should be extended to the teachers who, in the interests of the public health, worked so hard and so successfully to organise such a Choir of school children, and to gather them together in the Park and disperse them without hitch or accident.

CHEAP TRAM FARES.

Credit is due to the Electricity and Tramways Committee, who through the Tramways Manager (Mr. Slattery) have introduced cheap fares for the children during the school holidays, to enable them to travel at little cost, to the open spaces adjoining the Borough—particularly Wanstead Flats, with its many acres of grassland. This has not only benefited their health and brought happiness to many of the children, but has proved a financial asset.

I am indebted to Mr. Slattery for the following Table, which shows lucidly to what extent advantage has been taken by the children of the facilities granted:—

Authority.	Period.	½d. Passengers carried.		Increase, 1926.	Percentage Increase.
		1925.	1926.		
(a) West Ham ..	23rd July–19th Aug., both inclusive	27,766	70,772	43,006	154·8
(a) L.C.C.* ..	Ditto	48,687	82,409	33,722	69·2
(b) West Ham ..	Specific days ½d. fares in operation	15,816	54,623	38,807	245·3
(b) L.C.C.* ..	Ditto	31,844	74,361	42,517	133·5
GRAND TOTALS					
(a) .. ..	.. ..	76,453	153,181	76,728	100·3
(b) .. ..	.. ..	47,660	128,984	81,324	170·6

*Inter-running with L.C.C. Trams.

A letter from one of the Head Teachers, which has also been endorsed by other Head Teachers, states:—

“ Since the re-assembly of the school after the Midsummer Vacation I have made a very exhaustive inspection in each class, and have been very much struck with the healthy appearance of the great majority of the boys.

“ From enquiries I have learned that more than eighty per cent. of the lads have availed themselves of the travelling facilities afforded by the cheap tram fares to Wanstead Flats, and in most cases many whole days have been spent out in the open air which would otherwise have been passed in the streets adjacent to their homes. . . . ”

CONCLUSION.

In addition to many outside organisations every member of the Council and various Departments of the Council have the interests of the children at heart, and all contribute to an end, which acts to the good of the mental, physical and moral well-being of the children.

APPENDIX.

STATISTICAL TABLES, SCHOOL MEDICAL OFFICER'S ANNUAL REPORT, 1926.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	...	...	...	...	...	...	7,243
Intermediates	...	...	...	...	...	...	3,959
Leavers	...	...	...	...	...	...	7,440
Total	...	...	...	...	...	...	18,642

Number of Other Routine Inspections 525

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	15,545
Number of Re-Inspections	...	...	...	...	...	6,828
Total	...	...	...	...	...	22,373

C.—HIGHER EDUCATIONAL INSTITUTIONS.

Number of Routine Examinations	...	...	...	...	...	1,085
Specials	...	...	...	...	...	50
Re-Inspections	...	...	...	...	...	280
Total	...	...	...	...	...	1,415

Average Number of Children on Roll (Elementary and Higher Elementary)	...	...	...	...	...	49,567
Average Attendance	...	...	...	...	...	44,521

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1926.

DISEASE OR DEFECT.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	236	25	40	13
Unclean Head	92	—	49	—
Unclean Body	25	—	8	—
SKIN—				
Ringworm—Head	12	—	105	11
Body	7	—	275	—
Scabies	4	—	62	—
Impetigo	68	—	1,036	1
Other Skin Dis. (not T.B.)	162	8	2,371	5
EYE—				
Blepharitis	96	1	235	1
Conjunctivitis	73	—	705	1
Keratitis	2	1	15	1
Corneal Ulcer	4	—	49	—
Corneal Opacities	—	10	—	6
Defective Vision	1,089	56	560	82
Squint	264	22	79	10
Other Conditions	21	11	279	11
EAR—				
Defective Hearing	183	18	140	26
Otitis Media	178	1	583	7
Other Ear Disease	64	11	181	6
NOSE AND THROAT—				
Enlarged Tonsils only.....	568	311	214	23
Adenoids only	175	46	134	15
Enlarged Tons. and Ads.	481	32	592	79
Other Conditions	67	4	99	35

TABLE II.—*continued.*

DISEASE OR DEFECT.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)	(2)	(3)	(4)	(5)
Enlarged Cervical Glands (not T.B.)	28	50	127	3
Defective Speech	57	39	54	48
Teeth—Oral Sepsis	1,200	414	109	13
HEART & CIRCULATION—				
Heart Disease—Organic	36	119	5	30
" " Functional	2	59	1	12
Anæmia	257	18	400	14
LUNGS—				
Bronchitis	187	10	23	29
Other Dis. (not T.B.)	6	2	3	2
TUBERCULOSIS—				
Pulmonary :				
Definite	20	102	14	—
Suspected	10	4	37	39
Non-Pulmonary :				
Glands	8	1	2	—
Hip	—	—	1	2
Other Bones and Joints ...	1	—	2	—
Skin	2	—	1	—
Other Forms	—	1	1	1
NERVOUS SYSTEM—				
Epilepsy	6	7	11	3
Chorea	20	25	9	2
Other Conditions	37	5	23	9
DEFORMITIES—				
Rickets	4	—	—	—
Spinal Curvature	17	4	4	2
Other Forms	25	22	34	22
Other Defects and Diseases	228	95	2,690	33

TABLE II.—*continued.*

B.—Number of INDIVIDUAL CHILDREN found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases):—

GROUP.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS—			
Entrants	7,243	1,532	21·1
Intermediates	3,959	882	22·3
Leavers	7,440	1,504	20·2
Total (Code Groups)	18,642	3,918	21·0
Other routine Inspections	525	51	9·7

TABLE III.

NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1926.
PUBLIC ELEMENTARY SCHOOL CHILDREN.

			Boys	Girls	Total
A. Blind (including partially blind).	Suitable for training in a School or Class for the totally blind.	(1) Attending Certified Schools or Classes for Blind	9	7	16
		(2) Attending Public Elem. Schools .....	..	..	..
		(3) At other Institutions .....	..	1	1
		(4) At no School or Institution .....	..	1	1
	Suitable for training in a School or Class for the partially blind.	(5) Attending Certified Schools or Classes for Blind	1	2	3
		(6) Attending Public Elem. Schools	4	9	13
		(7) At other Institutions .....	..	..	..
		(8) At no School or Institution .....	..	2	2
B. Deaf (including deaf and dumb and partially deaf).	Suitable for training in a School or Class for the totally deaf or deaf and dumb.	(1) Attending Certified Schools or Classes for Deaf	26	43	69
		(2) Attending Public Elem. Schools	1	..	1
		(3) At other Institutions .....	..	..	..
		(4) At no School or Institution .....	..	..	..
	Suitable for training in a School or Class for the partially deaf.	(5) Attending Certified Schools or Classes for Deaf	4	5	9
		(6) Attending Public Elem. Schools ....	..	3	3
		(7) At other Institutions .....	..	..	..
		(8) At no School or Institution .....	..	..	..
C. Mentally Defective.	Feeble - minded (cases not notifiable to the Local Control Authority).	(1) Attending Certified Schools for Mentally Defective Children	112	71	183
		(2) Attending Public Elem. Schools	25	28	53
		(3) At other Institutions .....	..	..	..
		(4) At no School or Institution .....	..	..	..
	Notified to the Local Control Authority during the year.	(5) Feeble-minded	1	1	2
		(6) Imbeciles	4	10	14
		(7) Idiots .....	..	..	..
D. Epileptics.	Suffering from severe epilepsy.	(1) Attending Certified Special Schools for Epileptics	6	4	10
		(2) In Institutions other than Certified Special Schools	3	4	7
		(3) Attending Public Elem. Schools	1	..	1
		(4) At no School or Institution	9	6	15
	Suffering from epilepsy which is not severe.	(5) Attending Public Elem. Schools	21	7	28
		(6) At no School or Institution	2	1	3

TABLE III.—*continued.*

E.			Boys	Girls	Total
Physically Defective	Infectious pulmonary and glandular tuberculosis.	(1) At Sanatoria or Sanatorium Sch'ls approved by the Ministry of Health or the Board	6	8	14
		(2) At other Institutions	1	1	2
		(3) At no School or Institution	33	52	85
	Non-infectious but active pulmonary and glandular tuberculosis.	(4) At Sanatoria or Sanatorium Sch'ls approved by the Ministry of Health or the Board .....	..	..	..
		(5) At Certified Residential Open-air Schools	1	..	1
		(6) At Certified Day Open-air Schools..	..	..	..
		(7) At Public Elementary Schools	1	1	2
		(8) At other Institutions .....	..	2	2
		(9) At no School or Institution	1	1	2
	Delicate children (<i>e.g.</i> , pre- or latent tuberculosis, mal-nutrition, debility, anæmia, etc.).	(10) At Certified Residential Open-air Schools	73	14	87
		(11) At Certified Day Open-air Schools	18	66	84
		(12) At Public Elementary Schools	19	5	24
		(13) At other Institutions	3	15	18
		(14) At no School or Institution	6	12	18
	Active non-pulmonary tuberculosis.	(15) At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	8	7	15
		(16) At Public Elementary Schools .....	..	..	..
		(17) At other Institutions	11	3	14
		(18) At no School or Institution	21	9	30
	Crippled children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease.	(19) At Certified Hospital Schools	4	1	5
		(20) At Certified Residential Cripple Schools .....	..	..	..
		(21) At Certified Day Cripple Schools ..	95	67	162
		(22) At Public Elementary Schools	4	3	7
		(23) At other Institutions	2	3	5
		(24) At no School or Institution	37	37	74

N.B.—This Table is not a full census of defects in the child population of the Borough, but only of defects of such a degree as in the opinion of the Medical Officers to disqualify the child from education in the Elementary Schools. (This note, however, does not apply to Epilepsy of a slight degree.)

TABLE IV.

Return of Defects treated during the year ended 31st December, 1926.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm, Scalp	103 (71 X-rayed)	4	107
„ Body	273	4	277
Scabies	62	2	64
Impetigo	1,047	6	1,053
Other Skin Diseases	2,580	51	2,631
Minor Eye Defects—			
External	1,165	66	1,231
Minor Ear Defects	1,029	53	1,082
Miscellaneous (minor injuries, etc.)	3,503	314	3,817
Totals	9,762	500	10,262

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

DEFECT OR DISEASE. (1)	Number of Defects dealt with.			
	Under the Authority's scheme. (2)	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint)	1,937	47	5	1,989
Other Defect or Disease of the eyes (excluding those recorded in Group I.)	4	10	—	14
Totals	1,941	57	5	2,003

TABLE IV.—*continued.*

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme	1,738
(b) Otherwise	52

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme	1,615
(b) Otherwise	48

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
1,222 (operations)	60	1,282	57	1,339

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were:—

(a) Inspected by the Dentists:

Aged:

Routine Age Groups	5	...	—	Total ... 16,164
	6	...	7,083	
	7	..	6,598	
	8	...	2,483	
	9	...	—	
	10	...	—	
	11	...	—	
	12	...	—	
	13	...	—	
	14	...	—	

Specials 1,794

Grand Total 17,958

TABLE IV.—*continued.*

(b) Found to require treatment	...	...	...	7,933	
(c) Actually treated	...	...	...	6,912	
(d) Re-treated during the year as the result of periodical examination	...	...	...	4,608	
(2) Half-days devoted to—					
Inspection	...	...	...	222	
Treatment	...	...	...	1,151	
Total	...	...	...	—	1,373
(3) Attendances made by children for treatment					11,529
(4) Fillings—					
Permanent teeth	...	...	...	865	
Temporary teeth	...	...	...	688	
Total	...	...	...	—	1,553
(5) Extractions—					
Permanent teeth	...	...	...	85	
Temporary teeth	...	...	...	10,681	
Total	...	...	...	—	10,766
(6) Administration of general Anæsthetics for extractions	...	...	...		—
(7) Other Operations—					
Permanent teeth	...	...	...	844	
Temporary teeth	...	...	...	379	
Total	...	...	...	—	1,223

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i.) Average number of visits per school made during the
year by the School Nurses:—
12.3 Sessional Visits for primary inspections.
- (ii.) Total number of examinations of children in the
Schools by the School Nurses ... 59,652
- (iii.) Number of individual children found unclean ... 1,132
- (iv.) Number of children cleansed under arrange-
ments made by the Local Education Authority —
- (v.) Number of cases in which legal proceedings
were taken:—
- | | | | |
|--------------------------------------|-----|-----|---|
| (a) Under the Education Act | ... | ... | — |
| (b) Under School Attendance Bye-Laws | ... | ... | 2 |

INDEX (Public Health).

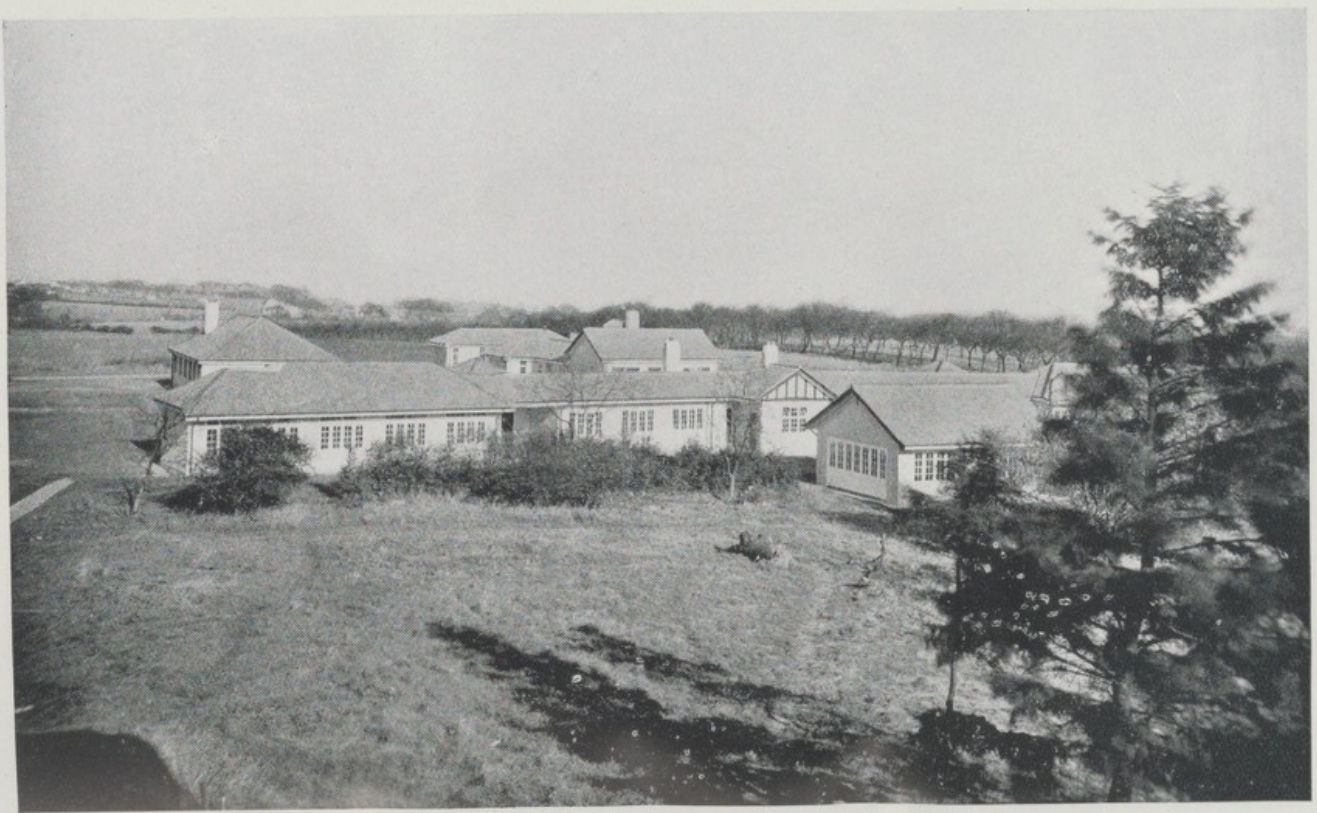
	PAGE
Acts, Bye-Laws, and Local Regulations (list of adoptive)	26, 27
Ambulance Service	18, 19
Births	9, 11
Cerebro Spinal Fever	61
Clinics, School, etc.	20
Common Lodging Houses	35
Contagious Diseases of Animals Act 1878	50
Dagenham Sanatorium, Medical Superintendent's Report	82-84
Disinfection	65
Dried Milk, Distribution of	98-101
Encephalitis Lethargica	62
Extracts from Vital Statistics	9
Food, Inspection and Supervision of, Unsound, etc.	44, 47, 52
General Provision of Health Services	16
Health Week	27, 28
Hospitals	16, 17
Housing	37-39
Increase of Rent and Mortgage Interest Restriction Act, 1920	37
Infectious Diseases, Prevalence of, and control over	61, 62
Influenza, Epidemic	10
Laboratory Work	62
Legislation (New)	6
Maternity and Child Welfare	7, 90-103
Measles, prevalence of	10
Meat, Public Health Regulations, 1924	52-60
Mental Deficiency Act, 1913	104-106
Milk Supply	45, 46
Milk (Special Designations) Order, 1923	46
Milk and Cream Regulations, 1912 and 1917	48, 49
Milk and Dairies (Consolidation) Act, 1915	50

	PAGE
Milk and Dairies Order, 1926	50
Mortality, Maternal, Infant and General	9-13
Mortuaries	29, 30
Natural and Social Conditions	8
Notifications, Summary of	63
Nuisances, Abatement of	33, 34
Nursing, Professional, in the Home	27
Offensive Trades	35, 36
Out-workers	41-43
Over-crowding	7, 44
Plaistow Hospital, Medical Superintendent's Report	65-73
Poliomyelitis	62
Prosecutions	39, 40
Samples taken, Food and Drugs Acts	47
Sanatorium for Children	7
Sanitary Circumstances of Area	30-32
Scarlet Fever, Prevalence of	10, 65-73
Schools	36, 37
Shops Acts	25
Slaughter Houses	52-60
Smoke Abatement	34
Staff, List of	21-24
Statistics, Vital	10
Summary of General Statistics	8, 9
Do. do. Work of Sanitary Inspectors	32, 33
Tuberculosis	7
Do. Table of Notified Cases, etc.	74
Do. Report of Tuberculosis Officer	75-81
Tuberculosis Order, 1925	50
Venereal Diseases	85, 86, 87, 89
Veterinary Surgeon's Report	50, 51
Vital Statistics, Extracts from	9
Do. of Wards	10
Do. Chief since 1877	15

INDEX (School Medical).

SUBJECT.	PAGE
After-Care Committee	141, 143, 144
Baths	136
Blind Children	141, 143
Bye-Laws Department	112
Clinics—Summary of Work	129
Co-ordination	112
Continuation Schools	155
Crippling Defects	119
Crosby Road Open Air School	131
Deaf Children	141, 144
Defective Children	109, 141, 144
Dental Defects	119, 126
Ear Diseases and Hearing	118, 126
Employment of Children and Young Persons	155
Employment of Children in Entertainments Rules	156
Epileptic Children	141, 145
Exclusions	121
Eye Diseases (External)	118, 125
Following-up	121
Fyfield Open Air School	131
Grange Road Special School	142
Health Week	157
Holiday Camps	109, 130
Hygiene	113
Infectious Disease	120
Invalid and Crippled Children's Society	112, 140
Invalid Children's Aid Association	112, 140
Knox Road Special School	142
Maternity and Child Welfare	112
Meals, Provision of	136
Medical Inspection	113
Minor Ailments	117, 122

SUBJECT.	PAGE
Municipal College	148
Municipal Secondary School	146
National Society for the Prevention of Cruelty to Children	140
Nicoll, Dr. P. J. S.	109
Nursery Schools	112, 145
Ogilvie School of Recovery	131
Open Air Education	130
Open Air Schools	109, 131
Parents, Co-operation of	137
Pathological Work	157
Physical Training	135
Plaistow Secondary School	154
Refusals to Examination	137
Research Committee	156
Ringworm	124, 157
St. Angela's High School	152
Scholarship Children	156
School Attendance Officers, Co-operation of	139
Scope of School Medical Service	115
Secondary Schools	146
Skin Diseases	118, 124
Special Schools	119, 142
Staff	111
Stammerers	145
Statistical Tables	162
Teachers, Co-operation of	138
The Grove School	157
The Russell School	157
Tonsils and Adenoids	117, 123
Tramways (Cheap Holiday Fares)	158
Treatment	122
Tuberculosis	113, 118, 123
Uncleanliness	116
Vision	118, 125
Voluntary Bodies, Co-operation of	140
West Ham High School for Girls	150



The New Sanatorium for Tuberculous Children, Langdon Hills.