

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

Contributors

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County Borough of West Ham



ANNUAL REPORT
of the
Medical Officer of Health
and
School Medical Officer
for the Year 1927.

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.

INTRODUCTION.

TO: 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 1927. I am repeating the procedure of last year by including in one volume my reports upon the various health services of the Council.

The advantage of educating the public in the subject of Health has now become generally recognised. The Health Week held in conjunction with the West Ham Insurance Committee in October last proved a big success, and was undoubtedly productive of a wave of interest in matters appertaining to Hygiene. The ramifications of the work of the Public Health Department continue to extend, and although the extent and importance of its activities are becoming more appreciated by the public as a whole, there is need for still further advantage to be taken of existing facilities connected with preventive and curative medicine.

A Sanatorium, with accommodation for 40 children suffering from Pulmonary Tuberculosis, has been erected at Langdon Hills, Essex, and was opened for the reception of patients in November last.

In connection with the Maternity and Child Welfare work, a Clinic has recently been established for the treatment of children by artificial sunlight. Arrangements have been made whereby seaside convalescent treatment is available for debilitated nursing mothers and their infants. Dental Clinics have also been inaugurated for children under 5 years of age, and a part-time dentist (Miss Wilson, L.D.S.) was appointed in June, 1927. The Education Committee have granted the use of the School Dental Premises for this purpose.

A scheme is now before the Board of Control for the establishment at Ockenden, Essex, of a Colony to accommodate 500 variously graded Mentally Defective persons from this and other districts. The Colony is so planned as to be capable of extension to accommodate over 1,000 cases. The shortage throughout the country of such accommodation is acute, and this Borough, in common with most other Authorities, has a considerable number of defectives suitable for and awaiting Institutional treatment. The need for so large an Institution throws very vividly into relief the still greater need for further research work into the cause and prevention of mental deficiency.

According to figures recently issued by the Registrar General, the population of West Ham is decreasing, but if this is so, no indication of this decrease is seen as yet in respect to a diminution in the amount of the prevalent gross over-crowding.

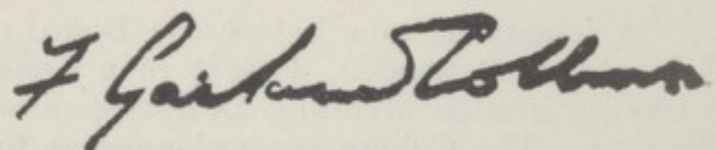
During the lifetime of its oldest inhabitants, West Ham, from very little more than a village with a population of under 10,000, has grown to be the eighth largest town in the Kingdom, with a population of some 315,400. For many years, except on the side adjacent to the Metropolis of London, this town was surrounded by comparatively sparsely populated areas. During recent years, however, the enormous number of houses which have been erected without its borders on all sides, has completely altered the environment of the town and caused it to be a thoroughfare for the teeming thousands of people who are domiciled in these new dwellings. Such a complete and rapid change of environment must ultimately have an effect upon the Borough, and this circumstance must be borne well in mind, the exact nature and extent of the effect being of a somewhat speculative character.

The recent formation of a local branch of the National Playing Fields Association should prove very beneficial in augmenting facilities for exercise, especially so much needed among young adults.

West Ham did not escape the ravages of the unprecedented flood which occurred in the early weeks of the present year. Though much distress and considerable loss was incurred, no fewer than 2,874 dwellings having been involved, prompt and vigorous action prevented any undue hardship or suffering amongst the victims.

I desire to record my thanks for their co-operation to the various Hospitals, Charitable Societies, Medical Practitioners, and to many of the Citizens of this Borough, and also my keen appreciation of the manner in which the Council as a whole have helped me and my staff by their support and by their careful consideration of any suggestions for the betterment of the health of the inhabitants.

Your obedient servant,

A handwritten signature in dark ink, appearing to read "F. G. Tolson". The signature is written in a cursive, flowing style with a large initial "F" and a long, sweeping underline.

Town Hall,
West Ham.

March, 1928.

COUNTY BOROUGH OF WEST HAM

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1927.

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 $2\frac{1}{8}$ 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, 1927, 315,400.

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

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

Rateable value—

Poor Rate, £1,417,288.

General District Rate, £1,326,938.

Sum represented by a penny rate—General District Rate, £5,529.

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 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 specially calculated to adversely affect the public health.

Extracts from Vital Statistics.

The Births during 1927 numbered 5,991, classified as follows:—

	Total	Male	Female
Legitimate	5833	2993	2840
Illegitimate	158	75	83

giving a Birth Rate of 18.9 (Eng. and Wales 16.7), (107 Great Towns 17.1).

The Deaths numbered 3,481, viz., 1,805 Males, 1,676 Females, giving a **Death Rate of 11.0** (Eng. and Wales 12.3), (107 Great Towns 12.2).

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

From Sepsis	9
From other causes	9
Maternal Mortality	3.0

Infant Mortality (Deaths of Infants under one year of age per 1,000 births)	67.4
(Eng. and Wales)	69.0
(107 Great Towns)	71.0

Illegitimate Death Rate under one year (per 1,000 illegitimate births)	69.6
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Deaths from Measles (all ages)	6
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Deaths from Whooping Cough (all ages)	73
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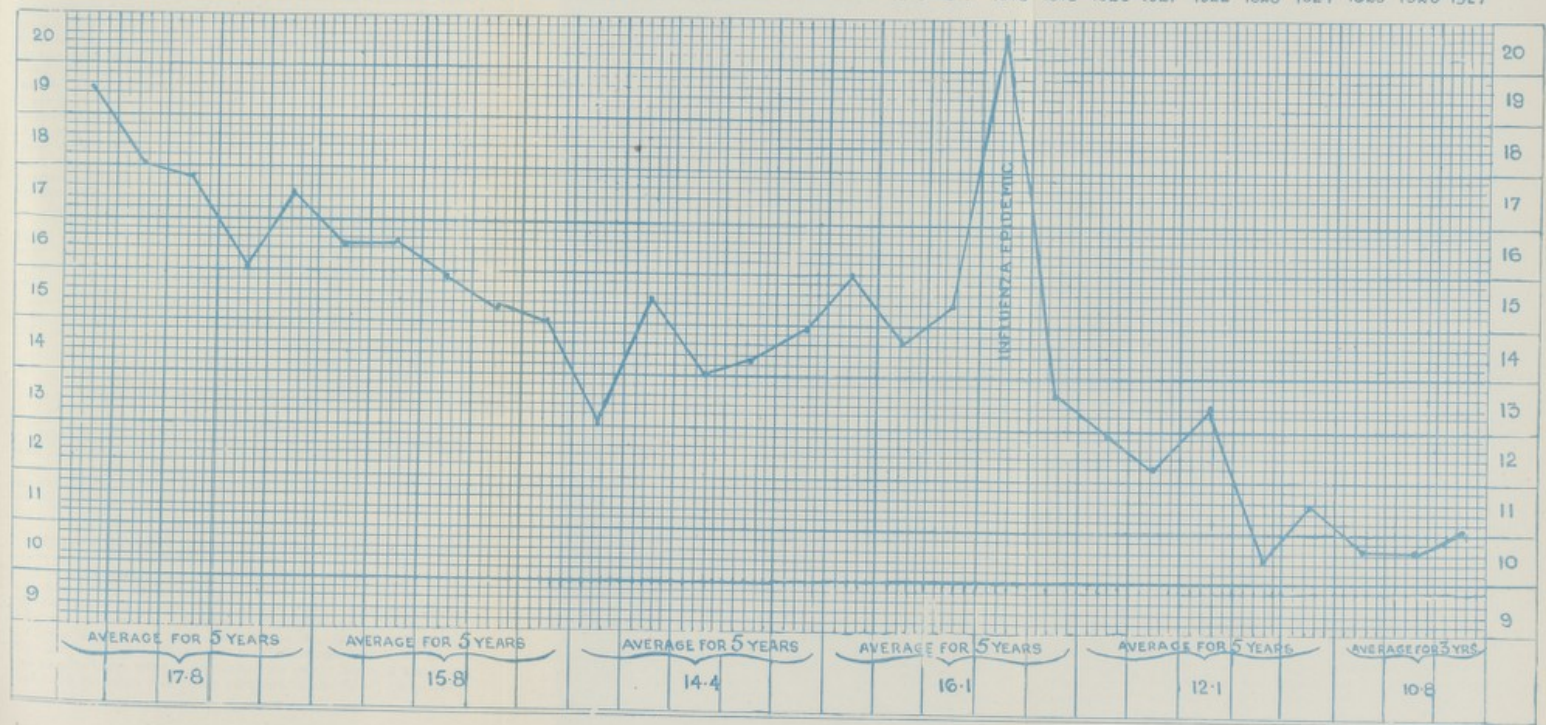
Deaths from Diarrhoea (under two years of age)	34
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Whooping Cough and Measles.

Though much concern has been caused by the large number of cases of Scarlet Fever occurring, only 7 deaths resulted therefrom, whereas no fewer than 73 deaths were certified as due to Whooping Cough. Moreover, it can confidently be assumed that

GENERAL DEATH RATE.

1900 1901 1902 1903 1904 1905 1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927



a very considerable number of deaths certified as due to pneumonia were due primarily to whooping cough. It will be noted that out of only 13 cases of this complaint admitted to the Fever Hospital, no fewer than 5 deaths occurred, and that out of 1,250 cases of Scarlet Fever admitted, only three deaths occurred. I do not think that the Hospital Isolation of Scarlet Fever limits the spread of the infection to any marked degree, and, except in the more severe cases, this disease could be treated at home with no greater incidence of complications—always provided that the home is not over-crowded and is in a fairly sanitary condition. As regards Measles last year when this disease was prevalent, it caused no fewer than 78 deaths, Scarlet Fever causing 7 deaths. These facts seem to indicate that many of the beds now allocated to cases of Scarlet Fever should be placed at the disposal of the severe cases of Whooping Cough and of Measles, or better still, that extra Hospital accommodation should be provided for these diseases without encroaching upon the number of beds available for Scarlet Fever.

Table indicating deaths during past 6 years from:—

Year	(Whooping Cough)			
	Scarlet Fever	Pertussis	Measles	
1922	9	175	118	
1923	7	23	12	
1924	4	84	114	
1925	6	81	32	
1926	7	20	78	
1927	7	73*	6	
	—	—	—	
	40	456	360	
	—	—	—	

* 35 of these cases were infants under 1 year.

Diphtheria.

The attack rate of this disease is still very high, and has this year been the cause of many deaths and much sickness. The Council have now granted facilities for any child to be inoculated against diphtheria (see also page 80), and notices to this effect are displayed in the Clinics.

Typhoid Fever.

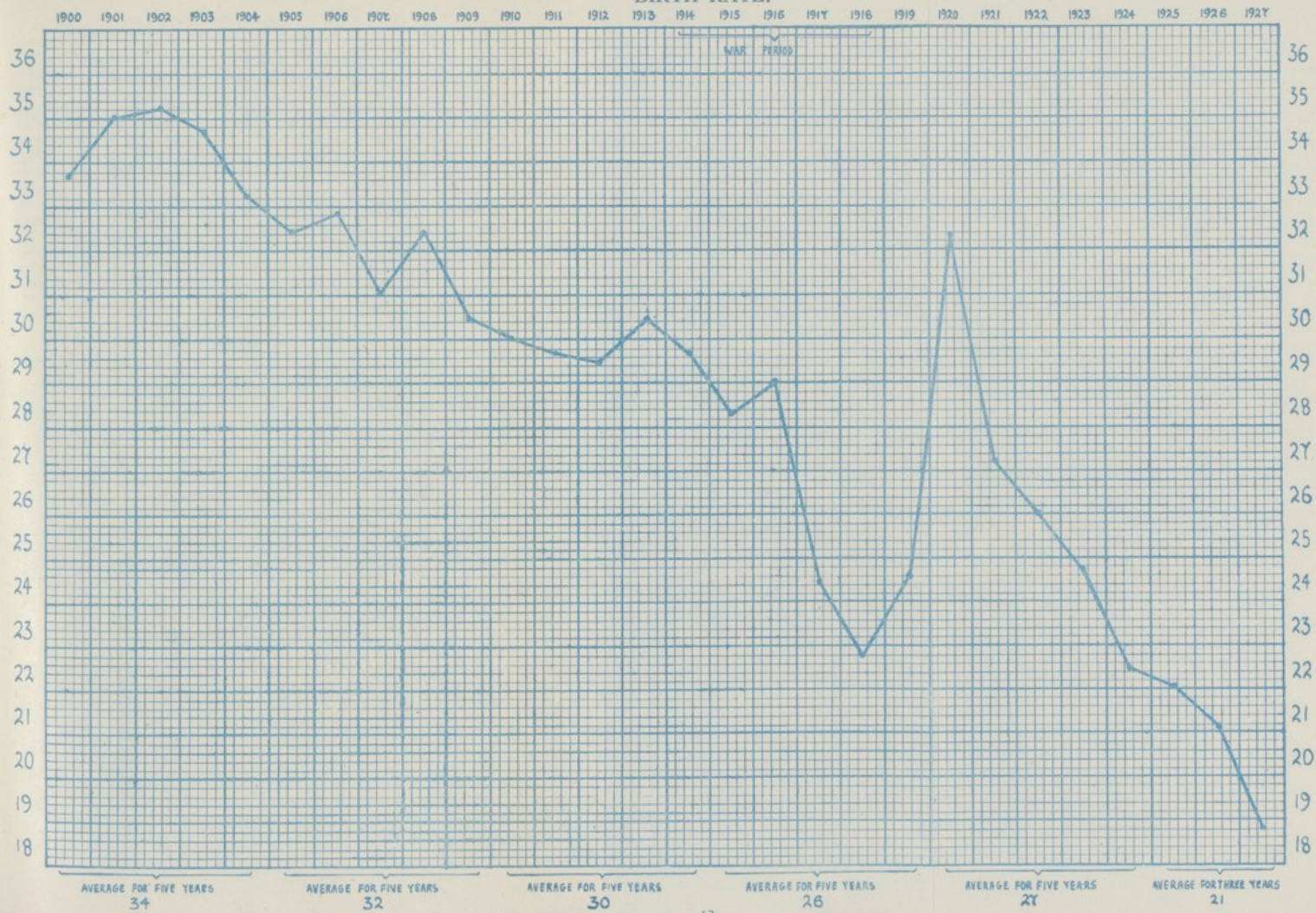
Towards the end of the year a modified outbreak of Typhoid Fever occurred in a family occupying two old caravans in a yard in the Southern part of the Borough. On investigation it was found that while touring in these caravans during the Summer, one of the family, a boy aged 10 years, contracted typhoid fever and was sent to a hospital in a neighbouring County, and a further lad, aged 7, was admitted to St. Mary's Hospital, Plaistow, within three weeks. No further case developed until two months later, when 7 days after the return home of the first case from Hospital, four other members of the family developed

typhoid. They were all admitted to the Plaistow Isolation Hospital, including the lad first attacked, who, though he appeared well, was suspected to be a "carrier." The Widal reaction in each case was strongly positive, and the typhoid bacillus was isolated from the stools of the patients. The stools and urine of the suspected "carrier," however, proved negative to the typhoid bacillus on three occasions, and he was discharged from hospital. The mother of the family contracted the disease ten days after his discharge, and was admitted to hospital. It is some months now since all the cases were discharged from hospital well, and no further case has developed. The father was a dealer in rabbits for food, which he skinned and sold from a stall within the Borough. Although he had a negative Widal reaction, and his stools and urine were proved negative to the typhoid bacillus, he was suspended from his employment, and the provisions of the Public Health (Infectious Diseases) Regulations, 1927, were anticipated by a few weeks, and the man compensated. In spite of negative bacteriological results, the weight of the evidence still seems to point to the first sufferer in the family as being a carrier, probably of the intermittent type. Incidentally, this episode reveals the potent menace as regards the liability of an outbreak of infectious disease from the presence on undrained plots of land in a crowded area, of itinerant caravans and their dwellers.

Vital Statistics of the Wards of the Borough, 1927.

WARDS.	Births	Birth Rate	Deaths	Death Rate	Infant Deaths	Infant Mortality per 1,000 births	Natural increase Births over Deaths	Estimated population middle of 1926
New Town ...	352	18·04	229	11·22	32	90	123	19,509
Forest Gate ...	299	14·86	229	11·38	21	70	70	20,115
High Street ...	377	19·60	190	9·90	22	58	187	19,183
Broadway ...	295	18·66	169	10·62	21	71	126	15,807
Park ...	243	15·06	173	10·72	10	41	70	16,125
Upton ...	220	12·07	210	11·53	13	59	10	18,212
Plashet Road ...	227	13·84	148	9·02	6	26	79	16,392
West Ham ...	315	17·17	200	10·90	20	63	115	18,344
Plaistow ...	396	17·79	240	10·70	25	63	156	22,249
Bemersyde ...	197	12·96	125	8·22	9	45	72	15,200
Canning Town and Grange ...	565	22·38	312	12·36	49	86	253	25,237
Hudsons ...	363	17·09	207	9·27	16	44	156	21,230
Ordnance ...	466	21·96	227	10·70	23	49	239	21,214
Beckton Road ...	516	24·47	230	10·90	29	56	286	21,085
Tidal Basin ...	728	31·56	342	14·82	70	96	386	23,063
Custom House and Silvertown ...	432	19·25	250	11·14	38	87	182	22,435
County Borough ...	5,991	18·99	3,481	11·0	404	67	2,510	315,400

BIRTH RATE.



Births.

The number of births registered in the Borough during the year was 6,722 (3,435 males and 3,287 females), but of this total 917 were children of non-residents, who came to be confined in one or other of the maternity hospitals, or were visiting friends, while 186 West Ham women were confined outside the Borough. Suitable adjustment makes the net West Ham Births 5,991 (3,068 males and 2,923 females) ; 158 of these (75 males and 83 females) were illegitimate.

Calculated on the Registrar General's estimate of the population of the Borough at the middle of 1927, viz., 315,400 the **birth rate** for the year was **18.9**, being the lowest ever recorded for the Borough. 6,297 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 2,258, but of these 174 occurred in persons not belonging to the Borough, while the deaths of 1,397 residents of West Ham occurred in various institutions and districts elsewhere, making the total net deaths attributable to the Borough number 3,481, of which 1,805 were males and 1,676 females.

The distribution of these deaths to their various causes will be found later in this report, but the grand total of from all causes gives an annual **death rate** of **11.0** per 1,000 of the estimated population. It may be of interest to compare the annual death rate for England and Wales, which was 12.3 per 1,000 of the total population, and that for the 107 County Boroughs and Great Towns, including London, which was 12.2.

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.

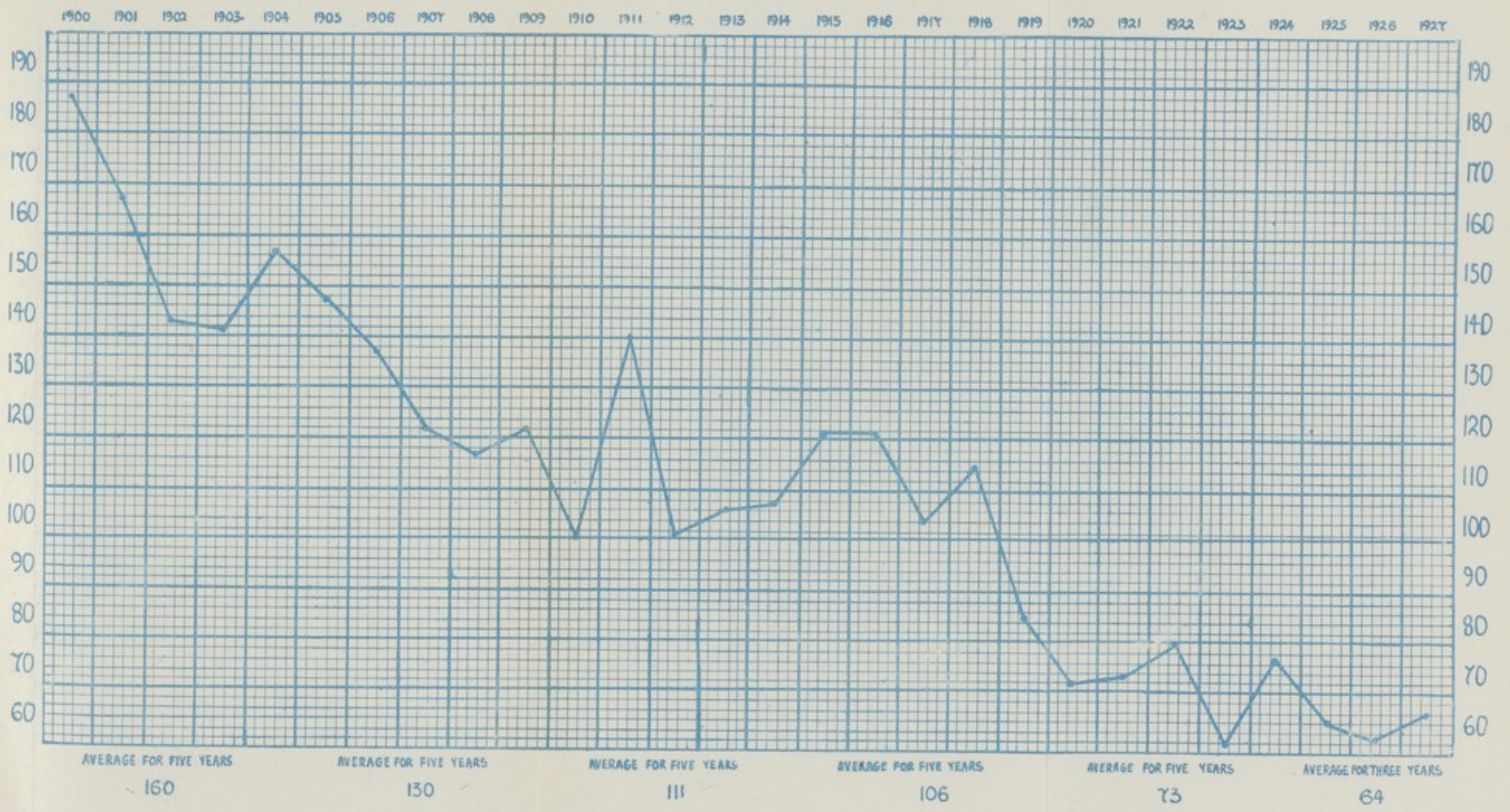
It will be noted that in the former group (outside Institutions) 73 infants and 1,324 persons over the age of one year died during the year, and in the latter group (inside Institutions) 78 infants and 190 elders died, of which numbers 40 infants and 136 elders were non-residents of the Borough. The net deaths of West Ham residents in Public Institutions were 111 infants and 1,378 persons of one year and upwards, making a total of 1,489 Institutional deaths as compared with 1,992 deaths in private residences, i.e., over 42 per cent. of the deaths during the year occurred in Public Institutions.

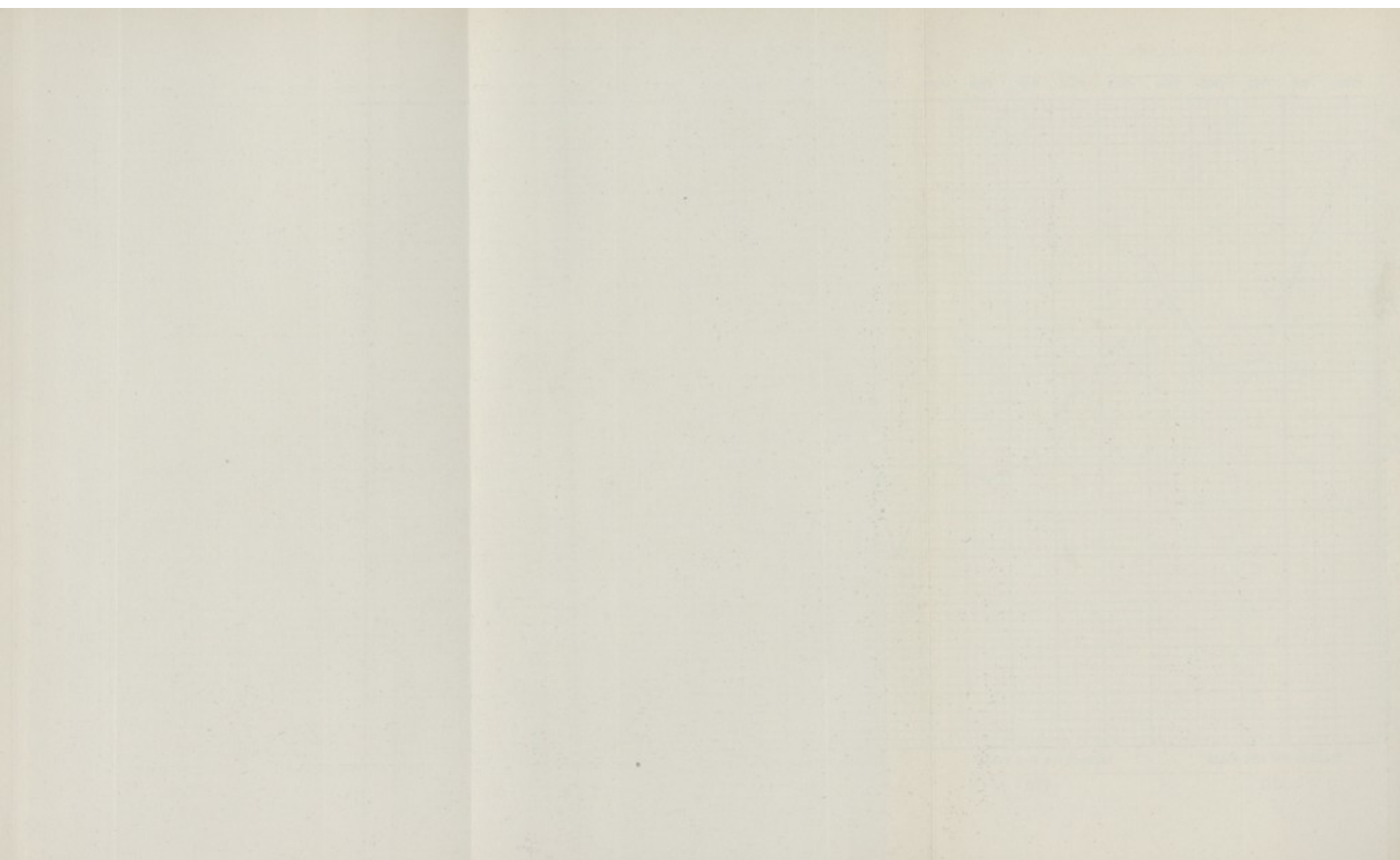
	Under 1 year	1 year & upwards
Deaths in Outside Institutions :—		
Whipps Cross Hospital	37	456
Central Home	1	463
Dagenham Sanatorium	—	62
Goodmayes Mental Hospital	1	43
Residents dying in London Institutions, etc.	34	299
Deaths in Inside Institutions :—		
Plaistow Hospital	8	49
Queen Mary's Hospital for East End ...	32	57
St. Mary's Hospital	23	33
Plaistow Maternity Charity	9	2
Royal Albert Dock Hospital	—	19
Children's Hospital, Balaam Street ...	—	—
Forest Gate Sick Home	5	15
Other Places, e.g., Docks, etc.	1	16
	151	1514
Non-residents dying in Inside Institutions	40	136
	111	1378
Net West Ham Deaths in Institutions ...	1489	

Causes of Death at Different Periods of Life in the
County Borough of West Ham during 1927.

CAUSES OF DEATH.				Sex.	All Ages	0—	1—	2—	5—	15—	25—	45—	65—	75—
ALL CAUSES				M	1,805	235	50	54	48	72	213	514	346	273
				F	1,676	169	66	60	51	95	198	391	328	318
1	Enteric Fever			M	3	...	...	...	...	1	1	1	...	...
				F	2	...	...	...	...	1	...	1	...	...
2	Small-pox			M	...	...	...	...	...	...	...	...	...	...
				F	...	...	...	...	...	...	...	...	...	...
3	Measles			M	2	...	1	1	...	...	...	...	...	...
				F	4	...	3	...	1	...	...	...	...	...
4	Scarlet Fever			M	5	...	...	...	4	...	1	...	...	...
				F	2	1	...	...	...	1	...	...	...	...
5	Whooping Cough			M	28	16	5	6	1	...	...	...	...	...
				F	45	19	13	11	2	...	...	...	...	...
6	Diphtheria			M	19	2	3	6	7	1	...	...	...	...
				F	21	3	1	12	4	...	...	1	...	...
7	Influenza			M	59	2	1	1	...	2	11	27	5	10
				F	60	...	2	2	1	2	4	24	13	12
8	Encephalitis Lethargica			M	...	...	...	...	...	...	1	...	...	...
				F	1	...	...	...	...	...	...	...	...	...
9	Meningococcal Meningitis			M	2	...	...	1	...	1	...	...	...	...
				F	1	...	1	...	...	...	...	...	...	...
10	Tuberculosis of Respiratory System			M	164	...	...	2	1	22	71	60	7	1
				F	134	...	2	...	3	40	58	29	2	...
11	Other Tuberculous Diseases			M	30	4	4	5	6	5	4	2	...	...
				F	21	3	2	2	3	6	4	...	1	...
12	Cancer, Malignant Disease			M	170	...	...	...	1	2	15	81	54	17
				F	191	...	...	...	1	2	23	97	42	26
13	Rheumatic Fever			M	6	...	...	...	5	1	...	...	...	...
				F	8	...	...	1	5	...	2	...	...	...
14	Diabetes			M	9	...	...	...	...	...	2	...	...	...
				F	10	...	...	...	1	2	...	...	7	...
15	Cerebral Haemorrhage, etc.			M	66	...	...	...	...	1	1	17	33	14
				F	95	...	...	...	...	...	...	32	41	22
16	Heart Disease			M	216	...	...	1	3	7	17	72	70	46
				F	262	...	1	...	6	14	26	73	72	70
17	Arterio-sclerosis			M	51	...	...	...	...	...	1	9	23	18
				F	31	...	...	...	...	...	...	4	9	18
18	Bronchitis			M	163	12	3	2	...	2	4	48	42	50
				F	164	8	3	1	1	...	3	17	53	78
19	Pneumonia, all forms			M	201	67	23	11	3	4	17	44	21	11
				F	159	39	22	21	5	2	15	21	22	12
20	Other Respiratory Diseases			M	25	1	1	2	...	1	3	7	8	2
				F	22	2	...	3	...	1	4	3	6	3
21	Ulcer of Stomach, or Duodenum			M	29	...	...	...	...	1	8	17	2	1
				F	3	...	...	...	...	...	...	2	1	...
22	Diarrhoea, &c.			M	20	12	2	3	...	...	...	...	2	1
				F	25	16	4	...	1	...	1	3	...	...
23	Appendicitis and Typhlitis... ..			M	11	...	...	...	5	2	1	1	2	...
				F	2	...	...	...	...	1	...	1	...	...
24	Cirrhosis of Liver			M	4	...	...	...	...	...	...	3	...	1
				F	6	...	...	...	...	...	1	3	1	1
25	Acute and Chronic Nephritis			M	67	1	...	1	1	2	6	26	19	11
				F	51	...	...	...	1	5	7	25	10	3
26	Puerperal Sepsis			M	...	...	...	...	...	...	...	...	...	...
				F	9	...	...	...	...	2	7	...	...	...
27	Other Accidents and Diseases of Pregnancy and Parturition			M	...	...	...	...	...	1	8	...	...	...
				F	9	...	...	...	...	1	...	...	...	...
28	Congenital Debility and Malforma- tion, Premature Birth			M	88	84	1	1	...	1	1	...	...	...
				F	68	65	1	1	...	1	...	...	...	...
29	Suicide			M	23	...	...	...	...	1	5	11	6	...
				F	17	...	...	...	...	1	4	12	...	...
30	Other Deaths from Violence			M	72	1	2	4	6	7	19	19	6	8
				F	23	1	3	1	3	...	6	3	2	4
31	Other defined Diseases			M	271	33	4	7	5	8	25	65	43	81
				F	230	12	8	5	13	13	24	40	46	69
32	Causes ill-defined or unknown			M	1	...	...	...	...	...	...	...	1	...
				F	...	...	...	...	...	...	...	...	...	...

INFANTILE MORTALITY RATE.





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
1927	315,400	5,991	18.9	3,481	11.0	404	67

General Provision of Health Services.

HOSPITALS.

Infectious Diseases.

(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 various other infectious cases as well as to admit special cases for teaching purposes, including severe Measles, Tubercular peritonitis, Encephalitis Lethargica, Puerperal Pyrexia and Puerperal Fever.

Convalescence.

(2) 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.

Smallpox.

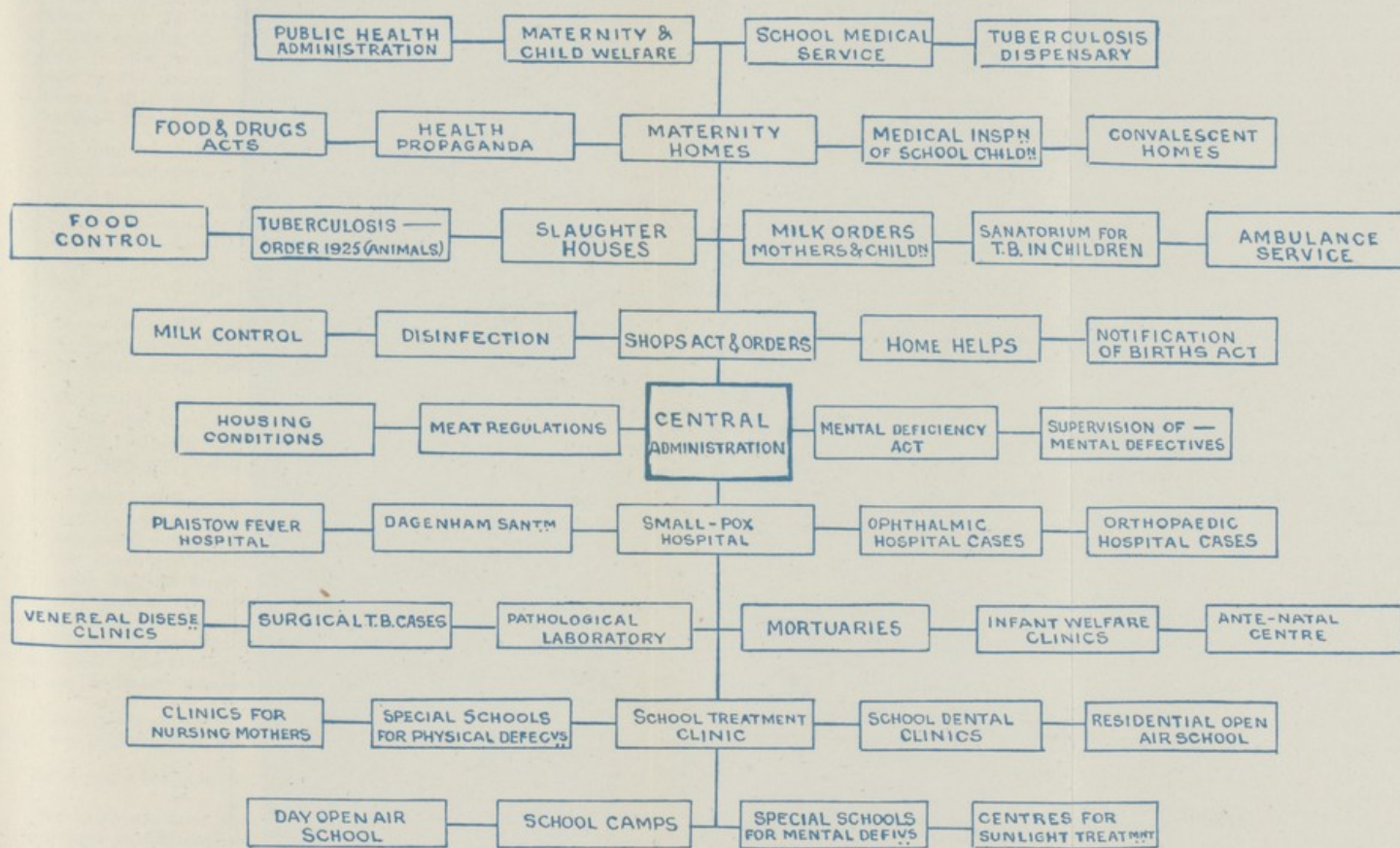
(3) Dagenham Smallpox Hospital, situated about 9 miles from the Borough, occupies a site of $6\frac{1}{2}$ acres, enclosed within the Rookery farm of 119 acres, owned and cultivated by the Council. It consists of permanent buildings, capable of accommodating 50 patients with the administrative staff 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 thirteen 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, Leyton.

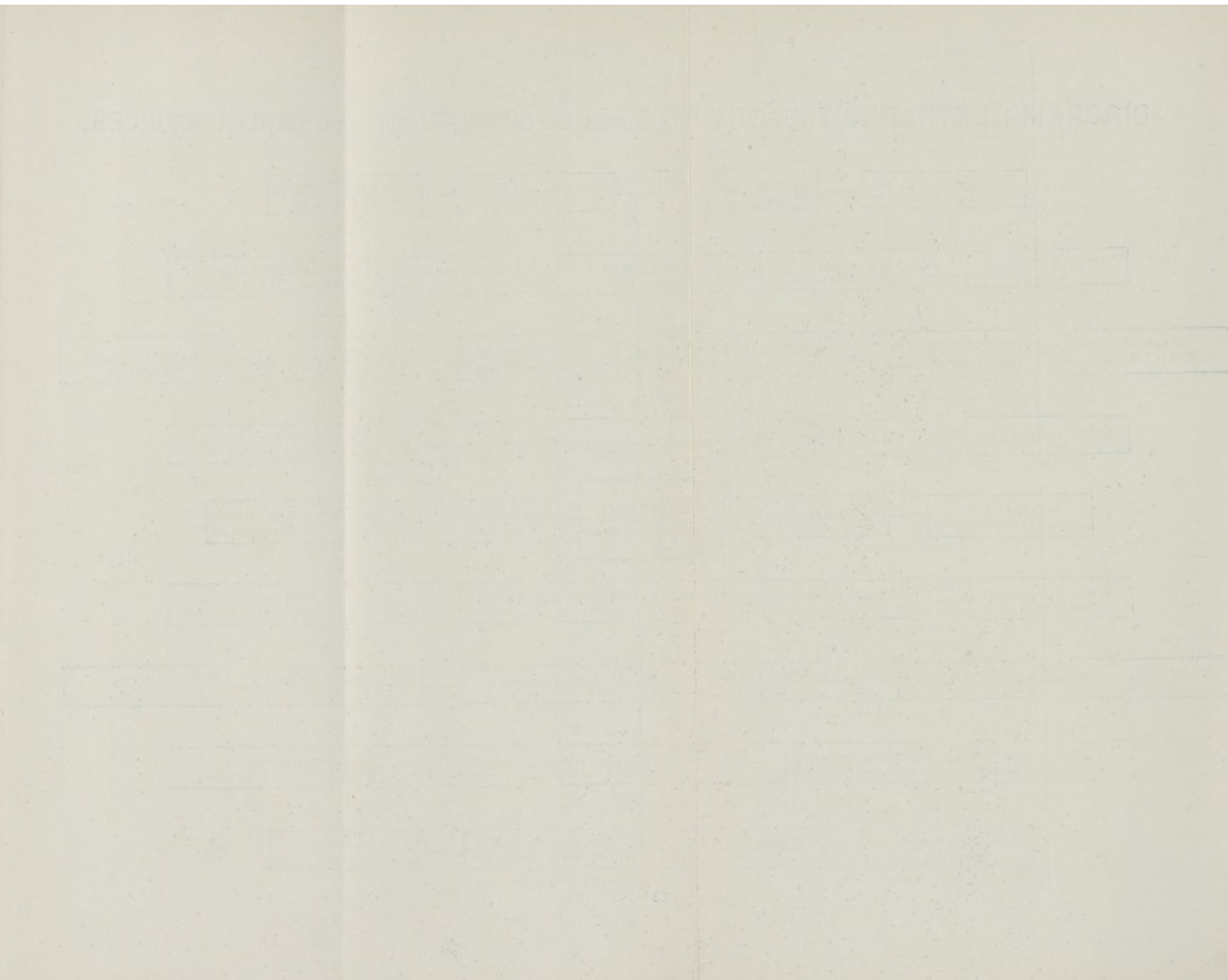
When it is considered that the combined population of these thirteen authorities is over three quarters of a million people the vast responsibility of West Ham regarding the ever present menace of smallpox is such as to need constant surveillance on the part of this authority.

Tuberculosis.

(4) 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

DIAGRAM ILLUSTRATING THE ACTIVITIES AND CO-ORDINATION OF THE HEALTH SERVICES.





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 tuberculosis cases at Dagenham Sanatorium is now 128.

(5) A Sanatorium to accommodate 40 children suffering from Tuberculosis has now been 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. It is about 20 miles distant from West Ham and 270 feet above sea level.

The existing farmhouse on the site was adapted to provide quarters for the Nursing Staff, and new buildings were erected for patients and domestic staff. The new buildings are of the bungalow type, and constructed of Frazzi material.

The main building consists of a long pavilion with accommodation for boys on one side and girls on the other, with a centre block containing ward, scullery, drying rooms, stores, linen, lavatory, sink room, and immediately behind is the heating chamber. Each wing has one large ward, capable of accommodating 14 beds, and three small wards to accommodate 2 beds each. A small isolation ward is situated at the extreme end. In front of the middle of the pavilion there is a schoolroom to accommodate thirty pupils. The Dining Hall is so constructed that three of the sides can be thrown completely open.

The opening ceremony, which took place on the 26th October, 1927, was performed by the Mayor of West Ham.

Patients were first admitted on the 12th December, 1927.

Previously children suffering from Pulmonary Tuberculosis were treated at different institutions not under the control of the Council but approved by the Ministry of Health.

Cases suffering from Surgical Tuberculosis are treated at the Alexandra Hospital, Swanley, Kent, and at different London Voluntary Hospitals. All these latter cases are however known to the Council's Tuberculosis Officer.

Maternity.

(6) The Council have entered into arrangements with Queen Mary's Hospital and Plaistow Maternity Charity for the treatment of maternity cases.

Orthopaedic treatment is carried out at the Children's Hospital, Balaam Street.

Cases of Ophthalmia Neonatorum are treated at the Royal London Ophthalmic Hospital (see page 116).

Open Air Schools.

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 47).

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. A new Motor Ambulance to accommodate 2 stretcher cases, 4 sitting cases, driver and attendant was purchased during the year.

There are also in addition two motor ambulances for transference of non-infectious and accident cases to or from institutions. The latter ambulances made 1,478 journeys during the year. In 658 cases persons were removed from one address to another within the Borough. In 797 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. A third ambulance is reserved for smallpox cases only.

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 23 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.

The Ambulance may be obtained in the event of a case requiring urgent hospital treatment (Medical Certificate required) and also for any street accident.

Ambulances are not available for patients requiring out-patient treatment.

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

Abdominal Trouble ...	17	Indoor accidents ...	28
Abscess ...	3	Insanity ...	1
Accidents (street, etc.) ...	496	Internal Trouble ...	38
Adenitis ...	1	Intestinal Obstruction ...	2
Alleged Lunatics ...	2	Jaundice ...	2
Appendicitis ...	89	Kidney Trouble ...	5
Arthritis, Acute, etc. ...	2	Laryngitis ...	1
Assault ...	9	Liver Trouble ...	1
Asthma ...	3	Loss of Memory ...	2
Bladder Trouble ...	4	Lumbago ...	1
Brain Trouble ...	1	Maternity Cases ...	81
Bronchitis ...	2	Mastoid ...	2
Burns ...	14	Measles ...	1
Cancer ...	4	Meningitis ...	5
Cerebral Haemorrhage ...	1	Murder (attempted) ...	1
Chest Trouble ...	4	Nephritis ...	3
Chicken Pox ...	1	Nerves ...	2
Choking ...	1	Nervous Debility ...	1
Collapse ...	66	Observation at Hospital ...	5
Compression of Windpipe ...	1	Obstruction ...	1
Congestion of Lungs ...	1	Operations, various ...	100
Constipation ...	1	Orthopaedic Treatment ...	3
Convulsions ...	1	Paralysis ...	4
Delusions ...	1	Peritonitis ...	2
Diabetes ...	1	Phlebitis ...	1
Diabetic Coma ...	1	Pleurisy ...	9
Dislocated Hip, etc. ...	5	Pneumonia ...	40
Dog Bite ...	1	Poisoning, accidental, etc. ...	1
Dysentery ...	1	Potts Disease ...	3
Empyema ...	1	Pyelitis ...	1
Epilepsy ...	2	Retention of Urine ...	1
Erysipelas ...	2	Rheumatic Fever ...	2
Eye Trouble ...	1	Rheumatic Joint ...	2
Faintness after Operation ...	1	Rheumatism ...	2
Fits ...	83	Rheumatoid Arthritis ...	2
Gall Stones ...	3	Septicaemia ...	1
Gangrene ...	4	Septic, mouth, etc. ...	4
Gastric Trouble ...	11	Shock ...	12
Gastric Ulcers ...	2	Sleepy Sickness ...	1
Gastro Enteritis ...	1	Smallpox (only 1 case) ...	3
Haemorrhage ...	10	Spinal Trouble ...	1
Heart ...	35	Stabbing ...	2
Hemiplegia ...	1	Stricture ...	2
Hernia ...	4	Stroke ...	3
Hip, Diseased, etc. ...	2	Suicide, and attempted ...	
Hysteria ...	4	Suicide ...	32
Illness, in street, etc. ...	37	Throat Trouble ...	1

Tonsillitis	3	Varicose Veins	1
Transference of Patients from one Hospital to another	25	X Ray Treatment	12
Tuberculosis	80		
Tumour	1	Total ...	1478

It should be noted that one third of the number of cases removed by ambulance were street accidents.

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 Street 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 (see page 85).

Maternity and Child Welfare Clinics.

There are seven Clinics subsidized by the Council in addition to two Municipal Infant Welfare Clinics, as under

- Chesterton House, Balaam Street, E.13.
- St. Luke's Square, Tidal Basin, E.16.
- Martin Street, Stratford, E.15.
- South West Ham Health Society, Barking Road, E.16.
- Trinity Mission, Oxford Road, Stratford, E.15.
- Women's League of Service, Welfare Rd., Stratford, E.15.
- Silvertown Municipal Centre, Westwood Road, E.16.
- West Ham Lane Municipal Centre, West Ham Lane,
Stratford, E.15.
- Given Wilson Institute, Pelly Road, Plaistow, E.13.

For table of Hospitals treating Venereal Disease under the L.C.C. Scheme (see page 95).

* See Ministry of Health Circular 834, dated 15th December, 1927.

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. (London), B.Sc. (Vict.), M.R.C.S., L.R.C.P., D.P.H.	Assistant Medical Officer of Health and Senior Assistant School Medic- al Officer.
Dr. D. MacIntyre	M.D. (Glasgow), D.P.H.	Medical Superintendent Plaistow Fever Hospital
Dr. G. M. Mayberry	L.A.H. (Dublin), L.R.C.P. (Ireland)	Medical Superintendent Dagenham Sanatorium
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. Helen Campbell	M.B., D.P.H.	Assistant Medical Officer Maternity and Child Welfare
Dr. Constance Steele	M.B., B.Ch. (Aberdeen)	Assistant Resident Medical Officer Dagenham Sana- torium
Dr. J. S. Crawford	M.B., Ch.B.	Resident Medical Officer Plaistow Fever Hospital
Dr. J. Samson	M.B., Ch.B., D.P.H.	Assistant Resident Medical Officer Plaistow Fever Hospital
Mr. H. E. Bywater	M.R.C.V.S.	Veterinary Surgeon.
Miss Esmée K. Wilson	L.D.S.	Part time Dentist Mater- nity and Child Welfare
Miss R. Alefs	General Nursing, C.M.B., Fever Nursing Certifi- cate	Health Visitor
Mrs. D. M. Beeson	C.M.B., General Nursing	do. (left August, 1927)
Miss B. H. Clipstone	General Nursing, C.M.B.	Health Visitor
Miss A. Connolly	General Nursing, Health Visitor's Certificate	Do.
Miss M. Cross	General Nursing, C.M.B., Fever Nursing Certificate	Do.
Mrs. N. C. Gibbins	General Nursing, C.M.B., Health Visitor's and Fever Nursing Certifi- cate	Do.

NAME	QUALIFICATIONS	OFFICES HELD (Wholtime appointments except where otherwise stated)
Miss M. Grierson	General Nursing, C.M.B.	Do.
Miss F. B. E. Groub-Tong	General Nursing, C.M.B., Children's Nursing	Do.
Miss M. E. Hopwood	General Nursing, C.M.B., San. Inst. Exam. Board	Do. (died May, 1927)
Miss A. E. Lunn	General Nursing, C.M.B.	Do.
Miss L. Martin	General Nursing, C.M.B., Board of Education Di- ploma	Do.
Miss M. B. Wallace	General Nursing, C.M.B.	Do.
Miss E. B. Welch	General Nursing, C.M.B., Board of Education Di- ploma	Do.
Miss D. M. White	General Nursing, C.M.B., Health Visitor's Certifi- cate Royal San. Inst.	Do.
Miss A. S. Billing	Cert. San. Inspr. Royal San. Inst., Advanced Physiology and Hygiene, Science and Art, Ken- sington, St. John Ambu- lance Nursing and First Aid	Sanitary Inspector
Miss C. M. Heaviside	San. Insp. and Cert. Royal San. Inst., Advanced Physiology and Hygiene (Kensington), St. John Ambulance Nursing and First Aid, London City and Guilds Cookery Cer- tificate	Do.
Miss B. M. Keogh	San. Inspr. Cert. London Exam Board, Health Visitor's Cert. Sanitary Inst., L.C.C. Teacher's Certificates in First Aid, Infant Care, Home Nursing, Health	Do.

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
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. Insp. Royal San. Institute, San. Insp., San. Inspectors' Association. *Registered Nurse and Member of the College of Nursing	Sanitary Inspector
Mr. B. G. Bannington M.S.I.A.	San. Insp. Cert. R. San. Inst., Cert. of London School of Economics (Lond. University) for Social Science and Administration; Honoursman and Gilchrist Medallist (Lond. University Extension) for Public Administration.	Sanitary Inspector, Insp. under Rag Flock Act
Mr. B. J. Driscoll M.S.I.A.	Cert. San. Inspectors' Examin. Board London	Sanitary Inspector
Mr. J. Dyke	Cert. San. Insp. Royal San. Inst., Cert. Plumbing, Cert. Building Constn. West Ham Technical Institute.	Sanitary Inspector, Insp. under Rag Flock Act
Mr. T. R. Harris M.S.I.A., A.R.S.I.	Cert. San. Insp., Meat Insp. Royal San. Inst. Cert. San. Insp., Meat Insp., San. Inspectors' Board, London. Cert. San. Science, 1st Class, Battersea Polytechnic. Diploma in Bacteriology of the Battersea Polytechnic.	Sanitary Inspector, Meat Inspector
Mr. E. F. Hughes M.S.I.A., A.R.S.I.	Cert. San. Insp. Royal San. Inst.	Sanitary Inspector, Inspector under Food and Drugs Acts, and Fertilisers and Feeding Stuffs Act.

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Mr. John F. Mules M.S.I.A., F.F.A.S., A.M.I.S.E.	Cert. San. Inspr., Meat Inspr. Royal San. Inst.	Sanitary Inspector.
Mr. H. E. Parker M.S.I.A.	Cert. San. Inspr. Royal San. Inst.	Sanitary Inspector, Inspr. under Rag Flock Act
Mr. A. T. Plackett M.S.I.A.	Cert. San. Inspr. Royal San. Inst.	Sanitary Inspector, Inspr. under Rag Flock Act
Mr. W. H. Roberts M.S.I.A.	Cert. San. Inspr. (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. Inspr. (1894) Royal San. Inst. Cert. Building Const. (Adv.) Science and Art Dept., South Kensing- ton.	Do. Do.
Mr. H. A. Smith M.S.I.A.	Cert. San. Inspr. Royal San. Inst.	Sanitary Inspector
Mr. E. G. Simmons M.S.I.A.	Cert. San. Inspr. (1912) Royal San. Inst.	Sanitary Inspector, Inspr. under Rag Flock Act
Mr. G. H. Wilson	Cert. San. Inspr. Royal San. Inst. Cert. Problems of Life and Health (Merit) London University.	Do. Do.
Mr. E. J. Ferrier Miss E. D. Rayment	General Nursing	Inspr. 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 E. K. Pottinger do.	

PLAISTOW HOSPITAL.

Matron.	Chief Steward.	Clerks.
Miss M. Drakard.	Mr. W. Liddall.	Mr. J. Regan.
		Mr. C. Poyser.

DAGENHAM SANATORIUM.

Matron.	Chief Steward.	Assistant Steward.
Miss E. Jones.	Mr. W. Liddall.	Mr. H. Bromley.

LANGDON HILL SANATORIUM.

Matron.	Chief Steward.	Assistant Steward.
Miss F. M. Noble.	Mr. W. Liddall.	Mr. H. Bromley.

DISINFECTORS.

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

MORTUARY KEEPERS.

Mr. E. Heisterman.	Mr. H. B. West.
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The Staff of the School Medical Officer consists of 6 Medical Officers, 3 Dental Surgeons, 27 Nurses, 10 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 834, dated 15th December, 1927.

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 1927.

	Visited.	No half-holiday form exhibited.	Warned verbally.	Warning Notice sent.	Refused to serve.	Summonses attended.
Bakers	83	8	9	..	16	...
Boot repairers, etc.	51	..	3	2	5	...
Butchers	311	24	53	5	60	1
Caterers	27	..	..	1	..	...
Carpets and rugs	20	..	..	1	1	...
Chemists and druggists	74	3	4	2	13	...
China and glassware	96	1	6	1	11	2
Clothiers	160	2	..	..	6	...
Confectionery and tobacco	701	17	105	50	307	22
Corn merchants	39	..	..	1	23	...
Cycle Dealers	26	..	..	..	2	...
Drapers, Milliners and Mantle Dealers	513	23	75	6	51	2
Fishmongers	82	9	3	3	2	...
Fruiterers and Greengrocers	322	7	45	2	38	...
Furniture Dealers	63	..	..	..	..	...
Furriers	9	..	..	..	..	...
Grocers and General	668	23	69	35	179	14
Hairdressers and Barbers	312	5	21	5	8	...
Hosiers and Hatters	125	2	2	5	14	...
* Ironmongers	42	..	..	..	..	...
Leather and Grindery	39	..	..	..	1	...
Mixed	420	14	38	17	141	2
Music	30	..	2	1	..	1
Picture Frames	28	..	..	..	1	...
Public Houses	141	3	11	2	50	...
Tailors	65	..	..	..	..	...
Toy and Fancy Goods	107	..	..	1	8	...
Watchmakers, Jewellers and Pawnbrokers	31	..	..	..	..	...
Wireless	25	..	1	..	1	...
Totals	4,610	141	447	140	938	44

For results of Police Court Proceedings, see page 51.

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

The Public Health Act, 1890, Part III.

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.

West Ham Corporation Acts, 1888, 1893, 1898, 1900, 1902.

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.

Trading in Streets by Licensed Traders. Adopted 22nd June, 1926.

* Transferred to Borough Engineer's 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 staff 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 necessitous cases 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.

The Council, in conjunction with the West Ham Insurance Committee, duly observed Health Week from the 2nd to 8th October, 1927.

Civic services were held in most of the large places of worship on Sunday, October 2nd, and the Council's thanks for the valuable assistance rendered by the Clergy, Teachers, The Press and other organisations in their endeavours to support the Council's work in the interest of the health of the inhabitants have been placed on record.

The Exhibition at the Public Hall, Barking Road, Canning Town, was open throughout the Week from 3 p.m. to 9 p.m., and proved very attractive. It is estimated that at least 7,000 persons visited the Exhibition.

The exhibits were split up into six sections, viz.: Food Control, Maternity and Child Welfare, Public Health, School Medical Service, Tuberculosis, and an Enquiry Bureau where information could be obtained on all matters appertaining to National Health Insurance Benefits.

In order to avoid the Exhibition savouring of a semi-commercial affair, no trade exhibits were permitted, the object being to prevent trade rivalry and detraction of public attention from the more vital subjects which formed the true purpose for which the Exhibition was held.

Pamphlets containing useful information were circulated, and advice given by the Council's Officers to endeavour to generally awaken people from their indifference on the vital subject of Health; to teach them to take an interest in, and to adopt precautions which so often make all the difference between health and illness.

Twelve afternoon and evening Lectures and Film Displays were given during the week at seven Halls situated in different parts of the Borough, where over 3,000 persons attended. At five of the principal Cinemas 9,300 Elementary School children were brought to see health films and to receive simple lessons on hygiene.

In addition to the above, by the kind permission of the respective Managers of six large Factories, arrangements were made for a series of Lectures to be given to their Employees at mid-day and other convenient times. These meetings were well attended, and keen interest taken in the subjects.

An attractive and comprehensive Hand Book, containing the programme of the Week and details as to the facilities of the Health Services, was distributed gratis. Judging from the interest taken by the public, the Health Week of 1927 was a great success.

I desire to place on record my grateful thanks and appreciation to every member of my Staff for the ready co-operation and extra time they so enthusiastically gave towards the work entailed in this connection; also to the British Social Hygiene Council and to the National Society for the Prevention of Tuberculosis for their most welcome help.

Lectures have been given throughout the year on different health subjects to various assemblies.

While Health Weeks and Exhibitions are of great value, 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 1927.

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 ...	20	15	5	13	7	...	13	20	1	1	...	...	1	...	1	1
February ...	22	14	8	20	2	...	18	22	1	1	...	...	1	...	1	1
March ...	22	15	7	14	6	2	12	20	2	2	...	...	1	1	1	1
88 April ...	13	7	6	7	5	1	6	12	1	...	1	1	...	...	1	...
May ...	6	6	...	2	4	...	1	5	3	3	...	2	...	1	2	...
June ...	12	11	1	7	5	...	6	11	1	...	1	...	1	...	1	1
July ...	12	9	3	12	...	...	7	7	1	1	...	...	1	...	1	...
August ...	13	9	3	8	5	1	4	8	2	2	...	1	...	1	1	...
September	11	8	3	9	2	...	6	6	3	2	1	1	2	...	3	1
October ...	17	13	4	10	7	...	9	10	5	4	1	4	1	...	5	...
November...	13	8	5	11	2	...	9	4	2	2	...	1	1	...	2	...
December	17	17	...	9	8	...	10	9	...	...	...	...	...	...	...	...
Total ...	178	132	45	122	53	4	101	134	22	18	4	10	9	3	19	5

24 Extra Post-Mortem Examinations were held in Hospitals. West Ham Mortuary was not in use during 1927.

Number of Days Bodies remained in Mortuaries :—

89 were 1 Day in Stratford Mortuary.

41	„	2 Days	„	„	„
27	„	3	„	„	„
7	„	4	„	„	„
6	„	5	„	„	„
3	„	6	„	„	„
2	„	7	„	„	„
1	was	9	„	„	„
1	„	10	„	„	„
1	„	13	„	„	„

1 was 1 Day in Canning Town Mortuary.

10	were	2 Days	„	„	„	„
3	„	3	„	„	„	„
3	„	4	„	„	„	„
1	was	5	„	„	„	„
1	„	6	„	„	„	„
1	„	7	„	„	„	„
1	„	8	„	„	„	„
1	„	12	„	„	„	„

1 Doctor performed 10 Post-Mortem Examinations

1	„	„	9	„	„	„
1	„	„	7	„	„	„
1	„	„	6	„	„	„
2 Doctors	„	„	4	„	„	each
5	„	„	3	„	„	„
12	„	„	2	„	„	„
41	„	„	1	„	„	Examination

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. During the year these two Authorities have completed their schemes for the discharge of sewage into the L.C.C. Sewer in the Hackney District, and the river will now be free from contamination so far as these bodies are concerned.

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 on foot whereby the sewage of this area shall be dealt with by the installation of suitable

filter beds, consent to drain into the sewer, which has been newly laid in this region by one of the Authorities referred to above (viz., Leyton) having been refused.

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 district 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, was 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., the Pagefield System. This System has now been put into operation to a limited extent and will probably be extended.

REFUSE DISPOSAL.

There seems recently to have sprung up a kind of rivalry between different Local Authorities as to which can obtain the most profit or money out of their refuse. This seems a dangerous attitude. The primary and only reason for the collection and disposal of house refuse is, or should be, to maintain the health of the Community. It is, of course, laudable if money can be made out of the refuse without giving rise to any menace to the Public Health, but that this can be done is very doubtful unless an eminently suitable site is found on which to instal the necessary plant. The so-called refuse disposal plant does not dispose of the refuse, it simply screens, sifts, and separates the profitable component elements, which still remain to be disposed of by various methods. The methods of some of the recent plants for dealing with refuse are not striking examples of modern hygiene. This statement can be readily understood when it is mentioned that a part of some of these plants consists of a revolving belt which is exposed and travels slowly along

while employees pick from its surface various elements of the refuse, e.g., paper, rags, glass, and other material such as bottles, bones, tins, etc., which may have escaped the previous screening by machinery. The bones are placed in covered bins, to await removal: the paper is sorted into various grades, mechanically pressed and bound, to await removal: the rags and bottles are sorted, also to await removal. Matter which one would expect to be burnt in the home, is placed in the dustbin in those dwellings where coal fires do not exist, and where all heating and cooking is done by gas or electricity. It therefore actually happens that dressings from discharging cancerous, venereal or tuberculous wounds are placed in the refuse bin, together with paper derived from all manner of sources, bottles which had contained noxious fluids and other offensive matter.

The system of refuse disposal as a whole is one of far-reaching public health importance. The amount of refuse necessary to be collected in West Ham averages about 250 tons daily, and is at present dealt with by two different methods; that from the Northern part of the Borough being carted away and dumped at Temple Mills; that in the Southern part being barged away under contract from Quadrant Street Wharf. Neither of these methods is altogether satisfactory, though over a long period of years no definite nuisance appears to have arisen therefrom.

The problem of refuse disposal is admittedly a very difficult one: it should not, however, be beyond the power of modern science to evolve a method by which offensive material can be destroyed on a suitable site without giving rise to any sort of nuisance.

Summary of Work of Sanitary Inspectors.

No. of Complaints Received and Investigated	5669
No. of Inspections—	
Dwelling Houses	12725
Newly-infected Houses	8294
Common Lodging Houses	38
Slaughter Houses	175
Bakehouses	287
Dairies	178
Cowsheds	20
Milkshops	159
Retail Shops (e.g., Eel Pie Shops, Ice Cream Shops, etc.)	7693
Schools	10
Canal Boats	—
Offensive Trades	244
Factories (including Food Factories)	703
Workshops	267
Laundries	9

Workshops (not included above)	72
Miscellaneous (e.g., Smoke Abatement, Offensive Accumulations, etc.)	3808
Re-inspections	44957
No. of Notices served—	
On Offender	8
On Owner	*8964
On Occupier	84
No. of Notices complied with—	
By Offender	2
By Owner	*9064
By Occupier	42
Total Nuisances found	49525
Total Nuisances abated	49931

*Apparent discrepancies caused by a large number of notices not being complied with at the end of previous year. There would normally be a large number of 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 1927 :—

Ward	Inspections	Notices served in respect of
New Town	1072	892
Forest Gate	612	440
High Street	1145	947
Broadway	938	706
Park	515	310
Upton	406	239
West Ham	628	464
Plashet Road	459	278
Plaistow	827	604
Canning Town and Grange	1215	1004
Ordnance	1006	683
Hudsons	544	306
Bemersyde	492	312
Tidal Basin	976	633
Beckton Road	1092	878
Custom House and Silvertown	1193	833
Totals ...	13,123	9,529

In this connection, 364 summonses have been issued during the year.

Defects for the Abatement of which Notices were served during the year 1927.

Drains and Soil Pipes—		Defects remedied in	
Cleansed	18	Roofs	3913
Repaired	654	Floors	1345
W.C. Pans or Traps—		Staircases	405
Cleansed	9	Windows	1490
Repaired	74	Doors	567
New provided	240	Fireplaces	1100
Sinks and Sink Pipes—		Walls and Ceilings ...	13075
Repaired	431	Coppers—	
New provided	10	Repaired	87
Stack-pipes and Rain-		Ditches, Urinals, etc.—	
water Gutters—		Cleansed	1
Repaired	1847	Repaired	1
New provided	1	Animals improperly kept...	14
Water Fittings and		Offensive Accumulations	58
Cisterns—		Overcrowding	26
Repaired	450	Smoke Nuisance	142
Flushing Apparatus—		Dust Receptacles pro-	
Repaired	619	vided	1513
New provided	18	Rooms disinfected	3614
Water Supply provided ...	10	Premises infested with	
Yard Paving—		Rats	12
Repaired	1001		

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. By far the most smoke, however, comes from domestic dwellings.

The number of warnings and notices issued during the year was 142.

The Public Health (Smoke Abatement) Act, 1926, which came into operation on the 1st July, 1927, amends in some respects the Public Health Act of 1875, and gives more extensive powers to Local Authorities for dealing with smoke nuisances.

Readings of atmospheric impurity are not taken.

The cost involved in order to instal efficient apparatus for eliminating smoke in many instances is very large, and during trade depression a considerable number of factory owners are unable to meet the required financial outlay without seriously curtailing their business. The question of using Coalite or similar products has not, however, been sufficiently considered.

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.

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.

No applications have been received for the registration of new premises.

In the Southern portion of the Borough there are numerous seamen's lodgings which are at present independent of any local Bye-Laws, and in view of the conditions under which most of these lodgings are conducted it is a matter for the consideration of the Council as to whether, or not, new Bye-Laws, bringing these places under the supervision of the local Authority, should not be drawn up.

Offensive Trades.

There are thirty premises where statutory offensive businesses are carried on in the Borough. They include :—

Fat Melters and Bone Boilers	21
Fish Skin Dressers	1
Chemical Manure Manufacturers	1
Degreasing Bones and Glue-making Contractors	1
Soap Boilers	3
Gut Scrapers	1
Fish Waste Collectors and Fish Meal Manufacturers	1
Tripe Dressers	1

Applications were received to carry on the trade of soap-making at Herbert Street, and also to establish the business of soft soap making at Crawford Street. These were refused by the Council on account of the sites being unsuitable. An application was also received to carry on the business of a Fellmonger at premises in Sugar House Lane, but the Council refused to grant permission. Application was made to manufacture soap at a Factory in Carpenter's Road. In this case the site and the methods and processes to be adopted were such that the Council granted permission for the business to be carried on for a period of 12 months, and then to be reconsidered. Application was received from a firm who already hold a bone boiling licence for premises in Hunts Lane, Stratford, to establish the offensive trades of Blood Drying and Gut Scraping, but the Council were unable to see their way to accede to this request.

Summonses were issued against the Central Rabbit and Hare Skin Company for carrying on the business of a Fellmonger without a licence from the local Authority. The summons was dismissed with costs against the Corporation, after the Magistrate had heard expert evidence to the effect that the only animals dealt with by a Fellmonger were sheep and lambs, whereas in the case in question it was the carcasses of cats and dogs which were being skinned.

From the extensive nature of the business, and the conditions under which the carcasses were treated, it was deemed advisable to take legal action.

This firm was found to be carrying on an extensive business of purchasing carcasses of cats and dogs to the average of 2,000 a week, and also the skins of rabbits and hares.

At one of my visits I saw an accumulation of dead cats and dogs on the table in various stages of decomposition.

All the premises where offensive trades are being carried on 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.

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 51.)

In view of the considerable number of applications received in the space of only one year for the establishment of offensive trades of various kinds, and the amount of extra time which has been expended upon these applications by both the Committee and the Officials, and further, considering the very large amount of time which is given by the Sanitary Inspectors to visiting such trades, when established, in order to see that no grave nuisance arises, I am personally of opinion that no further scheduled offen-

sive trades should be allowed to be established within this Borough, more particularly as it is probable that trades and manufacturing of a different class, employing more labour under better conditions, would establish themselves here, were it not for their disinclination to have their works in an environment of offensive 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, 27 Nurses and 9 Clerks.

The Schools are, with one or two notable exceptions, fairly 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.

There are in addition two open-air schools:

- (i) A residential open-air school for boys situated at Fyfield, near Ongar, Essex.
- (ii) A day open-air school for girls at Crosby Road, Forest Gate.

It is worthy of note that in spite of an extensive epidemic of scarlet fever there has not been a single case occur at either of these open-air schools, though there have been 150 admissions from the district during the year.

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 27.

Housing particulars during 1927 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) 3 houses and 152 flats
- (b) With State assistance under the Housing Acts—
 - (i.) By Local Authority 152 flats
 - (ii.) By other bodies or persons 3 houses

1. Unfit Dwelling Houses : Inspection—

- (1) Total number of Dwelling Houses inspected for housing defects (under Public Health or Housing Acts) 12,725
- (2) Number of Dwelling Houses which were inspected and recorded under the Housing Consolidated Regulations, 1925 4,082
- (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 9,056

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 | 9,056 |
| (2) Number of Dwelling Houses in which defects were remedied after service of formal notices— | |
| (a) By Owners | 9,108 |
| (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 | |

The new houses which have been erected and those in course of erection on the Manor Road Estate are built in the form of blocks of Flats. There are two types of flats, with accommodation provided as follows:—

- (a) Living room, scullery, bathroom, coals, W.C., three bedrooms, and a store for bicycles, etc., on the ground level.
- (b) Living room, scullery, bathroom, coals, W.C., two bedrooms, and a store for bicycles, etc., on the ground level.

Special attention is drawn to the blocks of small lock-up store-rooms on ground floor level, one for each flat, to allow for the storage of bicycles, perambulators, and the like. A dust shoot has been constructed to convey rubbish from each floor to a receptacle on the ground floor.

The spaces in front of the flats are being laid out as gardens, and the rectangular area formed between blocks of flats is being surfaced with concrete 4in. thick, laid to falls.

Prosecutions, 1927.

Nuisances (Public Health Act)—

333 Summonses. 234 Summonses withdrawn. Total
Fines, £3. Total Costs, £64 13s.

Failure to comply with Magistrate's Orders—

25 Summonses. 15 Summonses withdrawn. Total
Fines, £18 2s. Total Costs, £2 6s. 6d.

Adulterated Milk—

9 Summonses. Total Fines, £34. 2 cases dismissed on
"Appeal to Cow." Costs incurred, 5s. 1 dis-
missed on payment £5 5s. costs. 1 dismissed on
Warranty Defence.

Adulterated Baking Powder—

1 Summons. 1 Summons withdrawn. Costs incurred,
4s.

Adulterated Butter—

1 Summons. Total Fines, £2 2s.

Selling Milk without being Registered—

2 Summonses. Total Fines, 20s. 1 Summons dismissed.
Costs incurred, 4s.

Selling Milk in Street contrary to Section 31 (2) Milk and Dairies Order, 1926—

2 Summonses. Total fines, £2.

Selling Milk from a Can which had not Name and Address conspicuously inscribed thereon—

1 Summons. Total fines, 5s.

Cooling Milk in Cowshed contrary to Sec. 16 of the Milk and Dairies Order, 1926—

1 Summons. Total fines, £1.

Milk Appliance not stored in a clean place, when not in use, contrary to Sec. 21 (iii) Milk and Dairies Order, 1926—

1 Summons. 1 Summons dismissed. Costs incurred 4s.

Milking in Cowshed without good and proper light, contrary to Sec. 23 (i) of the Milk and Dairies Order, 1926—

1 Summons. 1 Summons dismissed. Costs incurred, 4s.

West Ham Corporation Acts, 1893 and 1898 (Drains)—
6 Summonses. 5 Summonses withdrawn. Total costs,
12s. 6d. 1 Case dismissed. Costs incurred, 2s. 6d.

{ Removal of Offensive Matter during Prohibited Hours—
2 Summonses. Total Fines, £2 2s.
Removal of Offensive Matter in a Vehicle not properly covered
or constructed for the purpose—
2 Summonses. 2 Summonses withdrawn. Costs incurred,
5s.

Establishing an Offensive Trade without sanction of Local
Authority—
1 Summons. Action not taken within statutory period
of 6 months.

Carrying on Business of Fellmonger—
1 Summons. Dismissed after hearing expert evidence,
with twenty guineas costs.

Seizing of 24 Tins of Greengages (Sec. 117 Public Health Act,
1875)—
1 Summons. Total Fines, 10s.

West Ham Grocers', etc., Closing Order, 1919—
10 Summonses. 4 Summonses dismissed on payment
of costs. Total fines, £2 5s. Total Costs, £2 5s.

West Ham Drapers, etc., Half-Holiday Order—
1 Summons. 1 Summons dismissed. Costs incurred 4s.

Shops Early Closing Act, 1920—
24 Summonses. 1 Summons dismissed. Costs incurred,
4s. Total fines, £9 2s. 6d. Total costs, 13s.

Shops Early Closing Act, 1920 (Amendment Act, 1921)—
1 Summons. Pay 4s. costs.

Shops Act, 1912—
3 Summonses. Total fines, £2.

West Ham Butchers' Closing Order, 1922—
1 Summons. Total fines, 10s.

West Ham Grocers, etc., Half-Holiday Order, 1912—
4 Summonses. 2 Summonses withdrawn. Costs
incurred, 8s. Total fines, 15s.

**Table showing the different Trades in which
Outworkers were engaged during 1927.**

Tailoring	367	The making of Knitted Goods	4
The making of Dresses ...	42	" " " Leather Goods	6
" " " Underclothing	30	" " " Dressing Gowns	6
" " " Blouses ...	31	" " " Artificial Flowers	3
" " " Brushes ...	23	" " " Furs ...	3
" " " Ties ...	22	" " " Boxes ...	2
" " " Millinery ...	20	" " " Lamp Shades	4
" " " Mantles ...	20	" " " Paper Bags ...	4
" " " Umbrellas ...	25	" " " Embroidery ...	2
" " " Flags ...	5		
" " " Crackers ...	5		
" " " Washing ...	4		
			628

**No. of Outworkers notified to
West Ham from Under-
mentioned Districts.**

City of London	165
Poplar	80
Finsbury	70
Stepney	44
Leyton	32
East Ham	28
Hackney	25
Shoreditch	13
Bethnal Green	12
Westminster	8
St. Marylebone	5
Southwark	4
Kensington	2
Walthamstow	2
Hammersmith	2
Islington	2
	494

**No. of Outworkers Working
for West Ham Firms notified
to undermentioned Districts.**

Stepney	204
East Ham	46
Leyton	34
Bethnal Green	10
Poplar	7
Walthamstow	4
Ilford	2
Loughton	2
Hackney	1
Barking	1
	311

Nature of Work	Outworkers' List. Section 107.								Notices served on Occupier as to keeping or sending Lists
	Lists received from Employers						Number of Outworkers' Ad-dresses received from other Councils	Number of Outworkers' Ad-dresses forwarded to other Councils	
	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 ...	68 2	115 ...	279 4	13 ...	10 ...	35 ...	... ...	... ...	... 92
Furniture and Up- holstery
Fur Pulling
Umbrellas
Paper Bags and Boxes
Brush Making
Stuffed Toys
Tennis Balls	1	...	2	...	...	...
Tile Making
Electro Plate
Cables and Chains
Locks, Latches & Keys
Totals ...	70	115	283	14	10	37	494	311	92

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)	781	25	...
Workshops (Including Workshop Laundries)	404	29	...
Workplaces (Other than Outworkers' premises)	77	3	1
Total	1,262	57	1

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 ...	84	84	...	...
Want of ventilation ...	19	19	...	...
Overcrowding ... ..	...	...	...	...
Want of drainage of floors	7	7	...	...
Other Nuisances	95	94	...	1
Sanitary Accommodation—				
Insufficient ... ..	...	...	...	...
Unsuitable or defective...	28	27	...	...
Not separate for sexes ...	1	1	...	...
Offences under the Factory and Workshop Acts :				
Illegal occupation of underground bakehouse (s. 101) ... ..	...	...	...	...
Other Offences	31	31	5	1
(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	265	263	5	2

* 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.....	<i>No notices were served but many minor defects were remedied when pointed out by Sanitary Inspectors.</i>		
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, Christmas stockings, etc.....			
Textile weaving.....			
Total.....	—	—	—

Inspection and Supervision of Food.

Bacteriological Examination of Milk.

Twenty-five samples of milk were taken from Cowkeepers and Milk Purveyors (hand cans, counter pans and pails) for bacteriological examination and investigation as to the presence of extraneous matter (special sterile bottles obtained from the Laboratory were used for this purpose). In the case of an adverse report, the matter is taken up with the Vendor with a view to tracing the source of contamination.

Number of Samples with <i>Bacillus Coli</i> present in 1/10,000 c.c.	8
Number of Samples with Organisms exceeding 100,000 per c.c.	16
Number of Samples with excessive deposits of extraneous matter	Nil

Milk Shops and Dairies, 1927.

On January 1st, 1927, there were 211 Milkshops and Dairies on the register, and during the year three new premises were registered, but 18 premises ceased to sell ordinary unbottled cows' milk, and were taken off the register; thus 196 premises remained on the register on December 31st, 1927, of which 96 are Dairies or premises where milk is the chief article for sale.

Thirty-six 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 36 applicants, 8 withdrew their application, two on account of the expense of putting the premises into proper condition for the sale of milk, 13 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 one was refused sanction to share premises with another milk vendor. This applicant later built a small dairy on other premises. In two cases registration was refused because of the unsuitability of the premises; the remaining thirteen were placed on the register for the sale of milk. Of these thirteen applications, nine were transference of business, three were for new premises, one was that of a man living in the Borough but carrying on his business from elsewhere.

Applications were also received from 15 applicants living outside the Borough, all of whom were registered after a report having been received as to the suitability of the premises from the Medical Officer in whose area they were situated.

The undermentioned figures show that there has been a large diminuation during the past three years in the numbers of persons

selling loose milk, most of the premises from which these people sold were such as to render milk stored thereon liable to gross contamination, and a fresh application for any of these undesirable premises to be registered was refused.

No. of Milksellers on the

Register at the end of 1924	...	258
„ „ 1925	...	226
„ „ 1926	...	211
„ „ 1927	...	196

There has been, in addition, many applications for registration which were granted on condition that the premises were altered to the satisfaction of the Medical Officer of Health, or that bottled milk only be sold from the premises, or in some cases that the sale of other commodities from the shop, such as wood paraffin, brushes, and similar articles should cease.

Ten Statutory Notices were served, and the following defects remedied:—

- 1 Roof.
- 4 Defective guttering and rain pipes.
- 2 Defective Water Fittings.
- 1 Defective drain.
- 2 Doorsteps.
- 6 Yard pavings.
- 3 Defective Vent pipes.
- 4 Defective Walls.
- 4 Defective Flooring.
- 1 Shop Front dangerous.
- 1 Gate dangerous.
- 3 Premises were cleansed.
- 4 Ashpails supplied.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The following licences were granted during 1927:—

One to bottle and sell and sixteen to sell Grade “A” (Tuberculin Tested) Milk, including one supplementary licence; nine to sell “Certified” Milk; one to produce, bottle and sell, and two to sell Grade “A” Milk, including one supplementary licence; one to both Pasteurise and sell, and three to sell Pasteurised Milk.

Fifty-eight samples of milk were submitted for Bacteriological Examination, the results being as follows:—

Grade “A”							
Grade “A” (Tuberculin Tested)		Certified		Pasteurized			
Up to Standard	Below Standard	Up to Standard	Below Standard	Up to Standard	Below Standard	Up to Standard	Below Standard
7	1	4	6	4	—	31	5

In the case of the 5 samples of Grade “A” (Tuberculin Tested) Milk, 6 samples of Pasteurised Milk, and one sample of Grade “A” Milk, which failed to pass the standard, these were

obtained from three dealers, whose premises were inspected, and letters pointing out the result of the Bacteriologist's Examination, and also the gravity of the offence, were sent.

The above summary of results shows an improvement in the standard of Graded Milk sold during the year, as compared with the previous year. The figures for 1925 are shown below :—

Grade "A"		Grade "A"		Pasteurized ¹	
Up to Standard	Below Standard	(Tuberculin Tested)		Up to Standard	Below Standard
1	5	Up to Standard	Below Standard	13	8

UNSOUND FOOD CONDEMNED.

Apples	1 case
Apricots	2½lb. tins, 22 crates
Bacon	1 side
Cauliflowers	9 cases
Celery	3 doz. heads
Gherkins	1 lb. jar
Gooseberries	5 tons 2 cwts. 1 qr. 14 lbs.
Greengages	24 tons
Haddocks, smoked, etc.	2 boxes
Loganberries	9 tins
Milk	3 tins
Mutton	½ shoulder
Peaches	145 boxes
Pears	80 boxes, 125 bags, 19 boats
Peas	2½ lb. tin, 1 peck
Pickled Cabbage.	1 jar
Pig	1 carcase (7 st.)
Plaice	2 boxes, 1 barrel
Potatoes	2 sacks
Rabbits	32, and 250 lbs.
Skate	2 boxes, 4 st.
Skate Wings	6 st.
Strawberry Jam	1 lb. jar
Winkles	1 bushel

FOOD SUBMITTED BUT NOT CONDEMNED.

Dabs, 1 trunk. Haddocks, 1 trunk.

Samples Analysed by Borough Analyst, 1927.

Articles.	Analysed.		Genuine.		Adulterated.	
	Official.	Un-official.	Official.	Un-official.	Official.	Un-official.
Milk	621	1	594	—	28	—
Condensed Milk ...	11	—	11	—	—	—
Dried Milk	16	—	16	—	—	—
Sponge Cakes	1	—	1	—	—	—
Cream	9	—	9	—	—	—
Tea	1	—	1	—	—	—
Butter	110	106	107	105	3	1
Mincedmeat	6	—	6	—	—	—
Margarine... ..	20	2	19	2	1	—
Arrowroot	2	4	2	4	—	—
Lard	37	59	37	59	—	—
Calomel Ointment	1	—	1	—	—	—
Dripping	33	5	31	3	2	2
Camphorated Oil...	1	—	1	—	—	—
Coffee	13	5	13	5	—	—
Tomato Catsup ...	1	—	—	—	1	—
Extract of Coffee and Chicory	1	2	1	2	—	—
Lemon Squash	1	—	1	—	—	—
Coffee and Rum ...	1	—	1	—	—	—
Peas	4	—	4	—	—	—
Cocoa	30	24	30	24	—	—
Green Peas	2	—	2	—	—	—
Epsom Salts	1	—	1	—	—	—
Baking Powder ...	3	—	2	—	1	—
Preservatives	2	—	2	—	—	—
Self-Raising Flour	8	—	8	—	—	—
Whisky	—	8	—	8	—	—
Mustard	5	3	5	3	—	—
Pepper	17	15	17	15	—	—
Orange Wine	1	—	1	—	—	—
Ground Ginger ...	—	9	—	9	—	—
Salad Cream	1	—	1	—	—	—
Vinegar	64	—	56	—	8	—
Olive Oil	1	—	1	—	—	—
Confectionery	4	—	2	—	2	—
Pickles	7	1	7	1	—	—
Jam	1	5	1	5	—	—
Corn Flour	2	—	2	—	—	—
Sausages	35	10	34	10	1	—
Chicken and Ham Paste	2	—	2	—	—	—
Ginger Wine	1	—	1	—	—	—
Salmon and Shrimp Paste	11	3	10	3	1	—
Meat	4	21	3	19	1	2
Suet	4	—	4	—	—	—
Custard Powder ...	1	—	1	—	—	—
Bread	2	—	2	—	—	—
Chocolate	1	—	1	—	—	—
Jam	13	1	13	1	—	—
Lemon Cheese	1	—	1	—	—	—
Marmalade	1	—	1	—	—	—
Table Jellies	2	1	2	1	—	—
Pork Brawn	1	—	1	—	—	—
Meat Paste	1	—	1	—	—	—
Sauce	7	—	7	—	—	—
Totals	1,126	285	1,078	279	49	5

list of prosecutions taken in connection with adulterated articles, see pages 50 and 51

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 the 7th January, 1921.

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

	(a) No. of sample for the presence of a preservative	(b) No. in which preservative was reported to be present and percentage of found in each sample
Milk ...	622	—
Cream ...	8	—

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	1
(ii) Statements incorrect	0
	—
	1
	—
(iii) Percentage of Preservative found in each sample	Percentage stated on statutory label
No. 1083 0.45% boric acid	0.4% boric acid

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

(i) Above 35 per cent.	1
(ii) Below 35 per cent.	0
	—
	1
	—

(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 circular letter No. 162.

In 2 cases an "appeal to the cow" was made by the same dairyman, after summonses had been issued.

In the first case 7 samples of milk were taken from separate cows, and another sample representing the 7 cows, in bulk, this being the afternoon's milking. On the following morning samples were taken from the same cows separately and in bulk, representing the morning's milking. The Magistrate at the hearing dismissed the summonses.

In the second case, samples were taken from four churns representing the afternoon's milking of 46 cows, and 5 samples were taken from churns representing the morning's milking from the same cows. At the hearing of the summons the Magistrate stated "that the case must be dismissed on a point of law, although he did this with great reluctance."

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

NIL.

Condensed Milk Regulations.

Eleven samples of condensed milk were taken as follows:—

Machine Skimmed Sweetened	...	...	7
Full Cream Sweetened	...	...	3
Full Cream Unsweetened	...	...	1

all of which were reported upon by the Public Analyst as being genuine.

The labelling in each case conformed to the requirements of the regulations.

Public Health (Preservatives, etc., in Food) Regulations.

Eight samples were reported upon as failing to meet the requirements of the above regulations, as follows:—

- 1 Salmon and Shrimp Paste.
- 2 Plum Jam } Informal
- 3 Plum Jam } Official
- 4 Tomato Catsup
- 5 Meat } Informal
- 6 Meat } Official
- 7 Sausages
- 8 Meat. Informal

In the cases of Nos. 1, 3, 4 letters of caution were sent, in the case of Nos. 6 and 7 informations were laid and conviction obtained. In the case of No. 8 an official sample was purchased within a few days, and was reported upon as being genuine.

Tuberculosis Order of 1925 (Animals).

REPORT OF VETERINARY SURGEON,
MR. H. E. BYWATER, M.R.C.V.S.

Sixty-four animals were examined under the above Order during the year under review, and where necessary the milk of suspected cows was submitted for bacteriological examination.

One cow, during a routine inspection of cattle under the Milk and Dairies Order, was found to be affected with Tuberculosis of the udder, and was accordingly certified and slaughtered. The diagnosis was confirmed by post-mortem examination, and the disease being advanced, £5 (or 25 per cent. of the agreed market value of the animal) was paid to the owner by way of compensation.

A few other cows were placed under observation, but later were released as it was found that they did not come within the scope of the Order.

The Milk and Dairies (Consolidation) Act, 1915.

The Milk and Dairies Order, 1926.

REPORT OF VETERINARY SURGEON.

The usual periodic inspections of cowsheds were carried out, at which 481 examinations of cattle were made.

Several cases of mastitis and indurated udders were noted, and the appropriate measures taken to safeguard the public. One such case was proved to be tuberculous, and the animal was dealt with under the Tuberculosis Order of 1925.

The Milk and Dairies Order has now been in force for over a year; prior to its introduction, all cowkeepers and dairymen were circularised in order that they might be made familiar with its provisions, and every opportunity has subsequently been taken to instruct cowkeepers and their employees as to the requirements of the Order and in the general hygienic production of milk.

These efforts have not been without some promising results, and in this connection it may be of interest to note that one cowkeeper has erected a new dairy and carried out certain structural alterations to facilitate cleaner production of milk.

Another cowkeeper has done better, having re-constructed part of his premises last year and installed new plant; he has since installed a steam steriliser, by means of which all utensils are sterilised twice daily, and is now producing Grade "A" Milk. The result of examinations of samples taken from these premises under the Milk (Special Designations) Order 1923, indicates that the milk so produced is of the standard laid down by the Ministry of Health.

It is unfortunate that the prejudices of many years' standing are not dispelled easily, and it was found necessary, in one case, owing to continual disregard of the provisions of the Milk and Dairies Order, to take legal action against the offender.

The Sanitary Inspectors visited the cowsheds, 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, 8,396 visits being paid during the year.

The Food Inspector (Mr. E. F. Hughes) 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.

REPORT OF THE VETERINARY SURGEON (Mr. H. E. Bywater) AND THE MEAT INSPECTOR (Mr. T. R. Harris).

Public Health (Meat) Regulations and
Slaughter House Bye Laws.

Scope of Report:

This report surveys the work performed under the regulations with the exception of that under parts IV. and V. (which relate to shops, stores and stalls), and also the action taken under the Slaughter-house Bye-laws in regard to humane killing.

Ante-Mortem Examinations:

A number of interesting subjects were observed among the 9,810 animals inspected before slaughter, to which special attention was directed at the subsequent post-mortem examinations. Cases of notifiable disease so observed were duly notified to the Veterinary Inspector under the Contagious Diseases of Animals Acts.

Post-mortem Examinations.

The animals which passed through the slaughter-houses numbered 20,979, which is an addition of 6,832 or 48.2 per cent. as compared with the preceding year. The increase was general, but the largest increase occurred amongst swine. In some

measure, no doubt, this may be attributed to the operation of the Importation of Carcases (Prohibition) Orders, and to the high market prices which imported meat realised during certain periods of the year.

Of the 20,979 animals examined post-mortem, 2,220, or 10.5 per cent. were found to be affected with some form of disease. It may be noted that this percentage is constant with that of last year.

Bovines account for 2,506 of the animals inspected, of which 839 or 33.4 per cent. were tubercular, and 317 or 12.6 per cent. were affected with some other disease: Swine, 8,352, of which 542 or 6.4 per cent. were tuberculous, and 236 or 2.8 per cent. were affected with some other disease; and Ovines, 10,119, of which 286 or 2.8 per cent. were diseased.

It is of interest to note that the percentage of tuberculosis in cattle has increased, as compared with 1926, from 25.7 per cent. to 33.4 per cent., whilst in swine the figures are 3.2 per cent. for 1926, and 6.4 per cent. for 1927.

Detailed information is given in Appendix I. as to the number and percentage of animals diseased, and in Appendices II., III. and IV. will be found particulars of the meat condemned and the diseases which rendered it unsound, while the total quantity of meat found to be unfit for human food is shown in Appendix V.

All the meat which was found necessary to be condemned was voluntarily surrendered.

Condemed Meat.

The practice adopted of condemned meat being rendered useless for human consumption by means of a dye or strong disinfectant, has been continued. Some of this meat is subsequently returned under supervision for industrial purposes.

Tuberculosis.

The deposition of tuberculous lesions observed during post-mortem examinations is detailed in Appendices VI. and VII. The presence of any degree of tuberculosis in a carcase necessitates a special examination to determine the extent of the infection.

Times of Slaughtering.

No limit is placed upon the times at which slaughtering may take place in the Borough, and as a result the work of inspection has to be continued to a late hour and by artificial light, which is most undesirable.

Notice of Slaughtering.

Provision is made in the Regulations that notification of casual slaughtering may be given orally, and this practice has at times given rise to confusion which would doubtless have been avoided had written notice been obligatory.

The Regulations also provide that notice of regular slaughtering at fixed times and on fixed days may be given, but no provision is made for the renewal of such notices; a provision requiring the renewal of regular notices at intervals of not more than twelve months would not be without advantage.

Public Abattoirs.

It is generally held that where a centralised system of slaughtering is in force, a thorough and systematic code of inspection is facilitated; experience gained in this area confirms this view. The view is strengthened when it is remembered that, where regular notice of slaughtering is given, there is no obligation to retain the carcasses and offal for inspection if the Inspectors are not present at the actual time of slaughtering. Also, where casual notice is given, it is not obligatory to keep the intestines, stomachs and bladders of cattle and pigs, or the carcasses and offal of sheep for the usual three hours after slaughter. In Scotland, where the legal position with regard to meat inspection is stronger than in England, something over 80 per cent. of the home-killed meat is slaughtered in Public Abattoirs.

Meat Marking.

Meat marking is not carried out in this Borough.

Letters of Warning and Prosecutions:

The attention of a number of butchers and slaughtermen was drawn to several infringements of the Regulations and Bye-Laws, and in certain cases letters of warning were sent, but in no case was it considered necessary to institute legal proceedings.

The Sanitary Inspectors made 174 visits to the Slaughterhouses, but it was not found necessary to serve any official notice, no structural defects being found.

Constant supervision is given to stalls, vehicles or stands from which meat is sold.

The conditions under which food is sold from such places is improving, but there is still need for much further improvement.

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	5	2	40.0	1	20.0
Bullocks	663	47	7.0	87	13.1
Cows	1,214	734	60.4	187	15.4
Heifers	339	54	15.9	40	11.7
Calves	285	2	0.7	2	0.7
Swine—					
Boars	63	4	6.3	1	1.5
Sows	440	53	12.0	20	4.5
Porkers	7,849	485	6.1	215	2.7
Ovines—					
Sheep	6,938	...	...	278	4.0
Lambs	3,181	...	...	8	0.2
Caprines—					
Goats	2	...	...	...	...
TOTALS	20,979	1,381	6.5	839	3.9

APPENDIX II.

Table showing Unsound Meat Condemned as a result
of Post-Mortem Examinations.

Bovines—

Entire carcase and all viscera ...	4
Heads	200
Tongues	212
Forequarters	15
Hindquarters	3
Shins	8
Clods	8

Stickings	...	...	...	8
Briskets	...	...	...	6
Ribs	...	...	...	4
Flanks	...	...	...	8
Loins	...	...	...	4
Rumps	...	...	...	2
Hearts	...	...	...	17
Lungs	...	...	...	785
Diaphragms	...	...	...	11½
Stomachs	...	...	...	31
Omenta	...	...	...	7
Intestines	...	...	...	30
Mesenteries	...	...	...	135
Livers	...	...	...	316½
Pancreas	...	...	...	19
Spleens	...	...	...	12
Kidneys	...	...	...	18
Kidneys Knobs	...	...	...	1
Mammary Glands	...	...	...	350

Swine—

Entire Carcase and all viscera	...	...	...	12
Heads and Collars	...	...	...	322
Hands and Springs	...	...	...	8
Spare Rib and Blade Bone	...	...	...	7
Bellies	...	...	...	15
Loins	...	...	...	5
Legs	...	...	...	2½
Hearts	...	...	...	35
Lungs	...	...	...	141
Stomachs	...	...	...	9
Intestines	...	...	...	51
Mesenteries	...	...	...	310
Livers	...	...	...	174
Spleens	...	...	...	24
Kidneys	...	...	...	15
Skins	...	...	...	3

Ovines—

Entire Carcase and all Viscera	...	...	...	1
Necks	...	...	...	2
Shoulders	...	...	...	1
Breasts	...	...	...	4
Legs	...	...	...	½
Hearts	...	...	...	2
Lungs	...	...	...	36
Livers	...	...	...	222

APPENDIX III.

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.	Hindquarters.	Shins.	Clods.	Stickings.	Briskets.	Ribs.	Flanks.	Loins.	Rumps.	Hearts.	Lungs.	Diaphragms.	Stomachs.	Omenta.	Intestines.	Mesenteries.	Livers.	Pancreas.	Spleens.	Kidneys.	Kidney Knobs.	Mammary Glands.
Tuberculosis ...	3	182	182	15	3	8	8	8	5½	4	7	4	2	17	746	9	27	7	26	133	71	19	11	12	1	28
Actinomycosis & Actinobacillosis	18	30	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	2	3	...	...	...	...	...
Johne's Disease
Distomatosis	12	...	...	...	...	...	181½	...	...	...	...	...
Ecchinococcus
Veterinorum cysts	15	...	...	...	...	...	6½	...	...	5	...	...
Pneumonia	1	...	...	...	...	...	...	...	...	...	...	...
Pleurisy	5	...	...	...	...	...	...	...	...	...	...	...
Peritonitis	1	...	...	...	...	...	...	...	...	...	...
Hepatitis	11½	...	...	...	...	...
Nephritis	1	...	...
Mastitis	322
Cirrhosis	½	...	...	...	...	...
Haematoma	1	...	...	...
Abscesses	½	...	...	...	...	...	...	1½	4	...	...	...	31½	...	...	...	...	...
Bruises & Fractures	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatty Degeneration	1	...	...	...	...	...
Cavernous Angioma	10	...	...	...	...	...
Emphysema	1	...	...	...	...	...	...	...	...	...	...	...
Immaturity ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...	4	200	212	15	3	8	8	8	6	4	8	4	2	17	785	11½	31	7	30	135	316½	19	12	18	1	350

APPENDIX IV.

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

Class of Animals	No. of Animals affected with T. B.	Tonsils.	Adrenal Bodies.	Kidneys.	Mammary Glands.	Pleura	Peritoneum.	Hearts.				Lungs.		Livers.		Pan-creas.		Stom-achs.		Omenta.	Spleens.		Intes-tines.		Mesenteries (Surface).	Uteri & Ovaries.		Testicles & Penis.
								Pericardium	Epicardium.	Myocardium.	Endocardium.	Pleura.	Parenchyma.	Capsule.	Parenchyma.	Capsule.	Parenchyma.	Outer Surface.	Inner Surface.		Capsule.	Parenchyma.	Outer Surface.	Inner Surface.		Capsule.	Parenchyma.	
Bovines—																												
Bulls ...	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bullocks	47	...	...	...	...	...	1	2	1	...	...	1	14	1	7	...	...	...	...	...	...	...	1	...	...	...	...	...
Cows ...	734	1	...	3	4	13	7	11	1	...	...	12	254	5	20	5	...	7	...	...	7	...	2	1	6	2	1	...
Heifers	54	...	...	...	...	4	4	2	1	...	...	4	14	3	3	2	...	3	...	1	5	...	3	3	3	2	...	...
Calves...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Swine—																												
Boars ...	4	...	...	1	...	...	...	...	...	...	...	...	1	...	3	...	...	...	...	...	...	1	...	...	...	...	...	...
Sows ...	53	...	...	...	2	...	...	...	...	...	...	...	2	...	2	...	3	...	...	...	...	...	...	...	...	...	...	...
Porkers	485	...	...	...	...	2	...	5	2	...	...	3	11	1	19	...	...	...	...	...	...	14	...	6	...	...	...	...

APPENDIX V.

Table showing deposition 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-Mammar. Sub-Inguinal.	Ischiatic	Popliteal.	Pericardial.	Bronchial.	Anterior Mediastinal.	Posterior Mediastinal.	Gastric.	Splenic.	Hepatic.	Pancreatic.	Mesenteric.
Bovines—																									
Bulls ...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	1
Bullocks	47	3	14	...	...	...	1	1	...	1	...	...	...	...	...	...	1	21	20	22	...	...	5	...	14
Cows	734	22	116	3	10	4	4	4	2	5	2	1	...	7	...	...	3	527	414	454	2	1	39	11	99
Heifers	54	2	18	1	...	...	1	1	1	2	1	...	...	...	...	...	1	27	30	26	...	...	6	1	17
Calves	2	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	1	...	...	...	1	...	1
Swine—																									
Boars	4	3	...	...	1	1	...	...	...	1	...	...	1	1	...	1	...	2	1	1	...	...	1	...	1
Sows ...	53	29	...	...	2	2	...	...	...	1	...	1	1	...	...	...	...	4	2	2	1	1	4	...	37
Porkers	485	290	3	3	3	4	2	...	...	4	2	1	...	2	...	1	1	43	8	9	11	6	35	5	274

APPENDIX VI.

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.	Necks.	Shoulders.	Breasts.	Legs.	Hearts.	Lungs.	Livers.
Distomatosis	165 $\frac{1}{2}$
Ecchinococcus Veterinorum Cysts	1	1
Strongylosis	28	...
Tenuicollis Embryos	48 $\frac{1}{2}$
Pneumonia	1	...
Pleurisy	2	...	2	...	...	2	...
Epicarditis	2	...	...
Hepatitis	3
Cirrhosis	1
Abscesses	1	...	...	4	3
Bruises and Fractures	1	1	$\frac{1}{2}$	...	...	...
Asphyxia	1	...	...	...	...	...	...	...
TOTALS	1	2	1	4	$\frac{1}{2}$	2	36	222

APPENDIX VII.

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.	Spare Rib and Blade Bone.	Bellies.	Loins.	Legs.	Hearts.	Lungs.	Stomachs.	Intestines.	Mesenteries.	Livers.	Spleens.	Kidneys.	Skins.
Tuberculosis	5	319	7	7	7	5	1	17	49	9	51	310	46	15	6	...
Swine Erysipelas	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ecchinococcus Veterinorum Cysts	1	...	1	...
Tenuicollis Embryos	2	...	...	...
Hydraemia	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	65	...	...	...	...	...	...	...
Pleurisy	23	...	...	...	...	...	...	...
Pericarditis	4	...	...	...	...	...	...	...	...
Epicarditis	13	...	...	...	...	...	...	...	...
Myocarditis	1	...	...	...	...	...	...	...	...
Hepatitis	13	...	...	...
Splenitis	3	...	...
Nephritis	8	...
Mastitis	7	...	...	...	...	...	...	...	...	...	...	...
Dermatitis	2	...	...	1	...	...	...	...	...	...	...	...	...	...	3
Cirrhosis	112	...	...	...
Necrosis	1	...	...
Haematoma	5	...	...
Abscesses	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bruises and Fractures	1	...	...	...	1½	...	...	...	...	...	...	...	...	...
Blood Aspiration	4	...	...	...	...	...	...	...
TOTALS	12	322	8	7	15	5	2½	35	141	9	51	310	174	24	15	3

Infectious Diseases.

NOTIFIABLE DISEASES (Other than T.B.).

The following table shows the number of cases of notifiable diseases occurring during the year 1927, 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	1	1	...
Diphtheria	954	802	40
Scarlet Fever	1986	1230	7
Enteric Fever (including Paratyphoid) ...	22	20	5
Puerperal Fever	18	17	5
Pneumonia (all forms)	557	158	360
Cerebro Spinal Fever	4	3	3
Acute Polio Myelitis	4	...	...
Acute Polio Encephalitis ... ..	...	...	...
Encephalitis Lethargica	5	4	1
Erysipelas	198	27	8
Ophthalmia Neonatorum	24	3	...
Malaria	4	1	...
Continued Fever	1	...	...
Dysentery	5	2	...
Puerperal Pyrexia	70	36	4

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 1,230 admitted to hospital, 35, or 2.84 per cent., were associated with recurrent infection in this way. (See also report of Medical Superintendent of Plaistow Fever Hospital, pages 77-83.)

Special Cases Notified during 1927.

Cerebro-spinal Fever.

Three cases of Cerebro-spinal Fever were notified (a man of 24 years, a boy of 2 years, and a girl 18 months old), all of whom died—all were treated in Hospital.

The man was at first diagnosed as a case of Typhoid Fever.

Poliomyelitis.

There have been four cases of Poliomyelitis, all girls, two of whom are improving, though still partly paralysed, one aged 9 months, and the other one year, at the time of attack. The remain-

ing two, a girl of 11 years and a baby 5 months old, died. All received treatment in Hospital. The girl of 11 was also stated to have a tumour on the brain.

Encephalitis Lethargica.

Five cases of Encephalitis Lethargica were notified (4 males and one female). In three suspected cases the diagnosis was not confirmed—the first being a girl of 5 who died of Cerebral Abscess, the second a girl of 3 years, with Meningitis, who has quite recovered, and the third, a woman of 52, who had a severe nervous breakdown. All the cases notified were treated in Hospital. One, a woman of 27, is now in an Asylum and the rest, who are all males (ages 23, 18, 17 and 9 years) are still under treatment.

In the case of the boy of 9 years old mentioned above as suffering from Encephalitis Lethargica, the parents had lost two sons at 14 months old (one 21 and the other 13 years ago) with Cerebro-spinal Meningitis, and they had also lost a daughter 6 years old with Chorea and Valvular Disease of the Heart (about 10 years ago). Another daughter, 20 years, suffering from symptoms similar to those of Encephalitis Lethargica, is under medical treatment, but the case has not been notified.

Of the cases of Encephalitis Lethargica which remained on the books from previous years, and which were re-visited, two had died and seven appeared to have recovered. The others were still under medical treatment, and in several cases seemed to be improving or to be in almost normal health.

Laboratory Work.

Bacteriological Work is carried out at the various Municipal Institutions.

By an agreement between West Ham Insurance Committee and the pathological department of Queen Mary's Hospital, Stratford, arrangements have been made whereby any panel practitioner may have a pathological report upon any case or material should he deem it advisable. This arrangement excludes the pathological amenities of the public health service.

CASES OF SICKNESS VISITED AND INVESTIGATED BY THE WOMEN SANITARY INSPECTORS DURING 1927.

Measles	507
Chicken Pox	845
Whooping Cough	944
Mumps	628
Tonsillitis	477
Other Diseases	883
	<hr/>
	4,284
	<hr/>

Summary of Notifications.

Week Ending 1927	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. 8	37	19	—	—	—	—	—	—	—	1	1	—	12	1	15	—	—	—	—	—	2
" 15	48	20	—	—	—	—	—	—	—	—	2	—	8	4	26	—	—	—	—	—	1
" 22	28	19	—	—	—	—	—	1	—	—	3	—	12	2	25	—	—	—	—	—	2
" 29	23	19	4	1	1	—	—	—	—	—	2	1	3	1	35	—	—	—	—	—	4
Feb. 5	36	15	1	—	—	—	—	—	—	—	5	—	11	4	28	1	—	—	—	—	1
" 12	32	10	—	—	—	—	1	—	—	—	3	2	19	4	22	—	—	—	—	—	2
" 19	27	8	1	1	—	—	—	—	—	—	2	—	9	4	18	—	1	—	—	—	2
" 26	21	14	—	—	—	—	—	—	—	—	2	—	14	2	12	—	—	—	—	—	1
Mar. 5	23	14	—	—	—	—	—	—	—	1	5	2	4	2	22	—	—	—	—	—	—
" 12	27	14	—	1	—	—	—	—	—	—	1	1	13	5	11	—	—	—	—	—	3
" 19	35	13	—	—	—	—	1	—	—	—	3	2	10	4	11	—	—	—	—	—	2
" 26	29	23	—	—	—	—	—	—	—	—	4	1	20	5	11	—	—	—	—	—	1
April 2	27	16	1	—	—	—	—	—	—	—	5	—	11	2	12	—	—	—	—	—	3
" 9	29	18	—	—	—	—	—	—	—	—	6	—	14	5	8	—	—	—	—	—	5
" 16	25	15	—	—	—	—	—	—	—	—	7	—	11	2	6	—	1	—	—	—	—
" 23	41	12	—	—	—	—	—	—	—	—	3	—	7	3	9	—	—	—	—	—	1
" 30	24	11	—	—	—	—	—	—	—	—	4	—	6	1	10	—	—	—	—	—	—
May 7	25	17	—	—	—	—	1	—	—	—	3	2	16	2	15	—	—	—	—	—	1
" 14	26	21	1	—	—	—	—	—	—	—	6	—	4	2	6	—	—	—	—	—	1
" 21	32	7	—	—	—	—	—	—	—	—	2	1	9	2	7	—	—	—	—	—	5
" 28	38	14	—	—	—	—	—	—	—	—	4	1	11	4	11	—	—	—	—	—	2
" 30	24	11	—	—	—	—	—	—	—	—	4	—	6	1	10	—	—	—	—	—	—
June 4	48	15	—	—	—	—	—	—	—	—	3	—	10	5	14	—	—	—	—	—	1
" 11	48	13	—	—	—	—	—	—	—	—	3	1	10	4	5	—	—	—	—	—	2
" 18	28	15	—	—	—	—	—	—	—	—	2	1	12	1	8	—	—	—	—	—	3
" 25	41	5	—	—	—	—	—	—	—	—	2	—	10	5	13	—	—	—	—	—	1
July 2	44	8	—	1	—	—	—	—	—	—	2	—	14	4	5	—	—	—	—	—	2
" 9	51	12	1	—	—	—	—	—	—	—	4	—	9	2	6	—	—	—	—	—	1
" 16	50	12	—	—	—	—	—	—	—	—	4	—	10	2	4	—	—	—	—	—	1
" 23	55	16	—	—	—	—	—	—	—	—	5	—	26	2	7	—	—	—	—	—	4
" 30	56	14	—	1	—	—	—	—	—	—	4	1	20	6	3	1	1	—	—	—	—
Aug. 6	49	19	—	—	—	—	1	1	—	—	4	—	6	1	—	—	—	—	—	—	—
" 13	21	13	—	—	—	—	—	—	—	—	7	1	7	2	12	—	—	—	—	—	1
" 20	34	9	—	1	—	—	—	1	—	—	3	—	8	5	1	—	—	—	—	—	2
" 27	23	11	—	1	—	—	—	—	—	—	3	—	7	—	2	—	—	—	—	—	—
Sept. 3	26	12	—	1	—	—	—	—	—	—	6	—	10	3	3	—	—	—	—	—	—
" 10	39	13	1	—	—	—	—	—	—	—	2	—	9	1	4	—	—	—	—	—	2
" 17	48	12	—	—	—	—	—	—	—	—	4	1	8	4	2	—	—	—	—	—	0
" 24	60	13	2	2	—	—	—	—	—	—	6	—	22	1	6	—	—	—	—	—	2
Oct. 1	46	28	2	3	—	—	—	—	—	—	3	1	2	1	4	—	—	—	—	—	3
" 8	51	19	—	—	—	—	—	—	—	—	3	—	11	5	15	2	1	—	—	1	1
" 15	47	16	—	1	—	—	—	—	—	—	8	—	15	3	8	—	—	—	—	—	—
" 22	47	26	1	—	—	—	—	—	—	—	3	—	8	3	9	—	—	—	—	—	—
" 29	54	27	—	1	—	—	—	—	—	—	3	1	6	2	14	—	—	—	—	—	2
Nov. 5	50	23	—	1	—	—	—	—	—	1	6	1	13	1	10	—	—	—	—	—	1
" 12	48	29	1	—	—	—	—	—	—	—	8	—	7	4	4	—	—	—	—	—	—
" 19	61	37	2	—	—	—	—	—	—	—	7	—	11	—	13	—	—	—	—	—	—
" 26	39	43	3	—	—	—	—	—	—	—	2	1	10	2	15	—	—	—	—	—	1
Dec. 3	40	46	—	—	—	—	—	—	—	—	5	1	15	2	9	—	—	—	—	—	1
" 10	49	44	1	1	—	—	—	1	—	—	7	—	14	1	10	—	—	—	—	—	—
" 17	42	29	—	—	—	—	—	—	—	—	5	—	6	3	5	—	—	—	—	—	—
" 24	23	26	—	—	—	—	—	—	—	—	1	1	11	4	15	—	—	—	—	—	—
" 31	35	20	—	—	—	—	—	—	—	—	—	—	1	—	11	—	—	—	—	—	—
TOTALS	1,986	954	22	17	1	—	4	4	—	5	198	24	552	140	557	4	5	—	—	1	70

Disinfection.

The following return sets out the diseases for which disinfection took place in the Northern and Southern parts of the Borough respectively :—

Disease	North	South	Totals
Scarlet Fever	790	1192	1982
Diphtheria	423	623	1046
Phthisis	289	264	553
Enteric Fever	8	16	24
Puerperal Fever	—	1	1
Encephalitis Lethargica ...	2	3	5
Cerebro-Spinal Fever ...	—	1	1
Acute Poliomyelitis	—	1	1
Erysipelas	10	3	13
Pneumonia and Measles	1	3	4
Cancer	20	5	25
Small Pox	8	—	8
Pemphigus	—	7	7
Schools (Classrooms) ...	22	46	68
General Infection	45	26	71
Disinfection	52	22	74

Total ... 3,883

In some instances more than one room was disinfected in respect of one notified case.

PLAISTOW HOSPITAL.

Both scarlet fever and diphtheria were very prevalent in the Borough during 1927, and the total number of cases treated in the Hospital was the largest on record. The majority of the scarlet fever cases were very mild, but the type of diphtheria was more than usually severe, and its fatality rate was more than double that of the previous year. The number of typhoid fever cases remained small.

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

Scarlet Fever	caused	3 deaths
Diphtheria	„	34 „
Typhoid Fever	„	2 „
Whooping Cough	„	5 „
Pneumonia	„	5 „
Other Diseases	„	6 „
Measles	„	1 death
Puerperal Fever	„	1 „
		—
Total ...		57
		—

The mortality rate, calculated on all the cases admitted, was 2.51 per cent.

With regard to the allocation of beds to the different diseases, preference is always given to diphtheria, and practically all cases of this disease are admitted. The majority of scarlet fever cases are also admitted except during epidemic periods when the accommodation almost invariably proves insufficient, and then only the cases selected by the Medical Officer of Health on account of severity or poor home conditions, are admitted. When epidemics of measles and whooping cough occur one or two wards (usually scarlet fever wards) are allocated to these diseases. Wards can be quickly changed over from one disease to another without any danger resulting to the patients.

Both “bed isolation” and “barrier” methods of nursing are practised, and have been found extremely valuable for the isolation of patients suffering from two infectious diseases at the same time or some infectious complication, and for diseases which usually occur in sporadic form, such as cerebro-spinal fever, puerperal fever, erysipelas, etc.

At the beginning of 1927 there were 236 cases resident in the Hospital, 2,228 were admitted during the year, making a total of 2,464 cases under treatment. Of these, 2,151 were discharged recovered, 57 died, and 257 remained under treatment at the end of the year.

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

1927		ADMISSIONS.										DEATHS											
		Scarlet Fever.	Diphtheria.	Typhoid Fever.	Measles.	Pneumonia	Erysipelas.	Chicken- pox.	Puerperal Fever.	Whooping Cough.	Other Diseases.	Total.	Scarlet Fever.	Diphtheria	Typhoid Fever.	Measles.	Pneumonia	Erysipelas.	Chicken- pox.	Puerperal Fever.	Whooping Cough.	Other Diseases.	Total.
January	...	91	72	4	...	2	1	...	...	3	4	177	...	4	...	...	...	...	...	...	...	...	4
February	...	93	45	1	...	4	...	...	...	2	11	156	...	2	2	...	1	...	...	...	1	...	6
March	...	76	56	...	...	2	...	...	...	...	9	143	1	2	...	...	2	...	...	...	1	1	7
April ...	...	106	71	...	2	2	2	1	...	5	6	195	...	3	...	...	...	...	...	...	1	...	4
May ...	...	108	67	...	2	2	1	1	...	1	11	193	1	2	...	...	1	...	...	...	1	3	8
June ...	...	102	41	...	5	...	...	2	...	1	5	156	1	1	...	...	1	...	...	...	...	1	4
July ...	...	129	48	...	2	1	...	1	...	...	6	187	...	1	...	...	...	...	...	...	...	...	1
August	...	87	48	...	...	...	...	...	...	...	4	139	...	4	...	...	...	...	...	...	...	...	4
September	...	107	52	2	...	1	...	...	1	...	6	169	...	3	...	...	...	...	...	...	...	1	4
October	...	137	93	...	5	2	...	...	1	...	13	251	...	5	...	1	...	...	...	1	...	...	7
November	...	81	79	1	3	1	...	...	1	...	3	169	...	2	...	...	...	...	...	...	...	...	2
December	...	133	144	4	...	...	1	2	...	1	8	293	...	5	...	...	...	...	...	...	1	...	6
Totals	...	1250	816	12	19	17	5	7	3	13	86	2,228	3	34	2	1	5	...	...	1	5	6	57

Scarlet Fever. The total number of cases under treatment was 1,407, which is 441 more than in the previous year. Of these, 1,273 were discharged recovered, 3 died, and 131 remained under treatment at the end of the year. Scarlet Fever Antitoxin was administered to some of the more severe cases, and good results were obtained with it when given in the early toxic stage, but experience appeared to show that it had no curative effect on the septic complications of the disease. The majority of the cases were so mild it was unnecessary to give them serum treatment. The three fatal cases were all suffering from the "septic type" of the disease; their ages were 5, 7, and 8 years respectively. The fatality rate was .24 per cent. of the admissions.

In 89 cases the disease was complicated by the presence of other infections as follows:—

Scarlet Fever with	Diphtheria	59 cases
" " "	Whooping Cough	16 "
" " "	Measles	6 "
" " "	Chickenpox	5 "
" " "	Mumps	2 "
" " "	Diphtheria and Whooping Cough	1 case

38 cases showed no definite signs of the disease on admission or afterwards, and 5 of these contracted the infection in the wards. 25 patients contracted nasal diphtheria in the wards, apparently from carriers.

15 cases admitted as scarlet fever were wrongly diagnosed and proved after admission to be suffering from the following complaints:—Pneumonia 3, Measles 3, Erythema 2, Septic rash 2, Scabies 1, Whooping Cough 1, Septic Throat 3.

13 cases admitted as diphtheria proved to be suffering from scarlet fever.

COMPLICATIONS. Of the 1,273 cases discharged during the year, 620, or 48.6 per cent., suffered from complications as follows:—

Adenitis	101 cases or 7.14 per cent.
Albuminuria	118 " " 9.26 " "
Arthritis	21 " " 1.06 " "
Nephritis	25 " " 1.96 " "
Otorrhoea	68 " " 5.34 " "
Rhinorrhoea	75 " " 5.81 " "
Vaginitis	12 " " .94 " "

The average duration of residence of all the cases was 38.13 days.

Diphtheria. This disease continues year after year to be the cause of much mortality and sickness among the children of the Borough. The number of cases under treatment during 1927 was the largest on record, and the number of deaths increased to 34 from 13 in the previous year. Hospital isolation has proved

quite ineffective as a means of preventing the spread of the disease. There appears to be a large number of individuals in the community whose nose or throat is infected with the germ, though they themselves are not actually suffering from the disease. These individuals ("carriers") are the main source from which the infection spreads, and unfortunately there are no reliable means by which they can be definitely cured. There is, however, one method by the employment of which there is great promise that diphtheria can be stamped out; this is Schick testing and the prophylactic inoculation of susceptible individuals. This method is now used to protect the nursing staff, and since its employment no nurse has so far contracted diphtheria. One or two unfortunate accidents have occurred in other countries following the inoculations, but in this country the prophylactic mixtures are manufactured with such extreme care that any risk attached to the method is practically negligible, and its employment for the children of the Borough can be strongly recommended.

The total number of cases under treatment during the year was 883. Of these, 731 were discharged recovered, 34 died, and 118 remained under treatment at the end of the year. Of the cases discharged, 45 suffered from paralysis, which was severe in 18 cases and mild in 27.

Tracheotomy was performed in 44 cases on account of faucial or laryngeal obstruction, and 11 of these proved fatal, giving a fatality rate of 25 per cent. of the cases operated on.

Fatal Cases. The duration of illness of the 34 fatal cases prior to admission averaged 3.75 days, and their average age was 4 years. The amount of antitoxin administered to the fatal cases averaged 57,000 units, and the average amount given to all the cases was 18,000 units. The average duration of residence for all the cases was 40.19 days.

83 cases admitted as diphtheria proved to be wrongly diagnosed, and were found after admission to be suffering from the following complaints:—Tonsillitis 42, Laryngitis 14, Scarlet Fever 13, Broncho-Pneumonia 7, Vincent's Angina 4, Quinsy 2, Ulcerative Pharyngitis 1.

Typhoid Fever. 25 cases notified as typhoid fever were admitted during the year. Of these, 12 proved to be suffering from the disease, and 10 of them were from two families. 2 cases died, giving a fatality rate of 16.66 per cent. The other 13 cases were found after admission to be suffering from the following complaints:—Enteritis 3, Pneumonia 2, Influenza 2, Colitis 1, Cerebro-spinal Meningitis 1, Septic Meningitis 1, Tubercular Meningitis 1, Malignant Endocarditis 1, Carcinoma 1.

Measles. This disease was not prevalent during the year, nor was it of a severe type. 19 cases were admitted, and of these, 18 were discharged recovered, and 1 died. The age of the fatal case was 2 years. The disease was also present as a complication in 6 cases of scarlet fever and 1 case of diphtheria.

Whooping Cough. This disease was prevalent at the beginning of the year, and 15 cases of a severe type were under treatment. Of these, 10 were discharged recovered and 5 died. All the fatal cases were under 2 years of age. The disease was also present as a complication in 5 cases of scarlet fever and in 3 cases of diphtheria.

Chickenpox. 7 cases were admitted during the year. All recovered. The disease was also present with scarlet fever in 5 cases, with diphtheria in 8 cases, with whooping cough in 3 cases.

Erysipelas. Only 6 cases were treated. All were moderately severe. 5 were discharged recovered, and 1 remained under treatment at the end of the year.

Pneumonia. Cases of both lobar and broncho pneumonia are included in this group. 18 cases were under treatment during the year. Of these, 13 were discharged recovered and 5 died. All the fatal cases were children under 3 years of age suffering from broncho-pneumonia.

Other Diseases. Under this group are classed diseases which are not regularly admitted, and also cases in which the diagnosis was changed after admission. The following are the diseases included in the group:—Tonsillitis 45, Laryngitis 14, Enteritis 3, Rubella 1, Bronchitis 2, Erythema 2, Septic Rash 1, Puerperal Fever 3, Ophthalmia Neonatorum 1, Scabies 1, Quinsy 2, Cervical Abscess 1, Vincent's Angina 4, Malignant Endocarditis 1, Carcinoma 1, Mumps 3, Pneumococcal Meningitis 1, Colitis 1, Hysteria 1, Neuritis 1, Impetigo 1, Cerebral abscess 1, Influenza 2, Cerebro-spinal Meningitis 2, Tubercular Meningitis 2, Ulcerative Pharyngitis 1.

Of these cases, 7 proved fatal as follows:—

Puerperal Fever	1 case
Ulcerative Colitis	1 „
Malignant Endocarditis	1 „
Ulcerative Pharyngitis	1 „
Cerebro-spinal Meningitis	1 „
Tubercular Meningitis	2 cases

The Grange Convalescent Home. The Convalescent Home was used throughout the year for patients convalescing from scarlet fever. These cases derive much benefit by the change to country air at Harold Wood from the acute wards at Plaistow. The total number of cases under treatment was 637, and their average duration of residence was 30 days. The gardens keep the Home supplied with vegetables and a large quantity of fruit, and also over 6,000 eggs were supplied during the year from the poultry.

Staff Illness. A severe epidemic of influenza occurred among the nursing and domestic staffs during the Spring, when 29 nurses and maids were affected, and one nurse died from it. One nurse contracted typhoid fever but made a good recovery; another

nurse contracted a mild attack of scarlet fever after receiving one inoculation against the disease. 74 other nurses and maids had been warded during the year with various minor complaints; all recovered. All the probationers are now Schick and Dick tested on their arrival for duty, and those found susceptible to diphtheria or scarlet fever are immunised. No nurse contracted diphtheria, and only the one nurse, mentioned above, contracted scarlet fever. These results are very favourable as compared with the previous year, when 8 nurses suffered from diphtheria and 7 suffered from scarlet fever.

Gate Cases. The following is a record of cases suspected to be suffering from infectious disease which were brought direct for diagnosis:—

Number sent by medical practitioners ...	168	
Number of these admitted ...		82
Number brought by relatives ...	485	
Number of these admitted ...		79
Number from other hospitals ...	51	
Number of these admitted ...		17
Total number of cases examined ...	704	
Total number of cases admitted ...		178

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

Throat swabs for diphtheria ...	2171	
Number which proved positive ...		301
Nasal swabs for diphtheria ...	96	
Number which proved positive ...		12
Other swabs for diphtheria ...	7	
Number which proved positive ...		2
Widal Tests ...	5	
Number which proved positive ...		1
Total number of examinations ...	2279	
Total number of positive results ...		316

Ambulances and Disinfecting Vans. The number of journeys made by the two motor ambulances during the year was 2,074. The mileage run was 10,370.

In the collection and delivery of infected clothing the two motor vans made 3,364 journeys, and the mileage run was 13,550.

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	...	3	1	...	...	4	3
1	12	11	20	14	2	2	9	4
5	44	43	25	21	1	1	3	3
10	15	17	11	9	1	3	3	...
15	22	32	5	13	9	17	2	3
20	36	46	2	5	20	23	3	3
25	57	55	5	5	36	34	3	2
35	41	43	2	1	33	24	1	2
45	48	26	...	2	39	18	1	0
55	26	8	1	2	18	10	1	0
65 and upwards	7	6	...	...	5	2	...	1
TOTALS ...	309	287	74	73	164	134	30	21

Included in the above new cases are 10 pulmonary males, 9 pulmonary females, 7 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 12.03 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 fresh cases of Tuberculosis coming to my knowledge was 743, of which 596 were pulmonary cases. The deaths due to this disease numbered 349, giving a death rate of 1.1 per 1,000.

The death rate from respiratory Phthisis being 0.94, and from other forms 0.16 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 85 to 95.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action taken.

PUBLIC HEALTH ACT, 1925. SECTION 62.

No action taken.

TUBERCULOSIS DISPENSARY.

Annual Report of Tuberculosis Officer.

The work of the Dispensary has proceeded as usual throughout the year. Day after day there has been a steady stream of cases, Request, Notified and Contact, requiring examination, treatment or investigation.

An analysis of the year's work has been prepared and shown on Tables 1, 2 and 3, the completion of which the Ministry of Health has made obligatory.

The important event of the year was the opening of the Children's Sanatorium, Langdon Hill, on the 26th October (by the Mayor of the Borough, Mr. Alderman Reed). The first patients, 16 in number, were admitted on the 12th December.

The withdrawal of children from outside Sanatoria will now be completed at an early date so that all children suffering from Pulmonary Tuberculosis will be under the immediate care of the Borough. (Hospitals Committee)

Comparison with Previous Years.

cases	1922	1923	1924	1925	1926	1927
Request	564	600	643	593	726	760
Contact	872	887	984	849	743	699
Notified	228	324	342	338	188	198
Positive	547	593	622	629	525	516

There has been a decline in the number of Positive Cases and also in the number of Contacts as compared with previous years. The number of Request Cases has again increased.

Percentage of Positive Cases amongst Contacts.

	1924	1925	1926	1927
Contacts	984	848	743	699
Positive	40	38	41	40
Percentage	4.0	4.48	5.1	5.7

Pulmonary Tuberculosis.

Adults. The Dagenham Sanatorium has, on the whole, been fully occupied during the year with the exception of the men's beds during a period of three to four weeks.

Seven beds at the Grosvenor Sanatorium have been in constant use for female patients. Seamen have been treated at the Bramshott Sanatorium.

Children. The East Anglian Sanatorium, Nayland, has been used for the treatment of children.

Domiciliary Treatment. Insured persons while waiting for

and after Institutional Treatment, have been placed on domiciliary treatment under their own Panel Practitioners. Quarterly reports on the Form G.P. 36 as shown on Table I, have been received satisfactorily on the whole, enabling the Tuberculosis Officer to keep in touch with patients during the course of treatment.

Dispensary Treatment. Children and non-insured persons able to attend, have been treated at the Dispensary as usual.

Artificial Pneumothorax. One patient has been receiving treatment at the Dispensary, attending regularly for refills.

X-Rays. From Table I. it will be seen that the X-Rays have been used in cases for the purpose of diagnosis. 29 cases having been X-Rayed during the year.

Non-Pulmonary Cases. Adults have been treated, as usual, at the Royal Sea-Bathing Hospital, Margate.

Children. The Department has been called upon to provide treatment for an increasing number of cases of Tuberculosis of Bones and Joints. At the end of the year, 25 beds were in use, the majority being in the Alexandra Hospital, Swanley.

The General Hospitals are now constantly calling upon this Department to accept responsibility for Institutional Treatment in increasing numbers. The dwindling resources of Voluntary Hospitals and increasing financial stress are, possibly, responsible for this.

Tuberculosis of Skin. Under the usual arrangements, these cases have continued to receive treatment at the London Hospital.

After Care. The number of recipients of grants of Extra Nourishment has averaged 100.

After Care Colony and Village Settlement. Three ex-service men were admitted to the British Legion Village. Two men were admitted to the Papworth Colony. At the end of the year there were four patients in these Colonies; it is expected that three of these will settle in the Colony. No men, however, were colonised during the year—one was discharged as unsuitable.

Prevention. Need of Educational Work. It is worthy of note that cases have been examined at the Dispensary who have stated that they had been dosing themselves with patent medicines for weeks or even months before calling in their Panel Doctors. Other patients have stated that they only have 15 to 20 minutes to spend over their mid-day meal; the rest of the hour is spent in coming and going. Others have neither Milk, Fruit nor Green Salads, but do not deny themselves Alcohol, Tobacco or Sweets.

These facts bring to light the existence of considerable lack of knowledge of the prevention of ill health in general and of Tuberculosis in particular, and emphasize the need and importance of Health Week and other educational work.

As reported previously, the work of Prevention continues to be hampered by overcrowding and unemployment.

RESIDENTIAL INSTITUTIONS.

(A) AVERAGE NUMBER OF BEDS AVAILABLE FOR PATIENTS DURING THE YEAR 1927.

	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		"Sanatorium." Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions.	
Adult Males ...	1	57	28	1	...	87
Adult Females ...	1	31	24	2	1	59
Children under 15 ...	1	21 16*	...	19	...	41 16*
TOTAL ...	3	109 16*	52	22	1	187 16*

* From 12th December only.

(B) RETURN SHOWING THE EXTENT OF RESIDENTIAL TREAT- MENT DURING THE YEAR 1927.

	In Institu- tions on Jan. 1.	Admitted during the year.	Discharg- ed during the year.	Died in the Institu- tions.	In Institu- tions on Dec. 31.
Number of Patients					
Adults—Males ...	78	174	128	41	83
„ Female	58	129	115	21	51
Children—Males	14	28	14	—	28
„ Females	14	30	14	—	30
Number of Obser- vation Cases					
Adults—Males ...	—	1	—	1*	—
„ Females	...	1	1	...	...
Children—Males	...	2	1	...	1
„ Females	...	...	...	...	...
TOTAL ...	164	365	273	63	193

* Not of T.B.

Return showing the work of the Dispensary during the year 1927.

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 ...	163	137	30	20	13	12	41	25	176	149	71	45
(b) Doubtfully tuberculous ...	—	—	—	—	—	—	—	—	90	125	76	70
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	98	77	55	43
B.—CONTACTS examined during the year :—												
(a) Definitely tuberculous ...	4	3	4	10	1	—	—	2	5	3	4	12
(b) Doubtfully tuberculous...	—	—	—	—	—	—	—	—	8	20	48	55
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	58	172	163	151
C.—CASES written off the Dispensary Register as												
(a) Cured	39	27	3	3	5	3	2	1	44	30	5	4
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ...	—	—	—	—	—	—	—	—	286	479	440	421
D.—NUMBER OF PERSONS on Dispensary Register on December 31 :												
(a) Diagnosis completed ...	714	738	510	422	53	80	149	115	767	818	659	537
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	33	39	42	31

1. Number of persons on Dispensary Register on January 1st	3,339	8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for (a) " Light " treatment 559 (b) Other special forms of treatment Nil.
2. Number of patients transferred from other areas and of " lost sight of " cases returned	139	9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary Nil.
3. Number of patients transferred to other areas and cases " lost sight of "	385	10. Number of consultations with medical practitioners :— (a) At Homes of Applicants 21 (b) Otherwise 525
4. Died during the year (1 doubtful, 7 others : 8 not of T.B.)	232	11. Number of other visits by Tuberculosis Officers to Homes. 158
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months	198	12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes 3,869
6. Number of attendances at the Dispensary (including Contacts)	12,322	13. Number of (a) Specimens of sputum, etc., examined ... 708 (b) X-ray examinations made, 29 in connection with Dispensary work.
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision	Nil.	14. Number of Insured Persons on Dispensary Register on the 31st December 991
		15. Number of Insured Persons under Domiciliary Treatment on the 31st December 300
		16. Number of reports received during the year in respect of Insured Persons :— (a) Form G.P. 17 6 (b) Form G.P. 36 971 (New Cases only)

Return showing the immediate results of treatment of patients*
and of observation of doubtful cases discharged from Residential
Institutions during the year 1927.

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	1	6	...	10	5	5	2	5	4	1	1	2	42	
Improved	5	12	1	5	8	3	5	7	4	1	...	1	52	
No material improvement	...	5	...	...	...	...	...	...	1	...	...	...	6
Died in Institution ...	9	6	...	1	...	...	...	2	...	1	...	...	19
Class T.B. plus Group 1.														
Quiescent	1	...	...	1	1	...	2	1	...	...	1	1	8
Improved	5	3	...	8	7	...	4	2	...	...	...	...	29
No material improvement	1	1	...	...	2	...	...	1	...	...	...	...	5
Died in Institution ...	3	2	...	1	...	...	1	...	...	...	...	...	7
Class T.B. plus. Group 2.														
Quiescent	1	...	...	5	...	...	4	...	...	...	...	...	10
Improved	7	8	...	10	8	...	14	11	...	3	2	...	63	
No material improvement	4	2	...	2	3	...	3	1	...	1	...	...	16
Died in Institution ...	7	...	...	6	1	...	4	...	...	1	...	...	19
Class T.B. plus. Group 3.														
Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Improved	3	1	...	7	2	...	2	3	...	2	...	...	20
No material improvement	1	1	...	4	1	...	1	1	...	1	...	...	10
Died in Institution ...	4	4	...	2	2	...	3	1	...	...	1	...	17
													323	
NON-PULMONARY TUBERCULOSIS														
Bones and Joints.														
Quiescent or Arrested ...	...	...	...	...	1	...	...	...	...	...	...	2	3
Improved ... ..	...	...	...	...	...	...	...	...	...	...	...	1	1
No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal.														
Quiescent or Arrested ...	...	...	...	...	...	...	...	...	1	...	...	...	1
Improved ... ..	...	...	...	...	...	...	...	...	...	...	2	...	2
No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Organs.														
Quiescent or Arrested ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Improved ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Peripheral Glands.														
Quiescent or Arrested ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Improved ... ..	...	...	...	...	...	2	...	...	...	...	...	...	2
No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
Died in Institution ...	...	1	...	...	...	...	...	...	...	...	...	...	1
													10	
OBSERVATION FOR PURPOSE OF DIAGNOSIS.				Under 1 week			1-2 weeks.			2-4 weeks			More than 4 weeks.	
Tuberculous			1			
Non-tuberculous			1	
Doubtful			*1	
														3
														336

* Died (not of T.B.)

* 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.

At the end of 1926 the number of patients remaining under treatment were:—

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

The total admissions during 1927 were:—

Males	...	...	...	160
Females	...	...	...	112—272

The number of deaths was:—

Males	...	...	...	41
Females	...	...	...	21—62

Discharges during the year totalled:—

Males	...	...	...	119
Females	...	...	...	99—218

Leaving under treatment at 31st December, 1927:—

Males	...	...	...	74
Females	...	...	...	41—115*

* Including 18 non-insured persons.

Insured Persons admitted during the year totalled 203, the remaining 69 being non-insured.

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

The Death Rate (calculated on admissions) was 22.79 per cent.

In the case of males the percentage was 25.62, and in the case of females 18.75.

The Average Duration of Residence (both sexes) was 158.92 days. The average for males was 164.36 days, and for females 151.73 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	33	13	33	40	119
Females	50	1	33	15	99

Males.					
Quiescent	...	21	10	10	1
Improved	...	10	2	23	20
No material improvement	...	2	1	0	19
		—	—	—	—
		33	13	33	40
		—	—	—	—
Females.					
Quiescent	...	27	0	2	0
Improved	...	19	1	30	9
No material improvement	...	4	0	1	6
		—	—	—	—
		50	1	33	15
		—	—	—	—

It is difficult to compare the results of treatment with previous years, so many factors have to be taken into account, much depends on the type of case admitted. When cases are received in the early stages the results are consequently more satisfactory. Unfortunately, a considerable number of cases do not reach the Dispensary until the disease is well advanced for various reasons. One can scarcely credit the substantial number that arrive at the Sanatorium with marked disease of the lungs, and indeed often advanced that have only ceased their occupation a short period before, and have not even consulted their Medical Attendant until they could no longer carry on.

The average duration of stay during the year has been abnormally high. This can be mainly accounted for by the very prolonged period of treatment in a number of advanced cases, where the home conditions were impossible to return to, and the unusual heavy rainfall during the summer months, which retarded the progress of the patient.

The following table shows the rainfall recorded at Dagenham during the months of the year in inches :—Jan., 1.23; Feb., 3.01; Mar., 2.04; April, 1.71; May, 0.96; June, 2.16; July, 2.96; Aug., 3.53; Sept., 3.81; Oct., 1.08; Nov., 2.16; Dec., 3.00.

As the years pass many reports get about of new cures. Some raise hopes, others bring disappointment. Yet some of the more recent forms of treatment have been of use, but only in an extremely limited number of cases. While in others, it has been of no avail. Sanatorium treatment, though of little use in advanced

cases, is undoubtedly the most efficient and reliable treatment available. The beneficial results obtained in a large percentage of cases cannot be maintained owing to home conditions, as is proved by the number of cases that relapse and return to the Sanatorium.

Training Colonies play a useful part, and much time and thought has been given to the case with a limited earning capacity that frequently relapses. There is, however, another type of case that deserves much more thought, viz., the one that leaves the Sanatorium with full earning capacity and suitable work to return to. Unfortunately, owing to the distance of their work from home they have to make an early start in the morning and return home late, in all weathers, after hours in crowded conveyances, little rest and unsatisfactory food. If provision was made in large industrial areas where they could reside and board during the working days under suitable supervision, and at a reasonable cost, a big problem would be solved and many useful lives saved.

The more advanced cases sooner or later break-down, and go back to an Institution, or struggle out their existence in their homes infecting other members of the family. After years of research even the most optimistic cannot hope for an early specific cure, and though much has been done of recent years in locating cases, keeping them under observation, building of Sanatoria by local authorities, there is much to be done in after care work before the disease can be brought to a satisfactory level.

Artificial light treatment has been tried during the latter months of the year in a limited number of selected cases. It is early to come to any definite conclusions, however, there is no doubt that some of the cases treated here received benefit.

The following are the daily average readings of ultra violet light from sun and sky shine, at the Sanatorium during 1927, taken by the method of Professor Leonard Hill:

Jan. 1.02, Feb. 1.16, Mar. 1.94, April 2.37, May 5.41, June 4.44, July 4.03, Aug. 4.03, Sept. 2.39, Oct. 2.34, Nov. 1.12, Dec. 5. The highest reading was taken on May 1st, i.e., 24 hours from April 30th, and registered 10.00.

The number of beds available is the same as last year, viz., 128. 80 beds for male cases and 48 for female.

STAFF.

Medical—

Medical Superintendent.
Assistant Medical Officer.

Office—

Assistant Steward.

Nursing—

Matron.
4 Sisters (one night).
1 Staff Nurse.
6 Assistant Nurses.
14 Probationers.

Domestic—

28 (including 6 laundrymaids and 1 sewing maid).

LANGDON HILLS SANATORIUM FOR CHILDREN.

This much needed Institution was officially opened by His Worship the Mayor, Mr. Alderman E. J. Reed, on Wednesday, the 26th October, 1927.

There is accommodation for 40 patients, 20 male and 20 female. Sixteen patients were admitted on December 12th, 4 male and 12 female. Unfortunately, one of the patients developed Scarlet Fever on the 30th December, and was transferred to the Plaistow Fever Hospital. The necessary arrangements are being completed to have all the beds occupied early in the New Year.

Miss F. M. Noble, Matron of Yarnfield Hospital, Nr. Stone, Staffs, was appointed Matron, and will take up duty on the 3rd January, 1928. The following Staff has been appointed in addition to the Matron:—

Nursing—

1 Sister.
1 Nurse Assistant Trained.
2 Nurse Assistants Untrained.

Domestic—

1 Cook.
1 Kitchen-Maid.
1 Scullery-Maid.
2 Ward-Maids.

The weather was exceptionally severe after opening, but the children kept well, and spent a very happy Christmas.

A Christmas Tree was provided and also a gramophone. It is hoped to have a wireless installation in the New Year.

G. M. MAYBERRY,

Medical Superintendent.

Venereal Diseases.

Under the Public Health (Venereal Diseases) Regulations, 1916, West Ham is included in the Joint Scheme approved for the Greater London Area, the participating authorities being the London County Council, the Counties of Middlesex, Essex, Hertford, Buckingham, Surrey and Kent, and the County Boroughs of West Ham, East Ham and Croydon. Under the Scheme free treatment can be obtained by anyone (who has acquired Venereal disease) at any of the 26 Hospitals approved under the joint agreements. There are also seven Hostels, assisted by financial grants, where women suffering from either of these diseases can be accommodated, with a view to facilitating continued treatment. Provision is made for enabling Medical Practitioners to obtain laboratory reports on suspected material or specimens, and for the free supply of Salvarsan substitutes to practitioners who have obtained the necessary qualification to be placed on the approved list. In addition to paying its proportionate share of the cost of carrying out the Scheme, approximately one-twenty-fifth of the total expenses incurred, the Council makes a grant of £100 per annum to the National Council for Combating Venereal Diseases to further propaganda work throughout the whole area.

In this connection several lectures were delivered at various centres by Lecturers from the British Social Hygiene Council

Posters and enamel plaques pointing out the dangers of Venereal Diseases, urging immediate treatment and giving a list of Hospitals where treatment may be obtained free of cost, are exhibited in many parts of the Borough including all public sanitary conveniences.

All local Medical Practitioners are fully conversant with the facilities for diagnosis and treatment of Venereal Disease, and have a printed circular setting out all relevant details in connection with the Scheme. There are six practitioners who are qualified to receive supplies of arseno-benzol compounds. The attached tables show the use made of the various centres by patients and practitioners.

The following tables show the summary of work done under the Scheme during the past five years, setting out for comparison the particulars relating solely to West Ham and those relating to the whole of the participating authorities.

Table of Hospitals treating Venereal Disease under the L.C.C. Scheme.

Albert Dock.
Charing Cross.
E. G. Anderson.
Gt. Ormond Street.
Guy's.
King's College.
Lock (Male).
Lock (Female).
London.
Metropolitan.
Middlesex.
Miller General.
Royal Free.
Royal London Ophthalmic.
Royal Northern.
St. George's.
St. John's, Lewisham.
St. Mary's.
St. Paul's.
St. Thomas'.
Seamen's.
South London for Women.
University.
West London.
Westminster.
S.A., Mothers'.
Children's, Waddon.

Venereal Diseases (L.C.C. Scheme).

Summary of work done by the Hospitals during the Year 1927.

	London.	Middle- sex.	Essex.	Surrey.	Kent.	Herts.	Bucks	East Ham.	West Ham.	Croy- don.	Total.	Other Places.	Grand Total.
New Patients :—													
Syphilis ...	4,349	380	194	150	130	53	25	50	127	30	5,488	607	6,095
Soft Chancre...	123	3	4	1	6	1	...	1	8	3	150	60	210
Gonorrhoea ...	9,218	892	428	320	211	116	50	94	242	43	11,614	882	12,496
Not venereal...	7,598	735	417	321	165	94	42	98	242	56	9,768	396	10,164
TOTAL ...	21,288	2,010	1,043	792	512	264	117	243	619	132	27,020	1,945	28,965
Total attendances ...	631,473	44,604	17,227	19,129	9,445	4,546	2,193	5,328	11,944	3,160	749,049	18,229	767,278
No. of in-patient days ...	61,369	4,347	3,589	2,487	2,557	874	1,156	151	1,238	384	78,152	34,261	112,413
Salvarsan Subs. doses	43,003	3,990	2,009	1,679	1,030	518	321	437	1,090	267	54,344	2,402	56,746
PATHOLOGICAL EXAMINATIONS.													
For or at Centres :—													
Spirochaetes ...	879	69	10	8	5	10	...	6	12	1	1,018	78	1,096
Gonococci ...	44,503	2,334	2,095	977	975	381	189	485	1,186	241	53,366	2,300	55,666
Wassermann ...	27,265	1,756	912	917	579	252	154	213	523	158	32,729	1,285	34,014
Others ...	13,417	771	303	903	375	181	124	32	84	140	16,330	406	16,736
TOTAL ...	86,082	4,930	3,320	2,805	1,934	824	467	736	1,805	540	103,443	4,069	107,512
For Practitioners :—													
Spirochaetes ...	30	8	...	7	...	...	1	...	...	...	46	...	46
Gonococci ...	2,992	237	212	535	15	16	3	25	32	287	4,354	26	4,380
Wassermann ...	15,406	2,047	1,053	696	84	67	131	195	347	375	20,401	325	20,726
Others ...	1,340	37	27	384	30	12	12	2	4	5	1,853	41	1,894
TOTAL ...	19,768	2,329	1,292	1,622	129	95	147	222	383	667	26,654	392	27,046

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.		Gonorrhoea.											
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Clinic.	Fraction-tion-ers.
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	23,346
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
1927	3,886	2,209	203	7	9,637	2,859	13,726	5,075	6,799	3,365	554,171	213,107	21,268	91,145	107,512	27,046

Venereal Diseases (L.C.C. Scheme).

Return showing the extent to which the facilities have been utilised during the year ended 31st December, 1927.

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.	Discharged				Spiro.		Gon.		Wass.		Others.		
											(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	
Albert Dock ...	234	45	366	252	897	463	93	11,211	2,829	1,572	77	...	531	2	600	291	...	...	1,501
Charing Cross (3 mos.) ...	24	...	59	22	105	39	39	1,749	28	245	1	...	145	4	376	14	...	...	540
E. G. Anderson (3 mos.) ...	6	...	12	17	35	11	25	960	35	93	...	...	178	...	66	52	1	...	297
Gt. Ormond Street ...	35	...	21	397	453	1	10	2,797	2,601	1,095	...	...	328	149	682	489	855	173	2,676
Guy's ...	482	50	782	753	2,067	227	460	53,086	2,357	6,094	217	...	7,205	75	2,286	2,180	1,749	...	13,712
King's College ...	218	2	150	141	511	131	102	19,118	1,020	886	11	7	5,072	67	1,435	1,928	35	2	8,557
Lock (Male) ...	388	11	2,287	1,346	4,032	1,128	711	79,544	11,898	2,985	214	...	6,840	284	3,629	539	452	2	11,960
Lock (Female) ...	229	...	398	285	912	26	81	10,328	48,973	1,171	...	...	...	...	...	...	...	...	...
London ...	516	5	837	942	2,300	892	305	55,764	3,934	3,993	37	1	6,171	924	1,885	3,543	...	...	12,561
Metropolitan ...	69	21	156	159	405	96	105	4,716	146	922	23	...	613	18	412	210	...	32	1,308
Middlesex ...	182	...	276	165	623	191	241	21,259	664	1,964	9	6	1,867	83	656	1,278	46	180	4,125
Miller General ...	122	6	217	63	408	264	165	12,655	281	832	15	...	1,227	7	277	244	...	...	1,770
Royal Free ...	258	...	361	583	1,202	192	304	27,171	2,524	4,323	6	...	5,821	10	2,242	924	238	...	9,241
Royal London Oph. ...	173	...	36	...	209	175	135	2,816	1,227	948	3	...	147	...	598	...	6	...	754
Royal Northern ...	150	...	403	241	794	161	337	19,043	130	1,571	38	1	1,567	23	947	1,232	2	...	3,810
St. George's ...	232	4	307	116	659	88	288	20,283	37	1,550	4	...	275	158	1,026	258	12	1	1,734
St. John's (Lewisham) ...	141	2	204	124	471	102	214	10,794	918	1,120	6	1	352	60	1,089	689	358	38	2,593
St. Mary's ...	217	2	274	125	618	289	141	10,642	254	1,489	4	12	446	291	437	1,110	...	...	2,300
St. Paul's ...	414	...	1,207	1,132	2,753	233	430	113,302	2,055	4,344	245	3	6,140	937	3,435	476	361	106	11,703
St. Thomas' ...	850	33	1,983	2,399	5,265	738	1,313	177,074	3,440	12,220	...	8	2,833	633	8,352	1,414	12,082	714	26,036
Seamen's ...	570	27	714	130	1,441	1,621	300	16,777	8,666	1,673	13	1	1,158	130	784	255	452	6	2,799
South London for Women ...	19	...	70	166	255	35	54	3,609	417	336	1	...	602	99	236	562	1	...	1,501
University ...	154	...	274	33	461	178	141	22,500	706	1,450	...	...	1,047	164	808	109	...	...	2,128
West London ...	269	...	755	285	1,309	271	171	42,031	142	2,528	156	6	1,335	241	1,025	1,831	8	113	4,715
Westminster ...	132	2	174	59	367	72	104	17,232	140	1,288	15	...	502	21	451	1,098	78	527	2,692
S.A. Mothers' ...	10	...	146	229	385	38	...	10,817	8,284	54	1	...	3,264	...	280	...	...	...	3,545
Children's, Waddon...	1	...	27	...	28	...	29	...	8,707	...	...	...	...	...	...	...	...	...	...
TOTALS ...	6,095	210	12,496	10,164	28,965	7,662	6,298	767,278	112,413	56,746	1,096	46	55,666	4,380	34,014	20,726	16,736	1,894	134,558

(a) For Centre, 107,512. (b) For Practitioners, 27,046.

Venereal Diseases.

Utilisation of facilities at hostels, 1927.

Particulars of the work done on behalf of the participating authorities by the hostels in the scheme for the year ended 31st December, 1927. These institutions are as follows:—

Royal Free—22 Highbury Quadrant, N.
 Royal Free—62 Regent's 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—122-4 Lower Clapton Road, E.
 Salvation Army—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	170	16,440	62.2
Essex	24	2,579	9.8
Kent	19	1,729	6.5
Middlesex	26	1,719	6.5
Surrey	16	1,716	6.5
Herts	14	912	3.5
Bucks	6	605	2.3
West Ham	3	330	1.2
Croydon	2	206	.8
East Ham	2	186	.7
TOTALS	282	26,422	100

MATERNITY AND CHILD WELFARE.

Notification of Births.

The birth-rate for 1927 was 18.9. There were 6,297 live births and 219 stillbirths officially notified in accordance with the 1907 Act.

Number of Births in the Borough in the last 5 years:—

1923	1924	1925	1926	1927
7803	7202	7017	6710	5991

These figures represent the net number of births of West Ham residents.

All children born in the Borough are visited at regular intervals during infancy and the first 5 years of life, when the child usually passes over to the care of the School Medical Service. Summary cards are made out by the Health Visitors for all children at 5 years of age or at the age when the child enters school—this is as early as 4 and $4\frac{1}{2}$ years in the poorer districts of West Ham. These cards show the method of feeding in infancy, and a note is made of any illnesses from which the child has suffered, so that such notes prove of great service at the first and subsequent School Medical Inspections.

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. Quarterly visits are paid during the first year; visits at intervals of 4 months during the second year, and every 6 months from 2—5 years of age. In cases of delicate or ailing babies, extra visits are paid. These visits are of the greatest value in Public Health work: advice is given on general hygiene and the care of infants and toddlers, special stress being laid on the importance of breast feeding. The mother is taught how to augment the supply of breast milk, and, in necessitous cases, is advised where she can obtain extra nourishment, e.g., Dried Milk—free or at a cheap rate (see pages 103, 104). In addition, these visits form the basis of the work carried on at the Clinics. Mothers are encouraged to attend Infant Welfare Centres so that the child may have the benefit of continuous medical supervision.

Table showing type of Infant Feeding.

No. of Infants	No. of Breast-fed	No. Partial Breast-fed	No. Complete Artificial
6022	4721	925	376

Clinics.

There are 7 Voluntary and 2 Municipal Centres in the Borough. Clinics are held for infants and toddlers at all centres. Antenatal Clinics at which the mothers are seen and advised by a doctor are held at four of the Voluntary and at both Municipal

Centres. Sewing classes and Health talks are given, and at some Centres Infant foods, Cod Liver Oil preparations and Virol are supplied at cost price.

Private midwives are encouraged to refer their patients to the Municipal or Voluntary Antenatal Clinics for advice and supervision. The midwife is notified after each visit of her patient, as to the general health, and the results of particular examinations. The majority of women who present themselves for examination are sent by midwives or by the Health Visitors, while a few come on the advice of friends who know of the Clinic. Attendances are regular and the women themselves are interested and eager to attend after the aim of antenatal care has been explained to them. An opportunity is taken at the visits to teach the women something in the early care of infants by instructions as to breast-hygiene, with a view to breast-feeding later: model baby garments are displayed and help given to the cutting-out and making of such garments.

The Municipal Infant Welfare Centres continue to be so well attended that it has recently been found necessary to start an additional session at the Infant Welfare Clinic in West Ham Lane.

Dental. A Lady-dentist was appointed and began work on June 17th, 1927, with one half-day session per week. Her work amongst the toddlers is proving of great value, so much so, that recently two additional dental sessions were commenced. Fillings and extractions are done, the latter under nitrous oxide gas. This work was urgently required, and in addition to its curative value, is most helpful in the task of teaching mothers the importance of dental care from the earliest years.

The work is carried out at the School Dental premises while the School Dentists are engaged at the schools.
Stratford Day Nursery, Welfare Road.

A day nursery is an invaluable complement to a Maternity and Child Welfare Scheme, particularly in a district where many of the mothers are forced to go to work. The attendances at this voluntary nursery during 1927 were:—

Whole days	...	...	...	6708
Average weekly attendance	...	...	...	149

(A sum of 8d. per day is charged to the mothers.)

Sunlight Clinic.

Treatment by artificial light was first started in 1925 by the Women's League of Service for Motherhood at the Welfare Road Clinic. The treatment has proved of great benefit to certain rachitic and weakly children. An arrangement was made by the Maternity and Child Welfare Committee of the Borough and the Committee of the above League for the increased use of the Sun-lamp, so that in February of this year two additional sessions

were established for artificial light treatment under medical supervision. These children are referred to the doctor in charge of the Light Clinic by the various Clinics through the Medical Officer of Health.

Attendances		Treatments		Patients
5100	...	5063	...	684

Centres and Clinics (Municipal and Subsidized by the Council).

ADDRESS WHERE HELD	No. of Sessions held weekly.	Day and time of meeting	Centre Att.		Med. Con- sults.		Arrangements for Medical Supervision.
			Average per		Session.		
			Expectant Mothers.	Children.	Expectant Mothers.	Children.	
Chesterton House	6	Mon. & Fri., 1.30 p.m. Wed. & Thur., 11 a.m. & 2.30 p.m.	115.24	69.63	44.54	24.22	Dr. Hogg and Dr. Kemp.
St. Luke's Square	5	Mon., Tues., Wed., Thurs., & Fri. 2.30 p.m.	112.65	74.08	41.3	45.96	„ Hogg and Dr. Kemp.
Martin Street	1	Thursdays, 3.30 p.m.	36.21	47.8	14.21	14.71	„ Hogg and Dr. Kemp.
S.W.Ham Health Society.	3	Tues., Wed. & Fridays, 1.30 p.m.	12.46	46.67	3.4	16.76	„ Lavinia Hawthorne
Trinity Mission Society.	2	Wed. & Th., 1.30 p.m.	1	29.66	...	24.35	„ Margaret Alden.
Women's League of Service.	3	Mon., Wed. & Thurs., 2.0 p.m.	4.23	29.92	...	22.32	„ Dorothea Brooks.
Silvertown Muni- cipal Centre.	2	Wed., 10 a.m. & 2.0 p.m.	4.75	26.17	4.69	17.13	„ Helen Campbell.
West Ham Lane Mun. Centre	3	Mon. & Thurs., 2 p.m. Tuesdays, 10.0 a.m.	5.8	26.66	5.73	20.17	„ Helen Campbell.
Given-Wilson In- stitute	1	Mondays, 2 p.m.	...	38.7	...	23.9	„ Eva Mor- ton.

DRIED MILK.

Distribution of Dried Milk to Nursing and Expectant
Mothers and Children under 3 Years of Age.

During the year 1927 nearly 92 tons of Dried Milk were distributed in grease proof bags and stiff carton packets, with printed directions in accordance with the Council's Scheme, 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.
Barnwood Road, Silvertown.

Since August, 1920, Dried Milk has been distributed under the Maternity and Child Welfare Scheme, and, as will be seen from the following table, there is a decrease in the amount supplied during 1927 as compared with the four previous years:

Year 1920—	18,247 packets:	8 tons	3 cwts.	
1921—	73,872 do.	33 tons		
1922—	127,934 do.	57 tons	2 cwts.	
1923—	221,114 do.	98 tons	14 cwts.	
1924—	237,963 do.	106 tons	4½ cwts.	
1925—	222,410 do.	99 tons	5 cwts.	90 lbs.
1926—	222,776 do.	99 tons	9 cwts.	8 lbs.
1927—	206,015 do.	91 tons	19 cwts.	47 lbs.

The Milk Powder is received in bulk from the Contractors in hermetically sealed canisters, 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, dry place. This latter direction is clearly printed on the outside of the carton.

The supplies delivered by the Contractors during the year have been tested at intervals, both chemically and bacteriologically, and found to be satisfactory, nor has any inconvenience been experienced as a result of weather conditions and trade disturbances.

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 almost negligible.

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, the 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.

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 the 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,

Town Hall,

West Ham.

Medical Officer of Health.

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.)

Number of applications from expectant Mothers :—1188.

Eligible (under Council's scale of income) ...	1067
Ineligible do. do. ...	110
Withdrawn	11

Total ... 1188

The work done by these women is of great value, in saving many mothers from getting up too soon after confinement to attend to household duties (with resulting debility and chronic ill-health due to pelvic trouble), and also by properly supervising any children of the household while the mother is laid up.

Midwives.

Total number who notified their intention to practise in the Borough during 1927—80. Trained, 79; Untrained, 1 B.F. 1904. The one untrained B.F. midwife retired from work at the end of 1927.

Number of cases attended by midwives in 1927 ... 3701

Number of cases in which Medical help was summoned 695

Midwives practising for Associations or Privately	Number notifying intention to practise	No. of births attended	No. of Records of sending for Medical aid
Plaistow Maternity Charity ...	43	2322	486
Essex County Nursing Assn. ...	5	66	12
Salvation Army Nurses ...	2	297	53
Tate Nurses Institute ...	7	157	21
Queen Mary's Hospital ...	8	171	23
(External)			

Private Practice :

Midwives residing within Borough—

a	...	1	120	29
b	...	1	1	—
c	...	1	101	15
d	...	1	159	24
e	...	1	1	—
f	...	1	—	—
g	...	1	73	12
h	...	1	24	—
i	...	1	1	—
j	...	1	—	—

Practising within, but residing without Borough—

a	...	1	12	1
b	...	1	188	18
c	...	1	2	1
d	...	1	6	—
e	...	1	—	—

Health Visiting.

As previously stated, visits are paid at regular intervals to infants and children under 5. Advice is given as to feeding, clothing and general management. Home circumstances are noted, and in necessitous cases the mothers are advised where they may obtain help. Much useful work is done by visiting expectant mothers in their homes: the Health Visitor arranges for the Home Help, and is responsible for the cleanliness and efficiency of the person selected. Special visits and enquiries are made into the causes of all infant deaths up to 5 years of age, all stillbirths, and all maternal deaths directly attributable to childbirth. In addition, she has to visit at least once a week, and report upon every case of Ophthalmia or of Pemphigus Neonatorum. Any special case, e.g., Puerperal Fever or Pyrexia, must be visited frequently, also any case or series of cases where special investigation is necessary.

Visits Paid.

(1) To Expectant Mothers:—			
(a) First Visits	...	...	1602
(b) Total Visits	...	...	1847
(2) To Infants under one year:—			
(a) First Visits	...	...	4017
(b) Total Visits	...	...	17730
(3) To children 1—5 years:—			
Total	...	...	18810
(4) Special visits			
(Home Helps, Medical Aids, etc.)			8422
Total visits paid by Health Visitors	...		52,428

Hospital Accommodation.

The Council does not possess a Municipal Hospital for Maternity or Infant work, but agreements have been made whereby subsidies are granted to Queen Mary's Hospital, Stratford; St. Mary's Hospital, Plaistow; and Plaistow Maternity Charity, for the treatment of cases.

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

Orthopaedic work is carried on at the Children's Hospital, Balaam Street, Plaistow.

Maternity Homes.

	No. of beds	No. of cases	Weeks spent
1. Queen Mary's Hospital ...	10	413	794
2. Plaistow Maternity Charity ...	10	552	1229

Hospitals for Children under 5 years.

1. St. Mary's Hospital, E.13	...	10	232	529
2. Children's Hospital, Balaam St., E.13 (Orthopaedic)	...	10	28	151

Number of children under five years in Homes and Hospitals outside the Borough, 35.

Number of weeks spent in such Homes, 292.

Maternity Homes in Borough.

There are 3 registered Maternity Homes in the Borough, one of these being the Plaistow Maternity Hospital, where there is no resident medical Officer, although medical help is readily available.

The other two maternity homes are private nursing homes with beds for maternity patients; one home has one maternity room, the other has two rooms reserved for midwifery cases. The other patients treated in both these homes are chronic medical cases.

Visits of inspection are paid periodically to all these registered premises, and the work in the homes has been found to be satisfactory.

Maternity Homes Registration Act.

(1) Number of applications for registration	.....	4
(2) Number of Homes registered	.....	3
* (3) Number refused registration	.....	1
(4) Number of appeals against such orders	.....	—
(5) Number of cases in which such orders for refusal for registration have been		
(a) Confirmed on appeal	.....	—
and		
(b) Disallowed	.....	—
(6) Number of applications for exemption from registration	.....	—
(7) Number of cases in which exemption has been		
(a) Granted	.....	—
(b) Withdrawn	.....	—
(c) Refused	.....	—

*Registration of home refused on the grounds that the premises were unsuitable in every respect.

List of Complaints for which Children under five years were treated at St. Mary's Hospital, and at the Children's Hospital, Balaam Street:—

St. Mary's Hospital, Plaistow, E.13.

Abscess—		Iritis	1
Axillary	2	Jaundice	1
Ear	1	Lachrymal Sac.	1
Face	1	Lymphangitis	1
Groin	2	Malnutrition	1
Leg	1	Marasmus	12
Mastoid	2	Mastoid Disease	1
Neck	2	Measles	1
Right Hip	1	Meningitis	1
Thigh	1	Multiple Boils	1
Acute Constipation	2	Nasal Obstruction	1
Adenitis	4	Naevi Abdomen	2
Bronchitis	15	Naevus	1
Broncho-Pneumonia ...	3	Nephritis	1
Burnt Buttocks	2	Osteoclasia	1
Cancrum Oris	1	Osteomyelitis	1
Cellulitis leg	1	Pemphigus	1
Circumcision	4	Phimosis	3
Cleft Palate	1	Pleural effusion	1
Colitis	1	Pneumonia	19
Concussion	1	Potts Disease	1
Conjunctivitis	3	Purpura	1
Convulsions	3	Pyelitis	2
Dacryocystitis	1	Pyloric Stenosis	3
Double Otorrhoea	1	Poliomyelitis	1
Eczema	1	Pyrexia	1
Endocarditis	1	Rectal Polypus	3
Enteritis	15	Retro-Pharyngeal	
Enuresis	1	Abscess ...	1
Fractured—		Rheumatism	2
Arm	1	Scalds, Neck, etc.	10
Femur	1	Scarlet Fever	1
Skull	1	Septicaemia	2
Tibia	1	Septic—	
Gastro Enteritis	1	Knee	1
Genu Varum	1	Mouth	1
Glands of Neck	2	Nose	1
Haematuria	1	Sequestrum of Hand ...	1
Hare Lip	1	Skin Trouble	1
Heart Disease	1	Sore Buttocks	1
Hernia, inguinal, etc. ...	21	Stomatitis	1
Hydrocele	1	Urticaria	1
Hyperpyrexia	1	Tongue Tie	1
Injury to—		Tonsils and Adenoids ...	11
Eyelid	1	Torn perineum	1
Head	3	Tuberculosis	4
Knee	1	Vomiting	1
Nose	1	Whooping Cough	3
Throat	1	Wound, forehead	1
Intussusception	2		

Children's Hospital, Balaam Street, E.13.

A.P.M.	3	Lipoma Knee	1
C.E.V.	2	Rickets	8
C.T.E.V.	1	Spastic Paraplegia	2
Fractured Radius	1	Spinal Caries	4
Genu Varum	1	Syndactylism	2
Hemiplegia	2	T.E.V.	1

Convalescent Homes.

35 children under 5 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 stating the length of convalescent treatment necessary. The children are recommended for convalescent treatment in the first instance, either by a private practitioner who has treated them for some acute illness (e.g., pneumonia, rheumatic fever), or from a voluntary hospital after operation or illness, or by the Medical Officers of the various Infant Welfare Clinics for general debility and failure to gain in weight. Several weeks' sojourn in wholesome surroundings with good food and a regular routine life proves of untold benefit to these young children after acute illnesses or in cases of malnutrition and debility.

Midwives Act, 1902 and 1918.

Analysis of Records of Sending for Medical Aid, 1927.

PREGNANCY—		LYING-IN—	
Abortion or threatened abortion	14	Mastitis	1
Albuminuria	3	Fits	1
Ante partum haemorrhage	20	Albuminuria	1
Fits	3	Phlebitis	9
Haematoma of vulva ...	1	Subinvolution of uterus...	1
Malpresentation	1	Secondary P.P.H.	2
General unsatisfactory condition	2	Raised temperature	56
		Unsatisfactory condn. ...	33
		Mental depression	1

LABOUR—

Albuminuria	2
Malpresentation	18
Malposition	2
Placenta praevia	4
Prolapsed cord	5
Adherent placenta	14
Retained membranes	10
Post-partum haemorrhage	24
Prolonged labour	87
Foetal Distress	2
Temperature during labour	1
Ruptured perineum	159
Unsatisfactory condn. ...	10

CHILD—

Asphyxia	7
Dangerous feebleness. ...	44
Deformity	18
Fits	7
Found dead	6
Stillbirths	4
Inflammation and discharge from eyes	29
Prematurity	26
Skin Eruptions	39
Icterus neonatorum	3
Triplets	1
Injury at birth	2
Bronchitis	1
Death of Infant	1
Unsatisfactory condn. ...	20

Puerperal Fever and Puerperal Pyrexia.

Puerperal Fever—Number of cases notified	18
Puerperal Pyrexia do. do. ...	70

Of the 70 cases of Pyrexia notified:—

Two were also notified as Puerperal Fever, and

Ten occurred in women confined in, but not ordinarily resident in the Borough, giving a net figure of 58 cases of pyrexia in West Ham mothers. A full enquiry was made by the Health Visitors in every case where the patient was resident in the Borough, and periodical visits were paid as long as was necessary.

The results of these enquiries for 1927 are set out in the following tables:—

Age of Mother.

		Under 20	21-25	25-30	31-35	36-40	Over 40	Total
Puerperal Pyrexia	...	1	19	15	10	8	5	58
Puerperal Fever	...	3	6	3	...	5	1	18

No. of Pregnancies.

		1	2	3	4	5	6	7	8	9	10	11	12 or more
Puerperal Pyrexia	...	19	17	6	3	1	4	1	-	3	-	1	3
Puerperal Fever...	...	10	3	3	-	-	1	-	1	-	-	-	-

Duration of Pregnancy.

		Full-term	Premature	Abortion.
Puerperal Pyrexia	...	44	6	8 (4 illegitimate)
Puerperal Fever	...	9	3 (1 illegitimate)	6 (5 illegitimate)

Nature of Confinement.

		Normal	Normal delivery but torn perineum	Instru- mental	Presenta- tion Abnormal	Adherent Placenta	Abortion
Puerperal Pyrexia	...	32	2	10	6	-	8
Puerperal Fever	...	5	1	1	4	1	6

Attended at Confinement by—

		Doctor (including all cases, also where the Dr. was sent for by Midwife).	Midwife	Hospital
Puerperal Pyrexia	...	18	27	13
Puerperal Fever	...	13 (including the 6 abortions)	5	...

Treated for Puerperal Fever or Puerperal Pyrexia at—

		Home.	Hospital.
Puerperal Pyrexia	...	26	32 (3 deaths)
Puerperal Fever	...	1	17 (5 deaths)

RESULT.

Recovery.	
Puerperal Pyrexia... ..	55
Puerperal Fever	13

Death.

3
5

(There were 9 deaths due to puerperal infection, but one was not notified by the doctor in attendance, hence not in this report.)

Notified cause of Death.

Puerperal Pyrexia—3.		Puerperal Fever—5.	
Puerperal Septicaemia ...	2	Miscarriage: parametritis, septicaemia....	1
Puerperal Septicaemia after obstructed labour: breech with large head	1	Puerperal Septicaemia ...	2
		Peritonitis: salpingitis puerperal infection ...	1
		Cerebral thrombosis, phlegmasia alba dolens puerperal septicaemia...	1

Pyrexia or Fever attributed to the following causes.

Puerperal Pyrexia—58.		Puerperal Fever—18.	
Vaginal and perineal lacerations	12	Vaginal and perineal lacerations	4
Incomplete abortion (illegitimate 4)	8	Incomplete abortion (illegitimate, 5)	6
Retained products or blood-clot	4	Retained products	2
Acute Mastitis	3	Difficult labour, much manipulation	1
Pelvic cellulitis	3	Placenta praevia	1
Salpingitis	1	Accidental Ante-partum haemorrhage	1
Macerated foetus	2	Temperature before onset of labour (illegitimate: interference with pregnancy)	1
Acute pyelitis	1	Pelvic abscess	1
Anaemia at confinement	1	Peritonitis and Salpingitis.....	1
Influenza	7		
Pulmonary tuberculosis	5		
Pneumonia	5		
Constipation	1		
Ischio-rectal abscess ...	1		
History of previous vaginal discharge	2		
Cause unknown	2		

One of the most striking facts one finds in looking at these figures is the large number of cases of abortion with temperature during the puerperium, and further that out of 14 such cases, 9 were illegitimate.

The majority of these cases of Puerperal temperatures were delivered in their own homes: many of the cases delivered by doctors were abnormal (including the abortions), and in most cases the doctor was not engaged for confinement, but sent for by the midwives because of some abnormality.

Under the scheme of the Council, arrangements for home nursing of these women can be made with the various District Nurses' Associations, or if the Medical Attendant so desires, the patient can be admitted to the Plaistow Fever Hospital. Further, the opinion of a Consultant Obstetrician can be obtained by the practitioner attending the patient at home, if he communicates with the Medical Officer of Health. In most cases, conditions are unsuitable for the home nursing of very grave puerperal cases.

PEMPHIGUS NEONATORUM.

An outbreak of pemphigus occurred in the Borough during 1927, 12 cases being notified. In addition, there have been 13 cases of "watery blisters" for which Medical aid has been called in by the practising midwives, but these were never notified by the doctors as Pemphigus.

Special visits are paid by the Health Visitors to every case of pemphigus or "watery blisters," immediately after receipt of notification by the doctor or of medical aid slip. Weekly visits are paid thereafter as long as is necessary.

Six of the notified cases occurred in the practice of one private midwife, who also reported seven cases of "watery blisters." Her first case was not diagnosed as pemphigus, and consequently disinfection was not carried out. This case was rapidly followed by a series of cases, and in spite of adequate, thorough disinfection, with transference of the infected cases to other Nurses as soon as possible, the outbreak continued. The midwife herself underwent a thorough medical inspection, and though given a satisfactory report, was advised to take a four weeks' holiday, which she did. In spite of all these precautions, she continued to have further cases at intervals from May till September. Since then her practice has been normal. One baby died in this practice: the other infants were in a satisfactory general condition throughout.

Four notified cases were in the practice of another private midwife, with one death: she also reported two cases of "watery blisters" during the outbreak. A similar investigation was made as in the case of the first midwife, and arrangements were made for the District Nurses to undertake the nursing.

Although the midwives concerned practice in adjoining areas, no definite connection could be traced between them, or between the individual cases. Two other private midwives, both equally competent and careful, who practised in the same districts, had no cases of "watery blisters" during 1927.

The remaining cases were distributed between several midwives in various areas of the Borough.

There were no cases of notified pemphigus occurring in hospital practice; one infant, born in hospital, developed a few watery blisters shortly after discharge from hospital on the 12th day.

Midwife.	No. of Cases.		Recovery.		Death.	
	Pemphigus	Watery Blisters.	Pemphigus	Watery Blisters.	Pemphigus	Watery Blisters.
A.	6	7	5	7	1	—
B.	4	2	3	2	1	—
C.	1	—	1	—	—	—
D.	1	2	1	2	—	—
E.	—	1	—	1	—	—
Hospital Case	—	1	—	1	—	—

OPHTHALMIA NEONATORUM.

Under the regulations which came into force in October, 1926, cases of ophthalmia neonatorum are now notified to the Medical Officer of Health by the Medical Practitioners. The Central Midwives Board rules compel a midwife to call in medical help in every case of "discharging eyes, however slight," so that cases of Ophthalmia can now receive proper care at the earliest onset.

Arrangements are in force whereby any infant suffering from Ophthalmia Neonatorum can be admitted to hospital for treatment forthwith.

OPHTHALMIA NEONATORUM.

Notified.	Cases Treated.		Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
	At home	In Hospital				
22*	19	3	21	1	...	...

* In addition, 2 cases were notified that were non-resident in West Ham.

INFANTILE MORTALITY.

The Infantile Mortality rate for 1927 was 67.4 per 1,000 births.

Rate showing ages of children dying under one year.

	1927	1926
Under one day	15.6%	12.91%
1—7 days	9.3%	15.31%
1—4 weeks	13.4%	12.91%
1—3 months	11.7%	15.07%
3—6 months	18.0%	13.63%
6—12 months	31.8%	30.17%

Of the deaths in infants, 38.3 per cent. occurred under one month; 50 per cent. under 3 months; and 68 per cent. under 6 months of age.

Congenital conditions and prematurity still play a very large part in raising the infantile death rate: 149 deaths in 1927 were due to this cause, i.e., 36.6 per cent.

In the above tables the figures for 1927 correspond very closely to those for 1926: there were fewer deaths in 1927 during the age period 1-3 months, perhaps because there has been less infantile diarrhoea: on the other hand, there is a considerable increase in 1927 over 1926 at the age period 3-6 months: this may be accounted for by the increased number of deaths from respiratory conditions in 1927 (particularly pneumonia and whooping cough).

Numbers of deaths in age periods:—

1-2 years	116
2-5 years	114

Table showing Causes of Death under One Year.

Cause	1927	1926	1925
Congenital debility, malformation, and premature births	149	146	141
Pneumonia	106	74	81
Bronchitis	20	16	22
Other respiratory diseases	3	4	2
Diarrhoea	28	84	81
Measles	—	17	4
Scarlet Fever	1	2	1
Diphtheria	5	—	—
Whooping Cough	35	8	39
Influenza	2	4	2
Deaths from Violence	2	6	19
Other diseases	53	57	71

Owing to the cold, wet and sunless weather of 1927, the death rates for different diseases were variously affected. Summer diarrhoea was not common among babies, and the mortality rate was only about one-third of the 1926 rate from the same cause.

Respiratory conditions were much more evident, and there was a very marked increase in the number of deaths under one year from this type of disease. In many cases of acute bronchitis and broncho-pneumonia among infants, the home conditions, as mentioned in my last annual report, are not suitable or fit for nursing such cases.

Maternal Mortality.

Total number of births in Borough in 1927	...	5991
Number of deaths due to complications of pregnancy or childbirth	... ..	18
Maternal Mortality	... ..	3 per 1,000
Average Age of Mother at Death	... ..	35.9 years

Analysis of Maternal Deaths:—

Three deaths were due to complications following miscarriage. Cause of the miscarriage is not known in two cases, but in the third there is a definite history of abortifacient having been taken—this being an illegitimate pregnancy. In all cases the abortion occurred within the first three months of pregnancy.

Certified Causes of Death:

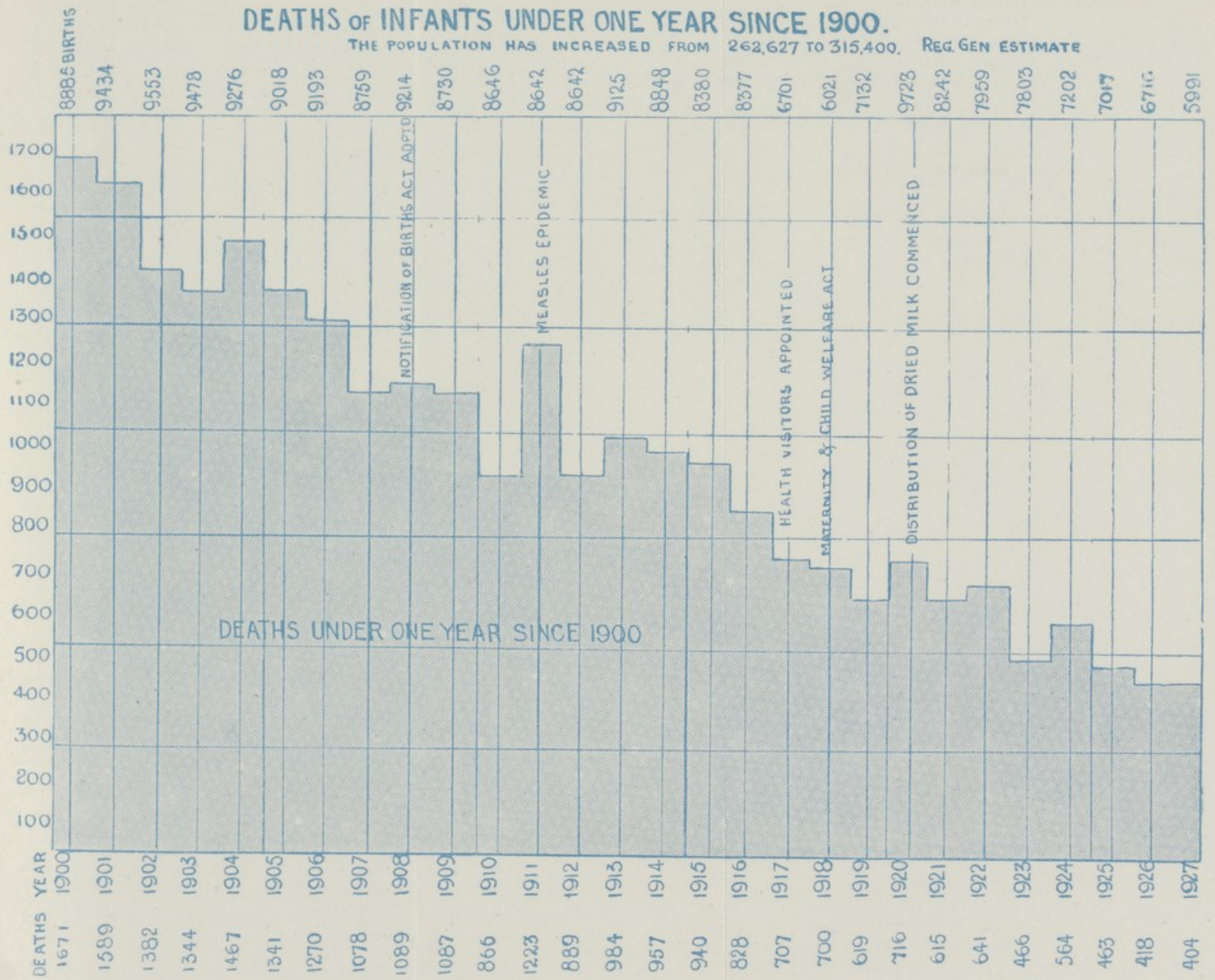
- (1) Miscarriage Died at home
(Age 37: Haemorrhage and syncope)
- (2) Miscarriage Died in Hospital
(Age 38: Parametritis and Septicaemia—
Illegitimate)
- (3) General peritonitis Died in Hospital
(Age 34: Pyaemia and abortion)

15 Maternal deaths now remain:

Delivered in hospital—4, all sent in as emergency cases.

DEATHS OF INFANTS UNDER ONE YEAR SINCE 1900.

THE POPULATION HAS INCREASED FROM 262,627 TO 315,400. REG. GEN. ESTIMATE



Antenatal Care	History of Case	Cause of Death
1—Yes, Antenatal Clinic. Age 35.	4th pregnancy : Urine had been normal at last visit to clinic : Sudden onset of toxic symptoms : admitted to Hospital on second day of illness with toxic albuminuria. Premature labour induced—S.B. macerated foetus delivered.	Eclampsia Parturition.
2—None. Age 37.	10th pregnancy : full-time pregnancy : very difficult instrumental confinement : post-partum haemorrhage.	Post-partum haemorrhage : exhaustion : tonic contraction of uterus.
3—Version from breech to vertex had been attempted 2 weeks before by Doctor. Age 24.	First, full-time pregnancy : difficult breech delivery with impacted after-coming head. Transferred to Hospital partly delivered—delivered in Hospital, S.B. child : much laceration of passages.	Puerperal Septicaemia : obstructed labour : breech with large head.
4—Yes, Antenatal. Clinic. Age 27.	1st pregnancy : pregnancy normal up to 6/12 : patient taken ill suddenly while away on holiday : sent to hospital and labour induced at 6/12.	Eclampsia.

Normal	6	(delivered by Doctor	2)
		(delivered by Midwife.....	4)
Abnormal.....	5	(delivered by Doctor	2)
		(delivered by Midwife.....	3)

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Antenatal Care	History of Case	Cause of Death
8—None. Age 41.	<i>Doctor and Midwife :</i> 6th pregnancy : premature 7 months. Mother very worried throughout pregnan- cy. A.P.H. delivered of S.B. child. Delivery followed by acute P.P.H.. Died shortly after birth of infant.	Shock : Acute P.P.H. Childbirth.
9—None. Age 24.	<i>Doctor :</i> 1st pregnancy (full time). Difficult instrumental con- finement : mother died under anaesthetic after de- livery of living child, but before placenta was ex- pressed.	Cardiac Disease. Chronic anaemia. Dystocia : instrumen- tal delivery with chloroform.
10—None. Age 37.	<i>Doctor :</i> 3rd pregnancy : full-term : difficult breech delivery : temperature rose 3rd day. Died 18th day.	Cerebral thrombosis : phlegmasia alba dolens : puerperal septicaemia.
11—Yes, Midwife. Age 26.	<i>Midwife :</i> 1st pregnancy : full-term : normal delivery : taken ill on the 4th day : jaundiced : vomiting : transferred to London Hospital.	Acute Yellow Atrophy : Toxaemia of pregnancy.

Three of the Maternal deaths, i.e. 16.5%, were due to complications of abortions. This is a matter for grave consideration. Comparatively few patients appear at clinics or book their doctor or midwife as early in pregnancy as the first three months. Often the first that is known of a patient's condition is after she has been ill some days—having repeated “floodings” or having had a temperature from decomposition of retained products. Maternal mortality from this cause will only be reduced by the comparatively slow process of educating the public (including doctors, midwives, and most of all the pregnant women) to the fact that antenatal supervision is absolutely necessary from the earliest possible period right up to full-term. The first three months are as important as the last three months of pregnancy.

Of the 15 remaining maternal deaths, four were delivered in hospital, but none of these had booked for confinement in hospital—all being sent in as emergencies.

Seven maternal deaths, excluding the deaths after abortion, were due to Puerperal Septicaemia. Of all the deaths, nine, or 50% were from this cause. In two of these cases only was there a history of difficult labour—breech deliveries—necessitating interference and consequent laceration of the soft parts. In all cases the temperature rose on the 3rd to 5th days, and in one patient (who was unmarried) there was a history of rise of temperature before delivery. Four of the seven cases were delivered by doctors (two being difficult breech cases) and three by private midwives. There was a history of some antenatal care in two of the doctor's cases, and one of the cases delivered by midwives received regular antenatal supervision. The source of infection in these normal deliveries is frequently difficult to trace, if one assumes that labour was conducted with due attention to asepsis and antisepsis.

Pulmonary embolism and Ante Partum Haemorrhage account for two deaths which are regarded as true accidents of child-birth. Two women died immediately after delivery: delivery in both cases was long, difficult, and instrumental. One mother was a primipara, the other a multipara (10th). Neither had received any antenatal care.

Of the two remaining cases both had been seen antenatally at regular intervals: one died following severe haemorrhage, due to placenta praevia.

The other death from Acute Yellow Atrophy is interesting in that no symptoms developed till the 4th day of the puerperium. Pregnancy was normal—the supervision was conducted throughout by a competent midwife. An autopsy revealed all the changes associated with Acute Yellow Atrophy.

In a borough such as West Ham, which is essentially industrial, with many very poor districts, the maternal mortality rate of three is low compared with that of the country as a whole. Of all births, 55 per cent. were delivered by midwives. There are in this area several big maternity Centres recognized by the Central Midwives' Board as training schools for pupil-midwives. These centres have districts attached, in which patients are delivered and nursed by midwives and pupils under the same careful supervision that exists in hospital. Further, all such patients are obliged to receive antenatal supervision. The private midwives are keen and conscientious, and one finds that many of them undertake antenatal work or arrange that their patients attend a clinic. It is hoped that a still closer co-operation in antenatal work, including co-operation between doctors, midwives, and clinics, and the patients themselves, may result in a lowered maternal mortality rate in the Borough.

The analysis of the causes of deaths among mothers during the last year points to several factors which obtain in causing the relatively high mortality rate—lack of antenatal treatment or supervision is one of the most outstanding of these factors.

STILLBIRTHS.

Total number of Stillbirths	219
Total number of Births	5991
Percentage of Stillbirths	3.6 per cent.

From 111 Stillbirths investigated the following tables have been compiled:—

Age of Mother.	
Less than 20 years	5
21—25 years	17
26—30 „	26
31—35 „	24
36—40 „	14
41 onwards	10
Age uncertain	15

Duration of Pregnancy (in lunar months).	
6—8 months	26
8—9 months	17
Full-term	59
Uncertain	9

Number of Pregnancies.

1 ...	42
2 ...	15
3 ...	11
4 ...	7
5 ...	6
6 ...	6
7 ...	3
8 ...	5
9 ...	1
10 ...	6
11 ...	1
12 (or over)	6
Not known	2

Condition of Foetus.

Macerated	26
Not macerated	66
Not known	19

Nature of Labour:

(Presentation) :

Vertex	58
Breech	15
Face	1
Transverse	5
Not known	31
Prolapsed cord	1

Attributed Cause of Stillbirths.

General Disease of Mother	7
Renal Disease	8
Influenza	1
Difficult labour	30
Haemorrhage (a) Post-partum	5
(b) Ante-partum	7
Caesarian Section (shock)	1
Possible Syphilis	5
Abnormality of foetus	7
Shock, accident or worry	14
Cause unknown	26

Conclusions :

Age of Mother: Forty-three stillbirths occurred in the age period 20—30 years, and thirty-eight in the period 30—40 years. Age in itself has no direct influence on the number of stillbirths, but it is linked up with other factors, e.g., parity and general condition of the Mother.

Parity: This table is most useful in that it shows in a striking way that by far the greatest number of Stillbirths (in above series 37.2%) occur in Primiparae.

It is reasonable to suppose that maternal mortality, neonatal and intranatal deaths are preventable to a far greater extent than the figures in the Maternity and Child Welfare report would seem to indicate. All these death rates are closely related in cause, and therefore in prevention: the first step in prevention lies in more antenatal supervision.

From information gleaned over a long period from many reliable sources, I am strongly of opinion that amongst expectant mothers the practice of taking noxious ecboic drugs is very prevalent and is increasing and that their health is thereby affected, and often to a more severe degree the vitality of the infants. Many of the deaths from prematurity and asthenia, especially those occurring within a few days of birth, are, in my opinion, due to intrauterine causes over which the conduct of the mother has probably had some effect. The fate of such infants is sealed before they are born. It might be worth while investigating how far the taking of noxious drugs during pregnancy contributes to the high rate of maternal mortality by causing lack of resistance to infection during labour from the effects of these necessarily debilitating drugs. This statement is not made as a censure on the conduct of the women concerned; it is meant to give food for thought as to whether or not it is medical science or prevalent economic conditions which should receive the research needed to find a way to check what should be unnecessary deaths, and further, as to whether the properly controlled teaching of contraception would not tend to lessen the evil.

Dr. Dowling resigned her position as Assistant Medical Officer for Maternity and Child Welfare in June, and this position was filled by Dr. Helen Campbell, to whom I am indebted for much of the work connected with the compilation of this section of my report.

I have set out the activities of this section at some length, as I feel that it is by concentrating every possible attention upon this phase of preventive medicine that the best results will ensue.

MENTAL DEFICIENCY ACT, 1913.

On the 31st December, 1927, the number of Mental Defectives on the register numbered 305. Males, 177; Females, 128. Number actually in Institutions, 110—Males, 67; Females, 43. Number under supervision, 194—Males, 67; Females, 43. Number under guardianship, 1 Female.

Sixty-one new cases were dealt with during the year as follows :—

Recommended Institutional treatment :

Males 12, Females 7.

Recommended Supervision at home :

Males 12, Females 15.

No action necessary :

Males 8, Females 7.

Number awaiting Institutional treatment, 31/12/27.

Males 13, Females 14.

Number dealt with under the Lunacy Acts :

Males 1, Females 2.

Number discharged :

Males 1, Females 1.

Number died :

Males 0, Females 1.

Cases notified by the Local Education Authority under Sec. 2

(1) (b) (v) during the year :

Males 12, Females 10.

Number of cases admitted to Institutions during the year :

Males 8, Females 5.

During the year 17 Continuation Orders were received as follows :—

For 5 years 15. Males 9, Females 6.

For 1 year 2. Males 2, Females 0.

Ascertainment.

Cases of mental defect come to the notice of the Local Authority through various and numerous sources: the Local Education Authority, Assistant School Medical Officers, Health Visitors, Sanitary Inspectors, Poor Law Officers, close co-operation with various voluntary organisations, including The Central Association for Mental Welfare, Dr. Barnardo's Homes, The Jewish Association for the Protection of Girls and Women, and Charitable Homes for Defectives. All cases reported are medically examined, and in the event of certification suitable training is attempted to be obtained. The records of those persons who, on examination, are found not certifiable are kept, the cases followed up and if deemed desirable, re-examined at a later date and certified if found necessary.

The low ascertainment figure of 0.93 per 1,000 in the area is largely accounted for by the fact that the Local Education Authority arrange for a big number of cases which come to their notice to attend a special school and children are notified only when it is eventually found that they are not educable or that continued attendance at the special school is undesirable for various reasons, e.g., owing to having a detrimental effect upon others.

I have no doubt whatever that very few defective children, if any, escape being brought to my notice, but it is possible that a few adults who have recently come into this district may be overlooked, unless I am notified by the Local Authority from whose area they have arrived.

Supervision.

On 31st December, 1927, there were 305 Mental Defectives on the register, of which number 110—67 Males, and 43 Females—were in Institutions, the remainder being under supervision. Supervision is carried out by a specially appointed Nurse, who has had a number of years' experience in this type of work. There are 195 cases—110 Males, 85 Females—under supervision in their homes, many of whom are under supervision only because Institutional treatment is not obtainable. All these cases are visited at intervals of from one to three months according to the circumstances of the individual case. Frequent visits to the homes of defectives for supervision purposes are, however, in a large percentage of cases a very fruitless task, because for the most part the home conditions cannot be changed nor is it often possible to place 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 refuse to supply necessary information. In cases where any laxity of care at home is reported, however, all endeavours to obtain more suitable conditions are made.

Guardianship.

At present two cases only are under guardianship. One, a female of 27 years of age, was placed under the guardianship of her parents in October, 1926, after a period of detention at Stoke Park Colony, since when both her father and mother have died. She is now under the guardianship of her married sister. Arrangements were made with the Essex Voluntary Association for her to attend the Occupation Centre in Greenleaf Road, Walthamstow, in May last, and she is still in regular attendance. Very satisfactory reports on her progress and conduct are received from the Centre from time to time. The defective is visited by the Nurse at frequent intervals, and also defective is medically examined at varying periods.

The other case, a girl aged 19 years, is under the guardianship of her mother, and also attends the above named Voluntary Occupation Centre.

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.

Colony Accommodation.

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

The question of providing a Colony of 490 beds at Ockenden is being discussed by the West Ham Authorities. The number of beds provided for is some 200 at least, in excess of that needed in this area, but no difficulty is expected to be experienced in filling these with cases from neighbouring Authorities.

With the sanction of the Board of Control the beds will be apportioned for the various types of cases as follows:—

			Males	Females
Lowest grade	...	...	20	20
Hospital	...	...	24	24
Adults (in Homes of 60)	...	...	120 or 180	180 or 120
Children	...	...	50	50
			—	—
				488
Isolation block, 2 beds	...	...	...	2
				—
				490

Preliminary plans are in course of preparation, and it is proposed that the Colony should comprise the following buildings:—

Two blocks for adults, one each for male and female patients, which will be two-storey buildings. There will be provided a Hospital Block with two wards, each containing 4 beds for Tuberculosis patients and two general blocks on either side for male and female patients, containing 20 beds in each. These are one-storey buildings. A separate block will be provided for the Lowest Grade class in a position remote from the main buildings. This will contain 40 beds, 20 beds each, allocated to males and females. The Children's Wards will be provided with school and manual classrooms for the training of younger patients. For the older defectives there will be another block comprising Engine Room and Boiler House, Laundry and Workshops: the Laundry for Female patients to work in and Workshops for such work as boot repairing, for the Males. There will be a block with Recreation Hall, Kitchen, Bakery, Stoves, etc. The Staff Block will comprise Medical Superintendent's Offices, Surgery, Dental Room, Steward's Offices, and Board Room. In addition to this accommodation, homes will be provided for male and female Nurses and a Residence for the Medical Superintendent and for the Steward and other officials.

The new Mental Deficiency Act, 1927, materially affects the law relating to defective persons and their treatment, and contains clauses which should prove of much benefit.

ANNUAL REPORT
OF THE
SCHOOL
MEDICAL OFFICER
FOR THE YEAR
1927

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

ANNUAL REPORT
OF THE
SCHOOL
MEDICAL OFFICER
FOR THE YEAR
1927

W. C. HARRIS, M.D., U.S.A.
MEDICAL OFFICER, U.S.A.

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I beg to present to you my Annual Report on the School Medical Service. The year 1927 has not been productive of anything worthy of special mention as regards the health of the school children, which has remained satisfactory as a whole. Though there has been a big incidence of Scarlet Fever, the degree of severity of the disease has been slight, the percentage of attendance in many schools has, however, been very adversely affected. At the time of writing this report there is a considerable increase in the incidence of measles—this is likely to have a much more adverse effect than the epidemic of Scarlet Fever.

Additional facilities for the operative treatment of Tonsils and Adenoids will shortly be available at the Children's Hospital at Balaam Street, where each case will be admitted to Hospital on the day preceding the operation and will remain in the Hospital until the day following the operation.

Permission has been obtained from the Board of Education for the appointment of a fourth Dental Surgeon.

A scheme for the treatment of school children by Artificial Sunlight has been forwarded to the Board of Education, and it is hoped that the scheme will receive their approval.

Matters which should demand attention are the establishment of Nursery Schools and the medical examination and supervision of children between the ages of leaving school and coming under the ægis of the National Insurance Act.

The question of introducing into the school curriculum more definite and regular instruction in hygiene is worthy of the consideration of the Committee.

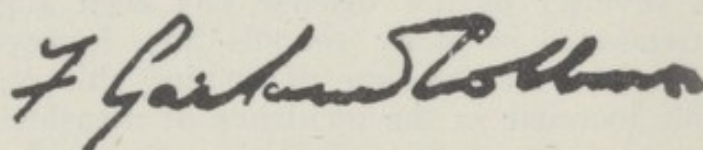
Reference to the Tables set out on page 144 of this Report will show that the physique of the school children has improved to a remarkable degree during the past 13 years.

Both the height and weight of children have increased to an extent varying according to age, from $\frac{3}{4}$ of an inch to over 2 inches in height, and from $1\frac{1}{2}$ to $5\frac{1}{2}$ lbs. in weight. This statement indicates a vast improvement, not only in the physique, but also in the general health of the children.

Great satisfaction must be felt that the care taken and money spent in the endeavours made for the amelioration of the health of the children of this Borough have produced such results, and it is an encouragement to continue further the efforts made to this end.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in dark ink, reading "F. Garth Jones". The signature is written in a cursive, flowing style with a large, prominent "F" and "J".

School Medical Officer.

Town Hall,

West Ham, E.15.

March, 1928.

(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.

CLERICAL STAFF.

Mr. F. W. England, Chief Clerk.
Mr. R. H. Thomas, Senior Clerk.
Miss E. F. English (Resigned).
Miss P. I. Geaussent.
Miss M. I. Sparrow.
Miss G. A. Blackler.
Miss W. S. Reed.
Miss M. G. England.
Miss E. W. Wood.
Mr. T. P. Swatts.

NURSING STAFF.

Miss E. Adams.	Miss C. E. Hutton.
Miss C. Aitken.	Miss E. K. Jack.
Miss E. Alford.	Miss E. E. Kerbey (Resigned).
Miss D. S. Ayton.	Miss E. Large.
Miss F. I. F. Bateman.	Miss A. K. McCormack.
Miss A. Burrows.	Miss M. Mackenzie.
Miss E. M. Bussell.	Miss L. F. Manning.
Miss A. J. Costain.	Miss M. T. Morrison (Resigned).
Miss B. Downs (Resigned).	Miss L. M. Pennington.
Miss M. M. Empson.	Miss F. R. Pritchard.
Miss E. Fraser.	Miss M. H. Rose.
Miss L. C. Glover.	Miss E. R. Tanner.
Mrs. C. B. Halls.	Miss M. E. Tanner.
Miss E. D. Harris.	Miss M. A. Van Ryssen.
Miss F. G. Hobbs.	Mrs. S. Wilderspin.

(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, so that this may be available as a guide to the Doctor at Routine Medical Inspection.

(b) Nursery Schools.—There is one private Nursery Class 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 is for the most part now undertaken by the Assistant Medical Officer for the Maternity and Child Welfare (Dr. Helen Campbell).

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

(e) 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. During the year an increased incidence of Diphtheria at two schools was investigated by the Public Health staff and the scholars then examined by the School Medical staff and the carrier cases discovered and treated. 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. 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.

Arrangements have been made for those Scholars who are absent from school during routine Medical Inspection at the school to be examined elsewhere at an early date.

(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 Examinations 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, viz. at the places indicated :—

Hallsville	}	The Public Hall, Canning Town.
Clarkson Street		
St. Margaret's		
Holy Trinity		
Canning Town		

St. Luke's	}	The Boyd Institute.
S. Hallsville		

St. Patrick's	}	The Old Vicarage, Christ Church.
Carpenters Road		

Salway Place	}	The Wesleyan Hall.
St. Francis'		

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

Custom House. The Bancroft Hall.

St. James'. Hanford Memorial Hall.

West Ham Church Boys. The School Clinic, Stratford.

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. Application for use of third Hospital being considered by the Board.
- (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.

Application has been made to the Board of Education for consent for Artificial Sunlight Treatment to be undertaken for school children at Balaam Street Children's Hospital.

(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 and Pediculi	Body Pediculi	Head and Body Pediculi	Sores	Dirty	Visited
49048	1857	521	193	57	299	362	1996

The percentages for head and body vermin are respectively 1% and .4%.

Number of Home Visits ...	...	...	2065
Children Visited at School ...	...	...	6562

Conditions remedied:—

Defective Clothing	...	...	...	172
Unclean Heads	...	...	...	1296
Unclean Bodies	...	...	...	217
Scabies	...	...	...	3
Impetigo	...	...	...	22
Other Skin Diseases	...	...	...	40

No children were cleansed under Sec. 122 of the Children Act during the year, but 172 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 is 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 1,559 cases of this condition were recommended for operative treatment and 827 cases from among the Specials. The percentage among the unselected "Routines" amounts to 8.7.

(d) TUBERCULOSIS.

At the Routine Inspection 32 children were classed as Pulmonary Tuberculosis, in 11 of which the signs were quite definite; 85 doubtful cases were referred for observation. Among the specials 82 were diagnosed as definite Pulmonary Tuberculosis whereas 21 cases came under suspicion. The total of non-pulmonary cases was 40, of which 18 were referred for treatment.

(e) SKIN DISEASES.

Excluding ringworm of the head there were 301 skin diseases among Routines requiring treatment, and among the Specials 4,500. 82 cases of Ringworm of the Head were found to require treatment.

(f) EXTERNAL EYE DISEASES.

This type of disease is very prevalent among school children, and to some extent indicates visual defects or some degree of faulty personal hygiene in the home. There were 169 among the Routines and 1,202 among the Specials requiring treatment, the percentage in the former case being .9.

(g) VISION AND SQUINT.

At the Routine Inspections 1,009 children were referred for the Oculist and 282 for Squint. This gives 7.2% as the amount of Visual defect among unselected children. Besides the above, 754 cases of Defective Vision were found among the specially selected cases.

(h) EAR DISEASE AND DEAFNESS.

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—104 deaf children among the Routines (roughly .6%) and 139 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 154 Routines and 621 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. At Routine Inspection there were some 1,165 obvious cases and 132 among the Specials, while 249 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, as also those attending the Crosby Road Day Open Air School for delicate girls.

(i) CRIPPLING DEFECTS.

Marked crippling defects are inconsiderable 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 as a rule of such a nature as not to hamper the child attending the Elementary School. Any marked deformities found resulting from Rickets, Tuberculosis, or Infantile Paralysis are referred for admission to the Special Schools.

There are two Special Schools for Physical and Mental Defectives, at Grange Road and Knox Road, having accommodation for some 72 and 80 children respectively, on the physical side. As a rule these Schools are full. Besides the Routine Inspection here, the results of which are incorporated in the tables for Elementary Schools, there are four statutory examinations for the examination of admissions, and of children already on the registers.

The following Table gives the analysis of the Special findings at the statutory examinations at the Special Schools during the year under consideration.

Cases Admitted to Special Schools.

	Boys				Girls	
Mentally Defective	11	...	12
Paralysis	1	...	3
Tuberculosis	2	...	—
Other Physical Defects	8	...	5

Cases Not Admitted to Special Schools.

	Boys	Girls
To try or continue at Elementary School (backward or dull) ...	7	3
To try or continue at Elementary School (slight physical defect)	6	5
Recommended Open Air Schools or Convalescence ...	1	2
Notified to Local Authority (M.D.'s)	13	10
Too young for school ...	5	2
Deaf Centre ...	1	—
Special training ...	1	—

Unfit for School—

Epilepsy ...	2	—
Paralysis ...	1	2
Defective Vision (Blind) ...	2	1
Mental Defectives ...	3	5
Tuberculosis ...	3	3
Heart Disease ...	3	1
Excluded (Spina bifida) ...	—	1
Other Physical Defects ...	6	3

Cases allowed to leave Special Schools—

M.D. ...	9	4
P.D. ...	4	3

Cases to remain at Special Schools—

M.D. ...	9	5
P.D. ...	8	—

(k) NUTRITION.

The steady activities of the School Medical Service with all its remedial and preventative measures to improve the health of the school child is helping in a remarkable way to enhance the general nutrition of the school child. There is a considerable diminution in the number of mal-nourished children as compared with former years and this is reflected in the present averages of Height and Weight as shewn by the following comparative table:

AVERAGE HEIGHT AND WEIGHT, 1914-1927.

Height.

1914.			1927.		
Age	Number examined 1914	Average Height in inches 1914	Number examined 1927	Average Height in inches 1927	Increase in Height of Children examined in 1927
Boys :					
5	1,803	39.9	1,554	41.3	1.4 ins.
*8	36	45.4	2,166	47.5	2.1 ins.
12	2,891	54.2	2,278	55.0	.8 ins.
Girls :					
5	1,776	39.5	1,525	41.1	1.6 ins.
*8	50	45.0	1,976	47.3	2.3 ins.
12	2,826	54.9	2,214	55.7	.8 ins.

Weight.

1914			1927		
Age	Number examined 1914	Average Weight in lbs. 1914	Number examined 1927	Average Weight in lbs. 1927	Increase in Weight of Children examined in 1927
Boys :					
5	1,803	37.6	1,554	41.1	3.5 lbs.
*8	36	47.8	2,166	52.0	4.2 lbs.
12	2,891	70.3	2,278	75.7	5.4 lbs.
Girls :					
5	1,776	37.3	1,525	38.9	1.6 lbs.
*8	50	46.5	1,976	51.0	4.5 lbs.
12	2,826	72.6	2,214	76.2	3.6 lbs.

* The age groups inspected during 1914 were "Entrants" and "Leavers." Children of 8 years of age did not fall within the age period comprised by the entrant group.

(6) Infectious Disease.

There has not been a school closed during the year on account of infectious disease, in spite of an unusual incidence of Diphtheria and Scarlet Fever. 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:—

Exclusions during 1927.

	No. of Cases excluded
Skin Diseases	347
Conjunctivitis	27
Other External Eye Diseases	15
Other Defects and Diseases	57
Mumps	22
Otitis Media	4
Tonsillitis	15
Verminous	3
Chorea	2
Diphtheria	4
Tuberculosis	81
Tinea Tonsurans—	
Treated by X-Rays	49
Treated at Clinic	32
Tinea (Body)	15

Total Number of Children involved, 668.*

* This figure includes cases notified from every source.

(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, those 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 appropriate 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	14945
Number of Children visited at School	4126
Number of hours spent in following-up by visits, including Verminous Cases	4290
Number of Re-inspections by School Doctors of Elementary School Children	8283

(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; an application is being considered by the Board for operations to be done at the Balaam Street Children's Hospital. Before operation every child is examined by one of the School Medical staff, and provided with a voucher by one of the School Medical staff, and re-inspected by the Medical 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 1,225 operations for this condition were performed under the Authority's Scheme and 110 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 73 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 81 cases were entered in the School Diseases Register as exclusions. 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.

Langdon Hills Children's Sanatorium	...	...	16
East Anglian Sanatorium (Lungs and Glands)	...	...	13
Seven Oaks Open Air School	...	...	1
Heritage Craft Schools, Chailey	...	...	2
Sir William Treloar's Home, Alton	...	...	2
Alexandra Hospital, Guildford	...	...	1
Alexandra Hospital, Swanley	...	...	1
Victoria Homes, Margate	...	...	1
Whipps Cross Hospital	...	...	11
St. Vincent's Cripple Home, Pinner	...	...	3
West Ham Union Homes, Margate	...	...	1

In addition to the above, there were 52 "Out of School" Cases, calculated up to the end of December, 1927.

(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, the diagnosis confirmed, or otherwise and, if necessary, a voucher given for treatment on behalf of the Education Authority. 49 cases out of 84 received X-Ray treatment. Ringworm of the body is more amenable to drug treatment, and 248 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 81 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 13 to 1. Only 73 cases were treated 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 usually a 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 Educational Institutions) :—

Cases sent to Ophthalmic Specialists	...	...	2463
Number attended	...	...	2169
Percentage attendance	...	...	88
Number of Clinic Days	...	...	115

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

(g) EAR DISEASE AND DEAFNESS.

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 that 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. Minor ear defects to the number of 889 were treated at the Clinic and 60 were treated privately.

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 Schools, for, as mentioned in my last report, these cases were found not to do so well or improve so rapidly as their colleagues, as long as their mouths are in a septic condition. There are three Dental Clinics at present, two at Stratford and one at Canning Town; application has been made for a fourth Dental Clinic at Rosetta Road. Under the scheme some

15,079 children were inspected, together with 2,958 "specials." Of these 7,266 were found to require treatment, and 6,707 were actually treated. The following remarks and comments are abstracted from the individual reports of the Dental Surgeons.

Mr. Percy writes:—

Better attendance of the parents is shewn, together with appreciation of the value of the work. There is no doubt also that parents are seeking attention earlier, so that there is less suffering now among the children than formerly. The early treatment of the temporary teeth cannot be over-estimated; for children often, although not actually suffering pain, are quite unable to eat properly to avoid the pain. On the whole steady progress is being made and one looks forward to a still wider field of activity.

Mr. Dick writes:—

It was not possible to inspect and treat all schools under my care during 1927. It has become increasingly difficult each year to do all schools; in fact it has only been possible by the selection of urgent cases only towards the end of the year. An extra School (Crosby Road Open Air School) also was inspected and treated, and being a Special School a little more time was spent on a number of cases.

The number of special cases continues to increase rapidly, clearly shewing that the treatment given is inadequate.

The work for the year is practically the same as in preceding years. The number of extractions is slightly less; 3,570 for 1926, 3,404 for 1927, but the fillings shew an increase, 337 for 1926, 390 for 1927.

I have again to thank the Head Teachers for their co-operation and help at all times.

Miss Gubb writes:—

The average attendance throughout the year has been well maintained. The highest attendance for any one school being 80% of the children referred for treatment, and the lowest 52%, with an average of 64% taking all the schools together. I should again like to express my thanks to all the Head and Assistant Teachers for their co-operation; the interest which they shew is always a valuable help in securing the children's attendances at the Clinic for dental treatment.

The Routine School Dental Inspections for the year (ages 6, 7 and 8 inclusive) are the largest numbers seen since the year 1923 (4,695), most of whom required treatment in varying degrees. Out of this number only 55.9% were normal in the sense that at the actual time of inspection they were not requiring any treatment at all for Dental Caries. It is obviously a great problem to give all the children adequate treat-

ment and this partly accounts for the large number of "specials" (798) who have presented themselves at the Clinic during the year.

Seventeen Schools in all were inspected, but it was only possible to treat 14 and start the 15th by the end of the year.

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.

Certain 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 1927 :—

New Cases Admitted	Total Attendance	No. of Children Discharged
14,742	62,385	15,028

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 1927, 191 boys attended the School Holiday Camp at Shoburness, and 170 boys and 210 girls attended the Dymchurch Camp for a fortnight each. In addition 18 boys and 2 girls attended the Dymchurch Camp for one week.

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, either at the School or neighbouring Clinic, and a School nurse calls weekly to report cases that are not doing well, these being seen at the Clinic, and cases that have recovered are referred back to the Elementary Schools. There were 16 admissions and 20 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 86 cases were so referred to the Stratford Clinic, 266 visits in all being paid.

I am indebted to Miss Howship the zealous Headmistress of the Day Open Air School, for the following reports upon some of her pupils:—

Pupil A., age 12. Admitted 7/9/25, morose, defiant untruthful, vulgar minded, too impatient and greedy to wait for her own garden produce, she gathered it before it was ready and then stole from other gardens. She had to be watched lest her talk should injure other children's minds. To-day this girl is happy, trustful and trustworthy. She is delighted to be "mother" to a seven year old junior. She is a class monitor, clean minded, honourable, amiable. Her garden shows evidence of patience and hard work.

Pupil B., age 12. Admitted 7/9/25, a weak, down trodden, unhappy child, had no self-confidence, thinking always that she was being scolded. She made no effort to

work or play. "I shall tell my Mum," was her plaint at some fancied slight. This girl has very gradually overcome her sense of inferiority. She says in a recent "Health Essay," "We must keep a smiling face and cheerful mind. By that way we can get fat."

The improvement in this girl's outlook is astonishing. She now volunteers to take a prominent part in all school activities.

Pupil C., age 14. Admitted 27/4/25, altogether limp and without interest; very backward and nervous in all lessons. Her intercostal muscles remained stationary in breathing, and she had to be taught how to use them. She is now our vigorous School Captain, elected by her fellows. She took first prize this Summer for her well kept garden. She is to leave at the end of November—a healthy, happy girl.

Pupil D., age 11. Admitted 7/9/25. Cried for no apparent reason, and quarrelled with everyone. Interest dawned through the garden, and gradually extended to other school work. Her little garden took the Juniors' First Prize for Vegetables. Her ideals of personal cleanliness are improving, for she made disparaging remarks on the teeth of a girl who is taking an iron tonic! She can now be gently teased without weeping, and can be trusted with Junior's Monitor duties.

Pupil E., admitted 27/4/25, a pale, weak child, and left after 18 months a well grown, healthy girl. She returned to the Elementary School, and is now occupying an honourable position among her original classmates. Her good health is maintained after having left Crosby Road for a year.

Pupil F. has a somewhat similar record. She shows marked artistic ability, and was particularly successful with her flowers. This led to her seeking some occupation concerned with flowers, and on leaving school she hopes to take up work learning flower decoration for hotels and large private houses.

Another cause for satisfaction is the fact that the girls who have left the School continue to do well. They visit the School whenever they can, telling of increased health and of work well done.

Many more cases might be given. It is difficult to choose where all are interesting.

Clothing, boots, and general cleanliness have improved very much indeed. The parents are trustful and grateful where they were once sceptical and, in a few cases, unwilling to co-operate.

The following ditty (The Crosby Jingle), sung to the tune of "The Vicar of Bray," as composed by the staff, reflects the spirit of the School:—

In Crosby Road there is a School
Where everybody's cheerful.
The wind may blow, the rain may pour,
It's no good looking tearful.

We stamp our feet
And drink hot milk,
And dig our gardens gaily;
And blow our noses frequently,
And eat our fresh fruit daily.

Etc., Etc.

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 8 girls were admitted and 11 returned all considerably benefited by their stay.

The Authority has a Residential Open Air School for 80 boys at Fyfield. 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 134 boys admitted and 148 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 soon after admission, due no doubt to the change to a regular healthy habit of life—good food and sufficient sleep.

Out of 131 re-examinations made at periods varying from three to twelve months after discharge:—

10 were in excellent condition.

28 had maintained improvement.

29 had not maintained the improvement.

14 did not attend the inspection, several of them having left school and gone to work.

During the first twelve months following the opening of the School parents were allowed to visit on the first Saturday 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. This has proved to work very satisfactorily.

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 a few times during a period of three years. It is remarkable that not a single case of infectious disease has occurred in the School.

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 a.m.,	Breakfast.
8.30 a.m.,	Inspection. Prayers.
9.10—11.50 a.m.,	Classwork.
12.0 noon,	Dinner.
1.0—2.30 p.m.,	Rest.
2.40—4.35 p.m.,	Classwork.
4.45 p.m.,	Tea. Then recreation. Wash.
8.0 p.m.,	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 pota- toes, 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, potatoes, 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. 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 220 boys were examined, and of these 216 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.

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

	Breakfasts	Dinners
Number of Meals supplied at Silver-		
town National Kitchen	9203	14574
Number of Meals supplied at School		
Dining Centres	279450	477628

Average number of children attending per month: 7685.

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 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 for instruction and supervision.

The number of school children who attended the Corporation Washing Baths during 1927 is given in the following Table:—

	Boys	Girls
Balaam Street Baths	4979	5587
Jupp Road Baths	5444	2808
Silvertown Baths	1536	1046
Fenn Street Baths	4794	2640
	16753	12081

Total 28834.

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 now realise 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 School Medical Inspections in the case of 6,995 boys and 7,012 girls, making a combined average attendance of 79 per cent. as regards the Elementary Schools.

The number of refusals to examinations is not great considering the number of children examined. By far the most common reason for refusal is "We have our own doctor," the other usual reason given being that the "Parent cannot 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 1927:—

School.	Boys	Girls	Infants
Elmhurst Road	1	—	2
Shipman Road	—	—	1
St. Antony's	2	—	1
Abbey	1	—	—
Harold Road	1	1	—
Beckton Road	—	1	—
Holborn Road	1	—	1
Bridge Road	1	—	—
West Ham Park	1	—	—
Silvertown	—	1	1
Upton Lane	—	1	1
Water Lane	—	—	1
Godwin Road	—	2	2
Maryland Point	—	1	—
Hilda Road	—	—	1
New City Road	1	—	—
Odessa Road	—	—	2
Colegrave Road	—	—	1
Hallsville	—	2	2
St. James	1	1	—
Credon Road	1	—	3
St. Margaret's	1	2	—
Rosetta Road	—	—	1
Balaam Street	—	—	1
Salway Place	—	—	1
Upton Cross	—	—	3
Regents Lane	—	1	—
Totals	12	13	25

(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.

Valuable co-operation is rendered by the Committee's Inspectors, viz., Mr. E. W. Hodges and Miss C. M. Bott.

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

Vision	1482
Hearing	97
Breathing Exercises	23
Physical Exercises	39
Heart (Physical Overstrain)	182
Teeth	12
Nervous System	18
Mental Condition	14
Deformities	18
Skin Dis. and Vermin	17
Speech	13
Other Defects and Diseases	451

(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	...	...	...	...	...	507
Chicken Pox	...	...	...	...	...	845
Whooping Cough	...	...	...	...	...	944
Mumps	...	...	...	...	...	628
Tonsillitis	...	...	...	...	...	477
Other Diseases	...	...	...	...	...	883

(16) Co-operation of Voluntary Bodies.

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

- (1) 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 71 cases were referred by the above Societies and examined as to necessary surgical instruments or alteration.

During the same period 248 children of school age and 38 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 during 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 School 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 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, including 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.

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

KNOX ROAD SPECIAL SCHOOL.

Physically Defective.

Boys—

- One attending Pitman's College.
- One attending Clark's College.
- One in Pianoforte business with his father.
- One learning Baking.
- One at Continuation School.
- One in office at Queen Mary's Hospital.
- One sent to Heritage Craft School, Chailey.
- One unemployed.
- One left district.

Girls—

- One at a Dyers.
- One Shop Assistant.
- One Milliner.
- One packing at Wholesale Co-operative Society.
- One works at home (paper bags).
- One trimming Dresses with relative.
- One at local laundry.

Children not at Leaving Age—

Two girls at ordinary school.

One left district.

Two boys in Forest Gate Sick Home.

Mentally Defective.

Boys—

One at Packing Case Makers.

One in Country.

Two Epileptics, at home.

Two in Forest Gate Sick Home, at work.

One Shop boy.

Girls—

One transferred to Deaf Centre.

One wrapping Sweets.

One in a Factory.

One learning Clothiers business.

One at home (delicate).

One in daily work.

One in service locally.

Children left before age of 16—

Four boys returned to ordinary school.

Four boys removed from district.

One boy in Aldersbrook Home.

One boy Imbecile.

One boy Unfit.

Two girls to ordinary school.

One girl excluded for Institution.

GRANGE ROAD SPECIAL SCHOOL.

Physically Defective—

Boys—

One removed from district.

Four out of work.

One at work in a club.

One at Pitman's College.

One at Faraday Institute.

Girls—

Two returned to ordinary school.

Two at home with parents.

One seeking situation.

One Milliner's apprentice.

Two helping parents at home.

Mentally Defective.

Boys—

- One removed from district.
- One in Dagenham Sanatorium.
- One in Epileptic Colony.
- Two unemployed.
- One having trial on farm.
- One in shop.
- Two at a packers.
- One assists brother on Greengrocery round.
- One at a Paint works.

Girls—

- One excluded unfit.
- One transferred to Knox Road Special School.
- One deceased (accident).
- One under Guardians' care.
- Three help mothers at home.
- Three unemployed.
- One in local Factory.

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 cases of high myopia 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.
- Barclay Home for the Blind, Brighton—two girls.
- Brighton School for Blind Boys—one boy.
- East London School for Blind—four boys, three girls.
- Swiss Cottage School for the Blind—one boy, one girl.
- Manor House Eye Hospital, South Woodford—one boy.
- Fountain Mental Hospital, Tooting—one blind M.D. girl.

DEAF CHILDREN.

The Authority has 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—three girls,
one boy.
Jewish School for Deaf and Dumb, Wandsworth—one girl.

INQUIRIES BY AFTER-CARE COMMITTEE.

Frederick Road Deaf Centre (Leavers during 1927).

One girl in Service with late Head Mistress.
One girl pattern mounting.
One girl cigarette packing.
One girl helping mother.
One boy at Margate taking further training in Manual Work.

Water Lane Deaf Centre.

One boy works on poultry farm.
One boy assistant to a milkman.
One girl works in laundry.
One girl went to city as machinist but gave up on account of distance.

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	...	72	...	47	...	57	...	43
Knox Road	...	53	...	39	...	45	...	25

The places filled are over the original accommodation provided.

Quarterly examinations are held by the Certifying Medical Officer in accordance with the Board's regulations. The results of these examinations have been already recorded. It will be seen that 21 imbeciles and 2 feeble-minded leavers were reported to the Local Authority. Any out of school or recently developed physically defective or mentally defective case coming to the knowledge of the School Medical Officer is forthwith examined and, if suitable, drafted to a Special School.

EPILEPSY.

Table III. (d) gives a summary of epileptics found among school children during 1927. 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.

Lingfield Colony for Epileptics—two boys.

Stoke Park Colony—one girl.

Fountain Mental Hospital, Tooting—one boy.

Forest Gate Sick Home—one boy and four girls.

Hackney Branch Institution—one girl.

There are thirteen cases of severe epilepsy out of school, and three slighter cases.

STAMMERERS.

Throughout the year special classes of six weeks' duration have been carried on at various school centres in the borough, viz.: Gainsborough Road, Elmhurst Road, Manor Road, and Rosetta Road.

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 were six cases where sufficient improvement was not made during the First Course; these were recommended for a further Course.

The children are medically examined before and at the end of the course. During the year 47 boys and 16 girls attended the classes for stammering children.

(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.

HIGHER EDUCATIONAL INSTITUTIONS. (SECONDARY SCHOOLS.)

The statutory duties as regards the School Medical Service, laid on Local Educational Authorities, are carried out in their entirety at the Higher Educational Institutions in the Borough, namely: The Municipal College, The Municipal Secondary School in Tennyson Road, and the new Plaistow Secondary School. By request of their respective Governors, the School Medical Services have been applied to the West Ham High School for Girls and the St. Angela's High School (Ursuline Convent School).

MUNICIPAL COLLEGE.

Two visits are paid annually to this Institution. The scholars inspected comprise the Preparatory Classes, the Junior Art, Technical, Engineering and Domestic Classes, as required by Circular 1153.

Age Distribution of Examinees.

Age in years	Boys				Girls.	
13	15	...	...	11
14	52	...	...	22
15	42	...	...	37
16	7	...	...	11
17	—	1
			—			—
			Totals ...	116		82
			—			—

Parents present: 76 with boys; 56 with girls.
Combined percentage: 66.6.

Findings of Medical Inspection (Chief Defects referred for treatment).

Condition	Boys	Girls
Uncleanliness	—	2
Skin Disease	2	1
External Eye Disease	—	1
Defective Vision	13	10
Ear Disease	1	1
Nose and Throat	1	1
Teeth	—	20
Slight Anaemia or Debility	—	22
Deformities	2	1
Other Conditions	1	—

Number of individual Boys referred, 20; Girls, 31.

In addition, 12 Boys and 13 Girls were referred for Observation only.

Following-up takes place by means of a Nurse's visits both to the homes and the College, as well as by Re-inspection by the Visiting Doctor. The Nurse made 68 Home Visits during the year and 70 boys and 67 girls were re-inspected by the Doctor.

Treatment. The same facilities as obtain in the Elementary Schools are available, including Clinic treatment if needed.

Vision. During the year 16 were referred to the School Oculist, 16 attended, New Glasses prescribed in 11 cases, 10 of whom obtained glasses, 5 continued with present glasses.

Tonsils and Adenoids. Operation, 1.

Treated at Clinic.

Ringworm body, 1.
 External eye disease, 1.

Ear disease, 2.
 Other disease, 1.

Remedied Privately.

Unclean Heads, 2.
 Skin Disease, 1.
 Anaemia, 16.

Deformities, 2.
 Teeth, 12.

Physical Drill is supervised by Sergeant Pritchard (boys) and the Misses Newmarsh and Hobson (girls). Excellent public Displays are given from time to time, and are well attended by parents and others interested.

MUNICIPAL SECONDARY SCHOOL.

(Tennyson Road.)

Two visits of inspection were made during 1927, and the whole of the pupils examined who had not been inspected within the previous twelve months.

Age Distribution of Examinees.

Age in years	Boys			Girls		
10	8	...	...	4
11	60	...	...	44
12	61	...	...	40
13	14	...	...	9
14	7	...	...	3
15	36	...	...	30
16	45	...	...	36
17	19	...	...	12
18	9	...	...	3
19	1	...	...	1
Totals ...			260	182		

Attendance of Parents: 134 with Boys; 106 with Girls.
 Combined percentage: 54.3.

Chief Defects referred for Treatment or Observation.

	Treatment.		Observation.	
	Boys	Girls	Boys	Girls
Unclean Head	—	1	—	—
Skin Diseases.....	1	1	2	1
External Eye Disease...	—	—	2	1
Defective Vision.....	21	31	1	2
Ear Disease.....	4	—	—	—
Nose and Throat.....	3	2	3	1
Teeth.....	20	13	7	5
Heart Disease.....	1	—	2	3
Slight Anaemia.....	8	14	—	1
Deformities.....	3	1	1	3
Other Conditions.....	1	1	—	—

Number of individual Boys referred for Treatment—52

Number of individual Girls referred for Treatment—55

Number of individual Boys referred for Observation—17

Number of individual Girls referred for Observation—12

Following-up is carried out by both Home and School Visits by the Nurse and re-inspection by the Doctor. During the year the Nurse made 220 Home Visits, and 325 Scholars were re-inspected during the year, some being examinees from the previous year.

Treatment. The same facilities obtain as in the case of the Elementary Schools.

Vision. 112 scholars were sent to the Oculist during the year; 96 attended. New Glasses prescribed, 75; obtained Glasses, 74; 14 were not ordered new Glasses, and 8 obtained them privately.

Tonsils and Adenoids.

Treated by operation, 3.

Treated at Clinic.

Tinea Tonsurans, 1.
Other Skin Disease, 1.

Ear Disease, 4.
Other Affections, 3.

Received Private Treatment.

Teeth, 31.
Anaemia, improved, 34
(some from previous year),
Undescended testicle, 1.

Skin Disease, 3.
Circumcision, 1.
Abdominal Belt, 1.

Recommendations and Advice *re* individual Scholars left with Principal as follows:—

Vision, 53.
Hearing, 2.
Breathing Exercises, 7.
Physical Exercises, 2.

Physical Overstrain, 2.
Nervous Strain, 1.
Other, 2.

Physical Drill is supervised by Miss Newmarsh and Sergeant Pritchard, and special attention is given to minor spinal deformities among the girls. The physical welfare of the scholars is well testified by the excellent and well attended public Displays of Drill, etc., during the year.

WEST HAM HIGH SCHOOL FOR GIRLS.

The Medical Inspection in this School is confined to the pupils who reside in West Ham, and does not extend to pupils in the Preparatory Department.

During the year two Visits of Inspection were made, when all the new admissions to the School, all the children of 12 years of age, and all the children of 15 years of age, were examined in full. The remaining children were partially examined; that is, they were weighed, measured, had their vision and hearing tested, their throats and teeth examined, and were questioned as to their health during the preceding year. When necessary, these children were referred for the full examination.

Age Distribution of Examinees.

Age	No. Examined
10	3
11	22
12	38
13	37
14	27 + 3 specials
15	29
16	17
17	12 + 1 special
18	3
19	2

Attendance of Parents: 88 per cent.

Chief Defects Referred for Treatment or Observation.

Defect	Treatment	Observation
Malnutrition	—	2
Defective Vision	11	—
Defective Hearing	1	—
Otitis Media	1	—
Enlarged Tonsils and Adenoids	5	—
Dental Caries	36	—
Heart Disease—		
Organic	—	3
Functional	—	6
Anaemia	1	—
Nervous Debility	—	1
Spinal Curvature	—	1
Other Deformities	5	—
Other Defects and Diseases	8	—
	68	13

51 per cent. involved.

The children found to be defective at one examination were re-inspected at the following examination. Twelve re-inspections were made.

Treatment. The same medical services are available for the scholars of this School as for those in the Elementary Schools. Vision is treated mainly by the Committee's Oculist, but a few parents prefer to obtain treatment privately. Other minor ailments are treated almost entirely elsewhere than at the School Clinic. For this reason, and at the parents' request, the nurse's home and school visits are restricted to the children with visual defects.

Defective Vision. Referred for treatment, 11. Attended the Committee's Oculist, 7. Obtained Glasses, 1. Continue present Glasses, 6. Three children were treated privately and obtained glasses.

The following were cured or improved as a result of treatment:—Heart Disease, 2. Anaemia, 3. Other conditions, 7.

Recommendations were left with the Principal re the following conditions:—

Vision, 11.	Hearing, 1.
Breathing Exercises, 10.	Heart and Overstrain, 10.
Physical Exercises for Flat Foot, 4.	

The Principal, Dr. Florence Barnett, was most keen and helpful in getting the parents to attend the inspection and to carry out the advice given.

There is an excellent gymnasium, and special attention is given by Miss Davidge, the Games Mistress, to children requiring special exercises for slight deformities. The younger children play netball and the older children play hockey, in addition to netball.

PLAISTOW SECONDARY SCHOOL.

This School is now in its second year. All the new scholars have been medically inspected and all those from the previous year.

Age Distribution of Examinees.

Age		Boys		Girls
10	...	3	...	—
11	...	30	...	18
12	...	35	...	35
13	...	17	...	6
		—		—
Totals	...	85	...	59
		—		—

Parents present at Examination: 135.

Percentage: 93.7.

Chief Defects referred for Treatment or Observation.

Defect or Condition.	Treatment		Observation	
	Boys	Girls	Boys	Girls
Uncleanliness	—	3	—	—
External Eye Disease	1	—	1	1
Defective Vision	11	8	6	3
Ear Disease	—	1	—	—
Nose and Throat	10	6	5	—
Teeth	7	9	5	2
Anaemia and Debility	10	6	4	3
Heart Disease	—	—	2	1
Others	—	1	8	5

Treatment. Similar facilities are provided as in the other Secondary Schools. The Nurse, after Medical Inspection, follows up cases at the homes and School, 80 visits being paid during the year.

Vision. Twenty cases were eventually referred to the Oculist. All attended. New Glasses were prescribed in 19 cases, and one to continue present Glasses. Eighteen obtained new Glasses.

Nose and Throat. Seven treated by operation.

Teeth. Three had treatment.

Anaemia. All improved. Four cases attended the Clinic.

ST. ANGELA'S HIGH SCHOOL FOR GIRLS.

This School is inspected yearly. The Inspection, as far as this Authority is concerned, is confined to the West Ham pupils.

The whole of the West Ham scholars (193) were examined this year on request of the Principal (Mother Mary Angela Boord), but not the Preparatory School.

Age Distribution.

Age	No. of Girls Examined		
10	1
11	23
12	30
13	31
14	27
15	39
16	24
17	11
18	6
19	1
			193

Parents present: 156, giving a percentage attendance of 80.8.

Chief Defects referred for Treatment or Observation.

Defects	Treatment	Observation
External Eye Disease	2	...
Defective Vision	31	...
Ear Disease	2	...
Nose and Throat	5	...
Teeth	29	...
Heart Disease	—	...
Anaemia and Debility	46	...
Nervous System	1	...
Spinal Deformities	—	...
Other Defects	9	...

Following up and Treatment. Exactly the same facilities obtain as in the case of the other Schools. The School Nurse made 91 Home Visits in the process of following up.

Vision.

Referred to Oculist during year, 34.

Attended, 30.

Glasses prescribed, 25.

Continue present glasses, 4.

Glasses obtained under Local Education

Authority's Scheme, 21.

Glasses obtained privately, 2.

All Vision cases were re-inspected and glasses found suitable.

Nose and Throat. Two operations.

Teeth. Eight had Dental Treatment.

Anaemia (slight). Every case had treatment (private or domestic), and was improved.

Cases treated at School Clinic, 2.

Directions, etc., left with Principal and Drill Mistress re following conditions:—

Vision, 25.

Nervous System, 1.

Physical Exercises, 18.

Others, 4.

Physical Overstrain, 5.

Mother Mary Angela takes the keenest interest in everything pertaining to the health of the scholars, and interviews the parents after the inspection to urge that the Doctor's advice or directions be carried out.

Miss Barrington, the Drill Mistress, is present at those examinations, when special exercises, re spine, etc., are thought to be necessary, and takes very great interest generally in the health of the girls.

(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 at 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 School Clinic at West Ham Lane for examination, advice, and treatment when necessary. During the year two girls and two boys were so referred for Vision. Both boys and one girl obtained Glasses. The other girl was ordered to continue present Glasses.

(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 1927, 76 boys and 1 girl were examined and certified fit for employment.

Employment of Children in Entertainment Rules, under
Sec. 101 of Education Act, 1921.

Under the above Rules, 23 examinations were made, referring to 18 girls. Certificates to take part in Entertainments without physical injury or detriment to their Education were issued.

(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.

(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:—

The Grove.		Boys		Girls
Entrants	.....	34	...	36
Leavers	.....	22	...	32
The Russell.				
Entrants	.....	70	...	33
Leavers	.....	62	...	38

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 forms at one of the three annual examinations.

The whole of the scholars of the Plaistow Secondary School were examined during the year, including the pupils from the previous year, viz.: 85 boys and 59 girls. The results have already appeared separately under Section 19 of the Report.

Pathological Work.

Microscopical examination of sputum for the possible presence of the tubercle bacillus is undertaken for the School Medical Department by the Tuberculosis Officer.

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 51 hair specimens were examined, and of these 45 were positive, i.e., contained living Ringworm spores.

Health Week.

The School Medical staff gave their services during Health Week, when anatomical models, specimens, and orthopaedic instruments were explained to the public, and demonstrations given relating to matters concerning the health of the school child. (See page 36.)

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 that the number of children carried at Halfpenny Fares on all West Ham Cars and L.C.C. No. 8 Service Cars during School Holidays in 1925 and 1927, and the advantage taken by the children of the facilities granted:—

	1925	1927	Increase
Easter	30,132	69,590	131%
Whitsun	35,182	62,302	77%
Summer Holiday	279,380	442,331	58%
Christmas	158,667	190,082	20%
	<hr/> 503,361	<hr/> 764,305	<hr/> 52%

Note.—The extended Special Halfpenny Fare was not in operation in 1925.

CONCLUSION.

It is inevitable that the great extension of the activities of the School Medical Service which has occurred in recent years should increase to a very considerable degree the amount of time spent in the different schools by the medical staff. The limited space available in some schools for the ordinary educational purposes is thus encroached upon, to the serious inconvenience of the teaching staff and scholars.

This is very regrettable, but until many of the schools are modernised it is inevitable under the present Board of Education Code, which lays it down that except in very exceptional cases routine medical examination of school children should take place upon the school premises.

I am indebted to my chief Assistant, Dr. F. B. Skerrett, for much of the detail contained herein, and to the rest of my staff for their share in the compilation of this Report.

APPENDIX.

STATISTICAL TABLES,

SCHOOL MEDICAL OFFICER'S
ANNUAL REPORT,

1927.

THE UNIVERSITY OF CHICAGO

PHILOSOPHY DEPARTMENT

1954-1955

APPENDIX

LECTURE NOTES

BY

WILLIAM V. DUNN

1954

TABLE 1.—RETURN OF MEDICAL INSPECTIONS.

A. Routine Medical Inspections.

Number of Code Group Inspections :—

Entrants	...	...	...	...	...	...	6827
Intermediates		...	...	...	...	...	4203
Leavers	...	...	...	...	...	...	5912
							<hr/>
Total							16942
							<hr/>

Number of Other Routine Inspections 975

B. Other Inspections.

Number of Special Inspections	...	...	...	...	18381
Number of Re-Inspections	...	...	...	...	8283
					<hr/>
Total					26664
					<hr/>

C. Higher Educational Institutions.

Number of Routine Examinations	...	...	...	...	1167
Specials	...	...	...	...	36
Re-Inspections	...	...	...	...	216
					<hr/>
Total					1419
					<hr/>

TABLE II.
A.—Return of Defects found by Medical Inspection in the Year
ended 31st December, 1927.

Disease or Defect	Routine Inspections.		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Malnutrition	223	20	57	10
Unclean Head	112	2	38	1
„ Body	5	1	1	—
SKIN—				
Ringworm—Head	3	—	79	—
„ Body	14	1	248	—
Scabies	10	—	79	—
Impetigo	101	—	1,253	—
Other Skin Dis. (not T.B.)...	176	5	2,920	1
EYE—				
Blepharitis	77	—	212	1
Conjunctivitis	60	—	690	—
Keratitis	4	1	17	—
Corneal Ulcer	5	1	41	—
Corneal Opacities	—	—	—	—
Defective Vision	1,009	76	655	107
Squint	282	63	99	12
Other Conditions	23	14	242	3
EAR—				
Defective Hearing	104	92	139	14
Otitis Media	154	4	621	1
Other Ear Disease	52	1	214	1
NOSE AND THROAT—				
Enlarged Tonsils only	736	217	200	7
Adenoids only	248	58	127	8
Enlarged Tons. and Ads.	575	31	1,120	8
Other Conditions	95	12	123	18
Enlarged Cervical Glands (not T.B.)	28	53	167	4
Defective Speech	11	47	79	85
Teeth—Oral Sepsis	1,165	240	132	9
HEART AND CIRCULATION—				
Heart Disease—Organic	32	93	31	33
„ „ Functional	4	65	—	10
Anaemia	286	23	138	18
LUNGS.				
Bronchitis	190	41	29	11
Other Dis. (not T.B.)	7	—	1	—

TABLE II.—(Continued)

Disease or Defect (1)	Routine Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
TUBERCULOSIS—				
Pulmonary :				
Definite	11	—	82	—
Suspected	21	85	21	59
Non-Pulmonary :				
Glands	3	1	8	9
Hip	1	—	1	10
Other Bones and Joints	—	—	1	—
Skin	3	2	—	—
Other Forms	—	—	1	—
NERVOUS SYSTEM—				
Epilepsy	4	8	2	19
Chorea	10	7	23	6
Other Conditions	34	39	20	19
DEFORMITIES—				
Rickets	6	—	6	1
Spinal Curvature	14	12	5	—
Other Forms	23	16	35	36
Other Defects and Diseases ...	280	79	4,414	58

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases) :—

Group (1)	Number of Children		Percentage of Children found to require treatment (4)
	Inspected (2)	Found to require treatment (3)	
CODE GROUPS—			
Entrants	6,827	2,113	30.9
Intermediates	4,203	1,183	28.1
Leavers	5,912	1,258	21.3
Total (Code Groups)	16,942	4,554	26.9
Other routine Inspections ...	975	32	3.3

TABLE III.

Numerical Return of all Exceptional Children in the Area in 1927.
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	7	8	15
		(2) Attending Public Elem. Schools	—	—	—
		(3) At other Institutions ...	—	—	—
		(4) At no School or Institution ...	4	3	7
	Suitable for training in a School or Class for the partially blind.	(5) Attending Certified Schools or Classes for the Blind ...	—	—	—
		(6) Attending Public Elem. Schools	8	7	15
		(7) At other Institutions ...	1	5	6
		(8) At no School or Institution ...	—	1	1
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	25	29	54
		(2) Attending Public Elem. Schools	—	—	—
		(3) At other Institutions ...	5	5	10
		(4) At no School or Institution ...	—	1	1
	Suitable for training in a School or Class for the partially Deaf.	(5) Attending Certified Schools or Classes for Deaf	—	—	—
		(6) Attending Public Elem. Schools	2	1	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	100	74	174
		(2) Attending Public Elem. Schools	29	27	56
		(3) At other Institutions ...	—	—	—
		(4) At no School or Institution ...	5	4	9
	Notified to the Local Control Authority during the year.	(5) Feeble-minded	1	1	2
		(6) Imbeciles	12	9	21
		(7) Idiots	—	—	—
D.					
Epilep- tics	Suffering from severe Epilepsy.	(1) Attending Certified Special Schools for Epileptics ...	4	2	6
		(2) In Institutions other than Certified Special Schools ...	4	6	10
		(3) Attending Public Elem. Schools	2	4	6
		(4) At no School or Institution ...	10	3	13
	Suffering from Epilepsy which is not severe	(5) Attending Public Elem. Schools	11	19	30
		(6) At no School or Institution ...	2	1	3

TABLE III.—Continued.

Boys Girls Total

E.	Infectious pulmonary and glandular tuberculosis.	(1) At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	11	24	35
		(2) At other Institutions ...	—	—	—
		(3) At no School or Institution ...	24	30	54
	Non - infectious but active pulmonary and glandular tuberculosis.	(4) At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		(5) At Certified Residential Open Air Schools	1	1	2
		(6) At Certified Day Open Air Schools	—	—	—
		(7) At Public Elem. Schools ...	2	1	3
		(8) At other Institutions ...	—	—	—
		(9) At no School or Institution ...	—	—	—
Physically Defective	Delicate children (<i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.)	(10) At Certified Residential Open Air Schools	78	10	88
		(11) At Certified Day Open Air Schools	22	63	85
		(12) At Public Elem. Schools ...	53	42	95
		(13) At other Institutions ...	1	2	3
		(14) At no School or Institution ...	2	13	15
	Active non-pulmonary tuberculosis.	(15) At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	5	7	12
		(16) At Public Elem. Schools ...	2	—	2
		(17) At other Institutions ...	39	28	67
		(18) At no School or Institution ..	9	8	17
	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	1	1	2
		(20) At Certified Residential Cripple Schools	—	—	—
		(21) At Certified Day Cripple Schools	61	42	103
		(22) At Public Elem. Schools ...	28	11	39
		(23) At other Institutions ...	2	7	9
		(24) At no School or Institution ...	24	26	50

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 permanently 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 Dec., 1927.

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	49 X-rayed, 32 at Clinic	3	84
" Body	248	6	254
Scabies	81	1	82
Impetigo	1,244	27	1,271
Other Skin Disease	2,916	70	2,986
Minor Eye Defects—			
External	987	73	1,060
Minor Ear Defects	889	60	949
Miscellaneous (minor injuries, etc.)	4,507	543	5,050
Totals	10,953	783	11,736

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group 1).

Disease. or Defect (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)	2,007	53	22	2,082
Other Defect or Disease of the eyes (excluding those recorded in Group I)	21	—	1	22
Total	2,028	53	23	2,104

TABLE IV.—Continued.

Total number of Children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme	1906
(b) Otherwise	47

Total Number of Children who obtained or received spectacles:—

*(a) Under the Authority's Scheme	1693
*(b) Otherwise	47

*At time of compilation of Table. ...

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)
1,225 (operations)	110	1,335	116	1,451

Group IV.—Dental Defects.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

Aged:

Routine Age Groups	5	...	—	Total ... 15079
	6	...	5499	
	7	...	7102	
	8	...	2478	
	9	...	—	
	10	...	—	
	11	...	—	
	12	...	—	
	13	...	—	
	14	...	—	
Specials				2958

Grand Total ... 18037

TABLE IV.—Continued.

(b)	Found to require treatment	...	...	7266	
(c)	Actually treated	...	...	6707	
(d)	Re-treated during the year as the result of periodical examination	...	...	1925	
(2)	Half-days devoted to—				
	Inspection	...	...	200	
	Treatment	...	...	1168	
	Total	...	—		1368
(3)	Attendances made by children for treatment				11903
(4)	Fillings—				
	Permanent teeth	...	...	871	
	Temporary teeth	...	...	578	
	Total	...	—		1449
(5)	Extractions—				
	Permanent teeth	...	...	163	
	Temporary teeth	...	...	10806	
	Total	...	—		10969
(6)	Administrations of general anæsthetics for extractions	...	...		Nil
(7)	Other Operations—				
	Permanent teeth	...	...	929	
	Temporary teeth	...	...	526	
	Total	...	—		1455

Group V.—Uncleanliness and Verminous Conditions.

(i)	Average number of visits per school made during the year by the School Nurses. (Sessional Visits for primary Inspections.)		13.3
(ii)	Total number of examinations of children in the Schools by the School Nurses	...	49048
(iii)	Number of individual children found unclean	...	771
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	...	Nil
(v)	Number of cases in which Legal proceedings were taken :—		
	(a) Under the Education Act	...	Nil
	(b) Under School Attendance Bye-laws	...	Nil

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