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

Contributors

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County Borough of Mest Ham.



ANNUAL REPORT

of the

Medical Officer of Health

and

School Medical Officer

for the Year 1928.

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 herewith present my Annual Report for the year 1928. The early part of the year brought much distress to many inhabitants owing to the disastrous flooding of the Thames: towards the end of the year Smallpox broke out in the Borough for the first time since 1921. The manner in which the distress caused by the flood was dealt with is set out in an Appendix to this Report. As regards the Smallpox outbreak, at the time of writing this disease is still prevalent and causing considerable anxiety, though fortunately, so far, the outbreak has been of a particularly mild type and has not involved any fatal results. A detailed report will be submitted later.

Permission to extend the Public Baths at Plaistow has been obtained from the Ministry of Health and this much needed addition will be added as soon as practicable.

During the year a Chief Sanitary Inspector was appointed mainly in order to still further correlate the activities of the individual district inspectors and to pay special attention to certain problems of housing.

The scheme for the establishment of a colony for mental defectives mentioned in my previous Reports has not yet received the final approval of the Board of Control.

Reference to page 8 will show that the vital statistics prove very satisfactory and were it not for the gross over-crowding still prevalent the figures should be even more satisfactory.

The continued excessive prevalence of infectious diseases has rendered it necessary to formulate a scheme for additional hospital accommodation for such cases and a proposal is now before the Ministry of Health for consideration, involving an additional block containing 50 beds, adjoining the site of the Convalescent Home for infectious diseases at Harold Wood.

The preponderance of deaths from Pneumonia amongst infants is striking and calls for serious efforts to bring home to parents the infectivity and the necessity for immediate skilled nursing of this disease.

There is abundant evidence of the need of still further extensions of the Maternity and Child Welfare scheme—a scheme broad based upon the prevention of disease rather than upon its treatment when it arises.

As in previous years I have to express my thanks for the co-operation of the voluntary Hospitals and auxiliary health services of the Borough and also my appreciation of the loyalty and help of my Staff.

Your obedient Servant,

7 Garban Tolling

Town Hall, West Ham.

April, 1929.

County Borough of Mest Ham.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1928.

Natural and Social Conditions.



HE County Borough of West Ham is situated in the south western portion of the County of Essex. It measures four miles from north to south and some two miles from east to west, and comprises an area of seven and a half square miles. It is bounded on the east by the Borough of East Ham, on the north by the Borough of Leyton and on the west by the administrative

County of London, from which it is separated by the River Lea and Bow Creek. The southern boundary is formed by the River Thames.

West Ham is a densely populated industrial town, having 67 people to the acre. It is a hive of industry comprising numerous large factories which among other things manufacture glue, leather, rubber, sugar, glass, soap, fertilisers and chemicals. There are extensive docks within its area, where ships with merchandise from all parts of the world discharge their cargoes. This naturally implies that there is a large number of casual labourers who dwell near the docks. The Borough is a dormitory for the large number of the populace who work in London and district. It is obvious therefore that the wellbeing and prosperity of the inhabitants depend to an extraordinary degree upon the activities and prosperity of the industrial world.

Summary	of	General	Statistics.
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Area (acres) 4,706.

Population-

Census, 1921, 300,860. Estimated, 1928, 306,900.

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

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

Rateable value—

Poor Rate, £1,419,087.

General District Rate, £1,331,160.

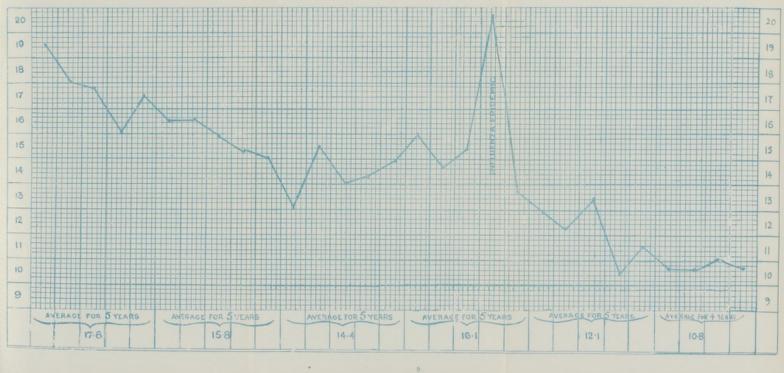
Sum represented by a penny rate—General District Rate, £5,546.

Extracts from Vital Statistics.

	LAHacts	HOIII	VILL	ai Sta	usucs			
Leg Illeg giving a	ths during 1928 notificate gitimate a Birth Rate of 19 aths numbered 3, ing a Death Rate	Tot 57 9.2 (E Town 340, y	al 741 72 ng. a s 16. viz.	 and W 9).	Male 2939 87 ales 16 Males,	3.7), (1,543	Fem	male 2802 85 Great ales,
		01 10	.0 (1	5115. a	ulli sv	ares 11	,,	(10.
	eat Towns 11.6).					c 1		
	of women dying							
Fro	om Sepsis					***		6
Fro	om other causes							7
Materna	al Mortality .							2.1
	Mortality (Deaths							
	1,000 births)							64.2
PCI	(107 Great Town	ne)			***	***	***	
	(For and Wale	(611					***	65.0
Tilonisin	(Eng. and Wale		1			1		00.0
	nate Death Rat							15 9
ille	gitimate births) .			***	***	***		40.0
	from Measles (al							09
Deaths	from Whooping	Cough	(all	ages)		.,.		26
Deaths	from Diarrhœa (u	inder t	wo y	ears o	f age)			45
Tal	ble indicating deat	ths du	ring	past 6	vears	from:	_	
	0		0			Cough		
Year		Scarl	et Fe			sis		sles
1923			7		23		12	
1924	***************************************		1		81			
1925	***************************************		6		91		39	
							78	
1926			7 7		20			
1927				***	73		00	
1928			5		26	***	66	1
			-		100		100	
			45		482		429	

GENERAL DEATH RATE.







Diphtheria.

The attack rate of this disease is still very high, and has again 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 82), and notices to this effect are displayed in the Clinics. The response of the parents however is very discouraging.

Smallpox.

An outbreak of smallpox occurred in the Northern part of the Borough during October. The first case (a girl of 17) was living over a pawnbroker's shop, and I was called to this case by a general practitioner. On examining the other members of the family I found a sister (aged 15 years) of the patient to be also suffering from smallpox. It was elicited that these girls were employed at a dressmaking establishment in the Romford Road. Other investigations resulted in no fewer than six cases, including the proprietress of the dressmaking establishment, being removed to the Smallpox Hospital, from various addresses, within a few hours of the first case having been seen. A number of other contacts developed the disease, but the outbreak was rapidly stamped out within a few weeks.

In November a quite independent outbreak of the disease occurred in Platts Buildings, a big block of dwellings many storeys high, and densely inhabited by very poor people. The first three cases were seen by myself, after having been treated for Influenza for over a week. No source of infection could be traced. On the same day I discovered three other cases in the same buildings, and these six cases were removed to the hospital forthwith. The disease spread for a time, and many employees of a factory in the district were affected. A supplementary vaccination centre was set up in the area, and many took the opportunity of being vaccinated. The last case was notified on December 28th, and over three months having elapsed without any further case occurring in this district which has a population of many thousands.

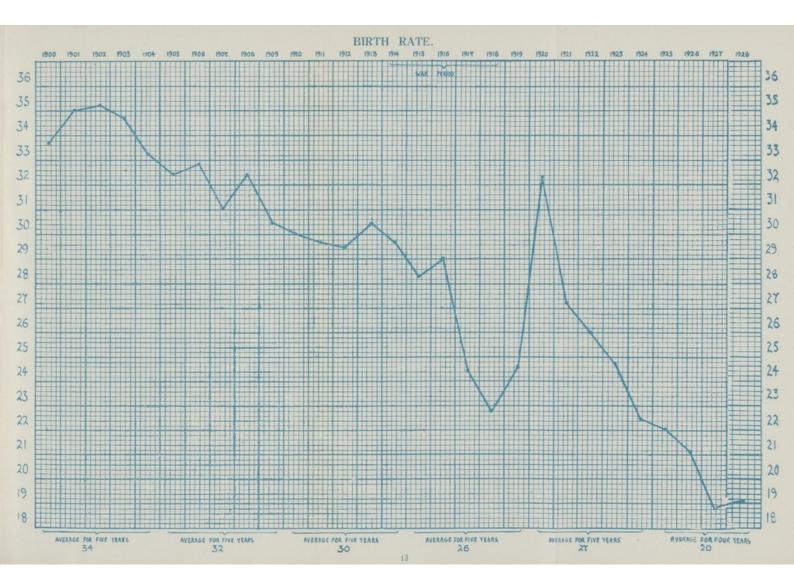
At the time of writing smallpox is still present, chiefly in the Canning Town Ward, and though the outbreak is well in hand it is extraordinarily difficult to entirely prevent contagion amongst a huge over-crowded, unvaccinated population, more particularly as the disease is of such a mild type. Incidentally not a single person who had been vaccinated within the past 10 years contracted smallpox.

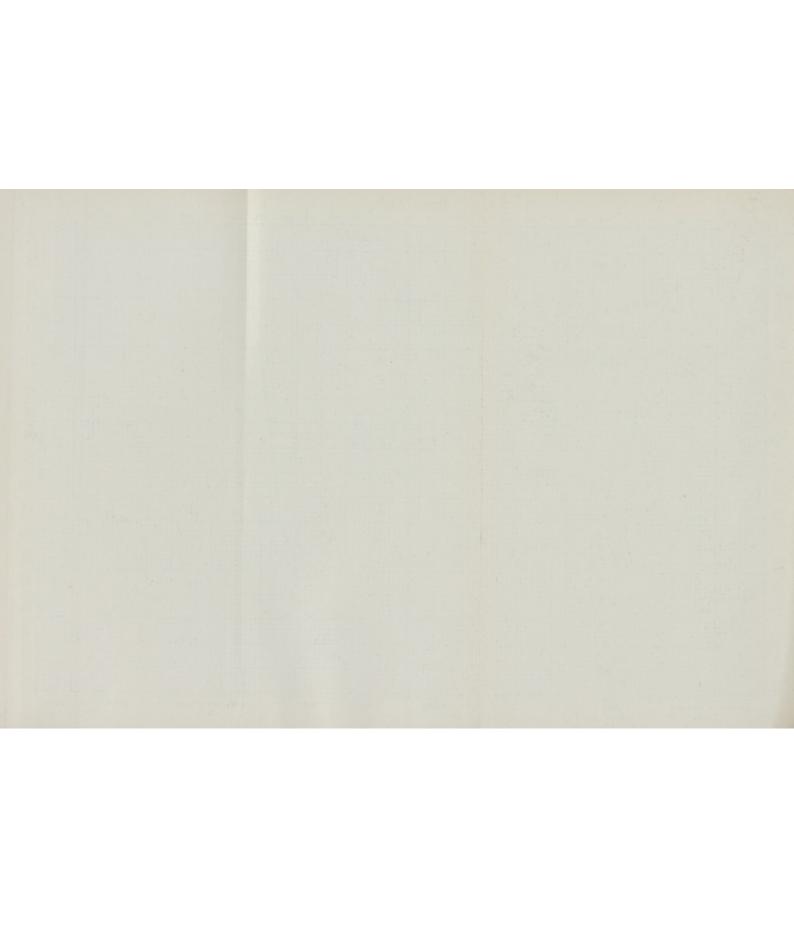
Vital Statistics of the Wards of the Borough, 1928.

Wards.	Births	Birth Rate	Deaths	Death Rate	Infant Deaths	Infant Mortality per 1,000 births	Naftural increase Births over Deaths	Estimated population middle of 1928.
New Town	326	17.19	201	10.60	22	67	125	18,959
Forest Gate	321	16.40	213	10.88	18	56	108	19,565
High Street	386	20.71	198	10.62	27	69	188	18,633
Broadway	287	18.77	193	12.62	22	76	94	15,287
Park	274	17.55	172	11.02	16	58	102	15,605
Upton	237	13.39	178	10.06	10	42	59	17,692
Plashet Road	278	17.51	160	10.07	8	28	118	15,872
West Ham	314	$17 \cdot 64$	192	10.79	20	63	122	17,794
Plaistow	415	19.12	219	10.09	24	57	196	21,699
Bemersyde	180	$12 \cdot 13$	138	9.30	10	55	42	14,830
Canning Town and								
Grange	602	$24 \cdot 38$	278	11.26	40	66	324	24,687
Hudsons	349	16.87	198	9.57	28	80	151	20,680
Ordnance	417	$20 \cdot 18$	250	12.09	34	81	167	20,664
Beckton Road	470	22.88	241	11.73	32	68	229	20,535
Tidal Basin	616	$27 \cdot 36$	288	12.79	44	71	328	22,513
Custom House and Silvertown	441	20.15	221	10.09	25	56	220	21,885
County Borough	5,913	19.26	3,340	10.8	380	64.2	2,573	306,900

Births.

The number of births registered in the Borough during the year was 6,648 (3,393 males and 3,255 females), but of this total 943 were children of non-residents, who came to be confined in one or other of the maternity hospitals, or were visiting friends, while 208 West Ham women were confined outside the Borough. Suitable adjustment makes the net West Ham Births 5,913 (3,026 males and 2,887 females); 172 of these (87 males and 85 females) were illegitimate.





Calculated on the Registrar General's estimate of the population of the Borough at the middle of 1928, viz., 306,900, the birth rate for the year was 19.2.

Deaths.

The number of deaths registered during the year was 2,126, but of these 176 occurred in persons not belonging to the Borough, while the deaths of 1,390 residents of West Ham occurred in various institutions and districts elsewhere, making the total net deaths attributable to the Borough number 3,340, of which 1,797 were males and 1,543 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 10.8 per 1,000 of the estimated population.

Deaths in Public Institutions.

The great 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 Hospital, 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.

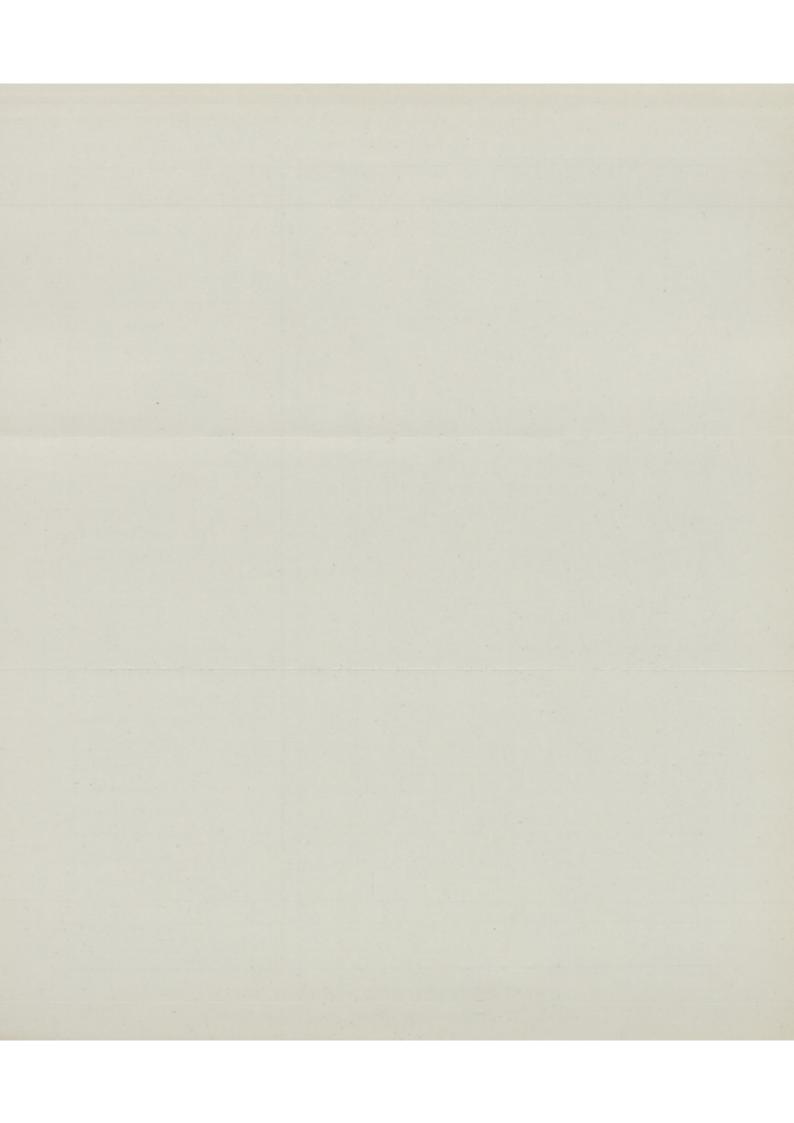
It will be noted that in the former group (outside Institutions) 87 infants and 1,251 persons over the age of one year died during the year, and in the latter group (inside Institutions) 130 infants and 346 elders died, of which numbers 178 were non-residents of

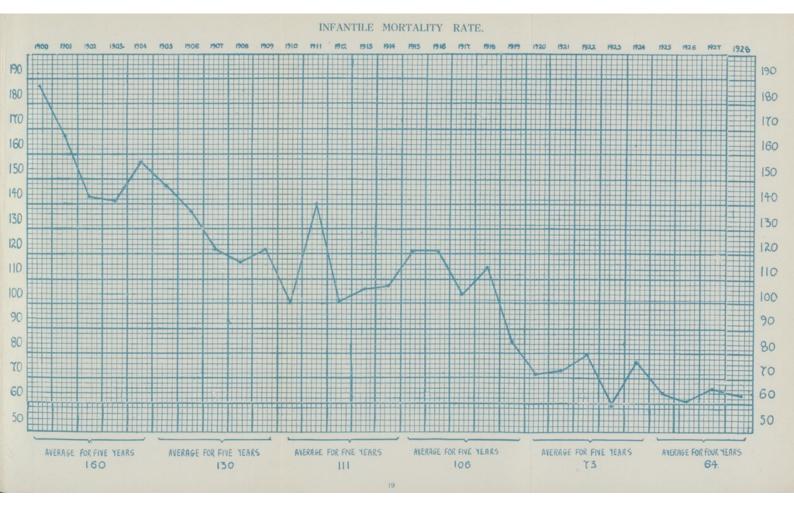
the Borough. The net deaths of West Ham residents in Public Institutions were 131 infants and 1,317 persons of one year and upwards, making a total of 1,448 Institutional deaths as compared with 1,892 deaths in private residences, i.e., over 43 per cent. of the deaths during the year occurred in Public Institutions.

Deaths in Outside Institutions:—	Under 1 year		1 year & upwards
Whipps Cross Hospital	61		429
Central Home	3		452
Dagenham Sanatorium			50
Goodmayes Mental Hospital	-		56
Residents dying in London Institutions, etc.	23		262
Langdon Hill Sanatorium for Children			2
Deaths in Inside Institutions:—			
Plaistow Fever Hospital	5		3
Queen Mary's Hospital for East End	37		75
St. Mary's Hospital	26		28
Plaistow Maternity Charity	9		8
Royal Albert Dock Hospital	_		26
Children's Hospital, Balaam Street	-		_
Forest Gate Sick Home	10		. 13
Other Places, e.g., Docks, etc	-		8
	174		1452
Non-residents dying in Inside Institutions	43		135
	131		1317
		~	

Causes of Death at Different Periods of Life in the County Borough of West Ham during 1928.

	Causes of Death.	Sex.	All Ages	0-	1—	2—	5—	15-	25—	45	65—	75-
	ALL CAUSES	M F	1,797 1,543	207 173	65 48	60 68	68 61	88 76	237 160	467 339	333 287	272 331
1	Enteric Fever	3.5	1	***	***			10	100	1	201	331
		F						***				
2	Small-pox	M F	***									3000
3	Measles	M	38	10	19	9					1	
	MCG3103 111 111 111	F	31	4	19	7	1		***		***	***
4	Scarlet Fever	M	4		1	1	2					
-	What is a Country	F	1		***	***	1		***	***	***	
5	Whooping Cough	M F	15 11	6	5 4	6	1		***		***	
6	Diphtheria	3.5	11	*	2	6	2		i	***	***	***
		F	23	2	2	10	8			1		1
7	Influenza		20	***	***		2	2	3	6	3	4
0	Encaphalitic Lathonnics	F	14	***	***		1	2	2	6	2	2
8	Encephalitis Lethargica	M F	3 2				,	2	1			
9	Meningococcal Meningitis	1 21	3	1		2	1	***	1	***		***
		F	3			3						1
10	Tuberculosis of Respiratory System		165			3	1	30	72	52	7	
	Other T. Land Disease	F	124		1		9	36	49	24	3	2
11	Other Tuberculous Diseases	M F	29 26	2 2	8	5	- 8	3	2	1		**
12	Cancer, Malignant Disease		192		2	7	6	4 2	21	86	1	0.0
-	cureer, mangamir Procuse	F	188		***	1	1	2	22	73	54	36
3	Rheumatic Fever	M	12	***	***		5	2	4	1		
		F	8		***	-1	3	2	2	***		100
4	Diabetes	M	9		***	***	***		3	4	2	
5	Cerebral Haemorrhage, etc	F M	15 75	***	***		***	***		5	8	1 .
	Cerebral Haemorrhage, etc	F	88	***		***	***	***	2	33	32	20
6	Heart Disease	3.1	261			1	1	6	30	80	82	61
		F	275			1	7	7	21	70	81	88
17	Arterio-sclerosis	M	53							12	1+	27
18	Bronchitis	F	109	14	***		***			12	8	20
.0	Bronchitis	F	89	14	ï	2	***	***	6	22	34	31
19	Pneumonia, all forms	M	177	48	22	17	5	5	8	38	22	15
		F	135	40	10	17	4	3	3	24	14	20
20	Other Respiratory Diseases	M	14	1	1	1	1	1	2	4	3	
21	Ulcer of Stomach, or Duodenum	F	9 28	1		***	***		10	3	3	2
	Order of Stomach, or Franceirum	F	8		***				10	15	2 2	1
22	Diarrhoea, &c	M	31	26	***	1	1	1	î	1		
		F	26	17	2	1			3	2		1
23	Appendicitis and Typhlitis	M F	10		***	1	4		4	1		
24	Cirrhosis of Liver	M	3		***	1	4	1	1	2	1	
		F	5							5		1
25	Acute and Chronic Nephritis	M	47	***	***			1	6	19	12	9
	D 10 1	F	52		***		2	1	12	12	17	8
26	Puerperal Sepsis	M F	6									
27	Other Accidents and Diseases of	M	0	***	***	***	***	2	4	***	***	***
	Pregnancy and Parturition	9.75	7					3	4			
28	Congenital Debility and Malforma-	M	75	72	1		2					
	tion, Premature Birth		66	62	***	2	1	1	***	***	***	
29	Suicide		18	***	***				5	10	3	
30	Other Deaths from Violence	F	10 83	2	1			1	2	5	1	1
30	Other Deaths from Violence	F	36		4	4	8	15	15	23	10	1
31	Other defined Diseases	3.6	310	25	5	4	24	18	40	68	53	73
	Causes ill-defined or unknown	F	228	31	3	6	6	8	24	42	33	75
32		M	1		- 111					1		







Chief Vital Statistics since 1877.

Year.	Population.	Births.	Birth Rate.	Deaths.	Death Rate.	Infant Deaths.	Infant Mortalit 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	173
1899	256,386	8,779	34 . 2	5,213	20.3	1,770	
1900	262,627	8,885	33.8	5,156	19.6	1,671	201 188
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
1928	306,900	5,913	19- 2	3,340	10.8	380	64

Floods.

The effects of the great flood which occurred in January, 1928, are set out in some detail in the following appendix I.

Appendix I.

Provisional Report on the Creat Flood in West Ham, January, 1928.

10th January, 1928.

At this comparatively early stage, it is not possible to give complete details of all that concerns Public Health in relation to the flood. I can, however, report upon the main features.

As you are aware, the areas in West Ham chiefly affected have been Silvertown, part of Tidal Basin, Old Canning Town, and a part of Stratford district—in all, well over 1,000 houses have been involved. In no case did the flood rise as far as the first floor, but in all these areas most of the houses contained sleeping rooms on the ground floor, consequently the effects of the flood have been aggravated. In quite a number of cases the rooms have been rendered absolutely uninhabitable and their contents worthless. In a large number of cases the rooms have been flooded to a depth of several feet, beds, bedding and other articles having been completely saturated. Roughly 120 people have been sleeping at the Public Hall, Canning Town, nightly, since Saturday. These consist mainly of women, babies and young children from homes which have been literally washed out.

Arrangements were made for a supply of blankets, for soap, towels, utensils, etc., for their use. Dried Milk has been available for them, and other light food has been procured from the school feeding centres and other sources. Precautions have been taken that no infectious person sleeps there. At least one particularly distressed family has been temporarily housed at the Place of Detention—others may have to enter later, but several families refused to leave their abode for anywhere else. I have concentrated all my staff of Inspectors and Health Visitors upon the affected areas, and well over 1,000 houses have been inspected.

The Infectious Cases, mostly measles, are being provided for at the Fever Hospital (i.e., as far as possible, without serious risk to other patients).

Those women expecting immediate Confinement have been removed to Maternity Homes, excepting several who declined to go. Ordinary sick cases are being dealt with in various ways—some have been admitted to hospital, some have gone to friends, others have been moved to other quarters, etc.

As regard Coal, all cases with special circumstances, e.g., illness in the house, etc., have precedence on the list for the delivery of coal.

In regard to Beds, many of these, as above indicated, have been saturated, and a very considerable number have been rendered practically useless. Arrangements are being made to supply fresh beds, where necessary. Owing to the fact that stocks are not locally available, and are everywhere in demand at present, a few days may elapse before this work can be completed: nevertheless, special consideration is being given to the worst cases, and a few of these beds have already been delivered. It will, however, take months and not days before anything like a dry condition

can be expected in many of the affected homes.

It must be appreciated that though the individual affected persons have to receive every possible consideration, and are receiving such, there is in front of the Public Health Authority another matter requiring consideration, and that is the menace to the health of the whole community from the possibility of widespread infection from illness which may arise in the affected areas. Many of the houses have been flooded with water contaminated with sewage and all manner of offal, many others have had their drains rendered quite useless. Though I do not anticipate such an epidemic, all steps are being taken to, as far as practicable, counteract such an eventuality, the possibility of which must not be lost sight of.

I can give the assurance that all members of the Public Health Department are fully alive to the distress which this disaster has caused, and are working whole-heartedly in their endeavour to

render all possible assistance.

F. GARLAND COLLINS, Medical Officer of Health.

Public Health Committee, 12th January, 1928. FLOODING.

(i) That the Medical Officer of Health supplemented his report of the 10th instant, and outlined what further steps he had taken in the matter, particularly with regard to the supply of mattresses and disinfectant and the condition of the floors, etc., of the flooded houses. He also submitted the following figures:—

Number	of	premises visited	 	1849
Number	of	rooms flooded	 	2874
Number	of	children involved	 	1385
Number	of	adults involved	 	2195

Public Health Department.

FLOODING IN WEST HAM (Supplementary Report).

In two previous reports upon the Flood which occurred in West Ham on January 7th last, I have outlined the services rendered by my Department in this connection.

It is perhaps only fair to my staff that I should place on record in some detail, their unstinted and willing labours to assist in alleviating the distress of the people involved. As soon as it became known that certain areas in West Ham had become flooded, steps were taken to render all possible immediate help. With the co-operation of the staffs at the Fever Hospital and the Public Baths, blankets, towels, soap, etc., were provided for the comfort of those homeless people temporarily housed in the Public Hall, Canning Town. Each Sanitary Inspector and each Health Visitor spent the ensuing two days working late on in the evening, going from house to house in the involved areas, collecting information in regard to the number of sick or infirm, with a view to their removal, without delay, to suitable accommodation, either in Hospital or elsewhere; much further information also was collected in regard to the extent of the distress causedinformation which proved of the utmost value in dealing with the problem.

The Health Visitors were engaged at the Public Hall assisting in respect to putting the babies to bed at night, and in bathing them in the morning. Each night a doctor from my staff was in attendance at the Public Hall in order to guard against the possible retention there of anyone who might be suffering from an infectious disease.

Much labour was expended by my Office Staff in arranging for the provision and proper distribution of the mattresses, etc., in those cases where it was necessary, as well as in analysing the very large number of returns previously referred to.

When it is considered that no fewer than 2,874 rooms were flooded, the amount of work involved will at once be realised.

For some weeks following the flood, extra work was thrown upon my Department in numerous ways, e.g., the flooring of many houses had to be taken up and, in some cases, renewed. The

Disinfectors were particularly busy.

I am assured by my Staff that they were only too pleased to be in a position to be able to help the sufferers concerned, and that what extra work and inconvenience they were put to was amply compensated for by the gratitude of the people for the alleviation of their distress, and by the thanks of the Council for their efforts in this respect. When all members gave of their best, I am not in a position to individualize as to the efforts made by any one member.

May I add, in conclusion, that the Public Health Staff are thankful that none of the serious after-effects which were possible

have actually occurred.

F. GARLAND COLLINS, Medical Officer of Health.

8th March, 1928.

Posters and Leaflets issued as follows:--

The Recent Flooding of Houses and Public Health.

All possible steps are being taken by the Local Authority to alleviate the distress caused by the flood, and to provide for the sick. Meanwhile, DO NOT FORGET:—

- 1—Fires help to dry up damp rooms, but a through current of air is better. Remove all linoleum and carpets from damp floors, open wide every window (unless raining), every door, and keep them open all day.
- 2-Keep your beds as far as possible from wet walls.

3—Be sure your stockings and boots are dry.

4—All drains and sinks should be cleansed daily with water, containing disinfectant (about two tablespoonsful of the disinfectant supplied, to about a pint of water).

5—Every case of **serious illness** occurring in any house which has been flooded, should, if possible, be removed to hospital.

6—Medical advice should be sought promptly for every case of Measles or Whooping Cough which may occur.

7—Every **expectant or nursing mother** in the affected areas should at once seek advice from her own doctor, or from the Medical Officer of Health.

8—Disinfectants can be obtained free of charge from the Town Hall, West Ham, E.15; Public Hall, Barking Road, E.16; Fen Street Baths, Tidal Basin, E.16; Public Baths, Silvertown, E.16; The Fire Station, Silvertown.

F. GARLAND COLLINS, Medical Officer of Health.

Town Hall, West Ham, E.15.

General Provision of Health Services.

HOSPITALS.

Infectious Diseases.

- (1) The Plaistow Fever Hospital contains 210 beds, originally allocated for the reception of scarlet fever, diphtheria and enteric fever cases, with isolation beds for mixed or staff cases. The slight incidence of enteric fever in recent years has enabled the Medical Superintendent to receive and treat certain other infectious cases as well as to admit special cases for teaching purposes, including severe Measles, Tubercular peritonitis, Encephalitis Lethargica. Cases of Puerperal Pyrexia and Puerperal Fever can now be admitted and treated at this Hospital. (See report of M.O.H. on pages 89, 90, re Hospital accommodation.)
- (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. (See page 89, 90, re extension of accommodation for infectious cases.)

Smallpox.

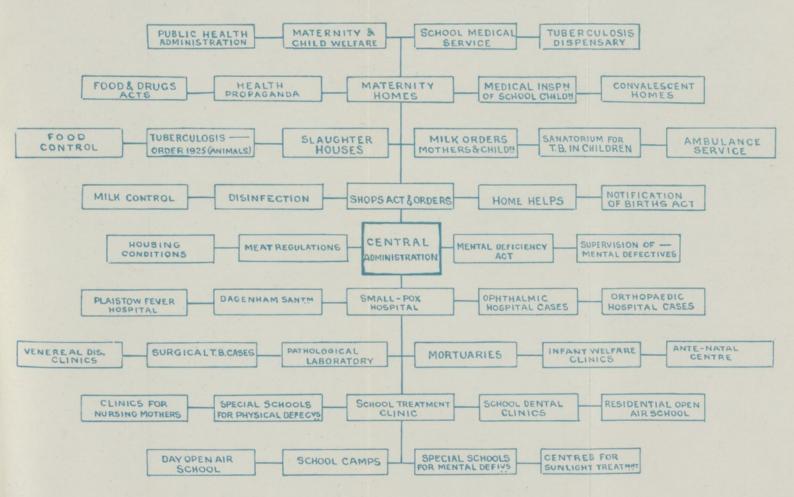
(3) Dagenham Smallpox Hospital, situated about 9 miles from the Borough, occupies a site of 6½ acres, enclosed within the Rookery farm of 119 acres, owned and cultivated by the Council. It consists of permanent buildings, capable of accommodating 50 patients with the administrative staff required for their care, together with temporary iron buildings sufficient for a further 200 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. (See page 11 re smallpox outbreak.)

Tuberculosis.

DAGENHAM SANATORIUM.

(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 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

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





cases were admitted. Fortunately in 1922 the Council was enabled to enter into an agreement with the Orsett Joint Hospital Bjoard 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.

The total number of beds available for tuberculosis cases at

Dagenham Sanatorium is now 128.

LANGDON HILLS SANATORIUM FOR CHILDREN.

(5) A Sanatorium to accommodate 40 children suffering from Pulmonary Tuberculosis 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.

Cases suffering from Surgical Tuberculosis, by arrangement with other authorities, are treated at the Alexandra Hospital, Swanley, Kent, and at different London Voluntary Hospitals.

Maternity.

(6) The Council have an agreement with Queen Mary's Hospital and Plaistow Maternity Charity for the institutional treatment of maternity cases. (See page 118.)

Orthopaedic treatment is carried out at the Children's Hos-

pital, Balaam Street. (See page 118.)

Cases of Ophthalmia Neonatorum are treated at the Royal London Ophthalmic Hospital. (See page 124.) Open Air Schools.

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

On the site at Fyfield buildings are in process of erection for the residential accommodation of 60 girls, but it is expected that these will not be ready for occupation until the Autumn of 1929.

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 Morris Ambulance, to accommodate 2 stretcher or 12 seated patients was purchased during the year, for use at the

Plaistow Fever Hospital.

There are, in addition, two motor ambulances for transference of non-infectious and accident cases to or from institutions. The latter ambulances made 1,740 journeys during the year. In 845 cases persons were removed from one address to another within the Borough. In 895 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 15 journeys were made under this arrangement during 1928.

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.

The Ambulances are not available for patients requiring out-

patient treatment.

Accidents.

The very large proportion of accident cases removed is startling, and it is to be observed that the number (679) is rapidly increasing, as a comparison with the year 1927 (496) will show.

The majority of these accidents have resulted from motor traffic, and chiefly occurred in the principal thoroughfares of the Borough. Having regard to the number of these which have proved fatal it should constitute a matter for serious consideration by the authorities concerned.

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

stated on ambulance remove	vai jorms	:-
Abdominal Trouble	27	Lunatic 1
Abscess	6	Malaria 1
Accidents	679	Mastoid 5
Appendicitis	84	Maternity 102
Assault		Measles 2
Asthma	1	Meningitis 2
Bladder	2	Nephritis 2
Brain Trouble	0	Nervous Disorder 6
Bronchitis	2	Observation 3
Burns	7	Obstruction 7
Cancer	8	Operation 76
Celulitis		Orthopaedic Treatment 1
Chest Trouble	5	Paralysis 7
Colic	1	Pelvic, Inflammation, etc. 1
Collapse	115	Peritonitis 2
	1	DILLI.
	1	
Complications	4	D
Concussion	2	
Congestion of Lungs	2	3/
Convulsions	1	~ .
Diabetes	1	Rheumatism 11
Diseased Foot	1	Rheumatic Fever 6
Dog Bite	1	Rib 1
Dropsy	1	Rupture 4
Ear Disease	1	Senile Decay 2
Empyema	1	Septicaemia 1
Enteritis	1	Septic, Stomach, etc 4
Epilepsy	1	Shock 5
Examination	2	Sleepy Sickness 3
Eye	1	Spine 23
Fits	65	Stroke 48
Fluid on Lung	1	Suicide, and Attempted
Gallstones	3	
Gastric, Ulcers, etc	13	Suicide 2 Synovitis 1
General Debility	1	Throat 2
Haemorrhage	19	Transference of Patients
Head Trouble	1 -	from one Hospital to
Heart	70	another 4
Hernia	5	Tuberculosis 92
Hip	4	Tumour 1
Hysteria	6	Ulcerated, Stomach, etc. 1
Illness in Street, etc	23	Unconscious 4
Immersion	1	Uterine Fibroids 1
Internal Trouble	49	Varicose Veins 3
7	1	
	7	Wasting 1
Kidney Trouble	1	
Leg Trouble	7	Total 1740
Loss of Memory	,	Total 1740
	21	

School Clinics† and Treatment Centres.†

Stratford Clinic, 2 Dental Clinics.*

84 West Ham Lane, E. 1 Minor Ailment Clinic.

Balaam Street Clinic, 1 Minor Ailment Clinic.

Plaistow, E. 1 Eye Clinic.

Rosetta Road Clinic, 1 Minor Ailment Clinic.

Custom House, E. 1 Dental Clinic.

Swanscombe Street Clinic, 1 Minor Ailment Clinic.

Canning Town, E.16. 1 Dental Clinic.*

* Also used as Dental Clinics under Maternity and Child Welfare Scheme.

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

Children's Hospital, Orthopaedic, and Sunlight Clinics. Balaam Street, E.13.

Tuberculosis Dispensary.

Balaam Street, Plaistow (see pages 92-98).

Maternity and Child Welfare Clinics.

Silvertown Municipal Centre, Westwood Road, E.16. West Ham Lane Municipal Centre, West Ham Lane, Stratford, E.15.

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.
Given Wilson Institute, Pelly Road, Plaistow, E.13.
Orthopaedic Clinic at Children's Hospital, Balaam St., E.13
Sunlight Clinic at Welfare Road, E.15.

Venereal Disease Hospitals. (See page 104.)

[†] See Ministry of Health Circular 939, dated 13th December, 1928.

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., Ch.B. (Edin.), D.P.H.	Assistant Medical Officer Maternity and Child Welfare
Dr. Dorothy L. M. Keats	M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.	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
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.
and the second second		

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime 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 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.
Mr. H. G. Clinch M.I.F.E.E.	San. Inspr. Cert. R. San. Inst., Meat and Food Inspr. R. San. Inst., Smoke Inspr. R. San. Inst., San. Inspr. Joint San. Insprs. Exam, Board, Exam. in advanced knowledge of practical and administrative duties of Inspr.	Chief San. Inspr.
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 Certificate	Do. (superannuated December, 1928)

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Miss B. M. Keegh	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.
Miss M. Monkhouse A.R.S.I.	Certificate General Nursing, and Certificate of Q.V.J.I. as Nurse and as Superintendent of Queen's Nurses,*San. Inspr. Royal San. Institute, San. Inspr., San. Inspectors' Association. *Registered Nurse and Member of the College of Nursing	Sanitary Inspector
Mr. B. J. Driscoll M.S.I.A.		
Mr. J. Dyke	Cert. San. Inspr. Royal San. Inst., Cert. Plumb- ing, Cert. Building Con- stn. West Ham Techni- cal Institute.	
Mr. T. R. Harris M.S.I.A., A.R.S.I.	Cert. San. Inspr., Meat Inspr. Royal San. Inst. Cert. San. Inspr., Meat Inspr., San. Inspectors' Board, London. Cert. San. Science, 1st Class, Battersea Polytechnic. Diploma in Bacteriology of the Battersea Polytechnic.	Inspector

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Mr. E. F. Hughes M.S.I.A., A.R.S.I.	Cert. San. Inspr. Royal San. Inst.	Sanitary Inspector, Inspec- tor under Food and Drugs Acts, and Fertil- isers and Feeding Stuffs Act.
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.	
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.	
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.	
Mr. E. J. Ferrier		Inspr. under Shops Acts
Miss E. D. Rayment	General Nursing	Supervising Nurse under Mental Deficiency Act

Public Health Administrative Staff†

Mr. J. A. Cheatle	
,, F. W. Bromley	Senior Clerk
,, H. R. Cole	Clerk
,, F. H. Barker	
,, J. Sabin	
,, A. Clark	
,, D. Thompson	do.
,, J. W. McCarthy	. Investigator
Miss V. M. Busby	Clerk
	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. S. Strachan. Mr. C. Poyser.

DAGENHAM SANATORIUM.

Matron.	Chief Steward.	Assistant Steward.
Miss M. Duguid.	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. J. Jones.	Mr. G. J. Howes.
,, H. J. Murty.	,, W. Hubbard.

MORTUARY KEEPERS.

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

The Staff of the School Medical Officer consists of 6 Medical Officers, 4 Dental Surgeons, 27 Nurses, 9 Clerks, together with 2 Consulting Oculists, all of whom work in the closest possible co-operation with the Public Health Department.

[†] A detailed list of the Staff is included in this Report by the special request of the Minister of Health, in accordance with Circular 939, dated 13th December, 1928.

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 1928.

	Visited.	No half- holiday form exhibited.	Warned verbally.	Warning Notice sent.	Refused to serve.	Summonses attended.
Bakers	. 109	5	9	-	12	1
Boot repairers, etc	22	1	4	1	5	
Butchers	401	18	81	2	67	
Caterers	0.4	1				***
Carpets and rugs	00					
Chemists and druggists		2	2 11		. 9	
China and glassware	110	4	11		13	
Clothiers	200	6	7		7	
Confectionery and tobacco	F	13	125	64	263	11
Corn merchants	. 53	1	46		1	
Cycle Dealers			1 .		1	
Drapers, Milliners and Mantle	e					
Dealers	. 569	17	91	1	48	
Fishmongers		5	32	1	12	
Fruiterers and Greengrocers	559	11	101	16	67	2
Furniture Dealers			3		2	
Furriers	. 8		***			
Grocers and General	Ph	16	119	42	162	6
Hairdressers and Barbers	. 265	3	14	1	14	***
Hosiers and Hatters	. 138	2	6	2	12	1
ronmongers	. 43					
Leather and Grindery			3		3	***
Mixed		11	61	2	92	
Music			2	***	4	1
Picture Frames	50		2		10	
Public Houses	00		2		12	***
Tailors	114	1	2 8		2 16	***
Foy and Fancy Goods			0		10	***
Watchmakers, Jewellers and	9.4	The state of				
Pawnbrokers Wireless	90	***			1	***
Vireless	20		***		1	
Totals	5,295	117	731	132	825	21

For results of Police Court Proceedings, see page 55.

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.—Adopted 13/1/1891.

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, 1969.

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.

Maternity and Nursing Homes.

There are three registered homes in the Borough. (See page 119.) For Maternal Mortality. (See page 130.)

Particulars of Bodies Received into the Mortuaries during 1928.

					15				1					31			
	STRATFORD MORTUARY.							CANNING TOWN MORTUARY.									
Монтн.	Number received.	No.remaining & viewed at Queen Mary's Hospital	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.	No. o Inquests
January	24	1	21	4	17	.8		15	10	6	4	2	4	2		5	2
February	21		17	4	16	5		14	13	5	4	1	2	3		4	2
March	16		15	1	11	5		11	8	4		4	3	1		4	
April	19	1	17	3	14	6		9	12	1	1		1			1	
May	15	1	13	3	10	6		9	6	6	6		5		1	5	
June	11	7	15	3	9	9		7	16	2	2		1	1		1	
July	8	2	10		4	5	1	5	3	1	1			1			
August	9	2	10	1	9	2		8	3	2	2		1	1		2	1
September	11	3	11	3	10	4		8	7	2	2		2			1	1
October	12	2	12	2	12	2		7	8	5	2	3	2	3		4	2
November	11	3	14		9	5		4	10	2	2			2		***	1
December	- 15	2	12	5	13	4		10	9	5	5		3	2	1	4	1
Total	172	24	167	29	134	61	1	107	105	41	31	10	24	15	2	31	10
Grand Total	19	96	19	6		196	_	107	105	41	4	11		41	_	31	10

West Ham Mortuary was not in use during 1928.

Number of Days Bodies remained in Mortuaries:-

```
71 were 1 Day in Stratford Mortuary.
42 ,, 2 Days ,, ,, ,,
30 ,, 3 ,, ,, ,, ,,
15 ,, 4 ,, ,, ,, ,,
8 ,, 5 ,, ,, ,, ,,
1 was 6 ,, ,, ,, ,,
3 were 7 ,, ,, ,, ,,
2 ,, 9 ,, ,, ,, ,,
```

Total 172

```
12 were 1 Day in Canning Town Mortuary.

11 ,, 2 Days ,, ,, ,, ,,

8 ,, 3 ,, ,, ,, ,, ,,

3 ,, 4 ,, ,, ,, ,, ,,

1 was 5 ,, ,, ,, ,, ,,

1 was 7 ,, ,, ,, ,, ,,

1 ,, 8 ,, ,, ,, ,, ,, ,,

1 ,, 10 ,, ,, ,, ,, ,, ,,
```

Total 41

1	Doctor pe	erformed	9 F	ost-M	orten	n Examinations	
1	,,	,,	7	,,	,,	,,,	
1	,,	,,	5	"	,,	,,	
6	Doctors	,,	4	,,_	,,	,,,	each
4	,,	,,	3	,,,	,,	,,	,,
20	. 22	. 12	2	,,	,,	. "	,,
41	,,	"	1	"	"	Examination	
					10		

HEALTH WEEK.

The Council in conjunction with the West Ham Insurance Committee observed Health Week from the 22nd to 27th October, 1928. The Exhibition was held in the large Hall of the Public Hall, Barking Road, Canning Town, and was open throughout the week from 3 p.m. to 9 p.m. The exhibits were divided into ten sections, viz.: Public Health, School Medical Service, Maternity and Child Welfare, Tuberculosis, Food, Water, Venereal Diseases, West Ham Tramways, Demonstrations by the Electricity Department, 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.

Four afternoon and six evening Lectures, illustrated by lantern slides, were given by eminent Lecturers, and were well attended, and film displays were given in the mornings during the week at five large Cinemas situated in different parts of the Borough, when over 14,300 elementary school children were present to view pictures and receive lessons on simple everyday health subjects.

In addition to the above, by kind permission of the respective Managers of five 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.

Many factors which had previously been considered extraneous are now known to be intimately connected with the health

and well-being of the community.

The enormous advantages of electricity as regards lighting and heating, with its freedom from smoke or injurious fumes; and the many ways by which it reduces the drudgery of some forms of labour, should be extolled. The proper ventilation and adequate space and comfort in the public trams and conveyances is another important factor; as is of course the keeping in proper order of the highways and by-ways.

Bearing all these things in mind, it would appear in a town such as this, Health Week Demonstrations should not be confined to the Public Health Department alone, but should constitute more of a Civic Week, when all sections of the Municipal Services should advertise and elaborate their advantages, most of which would be found to conduce either directly or indirectly to the

advantage of the public health.

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 number of 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.

A complaint was received from the occupant of a certain house in the Borough, on account of several of the members of his family suffering from sore throats, due to the taste and cloudy nature of the water supply. Samples of water were taken, and examination revealed that the water was unsuitable for drinking purposes.

The Metropolitan Water Board were acquainted of this fact, and it was ascertained that there was a dead end on the 4-inch main supplying the premises, and arrangements were made for the periodical flushing out of the main.

The samples taken subsequently were quite satisfactory.

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 are both tidal rivers. The Thames is under the control of the Port of London Authority, as is also part of the River Lea. The remainder of the Lea and its backwaters being under the Lea Conservancy.

As mentioned in my report for the year 1927, there are two great sources of pollution into the rivers before they enter West Ham. The two neighbouring Boroughs of Leyton and Walthamstow have recently connected up their sewer to the London County Council Hackney sewer, and only discharge into the river in case of heavy storms; the consequence is that the condition of the waters of the back reaches of the Lea discharging through West Ham has greatly improved.

DRAINAGE AND SEWERAGE.

The water carriage system of sewage removal is almost universal throughout the whole Borough. 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. One small 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 being proposed whereby the sewage of this area could 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 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 is carried out by the Borough

Engineer's Department.

The Pagefield System of collection, which was begun during 1927, has been so extended that the collection of refuse from fully one-half of the Borough is now dealt with by this means.

REFUSE DISPOSAL.

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.

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	6196
No. of Inspections—	
Dwelling Houses	12605
Newly-infected Houses	8831
Common Lodging Houses	152
Slaughter Houses	128
Bakehouses	312
Dairies	88
Cowsheds	25
Milkshops	85
Retail Shops (e.g., Eel Pie Shops, Ice Cream Shops,	E = 10
etc.)	7516
Schools	14
Offensive Trades	257
Factories (including Food Factories)	653
Workshops	191
Laundries	5
Workshops (not included above)	81
Miscellaneous (e.g., Smoke Abatement, Offensive	
Accumulations, etc.)	5399
Re-inspections	44839
No. of Notices served—	
On Offender	2
On Owner	*8927
On Occupier	93
No. of Notices complied with—	
By Offender	_
By Owner	*8851
By Occupier	45
Total Nuisances found	47393
Total Nuisances abated	45932
**	

*Apparent discrepancies caused by a number of notices not being complied with at the end of previous year. There would normally be a 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 1928:—

zorougu, daning the year re-e			ices served
Ward	Inspections	ın	respect of
New Town	922		782
Forest Gate	548		368
High Street			942
Broadway			753
Park			218
Upton	557		365
West Ham			487
Plashet Road	331		198
Plaistow	851		606
Canning Town and Grange	1162		958
Ordnance	Control of the Contro		604
Hudsons	467		291
Bemersyde	. 375		211
Tidal Basin	. 944		680
Beckton Road			773
Custom House and Silvertown	1091		761
T-4-1-	19.900		9.007
Totals	12,209		8,997

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

Defects for the Abatement of which Notices were Served.

Drains and Soil Pipes— Cleansed 40	Water Fittings and - Cisterns—
Repaired 827	Cleansed 2
W.C. Pans or Traps—	Repaired 544
Cleansed 14	Flushing Apparatus—
Repaired 186	Repaired 626
New Provided 242	New Provided 35
Sinks and Sink Pipes—	Water Supply provided 15
Repaired 400 New Provided 26	Yard Paving— Repaired 987
Stack-pipes and Rain-	Defects remedied in
water Gutters—	Roofs 4117
Repaired 2232	Floors 1259
New Provided —	Staircases 550

Windows 1914 Doors 416	Ditches, Urinals, etc.— Cleansed 2
Fireplaces 1156	Repaired —
Walls and Ceilings 13614	Animals improperly kept 33
	Offensive Accumulation 67
	Overcrowding 83
	Smoke Nuisance 127
Coppers—	Dust Receptacles pro-
	vided 1350
Cleansed 1	Rooms Disinfected 3636
	Premises Infected with
New Provided 1	Rats 19

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

Smoke Abatement.

Although West Ham is largely an industrial area, it is not affected by "Black Smoke" to any considerable extent. The greater part of the smoke is produced by the domestic fire, and is therefore blue or yellow in colour rather than black, whilst the soot consists of larger and more greasy particles than that produced in the furnace of the steam boiler.

It is interesting to note that the demand for low temperature coke is now much greater than the supply, and it is to be hoped that those engaged in the production of this excellent fuel will not only maintain the quality of their product, but will accelerate the construction of additional plants. There can be no doubt that herein largely lies the solution of the domestic smoke problem so far as existing firegrates and cooking stoves are concerned. The Gas and Electrical Industries are rendering useful assistance to Smoke Abatement by providing at reasonable rates gas, current, and appliances for their use.

Constant observation is kept over the various chimneys, not being those of private houses, and suitable action is taken as and when required.

SOOT GAUGES.

No soot gauges or actinometers are used by the Department, it being felt that all available time and money should be devoted to the speedy repression of the smoke evil rather than to the building up of statistics which could not denote local conditions with accuracy.

Common Lodging Houses.

There are eleven Common Lodging Houses in the Borough. Most of these have been adapted to meet the requirements of the Common Lodging House Bye-Laws. The total number of beds at these houses is 666.

The Sanitary Inspectors pay periodical visits, and during the year 152 inspections were made, but it was not found necessary to serve any statutory notices.

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

Rag Flock Act.

There are four premises dealing with rag flock. It has not been found necessary to take any action under the Act during 1928.

Offensive Trades.

Mainly at the instigation of the Public Health Department many thousands of pounds have been spent during the past couple of years by owners upon installing in Factories improved apparatus for dealing with offensive fumes and for appropriate storage accommodation.

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

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

No applications have been received during the year for the establishment of offensive trades within the Borough.

All premises where these trades are being carried on are subject to constant supervision, and may be said to be carried on with as little nuisance or inconvenience to the general public as possible.

Bye-Laws are in force, as under, in respect of the time and manner of conveyance of offensive material through the streets, but it has not been necessary to take any action this year:—

"A person who shall remove or carry through any street in the District any foecal or offensive or noxious matter or liquid, whether such matter or liquid shall be in course of removal or carriage from within or without or through the District, shall not remove or carry such matter or liquid through such street except between the hours of 4 o'clock and 10 o'clock in the forenoon of any day during the months of March, April, May, June, July, August, September, and October, and except between the hours of 6 o'clock a.m. and 12 o'clock at noon of any day during the months of November, December, January and February. vided always that this Bye-Law shall not be taken to apply to the removal or carriage of horse-dung manure, or to the removal or carriage in a properly constructed and properly covered vessel, receptacle, cart, or carriage, of any matter taken from any sewer which the Council of the County Borough are authorised to cleanse or empty."

"A person who shall remove or carry through any street in the District any foecal or offensive or noxious matter or liquid, whether such matter or liquid shall be in course of removal or carriage from within or without or through the District, shall cause the vessel, receptacle, cart, or carriage used therefore to be properly constructed, and to be furnished with a sufficient covering so as to prevent the escape of any such matter or liquid. Provided always that this Bye-Law shall not be taken to apply to the removal or carriage of horse-dung manure."

"If in the process of removal or carriage through any street in the District of any foecal or offensive or noxious matter or liquid, whether such matter or liquid shall be in course of removal or carriage from within or without or through the District, any person shall drop or spill or cause or allow to be dropped or spilt upon any footway, pavement, or carriageway any such matter or liquid, he shall forthwith remove such matter or liquid from the place whereon the same may have been dropped or spilt, and shall immediately thereafter thoroughly sweep or otherwise thoroughly cleanse such place."

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, 4 Dental Surgeons, 27 Nurses and 9 Clerks.

The Schools are, with several 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 and diphtheria not a single case occurred at either of these open-air schools, though there have been 188 admissions from the district during the year. In the early part of this year, however (Feb., 1929), one case of Diphtheria has occurred at Fyfield Open Air School, this being the first case since the School was opened four years ago. The boy was promptly transferred to the Isolation Hospital, and no further case arose.

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 33.

Housing particulars during 1927 in the form desired by the Ministry of Health.

	of New Houses erected during the year— Total—including numbers given separately under (b)
(b)	With State assistance under the Housing Acts— (i.) By Local Authority
1. Unfit	Dwelling Houses: Inspection—
(1)	Total number of Dwelling Houses inspected for housing defects (under Public Health or Housing Acts)
(2)	Number of Dwelling Houses which were inspected and recorded under the Housing Consolidated Regulations, 1925
(3)	Number of Dwelling Houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation
(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 9,022
	edy of Defects without Service of Formal Notice— nber 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 be-

- 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.

tween Officials and Owners.

(2)	Number of Dwelling Houses which were rendered fit after service of formal notices— (a) By Owners (b) By Local Authority in default of Owners	Nil 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. Proce	eedings under Public Health Acts-	
(1)	Number of Dwelling Houses in respect of which notices were served requiring defects to be remedied	9,022
(2)	Number of Dwelling Houses in which defects were remedied after service of formal notices—	
	(a) By Owners	8,896 Nil
C. Proce	eedings under Sections 11, 14 and 15 of the Housing Act, 1925.	
(1)	Number of Representations made with a view to the making of closing orders	2
(2)	Number of Dweiling Houses in respect of which closing orders were made	2
(3)	Number of Dwelling Houses in respect of which closing orders were determined, the dwelling houses having been rendered fit	Nil
(4)	Number of Dwelling Houses in respect of which demolition orders were made	Nil
(5)	Number of Dwelling Houses demolished in pursuance of demolition orders	Nil

Two types of flats have been erected during the year, one containing living room, scullery, bathroom, and two bedrooms, and one containing living room, scullery, bathroom and three bedrooms.

They are built in blocks four storeys high, each with a central stone staircase with entrances on each landing. Provision is made for the disposal of dust outside in a shoot for every two flats on each floor.

They are provided with hot water in the bath rooms from a gas copper in the scullery.

The floors to sculleries and bathrooms are of a patent composition.

The living rooms are provided with range, and have an average area of 178ft. super.

Overcrowding.

Overcrowding of a gross nature is still prevalent. All measures practicable at this juncture are being taken to deal with this vast problem. The whole question has been so often before explored and explained in all its difficulties and intricacies, that it does not behave me in this report to enlarge upon a matter of such common knowledge. I cannot, however, refrain from emphasising again the supreme importance of the problem in regard to health.

Prosecutions, 1928.

Prosecutions were instituted in no fewer than 529 instances as follows:—

Nuisances (Public Health Act)—
436 Summonses. 214 Summonses withdrawn.

Failure to comply with Magistrate's Orders— 30 Summonses. 2 Summonses withdrawn.

Adulterated Butter—
1 Summons. 1 Summons withdrawn.

Adulterated Milk—
6 Summonses. 4 Summonses dismissed.

Adulterated Vinegar—
1 Summons. 1 Summons withdrawn.

Selling Milk without being Registered, contrary to Milk and Dairies Order, 1926—

1 Summons.

Selling Milk from a Can which had not Name and Address conspicuously inscribed thereon, contrary to Milk and Dairies (Consolidation) Act, 1915—1 Summons.

Selling Separated Milk from a can which was not marked, contrary to the Milk and Dairies Order, 1926—

1 Summons.

Selling Meat adulterated with sulphur dioxide, contrary to the Public Health (Preservatives, etc., in Food) Regulations, 1925—

7 Summonses. 4 Summonses dismissed.

Selling Sausages with preservative and not having same properly labelled, contrary to the Public Health (Preservatives, etc., in Food) Regulations, 1925—2 Summonses. 2 Summonses dismissed.

Selling Sausages adulterated with sulphur dioxide, contrary to the Public Health (Preservatives, etc., in Food) Regulations, 1925—

2 Summonses.

Bottling Milk in Street contrary to Sec. 31 (2) of the Milk and Dairies Order, 1926—
4 Summonses.

Selling Milk from churn which was not properly covered, contrary to Sec. 14 (2) of the Milk and Dairies Order, 1926—

1 Summons.

Selling Margarine not labelled— 3 Summonses.

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

1 Summons.

Shops Early Closing Act, 1920— 15 Summonses. 1 Summons dismissed.

Shops (Hours of Closing) Act, 1928— 1 Summons.

West Ham Grocers', etc., Closing Order, 1919— 5 Summonses.

West Ham Corporation Acts, 1893 and 1898 (Drains)—
1 Summons.

Housing Act, 1925, Sec. 5— 1 Summons.

Public Health (Meat) Regulations, 1924— 2 Summonses.

Public Health Act, 1875, Sec. 116— 1 Summons.

Table showing the different Trades in which Outworkers were engaged during 1928.

Tailoring		 253	The making of-
The making			Blouses 20
Shirts	,	 120	Overalls 20
Umbrellas			Boots and Shoes 18
Ties			Dressing Gowns 12
Undercloth			Embroidery 10
Robes	No.		Belts 10
Costumes			Knitted Goods 5
Millinery			Paper Bags 3
Brushes			Caps 2
Xmas Cra			Furriers 6
Mantles			Laundry 4
Boxes			
201103			779
			112

No. of Outworkers notified to West Ham from Undermentioned Districts.

City of London	n	 	207
Poplar			103
Finsbury			
Stepney		 	36
East Ham		 	31
Bethnal Green		 	30
Shoreditch		 	29
Leyton		 	29
			21
Westminster		 	13
Marylebone		 	5
Islington		 	4
Deptford		 	2
St. Pancras		 	2
Hampstead		 	2
Woolwich			2
Walthamstow			2
			593

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

Stepney	 	228
East Ham	 	58
Leyton		
Poplar	 	19
Bethnal Green		6
Walthamstow		3
Ilford	 	3
	-	
		561

_

		Lists re	eceived	from Em	ployers		Ad-	Ad-	T as
	Tw	ice in ;	year	On	ce in y	ear	of Outworkers' Ad- received from other Councils	of Outworkers' Ad- forwarded to other Councils	on Occupier as
Nature of Work		Outw	orkers		Outwo	orkers	Outwo ived f ouncils	Outwo	
	Lists	Contractors	Workmen	Lists	Contractors	Workmen	Number of dresses rece	Number of dresses forv	Notices served
Wearing Apparel— (1) Making, etc. (2) Cleansing & Washing Lace,	78	136	370	ŏ	10	20	593	361	90
Lace Curtains and Nets Furniture and Up-	2		4						•••
holstery									
Fur Pulling									
Jmbrellas Paper Bags and					•••				•••
Boxes									
Brush Making	***				***			***	
tuffed Toys	***				***				***
Cennis Balls									•••
ile Making Electro Plate									
ables and Chains		***						***	•••
ocks, Latches &		***			***				***
Keys									
Totals	80	136	374	5	10	20	593	361	90

1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Descriptor	-	Number of	
Premises. (1)	Inspections.	Written Notices. (3)	Occupiers Prosecuted. (4)
Factories (Including Factory Laundries)	840	21	****
Workshops (Including Workshop Laundries)	293	17	
Workplaces (Other than Outworkers' premises)	161	6	
Total	1,294	44	

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

	Nur	nber of Defe	ects.	Number of
Particulars.	Found.	Remedied.	Referred. to H.M. Inspector. (4)	offences in respect to which Prose- cutions were instituted, (5)
Nuisances under the Public Health Acts*:— Want of cleanliness Want of ventilation Overcrowding Want of drainage of floors Other Nuisances Sanitary Accommodation— Insufficient Unsuitable or defective Not separate for sexes Offences under the Factory and Workshop Acts: Illegal occupation of underground bakehouse (s. 101)	87 5 1 41 1 29 2	87 5 1 41 28 2		
Other Offences (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.)	3	3		
Total	169	167		

^{*} 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)		Prosecu- tions (4)
Wearing Apparel— Making, etc	No notic many min	nor defec	served b
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	San	itary Ins	
Pea picking			
Total	_	_	

Inspection and Supervision of Food.

Milk Shops and Dairies, 1928.

On January 1st, 1928, 196 premises were on the register, of which 96 were dairies or premises where milk is the chief article for sale. Two new premises were licensed and 16 ceased to sell during the year, leaving 182 on register for the sale of open milk on 31st December, 1928, of which 91 were dairies.

Thirty-one applications were received from persons living in the Borough to sell milk, two being to remove to better premises, and there carry on the trade of a dairyman, and the others were chiefly from persons who had taken over businesses where milk had already been sold. In 16 of these applications the premises were not considered suitable for the storage of open milk, and therefore leave was granted to sell bottled milk only.

Five applications were received from milk vendors living outside the Borough to sell within the Borough, and these were granted after a satisfactory report having been received from the M.O.H. of the district in which the dairy premises were situated.

One application for registration as a Milk-seller from a man living out of the Borough was refused as the applicant had no registered premises.

Three Statutory Notices were served, but many defects were remedied by verbal instructions without the necessity of serving notices.

The following defects were remedied:-

Defective roofing, 2.

,, paving, 3.

,, D.V.P., 2. ,, brickwork, 2.

,, window frames, 1.

,, sash lines, 2.

,, stack pipe, 1.

,, dampness, 1.

,, copper, 2.

,, flooring, 1.

,, water fittings, 1.

plaster, 1.

Cleansing of premises, 2. Supplying of ashpail, 1. And other minor defects.

Better arrangements for the heating of water were supplied in two dairies, and better lighting in one.

Examination of Milk.

Thirty samples of milk were taken from cowkeepers and milk purveyors (counter pans, churns and pails) for examination. Of this number 15 samples were submitted for animal inoculation as to the presence of tubercle bacillus, and 15 for bacteriological examination for bacterial content, Bacillus Coli and extraneous matter (special sterile bottles being obtained from the Laboratory for this purpose). Particulars of the examinations are as under:—

ANIMAL INOCULATION.

No.	From where taken	Result
14 Co	wkeeper (Milk Pail)	No evidence of T.B. infection.
15	do. do.	Guinea Pigs died prematurely (sampled again, see No. 24).
16	do. do	do. do.
18	do. do.	No evidence of T.B. infection.
19	do. (Churn)	No evidence of T.B. infection.
21	do. (Counter Pan)	do. do.
22 Pu	rveyor do.	do. do.
23	do. (Churn)	Guinea Pigs died prematurely (sampled again, see No. 27).
24* Co	wkeeper (Counter Par	n) Evidence of T.B.
25 Pu	rveyor (Churn)	No evidence of T.B. infection.
26	do. do.	Guinea Pigs died prematurely.
27	do. do.	No evidence of T.B. infection.
28 W1	holesaler do.	Guinea Pigs died prematurely.
29	do. do.	do. do.
30	do. do.	No evidence of T.B. infection.
* 2 Co	ws dealt with under 7	r.B. order, 1925

MICROSCOPICAL EXAMINATION.

Six samples were reported upon as containing Bacillus Coli and organisms exceeding 100,000 per c.c., and five were found to contain organisms exceeding 100,000 per c.c. In connection with adverse reports the matter is taken up with the Vendor with a view to tracing the source of contamination.

Condensed Milk Regulations.

Eleven samples of condensed milk were taken as follows:—

Machine Skimmed Condensed Milk ... 7

Full Cream Unsweetened 2

Full Cream Sweetened 2

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

Particulars as to labelling in each case conformed to the

requirements of the regulations.

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

Sixteen samples of various foods were reported upon as being adulterated with preservative, as under.

Madeira Cake	containing B	oric Acid		Letter of Caution sent
Meat Meat	containing St	ulphur di-oxide do.	Informal Official	Same Retailer Prosecution followed
Meat Meat Sausages	do. do.	do. do. do.	Informal Official do.	Same Retailer Prosecution followed
Sausages Sausages	do. do.	do. do.	do. Official	Retailer Wholesaler Prosecution followed
Meat	do.	do.	Official	Prosecution followed
Meat Sausages	do.	do. do.	Official do.	Same retailer Prosecution followed
Meat Meat	do. do.	do. do.	Informal Official	Same Retailer Prosecution followed
Meat	do.	do.	Informal	Subsequently sampled and reported as genuine
Meat Meat	do.	do. do.	Informal Official	Same Retailer Prosecution followed

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The following licences were granted during 1928:—One to bottle and sell, and sixteen to sell Grade "A" (Tuberculin Tested) Milk, including one supplementary licence; Eleven to sell "Certified" Milk; one to produce, bottle and sell, and six to sell Grade "A" Milk, including three supplementary licences; one to both Pasteurise, bottle and sell, and eight to sell (including three supplementary licences) Pasteurised Milk.

One hundred and one samples of milk were submitted for Bacteriological Examination, the results being as follows:—

Past	eurized	Grad (Tubercul	le ''A'' lin Tested) Gr	ade "A"	Cer	tified
Up to Standard	Below Standard	Up to Standard	Below Standard	Up to Standard	Below Standard	Up to Standard	Below Standard
39	6	19	6	12	1	15	3

A comparison with the results of the samples taken during the years 1925, 1926, and 1927 will show that there is a gradual improvement in the standard of graded milk sold in the Borough.

In connection with the six samples of Pasteurised Milk which failed to pass the required standard, in each instance a letter of caution was sent. In the case of the six samples of Grade "A" (Tuberculin Tested) Milk, four of these failed to pass the standard owing to excessive bacteria, and two owing to excessive bacteria and to the presence of B. Coli. The sample of Grade "A" Milk failed on account of the presence of B. Coli. Of the three samples of "Certified" Milk which did not pass the standard, three contained excessive bacteria and two had B. Coli.

Other Foods.

The state of all factories dealing with food of various kinds, together with the Retail Shops, Bakehouses (there are 45 underground bakehouses), and other premises, is continually under the supervision of the District Sanitary Inspectors, and 7,516 inspections were made 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.

Ice Cream.

Ten samples of Ice Cream were taken from shops and itinerant vendors and submitted for bacteriological examination. In six cases where the bacterial content was reported upon as being excessive, letters of caution were sent, and inspections made of the premises where the ice cream was prepared, with a view to tracing the source of contamination.

UNSOUND FOOD CONDEMNED.

Apples 9 boxes.
Apricots 16 boxes.

Bacon 2 cwts. 1 qr. 19 lbs.

Brawn 223 6-lb. tins.

Celery 20 rolls.
Cod 1 trunk.
Cocoa 4 doz. pkts.

Dabs 6 st.

Fowls 1

Grapes 1 box.

Haddocks 6 st. and 2 trunks.

Ham $11\frac{3}{4}$ lbs. Herrings 1 box.

Jellied Veal 1 cwt. 2 qrs. 12 lbs.

Jellies 6 doz. pkts.

Meat 4 doz. tins.

Mutton 1 leg, $\frac{1}{2}$ shoulder, and $\frac{1}{2}$ lb.

Pears 2 boxes and 480 lbs.

Pineapple 2 doz. tins.

Rabbits 2

Roker 1 box.

Sardines 6 doz. tins.

Skate $24\frac{1}{2}$ st. Skate Wings 2 st.

Tomatoes 21 boxes and 120 lbs.

Winkles 1 bag.

See page 72 for meat condemned under Public Health (Meat) Regulations, 1924.

Samples Analysed by Borough Analyst, 1928.

	Anal	ysed.	Gent	nine.	Adulterated.				
Articles.		Un-	-	Un-		Un-			
	Official.	official.	Official.	official.	Official.	official			
	554	1	540	1	14	-			
	11	-	11	-	_	-			
Condensed Milk .		-	17	-	1	-			
Ground Almonds			1		-	-			
	11		11			-			
	154	116	147	115	7	1			
Calomel Ointme		3-	1	1		2			
	15	2	15	2		-			
	1		1		-	5			
	15	40	15	40	-				
	2	-	2	_	-	-			
11	29	8	29	8	-				
	1	_	1			-			
	1		1						
	30	73	26	69	4	4			
Extract of Coff		-	1	-					
	00	0	- 00		-	-			
-	36	6	36	6	-	-			
	2	-	2	_	_	-			
	1	-	1	-	-	-			
	1	1.5	1	75		-			
	34	15	34	15	-				
	2	-	2		-	-			
	. 9	6	1	6	-	-			
Lemonade Powde		1	3	-	_	-			
Coffee and Rum			1						
Lemon Squash .			1 7		-				
	-	3	1	-0	1	-			
es 222		1	2	2.	1	1			
Cream of Tartar a		1	2	1					
Sulphur Tablets.		1		1		11.			
A		1	1		1				
11 1 1	-	1	5	1					
DI DI		1	4	1					
Minne	-	3	7	3					
Self-Raising Flou		9	20	0					
Baking Powder .			6						
Citrate of Magnes			1						
Peas	7		7	N. S.					
Chicken and Ha	m 1	2	i	2					
Donto									
Lone	19	2	19	2	80				
Channe Channe	3		3		1				
Daired Davids	12	3	12	3					
Ricto	1		1	_					
Toller	3	_	3						
Iam Pall	1		1						
Condied Deal	4	1	4	1					
Taniona	1		i	1		1 12 20			
Confortion	11	3	11	3	1				
Cround Cingray	1	10	1	10					
Sanco	2		2	-					
Racon	77	7	7	7					
Dielslon	2		2		To the same of the same of				
Eich Doote		1	_	1					
Vinogon	65		64	-	1				
Kotohum	1		1		A				
Donnor	10	3	10	3					
repper		4.7	4.47	4.7					

For list of prosecutions taken in connection with adulterated articles, see pages 54-55.

Public Health (Meat) Regulations, 1924, and Slaughter House Bye Laws.

REPORT OF THE VETERINARY OFFICER (Mr. H. E. Bywater, M.R.C.V.S.)

AND THE MEAT INSPECTOR (Mr. T. R. Harris).

Scope of Report:

The work carried out under the regulations, with the exception of that under Parts IV. and V. (which relate to shops, stores and stalls) is surveyed in this report; and also the action taken under the slaughter-house bye-laws in regard to humane killing.

Ante-Mortem Examinations:

Among the 9,456 animals inspected prior to slaughter, a number of interesting cases were noted, to which particular attention was given at the post-mortem examinations. Several cases of notifiable disease were observed and dealt with under the Diseases of Animals Acts.

Post-Mortem Examinations.

23,298 animals were inspected after slaughter. This is an increase over last year of 2,319, or 11 per cent. The addition occurs among Bovines and Ovines; while Swine show a slight decrease.

2,592, or 11.1 per cent. of the animals examined post-mortem were affected with some form of disease, and it is interesting to observe that the percentage shows an increase of only 0.6 over

that of the preceding year.

The Bovines inspected number 3,325, of which 1,124, or 33.8 per cent. were tubercular, and 471, or 14.2 per cent., were affected with other diseases. Swine account for 7,488, of which 353, or 4.7 per cent., were tubercular, and 227, or 3 per cent. were cases of some other disease. While Ovines total 12,484, of which 417, or 3.3 per cent., were diseased.

The percentage of tuberculosis in cattle shows a slight rise from 33.4 per cent. in 1927, to 33.8 per cent. in 1928; while in Swine there is a decrease, the figures being 4.7 per cent. this

year, and 6.4 per cent. the previous year.

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

Condemned Meat.

It is of interest to note that of the meat condemned two carcases and viscerae were "seized" (and afterwards destroyed by order of a Magistrate), while the whole of the remainder was voluntarily surrendered.

The practice of rendering condemned meat useless for human consumption by means of a powerful dye or strong disinfectant, and afterwards releasing it for industrial purposes under supervision, has been continued.

Tuberculosis.

In Appendices VI. and VII. are details of the deposition of tuberculous lesions observed during post-mortem examinations. The presence of any degree of tuberculosis in a carcase necessitates a special examination to determine the extent of the infection, and in many cases a re-examination after the carcase has "set" has also been necessary.

Such re-examinations have occupied a considerable amount of time.

Detention of Carcases.

Where a carcase is held over for re-inspection we have adopted the practice of attaching a label to it bearing the words "Detained for further examination," or if a carcase is condemned, one with the word "Condemned" on it. This tends to prevent any misunderstanding of our intentions in such cases.

Times of Slaughtering.

The times at which slaughtering may take place within the Borough are not limited, and as a result the work of inspection has frequently to be continued until a late hour and by artificial light. In this connection it may be noted that some local authorities have acquired powers to control times of slaughtering and to limit killing on Sundays and Public Holidays.

Meat Marking.

The practice of a number of local authorities of marking meat after inspection has not been adopted in this Borough.

Warnings and Prosecutions.

Several infringements of the regulations and bye-laws were observed, and in certain cases letters of warning were sent. A number of verbal warnings were also given.

In one case legal proceedings were instituted, and a fine of 10s. was obtained, for failing to give notice of intention to slaughter, and the same defendant was also convicted for being in possession of two bodies of beef which were unfit for the food of man, and a fine of £5 imposed.

APPENDIX I. (Meat Regulations)

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

Class of Animals.		Number Inspected	Affecte	d with T.B.	Affected with other Diseases.				
Allilli	ais.	Inspected	No.	Percentage.	No.	Percentage			
Bovines—									
Bulls		 60	24	40.0	4	6.6			
Bullocks		 849	62	7.3	120	14.1			
Cows		 1,683	984	58.5	286	16.9			
Heifers		 494	49	9.9	60	12.1			
Calves		 239	5	2.1	. 1	0.4			
Swine—						THE PARTY			
Boars		 46	8	17.4					
Sows		 249	37	14.8	9	3.6			
Porkers		 7,193	308	4.2	218	3.0			
Ovines—									
Sheep		 8,018			395	4.9			
Lambs		 4,466			22	0.5			
Caprines—									
Goats		 1							
TOTAL	s	 23,298	1,477	6.3	1115	4.7			

APPENDIX III

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

BOVINES. Carcase Kidney Knobs. Hindquarters Entire Carca and Viscera. Forequarters. Diaphragms Pieces Mesenteries Mammary Glands. Disease or Intestines, Tongues. Stickings Briskets. Omenta. Kidneys. Condition. Rumps. Flanks. Lungs. Loins. Top] Ribs. 240 240 2 9 Tuberculosis 4 13 1 9 8 1 8 5 2 27 13 18 14 8 986 52 14 16 170 101 23 4 Actinomycosis or 29 36 Actinobacillosis 8 1 1 3 Bacterial Necrosis 3 5 Pneumonia ... Distomatosis 13 360 Ecchinococcus Veterinorum Cysts 8 9 2 Chrondoma 2 Abscesses 61 Cavernous Angioma 26 Haemorrhages ... 2 1 Emphysema 1 2 Oedema Emaciation 4 Cirrhosis 6 Necrosis 2 5 Pleurisy Bronchitis 1 2 **Epicarditis** 1 1 Peritonitis ... 61 1 Hepatitis Nephritis 5 Traumatic Gastritis Mastitis 244 8 270 277 2 TOTALS .. 13 1 9 9 8 1 11 5 2 28 1029 13 56 15 17 172 5801 21 4 252

APPENDIX III.

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

SWINE.

Disease	or Conc	lition.			Entire Carcase and Viscera.	Heads and Collars.	Hands and Springs.	Spare Ribs and Blade Bones.	Bellies.	Loins.	Legs.	Hearts.	Lungs.	Stomachs,	Intestines.	Mesenteries.	Livers.	Spleens.	Kidneys.	Omenta
Cuberculosis					9	193	4	3	5			11	54	9	14	199	38	17	6	
T					9	193	4		9		***	11	94	9	14		30	17	0	
Pneumonia					9	***	***	***			***		64	***		***		***	***	***
loxaemia	***	***			2				****	***	***	***	04			***	***	***		***
Tenuicollis En	aberraa a	Custo			2		***		***	***	***		***	***	***	***	15	***	***	
Ascaris Suis				***			***		***	***	***	***	***	***	***	***	1		***	1
		***				***	***	***	***	***	***	***	***	***	***	***		***		***
Cystic						***	***	***		***	***	***	***		***	***		***	2	***
Abscesses	***					***	***	***	***				1			***	3			***
Haemorrhages	5					***	***		***	***			***		***		***		2	***
Jaundice					1			***	***		***					***	***		***	***
Oedema	***			***	***	***	***	***		***		***		***	***	2	***	***	***	
Bruises and F	ractures		***		1			***		***	2	***	***		***	***		***		***
Cirrhosis		***		***	***			***	***		***	***	***	***	***	***	96	***		
Osteomyelitis			***			1			***		1/2		***	***						
Pleurisy					***	0,00	1	1					34	***			***			
Pericarditis												11								
Epicarditis									***			14								
Peritonitis										1					4	4	12	4	***	
Hepatitis				***							***				***		2			
Splenitis		161		***				***			***	***	***		***			2		
Nephritis						***													1	
Enteritis															2	2				
Mastitis									1											
TOTAL	S				22	194	5	4	6	1	21/2	36	153	9	20	207	167	23	11	

APPENDIX IV.

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

OVINES.

Disease	Entire Carcase and Viscera.	Hearts.	Lungs.	Intestines.	Mesenteries.	Livers.				
Pneumonia							1			
Distomatosis					***		. 2			293
Ecchinococcus	Veteri	norum	Cysts		***		10			8
Tenuicollis En	nbryos	or Cys	sts		***		***		***	50
Strongylosis							22			
Sarcoma									***	1
Abscesses							2			1
Hydraemia					4					
Oedema					1		***			
Emaciation			***		1		***	***		***
Cirrhosis									***	5
Pleurisy							12			
Pericaditis						1				
Epicarditis						1				
Enteritis							***	1	1	
TOTALS					6	2	49	1	1	358

APPENDIX V.

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

Boy	ines—					
	Entire Care	cases	and	Viscera		8
	Heads					270
	Tongues					277
	Forequarte					13
	Hindquarte			***		1
	Clods					9
	Stickings			***		9
	Briskets					8
	F1- 1-					11
	Ribs					1
	Loins					5
	Rumps					2
	Top Pieces					2
	TT.					28
			***		***	1029
	Lungs				***	
	Diaphragm	IS				13
	Stomachs					56
						15
	Intestines			***	***	17
	Mesenterie					172
	Livers			***		5801
	Pancreas					23
	Spleens					22
	Kidneys					21
	Kidney Kr	nobs		* ****		4
	Mammary	Gland	s			252
Swi	ne—					
	Entire Care	cases a	and a	all Viscer	a	- 22
	Heads and	Colla	ars			194
	Hand and	Sprin	gs			5
	Spare Ribs			e Bones		4
	Bellies					6
	Loins					1
	Legs					21/2
	Hearts					36
	Lungs					153
	Stomachs		***			9
	Intestines					20
	Mesenterie		•••	***		207
	Livers	3		•••		167
	Spleens					23
	Kidneys		***			11
	Omenta		***		***	1
0	Omenta	***		***		
OVI	nec					
	nes—	0250.0	nd o	11 Viscoro		ß
	Entire Car	case a	nd a	ll Viscera		6
	Entire Car Hearts	case a	nd a	ll Viscera		2
	Entire Car Hearts Lungs		nd a 	ll Viscera		2 49
	Entire Car Hearts Lungs Intestines		nd a 	ll Viscera		2 49 1
	Entire Car Hearts Lungs		nd a	ll Viscera		2 49

APPENDIX VI.

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

Class of Animals				Kidneys. (Parenchyma)	Tongue (Parenchyma)	Pleura			Hea	arts.	ts.		Lungs.		Livers.		Pan- creas.		Stom- achs.		Spleens.		Int	es.		Uter	ri &.	
	No. of Animals affected with T.B.	Tonsils	Adrenal Bodies.				Peritoneum.	Pericardium	Epicardium.	Myocardium.	Endocardium.	Pleura.	Parenchyma.	Capsule.	Parenchyma.	Capsule,	Parenchyma.	Outer Surface.	Inner Surface.	Omenta.	Capsule.	Parenchyma.	Outer Surface.	Inner Surface.	Mesenteries (Surface).	Capsule.	Parenchyma.	Testicles & Penis.
Bovines— Bulls Bullocks Cows Heifers Calves	24 62 984 49 5	 ï 	 1 	 4 1	 i 	2 4 20 4 	 2 14 3 	1 3 15 3 	 1 6 1			2 4 14 3 	10 13 360 8 1	1 2 9 2 	8 33 3 	 3 2 	 I 	 2 12 3 		 1 6 2 	1 2 13 4 	1 2 	 1 4 1		 1 5 1	 2 	 1 	
Swine— Boars Sows Porkers	8 37 308					2		2				3	3 29		 3 30						 1 1	2 20						

APPENDIX VII.

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-Mammary or Sup-Inguinal.	Ischiatic	Popliteal.	Pericardial.	Bronchial.	Anterior Mediastinal.	Posterior Mediastinal.	Gastric.	Splenic.	Hepatic.	Pancreatic.	Mesenteric.
Bovines— Bulls Bullocks Cows Heifers Calves	24 62 984 49 5	3 24 1	5 28 177 14 2	1 1 8 	 1 3 2 	 5 2	 4 8 3 	 2 2 1	 2 1	1 2 3 2	 1 2 1 	 2 	"i …	3 4	 I 	 1 	1 3 12 1 	14 31 714 26 3	13 16 477 15 3	13 23 629 19 2	 1 1 		3 11 70 5 2	2 3 8 4 	3 11 143 15 3
Swine— Boars Sows Porkers	8 37 308	3 20 180			 5	3				 1 9	 			 1 6				1 11 39	 2 10	 10	 3 11	2	 8 25		5 19 184

The Milk and Dairies (Consolidation) Act, 1915. The Milk and Dairies Order, 1926.

REPORT OF VETERINARY OFFICER.

All cattle in cowsheds in the Borough are submitted to periodical examinations, and the general hygienic conditions

appertaining to the production of milk are supervised.

It may be said that, where efforts are made to enforce the standard of production as provided by the above legislation, the milk approximates to the standard of Grade "A" Milk, and were these enactments enforced throughout the country one might reasonably ask that the standard as laid down for Grade "A" Milk should be required of all milk produced—since the standard is not difficult to attain.

Only one cowkeeper in this area has become licensed to produce Grade "A" Milk; he has, however, by gradual additions to his dairy equipment and improved methods of production, made commendable efforts to produce milk of consistently high

quality.

During the year under review 631 cattle were examined when several cases of disease were noted, the animals isolated, and their milk discarded until possibility of contamination of the milk supply had ceased. Several cases of indurated udders were also detected and, where necessary, samples of milk taken for bacteriological examination, but in no case was tubercular infection found.

An unsatisfactory sample of milk said to have been produced in West Ham, having been taken by another authority, a special visit was paid to the cowshed in question, when a thorough examination of all the cattle was carried out in conjunction with the Veterinary Officer of the complaining authority, and samples of milk were taken for examination, but no undesirable condition was found to exist contrary to regulations.

Diseases of Animals Acts, 1894—1927. Tuberculosis Orders of 1925.

REPORT OF VETERINARY OFFICER.

The above Order provides for the notification of certain forms of tuberculosis in cattle by owners and veterinary surgeons, and has for its object the elimination of cattle which are suffering with tuberculosis in such a manner that the milk supply is rendered dangerous or that tubercle bacilli are being liberated to such a degree that there is danger of the disease spreading to other animals. Very many cattle are tubercular in a manner which does not render them of immediate danger to human or animal health, and such animals do not come within the scope of the Order.

Cattle which are certified to be suffering from tuberculosis, as defined by the Order, are slaughtered, and post mortem examinations are performed to ascertain the degrees of infection, and upon this is based the amount of compensation payable to the owner.

The Ministry of Agriculture and Fisheries refund to the local authority 75 per cent. of the amounts paid by way of compensation, and since the hides and carcases are sold to be used, under supervision, for commercial purposes, the actual cost to the Borough is negligible.

The fact that all cattle in the Borough are subjected to regular inspection under the Milk and Dairies Order, 1926, tends to limit the possibilities of animals becoming badly affected, and hence the necessity to slaughter animals under this Order is much less than in districts where routine inspection is not adopted.

During the year under review, 128 animals were examined under the above Order and, where necessary, samples of milk were taken for examination, but in no case was it found necessary

to cause the slaughter of an animal.

In the early part of the current year (1929), however, two cows have been slaughtered under this Order.

Infectious Diseases.

NOTIFIABLE DISEASES (Other than T.B.).

The following table shows the number of cases of notifiable diseases occurring during the year 1928, 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		 64	65	
Diphtheria		 1049	913	79
Scarlet Fever		 1513	923	5
Enteric Fever (including Pa	ratyphoid)	 20	13	1
Puerperal Fever		 27	17	6
Pneumonia (all forms)		 589	130	312
Cerebro Spinal Fever		 3	2	6*
Acute Polio Myelitis		 1	1	
Acute Polio Encephalitis		 3	2	***
Encephalitis Lethargica		 3	1	5*
Erysipelas		 200	30	4
Ophthalmia Neonatorum		 34	9	
Malaria		 6		
Continued Fever		 		
Dysentery	***	 1		***
Puerperal Pyrexia		 94	46	***

* Includes unnotified cases.

A special report upon the incidence of infectious diseases which was submitted to the Council during the early part of the year and is set out in Appendix II of this report.

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 923 admitted to Hospital, 22, or 2.3 per cent., were associated with recurrent infection in this way. (See also report of Medical Superintendent of Plaistow Fever Hospital, pages 82-88.)

Laboratory Work.

Bacteriological Work is carried out at the various Municipal Institutions.

At Plaistow Fever Hospital, in addition to the routine bacteriological work of the Hospital, any medical practitioner may have a bacteriological report upon any case of suspected diphtheria, typhoid or cerebro-spinal fever.

Samples of Graded Milk, Ordinary Milk, and other articles are sent to Queen Mary's Hospital for bacteriological examination.

All specimens of sputum suspected to contain the tubercle bacillus are examined at the Tuberculosis Dispensary, Balaam Street, E.13.

Special Diseases Report.

Cerebro-Spinal Meningitis.

Three cases of C.S.M. were notified (2 males and 1 female, all between the ages of 2 and 3 years). One boy and one girl died, and the other boy was improving and still attending hospital as an out-patient. Another little girl of two years, who lived in this Borough, died of C.S.M. in East Ham Cottage Hospital. This case was received from the death returns, and was not notified to me.

Polio-Encephalitis.

Two cases of Polio-Encephalitis were notified. One case of Haem: Polio-Encephalitis, a boy of 14, died in hospital, and a baby boy, a year old, was still undergoing hospital treatment for Polio-Encephalitis. The mother of the baby stated that her boy of 6 years old had had Infantile Paralysis when a month old, but had entirely recovered.

Encephalitis Lethargica.

Six cases were notified, but in four cases the diagnosis was not confirmed, one being a man of 36 with cerebral haemorrhage. The other two, a girl of 13 and a boy of 16, both died—the girl of Tubercular Meningitis, and the boy of Glioma of the Brain; and a boy of 2 who had Tubercular Meningitis. All were treated in hospital. Of the two cases of definite Encephalitis Lethargica, one was a woman of 30, who had suffered from it for two years; another a girl of 7 who died in a few hours. The mother of this child had had 14 children, six of these having died in convulsions.

CASES OF SICKNESS VISITED AND INVESTIGATED BY THE WOMEN SANITARY INSPECTORS DURING 1928.

Measles	2218
Chicken Pox	1211
Whooping Cough	322
Mumps	57
Tonsillitis	133
Other Diseases	1507

5,448

Summary of Notifications.

Jan. 7 31 33 33 — 2 — — — — — — 8 — — 13 — 14 4 — — — — — 2 2 — — — 1 — — 5 — 18 5 — 18 5 — 18 — — — — — 1 — — 5 — 18 5 — 18 5 — 18 — — — — — 1 — — 5 — 18 5 — 18 5 — 18 — — — — — 1 — — 5 — 5 — 18 8 — — — — — — — 2 5 — — 1 1 — — 5 — 5 — 18 8 — — — — — — 2 5 — — 1 1 — — 5 — 5 — 18 8 — 1 — — — 5 — — 1 1 — — 5 — 5 — 18 8 — 1 — — — — 5 — 5 — 18 8 — 1 — — — — 5 — 5 — 18 8 — 1 — — — — 5 — 1 1 — — 6 — — 1 1 — — 6 — — 1 1 — — 6 — — 2 2 — — — — — 5 — 5 — 18 8 — 1 — — — — 5 — 5 — 1 1 2 2 2 2 — — — — — 3 — 2 2 — — — — 3 — 2 2 — — — —
101ALS 1,513 1049 20 27 64 2 1 2 2 200 24 524 110 500 6 1 24



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	651	890	1541
Diphtheria	413	736	1149
Tuberculosis	252	346	598
Enteric Fever	6	13	19
Puerperal Fever	_	2	2
Encephalitis Lethargica	-	6	6
Cerebro-Spinal Fever	_	-	_
Acute Poliomyelitis	_	_	-
Erysipelas	1	1	2
Pneumonia and Measles	15	9	24
Cancer	21	12	33
Small Pox	24	59	83
Schools	27	61	88
General Infection	25	30	55
Disinfestation	51	11	62
			printing
		7	Total 3,662

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

PLAISTOW HOSPITAL. Report of Medical Superintendent.

(Dr. D. MacIntyre.)

The total number of cases under treatment at the Hospital during 1928 was 2,309, which is 155 less than in the previous year. The small drop in numbers was due to a slight fall in the prevalence of scarlet fever during the summer months. The admissions from this disease were 916 as compared with 1,250 in 1927.

Diphtheria, on the other hand, still shows an increase; the numbers admitted have again exceeded all previous records. Though a large proportion of the cases were of a mild type the disease was the cause of much sickness and debility. A feature of the year was the frequent occurrence of outbreaks of nasal diphtheria in the schools, hospitals and other institutions in the Borough. It cannot be too strongly emphasised that, although the isolation of cases and swabbing of contacts may stop such outbreaks temporarily, these measures are not of any real value for stamping out the disease. The only means by which this can be accomplished is by inoculating all the susceptible children with toxoid antitoxin mixture, particularly in the overcrowded areas where the disease is endemic. This measure is both safe and simple, and can be put into practice on a large scale at a small fraction of the present cost of treating cases of the disease.

Measles and whooping cough were prevalent during the first half of the year and, together, were responsible for 13 deaths.

Typhoid fever cases were few, and there were no deaths.

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

Scarlet Fever caused	3	deaths
	29	,,
	9	,,
	4	,,
Pneumonia caused	3	,,
	5	,,
Erysipelas caused	1	,,
Other diseases caused	4	,,

Total ... 58

The fatality rate, calculated on all the cases admitted during

the year, was 2.82 per cent.

At the beginning of 1928 there were 257 cases resident in the Hospital, 2,052 were admitted during the year, making a total of 2,309 cases under treatment. Of these, 2,010 were discharged, recovered, 58 died, and 241 remained under treatment at the end of the year.

The following Table shows the admissions and deaths for each

month of the year :-

					ADI	MISSI	ONS.									DEA	THS					
1928	Scarlet Fever.	Diptheria.	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	Total.
January	 42	63		5		2		1		5	118	1	2	,		***						3
February	 67	100		3	2				3	4	179		2		1						2	5
March	 95	125	2	29	5	1			4	8	269		- 5		3	3				2	1	14
April	 30	39		4	1		***			6	80	1	2							***		3
May	 55	72		12	2	2				14	157		1		1							2
June	 83	72		5	1	5			1	8	175		6		3		1			1	2	13
July	 67	61		1	***				3	9	141		1		1							2
August	 82	64	3	1		2			1	11	164		2									2
September	 74	50	1		1			1		11	138		1								2	3
October	 153	104	1		2	3		. 1	1	24	289	1	4							1		6
November	 83	66								9	158					***						
December	 85	85			2	2				10	184		3							***	2	5
Totals	 916	901	7	60	16	17		3	13	119	2,052	3	29		9	3	1			4	9	58

Scarlet Fever.

Owing to the increased prevalence of diphtheria, two of the wards normally allocated to scarlet fever were occupied during the greater part of the year by diphtheria patients. In consequence there was not sufficient accommodation to admit all the scarlet fever cases notified. Many had to be treated in their own homes, and even the cases admitted had frequently to be isolated at home for some days while waiting for a vacant bed in the Hospital. Thirty per cent. of the cases had been ill for six days or longer on admission. The general type of the disease was mild. Only three per cent. of the total admissions were classified as severe. Scarlet fever antitoxin was administered to the severe cases, but although it reduced the early toxaemia it did not prevent the onset of later complications in some of them.

The total number of cases under treatment was 1,047, which is a drop of 360 from the number of the previous year. Of these, 918 recovered, 3 died, and 126 remained under treatment at the end of the year. Two of the fatal cases were suffering from the "septic" type of the disease, and one was complicated by measles and broncho-pneumonia; their ages were 6, 5, and 2 years respectively.

In 71 cases the disease was complicated by the presence of other infections as follows:—

Scarlet	Fever	with	Nasal Diphtheria	42	cases
,,	,,	,,	Faucial Diphtheria	11	,,
,,	,,	,,	Whooping Cough	7	55
,,	,,	"	Measles	6	,,
,,	,,	,,	Chickenpox	3	,,
,,	11	. ,,	Mumps	2	,,

69 cases showed no definite signs of the disease on admission or afterwards, and 8 of these contracted the infection in the wards. 10 cases admitted as diphtheria and 2 as measles proved to be suffering from scarlet fever.

21 cases admitted as scarlet fever proved to be wrongly diagnosed, and were found after admission to be suffering from the following complaints:—Measles, 5; Septic Rash, 3; Erythema, 4; Dermatitis, 1; Para-typhoid Fever, 1; Pneumonia, 1; No disease, 5; Septic throat, 2.

Complications.

Of the 918 cases discharged during the year, 213, or 23.19 per cent., suffered from complications as follows:—

Adenitis	49	cases	or	5.33	per	cent.
Albuminuria	43	2.7	,,	4.68		,,
Arthritis	22	7.7	,,	2.39	,,	,,
Endocarditis	5	,,	,,	.54	,,	,,

Eczema	3	cases	or	,32	per	cent.
	16	,,	,,	1.74	,,	,,
Otorrhoea	44		,,	4.79	,,	,,
Rhinitis	31	- ,,	,,	3.37	,,	,,

The average duration of residence for all cases was 42 days.

Diphtheria.

118 cases of this disease were in residence at the end of 1927. 997 cases notified as diphtheria were admitted during 1928, and 900 of these were proved to be suffering from the disease, making a total of 1,018 cases under treatment. Of these, 883 were discharged recovered, 29 died, and 106 remained under treatment at the end of the year. Of the cases discharged, 54 suffered from paralysis, which was mild in 40 cases and severe in 14 cases; one of the latter proved fatal.

101 cases were admitted as laryngeal diphtheria and 82 of these proved to be correctly diagnosed. Tracheotomy was performed in 36 of these cases and 4 of them proved fatal, giving a fatality rate of 12.3 per cent. of the cases operated on. Measles was a complication in 2 of the fatal cases.

Corrected Diagnosis. 97 cases notified as diphtheria proved to be wrongly diagnosed, and were found after admission to be suffering from the following complaints:—Tonsillitis, 55; Vincent's Angina, 6; Quinsy, 3; Measles, 8; Pneumonia, 4; Bronchitis, 1; Rhinorrhoea, 2; Conjunctivitis, 1; Celluitis of neck, 1; Alveolar abscess, 1; Lymphatic leukaemia, 1; Septic scarlet fever, 1; Laryngitis, 11; Abscess of lung, 1; Tubercular meningitis, 1.

Fatal Cases. 25 deaths occurred amongst 826 true faucial or nasal cases discharged, giving a fatality rate of 3.02 per cent. The duration of illness of these cases, prior to admission, averaged 3.8 days, and their average age was 5 years. The amount of antitoxin administered to the fatal cases averaged 70,000 units. The average amount given to all the cases was 19,250 units.

The average duration of residence for all cases was 43.69 days.

Typhoid Fever.

Only 12 cases were under treatment during the year. 5 cases were in residence at the beginning of the year, 7 were admitted, and 1 remained under treatment at the end of the year. 2 of the cases were suffering from para-typhoid B. There were no deaths. 7 other cases notified as typhoid fever proved to be wrongly diagnosed, and were found after admission to be suffering from the following complaints:—Gastro-enteritis, 4; influenza, 2; septic endocarditis, 1.

Measles.

This disease was prevalent during the first part of the year. The total number of cases under treatment was 60; they were all of a severe type or suffering from complications. 8 patients admitted as diphtheria and 5 admitted as scarlet fever proved after admission to be suffering from measles. These cases infected 15 other patients in the wards. Of the total cases, 51 were discharged recovered, and 9 died. The fatality rate was 15 per cent.

Whooping Cough.

13 cases were admitted during the year, and 4 of these proved fatal. The fatal cases were all children under 4 years of age suffering from broncho-pneumonia. The disease was also present as a complication in 7 cases of scarlet fever and in 5 cases of diphtheria.

Chickenpox.

6 cases were admitted during the year. All recovered. The disease was also present with scarlet fever in 2 cases, and with diphtheria in 6 cases.

Erysipelas.

18 cases of this disease were under treatment, and all of them were moderately severe. The face was the area affected in all the cases except two, in which the lower limbs were affected. One case proved fatal, a woman aged 71 years.

Puerperal Fever.

4 cases were under treatment. All recovered.

Pneumonia.

Cases of both lobar and broncho pneumonia are included in this group. I6 cases were under treatment, and of these 12 were discharged recovered, 3 died, and 1 remained under treatment at the end of the year. 7 of the cases had been notified as diphtheria and 1 as scarlet fever.

Encephalitis Lethargica.

3 cases were notified, but only 1 of these proved to be suffering from the disease. One case was suffering from cerebral haemorrhage, and the other one from a cerebral tumour. Both proved fatal.

Other Diseases.

Cases in which the diagnosis was altered after admission are included in this group, and also diseases which are not regularly admitted:—Tonsillitis, 55; Vincent's Angina, 6; Quinsy, 3; Bronchitis, 2; Laryngitis, 14; Lymphatic leukaemia, 1; Conjunctivitis, 1; Cellulitis of neck, 1; Dermatitis, 1; Influenza, 4; Septic rash, 3; Enteritis, 4; Tubercular meningitis, 5; Cerebral haemorrhage, 1; cerebral tumour, 1; Tuberculosis, 1; No disease, 5.

Of these, 9 proved fatal as follows:-

Tubercular Meningitis	5	cases
Cerebral haemorrhage		
Cerebral tumour		,,
Tuberculosis	1	,,
Lymphatic leukaemia	1	,,

The Crange Convalescent Home.

This Home, which has accommodation for 50 cases, was used throughout the year for patients convalescing from scarlet fever. They were transferred there at the end of their second week of illness, and their average duration of residence was 33 days. The total number of cases under treatment was 541. The Home is situated in the country about 12 miles from Plaistow, and the general health of the patients is greatly improved by the open-air treatment which is carried on there during the summer months. Towards the end of the year a carbon arc lamp was installed to give artificial sunlight baths to the patients during the winter months. I have not sufficient data at present to express an opinion on this form of treatment, but I hope to do so next year.

Staff Illness.

All the probationers are Schick and Dick tested on their arrival for duty, and those found susceptible to scarlet fever or diphtheria are immunised. During the year one nurse who had given a history of having had scarlet fever in childhood, but proved to be Dick positive, contracted scarlet fever before she received her first immunising dose. Another nurse who had been inoculated against diphtheria contracted a mild attack of this disease 5 months later. There was no other case of scarlet fever or diphtheria among the nursing staff. 33 nurses and maids were warded for varying periods suffering from septic throat, and 56 others were off duty for short periods with minor ailments. There were no deaths.

Cate Cases.

The following is a record of cases suspected to be suffering from infections which were brought direct to the Hospital for diagnosis:—

Number sent by medical practitioners Number of these admitted	 192	96
Number brought by relatives Number of these admitted	 506	83
Number from other hospitals Number of these admitted	 36	15
Total number of cases examined Total number of cases admitted	 734	194

Bacteriological Work.

In additional to the routine bacteriological work of the Hospital, the following examinations were made for medical practitioners:—

Throat swabs for diphtheria Number which proved positive	 2813 444
Nasal swabs for diphtheria Number which proved positive	 96 26
Widal Tests Number which proved positive	 7 2
Swab for Vincent's Angina	 1 (neg.)
Vaginal smears for gonococci	 4 (neg.)
Total number of examinations Total number of positive results	2921 472

Disinfecting Station.

Number of articles for disinfection	remov	ed from	n infe	cted ho	mes	20250
Number of Hospital						
Number of articles	from	other	insti	tutions	for	
disinfection						380
				Tota	1	33430

Appendix II.

Infectious Diseases.

With reference to the need for additional accommodation previously considered, the Medical Officer of Health having submitted the following report to the Hospital Committee, they have approved same for submission to the Ministry of Health:—

HOSPITAL ACCOMMODATION.

Owing to the flagrant over-crowding which is prevalent in a great many houses in this Borough, it is highly desirable in the interests of Public Health when a case of Infectious Disease occurs in any such houses, that the case should be forthwith removed to hospital so that it may be properly nursed, and also in order to guard against the possible fatal spread of the disease.

During the six months, January to June, 1928, no fewer than 210 deaths occurred in West Ham from Infectious Diseases

amongst children under 5 years of age, viz.:-

Pneumonia Measles Whooping Cough Diphtheria Scarlet Fever

Pneumonia.

It will be seen that of the total deaths investigated, no fewer than 52.9 per cent. died from Pneumonia, and what is still more striking, of the deaths under one year of age in the series, actually 78 per cent. died of Pneumonia. Only 37 of the total 111 cases of Pneumonia were removed to Hospital; the remaining 74 died in their homes. Further, of the cases removed to Hospital, 27 died within a week of their removal. Of the 74 cases which died at home, 31 deaths occurred in houses where the family were occupying only one room for sleeping, living, and every other purpose. Of the total deaths, 92 occurred in families occupying three rooms or less; in 12 instances the family consisted of 9 persons or over. Medical aid was sought during the first or second day of illness in over 83 per cent. of the deaths, thus indicating that delay in seeking treatment was not presumably the cause of the fatal result. (The number of deaths due to Pneumonia were those certified under "Pneumonia"; where Pneumonia was given as a contributory cause of death following Measles, Whooping Cough, etc., the death has been included under the heading of Measles, Whooping Cough, etc.)

The number of deaths from Pneumonia occurring amongst persons over 5 years of age during the period under review was 108 (only 9 deaths occurred between the ages of 5 and 15 years). The shortage of hospital accommodation, however, for adults is not as acute as it is in the case of young children; moreover, many of the deaths in adults certified as being due to pneumonia are actually brought about by some other disease, pneumonia being only the final phase. (Although some types of pneumonia are notifiable, the number of cases notified to the Medical Officer of Health do not, in any way, indicate the actual prevalence of

the disease.)

Measles.

During the six months under review 62 deaths occurred from this disease, and over 77 per cent. of these deaths occurred in children under 2 years of age, and it can be reasonably assumed that the actual cause of death was, in most cases, due to bronchial pneumonia, secondary to measles. Only 18 cases were removed to Hospital, the remaining 44 cases died at home, 34 in houses where the family occupied two rooms or less.

Whooping Cough.

Whooping Cough accounted for 18 deaths under 5 years of age (eight cases died in Hospital, the remainder at home). Though this number is a comparatively small one, it may be mentioned that in the year 1925 no fewer than 81 deaths occurred from this disease in this Borough.

Diphtheria.

All the deaths from this disease occurred in Hospital. It is hoped that the incidence of this disease will fall when the number of cases immunised against it becomes increased.

Scarlet Fever.

Only one death was certified as due to this disease—that being a case which developed Measles and Pneumonia while suffering from Scarlet Fever.

The figures dealt with in this report refer only to deaths. The number of actual cases of Infectious Disease which do not die, but in which the child is left chronically debilitated, is great.

I am confident that the provision of adequate hospital treatment for cases of Measles, Whooping Cough and Pneumonia in particular would greatly reduce the death rate and the incidence of these diseases. I suggest that at present the most rapid and most economical method of providing such accommodation would be to send the cases of Scarlet Fever occurring in the Borough to a new ward at Harold Wood and reserve the wards at Plaistow Hospital, now used for Scarlet Fever, for the reception of such cases as I have described above.

According to the Census of 1921, the number of children up to four years of age domiciled in West Ham was 31,941. For this vast child population the number of Hospital cots available in the Borough is quite inadequate, only a very small percentage of sick children being able to receive necessary hospital treatment.

In addition to deaths from Infectious Diseases, I should like to emphasise the large number of deaths occurring amongst infants for Marasmus, Atrophy, and Prematurity. Consideration should be given to this factor in connection with any scheme for further provision of Institutional accommodation for infants and young children.

F. GARLAND COLLINS.

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:—

					New (CASES.			DEA	THS.	
Age Periods.			Pulm	onary.		on- onary.	Pulm	onary.		on- onary.	
				M.	F.	M.	F.	M.	F.	M.	F.
0						3	2		1	5	
1				5	6	22	13	3	1	10	11
5				35	33	25	11	1	4	5	2
10				8	20	12	6		5	3	2 4 2
15	***	***		32	34	9	6	12	24	3	
20	***			39	54	3	4	18	11		2
25		***		59	58	7	3	40	27	2	1
35			***	52	37	6	2	32	22		1
15				40	14	1	1	29	15		1
55				16	12	***	1	23	9	1	1
65 a	and up	wards		7	3		***	7	5		1
	То	TALS		293	271	88	49	165	124	29	26

Included in the above new cases are 16 pulmonary males, 14 pulmonary females, 10 non-pulmonary males and 8 non-pulmonary females which were unnotified but were discovered from the returns of the Registrar of Births and Deaths, showing that 7.1 per cent. of the deaths registered as due to Tuberculosis had not been notified during life. (This percentage is much less than last year.)

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 701, of which 564 were pulmonary cases. The deaths due to this disease numbered 344, giving a death rate of 1.1 per 1,000.

The death rate from respiratory Phthisis being 0.94, and from other forms 0.17 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 92 to 102.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action taken.

PUBLIC HEALTH ACT, 1925. SECTION 52. No action taken.

Tuberculosis Dispensary. Annual Report of Tuberculosis Officer.

(DR. P. A. GALPIN.)

General Remarks.

The work has been carried on as usual during the year. An analysis of the work done has been prepared and set out on the Tables as required by the Ministry of Health. These Tables are appended—Tables 1, 2 and 3.

Comparison with previous years.

Cases	1922	1923	1924	1925	1926	1927	1928
Request	564	600	643	593	726	760	670
Contact	872	887	984	849	743	699	633
Notified	228	324	342	338	188	198	198
Positive	547	593	622	629	525	516	473

There has been a marked decline in the number of cases found to be suffering from Tuberculosis. Consequently, fewer contacts have been examined; fewer cases of tuberculosis have been found among the contacts as shown in the following table:

Examination of Contacts.

No. of	1924	1925	1926	1927	1928
Contacts	984	848	743	699	633
Positive	40	38	41	40	22
Percentage	4.0	4.48	5.1	5.7	3.5

Pulmonary Tuberculosis.
Adults.

The Dagenham Sanatorium has, on the whole, been fully occupied during the year, with the exception of the male beds during the latter part of the year. There has been a Waiting List, but it has been shorter than it was last year. Four or five beds have been occupied in the Grosvenor Sanatorium by female patients.

Children.

The new Sanatorium at Langdon Hills has been fully occupied during the year. There has been a considerable list of children awaiting admission throughout the year.

Domiciliary Treatment.

Insured persons, while awaiting admission to Sanatorium and after discharge, have been placed on domiciliary treatment under the care of their Panel Doctors. From Table I. it will be noticed that 823 domiciliary reports have been received from Panel Practitioners. The Form G.P. 36 is completed quarterly, and sent to the Tuberculosis Officer, who is thus enabled to keep in touch with the patient during the progress of the disease.

Dispensary Treatment.

Children and non-insured adults have been treated at the Dispensary as usual.

Artificial Pneumo-thorar.

Six patients have been under regular treatment, attending periodically for refills at the Dispensary. Forty-nine refills have been given in all.

X-Ray.

Cases have been sent to the London Hospital during the year as usual. The X-Ray is a valuable aid in the diagnosis and treatment of Tuberculosis, Pulmonary and Non-Pulmonary. It would be used more freely if there were an appartus at the Dispensary.

Non-Pulmonary Tuberculosis. Adults.

Adults have been treated, as usual, at the Royal Sea-Bathing Hospital, Margate. More beds have been in use. At the end of the year there were nine patients receiving treatment there.

Children.

At the end of the year 35 cases were receiving Hospital Treatment, i.e. 10 more than last year. General Hospitals have con-

tinued to apply to the Dispensary to accept responsibility for the maintenance of these cases in Institutions. Institutional Treatment is essential for the proper treatment of these cases.

Tuberculosis of Skin-Lupus.

The Light Department of the London Hospital has been giving regular treatment to approximately 10 cases.

After-Care.

The granting of Extra Nourishment has been continued. Many more applications have been received during the year than previously. At the end of the year 140 patients were in receipt of Extra Nourishment.

The prevalence of unemployment renders it most difficult for patients to find suitable occupation after discharge from a Sanatorium.

After-Care Colony-Village Settlement.

There are now three ex-Service men at the British Legion Village, Preston Hall, and three male patients at the Papworth Village Settlement. No men were colonized during the year; one was discharged as unsuitable.

The Prevention of Tuberculosis.

Unemployment and overcrowding continue to hinder the ordinary preventive measures in the home. Overcrowding in trams, trains and 'buses favour the spread of respiratory diseases, and these in turn prepare the ground for the Tubercle Bacilli. In the prevention of the disease there is no more important factor than that of an adequate and ample diet. The value of Milk, fresh Fruit and fresh Green Vegetables is not yet known by the majority of the people, nor the necessity for the daily consumption of this kind of food realized. The general public needs educating on this point. No opportunity is lost of imparting information of this kind to the patients, and the mothers particularly. In view of the fact that unemployment and overcrowding are likely to persist, the necessity of the right choice of food cannot be over emphasized.

RESIDENTIAL INSTITUTIONS.

(A) AVERAGE NUMBER OF BEDS AVAILABLE FOR PATIENTS DURING THE YEAR 1928.

		Observa- tion.	Pulmonary Tuberculosis.			Non-Pulmonary Tuberculosis.		
			"Sana- torium." Beds.	" Hospital" Beds.	Disease of Bones and Joints.	Other Condi- tions.	Total	
Adult Males			59	28	2		89	
Adult Females		1	28	24	4	1	58	
Children under 15		1	39		29	1	70	
TOTAL		2	126	52	35	2	217	

(B) RETURN SHOWING THE EXTENT OF RESIDENTIAL TREAT-MENT DURING THE YEAR 1928.

	In Institu- tions on Jan. 1.	Admitted during the year.	ed during	Died in the Institu- tions.	In Institu- tions on Dec. 31.
Number of Patients Adults—Males ,, Female	83 51	180 142	151 117	33 19	79 57
Children—Males ,, Females	28 30	50 37	34 34	1 1	43 32
Number of Observation Cases					
Adults—Males Females		2	2		
Children—Males	1		ĩ		
,, Females					
TOTAL	193	411	339	54	211

Return showing the work of the Dispensary during the year 1928.

	PULMONARY.				N	Non-Pulmonary.			TOTAL.			
Diagnosis.	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	М.	F.	М.	F.	M.	F.	М,	F.	M.	F.	М.	F.
A.—New Cases examined during the year (excluding contacts): (a) Definitely tuberculous (b) Doubtfully tuberculous (c) Non-tuberculous	185	154	29 	37	12 	13	36	14 	197 43 139	167 56 184	65 28 155	51 39 154
B.—Contacts examined during the year:— (a) Definitely tuberculous (b) Doubtfully tuberculous (c) Non-tuberculous	3 _	3 _	<u>5</u>	4 -	=	=	1	2 _	3 2 58	3 9 147	6 20 176	6 17 186
C.—Cases written off the Dispensary Register as (a) Cured (b) Diagnosis not confirmed or non-tuberculous (in- cluding cancellation of cases notified in error)	43	22	11 -	5	8	7	4	- 5	51 224	29	15	374
D.—Number of Persons on Dispensary Register on December 31: (a) Diagnosis completed (b) Diagnosis not completed	737	790	468	396	58	80	169	118	795 25	870 46	637 46	514 45

N.B.—Five cases previously discharged as "cured" have returned to the Dispensary and are included in Heading A (a) and/or A (b).

1. Number of persons on Dispensary Register on January 1st	2,926	8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for (a) "Light" treatment (b) Other special forms of treatment	800 Nil.
2. Number of patients transferred from other areas and of "lost sight of" cases returned		9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	1
3. Number of patients transferred to other areas and cases "lost sight of"	302	10. Number of consultations with medical practitioners:— (a) At Homes of Applicants (b) Otherwise	24 477
		11. Number of other visits by Tuberculosis Officers to Homes	14
d. Died during the year	204*	12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	3,978
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months	152	13. Number of (a) Specimens of sputum, etc., examined (b) X-ray examinations made, in connection with Dispensary work.	771 25
		14. Number of Insured Persons on Dispensary Register on the 31st December	954
6. Number of attendances at the Dispensary (including Contacts)		15. Number of Insured Persons under Domiciliary Treatment on the 31st December	315
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision	Nil.	16. Number of reports received during the year in respect of Insured Persons:— (a) Form G.P. 17 (b) Form G.P. 36	2 823

Return showing the immediate results of treatment of patients* and of observation of doubtful cases discharged from Residential Institutions during the year 1928.

Condition at time of		Duration of reatment in	Residential the Institution.	Total
discharge	Under 3 months	3-6 months	6-12 months More than 12 months	Total
PULMONARY	M E Ch	M E CL	M E CL M E Ch	
TUBERCULOSIS	M. F. Ch.	M. F. Ch.	M. F. Ch. M. F. Ch.	
Class T.B. minus.	_	35 0 14	4 3 30 3 3	
Quiescent	5	17 3 14	4 1 10 1 1	56
Improved	6 16 3	6 11 10	5 2 14 1 4	78
No material improvement	1 1	1	1 1 1	6
Died in Institution	2 1	1		4
Class T.B. plus Group 1.		_		
Quiescent	1	5	5 1	12
Improved	1 3	1 .9	1 4	19
No material improvement	1	1		2
Died in Institution	3 1	2	2 2	10
Class T.B. plus. Group 2.				
Quiescent	2	2	5 1	10
Improved	12 10	18 12	8 11 1 4 1	77
No material improvement	2	1	1 3	7
Died in Institution	7 5	4 2	6 3 2	29
Class T.B. plus. Group 3.				
Quiescent			1 1	2
Improved	5 2	9 1	2 6	25
No material improvement	4 5	8 6	3 1 1	28
Died in Institution	4 1 1	1 2	1 1	11
Non-Pulmonary		1		-
Tuberculosis				376
Bones and Joints.				
Quiescent or Arrested			1 1 7	9
Ĩmproved			1 1	2
No material improvement				
Died in Institution				***
Abdominal		2000 2000 2000	100 000 000 000 000	
Quiescent or Arrested	1			1
Împroved				2
No material improvement				
Died in Institution				
Other Organs.				
Quiescent or Arrested				***
Improved				
No material improvement				***
Died in Institution				
Peripheral Glands.				
0.:				
Ť				
No material improvement				
D: 1: T 1:1 1:				
Died in Institution				14
	-			
OBSERVATION FOR	Under		More than	1
PURPOSE OF DIAGNOSIS.	1 week	1-2 weeks.		1
Tuberculous			1	1
Non-tuberculous			1	1
Doubtful			1	1
				3
				393

DACENHAM SANATORIUM

AND LANCDON HILLS SANATORIUM FOR CHILDREN.

Annual Report of the Medical Superintendent (Dr. C. M. Mayberry).

At the end of 1927 the number of patients remaining under treatment were:—

Males 74
Females ... 41——115

The total admissions during 1928 were:-

Males 173 Females ... 129——302

The number of deaths was :-

Discharges during the year totalled :-

Males 146

Females ... 104——250

Leaving under treatment at 31st December, 1928:-

Males 69

Females ... 48——117*

* Including 19 non-insured persons.

Insured persons admitted during the year totalled 227, the remaining 75 being non-insured.

45 Ex-service men were admitted to the Sanatorium during

the same period.

The Death Rate (calculated on admissions) was 16.55 per cent.

In the case of males the percentage was 18.50, and in the case of females 13.95.

The Average Duration of Residence (both sexes) was 158.60 days. The average for males was 170.14 days, and for females 141.77 days.

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

	T.B. Minus		T.B. plus Grade II.	T.B. plus Grade III.	Total
Males	42	15	45	44	146
Females	41	15	33	15	104
Quiescent	24	12	6		
Improved No material	15	3	38	25	
improvement	3	_	1	19	
	_	_	_	_	
	42	15	45	44	
	_	_	_	_	

Females. Quiescent Improved	 22 18	8 7	4 24	<u>_</u> 1
No material improvement	 1	_	5	14
	-	-	-	
	41	15	33	. 15

The results of treatment compared with last year are very similar. It is, however, satisfactory to find that thirty sputum positive cases Grade I. were discharged during the year, as against fourteen in the previous year, and in this class the disease was quiescent in two-thirds of the cases. The remaining one-third being improved. The number quiescent would have been still greater only a number left before completing the term of treatment recommended.

In Grade II., as usual, a large percentage were discharged

improved, while only a meagre number were quiescent.

In Grade III. the results were unsatisfactory, as they

always have been, and are likely to remain so.

The results again show how all important it is to get cases under treatment in the early stage, and how hopeless it is to do anything more than prolong life in the later stages of this disease. While it has been gratifying to have an increased number of earlier cases discharged during the year, the percentage is still far from satisfactory. In going into the history of cases admitted one finds that the patients, or relatives of patients, are largely to blame. One constantly finds that a patient has only consulted a doctor a few weeks before admission, although the disease is quite advanced. This is a problem extremely difficult to cope with if patients will not avail themselves of the facilities afforded them when in indifferent health, there appears to be little solution.

The duration of stay during the past year was again high, as in the previous year. The heavy rainfalls during these periods appear to be the main cause.

The following table shows the comparison of rainfalls for the

past two years in inches:-

Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec. 1927 1.23 3.01 2.04 1.71 0.96 2.16 2.96 3.53 3.81 1.08 2.16 3.00 1928 2.53 1.18 1.65 1.27 2.36 2.05 1.75 2.46 0.56 3.11 1.68 2.57

Light Treatment.

Artificial Light Treatment has been used during the winter months in suitable cases. The results have quite justified the installation. While the treatment does not appear to have any direct effect on the course of the disease, there is no doubt that it has a definite effect on the general condition of the patient in many cases. They feel better and brighter, while sleep and appetite improve, and in many cases the gain in weight is marked. Altogether it is a useful adjuvant in Sanatorium treatment.

Entertainment.

During the year there were four Concert Parties at the Sanatorium during the winter months. Whist Drives, which are most popular, were arranged almost every month, and Billiard Handicaps were continuous, except during the very warm weather.

Doctor Constance Steele resigned in April, and Doctor Dorothy Keats was appointed Resident Assistant Medical Officer.

Miss E. Jones, who has been Matron at this Institution since it opened, resigned also in April, and Miss M. Duguid, the Senior Sister, was appointed to fill the vacancy.

Staff.

Medical-

Medical Superintendent. Assistant Medical Officer.

Office-

Assistant Steward.

Nursing-

Matron.

Assistant Matron and Sister Tutor.

3 Sisters (one night). 1 Nurse-Housekeeper.

6 Assistant Nurses.

12 Probationers.

Domestic-

28 (including 6 laundry-maids and 1 sewing maid). Males—

1 Caretaker.

1 Handyman.

1 Stoker.

1 Gardener.

4 Porters.

1 Night Watchman.

LANCDON HILLS SANATORIUM FOR CHILDREN.

At the end of 1927 the number of patients remaining under treatment were:—

	Males				4	
	Females		Y		12-	-16
The total a	dmissions	during	1928	were :-	_	
	Males				36	
	Females				31—	-67
The number	of deaths	were	:		7.57	
	Males				1	
	Females				1-	_2
Discharges	during the	year	totalle	ed :-		
	Males				19	
	Females				22_	-41

Leaving under treatment at the 31st December, 1928:-

Males 20 Females 20—40

The Death Rate (calculated on admissions) was 2.98 per cent.

In the case of males the percentage was 2.77, and in the case of females 3.22.

The Average Duration of Residence (both sexes) was 166.86 days.

The average for males was 177.95 days, and for females 157.21

days.

The results of treatment for those discharged are as follows:

		T.B.			No material
		Minus	Quiescent	Improved	Improvement
Males		19	13	6	_
Females		22	8	12	- 2*
	AL T	T 1	(1.1		

* Under one month's treatment.

The approximate gain in weight during stay was Males 6 lbs., Females 7 lbs.

The results of treatment for the first year have been highly satisfactory, and would have been still more so had it been possible to retain the children for a longer period.

Prolonged treatment for children, if one is to gain satisfactory

results, is of the highest importance.

The ultimate result in the average case is much more hopeful than in adults.

Unfortunately, there were two cases of Scarlet Fever during the year. They were, however, able to return to the Institution at a later date. One of which was discharged with the disease

quiescent, having gained over 12 lbs. in weight.

The laying out of the grounds has proceeded satisfactorily. The new Drive was opened in the Autumn by the Chairman, Mr. Councillor D. Hall. The addition of a Play-ground and Play-room are much needed, especially in the Winter months, and it is hoped to have them ready for use before the Autumn.

The wireless was installed early in the New Year, and has

proved beneficial and satisfactory, especially for the Staff.

Staff.

Nursing-

Matron.

2 Sisters.

2 Assistant Nurses.

5 Probationers.

Domestic-

8.

Males-

1 Head Gardener and Caretaker.

1 Motor Driver and Engine Attendant.

1 Handyman.

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 25 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 facilitat-Provision is made for enabling ing continued treatment. 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 to the National Council for Combating Venereal Diseases to further propaganda work throughout the whole area.

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 seven 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 last year, 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.

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 1928.

	London.	Middle- sex.	Essex.	Surrey.	Kent.	Herts.	Bucks	East Ham.		Croy- don.	Total.	Other Places.	Grand Total.
New Patients :— Syphilis	3,679	382	187	145	118	46	37	26	139	24	4.783	487	5,270
Cott Channe	167	11	5	4	3		100	3	5	-	198	37	23
Gonorrhoea	7.921	874	347	293	173	114	49	73	219	45	10.108	788	10,89
Not venereal	6,913	814	366	331	199	82	49	93	246	70	9,163	432	9,598
TOTAL	18,680	2,081	905	773	493	242	135	195	609	139	24,252	1,744	25,990
	620,583	49,658	20,604	20,260	10,034	4,989	2,507	4,837	11,498		748,050	15,485	763,538
No. of in-patient days	40,415	2,192	2,714	1,199	1,868	956	502	134	615	148	50,743	14,363	65,10
Salvarsan Subs. doses	40,927	4,402	1,831	1,502	1,168	526	445	441	1,225	351	52,818	1,734	54,55
				PATHOL	OGICAL	EXAMI	NATION	S.					
For or at Centres :-							1						
Spirochaetes	859	72	15	19	9	2	2	5	17		1.000	51	1.05
Gonococci	51,621	2,977	2,208	1,831	1,323	517	249	449	1,136	447	62,758	2,318	65,07
Wassermann	24,910	1,775	869	942	606	285	175	201	497	189	30,449	1,687	32,13
Others	7,324	466	224	382	197	74	59	20	53	80	8,879	268	9,14
TOTAL	84,714	5,290	3,316	3,174	2,135	878	485	675	1,703	716	103,086	4,324	107,410
For Practitioners :													
Spirochaetes	31	16		1					2		50	***	5
Gonococci	4,256	202	136	1,376	20	17	10	34	45	302	6,398	7	6,40
Wassermann	16,456	2,030	1,155	747	91	67	150	185	298	263	21,442	293	21,73
Others	1,060	229	47	107	26	15	18	4	5	5	1,516	79	1,59
TOTAL	21,803	2.477	1,338	2,231	137	99	178	223	350	570	29,406	379	29,78

Venereal Diseases.

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

	New Cases.							tal	To Non-V	tal enereal		tal	In-pa	atient	Pathol	
Year.	Syp	Syphilis. Soft Chancre. Gor		Gonor	Gonorrhoea.		Cases.		Cases.		Accordances		aujo.		for	
	М.	F.	М.	F.	М.	F.	M.	F.	М.	F.	M.	F.	М.	F.	Clinic.	Prac- tition- 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	26,346
1926	3,725	2,013	301	2	8,825	2,858	12,851	4,873	5,830	3,158	490,578	196,497	31,258	70,477	100,543	27,565
1927 1928	3,886 3,433	2,209 1,837	203 229	7 6	9,637 8,249		13,726 11,911	5,075 4,490	6,799 6,369	3,365 3,226	554,171 544,969	213,107 218,566	21,268 23,821		107,512 107,410	CONTRACTOR OF THE PARTY OF THE

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

Return showing the extent to which the facilities have been utilised during the year ended 31st December, 1928.

***			New Cas	es.		No. of I	Persons.	Total	No. of In-	Sal. Subs.			P	atholog	gical Exa	Examinations.					
HOSPITAL.	Svp.	S.C.	Gon.	Not V.D.	Total.	Ceased	Dis- charged	attend- ances.	patient days.	doses given.	Spi	iro.	G	on.	l W	ass.	Otl	ners.	Total.		
	зур.	3.0.	Gon.	V.D.	Total.	tend.	charged				(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)			
Albert Dock Gt. Ormond Street	209 55 427 178	38 69 1	416 20 736 134	290 478 911 144	953 553 2,143 457	508 65 333 157	137 24 644 91	11,533 3,174 61,143 20,211	2,451 2,573 2,191 936	1,318 1,327 5,143 1,149	62 245 21	1 4	521 557 9,307 5,941	8 126 294 92	530 715 2,648 1,365	235 708 2,536 1,986	759 1,178 129	239 6	1,357 3,104 16,214 9,538		
Lock (Male) (3 mos.) Lock (Female) (3 mos.) London Metropolitan Middlesex Miller General	95 60 412 81 138 102	8 4 16 8	566 129 842 146 352 251	432 78 798 130 97 47	1,101 267 2,056 373 587 408	124 5 819 99 341 178	213 28 231 73 138 146	19,296 2,181 64,806 4,204 28,109 12,932	2,480 12,493 1,480 61 941 232	697 277 3,728 896 1,499 943	74 29 26 14 13	 4 10 1	2,015 6,214 471 1,721 989	78 1099 6 56 4	937 1,691 380 755 232	3,303 16 1,156 628	83	3 198 	3,325 12,340 899 3,925 1,867		
Royal Free Royal London Oph Royal Northern	225 176 207		443 56 419	698 199	1,366 232 825	193 80 135	370 84 348	31,074 2,940 22,341	2,328 1,347 203	7,374 1,025 1,752	4 4 41	 ï	6,718 107 1,599	18 45	2,742 632 952	1,278 1,452	203 12 14	ï	10,963 755 4,105		
St. George's St. John's (Lewisham) St. Mary's St. Paul's St. Thomas'	216 145 190 352 888	9 1 4 2 44	443 137 342 1,266 1,817	123 170 172 1,158 2,692	791 453 708 2,778 5,441	57 36 201 227 801	239 65 119 1,073 1,147	27,776 9,191 10,438 128,273 183,923	178 826 826 2,475 3,147	1,430 1,474 1,154 5,463 11,089	5 10 263	 13 2 1	353 264 625 7,481 11,278	171 16 285 1,829 1,544	892 1,261 437 3,562 8,892	255 832 1,219 547 1,638	10 1,143 262 4,841	12 50 444	1,681 3,533 2,589 13,996 28,638		
Seamen's South London for Women University West London Westminster	474 26 217 296 87	11 16 4	704 69 447 786 154	185 138 37 368 43	1,374 233 717 1,450 288	1,019 26 190 287 80	111 31 147 252 146	13,679 3,475 29,876 44,799 17,434	9,31 ₀ 661 688 188 189	1,221 367 1,826 2,459 911	9 2 27 183 13	1 9 3	1,051 590 1,403 1,477 643	131 109 202 262 30	690 214 805 1,036 408	257 658 88 1,771 1,037	430 7 61	4 150 488	2,573 1,573 2,525 4,895 2,683		
S.A. Mothers' Children's, Waddon	11 3		174 47	207	392 50	57	42	10,727	7,712 9,190	30	6		3,751		360				4,117		
TOTALS	5,270	235	10,896	9,595	25,996	6,018	5,899	763,535	65,106	54,552	1,051	50	65,076	6,405	32,136	21,735	9,147	1,595	137,195		

⁽a) For Centre, 107,410. (b) For Practitioners, 29,785.



Venereal Diseases.

Utilisation of facilities at hostels, 1928.

Particulars of the work done on behalf of the participating authorities by the hostels in the scheme for the year ended 31st December, 1928. 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:—

	Ar	EA.			No. of Patients.	Aggregate No. of days in residence.	Percentage (days).
London C	county				 128	12,312	52.3
Essex					 23	2,373	10.2
Kent					 16	1,667	7.2
Middlesex					 19	2,267	9.7
Surrey			***		 21	2,215	9.5
Herts					 9	908	3.9
Bucks					 9	488	2.1
West Har	n				 4	468	2.1
Croydon					 5	569	2.5
East Han	n	***		•••	 1	110	.5
To	TALS				 235	23,377	100.0

MATERNITY AND CHILD WELFARE.

Notification of Births.

The birth rate for 1928 was 19.2. There were 6,671 live births and 189 stillbirths officially notified in accordance with the 1907 Act.

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

1924	1925	1926	1927	1928
7202	7017	6710	5991	5913

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

All children born in the Borough are visited at 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—which may be as early as 4 and 4½ years. These summary cards note the method of feeding in infancy and any illnesses from which the child has suffered, and are 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. Home visiting is of the first importance in Maternity and Child Welfare Work. Advice is given on general hygiene and the care of infants and toddlers, special stress being laid on the importance of breast-feeding. In necessitous cases the expectant or nursing mothers can obtain extra nourishment, e.g. Dried Milk, free or at a cheap rate. (See page 113.) In addition, these visits form the basis if the work carried on at the Clinics. Mothers are encouraged to attend the Infant Welfare Centres so that the child may have the benefit of continuous medical supervision.

Table showing Type of Infant Feeding in those Infants born and visited by Health Visitors in 1928.

No. of	Complete	Partial	Complete
Infants	Breast fed	Breast fed	Artificial
5377	3941	858	578
	73%	16%	11%

Clinics.

There are seven Voluntary and two Municipal Centres in the Borough. Sessions are held for infants and toddlers at all Centres. Antenatal sessions, 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 are held, health talks are given and at some Voluntary Centres infant foods and cod liver oil preparations are supplied at cost price.

Antenatal Clinics.

The work at these Clinics is growing rapidly. At the two Municipal Clinics attendances have so increased during 1928, that it may be considered necessary to hold an additional Antenatal session. There is a close co-operation between the midwives practising in the neighbourhood and the Clinics, and a very large number of women are referred by the midwives to the Medical Officer of the Clinic. The midwife is notified after each visit of her patient as to the general health and the results of particular examinations. Many expectant mothers come to the Clinic on the advice of Health Visitors: it is encouraging also to find that a number have been advised to attend the Clinic by their friends who have previously received help and advice themselves, or whose children are attending the Infant Welfare Clinic. Attendances are regular, and the women themselves are interested and eager for advice and examination 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 instruction in breast hygiene and suitable diet with a a view to breast-feeding later. Model baby garments are displayed, and help given in the making of such garments.

Dental.

Three half-day sessions per week have been established for dental work amongst the toddlers under 5 years of age, each session being attended by a Lady Dentist. Fillings are done, and every effort is made to preserve the primary teeth. Necessary extractions are done under nitrous oxide gas anaesthesia. This work is most valuable, not only from the curative point of view, but also as regards 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

and the benedits.		
Number of children who received dental treatment		 192
Number of attendances for treatment		 637
Average attendance per child: 3.3.		
Number of attendances for extraction		 102
Number of teeth extracted		 298
Number of attendances for fillings		 450
Number of teeth filled		 630
Number of attendances for examination and consu	Itation	85

Stratford Day Nursery, Welfare Road.

A Day Nursery is an invaluable complement to a Maternity and Child Welfare Scheme in a Borough where many of the mothers are forced to go to work. The attendances at the Day Nursery during 1928 were:—

Whole Days 7538

Average Weekly Attendance ... 165

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

Sunlight Clinic.

Treatment by artificial light was first started in West Ham in 1925 by the Women's League of Service for Motherhood, at the Welfare Road Clinic. As a result of an arrangement made by the Maternity and Child Welfare Committee of the Borough and the Committee of the above League, two additional sessions were established at the end of February, 1928, 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 at the Sunlight Clinics.

(1)	Municipal—2 sessions per week.				
	Number of children treated				201
	Number of attendances				2796
	Average number of attendances (2) Voluntary—3 sessions per week.	per ch	ild, 13	.9.	
	Number of children treated				632
	Number of attendances				5055

Average number of attendances per child, 7.9.

			Centre Att.		Centre Att. Med. Consults.			
	ons y.		Avera	ge per	Sessi	on.		
Address Where Held	No. of Sessions held weekly.	Day and time of meeting	Expectant Mothers.	Children.	Expectant Mothers.	Children.	Arrangements for Medical Supervision.	
Silvertown Muni-	2	Wed., 10 a.m. & 2,0 p.m.	8.3	35.09	8.13	25.82		
cipal Centre. West Ham Lane	2	Mon.Tue.& Thurs., 2 p.m	12.0	38.91	12.0	33.	Campbell, Helen	
Mun. Centre	4	Tuesdays, 10.0 a.m.			12.0	00.	Campbell.	
Chesterton House	6	Mon. & Fri., 1.30 p.m. Wed. & Thur., 11 a.m. &	129.00	74.3	50.1	24.1	" Hogg and Dr. Kemp.	
St. Luke's Square	5	2.30 p.m. Mon., Tues., Wed., Thurs., & Fri. 2.30 p.m.	100.00	78.	39.	47.6	" Hogg and Dr. Kemp.	
Martin Street	1	Thursdays, 3.30 p.m.	36.26	39.13	13.78	14.0	" Hogg and Dr. Kemp.	
S.W.Ham Health Society.	3	Tues., Wed. & Fridays, 1.30 p.m.	10.1	49.8	4.6	17.9	" Lorimer Hawthorne	
Trinity Mission Society.	. 2	Wed. & Th., 1.30 p.m.		41.2		25.15		
Women's League of Service.	3	Mon., Wed. & Thurs., 2.0 p.m.	4.1	30.7		24.2	" Dorothea Brooks.	
Given-Wilson In- stitute	1	Mondays, 2 p.m.		32.0		25.07	" Eva Morton.	

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

During 1928 97½ 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.

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	41/2	cwts.		
1925—222,410	do.	99 tons	5	cwts.	90	lbs.
1926—222,776	do.	99 tons	9	cwts.	8	lbs.
1927—206,015		91 tons	19	cwts.	47	lbs.
1928-218,312	do.	97½ tons.				

The Milk Powder is received in bulk from the Contractors in hermetically sealed canisters, and only the estimated quantity is packed daily 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.

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 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 visits the house several times during the lying-in period, in order to see that the "Home Help" performs her duties, and also to give any necessary advice. 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, and Home Help, and it might be many days before the Health Visitor learnt of the birth.

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

Number of Applications from Expectant Mothers, 954.

Found to be eligible (v. Found to be ineligible (under Council's			
Applications withdrawn		 		10
		Tota	ıl	954

The value of this service is, firstly, in saving many mothers from getting up too soon after confinement to attend to household duties (with resulting debility and chronic iii-health due to pelvic trouble); and, secondly, in supervising any other children of the household while the mother is laid up.

Midwives.

Total number who notified their intention to practice in the Borough in 1928, 90; all of whom are trained.

Number of cases attended by midwives in 1928, 4,963.

Number of cases in which Medical Help was summoned, 735.

Seventy-two per cent. of the births in the Borough in 1928 were attended by midwives, as against fifty-seven per cent. in 1927.

The Midwifery Service of the Borough is of a high standard; many of the midwives, as will be seen in the following table, practice directly under the supervision of a hospital or institution recognised as a training school for pupil midwives by the Central Midwives' Board. The private midwives are, on the whole, very efficient and competent, and a gratifying feature is the much greater interest in antenatal work that is shown by these midwives. They have made excellent use of the antenatal clinics available for examination of their patients, besides undertaking antenatal supervision themselves.

Midwives practising for Associations or Privately	noti inte	nber fying ntion ractise	bi	o, of rths ended	No. Reconsendin	rds of
Plaistow Maternity Charity Essex County Nursing As	ssn.	48 17		3078 66		509 17
Salvation Army Nurses	1	3		183		51
Tate Nurses Institute		4		166		36
Queen Mary's Hospital (External)		7		160		26

Mid	e Practi wives re	siding	within				iquotil.
Bo	orough-	-					
a						180	 37
b						123	 18
C						149	 21
d						. 0	 0
e						2	 1
f						1	0
0.				- ***		91	 8
g h						0	 0
n							 0
]				***		0	 0
Practis	ing wit	hin, bu	t				
	siding w			gh-			
a						164	 11
b						0	 0
	150			- 100		- 344	
					90	4363	735
					-		-

Health Visiting.

As stated previously, visits are paid at regular intervals to infants and children under 5, when advice is given as to feeding, clothing, and general management. More systematic visiting of expectant mothers has been instituted during the year; visits are paid once a month to such mothers, resulting in an increased interest in, and attendance at, the antenatal clinics. Special visits and enquiries are made into the causes of all deaths up to 5 years of age, and into all stillbirths. Any special cases, e.g. Puerperal Fever, Puerperal Pyrexia, Ophthalmia Neonatorum and Pemphigus Neonatorum are visited frequently as long as is necessary.

Visits paid during 1928.

(1)	To Expectant Mothers:— (a) First Visits (b) Total Visits			1540	2264
(2)	To Infants under one year: (a) First Visits (b) Total Visits			3883	17198
(3)	To children 1—5 years:— Total				16652
(4)	Special visits (Home Helps,				10385
	. Tot	tal	visits		46499

This enormous total will convey some idea of the extent of the work of the Health Visitors, and throws into relief the importance of the Maternity and Child Welfare Scheme.

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 Hospital, for the treatment of such cases.

The Forest Gate Sick Home, belonging to the West Ham Guardians, has a Maternity Block where a large number of women

are confined.

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

Matern	ity Wards,	lo. of oeds	No. of cases	Weeks
1.	Queen Mary's Hospital	 10	430	777
2.	Plaistow Maternity Charity	 10	560	1224
Hospita	ils for Children under 5 years.			
1.	St. Mary's Hospital, E.13	 10	247	730
2.	Children's Hospital, Balaam E.13 (Orthopoedic)	10	28	142

Number of children under 5 years in Homes and Hospitals outside the Borough, 80.

Number of weeks spent in such Homes, 397. Average length of stay per child, 4.9 weeks.

List of complaints for which children under 5 years were treated at St. Mary's Hospital, and at the Children's Hospital, Balaam Street:—

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

Alassas	,	Tatalit.	
Abscess	4	Enteritis	35
Accident (shock)	2	Fits	1
Appendicitis	2	Foreign Body in Eye	1
Bronchitis	24	Flypaper Poisoning	1
Broncho-Pneumonia	13	Fractured—	
Burns	3	Skull	1
Cellulitis	2	Femur	2
Chorea	3	Glands of Neck	1
Cleft Palate	1	Heart Disease	1
Colitis	3	Hernia, inguinal, etc	15
Concussion	3	Hypostasis	1
Constipation	1	Imperforate Anus	1
Convulsions	2	Injury to—	
Corneal Ulcers	3	Eye	2
Cut Forehead	1	Head	1
Cyst	1	Finger	1
Eczema	1	Leg	1
Empyema	1	Intussusception	2
	0.1		

Jaundice 2	Pneumonia	33
Laryngitis 1	Prolapse	1
Marasmus 10	Pyelitis	2
Mastoid 5	Pyloric Stenosis	1
Meatotomy 1	Pyrexia	1
Meningitis 2	Rectal Polypus	2
Naevus 1	Rheumatism	3
Necrosi's of Leg 1	Rickets	2
Needle in Foot 1	Scalds	6
Nephritis 1	Septic Rash	1
Observation (for) 8	Swallowed Paraffin Oil	1
Otitis 2	Tape Worms	1
Otorrhoea 1	Tonsils and Adenoids	11
Paraffin Poisoning 1	Tonsillitis	1
Parotitis 1	Tuberculosis	2
Pericarditis 1	Pes Valgus	1
Peritonitis 1		
Children's Hospital, Balaam St	reet, E.13.	
Anterior Polio-Myelitis 3	Hip Joint Disease	7
C.E.V 1		2
C.T.E.V. 5	Lumbar Caries	1
Genu Varum 1	Rickets	8

Maternity and Nursing Homes in the Borough.

There are three registered Maternity Homes in the Borough, one of these being the Plaistow Maternity Hospital, where, although there is no resident Medical Officer, 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. Chronic medical cases are treated in addition in both the latter homes.

There is one other nursing home in the Borough, which has accommodation for three chronic medical or senile cases.

These homes are all registered under the Nursing Homes Registration Act, which came into force on 1st July, 1928. Visits of inspection have been paid to these premises by the Medical Officer of Health, and the work carried on has not been found to be unsatisfactory.

(1)	Number of applications for registration	1
(2)	Number of Homes registered	4
(3)	Number refused registration	
	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 regis-	
tration	-
(7) Number of cases in which exemption has been	
(a) Granted	-
(b) Withdrawn	-
(c) Refused	-

Convalescent Homes for Children.

Eighty 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 These children are referred for examination to the Assistant Medical Officer for Maternity and Child Welfare, who gives a certificate stating the length of convalescent treatment necessary. The children recommended are those suffering from debility after a recent acute illness, e.g. Pneumonia, Rheumatic Fever, etc., and are referred to the Societies in the first place by the practitioners who have attended them in their illness. Many of the children are also recommended for convalescent treatment by the Medical Officers of the Infant Welfare Clinics as suffering from general debility, malnutrition, or failure to gain in weight. Great benefit is derived by such children as a result of regular routine life in wholesome surroundings, with good food and adequate rest.

Convalescent Home for Nursing Mothers and Infants,

St. Mary's Convalescent Home, Birchington-on-Sea, Kent.

Arrangements were made in February, 1928, by the Maternity and Child Welfare Committee whereby nursing mothers with their infants (up to the age of six months) can be admitted to this Home for a period of three weeks. The first mother was sent to the Home on February 14th, 1928; during the year, 14

mothers and 14 infants have stayed at Birchington.

The mothers are chosen from those attending the Clinic, or are referred by the Health Visitors to the Assistant Maternity and Child Welfare Medical Officer, who examines every case as to suitability for admission. Many of the mothers were debilitated and anaemic as a result of some complication of pregnancy, labour or the lying-in period; a holiday being the essential thing needed to restore them to normal health. In every case there has been a remarkable improvement in both mothers and infants, and expressions of gratitude have been received for the happy holiday these mothers have had.

The Chairman of the Maternity and Child Welfare Committee, Alderman Edith Kerrison, visited this Home with me, and was highly satisfied as to the conditions pertaining at the institution.

Midwives' Act, 1902 and 1918.

Analysis of Records of Sending for Medical Aid, 1928.

PREGNANCY— Abortion or threatened abortion Albuminuria Fits Ante partum haemorrhage General unsatisfactory condition Contracted Pelvis Swelling of Leg Pendulous Abdomen Total	25 17 1 1 1	LYING-IN— Rise of Temperature Abdominal Pain Subinvolution of uterus Acute Mastitis Phlebitis Haematuria Post-partum eclampsia Unsatisfactory condn Total	4 1 5 10 1 2 12
LABOUR— Prolonged labour Malpresentation Prolapsed cord Unsatisfactory con. Ruptured perineum Post-partum haemorrhage Adherent or retained placenta Retained membranes Foetal distress Early rupture of membranes Hour-glass contraction Prolapsed cervix Uterine inertia Rigid cervix Total	48 7 9 127 39 20 7 4 4 1 2 4 2	FOR THE INFANT— Premature Infant Feeble Infant Unsatisfactory condn, Haemorrhage from Umbilical stump Fits Icterus neonatorum Asphyxiated baby Stillbirths Skin eruptions Inflammation and discharge from eyes Infant found dead Congenital deformity Total	33 31 22 1 2 1 9 6 33 39 3 8
	_		

The percentage of cases requiring medical help for ruptured perineum is 35.7 per cent. in 1928, as against 47.4 per. cent. in 1927.

Puerperal Fever and Puerperal Pyrexia.

Puerperal Fever—number of cases notified, 27. Case rate, .04. Puerperal Pyrexia—number of cases notified, 94. Case rate, .15. For England and Wales Case rate for Puerperal Fever, .06. Puerperal Pyrexia, .14.

Of the 27 Puerperal Fever cases, 3 were notified twice, and 2 occurred in women confined in, but not ordinarily resident, in the Borough.

Similarly, of the 94 Puerperal Pyrexia cases, 4 were notified twice, and 14 occurred in women confined in, but not ordinarily resident in the Borough.

A full enquiry was made by the Health Visitors in every case where the patient was resident in the Borough, the results of these enquiries are set out in the following tables:—

Age of Mother.

	Under 20	20-25	25-30	30-35	35-40	Over 40	Total
Puerperal Fever Puerperal Pyrexia	 6	8 .25	4 14	4 13	4 10	2 8	22 76

No. of Pregnancies.

	1	2	3	4	5	6	7	8	9	10 or over
Puerperal Pyrexia	 35	11	8	_	5	5	3	2	2	5
Puerperal Fever	 5	5	1	4	2	_	1	1	1	2

Duration of Pregnancy.

	Full-term	Premature	Abortion.
Puerperal Pyrexia	 56	10	10 (1 illegitimate)
Puerperal Fever	 19	1	2

Nature of Confinement.

	Normal	Normal but torn perineum	Instru- mental	Presenta- tion Abnormal	Adherent	Ante- partum Haemor.	Post-partum Haemorrhage	Abor
Puerperal Pyrexia	 37	6	13	3	2	2	3	10
Puerperal Fever	 10	1	2	3	3		1	2

Attended at Confinement by-

	Doctor (including all cases, also where the Dr. was sent for by Midwife).	Midwife	Hospital
Puerperal Pyrexia	 24	42	10
Puerperal Fever	 12	7	2

Treated for Puerperal Fever or Puerperal Pyrexia at-

	Home.	Hospital.
Puerperal Pyrexia Puerperal Fever	 40 (1 death)	36 (3 deaths) 14 (2 deaths)

RESULT.

Puerperal Fever—Recovery, 20; Deaths, 2. Puerperal Pyrexia—Recovery, 72; Deaths, 4. Notified Cause of Death.

Puerperal Fever, 2.

(a) Puerperal Septicaeima.

(b) Puerperal Septicaemia and abortion.

Puerperal Pyrexia, 4.

(a) Peritonitis.

(b) Peritonitis, childbirth and Pyosalpinx.

(c) Puerperal parametritis.

(d) Septicaemia and pericarditis, double pyelonephritis and cystitis, Pyelitis of pregnancy.

Attributed Cases of Fever and Pyrexia.

Puerperal Fever.		Puerperal Pryexia.	
Pelvic cellulitis	6	Peritonitis and pyosal-	
Retained products	4	pinx	2
	1	Pelvic cellulitis	6
	1	Phlebitis	2
Difficult labour and vag-	~		1
inal lacerations	5	Phlegmasia alba dolens	1
Torn perineum, infected		Infection from torn per-	
lacerations	1	ineum or vaginal lac-	
Albuminuria: general ill-		erations	23
health	1	Retained products	7
Anaemia	1	Retained blood-clot	8
Chronic Cervicitis and		Incomplete abortion	10
P.P.H	1	Acute Mastitis	3
Incomplete abortion	9	Pneumonia	1
incomplete abortion	. 4	Bronchitis	1
T	00		1
Total	22	Pleurisy	1
	-	Influenza	4
		General ill-health and an-	
		aemia	6
		Scarlet Fever	1
	100000		-
		Total	76
	- [_

In seven cases a second medical opinion was asked for by the General Practitioners under the act.

Number of cases in which Bacteriological examination of (a) Lochia and (b) Blood was made, 2.

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 adequate care at the immediate onset.

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

There were 35 cases of Ophthalmia notified, of which two occurred in infants born in the Borough, but not resident in West Ham.

Investigations are made by the Health Visitors in every case occuring in a baby resident in the Borough, and weekly visits are paid as long as is necessary.

Notified.	Cases Treated.		Vision	Vision	Total	Deaths
	At home	In Hospital	Unimpaired		Blindness	Deaths
33 +2-non- resident in the Borough	25	8	32	1		

History of Case in which there is Impaired Vision.

Baby, B. Born 19/11/28. Fifth child. Normal delivery by midwives. Medical help summoned by midwife on 11th day for "discharging eyes." (Mother stated to H.V. inflammation first noticed in right eye on seventh day; tenth day, both eyes affected.) Notified by doctor as Ophthalmia Neonatorum on 17th day. Progress reported good, but infant still under treatment at 4½ months of age.

Pemphigus Neonatorum.

During 1928, nine cases of Pemphigus Neonatorum were notified, and 27 cases of Watery Blisters, as against 12 cases of Pemphigus and 13 cases of Watery Blisters in 1927. The notifications were made by the doctors called in to treat the infants, or from hospitals where the infants were sent for treatment. The cases of Watery Blisters came to my notice through the Medical Aid Forms sent by the midwives when they first noticed the rash.

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 the medical aid slip.

Three deaths occurred from this disease in 1928 (two in 1927). The ages of the three infants at death were 14, 11, and 12 days respectively. Two cases of pemphigus were associated with "sticky eyes."

During the year a special investigation was made by Dr. Helen Campbell and myself into the possible source of each case, and a bacteriological examination of the fluid in the blister was made in as many cases as possible. The organism found to be present in every case was the Staphylo-coccus aureus. In very few cases was it possible to trace the source of the infection.

Two midwives practising together, connected with an institution, had one case of pemphigus, three cases of watery blisters, and one case of puerperal pyrexia within a period of three weeks. In this case it may be assumed that infection took place directly from case to case, in spite of apparently complete disinfection after each case of the respective midwife.

Doctor or	No. of C	ases	Recove	ery	Death	
Midwife	Pemphigus	Watery Blisters	Pemphigus	Watery Blisters	Pemphigus	Watery Blisters
Dr. A	1	_	_	_	1	_
Dr. B	1	_	1	_	_	_
Mid. A*	3	11	1	11	2	_
Mid. B*	2	6	2	6	_	_
Mid. C	—	3		3	_	_
Mid. D	—	1	_	1	_	_
Mid. E*	1	4	1	4	_	_
Mid. F	1	1	1	1	_	-
Mid. G	—	1	_	1	_	_
		_	_	_		_
Г	otal 9	27	6	27	3	_
	_	_	_	_	_	_

^{*} Refers to a number of midwives practising under the supervision of institutions in the Borough.

STILLBIRTHS.

189

Total number of Stillbirths

Total number of Births 5913
Percentage of Stillbirths 3.19%
In 1927 percentage of Stillbirths 3.6%
Investigations were made in 169 of these cases. Age of Mother. Less than 20 years 3 20—25 years 34 25—30 , 29 30—35 ,, 25 35—40 ,, 37
40 onwards 22
Unobtainable
Total 169
Duration of Pregnancy (in lunar months).
6—8 months 28
8—9 months 26
Full-term 104
Unobtainable 11
Total 169

Number of Pregnancies.	Condition of Foetus.
1 57	Macerated 39
2 17	Not macerated 114
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Unobtainable 16
4 13	
4 13 5 8	Total 169
6 14	
7 9	Nature of Labour:
8 7	(Presentation):
9 7	Vertex 81
10 3	Breech 48
11 4	Face 1
12 or over 7	Transverse 3
Unobtainable 9	Prolapsed cord 7
_	Unobtainable 27
Total 169	Caesarian section 2
_	
	Total 169

History of previous pregnancies and labours showed that out of 112 Multiparae in the series of 169.

		Cases.
(a)	Normal previous confinements occurred in	. 62
(b)	Stillbirths occurred in	. 23
(c)	Miscarriages occurred in	. 8
	Difficult confinements occurred in	
(e)	Ante-partum Haemorrhage occurred in	. 1
	Adherent Placenta occurred in	
	Premature Infant occurred in	
(h)	Previous history indefinite	8

Antenatal Supervision.

There had been no Antenatal Supervision in 60 cases. In the remaining 109 cases, varying degrees of Antenatal care were exercised, as shown by the following table:—

	Cases
(a) Complete examinations by M.O. at Clinic	47
(b) Complete examination by M.O. at Hospital	13
(c) Examination by Private Doctor	11
(d) Treatment by Private Doctor, but no comp	olete Ante-
natal Examination	6
(e) Examination by Midwife	6
(f) Visits to home by Midwife; advice given, bu	t no Ante-
natal Examination	

Attributed Cause of Stillbirth. Unknown	Cases 37
Prolonged Labour—	70
Instrumental Delivery	10
Normal Delivery	4
Congenital Deformity of Infant	
Difficult Breech Delivery	31
Prolapsed Cord	8
Antepartum Haemorrhage—	
Accidental	11
Placenta Praevia	10
Cardiac Disease	2.
Renal Disease	9
General Debility and Anaemia	9
Diabetes	1
Hydramnios	2
Twin Pregnancy	3
Syphilis	4
Shock, Accident or Worry	27
Total	169

Of the 169 Stillbirths investigated, only 71 of the mothers had been medically examined during pregnancy. Of these 71, 8 attended for examination once only, and failed to re-attend. The list of attributed causes leads one to conclude that many more of these stillbirths might have been prevented had the woman been examined during pregnancy, and suitable measures for treatment adopted. Further, there is a previous history of Stillbirths or Miscarriage in 27 per cent. of the cases; complete investigation and examination as to the possible cause might have prevented a recurrence in the present pregnancy in a majority of cases. Home visiting of expectant mothers by their midwives is useful; general advice can be given, and the general condition of the mother noted, but unless it is coupled with complete medical examination most of its value is lost. (See page 137.)

Table showing Causes of Stillbirth in those 63 cases where more than one Complete Medical Examination was made.

N	Number ou	t of Total
Cause unknown	. 7	37
Prolonged Labour—		
Instrumental Confinement	. 5	10
Normal Confinement		4
Breech delivery		31
Prolapsed Cord, transverse presentation Ante-partum Haemorrhage—	. 3	8
Accidental	. 8	11

Placenta Praevia	3	10
Cardiac Disease	. 2	2
Renal Disease	2	
Twin Delivery (Macerated): history of Renal	Mark .	9
Disease in early months, but later re-		
covery	2)	
General Debility	6	9
Diabetes	1	1
Shock, Accident, Worry	12	27
	-	
	63	

INFANTILE MORTALITY.

Infantile Mortality Rate for 1928 was 64.2 per 1,000 births; in 1927 the rate was 67.4 per 1,000, so that there was a considerable decrease in the infantile deaths. For 107 Great Towns of England and Wales this rate for 1928 was 70 per 1,000.

Deaths under 1 Year.

Total number of deaths under 1 year, 380; of which 207 occurred in males (196 legitimate and 11 illegitimate), and 173 in females (159 legitimate and 14 illegitimate).

Deaths in Deaths in	age perio	d 1—2 years d 2—5 years		113 128
		Total deaths	under 5 years	621

Table showing Causes of Death under One Year.

Cause	1925	1926	1927	1928
Congenital debility, malformation,				
and premature births	141	146	149	134
Pneumonia	81	74	106	88
Bronchitis	22	16	20	27
Other respiratory diseases	2	4	3	2
Diarrhoea, etc.	81	84	28	43
Measles	4	17	0	14
Scarlet Fever	1	2	1	0
Diphtheria	0	0	5	2
Whooping Cough	39	8	35	7
Influenza	2	4	2	0
Deaths from Violence	19	6	2	2
Other diseases	71	57	53	61

The number of deaths from prematurity and congenital debility remains still very high. Out of the total of 380 deaths under one year in 1928, 134 were due to this cause, i.e. 35 per cent., as

compared with 36.6 per cent. the previous year.

Although there is an increase in the deaths from diarrhoea in comparison with 1927, viz. 43 in 1928, or 11.3 per cent., and 28 in 1927, the number 43 compares favourably with other years, especially when one takes into account the long spell of hot, dry weather experienced in 1928. Of the deaths, 73 per cent. of the infants were completely breast-fed; the remaining 27 per cent. were having complete or partial artificial feeding, which, in the majority of cases, means Dried Milk as obtained from the Council at a cheap rate. Where there is no means of cool, clean storage of fresh milk, as in so many of the homes in West Ham, there is very grave risk of contamination of the milk by dust or flies, with resulting gastro-intestinal disorders in the infants thus fed. Dried milk is infinitely less liable to contamination, and the mothers are more alive to the dangers of dirty feeding-bottles and rubber teats, so that it is hoped that deaths in infants from diarrhoea will continue to decrease as a result of more suitable and cleaner feeding. A certain percentage of deaths from diarrhoea still occurs, not from contaminated milk but from the giving of entirely unsuitable food, e.g. fried fish, potatoes, bacon fat, to infants by parents, or others who look after the baby. Infant Welfare Work is doing much towards preventing this by educating the mothers in infant feeding.

Respiratory diseases continue to play a large part in raising infantile mortality. 30.8 per cent. of the deaths in 1928 were due

to pneumonia, bronchitis, or other respiratory diseases!

Maternal Mortality.

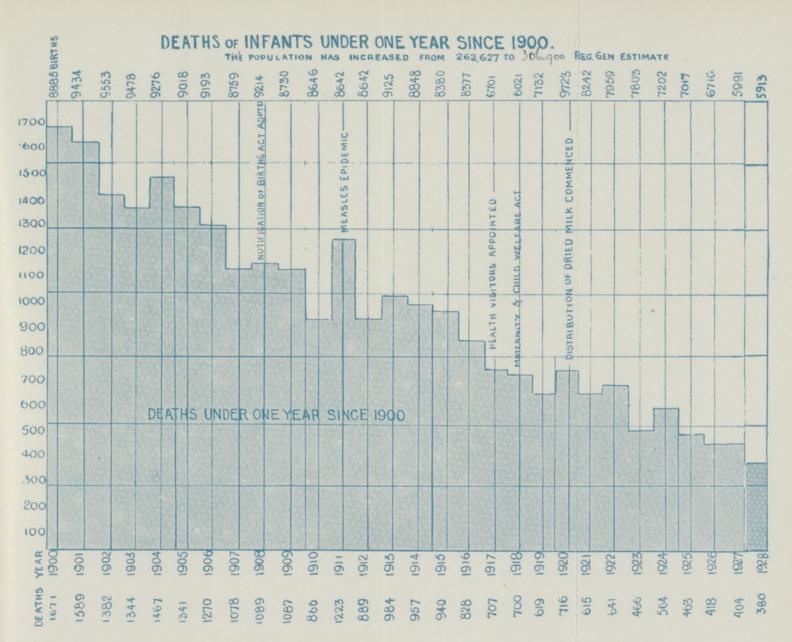
Total number of Births in the Borough in 1928	5913
Number of deaths due to complications of pregnancy or	
childbirth	13
Maternal Mortality 2.1 per	
Maternal Mortality rate for 1927 3.0 per	1,000
Average age of Mothers at Death	years

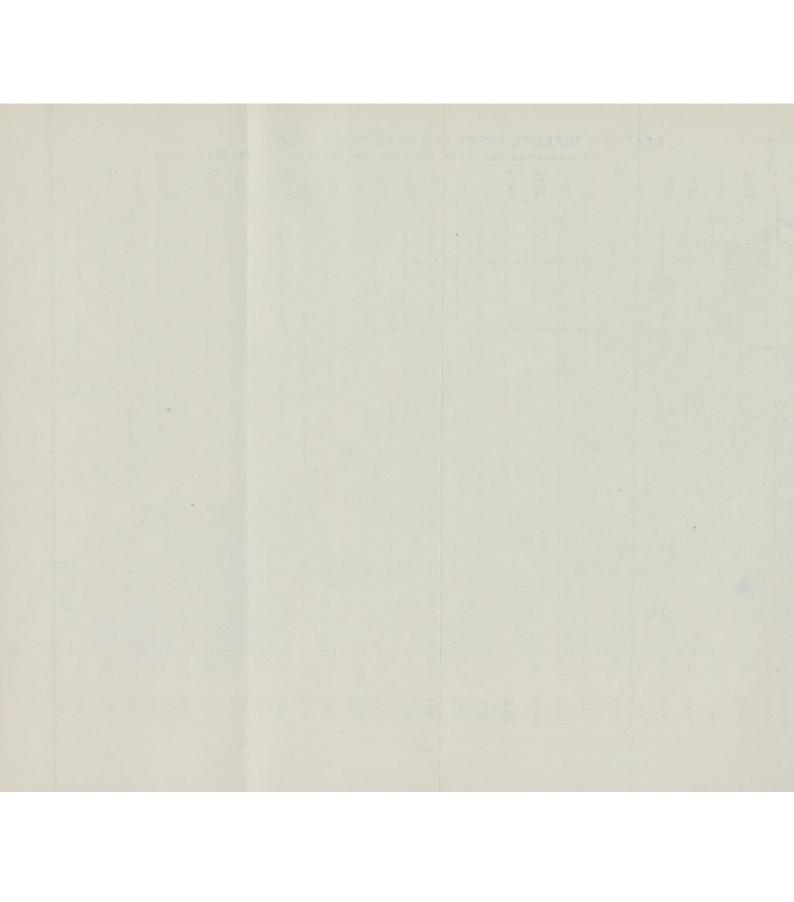
Analysis of the Maternal Deaths.

Of the 13 Maternal Deaths, six were attributable to puerperal fever, in five cases following practically full-time labour, and in

the remaining case after incomplete abortion.

Seven deaths were attributed to causes other than puerperal fever, of which no fewer than four were due to haemorrhage, one to Eclampsia (intra partum), the remaining two being the result of cardiac disease.





History of the Cases. (1) In which death was attributed to Puerperal Fever.

Antenatal Care	History of Case	Certified Cause of Death
Case No. 1. Yes, Antenatal Clinic; examined by M.O. Age 29.	5 para: Previous pregnancies normal. Prev. confinements: 1, Forceps; 2, A.P.H.; 3, Normal; 4, Retained Chorion. Present pregnancy—slight A.P. 8 months. Confinement normal, premature, 8½ months. Temperature immediately after confinement, which continued steadily to rise. Died 6th day at own home.	Peritonitis.
Case No. 2. 1 home visit by midwife only. Age 20.	Hospital delivery. 1 para: no history of previous illness. Symptoms of kidney trouble said to have begun 1 month before labour, but no history of treatment. Confinement normal, full term. Temperature rose on 2nd day. Died 6th day in hospital where confined.	Septicaemia and Pericarditis. Double Pyelonephritis and Cystitis. Pyelitis of Pregnancy.
Case No. 3. Examined on several occasions by M.O. at Antenatal Clinic Age 18.	Delivered by midwife. I para: pregnancy normal, labour normal. Temperature rose on 10th day. Removed to Hospital. Died 29th day.	Peritonitis. Childbirth. Pyosalpinx.
Case No. 4. Examined by private doctor Age 30.	Delivered by Doctor. 1 para: pregnancy normal, but pelvic measurements small, labour, instrumental: big baby. Temperature rose on 3rd day, transferred to hospital. Died 19th day.	Puerperal Septicaemia.
Case No. 5. No Antenatal supervision. Age 27.	Delivered by Doctor. 3 para: 1 previous miscarriage 3 years before. Present pregnancy about 16 weeks. Said to have had slight haemorrhage earlier: treated by doctor for severe loss. Temperature immediately after miscarriage. Transferred to hospital. Died 35th day.	Puerperal Septicaemia and Abortion.

			-	
An	tena	troil	()	MA
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Case No. 6.
Treated by private doctor, no examination. Visited at home by midwife.

Age 31.

Case No. 7. No Antenatal care.

Age 40.

Case No. 8.

Examined by private doctor.

Age 24.

Case No. 9.

Private doctor, only after onset of haemorrhage.

Age 36 years.

Case No. 10.

Treated by private doctor after onset of haemorrhage.

History of Case

Delivered by Midwife.
5 para: previous pregnancies and confinements normal: present pregnancy, sickness during 7th month. Labour normal. Temperature rose 4th day: transferred to hospital. Died 25th day.

Certified Cause of Death

Puerperal Para metritis.

History of Cases (2) attributed to causes other than Puerperal Fever.

Ante-partum Haemorrhage.

11 para: previous pregnancies and labours normal; history of secondary P.P.H. in all cases. Present pregnancy, normal (apparently) till profuse A.P.H.; transferred to hospital, labour induced 7½ months. Died following day.

Hospital: Emergency Case.

Delivered by Doctor.

1 para: pregnancy normal ti!l 8½ months, when gastric symptoms developed. Labour, normal delivery, profuse post partum haemorrhage resulting in death on same day.

Attended by Doctor; later sent in as Emergency Case to Hospital.

2 para: 1st difficult labour. Present pregnancy, A.P.H. at 8½ months, treated at home with improvement; for 1 week severe haemorrhage then, transferred to hospital, where Caesarian Section was performed at once. Died following day.

Attended by Doctor; later transferred to hospital.

1 para: pregnancy apparently normal till 6½ months, when first haemorrhage occurred. Thereafter at intervals there was slight haemorrhage till 8¼ months, when she was transferred to hospital owing to very severe loss of blood, treated for shock, Caesarian Section performed; child stillborn. Died few hours later.

Childbirth (P.P.H.), Shock and Cardiac Failure.

Shock, Haemorrhage from Central Placenta Praevia, Caesarian Section.

Placenta Praevia, Caesarian Section, Postoperative Shock.

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History of Case

Certified Cause of Death

Case No. 11. Antenatal Clinic.

Age 21.

Case No. 12. Antenatal Clinic.

Age 42.

Case No. 13. Antenatal.

Age 42.

Hospital.

1 para: no history of previous illnesses; urine normal during pregnancy; general condition satisfactory; last examination 2 weeks before patient was admitted in labour. After 6 hours in labour patient had five Eclamptic fits, and was comatose between the fits. Died 12 hours after admission, undelivered.

Hospital.

9 para: previous pregnancies and confinements normal. History of rheumatic fever 21 years ago; during the pregnancy patient had been receiving treatment at Heart Hospital. Heart failure occurred at 7th month, with general oedema; admitted to hospital, induction of labour performed at 7 months, patient died on 15th day of puerperium.

Hospital.

1 para: no previous illnesses; patient had been married 20 years; bronchitis at end of pregnancy. On account of her age and chest condition, Caesarian Section was performed. Bronchitis during puerperium. Died 21st day.

Eclampsia.

Morbus Cordis, Parturition.

Cardiac Failure, Bronchitis, following Caesarian Section.

It is perhaps worthy of special mention that antenatal treatment had been sought by no fewer than eight of the thirteen cases ending fatally, i.e. in 61.5 per cent. In view of all the claims made for antenatal supervision this seems a big percentage of the total deaths. It must be remembered, however, that it is frequently due to some abnormality or feeling of distress or illness that the woman first seeks advice. The aim of antenatal care as a preventive rather than a cure of abnormal conditions, has still to be learnt by many. A visit to or by a doctor or midwife in regard to the pregnancy does not constitute antenatal care, nor does an isolated examination at the early or late stages of pregnancy, more often than not without any examination whatever of the urine. If the undoubted advantages of adequate antenatal treatment are not to be minimised, it is highly important that only cases which have received continued and thorough antenatal supervision should be so categorised.

Deaths from Puerperal Sepsis.

Of the six deaths due to this cause, three (cases 1, 3, 4) had received antenatal care of some description; in two cases pregnancy was normal, but in the third (No. 1) there was a history of slight ante-partum haemorrhage at the eighth month. Possible difficult labour was anticipated in Case No. 4, owing to contracted pelors; this resulted in an instrumental confinement with much interference and probable infection at the time of delivery. The remaining two had normal confinements in which it is difficult to trace the source of infection. More adequate antenatal care might have produced a different result in Case No. 2: stated above, home visiting only by a midwife is insufficient antenatal supervision. In the case of death from septicaemia after abortion (No. 5) the patient did not report her condition till the onset of haemorrhage. This emphasises the need for impressing on women the importance of early examination and advice in pregnancy.

From Haemorrhage.

Four deaths from haemorrhage out of a total of thirteen is a very high percentage, and is a distressing factor. Many cases of accidental ante-partum haemorrhage being toxic in origin, care during pregnancy to eliminate source of toxaemia is a great safeguard. Placenta praevia seems to be an unavoidable complication in the present state of knowledge as to its causation, but active treatment immediately the condition is diagnosed should be adopted. Had all these women been in a Maternity Hospital or Home where skilled treatment and necessary appliances were immediately available at the onset of haemorrhage, it is almost

certain that their lives could have been saved. It would appear that Cases No. 9 and 10 should not certainly have been allowed to remain at home after the first haemorrhage, without special precautions having been taken for immediate active treatment at the first recurrence of haemorrhage.

Two of the remaining three deaths occurred from general

disease complicated by pregnancy and confinement.

Eclampsia during labour caused the other death. This patient had undergone regular and complete examination during pregnancy; at her last examination, two weeks before the onset of labour, no abnormality was found, and the urine was normal, which indicates that albuminuria of pregnancy can develop with great rapidity. Towards the end of pregnancy frequent attendances for examination should be urged on the patient.

The Handy Woman.

There are still too many medical practitioners who are content to allow an unqualified woman to attend their patients during childbirth. It is, of course, assumed that the pregnant woman who engages a medical practitioner to attend her will send for him at the onset of labour. But actually this seldom happens in the type of case I have in mind. The unqualified woman—the handywoman-is sent for first; on arrival she examines the woman, and only sends for the general practitioner at the last moment, or if something is obviously abnormal; frequently she sends only after the child has been born. The dangers to the mother and infant of this practice do not need further elabora-Under the Amendment of the Midwives Acts, 1902 and 1918 "If any person, being either a male person, or a woman not certified under this Act, attends a woman in childbirth otherwise than under the direction and personal supervision of a duly qualified medical practitioner, that person shall, unless he or she satisfies the Court that the attention was given in a case of sudden or urgent necessity, be liable on summary conviction to a fine not exceeding ten pounds."

Obviously in some cases it is difficult to prove that the handywoman did not act in an emergency and deliver the patient pending the arrival of the doctor, but this is not actually the fact in the

majority of such cases.

The following instances have come to my notice this year:

Case 1.

Mrs. A. (2 para, age 31 years), engaged Doctor B. No antenatal care was given. Mrs. C. was engaged as handywoman, having no nursing qualifications. At the 39th week of pregnancy Mrs. A. was delivered of a stillborn child. This stillbirth was notified by Dr. B., but, on investigation, it was found that Mrs. C. was called in about 1½ hours before the birth of the child. She delivered the child as a breech pre-

sentation, the infant being stillborn, but not macerated. Half-an-hour after delivery Mrs. C. sent for Dr. B., who notified the stillbirth in the usual way. I informed the Coroner that the stillbirth was notified irregularly: owing to the irregular circumstances of this case, the Coroner ordered the body to be exhumed. A post-mortem and inquest followed, when it was found that the infant had been stillborn. It is, however, open to doubt whether the child might not have been born alive had the mother received skilled attention during labour.

Case 2.

Almost exactly similiar circumstances to the above—the general practitioner arriving some hours after the child was born (reported stillbirth). The same doctor as in Case 1 was involved, but a different handy-woman.

Case 3.

It has recently been brought to my notice that Mrs. G., an unqualified woman, has conducted confinements in this Borough. On enquiry being made, Mrs. G. stated that she "works with several doctors, and undertakes the actual delivery in cases if asked to do so by the doctors engaged."

Seeing the great importance of the matter, and the possible grave issues, I am inclined to think that it should be made illegal for any unqualified woman to accept any payment or recompense for attending upon a woman during labour, whether under the direction of a general practitioner or not.

Whatever excuse there may be for a practitioner working with such women in certain districts where qualified help is difficult to obtain, I can see no reason for this procedure in districts where there is an abundance of qualified women available to act as

maternity nurses.

The increase in Maternity and Child Welfare Work in the Borough has been very marked within the last two years. In Appendix III. is a copy of a report which was presented to the Maternity and Child Welfare Committee in October, 1928, and in which details of the extensions of the scheme are set out.

APPENDIX III.

Report on Maternity and Child Welfare Services.

That the Chairman read the following report of the Medical Officer of Health on the extension of the Maternity and Child Welfare services in the Borough during the past two years:—

During the past two years the Maternity and Child Welfare Scheme of the Council has been extended to a remarkable degree. In addition to many minor developments, the following extensions of the scheme have been put into operation:—

A full-time Assistant Medical Officer was appointed in Sept.. 1926, to supervise the Health Visitors and attend the Child Welfare Clinics, etc.

Antenatal Work.

In October, 1926, two Municipal Antenatal Clinics were opened, one at the Silvertown Centre and one at West Ham Lane Centre. Arrangements were made some years ago with Queen Mary's Hospital and Plaistow Maternity Hospital to admit women for confinement to these Institutions, and expectant mothers who wished to be confined at Queen Mary's were then visited by the Health Visitors. Since then, systematic visiting once a month for all expectant mothers has been established.

A new Municipal Infant Welfare Centre was opened in October, 1926, in West Ham Lane, with one session a week; owing, however, to an increase in the numbers attending, a second session was started in February, 1927, and in February, 1928, it was found necessary to start a third session weekly. The numbers attending the Infant Welfare Clinic at Silvertown are also increasing, though it has not yet been found necessary to open an additional session there.

Health talks are now given to mothers attending the Centres, on subjects such as "Management of Infants," "Infants' Clothing," "General Hygiene," etc.

Artificial Light Treatment.

Arrangements were made last year whereby an Artificial Sunlight Clinic was opened in the Stratford Day Nursery, Welfare Road, where two sessions per week are in operation.

Convalescence for Nursing Mothers and their babies has also been instituted, and cases have been constantly in residence at St. Mary's Convalescent Home, Birchington-on-Sea, since the first patient went away in February, 1928.

Beds have been reserved at Plaistow Fever Hospital for women suffering from fever following confinement. Also, three consultants have been engaged who may be called in by any doctor attending a case of fever following confinement if he deems it necessary.

Arrangements have been made with St. Margaret's Hospital, Leighton Road, N.W.5, whereby all babies suffering from severe eye complaints can be immediately admitted to that Institution.

Dental Work.

In June, 1927, a part-time dentist was appointed for one half-day per week to treat the teeth of children under five years of age at the School Dental Clinic, West Ham Lane (kindly lent by the Education Committee). This one half-day session has since had to be increased by two additional sessions, which are carried out at the Swanscombe Street School Dental Clinic.

Lectures are now given to the Midwives by the Assistant Medical Officer for Maternity and Child Welfare, and they and their work are carefully supervised.

The Nursing Homes Registration Act came into operation in October, 1927, whereby all Nursing Homes have to be registered, and these are now inspected at regular intervals by the Medical Officer of Health.

During the period under review a closer co-operation has been instituted between the Maternity and Child Welfare Service and the auxillary Health Services of the Borough.

The Sanatorium for Children at Langdon Hills was opened last year, and provides for the treatment of any toddlers suftering from pulmonary tuberculosis.

There can be no doubt that there is now a firm grip on the conditions affecting the health of the populace of this Borough, and it is certain that, given time, the innovations put into practice during the past few years will prove to be of enormous benefit, particularly to the health of the infants and mothers of West Ham. Though much progress has been made, there is still need for much more to be done in order to build up a complete and efficient Maternity and Child Welfare Scheme, e.g. (1) additional Antenatal and Infant Welfare Centres adjacent to some of the poorer and most populated districts; (2) the erection or acquisition of a Hospital for Babies; (3) a full-time dental-surgeon to deal with the dental condition of the expectant mothers; as well as of children under 5; (4) the establishment of Postnatal Clinics for mothers: (5) the appointment of additional Health Visitors.

F. GARLAND COLLINS.

Mental Deficiency Act, 1913.

On the 31st December, 1928, the number of Mental Defectives on the register numbered 335. Males, 197; Females, 138.

Number actually in Institutions— Males, 67; Females, 52. Total, 119.

Number under supervision—

Males, 128; Females, 81. Total, 209.

Number on licence from Institutions— Males, 2; Females, 1. Total, 3.

Number under guardianship under order— Females, 4. Total, 4.

Fifty-eight new cases were dealt with during the year as follows:—

Recommended Institutional Treatment-

Males, 17; Females, 13. Total, 30.

Recommended Supervision at Home-

Males, 11; Females, 15. Total, 26.

No Action Necessary—

Males, 8; Females, 4. Total, 12.

Sixteen cases were taken off the register for reasons as follows:—

Number dealt with under the Lunacy Acts—Males, 2; Females, —. Total, 2.

Number Discharged-

Male, 1; Female, 1. Total, 2.

Number Removed to other Areas-

Males, —; Females, 3. Total, 3.

Number Died-

Males, 6; Females, 3. Total, 9.

New Cases Notified by the Local Education Authority under Sec. 2 (1) (b) (v)—

Males, 17; Females, 8. Total, 25.

Number of Cases Admitted to Institutions— Males, 8; Females, 13. Total, 21.

The need for additional institutional accommodation has been sorely felt, and it is now well nigh impossible to place all the cases requiring institutional treatment.

A tremendous amount of time was spent in endeavouring to obtain suitable vacancies in outside institutions, for West Ham cases, but in almost every instance a negative reply was received. The position is such that the various authorities which have institutions of their own require all the accommodation for cases from their own areas.

I need hardly mention the exceptional urgency for the speedy provision of accommodation at Ockendon.

The duty of looking after mental defectives is a very onerous one, and in families where there are other children to be cared for, it is extremely trying to the parent or person responsible, and is in some cases a contributory factor to a breakdown in health.

Proposed New Institution.

The proposed new institution for mental detectives is situated in the parish of South Ockendon and the Rural District of Orsett, in the County of Essex, about three-quarters of a mile from South Ockendon Station, and comprises about 204 acres. This institution is to accommodate 750 patients as follows:—

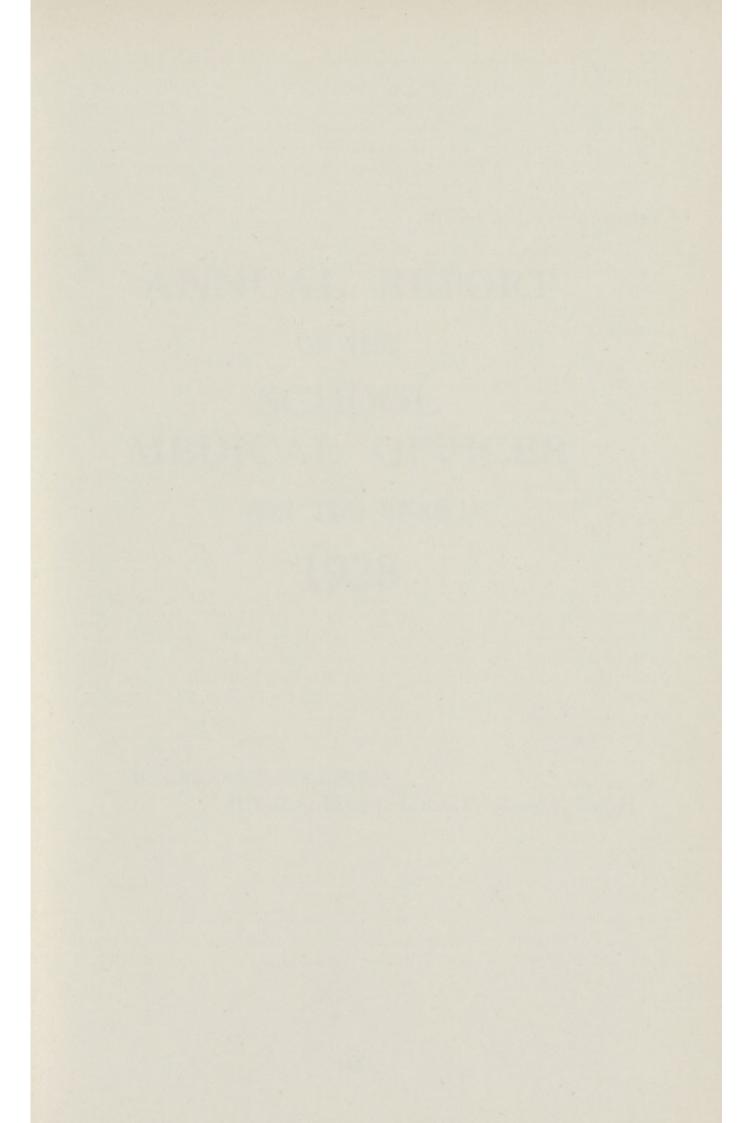
Adult Females (in Villas)			180
			100
Children Females (in Villas)			100
Lowest Grade, Males and Fema			
Villas)			58
Hospital—General			60
			12
			750

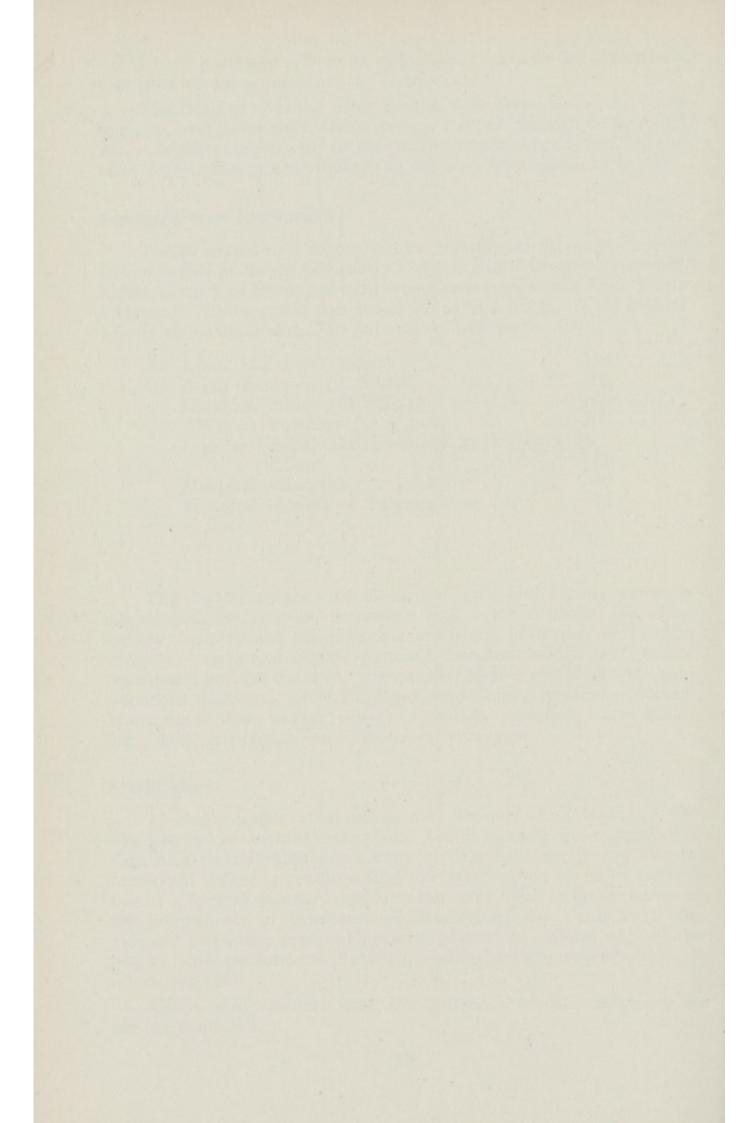
The layout consists of villas for male and female patients, school with classrooms, recreation hall, kitchen block, including bakery, laundry and boiler house, mortuary, staff quarters, workshops for male and female patients, hospital blocks for general treatment, and for cases of tuberculosis, houses for Medical Superintendent, Steward, Chief Engineer, and Chief Attendant, Nurses' Home, and male nurses' quarters, maids' quarters, farm buildings, also attendants' and labourers' cottages.

Sterilisation.

It would appear that much may be said in favour of the sterilisation of mental defectives, but it should be remembered that in a considerable percentage of defectives no family history of mental defect is forthcoming. If sterilisation is to be carried out in a logical manner, consideration will have to be given as to the advisability or otherwise of sterilising the drunkard, the vicious, and other types of persons presenting mental abnormalities as such persons are liable to, and indeed do, reproduce mental defectives.

Obviously, research into the causes of mental deficiency is urgently needed.





ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1928

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

ANNUAL HEFORT

SHIT TO

MINDICAL OFFICER

FOR THE YEAR

1928

E. CAMBARTO (DULLES), L.R.C.P. (Lond.), D.R.R.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

Reference to the body of this Report will indicate that the weakest section in the School Medica! Service of this Borough is that relating to Dental Treatment. During the year an additional Dental Surgeon has been appointed (Miss S. Glasstone), and advertisements have been issued recently for the appointment of yet another Dental Surgeon, as also for two additional Nurses. To deal adequately with all those school children needing dental attention, still further additions to the staff are necessary.

At the Children's Hospital, Balaam Street, Plaistow, this Authority has recently established a Clinic, which provides Artificial Light Treatment for any school child specially recommended. The work is carried out under the supervision of a Lady Doctor highly experienced in this form of treatment.

The consent of the Board of Education has been obtained for the establishment of two Nursery Schools. It has been arranged that one such School shall be erected in Abbey Road, in the North of the Borough, and the second one at Rosetta Road, in the South of the Borough. The provision of these Schools must prove a great asset, and will serve still further to correlate the work of the Maternity and Child Welfare Scheme with that of the School Medical Service.

The outbreak of Small-Pox mentioned in my foregoing report, has naturally affected the school children to some extent, but in no instance has a child been seriously ill as a result thereof.

A Residential Open-Air School, to accommodate 60 girls, is being erected on the site adjacent to the Boys' Open-Air School at Fyfield, Ongar, and it is hoped that this will be open for the reception of suitable pupils during the Summer of 1929.

I am, Mr. Chairman, Ladies and Gentlemen, Your obedient Servant,

7 Garban Tollans

School Medical Officer.

Town Hall,

West Ham, E.15.

April, 1929.

(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., E.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., L.R.F.P.S. (Glas.),
D.P.H., L.D.S.

Dental Officers (full time) -

L. Kepler Percy, L.D.S. (Eng.).
J. S. Dick, L.D.S. (Eng.).
Miss Hélène Marie Gubb, L.D.S. (Eng.).
Miss Shirley Glasstone, 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 P. I. Geaussent.
Miss M. I. Sparrow (transferred).
Miss G. A. Blackler.
Miss W. S. Reed.
Miss M. G. England.
Miss E. W. Wood.
Mr. T. P. Swatts.
Miss G. M. H. Clark.

NURSING STAFF.

Miss E. Adams.

Miss C. E. Hutton.

Miss E. K. Jack.

Miss E. Alford.

Miss E. Large.

Miss A. W. McCorn

Miss D. S. Ayton.

Miss A. Burrows.

Miss E. M. Bussell.

Miss A. L. Costain

Miss E. Moore

Miss A. J. Costain. Miss F. Moore.

Miss M. M. Empson. Miss L. M. Pennington. Miss E. Fraser. Miss F. R. Pritchard. Miss M. H. Rose.

Mrs. C. B. Halls.

Miss E. R. Tanner.

Miss E. D. Harris.

Miss M. E. Tanner.

Miss F. G. Hobbs. Miss M. A. Van Ryssen.

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. The establishment of two Nursery Schools, one in the North and the other in the South of the Borough, is now under

consideration.

(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 now partly 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 are empowered to 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 Certain complaints are investigated by the Public Health Department, while structural defects relating to heating, lighting or ventilation are referred to the Committee's Architect, Mr. J. H. Jacques, to deal with. The desks in use are of the modern dual type, and as opportunity arises box desks are being gradually substituted for older children, and chairs and tables for the younger children. The schools, classrooms, and cloakrooms are cleaned by an efficient staff of cleaners under the direction of the School Caretaker. Teachers see to the drying of children's clothes when required. Except in a few Schools 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 at a very low cost—the majority receiving free meals.

Arrangements have been made, as an experiment (with Messrs. Horlicks Milk Co.), for a mid-morning supply of malted milk to the infant departments of two Schools.

(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.

Arrangments have been made for those scholars who are absent from school during routine Medical Inspection, to be examined at an early date at a special visit to the school.

(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.
- (5) A census and medical examination of all exceptional children in the Schools for the purpose of Table III. of the Report.
- (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 Clarkson Street St. Margaret's Holy Trinity Canning Town

The Public Hall, Canning Town.

St. Luke's S. Hallsville

The Boyd Institute.

St. Patrick's Carpenters Road

The Old Vicarage, Christ Church.

Salway Place St. Francis'

The Wesleyan Hall.

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

Custom House. The Bancroft Hall.

St. James'. Hanford Memorial Hall.

West Ham Church Boys. The School Clinic, Stratford.

Application has recently been made for the children of Colegrave Road School to be examined at the Mechanics' Institute (L.N.E.R.).

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 (four full-time Dental Surgeons, four 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. During the year application was successfully made for this treatment to be undertaken at the Balaam Street Children's Hospital, and this work is now being carried out.
- (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.

A Residential Open-Air School for 60 girls is in course of construction at Fyfield.

(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.
- (24) Artificial Sunlight Treatment at the 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 entailed and findings in connection with special duty:—

Number Examined	Ova	Ova and Pediculi		lead and Bod Pediculi	Sores	Dirty	Visited
54064	2192	666	179	36 -	341	299	2630

The percentages for head and body vermin are respectively 1.3 per cent. and .4 per cent.

	Home Visi		 	3202 8446
Conditions remedied				
Defective	Clothing		 	252
Unclean H	eads		 	1324
Unclean B	odies		 	184
Impetigo		***	 	5
	Diseases		 	44

No children were cleansed under Sec. 122 of the Children Act, but 241 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 of cases are sent directly to the Clinics by the Head Teachers. Columns 2 and 4 of Table II. in the Appendix give the findings among the Routines and Specials respectively.

(c) ENLARGED TONSILS AND ADENOIDS.

At Routine Inspection 1,802 cases of this condition were recommended for operative treatment and 842 cases from among the Specials. The percentage among the unselected "Routines" amounts to 9.1.

(d) TUBERCULOSIS.

At the Routine Inspection 49 children were classed as Pulmonary Tuberculosis, in 11 of which the signs were quite definite; 73 cases were referred for observation. Among the specials 27 were diagnosed as definite Pulmonary Tuberculosis, whereas 24 cases came under suspicion. The total of non-pulmonary cases was 45, of which 22 were referred for treatment.

(e) SKIN DISEASES.

Excluding ringworm of the head there were 259 skin diseases among Routines requiring treatment, and among the Specials 4,007. 78 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 126 among the Routines and 1,078 among the Specials requiring treatment, the percentage in the former case being .63.

(g) VISION AND SQUINT.

At the Routine Inspections 1,198 children were referred for defective vision to the Oculist and 289 for Squint. This gives 7.9 per cent. as the amount of Visual defect among unselected child-

ren. Besides the above, 884 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: 98 deaf children among the Routines (roughly .5 per cent.), and 147 among the Specials.

The findings show 169 Routines and 605 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 676 obvious cases and 85 among the Specials, while 15 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 are also those attending the Crosby Road Day Open Air School for delicate girls.

(j) 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 72 and 80 children respectively, on the physical side, and 80 and 90 on the mental side. 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. Many cases have to wait admission.

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

Cases Recommended for Admission to Special Schools.

		Boys	Girls
Mentally Defective		 50	 32
Paralysis		 4	 4
Tuberculosis (Non-Pulmo	nary)	 7	 5
Heart Disease		 5	 5
Other Physical Defects		 15	 8

Cases Not Admitted to Special Schools.

	Boys	Girls
To try or continue at Elementary School (backward or dull) To try or continue at Elementary School (slight physical defect)	4 12	 4 5
Recommended Open Air Schools or Convalescence	_	 4
Too young for school	4	 4
Deaf Centre	_	 4 2
Postponed Admission (various		
reasons)	6	 5
Unfit for School.		
Epilepsy	2	 2
Paralysis	1	 _
Mental Defectives	_	 5
Tuberculosis	6	 5 2 7
Heart Disease	1	 7
Other Physical Defects	6	 12

Children on the Roll.

Cases allowed to leave Special Schools-

M.D.	 	 	 16	 4
P.D.	 	 	 14	 8

Cases to remain at Special Schools-

	Boys	Girls
Mental Defectives	 7	 2
Physical Defectives	 4	 2
Notified to Local Authority	 26	 12
*Did not attend for Examination	 19	 25

^{*}These cases are visited as to reason for non-attendance and further appointments made.

(k) NUTRITION.

There is a considerable diminution in the number of malnourished children as compared with former years, and this is reflected in the averages of Height and Weight as shewn by the following comparative table:—

AVERAGE HEIGHT AND WEIGHT, 1914-1927.

Height.

	19	14.		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 *8 12	1,803	39.9	1,554	41.3	1.4 ins.	
	36	45.4	2,166	47.5	2.1 ins.	
	2,891	54.2	2,278	55.0	.8 ins.	
GIRLS: 5 *8 12	1,776	39.5	1,525	41.1	1.6 ins.	
	50	45.0	1,976	47.3	2.3 ins.	
	2,826	54.9	2,214	55.7	.8 ins.	

	19	14	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 *8 12	1,803 36 2,891	37.6 47.8 70.3	1,554 2,166 2,278	41.1 52.0 75.7	3.5 lbs. 4.2 lbs. 5.4 lbs.	
GIRLS: 5 *8 12	1,776 50 2,826	37.3 46.5 72.6	1,525 1,976 2,214	38.9 51.0 76.2	1.6 lbs. 4.5 lbs. 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 any school closure during the year on account of infectious disease. All children excluded from school by the Assistant School Medical Officers are notified to the School Medical Officer, and their names entered in the School Diseases Register of Exclusions.

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

Exclusions during 1928.

				of Cas	
Skin Diseases			 	320	
Conjunctivitis			 	9	
Other External	Eye Di	seases	 	6	
Other Defects an			 	29	
Mumps			 	7	
Tonsillitis			 	5	
Verminous			 	7	
Diphtheria (Carri	ers)		 	4	
Tuberculosis			 	98	

Tinea Tonsurans—					
Treated by X-Ra	ys				44
Treated at Clinic					28
Tinea (Body)					7
Total Number	of Chi	ldren	involved	1, 545*	-

* 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 a 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 or observation 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	 	12316
Number of Children visited at School	 	4832
Number of hours spent in following-up including Verminous Cases		3515
Number of Re-inspections by School I Elementary School Children		7069

(8) Medical Treatment.

(a) MINOR AILMENTS.

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 thus 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; (3) Application was successfully made to the Board for this treatment to be undertaken at the Children's Hospital, Balaam Street, and the work is now undertaken in respect of school children of 12 years and under. The child is admitted to hospital on the day preceding the operation, and not discharged from hospital until the day following the operation.

Before operation every child is examined by one of the School Medical Staff, and at the time provided with a voucher, 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 1,315 operations for this condition were performed under the Authority's Scheme and 117 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 dealing with 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-tuberculous cases also are kept under observation, and can receive any requisite treatment. During the year 59 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 98 cases were entered in the School Diseases Register. 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 Sanatoriu	m		 40
Seven Oaks Open Air School			 7
Heritage Craft Schools, Chailey			 5
Sir William Treloar's Home, Altor	1	***	 3
Alexandra Hospital, Guildford	***		 3
Alexandra Hospital, Swanley			 4
Princess Mary's Home, Margate			 1
Whipps Cross Hospital			8
St. Vincent's Cripple Home, Pinner			 5
Victoria Home, Bournemouth			 1
Royal National Orthopaedic Hospita			 1
Children's Hospital, Balaam Street			1
St. John's Home, Clewer	,		 1

In addition to the above, there were 46 "Out of School" Cases, calculated up to the end of December, 1928.

(d) SKIN DISEASES.

The majority of skin diseases are already included under the Section, "Minor Ailments." 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. 43 cases out of 80 received X-Ray treatment. Ringworm of the body is more amenable to drug treatment, and 208 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, 94 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. 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." Only 41 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. Prescriptions are made up at contract prices. 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	Spec	ialists	 	2715
Number attended			 	2140
Percentage attendance			 	78.7
Number of Clinic Days			 	117

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 otorrhæa, 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 otorrhæa is equally prolonged in its treatment. 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 952 were treated at the Clinic, and 43 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, with the exception of a few special cases of any age treated by the Authority, 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 previous reports, these cases were found not to do so well or improve so rapidly as their colleagues, as long as their mouths were in a septic condition. There are four Dental Clinics—two at Stratford, one at Swanscombe St., and one at Rosetta Rd. Miss Shirley Glasstone, the last appointed Dental Surgeon, commenced work in October at Rosetta Rd. Clinic, and on the suggestion of the Board's Medical Inspector, a small area of schools was allotted to her for complete Dental Inspection and Treatment, i.e. relating to children of all ages as contrasting with the original Dental Scheme as sanctioned by the Board. Under the Scheme some 14,326 children were inspected, together with 3,537 "specials." Of these, 7,228 were found to require treatment, and 7,213 were actually treated. The following remarks and comments are abstracted from the individual reports of the Dental Surgeons:-

Mr. Percy writes :-

After a somewhat lengthy period of inspection and treatment, it has become evident that certain alterations should be considered in the present Dental Scheme, if we are to do justice in every way. At the ages of 5, 6, and 7 there is a great deal of dental decay in the temporary teeth, which could

have been prevented or allayed if these children were given conservative treatment at an earlier stage. If it were possible to obtain this benefit, I contend that a very much less number of extractions would require to be done at the 6—8 period, and consequently more time could be given to our

original object, that of filling the permanent molars.

A great deal can be done in advice to the mother before and after child-birth, in the matter of feeding, in order that the child may receive the necessary nourishment whilst the teeth are being formed; for "you cannot build a strong house with poor bricks." I consider it necessary that the Clinics should have the services of an Anaesthetist one day a week for the more difficult cases; this would be a great help in the work.

Mr. Dick writes :-

In reviewing the work for the year, the number of Special Cases is again the outstanding feature. The high number shows the inadequacy of the present Scheme, and makes routine work difficult. The majority of parents seem loath to bring their children up for treatment unless they are actually complaining of toothache. Of course, this shows a lack of understanding on the part of the parents, and enlightenment in this direction is a slow process.

However, I think progress, if slow, is being made, and I am pleased to say that in a good many cases parents show very great interest in and satisfaction with the work done.

My figures show a much smaller number of inspections this year, but about the same amount of treatment. I have felt that the continuous inspection of large numbers, with no hope of adequate treatment, was worse than useless; so that, although a longer period now elapses between treatment and re-inspection, the treatment at the time is more complete and lasting.

The teachers continue to render very great help, as shown by the number of attendances for treatment, the percentage number of attendances for all schools showing a steady in-

I have again to thank the Head Teachers for their kindly co-operation and facilities offered during the work of inspection at the schools.

Miss Cubb writes :-

The same condition is still existing as in 1927 and previous years, i.e. that it is quite impossible to inspect and treat completely once a year all the schools under my care; therefore, for this and other causes, the number of "Specials" attending the Clinic each year does not tend to decrease, but rather, perhaps, increase, because the parents in most areas are acquiring by now the "habit" of attending the

Clinic for Dental Treatment (even though they may not always see the necessity for it), and seek advice and treatment much more readily now, without waiting for an urgent and glaring condition to force them to the Clinic, so that even if absent at School Inspection, or unable to attend on the appointed day, they take much more trouble in seeking a reappointment instead of letting the matter slip.

This state of interest does not, of course, apply to all parents by any means, and although the attendance continues to improve in most areas, there is still a great deal of room

for improvement and enthusiasm.

It is with much regret that the rearrangement of School Dental Areas, necessitated by the appointment of an additional Dental Surgeon, has compelled me to give up my schools in the Canning Town Section, and I should again like to thank the Head Teachers in these schools, as well as in all my other schools, for their help and co-operation at all times.

Miss Classtone writes :-

It is not possible for me to give a detailed report of the Dental Work done in my district, as the scheme of treating all children attending school has only been in operation for two months. So far, I have found that the elder children who are nearing school leaving age are, on the whole, very partial to Dental Treatment. Much propaganda work is to be done amongst the parents to eradicate the idea that children between 4 years and 6 years are too young to be treated. Although caries is very prevalent amongst these children, attendance at the Clinic is much below that of the elder children.

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. The Swanscombe Street Clinic includes a Dental Clinic, which is attended by Mr. L. K. Percy; and that at Rosetta Road also includes a Dental Clinic, and is attended by Miss S. Glasstone. 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 1928:—

New Cases Admitted 13878 Total Attendance 59371 No. of Children Discharged 13548

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.

Each Clinic also functions as an Inspection Clinic, in which children attend for examination or re-inspection only (for various reasons).

(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 three years. During 1928, 205 boys attended the School Holiday Camp at Shoeburyness, and 207 girls attended the Dymchurch Camp, for a fortnight each.

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 one of the School Medical Staff.

- (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 58 admissions and 49 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 74 cases were so referred to the Stratford Clinic, 332 visits in all being paid.

The School Nurse paid 109 home visits in connection with the scholars during the year under consideration.

I am indebted to Miss Howship the zealous Headmistress of the Day Open Air School, for the following report:—

In January, 1928, we had 55 girls on the Roll. On December 31st there were 62, and during the year 107 girls had been on the Roll.

It is now so well established that girls improve steadily in health and general well-being that those few making slow progress stand out with unwelcome distinctness.

Home conditions are found to be responsible for slow progress, and our efforts to improve matters are shown in an appendix to this Report.

Aims of the School.

In reviewing the work of the year, it is well to keep in mind the aims of the School. These may be summarised briefly as follows:—

- 1-To recover health.
- 2—To form and practise hygienic habits of living.
- 3-To encourage a love of outdoor life and activities.
- 4-To encourage a love of learning.

The great majority of girls make splendid progress in all these ways, as the following typical examples show.

A.—Admitted February, 1928, at 13 years of age; was so weak that she clung weeping to her mother on admittance. The garden aroused her interest. She improved rapidly and steadily, and developed a sense of humour. She was elected Vice-Captain, and left in November—one of the finest girls we have had.

B.—Was admitted on her 7th birthday. She had swollen glands, and a very weak digestion. Great trouble had to be taken with this child's meals. She had Sunlight Treatment at Queen Mary's Hospital, and received most remarkable benefit. Her appetite is normal and vigorous. She is growing splendidly, and has made wonderful progress in confidence and cheerfulness.

C.—A tiny girl of seven; was admitted in April. Pale and thin, her face was altogether devoid of expression. She was allowed quietly to feed, sleep, play and work apparently unnoticed, and now at the end of eight months she has a ready smile and a happy rippling laugh.

The Parents appreciate the work done, especially those who live near enough to call frequently. Three mothers called within a week at the end of October to beg that their daughters might remain at the school, "if only for the winter." One girl was well enough to leave, the other two stayed and made definite progress.

Great benefit results from the dental treatment given before girls are admitted. Seldom now does a child suffer from toothache or require further treatment.

The Clinic at 84 West Ham Lane affords treatment for any children not showing normal progress. Prompt attention to small ailments keeps us free from serious disorders.

There is a tradition of cleanliness in the school. A very high standard of cleanliness is expected, and the girls are proud of their hair, finger nails, and wholesome appearance. The few lapses are very soon put right, as they occur so seldom.

The meals continue to be excellent in quality, variety, and preparation. The fresh fruit daily is most beneficial.

Both School and Kitchen Staffs continue to work in harmony for the welfare of the children.

Gifts to the School.

We have received plants and bulbs for the garden from Mr. Little, the Parks' Superintendent.

The Health and Cleanliness Council has sent us several posters, gaily coloured and easy to remember.

The Empire Marketing Board sends numerous coloured posters. We are specially pleased with all these because our dark brown shutters are very dull in bad weather.

An Open Day is held each term and these are appreciated by the parents who are proud of the results of their children's efforts in school and garden.

These days are valuable to us, for we know the children really well only when we know their mothers.

We hope the days are also valuable to the parents, because we can emphasise the need for adequate sleep in summer, and of stockings and strong boots in winter, and so on.

The improvement in our girls, and the gratitude of their parents make our work well worth while, and we are proud to be allowed to do it.

SUPPLEMENTARY REPORT.

Home conditions are found to be responsible for the slow progress of a few girls.

- 1—In one case both parents are out till late at night, and often return quarrelsome.
- 2-In another, two families are living in one room.
- 3—In a few cases poverty is responsible.
- 4—In two others dirt and improvidence are the enemies.

The joy of possessing good shoes, after wearing disreputable ones, makes a most remarkable difference to a child's mental health.

Parents' Meetings are arranged each term, and "Boots" always provide one subject for profitable discussion.

In this way it is possible that the influence of a Day School is more widely spread than that of a Residential School. That such work is necessary the following instances will show:—

A Post Office Penny Bank has been started, so that each girl may save the money for her own boot repairs.

RESIDENTIAL OPEN AIR SCHOOLS.

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 11 girls were admitted and 12 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 reinspected, and a record of their height and weight noted.

A Residential Open Air School for 60 girls is in course of construction at Fyfield.

During the year there were 130 boys admitted and 125 discharged. The boys discharged are re-examined within three months of their return home. All the prospective scholars have their teeth attended to, as well as any nose and throat conditions prior to admission.

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

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

Out of 113 cases sent for re-inspection following their discharge from Fyfield, 28 did not attend owing to various reasons. Out of the 85 examined, 59 showed continued improvement, whereas 25 had had intercurrent ailments, and their present condition was not considered so satisfactory.

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.

The Committee has arranged with Dr. David, who was M.O. to the former Industrial School at Fyfield, for him to be called in

to see any boy who may become suddenly ill, or in case of accident, as it is obviously impossible for this attention to be given from Stratford. Very few such emergency cases have arisen during the year.

Owing to the risk of infection being carried to the School, the School Medical Officer has prohibited boys from taking to the School the usual toys and domestic literature which they have been in the habit of taking. This supply of amusement is amply made up for at the School.

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 four years.

The School is staffed by:-

A Superintendent.

A Matron.

Three Assistant Teachers.

One Nurse.

One Cook.

Four Maids.

Two Gardeners.

Two Needlewomen.

One Handyman.

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

Monday to Friday.

7.0 a.m., Boys rise. Clean boots. Wash.

8.0 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 potatoes, 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 potatoes, 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 and 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 130 boys were examined,

and of these 119 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 ten Dining Centres in operation, under the superintendence of Miss M. Anderson. 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:—

Number of Meals supplied at Silvertown National Kitchen ... 7762 ... 12359

Number of Meals supplied at School
Dining Centres 280829 ... 507439

Average number of children attending per week: 1867.

(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.

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 1928 is given in the following Table:—

		Boys		Girls
Balaam Street Baths	 	 5101		5366
Jupp Road Baths	 	 5294		2867
Silvertown Baths	 	 1479		1171
Fenn Street Baths	 	 4910	***	2735
		16784		12139

Total: 28923.

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 7,756 boys and 8,079 girls, making a combined average attendance of 79 per cent. as regards all children examined at 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 1928:—

		,	
School	Boys	Girls	Infants
Harold Road	 _	_	2
Frederick Road Temp	 _	1	_
Star Lane	 _	1	_
Elmhurst Road	 _	1	1
Holbrook Road	 _	1	-
South Hallsville	 _		1
St. Antony's	 1	2	_
Carpenters Road	 _	1	1
St. Luke's	 -	1	_
Shipman Road	 	1	
Odessa Road	 1	_	1
The Russell	 _	1	_
New City Road	 _	1	-
Hilda Road	 1		-
Silvertown	 -	2	1
Godwin Road	 1	1	1
St. Margaret's	 -	3	-
Credon Road	 	3	-

(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			 	 1775
Hearing			 	 87
Breathing Exercises			 	
Physical Exercises			 	 26
Heart (Strain)			 	 227
Nervous System			 	 20
Mental Condition			 	 11
Deformities			 	 4
Skin Dis. and Verm	in	***	 ***	 24
Speech Defect			 	 40
Other Defects and I	Disease	es	 	 408

(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		 	 	2218
Chicken Pox		 	 	1211
Whooping Coug	rh	 	 	322
Mumps		 	 	57
Tonsillitis		 	 	133
Other Diseases		 	 	1507

(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 54 cases were referred by the above Societies and examined in regard to surgical instruments.

During the same period 215 children of 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 towards 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	Girls
Allowed to attend Continuation School	 1	-
Permanently unfit for School	 2	_
Allowed to leave to work at local Tailors	 1	_
Transferred to M.D. Dept	 _	1
	 1	_
In Institutions	 1	-
Returned to Elementary Schools	 2	_
	 1	1
Left over 14 years, Fur and Button Factories	 -	2
At work in Paper Works	 -	2
	 -	1
	 -	1
Working at Station Bookstall		-
At work (no particulars)	 2	-
Left at age limit (too crippled to work)	 1	-

Mentally Defective-				В	oys	Girls
Left at age limit					i	1
Returned to Elemer	tary Scho	ol			2	2
7 / 17 /					1	3
Left for work in Fa		72.2			1	_
Left for work with l					1	
D' II . 1			***	200	_	2
	(cicle moth					1
Working at Home		ici)				1
Institution		***				1
Epileptic (at home)			***	***		
Physically unfit in V		nths				1
Transferred to P.D.	Dept.					1
GRANGE ROAD SPEC	IAL SCHO	OOL.				
Physically Defective—						
Filysically Beleetivo				В	oys	Girls
Unemployed					4	_
Removed					1	2
Working at Home		***			1	2 4
	***			***	2	1
Messengers Boot Stall Assistant				***	1	1
			***		4	
Attends Continuatio		***	***		1	-
Jam Factory .					_	1
					-	1
Shirt and Blouse Fa	ctory				_	1
Mentally Defective.						
Unemployed					2	1
Coopers Assistant					1	
French Polisher					1	_
Galvanising					1	
Magaanaaa		***			1	
Сиссиона					1	
In Salvation Army					1	
		***			1	de la constant
Packing Case Worl	· · · ·	***	***		1	
Emery Works		***			1	
Enamel Warehouse		***		***	1	_
Not known			***	***	1	
Worked at various	A:				1	-
Hotel page (living i	n)				1	-
Tailoring					-	1
Domestic Service					-	2
At Home					_	4
Kitchen Hand (Fac	tory)					1
Book Packer					-	1
Work in connection	with After	Caro	of Chil	Iron o	neie	to of
(1) Interviews with						
III Interviews with	Darents at	10 011	uren n'	/ E163(1 6:	ICHETS

Interviews with parents and children by Head Teachers.
 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 question of Myopic Schools is still under consideration by the authority.

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

Ellen Terry Home for Blind M.D. Children, Reigate

1 girl. 2 girls. Barclay Home for Blind, Brighton Brighton School for Blind Boys 1 boy. East London School for Blind 3 boys, 1 girl. Swiss Cottage for Blind 1 boy, 1 girl. Manor House Eye Hospital, Woodford 1 boy. Fountain Mental Hospital 1 girl (M.D.). Forest Gate Sick Home 1 boy (M.D.). White Oak Schools, Swanley 4 girls (defective sight).

Nine blind or partially blind children (7 boys and 2 girls) are not placed.

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 as the places are not fully occupied.

The Nurse paid 32 home visits in connection with following

up cases after Routine Medical Inspection.

Institutional cases:---

Royal School for Deaf and Dumb, Margate—4 girls, 1 boy. Jewish School for Deaf and Dumb, Wandsworth—1 girl. St. John's Institute, Buxton Spa, Yorkshire—1 boy.

INQUIRIES BY AFTER-CARE COMMITTEE.

Frederick Road Deaf Centre (Leavers during 1928).

1 boy working at Carpentry.

1 boy Tailor's Presser.

1 boy in Glass and Bottle Works.

1 girl Power Machinist.

1 girl at Gown Manufacturer's.

1 girl Mother's Help.

Water Lane Deaf Centre.

1 boy assists Father (Coal Merchant).

2 girls Trade Training at Margate School for Deaf.

1 girl totally deaf and threatened with blindness.

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	45	38	84	46			
Knox Road	53	34	51	75			

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 31 imbeciles and 7 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 1928. 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-1 boy.

Lingfield Colony for Epileptics—2 boys.

Fountain Mental Hospital, Tooting-1 boy.

Forest Gate Sick Home-3 boys, 3 girls.

St. Elizabeth's School for Epileptics, Much Hadam—1 boy.

There are 7 cases of severe epilepsy out of school, and 3 slighter cases.

STAMMERERS.

Throughout the year special classes of six weeks' duration have been carried on at two school centres in the Borough, viz.: Rosetta Road and Cave 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 13 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 48 boys and 15 girls attended the 1st classes for stammering children, and 12 boys and 1 girl were taking the 2nd course.

The Nurse paid 16 home visits in connection with following

up the cases for minor and other ailments.

(18) Nursery Schools.

There is now only one class (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.

The question of the establishment of two Nursery Schools in

the Borough is now under consideration.

(19) 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 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			Boys 18	36
14			49	23
15			44	15
16			2	10
	Т-	1	119	84
	10	tals	113	04

Parents present: 64 with boys; 71 with girls. Combined percentage: 68.5.

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

Condition	Boys	Girls
Uncleanliness	_	2
Skin Disease	1	1
External Eye Disease	_	1
Defective Vision	12	25
Nose and Throat	3	12
Teeth		16
Heart Disease	_	1
Anaemia and Debility	_	12
Deformities	4	4
Other Defects	7	_

Number of individual Boys referred, 18; Girls, 51.

In addition, 10 Boys and 15 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 63 Home Visits during the year, and 67 scholars 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 38 cases were referred to the School Oculist, 33 attended. Glasses were prescribed in the case of 31 scholars, of whom 30 obtained new glasses.

Tonsils and Adenoids. Operations, 12.

Attended Clinic.

Ear disease, 1.

Heart and Circulation, 4.

Remedied Privately.

External eye disease, 1. Skin Disease, 1.

Deformities, 2. Other conditions, 29.

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 1928, 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			7	 	2
11			47	 	32 62
12			76	 	
13			58	 	36
14			28	 	18 39
15			46	 	39
16			25	 	22
17			23	 	11
18			16	 	9
19			5	 	1
			-		_
	Tot	als .	331		232
			_		

Attendance of Parents: 170 with Boys; 164 with Girls.

Combined percentage: 60 per cent.

Chief Defects referred for Treatment or Observation.

	Treatment.		Observation	
	Boys	Girls	Boys	Girls
Unclean Head		3	_	1
Malnutrition	_	_	3	1
Skin Diseases	1	2	1	_
External Eye Disease	4	1	3	_
Defective Vision	37	41	7	4
Nose and Throat	16	9	17	6
Teeth	43	47	_	_
Heart Disease	_	1	13	8
Anaemia and Debility	21	16	4	4
Deformities	2	3	4	4
Other Diseases	_	3	1	_

Number of boys referred for treatment (all defects) 129. Number of girls referred for treatment (all defects) 110.

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 165 Home Visits, and 97 Scholars were reinspected during the year, some being examinees from the previous year.

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

Vision. 54 scholars were sent to the Oculist during the year; 42 attended. New Glasses prescribed, 40; obtained Glasses, 36; 3 were not ordered new Glasses, and 2 obtained them privately.

Tonsils and Adenoids.

Treated by operation, 6.

Attended at Clinic.

Eve Disease, 4. Ear Disease, 5. Throat, 2.

Skin Disease, 1. Other Conditions, 2.

Received Private Treatment.

Teeth, 50. Anaemia, improved, 56. Ear Disease, 2. Heart, 2.

Skin Disease, 3. Vision, 2. (some from previous year) External Eye Disease, 2. Other Conditions, 6.

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

> Vision, 76. Hearing, 1. Breathing Exercises, 17. Physical Exercises, 7. •

Physical Overstrain, 12. Nervous Strain, 1. Other, 12.

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, the children of 12 years of age, and 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	 	28
16	 	16 + 2 Specials
17	 	3 + 1 Special
18	 	3 + 1 Special
19	 	_

Attendance of Parents: 71 per cent.

Chief Defects Referred for Treatment.

Defect	Treatment
Uncleanliness	1
Defective Vision	4
Defective Hearing	1
Enlarged Tonsils and Adenoids	
Dental Caries	
Pyorrhoea	1
Other Deformities	1
Other Defects and Diseases	2
	_
	68

46 per cent. requiring treatment.

The children found to be defective at the first examination, and some children found to be defective at a previous examination, were re-inspected at the following examination. Forty-seven 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, 4. Attended the Committee's Oculist, 2; Obtained Glasses, 2. One child was treated privately, and obtained Glasses, and one had left school.

Of the remaining 21 children found defective at the first examination, 10 had left school at the time of the second examination; 7 were satisfactory; 4 were unchanged.

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

Vision, 3. Hearing, 1.

Physical Exercises for Flat Foot, 2.

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.

This year, 68 girls from the school went for two weeks during the summer vacation to the Holiday Camp at Dymchurch. These children were all examined as to cleanliness and fitness for camp life before going.

PLAISTOW SECONDARY SCHOOL.

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

Age Distribution of Examinees.

Age 10	Boys	Girls
10	 _	 3
11	 26	 17
12	 21	 17
13	 34	 35
14	 26	 16
15	 1	 -
	_	_
Totals	 108	 88
	_	

Parents present at Examination: Percentage: 80.6.

Chief Defects referred for Treatment or Observation.

	Treatment		Observation	
Defect or Condition.	Boys	Girls	Boys	Girls
External Eye Disease	. —	1	_	_
Defective Vision		17	11	_
Ear Disease	. 1	-	1	-
Nose and Throat	. 5	2	2	4
Teeth		12	13	6
Anaemia and Debility	. 13	11	1	
Heart Disease		1	2	-
Others	. 6	3	8	4

Treatment. Similar facilities are provided as in the other Secondary Schools. The Nurse, after Medical Inspection, follows up cases at the homes and School, 98 visits being paid during the year.

Vision. Five special cases were eventually referred to the Oculist; four attended. New Glasses were prescribed in three cases, and one no Glasses needed. Three obtained new Glasses, and one obtained Glasses privately.

Nose and Throat. Nine treated by operation.

Teeth. Four had treatment.

Anaemia. All improved.

Four with minor ailments attended the Clinic.

As the Routine Examination took place towards the end of the year, the Routine Eye Defects mentioned above have not, at the time of writing, been referred to the Oculist. The five cases mentioned above are special intercurrent cases. Mr. J. W. Hand, the Principal, takes a great interest in the physical welfare of the scholars, and usually seeks special advice in certain cases.

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 (excluding the preparatory girls) were again examined this year, on request of the Principal (Mother Mary Angela Boord).

Age Distribution.

Age	N	No. of G	irls Exa	mined
11			12	
12			31	
13			31	
14			27	

Age	No. of	Girls	Examined
Age 15	 	31	
16	 	28	
17	 	12	
18	 	2	
19	 	3	
		177	

Parents present at Examination, percentage, 45.7.

It is interesting to note that when the same scholars are examined each year the parents do not see quite the same necessity to attend future examinations.

Chief Defects referred for Treatment or Observation.

Defects	Treatment	Obs	ervation
Defective Vision	25		1
Ear Disease	1		-
Nose and Throat			
Teeth	37		10
Heart Disease	2		1
Anaemia and Debility	27		2
Spinal Deformities			2
Other Defects	16		7

Following up and Treatment. 106 scholars were referred for treatment. Exactly the same facilities obtain as in the case of the other Schools. The School Nurse made 103 Home Visits in the process of following up, and 120 pupils were re-inspected by the Doctor.

Vision.

Referred to Oculist during year, 4 (specials).

Attended, 4.

Glasses prescribed, 4.

Glasses obtained under Local Education

Authority's Scheme, 4.

As this School was not examined till late in the year the vision cases discovered at Routine Inspection were not sent to the Ophthalmic Surgeon till early in 1929.

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

Nose and Throat. Four operations.

Teeth. Eleven had Dental Treatment.

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

Heart. One.

Cases treated at School Clinic, 10.

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

> Vision, 12. Physical Exercises, 2. Physical Overstrain, 2.

Nervous System, 1. Others, 1.

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 three scholars were specially examined and referred for Defective Vision; two attended and obtained new glasses.

The West Ham Grammar School does not come under the Local Education Authority's purview, but Scholarship boys are favourably considered with respect to vision. Three such cases were examined by the Committee's Oculist during the year, and two obtained the glasses ordered. One boy had an operation for Tonsillectomy. Besides the above, three boys and one girl at-

tended the Clinic and were advised.

(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.

The Bye-Laws under the Education Act, 1921, relating to the Employment of Children, have been recently revised and adopted by the Council. In the main they give greater elasticity to child employment without essentially altering the hours of employment or encroaching on the medical aspect. Moreover, they bring the conditions more into line with those of the London County Council and neighbouring Boroughs.

During 1928, 110 boys were examined and certified fit for employment.

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

Under the above Rules, 31 examinations were made, and 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	 66	 31
	Leavers	 61	 67

The Russell.

	Boys	Girls
Entrants	 37	 68
Leavers	 31	 65

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.: 108 boys and 88 girls. The results have already appeared separately under Section 19 of the Report.

Blind Persons' Act.

During the year three men and one woman were examined and reported on as being suitable for training under the Blind Persons' Act.

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 40 hair specimens were examined, and of these 34 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 43.)

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 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 1927 and 1928, and the advantage taken by the children of the facilities granted:—

	1927	1928
Easter	69,590	146,753
Whitsun	62,302	126,592
Summer Holiday	442,331	396,429
Christmas	190,082	192,150
	764,305	861,924
Average per day	: 12,327	13,260

It will be observed that the average number carried per day shows an increase of approximately 1,000, which is very gratifying, and clearly indicates that the concession is appreciated.

CONCLUSION.

The School Medical Department now possess a dossier for each child entering school, which contains a complete record of the child's medical history, and details are entered on separate cards contained in the dossier as regards:—attendances at Child Welfare Centres and visits by Health Visitors (giving a history from birth), results of routine medical inspections or special examinations, treatment received at any of the following Clinics—Minor Ailments, Dental, Ophthalmic, Tuberculosis, Artificial Light, also any operation performed or other treatment received at hospitals, and any attendances at Special Schools, such as the Open Air (Residential or Day), Mentally Defective or Physically Defective.

At the end of the child's school life this dossier, containing invaluable information, is filed. It is, in my opinion, a matter of importance that arrangements should be made whereby the medical history from birth and during school life should be passed on either to the parents of the child concerned or to some interested or competent Authority for future reference.

APPENDIX.

STATISTICAL TABLES,

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT,

1928.

TABLE 1.—RETURN OF MEDICAL INSPECTIONS.

A. Routine Medical Inspections.

Number of Code Group Inspections:-			
Entrants			 6705
Intermediates			6464
Leavers			 6086
		Total	 19255
Number of Other Routine Inspections			 606
B. Other Inspection	ons.		
Number of Special Inspections			 17334
Number of Re-Inspections			
		Total	 24403
C. Higher Educational I	nstitution	ıs.	
Number of Routine Examinations			
			 1188
Number of other Routine Inspections			
Number of other Routine Inspections Specials			 98
Number of other Routine Inspections			 98 52
Number of other Routine Inspections Specials			
Number of other Routine Inspections Specials			 98 52 237
Number of other Routine Inspections Specials			 98 52 237
Number of other Routine Inspections Specials Re-Inspections			 98 52 237

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1928.

	Routine I	nspections.	Special 1	Inspections
	No. of	Defects	No. of	Defects
Disease or Defect	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 Unclean Head ,, Body	260 164 26	25 	89 23 5	16 29 —
Skin— Ringworm-Head , Body Scabies Impetigo Other Skin Dis. (not T.B.)	3 11 9 51 188	— — — — 17	75 205 91 962 2,749	
Eye— Blepharitis Conjunctivitis Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions	7 2	7 1 1 1 127 19 2	214 608 13 40 1 776 108 202	
EAR— Defective Hearing Otitis Media Other Ear Diseases	98 169 68	19 4 8	147 605 175	3 2
Nose and Throat— Enlarged Tonsils only Adenoids only Enlarged Tons. and Ads Other Conditions	209	243 51 53 9	171 88 583 84	20 5 51 18
Enlarged Cervical Glands (not T.B.) Defective Speech Teeth—Oral Sepsis	29	26 16 14	142 127 85	10 1
Heart AND CIRCULATION— Heart Disease—Organic Functional Anaemia	2	101 51 34	45 — 157	53 17 27
Lungs. Bronchitis Other Dis. (not T.B.)		7 9	44 6	14 1

TABLE II.—(Continued)

	Routine	Inspections	Special I	nspections
	No. of	Defects	No. of	Defects
Disease or Defect	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)
Tuberculosis— Pulmonary: Definite	11	7	27	33
Supported	38	66	24	39
Non-Pulmonary:	00			00
Glands	5	4	6	8
Hip	1	1	4 2	
Other Bones and Joints	1	-	2	2
Skin	_	3	-	-
Spine	1	1	9-	
Other Forms	1	2	2	1
Nervous System—				
Epilepsy	10	11	23	12
Chorea	17	7	24	1
Other Conditions	28	34	. 36	20
Deformities—				
Rickets	2	2	3	_
Spinal Curvature	20	6	9	1
Other Forms	39	20	31	17
Other Defects and Diseases	331	100	4,367	100

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

	Number o	Number of Children		
Group	Inspected	Found to require treatment	Children found to require treatment	
(1)	(2)	(3)	(4)	
Intermediates Leavers Total (Code Groups)	6,705 6,464 6,086 19,255 	1,869 1,661 1,539 5,069 69	27.9 25.7 25.3 26.3 11.4	
Higher Educational Institut	ions.			
Routines (all ages) Other Routines	1188	340	28.6	

TABLE III.

Numerical Return of all Exceptional Children in the Area in 1928.

Public Elementary School Children.

Boys Girls Total

			Doys	GIFIS	Total
Blind (including	Suitable for training in a School or Class for the totally blind.	 Attending Certified Schools or Classes for Blind Attending Public Elem. Schools At other Institutions At no School or Institution 	8 - 7	6 - 3	14
partially blind) Suitable for training in a School or Class for the partially blind. Suitable for training in a School or Classes for the Blind (6) Attending Public Elem (7) At other Institutions (8) At no School or Institutions ing in a School or Classes for Deaf	 (5) Attending Certified Schools or Classes for the Blind (6) Attending Public Elem. Schools (7) At other Institutions (8) At no School or Institution 	4 5 —	6 6 4 1	10 11 4 1	
Deaf (including Deaf and	ing in a School or Class for the totally Deaf or Deaf and Dumb.	 Attending Certified Schools or Classes for Deaf Attending Public Elem. Schools At other Institutions At no School or Institution 	40 _	44 —	84 _ _ 1
Dumb and partially Deaf)	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 (7) At other Institutions (8) At no School or Institution 		1 1 —	1 3 —
C. Mentally	Feebleminded (cases not notifiable to the Local Control Authority).	 Attending Certified Schools for Mentally Defective Children Attending Public Elem. Schools At other Institutions At no School or Institution 	101 22 — 10	68 27 —	169 49
Defective	Notified to the Local Control Authority during the year.	(5) Feebleminded (6) Imbeciles (7) Idiots	4 22 —	3 9	7 31 —
D. Epileptics	Suffering from severe Epilepsy.	 Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools Attending Public Elem. Schools At no School or Institution 	- 7 - 5	- 3 1 3	- 10 1 8
	Suffering from Epilepsy which is not severe	(5) Attending Public Elem. Schools (6) At no School or Institution	4	6 3	10 3

E.	Infectious pul- monary and gland- ular tuberculosis.	(1) At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board (2) At other Institutions (3) At no School or Institution	2 1 7	<u>-</u>	2 1 20
	Non - infectious but active pulmon- ary 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 (6) At Certified Day Open Air Schools (7) At Public Elem. Schools (8) At other Institutions (9) At no School or Institution	20 - - - - 16	$ \begin{array}{c} 20 \\ \hline 1 \\ \hline \hline 6 \\ \hline 19 \end{array} $	40 1 -8 -35
Physic- ally Defective	Delicate children (e.g., pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.)	(10) At Certified Residential Open Air Schools (11) At Certified Day Open Air Schools (12) At Public Elem. Schools (13) At other Institutions (14) At no School or Institution	77 	12 66 41 1 9	89 66 91 2 12
	Active non-pul- monary tubercu- losis.	(15) At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board (16) At Public Elem. Schools (17) At other Institutions (18) At no School or Institution	19 25 5 10	12 17 4 5	31 42 9 15
	Crippled Children (other than those with active tuberculous disease) e.g., children suffering from paralysis, etc., and including those with severe heart disease.	(19) At Certified Hospital Schools (20) At Certified Residential Cripple Schools	1 - 67 5 4 28	- 37 5 7 35	1 104 10 11 63

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 more or less permanently for 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., 1928.

Treatment Table.

Croup I.-Minor Ailments (excluding Uncleanliness).

Diagram on Defeat	Number of Defects treated, or under treatment during the year.			
Disease or Defect. (1)	Under the Authority's Scheme.	Otherwise.	Total.	
Skin—				
Ringworm, Scalp	43 X-rayed,	1	80	
	36 at Clinic			
,, Body	208		208	
Scabies	94	3	97	
Impetigo	1,184	18	1,202	
Other Skin Diseases	2,772	51	2,823	
Minor Eye Defects—				
External	1,048	41	1,089	
Minor Ear Defects	952	43	995	
Miscellaneous (minor injuries, etc.)	3,642	441	4,083	
Totals	9,979	598	10,577	

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

	Number of Defects dealt with.				
Disease. or Defect	Under the Authority's Scheme.	Submitted to refraction by private practi- tioner or at Hospital, apart from the Authority's Scheme	Otherwise.	Total.	
(1)	(2)	(3)	(4)	(5)	
Errors of Refraction (including Squint) Other Defect or Disease of the eyes (excluding	2,047	13	26	2,086	
those recorded in Group 1)	_	-	13	13	
Total	2,047	13	39	2,099	

TABLE IV.—Continued.

Total n	umber of	Children	for whom	spectacles	were	prescribed :-
---------	----------	----------	----------	------------	------	---------------

(a)	Under the	Authority's	Scheme	 1926
(b)	Otherwise			39

Total Number of Children who obtained or received spectacles:-

*(a) Under the Authority's Scheme	1507
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*At time of compilation of Table.

Croup III.—Treatment of Defects of Nose and Throat.

	Number o	f Defects.			
Received Operative Treatment.				1	
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.	Received other forms of Treatment.	Total number treated.	
(1)	(2)	(3)	(4)	(5)	
1,315 (operations)	117	1,432	94	1,526	

Croup IV .- Dental Defects.

(1) Number of Children who were:-

(a) Inspected by				
Routine Age Groups	Age 4 5 6 7 8 9 10 11 12 13	37 105 5245 5895 2562 66 71 84 104 146	Total	14326
Specials	\14	 		3537
			Grand Total	17863

TABLE IV .- Continued.

TABLE IV.—Continued.	
(b) Found to require treatment 7228 (c) Actually treated 7213 (d) Re-treated during the year as the result	
of periodical examination 1407	
(2) Half-days devoted to— Inspection 180 Treatment 1234 Total —	1414
(3) Attendances made by children for treatment ZIIZI	
(4) Fillings—	
Permanent teeth 753 Temporary teeth 566 Total —	1319
(5) Extractions—	
Permanent teeth 267	
Temporary teeth 11689 Total —	11956
(6) Administrations of general anæsthetics for extractions	Nil
(7) Other Operations— Permanent teeth 745 Temporary teeth 398 Total —	1143
Group V.—Uncleanliness and Verminous Condition	ıs.
(i) Average number of visits per school made during the year by the School Nurses. (Sessional Visits for primary Inspections.)	11.3
(ii) Total number of examinations of children in the	
Schools by the School Nurses (iii) Number of individual children found unclean	54064 861
(iii) Number of individual children found unclean (iv) (a) Number of children cleansed under arrange-	001
ments made by the Local Education Auth-	
ority (b) Non-Statutory Cleansings at Clinic	Nil 241
(v) Number of cases in which Legal proceedings were taken:—	
(a) Under the Education Act (b) Under School Attendance Bye-laws	Nil Nil

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