

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

**Contributors**

West Ham (London, England). County Borough.

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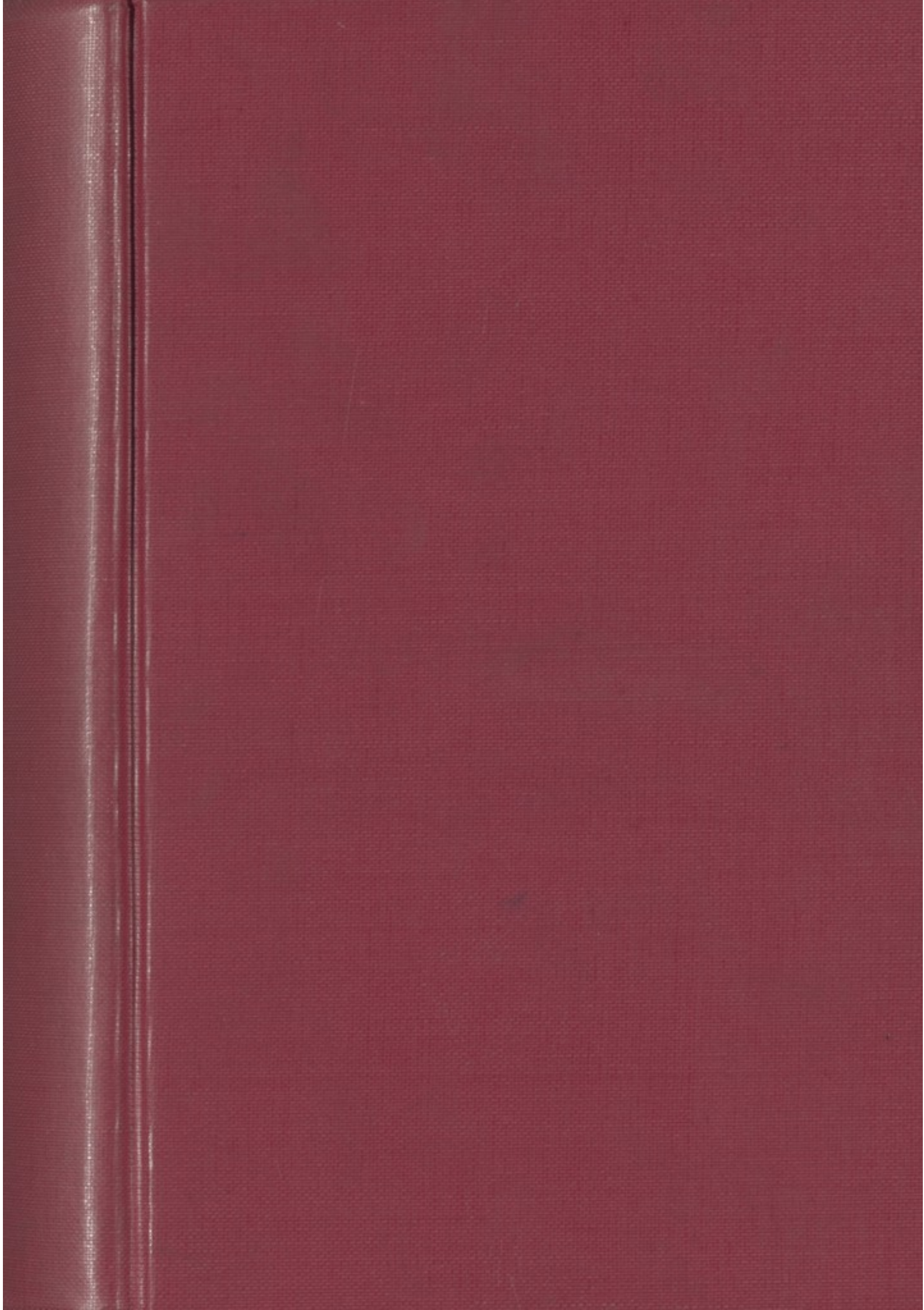
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County Borough of West Ham.



# ANNUAL REPORT

of the

Medical Officer of Health

and

School Medical Officer

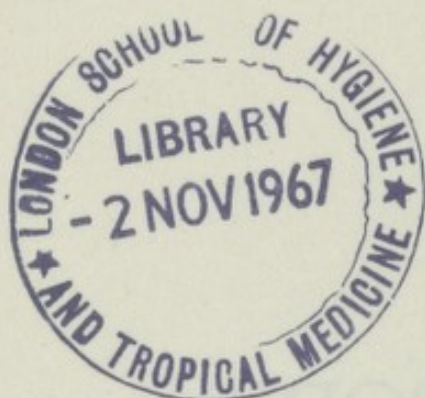
for the Year

1929.

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.

66207



# *Introduction.*

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## **To The Mayor, Aldermen and Councillors of the County Borough of West Ham.**

Mr. Mayor, Ladies and Gentlemen,

Though the vital statistics for West Ham are well below the average rate of the 107 Great Towns of England and Wales, the year 1929 has been a disappointing one for the country as a whole.

Several causes have been assigned as reasons for the increased death rate and infant mortality rate, of which the most important was the epidemic of influenzal pneumonia prevalent at the beginning of the year. The birth rate for the Borough is the lowest ever recorded.

During the year several extensions of your present services have been carried out in regard to the Maternity and Child Welfare clinics and additional hospital beds.

The outbreak of Smallpox mentioned in my last annual report has continued, and has created an enormous amount of work and anxiety; the disease continues to be of a very mild type, and it should be considered as to whether or not it would be wise to modify the present mode of dealing with the outbreak.

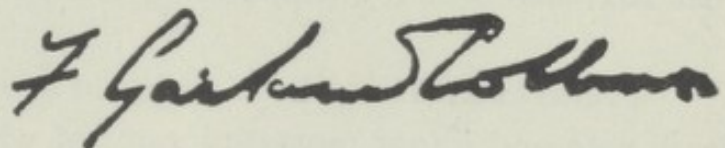
The passing of the Local Government Act, 1929, will alter profoundly the Public Medical Services of the Borough; though much time and thought have already been given to the question, the schemes involved are too immature as yet to be reported upon in detail. Two special reports issued by me to this Authority are reprinted in the Appendix with regard to the working of the Act.



The shortage of adequately trained nurses and of candidates for training as nurses is becoming acute, and in view of the increased number of sick people who are now seeking institutional treatment, it is in my opinion urgent that the conditions of training, the prospects and remuneration of nurses and of midwives should be investigated and revised.

Though during the past few years tremendous strides of progress have been made, and numerous Acts and schemes put into operation, there still remains unsolved the most important and most difficult problem of overcrowding and housing, a problem which until solved will continue to act as a check upon almost every other scheme for the promotion of public health.

Your obedient Servant,

A handwritten signature in dark ink, appearing to read 'F. G. L. Toller'. The script is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Town Hall,  
West Ham.

# County Borough of West Ham.

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## ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1929.

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### Natural and Social Conditions.



THE 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 Wanstead U.D.C. 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 from the junction of the River Lee eastward for about  $2\frac{1}{4}$  miles until it joins East Ham.

West Ham is a densely populated industrial town, having 67 people to the acre. It contains 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 and embark their cargoes. This naturally implies that there is a large number of casual labourers near the docks. The Borough is a dwelling-place for a large number of the populace who work in London and district.



## Summary of General Statistics.

Area (acres) 4,706.

Population—

Census, 1921, 300,860.

Estimated, 1929, 307,600.

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

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

Unreduced Rateable Value—

General Rate, £1,671,605.

Sum represented by a Penny Rate—General District Rate, £6,965.

## Vital Statistics.

### BIRTHS.

	Legitimate	Illegitimate
Male ... ..	2820	74
Female ... ..	2773	99
	<hr/>	<hr/>
	5593	173

Total ... 5766

### DEATHS.

	Under 1 year	Under 2 years	Over 2 years
Male ... ..	256	63	1755
Female ... ..	171	75	1606

	England and Wales	107 Gt. Towns	West Ham
<b>Death Rate</b> ... ..	13.4	13.7	12.7
<b>Infant Mortality Rate</b>	74.0	79.0	74.0
<b>Maternal Mortality Rate</b>	—	4.3	2.6
<b>Birth Rate</b> ... ..	16.3	16.6	18.7

The illegitimate death rate under 1 year equals 132.9 as compared with 74 for legitimate mortality.

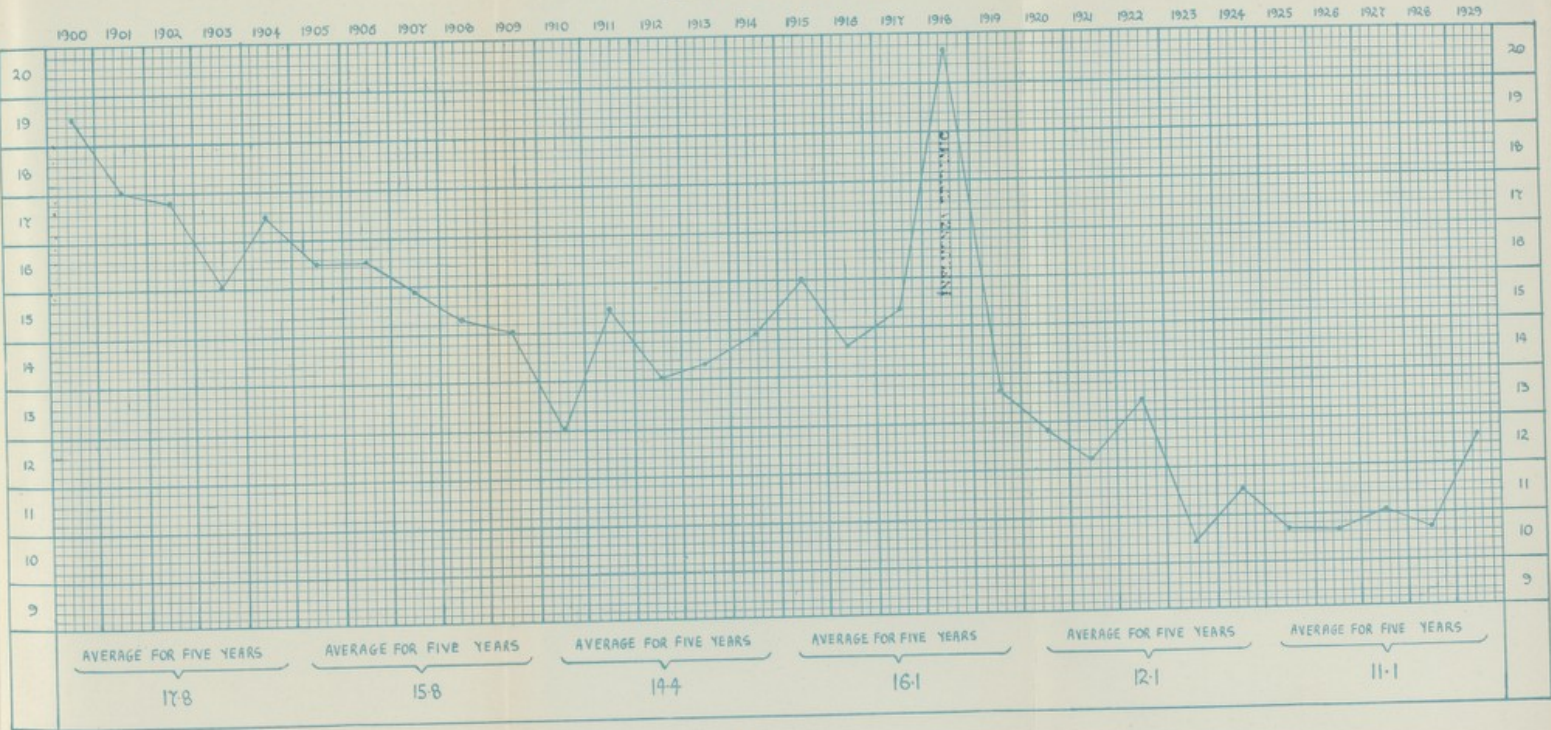
Deaths from Measles (all ages) ... ..	22
Deaths from Whooping Cough (all ages) ... ..	114
Deaths from Diarrhoea (under two years of age) ... ..	57
Deaths under 5 years of age—all causes ... ..	712

## Diphtheria.

The incidence 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 85), and notices to this effect are displayed in the Clinics. The response of the parents however, though greater than last year, is still far from encouraging.



GENERAL DEATH RATE.





# Vital Statistics of the Wards of the Borough, 1929.

WARDS.	Births	Birth Rate	Deaths	Death Rate	Infant Deaths	Infant Mortality per 1,000 births	Natural increase Births over Deaths	Estimated popu- lation middle of 1929.
New Town ...	338	17.80	291	15.32	32	94	47	18,984
Forest Gate ...	296	15.10	220	11.23	17	57	76	19,590
High Street ...	341	18.27	261	13.98	30	88	80	18,658
Broadway ...	256	16.71	207	13.51	23	89	49	15,312
Park ...	251	16.05	210	13.43	10	40	41	15,630
Upton ...	232	13.09	214	12.07	12	52	18	17,717
Plashet Road ...	248	15.60	193	12.14	19	76	55	15,897
West Ham ...	314	17.62	221	12.40	22	70	93	17,819
Plaistow ...	376	17.27	266	12.22	25	66	110	21,762
Bemersyde ...	189	12.70	165	11.09	13	68	24	14,873
Canning Town and Grange ...	612	24.70	335	13.52	39	64	277	24,770
Hudsons ...	341	16.43	220	10.60	22	64	121	20,743
Ordnance ...	424	20.45	265	12.78	40	94	159	20,726
Beckton Road ...	473	22.96	266	12.91	35	74	207	20,597
Tidal Basin ...	634	28.08	333	14.75	54	85	301	22,575
Custom House and Silvertown ...	441	20.09	259	11.80	34	77	182	21,947
County Borough ...	5,766	18.70	3,926	12.70	427	74.0	1,840	307,600



## Births.

The number of births registered in the Borough during the year was 6,443 (3,248 males and 3,195 females), but of this total 920 were children of non-residents, who came to be confined in one or other of the Maternity Hospitals, or were confined while visiting relatives or friends; while 243 West Ham women were confined outside the Borough. Suitable adjustment makes the net West Ham Births 5,766 (2,894 males and 2,872 females); 173 of these (74 males and 99 females) were illegitimate.

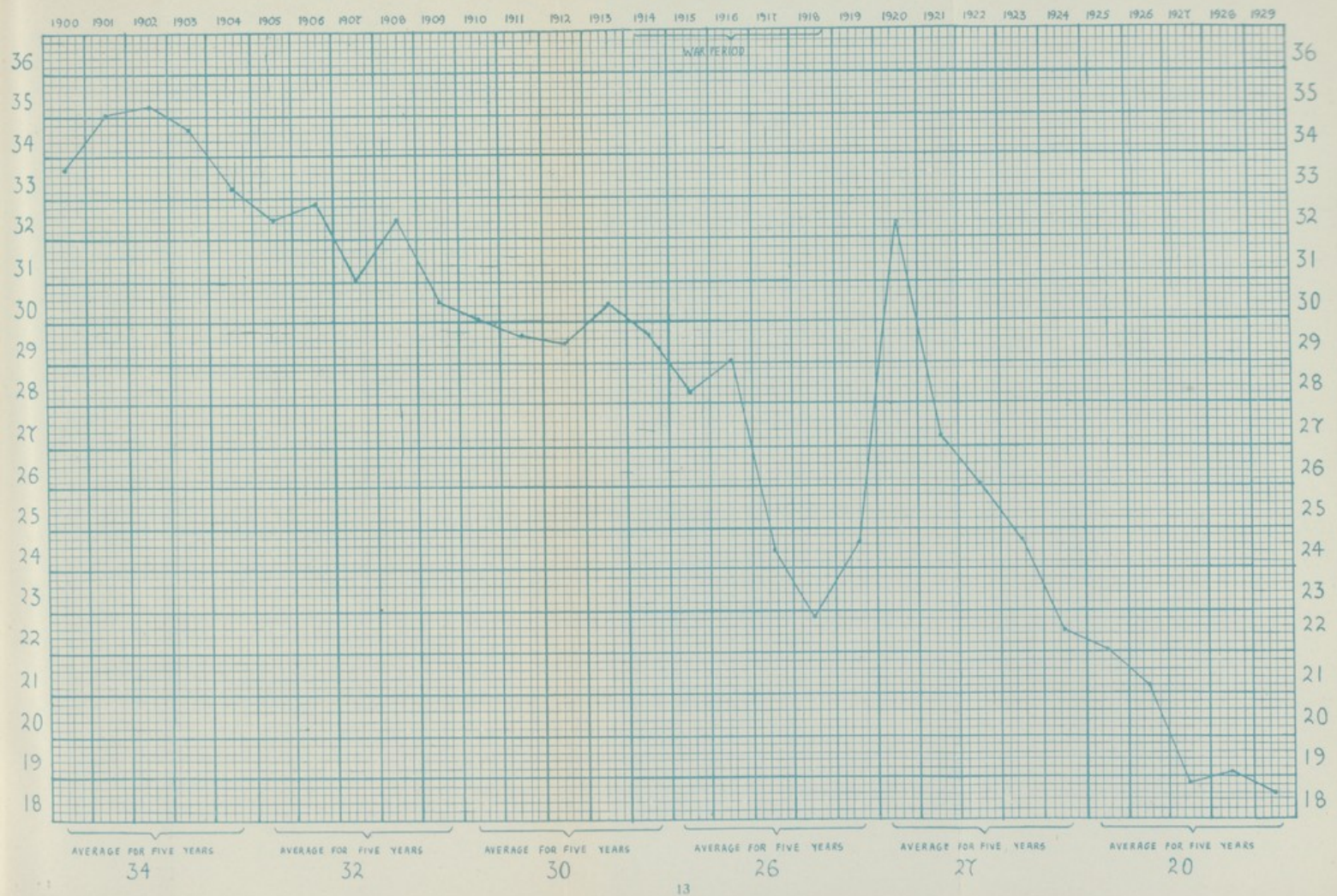
Calculated on the Registrar General's estimate of the population of the Borough at the middle of 1929, viz. 307,600, the Birth Rate for the year was 18.7, the lowest ever recorded for West Ham.

## Deaths.

The number of deaths registered during the year was 2,563, but of these 176 occurred in persons not belonging to the Borough, while the deaths of 1,539 residents of West Ham occurred in various institutions and districts elsewhere, making the total net deaths attributable to the Borough number 3,926, of which 2,074 were males and 1,852 females.

The allocation of these deaths to their different causes will be found later in this report, but the grand total of from all causes gives an annual Death Rate of 12.7 per 1,000 of the estimated population.

# BIRTH RATE.









## 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 late Board of Guardians, and the Borough Mental Hospital, are situated 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) 98 infants and 1,437 persons over the age of one year died during the year, and in the latter group (inside Institutions) 87 infants and 215 elders died, of which numbers 176 were non-residents of the Borough. The net deaths of West Ham residents in Public Institutions were 133 infants and 1,528 persons of one year and upwards, making a total of 1,661 Institutional Deaths as compared with 2,265 deaths in private residences, i.e., over 42 per cent. of the deaths during the year occurred in Public Institutions.

	Under 1 year	1 year & upwards
Deaths in Outside Institutions :—		
Whipps Cross Hospital ... ..	45	552
Central Home ... ..	2	437
Dagenham Sanatorium ... ..	—	65
Goodmayes Mental Hospital ... ..	—	61
Residents dying in London Institutions, etc.	51	322
Langdon Hill Sanatorium for Children	—	—

Deaths in Inside Institutions :—

Plaistow Fever Hospital ... ..	5	54
Queen Mary's Hospital for East End ...	33	91
St. Mary's Hospital ... ..	32	27
Plaistow Maternity Charity ... ..	7	3
Royal Albert Dock Hospital ... ..	—	18
Children's Hospital, Balaam Street ...	5	1
Forest Gate Sick Home ... ..	5	16
Other Places, e.g., Docks, etc. ... ..	—	5
	<hr/>	<hr/>
	185	1652
Non-residents dying in Inside Institutions	52	124
	<hr/>	<hr/>
	133	1528

Net West Ham Deaths in Institutions ... 1661



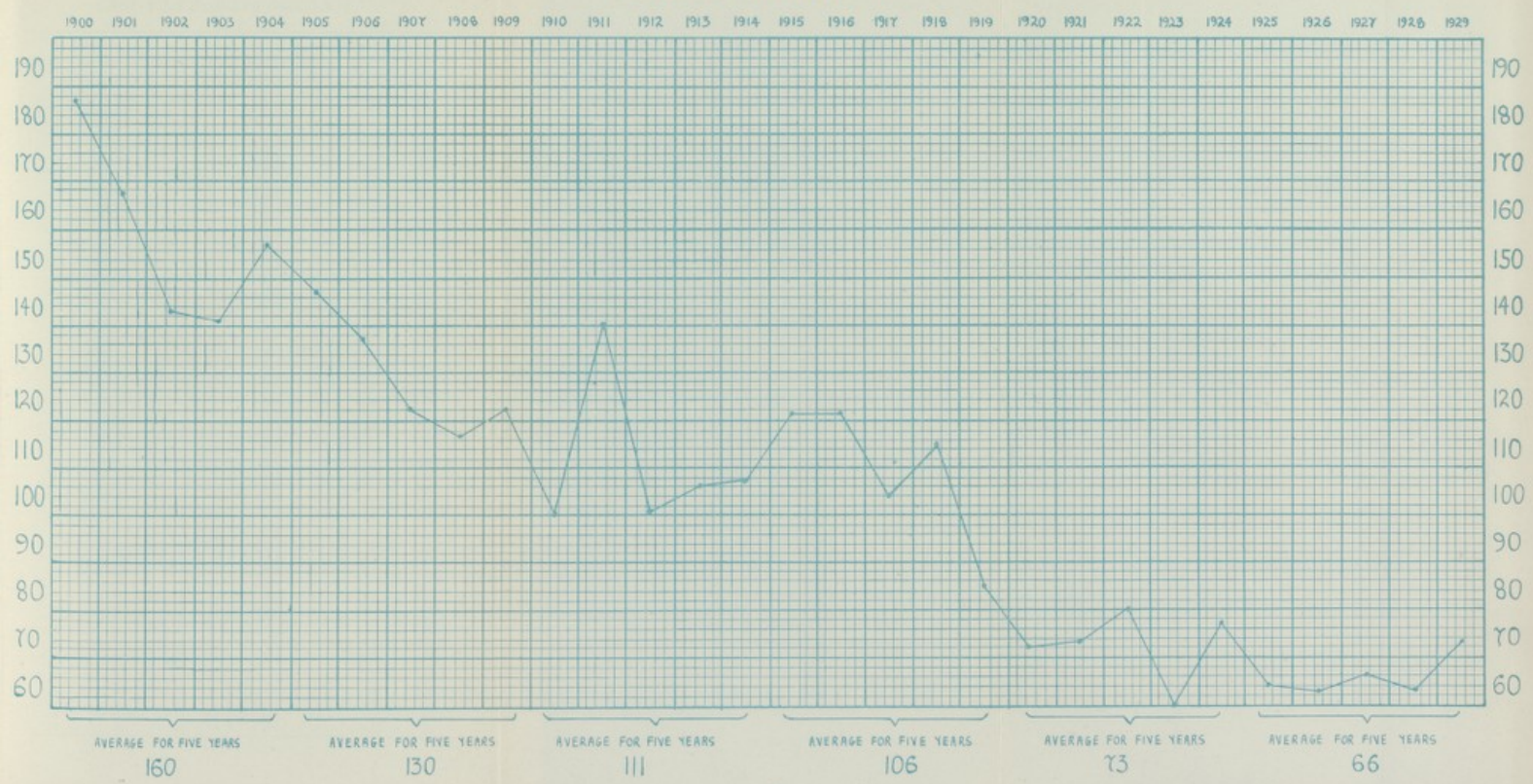
# Causes of Death at Different Periods of Life in the County Borough of West Ham during 1929.

CAUSES OF DEATH.	Sex.	All Ages	0—	1—	2—	5—	15—	25—	45—	65—	75—
ALL CAUSES ... ..	M	2,074	256	63	74	57	108	238	552	403	323
	F	1,852	171	75	73	61	106	150	448	362	406
1 Enteric Fever ... ..	M	1	...	...	...	...	...	...	1	...	...
	F	1	...	...	...	...	...	...	...	...	1
2 Small-pox ... ..	M	1	1	...	...	...	...	...	...	...	...
	F	2	...	...	1	...	...	1	...	...	...
3 Measles ... ..	M	6	2	2	2	...	...	...	...	...	...
	F	16	4	4	7	1	...	...	...	...	...
4 Scarlet Fever ... ..	M	5	1	...	...	2	2	...	...	...	...
	F	1	...	1	...	...	...	...	...	...	...
5 Whooping Cough ... ..	M	50	20	13	16	1	...	...	...	...	...
	F	64	20	24	19	1	...	...	...	...	...
6 Diphtheria ... ..	M	17	2	2	7	6	...	...	...	...	...
	F	22	2	3	8	9	...	...	...	...	...
7 Influenza ... ..	M	80	1	3	4	...	5	9	37	14	7
	F	86	...	3	2	1	3	8	24	24	21
8 Encephalitis Lethargica ... ..	M	4	...	...	...	...	1	1	2	...	...
	F	3	...	...	...	1	...	...	...	...	...
9 Meningococcal Meningitis ... ..	M	5	2	1	...	...	2	...	...	...	...
	F	4	2	...	2	...	...	...	...	...	...
10 Tuberculosis of Respiratory System	M	181	...	...	...	2	41	67	62	9	...
	F	120	1	...	...	5	54	34	22	4	...
11 Other Tuberculous Diseases ... ..	M	21	2	1	6	4	2	4	2	...	...
	F	24	3	2	3	7	2	2	3	1	1
12 Cancer, Malignant Disease ... ..	M	188	...	...	...	...	...	14	87	60	27
	F	183	...	...	...	3	4	23	85	48	20
13 Rheumatic Fever ... ..	M	8	...	...	1	2	4	1	...	...	...
	F	13	...	...	1	7	1	2	2	...	...
14 Diabetes ... ..	M	12	...	...	...	...	2	...	6	21	2
	F	18	...	...	...	...	...	2	6	8	2
15 Cerebral Haemorrhage, etc. ... ..	M	80	...	...	...	...	...	3	29	29	19
	F	100	...	...	...	...	1	4	30	33	32
16 Heart Disease ... ..	M	289	...	...	1	3	7	27	85	92	74
	F	257	...	...	...	7	11	20	115	95	109
17 Arterio-sclerosis ... ..	M	47	...	...	...	...	...	i	12	13	21
	F	25	...	...	...	...	...	...	6	4	15
18 Bronchitis ... ..	M	169	9	4	2	...	1	10	37	43	63
	F	165	1	2	3	...	...	2	25	53	79
19 Pneumonia, all forms ... ..	M	250	73	29	23	5	5	26	54	23	12
	F	195	40	28	21	5	2	12	30	30	27
20 Other Respiratory Diseases ... ..	M	25	2	...	...	...	3	6	7	6	1
	F	19	...	1	...	...	1	2	6	2	7
21 Ulcer of Stomach, or Duodenum ... ..	M	22	...	...	...	...	...	8	8	6	...
	F	4	1	...	...	...	1	1	...	...	1
22 Diarrhoea, &c. ... ..	M	45	34	1	2	1	...	2	3	1	1
	F	28	18	4	...	...	...	...	2	1	3
23 Appendicitis and Typhlitis... ..	M	12	...	...	1	3	2	...	5	1	...
	F	9	...	...	...	2	2	2	1	1	1
24 Cirrhosis of Liver ... ..	M	7	...	...	...	...	...	...	5	1	1
	F	3	...	...	...	...	...	...	2	1	...
25 Acute and Chronic Nephritis ... ..	M	51	...	...	...	...	...	4	23	16	8
	F	45	...	...	...	3	1	5	22	10	4
26 Puerperal Sepsis ... ..	M	...	...	...	...	...	...	...	...	...	...
	F	8	...	...	...	...	2	6	...	...	...
27 Other Accidents and Diseases of Pregnancy and Parturition ... ..	M	7	...	...	...	...	2	5	...	...	...
	F	77	74	...	1	...	...	1	1	...	...
28 Congenital Debility and Malformation, Premature Birth ... ..	M	67	65	...	1	1	...	...	...	...	...
	F	21	...	...	...	...	1	5	10	5	...
29 Suicide ... ..	M	6	...	...	...	...	...	...	5	1	...
	F	87	4	1	2	13	12	19	23	9	4
30 Other Deaths from Violence ... ..	M	26	...	2	3	...	2	1	7	3	8
	F	311	29	4	6	15	18	30	53	73	83
31 Other defined Diseases ... ..	M	231	14	1	2	8	16	18	54	43	75
	F	2	...	2	...	...	...	...	...	...	...
32 Causes ill-defined or unknown ... ..	M	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...





# INFANTILE MORTALITY RATE.







# Chief Vital Statistics since 1877.

Year.	Population.	Births.	Birth Rate.	Deaths.	Death Rate.	Infant Deaths.	Infant Mortality Rate.
1877	112,541	4,149	36.8	1,817	16.1	530	128
1878	115,144	4,491	39.0	2,147	18.6	733	163
1879	120,747	4,862	40.2	2,113	17.5	688	141
1880	124,350	5,164	41.5	2,371	19.0	793	153
1881	128,953	5,488	42.5	2,409	19.4	745	136
1882	136,548	5,907	43.2	2,586	18.9	874	148
1883	144,143	6,014	41.7	2,693	18.6	897	149
1884	151,737	6,563	43.2	3,057	20.1	1,035	157
1885	159,334	6,547	41.0	3,503	21.9	1,070	163
1886	166,936	7,075	41.7	3,151	18.8	1,060	149
1887	174,523	6,865	39.1	3,286	18.7	723	105
1888	182,118	6,867	38.5	2,808	18.0	905	131
1889	189,713	6,947	38.5	2,883	18.0	907	130
1890	197,308	7,063	38.5	3,977	21.7	1,142	161
1891	206,463	7,911	38.2	3,952	19.1	1,191	150
1892	212,703	8,013	36.9	4,019	18.6	1,225	158
1893	218,942	8,026	35.3	4,565	20.0	1,387	172
1894	225,184	8,089	33.9	4,026	18.2	1,123	139
1895	231,426	8,591	35.9	4,656	20.9	1,452	169
1896	237,665	8,519	35.4	4,395	18.9	1,395	163
1897	243,908	8,761	35.8	4,486	18.3	1,535	175
1898	250,145	8,750	34.9	4,594	18.3	1,525	174
1899	256,386	8,779	34.2	5,213	20.3	1,770	201
1900	262,627	8,885	33.8	5,156	19.6	1,671	188
1901	268,868	9,434	35.0	4,910	18.2	1,589	168
1902	270,076	9,553	35.3	4,858	17.9	1,382	144
1903	272,250	9,478	34.8	4,394	16.1	1,344	142
1904	274,424	9,276	33.3	4,836	17.6	1,467	158
1905	276,598	9,018	32.5	4,574	16.5	1,341	148
1906	278,772	9,193	32.9	4,610	16.5	1,270	138
1907	280,946	8,759	31.1	4,412	15.7	1,078	123
1908	283,121	9,214	32.5	4,364	15.4	1,089	118
1909	285,471	8,730	30.6	4,435	15.1	1,087	123
1910	287,471	8,646	30.0	3,773	13.1	866	100
1911	289,646	8,642	29.8	4,561	15.7	1,223	141
1912	291,900	8,642	29.6	4,146	14.2	889	102
1913	294,223	9,125	30.5	4,312	14.4	984	107
1914	296,570	8,848	29.8	4,425	14.9	957	108
1915	294,396	8,380	28.4	4,744	16.1	940	112
1916	287,969	8,377	29.1	4,233	14.7	828	112
1917	271,934	6,701	24.6	4,203	15.4	707	105
1918	262,858	6,021	22.9	5,492	20.8	700	116
1919	287,966	7,132	24.7	3,946	13.7	619	86
1920	299,440	9,723	32.4	3,888	12.9	716	73
1921	300,903	8,242	27.3	3,712	12.3	615	74
1922	304,738	7,959	26.1	4,124	13.5	641	80
1923	314,400	7,803	24.8	3,331	10.5	466	59
1924	317,400	7,202	22.6	3,652	11.5	564	78
1925	318,500	7,017	22.0	3,428	10.7	463	65
1926	315,900	6,710	21.2	3,405	10.7	418	62
1927	315,400	5,991	18.9	3,481	11.0	404	67
1928	306,900	5,913	19.2	3,340	10.8	380	64
1929	307,600	5,766	18.7	3,926	12.7	427	74



# 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.

(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.

During the coming year additional accommodation will be provided as under:—

4 Wards each containing 26 beds.

1 Isolation Block containing 4 single cubicles.

These are one storey brick buildings, rendered with rough cast outside.

In addition, Maids' Quarters, to accommodate 12 have been erected; these are 3 story buildings.

Central heating is supplied from the boiler house, and in addition there are hospital stoves in each Ward.

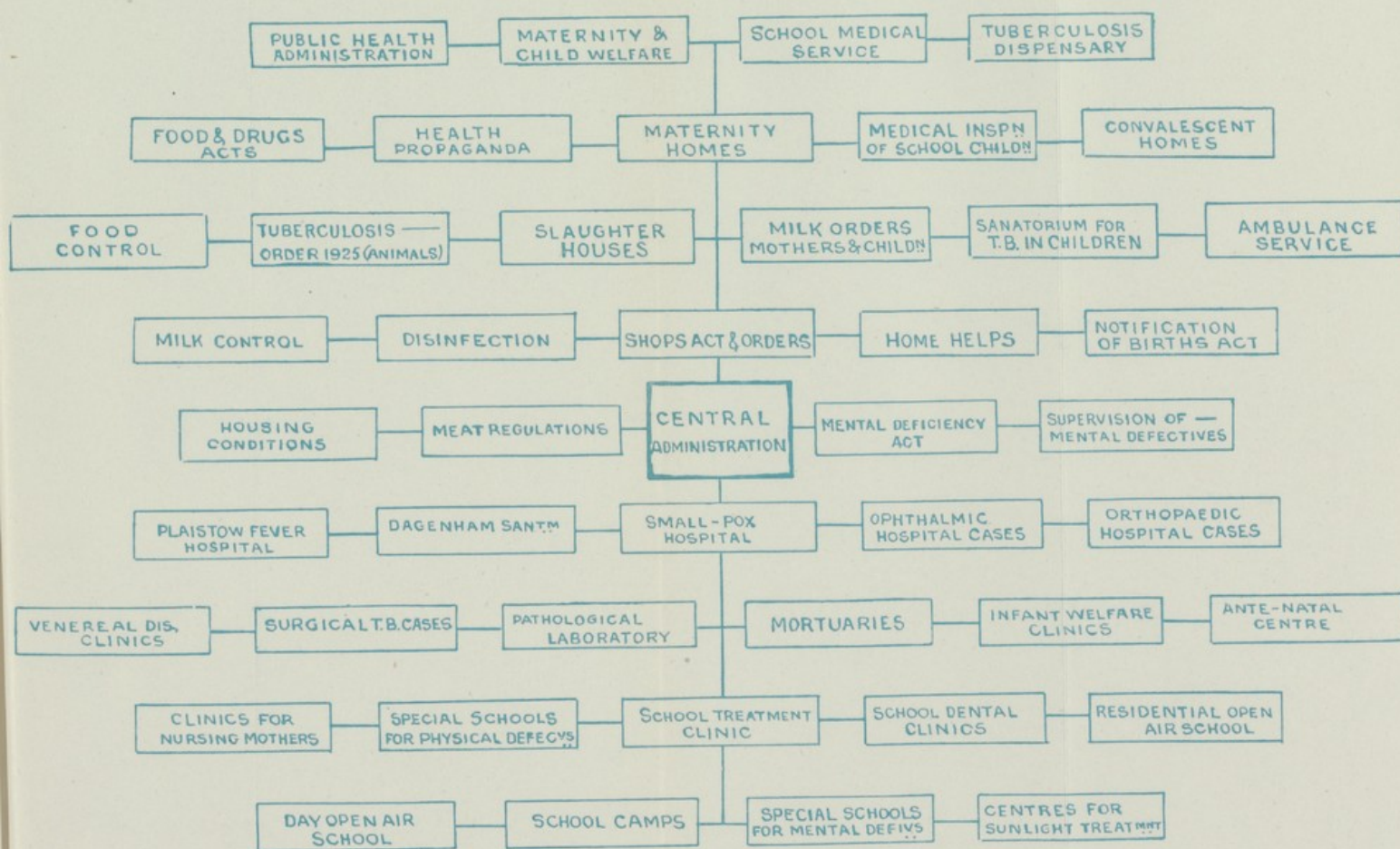
Some of the old wards are being converted into administrative accommodation.

### Smallpox.

(3) Dagenham Smallpox Hospital, situated about 9 miles from the Borough, occupies a site of  $6\frac{1}{2}$  acres, adjoining Rookery Farm which comprises 119 acres owned by the Council; the Fever Hospital and Sanatorium are supplied with milk therefrom. 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 agreement of West Ham with the following Authorities to provide accommodation for cases of Smallpox arising in their respective areas expires in March, 1932. In view of the vastly altered circumstances since the original agreement was made in regard to the accommodation at Dagenham, the now unsuitable environment of the hospital for smallpox, the modification in the mode of transport, and the enhanced difficulty of checking the

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







spread of the present type of smallpox, great attention should be paid to every relevant factor before another agreement is entered into to accommodate smallpox cases from other areas which are now being provided for viz :—Barking, East Ham, Romford Joint Hospital Board, Ilford, Wanstead, Waltham Joint Hospital Board, Brentwood, Billericay, Loughton, Epping Urban, Ongar Rural, and Leyton.

I am strongly of opinion that the present type of smallpox is peculiarly a disease of which the liability to spread over extended areas is not likely to be prevented by the individual efforts of different authorities. It appears to be more a question of the variation of conditions of work, of transport, and other factors connected with modern social life.

If hospital accommodation is to be provided for all cases of this type it would be best to build for the reception of cases from large combined districts, each to pay their proportion of upkeep, rather than for individual authorities.

## **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 cases were admitted. Fortunately, in 1922 the Council was enabled to enter into an agreement with the Orsett Joint Hospital Board, whereby the latter authority will admit sporadic cases of smallpox, up to 22 in number, sent to their Hospital by West Ham, thus enabling the Council to continue using Dagenham Hospital for the reception of Tuberculosis until the increasing pressure on the accommodation of the Orsett Hospital compels the Council to arrange for further accommodation.

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

During the recent outbreak of smallpox, cases have been, by arrangement, accepted for treatment by the Metropolitan Asylums Board, who have ample accommodation—the necessity for re-opening Dagenham as a Smallpox Hospital has thus been avoided. It would be almost in the nature of a tragedy to have to evacuate all the Tuberculosis cases being treated at the Sanatorium in order to provide accommodation for Smallpox. The generous action of the Metropolitan Asylums Board in accepting for treatment cases of Smallpox from West Ham district has been greatly appreciated.



## LANGDON HILLS SANATORIUM FOR CHILDREN.

(5) This Sanatorium has accommodation for 40 children suffering from Pulmonary Tuberculosis and is situated 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 Farmhouse existing 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, while 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.

A new heating system has been installed in the Wards, from heating chamber next to playroom.

An eight-foot verandah, with patent glazing, has been erected in front of the Wards, and a playroom, 45ft. x 15ft. has also been provided.

Cases suffering from Surgical Tuberculosis, by arrangement with other authorities, are treated at the Alexandra Hospital, Swanley, Kent, and at various 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 Hospital, Balaam Street, and at the Brookfield Hospital, Walthamstow. (See page 118.)

Cases of Ophthalmia Neonatorum are treated at the Royal London Ophthalmic Hospital and St. Margaret's Hospital. (See page 122.)

### **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.



A building at Fyfield, to accommodate 60 girls, has just been completed, and some children are already in residence, although the official opening has not yet taken place.

### AMBULANCE SERVICE.

The Council has three Motor Ambulances for the removal of infectious patients to hospital, and three ambulances for removing bedding, clothing, or other infected material to the disinfecting station. A new "Star" disinfecting motor was purchased during the year.

There are, in addition, two motor ambulances for transference of non-infectious and accident cases to and from institutions. The latter ambulances made 2,017 journeys during the year. In 1,046 cases persons were removed from one address to another within the Borough, in 971 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 water 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 21 journeys were made under this arrangement during 1929.

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.

A review of the calls for the ambulance during the year reveals again an increase in the number of street accidents. This matter is one calling for immediate and stringent action by the Authorities concerned, especially in view of the serious loss of life occasioned.

The figures for the last three years are as follows:—

1927	...	496
1928	...	679
1929	...	702





## School Clinics† and Treatment Centres.†

Stratford Clinic, 84 West Ham Lane, E.	2 Dental Clinics.* 1 Minor Ailment Clinic. 1 Ophthalmic Clinic.
Balaam Street Clinic, Plaistow, E.	1 Minor Ailment Clinic. 1 Ophthalmic Clinic. 1 Dental Clinic.
Rosetta Road Clinic, Custom House, E.	1 Minor Ailment Clinic. 1 Dental Clinic.
Swanscombe Street Clinic, Canning Town, E.16.	1 Minor Ailment Clinic. 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 88-98.)

## 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 pages 104-109.)

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† See Ministry of Health Circular



## Public Health Staff.\*

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Dr. F. Garland Collins	M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.	Medical Officer of Health, Chief Administrative Tu- berculosis Officer and School Medical Officer.
Dr. F. B. Skerrett	M.B., B.Sc. (London), B.Sc. (Vict.), M.R.C.S., L.R.C.P., D.P.H.	Assistant Medical Officer of Health and Senior Assistant School Medic- al Officer.
Dr. D. MacIntyre	M.D. (Glasgow), D.P.H.	Medical Superintendent Plaistow Fever Hospital
Dr. G. M. Mayberry	L.A.H. (Dublin), L.R.C.P. (Ireland)	Medical Superintendent Dagenham Sanatorium
Dr. P. A. Galpin	M.D., D.P.H.	Tuberculosis Officer
Dr. W. R. Kilgour	M.R.C.S.(Eng.), L.R.C.P. (Lond.)	Assistant Tuberculosis Officer
Dr. Helen Campbell	M.B., 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. G. McKinnon	M.B., Ch.B.	Assistant Resident Medical Officer Plaistow Fever Hospital
Dr. A. de B. Helme	M.B., Ch.B.	Assistant Resident Medical Officer Plaistow Fever Hospital.
Mr. H. E. Bywater	M.R.C.V.S.	Veterinary Officer
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.	Do.
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- cates	Do.

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Miss M. Grierson	General Nursing, C.M.B.	Health Visitor.
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 ad- vanced knowledge of practical and adminis- trative 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 V. M. Busby	Cert. San. Inspr. Royal San. Inst., Royal San. Inst. and San. Insprs. Examn. Joint Board.	Sanitary Inspector



NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Miss B. M. Keagh	San. Insp. Cert. London Exam Board, Health Visitor's Cert. Sanitary Inst., L.C.C. Teacher's Certificates in First Aid, Infant Care, Home Nursing, Health	Sanitary Inspector
Miss M. Monkhouse A.R.S.I.	Certificate General Nursing, and Certificate of Q.V.J.I. as Nurse and as Superintendent of Queen's Nurses,*San. Insp. Royal San. Institute, San. Insp., San. Inspectors' Association. *Registered Nurse and Member of the College of Nursing	Do.
Mr. B. G. Bannington M.S.I.A.	San. Insp. Cert. R. San. Inst., Cert. of London School of Economics (Lond. University) for Social Science and Administration; Honourman and Gilchrist Medallist (Lond. University Extension) for Public Administration.	Sanitary Inspector, Insp. under Rag Flock Act
Mr. B. J. Driscoll M.S.I.A.	Cert. San. Inspectors' Examn. Board London	Sanitary Inspector
Mr. J. Dyke	Cert. San. Insp. Royal San. Inst., Cert. Plumbing, Cert. Building Constr. West Ham Technical Institute.	Sanitary Inspector, Insp. under Rag Flock Act
Mr. T. R. Harris M.S.I.A., A.R.S.I.	Cert. San. Insp., Meat Insp. Royal San. Inst. Cert. San. Insp., Meat Insp., San. Inspectors' Board, London. Cert. San. Science, 1st Class, Battersea Polytechnic. Diploma in Bacteriology of the Battersea Polytechnic.	Sanitary Inspector, Meat Inspector



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, Inspector under Food and Drugs Acts, and Official Sampler and Inspector under the Fertilisers and Feeding Stuffs Act, 1926
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.	Do. Do.
Mr. W. H. Roberts M.S.I.A.	Cert. San. Inspr. (1892) Royal San. Inst. Prizeman Building Const. (Honours) Prizeman Civil Engineering (Survey Sec.) West Ham Tech. Inst.	Do. Do.
Mr. C. F. Riley	Cert. San. Inspr., Meat Inspr. Royal San. Inst.	Sanitary Inspector.
Mr. Chas. Smith M.S.I.A.	Cert. San. Inspr. (1894) Royal San. Inst. Cert. Building Const. (Adv.) Science and Art Dept., South Kensington.	Do. Do. Inspector under Rag Flock Act
Mr. H. A. Smith M.S.I.A.	Cert. San. Inspr. Royal San. Inst.	Sanitary Inspector
Mr. E. G. Simmons M.S.I.A.	Cert. San. Inspr. (1912) Royal San. Inst.	Sanitary Inspector, Inspr. under Rag Flock Act
Mr. G. H. Wilson	Cert. San. Inspr. Royal San. Inst. Cert. Problems of Life and Health (Merit) London University.	Do. Do. (Superannuated August, 1929)
Mr. E. J. Ferrier Miss E. D. Rayment	General Nursing	Inspr. under Shops Acts Supervising Nurse under Mental Deficiency Act (Superannuated, October, 1929)
Miss C. Aitken	General Nursing, Fever Nursing Cert.	Supervising Nurse under Mental Deficiency Act.

## Public Health Administrative Staff†

Mr. J. A. Cheatle .....	Chief Clerk
„ F. W. Bromley .....	Senior Clerk
„ H. R. Cole .....	Clerk
„ F. H. Barker .....	do.
„ J. Sabin .....	do.
„ A. Clark .....	do.
„ D. Thompson .....	do.
Miss M. Sparrow .....	do.
„ A. E. Durand .....	do.
Mr. J. W. McCarthy .....	Investigator

### 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.	„ G. Williams.
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. C. Cornish.
„ H. J. Murty.	„ W. Hubbard.

### MORTUARY KEEPERS.

Mr. E. Heisterman.	Mr. H. B. West.
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The Staff of the School Medical Officer consists of 6 Medical Officers, 5 Dental Surgeons, 27 Nurses, 9 Clerks, together with 2 Consulting Oculists and a Consulting Aural Surgeon, 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.



## 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 1929.

	Visited.	No half-holiday form exhibited.	Warned verbally.	Warning Notice sent.	Refused to serve.	Summonses attended.
Bakers ... ..	114	6	10	...	12	...
Boot repairers, etc. ... ..	41	...	4	...	5	...
Butchers ... ..	396	26	84	4	62	...
Caterers ... ..	24	...	...	...	...	...
Carpets and rugs ... ..	16	...	...	...	...	...
Chemists and druggists ... ..	64	3	3	...	8	...
China and glassware ... ..	57	3	5	1	9	...
Clothiers ... ..	137	7	13	...	11	...
Confectionery and tobacco ... ..	802	22	158	28	239	12
Corn merchants ... ..	44	3	3	...	3	...
Cycle Dealers ... ..	30	...	2	...	2	...
Drapers, Milliners and Mantle Dealers ... ..	530	32	117	1	66	...
Fishmongers ... ..	394	15	80	...	64	3
Fruiterers and Greengrocers ... ..	690	25	163	11	151	10
Furniture Dealers ... ..	58	1	1	...	...	...
Furriers ... ..	11	...	...	...	...	...
Grocers and General ... ..	711	32	130	23	161	3
Hairdressers and Barbers ... ..	252	7	17	...	11	...
Hosiery and Hatters ... ..	115	5	12	...	12	...
Ironmongers ... ..	33	...	...	...	...	...
Leather and Grindery ... ..	50	...	4	...	4	...
Mixed ... ..	384	11	65	5	68	...
Music ... ..	62	...	5	...	14	...
Picture Frames ... ..	28	...	1	...	2	...
Public Houses ... ..	60	4	4	...	...	...
Tailors ... ..	100	...	4	2	5	...
Toy and Fancy Goods ... ..	101	2	8	...	10	...
Watchmakers, Jewellers and Pawnbrokers ... ..	23	...	...	...	...	...
Wireless ... ..	42	...	3	1	8	...
Totals ... ..	5,369	204	896	76	927	28

For results of Police Court Proceedings, see pages 50-51.



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

The Public Health Act, 1890, Part III.—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, 1909.

The Public Health Acts, 1925—

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

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

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

Adopted 22nd June, 1926.

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

## BYE-LAWS.

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

Adopted 22nd October, 1889.

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

Common Lodging Houses. Adopted 26th July, 1892.

Knackers' Yards. Adopted 28th December, 1892.

Offensive Trades. Adopted 1st November, 1892.

Nuisances. Adopted 1st November, 1892.

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

Slaughter Houses. Adopted 1st April, 1921.

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

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

\* Transferred to Borough Engineer's Department, 1st June, 1925.

## LOCAL REGULATIONS.

Nil.

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

## Professional Nursing in the Home.

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

## Maternity and Nursing Homes.

There are three registered homes in the Borough. (See page 120.) For Maternal Mortality. (See pages 123-124.)



# Particulars of Bodies Received into the Mortuaries during 1929.

MONTH.	STRAITFORD MORTUARY.											CANNING TOWN MORTUARY.									
	Number received.	Bodies view'd Queen Mary's Hospital by the Coroner	Males	Females	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.	Males	Females	Over 5 yrs.	Under 5 yrs.	Sent in by Coroner.	Sent in by Police.	Sent in on Sanitary grounds.	Number of Post-mortems.	No. of Inquest
January ...	33	2	23	10	29	6	27	8	...	22	18	7	3	4	4	3	5	2	...	6	2
February ...	22	...	10	12	14	8	18	4	...	19	7	6	4	2	3	3	3	2	1	5	2
March ...	18	3	13	5	18	3	12	8	1	8	12	1	1	...	1	...	1	...	...	...	...
April ...	10	3	9	1	11	2	8	5	...	7	6	7	6	1	6	1	5	2	...	5	1
82 May ...	12	1	8	4	11	2	10	3	...	9	4	5	5	...	3	2	4	...	1	4	...
June ...	9	1	4	5	9	1	7	3	...	7	5	...	...	...	...	...	...	...	...	...	...
July ...	7	2	5	2	8	1	5	4	...	6	5	9	6	3	7	2	2	2	5	2	1
August ...	9	1	5	4	9	1	5	5	...	5	5	4	3	1	3	1	3	1	...	4	...
September...	9	...	6	3	7	2	7	2	...	8	2	...	...	...	...	...	...	...	...	...	...
October ...	12	1	8	4	12	1	7	5	1	4	8	3	1	2	2	1	2	1	...	2	1
November...	9	3	7	2	10	2	9	3	...	9	4	...	...	...	...	...	...	...	...	...	...
December ...	10	4	8	2	11	3	10	4	...	8	8	1	1	...	1	...	1	...	...	1	...
Total ...	160	21	106	54	149	32	125	54	2	112	84	43	30	13	30	13	25	11	7	29	7
Grand Total	181		160		181		181					43		43		43					

West Ham Mortuary was not in use during 1929.

Number of Days Bodies remained in Mortuaries:—

72	remained	1	Day	in	Stratford	Mortuary.
32	„	2	Days	„	„	„
24	„	3	„	„	„	„
15	„	4	„	„	„	„
8	„	5	„	„	„	„
2	„	6	„	„	„	„
1	„	8	„	„	„	„
4	„	9	„	„	„	„
1	„	12	„	„	„	„
1	„	15	„	„	„	„
<hr/>						
Total	160					

9 remained 1 Day in Canning Town Mortuary.

13	„	2	Days	„	„	„	„
5	„	3	„	„	„	„	„
8	„	4	„	„	„	„	„
3	„	5	„	„	„	„	„
3	„	6	„	„	„	„	„
1	„	11	„	„	„	„	„
1	„	15	„	„	„	„	„
<hr/>							
Total	43						

1 Doctor Performed 14 Post-Mortem Examinations

1	„	„	8	„	„	„	
2	Doctors	Performed	7	„	„	„	each
2	„	„	6	„	„	„	„
1	Doctor	Performed	5	„	„	„	
1	„	„	4	„	„	„	
4	Doctors	Performed	3	„	„	„	„
9	„	„	2	„	„	„	„
54	„	„	1	„	„	„	„

Total: 141 Examinations.



## 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.

Samples of water were taken from the Thames in connection with the supply for Corporation Baths in Lyle Park. Upon examination it was found to be unsuitable.

### 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 Lee and the Thames are both tidal rivers. The Thames and part of the river Lee are under the control of the Port of London Authority. The remainder of the Lee and its backwaters are under the Lee Conservancy.

As mentioned in my report of 1927, there were two great sources of pollution of the rivers before they enter West Ham. The two neighbouring Boroughs of Leyton and Walthamstow have now connected up their sewers with the L.C.C. Hackney Sewer, and only discharge into the rivers in the case of heavy storms, the consequence being that the condition of the water from the River Lee reaching West Ham is greatly improved.

### DRAINAGE AND SEWERAGE.

The water carriage system of sewage removal is almost universal throughout the whole Borough. With very few exceptions, houses are provided with properly flushed modern water closets, discharging by modern drainage into the Public Sewers which also convey the surface water. The part of the Borough lying South of the Victoria and Albert Docks drains into the two main sewers, just touching East Ham and discharging into the L.C.C. Sewer at North Woolwich.

With the exception of about 200 acres on the North side of the Borough, the whole of the sewage is waterborne. A scheme is being considered to deal with this part of the Borough under the Town Planning Act.

Excepting this comparatively small area, the whole district North of the Victoria and Albert Docks is drained by gravitating



sewers to the Corporation Pumping Stations at Abbey Mills, where the dry weather flow is pumped into the Northern outfall sewer, which crosses the Borough obliquely to the London outfall at Barking. There are certain other storm sewers provided which discharge into the rivers.

### CLOSET ACCOMMODATION.

Seal Wharf is an area of about 56 acres, which is converted into an island by the back waters of the River Lee. 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 is used for the collection of house refuse from at least one-half of the Borough.

### REFUSE DISPOSAL.

The system of refuse disposal as a whole is one of far-reaching public health importance. The amount of refuse necessitating collection in West Ham averages about 250 tons daily, and is, at present, dealt with by three 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 Warf, and a quantity from both districts being dealt with at the Council's Controlled Tipping Dump at Woodside Road.

The following may be of interest in connection with the controlled tipping system.

All mats, cardboard and other similar flat substances are laid at the bottom. As each load is tipped at the face, tins bottles and jars are easily separated by men with special rakes; the tins being filled and stood upright as a second layer while broken up bottles and jars are placed between these two layers.

At the end of the day soil to a depth of two or three inches is laid over the whole of the refuse, which renders such refuse as inoffensive as possible.



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 .....	6355
No. of Inspections—	
Dwelling Houses .....	9170
Newly-infected Houses .....	4535
Common Lodging Houses .....	59
Slaughter Houses .....	118
Bakehouses .....	217
Dairies .....	37
Cowsheds .....	25
Milkshops .....	43
Retail Shops (e.g., Eel Pie Shops, Ice Cream Shops, etc.) .....	4446
Schools .....	520
Canal Boats .....	—
Offensive Trades .....	147
Factories (including Food Factories) .....	397
Workshops .....	102
Laundries .....	18
Workshops (not included above) .....	195
Miscellaneous (e.g., Smoke Abatement, Offensive Accumulations, etc.) .....	27143
Re-inspections .....	29834
No. of Notices served—	
On Offender .....	3
On Owner .....	*7233
On Occupier .....	105
No. of Notices complied with—	
By Offender .....	—
By Owner .....	*6708
By Occupier .....	39
Total Nuisances found .....	36119
Total Nuisances abated .....	34154

\*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 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 1929:—

Ward	Inspections	Notices served in respect of
New Town .....	635	547
Forest Gate .....	482	337
High Street .....	682	575
Broadway .....	550	424
Park .....	322	206
Upton .....	329	229
West Ham .....	400	281
Plashet Road .....	280	189
Plaistow .....	560	406
Canning Town and Grange .....	831	671
Ordnance .....	673	557
Hudsons .....	384	246
Bemersyde .....	217	131
Tidal Basin .....	648	516
Beckton Road .....	774	659
Custom House and Silvertown .....	548	425
Totals ...	8,315	6,399

In this connection, 526 summonses have been issued during the year.

### Defects for the Abatement of which Notices were Served.

Drains and Soil Pipes—	Stack-pipes and Rain-water Gutters—
Cleansed ... .. 21	Repaired ... .. 1606
Repaired ... .. 618	New Provided ... .. —
W.C. Pans or Traps—	Water Fittings and Cisterns—
Cleansed ... .. 5	Repaired ... .. —
Repaired ... .. 241	New Provided ... .. 458
New Provided ... .. 195	Flushing Apparatus—
Sinks and Sink Pipes—	Repaired ... .. 720
Repaired ... .. 530	New Provided ... .. 23
New Provided ... .. 23	Water Supply provided 69
Surface Gullies—	
Repaired ... .. 3	



Defects remedied in		Ditches, Urinals, etc.—	
Roofs ... ..	3401	Cleansed ... ..	2
Floors ... ..	986	Animals improperly kept	11
Staircases ... ..	424	Offensive Accumulations	64
Windows ... ..	1476	Overcrowding ... ..	64
Doors ... ..	388	Smoke Nuisance ... ..	77
Fireplaces ... ..	908	Dust Receptacles pro-	
Walls and Ceilings	13028	vided ... ..	1111
Coppers—		Rooms Disinfected ...	4709
Repaired ... ..	594	Premises Infested with	
		Rats ... ..	20

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

## Smoke Abatement.

No Statutory Notices in respect of Black Smoke were served during the year, but several Notices of Offence were served in accordance with the provisions of the Public Health (Smoke Abatement) Act, 1926, which generally induced the firms concerned to effect the necessary improvement.

There was for a short period a serious emission of black smoke from the chimneys at a privately owned electrical generating station, but as this was due to temporary difficulties of working during a change over of plant, no good purpose would have been served by the institution of proceedings. No offence has been observed since completion.

In another case the chimney of a locomotive type boiler at an engineering works was the source of trouble, but after correspondence with the Chief Mechanical Engineer of the Company, the nuisance was abated.

### Crit.

West Ham is not affected to any noticeable extent by grit arising from the use of pulverised coal either within or without the district.

Considerable trouble was caused during part of the year by invisible chemical fumes of a very offensive nature arising during the manufacture of electrical accumulators for motor cars. The fumes being heavier than air, whole districts were affected at one or another time, according to the direction of the wind. After a lengthy correspondence, the firm concerned removed their plant to a country district, so that the matter ended.

A large firm of waste product dealers reformed their plant and methods during the year, and all fumes arising during the process of cooking and drying are now dealt with by water spray



condensers, afterwards being passed up through a firebed in a specially constructed high temperature furnace. This method has been found to be highly effective, and no further trouble has been experienced.

## Common Lodging Houses.

There are eleven Common Lodging Houses in the Borough, four in the Stratford district, and seven in the Tidal Basin district, all of which, with one exception, were originally constructed and used for other purposes, such as private dwelling houses, and have been adapted more or less successfully to meet the requirements of the Common Lodging House Bye Laws. The total number of beds at these houses is 616.

The Sanitary Inspectors pay periodical visits, and during the year 59 inspections were made, and two notices were duly served for various defects. These have been complied with. In addition, one letter of warning was sent.

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

There are a number of premises used as Seamen's Lodgings situated in the South of the Borough. These are under the constant supervision of the Sanitary Inspectors. It was not found necessary to serve any statutory notices during the year.

## Rag Flock Act.

There are four premises where rag flock is being dealt with. Ten samples were taken during the year, but it was not necessary to take any legal action under the Act.

## Offensive Trades.

There are thirty-one premises where statutory offensive trades are carried on in the Borough. They are as follows:—

Fat Melters and Bone Boilers .....	21
Fish Skin Dressers .....	1
Chemical Manure Manufacturers .....	1
Degreasing Bones and Glue-making Contractors .....	1
Soap Boilers .....	3
Gut Scrapers .....	1
Fish Waste Collectors and Fish Meal Manufacturers .....	2
Tripe Dressers .....	1



An application was granted to establish at Cook's Road, Stratford, a factory for the conversion of Fish Waste into Fish Meal, subject to the plant and buildings being to the satisfaction of the Medical Officer of Health. This business has not yet been commenced.

Application was received for permission to manufacture soap by a cold and semi-boiled process, at premises recently used for a similar trade, and this was granted for a period of twelve months, and subject to annual renewal; under Sec. 44 of the Public Health Act, 1925.

The premises where these trades are established are kept under constant observation and supervision, and considering the nature of the trades it is remarkable how very little nuisance arises.

In all cases in which permission is granted to establish an offensive trade, conditions are imposed requiring that the premises are put in order to the satisfaction of the Medical Officer of Health, and that no public or private nuisance be caused.

Bye Laws are in force in respect of the time and manner of conveyance of offensive material through the streets. Particulars of action taken will be found on page 50.

## Schools.

The Public Elementary Schools consist of 46 Council Schools, 13 Non-Provided Schools, and 2 Higher Elementary Schools, affording, in the aggregate, 68,031 scholars.

In addition, there are two Schools for Mentally and Physically Defective Children, two Centres for the Deaf, one Open-Air Day School, and one Residential Open-Air School.

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, 5 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, moreover their general cleanliness is satisfactory. Cloak-room accommodation is very limited in some Schools, and more efficient heating is desirable, and several latrines need re-modelling.

With a view to checking the spread of epidemic disease it has been the practice for many years 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.

Two Nursery Schools are in process of being built, and will shortly be opened at Abbey Road and Rosetta Road, each to accommodate 120 children. These buildings consist of three classrooms, each for 40 children, with Head Teacher's Room, Isolation Room, and Assistant Teachers' Room; a kitchen, pantry, store room, boiler house, lavatories and bath room. The building will be constructed of timber, lined on the exterior with weather boards and on the interior with asbestos or Essex Board; and the roof covered with asbestos tiles or corrugated sheets.

### **Play Centres.**

These are centres where during the evening children congregate and pursue various games and amusements, under the organization of skilled teachers.

The centres are established in schools so situated as to serve different parts of the Borough. By this system, it is claimed that children are kept out of the streets and the often unhygienic houses, and given a change and diversion.

It has been constantly suggested that these centres are the cause of the spread of infectious disease. I have made exhaustive investigations into the matter and am convinced that there is no truth in the suggestion. Over a long period the percentage of cases of infectious disease arising amongst pupils attending the schools used as play centres, did not show any increase over the percentage of such cases in other schools (one school used as a play centre certainly had an increased number of cases of smallpox but this was due to the fact that the school was definitely in the midst of the smallpox infected area, and the cases arising were infected in their homes and not at the school).

I consider the play centres a valuable asset to the general well being of the school children.



## 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 37.

Housing particulars during 1929 in the form desired by the Ministry of Health.

Number of New Houses erected during the year—

- (a) Total—including numbers given separately under
  - (b) .....16 houses and 5 flats
- (b) With State assistance under the Housing Acts—
  - (i) By Local Authority .....Nil
  - (ii) By other bodies or persons, 16 houses and 5 flats

### 1. Unfit Dwelling Houses: Inspection—

- (1) Total number of Dwelling Houses inspected for housing defects (under Public Health or Housing Acts) ..... 9,170
- (2) Number of Dwelling Houses which were inspected and recorded under the Housing Consolidated Regulations, 1925 ..... 988
- (3) Number of Dwelling Houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..... Nil
- (4) Number of Dwelling Houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ..... 7,341

### 2. Remedy of Defects without Service of Formal Notice—

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

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

### 3. Action under Statutory Powers—

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

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

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

(2) Number of Dwelling Houses which were rendered fit after service of formal notices—	
(a) By Owners .....	Nil
(b) By Local Authority in default of Owners	Nil
(3) Number of Dwelling Houses in respect of which closing Orders became operative in pursuance of declarations by Owners of intention to close .....	Nil

#### B. Proceedings under Public Health Acts—

(1) Number of Dwelling Houses in respect of which notices were served requiring defects to be remedied .....	7,341
(2) Number of Dwelling Houses in which defects were remedied after service of formal notices—	
(a) By Owners .....	6,747
(b) By Local Authority .....	Nil

#### C. Proceedings 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 .....	Nil
(2) Number of Dwelling Houses in respect of which closing orders were made .....	Nil
(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

#### Overcrowding.

I have referred to this matter in the introduction of this report and do not wish to elaborate upon the evil. The following examples typical of many others, will serve to throw a lurid light upon the conditions prevailing :—

1. House containing 3 Bedrooms, 1 Sitting Room, and Kitchen—16 occupants.

Family Upstairs	{	Father, 61 years	}	Occupy 1 Bedroom upstairs.
		Mother, 62 years		
		Son, 28 years	}	Occupy 1 Bedroom upstairs.
		Son, 26 years		
		Son, 21 years		



Family Downstairs	{	Father, 41 years	{	Expectant Mother.
		Mother, 37 years		Sleep in front
		Son, 17 years		Sitting Room
		Son, 15 years		downstairs.
		Daughter, 14 years		Sleep in one room
		Son, 12 years		upstairs with
		Son, 10 years		Father and
		Son, 9 years		Mother—9 in one
		Daughter, 7½ years		room
		Son, 4 years		and 7 in one bed
		Baby, 1½ years		crossways.

2. Parents and 6 children living and sleeping in 1 room—father is tuberculous.

3. Parents and 5 children living and sleeping in 1 room, upstairs; downstairs tenant complains of closeness of air and unpleasant odours—constant illness in house.

4. Parents and 6 children living and sleeping in a van (2 bunks only); mother expecting another baby shortly; sanitary conditions very unsatisfactory.

5. Parents and 5 children living in one room—father and eldest child both suffering from Tuberculosis.

## Prosecutions, 1929.

Prosecutions were instituted in no fewer than 568 instances as follows:—

### Nuisances (Public Health Act)—

468 Summonses. 222 Summonses withdrawn. 1. Summons dismissed. 5 Summonses adjourned sine die.

### Failure to comply with Magistrate's Orders—

56 Summonses. 18 Summonses withdrawn.

Public Health Act, 1875. Sec. 103 (refusal to allow Inspector entry)—

1 Summons.

### Removal of Offensive Matter during Prohibited Hours—

2 Summonses. 2 Summonses withdrawn. 1 Conviction.

### Removal of Offensive Matter not in Proper Vehicle—

2 Summonses. 1 Summons withdrawn.

### West Ham Grocers', etc., Closing Order, 1919—

5 Summonsec. 2 Summonses dismissed on payment of costs. 3 Convictions.

Shops (Hours of Closing) Act, 1928—

18 Summonses. 4 Summons dismissed on payment of costs. 14 Convictions.

West Ham Grocers', etc., Half-Holiday Order, 1912—

1 Summons.

Shops Act, 1912. Sec. 1. Sub-Section 1—

3 Summonses. 1 Summons withdrawn. 2 Convictions.

Shops Act, 1912. Sec. 1. Sub-Section 2—

1 Summons.

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

1 Summons.

Adulterated Whisky—

2 Summonses. 1 Summons dismissed on payment of costs. 1 Conviction.

Adulterated Milk—

3 Summonses. 1 Summons dismissed on payment of costs. 2 Convictions.

Adulterated Butter—

1 Summons.

Adulterated Ground Ginger—

1 Summons. 1 Summons dismissed on payment of costs.

Selling Milk without being Registered—

1 Summons.

Selling Meat Adulterated with Sulphur Dioxide—

2 Summonses. 1 Summons dismissed on payment of costs. 1 Conviction.

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

1 Summons. 1 Summons dismissed on payment of costs.



# Table showing the Different Trades in which Outworkers were engaged during 1929.

Household Linen	...	3	Wearing Apparel	...	96
Stationery	...	2	Dyers and Cleaners	...	2
Tailoring	...	121	Blouses	...	17
Shirt Making	...	80	Overalls	...	46
Umbrellas	...	13	Boots and Shoes	...	10
Ties	...	19	Dressing Gowns	...	7
Underclothing	...	25	Embroidery	...	6
Robes	...	22	Belts	...	8
Costumes	...	7	Paper Bags	...	3
Millinery	...	7	Caps	...	2
Brushes	...	24	Furriers	...	3
Xmas Crackers	...	5	Laundry	...	5
Mantles	...	16	Dresses	...	30
Boxes	...	7	Badge-making	...	1
Waterproofs	...	3	Flag-making	...	5
Re-caning	...	1	Shoe Trimmings	...	1
Upholstery	...	1			
Hassock-making	...	2			
					600

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

City of London	...	107
Poplar	...	83
Finsbury	...	15
Stepney	...	46
East Ham	...	26
Bethnal Green	...	26
Shoreditch	...	21
Leyton	...	29
Hackney	...	25
Westminster	...	10
Marylebone	...	6
St. Pancras	...	2
Woolwich	...	2
		398

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

Stepney	...	187
East Ham	...	50
Leyton	...	40
Poplar	...	16
Bethnal Green	...	21
Walthamstow	...	2
Ilford	...	4
		320

# 1.—Inspection of Factories, Workshops and Workplaces.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers Prosecuted. (4)
Factories ... .. (Including Factory Laundries)	443	7	...
Workshops ... .. (Including Workshop Laundries)	139	3	...
Workplaces ... .. (Other than Outworkers' premises)	110	...	...
Total ... ..	692	10	...

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

Particulars. (1)	Number of Defects.			Number of offences in respect to which Prosecutions were instituted. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts* :—				
Want of cleanliness ...	17	16	1	...
Want of ventilation ...	4	4	...	...
Overcrowding ... ..				
Want of drainage of floors				
Other Nuisances ... ..	6	5	...	...
Sanitary Accommodation—				
Insufficient ... ..	1	...	...	...
Unsuitable or defective...	3	1	...	...
Not separate for sexes ...	1	...	...	...
Offences under the Factory and Workshop Acts :				
Illegal occupation of underground bakehouse (s. 101) ... ..				
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.)				
Total ... ..	32	26	1	...

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



# Outwork in Unwholesome Premises, Section 108.

Nature of Work (1)	Instances (2)	Notices served (3)	Prosecu- tions (4)
Wearing Apparel—			
Making, etc.....			
Cleaning and Washing.....			
Household linen.....			
Lace, lace curtains and nets.....			
Curtains and furniture hangings.....			
Furniture and upholstery.....			
Electro-plate.....			
File making.....			
Brass and brass articles.....			
Fur pulling.....			
Cables and chains.....			
Anchors and Grapnels.....	<i>No notices were served but many minor defects were remedied when pointed out by Sanitary Inspectors.</i>		
Cart gear.....			
Locks, latches and keys.....			
Umbrellas, etc.....			
Artificial flowers.....			
Nets, other than wire nets.....			
Tents.....			
Sacks.....			
Racquet and tennis balls.....			
Paper, etc., boxes, paper bags.....			
Brush making.....			
Pea picking.....			
Feather sorting.....			
Carding, etc., of buttons, etc.....			
Stuffed toys.....			
Basket making.....			
Chocolates and sweetmeats.....			
Cosaques, Christmas crackers, Christmas stockings, etc.....			
Textile weaving.....			
Total.....	—	—	—

# Inspection and Supervision of Food.

## Milk Shops and Dairies.

On December 31st, 1929, the number of registered dairies with the occupiers as dairymen, was 206, and in addition, 139 persons were registered as dairymen for the sale of bottled milk only in the closed and unopened receptacles in which it is delivered to them, making a total of 345 persons registered as dairymen and 206 premises, as dairies.

Five applications were granted to dairymen living outside the Borough to retail milk within the Borough, and fifteen transfers were granted on account of changes of occupation of registered premises.

Three applications for the registration of premises as dairies were refused on account of the unsuitability of the premises for the purpose.

In a number of cases, dairymen have been required to improve their methods by the installation of improved washing appliances, better lighting, and by the exercise of greater care in the handling and storage of utensils.

There is evidence of a great increase in the sale of bottled milk at retail provision shops. Some of this has been subjected to heat and is sold as "Sterilized Milk," but in most cases it is ordinary milk. Occasionally such retailers have been in the habit of opening the bottles and selling the milk across the counter in smaller quantities. To stop this practice it has been found necessary to visit all the retail shops in the Borough, in order to compel those persons selling milk to apply for registration as dairymen, which is granted only under suitable and well defined conditions. These shops are not registered as dairies.

## Examination of Milk.

Twenty samples of milk were taken from cowkeepers and milk purveyors (counter pans, churns, and pails) for examination. Of this number, 16 samples were submitted for animal inoculation as to the possible presence of the tubercle bacillus, and 4 for bacteriological examination for the 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
1	Cowkeeper (Counter Pan) ...	No evidence of T.B. infection.
2	Cowkeeper (Milk Pail) ...	Guinea Pigs died prematurely (sampled again, see No. 5).
3	Purveyor (Counter Pan) ...	No evidence of T.B. infection.
4*	Purveyor (Counter Pan) ...	Evidence of T.B.
5	Cowkeeper (Milk Pail) ...	No evidence of T.B. infection.
6	Purveyor (Counter Pan) ...	No evidence of T.B. infection.
7	Cowkeeper (Counter Pan) ...	No evidence of T.B. infection.
8	Purveyor ( $\frac{1}{2}$ -pt. Bottle) ...	No evidence of T.B. infection.
9	School (3rd-pt. Bottle) ...	No evidence of T.B. infection.
10	Cowkeeper (Milk Pail) ...	No evidence of T.B. infection.
11*	Purveyor (Counter Pan) ...	Evidence of T.B.
12	Cowkeeper (Counter Pan) ...	No evidence of T.B. infection.
13	Purveyor (Milk Pail) ...	No evidence of T.B. infection.
14	Purveyor (Counter Pan) ...	No evidence of T.B. infection.
15*	Purveyor (Counter Pan) ...	Evidence of T.B. infection.
16*	Cowkeeper (Milk Pail) ...	Evidence of T.B. infection.

No. 4. At a subsequent visit by my Inspector there was no evidence of T.B. (see Sample 6)), also cows were no longer kept.

No. 11. Constituted milk from five farms situated outside West Ham, the particulars of which were forwarded to the appropriate Council for necessary action. In this connection, 245 cows from these farms were examined by Veterinary Officers, with the result that two cows were slaughtered.

15. Particulars forwarded to the appropriate Council, who caused cows to be examined by Veterinary Officer, when it was reported that no trace of T.B. had been found in the herd, but two cows had recently been slaughtered.

16. Cows were submitted to examination and milk from five cows was sent to the Bacteriologist, but no trace of tubercle bacillus was found.

Twenty-five per cent. of milk samples contained T.B., but samples were taken only from sources most likely to produce contaminated milk.

## MICROSCOPICAL EXAMINATION,

Two samples were reported upon as containing *Bacillus Coli* and organisms exceeding 100,000 per c.c., and one was found to contain *B. Coli*. In connection with these reports, the matter was taken up with the Vendor and all possible sources of contamination were explored, and certain improvements resulted.

### Condensed Milk Regulations.

Twenty-two samples of Condensed Milk were taken as follows:—

Condensed Machine Skimmed Milk Sweetened	13
Condensed Sweetened Full Cream ... ..	6
Condensed Unsweetened Full Cream ... ..	3

Of this number, ten were purchased for the purpose of the equivalent test.

All samples 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.

Fourteen samples of various foods were reported upon as being adulterated with preservative, as under:—

Ground Ginger containing Sulphur di-oxide	Official	Prosecution followed
Meat do. do.	Unofficial	Subsequently sampled and reported as genuine
Meat do. do.	Unofficial	} Same Retailer } Prosecution followed
Meat do. do.	Official	
Meat do. do.	do.	
Meat do. do.	Unofficial	Subsequently sampled and reported as genuine
Meat do. do.	Unofficial	Do.
Meat do. do.	Unofficial	} Same Retailer } Prosecution followed
Meat do. do.	Official	
Meat do. do.	do.	
Sausages do. do.	Unofficial	
Sausages do. do.	Unofficial	
Pepper do. do.	Unofficial	
Pepper do. do.	Unofficial	Subsequently sampled and reported as genuine



## MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The following licences were granted during 1929 :—

Sixteen to sell Grade "A" (Tuberculin Tested) Milk, including eleven supplementary licences; one to produce, bottle and sell; and five to sell Grade "A" Milk, including three supplementary licences; eight to sell Certified Milk; twenty-one to sell Pasteurised Milk, including seven supplementary licences.

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

Pasteurized		Grade "A" (Tuberculin Tested)		Grade "A"		Certified	
Up to Standard	Below Standard	Up to Standard	Below Standard	Up to Standard	Below Standard	Up to Standard	Below Standard
62	4	7	3	16	6	10	—

The gradual improvement mentioned in my report for 1928 is still being maintained, with the exception of Grade "A." The condition of this milk as supplied is most unsatisfactory. It is unfortunately a popular belief that Grade "A" milk is the best and safest of the various designated milks, whereas it is in fact the least reliable.

Letters of warning were sent in the cases of four samples of Pasteurised Milk which failed to pass the standard. With regard to the three samples of Grade "A" (Tuberculin Tested) Milk, two contained B. Coli and one excessive Bacteria and B. Coli. Of the six samples of Grade "A" which did not pass the standard, five contained B. Coli and one excessive Bacteria and 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 Inspector, and 5,060 inspections were made during the year.

The Food and Drugs Inspector has also been appointed the Inspector and Official Sampler under the Fertilisers and Feeding Stuffs' Act, 1926.

## Ice Cream.

Twelve samples of Ice Cream were taken from shops and itinerant vendors and submitted for bacteriological examination. Of these, three were found to contain excessive bacteria, two B. Coli, and in one case excessive bacteria and B. Coli. Letters of caution were sent, and inspections made of the premises where the ice cream was prepared.

The condition of milk from which cream is made is also a very potent factor in its purity.

## UNSOUND FOOD CONDEMNED.

Bacon	50½ lbs.
Condensed Milk	9,600 tins.
Dates	1 box and 5 lbs.
Greengages	25 boats.
Greens	½ bag.
Haddocks	1 trunk.
Hams	30 tins (boneless)
Jellied Veal	1,074 lbs.
Potatoes	25 bags.
Rabbits	12
Sausages	390 lbs.
Skate	8 st.
Skate Wings	36½ st.
Sprats	1 Barrel

See page 68 for meat condemned under Public Health (Meat) Regulations, 1924.



## Samples Analysed by Borough Analyst, 1929.

Articles.	Analysed.		Genuine.		Adulterated.	
	Official.	Un-official.	Official.	Un-official.	Official.	Un-official.
Milk ...	374	11	362	11	12	—
Condensed Milk ...	19	3	19	3	—	—
Dried Milk ...	18	7	18	7	—	—
Cream ...	5	3	5	3	—	—
Butter ...	98	163	97	159	1	4
Margarine ...	5	3	5	3	—	—
Dripping ...	10	17	10	15	—	2
Lard ...	10	28	10	28	—	—
Bacon ...	6	9	6	9	—	—
Sausages ...	8	7	8	5	—	2
Meat ...	22	110	16	106	6	4
Fish Paste ...	—	1	—	1	—	—
Cocoa ...	19	8	19	8	—	—
Coffee ...	7	6	7	5	—	1
Flour ...	1	—	1	—	—	—
S. R. Flour ...	14	—	14	—	—	—
Baking Powder ...	4	4	4	4	—	—
Olive Oil ...	1	—	1	—	—	—
Confectionery ...	2	8	2	8	—	—
Jam ...	7	5	7	5	—	—
Lemon Cheese ...	1	—	1	—	—	—
Mincemeat ...	1	7	1	7	—	—
Lemonade ...	4	—	4	—	—	—
Whiskey ...	9	9	8	3	1	6
Beer ...	5	—	5	—	—	—
Mustard ...	5	—	5	—	—	—
Pepper ...	19	27	19	25	—	2
Vinegar ...	39	—	39	—	—	—
Sauce ...	3	—	3	—	—	—
Pickles ...	1	—	1	—	—	—
Ground Ginger ...	3	3	2	3	1	—
Ginger Wine ...	1	—	1	—	—	—
Arrowroot ...	2	5	2	5	—	—
Syrup of Figs ...	—	3	—	3	—	—
Citrate of Magnesia ...	2	—	2	—	—	—
Brawn ...	3	—	3	—	—	—
Chicken and Ham Roll ...	2	—	2	—	—	—
Cheshire Roll ...	1	—	1	—	—	—
Epsom Salts ...	—	4	—	4	—	—
Corn Flour ...	3	—	3	—	—	—
Ground Rice ...	3	—	3	—	—	—
Custard Powder ...	1	—	1	—	—	—
Peas ...	5	—	5	—	—	—
Sponge Cake ...	—	1	—	1	—	—
Ground Almonds ...	1	—	1	—	—	—
Marmalade ...	—	2	—	2	—	—
Swiss Roll ...	1	—	1	—	—	—
Salad Oil ...	1	—	1	—	—	—
Camphorated Oil ...	—	6	—	6	—	—

*Continued at top of next page.*

# Samples Analysed by Borough Analyst, 1929—Continued.

Dried Fruit ...	1	13	1	13	—	—
Lemon Crystals ...	8	—	8	—	—	—
Candied Peel ...	—	5	—	5	—	—
Gelatine ...	1	—	1	—	—	—
Ginger Beer ...	1	—	1	—	—	—
Lemon Squash ...	2	—	2	—	—	—
Honey ...	—	1	—	1	—	—
Kola ...	1	—	1	—	—	—
Corned Beef ...	1	—	1	—	—	—
Coffee & Chicory ...	1	1	1	1	—	—
Coffee Essence ...	1	—	1	—	—	—
Pearl Barley ...	2	1	2	1	—	—
Lemonade Powder...	2	—	2	—	—	—
Orange Crush ...	1	—	1	—	—	—
Sugar ...	1	—	1	—	—	—
Table Jelly ...	1	—	1	—	—	—
Gin ...	—	1	—	1	—	—
Totals ...	770	482	749	461	21	21

For list of prosecutions taken in connection with adulterated articles,  
see page 51.

## 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:

This report surveys the work carried out under the regulations during the year (with the exception of that relating to Stalls, Shops, Stores, etc.), and also that performed under the slaughter house bye-laws.

#### Ante and Post-Mortem Examinations.

The number of animals examined ante-mortem was 7,617. Among these many cases were noted which required particular examination upon post-mortem. One or two cases of notifiable disease were seen and dealt with under the Diseases of Animals Acts.

The number of animals inspected after slaughter was 19,240 and of this figure 2,313 or 12.02 per cent. were diseased.



3,137 Bovines were examined and 1,194 or 38.06 per cent. were affected with tuberculosis, while 495 or 15.77 per cent. were otherwise diseased. Swine numbered 4,755 and 176 or 3.70 per cent. were found to be tubercular, and 138 or 2.90 per cent. to be suffering with other forms of disease. Among the 11,346 sheep inspected 310 or 2.73 per cent. were diseased.

In Table I is given detailed information as to the numbers and percentages of animals diseased, and Tables II., III. and IV. give particulars of the meat condemned and the diseases which rendered it unsound, while in Table V. is shown the total quantity of meat found to be unfit for human food.

### **Condemned Meat.**

The practice of releasing condemned meat and offal for industrial purposes under supervision has been continued. Before it is released, however, a strong disinfectant or powerful dye is sprinkled over it to render it useless for human consumption.

We were successful in effecting the voluntary surrender of all meat and offal condemned by us.

### **Tuberculosis.**

Details of the deposition of tuberculous lesions observed during post-mortem examinations are set out in Tables VI. and VII.

The re-examination of carcasses after they have "set" has occupied much time, especially in cases of tuberculosis where the presence of any degree of the disease necessitates a special examination to determine the extent and character of the infection prior to releasing any part of even a slightly affected carcass.

The incidence of tuberculosis in bovines is slightly higher than in previous years, while among swine it shows a slight decline.

### **Times of Slaughtering.**

Slaughtering takes place in the Borough on every day of the week, including Sunday, and may occur at any time during the 24 hours; in consequence the work of inspection frequently has to be continued until a late hour of the day and also on Sundays and Public Holidays.

### **Meat Marking.**

The marking of meat under the Meat Regulations is not practised in this Borough.



## **Humane Slaughtering.**

Under the bye-laws all animals are required to be effectively stunned with a mechanically operated instrument prior to slaughter and slaughterers in the district use either a "Cash" or a "Temple-Cox" Captive Bolt Pistol to comply with this requirement.

This provision has been satisfactorily observed although objection to the use of these or similar instruments is still voiced quite frequently; the arguments most often raised being that no restrictions are placed upon Jews or Mohammedans, who slaughter without previous stunning, and also that in many places the use of the "gun" is not compulsory.

In this connection it may be noted that a bill is now before Parliament which proposes to extend the use of the mechanically operated instrument to the whole of England and Wales—save in the case of animals killed for the food of Jews or Mohammedans—and to prohibit slaughtering except by persons licensed by local authorities. This latter provision should do much to ensure that animals are treated humanely while in the slaughter-house.

## **Prosecutions.**

It was not found necessary to institute legal proceedings under the regulations or bye-laws in respect of any of the infringements which were observed, as following verbal warnings or warning letters the causes of complaints were remedied.

It may be of interest to record that several butchers now have their beef "Graded" and "Marked" after slaughter under the Beef Grading and Marking Scheme introduced during the latter part of the year by the Ministry of Agriculture and Fisheries.

Three designations are recognised under which beef may be graded, namely "Select", "Prime" and "Good" according to the conformation, finish and quality of the carcass. The "Select" and "Prime" grades are limited to steer and maiden heifer carcasses while in the "Good" grade young cow carcasses may be included.

Only home-killed beef of high quality is graded and is liable to the usual inspection by the Health Authority. In this connection we would suggest that it would not be inadvisable if it were a requirement that no carcass be graded and marked until after it has been passed by a meat inspector.

The scheme is an endeavour to popularise the buying by the public of home-killed beef of high quality and incidentally it assists the housewife to see that she obtains home-killed beef when she asks for it.

Although in some quarters the scheme is meeting with opposition from the retail trade it would appear that the Ministry of Agriculture are making every effort to ensure the ultimate success of the scheme.



TABLE I. (Meat Regulations).

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

Class of Animals.	Number Inspected	Affected with T.B.		Affected with other Diseases.	
		No.	Percentage.	No.	Percentage.
Bovines—					
Bulls ... ..	100	35	35·00	5	5·00
Bullocks ... ..	799	60	7·50	122	15·26
Cows ... ..	1,748	1,066	60·98	325	18·59
Heifers ... ..	288	31	10·76	43	14·93
Calves ... ..	202	2	0·99	...	...
Swine—					
Boars ... ..	22	2	9·09	3	13·63
Sows ... ..	75	6	8·00	4	5·33
Porkers ... ..	4,658	168	3·60	131	2·81
Ovines—					
Sheep ... ..	7,445	...	...	304	4·08
Lambs ... ..	3,901	...	...	6	0·15
Caprines—					
Goats ... ..	1	...	...	...	...
Kids ... ..	1	...	...	...	...
TOTALS ... ..	19,240	1,370	7·12	943	4·90

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

Disease or Condition.	Entire Carcases and Viscerae.	Heads.	Tongues.	Forequarters.	Shins.	Aitch Bones.	Clods.	Stickings.	Briskets.	Ribs.	Flanks.	Loins.	Rumps.	Hearts.	Lungs.	Diaphragms.	Stomachs.	Omenta.	Intestines.	Mesenteries.	Livers.	Pancreas.	Spleens.	Kidneys.	Kidney Knobs.	Mammary Glands.
Tuberculosis ...	19	255	255	8	...	2	2	2	6	3	6	5	5	14	1043	8	32	13	12	186	101	39	13	15	11	16
Actinomycosis & Actinobacillosis ...	...	6	17	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...
Bacillary Necrosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...
Pneumonia ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...
Distomatosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12	...	...	...	...	...	449	...	...	...	...	...
Ecchinococcus Veterinorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cysts ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	5	...	...	...	...	...
Abscesses	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	40½	...	...	...	...	...
Fatty Degeneration	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...
Cavernous Angioma	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	28	...	...	...	...	...
Emaciation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...
Bruises and Fractures	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cirrhosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Epicarditis	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Hepatitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9½	...	...	...	...	...
Splenitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Nephritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	...
Mastitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	318
<b>TOTALS ...</b>	<b>19</b>	<b>261</b>	<b>272</b>	<b>8</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>7</b>	<b>3</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>15</b>	<b>1070</b>	<b>8</b>	<b>32</b>	<b>13</b>	<b>12</b>	<b>189</b>	<b>648</b>	<b>39</b>	<b>14</b>	<b>22</b>	<b>11</b>	<b>334</b>



TABLE III.

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

## SWINE.

Disease or Condition.				Entire Carcase and Viscerae.	Heads and Collars.	Hands and Springs.	Spare Ribs and Blade Bones.	Bellies.	Loins.	Legs.	Hearts.	Lungs.	Stomachs.	Intestines.	Mesenteries.	Livers.	Spleens.	Kidneys.	Omenta
Tuberculosis ...	...	...	...	4	116	7	2	2	...	...	7	24	6	4	87	20	6	6	...
Swine Fever ...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hydraemia ...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia ...	...	...	...	...	...	...	...	...	...	...	...	36	...	...	...	...	...	...	...
Ecchinococcus Veterinorum Cysts	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Tenuicollis Embryos	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	...	...
Abscesses ...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Blood Aspiration	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Fatty Degeneration	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Oedema ...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...
Emaciation ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...
Cirrhosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	72	...	...	...
Pleurisy ...	...	...	...	...	...	...	...	...	...	...	...	16	...	...	...	...	...	...	...
Pericarditis ...	...	...	...	...	...	...	...	...	...	...	16	...	...	...	...	...	...	1	...
Hepatitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Nephritis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
TOTALS...	...	...	...	7	116	7	2	2	...	1	23	77	6	4	94	101	6	10	...

TABLE IV.

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

## OVINES.

Disease or Condition.	Necks	Entire Carcases and Viscerae.	Hearts.	Lungs.	Legs.	Breasts.	Livers.	Shoulders
Pneumonia ... ..	...	...	...	4	...	...	...	...
Distomatosis ... ..	...	...	...	...	...	...	198½	...
Ecchinococcus Veterinorum Cysts	...	...	...	1	...	...	...	...
Tenuicollis Embryos ... ..	...	...	...	...	...	...	39	...
Strongylosis ... ..	...	...	...	9	...	...	...	...
Abscesses ... ..	...	...	...	8	...	1	6	...
Pyrexia ... ..	...	1	...	...	...	...	...	...
Emaciation ... ..	...	5	...	...	...	...	...	...
Bruises and Fractures ... ..	3	...	...	...	½	3	...	3
Cirrhosis ... ..	...	...	...	...	...	...	42	...
Pleurisy ... ..	...	...	...	10	...	...	...	...
Pericarditis ... ..	...	...	1	...	...	...	...	...
Hepatitis ... ..	...	...	...	...	...	...	1	...
TOTALS ... ..	3	6	1	32	½	4	286½	3



TABLE V.

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

## Bovines—

Entire Carcases and Viscera	...	19
Heads	... ..	261
Tongues	... ..	272
Forequarters	... ..	8
Shins	... ..	1
Clods	... ..	2
Stickings	... ..	2
Briskets	... ..	7
Flanks	... ..	6
Ribs	... ..	3
Loins	... ..	5
Rumps	... ..	5
Aitch Bones	... ..	2
Hearts	... ..	15
Lungs	... ..	1070
Diaphragms	... ..	8
Stomachs	... ..	32
Omenta	... ..	13
Intestines	... ..	12
Mesenteries	... ..	189
Livers	... ..	648
Pancreas	... ..	39
Spleens	... ..	14
Kidneys	... ..	22
Kidney Knobs	... ..	11
Mammary Glands	... ..	334

## Swine—

Entire Carcases and Viscera	...	7
Heads and Collars	... ..	116
Hands and Springs	... ..	7
Spare Ribs and Blade Bones	... ..	2
Bellies	... ..	2
Legs	... ..	1
Hearts	... ..	23
Lungs	... ..	77
Stomachs	... ..	6
Intestines	... ..	4
Mesenteries	... ..	94
Livers	... ..	101
Spleens	... ..	6
Kidneys	... ..	10

## Ovines—

Entire Carcases and Viscera	...	6
Necks	... ..	3
Shoulders	... ..	3
Breasts	... ..	4
Legs	... ..	$\frac{1}{2}$
Hearts	... ..	1
Lungs	... ..	32
Livers	... ..	286 $\frac{1}{2}$

TABLE 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	No. of Animals affected with T.B.	Sternebrae.	Tonsils	Adrenal Bodies.	Kidneys. (Substance)	Mammary Glands	Pleura	Peritoneum.	Hearts.				Lungs.		Livers.		Pancreas		Stomachs		Omenta.	Spleens.		Intestines.		Mesenteries (Surface).	Uteri & Ovaries.		Testicles & Penis.
									Pericardium	Epicardium.	Myocardium.	Endocardium.	Pleura.	Parenchyma.	Capsule.	Substance.	Capsule.	Substance.	Outer Surface.	Inner Surface.		Capsule.	Substance.	Outer Surface.	Inner Surface.		Capsule.	Inner Surface or Substance.	
Bovines—																													
Bulls	35	...	...	...	1	...	1	1	2	...	...	...	1	15	2	1	2	...	2	...	...	2	...	...	...	1	...	...	...
Bullocks	60	...	...	...	1	...	2	3	1	...	...	...	1	11	3	4	1	...	2	...	3	2	...	...	...	1	...	...	...
Cows	1066	1	...	...	4	1	21	14	8	...	...	...	7	396	10	46	7	...	13	...	9	13	...	...	2	...	1	...	...
Heifers	31	...	1	...	...	...	2	2	2	1	...	...	1	9	2	5	3	...	2	...	1	3	...	...	1	5	...	...	...
Calves	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...
Swine—																													
Boars	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sows	6	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Porkers	168	...	...	...	...	...	1	...	1	...	...	...	1	23	...	11	...	...	...	...	...	...	6	...	...	1	...	...	...



TABLE 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.	Atlantal	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	35	5	20	...	...	...	1	3	...	1	1	1	...	...	...	...	...	2	25	20	21	...	...	3	2	5
Bullocks	60	2	17	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	35	20	17	...	...	7	3	14
Cows	1066	24	210	4	...	1	11	12	5	4	10	6	4	...	5	1	...	17	823	548	608	7	3	76	28	169
Heifers	31	3	8	...	1	1	2	3	...	...	2	1	2	1	1	...	...	3	22	14	14	2	1	9	5	8
Calves	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	2
Swine—																										
Boars	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Sows	6	6	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	2
Porkers	168	112	...	1	...	...	3	2	...	...	1	1	...	...	1	...	...	...	19	13	14	8	1	2	...	2
																										87

Milk and Dairies (Consolidation) Act, 1915.

Milk and Dairies Order, 1926.

Milk (Special Designations) Order, 1923.

Tuberculosis Order of 1925.

#### REPORT OF VETERINARY OFFICER.

The cattle and cowsheds in the Borough are regularly submitted to periodical examinations, in addition to which special examinations are made as occasion may demand. The methods of milk production are also supervised and endeavours made to improve the general hygienic conditions.

The several delayed provisions of the Milk and Dairies Order have now come into operation and if the Order were strictly enforced throughout the country, including quarterly examinations of cattle as the Order permits, then all milk should approximate to the standard as laid down for Grade "A" milk. The present standard for graded milks is too lenient, and in this connection it is of interest to note that in the United States of America the bacterial standard for Certified milk is no less than three times more severe than the standard for Certified milk—the highest grade under the Milk (Special Designations) Order.

The question of graded milks is at present much in evidence in veterinary and trade circles, criticism being mainly directed against the nomenclature used, it being pointed out that, whereas Grade "A" milk is commonly thought by the public to be the highest grade, it is in fact, the lowest grade of raw milk. I am of the opinion that the grades of milk should be limited to two raw and one pasteurised and suggest the following to be suitable designations from the consumers' point of view:—

**Tubercule free milk**, (i.e., from tuberculin tested herds—whether bottled on or off the farm).

**Clean Milk** (i.e., that now known as Grade "A").

#### **Pasteurised milk.**

During the year under review eight hundred and seventy examinations of cattle were made and where the existence of disease likely to affect the milk supply was observed, the offending animals were isolated and the milk discarded.

Samples of milk were taken in suspected cases direct from the cow, submitted to microscopical, and where necessary, biological examinations, and as a result, four cows were found to be affected with tuberculosis of the udder or to be giving tubercule infected milk and were slaughtered.

Samples of sputum etc., were also obtained in cases where it appeared desirable and this procedure led to the detection of two cases of tuberculosis of the lungs. One such animal was a



cow in milk while the other was a young animal not yet calved; both were slaughtered also under the provisions of the Tuberculosis Order.

In each case so dealt with a post-mortem examination was held when the diagnosis was confirmed; five of the animals having tuberculosis in a non-advanced form and one in an advanced form within the meaning of the Order. The great majority of cases dealt with under this Order throughout the country are found on post-mortem examination to be advanced cases. No doubt, here, the frequency of inspections tends to the detection of cases in their early stages. The need for frequent visits will be further realised when it is remembered that very few cows are actually bred and reared in this area; by far the great majority being bought while in milk and retained for the period of lactation only.

The view is largely held that contamination of the milk supply with the tubercle bacilli is directly due to milk which is contaminated prior to leaving the animal body. It has been my experience that by no means a negligible part of the infection is conveyed to the milk during the process of milking and subsequent handling, and in this respect lack of cleanliness in methods of milking and germ laden atmosphere of the average cowshed are largely responsible.

There would appear to be some doubt as to the admissibility of certain cases of tuberculosis within the scope of the Tuberculosis Order; here the view is held that any bovine which is excreting tubercle bacilli should be taken under the Order and such has been the practice in this area.

The Scottish branch of the National Veterinary Medical Association have formulated a scheme for the gradual eradication of tuberculosis from our herds, based on the American and Canadian plans of eradication by areas. Having regard to the intensive type of agriculture practised in this small country, I am of the opinion that any attempt at eradication is more likely to be successful if made over the country as a whole.

I consider, however, that it is not at present practicable to organise the wholesale slaughter of all cattle reacting to the tuberculin test for the number must be so great as to jeopardize the milk supply—besides which the economic aspect cannot be neglected. I believe much could be done by the periodical inspection of all dairy cattle throughout the country together with the extension of the Tuberculosis Order, while later other measures could be adopted such as the slaughter of all aged cows (save those certified to be free of infection) since these animals are largely responsible for the spread of disease.

Finally a scheme of total eradication based on the slaughter of all cattle failing to pass the tuberculin test should become practicable.



## Infectious Diseases.

### NOTIFIABLE DISEASES (Other than T.B.).

The following table shows the number of cases of notifiable diseases occurring during the year 1929, 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 ... ..	1277	1277	3
Diphtheria ... ..	816	767	39
Scarlet Fever ... ..	1456	1032	6
Enteric Fever (including Paratyphoid) ...	12	7	2
Puerperal Fever ... ..	16	10	8
Pneumonia (all forms) ... ..	611	140	415
Cerebro Spinal Fever ... ..	6	3	9*
Acute Polio Myelitis ... ..	1	...	...
Acute Polio Encephalitis ... ..	...	...	...
Encephalitis Lethargica ... ..	7	4	7
Erysipelas ... ..	188	41	6
Ophthalmia Neonatorum ... ..	31	12	...
Malaria ... ..	...	...	...
Continued Fever ... ..	4	1	...
Dysentery ... ..	...	...	...
Puerperal Pyrexia ... ..	64	43	...

\* Includes unnotified cases.

Table indicating deaths during the past seven years from:—

Year	Scarlet Fever	(Whooping Cough)	Measles
1922 .....	9	175	118
1923 .....	7	23	12
1924 .....	4	84	114
1925 .....	6	81	32
1926 .....	7	20	78
1927 .....	7	73	6
1928 .....	5	26	69
1929 .....	6	114	22
	—	—	—
	51	596	451

### Scarlet Fever (Return Cases).

Cases occurring within the outside margin of one month from the discharge of a case from Hospital to the same house were regarded as "Return Cases." Of 1,032, admitted to Hospital 15, or 1.4 per cent, were associated with recurrent infections in this way, (see also report of Medical Superintendent of Plaistow Fever Hospital—pages 78-86).

### 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.

Four cases were notified (two males—aged 21 years and six months and two females—ages 9 years and  $2\frac{3}{4}$  years). All died with the exception of the girl aged 9 who appears to have recovered, though she still shows nervous symptoms—

Of these four cases it is interesting to note that two (the man of 21 and the girl of 9) had both been subject to earache, though there was no discharge from the ear, and the little girl of two years and eight months had been operated upon for "Mastoid" about 13 months before she developed C.S.M. of which she died after about three weeks illness. Five other cases died from this disease, but were not notified.

### Poliomyelitis.

Only one case was notified—a young man of 24 years of age, who is being treated by a private Doctor and appears to be improving under his treatment, though there is marked paresis.

### Encephalitis Lethargica.

Seven cases were notified but in two cases (a lad of 20 and a girl of 8) the diagnosis was erroneous, the lad dying of "Tumour on the Brain" after 3 months illness and the girl of Tubercular Meningitis after a fortnight's illness.

Of the five cases of Encephalitis Lethargica, a girl of 9 died after 14 days' illness, a woman of 66 and a girl of 10 are still under treatment, and a man of 51 is also under treatment, but appears to be gradually getting worse. He had served in the South African and the "Great War," and had suffered from Malaria, and has been ailing about four years.

A little girl of 6 years appears to have recovered except that she is still irritable.

### CASES OF SICKNESS EXTRACTED FROM THE SUPERINTENDENT OF VISITORS' SCHOOL ATTENDANCE RETURNS.

Measles, including German Measles	1198
Chicken Pox .....	561
Whooping Cough .....	799
Mumps .....	292
Tonsillitis .....	403
Other Diseases .....	4309

On account of the prevalence of Smallpox, only the cases of Chicken Pox were visited, whereas in former years all other ailments of the nature set out above have been visited.

# Summary of Notifications.

Week Ending	Scarlet Fever	Diphtheria	Enteric Fever	Puerperal Fever	Small Pox	Typhus Fever	Cerebro Spinal Fever	Acute Poliomyelitis	Acute Polio Encephalitis	Encephalitis Lethargica	Erysipelas	Ophthalmia Neonatorum	Tuberculosis		Pneumonia	Malaria	Dysentery	Trench Fever	Relapsing Fever	Continued Fever	Puerperal Pyrexia
													Respiratory	Other Forms							
1929																					
Jan. 5	34	25	—	—	7	—	—	—	—	—	6	2	9	3	16	—	—	—	—	1	4
" 12	19	14	—	1	8	—	—	—	—	—	4	2	7	—	18	—	—	—	—	1	1
" 19	26	24	—	—	3	—	—	—	—	—	7	1	6	1	19	—	—	—	—	—	4
" 26	22	15	2	—	11	—	—	—	—	—	1	1	8	3	10	—	—	—	—	—	—
Feb. 2	24	22	—	—	2	—	—	—	—	—	4	—	5	3	30	—	—	—	—	—	—
" 9	29	11	—	—	5	—	—	—	—	—	1	2	10	4	49	—	—	—	—	—	—
" 16	23	19	—	—	4	—	—	—	—	—	6	1	5	3	49	—	—	—	—	3	—
" 23	12	19	—	—	17	—	—	—	—	—	—	1	8	4	32	—	—	—	—	6	—
Mar. 2	16	19	—	—	7	—	—	—	—	1	2	—	4	2	34	—	—	—	—	—	—
" 9	34	11	—	1	43	—	—	—	—	—	—	—	16	2	31	—	—	—	—	—	—
" 16	20	14	—	—	39	—	1	—	—	—	3	1	15	3	17	—	—	—	—	—	—
" 23	24	14	1	2	19	—	—	—	—	—	4	—	8	1	6	—	—	—	—	3	—
" 30	20	12	1	1	52	—	—	—	—	—	5	—	19	3	18	—	—	—	—	—	—
April 6	27	12	1	—	40	—	1	—	—	—	5	—	7	2	20	—	—	—	—	—	—
" 13	15	21	—	—	22	—	—	—	—	—	—	—	9	1	13	—	—	—	—	—	—
" 20	20	13	—	—	63	—	—	—	—	1	1	2	18	3	4	—	—	—	—	1	—
" 27	26	11	—	—	54	—	1	—	—	—	2	1	4	—	10	—	—	—	—	3	—
May 4	36	14	—	—	50	—	—	—	—	—	4	1	12	1	13	—	—	—	—	—	—
" 11	22	12	1	—	37	—	—	—	—	—	3	—	10	1	7	—	—	—	—	3	—
" 18	22	6	—	1	43	—	—	—	—	—	1	1	12	—	11	—	—	—	—	1	—
" 25	14	13	—	—	27	—	—	—	—	1	3	—	13	5	9	—	—	—	—	—	—
June 1	10	9	—	—	27	—	1	—	—	—	3	—	20	2	7	—	—	—	—	3	—
" 8	14	13	—	—	28	—	—	—	—	1	7	—	19	1	3	—	—	—	—	1	—
" 15	17	14	—	—	34	—	—	—	—	—	2	1	8	2	2	—	—	—	—	4	—
" 22	16	7	—	—	27	—	1	—	—	—	—	1	18	1	8	—	—	—	—	6	—
" 29	23	7	—	—	22	—	—	—	—	—	3	—	5	—	4	—	—	—	—	—	—
July 6	12	10	—	—	30	—	—	—	—	—	1	—	7	1	7	—	—	—	—	3	—
" 13	17	7	—	—	21	—	—	—	—	—	2	—	14	3	4	—	—	—	—	—	—
" 20	13	14	—	—	36	—	—	—	—	—	4	—	14	—	3	—	—	—	—	1	—
" 27	18	15	—	—	25	—	—	—	—	—	—	1	9	1	8	—	—	—	—	—	—
Aug. 3	22	13	—	—	22	—	—	—	—	1	2	1	11	3	3	—	—	—	—	—	—
" 10	15	11	—	—	17	—	—	—	—	—	—	—	8	3	5	—	—	—	—	1	—
" 17	17	11	—	1	20	—	—	—	—	—	3	—	11	2	6	—	—	—	—	—	—
" 24	19	7	—	1	17	—	—	—	—	—	1	—	3	1	—	—	—	—	—	—	—
" 31	25	17	1	—	12	—	—	—	—	—	3	1	10	2	1	—	—	—	—	—	—
Sept. 7	25	17	—	1	10	—	—	—	—	—	10	—	10	2	2	—	—	—	—	—	—
" 14	26	30	1	—	5	—	1	—	—	—	6	1	4	6	6	—	—	—	—	—	—
" 21	38	11	1	—	20	—	—	—	—	—	6	1	1	—	2	—	—	—	—	4	—
" 28	45	15	—	1	5	—	—	—	—	—	1	2	16	3	3	—	—	—	—	2	—
Oct. 5	57	18	1	—	12	—	—	—	—	—	6	1	5	—	3	—	—	—	—	—	—
" 12	47	19	—	—	23	—	—	—	—	—	3	—	19	2	7	—	—	—	—	4	—
" 19	61	31	1	—	17	—	—	—	—	—	5	—	5	1	14	—	—	—	—	—	—
" 26	56	37	—	1	16	—	—	—	—	—	6	—	7	1	7	—	—	—	—	2	—
Nov. 2	57	18	—	1	23	—	—	—	—	—	10	1	5	1	4	—	—	—	—	1	—
" 9	64	17	—	—	18	—	—	—	—	—	4	—	12	2	14	—	—	—	—	—	—
" 16	46	25	—	—	34	—	—	1	—	—	3	—	10	3	13	—	—	—	—	—	—
" 23	46	13	—	—	50	—	—	—	—	—	4	1	6	2	2	—	—	—	—	—	—
" 30	32	15	—	1	21	—	—	—	—	—	7	—	15	4	13	—	—	—	—	—	—
Dec. 7	36	18	—	—	47	—	—	—	—	1	9	—	7	—	10	—	—	—	—	2	—
" 14	38	14	—	2	32	—	—	—	—	—	8	1	13	—	14	—	—	—	—	—	—
" 21	35	21	—	1	23	—	—	—	—	1	4	—	5	—	6	—	—	—	—	1	—
" 28	24	21	1	—	30	—	—	—	—	—	3	2	8	1	14	—	—	—	—	1	1
TOTALS	1,456	816	12	16	1,277	—	6	1	—	7	188	31	510	95	611	—	—	—	—	4	64





## 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 .....	487	959	1446
Diphtheria .....	350	524	874
Tuberculosis .....	215	288	503
Enteric Fever .....	5	6	11
Encephalitis Lethargica ...	—	1	1
Erysipelas ... ..	3	—	3
Pneumonia and Measles	15	7	22
Cancer .....	8	6	14
Small Pox .....	46	1429	1475
Schools .....	27	648	675
General Disinfections .....	21	30	51
Disinfestations .....	29	25	54
			<hr/>
Total ...			5129
			<hr/>

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

## The Value of Disinfection.

Having regard to the vastly changed conditions which now prevail in comparison to those which were common half a century ago, it would appear that the time has arrived when the regulations and precautions concerning some of the more common infectious diseases should be ruthlessly revised. Not only have the conditions and environment under which the patient exists changed, but the actual virulence and type of certain infectious diseases have also become profoundly modified.

Research into the actual value of the disinfection of premises and its relation to the prevention of the spread of disease is needed in view of modern scientific knowledge in regard to Bacteria and their habitat.



# PLAISTOW HOSPITAL.

## Report of Medical Superintendent.

(Dr. D. MacIntyre.)

The total number of cases under treatment during 1929 was 2,190, which is 119 less than in the previous year. The general type of disease was, however, slightly more severe and the total number of deaths was a little higher.

Scarlet Fever admissions showed a small increase over the number of the previous year, but the Hospital returns do not give a true indication of the prevalence of this disease in the Borough as the accommodation was not sufficient during the winter months to admit all the cases notified. Most of the cases were of the prevailing mild type.

Diphtheria numbers were down as compared with the previous year, the admissions being 741 as compared with 901 in 1928. The number of deaths, however, was higher than in 1928. The present practice among practitioners of swabbing all suspicious throats has not resulted in any improvement either in the prevalence or the fatality rate of the disease. (See under Diphtheria).

Whooping Cough was prevalent during the first four months of the year, and some cases notified as scarlet fever or diphtheria were found after admission to be suffering also from this disease. Several patients were infected in the wards by these cases.

An epidemic of measles appeared in the Borough towards the end of the year and cases incubating the disease began to be admitted.

Typhoid cases were few and there were no deaths.

At the beginning of 1929 there were 241 cases in residence. 1,949 cases were admitted during the year, making the total of 2,190 cases under treatment. Of these, 1,889 were discharged recovered, 59 died, and 242 remained under treatment at the end of the year.

The chief causes of death are briefly summarised as follows—

Scarlet Fever caused .....	5 deaths.
Diphtheria caused .....	33 „
Whooping Cough caused .....	9 „
Pneumonia caused .....	5 „
Measles caused .....	2 „
Erysipelas caused .....	1 „
Other Cases caused .....	4 „
	—
	59
	—

The fatality rate, calculated on all the cases admitted during the year, was 3.02 per cent.

In Table I. there is shown the admissions and deaths during each month of the year. Table II. shows the annual admissions and deaths from the principal diseases since the Hospital was opened.

1929	ADMISSIONS.											DEATHS.										
	Scarlet Fever.	Diphtheria.	Typhoid Fever.	Measles.	Pneumonia	Erysipelas.	Chicken- pox.	Puerperal Fever.	Whooping Cough.	Other Diseases.	Total.	Scarlet Fever.	Diphtheria.	Typhoid Fever.	Measles.	Pneumonia	Erysipelas.	Chicken- pox.	Puerperal Fever.	Whooping Cough.	Other Diseases.	Total.
January ...	58	53	...	...	2	...	...	...	3	6	122	...	2	...	...	1	...	...	...	3	...	6
February ...	65	67	...	1	3	1	...	...	...	7	144	1	6	...	...	1	...	...	...	1	...	9
March ...	81	70	...	...	1	2	...	...	6	21	181	...	5	...	...	2	...	...	...	1	...	8
April ...	60	52	...	...	1	...	...	...	2	23	138	3	2	...	...	...	...	...	...	1	1	7
May ...	91	44	...	2	2	1	...	...	1	24	165	...	4	...	...	...	...	...	...	...	...	4
June ...	50	38	...	...	...	1	...	...	1	17	107	...	1	...	...	...	...	...	...	...	1	2
July ...	59	38	...	1	1	1	...	...	...	12	112	...	1	...	...	...	1	...	...	...	1	3
August ...	73	53	...	1	1	1	...	...	...	10	139	...	1	...	...	...	...	...	...	...	1	2
September ...	96	75	...	2	3	2	...	...	...	9	187	...	...	...	1	...	...	...	...	...	...	1
October ...	149	112	...	2	2	...	...	...	2	15	282	...	5	...	...	1	...	...	...	2	...	8
November ...	91	49	...	2	2	3	...	...	1	1	149	1	4	...	...	...	...	...	...	1	...	6
December ...	110	90	...	9	1	3	...	...	1	9	223	...	2	...	1	...	...	...	...	...	...	3
Totals ...	983	741	...	20	19	15	...	...	17	154	1,949	5	33	...	2	5	1	...	...	9	4	59



Year.	Scarlet Fever.		Diphtheria.		Typhoid Fever.		Measles.		Pneumonia.		Whooping Cough.		Erysipelas.	
	Ad.	D.	Ad.	D.	Ad.	D.	Ad.	D.	Ad.	D.	Ad.	D.	Ad.	D.
1896 ...	170	8	114	23	...	...	...	...	...	...	...	...	...	...
1897 ...	188	6	163	21	...	...	...	...	...	...	...	...	...	...
1898 ...	206	4	249	42	...	...	...	...	...	...	...	...	...	...
1899 ...	192	2	309	49	...	...	...	...	...	...	...	...	...	...
1900 ...	177	4	269	36	...	...	...	...	...	...	...	...	...	...
1901 ...	203	16	310	66	47	4	...	...	...	...	...	...	...	...
1902 ...	257	12	431	72	138	30	...	...	...	...	...	...	...	...
1903 ...	370	10	334	48	84	17	...	...	...	...	...	...	...	...
1904 ...	679	29	351	31	95	15	...	...	...	...	...	...	...	...
1905 ...	747	18	438	53	62	14	...	...	...	...	...	...	...	...
1906 ...	806	18	421	70	127	18	...	...	...	...	...	...	...	...
1907 ...	667	29	422	82	68	12	...	...	...	...	...	...	...	...
1908 ...	665	26	373	47	73	12	...	...	...	...	...	...	...	...
1909 ...	990	32	337	35	34	5	...	...	...	...	...	...	...	...
1910 ...	655	17	260	45	71	14	...	...	...	...	...	...	...	...
1911 ...	491	13	295	52	79	15	...	...	...	...	...	...	...	...
1912 ...	562	17	291	35	49	10	...	...	...	...	...	...	...	...
1913 ...	782	13	333	24	42	6	...	...	...	...	...	...	...	...
1914 ...	699	10	380	43	36	7	...	...	...	...	...	...	...	...
1915 ...	575	8	403	60	40	11	...	...	...	...	...	...	...	...
1916 ...	310	7	533	64	23	2	...	...	...	...	...	...	...	...
1917 ...	304	8	559	67	27	4	...	...	...	...	...	...	...	...
1918 ...	213	4	464	70	25	...	...	...	...	...	...	...	...	...
1919 ...	373	3	601	57	15	2	18	2	5	2	...	...	...	...
1920 ...	748	6	769	62	14	3	11	...	2	2	...	...	1	...
1921 ...	1,119	10	560	32	7	...	1	...	2	2	...	...	...	...
1922 ...	592	8	611	40	3	1	15	...	5	1	21	4	1	...
1923 ...	412	7	671	23	10	...	33	...	12	6	...	...	10	...
1924 ...	317	4	713	27	2	1	100	19	24	7	44	15	8	...
1925 ...	412	4	719	18	5	1	81	6	24	2	22	8	14	1
1926 ...	899	6	647	13	7	...	85	17	25	5	5	2	15	2
1927 ...	1,250	3	816	34	12	2	19	1	17	5	13	5	5	...
1928 ...	916	3	901	29	7	...	60	9	16	3	13	4	17	1
1929 ...	983	5	741	33	4	...	20	2	19	5	17	9	15	1

## Scarlet Fever.

Owing to lack of accommodation, all the cases could not be admitted when notified, and a large proportion of them had passed the acute stage of illness when admitted. Only 30 per cent. of the patients were admitted during the first 3 days of illness. 78 per cent. were admitted during the first week of illness, 17 during the second week, and 5 per cent. in the third week. The average day of illness of all cases was 5.6 days. 72 cases showed no signs of the disease on admission or afterwards, and 11 of these contracted the infection in the wards.

The total number of cases under treatment was 1,109, which compared with 1,047 in the previous year. Of these, 965 recovered, 5 died, and 139 remained under treatment at the end of the year. Of the 5 fatal cases, 1 was of the septic type, 1 died of uraemia following nephritis, 2 died of septic meningitis complicating middle ear disease, and 1, an adult who had previously suffered from acute rheumatism, died of endocarditis.

The fatality rate was .51 per cent. of the cases discharged.

In 56 cases the disease was complicated by the presence of other infections as follows:—

Scarlet Fever with Nasal Diphtheria .....	37 cases.
„ „ „ Faucial Diphtheria .....	7 „
„ „ „ Chickenpox .....	6 „
„ „ „ Measles .....	2 „
„ „ „ Whooping Cough .....	4 „

37 cases notified as scarlet fever proved to be wrongly diagnosed, and were found on admission to be suffering from the following complaints:—Rubella, 8; measles, 6; septic rash, 2; toxic erythema, 4; diphtheria, 2; pneumonia, 4; urticaria, 1; dermatitis, 1; tonsilitis, 1; bronchitis, 1; no disease, 7.

Complications:—Of the 965 cases discharged during the year, 323, or 33.47 per cent., suffered from complications as follows:—

Adenitis .....	47 cases, or 4.66 per cent.
Arthritis .....	17 „ „ 1.76 „ „
Albuminuria .....	60 „ „ 6.21 „ „
Nephritis .....	27 „ „ 2.78 „ „
Otorrhoea .....	64 „ „ 6.63 „ „
Rhinitis .....	56 „ „ 5.80 „ „
Vaginitis .....	6 „ „ .62 „ „
Endocarditis .....	4 „ „ .41 „ „
Septic Sores .....	42 „ „ 4.35 „ „

The average duration of residence of all cases, including stay at the Convalescent Home, was 44.29 days.



## Diphtheria.

Very little change has occurred in either the incidence or fatality of this disease. Though the admissions were somewhat lower than in the previous year, the deaths numbered 33 as compared with 29 in 1928.

It has now become a firmly established practice among the majority of medical practitioners to swab every suspicious throat and wait for a bacteriological report before notifying the case or administering antitoxin. This is to be regretted, not only on account of the delay in giving antitoxin, but because the bacteriological reports are not always reliable, and do not justify the faith placed in them by practitioners and the general public. Not infrequently the swab has proved negative in cases which have been suffering from virulent diphtheria. Two such cases, one of which proved fatal, occurred during the year. The following are brief details of the fatal case:—

A practitioner was called on a Tuesday to see a boy aged 7 years suffering from sore throat. He thought the condition very suspicious of diphtheria, and took a swab. He intended to visit the patient on the following day, but just as he was setting out on his rounds he received a report that the swab was negative, and then decided that a second visit was unnecessary. He did not see the patient again until the following Friday, when he received an urgent message from the parents stating the boy was worse. On this visit the doctor found the whole of the fauces covered with thick membrane, and the patient in acute distress from laryngeal obstruction. He was admitted immediately to hospital, where tracheotomy was performed, but he died 3 days later.

Much better results would, I think, be obtained if practitioners relied entirely on their clinical diagnosis, and in doubtful cases either administered antitoxin or sent the patient into hospital.

106 cases were in residence at the end of 1928. 830 cases, notified as diphtheria were admitted during 1929, and 741 of these proved to be suffering from the disease, making a total of 847 cases under treatment. Of these, 723 were discharged recovered, 33 died, and 91 remained under treatment at the end of the year. Of the cases discharged, 51 suffered from paralysis which was of a mild character in 29 cases, and severe in 22 cases.

85 of the cases were notified as laryngeal diphtheria, and 67 of these proved to be rightly diagnosed. Tracheotomy was performed in 31 of these cases, and 10 of them proved fatal, giving a fatality rate of 32.25 per cent. of the cases operated on which compares with 12.3 per cent. in the previous year. The average age of all the cases was 3 years, and the amount of antitoxin administered to them averaged 24,000 units.



23 deaths occurred among the 679 proved faucial or nasal cases discharged, giving a fatality rate of 3.38 per cent. which compares with 3.02 per cent. in the previous year. The duration of illness of these cases on admission averaged 3.87 days, their average age was 5.57 years, and the duration of their residence in hospital averaged 4.52 days. The amount of antitoxin administered to them averaged 91,000 units. The average amount of antitoxin given to all the cases was 17,360 units.

Corrected Diagnosis :—89 cases notified as diphtheria proved to be wrongly diagnosed, and were found after admission to be suffering from the following complaints :—Tonsillitis, 59; Laryngitis, 11; Bronchitis, 5; Quinsy, 2; Vincent's Angina, 1; Ulcerative Pharyngitis, 2; Abscess of neck, 1; Measles, 2; Scarlet Fever, 1; Marasmus, 1; Pneumonia, 3; Influenza, 1.

The average duration of residence of all the cases was 38.46 days.

### **Typhoid Fever.**

Only 5 proved cases were under treatment during the year. One case had been in residence at the beginning of the year and 1 case admitted as scarlet fever proved to be suffering from the disease. 8 other cases were notified as typhoid fever, and 3 of them proved after admission to be correctly diagnosed. Of the 5 true cases, 2 were suffering from para-typhoid B. All recovered. The other 5 cases were found after admission to be suffering from the following complaints :—Br. Pneumonia, 1; Enteritis, 1; Constipation, 1; Stomatitis, 1; Appendicitis, 1.

### **Measles.**

Few cases were admitted until towards the end of the year, when an epidemic of the disease appeared in the district. 6 cases notified as scarlet fever, and 4 cases notified as laryngeal diphtheria were found on admission to be suffering from measles. The disease was also present with scarlet fever in 2 cases, and with diphtheria in 4 cases. The total number of cases under treatment was 20, and of these, 12 were discharged recovered, 2 died, and 6 remained under treatment at the end of the year.

### **Whooping Cough.**

This disease proved troublesome during the earlier part of the year. 17 severe cases, complicated by broncho-pneumonia, were admitted, and 9 of these proved fatal. 4 cases notified as scarlet fever and 12 cases notified as diphtheria were found after admission to be suffering also from whooping cough, and 6 patients in one of the diphtheria wards were infected from this source; 1 of these proved fatal. The average age of the fatal cases was 2 years. All the cases were under 6 years.



## **Pneumonia.**

Cases of both lobar and broncho pneumonia are included in this group. 20 cases were under treatment, and of these, 14 were discharged recovered, 5 died, and 1 remained under treatment at the end of the year. The fatal cases were all children under 8 years.

## **Erysipelas.**

1 case was in residence, and 15 cases were admitted during the year. Of these, 14 were discharged, recovered, 1 died, and 1 remained under treatment at the end of the year. The face and scalp were the areas affected in all the cases except 3, in which the infection spread to the trunk. The fatal case was a man aged 61 years, who was suffering also from broncho-pneumonia.

## **Other Diseases.**

Under this group are classed cases in which the diagnosis was changed after admission, and also diseases which are not regularly admitted:—Tonsillitis, 59; Laryngitis, 11; Vincent's Angina, 2; Rubella, 22; Puerperal Fever, 1; Mumps, 1; Bronchitis, 8; Smallpox, 3; Chickenpox, 6; Toxic erythema, 4; Septic rash, 2; Influenza, 1; Gastritis, 1; Stomatitis, 1; Cerebro-spinal Meningitis, 2; Pneumococcal Meningitis, 1; T.B. Meningitis, 1; Septic Meningitis, 1; Pemphigus, 1; Encephalitis Lethargica, 1; Quinsy, 3; Urticaria, 1; Peritonsillar abscess, 1; Ulcerative pharyngitis, 2; Appendicitis, 1; Alveolar abscess, 1; Enteritis, 2; No disease, 7.

Of these, 4 proved fatal, as follows:—

Cerebro-spinal Meningitis	...	...	1 case
Pneumococcal Meningitis	...	...	1 „
Tubercular Meningitis	...	...	1 „
Ulcerative Pharyngitis	...	...	1 „

## **The Grange Convalescent Home.**

This Home was used throughout the year for cases convalescing from scarlet fever. The Home has accommodation for 50 patients, and the total number under treatment during the year was 554. The average duration of residence was 34 days. Towards the end of last year a carbon arc lamp was installed, and the patients were given exposure to artificial sunlight twice a week during the winter months. The tonic effect of the artificial rays results in an improvement in the appetite and in the general health of the patients. The majority of the patients like the treatment, and in my opinion it helps to prevent the onset of septic complica-



tions which are so common in scarlet fever. During the summer months open-air treatment is carried out with exposure to natural sunlight, and the beneficial results from this is very marked, particularly in the case of anaemic children from over-crowded homes.

To relieve the pressure on the beds at Plaistow Hospital the Council have decided to extend the accommodation at this Home to 116 beds, and it is expected that the new wards will be ready for occupation by the beginning of next winter.

### 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 course of immunisation one nurse developed nasal diphtheria, and three others developed mild attacks of faucial diphtheria. One nurse who was Schick negative developed rhinitis, from which diphtheria bacilli were isolated, but she recovered in 5 days without antitoxin. Two other nurses who had received 4 immunising doses of T.A.M. developed mild attacks of faucial diphtheria (one 4 days and the other 18 days after the last immunising dose). They both recovered without antitoxin, and were back on duty within 3 weeks. One nurse who was Dick positive and had received 4 immunising doses of Dick Toxin, contracted scarlet fever 6 weeks after receiving the last immunising dose.

During the year 96 nurses and maids were warded for varying periods. Of these, 35 were suffering from septic throat, 22 were suffering from influenza, and 39 were off duty for short periods with minor ailments. All recovered.

### Cate Cases.

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

Number sent by medical practitioners ...	168	
Number of these admitted ...		62
Number brought by relatives ...	414	
Number of these admitted ...		51
Number from other hospitals ...	45	
Number of these admitted ...		9
Total number of cases examined ...	627	
Total number of cases admitted ...		122



## Bacteriological Work.

Swabs examined for diphtheria bacilli :—

Number sent by medical practitioners :—

					Positive Results
Faucial	...	...	...	2757	353
Nasal	...	...	...	139	52
Aural	...	...	...	7	3
				<hr/>	<hr/>
			Total ...	2903	408
				<hr/>	<hr/>

Number of Gate cases swabbed :—

Faucial	...	...	...	110	20
Nasal	...	...	...	31	3
Aural	...	...	...	1	1
Conjunctival	...	...	...	1	0
				<hr/>	<hr/>
			Total ...	143	24
				<hr/>	<hr/>

Number of nose and throat swabs examined for the Invalid Children's

Aid Association	...	...	...	134	1
Widal Tests	...	...	...	1	0
Total number of examinations	...	...	...	3181	433
				<hr/>	<hr/>

## Disinfecting Station.

Number of articles removed from infected homes  
for disinfection

...	...	...	...	33783
Number of Hospital articles disinfected	...	...	...	9880
Number of articles from other institutions for disinfection	...	...	...	1482
				<hr/>

Total ... 45145

## Tuberculosis.

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

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 ... ..	...	1	1	2	...	...	2	4
1 ... ..	7	1	13	7	...	1	7	4
5 ... ..	26	19	17	13	...	...	3	6
10 ... ..	13	17	8	3	2	5	1	3
15 ... ..	28	31	7	6	14	24	1	1
20 ... ..	46	53	4	5	27	30	1	1
25 ... ..	68	50	4	1	32	16	2	1
35 ... ..	56	30	5	...	35	18	2	2
45 ... ..	46	15	1	2	38	13	1	1
55 ... ..	16	17	...	1	24	9	1	...
65 and upwards	6	2	...	...	9	4	...	1
TOTALS ...	312	236	60	40	181	120	21	24

Included in the above new cases are 12 pulmonary males, 25 pulmonary females, 2 non-pulmonary males, and 4 non-pulmonary females, which were unnotified, but were discovered from the returns of the Registrar of Birth and Deaths, showing that 8.0 per cent. of the deaths registered as due to Tuberculosis had not been notified during life.

The following table sets out the percentage of deaths from tuberculosis (not notified during life) for the years 1923-1929 inclusive :—

1923	...	17.0	1927	...	12.03
1924	...	10.5	1928	...	7.1
1925	...	11.2	1929	...	8.0
1926	...	12.8			

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 648, of which 548 were pulmonary cases. The deaths due to this disease numbered 346, giving a death rate of 1.1 per 1,000.

The death rate from respiratory Phthisis being 0.97, and from other forms 0.14 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 88 to 98.



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.)

Throughout the year the general routine work of the Dispensary has continued: patients have been examined, treatment has been arranged, homes have been visited, and grants of Extra Nourishments have been made.

In the early part of the year, the work of the Office was seriously delayed for six weeks on account of Influenza.

Tables 1, 2 and 3 have been completed as required by the Minister of Health. These are enclosed herewith.

**Comparison with the work done in previous years.**

Cases	1924	1925	1926	1927	1928	1929
Request	643	593	726	760	670	683
Notified	342	338	188	198	198	142
Definite	622	629	525	516	473	467

An increasing number of cases, in proportion to the number of definite cases, are being sent to the Dispensary before notification.

**Examination of Contacts.**

	1924	1925	1926	1927	1928	1929
No.	984	848	743	699	633	532
Positive	40	38	41	40	22	19
Percentage	4.0	4.48	5.1	5.7	3.5	3.7

**Pulmonary Tuberculosis.**

**Adults.** The Dagenham Sanatorium has, on the whole, been fully occupied; towards the end of the year some beds have been vacant. There has been no long "Waiting List." Beds for females have been used at the Grosvenor Sanatorium, as in previous years.

**Children.** The new Sanatorium at Langdon Hill has been fully occupied, but the "Waiting List" has been shorter than it was last year.

**Domiciliary Treatment.** Insured persons, while awaiting admission to Institutions, and after discharge, have been placed under Domiciliary Treatment under their own Panel Practitioners. 791 Domiciliary Reports have been received. These reports are completed quarterly by the Panel Practitioner, and sent to the Tuberculosis Officer who, in this way, keeps in touch both with the patient and the Medical Attendant.

**Dispensary Treatment.** Children and non-insured persons have been treated at the Dispensary; at the end of the year 493 patients were under treatment.

**Artificial Pneumo-thorax.** One afternoon session per fortnight has been devoted to this form of treatment. Throughout the year 11 patients have been in attendance, and 90 refills have been given.

**X-Ray.** 40 patients have been sent to the London Hospital for examination and report.

### **Non-Pulmonary Tuberculosis.**

**Adults.** Some 9 beds have been in constant use at the Royal Sea-Bathing Hospital, Margate.

**Children.** The number of children receiving Institutional Treatment at the end of the year was 49. This number is exceptionally high, but this is, probably, the high water mark. Several children have now been away for three years or more; some have Tuberculosis of the spine, others have Tuberculosis of more than one joint. It is considered that such cases should have a complete course of treatment rather than be returned to their homes where adequate treatment is impossible. Beds have been found in twelve different Institutions.

**Tuberculosis of Skin.** These are treated at the London Hospital. Throughout the year 10 cases have been under regular treatment by Artificial Sunlight Treatment, etc.

**After-Care.** Grants of Extra Nourishment have been made as usual; at the end of the year 121 patients were receiving grants. The continued trade depression renders it most difficult for the Tuberculous to obtain suitable work.

### **After-Care Colonies.**

**Preston Hall Village Settlement.** One pensioner has been accepted as a Probationary Colonist.

**Papworth Village Settlement, Cambridge.** No Patient has colonized: one has been discharged and two remain.



**Burrow Hill Training Colony.** This Institution has been opened by the National Association for the Prevention of Tuberculosis. Treatment and Training in Gardening and Clerical Work are provided for youths of ages ranging from 15 to 19 years. One youth has been sent there.

**The Prevention of Tuberculosis.** At the Annual Conference of the National Association for the Prevention of Tuberculosis, there was a discussion upon the factors at work in the causation of Adult Tuberculosis. Chronic fatigue and such physical factors as worry, grief, anxiety, sorrow and malnutrition were mentioned. I venture to direct attention to the remarkable increase of deaths from Tuberculosis amongst females at the age period 15—20 years. In 1928 the number of deaths from Tuberculosis of the Lungs at the age period 10—15 years was 5 for females, none for males. At the age period 15—20 years, 24 for females and 12 for males; in other years the figures are similar.

At the period of life from 15 to 20 years the individual is faced with a twofold challenge. There is the challenge of growth (puberty) and the challenge of work; he or she has to meet the demands of the growing body on the one hand and the demands of the family on the other, involving a change of status from dependence to independence. It may be that the stresses and strains to mind and body impair, or even exhaust, the vitality of the body and offer an opening for the development of the germ of Tuberculosis, already sown in the tissues.

Consider further what this effort to earn a livelihood means. A new, strange and unsympathetic, even hostile, environment arousing fear and anxiety, unaccustomed work bringing fatigue and weariness, mid-day meals hurried and inadequate, failure to nourish the growing body (one girl spent only 7d. on her mid-day meal). The long and tiring journey in crowded 'bus, tram or train, increasing fatigue, favour the spread of infection. The search for sensation and recreation in crowded Cinemas and heated Dance Halls further lower resistance.

The raising of school leaving age may prove a valuable factor in the Prevention of Tuberculosis and other diseases.

- (1) In postponing the necessity of earning a livelihood.
- (2) In offering opportunity for further instruction in Health and Hygiene.
- (3) In introducing some degree of Vocational Selection.

## RESIDENTIAL INSTITUTIONS.

### (A) AVERAGE NUMBER OF BEDS AVAILABLE FOR PATIENTS DURING THE YEAR 1929.

		Observa- tion.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
			"Sana- torium," Beds.	" Hospi- tal " " Beds.	Disease of Bones and Joints.	Other Condi- tions.	
Adult Males ...	...	1	61	28	2	...	92
Adult Females	...	1	29	24	4	1	59
Children under 15	...	1	40	...	39	1	81
TOTAL	...	3	130	52	45	2	232

### (B) RETURN SHOWING THE EXTENT OF RESIDENTIAL TREAT- MENT DURING THE YEAR 1929.

	In Institu- tions on Jan. 1.	Admitted during the year.	Discharg- ed during the year.	Died in the Institu- tions.	In Institu- tions on Dec. 31.
Number of Patients					
Adults—Males ...	79	201	151	40	89
" Female	57	128	109	25	51
Children—Males	43	31	27	...	47
" Females	32	39	27	2	42
Number of Obser- vation Cases					
Adults—Males ...	...	...	...	...	...
" Females	...	2	2	...	...
Children—Males	...	1	1	...	...
" Females	...	1	1	...	...
TOTAL ...	211	403	318	67	229



# Return showing the work of the Dispensary during the year 1929.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts) :												
(a) Definitely tuberculous ...	179	132	15	26	15	15	17	18	194	147	32	44
(b) Doubtfully tuberculous ...	—	—	—	—	—	—	—	—	109	126	100	114
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	62	85	76	66
B.—CONTACTS examined during the year :—												
(a) Definitely tuberculous ...	1	5	4	4	—	—	—	—	1	5	4	4
(b) Doubtfully tuberculous...	—	—	—	—	—	—	—	—	2	15	32	37
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	46	141	137	108
C.—CASES written off the Dispensary Register as												
(a) Cured ... ..	45	30	6	4	2	5	4	3	47	35	10	7
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ...	—	—	—	—	—	—	—	—	177	367	325	315
D.—NUMBER OF PERSONS on Dispensary Register on December 31 :												
(a) Diagnosis completed ...	842	893	393	335	86	108	169	106	928	1001	562	441
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	23	17	31	23

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

1. Number of persons on Dispensary Register on January 1st ... ..	2,978	8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for (a) "Light" treatment ... .. 954 (b) Other special forms of treatment ... .. Nil.
2. Number of patients transferred from other areas and of "lost sight of" cases returned ... ..	84	9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary ... .. Nil.
3. Number of patients transferred to other areas and cases "lost sight of" ... ..	233	10. Number of consultations with medical practitioners :— (a) At Homes of Applicants ... .. 51 (b) Otherwise ... .. 475
4. Died during the year ... ..	207*	11. Number of other visits by Tuberculosis Officers to Homes. ... .. 138
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months ... ..	129	12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes ... .. 4,172
6. Number of attendances at the Dispensary (including Contacts) ... ..	11,118	13. Number of (a) Specimens of sputum, etc., examined ... 940 (b) X-ray examinations made, ... .. 40 in connection with Dispensary work.
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision ... ..	Nil.	14. Number of Insured Persons on Dispensary Register on the 31st December ... .. 999
		15. Number of Insured Persons under Domiciliary Treatment on the 31st December ... .. 339
		16. Number of reports received during the year in respect of Insured Persons :— (a) Form G.P. 17 ... .. 5 (b) Form G.P. 36 ... .. 791

\* 4 not of T.B. (2 of the 4 doubtfully T.B. Cases).



Return showing the immediate results of treatment of patients  
and of observation of doubtful cases discharged from Residential  
Institutions during the year 1929.

Condition at time of discharge	Duration of Residential Treatment in the Institution.												Total	
	Under 3 months			3-6 months			6-12 months			More than 12 months				
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
PULMONARY TUBERCULOSIS														
Class T.B. minus.														
Quiescent ... ..	5	11	...	11	3	12	3	2	17	1	1	1	67	
Improved ... ..	6	7	1	8	8	4	3	5	...	3	...	9	54	
No material improvement	5	1	...	2	...	...	...	...	...	...	...	...	8	
Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	1	1	
Class T.B. plus Group 1.														
Quiescent ... ..	...	2	...	9	4	...	2	...	...	...	...	1	18	
Improved ... ..	5	1	...	5	3	...	...	3	...	...	...	...	17	
No material improvement	3	...	...	1	...	...	...	...	...	...	...	...	4	
Died in Institution ...	8	5	...	4	3	...	2	...	...	...	...	...	22	
Class T.B. plus. Group 2.														
Quiescent ... ..	1	1	...	5	1	...	1	...	...	1	...	...	10	
Improved ... ..	6	11	...	19	9	...	9	7	...	4	...	...	65	
No material improvement	4	6	...	1	...	...	1	1	...	1	...	...	14	
Died in Institution ...	11	4	...	5	3	...	1	4	1	2	3	...	34	
Class T.B. plus. Group 3.														
Quiescent ... ..	...	...	...	...	...	...	1	...	...	...	...	...	1	
Improved ... ..	2	3	...	5	2	...	5	2	...	2	...	...	21	
No material improvement	2	5	...	5	4	...	...	1	...	...	...	...	17	
Died in Institution ...	4	2	...	...	...	...	1	...	...	...	1	...	8	
NON-PULMONARY TUBERCULOSIS														
Bones and Joints.														
Quiescent or Arrested ...	...	...	1	...	1	...	...	...	...	1	1	1	5	
Improved ... ..	...	...	...	...	...	...	...	...	1	...	...	1	2	
No material improvement	1	...	1	...	...	...	...	...	...	...	1	...	3	
Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Abdominal. ... ..														
Quiescent or Arrested ...	...	...	...	...	...	...	...	...	1	...	...	...	1	
Improved ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	
No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...	
Died in Institution ...	1	...	...	...	...	...	...	...	...	...	...	...	1	
Other Organs.														
Quiescent or Arrested ...	1	...	...	...	1	...	...	...	...	...	...	...	2	
Improved ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	
No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...	
Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Peripheral Glands.														
Quiescent or Arrested ...	...	...	...	...	...	...	...	...	3	...	...	...	3	
Improved ... ..	...	1	...	...	...	...	1	...	...	...	...	...	2	
No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...	
Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	
OBSERVATION FOR PURPOSE OF DIAGNOSIS.														
			Under 1 week			1-2 weeks.			2-4 weeks			More than 4 weeks.		
Tuberculous ... ..			...			...			...			...		
Non-tuberculous ... ..			...			...			1 1			1 1		
Doubtful ... ..			...			...			...			*1 ... ..		
												*(Died not of T.B.)		
19														
385														

**(a) PULMONARY TUBERCULOSIS.**

Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensary at the end of 1929, arranged according to the years in which the patient first came under Public Medical Treatment for pulmonary tuberculosis, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates.				1926					1927					1928					1929						
				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus					
					Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		
ALIVE	Discharged as cured	Adults	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
		Children	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
		"	F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
	Disease arrested	Adults	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...		
		Children	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
		"	F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
	Disease not arrested	Adults	M	39	7	14	6	27	41	11	27	4	42	59	18	23	10	51	91	26	30	6	62		
		Children	M	46	4	12	...	16	53	7	11	3	21	60	13	18	4	35	80	14	27	6	47		
		"	M	63	...	...	...	...	40	...	...	...	...	39	1	...	...	1	28	...	...	...	...		
	CONDITION NOT ASCERTAINED DURING THE YEAR	"	F	41	...	...	...	...	48	...	1	...	1	35	1	...	...	1	34	...	...	...	...		
		LOST SIGHT OF OR OTHERWISE REMOVED FROM DISPENSARY REGISTER			...	19	1	3	...	4	14	1	1	...	2	10	6	4	1	11	7	7	2	1	10
		Dead	Adults	M	2	...	3	2	5	5	3	9	2	14	*10	7	9	6	22	10	*8	13	6	27	
Children	M		...	...	2	2	4	4	1	8	...	9	2	8	11	7	26	6	4	4	6	14			
"	F		1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Totals				...	265	13	39	12	64	222	26	59	10	95	228	56	67	28	151	259	60	76	25	161	

\*One did not die of T.B.





**(b) NON-PULMONARY TUBERCULOSIS.**

Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensary at the end of 1929, arranged according to the years in which the patient first came under Public Medical Treatment, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates.			1926					1927					1928					1929				
			Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
			C1	C2	C3	C4		C1	C2	C3	C4		C1	C2	C3	C4		C1	C2	C3	C4	
Discharged as cured ...	Adults	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	"	F	...	...	1	1	2	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
	Children	M	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Disease arrested ...	"	F	...	...	1	1	2	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
	Children	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	"	F	1	...	...	...	1	1	...	1	...	2	...	...	...	1	1	...	...	...	...	...
Disease not arrested ...	Adults	M	1	...	1	2	4	2	...	4	1	7	4	3	3	3	13	6	1	4	2	13
	"	F	3	...	1	4	8	3	1	1	6	11	5	...	3	4	12	4	2	2	8	16
	Children	M	8	1	1	6	16	14	...	1	14	29	13	4	3	14	34	7	1	3	11	22
Transferred to Pulmonary	"	F	5	1	...	7	13	11	2	...	7	20	3	2	1	8	14	12	...	...	6	18
	Condition not ascertained during the year	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
	Lost sight of or otherwise removed from Dispensary Register	...	4	1	2	5	12	3	...	1	2	6	1	1	...	1	3	...	...	...	...	...
Dead ...	Adults	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
	"	F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Children	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	"	F	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	1	...	1
	Totals	...	24	3	8	28	63	38	4	8	36	86	30	10	11	31	82	30	5	11	29	75





**DAGENHAM SANATORIUM  
AND LANGDON HILLS SANATORIUM FOR CHILDREN.  
Annual Report of the Medical Superintendent  
(Dr. C. M. Mayberry).**

At the end of 1928 the number of patients remaining under treatment were:—

Males	...	...	...	69
Females	...	...	...	48—117

The total admissions during 1929 were:—

Males	...	...	...	189
Females	...	...	...	116—305

The number of deaths was:—

Males	...	...	...	38
*Females	...	...	...	27—65

\* 2 cases transferred from Laindon

Discharges during the year totalled:—

Males	...	...	...	141
Females	...	...	...	98—239

Leaving under treatment at 31st December, 1929:—

Males	...	...	...	79
Females	...	...	...	39—118

Including 18 Non-Insured persons.

Insured persons admitted during the year totalled 235, the remaining 70 being Non-Insured.

47 Ex-servicemen were admitted to the Sanatorium during the same period.

The Death Rate (calculated on admissions) was 21.31 per cent.

In the case of males the percentage was 20.10, and in the case of females 23.27.

The Average Duration of Residence (both sexes) was 136 17 days.

The average for males was 137.66 days, and for females 134.03 days.

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

	T.B. Minus	T.B. plus Grade I.	T.B. plus Grade II.	T.B. plus Grade III.	Total
Males	46	20	44	31	141
Females	36	14	33	15	98
<b>Males.</b>					
Quiescent	26	15	9	3	
Improved	13	5	29	16	
No material improvement	7	—	6	12	
	—	—	—	—	
	46	20	44	31	
	—	—	—	—	



<b>Females.</b>				
Quiescent .....	28	8	5	—
Improved .....	8	5	26	5
No material improvement ...	—	1	2	10
	—	—	—	—
	36	14	33	15

The results of treatment during 1929 do not differ to any marked extent from those of 1928. The duration of stay was somewhat less, 136.17 days compared with 158.60 days, which was only to be expected as the weather was more favourable for Sanatorium treatment. Thirty-four sputum positive cases Grade I. were discharged during the year, compared with thirty the previous year. Only forty-six sputum positive Grade III. were discharged against fifty-nine last year.

From year to year one cannot expect any marked improvement in results. The results depend very largely on the class of case admitted, and the above figures shew that in the past year there has been a slight increase in early cases and a considerable decrease in the number of advanced cases admitted. These figures are encouraging, and shew that progress is being made in the right direction.

The much sought for cure for Consumption as years go by seems as far off as ever. Prevention must certainly come before cure in this disease, but with the advance made and energies extended of recent years to cope with this scourge there can be little hope of reducing the numbers infected to a satisfactory level, as long as advanced cases are allowed to remain in their homes and discharge themselves from Institutions to infect their families and the community at large. Sooner or later this matter will have to be faced if any real advance is to be made in coping with the disease.

The following table shews the comparison of rainfall for the past two years in inches :—

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
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
1929	0.90	0.34	0.05	1.18	1.23	0.67	1.77	1.60	0.15	2.26	4.20	3.10

### **Light Treatment.**

Artificial Light Treatment has again been used during the winter months in a limited number of cases. The results have supported the opinion formed in the previous year that Light Treatment is a useful contribution to Sanatorium treatment.

## **Entertainment.**

Whist Drives have been held almost every month. Several Concert Parties also visited the Sanatorium. The billiard handicaps were much appreciated.

## **Heating.**

The Wards and Recreation Rooms are now almost entirely equipped with radiators, a welcome change from fires. They have proved a great success from every point of view.

## **Nursing Staff.**

During the year 12 Nurses presented themselves for Part I. of the examination for the Certificate of the Tuberculosis Association. Nine were successful. Six Nurses sat for the final part. All were successful, one obtaining honours.

## **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.  
14 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.



## WEST HAM SANATORIUM FOR CHILDREN, LANGDON HILLS.

At the end of 1928 the number of patients remaining under treatment were :—

Males	...	...	...	20
Females	...	...	...	20—40

The total admissions during 1929 were :—

Males	...	...	...	25
Females	...	...	...	26—51

The number of deaths were :—

Males	...	...	...	Nil
Females	...	...	...	Nil—Nil

Discharges during the year totalled :—

Males	...	...	...	25
Females	...	...	...	26—51

Leaving under treatment at 31st December, 1929 :—

Males	...	...	...	20
Females	...	...	...	20—40

The Average Duration of Residence (both sexes) was 255.84 days.

The average for males was 236.8 days, and for females 274.15 days.

The results of treatment for those discharged are as follows:

		T.B. Plus.	T.B. Minus.	Quiescent.	Improved.	No material improvement.
Males	.....	Nil	25	18	7	Nil
Females	...	*1	25	14	10	*1

Unimproved.

\* Removed to Dagenham Sanatorium by ambulance.

The average gain in weight during stay was : Males, 6lbs.; Females, 7½lbs.

The results obtained during the past year have again been most encouraging, and support the view that in the case of children really good results can be obtained in the majority of cases if prolonged treatment is given. Striking results have been obtained in cases where the child was debilitated probably from its early life, and was consequently backward and dull mentally. After

prolonged treatment a very different child was to be seen, improved in health, bright and alert, taking an interest in everything. Good results in a Sanatorium, however, are of little avail in a fairly large number of cases owing to the conditions they return to at home, and one cannot help wondering which is the lesser of two evils, Sanatorium treatment or the reaction when they return home.

Open-air schools are certainly a help, but a question that requires serious consideration is the formation of colonies to complete the treatment and train the children for suitable trades. The outlook would appear more optimistic than in the case of adults who in the majority of cases have to change their past trade and mode of life, and in the case of the married, worry about home affairs.

There was one case of scarlet fever in February, and three cases of mumps in April. Fortunately, with isolation the infection did not spread. The infection can generally be traced to new admissions.

The erection of a playing-room, verandah, and radiators, in the coming year should prove useful additions.

Arrangements have been made for Probationer Nurses to go to Dagenham for a period to attend lectures, and so enable them to present themselves for the Certificate of the Tuberculosis Association, their place being filled in the meantime by a Probationer from Dagenham.

The following was the rainfall for the year in inches:—Jan., 1.41; Feb., 0.20; Mar., —; April, 1.04; May, 0.91; June, 0.79; July, 1.54; Aug., 2.03; Sept., 0.40; Oct., 2.04; Nov., 4.50; Dec., 3.31.

#### 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 23 Hospitals approved under the joint agreements. There are also seven Hostels, assisted by financial grants, where women suffering from either of these diseases can be accommodated, with a view to facilitating continued treatment. Provision is made for enabling Medical Practitioners to obtain laboratory reports on suspected material or specimens, and for the free supply of Salvarsan substitutes to practitioners who have obtained the necessary qualification to be placed on the approved list. In addition to paying its proportionate share of the cost of carrying out the Scheme, approximately one-twenty-fifth of the total expenses incurred, the Council makes a grant 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.

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.

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

Summary of work done by the Hospitals during the Year 1929.

	London.	Middle- sex.	Essex.	Surrey.	Kent.	Herts.	Bucks	East Ham.	West Ham.	Croy- don.	Total.	Other Places.	Grand Total.
New Patients :—													
Syphilis ...	3,280	380	224	154	105	43	23	57	119	22	4,407	524	4,931
Soft Chancre...	210	1	6	7	1	2	...	2	5	2	236	44	280
Gonorrhoea ...	7,755	1,010	310	311	165	148	35	74	244	47	10,099	675	10,774
Not venereal...	6,493	661	355	316	186	88	41	73	207	60	8,480	321	8,801
TOTAL ...	17,738	2,052	895	788	457	281	99	206	575	131	23,222	1,564	24,786
Total attendances ...	616,399	51,877	22,233	20,196	9,579	6,271	2,489	4,806	15,930	3,089	752,869	16,003	768,872
No. of in-patient days ...	32,487	2,154	1,469	2,004	823	908	168	93	252	71	40,429	11,091	51,520
Salvarsan Subs. doses	35,333	3,881	2,164	1,607	1,052	464	450	417	1,261	300	46,929	1,800	48,729
For or at Centres :—													
Spirochaetes ...	855	70	28	19	15	5	1	5	21	1	1,020	67	1,087
Gonococci ...	53,447	3,870	2,765	1,999	1,395	642	200	528	1,435	484	66,765	1,312	68,077
Wassermann ...	24,270	1,869	1,004	1,004	600	269	156	206	484	218	30,080	875	30,955
Others ...	11,522	650	441	656	534	147	61	72	143	221	14,447	274	14,721
TOTAL ...	90,094	6,459	4,238	3,678	2,544	1,063	418	811	2,083	924	112,312	2,528	114,840
For Practitioners :—													
Spirochaetes ...	45	3	1	...	...	...	...	1	1	...	51	1	52
Gonococci ...	4,292	199	191	2,139	12	26	10	43	39	491	7,442	71	7,513
Wassermann ...	15,879	1,708	1,152	787	101	79	136	175	248	313	20,578	407	20,985
Others ...	3,188	77	205	257	52	29	24	4	12	128	3,976	79	4,055
TOTAL ...	23,404	1,987	1,549	3,183	165	134	170	223	300	932	32,047	558	32,650



## Venereal Diseases.

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

Year.	New Cases.						Total Venereal Cases.		Total Non-Venereal Cases.		Total Attendances		In-patient days.		Pathological Examinations for	
	Syphilis.		Soft Chancre.		Gonorrhoea.											
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Clinic.	Practitioners.
1917	4,427	3,351	199	11	3,830	1,207	8,456	4,569	1,192	1,168	120,659		63,923		13,988	3,649
1918	3,764	3,002	116	13	4,844	1,940	8,724	4,955	1,345	1,348	169,485		66,095		25,973	6,380
1919	6,394	3,391	463	18	10,441	2,440	17,298	5,849	3,418	1,700	201,626	106,096	24,025	49,186	51,554	10,464
1920	6,988	3,579	766	25	10,669	2,427	18,423	6,031	4,403	2,189	329,940	134,093	29,430	52,182	58,920	14,027
1921	5,088	3,100	458	13	8,573	2,136	14,119	5,249	3,696	2,354	357,503	138,706	30,272	49,420	66,134	18,472
1922	4,207	2,600	309	12	8,233	2,402	12,749	5,014	3,759	2,191	387,631	141,372	28,809	83,755	74,022	19,836
1923	4,497	2,631	311	4	9,043	2,520	13,851	5,155	4,167	2,477	412,915	142,594	29,661	77,001	69,784	24,403
1924	4,174	2,452	301	4	8,565	2,785	13,040	5,241	4,869	2,423	424,850	164,152	31,620	70,836	79,005	24,797
1925	3,556	2,346	268	11	8,464	2,857	12,288	5,214	5,726	2,954	459,011	187,120	29,313	73,141	106,064	26,346
1926	3,725	2,013	301	2	8,825	2,858	12,851	4,873	5,830	3,158	490,578	196,497	31,258	70,477	100,543	27,565
1927	3,886	2,209	203	7	9,637	2,859	13,726	5,075	6,799	3,365	554,171	213,107	21,268	91,145	107,512	27,046
1928	3,433	1,837	229	6	8,249	2,647	11,911	4,490	6,369	3,226	544,969	218,566	23,821	41,285	107,410	29,785
1929	3,303	1,628	276	4	8,271	2,503	11,850	4,135	5,656	3,145	557,747	211,125	23,121	28,399	114,840	32,605

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

Return showing the extent to which the facilities have been utilised during the year ended 31st December, 1929.

HOSPITAL.	New Cases.					No. of Persons.		Total attendances.	No. of In-patient days.	Sal. Subs. doses given.	Pathological Examinations.								Total.
	Syp.	S.C.	Gon.	Not V.D.	Total.	Ceased to attend.	Dis-charged				Spiro.		Gon.		Wass.		Others.		
											(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	
Albert Dock ... ..	221	39	337	229	826	279	243	12,174	2,507	1,355	56	2	489	78	439	202	...	...	1,266
Gt. Ormond Street ... ..	64	...	17	459	540	3	31	2,697	2,444	1,280	1	1	311	173	754	612	783	251	2,886
Guy's ... ..	407	94	806	817	2,124	189	710	61,099	1,909	4,778	325	...	11,058	527	3,370	2,590	6,065	1,497	25,432
King's College ... ..	211	6	157	125	499	180	123	20,174	866	1,132	20	7	5,833	143	1,270	2,273	129	...	9,675
London ... ..	416	1	930	673	2,020	922	290	71,684	1,266	3,762	48	6	7,558	1,117	1,738	3,500	...	...	13,967
Metropolitan ... ..	69	21	131	160	381	110	72	4,489	32	1,077	33	1	458	11	424	253	24	74	1,278
Middlesex ... ..	138	...	404	89	631	225	174	28,613	711	1,577	20	...	2,609	114	694	1,035	25	134	4,631
Miller General ... ..	107	14	249	69	439	141	159	13,482	113	886	24	2	1,408	6	261	379	...	...	2,080
Royal Free ... ..	139	...	465	609	1,213	214	264	27,071	1,755	4,171	6	...	6,091	9	2,389	1,161	...	124	9,780
Royal London Oph. ... ..	192	...	81	...	273	115	84	2,887	1,316	1,118	1	...	113	...	610	...	3	...	727
Royal Northern ... ..	186	7	471	236	900	147	316	21,600	207	1,693	37	...	1,609	36	978	1,545	4	...	4,209
St. George's ... ..	197	17	459	179	852	199	561	33,266	373	1,450	...	4	437	327	1,067	265	1	...	2,101
St. John's (Lewisham) ... ..	102	4	135	201	442	48	228	8,811	598	1,030	12	...	250	123	852	841	1,102	279	3,459
St. Mary's ... ..	211	3	364	109	687	260	146	10,105	1,402	1,207	9	16	461	305	435	1,100	...	...	2,326
St. Paul's ... ..	335	4	1,346	1,304	2,989	158	937	143,352	2,678	4,836	300	...	8,923	1,533	3,095	455	185	67	14,558
St. Thomas' ... ..	777	50	1,902	2,607	5,336	1,055	1,545	180,727	3,339	10,031	...	...	11,732	2,251	8,798	1,456	5,943	309	30,489
Seamen's ... ..	535	13	739	148	1,435	931	145	14,362	9,743	1,578	15	1	1,020	110	808	175	350	8	2,487
South London for Women ... ..	28	...	74	142	244	28	81	3,787	653	419	5	...	671	63	207	575	2	...	1,523
University ... ..	199	3	460	45	707	338	174	33,144	925	1,949	24	...	1,533	299	869	54	...	...	2,779
West London ... ..	308	...	890	320	1,518	324	420	45,661	89	2,384	140	7	1,405	261	1,179	1,352	1	96	4,441
Westminster ... ..	72	4	143	33	252	71	144	18,432	307	1,001	11	5	850	27	403	1,162	104	1,216	3,778
S.A. Mothers' ... ..	13	...	169	247	429	52	...	11,255	7,859	15	...	...	3,258	...	315	...	...	...	3,573
Children's, Waddon ... ..	4	...	45	...	49	...	50	...	10,428	...	...	...	...	...	...	...	...	...	...
TOTALS ... ..	4,931	280	10,774	8,801	24,786	5,989	6,897	768,872	51,520	48,729	1,087	52	68,077	7,513	30,955	20,985	14,721	4,055	147,445

(a) For Centre, 114,840.

(b) For Practitioners, 32,605.





## Venereal Diseases.

### Utilisation of facilities at hostels, 1929.

Particulars of the work done on behalf of the participating authorities by the hostels in the scheme for the year ended 31st December, 1929. These institutions are as follows:—

Royal Free—20-22 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.  
 Salvation Army—122-4 Lower Clapton Road, E.  
 Salvation Army—126-8 Lower Clapton Road, E.  
 West London Mission—35 Parkhurst Road, N.

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

AREA.					No. of Patients.	Aggregate No. of days in residence.	Percentage (days).
London County	...	...	...	...	146	14,472	54.6
Essex	...	...	...	...	18	2,222	8.4
Kent	...	...	...	...	13	1,296	4.9
Middlesex	...	...	...	...	18	2,154	8.1
Surrey	...	...	...	...	24	2,799	10.5
Herts	...	...	...	...	17	2,117	8.0
Bucks	...	...	...	...	3	400	1.5
West Ham	...	...	...	...	5	551	2.1
Croydon	...	...	...	...	4	437	1.6
East Ham	...	...	...	...	1	77	.3
TOTALS	...	...	...	...	249	26,525	100.0



## MATERNITY AND CHILD WELFARE.

### Notification of Births.

The birth rate for 1929 was 18.7. There were 6,316 live births, and 210 stillbirths officially notified in accordance with the 1907 Act.

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

1925	1926	1927	1928	1929
7017	6710	5991	5913	5766

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

All children born in the Borough are visited at intervals during infancy up to 5 years of age, 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 the age of 5 years—or earlier—when the children enter school. Notes are made on these cards of the method of feeding in infancy, of the physical development of the child in its early years, and of any illnesses from which the child has suffered; such notes are of great service at the first and subsequent School Medical Inspection.

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. Thereafter, visits are paid at regular intervals—3 months during the first year, every 4 months during the second year, and every 6 months from 2—5 years of age. In cases of premature, delicate or ailing babies more frequent visits are paid. Home visiting is of the first importance in Maternity and Child Welfare Work. Advice is given on the general care of infants and toddlers. In necessitous cases the expectant or nursing mothers can obtain extra nourishment, e.g. dried milk free or at a cheap rate. The mothers are encouraged to attend the Infant Welfare Centres with their children, so that each 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 1929.**

No. of Infants Visited	Completely Breast fed	Partially Breast fed	Completely Artificial
5201	3681 70.8%	873 16.8%	647 12.4%



## **Clinics.**

There are two Municipal and seven Voluntary Infant Welfare Clinics in the Borough. Sessions are held for infants and toddlers at all Centres. Antenatal sessions, at which a doctor is present, are held at both Municipal and at four of the Voluntary Clinics. Sewing Classes are held, health talks are given, and at some of the Centres infant foods and Cod Liver Oil preparations are supplied at cost price.

Much antenatal work is done in the Borough.

Three of the Voluntary Antenatal Clinics are run in connection with the External Midwifery Practice of the Plaistow Maternity Hospital. The two Municipal Antenatal Clinics have been well attended during the past year; a large number of the mothers are referred to the Clinic by the private midwives practising in the neighbourhood, to whom a report is sent after each examination of the patient. Others are sent by the Health Visitors, or report on the advice of friends who have previously received help and advice themselves. Attendances are, on the whole, regular at the Clinic. A "follow up" scheme was adopted in 1929 whereby the homes of all mothers attending the Antenatal Clinics are visited by the Health Visitors, when advice is given regarding preparation of the home for the confinement. An expectant mother who fails to keep her appointment to attend for examination on a certain date is visited at once by the Health Visitor to ascertain the reason for non-attendance. In this way the expectant mothers are kept under closer supervision.

An opportunity is taken at the Antenatal Clinics to teach the women something in the early care of infants, by instruction in breast hygiene and suitable diet with a view to breast feeding later. Model baby garments are displayed, and help given in the making of such garments. This advice given during pregnancy is carried out by the mothers after confinement; it has been noted that the mothers who attended an antenatal clinic keep to regular hours of feeding their infants, refrain from giving the babies dummies to suck, and in general adhere to a regular routine in the management of the babies.

## **Dental.**

During 1929 three half-day sessions per week were held for dental work amongst toddlers under 5 years of age, each session being attended by a lady dentist. It was found that the waiting list for dental treatment far exceeded the amount of work that could be done in three sessions, so that children waited frequently for many months after the name was entered on the waiting list. To obviate this, Miss E. K. Wilson, L.D.S., was appointed a full-time Dental Officer (Maternity and Child Welfare), and began work in February, 1930.



Every effort is made to preserve the primary teeth; necessary extractions are done under nitrous oxide gas anaesthesia. This work is not only curative, but it is educative in that it teaches parents the importance of dental care from the earliest years, and will inevitably be reflected in a lessened amount of dental treatment being needed during school life.

The work is now carried out at the West Ham Lane Infant Welfare Clinic, and at the School dental premises, while the School Dentists are engaged at the Schools.

### **Attendances for Dental Treatment in 1929.**

Number of attendances for treatment	...	...	...	702
Average attendance per child: 4.				
Number of attendances for extraction	...	...	...	104
Number of teeth extracted	...	...	...	359
Number of attendances for fillings	...	...	...	456
Number of teeth filled	...	...	...	531
Number of attendances for examination, special dressings, etc.	...	...	...	129
Number of New Cases	...	...	...	178

### **Stratford Day Nursery, Welfare Road.**

The Stratford Day Nursery continues to do invaluable work in this Borough, where many of the mothers are forced to go to work. The attendances at the Day Nursery during 1929 were:—

Whole days ... .. 8421

Average weekly attendance ... 185

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 in February, 1928, children are referred to the doctor in charge of the Light Clinic by the various Infant Welfare Clinics through the Medical Officer of Health.

### **Attendances at the Sunlight Clinics.**

#### **(1) Municipal—2 sessions per week.**

Number of children treated	...	...	...	147
Number of attendances	...	...	...	3225

#### **(2) Voluntary—3 sessions per week.**

Number of children treated	...	...	...	598
Number of attendances	...	...	...	4971

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

ADDRESS WHERE HELD	No. of Sessions held weekly.	Day and time of meeting	Average per		Session.		Arrangement for Medical Supervision.  Doctors—
			Centre Att.		Med. Con- sults.		
			Expectant Mothers.	Children.	Expectant Mothers.	Children.	
Silvertown Muni- cipal Centre.	2	Wed., 10 a.m. & 2.0 p.m	8.94	42.00	8.50	31.40	Helen Campbell
West Ham Lane Mun. Centre	4	Mon.Tue.& Thurs., 2 p.m Tuesdays, 10.0 a.m.	19.82	37.15	19.55	29.57	Helen Campbell
Chesterton House	6	Wed. & Thur., 11 a.m. & 2.30. Mon., Fri., 1.30.	130.00	78.43	48.52	23.27	Flora Hogg & Peter Kennedy
St. Luke's Square	5	Mon., Tues., Wed., Thurs., & Fri. 2p.m.	103.00	68.80	37.70	41.10	Flora Hogg & Peter Kennedy
Martin Street	1	Thursdays, 3.30 p.m.	34.26	32.88	12.94	8.76	Flora Hogg & Peter Kennedy
S.W.Ham Health Society.	3	Tues., Wed. & Fridays, 1.30 p.m.	15.90	66.00	6.05	16.30	Lilian Hawthorne
Trinity Mission Society.	2	Wed. & Th., 1.30 p.m.	...	42.69	...	28.10	Jean Smith
Stratford Day Nursery Infant Welfare Centre.	3	Mon., Wed. & Fri., 1.30.	6.96	43.40	...	23.80	Dorothea Brooks.
Given-Wilson In- stitute	1	Mondays, 2 p.m.	...	19.05	...	15.00	Eva Morton



## Distribution of Dried Milk to Expectant and Nursing Mothers and Children under 3 years of age, during the year 1929.

The distribution of Dried Milk continues to be carried out in accordance with Circular 185 of the Ministry of Health, and every care is exercised to see that only residents of the Borough, entitled to supplies, participate in the Council's scheme.

The Municipal Distributing Centres have not been altered since my last report, and are as follows:—

84 West Ham Lane, Stratford.

Public Hall, Barking Road, Canning Town.

Nurses' Home, Howards Road, Plaistow.

Barnwood Road, Silvertown.

The supplies delivered by the Contractors during the year have been tested both chemically and bacteriologically, and found to be satisfactory.

Nothing untoward has happened to interfere with deliveries, and a constant supply to the Public has been maintained.

Since August, 1920, Dried Milk has been distributed under the Maternity and Child Welfare Scheme as follows:—

Year 1920—	18,247 packets:	8 tons	3 cwts.	
1921—	73,872 do.	33 tons		
1922—	127,934 do.	57 tons	2 cwts.	
1923—	221,114 do.	98 tons	14 cwts.	
1924—	237,963 do.	106 tons	4½ cwts.	
1925—	222,410 do.	99 tons	5 cwts.	90 lbs.
1926—	222,776 do.	99 tons	9 cwts.	8 lbs.
1927—	206,015 do.	91 tons	19 cwts.	47 lbs.
1928—	218,312 do.	97½ tons.		
1929—	195,910 do.	87 tons	9 cwts.	22 lbs.

## 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,

Medical Officer of Health.

West Ham.

To:

The Medical Officer of Health,

Town Hall, Stratford, E.15.

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

Signed.....

Home Help's Address.....

(Detach this Slip and forward as directed above.)



## 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. The Home Help is employed for a period of two weeks, her duties beginning at the onset of labour. Formerly only those women who wished to be confined at home were eligible to apply for a Home Help, but recently the Scheme has been extended so that a Home Help may be employed now to supervise the home and children of a woman during her confinement in hospital. The Helps are usually chosen by the expectant mother, but must be approved by the Health Visitors as being suitable for the work. Their work is closely supervised by the Health Visitors, and only those people from homes clean and free from infection are allowed to come to the lying-in patient. The duties of these women are set out in the following form, a copy of which is handed to each one on her accepting duty. The quick return of the intimation of the commencement of duties is in order that the Health Visitors may at once get into touch with the case. The Health Visitors also visit the house several times during the stay of the Home Help in the house, in order to see that she performs her duties, and to give any necessary advice.

Number of applications from Expectant Mothers	...	...	988
Eligible (under Council's Scale of Income)	...	...	876
Ineligible (under Council's Scale of Income)	...	...	109
Withdrawn	...	...	3
Total			988

The value of this service is, first, in saving many mothers from getting up too soon after confinement to attend to household duties (with resulting debility and chronic ill-health due to pelvic trouble); and, 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 1929, 105; of whom all are trained.

Number of cases attended by midwives in 1929, 4,140.

Number of cases in which medical help was summoned, 701.

Midwives practising for Associations or Privately	Number notifying intention to practise	No. of births attended	No. of Records of sending for Medical aid
Plaistow Maternity Charity ...	43	... 3061	... 518
Essex County Nursing Assn. ...	33	... 61	... 7
Salvation Army Nurses ...	4	... 128	... 51
Tate Nurses Institute ...	5	... 146	... 23
Queen Mary's Hospital (External) ...	8	... 142	... 15
Forest Gate Sick Home ...	2	... —	... —
Private Practice :			
Midwives residing within Borough—			
a ... ..	1	... —	... —
b ... ..	1	... 3	... —
c ... ..	1	... 2	... —
d ... ..	1	... —	... —
e ... ..	1	... 58	... 6
f ... ..	1	... 93	... 19
g ... ..	1	... 176	... 33
h ... ..	1	... 120	... 20
Practising within, but residing without Borough—			
a ... ..	1	... 148	... 9
b ... ..	1	... 2	... —
	—	—	—
	105	... 4140	... 701
	—	—	—

### Health Visiting.

As previously stated, visits are paid at regular intervals to infants and children under 5 years. The total visits paid by Health Visitors during 1929 is considerably lower than the total for the preceding year. This is accounted for (1) by the increased work at Clinics undertaken by the Health Visitors; so that difficulty is experienced in maintaining regular routine visits especially to the older toddlers. (2) There has been more systematic visiting of expectant mothers in their homes; at these visits the Health Visitors can give valuable assistance and advice regarding personal hygiene, cleanliness of the home, and general preparation for confinement. The expectant mothers are found by the Health Visitors during the course of ordinary visiting; but the Health Visitors obtain the names and addresses of the majority of expectant mothers in their districts through the Antenatal Clinics, or from applications for Dried Milk, Home Helps, or beds at the Maternity Hospitals subsidised by the Council.



At the visits to the homes of infants and children up to 5 years of age, advice is given to the mothers as to feeding, clothing and general management; attendance at an Infant Welfare Clinic is urged by the Health Visitors. Special visits and enquiries are made into the causes of all deaths up to 5 years of age, and into all Stillbirths. Special cases, e.g. Puerperal Fever and Puerperal Pyrexia, Ophthalmia Neonatorum and Pemphigus Neonatorum are visited weekly as long as is necessary.

#### Visits paid during 1929.

(1) To Expectant Mothers:—			
(a) First Visits	...	1890	
(b) Total Visits	...		3149
(2) To Infants under one year:—			
(a) First Visits	...	3853	
(b) Total Visits	...		14036
(3) To children 1—5 years:—			
Total	...		15044
(4) Special visits			
(Home Helps, etc.)	...		8266
			<hr/>
	Grand Total Visits		40495
			<hr/>

#### Hospital Accommodation.

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

The Forest Gate Sick Home, belonging to the late West Ham Guardians, has a maternity block where a large number of women are confined.

#### Maternity Hospitals.

	No. of beds	No. of cases	Weeks spent
1. Queen Mary's Hospital ...	10	417	891
2. Plaistow Maternity Hospital ...	10	572	1315

#### Hospitals for Children under 5 years.

Arrangements have been made with St. Mary's Hospital, E.13, and with the Invalid and Crippled Children's Hospital, E.13, whereby infants and children under 5 years of age may be admitted for hospital treatment.

	No. of beds	No. of cases	Weeks spent
1. St. Mary's Hospital, E.13 ...	10	246	754
2. Children's Hospital, Balaam St., E.13 (Orthopaedic) ...	*16	65	406
	*(since August, 1929)		

Number of children under 5 years in Homes and Hospitals outside the Borough, 82.

Number of weeks spent in such Homes, 491.

Average length of stay per child, 5.9 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.

Abscess .....	4	Injury to:—	
Accident .....	1	Arm .....	1
Adenitis .....	3	Eye .....	1
Appendicitis .....	1	Foot .....	1
Balanitis .....	1	Head .....	3
Blepharitis .....	1	Leg .....	1
Bronchitis .....	17	Knee .....	1
Burns .....	5	Intussusception .....	2
Cerebral Tumour .....	1	Jaundice .....	1
Colitis .....	1	Lacerated Foot .....	1
Conjunctivitis .....	3	Malnutrition .....	1
Convulsions .....	1	Marasmus .....	7
Dermatitis .....	1	Mastoiditis .....	4
Diarrhoea and Vomiting .....	7	Meningitis .....	4
Dislocated Hip .....	1	Nephritis .....	1
Emphysema .....	1	Observation (for) .....	12
Enteritis .....	33	Ophthalmic Examn. ...	1
Fractured:—		Otorrhoea .....	1
Skull .....	1	Pneumonia .....	69
Femur .....	1	Poisoning .....	1
Glands of Neck .....	1	Prematurity .....	1
Haemorrhage .....	1	Pyloric Stenosis .....	4
Harelip .....	1	Rickets .....	2
Heart Disease .....	3	Scalds .....	8
Hernia (inguinal, etc.) ...	16	Sequestrum of Finger...	2
Hydrocephalus .....	1	Strabismus .....	2
		Tonsillitis .....	1
		Tonsils and Adenoids ...	4
		Whooping Cough .....	3

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

Bow Legs .....	1	Malnutrition and	
Cleft Palate .....	1	Marasmus ...	25
Colic .....	1	Melaena .....	1
C.T.E.V. ....	1	Paralysis .....	1
Diarrhoea .....	5	Plating Femur .....	1
Diplegia .....	1	Pneumonia .....	2
Enteritis .....	2	Poliomyelitis .....	1
Genu Varum .....	1	Prematurity .....	1
Impetigo .....	2	Rickets .....	16
Leg condition .....	1	Spastic Paraplegia .....	1
		Vomiting .....	1



## 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 accommodation for one maternity case only, the other having 2 rooms reserved for midwifery cases. Chronic medical cases are treated also in both these homes.

There is one other Nursing Home in the Borough, with accommodation for three chronic medical or senile cases.

These Homes are all registered under the Nursing Homes Registration Act which came into force in 1928, and are inspected periodically.

(1) Number of applications for registration in 1929 .....	—
(2) Number of Homes registered .....	4
(3) Number refused registration .....	—
(4) Number of appeals against such order .....	—
(5) Number of cases in which such orders for refusal for registration have been :—	
(a) Confirmed on appeal .....	—
(b) Disallowed .....	—
(6) Applications for exemption from registration .....	—
(7) Number of cases in which exemption has been	
(a) Granted .....	—
(b) Withdrawn .....	—
(c) Refused .....	—

## Convalescent Homes for Children.

The treatment at Convalescent Homes has again proved invaluable in restoring to health after acute or chronic illness many children under 5 years of age. During 1929, eighty-two children under 5 were sent to convalescent homes at the expense of the Council, through the Invalid Children's Aid Association and Invalid and Crippled Children's Society. These children are referred for examination to the Assistant Medical Officer of Health for Maternity and Child Welfare, who gives a certificate stating the length of convalescent treatment necessary. The children are recommended by their private doctors, or by the Medical Officers of Hospitals or Infant Welfare Clinics; and great benefit is derived by such children as a result of a regular routine life in wholesome surroundings, with good food and adequate rest. There is a great need for the extension of this service, whereby toddlers under 2 years of age and young infants may be fully restored to health after illness. At present it is difficult to place these little children in the existing Homes, where the staff is not usually adequate, either in numbers or in training, to deal with such cases.



**Convalescent Home for Nursing Mothers and Infants,  
St. Mary's Convalescent Home, Birchington-on-Sea, Kent.**

During 1929 full use was taken of the arrangement made by the Maternity and Child Welfare Committee in 1928 whereby nursing mothers with their infants (up to 6 months of age) can be sent to this Home for a period of three weeks. 18 mothers and 17 infants were sent to the Home during the year.

The mothers are all examined by my Assistant Medical Officer for Maternity and Child Welfare prior to admission to the Home. They are chosen from those attending the Clinics, or are referred for examination by the Health Visitors; for many mothers, it is the only holiday they have had for many years, and the result is a great improvement both physically and mentally. Letters of gratitude have been received for the happy holiday these mothers have enjoyed.

Owing to the increasing demand towards the end of 1928 for the occupation of the bed at St. Mary's Home, the Maternity and Child Welfare Committee decided to rent a second bed, thereby preventing a long waiting list with consequent disappointment when it was found impossible to send all applicants away. On 1st January, 1930, use was first made of this new arrangement.

**Midwives' Act, 1902 and 1918.**

Analysis of records of sending for Medical Aid, 1929.

PREGNANCY—		INFANT—	
Unsatisfactory condition	8	Unsatisfactory condition	23
Hyperemesis .....	1	Deformity .....	7
Albuminuria .....	5	Premature, feeble infant	55
Threatened Miscarriage	8	Discharge from eyes ...	33
Incomplete Abortion ...	1	Discharge from ears .....	1
Abortion .....	3	Melaena neonatorum ...	2
Hydramnios .....	1	Rash on body .....	9
Vaginal discharge .....	1	"Watery blisters" on	
Oedema of Labia .....	1	body ...	6
Uterine prolapse .....	1	Fits .....	2
Growth in Vulva .....	1	Inability to pass urine ...	1
Varicose Veins .....	1	Death of infant .....	13
		Stillbirths .....	10
Total ...		Total ...	
	32		162



<b>LABOUR—</b>	
Adherent Placenta .....	25
Torn Perineum .....	160
Antepartum haemorrhage	31
Post partum	
haemorrhage ...	29
Placenta praevia .....	4
Slow First Stage .....	13
Uterine inertia .....	7
Prolonged 2nd stage ...	73
Abnormal presentation ...	27
Malposition (persistent	
occipito posterior)	2
Premature rupture of	
membranes ...	7
Retained membranes ...	9
Obstructed Labour .....	1
Eclampsia .....	1

Foetal Distress .....	1
Unsatisfactory	
condition ...	12
Oedema of vulva .....	1
Abnormal placenta .....	2
<hr/>	
Total ...	405
<hr/>	

<b>PUERPERIUM—</b>	
Rise of temperature ...	66
Unsatisfactory	
condition ...	27
Swelling of vulva .....	1
Mastitis .....	3
Phlebitis .....	5
<hr/>	
Total ...	102
<hr/>	

### OPHTHALMIA NEONATORUM.

Ophthalmia Neonatorum has now to be notified to me as Medical Officer of Health by the Medical Practitioners in attendance on the cases, and not by the Midwife as formerly. The Central Midwives' Board rules compel a midwife to call in medical aid in every case of "discharging eyes, however slight," so that cases of Ophthalmia come under medical supervision at the earliest opportunity.

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

Notified.	Cases Treated.		Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
	At home	In Hospital				
*31	24	7	31	—	...	...

\* In addition 3 cases were notified that were non-resident in West Ham.

### Pemphigus Neonatorum.

No case of Pemphigus Neonatorum was notified in 1929. In six instances the midwives called in medical aid for "Watery Blisters" on the infant; twelve cases of "Watery Blisters" were

brought to my knowledge during the year. The cases occurred at intervals throughout the year; no direct spread could be traced in most instances, but in the practice of Midwife D (see following table) 3 cases occurred within 15 days. Recovery occurred in all cases.

**Midwife D. 1st case (a)** Spots appeared on the 11th day after birth; they rapidly developed into watery blisters typical of Pemphigus Neonatorum, though the case was not notified. The Midwife had discharged the infant on the 10th day, i.e. the previous day, then perfectly healthy. **(b) 2nd case**, occurred 3 days after (a) on 10th day after birth; **(c) 3rd case** occurred 12 days after (b), on the 9th day after birth. Precautions to prevent the spread of the disease were taken after the rash had developed in each case; all three cases recovered completely. No further cases of "watery blisters" have occurred since in the practice of this midwife.

Midwife or Doctor	No. of Cases.	Treated at	
		Home	Hospital
Midwife A. ....	1	1	—
Midwife B. ....	2	1	1
Midwife C. ....	4	4	—
Doctor — ....	1	—	1
Midwife D. ....	3	3	—
Midwife E. ....	1	1	—
	—	—	—
Totals	12	10	2
	—	—	—

### Maternal Mortality.

Total number of births in the Borough in 1929, 5,961.

Number of deaths due to complications of pregnancy or childbirth, 15.

### Maternal Mortality Rate.

1929	1928	1927
2.5 per 1,000	2.1 per 1,000	3.0 per 1,000

Average age of mothers at death, 29.5 years.

Deaths from Sepsis, 8.

Deaths from other causes, 7.

Of the eight deaths from Sepsis, seven occurred after confinement at full term, and only one—illegitimate—resulted from an abortion.

Seven deaths were attributed to causes other than Sepsis, four being due to haemorrhage, and three due to toxæmia of pregnancy.

Antenatal supervision, in varying degrees, was found to have been exercised in eight cases, while the remaining seven were never seen during pregnancy, until the condition developed which ultimately caused death.



Three of the pregnancies were illegitimate; and the state of pregnancy was concealed, hence no antenatal care. Death resulted in the first half of pregnancy in two of these cases from (1) Septicaemia and (2) Haemorrhage and shock, respectively; death in the third illegitimate case occurred at full-term from Eclampsia and difficult labour.

**Table shewing Causes of Death in those Eight Cases who received Antenatal Supervision.**

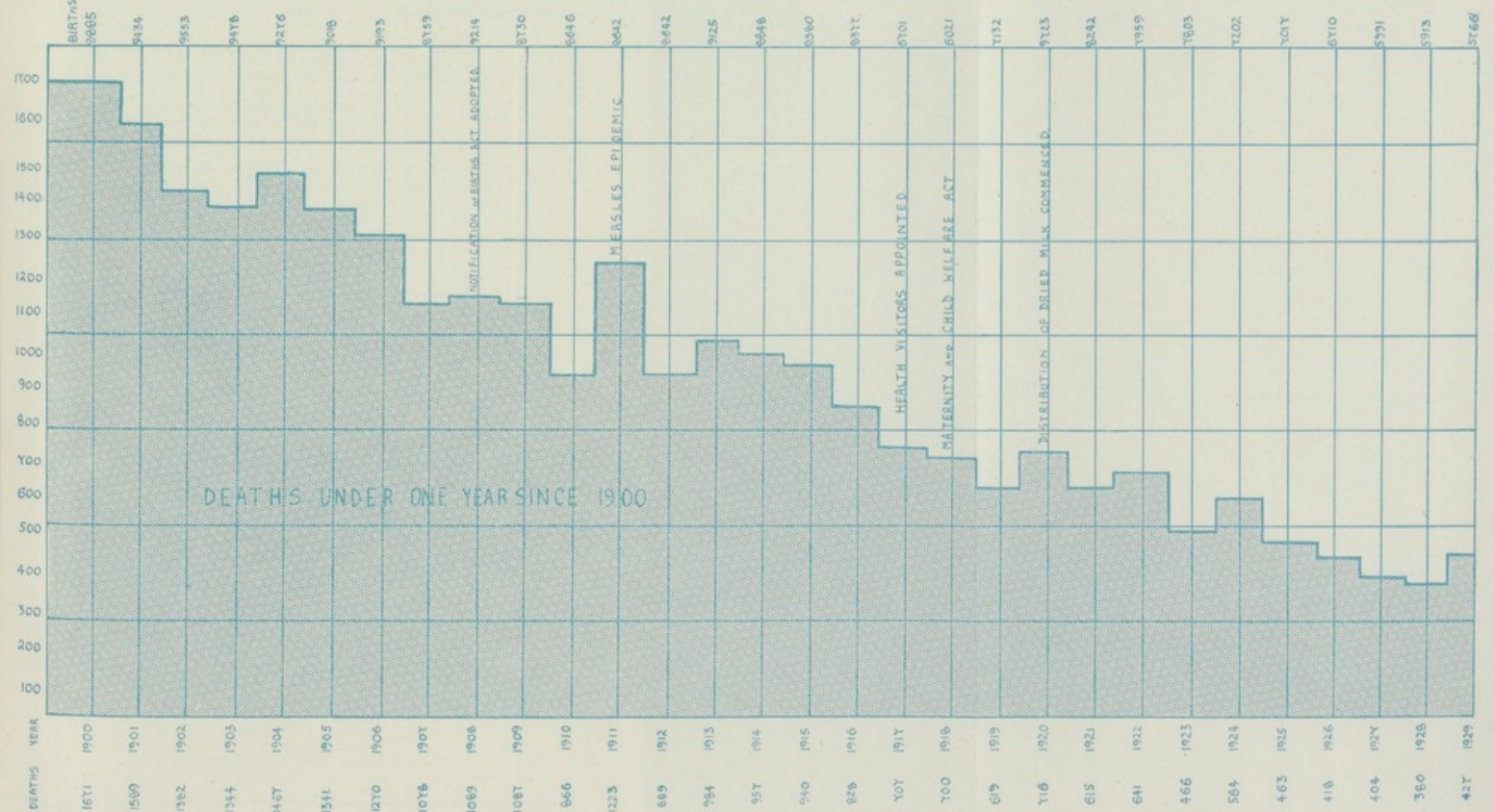
No.	Antenatal Care and Examination by	Cause of Death.
1	Private Doctor	Ante-partum Haemorrhage (Placenta praevia)
2	Hospital Clinic (Medical Officer and Midwives).	Puerperal Sepsis
3	Hospital Clinic (Medical Officer and Midwives).	Puerperal Sepsis
4	Hospital Clinic (Medical Officer and Midwives).	Parametritis Pulmonary Infarction Embolism
5	Antenatal Clinic (Medical Officer).	Puerperal Sepsis
6	Antenatal Clinic (Medical Officer).	Puerperal Sepsis Broncho Pneumonia
7	Antenatal Clinic (Medical Officer).	Influenza, Miscarriage, Haemorrhage.
8	Antenatal Clinic (Medical Officer).	Toxaemia of Pregnancy, Nephritis

**Causes of Death in the Seven Cases who received no Antenatal Supervision.**

- 1 Ante-partum Eclampsia.
- 2 Ante-partum Eclampsia (illegitimate) Persistent Occipito posterior delivery.
- 3 Ante-partum Haemorrhage.
- 4 Shock, Haemorrhage, Abortion (illegitimate).
- 5 Acute General Peritonitis. Ruptured Uterus.
- 6 Puerperal Septicaemia. Delayed Chloroform Poisoning.
- 7 Septicaemia following Abortion (illegitimate).

# DEATHS OF INFANTS UNDER ONE YEAR SINCE 1900.

The Population has increased from 202,627 to 306,900. Reg. Gen. Estimate







## Summary of the Cases. (1) Deaths from Sepsis.

Antenatal Care	History of Case	Certified Cause of Death
<p>Case No. 1. M.O. at Clinic. Delivered by Doctor.</p>	<p>Age 25. 1 para: delivered in hospital: pregnancy normal: labour, full term: instrumental, not difficult: infant living: died 26th day of puerperium.</p>	<p>Puerperal Septicaemia.</p>
<p>Case No. 2. M.O. at Clinic. Delivered by Midwife.</p>	<p>Age 24. 1 para: delivered in hospital: pregnancy—anaemia—otherwise normal: labour, normal, full term: infant living: puerperium—temperature 4th day—died 12th day.</p>	<p>Puerperal Septicaemia.</p>
<p>Case No. 3. M.O. at Clinic. Delivered by Midwife.</p>	<p>Age 29. 1 para: delivered in hospital: pregnancy—patient of poor physique: labour, normal, full term: living infant: puerperium—temperature on 15th day (patient readmitted to hospital) died suddenly on 22nd day.</p>	<p>Parametritis. Pulmonary Infarction. Embolism.</p>
<p>Case No. 4. No Antenatal Care.</p>	<p>Age 36. 3 para: emergency hospital case: illegitimate: pregnancy concealed: haemorrhage at 10 weeks, medical aid summoned 2 days later owing to severe loss of blood: sent at once to hospital: died 2 days after admission.</p>	<p>Septicaemia following Abortion.</p>
<p>Case No. 5. No Antenatal Care. Delivered by Doctor.</p>	<p>Age 28. 1 para: emergency hospital case: pregnancy apparently normal: labour, full term: forceps applied at home, but delivery not effected: sent to hospital as obstructed labour and had temperature on admission: delivered of still-born infant 24 hours later: forceps delivery: puerperium, 2nd day, slight temperature and jaundice: died 4th day.</p>	<p>Delayed Chloroform Poisoning. Puerperal Septicaemia.</p>



Antenatal Care	History of Case	Certified Cause of Death
<p><i>Case No. 6.</i> M.O. at Clinic. Delivered by Midwife.</p>	<p>Age 42. 8 para : delivered at home : previous confinements normal : pregnancy and labour normal : full term : living infant : puerperium, temperature and rigor 3rd day : removed to hospital 5th day : died on 7th day.</p>	<p>Puerperal Septicaemia.</p>
<p><i>Case No. 7.</i> Treated by Private Doctor in Pregnancy, but not examined. Home Visit by Maternity Nurse. Delivered by Doctor.</p>	<p>Age 32. 3 para : emergency hospital case : history of previous difficult labours : pregnancy normal : labour, unsuccessful attempt to deliver by forceps at home after long labour : transferred to hospital : caesarian section (still-born infant) and hysterectomy performed : died 3 days later.</p>	<p>Acute General Peritonitis. Ruptured Uterus (operation).</p>
<p><i>Case No. 8.</i> M.O. at Clinic. Delivered by Doctor (emergency).</p>	<p>Age 22. 1 para : delivered at home : pregnancy, normal : labour, instrumental, long labour, impacted foetal head : full term, living infant : patient had acute bronchitis at onset of labour : puerperium-broncho-pneumonia developed on 3rd day : died on 7th day at home.</p>	<p>Puerperal Septicaemia. Broncho-Pneumonia.</p>
<p><i>Case No. 9. ...</i> M.O. at Clinic. Attended by Midwife. Doctor summoned.</p>	<p>Age 33. 8 para : delivered at home : pregnancy, 4½ months pregnant : developed influenza, treated by own doctor : on 3rd day aborted and died suddenly from syncope after severe post-partum haemorrhage.</p>	<p>Influenza. Miscarriage. Haemorrhage.</p>
<p><i>Case No. 10.</i> No Antenatal supervision.</p>	<p>Age 17. 1 para : illegitimate : hospital emergency case : pregnancy concealed : died within 24 hours of admission to hospital for severe haemorrhage due to abortion at 4 months.</p>	<p>Shock. Haemorrhage. Abortion.</p>
<p><i>Case No. 11.</i> Antenatal supervision refused. Delivered by Doctor.</p>	<p>Age 30. 6 para : emergency hospital case. Previous pregnancies normal. Labour—severe ante-partum haemorrhage with onset of labour at full term : sent at once to hospital, normal delivery of S.B. infant—patient collapsed and died 3 hours after admission.</p>	<p>Ante-partum Haemorrhage. Parturition.</p>

Antenatal Care	History of Case	Certified Cause of Death
Case No. 12. Examined by Private Doctor. Undelivered.	Age 32. 3 para : emergency hospital case. Previous pregnancy; 2nd miscarriage : pregnancy (36 weeks) had haemorrhage at intervals from 2nd month : profuse haemorrhage at home 3 days before death : haemorrhage recurred, patient was transferred to hospital in a collapsed state and died undelivered at 4 hours after admission.	Syncope. Haemorrhage. Placenta Praevia.
Case No. 13. M.O. at Clinic. Undelivered.	Age 22. 1 para : emergency hospital case : pregnancy, 36 weeks : had been well throughout : urine normal when examined last by Medical Officer, 2 weeks before death. Had sudden sickness : no fits : admitted 12 hours later in moribund condition : died on admission.	Toxaemia of Pregnancy. Nephritis.
Case No. 14. No Antenatal Care. Delivered by Doctor.	Age 28. 1 para : emergency hospital case : pregnancy—illegitimate : apparently was well : labour—full term : admitted to hospital having ante-partum Eclamptic Fits : responded well to treatment : 3 days later was delivered by forceps of living child : (labour induced) sudden collapse and death 12 hours later.	Exhaustion. Toxaemia. Eclampsia. Persistent Occipito Position Delivery.
Case No. 15. Antenatal Care refused. Delivered by Doctor.	Age 43. 7 para : emergency hospital case : previous pregnancies, normal pregnancy : full term : labour — had 3 fits with onset of labour : admitted at once to hospital and delivered on admission. Died 2 hours later.	Eclampsia. Nephritis of Pregnancy.



## STILLBIRTHS.

Total Number of Stillbirths registered .....	195
Total Number of Births .....	5961

Percentage of Stillbirths—3.2%  
(1928 percentage of Stillbirths—3.19%)

Investigations were made by the Health Visitors in 178 of these cases; particulars were unobtainable in the remaining 17 cases.

### Age of the Mothers.

Less than 20 years ... ..	5
20—25 years ... ..	30
25—30 years ... ..	42
30—35 years ... ..	48
35—40 years ... ..	35
Over 40 years ... ..	18

Total ... 178

### Duration of Pregnancy (lunar months).

6—8 months ... ..	40
8—9 months ... ..	37
Full-term ... ..	101

Total ... 178

### Number of Pregnancies.

1 ...	55
2 ...	16
3 ...	22
4 ...	14
5 ...	13
6 ...	15
7 ...	10
8 ...	7
9 ...	8
10 ...	9
Over 10...	9

Total ... 178

### Condition of Foetus.

Macerated .....	47
Not Macerated .....	112
Particulars Unobtainable	19

Total ... 178

### Labour—Presentation.

Vertex .....	98
Breech .....	41
Footling .....	7
Face .....	0
Cord .....	1
Transverse .....	4
Prolapsed Cord .....	3
Particulars not known ...	24

Total ... 178

History of previous pregnancies and labours showed that out of 123 Multiparae in the series of 178 there were :—

(a) Normal Confinements	...	...	...	...	58
(b) Previous Stillbirths	...	...	...	...	27
(c) Miscarriages	...	...	...	...	22
(d) Difficult Confinements	...	...	...	...	3
(e) Eclampsia	...	...	...	...	2
(f) Adherent Placenta	...	...	...	...	1
(g) Premature Confinement	...	...	...	...	2
(h) Particulars indefinite	...	...	...	...	8
Total ...					123

#### Attributed Cause of Stillbirth.

Cases

Not Known	33
Albuminuria	9
Eclampsia	1
Influenza	3
Debility	6
Pneumonia	2
Acute Bronchitis	1
Pleurisy	3
Cardiac Disease	2
Diabetes	1
Exophthalmic Goitre	1
Mental Disease	2
Accident or Shock	20
Hydramnios	3
Twins	2
Malformed Foetus	9
Induction of Labour by Quinine	1
Antepartum Haemorrhage	15
Prolonged Labour	13
Difficult Forceps	13
Craniotomy	3
Abnormal Presentation	6
Placenta Praevia	12
Breech—Delay in Delivery of Head	12
Cord round Neck	5
...	Total ... 178



## Stillbirths—Antenatal Supervision.

Out of 178 cases of Stillbirths investigated by the Health Visitors, 62 had received no antenatal supervision in any form (34.8 per cent.). In the remaining 116 cases varying degrees of antenatal care were exercised as shewn in the following table:—

(a) Treatment by Private Doctor, but no complete Antenatal Examination ... ..	14
(b) Examination by Private Doctor ... ..	5
(c) Examination at Antenatal Clinics (hospital, municipal and voluntary) ... ..	88
(Of this number 5 attended once only)	
(d) Examination by midwife only ... ..	3
(e) Home Visit, but no examination, by Midwife ... ..	6
Total ...	116

## Puerperal Fever and Puerperal Pyrexia.

Puerperal Fever: Cases notified, 17.

Puerperal Pyrexia: Cases notified, 64.

A full enquiry is made by the Health Visitors in every case of puerperal fever or pyrexia occurring in a patient resident in the Borough. Of the puerperal pyrexia cases, 14 occurred in patients confined in but not ordinarily resident in the Borough.

### Age of Mother—

	under 20	20-25	25-30	30-35	35-40	over 40	Total
Puerperal Fever	1	7	2	2	3	2	17
Puerperal Pyrexia	1	11	19	10	4	5	50

### Number of Pregnancies—

	1	2	3	4	5	6	7	8	9	10 or over	Total
Puerperal Fever	7	1	—	—	3	2	1	1	1	1	17
Puerperal Pyrexia	29	6	2	2	3	1	2	2	—	3	50

### Duration of Pregnancy—

	Full-term	Premature	Abortion	Total
Puerperal Fever	... 14	... —	... *3	... 17
Puerperal Pyrexia	... 42	... 6	... 2	... 50

\* 2 illegitimate

### Nature of Confinement—

	Normal	normal but torn perineum	Instru- mental	Abnormal Presentation	Adherent Placenta	Antepartum Haemorrhage	Post-partum Haemorrhage	*2 Abortion	Caesarian Section	Total
Puerperal Fever	7	2	3	2	—	—	—	2	—	17
Puerperal Pyrexia	30	4	7	2	3	—	—	2	2	50

\* 2 illegitimate

### Attended at Confinement by—

	Doctor*	Midwife	Hospital	Total
Puerperal Fever	...	6	9	17
Puerperal Pyrexia	...	14	19	50

\* Including all cases where the Doctor was sent for by the Midwife.

### Treated for Puerperal Fever or Pyrexia at—

	Home	Hospital	Total
Puerperal Fever	5 (1 death)	12 (4 deaths)	17
Puerperal Pyrexia	21 (2 deaths)	29 (4 deaths)	50

## RESULT.

Puerperal Fever: Recovery, 12; Deaths, 5.

Puerperal Pyrexia: Recovery, 44; Deaths, 6.

### Notified Cause of Death.

#### Puerperal Fever, 5.

Puerperal Septicaemia, 3.

Pyæmia from purulent Endometritis, 1.

Broncho Pneumonia and Puerperal Sepsis, 1.

#### Puerperal Pyrexia, 6.

Lobar Pneumonia, 2.

Pneumonic Phthisis, 1.

Cardiac Failure, Septic Phlebitis, Varicose Ulcers, 1.

Bacillus Coli Pyelitis and Septicaemia, 1.

Puerperal Septicaemia, 1.



## Attributed Cause of Fever and Pyrexia.

### Puerperal Fever.

Pelvic Cellulitis .....	5
Incomplete Abortion .....	3
Torn Perineum—infected laceration .....	3
Difficult labour — vaginal laceration .....	1
Salpingitis .....	1
Retained Products .....	1
Anaemia .....	2
Influenza .....	1

### Puerperal Pyrexia.

Pelvic Cellulitis .....	10
Incomplete Abortion .....	2
Torn Perineum — infected laceration .....	4
Difficult Labour—vaginal laceration .....	6
Retained Products .....	6
Mastitis .....	2
Cystitis and Pyelitis .....	2
Phlebitis .....	6
Anaemia .....	4
Influenza .....	5
Pneumonia .....	2
Phthisis .....	1

## INFANTILE MORTALITY.

There was a very considerable increase in the Infantile Mortality Rate for 1929 as compared with the rate in the preceding year; the increase was not confined to this Borough, but was universal throughout England and Wales.

Infantile Mortality Rate for 1929 was 74 per 1,000 births; in 1928 the rate was 64.2 per 1,000. For 107 Great Towns of England and Wales this rate for 1929 was 79 per 1,000.

### Deaths under 1 Year.

Total number of deaths under 1 year was 427, of which 256 occurred in males and 171 in females. Of the total number 427, 404 were legitimate and 23 illegitimate. Rate per 1,000 births: Legitimate, 72.2; Illegitimate, 132.9.

### Deaths 1—5 Years.

Deaths in age period 1—2 years .....	138
Deaths in age period 2—5 years .....	147

**1929.** Total deaths under 5 years 712

**1928.** Total deaths under 5 years 621

**Table showing Causes of Death under One Year.**

Cause	1925	1926	1927	1928	1929
Congenital Debility, Malformation and Prematurity ...	141	146	149	134	139
Pneumonia .....	81	74	106	88	113
Bronchitis .....	22	16	20	27	10
Other Respiratory Diseases	2	4	3	2	2
Diarrhoea, etc. ....	81	84	28	43	52
Measles .....	4	17	0	14	6
Scarlet Fever .....	1	2	1	0	1
Diphtheria .....	0	0	5	2	4
Whooping Cough .....	39	8	35	7	40
Influenza .....	2	4	2	0	1
Smallpox .....	0	0	0	0	1
Meningococcal Meningitis ...	0	0	0	0	4
Pulmonary Tuberculosis ...	0	0	0	0	1
Other Tuberculosis .....	0	0	0	0	5
Deaths from Violence .....	19	6	2	2	4
Other Defined Diseases ...	71	57	53	61	44

Out of the total 427 deaths under one year, 32.5 per cent. were due to prematurity and congenital debility. Respiratory diseases continue to play a large part in raising infantile mortality; 29.2 per cent. were due to pneumonia, bronchitis or other respiratory diseases. The large number due to Whooping Cough is worthy of special note having regard to the lack of research into the cause and treatment of this particularly distressing infectious disease.



## Mental Deficiency Act, 1913—1927.

On the 31st December, 1929, there were 385 Mental Defectives on the register. Males: 222; Females: 163.

Number actually in Institutions—

Males, 68; Females, 52. Total, 120.

Number under Statutory Supervision—

Males, 151; Females, 104. Total, 255.

Number on licence from Institutions—

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

Number under guardianship under order—

Females, 4. Total, 4.

Sixty-one new cases were dealt with during the year.

Recommended Institutional Treatment—

Males, 17; Females, 9. Total, 26.

Recommended Supervision at Home—

Males, 14; Females, 7. Total, 21.

No Action Necessary at present—

Males, 8; Females, 6. Total, 14.

Six cases were taken off the register as follows:—

Number Removed to other Areas—

Males, 2; Females, 1. Total, 3.

Number Died—

Males, 2; Females, 1. Total, 3.

Number of Cases notified by the Local Education Authority under

Sec. 2 (1) (b) (v) of the 1913 Act—

Males, 24; Females, 15. Total, 39.

Number of Cases Admitted to Institutions—

Males, 6; Females, 4. Total, 10.

During the year 34 Continuation Orders were received:—

For 5 years: Males, 17; Females, 9. Total, 26.

For 1 year: Males, 1; Females, 7. Total, 8.

### Ascertainment.

The incidence of mental defect varies considerably in different areas, due of course to a number of factors. In West Ham the low rate of registered cases of 1.25 per 1,000 of the population is due largely to the number of defective children who attend the Special Schools for these cases, and from the benefit they derive from such attendance. Another circumstance which has a bearing on this low figure is the number of destitute mental defec-



tives in West Ham, responsibility for whom rests with the Board of Guardians. It is to be expected however that with the coming into operation of the Local Government Act, 1929, and the consequent repeal of the proviso (ii) of Section 30 of the Mental Deficiency Act, 1913, which lays down that except under certain conditions, Local Authorities shall have no duties with respect to defectives who are being provided for by the Poor Law Authority, the number of registered cases will be appreciably increased.

The ascertainment of cases of mental defect in children between the ages of 7 years and 16 years is entirely the duty of the Local Education Authority, and only those cases which are found to be ineducable or whose continued attendance at school would have a detrimental effect upon other scholars, come to the notice of the Local Authority before reaching the age of 16 years. In addition, cases of scholars who having attained the age of 16 years and whom it is considered would receive some benefit from being placed under friendly supervision are also notified to me.

No special ascertainment officer is employed in West Ham and in the carrying out of the duties in connection with ascertaining cases of mental defect residing within the area of West Ham very valuable assistance is obtained from the full co-operation with the Local Education Authority, School Attendance Officers, Assistant School Medical Officers, Poor Law Officers, Health Visitors and the various voluntary organisations interested in such matters. All cases reported to me are medically examined and in the event of being certified suitable care and treatment is obtained as far as possible. The records of those persons who are found to be only borderland cases are kept and friendly visits to the homes are paid by the supervising nurse. If at a later date it is deemed desirable, these cases are re-examined and certified if necessary.

### **Supervision.**

On the 31st December, 1929, there were 385 Mental Defectives on the register, of which number 255 (151 Males and 104 Females) were under Statutory Supervision in their own homes. Supervision is carried out by a specially appointed Nurse, who has had very considerable experience in this kind of work. All of these cases are visited at intervals of from one to three months according to the circumstances of the individual case. A number of defectives are only under supervision because no institutional accommodation is available for them, and it is in these cases that supervision is not very satisfactory, for as no real assistance can be afforded to the parents, it is not unnatural that they do not welcome the visits of the Nurse, and often refuse to supply information regarding the defective. As regards the remainder, Statutory Supervision becomes a simple and inexpensive method of care for well-behaved defectives living in good homes. In cases where it is found that the defective is not being properly cared for, all endeavours are made to obtain a more suitable guardian.



## **Guardianship.**

At present there are four cases in the care of Guardians under Order, all of them females. Three are under the Guardianship of Relatives and the other placed in the care of the Guardianship Society of Brighton. Two of these girls unfortunately have recently become unsuitable to remain under guardianship, one having developed a very bad temper and spiteful characteristics, and the other a tendency to petty stealing, and arrangements are being made to secure institutional accommodation for them. The other two girls are quite well-behaved and well-cared for.

In addition to these cases there are two females and one male on licence from institutions in the care of guardians. These three defectives were recommended by the Visitors to the Institutions for a long leave of absence to test their capabilities to live outside an institution, and as neither of the defectives had any suitable relative to whose care they could proceed it was necessary for guardians to be found. These were obtained with the assistance of the Central Association for Mental Welfare. This Association has a scheme whereby defectives are placed in the care of suitable persons, and cases so placed are kept under supervision, for which service a fee is charged. In respect of these cases, nothing is paid in the case of one of the girls, and £1 per week in the cases of the others is payable to the guardians. All endeavours are made by the guardians to obtain employment for the defective, and in the event of a situation being obtained, the earnings, less a deduction for pocket-money, are paid to the Local Authority responsible for the case. I may add that this scheme is worked with the full approval of the Board of Control.

As will be readily understood, the choosing of persons to act as guardians to mental defectives needs the exercise of the greatest care.

## **Occupation Centres.**

The training of defectives outside institutions is a statutory duty imposed upon Local Authorities by the Mental Deficiency Act, 1927, and a number of Occupation and Training Centres have been set up in various districts. Although these centres are still more or less in the experimental stage, the Board of Control report that a certain measure of success has been achieved and their function as supplying training for defectives must be recognised.

It is well known that it is much better for mental defectives to be fully employed and that proper occupation and training is the basis of institutional treatment. The training and employment provided by these Centres therefore should have a beneficial effect upon defectives under supervision, and by improving their



mental condition and rendering them more manageable at home would, in certain cases, obviate the need for institutional treatment.

There are many mental defectives under supervision in West Ham who would certainly benefit by attendance at such Centres, and a number of those cases whose parents are anxious for them to be placed in an institution, only press for this in order that the defective may receive some kind of training.

### **Colony Accommodation.**

It becomes increasingly difficult each year to secure vacancies requiring institutional treatment and care. And owing to the lack of available accommodation it is now almost impossible to place fresh cases. Urgent cases come to my notice, in which prompt action is necessary both in the interest of the individual and the community, and no vacancies in suitable institutions are available, resulting, in the case of criminal defectives, of the continued remand to prison, which, though most undesirable, is unavoidable.

It is particularly difficult to obtain beds in appropriate institutions for low grade and troublesome cases, the Managers of Colonies quite naturally refusing to admit defectives who need extra attention.

The question of providing a Colony of 750 beds at Ockenden is still being urged, but progress is very slow.

### **Marriage and Sterilization of Mental Defectives.**

Much publicity to the questions of marriage and sterilization of mental defectives has recently been given by the Press. Of course, there can be no two opinions regarding the importance of not allowing defectives to become parents, and legislation is urgently needed to prevent these persons marrying. This would not entirely prevent mental defectives from procreating children, and it is here that the supporters of sterilization step in. There are some who believe in the lethal chamber as being the best method of dealing with defectives, others in complete incarceration. Something can be said in favour of all of these methods of ridding Society of the undesirable mental defective, but it is difficult to form an opinion as to which is the most effective.

It would perhaps appear that at the present time sterilization is the most discussed method of controlling the incidence of mental defect, but it must be remembered that this would not obviate the need for colony care and training for large numbers of defectives. So far as the low grade cases (idiots and imbeciles) are concerned, the need for institutional care is most obvious. In the case of the merely feeble-minded, while some are able to earn their own living and manage their own affairs, a large percentage are incapable of doing so, and require life-long care and protection.



# APPENDIX I.

## PRELIMINARY MEMORANDUM BY THE MEDICAL OFFICER OF HEALTH CONCERNING THE LOCAL GOVERNMENT ACT AS IT AFFECTS THE PUBLIC HEALTH SERVICE.

The Local Government Act does not come into operation until April 1st, 1930, and many of the details and part of the Council's policy concerning the transfer of the Poor Law functions have not yet been decided upon. I feel, however, that it is incumbent upon me to set out certain information which may prove of value in subsequent deliberations upon the matter.

The main object of this Act is to consolidate and co-ordinate the whole of the social services. At present identical services are being rendered by Local Authorities and by Poor Law Authorities with consequent overlapping and oftentimes definite hardship upon certain of the populace.

Under the Act the Public Health Service must absorb all the functions of the Poor Law Medical Services, and thus become responsible for all public medical services provided under Statute. This, of course, includes the maintenance and management (wholly, jointly, or separately) of the existing public institutions under the Guardians, and it would appear that if the spirit and object of the whole Act is to be perpetuated these institutions should come preferably wholly under one administration.

The institutions which must be transferred from the West Ham Poor Law Authority are:—

### Name of Institution.

### Type of Accommodation.

*Whipps Cross Hospital.....	Acute cases and shelters for male Tuberculous cases.
*Forest House.....	Aged men and mental cases.
*Forest House Cottages.....	Aged married couples, at present occupied by aged women.
Central Home.....	Chronic sick and able-bodied.
Forest Gate Sick Home.....	Maternity patients, mental cases and aged sick.
Children's (Aldersbrook) and Scattered Homes .....	Healthy children.
Margate Convalescent Home ...	Convalescent children.

\* All within one curtilage.

On the 1st April of this year, out of a total of some 4,000 inmates of the above institutions over 2,000 were domiciled in West Ham; detailed classification of these showed that about 50 per cent. were in need of institutional treatment because of some illness or infirmity.



It can be safely assumed that the demand for institutional beds will increase when admission to the institution is no longer associated, as it now is, with the taint of pauperism.

There are, in this Borough, many bed-ridden people suffering from incurable diseases, who rather than enter a Poor Law Institution remain at home, although they cannot be properly cared for there, and where the health of their relatives is often undermined by the distress and extra work involved. Most of these patients are suffering from disabilities which render them quite unsuitable for admission to a voluntary hospital; they are essentially suitable for institutions such as the Central Home.

In regard to the number of beds that will be required, the long waiting lists for admission to voluntary hospitals must be duly considered and also the fact that a number of doctors refrain from advising hospital treatment in cases where they know that there is little likelihood of admittance within a reasonable time.

The position of the voluntary hospitals and their work in relation to any new schemes proposed must not be over-looked.

A convalescent home is often a valuable asset in regard to relieving pressure upon hospital beds.

It should be remembered also that the district Medical Officers and their work, including the sick poor who are being treated in their homes, will come under the ægis of the Public Health Service, as will also the responsibility for infant life protection, vaccination, and other more or less minor matters.

This memorandum is only meant to be an incomplete and rough indication of some of the immensely important and far reaching changes which are impending and to intimate the lines along which a complete scheme may be prepared when the necessary major details are settled.

The best method of allotment in regard to the different types of sick persons, of the institutions and beds available, the establishment of facilities for the treatment of special diseases and the extension of home nursing, are a few of many problems which will arise in due course in the natural evolution of the new schemes which must of necessity be inaugurated.

F. GARLAND COLLINS,

Medical Officer of Health.

November, 1929.



## APPENDIX II.

### FURTHER MEMORANDUM BY THE MEDICAL OFFICER OF HEALTH ON LOCAL GOVERNMENT ACT, 1929, IN REGARD TO THE PUBLIC HEALTH SERVICES.

In November, 1929, I issued a preliminary memorandum concerning the Local Government Act as it affects the Public Health Services. Since that time a lot of work has been done, and as a result of many meetings and conferences, an agreement has been arrived at between the County of Essex, County Borough of East Ham, and the County Borough of West Ham in regard to the ownership of the institutions belonging to the West Ham Guardians whereby the West Ham Council are to take over and have complete control of all the institutions, with the exception of the Aldersbrook and Scattered Homes which are being taken over by the County Borough of East Ham. By the terms of agreement, which extends over a period of twenty-five years, the County of Essex and the County Borough of East Ham are to send their percentage of patients on a user basis to the various institutions taken over by West Ham, a similar proviso for West Ham and Essex applies to the Aldersbrook Homes.

It will be well at this juncture to set out here a complete list of the various institutions for dealing with the sick and infirm of West Ham which, on April 1st next, will be attached to the Public Health Department of this Borough, many of them being owned by the West Ham Council, and a number of others subsidised by them.

The following are institutions owned by the West Ham Council :—

- Whipps Cross Hospital.
- Forest House.
- Forest House Cottages.
- Central Home.
- Forest Gate Sick Home.
- Margate Convalescent Home.
- Dagenham Sanatorium for Adults.
- Langdon Hills Sanatorium for Children.
- Plaistow Fever Hospital.
- Harold Wood Convalescent Home.
- Fyfield Residential Open-air School.

The following are institutions subsidised by the Council, and into which cases are sent and returns received by the M.O.H., though not under his actual supervision :—

- Queen Mary's Hospital, Stratford.
- St. Mary's Hospital, Plaistow.
- Plaistow Maternity Hospital.
- Invalid Crippled Children's Hospital, Balaam St., E.13.



Sunlight Home, Shoeburyness.

Convalescent Home for Mothers and Babies, Birchington  
Alexandra Hospital. }

Royal Sea Bathing Hospital, Margate. } For Surgical

Stoke Park Colony. } Tuberculosis.

Brentry Colony and other institutions under the M.D.  
Acts.

Royal Albert Dock Hospital and various Hospitals under  
the V.D. Scheme.

In addition to the above-named residential institutions, there are in the Borough some twenty Clinics, including Clinics for Tuberculosis, for artificial sunlight, for massage, as well as special schools for crippled children, etc. Formidable though this list appears, it is incomplete, inasmuch as it does not include many institutions to which patients are sent intermittently through the Public Health Department, e.g., London Hospital, Brookfield Orthopaedic Hospital, St. Margaret's Hospital for the Blind, Great Ormond Street Hospital, and various Convalescent Homes.

Schemes already passed by the Council, but not yet functioning, include :—

- (1) A colony to be built at Ockendon, Essex, to accommodate seven hundred and fifty mental defectives of various grades.
- (2) The extension of hospital accommodation at Harold Wood, Essex, for infectious disease.
- (3) The extension of Fyfield Residential Open-air School to accommodate sixty delicate girls, in addition to the eighty boys already resident there. (This building is now complete.)
- (4) The erection of two Nursery Schools, one at Abbey Road and one at Rosetta Road, each School to accommodate 120 children.
- (5) The erection of three additional Maternity and Child Welfare Clinics, including Dental Clinics.

In dealing with such a large and varied number of institutions, some well-ordered method obviously is essential. At present cases are admitted to institutions and returns made to me through the various Sub-Departments, e.g., Tuberculosis, Infectious Diseases, School Medical and Maternity and Child Welfare. No arrangement for admissions or periodical returns have hitherto been in force between the institutions of the Poor Law Guardians and the Public Health Department, with the inevitable result that a not inconsiderable amount of overlapping has occurred, inasmuch as a large percentage of the cases of illness in the Borough are treated in these Poor Law institutions.



Under the new Act I am confident that this overlapping will disappear, and also that more valuable use will be able to be made of some of the existing facilities. The agreement with the County of Essex and with the County Borough of East Ham specify that cases which are sent from those Authorities for admission to West Ham institutions need not necessarily be treated in any one particular institution.

Further careful thought and much time will need to be given to the problem before the question can be finally settled as to the best manner in which the beds at the various institutions should be allocated. (An arrangement to prevent cases being driven from one institution to another unsuccessfully seeking admission, needs prompt settlement.) The ultimate object to be aimed at would appear to be a complete scheme worked in an economical and efficient manner, and which should entail:—

- (a) That every man, woman and child in the Borough may obtain prompt and efficient treatment, institutional or otherwise, for any sickness or disability, and that necessary treatment should not remain unavailable to any person on account of economical, social or environmental reasons.
- (b) That all proved methods for the prevention of disease and ill-health (including general hygiene, protection of food supplies, etc.), shall be practised.
- (c) That measures be taken to ensure that any relevant material accruing from such a scheme be made available to a recognised Authority in research work.

Important points which might well be provisionally considered in conjunction with Sections 5\* and 13\* of the Act are:—

#### **Maternity and Child Welfare.**

- (1) The advantage or otherwise of building a maternity hospital rather than having beds, as now, scattered in several separate and different institutions.
- (2) The need of a Convalescent Home for Babies and Children.
- (3) The necessity for a trained midwife to be in attendance on every case of confinement.

#### **Tuberculosis.**

- (1) The policy as to the advisability of all suitable adult cases of Tuberculosis being treated in one institution (at Dagenham or preferably Langdon), thus relieving some eighty beds at Whipps Cross Hospital for acute hospital cases.



- (2) The practicability of boarding-out very young children of Tuberculous patients during their time of most liable susceptibility to infection from the parent. (This plan has been successfully carried out in some parts of France.)
- (3) The difficulty of those tuberculous parents who are unable to enter a Sanatorium for treatment owing to not being in a position to arrange proper provision for the welfare of their children during their absence.
- (4) The value of Day Colonies, or some definite after-care scheme for post-sanatorium cases.
- (5) The establishment of a Hospital Block or Wards for cases of surgical Tuberculosis.

### **Cancer.**

The question of special provision for the accommodation and treatment of cancer cases, and for the early diagnosis of this disease.

### **General.**

- (1) Special facilities for treating sleepy sickness and other diseases of the nervous system, including border-line mental cases.
- (2) The provision of further institutional accommodation for sick children to prevent the necessity of their being treated, as now, in Wards with adults.
- (3) Special accommodation, training and other facilities for promoting the welfare of epileptics, of the deaf, and of the blind.
- (4) Additional residential accommodation for nurses.
- (5) The provision of further facilities for home nursing.
- (6) The importance of one or more fully equipped out-patient departments, to work in co-ordination with the general practitioners and with all the health services of the Borough, voluntary and otherwise.

I have not overlooked the financial side of these suggestions, but this is an aspect of the various schemes which can be placed before you in detail by your financial officer, if and when the principal is adopted, though I have no doubt whatever that the ultimate result of the schemes outlined would be one of a valuable asset to the Borough not only from a standpoint of health but also financially, having regard to the enormous amount of destitution arising from sickness and invalidity.

The dovetailing of the work of the transferred institutions and the work of the District Medical Officers into that of the work of the various clinics — of the general hygiene of the Borough and other municipal and voluntary activities — the carrying out of the provisions of the Children Act and of the Vaccination Act, are matters of an administrative nature receiving con-



centrated thought, and entailing much detailed work and which, though worthy of mention, need not be enlarged upon in a memorandum only meant to outline matters which will in due course need the careful deliberation of the Council.

Obviously, however, owing to the extent of the schemes suggested, a very considerable time must elapse before the fruition of the proposals, if adopted, can be attained in its entirety.

F. GARLAND COLLINS.

March, 1930.

**\*Section 5 of Local Government Act, 1929.**

5.—(1) “A council in preparing an administrative scheme shall have regard to the desirability of securing that, as soon as circumstances permit, all assistance which can lawfully be provided otherwise than by way of poor relief shall be so provided, and accordingly any such scheme may declare that any assistance which could, after the appointed day, be provided either by way of poor relief or by virtue of any of the following Acts as amended by any subsequent enactment including this Act (that is to say)—

- (a) The Public Health Act, 1875;
- (b) The Local Government Act, 1888;
- (c) The Mental Deficiency Act, 1913;
- (d) The Maternity and Child Welfare Act, 1918;
- (e) The Blind Persons Act, 1920;
- (f) The Public Health (Tuberculosis) Act, 1921;
- (g) The Education Act, 1921;

shall be provided exclusively by virtue of the appropriate Act and not by way of poor relief, but nothing in this sub-section, or in any scheme, shall diminish or otherwise affect the duty of a council under section thirty-four of the Poor Law Act, 1927, to provide relief for the poor.

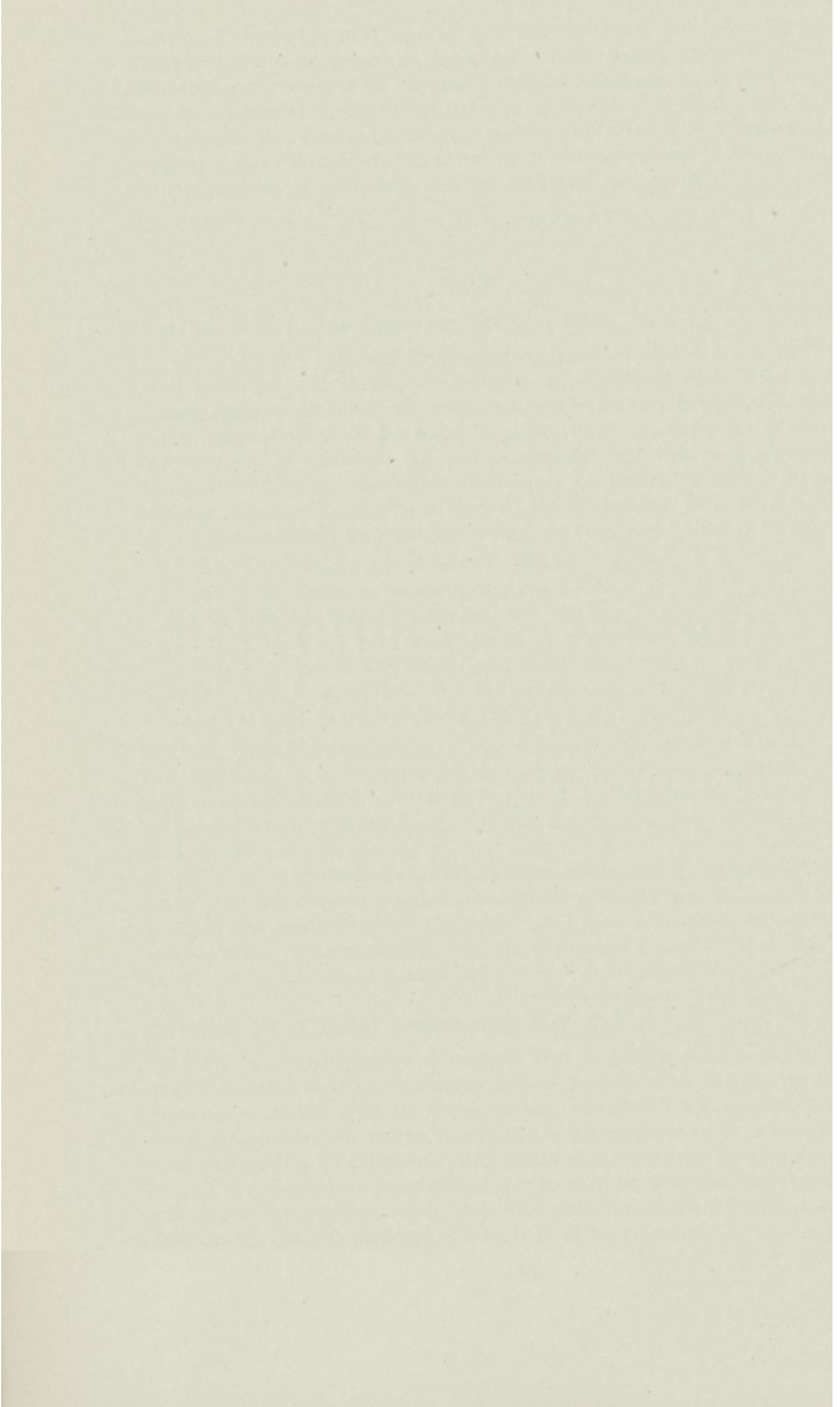
“For the purposes of this sub-section, the expression ‘assistance’ includes maintenance and treatment at hospitals and other places, the education of children, and any other services which could, after the appointed day, be provided either by way of poor relief or by virtue of any of the above-mentioned Acts.”

**\*Section 13 of Local Government Act, 1929.**

“The council of every county and county borough shall, when making provision for hospital accommodation in discharge of the functions transferred to them under this Part of this Act, consult such committee or other body as they consider to represent both the governing bodies and the medical and surgical staffs of the voluntary hospitals providing services in or for the benefit of the county or county borough as to the accommodation to be provided and as to the purposes for which it is to be used.”







ANNUAL REPORT  
OF THE  
SCHOOL  
MEDICAL OFFICER  
FOR THE YEAR  
1929

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





TO THE CHAIRMAN AND MEMBERS OF THE  
EDUCATION COMMITTEE.

**Mr. Chairman, Ladies and Gentlemen,**

I herewith submit to you my Annual Report on the School Medical Service for the year 1929.

The health of the school children during the year was well maintained on the whole. An epidemic of Small Pox caused a number of children to be affected, and many more were compelled to absent themselves from school as contacts. The disease was of a very mild type, and there has not, in a single case, been any noticeable after effects.

In January last an additional Dentist was appointed, and it is proposed to appoint two more Dentists in order to cope with the enormous amount of dental defects found amongst the school children.

The Open Air School for Girls at Fyfield, mentioned in my last report, has now been opened, and is, so far, proving as great a success as the Boys' School on this site.

Two Nursery Schools, each to accommodate 120 children, will shortly be opened for the reception of children from the ages of 2 to 5 years of age.

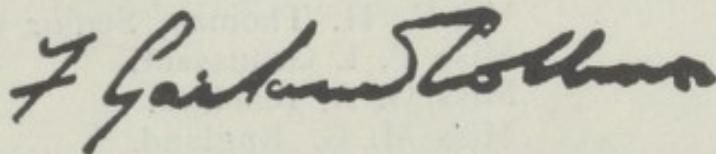
Though it has not yet been found practicable to erect an additional school for mentally defective and physically defective children, nor a school for myopic scholars, all these projects are still receiving consideration, and it is hoped that in the near future a definite scheme will be formulated.

A consulting Aural Surgeon, Mr. F. Stoker, F.R.C.S., has been engaged to periodically examine the children at the Special Centres for the Deaf.

It is with deep regret that I have to record the death of Mr. Erskine Henderson, F.R.C.S., who had been for many years your Consulting Ophthalmologist. Mr. E. C. Arnold, F.R.C.S., has been appointed temporarily to carry out the duties previously performed by Mr. Henderson.

A statement issued by me in November, 1929, on proposed additional services, is set out on page 190 as an Appendix to this Report.

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



School Medical Officer.

Town Hall,  
West Ham, E.15.  
June, 1930.



## (1) Staff.

The staff consists of the following Officers:—

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

Chief Assistant School Medical Officer—Frank B. Skerrett, M.B., B.Sc. (Lond.), B.Sc. (Vict.), 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. C. Lupton, M.B., C.M.

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

H. McD. Borland, M.B., Ch.B.

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

A. 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. K. Percy, L.D.S. (Eng.).

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

Miss H. M. Gubb, L.D.S. (Eng.).

Miss S. Glasstone, L.D.S. (Eng.).

O. B. Heywood, L.D.S. (Eng.). (Commenced duty  
January, 1930.)

Ophthalmic Surgeons (part time)—

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

E. E. Henderson, F.R.C.S. (deceased).

E. C. Arnold, F.R.C.S. (temporary).

## CLERICAL STAFF.

Mr. F. W. England, Chief Clerk.

Mr. R. H. Thomas, Senior Clerk.

Miss P. I. Geaussent.

Miss G. A. Blackler.

Miss M. G. England.

Miss E. W. Wood.

Mr. T. P. Swatts.

Mr. S. A. Lemmon.

Miss I. M. Parsons.

## NURSING STAFF.

Miss E. Adams.	Miss C. E. Hutton.
Miss C. Aitken (resigned)	Miss E. K. Jack.
Miss E. Alford.	Miss E. Large.
Miss D. S. Ayton.	Miss A. K. McCormack.
Miss A. Burrows.	Miss M. Mackenzie.
Miss E. M. Bussell.	Miss L. F. Manning.
Miss A. J. Costain.	Miss F. Moore.
Miss M. M. Empson.	Miss L. M. Pennington.
Mrs. E. G. Eyton.	Miss F. R. Pritchard.
Miss E. Fraser.	Miss M. H. Rose.
Miss L. C. Glover.	Miss E. R. Tanner.
Mrs. C. B. Halls.	Miss M. E. Tanner.
Miss E. D. Harris.	Miss M. A. Van Ryssen.
Miss F. G. Hobbs.	Mrs. S. Wilderspin.
Miss O. S. Vincent (Matron, Fyfield Residential Open Air School)	

### (2) Co-ordination of Departments.

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

(a) Co-ordination between the School Medical Service and the Maternity and Child Welfare Department is secured by the transfer of the Health Visitors' following-up cards to the School Medical Department. These cards are allocated to the child's School Medical Dossier when it becomes of school age, and so are available for the School Medical Inspection at the first examination.

(b) Care of Debilitated Children under School Age.—These children are brought to the notice of the Medical Officer of Health by such voluntary agencies as the Invalid and Crippled Children's Society, the Invalid Children's Aid Association, and the various Hospitals. The examination of these children is now undertaken by Dr. Helen Campbell, the Assistant Medical Officer for Maternity and Child Welfare.

(c) The Bye-Laws Department daily notifies the Medical Officer of Health of Absentees from school on medical grounds.

(d) The Tuberculosis Officer is constantly in touch with the School Medical Department, reporting on children who are referred to him by the Assistant School Medical Officers.



# THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

## (3) School Hygiene.

Insanitary conditions arising within the school precincts or its immediate environment are reported to the School Medical Officer by Head Teachers as they arise. Structural defects relating to heating, light and ventilation are referred to the Committee's Architect, Mr. J. H. Jacques. The desks in use are of the modern dual type, and as opportunity arises box desks are being gradually substituted for the older children, and chairs and tables for the younger ones. The schools, classrooms and cloakrooms are cleaned by an efficient staff of cleaners, under the direction of the school caretakers. Head Teachers attend to the drying of children's clothes, as required. The question of meals at schools hardly arises, as with few exceptions most children live near the schools, and go home at midday. In the two Special Schools, however, and in the Day Open Air School at Crosby Road, the provision of a hot meal at a very low cost is arranged for, but many cases are on the free meal list.

There are ten School Dining Centres distributed in various parts of the Borough, which are visited periodically.

Two schools supply Horlick's Malted Milk at morning play-time, under arrangements approved by the Committee. At 28 School Departments milk is supplied in sealed bottles (1-3rd pint) during morning playtime, at 1d. per bottle. At one Infants' Department a small quantity of milk is also supplied (not in bottles) at a charge of  $\frac{1}{2}$ d. per child.

## (4) Medical Inspection.

For the purposes of administration, the whole Borough is divided into five sub-areas, each served by a School Clinic, an Assistant School Medical Officer and Nurses. The schools in each area are visited in rotation. The Head Teachers send out notices to parents informing them of the time to attend the inspection, according to an arranged programme.

At the end of the Inspection of a School a written list is handed or sent to the Head Teachers informing them confidentially of any defects which are liable to interfere with a child's educational career.

Arrangements have been made for those scholars who are absent from Inspection to be examined at a later special visit to the school.



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

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

Besides the above statutory routine examinations, a considerable number of the children have also been medically inspected—classified as follows:—

- (1) Specials—selected by Head Teachers and examined at School at the time of the Doctor's visit.
- (2) Specials sent by Teachers to the Clinics for treatment of minor ailments.
- (3) A number of non-ailing children are examined for (1) fitness for sport; (2) fitness for employment; (3) fitness for camp life; (4) fitness for employment in entertainments. All these comprise "other routines."
- (4) All the 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 important departure made in the Board's Schedule of Medical Inspection.

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

Hallsville	}	The Public Hall, Canning Town.
Clarkson Street		
St. Margaret's		
Holy Trinity		
Canning Town	}	The Boyd Institute.
St. Luke's		
S. Hallsville	}	The Old Vicarage, Christ Church.
St. Patrick's		
Carpenters Road	}	The Wesleyan Hall.
Salway Place		
St. Francis'	}	The Mechanics' Institute (L.N.E.R.).
St. Paul's.		
Colegrave Road	}	The Bancroft Hall.
Custom House.		
St. James'.		
West Ham Church Boys.		
		Hanford Memorial Hall, Forest Lane.
		Stratford School Clinic.



## SCOPE OF THE SCHOOL MEDICAL SERVICE.

The School Medical Service now comprises 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 (five full-time Dental Surgeons, four Clinics).
- (6) Treatment of Visual Defects (two part-time Ophthalmic Surgeons; five sessions per week).
- (7) Operative Treatment of Tonsils and Adenoids by arrangement with three local Hospitals.
- (8) X-Ray Treatment of Ringworm (1) by local Radiologist; (2) by arrangement with the London Hospital.
- (9) Provision of meals to necessitous children.
- (10) Provision of Surgical Instruments and Appliances for Crippled Children.
- (11) Orthopædic Treatment. Remedial Clinic in-patient and out-patient treatment at Orthopædic Hospitals.
- (12) Convalescent treatment for debilitated children.
- (13) Juvenile Employment.
- (14) 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) Two Holiday Camps (Boys and Girls) during the Summer Vacation at the Seaside.
- (15) Artificial Sunlight Treatment at the Balaam Street Children's Hospital.
- (16) Class for Stammering Children.
- (17) Medical Inspection of Special Defective Children at the two Special Schools and two Deaf Centres.
- (18) Medical Inspection of Scholarship Children at the two Higher Elementary Schools.
- (19) Medical Inspection of Pupils, Bursars, and Scholars at the two Secondary Schools.
- (20) Medical Inspection of Junior Technical and Art Classes at the Municipal College.
- (21) Medical Inspection of St. Angela's High School for Girls.
- (22) Medical Inspection of Pupils at the West Ham High School for Girls.



- (23) Examination of Referred Pupils from Continuation Schools and Juvenile Unemployment Centres.
- (24) Work in conjunction with N.S.P.C.C., as occasion arises.

## (5) The Findings of Medical Inspection.

### (a) UNCLEANLINESS.

To each of the five areas into which the Borough has been divided for the purpose of administration as before mentioned, is attached a Special Duty Nurse, who concentrates on cleanliness surveys in each school, in rota. The dirty and verminous children are followed up at their homes until clean. A certain number, with the parents' consent, are cleansed at the Clinics.

The following figures give a brief resumé of the work done and the findings:—

Number Examined	Ova	Ova and Pediculi	Body Pediculi	Head and Body Pediculi	Sores	Dirty
55127	2140	440	88	14	176	91

The percentages for head and body vermin are respectively .9 per cent. and .2 per cent.—a distinct improvement on the previous year.

Number of Home Visits ... .. 782

Number of Children visited at School ... 3975

Conditions remedied during the year under Cleanliness scheme:—

Defective Clothing	...	...	...	46
Unclean Heads	...	...	...	707
Unclean Bodies	...	...	...	76
Skin Diseases	...	...	...	45

No children were cleansed under Section 122 of the Children Act, but 134 heads were cleansed at the School Clinics by the Nurses.

### (b) MINOR AILMENTS

Various minor affections common in school children are included under this heading, such as Impetigo, various Skin Diseases, Sore Eyes, Discharging Ears, and minor first aid cases. A few of these are discovered at School Medical Inspection, but by far the greater number are brought forward by the teachers and sent to the Minor Ailments Clinic.

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 1,060 cases were referred for operative treatment, and 589 among the Specials.



(d) TUBERCULOSIS.

Routine and Specials, Pulmonary—with definite signs ...	32
Suspected ... ..	143
Other Forms of Tuberculosis ...	32

(e) SKIN DISEASES.

Excluding Ringworm there were 163 cases among the "routines" requiring treatment and 3,748 among the "specials." There were 62 cases of Tinea Tonsurans (Head Ringworm) and 179 on the body, requiring treatment.

(f) EXTERNAL EYE DISEASE.

This type of disease includes Blepharitis, Conjunctivitis, Corneal Ulcers, etc. They usually connote eye-strain and debility (i.e. Blepharitis) or unhygienic surroundings. Table II. gives the findings, which in the case of routines amount to 85, or .5 per cent.

(g) VISION AND SQUINT.

At Routine Inspection 997 cases were referred for refraction and 222 for Squint, which amounts to 7.1 defective vision not already adequately provided for—a very low figure. In addition there were 681 specially selected cases.

(h) EAR DISEASE AND DEAFNESS.

The testing of hearing is part of the routine examination of every child. There were 88 deaf children among the routines and 111 among the Specials.

(i) DENTAL DEFECTS.

The teeth are examined by the School Doctors as a matter of routine, and all defects referred for treatment. 107 Routines and 37 Specials were so referred.

A special Dental Inspection is made of all children recommended for the Open Air Schools at Fyfield and Crosby Road and the Ogilvie School of Recovery, Clacton. Defective teeth are put in order before admission.

(j) CRIPPLING DEFECTS.

Marked crippling defects are seldom found among the Elementary School children, having been previously segregated out at the Special Schools. This may be done before school life, on first admission to school life, or at the examination of Exceptional children, which occurs annually.

Quarterly medical examinations are carried out at the Special Schools for the admission of crippled children. Certain children already on the roll are examined at the same time re fitness for continued attendance or return to elementary schools.

There are, at present, many cases awaiting admission to the Special Schools, for which there is no accommodation.

The following Table gives an analytical classification of all the children who were due for presentation at the four Admission examinations at the two Special Schools during the year 1929.

#### Cases Recommended for Admission to Special Schools.

	Boys	Girls
Mental Defectives ... ..	26	24
Physical Defectives ... ..	17	27
	—	—
	43	51
	—	—

#### Cases not Admitted to Special Schools.

	Boys	Girls
Unfit for School, M.D. ... ..	6	4
Unfit for School, P.D. ... ..	14	21
Recommended to leave School ... ..	14	12
To have further trial at Special School ... ..	3	2
Recommended for Open Air School ... ..	2	1
To continue, return or have trial at Elementary School ... ..	12	24
Recommended for Deaf Centre ... ..	2	1
Too young ... ..	4	4
Postponed for further examination ... ..	13	21
*Absentees from Medical Examinations ... ..	25	30
Notified to Local Authority (through admission examination) ... ..	16	8
	—	—
	111	128

239

\* Every absentee is followed up by a special Nurse. Absence is often due to the fact that the parent objects to any examination being made in regard to mental defect.



### (k) NUTRITION.

There is a considerable reduction in the number of badly nourished children in the Borough. The free meals and the supply of the morning drink of milk at the schools is coping admirably with the question of under-nourishment, and although quite common in the earliest years of medical inspection, really bad cases are now practically unknown.

Table II. shows 250 cases requiring treatment and 23 cases under observation, giving a percentage of 1.4 for Routines.

### (6) Infectious Disease.

There has been no school closure during the year from infectious diseases.

The following Table gives an analysis of the cases entered in the School Diseases Register during the year:—

#### Exclusions during 1929:

Impetigo	...	...	...	...	56
Scabies	...	...	...	...	65
Other Skin Diseases	...	...	...	...	55
Conjunctivitis	...	...	...	...	9
Verminous	...	...	...	...	6
Blepharitis	...	...	...	...	3
Mumps	...	...	...	...	15
Bronchitis	...	...	...	...	3
Chicken Pox	...	...	...	...	5
Tonsillitis	...	...	...	...	5
Scarlet Fever	...	...	...	...	1
Diphtheria	...	...	...	...	2
Tuberculosis	...	...	...	...	103
Tinea Tonsurans—					
Treated by X-Rays	...	...	...	...	20
Treated at Clinic	...	...	...	...	36
Tinea (Body)	...	...	...	...	7
Other Defects and Diseases	...	...	...	...	29
Total number of children involved					404

Exclusions on account of Small Pox were dealt with through the Public Health Department.

### (7) Following-Up.

At the time of Medical Inspection a following-up card is made out for all children requiring treatment for any defects found. If the case is not one requiring Clinic or Hospital treatment the child is followed-up by home visits made by the School Nurse in attendance at the Inspection.

If the treatment required is beyond the scope of domestic measures the family Doctor or Hospital is advised. Both home and school visits are made in the course of following-up and the case is not relinquished until adequate improvement is obtained.

Children requiring new glasses are followed up by one of the School Nurses attached to the area, until glasses are obtained, and these are re-inspected by the Doctor within three months.

Cases of recovery from Ringworm treated by X-Rays are re-inspected at the Clinics.

All cases recommended for treatment, and those recommended for observation only, form the basis of the Doctor's re-inspection which takes place at a subsequent visit to the school.

The following Table gives a summary of work of the Nurses, in the process of following-up during the year:—

Total number of children visited at home or school ...	17998
Total number of hours spent by Nurses in visiting ...	3521
Number of Re-inspections by School Doctors of Elementary school children ... ..	7335

## (8) Medical Treatment.

### (a) MINOR AILMENTS.

There are a good many minor ailments among school children for which the poor parents in this Borough will not seek medical aid from a private Doctor or Hospital. For such, the Clinics are provided and teachers are empowered to send all such children who fall into this category to the School Clinics by means of the Clinic attendance cards which are provided for the purpose.

These minor ailments include such conditions as sores, slight skin affections, impetigo, eczema, scabies, sore eyes and minor cuts and bruises, also slight ear trouble and ringworm.

Table IV., group 1, gives the amount of treatment undertaken at the School Clinics, as compared with that undertaken privately.

### (b) TONSILS AND ADENOIDS.

Arrangements have been made for the operative treatment of these conditions with the following Institutions:—

- (1) Queen Mary's Hospital, Stratford.
- (2) St. Mary's Hospital, Plaistow.
- (3) The Children's Hospital, Balaam Street, Plaistow.

All cases are previously examined and recommended by one of the Assistant School Medical Officers, and a voucher is given on the appropriate Hospital. The child is also re-inspected after operation.



During the year 1,122 operations were performed under the Authority's scheme and 51 by private practitioner or otherwise. Seventy-four cases received non-operative treatment, making a total of 1,247.

The parent's consent is always obtained before an operation is undertaken.

### (c) TUBERCULOSIS.

Treatment of this condition is not undertaken by the Education Committee, but cases are notified, on discovery, to the Medical Officer of Health, and then dealt with under the Council's scheme for the treatment of Tuberculosis. The School Doctors refer suspicious cases to the Tuberculosis Officer by a special card, for examination and report. By this means pre-tuberculous cases are kept under observation, and can receive any requisite preventive treatment.

The number of cases so referred to the Tuberculosis Officer during the year was 66.

Provision is made for Institutional treatment of tuberculous children unfit for school life under the above-mentioned scheme of the Council.

#### **Tuberculous Children (out of school) having Institutional Treatment.**

Langdon Hills Children's Sanatorium	...	...	40
Whipps Cross Hospital	...	...	2
Heritage Craft Schools, Chailey	...	...	5
Sir William Treloar's Home, Alton	...	...	4
Seven Oaks Hospital for Hip Diseases	...	...	6
Alexandra Hospital	...	...	7
Princess Mary's Home, Margate	...	...	1
Royal National Orthopædic Hospital, Stanmore	...	...	1
St. Vincent's Cripple Home, Pinner	...	...	3
St. John's Home, Clewer	...	...	1

In addition there were 25 Tuberculous out-of-school cases at the end of December, 1929.

### (d) SKIN DISEASES.

The majority of skin diseases have already been included under the term "minor ailments," and their treatment falls under the arrangements as set out under that heading. There is one skin disease however which requires special mention, and that is Ringworm of the scalp. This condition is dealt with by arrangement of the Local Education Authority with (1) Dr. A. E. Kennedy (2) The London Hospital. The cases are seen first by one of the medical staff and, after treatment, are re-inspected before re-admission to school.



Naked eye diagnosis of this condition is not always reliable, so that as a rule the hair is examined microscopically before the diagnosis is confirmed.

During the year 20 cases of *Tinea Tonsurans* (Head Ringworm) out of 62 were treated by X-rays, and 179 cases of Ringworm of the body, were treated at the Clinics.

A total of 97 cases of Scabies were also treated at the Clinics.

#### (e) EXTERNAL EYE DISEASE.

These comprise sore eyes, blepharitis, slight conjunctivitis, styes, corneal ulcers. Table IV (1) shows that 1,090 such defects were treated at the Clinics, 33 being treated by private endeavour.

#### (f) DEFECTIVE VISION.

This is an important defect and its adequate correction calls for skilled treatment. The Authority had arrangements with (1) Dr. G. A. Troup (2) Mr. E. Erskine Henderson, F.R.C.S., to undertake this work. The latter Ophthalmic Surgeon unfortunately met his death during the Midsummer holiday and Mr. E. C. Arnold, F.R.C.S., was appointed temporarily to fill his place.

Cases of Defective vision are discovered at Medical Inspection, by teachers, by parents, and at the Clinics. In the first place they are all examined by one of the Medical Staff and then referred for refraction. All cases are re-inspected within three months to see if the glasses are suitable. There is a scheme whereby glasses are provided at a reduced rate, or free, in cases of necessity.

The following figures set out the work of the Ophthalmic Surgeons for the year :—

Cases sent to Ophthalmic Surgeons	...	2643
Number attended	... ..	2141
Percentage attendance	... ..	81
Glasses ordered	... ..	1906
Number of Clinic Days	... ..	128

Table IV, Group II, gives the figures for the Elementary Schools.

#### (g) EAR DISEASE AND DEAFNESS.

These diseases are usually treated at the Clinics as minor ailments. Parents will not as a rule take their children to have the ears syringed for wax, and running ears involve long and expensive treatment for poor parents.

Minor ear defects to the number of 960 were treated at the Clinics, and 34 treated privately. See Table IV, Group I.



The educational treatment of deaf children is provided for at the two Deaf Centres—Water Lane and Frederick Road, with places for 40 and 44 deaf mutes respectively. Arrangements have recently been made for the pupils at these Centres to be examined annually by an expert Aural Surgeon.

#### (h) DENTAL DEFECTS.

Dental defects found at Medical Inspection, such as caries and septic gums, are referred to the School Dentists as special cases, if falling within the scope of the Authority's dental scheme, otherwise, with a few exceptional cases, they are referred to Hospital for private treatment.

The Dental scheme as approved by the Board at present comprises the examination and treatment of all children of the 6—8 year period, inclusive. A few "specials" of an urgent nature are also treated.

All candidates for the Open Air School at Crosby Road or at Fyfield, or the Ogilvie School at Clacton have their teeth attended to and mouths put in order before entering the School, as also do children now due to go to the Summer Holiday Camps.

There are two Clinics at Stratford (Mr. Dick and Miss Gubb), one at Rosetta Road (Miss Glasstone), one at Swanscombe Street (Mr. Percy), and one at Balaam Street (Mr. Heywood).

Miss Shirley Glasstone and Mr. Heywood have each been allotted an area of schools in which to inspect and treat children of all ages, as suggested by the Board of Education.

The following figures for the year show the amount of work done :—

14392	children inspected.
3820	"Specials."
8619	found to require treatment.
8370	given treatment.

The following remarks and comments are abstracted from the individual reports of the Dental Surgeons :—

Mr. Percy reports—

The attendance at the Clinic during the past year has been quite good—the number of "specials" sent by the Head Teachers has increased, which has a tendency to upset the routine work. The fact that another Clinic is opened and the schools re-arranged will make it much more advantageous for the parents and children. We also shall be able to inspect the children more often. I am now inspecting children who have received dental care at the Infant Welfare Centres, before entering school life, and note the beneficial result.



Mr. Dick reports—

This year approximately the same amount of treatment has been given to a considerably less number of children inspected. But it was found by working in this way that the number of special cases, always a handicap to routine work, tended to increase. This unfortunately makes the scheme of giving less treatment to a larger number of children appear to be the better one. In most cases under this scheme treatment which is not urgent at the time is left, so that although it is more satisfactory from the point of view of the Dental Surgeon to complete the treatment in each case it would seem advisable under existing conditions to do the urgent work only.

It is gratifying to note that the percentage attendance for the year on cards sent out (67 per cent.) is higher than it has ever been, showing a wider appreciation by the parents of the treatment available.

The co-operation of all Head Teachers is much appreciated, and I have to thank them for their help during routine inspections at the schools.

Miss Gubb reports—

During the year 1929 twelve schools were inspected and ten treated, and the eleventh started before the end of the year.

The attendance has been very well maintained, and I think even shows a steady, if slow, inclination to improve.

The inspection of fewer schools and giving more complete treatment to fewer children only tends, if anything, to increase the number of "specials," so does not ease the situation at all in trying to deal with the number of children requiring treatment.

The appointment of the Maternity and Child Welfare Dental Surgeon to whole time office will gradually make a considerable improvement in the dental condition of school entrants, who will then require much less dental treatment as they merge into the School Medical Service.

I wish to express my thanks again to all Head Teachers for their kind and helpful co-operation at the Dental inspections, and also their great help in advising parents to accept dental treatment.

Miss Glasstone reports—

During the past twelve months I have had under my care the treatment of six schools, totalling approximately 5,600 children between the ages of 4 and 14 years. Of these about 80 per cent. were found to have carious mouths. This high percentage is due to the fact that children between the ages of 4—6 years have never had the advantage of dental treatment before, which goes to prove how essential conservative treatment is for child-



ren under 6 years old, including those of the pre-school age. Also those children between the ages of 8—14 years have only had treatment when they came in the 6—8 years age group, thus there has been some interval without any treatment. At the same time, the parents are not too amenable to dental treatment for the younger children, but I think in due course they will appreciate the benefits derived from an early visit to the Dentist. One great feature of the new scheme of treating all children attending school is the number of permanent teeth which have been saved, numbering 1,005 in the year. The great advantage of fillings has still to be impressed upon the parents, a good many of whom are only partial to extractions, but here again time will remove all existing prejudices. As I have been concentrating on the conservation of permanent teeth, I have not had sufficient time available to do as many temporary fillings as I would like.

One great difficulty arises in the use of local anæsthesia only for extractions. Many mouths are so septic that local anæsthesia is contra-indicated, and these patients have to be refused treatment, which results in prolonged and further sepsis. If they are referred to a local hospital it usually means that no further trouble is taken to obtain treatment, unless the condition becomes very painful. Another indication for the necessity of General Anæsthesia is for the younger children. Many of them require multiple extractions, and apart from local anæsthesia being a rather uncongenial method, hardly more than one tooth can be extracted at one sitting. Repeated sittings for children between 4—6 years is not very satisfactory, and often the second and third appointments are forgotten. Usually the most offending tooth is extracted, and the child is sent away with a mouth in a not very much better condition. With the introduction of General Anæsthesia more work could be done with greater advantage to both patient and dentist.

## SUMMARY OF WORK AT WEST HAM SCHOOL CLINICS.

The four School Clinics serving the Borough, are 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.



Each Clinic serves a special area of the Borough, and a Nurse is always in attendance during school sessions. The Doctors attend two or three sessions per week, as required.

Certain defects found at routine inspection are referred to the Clinics for treatment or for further examination or observation. The Clinic at Stratford includes two Dental Clinics, and those at Balaam Street, Rosetta Road, and Swanscombe Street each have one Dental Clinic.

Following is a summation of the Medical cases attending the four Clinics during 1929 :—

New Cases Admitted	Total Attendance	Total Discharged
14624	56491	14905

The above figures do not include the work of the Ophthalmic Clinic, which appears separately. Each Clinic also acts as an Inspection Clinic, where cases are seen for further examination or kept under observation.

### (9) Open Air Education.

(a) Opportunity is sometimes taken when weather permits of holding classes in the playground. Physical exercises, drill and games are taken in the open air whenever possible.

(b) School journeys to places of educational interest are undertaken during the Summer months.

(c) School Camps. School Holiday Camps during the Mid-summer Holiday are now an established institution. Their value continues to be increasingly manifest. During 1929, 266 boys attended a School Holiday Camp at Shoeburyness for a fortnight, and at Dymchurch Camp 264 girls attended for a similar period. The selected children were all previously medically inspected and dentally examined by the staff, special regard being paid to cleanliness, suitability and freedom from contagion. The Camps were visited by a special Committee and one of the School Medical Staff.

(d) Four schools hold classes during the warmer 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 Day Open Air School at Crosby Road for 60 girls from the age of 7 years upwards. The cases are recommended by the School Medical Staff from their findings at Medical Inspection.

The children are re-examined prior to admission. The scholars are also periodically examined, and many of them attend a neighbouring Clinic. A long period of attendance is usually required, as the home influences very often detract from the benefit that would otherwise accrue. The children have the advantage of good meals, morning milk, and plenty of rest, as well as lessons



in an open air environment. They also benefit by spray baths, breathing exercises and handkerchief and tooth-brush drill.

There were 108 cases attended the Clinic for advice, treatment or observation, making 400 attendances in all.

To Miss Howship, who is very zealous in the interests of the children, I am indebted for the following report on the school:—

The fifth year of the School's working has been an encouraging one for several reasons. The children continue to make good progress. The Staff has been increased by the appointment of an Assistant Teacher. The buildings and equipment have been much improved.

The year began and ended with sixty-two girls on Roll and there were during that time thirty-one new admissions and thirty-one discharges.

The first three months were difficult because of the exceptionally cold weather. The School had to be closed for two and a half days in February.

We have now in the Hall four large electric radiators. In cold weather these raise the temperature of the Hall considerably ( $10^{\circ}$  on a calm day,  $4^{\circ}$  in windy weather). The additional comfort of these radiators is much greater than a thermometer can show.

More powerful lights have been arranged in Hall and Classrooms, so that it is now possible to do ordinary lessons in dark, rainy weather when some shutters must be closed.

The garden continues to provide healthful exercise and a very great deal of happiness.

The children continue to improve both in health and moral tone. Little girls who come petulant or apathetic show marked improvement in cheerfulness and interest in lessons and in good meals. Big girls lacking in interest and self-respect become self-respecting and eager to help others.

The parents are very appreciative, and except in a very few cases do their best to co-operate with us in seeking to restore the children's health.

\* Boots continue to be a source of difficulty, but with the help of the West Ham School Children's Boot Fund the worst need is supplied.

Encouraging letters and messages have been received from girls who have left the school. They tell of continued good health and a cheerful outlook on life.

The following cases are typical of several in which Open Air work is succeeding with somewhat unpromising material.

Case A.—Discharged 18/10/29. She was helpless and delicate. The only thing she could do well was to cry. This girl



found a real aptitude for gardening. When she left, arrangements were made for her to live with a country relative and take up farm work.

Case B.—A dull child, with an epileptic mother. The garden brought out all the happy best in this girl, who could never have made good with books. She cared for her flowers and for our little girls. Now she is doing well as mother's help.

Case C.—A big girl; had very little self-respect. Insistence on a high standard of cleanliness roused this girl's enthusiasm. She is now proud of her good looks, and has a fine influence on other girls.

(f) The Local Authority retains fifteen beds at the Ogilvie School of Recovery, Clacton-on-Sea. The selected cases are delicate girls found at Medical Inspection, or notified by the Head Teacher to the School Medical Officer. The children are examined prior to admission by the Chief Assistant School Medical Officer, and periodic reports are received from the school. During the year fourteen girls were admitted and eleven returned, all considerably benefitted.

The Authority has a Residential School for 80 Boys, situated at Fyfield, Ongar, Essex. This School provides all the essentials for out-door education, comprising fresh air, abundant food, ample rest, physical exercises and games in the open. The children are selected by the School Medical Staff and examined before admission by the Chief Assistant School Medical Officer. They are also visited by him once a fortnight, when all the boys are re-inspected, and height and weight noted.

During the year 156 boys were admitted and 151 discharged. The discharged boys are re-inspected a few months after leaving the Institution, to see if the improvement is maintained. All candidates for Fyfield have their teeth put in order, and any necessary operation on the throat performed prior to admission.

Improvement as a rule shows itself soon after admission, owing no doubt to a better régime of hygiene obtaining than exists at their homes. A local practitioner, Dr. David, is called in for emergencies or sudden illness, when they arise.

Out of 105 cases sent for re-inspection following their discharge from Fyfield, 25 did not attend owing to various reasons. Out of the 80 examined, 63 showed continued improvement, whereas 17 had had inter-current ailments, and their present condition was not considered so satisfactory.

Following is a description of the Open Air School, to accommodate 60 girls, opened in May, 1930:—

The new buildings for the girls form three sides of a hollow square, with a dormitory to accommodate 60 on one side, facing south-west, and with a staff bedroom at each end for night supervision. The dormitory is closed on the south-west side with folding doors, so that practically the whole front can be thrown



open. There is also a verandah on this side wide enough to allow beds to be brought out into it, when thought fit. On the north-east side are windows admitting of ample cross ventilation. On another side of the square is placed a rest room and recreation room to accommodate the whole school, with a blanket store adjoining. This rest room has a verandah on three sides, and is enclosed on these three sides with folding doors, so that the whole can be thrown open. Connecting the recreation room and the dormitory, and forming the third side, is a verandah, with administration rooms. These include coal storage, furnace room, spray bath and dressing room, staff sitting room, and matron's flat complete, clothes store, store rooms and staff bedrooms. The space between the buildings is tar paved as a playground for the girls, and is sheltered from the east and north winds by the buildings.

Connected to these buildings by a covered way is the dining room, large enough to serve for the whole school, with kitchen, staff dining room, committee room, stores, cook's room, larder and coal store. The dining room can be thrown open on three sides by means of folding doors, and, whilst protected from the north and east, can get sunshine nearly all day. The rest room, dining room, and classroom shelters are heated by hot water pipes overhead or around the walls. There is a small isolation block, and three new cottages have been built for the staff, and one additional classroom shelter. The artificial light is electric, generated on the premises. The water supply is from wells on the property, and the school has its own sewage disposal plant. The new buildings generally are constructed on a concrete base with light steel stanchions, and roof trusses, filled in with studding, and covered on the outside with weather boarding, and on the inside lined with Essex boarding or asbestos sheets. The roofs are covered with asbestos sheets or tiles, the floors are wood, except in the spray bath room, which is asphalte, and the boiler room, which is finished with granolithic paving. The total cost of erecting and furnishing the school is £16,500.

## **(10) Physical Training.**

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

There is a well organised Sports Association, composed of members of the Education Committee and Teachers, who organise and superintend various sections of games, such as swimming, football, boxing, netball, and cricket.

Scholars for whom an opinion is required as to fitness to participate are referred to Dr. Skerrett, the Honorary Medical Adviser, for examination. During the year some 184 boys were so examined, three being found unfit for various reasons.



## (11) Provision of Meals.

West Ham being largely a necessitous area, the Authority have always regarded the provision of meals to needy and under-fed children as one of their most important duties. The scheme has now been in operation several years, and is continued over the school holidays. At present there are ten Dining Centres under the superintendence of Miss Anderson. The Centres are clean and well managed, and the food is of excellent quality. The following figures summarise the extent of the undertaking for the year under consideration:—

	Breakfasts	Dinners
Silvertown National Kitchen ...	2282	3561
School Dining Centres ...	221977	424673
Average number of children fed per week: 1,590.		

## (12) School Baths.

School baths are provided at two Elementary Schools, Gainsborough Road and Rosetta Road. Spray baths are provided at the Special School at Knox Road, the Fyfield Open Air School, and the new South Hallsville School.

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

Facilities are also afforded for swimming instruction at the Beckton Road Open Air Bath. Men and women instructors are engaged for training and supervision.

The number of children who attended the School Baths under the Committee's scheme during the year is as follows:—

	Boys	Girls
Balaam Street ...	4864	4651
Jupp Road ...	5155	2749
Silvertown ...	1365	1014
Fen Street ...	4115	2474
	<hr/> 15499	<hr/> 10888

## (13) Co-operation of Parents.

The co-operation of parents continues to be an essential factor in the success of the School Medical Service. Without such co-operation and interest a good deal of work would be futile. It is becoming increasingly recognised that the good work of the Education Committee is purely in the interest and welfare of the child,



and advantage is largely taken of it by parents generally. There were very few objections this year, but the following schools show cases where parents for various reasons objected:—

School	Boys	Girls	Infants
Elmhurst Road ...	1	—	—
St. Antony's ...	—	—	1
Upton Lane ...	1	—	3
West Ham Church ...	1	—	—
Godwin Road ...	3	1	5
Odessa Road ...	—	—	3
Whitehall Place ...	3	—	—
Napier Road ...	1	—	—
St. James ...	—	1	—
Salway Place ...	—	—	4
St. Luke's ...	1	—	—
Canning Town ...	3	—	—
Holbrook Road ...	1	—	—
New City Road ...	3	1	—
Colegrave Road ...	—	1	—
Denmark Street ...	—	—	1
Silvertown ...	—	1	—
Water Lane ...	—	1	—
Manor Road ...	—	—	1
Stock Street ...	—	1	3
Balaam Street ...	1	1	1
North Street ...	3	—	—
Clarkson Street ...	—	1	—
Credon Road ...	1	—	—

The total number of parents or guardians present at the school examinations (Routine and Special) were as follows:—

6,689 for Boys, 6,691 for Girls, making a combined percentage attendance of 78.

Former percentages were calculated on routine cases only.

### (14) Co-operation of Teachers.

The continued co-operation of the teachers is a great factor in the School Medical Service. The teachers help in several ways. They prepare the lists for examination and select 'specials' to be examined. They urge the attendance of parents, and render many services in connection with the Nurses' visits in the process of following-up. They also draft special cases to the Clinics for minor ailments, and interview many parents on the subject.

Their scope in treatment is of course limited to seeing that a child attends regularly the examination and Clinic, and urging parents to persist in treatment, or otherwise obtain treatment where advised.

They also put into action those special recommendations of the Doctor after his visit of routine examination.

In many matters connected with the School Medical Service valuable co-operation has been given by the Committee's Inspectors, Mr. E. W. Hodges and Miss C. M. Bott.

The following list gives defects or recommendations notified to Teachers, which have a bearing on the educational career of the child :—

Vision, 1,390	Deformities, 1
Physical Exercises, 14	Teeth, 5
Defective Hearing, 60	Mental Condition, 7
Breathing Exercises, 16	Nervous System, 12
Heart (Physical	Skin Disease,
Overstrain), 128	(Verminous, etc.), 5
Speech, 12	Other Defects, etc., 84

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

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

The cases concerned involve school attendance, cleanliness, unfitness for school or for employment, and out of school cases.

The School Attendance Officer makes a daily return of all children out of school on medical grounds, and these are visited by Lady Sanitary Inspectors.

The cases brought to the notice of the Public Health Department by the School Attendance Officer during the year were as follows :—

Measles, 1,198	Chicken Pox, 561
Whooping Cough, 799	Mumps, 292
Tonsillitis, 403	Other Diseases, 4309

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

The following Societies or Associations are in constant touch with the School Medical Department re the welfare of individual children.

- (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.
- (5) The Almoners of a large number of voluntary hospitals.



The first two Societies notify the School Medical Officer of such children coming under their notice who require convalescence or new or altered instruments. The Education Committee helps in the cost of instruments, or alteration of same.

During the year, 82 school children were sent away for varying periods of convalescence. This number is less than the previous year, but no doubt with the Open Air School and Holiday Camps now available a good many children of school age are in less need of convalescence.

During the same period, 37 children were examined and helped as regards new Surgical Instruments or alterations to same.

Occasionally the Local Officer of the N.S.P.C.C. renders help in the case of recalcitrant or neglectful parents or guardians.

The Central Association for Mental Welfare interests itself in children of school age who are mentally defective, and also in their after-school welfare.

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

(a) The returns of these children are obtained from two sources. The School Attendance Department has a complete list of all out-of-school cases, and of those already placed in various institutions. These cases are notified to the School Medical Officer as they arrive, and are followed up by a Special Nurse. They are also examined (by the Chief Assistant School Medical Officer) to ascertain their fitness for school or otherwise. Some go back to the Elementary Schools, many go to the Special Schools, but the majority are found unfit for school.

The permanent out of school cases are provided with a special card, and are vouched for from time to time by a Nurse detailed for the purpose. Any changes in their condition justifying re-examination are then brought to light.

Besides the above, an annual census is taken at the end of the year of all exceptional children submitted by teachers. These are examined by the Medical Staff and cases unfit for the ordinary school are referred for further consideration, i.e. re attendance at Special School.

(b) A Special Nurse is employed following up all M.D. children who are not in the schools. Briefly all out of school cases are periodically examined at the four annual examinations to ascertain their fitness for the Special Schools, and followed up at home to urge any treatment advised.

The two After-Care Committees sit to consider the welfare of the children who have recently left the Special Schools or the Deaf Centres.

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

## KNOX ROAD SPECIAL SCHOOL.

### Physically Defective.

Three left at age limit.  
Five allowed to leave for employment.  
Four returning to ordinary school.  
Six left district.  
Two excluded as unfit.  
One deceased.

Of the above children the following are employed:—

One at papering piano keys.  
One packing sweets.  
One at Attaché Case makers.  
One with Builder.  
One at Paint Factory.

### Mentally Defective—

Three left at age limit.  
Six left between ages of 14 and 16 for work.  
Two left district.  
One admitted to Sanatorium.  
One entered Continuation School.  
One returned to Elementary School.  
One left to attend private school.  
Two physically unfit.

The following are employed:—

One at Cabinet Making.  
One at Butcher's.  
One at Gardening and Carting.  
One at a Chocolate Factory.  
One as a Van Boy.  
One in a Blouse Factory.  
One at home with Crippled Mother.

## GRANGE ROAD SPECIAL SCHOOL.

### Physically Defective—

One transferred to Deaf Centre.  
Four transferred to ordinary schools.  
Three removed from district.  
Three excluded (unfit for school).  
One in Hastings Hospital School.  
One at Continuation School.  
Two working in shops.  
Three at work (not specified).  
One out of work.



## Mentally Defective.

- One transferred to Deaf Centre.
- One transferred to Physically Defective Department.
- One excluded (unfit).
- One in Aldersbrook Homes (under Poor Law).
- Two transferred to ordinary schools.
- One at Continuation School.
- One working in Rag Shop.
- One Kitchen Boy.
- Two selling wood.
- One unfit for work (fits).
- Two had work, but now unemployed.

The provision at the Special Schools, Grange Road and Knox Road, is as follows:—

		Mentally Def.	Physically Def.
Grange Road	...	121	95
Knox Road	...	93	83

The places are filled, and many children have to await vacancies. There is certainly room for another Special School in the Borough. Entrance examinations are held quarterly, and cases are seen as they arise, instead of awaiting the next fixed examination.

Work in connection with After-Care Committees consists of

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

## BLIND CHILDREN.

The Authority itself has no provision for the education of blind or semi-blind children—a few of the latter attend the Special Schools. The question of Myopic Classes is still under consideration.

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

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

Seven blind or partially blind children are not placed.

## DEAF CHILDREN.

The Authority has Deaf Centres at Water Lane and Frederick Road with places for 40 and 44 deaf mutes respectively. These schools are visited annually by the Chief Assistant School Medical Officer, and recently arrangements have been sanctioned for an annual examination by an Aural Surgeon.

A few of the cases belong to the partially deaf class, and one or two are aphasic cases. Children from outside areas are admitted by arrangement with the Local Education Authority, when vacant places permit.

### Institutional cases :—

Royal School for Deaf and Dumb, Margate, 1 boy, 4 girls.

Jewish School for Deaf and Dumb, Wandsworth—1 girl.

After Care Committee Reports of Leavers during 1929 :—

### Water Lane Deaf Centre.

- 1 Girl employed as clerk by a well-known firm at 17s. per week.
- 1 Girl practically deaf—no record.
- 1 Boy—no work.
- 1 Boy was employed at Boot Mending and French Polishing.
- 1 Boy assists father, who is a greengrocer in Stratford Market.

### Frederick Road Deaf Centre.

- 1 Girl helping mother at home.
- 1 Girl removed from district.
- 1 Boy transferred to a "hearing" school.

## EPILEPSY.

Table III. (d) gives a summary of the epileptics found among school children during 1929. Only the severe cases are excluded from school. A number of West Ham epileptic children are boarded out at Institutions as follows :—

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

Lingfield Colony for Epileptics—1 boy.

Forest Gate Sick Home—2 boys, 2 girls.

Fountain Mental Hospital, Tooting—1 boy.

There are six cases of severe epilepsy out of school (5 boys, 1 girl), and one girl with slight epilepsy.



## STAMMERERS.

Throughout the year special classes of six weeks' duration have been carried on at Cave Road School.

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 eight 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 38 boys and 6 girls attended the 1st classes for stammering children, 10 boys and 5 girls were taking the 2nd course, and 2 boys a 3rd course.

## (18) Nursery Schools.

There are now two Nursery Schools in the Borough which have applied to the Board for recognition, and this is supported by the Education Committee. Up to the present no statutory medical examinations have taken place in the schools, but children under 5 years for whom operative treatment of tonsils and adenoids is required are referred for the treatment by the Maternity and Child Welfare Department.

Two Nursery Schools have been erected by the Education Committee on sites adjoining Abbey and Rosetta Road Schools. Three class-rooms are provided for 40 children each, giving a total of 120 at each school. It is hoped that these schools will be opened in August, 1930.

## (19) Higher Educational Institutions.

The Institutions referred to here comprise—

- (1) The Municipal College.
- (2) The West Ham Secondary School.
- (3) St. Angela's High School for Girls (Ursuline Convent).
- (4) The Plaistow Secondary School.
- (5) The West Ham High School for Girls.

### MUNICIPAL COLLEGE.

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

### Age Distribution of Examinees.

Age in years	Boys	Girls.
13 ... ..	19	16
14 ... ..	51	35
15 ... ..	47	21
16 ... ..	7	6
	—	—
Totals	124	78
	—	—
Parents present ...	54	61

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

Condition	Boys	Girls
Uncleanliness .....	—	1
External Eye Disease .....	—	1
Defective Vision .....	12	12
Nose and Throat .....	2	5
Teeth .....	—	9
Speech .....	3	—
Anaemia and Debility .....	—	15
Suspected T.B. ....	1	—
Other Conditions .....	3	2

Number of individual scholars referred for treatment: 21 Boys; 41 Girls.

“Following-up” takes place by Nurses’ home and school visits and re-inspections by the Doctor.

Re-inspections at Clinic, 2. Re-inspections at the College, 48. Nurses’ visits, 50.

### Treatment.

	Boys	Girls
Tonsils and Adenoids ...	1	5
Teeth ... ..	4	19
Anaemia and Debility ...	3	29
Vision ... ..	9	12
Uncleanliness ... ..	—	1
Other Conditions ... ..	—	3

Some of the conditions cured during the year include cases from the previous year.

Recommendations re conditions brought to the notice of the Principal :—

Vision, 20.  
Heart, 3.

Physical Exercises, 1. Breathing, 1.  
Nervous System, 1.



Physical Drill is supervised by Sergeant Pritchard (Boys) and the Misses Newmarch and Hobson (Girls). Excellent public displays are given from time to time during the year, and are well attended by parents and friends.

## WEST HAM SECONDARY SCHOOL.

Two visits of inspection were made during the year, the whole of the scholars being medically examined.

### Age Distribution of Examinees.

Age in years	Boys	Girls
10 ... ..	19	5
11 ... ..	48	31
12 ... ..	52	36
13 ... ..	70	52
14 ... ..	20	17
15 ... ..	60	42
16 ... ..	42	33
17 ... ..	16	8
18 ... ..	11	4
19 ... ..	2	1
	—	—
	340	229
	—	—
Parents present ...	171	123

### Chief Defects referred for Treatment.

	Boys	Girls
Skin Disease .....	1	1
Defective Vision .....	44	39
Ear Disease .....	2	—
Nose and Throat .....	3	3
Teeth .....	20	25
Heart (not Organic) .....	—	8
Anaemia .....	3	6
Other Defects .....	—	1
Number referred for treatment...	68	72

Visits by Nurse: 130.

### Recommendations and advice to Principal—

Vision, 69.

Breathing Exercises, 3.

Other Defects, 2.

Hearing, 1.

Physical Exercises, 2.

Conditions remedied during the year (including cases from previous year) —

	Boys	Girls
Tonsils and Adenoids .....	2	5
Teeth .....	22	33
Vision .....	74 scholars obtained glasses	
Anaemia .....	27	15
Other Conditions .....	3	2

During the year 36 scholars attended the Clinic. Physical drill for boys is taken by Sergeant Pritchard, and for girls by Miss Newmarch, who gives special attention to minor spinal deformities. Excellent displays of drill and dancing are given from time to time. Dr. Burness, the Principal, renders all possible help in seeking the physical welfare of the scholars.

### PLAISTOW SECONDARY SCHOOL.

This school is now in its fourth year. All the scholars are examined annually.

#### Age Distribution of Examinees.

Age	Boys	Girls
10 ...	15	3
11 ...	55	34
12 ...	35	25
13 ...	33	26
14 ...	36	34
15 ...	13	4
Totals ...	187	126
Parents present ...	153	104 = 82%

#### Chief Defects referred for Treatment.

	Boys	Girls
Malnutrition .....	—	2
Skin Disease .....	2	3
Defective Vision .....	21	19
Ear Disease .....	3	—
Nose and Throat .....	—	1
Teeth .....	29	30
Heart .....	3	—
Anaemia .....	4	5
Other Defects .....	8	3
Number of Individual Children referred for treatment ...	69	53



### Following-up and Treatment.

The same facilities are provided as in the other schools. The Nurse, after Medical Inspection, follows up the cases at the homes or school and the Doctor re-inspects at the school.

Visits by Nurse, 62. Re-inspections, 69 boys; 61 girls.

#### Treatment.

	Boys	Girls
Nose and Throat (operations)	4	2
Teeth .....	3	8
Anaemia .....	20	13
Vision .....	21	18
Other Conditions .....	8	1

Twenty scholars attended the Clinic during the year.

Mr. Cook and Miss Hobson take the physical drill for boys and girls in this school.

Mr. J. W. Hand, the Principal, takes a great interest in the Medical Inspection, and usually selects special cases for report and advice.

### 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 by Dr. Janetta Powrie, 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 and measured, had their vision and hearing tested, their teeth inspected and were questioned as to their health since they were last inspected. Where necessary these children were referred for full examination.

#### Age Distribution of Examinees.

Age	No. Examined
10	2
11	16 + 1 special
12	38 + 1 special
13	31 + 2 specials
14	25 + 2 specials
15	28
16	14 + 1 special
17	9
18	2 + 1 special
19	2 + 1 special

Attendance of parents = 69%

Seventeen per cent. of the children at the routine examination were found to be defective. Forty-four per cent. of the children at the special examination were found to be defective.

## Chief Defects Referred for Treatment.

Uncleanliness (Head), 1.	Anaemia, 2.
Defective Vision, 17.	Other Defects, 3.
Skin Disease, 1.	Heart Disease, 3.
Disease of Nose and Throat, 3.	Deformities, 8.
Dental Caries, 8.	

The children found defective at the previous inspection were re-inspected at each inspection. Sixty-six 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 defects are treated almost entirely privately in accordance with the desire of the parents.

## Defective Vision.

Referred for treatment at first inspection ...	11
Attended Committee's Oculist .....	7
Treated privately .....	4
Obtained glasses .....	11

Of the remaining children found defective at the first examination, one had left school, 28 were satisfactory, and three were unchanged at the time of the second inspection.

Recommendations were left with the Principal, Dr. Florence Barnett, re the following conditions:—

Vision, 17.	Physical Exercises	Other Conditions, 1.
Heart, 3	(flat foot, etc.), 7.	

Dr. Barnett takes a very keen interest in the Medical Inspection, and is most helpful in getting the parents to consent to the inspection of their children, to attend during 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.

## ST. ANGELA'S HIGH SCHOOL FOR GIRLS.

This School is inspected annually, the inspection, as far as this Authority is concerned, being confined to West Ham scholars.



### Age Distribution of Examinees.

Age	No. of Girls Examined
11	13
12	14
13	27
14	23
15	22
16	21
17	16
18	5
	<hr/> 141 <hr/>

Parents present, 59.

### Chief Defects referred for Treatment.

Skin Diseases	2
Vision	20
Ear Disease	1
Nose and Throat	9
Teeth	32
Heart	3
Anaemia	18
Other Defects	6

Number of individual scholars involved, 73.

Following up and treatment are carried out by the same means as obtain in the other schools. The Nurse made 62 visits.

### Conditions Remedied.

Nose and Throat	9
Teeth	19
Other Defects	1
Vision	19
Anaemia	18

Attended Clinic, 5.

Directions left with Principal and Drill Mistress re various conditions affecting educational life:—

Vision	13
--------	----

Mother Mary Angela takes the keenest interest in the physical welfare of the scholars, and interviews the parents after inspection, and when possible urges them to carry out the recommendations given.

Miss Barrington, the Drill Mistress, is present at most of the Inspections, and gives special drill to those scholars requiring attention for weak spines.

## **(20) Continuation Schools.**

There are three Continuation Schools in the Borough: (1) The Shakespeare Institute; (2) The Livingstone Institute; (3) The Faraday Institute.

Scholars are not examined at the schools on account of the practical difficulties, but the Heads of these Institutes are empowered to refer cases to the School Medical Officer. Twenty-one such scholars were examined during the year. Three scholars obtained glasses ordered.

## **(21) Employment of Children and Young Persons.**

The employment of school children out of school hours is subject to certain restrictions governed by Bye-Laws under Section 9 of the Education Act, 1921. These restrictions limit the age at which a child can commence such work, and the hours of employment. The child must also be medically examined and a certificate given that the work will not injure the child's health or prejudice its education.

The greater part of the work undertaken by children in this Borough consists of newspaper delivery and other errand rounds connected with provision stores.

The Bye-Laws under the Education Act, 1921, relating to the employment of children were revised a year ago 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 conditions. Moreover they bring the conditions more into line with those of the London County Council and neighbouring Boroughs. During 1929, 225 children were examined; two certificates were not granted and five temporarily postponed.

During the same period certificates of fitness under the Employment of Children in Entertainments Rules (Sec. 101, Education Act, 1921), were granted in respect of 13 girls and 1 boy.

## **(22) Small Pox Investigation, 1929.**

During the year, while Small Pox of a mild form was rampant in the district, special investigations were carried out in schools of the area most affected.



The following schools were fully inspected :—

Beckton Road (6)	Frederick Road (4)	Regents Lane (3)
Rosetta Road (5)	Shipman Road (2)	Custom House (2)
Russell Road (2)	Holborn Road (2)	St. Joachim's (2)
The Russell (1)	Crosby Road	St. Luke's (1)
Star Lane (1)	Open-Air School (2)	Holy Trinity (2)
S. Hallsville (3)	Hilda Road (2)	St. Margaret's (2)
Hallsville (1)	Hermit Road (3)	Denmark Street (2)
St. Andrew's	Clarkson Street (1)	Grange Road
Cave Road	St. Helen's	Balaam Street
Stock Street	Holbrook Road	

The figures indicate the number of times the schools were fully re-inspected for the above purpose.

Total number of children inspected : 50,763.

These numbers do not figure in the statistical tables as "Specials."

### (23) Miscellaneous.

All scholarship children are medically examined soon after taking up their scholarships. The schools at which such scholarships are held are :

- |  |                              |
|--|------------------------------|
| (1) The Grove School   | } Higher Elementary Schools. |
| (2) The Russell School                                       |                              |
| (3) The West Ham Secondary School.                           |                              |
| (4) The Plaistow Secondary School.                           |                              |
| (5) St. Angela's High School for Girls.                      |                              |
| (6) West Ham High School for Girls.                          |                              |
| (7) A few boys hold their scholarships at St. Bonaventure's. |                              |
- Nos. 3, 4, 5, and 6 have been dealt with in separate reports.

#### The Grove School.

All the pupils at the Grove School are scholarship children from the Elementary Schools.

The School is visited twice annually, when entrants and leavers are examined.

The number examined were as follows :—

	Boys	Girls
Entrants ... ..	20	41
Intermediates ... ..	16	34
Leavers ... ..	27	58

The chief defects found and referred for treatment were as follows :—

	Boys	Girls
(a) Defective Vision, chiefly Myopia ...	7	14
(b) Hordeolum Externum ...	1	—
(c) Chronic Enlarged Tonsils ...	—	6
(d) Chronic Deafness, degree 5/20	—	1
(e) Deformity right leg, old hip disease (quiescent) ...	—	1

All children found defective are followed-up by the Nurses and re-inspected by the Doctor at the School Clinic or the following examination at the School. Mr. Madden, the Headmaster, takes a great interest in the welfare of the scholars, and his kind co-operation during the visits of the Doctor to the School is much appreciated.

### The Russell School.

Only one visit of Inspection was made during the year 1929 when the entrants were examined :

Number examined	Number Defective	Number of Defects requiring treatment	Number of Defects requiring observation
99	27	32	4

Parents present : 92 ; giving a percentage of 93.

Chief Defects referred for Treatment.

Defects.	Treatment
Skin Disease (Eczema) ...	1
Defective Vision ...	9
Ear Disease ...	1
Nose and Throat ...	7
Enlarged Cervical Glands ...	1
Teeth (oral sepsis) ...	2
Heart Disease ...	3
Anaemia ...	6

These particular entrants did not seem so robust as those of previous years.

**Following-up** is carried out by the Nurse and Re-Inspection by the Doctor at the School.

During the year two visits for re-inspection were made, the first dealing with an inspection that took place the previous year (1928) when 20 Boys and 14 Girls were re-inspected; the second taking place recently and dealing with the examination detailed above (1929). At this re-inspection 17 Boys and 18 Girls were seen.



**Treatment.** The same facilities obtain as in the case of the Elementary Schools, the pupils in this case being drafted to the Rosetta Road School Clinic.

**Vision.** All the vision cases were re-inspected and their glasses found suitable.

**Tonsils and Adenoids.** Treatment by operation, 3.

Recommendations and advice re individual scholars left with the Head Master as follows:

Vision 9      Hearing 1      Heart Disease 3

During the year a Drill Mistress has been appointed on the Staff. Folk Dancing has been introduced which has stimulated interest in Physical Training, extended the time devoted to this subject and proved most popular with the girls.

The Head Master, Mr. C. W. Truelove, is particularly keen on the physical welfare of the pupils and receives excellent support from the Staff in all the Sports activities.

### **Artificial Sunlight Treatment**

The following is a summary of a report received from Dr. Eva Morton on West Ham School Children treated at the Sunlight Clinic at the Children's Hospital, Balaam Street, Plaistow, on behalf of the Education Committee:

1. No unfavourable symptoms except when dose was too prolonged to suit any particular child, unless loss of weight occurred.

2. Tonsils and adenoids seen to if necessary also intestinal worms, cases of malnutrition put on malt and oil.

3. Two hundred and ninety-nine children treated in 1929.

4. Seventy-five per cent. of the mothers say the children improve and eat better, are more lively, and sleep longer. According to a mother's report one specially bad case of Right Hemiplegia being treated has gained more use in the right arm.

5. The teachers' reports are very encouraging, and all say that the children on Sunlight from their particular schools have improved in mental alertness and the power of concentrating on their work.

Reports from Schools.

(a) 75 per cent. of children treated show a very marked improvement.

24 per cent. of children treated show marked improvement.

1 per cent. of children treated show very little difference.

(b) 99 per cent. of children treated show marked improvement, and, it was noted, bright mentally. One boy showed great advancement in school work.

1 per cent. of children treated showed no difference.

(c) 100 per cent. of children treated showed marked improvement; the teacher considers Sunlight extremely beneficial, and had noted improvement in the general condition of all the children who had had the treatment.



6. In all the cases treated the percentage of Haemaglobin has risen, and the weight has increased in varying degrees.

#### **Blind Persons' Act.**

During the year one man and three women were examined and reported on as being suitable for training under the above Act.

#### **Pathological Work.**

The microscopical examination of sputum for the presence of the tubercle bacillus is undertaken by the Tuberculosis Officer.

Throat swabs are taken by the School Medical Staff as required, and sent to the Superintendent of the Plaistow Fever Hospital for cultivation and report.

The microscopic diagnosis of ringworm of the head is undertaken by the School Medical staff in the Laboratory provided for that purpose. During the year under consideration 28 hair specimens were examined, and 22 found to be positive.

#### **Cheap Tram Fares.**

I am indebted to Mr. Slattery (Tramways Manager) for the following Table which shows the number of children carried at halfpenny fares in all West Ham and London County Council No. 8 Service cars during school holidays in 1928 and 1929, and the advantage taken by the children of the facilities granted.

Holiday Period	1929.		1928.	
	No. of days in operation	Number carried	No. of days in operation	Number carried
Easter ...	10	150,847	10	146,753
Whitsun ...	8	130,863	8	126,592
Summer ...	31	404,545	32	396,429
Christmas ...	15	202,776	15	192,150
Totals ...	64	889,031	65	861,924
Av. per dav	—	13,891	—	13,260

#### **CONCLUSION.**

The teachers in the Infants' Departments have been relieved of the duty of making out the cards on admission of a pupil, and these dossiers, as well as those of children up to 8 years, are now kept in my office instead of at the school as formerly. In course of time this will result in the medical dossiers of every school child being filed in my Department. Any Head Teacher can, of course, obtain any information concerning the child's medical history and condition upon application.



## APPENDIX I.

### PROPOSED ADDITIONAL SERVICES.

The excellent and extended facilities for education which will shortly become available to the children will be rendered largely abortive (of the results expected) unless the children are, mentally and physically, sufficiently fit to take full advantage of the facilities offered, and are, moreover, possessed of adequate stamina to make use in post school life of the education so obtained.

In order that every child of school age, irrespective of any special or peculiar disability, either mental or physical, may obtain, if in any way educable, a suitable training and education, it will be necessary to augment the existing services to a considerable extent. The medical treatment and care of such children will probably involve a further extension of the facilities already provided to this end.

The raising of the school leaving age to 15 years must, of necessity, modify the work of the School Medical Service. The extent to which the work will be affected can only be gauged roughly, as no statistics are available as to the percentage or classification of the minor ailments found in children at this age. The coming into force of the Local Government Act will also involve an additional number of children being cared for. It is safe to assume that there will be a very considerable number needing Dental Treatment, and probably also Ophthalmic Treatment.

A School for **Myopic** children has been under consideration for some time, and is now overdue. I am of opinion that such a school should have accommodation for not less than 60 pupils.

A Special School for **Mentally Defective** children is needed. There are some 30 children now at home who should be attending a Special School for Mental Defectives, and for whom no accommodation is available. There is, in addition, a considerable number of children attending ordinary Elementary Schools who are so backward and mentally dull that it would, in my opinion, be better for them and for their fellow scholars if they could be educated in a class attached to a Special School.

The number of **Physically Defective** children is on the decline, and I do not consider that an extension of accommodation for this type of child is justifiable at present.

The **nervous, unstable or "difficult"** child is another special type—a type which unfortunately is becoming increasingly familiar to teachers and doctors particularly. Such children might well be catered for by a special department.

**Stammerers** are now being provided for by a special class, which is held alternately in the North and South parts of the Borough.



I am of opinion that in a Special School with accommodation for some 160 pupils all the disabilities above mentioned could be dealt with, and if it could be known by a name other than a School for Mental Defectives it would be a great advantage. I would suggest such a name as "**Special Disability**" School. The mentally defective section would, of course, be kept quite apart from any other section, and the school should have facilities for providing meals. A small swimming bath attached would be a great asset. A site fairly accessible to all parts of the Borough would be necessary.

**Dental Clinics.** It has been put forward by the Board of Education that much more attention should be paid to the dental treatment of the children, and that it is desirable that dental treatment should be available for school children of all ages. Up till last year, only children between the ages of 6—8 years were dentally inspected in this Borough. Last year, however, an additional Dentist was appointed, and a number of schools were allocated to her to inspect and treat all the scholars. In order to carry out this method in full, at least five more Dentists should be appointed, and three additional Dental Clinics would be needed. In this connection, as it is proposed to erect three new Maternity and Child Welfare Clinics in the Borough, with Dental Clinics attached, it would be mutually advantageous if those Clinics could be used for both the School Medical and Maternity and Child Welfare Services.

At present all the **Eye Cases** for refraction are dealt with at the Balaam Street Clinic—the extra number of cases which certainly must arise will necessitate several further sessions weekly, and a Refraction Centre could be opened at the West Ham Lane Clinic, where there is a room available, only the extra apparatus being needed.

Additional facilities may become essential for the treatment of minor ailments when the school leaving age is raised.

Amongst other matters which the Committee may care to bear in mind are the provision of special treatment centres for Rheumatic cases, and the making of arrangements for all children to be kept in Hospital for a day prior to and following the operation for removal of tonsils and adenoids.

How far the results of the beneficial effect of Nursery Schools will reduce the percentage of weakly children entering the Elementary Schools will be a matter to be watched with great interest.

F. GARLAND COLLINS.

November, 1929.





# APPENDIX II.

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## STATISTICAL TABLES, SCHOOL MEDICAL OFFICER'S ANNUAL REPORT, 1929.



## APPENDIX II.

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### STATISTICAL TABLES SCHOOL MEDICAL OFFICERS ANNUAL REPORT.

1929.

TABLE 1.—RETURN OF MEDICAL INSPECTIONS.

**A. Routine Medical Inspections.**

Number of Code Group Inspections:—

Entrants	...	...	...	...	...	5628
Intermediates	...	...	...	...	...	5447
Leavers	...	...	...	...	...	5064

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 Total ... 16139
 

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Number of Other Routine Inspections ... 932

**B. Other Inspections.**

Number of Special Inspections	...	...	...	...	...	15654
Number of Re-Inspections	...	...	...	...	...	7335

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 Total ... 22989
 

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**C. Higher Educational Institutions.**

Number of Routine Examinations	...	...	...	...	...	1375
Number of other Routine Inspections	...	...	...	...	...	29
Specials	...	...	...	...	...	47
Re-Inspections	...	...	...	...	...	277

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 Total ... 1728
 

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**D. Continuation Schools.**

Number of Special Inspections	...	...	...	...	...	21
Total	...	...	...	...	...	21

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**TABLE II.**  
**A.—Return of Defects found by Medical Inspection in the Year**  
**ended 31st December, 1929.**

Disease or Defect	Routine Inspections.		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Malnutrition ... ..	202	21	48	2
Unclean Head ... ..	6	—	104	—
„ Body ... ..	2	—	7	—
<b>SKIN—</b>				
Ringworm—Head ... ..	—	—	62	—
„ Body ... ..	—	—	179	—
Scabies ... ..	9	—	94	—
Impetigo ... ..	60	1	1,149	—
Other Skin Dis. (not T.B.)...	94	9	2,505	2
<b>EYE—</b>				
Blepharitis ... ..	24	11	213	—
Conjunctivitis ... ..	41	1	660	—
Keratitis ... ..	5	2	9	—
Corneal Ulcer ... ..	7	—	32	—
Corneal Opacities ... ..	—	1	—	1
Defective Vision ... ..	997	113	575	14
Squint ... ..	222	11	106	3
Other Conditions ... ..	8	13	204	—
<b>EAR—</b>				
Defective Hearing ... ..	73	15	106	5
Otitis Media ... ..	135	6	675	3
Other Ear Diseases ... ..	35	5	157	5
<b>NOSE AND THROAT—</b>				
Enlarged Tonsils only ... ..	548	203	113	3
Adenoids only ... ..	93	20	87	4
Enlarged Tons. and Ads. ... ..	419	41	389	4
Other Conditions ... ..	50	9	91	6
Enlarged Cervical Glands (not T.B.) ... ..	23	14	207	1
Defective Speech ... ..	25	11	66	1
Teeth—Oral Sepsis ... ..	107	5	37	4
<b>HEART AND CIRCULATION—</b>				
Heart Disease—Organic ... ..	22	94	39	16
„ „ Functional ... ..	—	55	9	12
Anaemia ... ..	273	41	272	6
<b>LUNGS.</b>				
Bronchitis ... ..	235	37	31	11
Other Dis. (not T.B.) ... ..	3	18	2	1

TABLE II.—(Continued)

Disease or Defect  (1)	Routine Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
<b>TUBERCULOSIS—</b>				
Pulmonary :				
Definite ... ..	2	17	11	2
Suspected ... ..	28	66	36	13
Non-Pulmonary :				
Glands ... ..	5	10	4	—
Spine ... ..	—	—	—	—
Hip ... ..	—	—	3	1
Other Bones and Joints	—	1	—	—
Skin ... ..	3	—	—	—
Other Forms ... ..	3	—	2	—
<b>NERVOUS SYSTEM—</b>				
Epilepsy ... ..	4	5	7	6
Chorea ... ..	5	4	31	5
Other Conditions ... ..	28	28	34	4
<b>DEFORMITIES—</b>				
Rickets ... ..	1	2	5	—
Spinal Curvature ... ..	12	3	9	1
Other Forms ... ..	24	16	35	3
Other Defects and Diseases ...	262	77	5,306	22

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

Group  (1)	Number of Children		Percentage of Children found to require treatment  (4)
	Inspected (2)	Found to require treatment (3)	
<b>CODE GROUPS—</b>	*		
Entrants ... ..	5,628	1,556	27.6
Intermediates ... ..	5,447	1,432	26.3
Leavers ... ..	5,064	1,020	20.1
Total (Code Groups) ... ..	16,139	4,008	24.8
Other routine Inspections ... ..	932	94	10.1

\* Same as in Table I (A).

#### Higher Educational Institutions.

Routines (all ages) ...	1375	397	28.9
Other Routines ...	29	4	13.7



TABLE III.

Numerical Return of all Exceptional Children in the Area in 1929.  
Public Elementary School Children.

Boys Girls Total

A.  Blind (including partially blind)	Suitable for training in a School or Class for the totally blind.	(1) Attending Certified Schools or Classes for Blind ... ..	12	6	18
		(2) Attending Public Elem. Schools	—	—	—
		(3) At other Institutions ...	1	1	2
		(4) At no School or Institution ...	3	4	7
	Suitable for training in a School or Class for the partially blind.	(5) Attending Certified Schools or Classes for the Blind ...	5	6	11
		(6) Attending Public Elem. Schools	1	2	3
		(7) At other Institutions ...	3	1	4
		(8) At no School or Institution ...	—	—	—
B.  Deaf (including Deaf and Dumb and partially Deaf)	Suitable for training in a School or Class for the totally Deaf or Deaf and Dumb.	(1) Attending Certified Schools or Classes for Deaf ... ..	36	31	67
		(2) Attending Public Elem. Schools	—	—	—
		(3) At other Institutions ...	1	5	6
		(4) At no School or Institution ...	—	—	—
	Suitable for training in a School or Class for the partially Deaf.	(5) Attending Certified Schools or Classes for Deaf ... ..	5	4	9
		(6) Attending Public Elem. Schools	1	2	3
		(7) At other Institutions ...	—	—	—
		(8) At no School or Institution ...	—	—	—
C.  Mentally Defective	Feebleminded (cases not notifiable to the Local Control Authority).	(1) Attending Certified Schools for Mentally Defective Children	104	62	166
		(2) Attending Public Elem. Schools	38	25	63
		(3) At other Institutions ...	4	—	4
		(4) At no School or Institution ...	15	14	29
	Notified to the Local Control Authority <i>during the year.</i>	(5) Feebleminded ... ..	6	6	12
		(6) Imbeciles ... ..	17	11	28
		(7) Idiots ... ..	—	1	1
		(8) Moral Defectives ... ..	1	—	1
D.  Epileptics	Suffering from severe Epilepsy.	(1) Attending Certified Special Schools for Epileptics ...	—	—	—
		(2) In Institutions other than Certified Special Schools ...	5	3	8
		(3) Attending Public Elem. Schools	—	—	—
		(4) At no School or Institution ...	5	2	7
	Suffering from Epilepsy which is not severe	(5) Attending Public Elem. Schools	3	9	12
		(6) At no School or Institution ...	1	1	2



TABLE III.—Continued.

Boys Girls Total

E.	Infectious pulmonary and glandular tuberculosis.	(1) At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	21	19	40
		(2) At other Institutions ...	1	1	2
		(3) At no School or Institution ...	3	4	7
		(4) At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	—	—	—
	Non - infectious but active pulmonary and glandular tuberculosis.	(5) At Certified Residential Open Air Schools ... ..	—	1	1
		(6) At Certified Day Open Air Schools ... ..	—	—	—
		(7) At Public Elem. Schools ...	—	—	—
		(8) At other Institutions ...	1	—	1
		(9) At no School or Institution ...	11	9	20
		(10) At Certified Residential Open Air Schools ... ..	80	15	95
Physically Defective	Delicate children ( <i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.)	(11) At Certified Day Open Air Schools ... ..	—	61	61
		(12) At Public Elem. Schools ...	13	17	30
		(13) At other Institutions ...	—	—	—
		(14) At no School or Institution ...	1	4	5
	Active non-pulmonary tuberculosis.	(15) At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... ..	16	6	22
		(16) At Public Elem. Schools ...	—	—	—
		(17) At other Institutions ...	2	2	4
		(18) At no School or Institution ..	3	2	5
	Crippled Children (other than those with active tuberculous disease) <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease.	(19) At Certified Hospital Schools	—	3	3
		(20) At Certified Residential Cripple Schools ... ..	4	1	5
		(21) At Certified Day Cripple Schools ... ..	111	65	176
		(22) At Public Elem. Schools ...	2	3	5
		(23) At other Institutions ...	6	3	9
		(24) At no School or Institution ...	16	21	37

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., 1929.

**Treatment Table.****Group I.—Minor Ailments** (excluding Uncleanliness).

Disease or Defect.  (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm, Scalp ... ..	62		62
" Body ... ..	178	1	179
Scabies ... ..	97		97
Impetigo ... ..	1,152	12	1,164
Other Skin Diseases ... ..	2,918	27	2,945
Minor Eye Defects—			
External ... ..	1,090	33	1,123
Minor Ear Defects ... ..	960	34	994
Miscellaneous (minor injuries, etc.)	5,247	328	5,575
Totals ... ..	11,704	435	12,139

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

Disease. or Defect  (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint)	1,769	62	4	1,835
Other Defect or Disease of the eyes (excluding those recorded in Group 1) ... ..	21	—	—	21
Total ... ..	1,790	62	4	1,856

TABLE IV.—Continued.

Total number of Children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme .....	1644
(b) Otherwise .....	66

Total Number of Children who obtained or received spectacles :—

*(a) Under the Authority's Scheme .....	1492
*(b) Otherwise .....	66

\*At time of compilation of Table.

**Group III.—Treatment of Defects of Nose and Throat.**

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
1,104	51	1,155	74	1,229

**Group IV.—Dental Defects.**

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	4	...	261	}	Total ... 14392
	5	...	437		
	6	...	4336		
	7	...	4565		
	8	...	2490		
	9	...	578		
	10	...	434		
	11	...	364		
	12	...	439		
	13	...	454		
	14	...	34		

Specials ..... 3820

Grand Total ... 18212



TABLE IV.—Continued.

(b)	Found to require treatment	...	...	8619	
(c)	Actually treated	...	...	8370	
(d)	Re-treated during the year as the result of periodical examination	...	...	2266	
(2)	Half-days devoted to—				
	Inspection	...	...	182	
	Treatment	...	...	1612	
	Total	...	...	—	1794
(3)	Attendances made by children for treatment				14081
(4)	Fillings—				
	Permanent teeth	...	...	1890	
	Temporary teeth	...	...	469	
	Total	...	...	—	2359
(5)	Extractions—				
	Permanent teeth	...	...	718	
	Temporary teeth	...	...	12976	
	Total	...	...	—	13694
(6)	Administrations of general anæsthetics for extractions	...	...	...	Nil
(7)	Other Operations—				
	Permanent teeth	...	...	1310	
	Temporary teeth	...	...	1047	
	Total	...	...	—	2357

**Group V.—Uncleanliness and Verminous Conditions.**

(i)	Average number of visits per school made during the year by the School Nurses. (Sessional Visits for primary Inspections.)	9.1
(ii)	Total number of examinations of children in the Schools by the School Nurses	55127
(iii)	Number of individual children found unclean	681
(iv)	(a) Number of children cleansed under arrangements made by the Local Education Authority	Nil
	(b) Non-Statutory Cleansings at Clinic	134
(v)	Number of cases in which Legal proceedings were taken :—	
	(a) Under the Education Act	Nil
	(b) Under School Attendance Bye-laws	2

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