

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

**Contributors**

West Ham (London, England). County Borough.

**Publication/Creation**

[1934]

**Persistent URL**

<https://wellcomecollection.org/works/r6e2uvxt>

**License and attribution**

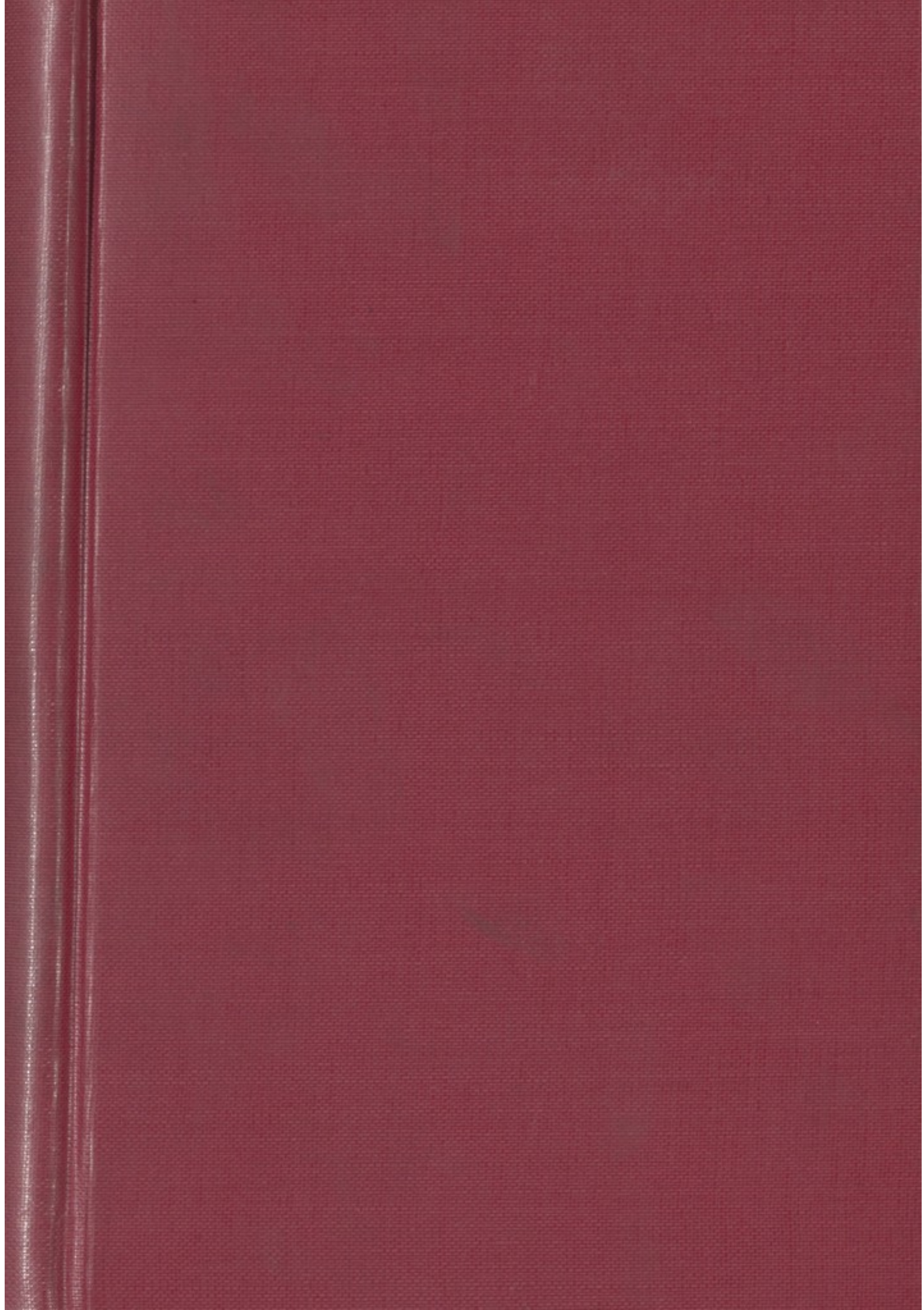
You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

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

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

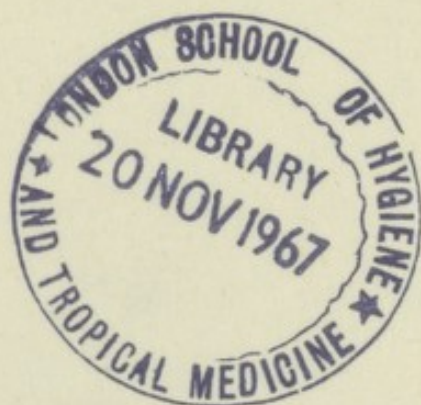


Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>







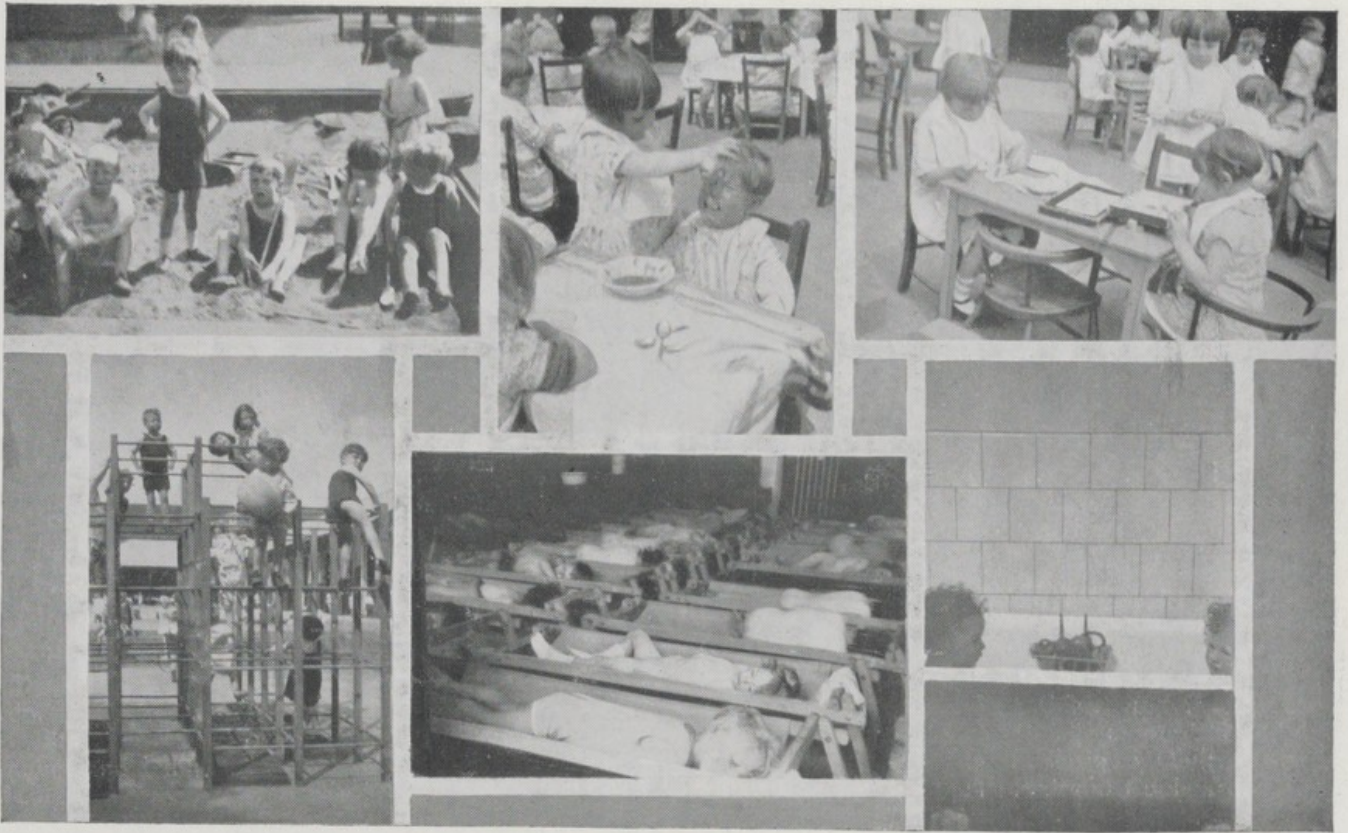












Some Phases of Nursery School Life.



County Borough of West Ham.

ANNUAL REPORT  
OF THE  
Medical Officer of Health  
AND  
School Medical Officer  
1933.

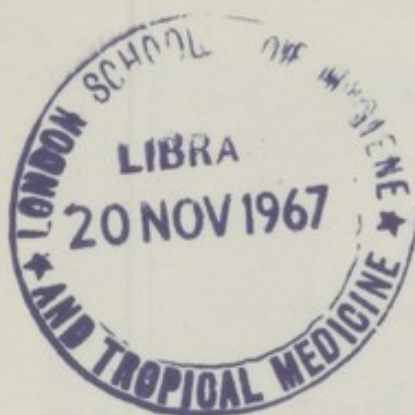
Including his Report as Administrative Officer  
under the Mental Deficiency Acts.

F. GARLAND COLLINS,

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



66760



## CONTENTS.

	Page
Preface ... ..	5-6
Members of the Council ... ..	7
Members of Staff ... ..	10-17
Statistics and Social Conditions of the Area ... ..	18-31
<b>General Provision of Health Services</b> ... ..	32-80
a. Hospitals ... ..	40-42
b. Maternity and Child Welfare ... ..	50-67
c. Reports by M.O.H. ... ..	67-74
d. Mental Deficiency ... ..	75-80
<b>Sanitary Circumstances of the Area</b> ... ..	80-90
<b>Housing</b> ... ..	91-95
<b>Inspection and Supervision of Food</b> ... ..	96-105
<b>Infectious Diseases</b> ... ..	106-122
<b>Tuberculosis</b> ... ..	123-130
<b>Venereal Diseases</b> ... ..	131-137
<b>School Medical Officer's Report</b> ... ..	139-198

Municipal Health Offices,  
Romford Road,  
West Ham, E.15.

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

Mr. Mayor, Aldermen and Councillors,

I have the honour to present to you my Annual Report for the year 1933, which is set out in accordance with a circular from the Ministry of Health dated October 2nd, 1933.

Your health services continue to extend, and now embrace within their ambit matters at one time unthought of in connection with public health. It is necessary to emphasize the fact that though the primary aim of the Department is to maintain health, adequate provision must be made for the treatment of illness.

The vital statistics for the year are most satisfactory. The details are set out on page 19. The extremely low maternal death rate (1.8 per 1,000) is particularly gratifying, and tends to show that if a big industrial area such as this can produce so low a rate, a similar rate should not be impracticable for the country as a whole. The infant mortality rate is also lower than that of the aggregate of the 118 Great Towns. I feel doubtful, however, whether this low infantile mortality rate can continue if the number of children born of needy and of improvident parents continues to preponderate.

Great strides have been made in regard to housing and slum clearance, and this highly important phase of public health is still being rigorously carried on. (See pages 91-95).

An extensive outbreak of scarlet fever was epidemic during the year, and the numbers suffering from this disease were so great as to necessitate the acquisition of many extra beds at the London Fever Hospital. Your Fever Hospital was unable to cope with patients needing admission there, due to the fact that Harold Wood Hospital, with accommodation for one hundred and twenty scarlet fever cases, had been transferred in the early part of the year to the Public Assistance Committee to house chronic sick adults.

The very difficult and, in this particular area, somewhat abstruse problem of providing sufficient and suitable accommodation for the sick is still claiming the attention of the appropriate Committees. A scheme for the erection of a hospital with five hundred beds is at present before the Ministry of Health for their consideration. Permission to extend the Mental Deficiency Colony at South Ockendon is awaiting the decision of the Board of Control.



There is a constant interchange of patients where and when necessary between the various institutions and clinics of the Council, and the co-operation between the different sections is such that there is a real linking up of all the health services. The farms attached to the Mental Deficiency Colony and to the Sanatorium at Dagenham provide milk, eggs and other commodities not only for these institutions but also for the patients treated in the other institutions owned by the Council.

A very considerable amount of health propaganda has been carried on throughout the year, especially with regard to measles and diphtheria. The advertisement frames previously used by the Empire Marketing Board have been acquired for the promulgation of health matters.

Two additional part-time District Medical Officers were appointed as a temporary measure in December last.

The Department has suffered a big loss by the retirement of my Chief Clerk, Mr. J. A. Cheatle, who had given over forty years of loyal and meritorious service to the Council. Mr. F. W. Bromley was promoted to fill the post vacated by Mr. Cheatle.

I have to thank the members of the Council for their sustained interest in, and suggestions for, the advancement of the health of the populace, and also to put on record my appreciation of the invaluable help of my staff during the past year.

Your obedient Servant,

F. Garbner Zolner

May, 1934.

## List of Members of the Council.

---

The Town Council of the County Borough of West Ham consists of 64 members, viz. :

The Worshipful the Mayor (Alderman Herbert Joseph Rumsey, D.C.M., M.M.).

The Deputy Mayor (Councillor A. J. Walker).

Aldermen :—

W. T. Bell; G. Croot; W. Devenay, J.P.; B. W. Gardner, J.P.; W. Godbold; J. H. Hollins, J.P.; J. T. Husband, J.P.; J. J. Jones, J.P., M.P.; Edith Kerrison, J.P.; E. J. Reed, J.P.; W. J. Reed; J. T. Scoulding, J.P.; M. Streimer; W. J. Thorne, C.B.E., J.P., M.P.; T. Wooder.

Councillors :—

H. D. Clark; T. E. Groves, J.P., M.P.; P. Hearn; A. E. Cresswell; E. W. Wordley, J.P.; Mrs. E. Wybrew; J. Foster; O. O. Motsfield; F. A. Warner; E. H. J. Adams; W. A. Gillman; F. E. Mansford; S. Bulling, J.P.; A. G. Gay, J.P.; E. W. White, J.P.; W. H. Luscombe; W. C. Ridgwell, J.P.; C. H. W. Ward, J.P.; E. C. Cannon; D. H. A. Hanley, B.Sc.; L. F. W. White, B.Sc. (Econ.); A. B. Macgregor; J. N. Osbourn; A. G. Schirn; G. R. Blaker; Mrs. Agnes Elizabeth Harnwell; C. St. Clair Collins; D. W. Hall; A. W. Wells; Mrs. E. C. Cook; A. E. Killip; H. J. Manners; Mrs. A. A. Barnes; C. A. Bennett; G. J. Stokes; G. Doherty; A. C. Gentry; D. H. Smith; S. M. Edwards; Mrs. F. Harris; Mrs. D. Parsons, J.P.; Mrs. E. Bock; E. F. Bradley; Mrs. E. J. Gregory; J. Doherty; Mrs. J. A. Hollins; Mrs. F. A. Wood.

---

## List of Committees.

### Dealing with Health Matters.

---

His Worship the Mayor  
(Alderman Herbert Joseph Rumsey, D.C.M., M.M.)  
Ex-officio member of Committees.



### **Public Health Committee.**

Chairman : Councillor Clark.

Aldermen : Husband, Edith Kerrison, E. J. Reed, Scoulding and Streimer.

Councillors : Mrs. Barnes, Bradley, Collins, Gay, Mrs. Gregory, Hearn, Killip, Schirn and Mrs. Wybrew.

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

Chairman : Councillor Hearn.

Aldermen : Husband, Edith Kerrison, E. J. Reed, Scoulding and Streimer.

Councillors : Mrs. Barnes, Bradley, Collins, Gay, Mrs. Gregory, Hearn, Killip, Schirn, Mrs. Wybrew and Clark.

Mrs. E. Jones, Mrs. F. E. Quinn, Mrs. D. E. Samuels, Miss A. Davies, Miss N. G. Baily, and Dr. P. I. Watkin.

### **Housing Committee.**

Chairman : Councillor Mrs. Parsons.

The Deputy Mayor (Councillor A. J. Walker).

Aldermen : Devenay and E. J. Reed.

Councillors : Mrs. Bock, Bradley, Mrs. Cook, Gentry, Mrs. Harris, Macgregor, Schirn, Stokes, E. W. White, Mrs. Wood, and Wordley.

### **Education Committee.**

Chairman : Councillor Blaker.

The Mayor (Alderman Rumsey).

The Deputy Mayor (Councillor Walker).

Aldermen : Bell, Devenay, Gardner, Godbold, J. H. Hollins, Edith Kerrison, E. J. Reed, and W. J. Reed.

Councillors : Bennett, Mrs. Bock, Bulling, Collins, G. Doherty, Gay, Mrs. Gregory, Mrs. Hollins, Luscombe, Mrs. Parsons, Ward, Warner and L. F. W. White.

Mrs. E. V. Parker, Miss R. H. Cheetham, and Miss A. R. Harbott.

The Revs. C. Carless, R. Rowntree Clifford and A. W. W. Wallace.

Dr. R. J. McClean, H. Madden and F. G. Reynolds, Esquires.

### **Special Schools and Welfare Sub-Committee.**

Chairman : Councillor Collins.

Aldermen : Godbold, Edith Kerrison and E. J. Reed.

Councillors : Bennett, Mrs. Bock, Bulling, Mrs. Gregory, Mrs. Hollins, Luscombe and Mrs. Parsons.

Miss R. H. Cheetham.

H. Madden, Esq.



### **The Hospitals Committee.**

Chairman: Alderman Croot.

The Deputy Mayor (Councillor Walker).

Aldermen: Edith Kerrison and Streimer.

Councillors: Adams, Mrs. Barnes, Mrs. Bock, Hall, Mrs. Harris, Mrs. Hollins, Killip, Mrs. Parsons, Ward, Mrs. Wood and Wordley.

### **The Public Assistance Committee.**

Chairman: Councillor G. Doherty.

Alderman Wooder.

Councillors: Mrs. Barnes, Mrs. Bock, Bulling, Mrs. Cook, Mrs. Gregory, Mrs. Harris, Mrs. Hollins, Killip, Manners, Mansford, Mrs. Parsons, Ridgwell, and Mrs. Wybrow; together with Councillors Bradley, Edwards, Gay, Hanley, Mrs. Harnwell, Hearn, Osbourn, Wells, E. W. White and Mrs. Wood for facilitating the performance of the duties conferred or imposed on the Council by the Unemployment Insurance (National Economy) (No. 2) Order, 1931.

### **The Committee for the Care of the Mentally Defective.**

Chairman: The Mayor.

The whole Council, Mrs. A. M. Bulling and Mrs. F. Cornelius.

### **The Executive Committee for the Care of the Mentally Defective.**

Chairman: The Mayor.

Aldermen: Bell, Croot, Devenay, Godbold, J. H. Hollins, Husband, Scoulding and Streimer.

Councillors: Mrs. Bock, Mrs. Hollins, Mrs. Parsons, Ridgwell, Ward, Mrs. Wood and Wordley.

Mrs. Bulling and Mrs. Cornelius.

### **Institutions Management Sub-Committee.**

Chairman: Alderman Wooder.

Plus Rota of Members of Public Assistance Committee.

### **Children's and Margate Convalescent Home Sub-Committee.**

Chairman: Councillor Mrs. Bock.

Plus Rota of members of Public Assistance Committee.

## Staff of Medical Officer of Health's Department†.

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. T. W. Hill	M.D., (Glasgow), D.P.H. (Cantab.)	Deputy Medical Officer of Health.
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.	Senior Assistant Medical Officer Maternity and Child Welfare
Dr. Charlotte E. Forsyth	M.B., Ch.B.	Assistant Medical Officer Maternity and Child Welfare
Dr. Muriel Frances Prout	M.B., B.S., M.D. (Lond.)	Part time 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. G. McKinnon	M.B., Ch.B.	Resident Medical Officer Plaistow Fever Hospital
Dr. R. B. Douglas	M.B., Ch.B.	Assistant Resident Medical Officer, Plaistow Fever Hospital; annual ap- pointment *
Mr. O. R. M. Kelly	F.R.C.S. (Eng.)	Med. Supt., Whipps Cross Hospital
Dr. D. G. Sharp	M.R.C.S., L.R.C.P.	Deputy Med. Supt. and First Assistant Whipps Cross Hospital



NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Dr. W. E. Joseph	M.R.C.S., L.R.C.P.	Second Asst. Med. Officer Whipps Cross Hospital
Dr. N. H. Skelton-Browne	M.R.C.S., L.R.C.P.	Asst. Med. Officer, Whipps Cross Hospital
Dr. S. C. S. Cooke	M.R.C.S., L.R.C.P.	Do.
Dr. Ian Mansfield	L.M.S.S.A.	Do.
Dr. W. J. O'Donovan	M.D. M.B. B.S. M.R.C.P. M.R.C.S., L.R.C.P.	Part time Consultant Whipps Cross Hospital
Mr. A. Gellatly	F.R.C.S., M.B., Ch.B.	Do.
Mr. Alan Todd	F.R.C.S. (Eng.), M.R.C.S.	Do.
Mr. Clifford Morson	F.R.C.S., M.R.C.S.	Do.
Mr. Archer-Ryland	F.R.C.S., M.R.C.S.	Do.
Dr. J. P. Martin	F.R.C.P., M.D.	Do.
Dr. Lewis Savin	M.R.C.S., L.R.C.P.	Do.
Dr. J. Barton	L.M.S.S.A.	Do.
Dr. de Lacy Walker	L.M.S.S.A.	Do.
Dr. J. S. Greig	M.B., C.M.	Medical Supt. Forest Gate Hospital and Central Home, Union Road
Dr. H. R. England	M.B., B.Ch.	Deputy Medical Superin- tendent, Forest Gate Hospital.
Dr. I. B. McCann	M.R.C.S., L.R.C.P.	Senior Resident Medical Officer, Central Home
Dr. R. Leader	M.R.C.S., L.R.C.P.	Resident Medical Officer, Central Home
Dr. J. S. Coleman	M.B., B.S. (Lond.), M.R.C.S., L.R.C.P.	Asst. Med. Officer, Forest Gate Hospital & Central Home
Dr. T. L. Dolan	L., L.M. 1918, R.C.P. Ire- land; L., L.M. 1918 R.C.S. Ireland.	District Med. Officer and Public Vaccinator
Dr. C. E. Conran	L.R.C.P., L.R.C.S., L.F. P.S.	Do.
Dr. P. G. S. Kennedy	M.R.C.S., L.R.C.P.	District Med. Officer (part time temporary) and Public Vaccinator
Dr. J. F. Begley	M.B., B.S.	District Med. Officer (part time)
Dr. E. T. Renbom	M.R.C.S. (Eng.), L.R.C.P. (Lond.), M.R.C.P. (Lond.), M.B. (Lond.).	Res. Med. Officer, Harold Wood Hospital (tempor- ary)



NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Dr. R. V. Brews,	L., L.M., R.C.P. (Ireland) L., L.M., R.C.S. (Ireland)	District Medical Officer (part time)
Dr. J. J. McSharry,	L.R.C.P.I., L.R.C.S.I.	Part time temporary District Med. Officer
Dr. M. J. Murphy,	M.B., B.Ch., B.A.O.	Do.
Dr. W. E. Passmore	L.S.A. Lond.) L.M.S.S.A. (Lond.)	Public Vaccinator
Dr. A. S. Paterson	M.B., Ch.B.	Medical Officer (part time) Margate Convalescent Home
Mr. H. H. King		Vaccination Officer
Mr. A. E. Parkes	F.I.C., F.C.S.	Public Analyst (part time)
Mr. H. E. Bywater	M.R.C.V.S.	Veterinary Officer
Miss Evelyn Richardson	L.D.S., R.C.S.	Dental Surgeon Maternity and Child Welfare
Miss R. Alefs	General Nursing, C.M.B., Fever Nursing Certificate	Health Visitor
Miss C. H. Banks	General Nursing, C.M.B., Queen's Nurse, Health Visitors' Cert., Royal San. Inst.	Do.
Miss B. H. Clipstone	General Nursing, C.M.B.	Do.
Miss A. Connolly	General Nursing, Health Visitor's Certificate	Do.
Miss M. Cross	General Nursing, C.M.B.,	Health Visitor
Miss B. de Rochfort	San. Insprs. Cert. Royal San. Inst., Health Visitor's Cert. Royal San. Inst., C.M.B., Apothecary Hall Dispensing Cert.	Do.
Miss E. A. Edwards	General Nursing, C.M.B., Health Visitors' Cert., Royal San. Inst.	Do.
Mrs. N. C. Gibbins	General Nursing, C.M.B., Health Visitor's and Fever Nursing Certificates	Do.
Miss M. Grierson	General Nursing, C.M.B.	Health Visitor.

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Miss F. B. E. Groub-Tong	General Nursing, C.M.B., Children's Nursing Health Visitor's Cert. Royal San. Inst., San. Inspector's Examn. Board	Do.
Miss R. Harrington	General Nursing, C.M.B., Health Visitors' Cert., Royal San. Inst.	Health Visitor
Miss A. E. Lunn	General Nursing, C.M.B.	Do.
Miss L. Martin	General Nursing, C.M.B., Board of Education Di- ploma, Mat. and Child Welfare Cert.	Do.
Miss M. McKenzie	General Nursing, C.M.B., Health Visitor's Cert. Royal San. Inst.	Do.
Miss E. Norrie	General Nursing Cert. and Children's Cert., C.M.B., Board of Edu- cation Diploma, Liver- pool University School of Hygiene Cert.	Do.
Miss M. B. Wallace	General Nursing, C.M.B.	Do.
Miss E. B. Welch	General Nursing, C.M.B., Board of Education Di- ploma	Do.
Miss D. M. White	General Nursing, C.M.B., Health Visitor's Certifi- cate Royal San. Inst.	Do.
Miss H. Welham	General Nursing, Fever Cert., C.M.B.	Dental Nurse (left Coun- cil's Service, May, 1933)
Miss F. M. Davies	Gen. Nursing, R.M.P.A. Cert.	Dental Nurse
Mr. H. G. Clinch M.I.F.E.E. F.S.I.A.	San. Inspr. Cert. R. San. Inst. Meat and Food Inspr. R. San. Inst. Smoke Inspr. R. San. Inst. San. Inspr. Joint San. Insprs. Exam. Board, Exam. in advanced know- ledge of practical and administrative duties of Inspr.	Chief San. Inspr., Inspr. under Rag Flock Acts



NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
<b>Mr. B. G. Bannington</b> M.S.I.A.	San. Insprs. Cert. Royal San. Inst., Cert of Lon- don School of Economics (Lond. University) for Social Science and Ad- ministration; Honours- man and Gilchrist Med- allist (Lond. University Extension) for Public Administration.	Sanitary Inspector, Inspr. under Rag Flock Acts
<b>Mr. E. G. Simmons</b> M.S.I.A.	San. Insprs. Cert. Royal San. Inst.	Sanitary Inspector, Inspr. under Rag Flock Acts
<b>Mr. John F. Mules</b> M.S.I.A., F.F.A.S., A.M.I.S.E.	San. Insprs. Cert., Meat and Food Inspr. Royal San. Inst.	Sanitary Inspector
<b>Mr. B. J. Driscoll</b> M.S.I.A.	Cert. San. Inspectors' Ex- amn. Board London	Sanitary Inspector, Inspr. under Rag Flock Acts
<b>Mr. C. F. Riley</b>	San. Insprs. Cert., Meat and Food Inspr. Royal San. Inst.	Sanitary Inspector.
<b>Mr. J. A. Dawson,</b> M.S.I.A.	San. Inspr. R.S.I., Meat and Food Inspr. R.S.I.	Do.
<b>Mr. H. G. Avril,</b> M.S.I.A., A.R.San.I.	San. Inspr. Examn. Joint Board.	Do.
<b>Mr. E. J. Cromwell,</b> M.S.I.A.	San. Inspr. Examn. Joint Board, Meat and Food Inspector Royal San. Inst.	Sanitary Inspr., Inspr. un- der Rag Flock Acts
<b>Mr. H. Ault, M.S.I.A.</b>	San. Inspr., Royal San. Inst. Meat Inspr., Royal San. Inst. Smoke Inspr., Royal San. Inst. Meat Inspr., Liverpool Univ. School of Hygiene Port Sanitation Cert., Liverpool Univ. School of Hygiene	Sanitary Inspector
<b>Mr. C. E. Jeffries</b>	San. Inspr. Examn. Joint Board, Meat and Food Inspector Royal San. Inst.	Do. (temporary)



NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Mr. R. Dicker, M.S.I.A.	San. Inspr. Royal San. Inst. Meat and Food Inspr. Royal San Inst.	Sanitary Inspector
Mr. J. B. H. Jones, M.S.I.A., A.R.San.I.	San. Inspr. Examn. Joint Board, Meat and Food Inspectors' Cert., Royal San. Inst.	Do.
Miss V. M. Busby M.S.I.A.	San. Insprs. Cert. Royal San. Inst., Royal San. Inst. and San. Insprs. Examn. Board	Sanitary Inspector
Miss B. M. Keogh	San. Insprs. Cert. London Exam. Board, Health Visitor's Cert. Sanitary Inst.	Sanitary Inspector
Miss G. Briggs, M.S.I.A.	San. Insprs. Examn. Joint Board	Sanitary Inspector
Miss A. Maughan, M.S.I.A.	San. Insprs. Cert. Royal San. Inst.	Do.
Mr. T. R. Harris M.S.I.A., A.R.San.I.	San. Insprs. Cert., Meat and Food Insprs. Cert., Royal San. Inst. San. Insprs. Cert., Meat and Food Insprs. Cert., San. Inspectors' Examn. Board, London San. Science Cert. 1st Class of the Battersea Polytechnic Diploma in Bacteriology of the Battersea Poly- technic.	Sanitary Inspector & Meat Inspector
Mr. E. F. Hughes M.S.I.A., A.R.San.I.	Cert. San. Inspr. Royal San. Inst.	Sanitary Inspector, Inspec- tor under Food and Drugs Acts, and Official Sampler and Inspector under the Fertilisers and Feeding Stuffs Act, 1926
Mr. E. J. Ferrier Miss C. Aitken	General Nursing, Fever Nursing Cert.	Inspr. under Shops Acts Supervising Nurse under Mental Deficiency Act (Died November, 1933)

## Medical Officer of Health's Office Administrative Staff

Mr. J. A. Cheatle .....	Chief Clerk Superannuated Sept., 1933
„ F. W. Bromley .....	Chief Clerk
„ H. R. Cole .....	Senior Clerk
„ F. H. Barker .....	Clerk
„ J. Sabin .....	do.
„ A. Clarke .....	do.
Mr. D. Thompson ... Clerk	Miss A. E. Durand .. Clerk
„ S. A. Lemmon do.	„ H. O. Williams do.
Miss M. Sparrow ... do.	„ M. Doherty ... do.
Mr. J. W. McCarthy ..... Investigator	

### TUBERCULOSIS DISPENSARY.

Nurses.	Clerks.
Mrs. E. Siggins, Sister-in-Charge.	Mr. W. Pike
Miss E. J. Egerton	Miss M. F. Bush
Miss A. Williams	Miss G. Williams
Miss E. K. Pottinger	

### PLAISTOW HOSPITAL.

Matron.	Steward.	Clerks.
Miss I. Tulloch	Mr. W. Liddall	Mr. S. Strachan
		Mr. C. Poyser
74 Nursing Staff.		46 Domestic Staff.

### THE CHILDREN'S HOSPITAL, HAROLD WOOD.

Matron.	Steward.
Miss L. M. Mackie	Mr. W. Liddall
41 Nursing Staff.	28 Domestic Staff.
Used during the year by Public Assistance Committee.	

### DAGENHAM SANATORIUM.

Matron.	Steward.
Miss M. Duguid	Mr. H. Bromley
27 Nursing Staff.	30 Domestic Staff.

### LANGDON HILL SANATORIUM.

Matron.	Steward.
Miss F. M. Noble	Mr. H. Bromley
10 Nursing Staff.	8 Domestic Staff.



## WHIPPS CROSS HOSPITAL.

Matron :  
Miss E. Downs.

Chief Steward :  
Mr. B. S. Lawrence.

Clerks :  
Mr. R. F. Sizer.  
Mr. J. Lis.

Assistant Steward :  
Mr. C. Samuel

Mr. J. Jenkins.  
Mr. V. J. Stebbings.  
Mr. D. Jones.  
Mr. R. Adams.

200 Nursing Staff. 160 Domestic Staff.

Medical Superintendent's Office.

Clerks.

Mr. H. R. Ramsey  
Mr. C. R. Sandell  
Miss B. M. Nicholson

Forest House—see page 41.

## CENTRAL HOME.

Matron :  
Mrs. M. E. Lambert.

Master :  
Mr. S. P. Lambert.

Clerks :  
Mr. H. Wiggins.  
(Superannuated Dec., 1933)

Mr. H. W. Latter.  
Asst. Master :  
Mr. P. J. W. Martin

Mr. R. L. Rutherford  
Mr. H. W. Hagger.  
Mr. H. W. Quicke.  
Mr. E. C. Steggel.

215 Nursing Staff. 147 Domestic Staff.

## FOREST GATE HOSPITAL.

Matron :  
Mrs. E. M. Usherwood.

Steward :  
Mr. E. J. Miles.

Clerks :  
Mr. C. P. Chapman.  
Assistant Steward :  
Mr. J. W. Burr.  
Mr. A. J. Fillmore.  
Mr. A. W. Sawyer.  
Mr. J. Cassidy.

143 Nursing Staff. 67 Domestic Staff.

## MARGATE CONVALESCENT HOME.

Matron :  
Miss G. B. Oddy.

Clerk & Store Keeper :  
Mr. J. W. Rowe.

11 Nursing Staff. 15 Domestic Staff.

## DISINFECTORS.

Mr. B. Lyons.  
„ H. J. Murty.

Mr. C. Cornish.  
„ W. Hubbard.

## MORTUARY KEEPERS.

Mr. E. Heisterman. Mr. A. Kelly

For Staff of School Medical Officer see page 143.

---

† A detailed list of the Staff is included in this Report by the request of the Minister of Health in Circular No. 1346.



## Statistics and Social Conditions of the Area.



THE COUNTY BOROUGH OF WEST HAM is classified the tenth largest of the 118 Great Towns of England and Wales. Situated geographically within the County of Essex, it comprises an area of seven and a half square miles. In elevation it is almost flat, varying from less than 5ft. to 45ft. above ordnance datum.

The Charter of Incorporation was granted to West Ham in 1886.

It is bounded on the West by the Administrative County of London, on the East by the County Borough of East Ham, on the North by the Borough of Leyton, and on the South by the River Thames. The River Lee forms a natural boundary between West Ham and the Metropolis.

There are over 128 miles of dedicated roads in the Borough, and 123 acres of waterways.

In the Silvertown district of the Borough the New Dock Road, a wonderful feat of engineering, which is now nearing completion, has absolutely transformed this section of West Ham, and facilitated the approaches to the Victoria Dock.

Along a comparatively short line, some 600 houses have been pulled down to make way for the new viaduct. Families displaced by this necessity have been rehoused in new dwellings adjoining Prince Regent Lane.

The first section of the High Street, Stratford, Improvement Scheme, the Bridge which spans the new river at the City Mills, was officially opened in November of 1933. The widening of this highway it is hoped will greatly ease the passage of traffic in and out of London.

In the carrying out of this work ninety per cent. of the labour engaged on the construction of the bridge was comprised of West Ham men.

The County Borough is an important industrial centre. In addition to a number of factories in the North, there are in the South of the Borough some of the largest and most important factories in or near London. These factories manufacture various articles such as rubber, soap, sugar, and glass.

By rail the Borough is only 5 miles from the City of London, hence a large number of the populace work in London and district.

The whole of the Royal Victoria Dock, and part of the Royal Albert, and the new King George the Fifth Docks, as well as the locomotive and other works of the London and North Eastern Railway Company, and the carriage works of the Midland Rail-

way Company (London, Tilbury, and Southend section) are within the district. There are extensive docks, consequently one finds a large number of casual labourers.

West Ham is a densely populated town, having 61 persons to the acre.

The growth of the district can be observed by the fact that in 1762 the number of houses in the Borough was 700, whereas in 1931 the number was 49,280.

Overcrowding is still very prevalent, and this position is somewhat aggravated by reason of the fact that large building sites are no longer available.

### Summary of General Statistics.

Area (acres) 4,706.

Population—

Census 1931, 294,278.

Estimated population to the middle of 1933, 282,900.

Number of inhabited houses (1931), 49,280.

Number of families or separate occupiers (1931), 72,994.

Average Rateable Value—

General Rate, £1,400,840.

Sum represented by a Penny Rate—General District Rate, £5,837,

### Vital Statistics.

		Total	Male	Female		
Live Births	{ Legitimate	4289	2178	2111	}	<b>Birth Rate 15.5.</b>
	{ Illegitimate	117	65	52		
Still Births, 165	...	...	...	...	Rate per 1,000 total births, 37.	
Deaths, 3337	...	...	...	...	<b>Death Rate, 11.7</b>	
Deaths from diseases and accidents of pregnancy and child birth	{	from sepsis	...	...	...	5
		from other causes	...	...	...	3
		<b>= Maternity Mortality Rate</b>				<b>1.8</b>
Deaths from Measles (all ages)	...	...	...	...	1	
Deaths from Whooping Cough (all ages)	...	...	...	...	47	
Deaths from Diarrhoea, etc. (under 2 years of age)	...	...	...	...	44	
<b>Death Rate of Infants under one year of age—</b>						
All infants per 1,000 live births		...	...	...	64.4	
Legitimate infants per 1,000 legitimate births		...	...	...	63.8	
Illegitimate infants per 1000 illegitimate births		...	...	...	85.4	

In the case of the Great Towns the Birth Rate was 14.4, the Death Rate 12.2, and the Infant Mortality Rate 67.0, whereas the Maternal Mortality Rate for England and Wales was 4.42.



## Vital Statistics of the Wards of the Borough, 1933.

WARDS.	Births	Birth Rate	Deaths	Death Rate	Infant Deaths	Infant Mortality per 1,000 births	Natural increase Births over Deaths	Estimated resident population middle of 1933
New Town ...	270	16.07	216	12.86	18	66	54	16,795
Forest Gate ...	259	14.38	196	10.88	9	34	63	18,006
High Street...	224	13.27	208	12.32	16	71	16	16,880
Broadway ...	208	15.05	186	13.45	14	67	22	13,820
Park ...	229	15.38	220	14.78	8	34	9	14,883
Upton ...	223	14.39	227	14.02	12	51	6	16,184
Plashet Road ...	251	18.03	176	12.64	15	59	75	13,921
West Ham ...	222	14.45	172	11.20	14	63	50	15,355
Plaistow ...	284	14.85	207	10.82	18	63	77	19,120
Bemersyde ...	160	12.50	158	12.34	6	37	2	12,794
Canning Town and Grange ...	429	16.37	244	9.31	26	60	185	26,200
Hudsons ...	316	16.03	240	12.17	18	56	76	19,705
Ordnance ...	280	15.15	209	11.31	27	96	71	18,479
Beckton Road ...	340	17.90	230	12.11	25	73	110	18,984
Tidal Basin ...	415	18.80	239	10.83	36	86	176	22,067
Custom House and Silvertown ...	286	14.51	209	10.60	22	76	77	19,707
County Borough ...	4,406	15.5	3,337	11.7	284	64.4	1,069	282,900

### Births.

The number of births registered in the Borough during the year was 5,740 (2,920 Males and 2,820 Females) ; but of this total 1,568 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 234 West Ham women were confined outside the Borough. Suitable adjustment makes the net West Ham Births 4,406 (2,243 Males and 2,163 Females) ; 117 of these (65 Males and 52 Females) were illegitimate.

Calculated on the Registrar General's estimate of the population of the Borough at the middle of 1933, viz. 282,900, the Rate for the year was 15.5, the lowest ever recorded for West Ham. The Birth Rate for the Great Towns was 14.4.

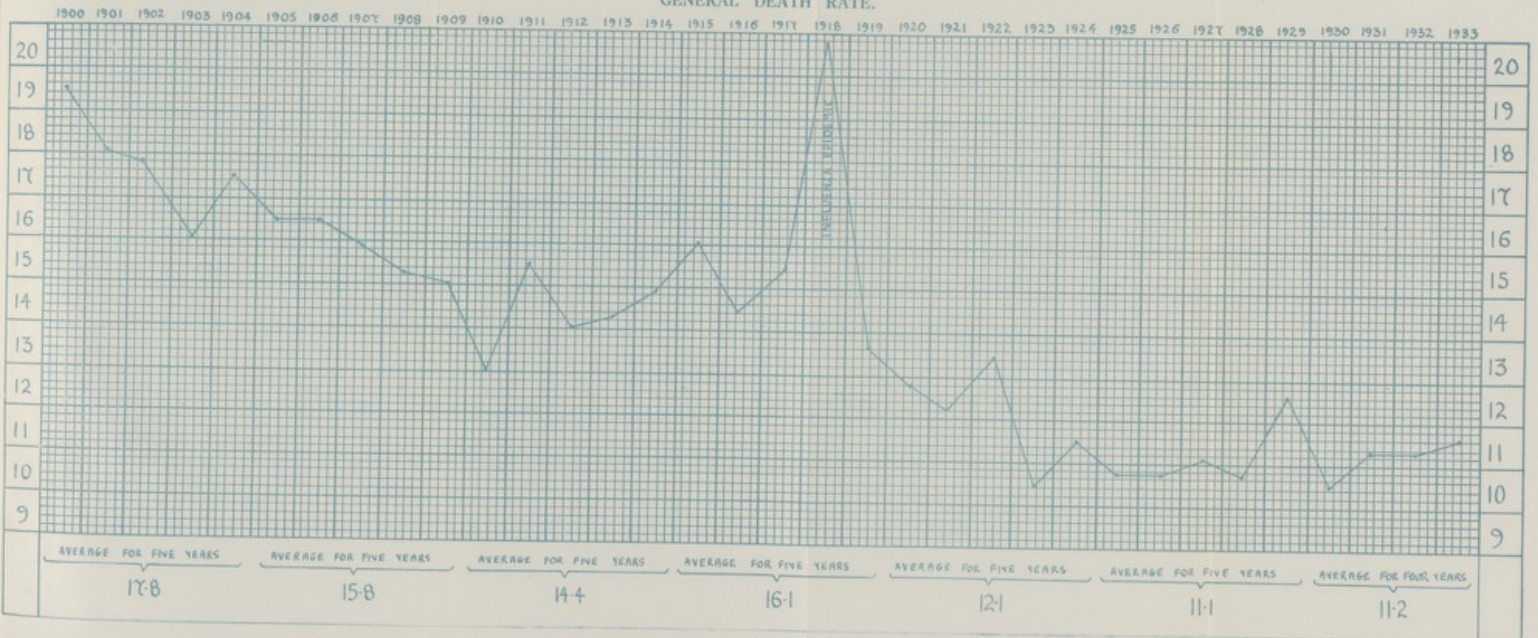
### Deaths.

The number of deaths registered during the year was 1,987, but of these 202 occurred in persons not belonging to the Borough, while the deaths of 1,528 residents of West Ham occurred in various institutions and districts elsewhere, making the total net deaths attributable to the Borough number 3,337, of which 1,843 were Males and 1,494 Females.

The allocation of these deaths to their different causes will be found later in this report, but the grand total from all causes gives an annual Death Rate of 11.7 per 1,000 of the estimated population. The Death Rate for the Great Towns was 12.2.



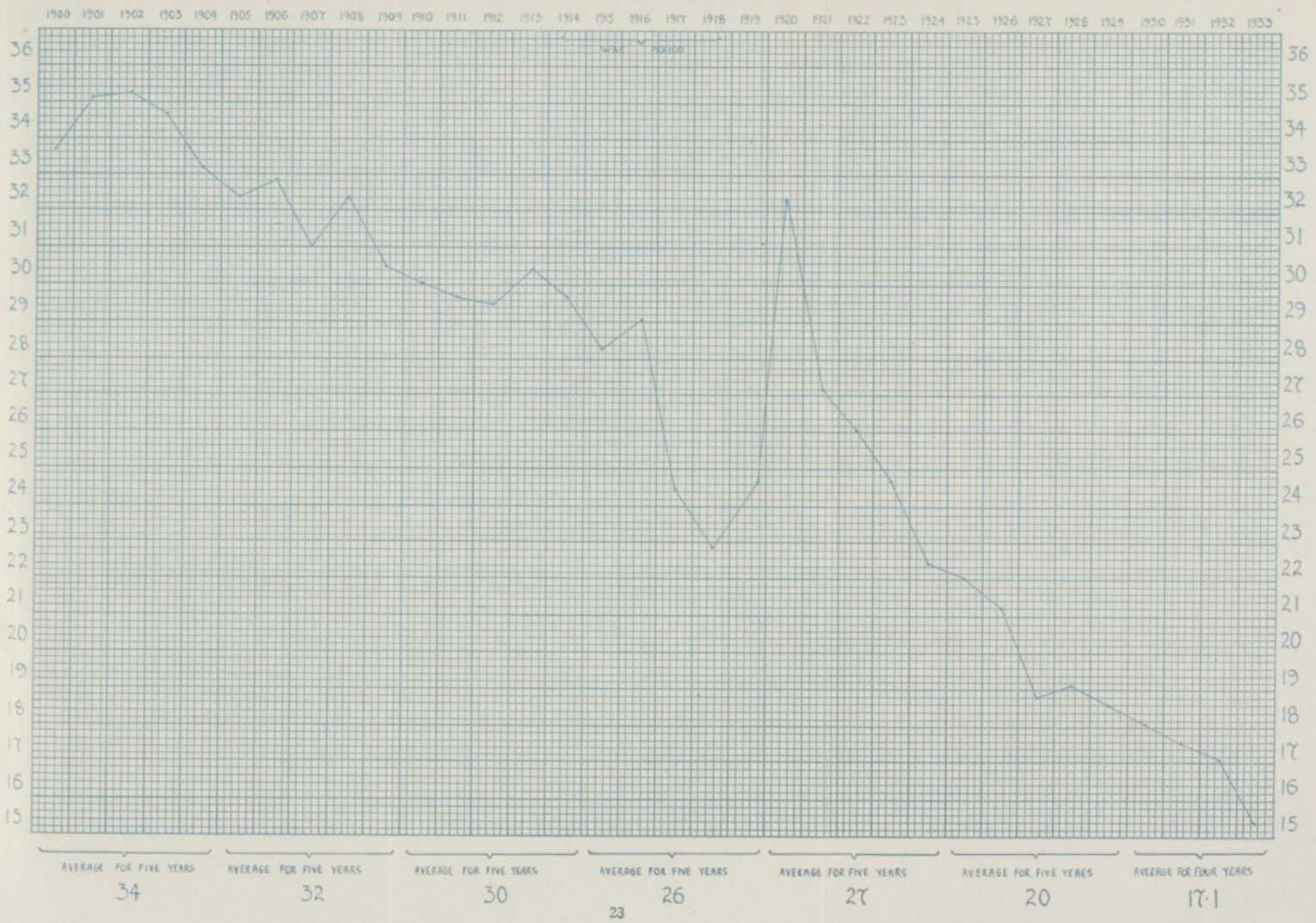
GENERAL DEATH RATE.







# BIRTH RATE.







## Deaths in Public Institutions.

The great use made of the facilities for Institutional treatment is shown by the subjoined table, viz. :

### Deaths in Council's Institutions.

				Under 1 year	1 year & upwards
Whipps Cross Hospital	..	...	...	37	576
Central Home	...	...	...	—	405
Harold Wood Hospital	...	...	...	—	26
Dagenham Sanatorium	...	...	...	—	66
West Ham Mental Hospital	...	...	...	—	65
Plaistow Fever Hospital	...	...	...	13	92
Forest Gate Hospital	...	...	...	21	69

### Deaths in other Institutions.

				Under 1 year	1 year & upwards
Queen Mary's Hospital for the East End	...	...	...	45	152
St. Mary's Hospital, Plaistow	...	...	...	24	37
Plaistow Maternity Hospital	...	...	...	26	—
Royal Albert Dock Hospital	...	...	...	—	27
Children's Hospital, Balaam Street	...	...	...	13	2
Other places, e.g. Docks, etc.	...	...	...	—	9
Residents dying in outside Institutions	...	...	...	60	293
				239	1819
Non-residents dying in West Ham Institutions				51	151
				188	1668
Net West Ham Deaths occurring in Institutions					1856

The above figures show that over 55.0 per cent. of the deaths occurring in West Ham took place in public institutions.





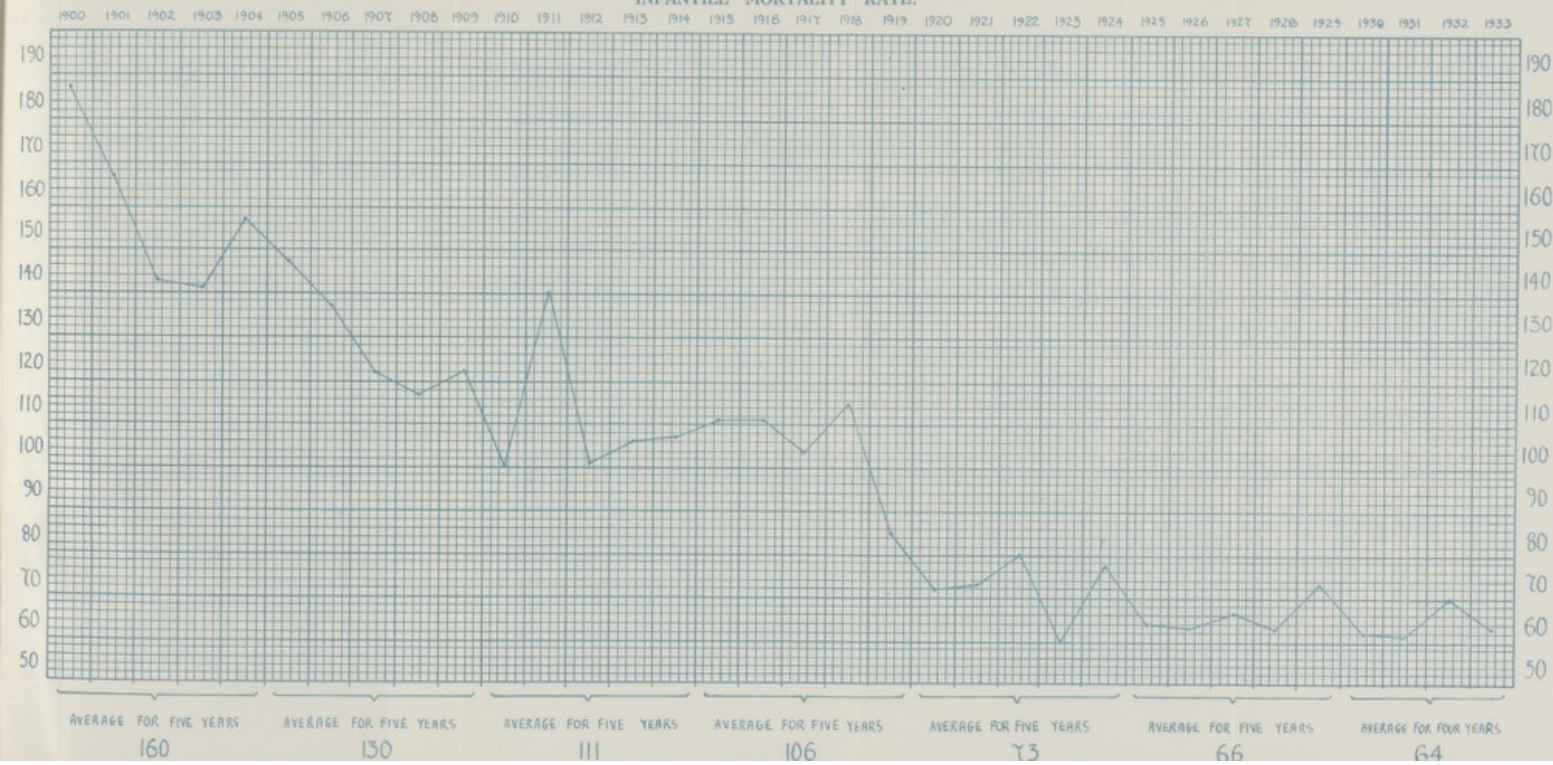
**Causes of Death at Different Periods of Life in the  
County Borough of West Ham (Civilians only) during  
1933.**

Causes of Death.		Sex	All	Ages 0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES		...	M.	1843	164	30	33	57	94	97	120	197	371	322
		...	F.	1494	120	30	51	48	76	76	85	132	203	372
1. Typhoid and Paratyphoid Fevers		...	M.	—	—	—	—	—	—	—	—	—	—	—
		...	F.	—	—	—	—	—	—	—	—	—	—	—
2. Measles		...	M.	—	—	—	—	—	—	—	—	—	—	—
		...	F.	1	—	—	1	—	—	—	—	—	—	—
3. Scarlet Fever		...	M.	2	—	1	—	1	—	—	—	—	—	—
		...	F.	4	—	1	1	—	1	—	—	—	1	—
4. Whooping Cough		...	M.	21	10	6	4	1	—	—	—	—	—	—
		...	F.	26	10	7	9	—	—	—	—	—	—	—
5. Diphtheria		...	M.	28	2	1	9	16	—	—	—	—	—	—
		...	F.	26	—	3	11	11	—	—	1	—	—	—
6. Influenza		...	M.	91	1	1	—	1	7	5	10	20	21	14
		...	F.	56	1	—	2	1	1	2	3	8	7	23
7. Encephalitis Lethargica		...	M.	3	—	—	—	—	2	—	—	—	1	—
		...	F.	6	—	—	—	—	2	1	—	—	2	1
8. Cerebro-spinal Fever		...	M.	6	2	2	1	1	—	—	—	—	—	—
		...	F.	4	—	1	1	—	1	—	1	—	—	—
9. Tuberculosis of Respiratory System		...	M.	175	1	—	—	3	33	44	30	31	21	10
		...	F.	107	1	—	1	3	38	25	11	16	9	—
10. Other Tuberculous Diseases		...	M.	17	4	2	1	3	2	1	—	3	—	1
		...	F.	14	4	—	4	2	2	—	1	—	1	—
11. Syphilis		...	M.	5	1	—	—	—	1	—	1	—	2	—
		...	F.	—	—	—	—	—	—	—	—	—	—	—
12. General Paralysis of the Insane, Tabes Dorsalis ...		...	M.	12	—	—	—	—	1	—	6	4	1	—
		...	F.	3	—	—	—	—	1	—	—	2	—	—
13. Cancer, Malignant Disease		...	M.	245	—	—	—	1	2	—	13	28	86	76
		...	F.	161	—	—	—	1	—	5	13	23	43	34
14. Diabetes		...	M.	14	—	—	—	—	—	—	1	3	8	2
		...	F.	23	—	—	—	1	—	1	1	9	7	4
15. Cerebral Haemorrhage, etc.		...	M.	87	—	—	—	—	—	1	5	21	29	31
		...	F.	77	—	—	—	2	—	3	6	12	24	30
16. Heart Disease		...	M.	311	—	—	—	2	9	5	16	37	64	79
		...	F.	347	1	—	—	6	10	11	13	26	57	109
17. Aneurysm		...	M.	12	—	—	—	—	—	—	2	5	5	—
		...	F.	5	—	—	—	—	—	—	1	1	1	2
18. Other Circulatory Diseases		...	M.	48	—	—	—	—	—	1	2	10	14	21
		...	F.	49	—	—	—	—	1	1	5	6	11	25
19. Bronchitis		...	M.	98	6	—	1	—	1	4	8	16	32	30
		...	F.	68	3	—	—	1	2	1	2	4	20	35
20. Pneumonia (all forms)		...	M.	129	18	11	13	1	4	7	9	16	25	16
		...	F.	111	15	15	8	2	2	7	11	3	16	21
21. Other Respiratory Diseases		...	M.	19	—	—	—	—	2	2	3	4	4	4
		...	F.	23	—	—	1	—	1	1	3	4	4	9
22. Peptic Ulcer		...	M.	29	—	—	—	2	2	5	6	8	5	1
		...	F.	6	—	—	—	—	—	—	1	2	2	1
23. Diarrhoea, etc.		...	M.	33	26	3	—	—	1	—	—	—	2	1
		...	F.	17	14	1	—	—	—	—	1	—	—	1
24. Appendicitis		...	M.	9	—	—	1	—	1	1	1	3	2	—
		...	F.	5	—	—	2	—	1	—	—	1	1	—
25. Cirrhosis of Liver		...	M.	4	—	—	—	—	—	2	—	1	—	1
		...	F.	2	—	—	—	—	—	—	1	—	—	—
26. Other Diseases of Liver, etc.		...	M.	3	—	—	—	—	—	—	2	1	—	—
		...	F.	7	—	—	—	—	—	—	1	2	3	1
27. Other Digestive Diseases		...	M.	30	7	—	1	2	—	—	2	—	9	4
		...	F.	39	7	—	3	2	4	1	—	7	5	7
28. Acute and Chronic Nephritis		...	M.	52	—	—	—	1	2	2	2	7	9	19
		...	F.	41	—	—	—	1	2	6	2	8	8	9
29. Puerperal Sepsis		...	F.	5	—	—	—	—	2	1	2	—	—	—
30. Other Puerperal Causes		...	F.	3	—	—	—	1	1	1	—	—	—	—
31. Congenital Debility, Premature Birth, Malformations, etc.		...	M.	73	73	—	—	—	—	—	—	—	—	—
		...	F.	57	55	—	1	—	—	—	—	1	—	—
32. Senility		...	M.	27	—	—	—	—	—	—	—	—	1	4
		...	F.	60	—	—	—	—	—	—	—	4	16	40
33. Suicide		...	M.	28	—	—	—	—	3	6	1	4	9	3
		...	F.	7	—	—	—	—	—	2	3	1	—	1
34. Other Violence		...	M.	78	4	2	2	9	19	7	8	6	10	5
		...	F.	23	1	1	1	—	—	2	1	1	—	7
35. Other Defined Diseases		...	M.	153	9	1	—	16	7	11	12	7	38	30
		...	F.	111	8	2	7	16	9	10	15	13	10	12
36. Causes Ill-defined, or Unknown		...	M.	1	—	—	—	—	—	—	—	—	—	1
		...	F.	—	—	—	—	—	—	—	—	—	—	—





INFANTILE MORTALITY RATE.







# Chief Vital Statistics since 1887.

Year.	Population.	Births.	Birth Rate.	Deaths.	Death Rate.	Infant Deaths.	Infant Mortality Rate.
1887	174,523	6,865	39.1	3,286	18.7	723	105
1888	182,118	6,867	38.5	2,818	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
1930	296,900	5,606	18.2	3,263	10.	353	62
1931	296,700	5,266	17.7	3,384	11.4	330	62
1932	289,300	4,980	17.2	3,313	11.4	358	71
1933	282,900	4,406	15.5	3,337	11.7	284	64



## General Provision of Health Services.

### Co-ordination.

Since the taking over by the Council of the health services provided under the old Board of Guardians, gradual changes have taken place, particularly with regard to the more efficient utilization of the hospital accommodation.

Arrangements have been made whereby any suitable cases seen by the District Medical Officers may be drafted to a Maternity and Child Welfare Clinic, or to the Tuberculosis Dispensary. In the case of the former a post card as under is sent direct to the Medical Officer of Health, who then makes the necessary arrangements for their attendance. With regard to suspected cases of tuberculosis, or cases requiring treatment, the District Medical Officers send a card (specimen below) direct to the Tuberculosis Officer, who upon receipt of this, arranges for an appointment for examination.

A similar arrangement is made whereby patients attending any of the Maternity and Child Welfare Clinics or Tuberculosis Dispensary may be drafted to see the District Medical Officers, when circumstances make it desirable, or are referred to the Public Assistance Officer.

With regard to Foster Children, see page 60 of the Maternity and Child Welfare section of this report.

On various occasions cases are sent to me by the Public Assistance Officer where mental defect is suggested. Arrangements are made for all these cases to be examined to discover whether or not they are suitable to be dealt with under the Mental Deficiency Acts. Some form of treatment is arranged in cases which can be dealt with under the above Acts.

The Tuberculosis Officer visits the Whipps Cross Hospital at intervals and confers with the Medical Superintendent on various cases, and if necessary arranges their transfer to sanatorium or elsewhere.

With regard to persons employed as Home Helps, a list of persons so employed is sent to the Public Assistance Officer, so do the names of all persons receiving extra nourishments under the tuberculosis scheme. This is done because a Central Register is kept of all people receiving money or other assistance from the Council to prevent overlapping in this direction.

In the case of persons applying to be registered as Foster Mothers, the Public Assistance Officer is asked as to whether or not applicant is known to the Public Assistance Committee.



**COUNTY BOROUGH OF WEST HAM.**

Medical Officer of Health's Department.

Name ..... Age.....

Address .....

I am of opinion that the above-named, who has to-day been examined by me, should attend the Maternity and Child Welfare

Clinic at .....

Date.....

.....  
District Medical Officer.

Date.....

**COUNTY BOROUGH OF WEST HAM.**

Medical Officer of Health's Department.

Name ..... Age.....

Address .....

.....  
The above-mentioned person has to-day been examined by me and I am of opinion that ...he is a suitable case for observation or treatment at the Tuberculosis Dispensary.

Clinically I find .....

.....

.....

Signed.....

District Medical Officer.

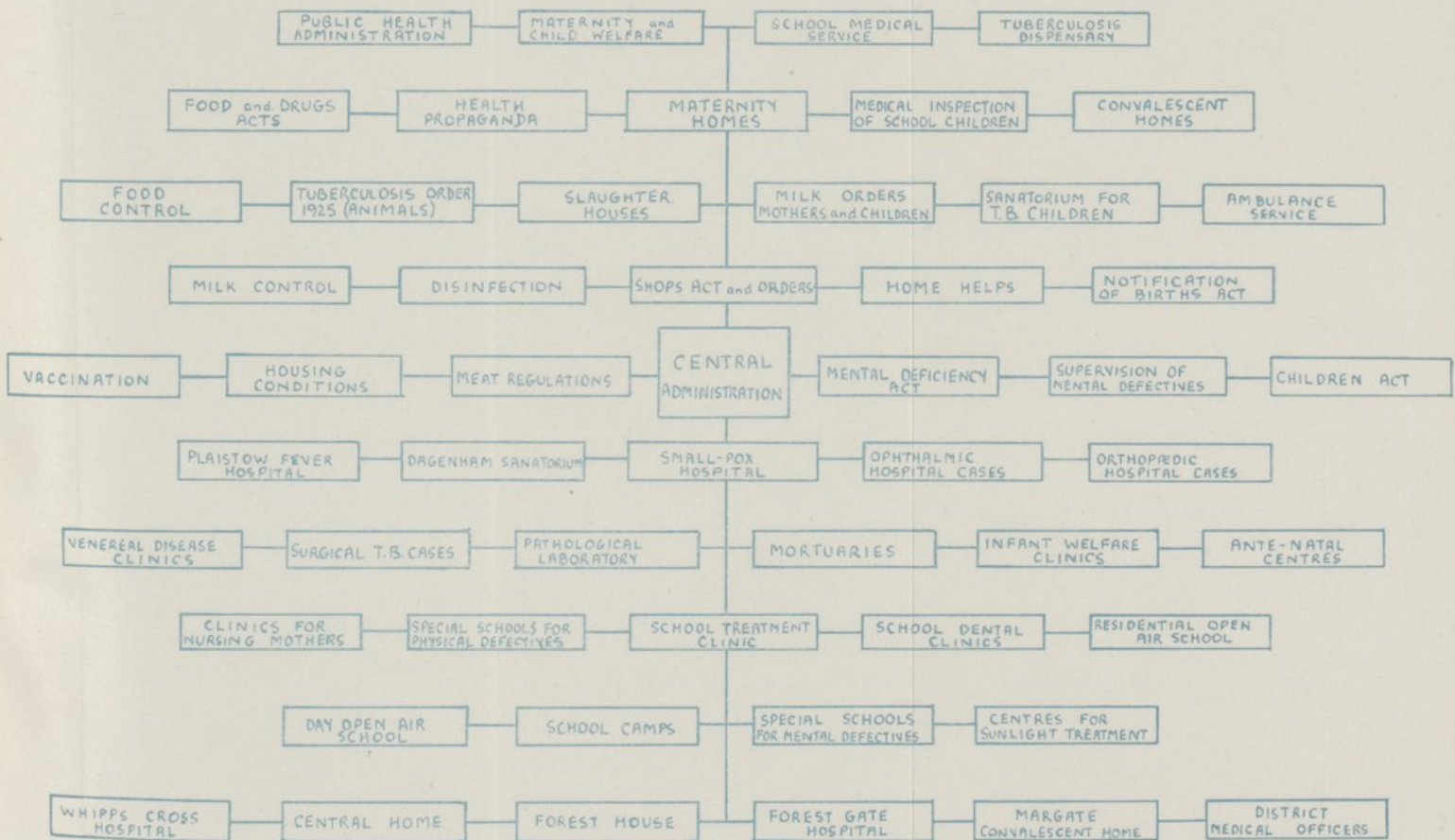
Date.....

This card is for use only in cases of old or suspected Tuberculosis, definite cases must be notified to the Medical Officer of Health in the usual way, and will automatically be examined by the Tuberculosis Officer.





DIAGRAM ILLUSTRATING THE ACTIVITIES OF THE HEALTH SERVICES.





### **Psychological Clinic.**

The Clinic was started in June, 1932, and is held in the out-patient department of the Hospital for Invalid and Crippled Children in Balaam Street, Plaistow.

There are two sessions weekly on Wednesdays and Saturdays from 11 a.m. to 12 noon, at which the Medical Superintendent of the Council's Mental Hospital, or one of his Assistant Medical Officers, attends. At first, as was to be expected, there were not many cases, but during the last year the numbers have increased as the Clinic has become better known. Early psychotic and psycho-neurotic cases are treated and also "difficult children." The Clinic is in touch with the Child Guidance Clinic and Whipps Cross Hospital, should their advice be required.

The site is an ideal one, and the Clinic will be of great service in some cases before the admission to the Mental Hospital of Voluntary Cases, now that it has been decided to start receiving that type of patient.

The Clinic has also been valuable for keeping in touch with discharged cases from the West Ham Mental Hospital.

A letter has been sent by the Medical Officer of Health to all general practitioners, hospitals, voluntary societies, Assistant School Medical Officers, and District Medical Officers, drawing attention to the facilities for treatment of early cases of mental aberration.

### **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.

Queen Mary's Hospital, Stratford, carry out bacteriological examinations of samples of graded milk, ordinary milk, and various other articles.

The Tuberculosis Officer at the Tuberculosis Dispensary in Balaam Street examines all specimens of sputum submitted to him as suspected to contain the tubercle bacillus.

Samples of water, milk, and food stuffs are analysed by a Public Analyst, who is a part-time Officer of the Council. He is also the Analyst under the Fertilisers and Feeding Stuffs Act, 1926.



## AMBULANCE SERVICE.

In connection with the Health Services of the Borough Ambulances are provided by the Council as follows :—

Whipps Cross Hospital (Public Assistance Committee) .....	Five
Plaistow Hospital (for infectious cases only) .....	Two
Public Health Committee and Highways Committee .....	Three

There are three specially constructed motor vehicles in use for removing bedding, clothing, or other infected material to the Disinfecting Station at the Plaistow Fever Hospital. These vehicles are stationed at the hospital.

The Borough Ambulances, two in number, are used for the transference of non-infectious and accident cases to or from institutions. They made 2,179 journeys during the year. One thousand and seventy-seven persons were conveyed from one address to another within the Borough, and 1,102 persons from an address within the Borough to an institution outside, or vice versa.

The Silvertown ambulance is available daily between the hours of 7 a.m. and 11 p.m. The other two vehicles are available night and day. This ambulance is used only for cases occurring at factories in the Silvertown district, and is partly maintained by certain factory owners. The number of journeys made during 1933 was 134.

Facilities for obtaining the use of the ambulances through tram conductors and the police have been created, and notices are displayed in tramcars giving the necessary directions. Notices to the same effect are exhibited at all the Council's Conveniences, Fire Stations, Schools, and other public buildings.

In November this year the Ministry of Health issued Circular 1356 with regard to delay in some instances of obtaining the use of the ambulance, on account of the non-existence of reciprocal arrangements. In this connection it is interesting to record that this Council has had reciprocal agreements with neighbouring authorities for a number of years. Thirty-nine journeys were made during the year under these agreements.

## Professional Nursing in the Home.

Apart from the nurses attached to the District Medical Officers there is no municipal staff for professional nursing in the homes; there are, however, several voluntary Associations employing a large number of efficient nurses who carry out invaluable work in nursing necessitous cases. 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 Hospital, which serves all local areas.

No arrangements are in force for the nursing of Infectious Diseases in the home. Cases requiring hospital treatment are removed to the Council's Isolation Hospitals.

## Maternity and Nursing Homes.

There are three registered homes in the Borough. (See page 60. For Maternal Mortality (see pages 61-62).

## School Clinics† and Treatment Centres.

### School Clinics.

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 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

### Treatment Centres.

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



## **Tuberculosis Dispensary.**

Balaam Street, Plaistow. (See pages 124-125).

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

See page 53, Maternity and Child Welfare Section.

† See Ministry of Health Circular 1346.

## **HOSPITALS.**

### **Infectious Diseases.**

(1) The Plaistow Fever Hospital contains 200 beds which were originally allocated for the reception of scarlet fever, diphtheria and enteric fever cases with isolation beds for mixed or staff cases. Other infectious cases are admitted, including severe Measles and Whooping Cough, Pneumonia, Tubercular Peritonitis and Encephalitis Lethargica. Cases of Puerperal Pyrexia and Puerperal Fever are also treated at this hospital.

(2) The Children's Hospital, Harold Wood, until recently was used as a home for scarlet fever and diphtheria convalescents. It has accommodation for 116 patients. During the year under review the Public Assistance Committee have used this institution for accommodating 160 chronic sick persons, men and women, from the grossly overcrowded Central Home.

### **Smallpox.**

(3) Dagenham Smallpox Hospital is now used as a sanatorium for adult cases of Tuberculosis. It is situated in the County of Essex, and comprises a site of  $6\frac{1}{2}$  acres. The hospital is composed of permanent and temporary buildings sufficient to accommodate 300 patients.

By arrangement with the London County Council, all cases of smallpox which occur are removed for treatment by that Authority in their institutions.

### **Tuberculosis.**

#### **Dagenham Sanatorium.**

(4) With the sanction of the Ministry of Health, Dagenham Smallpox Hospital is permitted to be used as a Temporary Sanatorium for adults with Pulmonary Tuberculosis.

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

#### **Langdon Hills Sanatorium for Children.**

(5) This institution accommodates 40 children suffering from Pulmonary Tuberculosis, and is situated in one of the highest parts of Essex, overlooking the mouth of the Thames.

Cases suffering from Surgical Tuberculosis are treated at the Alexandra Hospital, Swanley, Kent; Sir William Treloar's Hospital, Alton; and at various London Voluntary Hospitals.

### **Whipps Cross Hospital.**

(6) This hospital is situated within the Borough of Leyton, and is owned by the Council.

Very severe overcrowding still prevails, and often the original accommodation for 741 cases is exceeded to the extent of some 300.

In connection with the very acute shortage of hospital accommodation, a scheme is now on foot to provide additional accommodation for 500 hospital beds, and in addition a Nurses' Home for the requisite number of Nursing Staff. These buildings are to be erected on the Forest House site.

### **Forest House.**

Forest House is in the same curtilage as Whipps Cross Hospital, with 396 beds for aged men and mental cases, also Forest House Cottages with 90 beds for aged married couples, but at present occupied by aged women.

### **Forest Gate Hospital.**

(7) This institution is situated in the County Borough of West Ham, and is owned by the Council. The hospital has 774 beds to accommodate maternity patients, mental cases, and chronic sick.

The Institution is approved by the Board of Control for 75 mental defectives, as under:—

Adult Males ... ..	20
Adult Females ... ..	30
Males under 16 years...	10
Females under 16 years	15

### **Central Home Institution.**

(8) This home is situated within the Borough of Leyton, and is owned by the Council.

It is registered for 1,807 chronic sick and able-bodied persons.

During the year 160 cases were removed from this institution to the temporary Public Assistance Institution at Harold Wood.

### **Other Hospital Facilities.**

(9) The Council have an arrangement with Queen's Mary's Hospital and Plaistow Maternity Hospital for the institutional treatment of maternity cases (see pages 58).

Orthopaedic treatment is carried out at the Children's Hospital, Balaam Street, and at the Brookfield Hospital, Walthamstow (see pages 58-59).

Cases of Ophthalmia Neonatorum are treated at the Royal London Ophthalmic Hospital and at St. Margaret's Hospital.



### Open Air Schools.

(10) There are two Open Air Schools, one at Fyfield (Residential), near Ongar, to accommodate 80 boys and 60 girls, and one within the Borough at Crosby Road (Day), to accommodate 60 girls and 30 boys.

No case of infectious disease has occurred at these schools during the year.

### Additional District Medical Officers.

Owing to the exceptional amount of work which devolved upon the whole-time District Medical Officers, it was found necessary to appoint two part-time temporary District Medical Officers for one year. At the expiration of this period the whole question of this service is to be again considered in view of the re-organisation that may be necessitated owing to the retirement of certain of the permanent staff, and also the proposed legislation of the Government with regard to outdoor assistance.

## Vaccination Acts, 1867 to 1898.

The following is a summary of the work carried out under the above mentioned Acts during the year 1933.

No. of Cases in Birth Lists received during the year	...	5753
No. of Certificates of Vaccination received	...	1631
No. of Certificates of Postponement owing to—		
Health of Child	...	353
Condition of House	...	—
Prevalence of Infectious Disease	...	1
No. of Certificates under Section 2 of Vaccination Act, 1898, and No. of Statutory Declarations under Section 1 of the Vaccination Act, 1907	...	3157
No. of Certificates of Insusceptibility or of having had Smallpox	...	10
No of Cases—		
Parents removed out of District	...	958
Otherwise not found	...	258
No. of Entries in Lists sent to Public Vaccinator	...	1657

## Shops Acts.

The provisions of the Shops Acts are carried out by Mr. E. J. Ferrier, the Shops Inspector, and the following Table shows the work performed in connection therewith:—

List of Shops Visited during the Year 1933.

Class of Shop.	Visited.	No half-holiday form exhibited.	Warned verbally.	Warning Notice sent.	Refused to serve.	Summonses attended.
Bakers ... ..	208	7	16	1	26	1
Boot repairers, etc. ... ..	38	1	1	...	...	...
Butchers ... ..	504	17	80	14	109	...
Caterers ... ..	79	2	6	...	...	1
Carpets and rugs ... ..	21	...	...	...	...	...
Chemists and druggists ... ..	102	5	7	4	15	...
China and glassware ... ..	147	5	14	3	19	...
Clothiers ... ..	204	5	10	3	20	...
Confectionery and tobacco ... ..	625	15	79	39	190	39
Corn merchants ... ..	38	...	...	...	1	...
Cycle Dealers ... ..	44	...	1	...	2	...
Drapers, Milliners and Mantle Dealers ... ..	472	25	72	22	70	3
Fishmongers ... ..	379	10	42	9	63	...
Fruiterers and Greengrocers ... ..	575	22	143	46	153	5
Furniture Dealers ... ..	86	2	2	...	6	...
Furriers ... ..	10	...	...	...	...	...
Grocers and General ... ..	696	34	166	106	260	32
Hairdressers and Barbers ... ..	333	7	40	5	38	1
Hosiery and Hatters ... ..	122	2	7	3	12	...
Ironmongers ... ..	38	1	...	...	2	...
Leather and Grindery ... ..	33	...	2	...	4	...
Mixed ... ..	496	22	122	82	176	2
Music ... ..	63	1	2	...	7	...
Picture Frames ... ..	50	...	1	...	4	...
Public Houses ... ..	25	...	...	...	1	...
Tailors ... ..	153	4	18	2	14	...
Toy and Fancy Goods ... ..	112	3	7	1	11	...
Watchmakers, Jewellers and Pawnbrokers ... ..	27	...	...	...	1	...
Wireless ... ..	117	2	14	3	21	1
Totals ... ..	5,797	193	852	343	1,225	85

For results of Police Court Proceedings, see pages 84-85.



# Particulars of Bodies Received into the Mortuaries during 1933.

MONTH.	STRATFORD MORTUARY.											CANNING TOWN MORTUARY.										
	Number received.	No. of bodies remaining in and viewed at Queen Mary's Hospital.	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 ...	14	2	9	7	13	3	12	4	...	9	8	3	...	3	3	...	3	...	...	3	...	
February ...	10	4	12	2	11	3	8	6	...	6	10	2	1	1	1	1	1	1	...	2	...	
March ...	11	3	9	5	14	...	9	5	...	9	8	3	1	2	2	1	1	2	...	3	...	
April ...	19	2	10	11	17	4	16	4	1	14	7	1	...	1	...	1	...	1	...	1	1	
May ...	8	1	9	...	9	...	3	6	...	4	4	2	2	...	2	...	2	...	...	2	...	
June ...	12	2	13	1	11	3	6	5	3	4	9	6	4	2	5	1	4	2	...	5	2	
July ...	10	2	4	8	9	3	6	6	...	5	6	1	1	...	1	...	1	...	...	...	...	
August ...	13	1	12	2	14	...	9	5	...	9	7	2	...	2	2	...	...	...	2	...	...	
September...	8	4	7	5	10	2	8	4	...	4	9	1	1	...	1	...	1	...	...	1	...	
October ...	11	5	12	4	14	2	8	8	...	5	12	2	2	...	2	...	1	1	...	2	...	
November...	11	...	8	3	11	...	7	4	...	6	5	2	1	1	2	...	2	...	...	2	...	
December ...	18	2	12	8	18	2	13	7	...	16	7	4	3	1	4	...	3	1	...	3	1	
Total ...	145	28	117	56	151	22	105	64	4	90	92	29	16	13	25	4	19	8	2	24	4	
Grand Total	173		173		173		173					29	29		29		29					

## WORK CARRIED OUT UNDER PUBLIC ASSISTANCE.

The following statistics are in respect of the Forest Gate Hospital, Whipps Cross Hospital, Central Home, and Forest House, also of the District Medical Officers:—

### District Medical Officers.

	Number of Men.	Number of Women.	Number of Children.
New cases seen ...	1428	3785	4927
Total No. of cases seen ...	5951	20561	16286
No. referred by Relief Sub-Committee ...	655	693	1016
Attendances at Surgery ...	5479	17700	11772
Sent to Institutions:—			
Voluntary Hospitals ...	3	5	16
Whipps Cross Hospital ...	266	294	267
Mental ...	5	6	—
Otherwise ...	2	10	127
Central Homes ...	125	115	8
Forest House ...	—	2	—
Forest Gate Hospital ...	5	14	1
Aldersbrook Home ...	—	—	—
Discharged as no longer in need of treatment ...	1092	3008	3682
New cases seen at Domiciliary visit ...	367	1224	1846
New cases transferred from			
(a) Institutions ...	4	—	2
(b) General Practitioner ...	1	4	4
Total No. of Domiciliary visits paid ...	841	4532	5088
Visits paid by District Nurse ...	162	3263	3026
Deaths ...	12	33	6
Total No. on register as receiving treatment from D.M.O. on 30/12/33 ...	121	762	430
Prescriptions made up ...	7156	25484	14579
Total No. of vaccinations or re-vaccinations ...	232		788



# FOREST GATE HOSPITAL.

	MEN			WOMEN			CHILDREN			Total
	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	
Admitted and Born ..	3	21	28	730	20	20	515	27	7	1371
Discharged and Dead ..	2	24	19	742	21	19	518	25	5	1375
Refused admission ...	—	—	—	—	—	—	—	—	—	—
Admitted by means of:—	MEN			WOMEN			CHILDREN			
Relieving Officer and District Med. Officer ...		2			124			8		134
Gen. Practitioner and Relieving Officer ...		2			78			4		84
Gen. Practitioner and Dis. Med. Officer ...		2			149			5		156
46 M.O.H. ...		—			36			3		39
Otherwise ...		2			157			27		186
Transferred from other Institutions ...		38			166			43		247
Med. Superintendent ...		—			45			3		48
No. of infectious cases ...		—			—			15		15
Transferred to other Institutions ...		31			119			57		197
Deaths ...		1			63			25		89
Total No. of sick cases receiving treatment on 30/12/33 ...		135			464			84		683
Total No. of maternity patients in the Home ...		—			39			—		39
No. of vacant beds, if any, on 30/12/33 ...		—			30			—		30

# WHIPPS CROSS HOSPITAL.

	MEN			WOMEN			CHILDREN			Total
	Acute	Sub-acute	Chronic	Acute	Sub-acute	Chronic	Acute	Sub-acute	Chronic	
Admitted ... ..	3782	—	14	3804	—	19	2050	—	1	9670
Discharged ... ..	2990	—	129	3170	—	105	1840	—	6	8240
Seen as out-patients ...	428	—	147	126	—	—	107	—	1	809
Not admitted ... ..	415	—	32	150	—	14	184	—	2	797
Admitted by means of :—	MEN			WOMEN			CHILDREN			
Relieving Officer and District Med. Officer ...	229			336			378			943
Gen. Practitioner and Relieving Officer ... ..	3146			3125			1467			7738
M.O.H. ... ..	—			—			2			2
Otherwise ... ..	9			4			4			17
Transferred from other Institutions ... ..	195			161			124			380
Police (not accidents) ...	83			54			4			141
Accidents ... ..	160			75			49			284
Med. Superintendent ...	74			68			22			164
No. of infectious cases ...	319			209			166			694
Transferred to other Institutions ... ..	255			252			185			692
Deaths ... ..	742			525			187			1454
Total No. being treated in hospital on 30/12/33 ..	365			320			270			955
No. of vacant beds, if any	—			—			—			—
No. of cases seen by	Gynaecologist ... 75			No. of cases allocated to :			<b>X-ray :</b>			
Consultants ... 3435	Surgeon ... 259			West Ham ... 1599			West Ham ... 1376			
Ophthalmic ... 329	Neurologist ... 231			Essex ... 1127			Essex ... 1393			
Aural ... 550	Dentist ... 326			East Ham ... 709			East Ham ... 710			
Light ... 1475	Urologist ... 190									



# CENTRAL HOME.

	MEN			WOMEN			CHILDREN			Total
	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	
Admitted ... ..	848	—	15	835	5	5	1	3	4	1716
Discharged ... ..	891	—	15	897	4	5	2	2	4	1820
Refused admission ...	—	—	—	—	—	—	—	—	—	—
Admitted by means of :—	MEN			WOMEN			CHILDREN			
Relieving Officer and District Med. Officer ...	118			184			—			302
Gen. Practitioner and Relieving Officer ...	470			438			1			909
Gen. Practitioner & D.M.O.	—			—			—			—
M.O.H. ... ..	1			—			—			1
Otherwise ... ..	39			16			3			58
Transferred from other Institutions ... ..	238			207			—			445
Med. Superintendent ...	—			—			—			—
No. of infectious cases ...	5			3			10			18
Transferred to other Institutions ... ..	232			313			8			553
Deaths ... ..	492			390			—			882
Total No. of sick cases in the Home on 30/12/33 ..	404			420			3			827
Total No. of able-bodied in the Home on 30/12/33 ..	411			312			—			723
No. of vacant beds, if any, on 30/12/33 ...	76			57			—			133

FOREST HOUSE.

	MEN			WOMEN			CHILDREN			Total
	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	
Admitted ... ..	—	—	3	—	—	—	—	—	—	3
Discharged ... ..	—	1	4	—	—	—	—	—	—	5
Refused admission ...	—	—	—	—	—	—	—	—	—	—
Admitted by means of :—	MEN			WOMEN			CHILDREN			
Relieving Officer and District Med. Officer ...	—			—			—			—
Gen. Practitioner and Relieving Officer ... ..	—			—			—			—
Gen. Practitioner and Dis. Med. Officer ... ..	—			—			—			—
M.O.H. ... ..	—			—			—			—
Otherwise ... ..	—			—			—			—
Transferred from other Institutions ... ..	18			—			—			18
Med. Superintendent ...	—			—			—			—
No. of infectious cases ...	—			—			—			—
Transferred to other Institutions ... ..	11			—			—			11
Deaths ... ..	—			—			—			—
Total No. of sick cases in the Home on 30/12/33 ..	66			—			—			66
No. of vacant beds, if any, on 30/12/33 ... ..	—			—			—			—



## MATERNITY AND CHILD WELFARE.

The Senior Medical Officer (Dr. Helen Campbell) reports:—

### Notification of Births.

The birth rate for 1933 was 15.5, being a decrease of 1.7 compared with that rate for 1932.

**Total number of notified births, 5,835, of which number there were 5,662 live births and 173 stillbirths.**

Births notified by doctors and parents ... 967

Births notified by midwives ... 4868

Number of Births in the Borough in the last five years (net number of births of West Ham Residents) :

1929	1930	1931	1932	1933
5766	5606	5266	4980	4406

### Health Visiting.

The Council employs eighteen full-time Health Visitors who undertake the routine home visiting of mothers and young children: by arrangement between the Medical Officer of Health's Department and the Committee of the Plaistow Maternity Hospital the majority of those children, born in that hospital or attended at birth by nurses from that Association, are visited until 4 years of age by the nurses from that Association: at present there are thirty-four such nurses employed in health visiting. In addition home visiting is carried out in special cases attending the Clinics by the Superintendent Nurses of the various voluntary centres in the Borough.

There has been no alteration in the routine visiting of infants and children up to school age: from birth until 2 years the child is visited at least once a quarter, thereafter until it goes to school, at intervals of six months. Premature and weakly infants are visited monthly or oftener according to the condition of the child. In addition, the Municipal Health Visitors undertake all the duties of Infant Life Protection Visitors under the Children and Young Persons' Act, 1932 and 1933; and in addition investigate all deaths of infants and young children, stillbirths, and cases of puerperal pyrexia or fever, ophthalmia and pemphigus neonatorum.

Many visits are paid to the homes of expectant mothers, who are thereby brought into touch with the several sources by which they can obtain help, viz. antenatal supervision at Clinics, including Dental treatment, Home Help Scheme, the provision of dried milk at and after six months of pregnancy, hospital facilities for confinement.

A summary card of each child is passed over to the School Medical Officer immediately the child attends school (including attendance at the Council's two Nursery Schools). This card



contains brief notes regarding physical and mental development from birth, and any illnesses from which the child may have suffered prior to school age, and is thereafter included in the appropriate dossier of the school child concerned.

### Visits paid by all Health Visitors during 1933.

	First Visits	Total Visits
(a) To expectant mothers ... ..	5535	20261
(b) To children under one year of age	5780	42824
(c) To children from 1—5 years of age	1751	68785
†(d) Infant Life Protection visits ...		531
†(e) Special Visits (Home Helps, etc.)		12734
Total Visits ...		145,135

† Special visits are made only by the Municipal Health Visitors; visits under (a), (b) and (c) include all those paid to the homes not only by Municipal Health Visitors, but also by Nurses from the Plaistow Maternity Hospital and the other various voluntary Clinics in the Borough.

### Maternity and Child Welfare Clinics.

The Borough is now well provided with Clinics under the Maternity and Child Welfare Scheme: that these Clinic Services are appreciated by the mothers is evidenced by the regular attendances at all Centres for antenatal supervision, for post-natal advice and for the supervision of the infants and young children. There are five Municipal Clinics and in addition seven Centres under voluntary Associations, all subsidized by the Council. Antenatal Clinics are held at the five Municipal and at four of the Voluntary Centres: the midwives avail themselves of the opportunities offered to their patients by urging attendance at the Clinics, and, as a written report on her patient is sent after each examination by the Clinic Medical Officer to the midwife, she is kept in close touch with her cases throughout pregnancy. The majority of mothers present themselves willingly for antenatal care and examination, and attend regularly as required. The need for dental treatment is not so well received and understood by the expectant mothers; this is partly due to the "fear of being hurt," and also results from wrong advice given by friends that such treatment "might do harm." Intensive propaganda and personal talks between doctor and patient and by Health Visitors and Midwives to the mothers individually will ultimately break down the prejudice that at present prevails.

There has been no change in the Clinic Service, but owing to the increased attendances at Maybury Road Clinic it will soon be necessary to establish a third infant welfare session.



Through attendance at the Centres, mothers (expectant and nursing mothers) may receive dental treatment; provision is also made for dental treatment for children under five years of age; also, the mother is put in touch with the many other facilities available under the Council's Maternity and Child Welfare Scheme viz. convalescent treatment for the children, and for nursing mothers, sunlight and orthopaedic treatment in cases where such is necessary. It is gratifying to note that at all Centres there are a large number of women who attend regularly, realising that the Centres are not for treatment of her sick child but are definitely for the prevention of illness.

### **Dental Treatment.**

The Dental Scheme has not been modified since 1932; treatment is given to expectant mothers, to nursing mothers (up to six months after confinement) and to all children until school age. As has been stated previously, there is still difficulty in inducing expectant mothers to receive this treatment, and much education of the public is required to remove the considerable prejudice that undoubtedly exists: dental treatment is an urgent necessity in many cases, and it is deplorable to note the pronounced degree of dental caries among the women, even in young mothers.

In regard to the young children, this treatment is more acceptable, and it is rare now to have a child brought to the Dental Clinic requiring multiple extraction. The mothers realise the necessity of conservative treatment in its effect upon the health of the toddler and in its later effect upon the permanent dentition. Once a child has attended the Dental Clinic, it is kept under regular supervision by the Dental Surgeon until it goes to school. This system of reinspection impresses on the parent the necessity and importance of preserving the primary teeth.

### **Attendances for Dental Treatment in 1933. Expectant and Nursing Mothers.**

Number of new cases treated	...	...	...	...	404
Total attendances	...	...	...	...	1258
Total attendances (a) for extraction	...	...	...	...	630
(b) for fillings	...	...	...	...	214
(c) for special treatment	...	...	...	...	414

### **Children under five years of age.**

Number of new cases treated	...	...	...	...	840
Total attendances	...	...	...	...	3134
Total attendances (a) for extraction	...	...	...	...	621
(b) for fillings	...	...	...	...	1611
(c) for special treatment, inspection, re-examination, etc.	...	...	...	...	902

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

Address Where Held.	Number of Sessions held weekly (excluding Dental Sessions)	Day and Time of Meeting.	Average per Session.				Arrangements for Medical Supervision.
			Centre Attendances.		Medical Consultations.		
			Expectant Mothers.	Children.	Expectant Mothers.	Children.	
West Ham Lane Municipal Clinic ... ..	4	Mon., Tues., Thurs., 2 p.m. Tuesday, 9.30 a.m.	18.7	48.3	18.7	40.0	Dr. Helen Campbell.
*Forest Gate Municipal Clinic, Forest Street ...	4	Friday, 9.30 a.m. Tuesday, 9.30 a.m. Tues., Wed., Thurs., 2 p.m.	11.7	35.6	11.6	27.0	{ Dr. Helen Campbell. Dr. Charlotte Forsyth
*Grange Road Municipal Clinic ... ..	3	Wednesday, Friday, 2 p.m. Wednesday, 9.30 a.m.	11.7	30.5	11.7	26.0	{ Dr. Charlotte Forsyth Dr. Muriel Prout
*Maybury Road Municipal Clinic ... ..	3	Monday, 9.30 a.m., 2 p.m. Friday, 9.30 a.m.	16.2	42.2	16.2	31.6	Dr. Charlotte Forsyth
Silvertown Municipal Clinic ... ..	2	Wed., 10 a.m. and 2 p.m.	5.0	31.5	5.0	25.7	Dr. Charlotte Forsyth
*Chesterton House Centre	6	Wed., Thur., 11 a.m. & 2.30 p.m. Mon., Fri., 1.30 p.m.	178.	78.3	70.8	26.3	{ Dr. Flora Hogg & Dr. Peter Kennedy.
Docks Centre, Hoy Street	5	Daily, 2 p.m.	48.	70.1	18.0	23.4	
Martin Street Clinic ...	1	Thursday, 3.30 p.m.	24.6	32.4	9.7	7.6	
South West Ham Health Society Clinic, Lees Hall	3	Tues., Wed., and Thurs., 1.30 p.m. fortnightly	23.4	47.7	11.0	21.4	Dr. J. Lorimer Hawthorne.
Trinity Mission Centre, Oxford Road ... ..	2	Wed. and Thurs., 1.30 p.m.	—	52.7	—	29.3	Dr. Jean Smith.
Stratford Day Nursery Centre, Welfare Road...	2	Mon. & Friday, 1.30 p.m.	—	41.3	—	22.4	Dr. Dorothea Brooks
Given Wilson Institute, Pelly Bridge ... ..	1	Mondays, 2 p.m.	—	41.5	—	31.0	Dr. Eva Morton.

\* Dental treatment for mothers, and for children under 5 years, is given at these Clinics.





## **Home Helps.**

The Home Help Scheme continues to function satisfactorily and has been appreciated by the many mothers who have received help from the Council in this way. The Home Help—a woman usually chosen by the patient subject to approval as a suitable person by the Health Visitor—attends at the home from the date of confinement and for fourteen days thereafter. As the duties of such a woman are purely domestic, she may be employed whether the patient is confined in hospital or at her own home. It is an infringement of the Home Help rules if the woman in any way undertakes the nursing of the mother or baby or undertakes any of the duties, at the confinement, of a trained nurse. An expectant mother, indeed, is not eligible for such help unless she has engaged a trained nurse to attend her at her confinement either as a midwife or in conjunction with a doctor.

The supervision of these Home Helps is carried out by the Municipal Health Visitors: each suggested Home Help is visited in her own home before being approved by the Health Visitor, and if approved, is handed a printed list of her duties. She is required to notify the Medical Officer of Health not later than the day following the confinement, in order that the Health Visitor may get in touch with the case at an early date. The Health Visitor visits the home of the lying-in woman several times during the 14 days to supervise the work of the Home Help.

The assistance which this scheme gives to the poorer working class mothers produces immense benefit: it affords the patient herself an opportunity of longer convalescence: it ensures her peace of mind, for she realises that her children are not neglected and that the household duties are carried on as if she herself were not for the time being laid aside.

### **During 1933:—**

Total number of applications for Home Helps, 1116. Of this number 922 were eligible, 154 were ineligible (i.e., did not fall within the Council's scheme as regards income).

In 40 cases the applications were cancelled by the applicants.

## **Suspension of Midwives practising in the Borough.**

The Supervisor of Midwives in the Borough is the Senior Assistant Medical Officer for Maternity and Child Welfare (Dr. Helen Campbell).

Most of the Midwives practice under the aegis of one of several training schools or Midwives' Associations in the neighbourhood, and therefore are also under constant supervision by those authorities. There is no doubt that a factor largely contri-



buting to the excellent record of the Borough in respect of the low maternal mortality and morbidity rates is the sound training and method of these Associations from which the district Midwives work. The methods of the private Midwives are quite equal to those of the nurses practising from the Maternity Hospitals.

The Council does not employ or subsidise any district Midwives.

**\* Total Number of Midwives who notified their intention to practise in the Borough in 1933, 86.** Number in practise at the end of 1933, 59.

(\*This figure appears unduly large owing to the fact that many pupil Midwives who receive their Midwifery training from large Midwifery Centres in West Ham, continue to practise from their school for varying periods after passing the required Central Midwives' Board Examination).

It will be obvious that the women of West Ham are fortunate in being able to obtain skilled nursing at the confinement and in the puerperium, and it is therefore all the more regrettable that there are still a few general practitioners in the Borough who encourage their patients to engage untrained women as maternity nurses, and who allow these women to conduct the major part of the labour. Where such facts have come to the knowledge of the Medical Officer of Health, the "maternity nurse" has been interviewed, but it has been impossible to take proceedings against these women who have always been able to cover themselves by the fact that they were working with a doctor. The general effect of such interviews, however, has been to ensure that a doctor is summoned at an earlier stage of any subsequent confinement the women may attend.

Number of cases attended by Midwives in 1933 ...	3487
Number of cases in which medical aid was summoned	517
Number of cases in which the midwife acted as a maternity nurse ... ..	198

### **Stratford Day Nursery.**

The Stratford Day Nursery is the only institution of its kind in the Borough, and it has continued to carry out its excellent work in helping the mothers, who are obliged to leave their young children daily in order to go out to work. It is provided by a Voluntary Association, but receives a grant from the Council. Fifty children under five years of age can be accommodated here. During 1933 there were 7,566 total attendances at the Nursery, making an average daily attendance of 33 children. The daily charge per child is 8d.



### **Sunlight Treatment for Children under 5 years of age.**

This specialised treatment can be obtained at the Stratford Day Nursery Sunlight Clinic, under the supervision of Dr. Eva Morton. The arrangement made in 1928 between the Maternity and Child Welfare Committee and the Committee of the Day Nursery is still in force, whereby young children may be drafted for treatment from any of the Welfare Centres in the Borough, through the Medical Officer of Health. These children attend twice weekly, a Municipal Health Visitor being in attendance at these two sessions. In addition the Sunlight Clinic is open on three sessions per week for the treatment of those children not subsidised by the Council's Maternity and Child Welfare Scheme.

Many of the children are referred on account of anaemia and general debility with flabby musculature: a marked improvement is evident in those cases who attend regularly over a period of several weeks. It has been observed by the Clinic Medical Officers that possibly the greatest improvement seems to be in those children referred for "nervous debility"—the then irritable, restless child becomes quieter, happier and more amenable, the appetite improves, the child sleeps better, and there is a very definite physical as well as mental improvement in these cases.

### **Attendances at the Sunlight Clinic in 1933.**

(1) <b>Municipal Clinic.</b> (2 sessions per week)			
Total number of new cases	...	...	128
Total attendances for treatment	...	...	2412
(2) <b>Day Nursery Clinic.</b> (3 sessions per week)			
Total number of new cases	...	...	142
Total attendances for treatment	...	...	4685

### **Distributions of Dried Milk to Expectant and Nursing Mothers and to Children under 3 years of age.**

During 1933 the arrangements hitherto in force have continued unaltered in regard to the distribution of Dried Milk from the four Centres in the Borough, viz. :—

84 West Ham Lane, Stratford.

Public Hall, Barking Road, Canning Town.

Nurses' Home, Howards Road, Plaistow.

Maternity and Child Welfare Centre, Barnwood Road,  
Silvertown.

In March, 1934, a Distributing Centre was commenced on one day per week at the Forest Gate Maternity and Child Welfare Centre for the benefit of those mothers in the outlying parts of the district on that side of the Borough. It is now possible for all mothers to obtain this milk from Centres accessible to their homes.



During the year 1933 full advantage has been taken of the Scheme, as is shewn by the fact that 102 tons, 9 cwt. and 19 lbs. of full-cream dried milk were distributed in 1 lb. greaseproof bags enclosed in carton packets, with printed directions clearly set out as to use.

The milk powder is received in bulk in hermetically sealed canisters, is packed by the Council's own staff, and only the estimated required quantity is weighed up daily, so that the milk is supplied fresh to each applicant. Samples from each consignment of milk have been submitted for chemical analysis and bacteriological examination with satisfactory results in every instance.

### **Expectant Mothers. Hospital Accommodation.**

Provision is made, as in previous years, for the admission of women for confinement to Queen Mary's Hospital, Stratford, and to the Plaistow Maternity Hospital, both of which are subsidized by the Council. The Forest Gate Hospital, under the Public Assistance Committee also admits a large number of women to its maternity wards.

			West Ham Residents			
			No. of beds	No. of cases admitted	No. Confined	No. of weeks spent
Queen Mary's Hospital	...	...	45	501	440	860
Plaistow Maternity Hospital	...	...	56	865	787	1854
Forest Gate Hospital	...	...	40	275	243	486

### **Hospitals for Children under 5 years of age.**

Children under 5 years of age can be admitted to St. Mary's Hospital, Plaistow, and to the Invalid and Crippled Children's Hospital, Plaistow. At the latter hospital the Council retain a ward of 16 cots, to which all cases for admission are referred through the Senior Assistant Medical Officer for Maternity and Child Welfare. This Ward is reserved chiefly for chronic medical cases from the various Infant Welfare Centres, such as Rickets, Malnutrition and diatetic disorders of infancy. The beds at St. Mary's Hospital are occupied chiefly by acute medical and surgical cases.

Young children requiring orthopaedic treatment are referred to the Orthopaedic Department of the Invalid and Crippled Children's Hospital, Plaistow, where there are full facilities for the treatment of such cases: four beds in hospital are reserved by the Council if in-patient treatment is required.



	No. of beds	West Ham Residents No. of cases admitted	No. of weeks spent
St. Mary's Hospital, E.13 ... ..	10	222	681
Children's Hospital, Balaam Street, E.13			
(a) Babies' Ward ... ..	16	200	773
(b) Orthopaedic Ward ... ..	4	22	75

Arrangements are in force with the Committees of Queen Mary's Hospital, Stratford, and St. Mary's Hospital, Plaistow, for the treatment by Specialists of ear, nose and throat defects in young children.

### **Convalescent Homes for Children under 5 years of age.**

The majority of young children referred for convalescence are sent to homes through the aid of the Invalid and Crippled Children's Society and the Invalid Children's Aid Association. Recently it has been possible to admit children of 4 years and over to the West Ham Convalescent Home, Margate. The children are all examined prior to being sent away by one of the Medical Officers for Maternity and Child Welfare.

A large proportion of these young children are referred for convalescence from the various Infant Welfare Clinics in the Borough. Some are debilitated as a result of recent illness, others are found to be suffering from malnutrition and anaemia attributable in many cases to faulty routine and wrong feeding in the homes. A period of regular training and supervision, with a well-balanced suitable diet usually restores these children to normal health, and produces permanent benefit.

That the Medical Officers of the Clinics make full use of the valuable treatment for the children is evident in that, during 1933, 262 children were sent to Convalescent Homes for periods varying from one to three months, being an increase of 43 as compared with the number sent away in 1932, and no less than 239 over the number sent in 1925.

### **Convalescence for Nursing Mothers and Infants.**

As in 1932, the Council retained two beds for nursing mothers and infants, who must be under three months of age. One mother with her infant is sent each fortnight of the year to "Child Haven," Brentwood, the Convalescent Home of the West Ham Central Mission; similarly, one mother with infant is sent every fortnight to the London Mothers' Convalescent Home, Sunningdale. The mothers are recommended for convalescence through the Medical Officers of the Maternity and Child Welfare Centres, and are examined in every case prior to admission by the Senior Assistant Medical Officer for Maternity and Child Welfare. The mothers appreciate very greatly the kind attention and help they



receive at both Homes from the Nursing Staffs. The great improvement in mothers and babies after their holiday, with its entire freedom from worry and work, is remarkable.

During 1933, under this Scheme, 44 mothers with their infants were sent to these Homes, which are excellent in every way.

### **Maternity and Nursing Homes in the Borough.**

There are three Nursing Homes in the Borough registered under the Nursing Homes' Registration Act, 1927, one of these being the Plaistow Maternity Hospital. Of the two remaining Homes, one receives only chronic medical and senile cases, the other having accommodation for medical, surgical and maternity cases in addition to senile patients.

There have been no orders cancelling or refusing registration, and no application for exemption from registration or for registration.

The Homes are inspected by the Senior Assistant Medical Officer for Maternity and Child Welfare.

### **Children and Young Persons' Act, 1932.**

#### **Foster Children.**

Under Part 1 of this Act the supervision of the foster children and of the homes of the foster mothers is carried out by the Municipal Health Visitors in their respective districts. Application for registration as a foster mother under the Act is sanctioned by the Council on the recommendation of the Maternity and Child Welfare Committee.

Before the foster mother's application is approved, a detailed enquiry is made by the Infant Life Protection Visitor of the district, and in all those cases that are known to the Public Assistance Officer a report is received in regard to home and economic conditions. The register of cases notified as suffering from Tuberculosis is consulted in order to eliminate any possibility of introducing a child into an infected family.

The foster mother must comply, if registered, with all rules under this Act and of the Council, which include provision of a fire-guard, separate suitable sleeping accommodation for the child, and attendance at an Infant Welfare Centre in the Borough until such time as the child goes to school.

Registered foster mothers are visited as a routine by the Health Visitor at least once every two months.

In no case was legal proceedings taken in 1933.

### During the year 1933.

Number of applications for registration as foster mothers	35
Number of applications passed by the Council ... ..	32
Number of applications refused by the Council ... ..	2
Number of applications withdrawn ... ..	1
Number of visits paid to the homes by the Health Visitors:	
(a) First visits ... ..	40
(b) Total visits ... ..	567

### Number of Foster Mothers on the Register.

(a) At the beginning of 1933 ... ..	65
(b) At the end of 1933 ... ..	60
Number of foster children who died during 1933 ... ..	None

## OPHTHALMIA NEONATORUM.

Seventeen cases of ophthalmia neonatorum were notified to the Medical Officer of Health during 1933, of whom one was born in an institution in the Borough, but was non-resident in West Ham.

Of this total number, only three were treated in hospital, the remaining fourteen being attended at home by a private doctor or being taken daily to a hospital out patient department. A Health Visitor visits the home weekly—or oftener if necessary—until the condition of the eyes is satisfactory.

Number Notified	Cases Treated		Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
17*	At Home	In Hospital	17	0	0	0

\* Of whom one was non-resident in the Borough.

### Maternal Mortality.

Total number of births notified in West Ham in 1933 was 5,835, of whom 4,406 occurred amongst residents in the Borough.

The number of women who died from complications of pregnancy or childbirth, was eight, giving a maternal mortality rate of 1.8 per 1,000, compared with 4.4 per 1,000 for England and Wales.

The cause of death was puerperal sepsis in five cases, the remaining three being due to other complications of pregnancy. A detailed report is furnished to the Ministry of Health in regard to every maternal death.

The average age of death amongst these mothers was 28.9 years.



## Puerperal Sepsis.

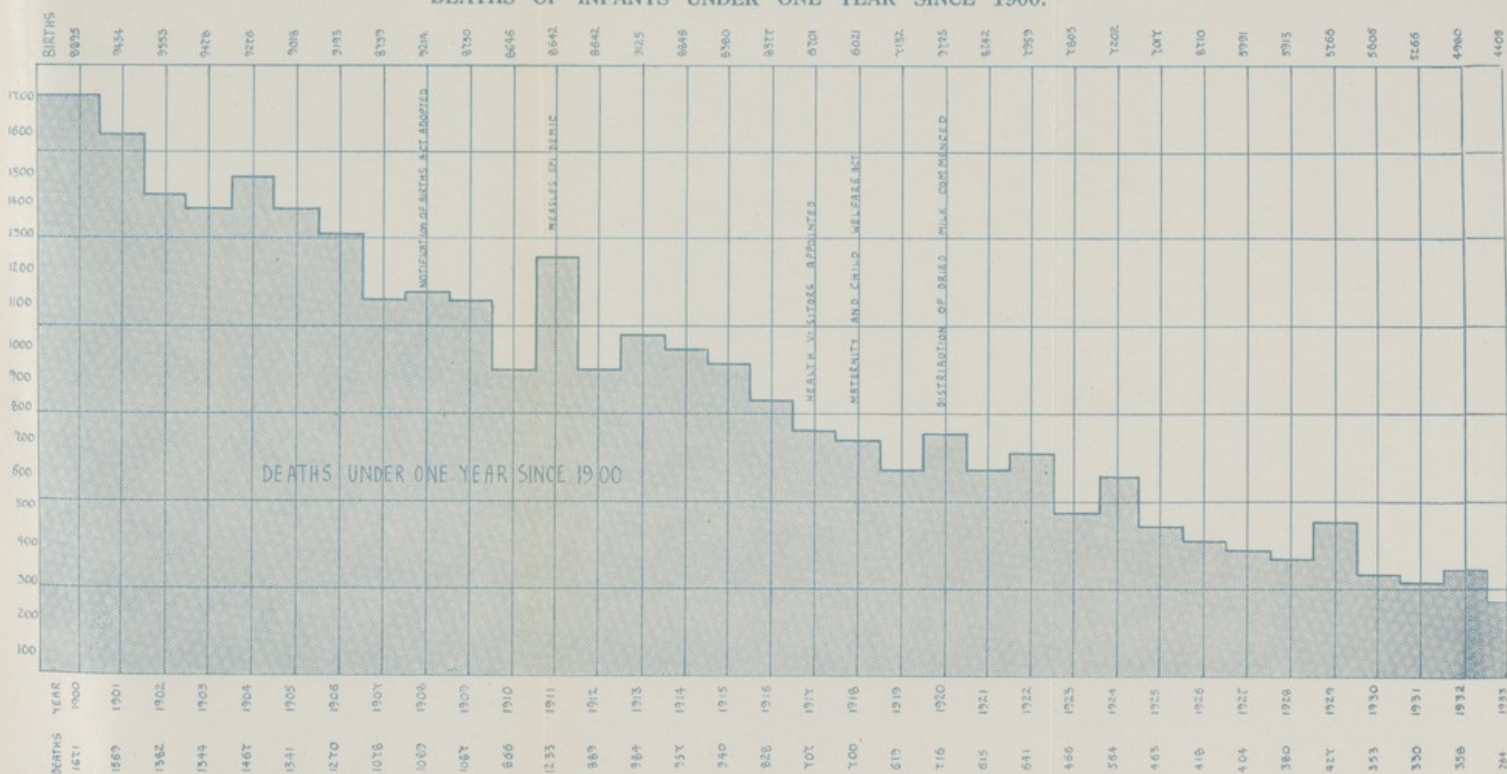
	Notified Cause of Death	Age of Mother	Pregnancy		Remarks
			Legitimate	Illegitimate	
(1)	Peritonitis following septic absorption after abortion.	42	Yes	—	No antenatal care. Patient did not re- alise she was preg- nant.
(2)	Septicaemia follow- ing abortion ...	18	—	Yes	No antenatal care. Concealed preg- nancy.
(3)	Puerperal Sepsis ...	28	Yes	—	Normal full-time confinement. Reg- ular antenatal sup- ervision.
(4)	Septicaemia and miscarriage ...	39	Yes	—	No antenatal care. Did not know she was pregnant.
(5)	Septicemia and miscarriage ...	21	—	Yes	Concealed preg- nancy. No ante- natal supervision.

The above table is striking in that four out of the five deaths from puerperal sepsis occurred after miscarriage in the early weeks of pregnancy. This complication of pregnancy is far too lightly regarded by the women themselves, who frequently continue their daily duties and do not consider that medical aid or nursing is necessary. This should also serve to illustrate the folly of attempting to induce abortion, a practice that is all too prevalent in every area of the Borough, and a practice of whose dangers it is very difficult to convince the mothers.

## Maternal Deaths from causes other than Sepsis.

	Notified Cause of Death	Age of Mother	Pregnancy		Remarks
			Legitimate	Illegitimate	
(1)	Haemorrhage due to ruptured extra uter- ine pregnancy ...	35	Yes	—	Did not know she was pregnant: (pregnancy only 3 weeks).
(2)	Eclampsia ...	20	—	Yes	Concealed preg- nancy: no antena- tal care.
(3)	Pulmonary Embol- ism in puerperium: premature labour 30 weeks. Albuminuria of pregnancy with high blood pressure	27	Yes	—	Regular antenatal supervision.

DEATHS OF INFANTS UNDER ONE YEAR SINCE 1900.







The low maternal mortality rate in the Borough is very gratifying when the economic and home conditions of the population are considered. There is very considerable overcrowding, more especially in the districts on the South side: there is, too, a large amount of unemployment, in many cases of long duration. The fact that this rate is so much lower than the rate for the country as a whole may be attributed to the following amongst other factors:—

(1) Antenatal Supervision. The Borough is well served with Antenatal Clinics, and the women avail themselves readily of this supervision, and of the additional facilities available through attendance at a clinic.

(2) There is no shortage of trained midwives in the district, so that all women can ensure the presence at confinement of skilled help. The majority of women do not engage a doctor for confinement, but seek the services of a trained nurse, as is shewn by the fact that 83 per cent. of the notified births were notified by midwives. Further, the standard of midwifery is high in the Borough—except for fourteen private midwives (of whom only six are in actual and regular practice) all the other nurses work under the aegis of large Maternity Hospitals or Nursing Associations approved by the Ministry of Health as training centres for pupil midwives.

(3) The third factor conducing to the satisfactory result is the adequate and regular visiting of the homes of expectant mothers by the Health Visitors, particularly in regard to following up those expectant mothers who fail to keep the appointments for re-examination at the Antenatal Clinics. By this means the women are urged to re-attend to prevent the development of complications of pregnancy; or if such have developed, the patient is put in touch with the necessary help and supervision to prevent serious consequences.

### **Puerperal Fever and Puerperal Pyrexia.**

During the year there were 15 cases of Puerperal Fever and 26 cases of Puerperal Pyrexia notified to the Medical Officer of Health: this represents 3.5 per 1,000 notified births in regard to Puerperal Fever, and 9.6 cases of Pyrexia per 1,000 births.

Arrangements are in force whereby a patient with her baby can be admitted immediately to hospital if such is considered necessary. Three Consultant Obstetric Specialists have been appointed, so that the patient may have the benefit of consultant services in her own home.

Home Nursing of puerperal cases is carried out by the nurses from the various District Nursing Associations in the Borough.

Further, if necessary expectant mothers are admitted to hospital to await their confinement or to receive appropriate treatment beforehand.



## Infantile Mortality.

The infantile mortality rate is 64.4 per 1,000 births, shewing a decrease of 6.6 compared with 1932. For the 118 great towns the rate was 67.0.

The total number of deaths under one year was 284, of which 164 were males and 120 females. Ten of these deaths occurred amongst illegitimate infants.

The following table of the causes of death illustrates again the fact that many of these infants would appear to be "born to die." They are congenitally weak or deformed, with insufficient vitality to maintain life even when all care and attention are given to them. Many die within the first four weeks after birth: the neonatal death rate remains high, and to this may be attributed the fact that, both in West Ham and the country as a whole, the infantile mortality rate is as high as 60—70 deaths per 1,000 births.

### Notified Causes of Deaths under One Year.

Congenital debility, prematurity malformation	...	128
Diarrhoea, digestive diseases, etc.	... ..	54
Pneumonia and Bronchitis	... ..	42
Tuberculosis (all forms)	... ..	10
Syphilis	... ..	1
Heart Disease	... ..	1
Infectious Diseases	... ..	26
Deaths from other defined diseases	... ..	22
Total		284

Total number of deaths from 1—5 years of age during 1933 was 144. During this age period there are more deaths from the commoner infectious diseases, and less from digestive disorders.

### Table showing Causes of Death (1—5 years).

Infections diseases	
(a) Whooping Cough	26
(b) Diphtheria	24
(c) Influenza	3
(d) Scarlet Fever	2
(e) Cerebro Spinal Meningitis	5
Pneumonia and Bronchitis	48
Tuberculosis (all forms)	8
Diarrhoea, digestive disorders	8
Appendicitis	3
Other defined diseases	17
Total	144

Of the above number, 16.6 per cent. of the deaths at this age period were due to Diphtheria. Recently there has been renewed propaganda in this Borough for immunization against Diphtheria, and the result of this simple form of treatment should lower materially the death rate from one of the most virulent diseases of childhood.

## SPECIAL REPORTS ISSUED BY THE MEDICAL OFFICER OF HEALTH DURING THE YEAR.

### (1) District Medical Officers.

In accordance with the instructions of the Public Assistance Committee, I submit herewith a report upon this service. At the present time the work is carried out by two whole-time District Medical Officers and three part-time District Medical Officers (one of whom, Dr. Brews, is an officer of the East Ham Council working jointly with the West Ham Council). Each whole-time officer is assisted by a full-time nurse, and the dispensing of their prescriptions is done in each case by a full-time dispenser. The dispensing of the part-time District Medical Officer is done by different chemists at contract prices. Further, each whole-time District Medical Officer has a deputy who attends to the work when he is off duty.

The work of the whole-time Medical Officers is carried out at and from North West Ham and South West Ham Public Assistance Sub-Offices, that of the part-time District Medical Officers being carried out at and from their respective surgeries.

The wards allocated to the respective Medical Officers are as follows, namely :—

Dr. Dolan	...	...	...	High Street, Broadway, New Town, Forest Gate, Park, Upton, Plashet Road and West Ham, comprising a total estimated population of 131,363.
Dr. Conran	...	...	...	Canning Town and Grange, Hudsons, part of Bemersyde and Tidal Basin, Ordnance, Beckton Road and Custom House, comprising a total estimated population of 111,822.
Dr. P. Kennedy	...	...	...	Plaistow part of Bemersyde, comprising a total estimated population of 23,153.



Dr. Begley	...	...	...	Part of Tidal Basin, comprising a total estimated population of 19,684.
Dr. Brews	...	...	...	Silvertown, comprising a total estimated population of 8,256.

The following figures will show to some extent how the work of the District Medical Officers has increased:—

				Number of cases seen.	
				1931	1932
Dr. Dolan	...	...	...	14556	17262
Dr. Conran	...	...	...	14219	18157
Dr. Kennedy	...	...	...	1073	1322
Dr. Begley	...	...	...	622	1065
Dr. Brews	...	...	...	820	900

After reviewing the position very carefully and interviewing both Dr. Dolan and Dr. Conran, I am of opinion that to cope efficiently with the work of their respective districts, additional help should be provided (this should incidentally, lead to more persons being able to be treated in their own homes, thus relieving to some extent the pressure on the institutional beds).

I put forward for your consideration three alternative methods for relieving the pressure of work, namely:—

1. The appointment of one or more additional part-time District Medical Officers.
2. The appointment of another whole-time District Medical Officer.
3. The appointment of Assistants to Dr. Conran and Dr. Dolan.

After very careful consideration of the whole of the factors, I suggest the first alternative to be the best method of approach to this problem at the present time. Both Dr. Conran's and Dr. Dolan's districts could be reduced by this method.

Either the second or the third scheme would mean additional surgery accommodation, and also additional dispensers and possibly nurses.

The work of the full-time dispensers has become greater owing to the increased number of cases dealt with, and it may be necessary for this Committee to provide additional help in this direction, unless the work is diminished.

Under Scheme 1 the dispensing could be carried out by the different chemists on the prescription of the part-time District Medical Officer; this scheme would obviate additional surgery accommodation or the appointment of an additional dispenser.

Prescriptions dispensed by Mr. Love (North West Ham).

March Qrt. 1931  
6008

March Qrt. 1932  
6744

March Qrt. 1933  
9681

Prescriptions dispensed by Mr. Arnold (South West Ham).

March Qrt. 1931  
3664

March Qrt. 1932  
4476

March Qrt. 1933  
5009

A scheme whereby a person needing public assistance medical attention may call in any doctor of his choice has been propounded by the British Medical Association, and though not yet fully formulated, might be usefully discussed.

I consider Scheme 3 the least desirable, particularly as it would, I believe, cause some confusion to the Relieving Officers in regard to "Orders" and other relevant duties.

Dr. Peter Kennedy has, since the death of his father, been acting as temporary District Medical Officer for the Plaistow Ward and part of Bemersyde Ward, no permanent appointment having yet been made. Do the Public Assistance Committee desire this post to be advertised or will they wait until the report I have just outlined is further considered?

F. GARLAND COLLINS.

July, 1933.

## **(2) ADDENDUM ON INSTITUTIONAL ACCOMMODATION.**

In accordance with the instructions of the Council I herewith re-issue the attached report.

Since this report was first compiled in 1930, a number of factors have arisen and events occurred which have modified, to a certain extent, some of the subject matter therein, though, in the main, the broad principles involved have not changed.

The following sets out in brief the more important points:—

1. Of the additional two hundred beds provided at Forest Gate Hospital, no less than one hundred and fifty were taken up to make room for one hundred and fifty cases which had been boarded out previously with the London County Council.

2. East Ham have built additional accommodation which will enable them to deal with most of their cases of tuberculosis now being treated at Whipps Cross Hospital (about twenty-eight).

3. Essex County Council are now considering the provision of additional beds for chronic sick cases: but all the evidence goes to show that, even if this materializes within the next two years, it will not relieve West Ham to any appreciable extent from having to provide for the Essex County Council's cases now being treated in West Ham institutions. (According to agreement.)



4. Only a fraction of the full scheme for a colony at Ockendon for mental defectives has been sanctioned and completed (namely, one hundred and thirty-four beds instead of seven hundred and fifty). This has not relieved the overcrowding at Forest Gate Hospital, from which institution only a negligible number of patients have been able to be transferred.

5. The recent decision of the Council to send adult cases of chronic sick to Harold Wood will relieve the immediate shortage of beds for such people, which is the most urgent problem at the moment; but this is only a temporary measure and must obviously involve a reduction of the number of beds available for acute illness in children, which will create, in turn, a demand upon the already overcrowded accommodation at Whipps Cross Hospital.

6. The restricting of admission to the Margate Convalescent Home of children between the ages of five to fourteen years, and moreover, only to those children whose parents are in receipt of poor law relief, has rendered it particularly difficult to use this institution to its full capacity.

7. A Psychological Clinic has been opened recently by the Council at the Children's Hospital, Balaam Street, staffed from the Mental Hospital at Goodmaves.

8. The agreements primarily existing with outlying authorities for sending cases of smallpox to an institution belonging to West Ham have not been renewed. West Ham cases of smallpox are now being treated by arrangement with the London County Council in their smallpox hospital.

The question of the shortage of institutional accommodation for the sick of this borough is by no means a new one. As long ago as 1910 the wards at the Whipps Cross Hospital (then called West Ham Infirmary) were grossly overcrowded and many patients were sleeping on the floor, and the day rooms were then (as they are now) used as wards.

With comparatively recent years a considerable amount of accommodation has been secured in various ways: arrangements have been made and in some instances agreements drawn up between this Authority and other Authorities for the use of beds, e.g.,

10 Beds for maternity cases at the Plaistow Maternity Hospital.

10 Beds for maternity cases at Queen Mary's Hospital.

10 Beds for children under 5 years at St. Mary's Hospital, Plaistow.

16 Beds for sick babies at the Invalid and Crippled Children's Society, Balaam Street Hospital, Plaistow.

4 Beds for orthopaedic cases at I.C.C.S. Balaam Street Hospital.

6 Beds for cases of tonsils and adenoids operations at Balaam Street Hospital.



Beds (according to demand) for babies suffering from ophthalmia with their mothers at St. Margaret's Hospital (L.C.C.).

Beds (varying according to demand) for treatment of venereal diseases under the L.C.C. Scheme.

2 Beds for convalescent nursing mothers and their babies (Sunningdale and "Child Haven," Brentwood).

Beds (up to 16) at Sir William Treloar's Hospital for Cripples, Alton, for surgical tuberculosis.

Beds at King George's Sanatorium, Liphook, for Seamen with pulmonary tuberculosis (according to demand).

Beds at Alexandra Hospital for tuberculous hip cases.

Beds at various convalescent homes for children sent through the medium of the I.C.C.S. and I.C.A.A. (average of 50).

Beds for M.D. cases at various institutions (excluding cases now at South Ockendon Colony). (Average 130.)

Beds for all smallpox cases per agreement with L.C.C. (variable).

It will thus be seen that there has been a big development in the provision of beds for those cases needing urgent institutional treatment.

The London County Council, a few weeks ago, wrote giving notice cancelling their agreement regarding the admission of cases of ophthalmia neonatorum at St. Margaret's Hospital from 31st, March, 1933.

If West Ham was not contiguous with the great Metropolis and was a town apart, long ago it would have been necessary to have provided a great many more beds; as it is, a large number of sick cases from this area are admitted daily and treated in the big London hospitals, particularly Great Ormond Street Hospital, East London Hospital for Children, Poplar Hospital, London Hospital, St. Bartholomew's Hospital, Guy's Hospital and the Royal Free Hospital for Women, and of course, the local hospitals. With the stricter rules now applying as to admission to the wards of all voluntary hospitals, the number of cases referred back to be provided for by their own Local Authority increases.

Additional institutional accommodation has been provided by this Authority within recent years at Dagenham Sanatorium, at Langdon Hills Sanatorium, at Harold Wood Hospital, at Forest Gate Hospital, at Ockendon Colony, and at Fyfield Open-air School—in the aggregate a matter of 700 beds—a big achievement; yet there is still a lack of sufficient suitable accommodation.



There should be, in my opinion, no definite separation of the various institutions in regard to the exact number and type of case suitable for admission. All beds should be pooled and as far as is practicable used to the best possible purpose. Naturally, infectious diseases should receive proper consideration in the light of recent research.

I have issued several memoranda during the past few years on various matters concerning institutional accommodation, viz.,

I. In 1928 a statement showing the need for hospital accommodation for cases of pneumonia, whooping cough and measles, and also for babies suffering from wasting and allied diseases.

II. and III. In 1929 and 1930 two separate memoranda concerning the taking over of the Poor Law Institutions by the Public Assistance Committee.

IV. In May, 1930, a report pointing out emphatically the unsuitability of certain wards at the Central Home for the proper treatment of the sick.

A similar statement has been made by me on several occasions to the Public Assistance Committee in regard to the Forest Gate Hospital.

V. In 1931 I circulated a comprehensive report upon the whole of the institutional accommodation of the borough to every member of the Council. (Reprint herewith as directed by the Council.)

VI. In March, 1932, a further report was issued to the Public Assistance Committee in regard to institutional accommodation with special reference to overcrowding.

VII. In June, 1932, a memorandum on accommodation at Plaistow Hospital and Harold Wood Hospital for Children was circulated to members of the Hospitals Committee setting out various alternative methods for using Harold Wood and Plaistow Hospitals, as owing to the very big drop in the number of notified cases of infectious diseases these institutions had not been used to their full capacity for some time.

VIII. In November, 1932, a report upon the Margate Convalescent Home was issued.

In conclusion, I am of opinion that it is essential at once to provide many extra beds to meet adequately the demands and needs of the sick population of this borough.

F. GARLAND COLLINS,

Medical Officer of Health and  
Chief School Medical Officer.

Municipal Health Offices,  
Romford Road, E.15.

February, 1933.



### **(3) INSTITUTIONAL AND OTHER ACCOMMODATION FOR THE SICK.**

I have the honour to submit a further report (the tenth of a series) upon the above-named matter, though there is very little that can be added to my previous reports upon the same problem.

The urgency of providing further hospital accommodation has again been emphasised by the Minister of Health in a letter to the Town Clerk dated December 20th, 1933.

In a letter to the Council dated June 29th, 1931, the Ministry of Health stressed the fact that in the interests of West Ham their position as regards Essex and East Ham should be put on a clearer footing before they embark on a building programme based on the needs of the old Union.

The full scheme set out in my report of January, 1931, assumed that the agreement with East Ham and Essex would extend over a period of twenty-five years. It is manifestly impossible to estimate the amount of future accommodation needed if at any time anything up to fifty per cent. of the cases may be withdrawn, though I am confident that if the scheme referred to is carried out there need be no wastage of accommodation at any reasonable future time.

Though there is still need for the full scheme there are obviously some sections of it more urgent than others. The most urgent is the provision of extra accommodation for chronic sick cases (as a reference to my report of March, 1932, will clearly show). Almost as urgent is the need of suitable accommodation for children: a visit to the adult wards at Whipps Cross Hospital will demonstrate this, where it will be seen that children's cots abound between the beds for adult patients, in the centre of the wards and in the day rooms. Extension of premises for the staff at Whipps Cross Hospital is also necessary.

If and when the above is completed, there is the remainder of the full scheme to be considered. Additional beds for pulmonary tuberculosis cases are needed, and Dagenham Sanatorium could be made to accommodate fifty more patients, though preferably new buildings should be erected at Langdon Hills.

The number of convalescent beds needed might be arranged for at the Margate Convalescent Home, but I am of opinion that this institution should be disposed of and more suitable premises obtained.

A new Tuberculosis Dispensary is very desirable, and should form part of a general municipal out-patient department (with special clinics) situated in the borough as outlined in my report of 1931.



An adequate scheme complying with my definition of such as set out in my report of March, 1930, would then be completed.

I now suggest a new institution with a maximum of five hundred beds to supply the most urgent need. Harold Wood Hospital could then be relieved of poor law cases and suitably used; further, many of the chronic and sub-acute cases now taking up beds at Whipps Cross Hospital could be treated at this new institution, thus creating more space for the acute sick, and enabling the children to be treated in wards apart from adults. Many cases now at Forest Gate Hospital could be transferred to this new institution, thus allowing more space for the mentally deficient patients treated there. Some of the overcrowding at the Central Home would also be alleviated. If an institution with this number of beds were built adjoining Whipps Cross Hospital or Forest House, there would be many advantages over other sites, e.g., the staff could be accommodated more conveniently and be more easily administered, the special departments (X-ray, Sunray, etc.), and the visiting specialists to Whipps Cross would be immediately available; then, too, necessary transference of patients could be more easily effected.

If the Mental Deficiency Colony at South Ockendon is proceeded with, on its completion some hundred beds will be freed at Forest Gate Hospital; alternatively, if the lowest grade villas are not built at Ockendon, then Forest Gate Hospital will not be materially relieved. In any case the five hundred beds mentioned are needed.

The voluntary hospitals are being used to their fullest extent, and have waiting lists. At a meeting convened on June 17th, 1931, under Section 13 of the Local Government Act, 1929, representatives of all the local voluntary hospitals attended at the Town Hall, and in regard to each hospital schemes were eventually promulgated for increased accommodation but without exception to be carried out at the expense of the Council.

In conclusion, it is now over three years that this vital question has been under consideration. It is essential in the interests of the health of the borough that more accommodation should be provided: the non-vital though important questions of "designation" of classification, of "central committees," etc., might be considered in the light of a going concern.

F. GARLAND COLLINS,

Medical Officer of Health and  
Chief School Medical Officer.

Medical Officer of Health's Department,  
Municipal Health Offices,  
Romford Road, E.15.

January 5th, 1934.

## MENTAL DEFICIENCY.

The detailed work connected with this section, and in the running of the South Ockendon Colony is under the direct supervision of Dr. T. W. Hill, Deputy Medical Officer of Health.

On the 31st December, 1933, there were 648 Mental Defectives on the register: Males, 316; Females, 332. In 1925 there were 223 on the register.

Number in Institutions—

Males 113. Females 95. Total 208.

Number under Statutory Supervision—

Males 200. Females 234. Total 434.

Number under Guardianship under Order—

Males —. Females 2. Total 2.

Number on Licence from Institutions—

Males 3. Females 1. Total 4.

Eighty-seven new cases were dealt with during the year:—

Recommended Institutional Care—

Males 15. Females 18. Total 33.

Recommended Supervision at Home—

Males 11. Females 13. Total 24.

Recommended for Guardianship—

Males —. Females 1. Total 1.

Referred for Reconsideration—

Males 15. Females 14. Total 29.

Number of cases notified by the Local Education Authority under Sec. 2 (2)—

Males 17. Females 21. Total 38.

Number of Cases admitted to Institutions—

Males 9. Females 10. Total 19.

During the year 51 Continuation Orders were received—

For 5 years. Males 9. Females 5. Total 14.

For 1 year. Males 24. Females 13. Total 37.

Thirteen cases were removed from the register for reasons as follows:—

Removed to other Areas—

Males 2. Females —. Total 2.

Died—

Males 4. Females 6. Total 10.

**Dealt with under Lunacy Acts—**

Males 1. Females —. Total 1.



### **Ascertainment.**

The system of co-operation with the various Local Organisations, Officers of the Council, local Police Courts, etc., as is practised in West Ham in the carrying out of the duties of discovering the mental defectives residing in the borough is, I think, efficient. This is evidenced by the fact that no fewer than 87 persons were brought to my notice for action under the Acts during the year. It will be seen from the figures shown above that 58 of these have been dealt with definitely, while the remainder will be paid friendly visits, and assistance and advice given as far as practicable. By far the larger number of these cases have been notified by the Local Education Authority, which together with the Public Assistance Officer form the main channels of information.

### **Supervision.**

There are 434 defectives under supervision. Supervision is a very satisfactory form of care where the home and surroundings are suitable, and of course is considerably cheaper than maintaining them in institutions. Unfortunately, however, a number of patients are placed under supervision when they obviously should be dealt with by being sent to an institution. This is largely due to the lack of suitable institutional accommodation, and in a few cases to the fact that some parents are averse to allowing their children to be sent away. All of the cases under supervision are visited at varying intervals, and all possible assistance and sympathetic advice regarding the management and training (especially of the children) is given. These visits are fully appreciated by the majority of the parents.

### **Guardianship.**

This method of care is practised to a very limited extent in West Ham. In addition to two Females placed under guardianship under Order, there are two other women who have been placed with guardians, one on licence from an institution, the other, an elderly woman. The latter case was placed in this care following the death of her mother. She has settled down fairly well. The other cases have been with their guardians for some years and are doing quite well. It is hoped to make further use of guardianship for certain types of patients at South Ockendon Colony in the near future, as a means of testing their ability to live away from institutional care or to earn their own living.

### **Colony Accommodation.**

The need for further colony accommodation for certain types of defectives is still very pressing. A large number of those defectives coming to my notice by means of the Public Assistance



Officer are already inmates of the Public Assistance Institutions, and while it would be preferable to place them in a certified institution it is impossible to do so at present. A scheme to extend the present colony at South Ockendon to 500 beds is before the Board of Control, and it is hoped that the scheme will very soon receive their approval. This extension will include a school for the younger patients and workshops for boot repairing, mat and rug-making, basket-work and brush-making, and suitable accommodation for the necessary staff. The extension will allow for all those cases who are at present boarded out to be brought to the one institution, and also for those defectives who are awaiting beds to be admitted.

### **South Ockendon Colony.**

The Matron Superintendent (Miss W. S. Butler) reports:—

The number of patients on the books is 130, of which

51 are males over 16 years

35 are females over 16 years

26 are males under 16 years

18 are females under 16 years

Villa 1 houses 52 males (one under 16 years), but owing to lack of space eight of this number sleep in Villa 2. These patients are classified into two groups, viz., 28 high grade, 24 low grade.

Villa 2 houses 23 males under 16 years, two boys being home on licence.

Villa 3 houses 34 females over 16 years and 18 under 16 years. One female adult is on licence.

The patients in Villas 2 and 3 are graded into six groups according to their mental age, irrespective of sex.

**Movements.** These were as follows:—Admissions: 7 males, 5 females. Discharges to Forest Gate Hospital: 2 females, 1 male. Discharges to Rampton State Institution: 1 male.

**Leave.** Licence was granted as follows:—Summer holidays, 37; Christmas holidays, 37; 48 hours, 5; 3 months with parents, 2; 3 months in domestic service, 1.

**Health.** The health of the Colony has been excellent. There has not been a single case of illness.

**Employment.** I am pleased to be able to state that the progress made in this direction has been considerable, and the addition of the Workshops in January of this year has enabled us to enlarge the scope of our activities. A list of the total work done in the various departments during the past year is appended:

Work for the male adults is allocated as follows:—



## GROUP 1.

Farm Work	...	...	6
Gardening	...	...	2
Assisting handyman	...	...	2
Boot-mending	...	...	5
Carpentry	...	...	6
Cane-work	...	...	5
Ward and Kitchen work			2

Eggs, vegetables and fresh fruit are obtained from the Council's Farm, which is adjacent to the Institution.

## GROUP 2.

Clean all the Institution's boots and shoes, pare potatoes, clean cutlery and kitchen utensils. Ten make wool rugs.

All Patients do an allotted task in the ward before commencing work at 9 a.m. They help with gardening when necessary, and are employed out of doors as much as possible when the weather is fine.

Both Groups do physical drill three times a week and Group 1 are really excellent. They wear a special outfit for gymnasium and look very smart.

To create interest the men are divided into four "houses," each with a self-elected Captain. They compete for marks for conduct, work, etc., which are posted on a Notice Board in their dining room. The winning "house" wins a prize at the end of each month. The competition is very keen.

Of the total of 52 males in B.1 only one has been found incapable of being usefully employed.

In Blocks 2 and 3, Groups 1 to 5 work to a time-table. Occupation is varied from hour to hour and ranges from brick-building, paper-folding, etc., to weaving, embroidery and rug-making. The working day begins at 9 a.m. with prayers, hymns, marching and action songs. Each Group does half-an-hour's physical exercises daily, according to their capacity, whilst the bigger boys drill with a male instructor.

GROUP 6 consists of 28 fairly high-grade female adults. These do all the ward work in Blocks 2 and 3 and help in the main kitchen. At 11 a.m. they go to the needleroom for the rest of the day with the exception of a break of one hour for games, physical drill or folk dancing. Very few of these girls had any knowledge of sewing on admission; they have shewn remarkable progress and are now able to do all repairs and help in the making of new articles under instruction from the seamstress.

Each girl has a piece of fancy work to do at her leisure, and this is much appreciated.

The girls in Block 3 are divided into two "houses," each with a self-elected Captain. A "ladder" displayed on the Notice Board in their dining room denotes the rise or fall of marks of each "house."

**Amusements.** The men run football and cricket teams, which are almost invariably victorious in competition with visiting teams. Matches are held every Wednesday and Saturday afternoons, and there is a great demand for fixtures from teams in the vicinity.

The girls play netball, the "houses" competing against each other. They are becoming very proficient at country dances, and will soon be good enough to give a display.

There is a sand pit in course of construction for the smaller children.

Dances are held every alternate Monday evening, out of doors during the summer. Music is obtained from the Radiograms, which are a constant source of pleasure.

Several entertainments were given by visiting concert parties during the winter, notably one by members of the Public Health Dept. which was most enjoyable. The Patients and Staff also gave a concert and drill display, which was attended by members of the Committee and the patients' relatives.

The usual Christmas and Guy Fawkes festivities were held and much enjoyed.

The annual Sports were held in June and, though marred by inclement weather, were a great success.

The patients go for long country walks every week, and during the summer months they have frequent picnics.

**Religion.** An average of sixty patients attend the Village Church on Sunday. The Churches of other denominations are too far away to permit attendance at them. A Roman Catholic priest from Grays visits the Catholic patients periodically.

**Staff.** An additional Charge Nurse, a General Assistant and a Seamstress were appointed this year; also additional male and female nurses to allow a 48-hour week to be established.

#### **Summary of Work done 1st April, 1933, to 31st March, 1934.**

##### **Needlework Department—**

167	Dresses
359	Knickers (girls')
180	Chemises (girls')
538	Face Flannels
202	Bibs
120	Aprons (girls')
76	Aprons (men's)
150	Brush and Comb Bags
50	Bath Sheets
39	Baby's Knickers (boys')
24	Strong Rompers
673	Hand Towels
250	Tea Towels
14	Laundry Bags



84	Dish and Floor Cloths (knitted)
60	Curtains (short)
14	Curtains (long)
10	Gym. Slips
10	Knickers
12	Pierrots' Costumes
10	Nightdress Cases (embroidered)
8	Children's Jerseys (knitted)
Handicraft Section—	
27	Large Rugs
110	Small Rugs
17	Seagrass and Cane Stools
26	Shopping Baskets
9	Waste Paper Baskets
12	Trays
45	Pouchettes, Kettle-holders, Woollen Balls, etc.
11	Shopping Bags and Tea Cosies.
Carpentry Section—	
1	Tool Cupboard for Workshop
1	Set Drawers for Shoemakers' Bench
90	Wooden Posts for Fencing Flower Beds
1	First Aid Cabinet
Boot-mending Section—	
269	Pairs Children's Shoes mended
324	Pairs Men's Boots mended

## Sanitary Circumstances of the Area.

### WATER.

Practically the whole of the Borough is supplied with water by the Metropolitan Water Board. The supply is constant, and in every case it is conveyed directly to the house. A few large factories have private wells for drawing water from the chalk.

On complaint, one sample of water was taken from a private house, but upon analysis was found to be of a satisfactory nature.

### RIVERS AND STREAMS.

The Thames and the Lee are both tidal rivers. Part of the Lee and the whole of the Thames abutting on the Borough are under the control of the Port of London Authority. The remainder of the River Lee and the Back Rivers connecting therewith which pass through the Borough come under the control of the Lee Conservancy and the newly created River Lee Catchment Board.

The Council have hitherto been responsible for the maintenance of the river banks under powers which have devolved upon them as successors to the Dagenham Commissioners, but the Land Drainage Act, 1930, has transferred certain of these powers to the River Lee and River Roding Catchment Boards.

The Council are carrying out, in conjunction with the Lee Conservancy Board a large scheme for the improvement of the Back Rivers of the Borough under the provisions of the River Lee (Flood Relief, etc.) Act, 1930.

### 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 a main sewer which passes through portions of East Ham and North Woolwich, and discharges into the London County Council's sewer at North Woolwich.

With the exception of a few isolated cottages on the North side of the Borough, the whole of the sewage is waterborne.

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.

### SCAVENGING.

This work is carried out by the Borough Surveyor's Department.

The main roads are cleansed nightly, and the remainder of the thoroughfares either daily or two or three times a week, according to circumstances.

Two "Karrier" motor sweepers are utilised to assist in this work.

### 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 the method of controlled tipping. The bulk of the refuse is collected by means of the Pagefield system of containers. The refuse collected is shot on controlled tipping dumps at Beckton Road and Temple Mills, and the East Ham Tip at Barking Road.



## Schools.

The Public Elementary Schools consist of 51 Council Schools, and 13 Non-Provided Schools.

In addition, there are two Schools for Mentally and Physically Defective Children, two Centres for the Deaf, one Open-Air Day School, one Residential Open-Air School, and two Nursery Schools, each to accommodate 120 children.

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 a Chief Assistant School Medical Officer, 6 Assistant Medical Officers, 5 Dental Surgeons, 28 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.

In connection with the foregoing paragraph it is interesting to note that the following works have been carried out during the year:—

Increasing and remodelling latrine accommodation at one school.

Provision of Teachers' Room by alteration of cloak-rooms at another school, and replacement of external iron staircase.

Additional cloak rooms at a special school, and also at an open-air school.

Replacement of boilers, re-planing of floors, and removal of class room galleries at several schools.

With a view to checking the spread of epidemic disease the Medical Officer of Health, on receiving information of the occurrence of infectious disease in the family of a scholar, sends 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. One school, however, was affected with constantly recurring cases of Diphtheria (see page 107). The scholars were inspected by an Assistant School Medical Officer, and swabs were taken of suspicious cases. No carrier was found.





**Cases of Sickness extracted from the  
Superintendent of Visitors' School Attendance Returns.**

Measles (including German Measles)	...	452
Chicken Pox	... ..	1057
Whooping Cough	... ..	662
Mumps	... ..	594
Tonsillitis	... ..	369
Other Diseases	... ..	637

**PROSECUTIONS, 1933.**

Nuisances (Public Health Act)—

628 Summonses. 389 Summonses withdrawn. 1 Summons was adjourned sine die. 238 Magistrate's Orders were issued to do the uncompleted work specified on the sanitary notice, in a given time.

Failure to comply with Magistrate's Orders—

82 Summonses. 46 Summonses withdrawn, including one in Bankruptcy. In 36 cases penalties were imposed.

West Ham Corporation Acts, 1893 and 1898—

6 Summonses. 4 Summonses withdrawn. In one case a penalty was imposed, and in another case no penalty was imposed.

Rag Flock Acts, 1911 and 1928—

3 Summonses. 1 Summons withdrawn. 2 Summonses dismissed. In one case defendant prosecuted wholesaler, and case was dismissed on payment of costs.

Housing Act, 1930—Section 18—

1 Summons for obstruction. Fined.

Shops (Hours of Closing) Act, 1928.

54 Summonses. 32 Summonses fines imposed. 20 Summonses dismissed on payment of costs. 2 Summons dismissed with a warning—costs incurred by Council.

Shops Act, 1912. Section 1 (Sub-section 3)—

1 Summons. Fined.

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

26 Summonses. 9 Summonses dismissed on payment of costs. 16 fined. One Summons dismissed and costs incurred by the Council.

West Ham Grocers' Half-Holiday Order, 1912—

3 Summonses. Two Summonses dismissed on payment of costs. 1 fined.

West Ham Bakers' Half-Holiday Order, 1913—

1 Summons, which was dismissed on payment of costs.

Council's Bye-laws. Failure to provide dung pit—

1 Summons, which was withdrawn on payment of costs.

Bottling Milk in Street—

4 Summonses. 2 Summonses dismissed on payment of costs.  
2 fined.

Selling Self-Raising Flour in which added mineral matter for  
aerating purposes was absent—

1 Summons, which was dismissed on payment of costs.

Adulterated Milk—

3 Summonses. 2 Summonses dismissed on payment of costs.  
1 fined.

Selling Sausages adulterated with Sulphur dioxide—

1 Summons. Fined.

Selling Sausages containing preservatives which were not  
labelled in accordance with the Regulations—

1 Summons. Fined.

For failing to store milk churns in a clean place when not in use—

1 Summons. Fined.

For failing to store a lid of a churn in a clean place when  
not in use—

1 Summons. 1 Summons withdrawn on account of conviction  
on another charge; costs incurred by Council.

Selling Milk from vehicle which had not name and address on—

1 Summons. Fined.

For failing properly to cover milk churn when in use—

1 Summons, which was dismissed on payment of costs.



## Summary of Work of Sanitary Inspectors.

Houses visited in connection with Infectious Diseases	...	2955
Houses, Factories, and any other premises visited in connection with smallpox	...	502
Visits to Factories	...	178
„ Workshops	...	202
„ Outworkers	...	255
„ Bakehouses	...	206
„ Dairies	...	377
„ Common Lodging Houses	...	24
„ Houses Let in Lodgings	...	114
„ Cellar Dwellings, Underground Rooms, etc.	...	9
„ Slaughterhouses	...	7
„ Fish Friers	...	76
„ Knackers' Yards	...	3
„ Cafe and Restaurant Kitchens, etc., P.H.A. 1925	...	139
„ Ice Cream Makers or Dealers, W.H.C.A.	...	57
„ Other Food Purveyors	...	5518
Visits re Burial Act 1857, Section 25, Exhumation of Human Remains	...	3
„ Private Houses to investigate complaints	...	5476
„ Offensive Trades	...	500
„ Other Noxious Trades	...	43
„ Canal Boats	...	—
„ Imported Food (Labelling) Order, 1921	...	176
„ Drainage Inspections	...	7959
„ Rats and Mice Destruction Act	...	317
„ Increase of Rent Restriction, etc., Acts	...	6
„ Bye-Laws—Tents, Vans, Sheds	...	58
Houses Inspected under the Housing Act, 1930	...	1955
Other Houses Inspected	...	2162
Smoke Observations—half-hour	...	17
Visits to Factories re Smoke	...	31
„ „ Steam Whistles Act, 1872	...	2
Visits to Places of Public Amusement, Theatres, Music Halls, Cinemas, etc.	...	91
Other Visits	...	1729
Re-inspections	...	37086
Total Visits		68155

Samples taken under Rag Flocks Acts	...	...	...	45
Samples of Domestic Water supplies taken for analysis or bacteriological examination	...	...	...	1
Total Notices served	...	...	...	*7084
Warning Letters sent re matters not dealt with by notice...				51
Defective Houses dealt with	...	...	...	7109
Other Defective or Insanitary Conditions dealt with	...			54
Drain Tests carried out	...	...	...	334
Certificates granted under the Rent Restriction, etc. Act...				7
No. of notices complied with—(1) By owner	...	...	...	*6972
(2) By occupier	...	...	...	14
Summonses issued	...	...	...	779

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

### Abatement of Nuisances.

The following table shows the number of Inspections and Sanitary Notices served in respect of, in sixteen Wards of the Borough during the year 1933:—

Ward	Inspections	Notices served in respect of
New Town	751	566
Forest Gate	442	374
High Street	522	429
Broadway	513	351
Park	423	229
Upton	219	107
West Ham	407	361
Plashet Road	268	213
Plaistow	683	520
Canning Town and Grange	566	520
Ordnance	534	484
Hudsons	481	311
Bemersyde	309	222
Tidal Basin	749	670
Beckton Road	700	654
Custom House and Silvertown	544	476
	<hr/> 8111	<hr/> 6487

In this connection 716 summonses have been issued during the year.



## 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)	178	4	...
Workshops ... .. (Including Workshop Laundries)	202	20	...
Workplaces ... .. (Other than Outworkers' premises)	255	6	...
Total ... ..	635	30	...

## 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 ...	20	20	1	...
Want of ventilation ...	6	6	...	...
Overcrowding ... ..	...	...	...	...
Want of drainage of floors	...	...	...	...
Other Nuisances ... ..	7	7	...	...
Sanitary Accommodation—				
Insufficient ... ..	1	1	1	...
Unsuitable or defective...	1	1	...	...
Not separate for sexes ...				
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 ... ..	35	35	2	...

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

## Common Lodging Houses.

There are nine Common Lodging Houses in the Borough, three in the North and six in the South. Most of these were originally constructed and used for ordinary dwelling houses, but have been altered so as to conform with the requirements of the Council's Bye-Laws dealing with Common Lodging Houses.

The total number of beds at these premises is 525.

Supervision is kept by the Sanitary Inspectors on these houses, and the number of visits made during the year was 24.

No application was received for registration of new premises.

## Houses Let in Lodgings.

Bye-Laws are now being reviewed in respect of this question.

## Rag Flock Acts 1911 and 1928.

There are three makers of Rag Flock in the Borough. The premises are visited regularly by the Sanitary Inspectors. There are also a number of premises where flock is used in the making of furniture and bedding.

Forty-five samples were taken during the year. Of this number six, upon analysis, were found not to conform to the requirements of the above-mentioned Acts. In three cases prosecutions were instituted against the offenders, and in the three other cases letters of warning were sent. In one case the firm prosecuted took proceedings against the wholesaler.

Investigation has been made into the raw material used in the manufacture of Rag Flock, and it is learned that it may originate from such undesirable sources as refuse dumps. Rags from such places (and they have been known to include even used surgical bandages) are certainly not suitable for bedding material.

None of the processes in Rag Flock manufacture attempt either the cleansing or sterilizing of such rags. The Rag Flock Acts require that only the chlorine content shall be limited. As chlorine is readily soluble in water, to achieve this the manufacturer merely dumps the rags in tanks filled with cold water. Here they are left for a time, which appears to be governed only by the demand for the finished product, and certainly not with any regard to the sterile condition. After removal from the tanks the rags are rough dried and ready for flocking.

The drying process is governed by relatively the same conditions as the washing, i.e. the greater the demand the less the drying.

The greater proportion of Rag Flock is made up into cheap bedding, which has a quick sale in the retail markets, and there is little doubt that many mattresses are sold and used in a decidedly damp condition.



Estimation by the chlorine method is not necessarily indicative that Rag Flock is free from organic pollution. Samples of Flock made from perfectly clean new cloth have proved on analysis to contain soluble chlorine far in excess of the permitted amount. This may be accounted for in the bleaching or dyeing at the weaving mills, the chemicals used probably being of the hypochlorite class.

In the circumstances it would be advisable when considering future legislation that a more definite standard of cleanliness be made, and a limit be imposed on the aqueous condition of Rag Flock.

### Ash Pails.

The Council has a scheme in force whereby householders can be supplied with a standard dustbin or dustbins as required, at a very reasonable rate.

The charge made is 2s. per bin per year, and in each subsequent year a further 2s. in respect of supply and maintenance.

During the year over 5000 dustbins were supplied.

### Offensive Trades.

During the year 1933 there were 27 premises in the Borough where statutory offensive trades were being carried on. In the table below is set out the nature of the trades :—

Nature of Offensive Trade.	No. of Premises licenced	
Fat Melters and Bone Boilers	...	17
Chemical Manure Manufacturers	...	1
Soap Boilers	...	2
Gut Scrapers	...	2
Fish Meal Manufacturers	...	1
Tripe Dressers	...	1
Animal Charcoal Manufacturers	...	1
Glue Makers	...	1
Fellmonger	...	1

In addition to these, there are two premises where soap is made by a cold process which does not involve boiling.

An application was received from a person to carry on the making of vegetable oil soaps in the Stratford district. The applicant, after having heard the conditions to be imposed in connection with the establishment of this trade, did not pursue the application.

All the above-mentioned trades are carried on with very little annoyance, if any, to the people in the near vicinity of the factories.

Five hundred inspections of premises were made by the Sanitary Inspectors.



## HOUSING.

In common with a large number of other Authorities great activity has been displayed in regard to Housing. The difficulties and problems of this vital question have occupied the deliberations of this Council for some years, and much has been done. Recently, however, additional facilities have been provided as regards dealing with slums. Contrary to what might be expected there are few bad slums in West Ham, for as I have mentioned in previous annual reports the growth of this Borough has been very rapid, and most of the property, and highways and byways are of comparatively recent development. The definition of a slum is so elastic that it is usually translated so as to indicate an indefinite statement. Courts and alleys are, with one or two exceptions, practically non-existent here. There are nevertheless, areas containing blocks of dwellings which by the nature of their construction, and disrepair, constitute highly undesirable domiciles of the character of a slum. One such area has been dealt with during 1933, under the nomenclature of the "West Ham Old Canning Town Clearance Area." The buildings in this area, which comprised 93 houses, were the subject of a public enquiry by the Ministry of Health, and in nearly every instance appeals were made by the owners against the demolition of their property. I set out below the outline of the general features submitted. It was satisfactory that, after an exhaustive (not to say tedious) enquiry, only five houses were omitted from the order.

### **West Ham Old Canning Town Clearance Order.**

The ninety-three houses designated under the Clearance Order are comprised within the Canning Town Ward of the County Borough of West Ham, and within the old Canning Town district. This district is bounded on the east by the London and North Eastern Railway, and on the west by the River Lee, on the south by the Barking Road, and on the north by factories and marsh land as far as the District Railway. The area is low lying, being only six feet above ordnance datum (three feet below high water mark), is liable to flooding, and has indeed been flooded.

The houses, which are occupied in the main by people of the lower working classes, are mostly old. The houses have deteriorated greatly within the last fifteen years: they are too badly constructed to be properly repaired, and have indeed for many years needed constant supervision by the Sanitary Inspectors.

The area as a whole is undesirable for a housing site, and I have advised my Council under Section 2 (5) of the Housing Act, 1930, not to permit dwelling houses to be erected on this site in the event of this Clearance Order becoming operative. I have, with my Sanitary Inspectors, inspected each house in this area, and come to a definite conclusion "that the dwelling houses in the



area are, by reason of disrepair or sanitary defects, unfit for human habitation, or are by reason of their bad arrangement, or the narrowness or bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the area, and that the other buildings, if any, in the area are for a like reason dangerous or injurious to the health of the said inhabitants; and that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area." I formed this opinion upon my knowledge and experience based as a common factor upon the definition of what a fit house should be as set out in "The Manual on Unfit Houses and Unhealthy Areas" issued by the Ministry of Health in 1919, and upon Section 62 of the Housing Act, 1930.

The houses do not comply with the bye-laws which are generally applicable to the houses of the working classes in this borough, and in my view constitute a nest of slum property which harbours dirt and disease. I will quote now a few relevant statistics, viz. :—

#### Clearance Area.

Area comprises	...	...	...	...	...	8506 sq. yds. = 1.772 acres or 1 $\frac{3}{4}$ acres
Density of houses	...	...	...	...	52.9 houses per acre	
Persons per acre	...	...	...	...	...	315.46
Number of houses in area	...	...	...	...	...	93
Number of families	...	...	...	...	...	117
Adults	...	...	...	...	...	355
Children	...	...	...	...	...	204
Total						559
Density, West Ham County Borough	...	49,521 houses	4,706 acres			
						= 10.522
Persons per acre	...	...	...	...	...	63
Number of Sanitary notices served during last four years						306

I made an official representation on the 26th day of July, 1932, to the Housing Committee of West Ham to this effect, and the Committee, after visiting the area and satisfying themselves on the matter, took the necessary steps which have led up to this enquiry.

The details of how each of the individual properties included in this Order falls within the necessary standard of unfitness as quoted above from Section 1 (i) of the Housing Act, 1930, are here available, and my Chief Sanitary Inspector is in a position to give evidence on any relevant point connected therewith.

F. GARLAND COLLINS.

Municipal Health Offices,  
Romford Road, E.15.  
May, 1933.



A far more extensive scheme for the demolition of small areas of slum dwellings has been submitted to the Ministry of Health covering the next five years. The first batch of these clearance areas involving 73 houses is, at the time of writing, the subject of a public enquiry by the Ministry of Health.

As will be seen by the table on page 95, a very large number of houses have been dealt with under Section 17 of the Housing Act, 1930.

In some instances the Council have had to avail themselves of the powers relegated to them under Section 18 of the Act of 1930, and have (the owner defaulting) carried out the necessary work stipulated in the notices, or that part of the work not completed to the satisfaction of the Medical Officer of Health. This work has been done at the instance of the Council by private building contractors.

The Council are at present involved in legal proceedings of some importance in respect to this procedure, but it would appear that extreme care must be exercised before taking action under Section 18 of the Housing Act, 1930, if legal differences of opinion are not to arise. Considering, however, the volume and nature of the work accomplished it must be expected that some difficulties will arise.

There is a very considerable number of houses in the Borough which should be dealt with under Section 19 (demolition) of the Housing Act, 1930, but until there is some alternative accommodation for the tenants who would be displaced, it is not practicable to make demolition orders. The problem of alternative accommodation is particularly difficult in these cases, as the type of house involved is usually in an overcrowded state, occupied by very poor tenants, who frequently neither attempt nor desire to obtain other accommodation.

### **Overcrowding.**

Although the state of overcrowding pertaining in the Borough is common knowledge, I have continually and persistently, year after year, drawn attention to this evil which is undoubtedly an extraordinarily difficult problem to solve.

I am of opinion that the abatement of overcrowding is quite as important as the clearance of slums, for a dwelling, however well built and hygienic, in itself is obviously insanitary and a menace to health when grossly overcrowded.

A number of large houses, particularly in the northern area of the Borough, though by no means slum property are unhealthy and insanitary because of their grossly overcrowded condition. Some of these dwellings, which until recent years domiciled a single family of some 6—8 people, are now let, sub-let, and re-sub-let until they habitate in some cases as many as 20—30 people. Bye-laws relating to houses let in lodgings are being reviewed to meet these cases. In this connection I am entirely at a loss to account for the drop of 6,400 in the population of West Ham as assigned by the Registrar General.



### Re-housing.

With a density of 61 people to the acre it must be borne well in mind that spaces must be preserved in various areas of the Borough for recreation and to act as lungs for the town. More particularly is this needed, now that the district is being built round so extensively on those borders which were until a few years ago within a short distance of open country.

In connection with the slum clearance scheme, the following table will shew the Council's programme for re-housing the persons displaced:—

Site	Number of houses and type			Houses completed
	2 bedrooms	3 bedrooms	4 bedrooms	
Churchill Road ... ..	12	60	8	—
Argyle Road ... ..	8	11	2	21
Gainsborough Road ... ..	8	28	4	—
	28	99	14	21

Of the 141 houses shewn in the above table it will be noted that only 21 have been completed, and these are about to be occupied, at the time of writing. The remainder are in various stages of erection.

The Council also has two other sites at Samson Street and Greengate Street. These are at present undeveloped, but it is proposed to erect 86 houses as shewn in the table hereunder:—

Site	Number of houses and type		
	2 bedrooms	3 bedrooms	4 bedrooms
Samson Street ... ..	18	10	14
Greengate Street ... ..	18	18	8
	36	28	22

### Section D. Housing.

#### 1. Inspection of Dwelling-houses during the year:—

- (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... .. 7084
- (b) Number of inspections made for the purpose 37086
- (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... .. 1255
- (b) Number of inspections made for the purpose 7080
- (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... .. 13
- (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 ... .. 7084

2. Remedy of Defects during the year without service of formal notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers ... ..

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

3. Action under Statutory Powers during the year :—

(a) Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	... 1255
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By Owners	... 866
(b) By Local Authority in default of Owners	... 29

(b) Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	... *5829
(2) Number of dwelling-houses which were rendered fit after service of formal notices :	
(a) By Owners	... *6106
(b) By Local Authority in default of Owners	25

(c) Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	... 6
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	... 6

(d) Proceedings under Section 20 of the Housing Act, 1930 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	... Nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	... Nil

\* Apparent discrepancies caused by a number of notices not being complied with at the end of previous year.



# INSPECTION AND SUPERVISION OF FOOD.

## Milk Shops and Dairies.

**Milk and Dairies (Consolidation) Act, 1915.**

**Milk and Dairies (Amendment) Act, 1922.**

**Milk and Dairies Order, 1926.**

There were 377 inspections of dairies and milk purveyors' premises made during the year. Twelve persons were registered as purveyors of bottled milk only, and two as dairymen and their premises as dairies, and there were transfers in respect of 2 dairies and 18 purveyors of bottled milk.

Three dairymen occupying premises without the Borough were registered as purveyors within the Borough.

There are now 107 premises registered as dairies and their occupiers as dairymen, and 612 persons registered as purveyors of bottled milk only, their premises not being registered as dairies.

## Examination of Milk.

### Animal Inoculation.

Sixty-five samples of milk were procured from producers and purveyors. This number includes eleven bottles of milk taken from Council's Schools.

Nine samples were reported upon as shewing signs of a T.B. infection. Of this number one sample obtained from a School was adversely reported upon, and the source of supply was immediately discontinued. The matter was further investigated, and samples were taken on delivery to the purveyor. The source of infection was traced and the Medical Officer of Health of the producing area was immediately informed, and three animals were subsequently slaughtered.

Of thirty samples taken from Council's Institutions, five shewed signs of a T.B. infection, and the supply was discontinued.

Three samples taken from a purveyor which proved positive were investigated, the Medical Officer of Health of the producing area communicated with and, as a result, four animals were subsequently slaughtered.

## Condensed Milk Regulations.

Twenty-nine samples of condensed milk were taken, including thirteen for the purpose of testing the equivalent, which proved satisfactory.

In every instance the particulars as to labelling were in accordance with the regulations.

### Cream.

Four samples of cream were submitted for animal inoculation, as to the presence of a T.B. infection, and were satisfactorily reported upon.

### Microscopical and Bacteriological Examinations.

Forty-seven samples of milk were taken for bacteriological and microscopical examinations. Twenty-seven of these were obtained from Council's Schools for the purpose of bacteriological examination, all of which proved satisfactory. Twenty samples were taken from purveyors (churns, hand-cans, and bottles) for microscopical examination. Of this number five were unsatisfactorily reported upon, owing to the presence of Coliform Bacillus.

Letters of caution were sent in each case, and the premises visited.

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

Eight samples of various foods were reported upon as being adulterated with preservatives, as under:—

Meat: Containing sulphur di-oxide. Unofficial. }  
Meat: do. Official. }

Letter of caution sent. Same Retailer.

Subsequent official sample proved satisfactory.

Meat: Containing sulphur di-oxide. Unofficial.

Subsequent official samples proved satisfactory.

Meat: Containing sulphur di-oxide. Unofficial.

Subsequent official samples proved satisfactory.

Meat: Containing sulphur di-oxide. Unofficial.

Subsequent official samples proved satisfactory.

Meat: Containing sulphur di-oxide. Unofficial.

Subsequent sample proved satisfactory.

Pepper: Containing sulphur di-oxide. Official.

Letter of caution sent.

Subsequent sample proved satisfactory.

Confectionery: Containing sulphur di-oxide. Official.

Letter of caution sent. Stock withdrawn from sale.

### MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The following licences were granted during the year:—

Eleven to sell Grade "A" (Tuberculin Tested) Milk including six supplementary licences; three to sell Certified; one to produce, bottle and sell, and eight to sell Grade "A" Milk, including four supplementary licences; one to pasteurize and sell, and fourteen to sell Pasteurized Milk, including twelve supplementary licences.

One hundred and eighteen samples were submitted for bacteriological examination, the results being as follows:—

Pasteurised Milk—

Satisfactory 53

Unsatisfactory Nil

Grade "A" Milk—

Satisfactory 32

Unsatisfactory 12 (contained Coliform Bacillus in 100th c.c.)

Eight of the unsatisfactory samples were taken on delivery at one of the Council's Institutions, and the source of supply was stopped.



Grade "A" (Tuberculin Tested) Milk—

Satisfactory	11	
Unsatisfactory	6	(contained Coliform Bacillus in 100th c.c.)
Certified Milk—		
Satisfactory	3	
Unsatisfactory	1	(contained Coliform Bacillus in $\frac{1}{10}$ th c.c.)

Letters of caution were sent in all cases of designated milks failing to meet the requirements of the Order, asking for investigation to be made with a view of tracing the defect, and preventing a recurrence.

**Other Foods.**

All factories dealing with food of various kinds, also retail shops and other premises, are constantly inspected by the Sanitary Inspectors, who during the year made 6,373 visits.

**Fertilisers and Feeding Stuffs' Act, 1926.**

(Inspector and Official Sampler: Mr. E. F. Hughes)

**FEEDING STUFFS.**

The following table sets out samples taken under the above Act during the year:—

<b>Sampled Officially—</b>		No. of Samples taken	Analysis agrees		Analysis disagrees	
Article						
Poultry Biscuit Meal ...	1	...	—	...	1	
Meat and Bone Meal ...	5	...	1	...	4	
Meat Meal ...	1	...	—	...	1	
Feeding Meat and Bone Meal ...	2	...	2	...	—	
White Feeding Fish Meal ...	1	...	1	...	—	
Clover Cob Meal ...	2	...	—	...	2	
Bran ...	1	...	1	...	—	
Sussex Ground Oats ...	1	...	1	...	—	
Ground Oats ...	1	...	1	...	—	
Chicken Biscuit Meal	1	...	1	...	—	
Laying Meal ...	1	...	1	...	—	
G ——— ...	1	...	1	...	—	
O ——— ...	1	...	1	...	—	
Fattening Meal ...	1	...	—	...	1	
Growing Mash ...	1	...	—	...	1	
<b>Sampled Unofficially—</b>						
Green Bone Meal ...	2	...	2	...	—	
Feeding Meat and Bone Meal ...	1	...	1	...	—	
Laying Meal ...	1	...	—	...	1	
Linseed ...	1	...	1	...	—	
Meat and Bone Meal	3	...	1	...	2	
Barley Meal Grade 2...	1	...	1	...	—	

# FERTILISERS.

## Sampled Officially—

Article	No. of Samples taken	Analysis agrees	Analysis disagrees
Garden Bone Meal ...	4	3	1
Guano Compound ...	1	1	—
C — Fertiliser (1) ...	1	—	1
C — Fertiliser (2) ...	1	1	—
Potato Manure ...	1	—	1
Canary Guano ...	1	—	1
C — (1) ...	1	—	1
C — (2) ...	1	—	1
S — ...	2	—	2
Hoof and Horn ...	2	1	1
Blood Meal ...	2	1	1
Sweet Pea Fertiliser ...	1	—	1
R — ...	1	—	1
P — ...	1	—	1
C — ...	1	—	1
U — Fertiliser ...	1	—	1

## Sampled Unofficially—

Kainit ...	2	2	—
Muriate of Potash ...	1	1	—
Nitrate of Soda ...	1	1	—
C — (1) ...	1	1	—
C — (2) ...	1	—	1
Garden Bone Meal ...	2	1	1
M — Fertiliser ...	1	—	1
Superphosphate of Lime ...	1	1	—
Raw Guano ...	1	—	1
Basic Slag ...	1	1	—

## Unsound Food Condemned, 1933.

168 lbs. of Corned Beef	5 Boxes of Smoked Haddock
45 lbs. of Jellied Veal	4 st. of Catfish
6 lbs. of Pork Tongue	1 Box and 5 st. of Plaice
216 lbs. of Tinned Meat	21 Boxes Herrings
30 lbs. of Luncheon Meat	5 Tins of Tomatoes
72 lbs. of Tinned Ham	9 cwt. of Potatoes
21½ lbs. of Beef	42 Barrels of Horse-radish
38 lbs. of Skate Wings	36 Bags of Sprouts
14 st. of Cod	2 Doz. Rolls of Celery
8 st. of Dog Fish	6 Tins of Prunes
18 st. of Haddock	15 Tins of Condensed Milk
3 st. of Mackerel	2 cwt. of Sugar



## Samples Analysed by Borough Analyst, 1933.

Articles	Analysed		Genuine		Adulterated	
	Official	Unofficial	Official	Unofficial	Official	Unofficial
Milk	529	—	495	—	34	—
Milk, Condensed	18	11	18	11	—	—
Milk, Dried	27	—	27	—	—	—
Cream	7	1	7	1	—	—
Butter	51	29	51	29	—	—
Margarine	9	1	9	1	—	—
Lard	11	5	11	5	—	—
Dripping	8	5	8	5	—	—
Cream Cheese	3	—	3	—	—	—
Cooking Fat & Oil	5	1	5	1	—	—
Shredded Suet	1	2	1	2	—	—
Mustard	2	—	2	—	—	—
Pepper	13	10	12	10	1	—
Ground Ginger	3	1	3	1	—	—
Vinegars	40	—	35	—	5	—
Pickles & Sauce	4	7	4	7	—	—
Cocoa	5	—	5	—	—	—
Coffee	2	—	2	—	—	—
Tea	14	—	14	—	—	—
Jams	7	5	7	5	—	—
Cake	9	—	9	—	—	—
Confectionery	32	16	31	16	1	—
Dried Fruits	9	3	9	3	—	—
Pearl Barley	2	2	2	2	—	—
Flour & S.R. Flour	20	1	20	1	—	—
Rice	1	—	1	—	—	—
Tapioca	3	—	3	—	—	—
Peas, dried and cooked	2	2	2	2	—	—
Meat, fresh	26	40	25	35	1	5
Sausages & Meat products	29	1	29	1	—	—
Meats, cooked & preserved	14	2	14	2	—	—
Fish & Meat Paste	3	—	3	—	—	—
Beer	11	—	11	—	—	—
Drugs	2	2	2	2	—	—
Ground & Desiccated Nuts	—	4	—	4	—	—
Split Peas & Lentils	3	—	3	—	—	—
Golden Syrup	1	—	1	—	—	—
Whisky	1	3	1	3	—	—

Continued at top of next page.

## Samples Analysed by Borough Analyst, 1932.

Articles	Analysed		Genuine		Adulterated	
	Official	Unofficial	Official	Unofficial	Official	Unofficial
Cordials ...	12	2	11	2	* 1	—
Boracic Ointment ...	—	1	—	1	—	—
Camphorated Oil ...	—	3	—	3	—	—
Epsom Salts ...	—	1	—	1	—	—
Extract of Malt & Cod Liver Oil ...	1	—	1	—	—	—
Olive Oil ...	2	—	2	—	—	—
Seidlitz Powder ...	—	2	—	2	—	—
Coffee and Chicory Essence ...	1	—	1	—	—	—
Coffee & Coffee Mixture ...	3	—	3	—	—	—
Rum ...	—	1	—	1	—	—
Custard Powder ...	5	—	5	—	—	—
Lemon Curd ...	2	—	2	—	—	—
Sugar ...	5	—	5	—	—	—
Orangeade and Lemonade Powder	8	1	8	1	—	—
Grape Fruit Crystals	1	—	1	—	—	—
Salicylic Ointment	—	2	—	2	—	—
Sulphur Ointment	—	2	—	2	—	—
Bacon ...	3	—	3	—	—	—
Sardines ...	—	1	—	1	—	—
Liver Salts ...	—	1	—	1	—	—
Wine ...	1	2	1	2	—	—
Cinnamon ...	—	1	—	1	—	—
Dried Herbs ...	2	—	2	—	—	—
Groats ...	1	—	1	—	—	—
Corn Flour ...	2	—	2	—	—	—
Bread ...	6	—	6	—	—	—
Semolina ...	1	—	1	—	—	—
Fish ...	—	5	—	5	—	—
Desiccated Soup ...	—	1	—	1	—	—
Mince-meat ...	1	2	1	2	—	—
	<u>984</u>	<u>182</u>	<u>941</u>	<u>177</u>	<u>43</u>	<u>5</u>

For list of Prosecutions taken in connection with adulterated articles, see page 85.



## **The Public Health (Meat) Regulations, 1924.**

### **The Slaughter-House Bye-Laws and**

### **The Knackers'-Yard Bye-Laws.**

## **The Slaughter of Animals Act, 1933.**

(This work is carried out by the Veterinary Officer, Mr. H. E. Bywater, M.R.C.V.S., and the Meat Inspector, Mr. T. R. Harris) who report as follows:—

### **Ante-Mortem Examinations.**

Ante-mortem examinations were made by the Veterinary Officer, involving 6,054 animals.

### **Post-Mortem Examinations.**

The number of animals inspected after slaughter was 19,582, and of these 1,977 or 10.09 per cent. were found to be diseased.

Among the 1,632 bovines inspected, 631 or 38.66 per cent. were affected with tuberculosis, while 185, or 11.33 per cent. were otherwise diseased. Swine numbered 4,116 and 374 or 9.08 per cent. were tubercular, and 285, or 6.92 per cent. were suffering with other diseases. Of the 13,834 sheep examined 502 or 3.62 per cent. were diseased.

Detailed information is given in Table I. as to the numbers and percentages of animals diseased, while in Table II. the total quantity of meat found to be unfit for human food is enumerated.

### **Tuberculosis.**

The incidence of tuberculosis observed among swine is higher than that recorded in any previous year. In the case of bovines the figure is lower than it has been since 1929.

The examination of carcasses affected with tuberculosis occupied a considerable amount of time, as the presence of any degree of tuberculosis necessitates a special examination (vide Memo. 62 Foods) to determine the extent and character of the infection prior to releasing any part of even a slightly affected carcass.

### **Detention of Carcasses.**

In order to prevent any misunderstanding arising as to the particular carcasses detained for further examinations, labels bearing the words "Detained for further Examination" were usually attached to them. In some cases a "Condemned" label was used.

### **Disposal of Diseased Meat.**

Diseased meat and offal were released, under supervision, for industrial purposes. Prior to release a powerful dye or strong disinfectant was usually sprinkled over it to render it useless for the food of man. In other cases the placing of the diseased material in a digester at the premises where it was being destroyed was witnessed.

All meat and offal found to be diseased was voluntarily surrendered.

### Times of Slaughtering.

Slaughtering occurred in the borough on all days of the week, including Sunday, and took place at all times of the day; as a result, the work of inspection frequently had to be continued until a late hour of the day, and also had to be performed on Public Holidays and on Sundays.

### Sanitation of Slaughter-houses and Knackers'-Yards.

With occasional exceptions the slaughter-houses and knackers'-yards in use in the borough conformed to a reasonable standard of cleanliness.

### Application for Licences.

Ten applications were received for the renewal of slaughter-house licences, all of which were granted. Two applications for the renewal of knackers'-yard licences were also received and considered by the Public Health Committee. One of these was granted. The other was refused on the ground that the premises were not now suitable for use as a knackers'-yard.

### Prosecutions.

Such infringements of the regulations and bye-laws as were observed were remedied following verbal warnings or warning letters, and thus no case was reported for the institution of legal proceedings.

TABLE I.

Table showing Animals examined Post-Mortem and those found to be Diseased.

Class of Animals.	Number Inspected	Affected with T.B.		Affected with other Diseases.	
		No.	Percentage.	No.	Percentage
Bovines—					
Bulls ... ..	8	...	...	2	25.00
Bullocks ... ..	487	37	7.59	48	9.85
Cows ... ..	1,015	587	57.83	132	13.00
Heifers ... ..	40	5	12.50	2	5.00
Calves ... ..	82	2	2.43	1	1.21
Porcines—					
Boars ... ..	15	3	20.00	...	...
Sows ... ..	70	17	24.28	7	10.00
Porkers ... ..	4,031	354	8.78	278	6.89
Ovines—					
Sheep ... ..	6,833	...	...	463	6.77
Lambs ... ..	7,001	...	...	39	0.55
Caprines—					
Goats ... ..	...	...	...	...	...
Kids ... ..	...	...	...	...	...
TOTALS ... ..	19,582	1,005	5.13	972	4.96



TABLE II.

## BOVINES.

Entire carcasses and Viscera	...	...	14
Heads	...	...	168
Tongues	...	...	164
Forequarters	...	...	4
Bottom Pieces	...	...	2
Shins	...	...	2
Clods	...	...	2
Stickings	...	...	2
Briskets	...	...	5
Flanks	...	...	2
Ribs	...	...	3
Legs	...	...	$\frac{1}{2}$
Hearts	...	...	10
Lungs	...	...	577
Diaphragms	...	...	5
Stomachs	...	...	28
Omenta	...	...	20
Intestines	...	...	14
Mesenteries	...	...	137
Livers	...	...	250
Pancreas	...	...	37
Spleens	...	...	19
Kidneys	...	...	18
Mammary Glands	...	...	192

## PORCINES.

Entire Carcasses and Viscera	...	...	18
Forequarters	...	...	3
Heads and Collars	...	...	140
Hands and Springs	...	...	2
Legs	...	...	3
Hearts	...	...	19
Lungs	...	...	256
Stomachs	...	...	16
Intestines	...	...	9
Mesenteries	...	...	289
Livers	...	...	93
Spleens	...	...	2
Kidneys	...	...	11

## OVINES.

Entire Carcasses and Viscera	...	...	31
Loins	...	...	4
Lungs	...	...	68
Livers	...	...	380
Kidneys	...	...	2

**Slaughter of Animals Act, 1933.**

This Act received the Royal Assent on the 28th July, 1933, and came into operation on the 1st January, 1934.

It requires the use of a mechanically operated instrument for the slaughtering or stunning in a slaughter-house or knackers'-yard of:—

- (a) any horse, mare, gelding, pony, foal, colt, filly, stallion, ass, donkey, mule, bull, cow, bullock, heifer, calf, steer, ox, goat, or kid; and
- (b) any pig, boar, hog or sow where there is available a supply of electrical energy or where such a supply could reasonably have been made available; and
- (c) any sheep, ewe, wether, ram or lamb where a resolution is passed by the local authority requiring such animals to be slaughtered or stunned with a mechanically operated instrument.

In connection with (c) above a resolution was passed by the Council on the 28th November, 1933, requiring that, as from the 1st January, 1934, a mechanically operated instrument must be used for slaughtering or stunning all sheep, ewes, wethers, rams or lambs slaughtered in the slaughter-houses and knackers'-yards within the borough.

The expression "mechanically operated instrument" includes an instrument for stunning by means of electricity.

The Council, on the 19th December, 1933, granted slaughtermen's licences, to be in force for a period of one year from the 1st January, 1934, to fifty-nine persons. A fee of two shillings was charged for each licence.

## **Milk and Dairies (Consolidation) Act, 1915.**

### **Milk and Dairies Order, 1926.**

### **Milk (Special Designations) Order, 1923.**

### **Tuberculosis Order of 1925.**

#### **THE REPORT OF THE VETERINARY OFFICER.**

The cowsheds and dairy cattle within the borough boundaries are inspected monthly, under the provisions of the Acts and Orders relating to the milk supply, and also as occasion demands under the Tuberculosis Order; at the same time the hygienic conditions governing the production of milk are also supervised.

During the year nine hundred and forty-eight (948) inspections of cattle were made, and where it appeared desirable, samples of milk or sputum were taken for microscopical examination for the presence of tubercle bacilli. These measures resulted in the detection of three cows which came within the scope of the Tuberculosis Order, and in consequence these animals were slaughtered. One case was tuberculosis of the udder, one, although not so affected, was found to be giving tubercular infected milk, while one was an active case of pulmonary tuberculosis.

Post-mortem examinations (at which the owner, accompanied by his Veterinary Surgeon, is entitled to be present) were conducted to ascertain the correctness of the diagnosis and also to certify the extent of the infection. Should the animal not be affected with tuberculosis the owner is entitled to the full value of his animal plus one pound, but if affected the compensation is assessed at 75% of the valuation in non-advanced cases, and 25% in advanced cases as defined by the Order, with a minimum of thirty (30) shillings.

Compensation amounting to £42 was thus paid during the year, 75% of which was borne by the Ministry of Agriculture and Fisheries. The carcasses of these animals were used, under supervision, for the manufacture of manures, etc.

The Tuberculosis Order was introduced to permit the destruction of any bovine animal suffering from tuberculosis in such a degree as to be a danger to other animals or a source of contamination to the milk supply. The percentage of milk cattle affected with tuberculosis is very high, but the majority do not come within the scope of the Order, although they must be regarded as potential sources of infection.



## INFECTIOUS DISEASES.

### NOTIFIABLE DISEASES (Other than Tuberculosis).

The following table shows the number of cases of notifiable diseases during the year 1933, 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 ... ..	20	20	...
Diphtheria ... ..	515	498	54
Scarlet Fever ... ..	1356	1034	6
Enteric Fever (including Paratyphoid) ... ..	...	...	...
Puerperal Fever ... ..	15	13	5
Pneumonia ... ..	521	240	240*
(Acute Primary and Acute Influenzal only notifiable)			
Cerebro Spinal Fever ... ..	13	11	10
Acute Polio Myelitis ... ..	1	1	...
Acute Polio Encephalitis ... ..	...	...	...
Encephalitis Lethargica ... ..	2	2	...
Erysipelas ... ..	198	78	3
Ophthalmia Neonatorum ... ..	17	6	...
Malaria ... ..	...	...	...
Continued Fever ... ..	...	...	...
Dysentery ... ..	...	...	...
Puerperal Pyrexia ... ..	26	20	...

\* Includes all forms.

Table indicating deaths during the past eight years from:—

Year	Scarlet Fever	Whooping Cough	Measles
1926	7	20	78
1927	7	73	6
1928	5	26	69
1929	6	114	22
1930	4	19	78
1931	5	35	3
1932	3	29	77
1933	6	47	1

### Scarlet Fever (Return Cases).

Cases occurring within the margin of one month from the discharge of a case from Hospital to the same house were regarded as "Return Cases." Of 1,034 admitted to Hospital, 38, or 3.6, were associated with recurrent infections in this way (see also report of Medical Superintendent of Plaistow Fever Hospital, pages 110—122).

## **Diphtheria Prevention.**

On account of the prevalence of Diphtheria towards the end of the year, large posters were exhibited on all the available hoardings in the Borough, and leaflets were distributed pointing out the facilities offered for any child living in West Ham to be immunized against this disease, free of charge. Over three hundred children have been treated as a result of these posters.

A specimen of the leaflet and various forms considered advisable to be used in connection with this scheme are shewn below, viz :—

### **(1) Leaflet.**

#### **County Borough of West Ham.**

#### **DIPHTHERIA PREVENTION.**

Diphtheria is a dangerous disease. In England and Wales 80 out of every 100 deaths from this infection occur in children under 10 years of age, most are under 5 years.

The Council have arranged that any child living in West Ham can be protected against Diphtheria Free of Charge.

The protection is not complete until three months after the treatment, but this protection lasts for many years, if not for life.

Many children have already been safeguarded by this treatment.

All enquiries can be made at the Municipal Health Offices, Romford Road, Stratford, E.15.

F. GARLAND COLLINS,  
Medical Officer of Health  
and School Medical Officer.

### **(2) Application form.**

#### **COUNTY BOROUGH OF WEST HAM.**

#### **Medical Officer of Health's Department.**

Dear Sir (or Madam),

#### **PROTECTION AGAINST DIPHTHERIA.**

Diphtheria is one of the most dangerous diseases of childhood. Many children die from its effects each year, while many others are permanently weakened as a result of this disease.



It must, therefore, be of great interest to you as a parent to realize that your child can be protected from Diphtheria by a very simple form of treatment, which consists in giving three injections under the skin of the arm at weekly intervals. The treatment is harmless: there is no pain or discomfort: it causes no sore, leaves no scar, and, in practically every case, affords complete protection.

Full protection against diphtheria is not developed immediately following the treatment, but becomes established within about three months, remaining, thereafter, effective for a number of years. This treatment is provided free of charge for any child living in West Ham.

If you desire your child to be protected in this way will you please complete the attached form and return it to me at:—

THE MUNICIPAL HEALTH OFFICES,  
ROMFORD ROAD,  
STRATFORD, E.15.

You will then be notified when and where to take your child for treatment.

Yours faithfully,

F. GARLAND COLLINS,  
Medical Officer of Health,  
and School Medical Officer.

February, 1934.

I desire that my child/children should be protected against Diphtheria.

Name of Child.	Age.	Infant Welfare Centre or School attended (if any).
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Signed.....

*Parent or Guardian.*

Address.....

.....

Date.....

Clinic Card 1.

**County Borough of West Ham.**

Medical Officer of Health's Department.

**PROTECTION AGAINST DIPHTHERIA.**

I hereby consent to my child .....

born ..... being inoculated against Diphtheria.

School attended (if any) ..... Dept. ....

Infant Welfare Centre attended (if any) .....

Signed.....

(Parent or Guardian)

Address.....

Date.....

Clinic Card 2. (Front).

**County Borough of West Ham.**

Medical Officer of Health's Department.

**DIPHTHERIA IMMUNISATION at ..... CLINIC**

Name..... Date of Birth.....

(Surname first)

Address..... Date of Parents Consent.....

School (if any) ..... Dept. ....

Infant Welfare Centre (if any) .....

Previous illnesses .....

---

**Immunisation Treatment.**

Date

Treatment and Remarks

Signature of  
Medical Officer

(Back)

**Shick Test after Treatment.**

Date of Injection .....

Date of Examination after Injection .....

Result .....

Remarks .....

Signed.....

for F. GARLAND COLLINS,

Medical Officer of Health and School Medical Officer.



## PLAISTOW HOSPITAL.

The Medical Superintendent (Dr. D. MacIntyre) reports as follows:—

The number of patients under treatment during 1933 was 2,080. This is a slight increase over the number treated in the previous year. The total deaths numbered 105, as compared with 128 in the previous year.

In the early part of the year the Children's Hospital at Harold Wood was transferred to the Public Assistance Committee to relieve the overcrowding of the chronic sick in their institutions. This Hospital, which had 116 beds for fever cases, had been used for the convalescence of scarlet fever and diphtheria patients from Plaistow Hospital, and by its transference to the Public Assistance Committee the accommodation available for infectious diseases was reduced by one-third. Also the convalescence, particularly of diphtheria patients, was not so satisfactory at Plaistow Hospital as it had been previously in the healthier environment of the Harold Wood Hospital.

On account of the reduced accommodation, the practice of admitting severe cases of whooping cough, measles and pneumonia had to be discontinued. The accommodation was reserved almost entirely for scarlet fever and diphtheria, the preference being given to diphtheria cases. Unfortunately, these two diseases increased in prevalence during the year, and it was found impossible to admit many of the scarlet fever cases that were notified.

The first signs of a rising epidemic of scarlet fever occurred in June, and thereafter the number of admissions rapidly increased until the beginning of October, when the accommodation proved insufficient for the admission of all the cases notified. The type of disease remained mild.

An unusually virulent type of diphtheria appeared in the district during the month of February, and cases of this type continued to be admitted throughout the rest of the year. The fatality from the disease steadily increased in spite of the administration of large doses of antitoxin, and by the end of the year the deaths numbered 49 as compared with 9 in the previous year.

No case of typhoid fever was under treatment during the year. Two cases had been admitted as such, but they did not prove to be suffering from the disease.

Measles was not prevalent during the year, and only a few cases were under treatment.

TABLE I.

1933		ADMISSIONS.										DEATHS.											
		Scarlet Fever.	Diphtheria.	Typhoid Fever.	Measles.	Pneumonia	Erysipelas.	Chicken- pox.	Puerperal exia	Whooping Cough.	Other Diseases.	Total.	Scarlet Fever.	Diphtheria.	Typhoid Fever.	Measles.	Pneumonia	Erysipelas.	Chicken- pox.	Puerperal Pyrexia	Whooping Cough.	Other Diseases.	Total.
January	...	46	28	...	...	31	9	3	...	38	22	177	1	1	...	...	5	...	...	...	5	5	17
February	...	44	44	...	...	13	9	4	2	6	19	141	...	5	...	...	9	2	...	...	5	5	26
March	...	49	39	...	2	3	6	1	1	...	20	121	...	7	...	...	2	...	...	...	1	...	10
April	...	68	25	...	...	4	6	...	...	...	19	122	1	1	...	...	...	1	...	...	...	...	3
May	...	66	36	...	1	...	7	3	1	...	19	133	1	4	...	...	...	...	...	...	...	...	5
June	...	90	24	...	1	...	1	1	...	...	16	133	...	1	...	...	...	...	...	...	...	2	3
July	...	88	36	...	3	1	1	...	...	...	21	150	...	4	...	...	...	...	...	...	...	3	7
August	...	100	33	...	...	...	1	...	...	...	14	148	...	1	...	...	...	...	...	...	...	2	3
September	...	110	46	...	...	...	5	1	...	...	10	172	1	2	...	...	...	...	...	...	...	1	4
October	...	84	85	...	1	...	2	...	...	...	10	182	1	8	...	...	...	...	...	...	...	...	9
November	...	83	33	...	...	1	3	...	...	...	9	129	1	4	...	...	1	...	...	...	...	...	6
December	...	85	106	...	1	1	2	1	...	...	10	206	...	11	...	...	...	...	...	...	...	1	12
Totals	...	913	535	...	9	54	52	14	4	44	189	1,814	6	49	...	...	17	3	...	...	11	19	105

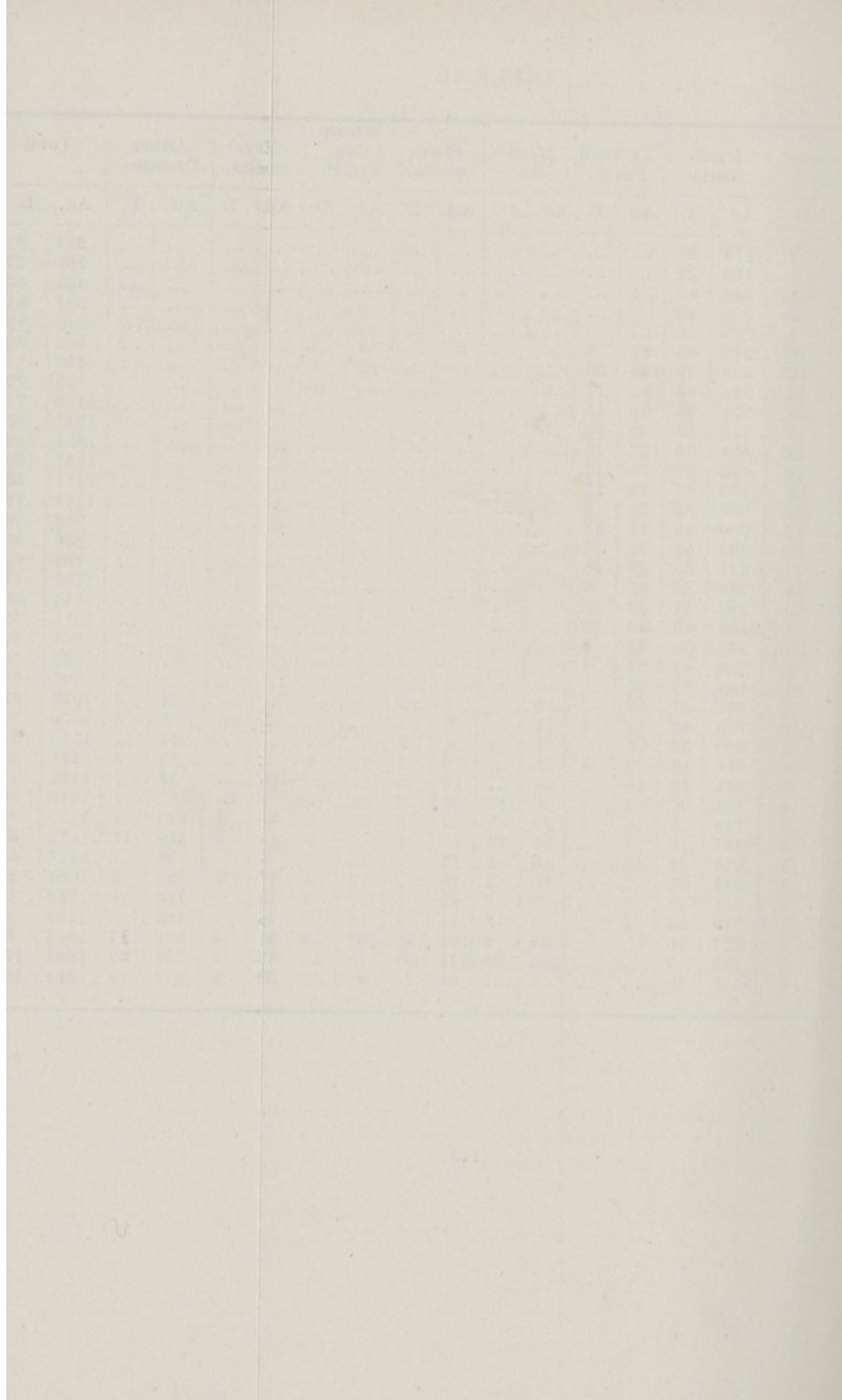




TABLE II.

Year.	Scarlet Fever.		Diphtheria.		Typhoid Fever.		Measles.		Pneumonia.		Whooping Cough.		Erysipelas.		Other Diseases.		Total	
	Ad.	D.	Ad.	D.	Ad.	D.	Ad.	D.	Ad.	D.	Ad.	D.	Ad.	D.	Ad.	D.	Ad.	D.
1896	170	8	114	23	...	...	...	...	...	...	...	...	...	...	...	...	284	31
1897	188	6	163	21	...	...	...	...	...	...	...	...	...	...	...	...	351	27
1898	206	4	249	42	...	...	...	...	...	...	...	...	...	...	...	...	455	46
1899	192	2	309	49	...	...	...	...	...	...	...	...	...	...	...	...	501	51
1900	177	4	269	36	...	...	...	...	...	...	...	...	...	...	...	...	446	40
1901	203	16	310	66	47	4	...	...	...	...	...	...	...	...	...	...	560	86
1902	257	12	431	72	138	30	...	...	...	...	...	...	...	...	...	...	826	114
1903	370	10	334	48	84	17	...	...	...	...	...	...	...	...	...	...	788	75
1904	679	29	351	31	95	15	...	...	...	...	...	...	...	...	...	...	1125	75
1905	747	18	438	53	62	14	...	...	...	...	...	...	...	...	...	...	1247	85
1906	806	18	421	70	127	18	...	...	...	...	...	...	...	...	...	...	1354	106
1907	667	29	422	82	68	12	...	...	...	...	...	...	...	...	...	...	1157	123
1908	665	26	373	47	73	12	...	...	...	...	...	...	...	...	...	...	1111	85
1909	990	32	337	35	34	5	...	...	...	...	...	...	...	...	...	...	1361	72
1910	655	17	260	45	71	14	...	...	...	...	...	...	...	...	...	...	988	76
1911	491	13	295	52	70	15	...	...	...	...	...	...	...	...	...	...	856	80
1912	562	17	291	35	49	10	...	...	...	...	...	...	...	...	...	...	902	62
1913	782	13	333	24	42	6	...	...	...	...	...	...	...	...	...	...	1157	43
1914	699	10	380	43	36	7	...	...	...	...	...	...	...	...	...	...	1115	60
1915	575	8	403	60	40	11	...	...	...	...	...	...	...	...	...	...	1018	79
1916	310	7	533	64	23	2	...	...	...	...	...	...	...	...	...	...	866	73
1917	304	8	559	67	27	4	...	...	...	...	...	...	...	...	...	...	890	79
1918	213	4	464	70	25	...	...	...	...	...	...	...	...	...	...	...	702	74
1919	373	3	601	57	15	2	18	2	5	2	...	...	...	...	24	3	1036	69
1920	748	6	769	62	14	3	11	...	2	2	...	...	1	...	25	5	1570	78
1921	1,119	10	560	32	7	...	1	...	2	2	...	...	...	...	21	11	1710	55
1922	592	8	611	40	3	1	15	...	5	1	21	4	1	...	23	9	1271	63
1923	412	7	671	23	10	...	33	...	12	6	...	...	10	...	34	7	1182	43
1924	317	4	713	27	2	1	100	19	24	7	44	15	8	...	137	7	1345	80
1925	412	4	719	18	5	1	81	6	24	2	22	8	14	1	150	9	1427	49
1926	899	6	647	13	7	...	85	17	25	5	5	2	15	2	189	11	1872	56
1927	1250	3	816	34	12	2	19	1	17	5	13	5	5	...	96	7	2228	57
1928	916	3	901	29	7	...	60	9	16	3	13	4	17	1	122	9	2052	58
1929	983	5	741	33	4	...	20	2	19	5	17	9	15	1	150	4	1949	59
1930	670	1	719	24	5	...	86	15	11	1	12	1	14	1	133	9	1650	52
1931	540	4	327	10	...	...	33	2	62	12	108	13	51	8	222	11	1343	63
1932	590	2	293	9	...	...	282	33	214	37	118	14	42	4	326	29	1865	128
1933	913	6	535	49	...	...	9	...	54	17	44	11	52	3	297	19	1814	105





Cases of whooping cough and pneumonia were admitted only during the first two months of the year. After the transference of the Harold Wood Hospital to the Public Assistance Committee all the accommodation at Plaistow Hospital was taken up by scarlet fever and diphtheria cases.

Erysipelas continued fairly prevalent throughout the year, and accommodation was provided for some of the more severe cases.

At the beginning of 1933 there were 266 patients in residence, and 1,814 were admitted during the year, making a total of 2,080 under treatment. Of these, 1,741 were discharged as recovered, 105 died, and 234 remained under treatment at the end of the year.

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

Scarlet Fever caused ...	...	...	6 deaths
Diphtheria ...	...	...	49 "
Pneumonia and Bronchitis ...	...	...	21 "
Whooping Cough ...	...	...	11 "
Meningitis ...	...	...	4 "
Erysipelas ...	...	...	3 "
Enteritis ...	...	...	3 "
Other diseases ...	...	...	8 "

The fatality rate, calculated on all the cases admitted during the year, was 5.78 per cent.

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

### Scarlet Fever.

The total number of cases under treatment was 1,027. Of these, 927 were discharged, 6 died and 94 remained under treatment at the end of the year.

Scarlet fever antitoxin was administered to 95 of the more severe cases which were admitted within the first three days of illness. The dosage varied from 10 to 50 c.c.s, the average being 20 c.c.s.

The average duration of illness of all cases on admission was 3.89 days. In 114 cases, or 12 per cent. of the admissions, there was no rash present on the day of admission, and 121 cases showed no evidence of desquamation during their period of residence. In 64 cases, owing to the absence of rash and desquamation, the diagnosis remained doubtful. Of these, 8 developed the disease in the wards. A relapse occurred during the third week in four cases in which the diagnosis had been confirmed by the presence of rash and desquamation. The average duration of residence of all the cases was 37 days.



Corrected diagnosis :—68 cases, notified as scarlet fever were wrongly diagnosed and proved after admission to be suffering from the following complaints :—Rubella 16, toxic rash 14, broncho pneumonia 5, measles 6, tonsillitis 4, gastro-enteritis 3, whooping cough 3, mumps 1, diphtheria 4, cervical adenitis 1, no disease 5, erysipelas 1, chickenpox 2, dermatitis 1, appendicitis 1, erythema 1.

Fatality rate :—Of the 913 cases admitted during the year, 6 proved fatal ; 3 of these were adults. A man, aged 20 years, and a woman, aged 36 years, were extremely toxic and died within 24 hours of admission. The other adult was a woman aged 67 years who was suffering from senile debility. One child, aged 9 years, died from endocarditis, and the other two children died from septic scarlet fever. The fatality rate was .65 per cent.

In 28 cases the patient was found after admission to be suffering from a second infection as follows :—

Scarlet Fever with faucial diphtheria	...	...	...	3 cases
„ „ „ nasal diphtheria	...	...	...	11 „
„ „ „ chickenpox	...	...	...	8 „
„ „ „ rubella	...	...	...	3 „
„ „ „ whooping cough	...	...	...	2 „
„ „ „ nasal diphtheria and				
whooping cough	...	...	...	1 „

Of the 927 cases discharged, 299, or 32 per cent. suffered from complications as follows :—

Adenitis	...	...	...	...	83 cases or 8.95 per cent.
Albuminuria	...	...	...	...	49 „ „ 5.28 „ „
Arthritis	...	...	...	...	10 „ „ 1.07 „ „
Endocarditis	...	...	...	...	2 „ „ 0.21 „ „
Jaundice	...	...	...	...	3 „ „ 0.32 „ „
Nephritis	...	...	...	...	21 „ „ 2.26 „ „
Rhinitis	...	...	...	...	56 „ „ 6.04 „ „
Otorrhoea	...	...	...	...	71 „ „ 7.65 „ „
Vaginitis	...	...	...	...	4 „ „ 0.42 „ „

### Diphtheria.

The total number of cases under treatment was 588. Of these, 408 were discharged, 49 died, and 131 remained under treatment at the end of the year.

Corrected diagnosis :—113 cases which had been notified as diphtheria were wrongly diagnosed and proved after admission to be suffering from the following complaints :—Tonsillitis 57, Laryngitis 16, Quinsy 9, Pharyngitis 4, Adenitis 2, Appendicitis 1, Rhinitis 2, Enteritis 1, No disease 2, Asthma 1, Bronchitis 6, Broncho Pneumonia 5, Measles 2, Lead Poisoning 1, Mumps 1, Scarlet Fever 3.

Of the 457 cases which were discharged or died, 381 suffered from faucial diphtheria, 38 had nasal diphtheria only, 21 had laryngeal diphtheria, 4 were cases of otorrhoea with positive swabs, and 13 were bacteriological cases showing no clinical signs of the disease.

Among 381 faucial cases, 75 had severe clinical attacks and 306 were mild or of moderate severity. The amount of antitoxin administered to the severe cases varied from 48,000 units to 224,000 units given partly by intravenous and partly intramuscular injection. The average amount was 98,000 units. The amount of antitoxin given to the other cases averaged 19,000 units.

Post diphtheritic paralysis occurred in 37 cases. It was severe in 18 cases and mild in 19 cases.

Laryngeal diphtheria :—48 cases were admitted as laryngeal diphtheria, but 27 of these proved to be wrongly diagnosed. Of the 21 true cases, 9 required tracheotomy and 4 of these proved fatal. Three of the fatal cases suffered also from severe faucial diphtheria. The amount of antitoxin administered to the laryngeal cases averaged 24,000 units.

Fatal cases :—All the fatal cases were children under 12 years of age. One died in the ambulance and 10 others were so toxic that they died within 24 hours of admission. The other cases died at varying periods during the first two weeks of illness, with the exception of 3 cases which died of post-diphtheritic paralysis late in the disease. One child of 11 months who died from nasal diphtheria was suffering also from marasmus. The fatality rate among the faucial cases was 11.54 per cent. The average duration of illness of the fatal cases prior to admission was 3.76 days, and the amount of antitoxin administered to them averaged 99,000 units. The average duration of residence of all the cases was 40.37 days.

### **Measles.**

Only 10 cases were under treatment during the year. Of these, 6 had been admitted under a diagnosis of scarlet fever and 2 as laryngeal diphtheria; 8 were of a mild type, and 2 had a severe attack. All made a satisfactory recovery.

### **Whooping Cough.**

Sixty-five cases were under treatment during the first 3 months of the year. Of these, 54 were discharged and 11 died, giving a fatality rate of 16 per cent. All the fatal cases were children under 4 years of age, and were complicated by broncho pneumonia. The disease was associated with scarlet fever in 5 cases and with diphtheria in 4 cases. Two diphtheria patients contracted whooping cough in the wards.



### **Pneumonia.**

Cases of bronchitis and broncho pneumonia are included under this group. A total of 124 cases were under treatment. Of these, 23 suffered from lobar pneumonia, 85 from broncho pneumonia, and 18 from bronchitis. Twenty-one cases proved fatal, and of these, 4 were from lobar pneumonia, 15 from broncho pneumonia, and 2 from bronchitis. The deaths from broncho pneumonia were all in children under 2 years of age.

### **Erysipelas.**

A total of 55 cases were under treatment. Of these, 51 were discharged, 3 died, and 1 remained under treatment at the end of the year. All the cases were fairly severe. The face and scalp were the parts affected in 41 cases, the arms in 3 cases, and the legs in 4 cases, and in 7 cases the disease had spread over the greater part of the body. Of the 3 cases which proved fatal, a man aged 33 years and a child aged 14 months were complicated by broncho pneumonia; the third case was a man aged 62 years suffering from senile debility. The fatality rate was 5.76 per cent. All the cases received erysipelas antitoxin and polyvalent antistreptococcal serum in dosage varying from 35 to 100 c.cs.

Of 5 other cases which had been admitted as erysipelas, 3 proved to be suffering from cellulitis and 2 from dermatitis.

### **Meningitis.**

Four cases of meningitis were under treatment. Two of these proved to be suffering from cerebro-spinal meningitis. Both were children under 5 years of age. They were both moribund on admission, and died within 24 hours. A girl of 16 years died from tubercular meningitis, and a boy of 8 years died from pneumococcal meningitis. Four other cases which had been admitted as cerebro-spinal meningitis proved to be suffering from the following complaints:—Broncho pneumonia 1; Meningism 1; Anaemia 1, Mastoiditis with subdural abscess 1. The latter proved fatal.

### **Other Diseases.**

In addition to the cases of revised diagnosis which have already been mentioned, the following are included under this group:—Puerperal pyrexia 5, Chickenpox 15, Rubella 4, Mumps 6, Rheumatic fever 2, Endocarditis 1, Peritonitis 2, Mastoiditis 2, Keratitis 1, Scalds 1, Septic Pharyngitis and Septicaemia 1, Poliomyelitis 1, Renal Colic 1.

Of these, the following proved fatal:—Rheumatic fever 1, Endocarditis 1, Scalds 1, Septic Pharyngitis 1.

### **Cross Infection.**

Six scarlet fever patients were admitted at various periods during the year in the incubation stage of chickenpox, and 25 other patients contracted the disease from them. One other patient developed herpes zoster in her second week of illness, and within a fortnight an outbreak of chickenpox occurred in that ward

which involved 5 patients. One scarlet fever patient contracted faucial diphtheria and 7 contracted nasal diphtheria. Two other scarlet fever patients contracted rubella, 6 diphtheria patients contracted chickenpox, and 4 contracted scarlet fever. One other diphtheria patient contracted measles.

### Active Immunisation Against Diphtheria and Scarlet Fever.

#### Schick Test.

Number of patients tested	...	...	641
Number which proved positive	...	...	396
Rate per cent. of positives	...	...	61.78
Number immunised	...	...	355
Number of cases in which permission for immunisation was refused	...	...	12
Rate per cent. of cases tested for whom permission for immunisation was refused	...	...	1.87

#### Dick Test.

Number of patients tested	...	...	355
Number which proved positive	...	...	218
Rate per cent. of positives	...	...	61.41
Number immunised (4 weekly doses of Dick Toxin)	...	...	185
Number of cases in which permission for immunisation was refused	...	...	7
Rate per cent. of cases tested for whom permission for immunisation was refused	...	...	1.97

#### Gate Cases.

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

Number sent by medical practitioners	...	189	
Number of these admitted	...		103
(Diphtheria 52, Scarlet Fever 27, Other diseases 24)			
Number brought by relatives	...	318	
Number of these admitted	...		70
(Diphtheria 28, Scarlet fever 26, Other diseases 16)			



Number from other hospitals ... ..	19	
Number of these admitted ... ..		7
(Diphtheria 3, Scarlet fever 2, Other diseases 2)		
Total number of cases examined ...	824	
(An increase of 295 over the previous year)		
Total number of cases admitted:—		
Diphtheria ... ..	83	
Scarlet Fever ... ..	55	
Other diseases ... ..	42	
	<hr/>	
Total ...	180	
	<hr/>	

### Staff Illness.

One probationer who gave a Dick negative reaction a few days after arrival for duty, developed scarlet fever nine months later. Three other probationers who were Dick positive contracted scarlet fever before they were immunised. All made a satisfactory recovery. Two "Schick positive" probationers contracted diphtheria before they were immunised—the attacks were not severe. Two probationers contracted whooping cough, one contracted rubella, and one contracted mild facial erysipelas.

Twenty-three nurses and maids were warded with influenza, and 22 with tonsillitis. Fifty-eight others were off duty for short periods with minor ailments. All recovered.

### Schick Test, 1933.

Number of probationers tested ...	60
Number which proved positive ...	28
Rate per cent. of positives ... ..	46
Number immunised ... ..	26

### Dick Test, 1933.

Number of probationers tested ...	60
Number which proved positive ...	12
Rate per cent. of positives ... ..	20
Number immunised ... ..	11

## Bacteriological Work.

Swabs examined for diphtheria bacilli :—

Number sent by Medical Practitioners :—

			Positive results	Per cent. positive
Faucial	...	1946	150	7.8
Nasal	...	163	26	16.0
Aural	...	22	3	13.6
Ophthalmic	...	1	—	—
Total	...	2132	179	8.4
Increase over 1932	...	655	56	

Number sent by other Institutions :—

			Positive results	Per cent. positive
Faucial	...	79	5	6.3
Nasal	...	17	5	29.4
Aural	...	2	1	50.0
Total	...	98	11	11.2

Number of gate cases swabbed :—

Faucial	...	182	15	8.2
Nasal	...	52	7	13.5
Aural	...	7	2	28.6
Total	...	241	24	10.0
Increase over 1932	...	109	—	

Number of swabs examined for the  
Invalid Children's Aid Association :—

Faucial	...	177	2	1.1
Nasal	...	179	11	6.1
Total	...	356	13	
Increase over 1932	...	103	3	



Number of swabs examined for the  
Invalid and Crippled Children's  
Society :—

			Positive results	Per cent. positive
Faucial	...	76	4	5.3
Nasal	...	70	5	7.1
Aural	...	2	—	—
Total	...	148	9	6.0
Increase over 1932	...	100	7	
Widal reactions	...	2	—	—
Total number of examinations	...	2977	236	7.9
Increase over 1932	...	1063	76	

**Disinfecting Station.**

Number of articles removed from infected homes for disinfection	...	...	...	16423
Number of hospital articles disinfected	...	...	...	11071
Total	...	...	...	27494

**Tuberculosis.**

The following table sets out the number of cases of Tuberculosis and the number of deaths during the year at certain age periods.

AGE PERIODS.			NEW CASES.				DEATHS.			
			Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
			M.	F.	M.	F.	M.	F.	M.	F.
0-1	...	...	1	...	4	4	1	1	4	4
1-4	...	...	5	3	8	8	...	1	3	4
5-9	...	...	14	12	9	7	3	3	3	2
10-14	...	...	11	3	10	5	33	38	2	2
15-19	...	...	24	24	6	6	24	12	1	...
20-24	...	...	38	43	4	3	20	13	...	...
25-34	...	...	65	40	4	6	30	11	...	1
35-44	...	...	42	23	3	3	31	16	3	...
45-54	...	...	40	15	3	6	21	9	...	1
55-64	...	...	28	15	1	1	10	...	1	...
65 and upwards	...	...	12	4	...	...	2	3	...	...
TOTALS	...	...	280	182	52	49	175	107	17	14

Included in the above new cases are 16 pulmonary males, 21 pulmonary females, and 7 non-pulmonary males and 4 non-pulmonary females, which were unnotified, but were discovered from the returns of the Registrar of Births and Deaths, showing that 16 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 1924—1933, inclusive :—

1924	...	10.5	1929	...	8.0
1925	...	11.2	1930	...	13.0
1926	...	12.8	1931	...	18.0
1927	...	12.03	1932	...	15.0
1928	...	7.1	1933	...	16.0

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 inter-current disease.

The total number of fresh cases of Tuberculosis coming to my knowledge was 563, of which 462 were pulmonary cases. The deaths from all forms of Tuberculosis numbered 313, giving a death rate of 1.10 per 1,000 of the population.

The death rate from respiratory Phthisis being 0.99, and from other forms 0.11, 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 124—128.

## PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action taken.

## PUBLIC HEALTH ACT, 1925. SECTION 62.

No action taken.

### Central Register.

As a result of the coming into force of the Local Government Act, 1929, a Central Register was commenced, and is kept by the Public Assistance Officer.

This register contains a record of all forms of assistance given to residents of West Ham. In this connection a specially designed form, setting out extra nourishment granted by the Tuberculosis Officer, is sent by me to the Public Assistance Officer.

The information contained in the Central Register is available for all departments of the Council.



## Tuberculosis Dispensary.

The Tuberculosis Officer (Dr. P. A. Galpin) reports as follows :—

The routine work of the Dispensary has been continued throughout the year.

### Comparison with work done in previous Years.

Year	1928	1929	1930	1931	1932	1933
Request Cases	670	683	567	592	564	553
Notified Cases	198	142	176	130	128	98
Definite Cases	473	467	495	400	451	419
Contacts	633	532	561	448	585	507
Positive	22	19	20	12	15	20
Percentage	3.5	3.7	3.7	2.6	2.5	3.9

### Tuberculosis of Lungs.

**Diagnosis.** The usual means of establishing a physical diagnosis have been adopted, viz. : study of the history of illness, clinical examination, sputum test and X-Ray examination. An increasing use of X-Rays is noted. Ninety-five X-Ray examinations were made. Appropriate treatment is arranged for definite cases; other cases are not discharged immediately, but are further examined with a view to determining the presence of a diathesis or predisposition to Tuberculosis. A faulty food habit such as leaving out, habitually, Green Vegetables or Fat is regarded as evidence of this. Such cases are kept under observation at the Dispensary until a normal food habit is established.

### Treatment.

**Dagenham Hospital and Sanatorium.** Both febrile and afebrile or advanced and early cases have been sent to Dagenham.

Grosvenor Sanatorium has been used for early cases either as an overflow or on special grounds, and the Brompton Hospital for special cases requiring some form of Collapse Treatment. Seamen have been treated at Bramshott.

Colony.	No. under Treatment at 1st Jan. or admitted.	Disch.	Died	Remaining	Settled
Burrow Hill	7	5	—	2	—
Preston Hall	3	1	—	1	1
Papworth Hall	4 Men 2 Women	2 Men	1 Man	1 Man 2 Women	—

I have to report, with satisfaction, that one of the patients who was treated at the Burrow Hill Colony received also training in Gardening and that since his discharge home, in July, 1933, he has been accepted for trial as a worker in the Parks Department of the Borough.

**Children.** The Children's Sanatorium at Langdon Hill has been in full use.

**Domiciliary Treatment.** Insured persons, awaiting admission to Institutions, or after discharge, have been placed on Domiciliary Treatment. Periodic reports are furnished by Panel Practitioners. Six hundred and thirty-five reports have been received during the year; 372 patients were under treatment at the end of the year.

**Dispensary Treatment.** Children and non-insured persons have been treated at the Dispensary. At the end of the year 580 cases were receiving Dispensary Treatment.

**Artificial Pneumothorax.** Seventeen cases have been under regular treatment. One hundred and twenty refills have been given at the Dispensary.

**Non-Pulmonary Tuberculosis.** Adult cases have been sent to the Royal Sea-Bathing Hospital, Margate. Children have been treated in different Orthopaedic Hospitals; the majority at the Lord Mayor Treloar Cripples' Hospital, Alton.

**Tuberculosis of Skin.** Twenty-one cases have been under treatment by Finsen Light or Artificial Sunlight at the London Hospital.

**After Care.** All cases on return from Institution are examined at the Dispensary or in their own homes, if necessary, and appropriate treatment arranged.

Orthopaedic cases are referred either to the original Surgeon or to the Orthopaedic Surgeon at the Balaam Street Children's Hospital.

#### **Extra Nourishments.**

The number of cases has been gradually increasing. At the end of the year 260 cases were receiving grants; this number includes children.

#### **Aetiology of Tuberculosis.**

Investigations into the causation of Tuberculosis have been continued. Particular attention has been directed to the relation of the onset of the disease to some discouragement or worry. In some 200 cases investigated, approximately, 50% have given a story of some associated discouragement—shock, disappointment or bereavement. The presence of such an association is regarded as important in the subsequent treatment and progress of the disease.

In consequence of these observations, Tuberculosis Nurses are visiting families some six months after the decease of a patient to enquire as to the health of the rest of the family.



**DAGENHAM SANATORIUM  
AND LANGDON HILLS SANATORIUM FOR CHILDREN.  
Dagenham Sanatorium.**

The Medical Superintendent (Dr. G. M. Mayberry) reports as follows:—

At the end of 1932 the number of patients remaining under treatment were:—

Males	...	...	...	74
Females	...	...	...	43—117

The total admissions during 1933 were:—

Males	...	...	...	155
Females	...	...	...	79—234

The number of deaths was:—

Males	...	...	...	38
Females	...	...	...	28—66

Discharges during the year totalled:—

Males	...	...	...	119
Females	...	...	...	47—166

Leaving under treatment at the 31st December, 1933:—

Males	...	...	...	72
Females	...	...	...	47—119*

\*Including 16 Non-Insured persons.

Insured persons admitted during the year totalled 198, the remaining 36 being Non-Insured.

Forty-one Ex-Service men were admitted to the Sanatorium during the same period.

The Death Rate (calculated on admissions) was 28.20%. In the case of males the percentage was 24.51, and in the case of females 35.44.

The Average Duration of Residence (both sexes) was 171.88 days. The average for males was 157.14 days, and for females 209.21 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 .....	45	17	29	28	119
Females .....	23	2	17	5	47
<b>MALES.</b>					
Quiescent .....	21	13	8	—	
Improved .....	23	4	21	15	
No material improvement	1	—	—	13	
	—	—	—	—	
	45	17	29	28	
	—	—	—	—	

## FEMALES.

Quiescent .....	10	2	4	—
Improved .....	11	—	9	—
No material improvement	2	—	4	5
	—	—	—	—
	23	2	17	5
	—	—	—	—

During the past year 234 cases were admitted for treatment, compared with 287 in the previous period.

The Death Rate, calculated on admissions, was 28.20%, compared with 19.51% last year. These figures are very unsatisfactory, and until a larger percentage of cases reach the Institution in an earlier stage the result will continue disappointing. A considerable number of patients are admitted to the Institution in an advanced state of disease after previous treatment in other Institutions. It can be said with confidence that no treatment yet found can compare with Sanatorium, and when every avenue is explored to see that cases reach the Sanatorium early then, and then only, can satisfactory results be expected. While the death rate has been exceptionally high, one finds satisfaction in knowing that an Institution is the suitable place for a moribund and highly infectious patient, but with the admission of an increased number of moribund cases, more suitable accommodation for such cases is highly essential.

The following table shews the comparison of rainfall for the past three years:—

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
1931	1.31	1.41	.24	3.06	2.17	1.19	2.18	3.20	1.13	.48	1.99	.44
1932	.98	.16	1.31	1.38	2.57	.51	1.83	1.73	1.50	3.81	.45	.27
1933	.77	.90	1.04	.51	1.53	2.16	1.30	.28	1.87	.96	.72	.33

## Entertainment.

The entertainment that has been provided for the patients and Staff during the past year, consisting of monthly concerts, whist drives, and billiard handicaps, have been very highly appreciated, giving as it undoubtedly does something for the patients to look forward to, especially during the winter months.

## Nursing Staff.

As in past years, Nurses have been tutored for the Tuberculosis Association's Examination. Four Nurses have been successful in passing the Final and gaining their Certificate, while two others have passed Part 1.



**Staff.**

Medical.	Medical Superintendent.
	Assistant Medical Officer.
Administration.	Steward.
Nursing.	Matron.
	Assistant Matron and Sister Tutor.
	3 Sisters (One Night).
	1 Nurse-Housekeeper.
	2 Staff Nurses.
	4 Assistant Nurses.
	15 Probationers.
Domestic.	31 (including 6 laundry-maids, sewing maid, and Lodge Attendant).
Male.	1 Caretaker.
	1 Fitter.
	1 Handyman.
	1 Stoker.
	1 Gardener.
	4 Porters.
	1 Night Watchman.

### WEST HAM SANATORIUM FOR CHILDREN, LANGDON HILLS.

At the end of 1932 the number of patients remaining under treatment were :—

Males	...	...	...	18
Females	...	...	...	22—40

The total admissions during 1933 were :—

Males	...	...	...	21
Females	...	...	...	12—33

The number of deaths were :—

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

Discharges during the year totalled :—

Males	...	...	...	18
Females	...	...	...	15—33

Leaving under treatment at the 31st December, 1933 :—

Males	...	...	...	21
Females	...	...	...	19—40

The Average Duration of Residence (both sexes) was 376.91 days. The average for males was 382.61 days, and for females 370.06 days.

The results of treatment for those discharged are as follows :

	T.B. Minus	T.B. plus Grade I.	T.B. plus Grade II.	T.B. plus Grade III.	Total
Males.....	18	—	—	—	18
Females.....	11	—	3	1	15
MALES.					
Quiescent.....	16	—	—	—	
Improved.....	2	—	—	—	
No material improvement	—	—	—	—	
	—	—	—	—	
	18	—	—	—	
	—	—	—	—	
FEMALES.					
Quiescent.....	10	—	2	—	
Improved.....	1	—	1	—	
No material improvement	—	—	—	1	
	—	—	—	—	
	11	—	3	1	

The duration of residence has been somewhat higher than in the previous year. The period of treatment depends not only on the condition of the child, but it is essential that the home conditions should be considered before discharge. To send a child home to unsuitable surroundings not only does away with any benefit gained, but it is bound to bring about a very detrimental re-action.

As the years go by since the opening of the Institution one becomes more and more impressed with the highly satisfactory results that can be obtained. The treatment in children is as encouraging as it is discouraging in adults. There are a large number of factors which contribute to this, and not the least the amenability of the children to treatment; even in a few cases should the child be home-sick for a few days, it is all forgotten soon, and they settle down to a really happy and contented existence. The adult often has many home cares and worries to think about, while the youth and younger girl have already reached a period in their life where their ideas and habits are difficult to change, and to plan a different outlook for them is often impossible.

One can scarcely imagine anything more disappointing or sad than to see a child who has responded magnificently to treatment, looking well, with its life before it, discharged to an unsuitable home, sooner or later to break down and enter an adult Sanatorium, when it is certain that with prolonged treatment or observation in suitable surroundings they can eventually be fully restored to health and live useful and successful lives. How is this to be overcome? I am convinced that it can be to a very large extent.

It is recognised that very useful work is done in Colonies for adults, and with the material to hand in cases among children a still more hopeful plan is available.



At Langdon Hill there is a unique opportunity with the land surrounding the Institution to organize a scheme. I do not propose to outline a scheme here in detail, but rather to place roughly the lines that could be taken. I suggest that two small hostels could be built to accommodate eight to ten of either sex. These hostels to be occupied by cases suitably selected after a suitable period of treatment, where they can be trained in work to develop the existing site.

The boys can be occupied in gardening, where fruit and vegetables of all kinds can be produced for the entire requirements not only of the Institution but also for Dagenham Sanatorium. In addition to this there is also room for poultry, and the question of providing milk for the Sanatorium is worthy of consideration.

The girls can be trained in domestic work with the eventual idea of taking their place on the Staff of the Institution as vacancies occur. They can also be employed in sewing and repairing clothing, etc.

In the elaboration of most schemes the expense involved is often underrated. Here the capital expenditure can be extremely moderate, and with suitable selection of cases should make the running of the Institution more economical.

As regards Staff, we have already an experienced gardener capable of teaching and supervising the boys, though no doubt it would be necessary to have some help to organize poultry farming. I consider with the present staff we have sufficient to supervise the girls.

The fruits of the scheme cannot be felt for some years, until the children are old enough to take their full share in work, but the time will come when they can be proud to leave the Institution to make way for others, to compete in the outerworld, or get employment in another Institution, instead of having the misfortune to eke out their existence on public funds.

With a scheme such as this under every public authority I believe it would be eventually possible to provide almost the entire staff for their adult Sanatoria.

The following was the rainfall for the past three years in inches :—

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
1931	.99	1.37	—	4.08	2.57	.88	3.33	4.48	.91	—	1.87	.38
1932	1.15	—	1.03	1.52	3.51	.26	2.98	1.35	1.48	3.90	.52	.26
1933	1.07	.69	.69	.45	.72	1.84	.63	—	2.10	.94	.47	.42

#### Staff.

Nursing.	Matron.
	2 Sisters.
	7 Probationers.
Domestic.	8
Male.	1 Head Gardener and Caretaker.
	1 Motor Driver.
	1 Handyman and Porter.
	2 Assistant Gardeners.



## 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 22 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 British Social Hygiene Council 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 twelve 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 as regards the use made of the hostels.



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

Summary of work done by the Hospitals during the Year 1933.

	London.	Middle-sex.	Essex.	Surrey.	Kent.	Herts.	Bucks	East Ham.	West Ham.	Croydon.	Total.	Other Places.	Grand Total.
New Patients :—													
Syphilis ...	3,276	356	205	140	88	60	23	45	60	16	4,269	441	4,710
Soft Chancre ...	130	7	10	...	5	4	2	2	2	1	163	32	195
Gonorrhoea ...	8,546	1,060	630	326	190	134	54	128	256	46	11,370	734	12,104
Not venereal ...	8,464	1,083	504	485	177	130	51	86	185	71	11,236	469	11,705
TOTAL ...	20,416	2,506	1,349	951	460	328	130	261	503	134	27,038	1,676	28,714
Total attendances ...	856,592	81,165	55,244	25,584	11,021	8,502	2,900	11,228	26,025	2,407	1,080,668	16,546	1,097,214
No. of in-patient days ...	30,807	3,271	3,352	2,032	1,953	711	181	165	323	94	42,890	9,691	52,581
Salvarsan Subs. doses	46,084	6,710	3,615	2,220	1,001	844	351	634	1,255	179	62,893	3,110	66,003

### PATHOLOGICAL EXAMINATIONS.

For or at Centres :—													
Spirochaetes ...	2,297	109	102	63	22	30	11	17	17	8	2,676	116	2,792
Gonococci ...	86,701	8,161	7,854	4,551	1,964	1,102	657	1,306	3,140	505	115,941	2,376	118,317
Wassermann ...	33,137	3,128	2,022	1,628	647	524	217	405	755	213	42,676	1,549	44,225
Others ...	35,782	2,124	7,819	1,093	713	338	115	1,654	3,108	129	52,875	1,643	54,518
TOTAL ...	157,917	13,522	17,797	7,335	3,346	1,994	1,000	3,382	7,020	855	214,168	5,684	219,852
For Practitioners :—													
Spirochaetes ...	29	1	2	2	...	...	1	...	...	...	35	...	35
Gonococci ...	5,903	221	424	411	196	79	42	3	17	987	8,283	111	8,394
Wassermann ...	16,311	1,117	1,026	918	155	104	133	28	4	397	20,193	496	20,689
Others ...	8,532	208	764	377	33	25	3	25	3	391	10,361	170	10,531
TOTAL ...	30,775	1,547	2,216	1,708	384	208	179	56	24	1,775	38,872	777	39,649

# Venereal Diseases.

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

Summary of the work done at the London Clinics for all areas from 1917 to 1933																
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.	Prac-tition-ers.
1917	4,427	3,351	199	11	3,830	1,207	8,456	4,569	1,192	1,168	120,659		63,923		13,988	3,649
1918	3,764	3,002	116	13	4,844	1,940	8,724	4,955	1,345	1,348	169,485		66,095		25,973	6,380
1919	6,394	3,391	463	18	10,441	2,440	17,298	5,849	3,418	1,700	201,626	106,096	24,025	49,186	51,554	10,464
1920	6,988	3,579	766	25	10,669	2,427	18,423	6,031	4,403	2,189	329,940	134,093	29,430	52,182	58,920	14,027
1921	5,088	3,100	458	13	8,573	2,136	14,119	5,249	3,696	2,354	357,503	138,706	30,272	49,420	66,134	18,472
1922	4,207	2,600	309	12	8,233	2,402	12,749	5,014	3,759	2,191	387,631	141,372	28,809	83,755	74,022	19,836
1923	4,497	2,631	311	4	9,043	2,520	13,851	5,155	4,167	2,477	412,915	142,594	29,661	77,001	69,784	24,403
1924	4,174	2,452	301	4	8,565	2,785	13,040	5,241	4,869	2,423	424,850	164,152	31,620	70,836	79,005	24,797
1925	3,556	2,346	268	11	8,464	2,857	12,288	5,214	5,726	2,954	459,011	187,120	29,313	73,141	106,064	26,346
1926	3,725	2,013	301	2	8,825	2,858	12,851	4,873	5,830	3,158	490,578	196,497	31,258	70,477	100,543	27,565
1927	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
1930	3,389	1,836	347	12	8,620	2,503	12,356	4,351	6,305	3,857	623,820	212,399	21,033	30,183	125,177	33,309
1931	3,009	1,521	326	12	7,713	2,260	11,048	3,793	6,853	4,253	699,752	230,596	23,408	33,133	161,092	35,498
1932	3,270	1,671	172	15	8,566	2,656	12,008	4,342	7,286	4,316	737,558	246,363	22,774	31,249	196,357	40,426
1933	3,072	1,638	185	10	8,791	3,313	12,048	4,961	7,325	4,380	804,042	293,172	23,504	29,077	219,852	39,649





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

Return showing the extent to which the facilities have been utilised during the year ended 31st December, 1933.

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 ... ..	151	25	339	256	765	31	496	11,062	2,024	1,291	14	...	308	18	826	153	826	153	2,298
Gt. Ormond Street ... ..	53	...	11	557	621	15	610	3,465	2,180	1,181	...	...	470	26	1,106	246	740	150	2,738
Gay's ... ..	366	15	637	933	1,951	214	1,731	62,469	1,898	7,144	215	1	12,658	1,033	3,466	2,580	4,652	743	25,348
King's College ... ..	128	4	89	246	467	141	343	13,405	724	966	16	6	1,202	156	1,443	2,545	6	1	5,375
L.C.C. Clinic (Whitechapel) ... ..	668	47	2,391	1,359	4,465	1,581	1,768	301,398	2,949	10,996	660	...	30,601	1,428	6,905	3,557	34,093	5,083	82,327
Metropolitan ... ..	67	12	158	132	369	108	252	24,786	265	1,332	18	1	512	108	517	275	115	60	1,706
Middlesex ... ..	143	5	500	61	709	233	251	38,650	1,333	1,196	9	3	4,434	179	895	1,240	35	591	7,586
Miller General ... ..	85	2	206	73	366	194	228	13,944	175	1,053	24	...	1,081	14	328	716	...	...	2,163
Royal Free ... ..	184	...	591	610	1,385	183	1,200	35,591	2,685	3,054	19	...	7,409	144	2,618	883	3,997	926	15,996
Royal London Oph. ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Royal Northern ... ..	202	2	647	303	1,154	247	634	43,018	222	3,035	66	1	1,699	28	937	1,588	6	...	4,325
St. George's ... ..	221	15	613	382	1,231	320	851	40,030	1,001	2,743	...	7	485	39	2,042	141	10	...	2,724
St. John's (Lewisham) ... ..	56	1	144	229	430	38	433	9,397	530	670	9	...	281	61	648	325	504	77	1,905
St. Mary's ... ..	263	...	559	236	1,058	104	221	24,049	357	2,680	70	4	3,348	243	1,205	1,748	184	17	6,819
St. Paul's ... ..	260	7	1,071	1,135	2,473	116	2,206	130,970	2,321	5,830	229	1	11,118	1,654	3,774	559	122	54	17,511
St. Thomas' ... ..	804	45	1,850	3,267	5,966	1,332	4,594	174,763	4,755	8,321	1,098	2	27,208	2,574	11,180	2,186	4,035	395	48,678
Seamen's ... ..	389	11	613	247	1,260	627	545	13,258	9,718	2,545	106	...	1,395	71	847	111	1,528	24	4,082
South London for Women ... ..	24	...	147	122	293	23	111	8,682	529	53	...	...	1,151	114	221	142	...	...	1,628
University College ... ..	186	...	363	93	642	267	583	34,299	559	2,185	4	...	1,727	241	1,089	7	...	...	3,068
West London ... ..	333	2	724	1,175	2,234	397	1,848	84,190	2,225	8,237	205	9	6,851	238	3,144	754	3,225	817	15,243
Westminster ... ..	109	2	213	47	371	83	282	21,750	145	1,436	19	...	1,225	25	629	933	440	1,440	4,711
S.A. Mothers' ... ..	14	...	187	248	449	25	604	8,038	5,275	55	11	...	3,054	...	405	...	...	...	3,470
Children's, Waddon ... ..	4	...	51	...	55	...	54	...	10,711	...	...	...	...	...	...	...	...	...	...
TOTALS ... ..	4,710	195	12,104	11,705	28,714	6,279	19,845	1,097,214	52,581	66,003	2,792	35	118,317	8,394	44,225	20,689	54,518	10,531	259,501

Pathology—(a) For Centre, 219,852.

(b) For Practitioners, 39,649.





## Venereal Diseases.

### Utilisation of facilities at Hostels, 1933.

Particulars of the work done on behalf of the participating authorities by the hostels in the scheme for the year ended 31st December, 1933. These institutions are as follows:—

Royal Free—20-22 Highbury Quadrant, N.  
 Royal Free—62 Regents Park Road, N.W.  
 St. Thomas'—148 Lambeth Road, S.E.  
 Southwark Diocesan—80 Stockwell Park Road, S.W.  
 Salvation Army—122-4 Lower Clapton Road, E.  
 Salvation Army—126-8 Lower Clapton Road, E.  
 West London Mission—35 Parkhurst Road, N.7.

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	...	...	...	...	144	14,574	58.3
Middlesex	...	...	...	...	13	2,256	8.7
Essex	...	...	...	...	13	1,307	5.0
Surrey	...	...	...	...	20	2,460	9.5
Kent	...	...	...	...	16	2,355	9.1
Herts	...	...	...	...	17	2,297	8.9
Bucks	...	...	...	...	3	317	1.2
East Ham	...	...	...	...	—	—	—
West Ham	...	...	...	...	2	245	1.0
Croydon	...	...	...	...	2	80	.3
TOTALS	...	...	...	...	230	25,891	100.0





ANNUAL REPORT  
OF THE  
SCHOOL  
MEDICAL OFFICER  
FOR THE YEAR  
1933

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



ANNUAL REPORT

SCHOOL

TECHNICAL COLLEGE

1911

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

---

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report of the School Medical Service for the year 1933.

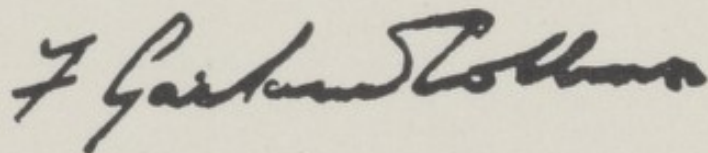
No new development has taken place of sufficient importance to merit special mention. The health of the school children continues to be, on the whole, of a high order.

Extensive outbreaks, both of Scarlet Fever and of Diphtheria, caused a correspondingly big drop in the percentage of school attendance, particularly in the Infants' Departments. In regard to Scarlet Fever the mortality rate among the scholars was very slight, only two deaths having occurred, but in respect of Diphtheria the disease was more virulent than usual, and caused the death of no fewer than 27 school children. (See page 27).

The staff have lost with regret several members, namely Dr. Borland, who was superannuated, Miss Parsons, who resigned in December, and Nurse Robson.

By direction of the Board of Education the general outline of this Report is somewhat modified from previous Reports.

Your obedient Servant,



School Medical Officer.

Municipal Health Offices,  
Romford Road,  
Stratford, E.15.

May, 1934.



THE CHAIRMAN AND MEMBERS OF THE  
COMMISSION OF POSTAL AND TELEGRAPHIC  
UNION

## (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 .

Robert J. Reid, M.B., Ch.B. (Edin.), D.P.H. (Edin. Univ.).

Assistant School Medical Officers (full time) .

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

H. McD. Borland, M.B., Ch.B. (retired June, 1933).

A. Furniss, L.R.C.P., L.R.C.S., L.R.F.P.S. (Glas.), D.P.H.,  
L.D.S.

A. Muriel Ison, M.D., D.P.H.

Jessie H. Fitchet, M.B., Ch.B., D.P.H.

B. M. R. West, M.R.C.S. (Eng.), L.R.C.P. (Lond.) (Since  
August, 1933.)

Dental Officers (full time) .

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

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

Hélène M. Gubb, L.D.S. (Eng.).

O. B. Heywood, L.D.S. (Eng.).

Dorothy Marsden, L.D.S. (Eng.). (Temporary)

School Oculist (full time) .

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

Consultant Aural Surgeon (part time) .

F. Stoker, F.R.C.S.

Clerical Staff .

Mr. F. W. England (Chief Clerk).

Mr. R. H. Thomas (Senior Clerk)      Mr. T. P. Swatts

Miss P. I. Geaussent      Miss M. I. Parsons

Miss G. A. Blackler      (resigned Dec., 1933)

Miss M. G. England      Mr. R. Huxtable

Miss E. W. Wood



### School Nursing Staff.

Miss E. Alford	Miss C. E. Hutton
Miss D. S. Ayton	Miss E. K. Jack
Miss A. Burrows	Miss C. H. Jones
Miss E. M. Bussell	Miss E. Large
Miss A. J. Costain	Miss A. K. McCormack
Miss M. A. Costain	Mrs. M. Mace
Miss M. M. Empson	Miss I. B. B. Mann
Mrs. E. G. Eyton	Miss L. F. Manning
Miss E. Fraser (Knox Road & Crosby Road Special Schools)	Miss M. H. Rose
Miss L. C. Glover	Miss A. Sheehan
Mrs. C. B. Halls	Miss E. R. Tanner
Miss E. D. Harris	Miss M. E. Tanner
Miss F. G. Hobbs	Miss M. A. Van Ryssen
(Special Enquiry Nurse)	Mrs. S. Wilderspin (Grange Road Special School)
Miss D. Wright.	

### Nursing Staff, Fyfield Residential Open-air School:

Miss W. M. Barnes, Matron.  
Miss M. James, Nurse.

## (2) Co-ordination of Departments.

Arrangements for co-ordination of the work of the School Medical Service with that of other Health Services continue to be carried out in the manner set out in my previous Reports.

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

## (3) School Hygiene.

All structural defects relating to heating, lighting and ventilation are referred to the Committee's Architect (J. H. Jacques, Esq., F.R.I.B.A.). As stated in my last Report, box desks are still being gradually substituted for the old dual type of desk.

The cleansing of classrooms and cloakrooms and the drying of children's clothes, as required, continue on the lines already set out previously.

At various schools, alterations or improvements were made in the heating and lighting, and at one school the latrines were modernized.

At the Grange Road and Regents Lane Schools alterations were made by removing partitions, etc., which will put these schools into a higher category on the Board's Black List, as by these partitions passing through classrooms has been largely obviated, and the conditions improved generally.

A new Junior Mixed School at Tollgate was opened during the year. This school as regards sanitation, etc. is of the very latest type, and is provided with special accommodation for medical inspection purposes.

Spray baths are provided at five Elementary Schools, viz.: Gainsborough Road, Rosetta Road, South Hallsville, Pretoria Road and Tollgate, also at the Special School at Knox Road and the Fyfield Open-air School.

Selected children, with the consent of the parents, are conducted during school hours, in rota, to the Corporation Slipper Baths at Balaam Street, Plaistow Road, Silvertown, Jupp Road and Fen Street.

The number of school children who attended the Corporation Washing Baths under the Committee's Scheme during the year was as follows:—

Boys	Girls	Total
20,180	15,682	35,862

Facilities are afforded for swimming instruction in school hours at the following baths:—Balaam Street, Jupp Road, Silvertown, Dockland Settlement and Plaistow Red Triangle Club. Professional instructors are appointed for this work, and Teachers who accompany the scholars to the Baths also take part in the instruction.

#### (4) Medical Inspection.

The scheme of Inspection as previously set out still appertains. The following three groups of children were inspected during the year.

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

Besides the above statutory routine examinations, a considerable number of other children have also been medically inspected, particulars of which have been fully set out in past reports. (See Appendix Table I.)



There has been no important departure made in the Board's Schedule of Medical Inspection.

For information I again append a list of schools where Medical Inspection is not held on the premises, but, with the Board's sanction, at the places indicated.

Hallsville	}	The Public Hall, Canning Town.
Clarkson Street		
St. Margaret's		
Holy Trinity		
St. Luke's		The Boyd Institute.
St. Patrick's	}	The Old Vicarage, Christ Church.
Carpenters Road		
St. Francis'		The Wesleyan Hall, The Grove, Stratford
St. Paul's.	}	The Mechanics' Institute (L.N.E.R.)
Colegrave Road		
The Rosetta Junr.		The Bancroft Hall.
St. James'.		Hanford Memorial Hall, Forest Lane.
West Ham Church Boys.		Stratford School Clinic.
Frederick Road.		South Hallsville School, Medical Room (temporary).
St. Antony's.		St. Antony's Hall.
St. Andrew's.		St. Andrew's Vestry.

#### SCOPE OF THE SCHOOL MEDICAL SERVICE.

The scope of the School Medical Service in this area was fully detailed on page 151 of my last Report.

### (5) The Findings of Medical Inspection.

#### (a) MALNUTRITION.

During the course of Routine Medical Inspection 281 children were found to require treatment, and 63 cases were considered to be in need of observation. Among the "Specials" 11 cases required treatment and 15 to be kept under observation.

# AVERAGE HEIGHT AND WEIGHT, 1932-1933.

## HEIGHT.

Age	1932.			1933		
	Number Examined		Average Height in inches.	Number Examined		Average Height in inches.
Boys						
5	1153	...	41.7	1140	...	42.2
8	2313	...	47.5	1971	...	48.
12	2425	...	55.6	2223	...	55.8
Girls						
5	1081	...	41.5	1008	...	42.4
8	2200	...	48.8	1959	...	47.4
12	2519	...	56.1	2051	...	56.1

## WEIGHT.

Age	1932.			1933		
	Number Examined		Average Weight in lbs.	Number Examined		Average Weight in lbs.
Boys						
5	1153	...	39.6	1140	...	40.6
8	2313	...	52.5	1971	...	55.6
12	2425	...	76.9	2223	...	77.9
Girls						
5	1081	...	39.2	1008	...	40.
8	2200	...	53.4	1959	...	54.
12	2519	...	78.9	2051	...	80.2

### (b) UNCLEANLINESS.

The following figures give a brief resumé of the work done and the findings. These figures refer to examinations of children by School Nurses.

Number Examined	Ova	Ova and Pediculi	Body Pediculi	Head and Body Pediculi	Sores	Dirty
66038	5884	895	66	4	315	273

The percentages for head and body vermin are respectively 1.35 and .106.

Number of Home Visits ... 3504

Number of Children visited at School ... 13345

### (c) MINOR AILMENTS AND DISEASES OF THE SKIN.

Minor ailments of the Skin, Eyes, Ears., etc., are included under the appropriate headings.

There were 176 cases of Skin disease among the Routine Inspections, 154 being referred for treatment. In addition, 3,316 "Specials" were referred for treatment.

Included in the above are 28 cases of Tinea Tonsurans and 117 Tinea Body, which were referred for treatment.



(d) VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

External Eye Disease includes Blepharitis, Conjunctivitis, Corneal Ulcers, etc. These conditions frequently connote eye-strain and debility (i.e. Blepharitis or unhygienic surroundings). There were 99 cases referred for treatment at Routine Inspection, and 1,251 among the "Specials."

With regard to Defective Vision, 1,387 cases were referred for refraction, and 151 for Squint. In addition there were 994 specially referred for defective vision and 219 for Squint.

(e) NOSE AND THROAT DEFECTS.

At Routine inspection 906 cases were found to require treatment of the nose and throat, and 676 among the Specials. In addition there were 470 cases requiring to be kept under observation among the routines and 9 among the "Specials."

(f) EAR DISEASE AND DEFECTIVE HEARING.

The findings under this heading at Routine Medical Inspection amounted to 218 requiring treatment. In addition 1,231 Special cases were referred for treatment.

(g) DENTAL DEFECTS.

The teeth are examined by the School Doctors as a matter of routine, and all defects referred for treatment.

(h) ORTHOPAEDIC AND POSTURAL DEFECTS.

The Authority have an arrangement with a local Children's Hospital for the treatment of children found at Routine and Special examination to require treatment. (See page 155 of this report).

(i) HEART DISEASE AND RHEUMATISM.

During the year 33 Organic Heart Disease cases were found in the course of Routine Inspection, and 58 cases were found among the "Specials." In addition there were 261 children requiring to be kept under observation for their heart condition.

(j) TUBERCULOSIS.

During the year one definite and 22 suspected cases of Pulmonary Tuberculosis, together with five non-Pulmonary cases, were found in the course of Routine examination. There were six definite and 27 suspected Pulmonary, together with 15 non-Pulmonary complaints found in the "Specials." Forty-two Pulmonary and 11 non-Pulmonary cases were required to be kept under observation.

### (k) OTHER DEFECTS AND DISEASES.

During Routine Medical Inspection 375 cases of other defects and diseases were found and referred for treatment, and 156 required keeping under observation.

There were in addition 6,439 defects needing treatment and 188 needing observation among the "Specials."

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

The number of Re-inspections by the School Doctors of Elementary School children amounted to 7,451.

## (6) 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 one requiring Clinic or Hospital treatment the child is followed up by home visits made by one of the School Nurses.

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 children and their glasses are re-inspected by the Doctor within three months.

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 ... ..	10848
Total number of children visited at school ... ..	4833
Total number of hours spent by Nurses in visiting	3140

## (7) Arrangements for Treatment.

### (a) MALNUTRITION.

Tables II. in the Appendix set out the number of Malnutrition cases found at Routine and Special inspections. These children are dealt with in various ways, such as admission to a Day or Residential Open-air School, periods of convalescence (which is arranged through the Medical Officer of Health's Department), and the provision of free meals in necessitous cases.

In a number of schools arrangements are made for the supply of a morning drink of milk, which has been found to be very advantageous and beneficial to the children.



(b) UNCLEANLINESS.

Dirty and verminous children found at Routine Inspection, Special Inspections and Cleanliness Surveys are followed up at their homes until clean. A certain number, with the parents' consent, are cleansed at the School Clinics.

Conditions remedied during the year under the Cleanliness scheme were as follows :—

Defective Clothing	...	...	...	28
Unclean Heads	...	...	...	1967
Unclean Bodies	...	...	...	135
Skin Diseases	...	...	...	38

No children were cleansed under Section 122 of the Children Act, but 253 heads were cleansed at the School Clinics by Nurses.

(c) MINOR AILMENTS AND DISEASES OF THE SKIN.

There are many minor ailments and skin diseases amongst school children, for which parents will not seek medical aid through a private Practitioner or Hospital. For such cases the School Clinics are available. Head Teachers are empowered to send all children to the School Clinics who fall into this category.

Certain defects found at Routine or Special examinations are also referred to the Clinics for treatment, or for further examination or observation.

The following figures give an indication of the attendances at the Medical Clinics, of which there are four in the Borough, one of them (Balaam Street) being served by two Doctors :—

Stratford Clinic	...	...	...	15161
Balaam Street Clinic (a)	...	...	...	7172
Balaam Street Clinic (b)	...	...	...	3060
Swanscombe St. Clinic	...	...	...	15027
Rosetta Road Clinic	...	...	...	21693
Total				62113

With regard to Ringworm of the Scalp arrangements have been made by this Authority with the London Hospital for X-ray treatment of this condition. All such cases before being referred for treatment are first seen by an Assistant School Medical Officer, who also re-inspects the cases before they are re-admitted to school. During the year there were 13 cases of Ringworm of the Scalp treated at the London Hospital.

#### (d) VISUAL DEFECTS AND EXTERNAL EYE DISEASES.

All cases of Visual defects, which are examined by the Committee's Oculist, are, in the first instance, inspected by an Assistant School Medical Officer. The Oculist devotes ten Sessions per week to these refractions, which are re-inspected by the respective Assistant School Medical Officer within the following three months. In necessitous cases assistance is rendered in the purchase of the glasses.

Following is a resumé of the results of the examinations by the School Oculist:—

Cases referred to Oculist	...	...	4292
Number attended	...	...	3625
Percentage attendance	...	...	84.46
Glasses ordered	...	...	2930
Number of Clinic Sessions	...	...	403

Those cases which did not keep the first appointment were followed up by the Area Nurse, and in the majority of cases further appointments were made.

The following is a report by Dr. W. J. Thomas on the work at the Ophthalmic Clinic during the year:—

The Authority have made arrangements for these defects to be dealt with at the Stratford Ophthalmic Clinic. It is clear that the needs of the children in both Elementary and Secondary Schools in the County Borough of West Ham are being met with a considerable degree of success.

There is usually a short waiting list for this treatment, which is made up from the recommendations of the Assistant School Medical Officers at their Routine and Special Examinations in school.

Apart from this, the teachers, parents and the Clinics notify the School Medical Officer direct at any time of children who appear to have defective sight.

Prescriptions are made up at contract prices, and every case prescribed for is followed up, and warning letters are sent to parents who persistently neglect their children's requirements in this direction.

All children with Defective sight, Eye strain, Strabismus, etc. are referred to the Oculist.

The cases of Myopia are re-examined frequently according to the degree of Myopia.

The co-operation of the teachers is of the greatest possible value in referring early backwardness and disability that indicate "bad sight" to the School Medical Officer; they also see that the children with glasses wear them as ordered.



The total number of children found to be suffering from External Eye disease, and requiring treatment, amounted to 1,396. Of these, 1,262 received treatment under the Authority's scheme, and 41 were treated by private endeavour. The remainder were kept under observation by home visits, with a view to treatment being obtained either at the School Clinic or Hospital.

(e) NOSE AND THROAT DEFECTS.

All children recommended for operative treatment of the nose and throat are referred to one of the following Hospitals:—Queen Mary's Hospital, Stratford; St. Mary's Hospital, Plaistow; The Children's Hospital, Balaam Street, Plaistow.

A total of 793 children were operated on for these conditions under the Authority's scheme, and 34 received treatment by Private Practitioners, or otherwise; 134 cases received other forms of treatment.

The following are copies of Vouchers used in cases recommended for operative treatment at the above hospitals.

**WEST HAM EDUCATION COMMITTEE.**

**School Medical Service.**

Name..... Age.....

Address.....

School.....

The above child has been recommended to attend for treatment under current agreement at the Nose and Throat Department of one of the following Institutions:—

**Queen Mary's Hospital for the East End, Stratford**  
(Tuesday or Friday at 8.45 a.m.).

**St. Mary's Hospital, Upper Road, Plaistow**  
(Thursday at 1 p.m.).

.....

Assistant School Medical Officer,  
for F. GARLAND COLLINS,  
Chief School Medical Officer,  
Municipal Health Offices,  
Romford Road, Stratford, E.15.

Date.....

## WEST HAM EDUCATION COMMITTEE.

### School Medical Service.

Name..... Age.....

Address.....

School..... Dept.....

The above named child has been recommended to attend for operative treatment under agreement at the Nose and Throat Department of the

#### **Children's Hospital, Balaam Street, Plaistow**

(No child over 12 years of age is treated at this Hospital.)

The parent or responsible guardian is requested to call in the first place at the Hospital on any Wednesday morning between 10 and 12 o'clock to make arrangements for the operation. It is not necessary on such occasions to take the child.

.....  
Assistant School Medical Officer,  
for F. GARLAND COLLINS,  
Chief School Medical Officer,  
Municipal Health Offices,  
Romford Road, Stratford, E.15.

Date.....

#### (f) EAR DISEASE AND DEFECTIVE HEARING.

During the year, 1,186 children with minor Ear Defects were treated at the Clinics. Fifty-seven cases received treatment privately.

There are two Deaf Centres in the Borough, one in the north and one in the south, with places for 40 and 44 deaf mutes respectively. In accordance with the Board of Education's requirements all West Ham pupils attending these schools are examined by an expert Aural Surgeon (Mr. Stoker, F.R.C.S.) once a year.

#### (g) DENTAL DEFECTS.

Reference to my previous Report will show the scheme of Dental treatment in this area. There has been no departure from these arrangements.

Particulars of the work done during the year will be found in Table IV, Group V.



I submit herewith remarks and comments from individual reports of the five Dental Surgeons:—

Mr. Percy reports—

There is very little to add to what I have already stated in previous years, but I can confidently say that throughout the routine inspection I have found the condition of the children's teeth to have greatly improved—not nearly so many requiring treatment, and in the matter of specials sent from the Schools, these have also decreased greatly. I can only attribute this to the improved all-round conditions. I again express my gratitude to the teaching staff for their valuable help in our work.

Mr. Dick reports—

Dental conditions are found to be much the same on inspection, consequently treatment is continued on the same lines.

As the numbers in the schools are now decreasing it is hoped that a gradual improvement may be made in the amount of conservative work it is possible to do.

The number of special cases continues to interfere with routine work, but there is some consolation in the fact that the treatment and advice given, especially to the older children, is in practically all cases very much appreciated by the parents.

The continued co-operation of the Head Teachers is much appreciated and contributes in a large measure to the ultimate success of the service.

Miss Gubb reports—

The School inspections have been carried out on the same lines as previous years and followed up by treatment at the Clinic for the children found to require it. There has been no outstanding feature during the year which calls for any special remarks.

The numbers inspected, although smaller in accordance with the drop in the school numbers, do not seem to allow of conservative work being increased to any great extent.

The "Specials" each year remain at very much the same figure, which perhaps can be partly explained by the fact that in view of the numerous epidemics affecting school attendance during the year, there are a certain number of absentees during Routine Inspection or ill at the time appointed for attendance at the Clinic, so these children inevitably swell the large number of "Specials."

The Head Teachers show a keen interest in the welfare of the children and once more I should like to thank them for their valuable help and co-operation in trying to instil the "Dental Habit" into the parents and children.



Mr. Heywood reports—

The most outstanding feature of the work carried out at Balaam Street during 1933 was the introduction into the routine of school examinations of a short preliminary talk on the subject of dead teeth, Oral Sepsis and their sequelae. The effects were varied and surprising. Not naturally, in the junior schools the response showed so little improvement that the experiment was not continued. In the senior schools however, the percentage of refusals, while they varied as ever according to areas, showed without exception a heavy decrease, many of the children actually persuading distrustful parents to consent to their treatment.

The consequent introduction of no small number of previously untreated cases, mostly in an advanced stage of Oral Sepsis, has caused the high number of extractions and the low number of fillings for the year, and on reflection it will be seen that this is, at present, a most desirable state of affairs.

Miss Marsden reports—

Annual Routine Inspections were made during the year 1933, of all the Schools allotted to this Clinic and appointments given to the children requiring treatment.

The attendance was fairly uniform, but owing to lack of parental control or inertia, still does not increase as rapidly as we would wish. The unfortunate tendency of children to put off visiting the Clinic, until they have severe toothache, leads to a great number of Specials. This would not occur so much if the children attended more regularly, when given appointments at the time their School was inspected.

The objection to conservative treatment still continues. There does, however, seem some hope of overcoming this eventually, as in the Schools where hygiene lessons are given, the number of children attending for fillings has greatly increased, owing to the enthusiasm of the teachers. This is most encouraging.

I should like to thank all Head Teachers, who have helped me greatly during inspection and in encouraging the children to keep their appointments at the Clinic.

#### (h) ORTHOPAEDIC AND POSTURAL DEFECTS.

All cases found to require treatment are advised to go to Hospital. The Authority have an arrangement with a local Children's Hospital for Orthopaedic In-Patient and Out-Patient treatment, and undertake financial responsibility for all such cases sent there. The Committee also from time to time maintain special cases at Orthopaedic Hospital Schools approved by the Board.

Any children found with minor Postural defect are noted on the Special Confidential list left with Head Teachers. Recommendations regarding any definite exercises and forms of drill are given according to the nature of the defect.



#### (i) HEART DISEASE AND RHEUMATISM.

There is no special Clinic for the treatment of Heart Disease and Rheumatism. Children found at Routine Inspections and special examinations, and cases referred through private practitioners and Hospitals are examined by the Chief Assistant School Medical Officer, and those cases found to require periods of stay at Heart Hospital Schools, etc., are recommended accordingly, the Committee accepting responsibility for maintenance.

#### (j) TUBERCULOSIS.

All definite cases of Tuberculosis found by Assistant School Medical Officers are notified to the Medical Officer of Health. Suspicious cases are always referred to the Tuberculosis Officer for examination and report. The number of cases so referred amounted to 96.

The Council have a special Children's Sanatorium at Langdon Hills, Essex, with accommodation for 40 children. The Tuberculosis Officer is responsible for all children who are admitted to and discharged from this Institution.

Following is a complete list of Tuberculous children (out-of-school) having Institutional treatment:—

Langdon Hills Children's Sanatorium	...	...	40
Whipps Cross Hospital	...	...	1
Heritage Craft Schools, Chailey	...	...	5
Sir William Treloar's Home, Alton	...	...	4
Seven Oaks Hospital for Hip Diseases	...	...	1
St. Vincent's Cripple Home, Pinner	...	...	4
Ascot Cripple Home	...	...	1
Hayling Island Convalescent Home	...	...	3
Princess Mary Hospital, Margate	...	...	1
Hastings Home and Residential School	...	...	1
Black Notley Sanatorium, Braintree	...	...	1

In addition there were 23 out-of-school cases of Tuberculosis at the end of December, 1933.

#### (k) OTHER DEFECTS AND DISEASES.

The figures relating to other defects and diseases will be found in the Appendix, Tables II (Return of Defects found). These conditions mainly consist of minor injuries, sores, chilblains, etc., and receive various forms of treatment, either at the Clinics or by referring them to a Private Practitioner or local Hospital.



## (1) ARTIFICIAL SUNLIGHT TREATMENT.

During the past few years arrangements have been in force whereby all children so recommended receive Artificial Light treatment at the Children's Hospital, Plaistow, on behalf of the Education Committee. Dr. Eva Morton, who is responsible for the administration of this treatment at the Hospital, sends me the following report, showing the results of the treatment of West Ham school children in this connection:—

The number of children of school age referred for treatment in the Light Department of Balaam Street Hospital during 1933 was 117, in addition to a large number carried over from the previous year who were still under treatment on January 1st. Of children who completed their term of treatment during the first half of the year, practically all those showing an attendance of 30 visits or more usually over a period of 10 weeks—were discharged as “greatly improved,” in regard to the particular condition for which they were being treated. These conditions were usually debility, malnutrition, anaemia, rheumatism, and enlargement of the glands of the neck (tuberculous or otherwise); but other less common complaints, including asthma, enuresis and torticollis, also responded remarkably well, as did one case each of emphysema, muscular dystrophy and acne. Fewer children as compared with previous years were referred for bronchitis and other catarrhal conditions, but most of such cases did well. Nearly all the cases of debility, frequently following scarlet fever, whooping cough or measles, improved very much in weight and appetite. A disappointingly large number of mothers only came once, or twice, to the Clinic, non-attendance in such cases appearing usually to have been due to financial difficulties.

## (8) Infectious Diseases.

The methods employed in the detection, and preventing the spread, of Infectious diseases are as follows:—

(1) Exclusion from school of all children found to be suffering from any disease or complaint which is considered to be infectious or contagious.

(2) Exclusion from school of all children who have been in contact with infectious disease.

(3) There is complete co-ordination between the Health Services and the School Attendance Department. Daily returns of children out of school on medical grounds are brought to notice by the School Attendance Officers and cases of Infectious Disease are visited by Sanitary Inspectors.

During the year the School Attendance Officers reported the following cases:—



Measles (including German Measles) ...	452	Whooping Cough ...	662
Tonsillitis ...	369	Chicken Pox ...	1057
Mumps ...	594	Other Diseases ...	637

There were no school closures during the year through Infectious Disease.

The following Table gives an analysis of the defects for which children were excluded from school during the year, by the Assistant School Medical Officers:—

#### Exclusions during 1933.

Impetigo ...	24	Otorrhoea ...	9
Scabies ...	150	Verminous ...	5
Other Skin Diseases	27	Tuberculosis ...	145
Conjunctivitis ...	18	Tinea Tonsurans.	
Blepharitis ...	5	Treated by X-Rays	13
Keratitis ...	2	Treated at Clinic ...	4
Mumps ...	30	Tinea Body ...	3
Chorea ...	7	Other Defects and	
Enlarged Glands ...	9	Diseases ...	27
Chicken Pox ...	24		—
Tonsillitis ...	12		542
Diphtheria ...	2		—
Anaemia and Debility	8	Total number of	
Bronchitis ...	11	children involved	523
Heart ...	7		—

### (9) Open Air Education.

#### (a) Playground Classes.

Opportunity is taken, weather permitting, of holding classes in the playgrounds, and physical exercises are taken in the open-air whenever possible.

Four schools hold classes during the warmer months in the open-air on the flat roofs available, and certain schools hold classes in the neighbouring parks and recreation grounds.

#### (b) Open-Air Classrooms.

In the recently opened Elementary schools in West Ham, viz. Pretoria Road and Tollgate, and the new South Hallsville School, which has been reconstructed, provision has been made for open-air classrooms.

### **(c) School Journeys and Camps.**

During the year several Departments undertook School Journeys to different places for varying periods. The children were accommodated in Boarding-houses or hostels, while some went under canvas.

All children before going on a School Journey are examined by an Assistant School Medical Officer, as to their fitness to undertake the journey.

Holiday Camps were held during the Summer Vacation for boys and girls, at Shoeburyness and Dymchurch respectively. Here again all selected children were previously medically inspected and dentally examined, special regard being paid to cleanliness and freedom from contagion.

This branch of the Education Committee's activities is not only greatly appreciated by the children who are fortunate enough to go, but show results, from the medical point of view, which make one regret that this scheme could not be still further extended.

The following extracts from the reports of the respective Camp Superintendents are of interest:—

Mr. Taylorson reports—

"The ninth annual report on the West Ham Schoolboys' Hospital Camp presents some difficulties, inasmuch as in the main it will be but a repetition of those of previous years.

Once again the seaward meadow of South Shoebury Hall Farm was our temporary home. Through the courtesy in placing a barn at our disposal throughout the year many of our transport difficulties have been solved. Indeed, were it not for these facilities many of the amenities which so distinguish our camp would have to lapse, as the cost of transporting heavy and bulky fittings of the bath house, washing sheds, latrines and kitchen would be prohibitive.

This year 362 boys enjoyed your hospitality, being divided into two nearly equal parties. On Thursday, July 26th, the boys from the Northern half of the Borough entrained, giving way to their Southern friends on August 10th.

Throughout, the weather was glorious, and all revelled in the sunshine which was our practically constant companion. The general health was the best we have as yet experienced, although our first serious case of illness developed towards the end of our stay, a boy having to be operated upon for appendicitis. He received every care and attention at the Southend General Hospital, and made a good recovery.

The equipment is in general good order. Only minor replacements will be necessary, except that a new mess marquee is fast becoming essential.



The general routine work of the camp followed on the same lines as in previous years. There were no formal parades, except for tent inspection every morning. The menu was varied and ample, and to it both boys and staff did full justice.

To my colleagues I must express my deepest thanks. For twenty-four hours every day they were ready to perform any duty the exigencies of camp might require, and to their untiring and unswerving loyalty may the success of the camp be largely attributed."

Miss Wise reports—

"It is with great pleasure that I submit my eighth annual report on the Girls' Camp held at Dymchurch from 11th August to 25th August, 1933.

The party numbered 222 girls, of whom 157 were assisted cases and the remainder paid the full cost of the holiday. Ten Teachers accompanied the party. As last year, we travelled by coaches, and the journey both there and back proved most comfortable and enjoyable.

It was rather disappointing to arrive at Camp in pouring rain after experiencing a glorious heat wave, but we forgot this disappointment in the interest of arranging dormitories, camp groups and meal tables, to say nothing of getting into camp kit and generally making camp into a home for the fortnight. As usual a good tea was ready for us as soon as we had settled in, and having done justice to this we were ready to start at once on the fortnight's round of pleasure.

Fine weather favoured us, and we were able to spend a great deal of time on the beach and in the water. It says much for the swimming teaching in our Borough that each year we find the number of non-swimmers steadily lessens. Most of the staff being enthusiastic and expert swimmers, the bathing was at all times most carefully supervised, and it would be very difficult to find a place where bathing could be safer or more enjoyable. The large stretches of sand and the smooth running of the tide enable even the smallest and most timid to enjoy daily dips, and the warm weather this year made it possible for the girls to live in bathing costumes, and to get from dormitory to beach without fear of chill.

Games on the sands and in the camp fields played an important part in the camp life. The net-ball courts were in constant use; stool ball had many adherents; even the warm weather failed to deter the Rugby touch enthusiasts; and our old favourite, sand hockey, never failed to attract. It speaks well for our increased skill at the latter game that our only casualty was one black eye acquired by a member of the staff.

Excursions were arranged for those who wished to go. A large party went to Folkestone by char-a-banc, and spent the day and their money there. Several parties visited Hythe, and ex-



plored the canal and various places of interest. Practically the whole party went by the light railway to visit the lighthouse at Dungeness, and spent a most instructive and enjoyable afternoon, finishing up with a picnic on the shingle.

As West Ham must be in the fashion, hiking parties were more popular than ever. It was a matter of real interest to me to see how eagerly the girls packed their rucksacks, had their shoes inspected, and set off with the ordnance maps. Those who know this district will realise the difficulties of making these walks interesting, yet keeping within the walking capacity of the girls, owing to the marshy character of the country and the dykes with which it is intersected. The longest of these walks was made particularly interesting by the fact that the party was met at Ivy-church by the Rector, who conducted a tour over the ancient and historic Church of the village, and pointed out the landmarks from the tower of the Church.

While these outside interests take up much of the time, the inside camp life is not neglected. Impromptu concerts, community singing, entertainment competitions, etc., all add zest to the holiday; and the climax of these revels came when the Staff gave their eagerly awaited entertainment. Judging from the applause of the audience it was as much appreciated as ever.

The health of the children was good and we had no accidents. This, together with the fine weather, made this as enjoyable a fortnight as we have spent there."

In this connection the local branch of the Children's Country Holiday Fund sent away a large number of children (both boys and girls) during the Summer holidays. All these children are inspected by the Nursing staff, as to their cleanliness and freedom from infectious or contagious conditions.

## (10) Physical Training.

There is no organiser for physical training in the Elementary schools, but drill, games and physical exercises are supervised by individual teachers in the various schools.

There is a well organised School Sports Association composed of members of the West Ham Education Committee and teachers. All available sites in the Borough are utilised to the fullest extent in carrying through a vast athletic programme.

Scholars for whom an opinion is required as to fitness for participation in various sections of games are referred for examination by an Assistant School Medical Officer.

During the year 229 boys were examined. Only 2 were found unfit.



## (11) Provision of Meals.

Under this paragraph in my previous reports I have set out the scheme which exists for the provision of meals. This particular scheme has been in operation for several years.

I give below the number of meals provided during the year at the School Dining Centres :—

Breakfasts, 507,032.

Dinners, 961,009.

There are a number of voluntary agencies which also help in this direction.

## (12) Co-operation of Parents, Teachers, School Attendance Officers and Public Bodies.

(a) Parents are always notified when their children are due to be medically inspected, and the fact that last year the percentage of parents who were actually present at the Elementary School examinations amounted to 82.6, indicates the interest taken in the work of the School Medical Service.

The number of parents who refuse to have their children medically examined is extremely low. In 1933 the number of children who were affected by this parental objection amounted to 53.

Parents are always encouraged to accompany their children both when they are being inspected at school, or treated at the Clinics.

(b) The assistance rendered by Teachers has always been greatly appreciated by the staff of the School Medical Service. The facilities, which are invariably afforded Doctors, Dentists and Nurses whenever they have occasion to go to a school, help considerably in the smooth running of the department.

In selecting special cases for examination, urging attendance at Clinics and impressing upon parents the need for carrying out advice given, or recommendations made, the teachers play an invaluable part.

Children who show some defect and are considered by the Doctor to need individual supervision by the teacher are reported to the Head Teacher on a special confidential form. All cases such as bad vision, defective hearing, heart trouble, etc., are so reported.

To the members of the School Inspectorate I also tender my best thanks for their enthusiastic co-operation.

(c) There is complete co-ordination between the School Medical Service and the Bye-Laws Department. The work done by the School Attendance Officers in connection with the Health Services of the Borough is of great value, particularly in regard to cases of non-notifiable infectious diseases, which are brought by them daily to the notice of the Medical Officer of Health.



(d) The School Medical Service is in close touch with certain voluntary associations and societies on behalf of the welfare of individual children.

The Invalid Children's Aid Association and the Invalid and Crippled Children's Society notify the School Medical Officer of children coming under their notice who require new or altered Surgical Appliances. The Education Committee assists in the purchase of instruments or alterations to same.

These Societies also reported cases requiring Convalescent treatment. During the year, 463 school children were sent away for periods of convalescence. Assistance in the purchase or repair of Surgical Appliances was rendered to 26 children.

I am also indebted to the National Society for the Prevention of Cruelty to Children and the Central Association for Mental Welfare, as well as to the Almoners of a number of voluntary Hospitals for their valuable help.

(e) In addition to the voluntary hospitals (not only of West Ham, but of London) there are a number of other voluntary bodies who do very valuable work in regard to the health of the children.

### (13) Blind, Deaf, Defective and Epileptic Children.

(a) The returns of children falling under this heading are obtained from two sources, viz., by Head Teachers and the School Attendance Department.

These cases are notified as they arise and are followed up by a Nurse specially detailed for this work. The children are also examined by the Chief Assistant School Medical Officer to ascertain their fitness for school, or otherwise. Some are returned to the Elementary school, many are recommended for admission to the Special Schools, but the majority are found to be unfit for school attendance.

The permanent out-of-school cases are visited from time to time by the Nurse detailed for the purpose and any changes in the condition justifying re-examination are then brought to light.

There is also an annual census taken at the end of the year of all exceptional children submitted by Head Teachers. These are examined by the medical staff, and cases considered unfit for an ordinary school are referred for further examination to the Chief Assistant School Medical Officer.

A number of children have been placed in various Institutions, and the Local Authority are responsible for their maintenance.

(b) A Special Nurse is employed in following up all mentally defective children not in school. All out-of-school cases are periodically medically examined to ascertain their fitness for admission to Special Schools.



Mentally defective children who are not in Special Schools are those who are too young for certification. These are reviewed from time to time by the Chief Assistant School Medical Officer.

(c) **General Review of the work of the Authority's Special Schools.**

Knox Road and Grange Road Special Schools for  
Mentally and Physically Defective Children.

The Special Schools at Knox Road and Grange Road have provision for Mentally and Physically Defective children, as follows :—

<b>Knox Road</b>	<b>Grange Road</b>
95 Mental Defectives	95 Mental Defectives
80 Physical Defectives	72 Physical Defectives

All the children attending these Special Schools have annual routine inspection, and any cases found to require treatment for minor ailments are referred to the Clinics in the same way as appertains with the ordinary elementary schools. Cases also found to be in need of dental treatment are sent to a Dental Clinic and treated, where possible, under the Authority's scheme. A certain number of cases are referred for treatment at the Dental Department of a local Hospital.

Children found with defective vision are seen by the Committee's Oculist, and assistance given in the purchase of glasses, if necessary, as in the case of elementary children.

**Age Distribution of Examinees.**

**M.D. and P.D. Children.**

Age	Number Examined			
7	...	...	...	16
8	...	...	...	20
9	...	...	...	30
10	...	...	...	35
11	...	...	...	38
12	...	...	...	42
13	...	...	...	36
14	...	...	...	16
15	...	...	...	13
Total				246

Attendance of Parents, 67%.

## Chief defects referred for Treatment or Observation.

### Treatment

Unclean Head ...	19	Other Ear Diseases ...	4
Unclean Body ...	5	Enlarged Tonsils and	
Scabies ...	1	Adenoids ...	2
Other Skin Diseases ...	10	Other Conditions Nose	
Blepharitis ...	2	and Throat ...	1
Defective Vision ...	15	Teeth—Oral Sepsis ...	24
Squint ...	8	Other Defects and	
Otitis Media ...	3	Diseases ...	1

### Observation

Malnutrition ...	90	Heart Disease—	
Other Skin Diseases ...	1	Organic ...	15
Defective Vision ...	30	Functional ...	4
Squint ...	12	Anaemia ...	7
Other Eye Conditions	1	Other Disease of Lungs	1
Defective Hearing ...	18	T.B. Spine ...	15
Otitis Media ...	3	T.B. Hip ...	6
Enlarged Tonsils only	20	T.B. other Bones and	
Adenoids only ...	6	Joints ...	9
Enlarged Tonsils and		Epilepsy ...	3
Adenoids ...	13	Other Conditions	
Other Conditions Nose		(Nerves) ...	37
and Throat ...	17	Rickets ...	3
Enlarged Cervical		Spinal Curvature ...	5
Glands ...	20	Other Forms	
Defective Speech ...	24	Deformities ...	14
Teeth—Oral Sepsis ...	50	Other Defects and	
		Diseases ...	165

The following Table shows the number of defects treated at the Clinics during the year:—

Scabies ...	1	Other Eye Conditions...	5
Other Skin Diseases ...	165	Defective Hearing ...	2
Blepharitis ...	1	Otitis Media ...	32
Conjunctivitis ...	1	Other Ear Diseases	2
Referred to Oculist ...	57	Other Defects and	
		Diseases ...	215

Two voluntary After-Care Committees sit to consider the welfare of children who have recently left these schools.



The following reports have been received regarding "leavers" during the past year:—

**Knox Road Special School.**

	M.D.	P.D.
Returned to Elementary School ...	1	4
Left at Age Limit ... ..	2	4
Permission granted at 14+ to take up work ... ..	3	6
Excluded by Medical Officer ... ..	2	1
Removed from the area ... ..	7	5
Transferred to M.D. School ... ..	-	1

Of the P.D. children who have left during the year, seven have obtained employment as follows:—

- One is working in a wholesale stationers.
- One is working at dressmaking.
- One is working at shoemaking.
- One is working at upholstery.
- One has domestic work.
- One is in a factory.
- One is working for the L.N.E.R.

Of the M.D. children who left during the year

- Two are working in shops.
- One is a machinist.
- One is working in the L.N.E.R.

**Grange Road Special School.**

	P.D.	M.D.
Returned to Elementary Schools ...	9	5
Removed from District ... ..	3	3
Left at Age Limit ... ..	2	6
Left having obtained suitable employment	3	8
Transferred to Residential Schools ...	5	-
Excluded ... ..	4	7
Deceased ... ..	1	-
Transferred to Knox Road M.D. School	-	1

Of the P.D. children who obtained employment

- One boy is working with the Shaftesbury Society
- One boy is apprenticed to a hairdresser.
- One boy is working as an electrician's mate.
- One girl is working in a sweet factory, and
- One girl is working as a shop assistant.

Of the M.D. children who obtained employment

- One boy is helping father as a hawker,
- One girl is working in a sweet factory, and
- One girl is working at a mackintosh makers.

### **Frederick Road and Water Lane Deaf Centres.**

These Centres have accommodation for 40 and 44 Deaf mutes respectively. All the children are examined annually by an Assistant School Medical Officer, and arrangements are also made for an annual examination by a Specialist Aural Surgeon.

During 1933 the number of children examined at these schools in the course of Routine Medical Inspection was as follows:—

Frederick Road Deaf Centre, 35.

Water Lane Deaf Centre, 30.

Very few minor defects were found, and these were referred to the Clinic for appropriate treatment.

A number of children from outside areas are admitted to these schools by arrangement with the Local Education Authority, when vacant places permit.

The following After-Care Committee's reports on West Ham "leavers" have been received during the year:—

#### **Frederick Road Deaf Centre**

Three girls and one boy have left this school during the year.

One girl is employed in a rubber factory.

One girl is employed in a box-making factory.

One girl is working in a cigarette factory.

One boy is helping to load and unload at a furniture factory.

#### **Water Lane Deaf Centre.**

Two boys learning basket making at basket works

One boy obtained employment at sign writing

One girl staying at home at present

One girl staying at home and doing household duties.

**Blind.** There are no local arrangements made for the education of blind and partially blind children. Where possible, arrangements are made for these children to be admitted to Residential Schools for the Blind or Partially Blind.

**Epilepsy.** Only severe cases of Epilepsy are excluded from attendance at the Elementary schools. As far as possible arrangements are made for cases of major epilepsy to be boarded out at suitable Institutions.

**Stammerers.** Special classes of from eight to ten weeks' duration have been carried out at North Street School during the year. They are under the supervision of a qualified teacher, and



the results have been very promising. In the case of children where sufficient improvement was not made during the first course, a repeat course was recommended.

The children are examined by an Assistant School Medical Officer before and at the end of each Course. During the year 14 boys and 6 girls attended the first class, 13 boys and 5 girls took a second Course, and 5 boys a third Course. Three boys were considered to be in need of still further Courses.

Four classes were held during the year. Children from outside areas are accepted when vacancies are available.

### **Fyfield Residential Open-Air School.**

The Residential Open-air School at Fyfield, Ongar, Essex, maintained by the Authority for 80 boys and 60 girls provides all the essentials of outdoor education.

The function of the School is to afford an opportunity of improving the resisting power of the debilitated child of the non-infectious type. The children are selected and recommended by the School Medical Staff and are examined before admission.

The cases selected for admission are children who are below average in health or physique or who are debilitated after illness. Children suffering from active disease are not considered suitable cases for admission. All candidates for Fyfield have their teeth put in order and any necessary operation upon the throat performed prior to admission.

Fortnightly visits are paid to the School by the Chief Assistant School Medical Officer, when all the children are medically re-examined and the height and weight noted. In case of emergency or sudden illness a local practitioner is called in.

During the year 193 boys and 173 girls were admitted and 198 boys and 174 girls discharged. The discharged cases are medically re-examined a few months after leaving the School to ascertain if the improvement is maintained.

Of the 392 cases sent for re-inspection, 22 did not attend for various reasons. Out of the 370 examined 311 showed continued improvement, whereas 59 had had intercurrent ailments, and their then present condition was not considered so satisfactory.

My annual report for 1932 sets out the daily routine at the school.

The dietary has proved quite satisfactory. A specimen week is given below :—

# WEEKLY MENU FOR SUMMER MONTHS.

	Breakfast.	Lunch.	Dinner.	Tea.	Supper.
Sunday	Cocoa, Bread and Butter, Jam, Fruit or Marmalade.	—	Roast Beef, Cabbage and Potatoes, Stewed Fruit or Fruit Salad and Custard.	Tea, Bread and Butter, Cake.	Milk, Bread and Dripping.
Monday	Tea, Porridge, Bread and Butter, or Dripping.	Milk.	Cold Meat, Beetroot, or Green Salad Potatoes, Suet Pudding with Syrup, Jam or Fruit.	Tea, Bread and Butter, Jam or Fruit. Sardines.	Milk, Bread and Dripping.
Tuesday	Tea, Grape Nuts, Bread and Butter.	Lemonade or Milk.	Stewed Steak, Carrots and Onions, Potatoes, Milk Pudding, Fruit in Season.	Tea, Bread and Butter, Jam or Fruit.	Cocoa, Bread and Butter.
Wednesday	Tea, Fish, Bread and Butter.	Milk.	Meat Pudding Cabbage and Potatoes, Raw Fruit or Fruit and Custard.	Tea, Bread and Butter, Buns.	Milk, Bread and Butter.
Thursday	Tea, Grape Nuts, or Fruit, Bread and Butter.	Milk.	Stew, Carrots and Onions, Potatoes, Milk Pudding, Lemonade.	Tea, Currant Bread. and Fruit or Jam.	Milk, Bread and Dripping.
Friday	Tea, Boiled or Scrambled Eggs, Bread and Butter.	Milk.	Fish, White Sauce and Potatoes, Fresh or Dried Fruit, Suet Puddings.	Tea, Bread and Butter, Jam or Fruit.	Cocoa.
Saturday	Tea or Cocoa, Porridge or Fruit, Bread and Butter.	Milk or Lemonade.	Hot or cold Ham, Hot or cold Mutton, Two Vegetables or Potatoes and Salad, Jam Tarts or Blancmange and Stewed Fruit.	Tea, Bread and Butter, Jam or Fruit.	Milk.

Lettuce, Tomatoes, Radishes, for dinners and teas, when in season.

Fresh Fruit for breakfasts and teas, when in season.

All Milk used is Grade "A."

The Menu for the Winter months is very similar, except that there is less fresh fruit and lettuce, etc.



WEEKLY MEETINGS FOR SUMMER MONTHS

DATE	TIME	LOCATION	ATTENDANCE
June 1st	7:00 PM	Room 101	12
June 2nd	7:00 PM	Room 101	15
June 3rd	7:00 PM	Room 101	18
June 4th	7:00 PM	Room 101	20
June 5th	7:00 PM	Room 101	22
June 6th	7:00 PM	Room 101	25
June 7th	7:00 PM	Room 101	28
June 8th	7:00 PM	Room 101	30
June 9th	7:00 PM	Room 101	32
June 10th	7:00 PM	Room 101	35
June 11th	7:00 PM	Room 101	38
June 12th	7:00 PM	Room 101	40
June 13th	7:00 PM	Room 101	42
June 14th	7:00 PM	Room 101	45
June 15th	7:00 PM	Room 101	48
June 16th	7:00 PM	Room 101	50
June 17th	7:00 PM	Room 101	52
June 18th	7:00 PM	Room 101	55
June 19th	7:00 PM	Room 101	58
June 20th	7:00 PM	Room 101	60
June 21st	7:00 PM	Room 101	62
June 22nd	7:00 PM	Room 101	65
June 23rd	7:00 PM	Room 101	68
June 24th	7:00 PM	Room 101	70
June 25th	7:00 PM	Room 101	72
June 26th	7:00 PM	Room 101	75
June 27th	7:00 PM	Room 101	78
June 28th	7:00 PM	Room 101	80
June 29th	7:00 PM	Room 101	82
June 30th	7:00 PM	Room 101	85

The above list shows the attendance for the summer months. The total attendance for the summer months is 2,400. The average attendance per week is 80. The attendance was highest on June 30th with 85 people attending. The attendance was lowest on June 1st with 12 people attending.

### **Crosby Road Open-Air School.**

The Authority maintains a Day Open-air School at Crosby Road, Forest Gate, for 90 children, from the age of 7 years upwards. The cases are recommended by the School Medical Staff from their findings at Routine and Special examinations.

Long periods of attendance at the Day Open-air School are usually required, as in many instances home influences very often detract from the benefit that would otherwise accrue. The children have the benefit of spray baths, breathing exercises and handkerchief and tooth brush drill; also plenty of rest as well as lessons in an open-air environment. Good meals with morning milk are also provided.

Periodical medical examinations are carried out at the school by the Chief Assistant School Medical Officer.

During the year 20 boys and 26 girls were admitted, and 7 boys and 35 girls discharged.

I am indebted to Miss Davies (the Head Mistress) for the following report on the School:—

"The year 1933 has been encouraging. Real improvement, physical and mental, is noticed in all children shortly after admission, and this improvement on the whole continues.

'Health first' is necessarily the slogan of the School, and the curriculum is adapted towards that end. Personal hygiene occupies a large part of the timetable, and particular stress is laid on individual cleanliness. As a result of well-balanced menus, quiet, orderly meal-times, and definite rest periods, real physical improvement takes place, and with it a corresponding mental improvement.

The adjoining garden, and the privilege of working in their own individual gardens, are much prized by the children. Gardening as a means of self-expression is very valuable to the School, for the moral and mental stimulus it bestows.

The usual school subjects are not neglected, and dancing, singing, and dramatic work are much enjoyed.

The parents seem to appreciate the work of the School, and co-operate as far as possible. A Parents' Day was held in April, and a re-union of old scholars in July."

### **Ogilvie School of Recovery, Clacton-on-Sea.**

The Authority also retains 10 beds for girls at the Ogilvie School of Recovery, Clacton-on-Sea. The selected cases are delicate children found at Routine and Special examinations.

The children selected for admission are further medically examined before going to Clacton, and the discharged cases are examined soon after their return home.

During the year 12 cases were admitted and 11 discharged.



## (14) Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

Following are the Institutions at which West Ham cases were undergoing a specialised course of training, having regard to their particular defect, during 1933 :—

Swiss Cottage for the Blind	...	...	3 men, 2 women
Barclay School for the Blind, Brighton	...	...	1 woman
National Institute for the Blind	...	...	1 man
Royal School for the Blind, Leatherhead	...	...	2 men
Royal Normal College	...	...	1 man
London Association for the Blind	...	...	1 woman
Lingfield Epileptic Colony	...	...	1 woman
Heritage Craft School	...	...	1 man

In addition, 14 adult blind persons are in receipt of training at the West Ham Municipal Workshops for the Blind. This Institution is administered by the West Ham Council, as the Statutory authority under the Blind Persons' Act. During the year three men were examined and reported on as to suitability for training under this Act.

No particulars are available regarding the after-careers of students who have left the above Institutions.

## (15) Nursery Schools.

The Authority has two Nursery Schools, one in the north and one in the south of the Borough, on sites adjoining Abbey and Rosetta Road Schools respectively.

The particulars regarding the structure and details of organisation of these schools were given in my last report.

The following reports have been received from the Assistant School Medical Officers responsible for the Medical Inspection and treatment of the children attending these two Nursery Schools :—

### Rebecca Cheetham Nursery School.

During the year 1933 the usual eight visits were made to the Rebecca Cheetham Nursery School, four being concerned with the routine examination of the infants and four for the purpose of re-inspection of children found to have had some physical defect at the previous routine inspection.

Total number of children inspected	...	...	399
Number of defects found	...	...	101 (25.5%)
Total number re-inspected	...	...	101
Special Cases	...	...	11

The following interesting differences in the final results of the examinations made during the years 1932 and 1933 indicate the increasing benefit which the Nursery School system is conferring on the younger child.

(a) Forty-nine more children underwent routine examination in 1933 than 1932, indicating a larger annual attendance at the School, and consequently a better state of the child's health.

(b) A great diminution in the actual number and in the percentage figure of defects found, and this in spite of the fact that more children were examined in 1933. This is attributable to several factors.

(c) The high standard of personal hygiene was found to have been maintained, only 15 children requiring some attention in respect of cleansing, and therefore making a lower percentage figure than in 1932.

I should like to thank Miss Whittingham and the Nursery School Staff for their kindly assistance in securing co-operation between the Medical Staff and parents, and thus ensuring a smooth working.

Miss Gubb reports on the Dental Examination and Treatment as follows :—

"The Rebecca Cheetham Nursery School was inspected twice during the year, and all children found to require treatment were referred to the Clinic and subsequently treated.

The dental condition of the children as a whole was very good, the jaw formations with few exceptions also good, and in nearly all the children the normal eruption of teeth for their respective ages was present.

The parents tend to show a greater interest in the preservation of the teeth, even though they are 'only the baby teeth,' and attend more willingly for conservative treatment. The parents also seem to have a better understanding and appreciation of the advice given to them with regard to the many factors influencing the dental condition of their children.

I should like to thank Miss Whittingham for her valuable help and co-operation at all times with the parents and babies."

#### **The Edith Kerrison Nursery School.**

This School has now completed its third year. During the year 1933 four medical inspections—quarterly—were carried out. The following report relates to the findings at these inspections.

Examinations	Boys examined	Girls examined	Total	Parents present	Number Defective	Percentage of Defects
March ...	54	56	110	91	34	30.9
June ...	53	60	113	99	21	18.5
September ...	49	51	100	80	18	18.0
December ...	51	66	117	95	18	15.3



At the March examination respiratory catarrh was very prevalent. There were 10 cases of rather severe bronchitis and a larger number with varying degrees of bronchial catarrh.

In June the condition of the children was very good. The School was free from infectious disease.

In September the general health of the children was very good. Of the 20 children absent, only two were very ill, the others being on holiday or hopping.

The December examination provided the best report of all. The number examined (117) was the highest recorded since the School was opened. Of the three absent children, one had Diphtheria, one had Tonsillitis, and the third was absent for no apparent reason.

There is complete co-ordination between the Headmistress, Miss J. E. Cass, and the School Medical Staff. Any child requiring attention is sent to the Clinic at Rosetta Road, where any condition found to require treatment is promptly dealt with.

Miss Marsden, the Dental Surgeon, reports:—

“During the year 1933 the School was inspected twice, and treatment followed almost immediately afterwards. Any children absent through illness or any other cause are able to attend later (owing to the nearness of the School to the Clinic). Thus all the children were treated regularly during the year.

On the whole the dental condition of the children is pretty satisfactory, and if continued should auger well for the future of these children.

I should like to thank Miss Cass for help during inspections, and for the efforts made to see that the children do attend at the Clinic for the necessary treatment.”

There are also several voluntary Nursery Schools doing excellent work.

## **(16) Secondary Schools and Other Institutions of Higher Education.**

The Institutions referred to here comprise—

- (1) The Municipal College (Provided by the Authority).
- (2) The West Ham Secondary School (Provided by the Authority).
- (3) St. Angela's High School for Girls (Ursuline Convent) (Aided by the Authority).
- (4) The Plaistow Secondary School (Provided by the Authority).
- (5) The West Ham High School for Girls (Aided by the Authority).

## MUNICIPAL COLLEGE.

The Local Authority undertakes the Medical Inspection of certain students in attendance at this College, provided by them. The students examined are those attending (1) Junior Courses Engineering, first and second year (2) Trade School for Girls (a) Preparatory (b) Dressmaking, first and second years (c) Cookery, first and second year (3) Junior Art Trade School for Boys and Girls.

Three visits are made during the year, and re-inspections are made of examinees from each previous medical inspection.

The examinations are fuller in detail than obtain in the Elementary Schools, colour vision, head and chest measurements, and other enquiries incidental to the age period being noted.

The procedure of following-up by Nurses' visits and re-inspection by the Assistant School Medical Officer is the same as in the Elementary Schools. The School Clinic and Hospital arrangements for the operative treatment of Tonsils and Adenoids, the School Oculist and the X-Ray Specialist are available if required.

Arrangements have now been made for the female students to be examined by a lady Doctor.

Total number inspected (122 boys, 100 girls) 222.

Total number of defects found ... .. 43.

The majority of the above defects were due to defective vision, necessitating change of glasses.

On the whole, the majority of the students appeared to be healthy and of good physique; well grown and well nourished.

Thanks are due to the Principal and Staff of the College for their courteous co-operation and assistance during the medical inspections.

## SECONDARY SCHOOLS.

All the Scholars in the West Ham Secondary and Plaistow Secondary Schools are medically examined annually, in addition to which the Assistant School Medical Officers make one visit a year for the purpose of re-inspecting those pupils found with defects at the previous examination.



The procedure of following-up by Nurses' visits is the same as in the Elementary Schools.

The girl students in these Schools are medically examined by a Lady Doctor.

Every facility provided by the Authority for the treatment of children is available for these pupils. Many of the pupils, however, have their defects remedied privately. Treatment is obtainable by all the scholars, i.e. scholarship holders and fee-payers.

### WEST HAM SECONDARY SCHOOL.

All the pupils were medically examined during 1933 and those requiring treatment were seen three months later in order to determine whether this had been satisfactorily obtained.

Number Examined		Number Defective	
Boys	Girls	Boys	Girls
364	224	77	32

Faulty vision accounted for the major portion of defects found to require treatment.

One must emphasize the great interest taken in the work by the Principal, Dr. Churchill. He and his staff render valuable assistance to the School Medical Department.

### PLAISTOW SECONDARY SCHOOL.

All the pupils were medically examined during 1933 and those requiring treatment were seen three months later in order to determine whether this had been satisfactorily obtained.

Number Examined		Number Defective	
Boys	Girls	Boys	Girls
340	224	74	46

The greatest number of defects was due to faulty vision.

The Principal, Mr. J. W. Hand, takes a great interest in the medical inspection of the pupils. He is, at all times, most willing to co-operate with the School Medical Department.

## WEST HAM HIGH SCHOOL FOR GIRLS AND ST. ANGELA'S HIGH SCHOOL.

On the request of the respective Governors, the Authority provides for the Medical Inspection of West Ham scholars in these Schools, with the exception of the Preparatory Schools. These Schools are visited each year by a Lady Doctor, and the same Medical Services are available for the scholars as for those children in the Elementary Schools. Vision is mainly treated by the School Oculist, but a few parents prefer to obtain treatment privately.

All other defects are treated almost entirely privately.

### WEST HAM HIGH SCHOOL FOR GIRLS.

An inspection took place of the West Ham pupils attending this school, excepting those in the Preparatory Department.

The keenness and enthusiasm of the Principal, Dr. Florence Barnett, have helped to maintain the high standard of health found amongst the scholars.

#### Age Distribution of Examinees.

Age	Number Examined		
9	...	...	1
10	...	...	5
11	...	...	39
12	...	...	44
13	...	...	52
14	...	...	31
15	...	...	19
16	...	...	16
17	...	...	3
			Total 210

Attendance of parents, 83%.

Number of children found defective, 15%.

#### Chief Defects referred for Treatment.

Skin Disease	...	...	1	Dental Caries	...	...	18
Defective Vision	...	...	19	Anaemia	...	...	2
Defective Hearing	...	...	1	Nervous Debility	...	...	1
Other Ear Conditions	...	...	1	Spinal Curvature	...	...	2
Enlarged Tonsils and	...	...	2	Other Conditions	...	...	3
Adenoids	...	...					



Recommendations were left with the Principal re the following, amongst other conditions:—

Defective Vision	...	19	Physical Exercises		
Dental Caries	...	18	(Flat Foot, etc.)	...	25
Defective Hearing	...	1			

The remedial exercises for slight deformities are carried out by the Drill Mistress.

### ST. ANGELA'S HIGH SCHOOL FOR GIRLS.

This school is medically inspected annually, the inspection being confined to West Ham scholars, excluding those in the Preparatory School.

The co-operation and active interest of the Principal is much appreciated.

#### Age Distribution of Examinees.

Age	No. Examined
11	24
12	31
13	36
14	23
15	16
16	11
17	8
18	2
<hr/>	
Total	151

Attendance of parents, 80%.

Number of children defective, 10%.

#### Chief Defects referred for Treatment.

Malnutrition	...	1	Dental Caries	...	9
Skin Disease	...	1	Anaemia	...	1
Defective Vision	...	7	Other Conditions		
Defective Hearing	...	1	Nose and Throat	...	2
Otitis Media	...	1	Other Conditions	...	1

Recommendations were left with the Principal re the following, amongst other conditions:—

Defective Vision	...	7	Physical Exercises		
Defective Hearing	...	2	(Flat Foot, etc.)	...	21
Dental Caries	...	9			

The Drill Mistress undertakes the special exercises for slight deformities.

## **Continuation Schools.**

There are now two Continuation Schools in the Borough, viz., the Shakespeare Institute and the Lister Institute.

No scheme of Routine Medical Inspection has been carried out in the past, but an annual Inspection is now being arranged for the pupils in attendance at these Schools.

Hitherto the Head Teachers of these Institutes have been empowered to refer cases to the School Medical Officer for advice, and treatment if necessary.

## **Scholarship Children.**

All scholarship children are medically examined soon after taking up their scholarships. The schools at which such scholarships are held are:—

Provided by the Authority:

- (1) The Grove Central School.
- (2) The Russell Central School.
- (3) The West Ham Secondary School.
- (4) The Plaistow Secondary School.

Aided by the Authority:

- (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 above have been dealt with as separate reports.

## **SCHEME OF MEDICAL INSPECTION AT THE CENTRAL SCHOOLS PROVIDED BY THE AUTHORITY.**

There are two Central Schools, namely, The Grove School, Forest Gate, and The Russell School, Plaistow.

At the present time there are two examinations in the year, one in September at which all newly entered scholarship children are inspected, whilst the second examination takes place during the second quarter of the year, and comprises all scholars who are in their third year and due to leave at midsummer. At either of these examinations it is open for the Headmasters to submit as "specials" any scholars not due for examination where retarded progress or some definite ailment or condition makes it appear advisable. The Head may also consult with the School Medical Officer between school visits on any case where it is not deemed advisable to await the next medical inspection.



The same routine procedure of following up by Nurse's visits and re-inspection by the Assistant School Medical Officer, obtain as in the case of the Elementary Schools. The Committee's Oculist, X-Ray Specialist, School Clinic and Hospital arrangements for the operative treatment of Tonsils and Adenoids are available for cases needing it.

### **The Grove Central School.**

During the year 1933, two medical inspections were carried out at The Grove Central School and a total of 191 routine examinations were made.

In the summer, 86 children were inspected prior to their leaving school and in October, 105 "entrants" were examined medically.

				Treatment	Observation
Skin Diseases (not T.B.)	...	...	...	1	—
Blepharitis	...	...	...	1	—
Defective Vision	...	...	...	17	25
Squint	...	...	...	1	1
Defective Hearing	...	...	...	—	1
Enlarged Tonsils only	...	...	...	4	7
Enlarged Cervical Glands (not T.B.)	...	...	...	—	4
Other Diseases and Defects	...	...	...	1	5

As a result of the examinations in 1932, 36 children were found to need treatment, while in 1933 the lowered figure of 25 is shown. As has been observed previously, faulty vision claimed the major portion of defects requiring treatment.

It is noteworthy that the personal hygiene of the children was found to be exceedingly good.

Mr. Madden's kindly interest in and co-operation with, the Medical Service, has done much to produce this highly satisfactory standard of hygiene and health in the scholars during 1933, and I should like to thank him.

### **The Russell Central School.**

Leavers were examined in June, 1933. These pupils commenced their studies at the school in August, 1930, and during this period they have done remarkably well, the average gains for this period being, height 7 inches, weight 33 lbs, and chest measurement 4 inches.

#### **Pupils examined.**

Age	Boys	Girls
15	52	35
Parents present	26	29

Combined percentage of parents present, 63.

## Chief Defects referred for Treatment and Observation.

Defect	BOYS			GIRLS		
	Treatment	Observation		Treatment	Observation	
Defective Vision	...	4	—	...	4	1
Skin Disease	...	—	—	...	1	—
Defective Hearing	...	1	—	...	—	—
Otitis Media	...	1	—	...	—	—
Enlarged Tonsils	...	—	—	...	1	—
Oral Sepsis	...	1	—	...	—	—
Heart Disease	...	—	—	...	1	—
Other Disease	...	—	—	...	1	—

Two Special cases were also examined, one girl with defective vision and one boy with asthma and bronchitis. The girl was referred to the eye specialist and the boy was given advice.

### Re-Inspection.

Vision :	Four boys and four girls were prescribed glasses and all obtained them. In addition the girl "Special" was prescribed glasses and she obtained them.
Psoriasis :	There was no improvement in this girl's skin condition. She was sent to a skin specialist.
Otitis Media :	Boy receiving hospital treatment, some improvement noticed.
Defective Hearing :	Boy receiving hospital treatment, slight improvement.
Enlarged Tonsils :	Some improvement following the use of gargles.
Oral Sepsis :	Treatment not carried out.
Heart Disease :	In statu quo.
Other Defect (Cyst) :	Girl has had operation performed with a successful result.

The Entrants were examined in November, 1933. The following constitutes a resumé of the examination.

Boys.		Girls.	
No. Examined.	No. Defective.	No. Examined.	No. Defective.
50	10	55	16

Parents present: Boys, 49. Girls, 53.

Combined percentage, 97%.

Percentage defective: Boys, 20%. Girls, 29%.



### Chief Defects referred for Treatment or Observation.

			Treatment		Observation
Defective Vision	...	...	18	...	3
Otitis Media	...	...	1	...	—
Enlarged Tonsils	...	...	4	...	1
Organic Heart Disease	...	...	1	...	—
Bronchitis	...	...	1	...	—
Other Defects and Diseases	...	...	2	...	1

### Following Up and Treatment.

Defective Vision :	Eighteen pupils prescribed glasses and all obtained them; two not prescribed glasses.
Otitis Media :	Ear now quite clear.
Enlarged Tonsils :	Some improvement in all the four cases.
Organic Heart Disease :	Heart condition has got worse. Girl now temporarily out of school.
Bronchitis :	Chest clear.
Other Defects (3) :	
(1) Nævus :	For operation during the Christmas holiday.
(2) Slight Umbilical Weakness :	Condition same, no need for operation.
(3) Migraine (girl) :	Definite improvement.

Mr. C. W. Truelove, the Principal, takes a special interest in Medical Inspection at the School, with the result that a large percentage (average 80) of the parents attend the two inspections each year.

## (17) Parents' Payments.

The arrangements made for recovering the cost of treatment from parents of children attending Public Elementary Schools and pupils attending Secondary Schools and other Institutions of Higher Education are as follows:—

**Medical and Dental Treatment.** Lists of cases treated are periodically sent to the Superintendent of Visitors. The School Attendance Officers visit each case and ascertain the income of the parents. The cases are then assessed in accordance with the Committee's scale and the amount is then collected by weekly instalments.

**Spectacles.** Parents claiming assistance in respect of the supply of spectacles to children attend the School Attendance Department and state particulars of their income. Upon this information, an order is given to the Optician to the Education Committee, to supply the spectacles at contract price at a cost to the parents according to their means.

## **(18) Health Education.**

The staff of the School Medical Service have not given any Health talks in the Elementary or Secondary Schools during the year.

Copies of the Board's Handbook of Suggestions on Health Education have been supplied to Head Teachers.

## **(19) Special Inquiries.**

There have been no special inquiries conducted during the year by members of the School Medical staff in regard to Special Services.

## **(20) Miscellaneous.**

### **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 have been recently revised and adopted by the Council. In the main they give greater elasticity to child employment without essentially altering the hours of employment or encroaching on the conditions. Moreover they bring these conditions more into line with those of the London County Council and neighbouring Boroughs. During 1933, 165 children were examined; one certificate was not granted on account of unfitness.

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 34 girls and 5 boys.

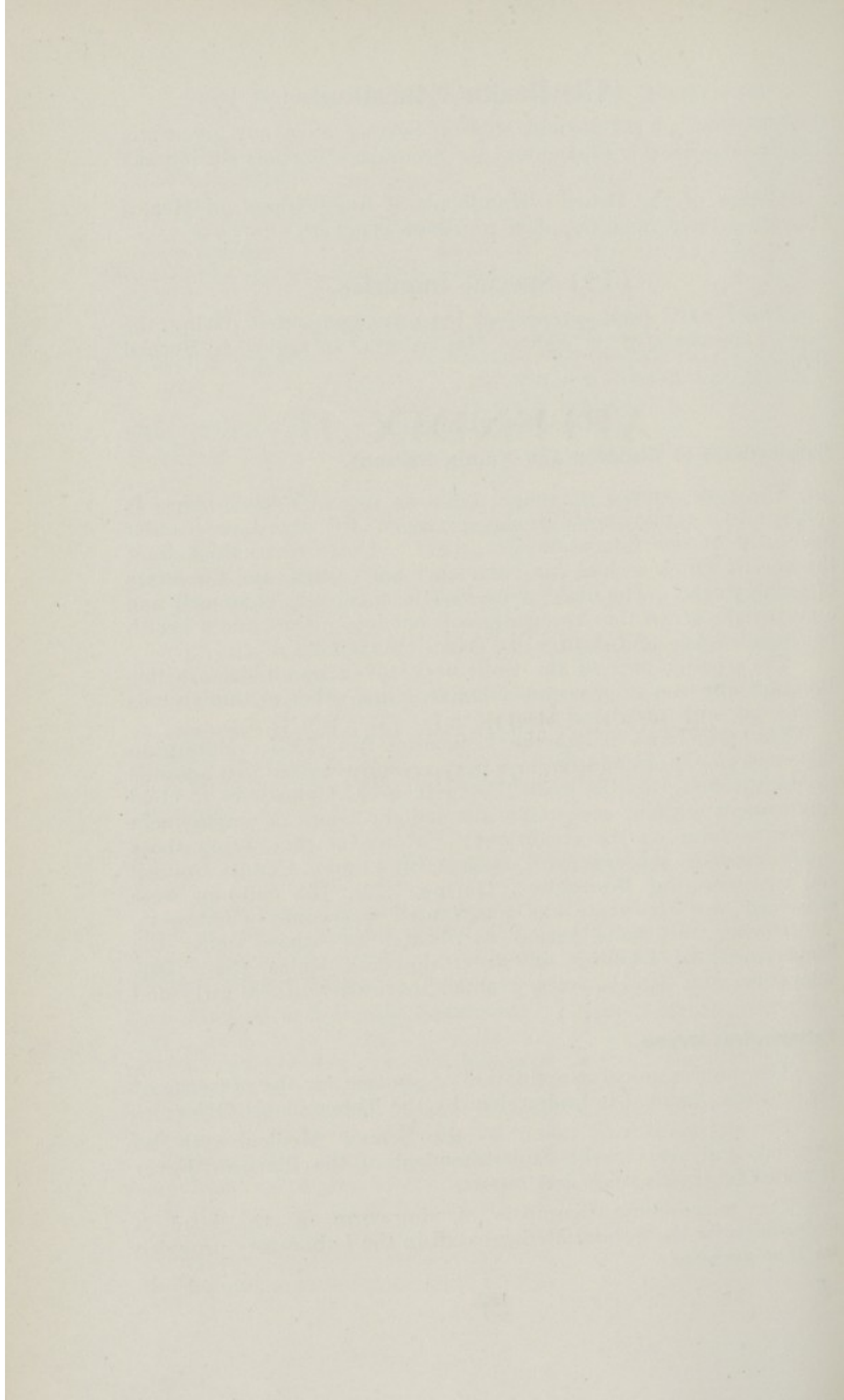
### **Pathological Work.**

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.





## APPENDIX II.

---

STATISTICAL TABLES,  
SCHOOL MEDICAL OFFICER'S  
ANNUAL REPORT,

1933.



TABLE I.

RETURN OF MEDICAL INSPECTIONS.

Year ending 31st December, 1933.

ELEMENTARY SCHOOLS.

**A.—Routine Medical Inspections.**

Number of Inspections in the Prescribed Groups.

Entrants	....	...	...	...	...	...	5652
Second Age Group		...	...	...	...	...	4698
Third Age Group	...	...	...	...	...	...	5191
						Total	...
							<hr/> 15541 <hr/>

Number of other Routine Inspections   ...   ...   ...   1623

**B.—Other Inspections.**

Number of Special Inspections	...	...	...	...	18593
Number of Re-Inspections	...	...	...	...	7451
				Total	...
					<hr/> 26044 <hr/>

**TABLE II.**  
**A.—Return of Defects found by Medical Inspection in the Year**  
**ended 31st December, 1933.**  
**ELEMENTARY SCHOOLS.**

Defect or Disease.	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 ... ..	275	60	9	15
<b>SKIN—</b>				
Ringworm—Scalp ... ..	1	—	27	—
Body ... ..	2	—	115	1
Scabies ... ..	13	—	204	—
Impetigo ... ..	30	—	1,043	—
Other Diseases ... ..	89	20	1,926	21
(Non-Tuberculous)				
<b>EYE—</b>				
Blepharitis ... ..	55	3	316	1
Conjunctivitis ... ..	33	1	655	—
Keratitis ... ..	1	—	13	1
Corneal Opacities ... ..	4	1	42	2
Defective Vision ... ..	992	232	987	20
(Excluding Squint)				
Squint ... ..	145	10	219	1
Other Conditions ... ..	10	7	267	2
<b>EAR—</b>				
Defective Hearing ... ..	51	14	104	8
Otitis Media ... ..	110	25	714	3
Other Ear Diseases ... ..	39	6	413	1
<b>NOSE AND THROAT—</b>				
Chronic Tonsillitis only ... ..	464	341	241	2
Adenoids only ... ..	21	10	26	1
Chronic Tonsillitis & Adenoids	297	63	248	4
Other Conditions ... ..	75	25	159	2
<b>Enlarged Cervical Glands,</b> (Non-Tuberculous)	23	33	228	5
Defective Speech ... ..	10	22	89	11
<b>HEART AND CIRCULATION—</b>				
Heart Disease—Organic ... ..	25	112	58	27
Functional ... ..	—	92	2	16
Anaemia ... ..	168	91	130	58
<b>LUNGS—</b>				
Bronchitis ... ..	178	87	65	17
Other Non-Tuberculous Diseases	10	19	15	1



**TABLE II.—(Continued)**

Defect or Disease.  (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 ... ..	1	4	6	—
Suspected ... ..	22	28	27	7
Non-Pulmonary :				
Glands ... ..	4	4	13	1
Bones and Joints	—	3	—	1
Skin ... ..	1	1	—	—
Other Forms ... ..	—	1	2	—
<b>NERVOUS SYSTEM—</b>				
Epilepsy ... ..	3	11	14	1
Chorea ... ..	25	9	36	6
Other Conditions ... ..	50	40	59	12
<b>DEFORMITIES—</b>				
Rickets ... ..	2	7	1	7
Spinal Curvature ... ..	18	3	7	—
Other Forms ... ..	18	14	8	13
<b>Other Defects and Diseases ...</b> (excluding Uncleanliness and Dental Diseases)	349	125	6,439	188

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

Group  (1)	Number of Children		Percentage of Children found to require treatment  (4)
	Inspected (2)	Found to require treatment (3)	
<b>PRESCRIBED GROUPS—</b>			
Entrants ... ..	5,652	1,129	19.9
Second Age Group ... ..	4,698	1,038	22.0
Third Age Group ... ..	5,191	982	18.9
<b>Total (Prescribed Groups) ...</b>	<b>15,541</b>	<b>3,149</b>	<b>20.2</b>
<b>Other routine Inspections ...</b>	<b>1,623</b>	<b>97</b>	<b>5.9</b>

TABLE III.

**Return of all Exceptional Children in the County Borough.****Children Suffering from Multiple Defects.**

Children suffering from any combination of the following types of defect:—

Blindness (NOT Partial Blindness).

Deafness (NOT Partial Deafness).

Mental Defect.

Epilepsy.

Active Tuberculosis.

Crippling.

Heart Disease.

Number of children suffering from any combination  
of the above defects      ...      ...      ...      ...      5

**Blind Children.**

At Certified Schools for the Blind.	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
3	—	—	—	3

**Partially Blind Children.**

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
13	—	3	—	3	19

**Deaf Children.**

At Certified Schools for the Deaf.	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
28	—	—	—	28



### Partially Deaf Children.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
11	—	7	—	—	18

### Mentally Defective Children. Feeble-minded Children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
184	34	—	8	226

### Children Notified by the Local Education Authority to the Local Mental Deficiency Authority.

Diagnosis.	Boys	Girls
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots ... ..	1	1
(b) Imbeciles ... ..	6	6
(c) Others ... ..	4	8
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives ... ..	—	—
(b) Others ... ..	—	1
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 ... ..	8	2
3. Feeble-minded children notified under Article 3, i.e., "special circumstances" cases ... ..	—	—
4. Children who in addition to being mentally defective were blind or deaf ... ..	1	1
Number of children notified ...	20	19

## Epileptic Children.

### Children Suffering from Severe Epilepsy.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
7	2	3	7	19

## Physically Defective Children.

### A. Tuberculous Children.

#### I.—Children Suffering from Pulmonary Tuberculosis. (including pleura and intra-thoracic glands)

At Certified Special Schools	At Elementary Public Schools	At Other Institutions.	At no School or Institution.	Total.
40	4	1	18	63

#### II.—Children Suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
82	5	1	5	93

### B. Delicate Children.

Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open-Air School.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
214	248	4	12	478



### C. Crippled Children.

Children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life. i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
48	16	3	18	85

### D. Children with Heart Disease.

Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
28	10	3	14	55

**TABLE IV.**

Return of Defects Treated during the Year ended 31st Dec., 1933.  
ELEMENTARY SCHOOLS.

**Treatment Table.****Group I.—Minor Ailments**

(excluding Uncleanliness, for which see Group VI.)

Disease or Defect.  (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<b>Skin—</b>			
Ringworm, Scalp ... ..	27(13*)	—	27
"    Body ... ..	115	1	116
Scabies ... ..	208	5	213
Impetigo ... ..	1,044	8	1,052
Other Skin Disease ... ..	1,916	43	1,959
Minor Eye Defects— (External and other, but excluding cases falling in Group II.)	1,262	41	1,303
Minor Ear Defects ... ..	1,186	57	1,243
Miscellaneous ... .. (e.g., minor injuries, bruises, sores, chilblains, etc.)	5,956	303	6,259
<b>Totals ... ..</b>	<b>11,714</b>	<b>458</b>	<b>12,172</b>

\* Number treated by X-Rays

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

Defect or Disease.  (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	By private practitioner or at Hospital, apart from the Authority's Scheme (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint)	3,625	21	7	3,653
Other Defect or Disease of the eyes (excluding those recorded in Group 1) ... ..	30	1	—	31
<b>Total ... ..</b>	<b>3,655</b>	<b>22</b>	<b>7</b>	<b>3,684</b>



TABLE IV.—Continued.

Number of Children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme	...	...	2930
(b) Otherwise	...	...	31

Number of Children who obtained spectacles:—

(a) Under the Authority's Scheme	...	...	2792
(b) Otherwise	...	...	21

### 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)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
352	19	422	28	15	3	14	2	367	22	436	30	134	989

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.  
(iv) Other defects of the nose and throat.

### Group IV.—Orthopaedic and Postural Defects.

Number of children treated.	Under the Authority's Scheme (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an orthopaedic clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
—	—	—	—	—	—	—	—

# Group V.—Dental Defects.

(1) Number of Children who were :—

(1) Inspected by the Dentist :

		Aged :				
Routine Age Groups	}	4	...	521	}	Total ... 20102
		5	...	1064		
		6	...	5452		
		7	...	4728		
		8	...	2997		
		9	...	964		
		10	...	964		
		11	...	1151		
		12	...	993		
		13	...	1189		
		14	...	79		
Specials	...	...	...	...	...	4736
Grand Total ...						24838

(ii) Found to require treatment ... 13857

(iii) Actually treated ... 10628

(2) Half-days devoted to—

Inspection ... 233

Treatment ... 1958

Total ... 2191

(3) Attendances made by children for treatment... 16892

(4) Fillings—

Permanent teeth ... 1876

Temporary teeth ... 648

Total ... 2524

(5) Extractions—

Permanent teeth ... 1672

Temporary teeth ... 16941

Total ... 18613

(6) Administrations of general anæsthetics for  
extractions ...

Nil

(7) Other Operations—

Permanent teeth ... 1805

Temporary teeth ... 445

Total ... 2250



# **Group VI.—Uncleanliness and Verminous Conditions.**

(i)	Average number of visits per school made during the year by the School Nurses	...	...	9.8
(ii)	Total number of examinations of children in the Schools by School Nurses	...	...	66038
(iii)	Number of individual children found unclean	...		965
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	...		Nil
(v)	Number of cases in which Legal proceedings were taken :—			
	(a) Under the Education Act, 1921	...	...	Nil
	(b) Under School Attendance Bye-laws	...		Nil

## **SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.**

**TABLE II.**

**A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1933.**

DEFECT OR DISEASE.	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	6	3	2	—
Skin—				
Ringworm				
Scalp	—	—	—	—
Body	—	—	—	—
Scabies	—	—	—	1
Impetigo	2	—	—	—
Other Diseases (Non-Tuberculous)	17	2	1	—
Eye—				
Blepharitis	—	—	—	—
Conjunctivitis	—	—	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	7	—	—
Defective Vision (excluding Squint)	395	186	7	1
Squint	6	6	—	—
Other Conditions	—	—	—	—
Ear—				
Defective Hearing	5	6	—	—
Otitis Media	12	—	—	—
Other Ear Diseases	1	—	—	—

DEFECT OR DISEASE.  (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)
Nose and Throat—				
Chronic Tonsillitis only ... ..	37	31	—	—
Adenoids only ... ..	1	—	—	—
Chronic Tonsillitis & Adenoids ...	8	—	—	—
Other Conditions ... ..	3	—	2	—
Enlarged Cervical Glands (Non-Tuberculous) ... ..	—	5	—	—
Defective Speech ... ..	—	3	—	—
Heart and Circulation—				
Heart Disease :				
Organic ... ..	8	9	—	1
Functional ... ..	—	4	—	—
Anaemia ... ..	4	1	—	—
Lungs—				
Bronchitis ... ..	3	4	1	—
Other Non-Tuberculous Diseases	—	—	—	—
Tuberculosis—				
Pulmonary :				
Definite ... ..	—	2	—	—
Suspected ... ..	—	1	—	—
Non-Pulmonary :				
Glands ... ..	—	—	—	—
Bones and Joints ... ..	—	—	—	—
Skin ... ..	—	—	—	—
Other Forms ... ..	—	—	—	—
Nervous System—				
Epilepsy ... ..	—	—	—	—
Chorea ... ..	—	—	—	—
Other Conditions ... ..	7	5	—	—
Deformities—				
Rickets ... ..	—	—	—	—
Spinal Curvature ... ..	2	—	—	—
Other Forms ... ..	3	47	—	—
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ... ..	26	31	—	—

**B. Number of Individual Children Found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).**

Number of Children Inspected ... ..	2118
Number of Children found to require Treatment ... ..	524
Percentage of Children found to require Treatment ... ..	24.7



# INDEX (Public Health).

	PAGE
Ambulance Services	38
Ashpails	90
Births	20 50
Central Home	41 48
Cerebro Spinal Fever	118
Charts	21 23 29 35 63
Children and Young Persons' Act, 1933	60-61
Clinics, School, etc.	39 40 51 53
Committees, list of	7-9
Common Lodging Houses	89
Contents	4
Convalescence	59 60
Co-ordination	32-33
Council, list of Members	7
Dagenham Sanatorium and Langdon Hills Sanatorium, Medical Superintendent's Report, etc.	40 126-128
Deaths	20
Deaths, causes of	27
Deaths, in Institutions	25
Dental Treatment	52
Diarrhoea, etc. (deaths from—under 2 years of age)	19
Diphtheria	107-109 116
Disinfection	122
District Medical Officers	42 45 67-69
Drainage and Sewerage	81
Dried Milk, distribution of	57-58
Erysipelas	118
Extracts from Vital Statistics	19
Factories, Workshops and Workplaces	88
Fertilisers' and Feeding Stuffs' Act, 1926	98-99
Food, Inspection and Supervision of Unsound, etc.	85 96-105
Forest Gate Hospital	41 46 99
Forest House	49
Foster Children	60-61
General Provision of Health Services	32-39
Harold Wood Hospital	110
Health Visiting	50-51
Home Helps	55
Hospitals	40-42 58
Housing	91-95
Houses let in lodgings	89
Immunization against Diphtheria	107-109 119-120
Infantile Mortality	29
Infectious Diseases, Prevalence of, and Control over, etc.	40 106-122
Institutional Accommodation	69-74
Laboratory Work	37

	PAGE
Langdon Hills Sanatorium ... ..	40 128-130
Maternal Deaths ... ..	65
Maternity and Child Welfare, Report of Senior Medical Officer for, etc.	50-67
Maternity and Nursing Homes ... ..	39 60
Measles ... ..	106 117
Meat, disposal of condemned ... ..	102
Meat, Public Health Regulations, 1924 ... ..	102-105
Meningitis (Cerebro Spinal) ... ..	118
Mental Deficiency ... ..	75-80
Midwives ... ..	55-56
Milk, Condensed, Regulations ... ..	95
Milk, Examination of (animal inoculation) ... ..	95
Milk, Bacteriological examination ... ..	97
Milk Supply ... ..	95
Milk (Special Designations) Order, 1923 ... ..	97-98
Milk and Dairies (Amendment) Act, 1922 ... ..	96
Milk and Dairies (Consolidation) Act, 1915 ... ..	96
Milk and Dairies Order, 1926 ... ..	96
Mortality, Maternal, Infant and General ... ..	19 61 62 66
Mortuaries ... ..	44
Notifiable Diseases ... ..	106-107
Nuisances, Abatement of ... ..	87
Nursing Homes ... ..	39-60
Nursing, Professional, in the Home ... ..	39
Offensive Trades ... ..	90
Open-Air Schools ... ..	42
Ophthalmia Neonatorum ... ..	61
Orthopaedic Treatment, etc. ... ..	58-59
Overcrowding ... ..	93
Plaistow Hospital, Medical Superintendent's Report ... ..	110-122
Plaistow Hospital, Bacteriological ... ..	121-122
Pneumonia ... ..	118
Preface ... ..	5-6
Public Health Regulations Preservatives, etc., in Food ... ..	97
Puerperal Fever and Puerperal Pyrexia ... ..	65
Prosecutions ... ..	84-85
Psychological Clinic ... ..	37
Rag Flock Acts ... ..	89-90
Rates—	
Birth ... ..	19
Death ... ..	19
Infantile Mortality ... ..	19
Maternal Mortality ... ..	19
Still Birth ... ..	19
Refuse Disposal ... ..	81
Reports of Medical Officer of Health ... ..	67-74 91-92
Rivers and Streams ... ..	80



	PAGE
Samples taken, Food and Drugs Acts ... ..	100-101
Sanitary Circumstances of Area ... ..	80-90
Scarlet Fever, Return Cases, etc. ... ..	106-115
Scavenging ... ..	81
Schick and Dick Test ... ..	107-109 119-120
Schools ... ..	82-84
Shops Acts ... ..	43 84-85
Slaughter Houses ... ..	102-105
Slaughter of Animals Act, 1933 ... ..	104-105
Smallpox ... ..	40
Staff, List of ... ..	10-17
Statistics and Social Conditions of the Area ... ..	18-31
Statistics, Vital ... ..	19
South Ockendon Colony for Mental Defectives ... ..	77-80
Stratford Day Nursery ... ..	56-57
Summary of General Statistics ... ..	19
Do. Work of Sanitary Inspectors ... ..	86-87
Sunlight Clinic ... ..	57
Treatment Centres ... ..	39
Tuberculosis ... ..	40
Do. Table of Notified Cases, etc. ... ..	122-123
Do. Report of Tuberculosis Officer ... ..	124-125
Tuberculosis Order, 1925 ... ..	105
Vaccination Acts, 1867-1898, summary of work ... ..	42
Veneral Diseases ... ..	131-137
Veterinary Officers' Report ... ..	102-105
Vital Statistics, Extracts from ... ..	19
Do. of Wards ... ..	20
Do. Chief since 1887 ... ..	31
Water ... ..	80
West Ham, Old Canning Town Clearance Order ... ..	91-92
Whipps Cross Hospital ... ..	41-47
Whooping Cough ... ..	106-117

# INDEX (School Medical).

SUBJECT.	PAGE
After-Care Committees	165, 167
Artificial Light	157
Baths	145
Blind Children	163, 167
Blind, Deaf, Defective and Epileptic Children	163
"    "    "    "    "    Students	172
Blind Persons' Act	172
Central Association for Mental Welfare	163
Central Schools	179
Children's Country Holiday Fund	161
Clinics—Summary of Work	150
Co-ordination	144
Continuation Schools	179
Convalescent Treatment	163
Crosby Road Open Air School	171
Deaf Children	153, 163
Defective Children	163
Dental Defects	148, 153
Ear Diseases	148, 153
Edith Kerrison Nursery School	173
Employment of Children and Young Persons	183
Epileptic Children	163, 167
Exclusions	158
Eye Diseases (External)	148, 151
Findings of Medical Inspection	146
Following-up	149
Frederick Road Deaf Centre	167
Fyfield Open Air School	168
Grange Road Special School	164
Health Education	183
Hearing (Defective)	148, 153
Heart Disease	148, 156
Height (Comparative Tables)	147
Higher Education	172, 174
Holiday Camps	159
Hygiene	144
Infectious Diseases	157
Invalid and Crippled Children's Society	163
Invalid Children's Aid Association	163
Knox Road Special School	164
Malnutrition	146, 149
Meals, Provision of	162
Medical Inspection	145
Menu (Fyfield)	169
Milk in Schools	149



SUBJECT.	PAGE
Minor Ailments ... ..	147, 150
Municipal College ... ..	175
National Society for the Prevention of Cruelty to Children	163
Nose and Throat Defects ... ..	148, 152
Nursery Schools ... ..	172
Ogilvie School of Recovery ... ..	171
Orthopædic and Postural Defects ... ..	148, 155
Open Air Education ... ..	158
„ Schools ... ..	168
Out-of-School Cases ... ..	163
Parents, Co-operation of ... ..	162
Parents' Payments ... ..	182
Pathological Work ... ..	183
Physical Training ... ..	161
Plaistow Secondary School ... ..	176
Playground Classes ... ..	158
Rebecca Cheetham Nursery School ... ..	172
Ringworm ... ..	150
St. Angela's High School ... ..	177, 178
Scholarship Children ... ..	179
School Attendance Officers, Co-operation of ... ..	157, 162
School Journeys ... ..	159
Scope of School Medical Service ... ..	146
Secondary Schools ... ..	174, 175
Skin Diseases ... ..	147, 150
Special Schools ... ..	164
Spray Baths ... ..	145
Staff ... ..	143
Stammerers ... ..	167
Statistical Tables ... ..	185
Surgical Instruments ... ..	163
Teachers, Co-operation of ... ..	162
The Grove Central School ... ..	180
The Russell Central School ... ..	180
Tonsils and Adenoids ... ..	148, 152
Treatment, Arrangements for ... ..	149
Tuberculosis ... ..	148, 156
Uncleanliness ... ..	147, 150
Visual Defects ... ..	148, 151
Voluntary Bodies, Co-operation of ... ..	163
Water Lane Deaf Centre ... ..	167
Weight (Comparative Tables) ... ..	147
West Ham High School for Girls ... ..	177
West Ham Secondary School ... ..	176