

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

Contributors

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County Borough of West Ham.

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

1934.

**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.

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

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

Mr. Mayor, Ladies and Gentlemen,

I regret the unavoidable delay in the publishing of this report.

The year 1934 was one of exceptional activity in certain phases of Public Health. Much work was accomplished in connection with Slum Clearance and re-housing schemes, and though a very great deal still remains to be done, at the present rate of progress the five year scheme adopted by the Council in 1933 will have been completely carried out, with very considerable additions, by the end of the time limit. In any schemes for re-housing it is essential that due regard should be given to retaining sufficient open spaces for recreation and other purposes.

Since my last report the consent of the Ministry of Health has been obtained to the erection in the grounds of Whipps Cross Hospital of additional hospital accommodation for 500 patients. The consent of the Ministry and of the Board of Control has also been obtained for your South Ockendon Colony to be sufficiently extended to provide accommodation for 500 mentally defective persons. When these two buildings are completed, over 1,300 additional beds will have been added to the accommodation for sick people administered by this Council, making them responsible for over 5,400 beds, and if the beds in the Mental Hospital are included, the total number reaches 6,500.

The Vital Statistics of the Borough for 1934 are again satisfactory (see page 19).

The Maternal Mortality rate is very slightly higher than in 1933, being 2.01 as against 1.8 in 1933, but is still far below that of the country as a whole and, indeed, below that of any country in the world.

Considerable diversity of opinion exists as to the cause of the continued high maternal death-rate which pertains in this country. Much has been done and still more remains to be done to further the knowledge of midwives and doctors in this respect and to

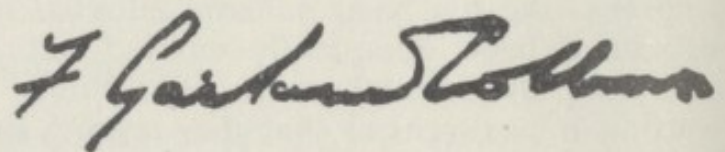
increase the remuneration of the former. I am of opinion that in every case of death from child-birth, failing a Coroner's inquest, a small local committee of suitable persons should be set up to enquire into and weigh every factor connected with the death of the mother.

Facilities have now been provided for free instruction in Birth Control to women in accordance with the Ministry of Health Circular No. 1408.

Propaganda in regard to all health matters has been carried on continually by posters, lectures and other means.

I have to acknowledge and thank the Council for their keen support in all matters appertaining to the well-being of the populace, and also my staff for their efforts in carrying out the strenuous work of the department.

Your obedient Servant,

A handwritten signature in dark ink, appearing to read "F. Garth Jones". The script is cursive and somewhat stylized, with the first name "F." and last name "Jones" being the most legible parts.

September, 1935.

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 G. R. Blaker, J.P.).

The Deputy Mayor (Councillor C. A. Bennett).

Aldermen :—

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

Councillors :—

H. D. Clark; Mrs. A. M. Clark; P. Hearn; A. E. Cresswell; E. W. Wordley, J.P.; Mrs. E. E. Wybrow; A. C. Moorey; 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; C. K. Collins; Mrs. E. Venton; A. B. Macgregor; J. N. Osbourn; A. G. Schirn; E. J. Fox; Mrs. A. E. Harnwell; A. J. Walker; C. St. Clair Collins; D. W. Hall; A. W. Wells; Mrs. E. C. Cook; W. P. Foley; H. J. Manners; Mrs. A. A. Barnes; 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 George Robert Blaker, J.P.)
Ex-officio member of every Committee.

Public Health Committee.

Chairman : Councillor Hearn.

Aldermen : Husband, E. J. Reed, Rumsey and Streimer.

Councillors : Mrs. Barnes, Bradley, H. D. Clark, Mrs. Clark, Cuthbert Collins, Fox, Gay, Mrs. Gregory, Schirn, and Mrs. Wybrew.

Maternity and Child Welfare Committee.

Chairman : Councillor Mrs. Barnes.

Aldermen : Husband, E. J. Reed, Rumsey, and Streimer.

Councillors : Mrs. Barnes, Bradley, H. D. Clark Mrs. Clark, Cuthbert Collins, Fox, Gay, Mrs. Gregory, Hearn, Schirn, and Mrs. Wybrew.

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 Walker.

Aldermen : E. J. Reed and Rumsey.

Councillors : Bradley, Mrs. Clark, Mrs. Cook, J. Doherty, Foley, Gentry, Gillman, Macgregor, Osbourn, Schirn, White, and Wordley.

Education Committee.

Chairman : Councillor Mrs. Gregory.

The Mayor (Alderman Blaker).

The Deputy Mayor (Councillor Bennett).

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

Councillors : Mrs. Bock, Bulling, H. D. Clark, Cuthbert Collins, G. Doherty, Edwards, Foley, Gay, Mrs. Hollins, Luscombe, Mrs. Parsons, Mrs. Venton, Walker, Ward and Warner.

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. McLean, H. Madden (deceased), and F. J. Reynolds, Esquires.

Special Schools and Welfare Sub-Committee.

Chairman : Councillor Mrs. Hollins.

The Deputy Mayor (Councillor Bennett).

Aldermen : Godbold and E. J. Reed.

Councillors : Mrs. Bock, Bulling, Cuthbert Collins, Luscombe, and Mrs. Parsons.

The Misses R. H. Cheetham and A. R. Harbott.

Mrs. E. V. Parker.

H. Madden, Esq. (deceased).

The Hospitals Committee.

Chairman: Councillor Mrs. Bock.

Aldermen: Croot, Rumsey, and Streimer.

Councillors: Adams, Mrs. Barnes, Hall, Mrs. Harris, Mrs. Hollins, Macgregor, Mrs. Parsons, Walker, Ward, Mrs. Wood, and Wordley.

The Public Assistance Committee.

Chairman: Councillor Mrs. Parsons.

Alderman Wooder.

Councillors: Mrs. Barnes, Mrs. Bock, Bulling, Mrs. Cook, G. Doherty, Mrs. Harnwell, Mrs. Harris, Mrs. Hollins, Manners, Mansford, Ridgwell, Mrs. Venton, and Mrs. Wybrew; together with Alderman Rumsey, Councillors Bradley, C. K. Collins, Edwards, Gay, Hearn, Osbourn, Wells, 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, Godbold, J. H. Hollins, Husband, Scoulding, and Streimer.

Councillors: Mrs. Bock, H. D. Clark, Mrs. Hollins, Mrs. Parsons, Ridgwell, Ward, Mrs. Wood, and Wordley.
Mrs. Bulling and Mrs. Cornelius.

Institutions Management Sub-Committee.

Chairman: Councillor G. Doherty.

Plus Rota of Members of Public Assistance Committee.

Chairman: Councillor Mansford.

Plus Rota of Members of Public Assistance Committee.

Joint Committee re Hospital Accommodation.

Alderman Wooder.

Councillors: Mrs. Bock, G. Doherty, Hearn, Mrs. Hollins, Mrs. Parsons, Ridgwell, Walker, and Wordley.

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. (Edin.), D.P.H.	Assistant Medical Officer Maternity and Child Welfare
Dr. Muriel Frances Prout	M.D., B.S. (Lond.)	Part time Medical Officer Maternity and Child Welfare
Dr. Angel V. B. Crawford	B.A., M.B., B.Ch. (Dub- lin), B.A.O., D.P.H. (Eng.)	Do.
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. H. L. W. Beach	M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Lond.)	Senior Redident Medical Officer Plaistow Fever Hospital
Dr. R. B. Douglas	M.B., Ch.B.	Assistant Resident Medical Officer, Plaistow Fever Hospital; annual ap- pointment (left Council's service)
Dr. Sydney L. Wright	M.R.C.S. (Eng.), L.R.C.P. (Lond.)	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. Ian Mansfield	L.M.S.S.A.	Do.
Dr. G. McKinnon	M.B., B.Ch.	Do.
Dr. C. E. D. H. Goodheart	M.R.C.S. (Eng.), L.R.C.P. (Lond.)	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), services terminat- ed August, 1934

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. and Public Vaccinator
Dr. W. E. Passmore	L.S.A. Lond.) L.M.S.S.A. (Lond.)	Public Vaccinator (left Council's service)
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 Phyllis Bennett	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.	Do.
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., Queen's Nurse, Health Visitors' Cert., Royal San. Inst.	Do.
Mrs. N. C. Gibbins	General Nursing, C.M.B., Health Visitor's and Fever Nursing Certificates	Do.

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	Health Visitor
Miss R. Harrington	General Nursing, C.M.B., Health Visitors' Cert., Royal San. Inst.	Do.
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 F. M. Davies	Gen. Nursing, R.M.P.A. Cert.	Dental Nurse
Mr. H. G. Clinch F.S.I.A., M.R.S.I.	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, Cert. of Exam. in ad- vanced knowledge of practical and adminis- trative duties of Inspr. Ollett Silver Medallist in Housing Administration	Chief San. Inspr., Inspr. under Rag Flock Acts

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Mr. B. G. Bannington	San. Insprs. Cert. Royal San. Inst., Cert of London School of Economics (Lond. University) for Social Science and Administration; Honoursman and Gilchrist Medallist (Lond. University Extension) for Public Administration.	Sanitary Inspector, Inspr. under Rag Flock Acts
Mr. E. G. Simmons M.S.I.A.	San. Insprs. Cert. Royal San. Inst.	Sanitary Inspector, Inspr. under Rag Flock Acts
Mr. John F. Mules 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
Mr. B. J. Driscoll M.S.I.A.	Cert. San. Inspectors' Examn. Board London	Sanitary Inspector, Inspr. under Rag Flock Acts
Mr. C. F. Riley	San. Insprs. Cert., Meat and Food Inspr. Royal San. Inst.	Sanitary Inspector.
Mr. J. A. Dawson, M.S.I.A.	San. Inspr. R.S.I., Meat and Food Inspr. R.S.I.	Do.
Mr. H. G. Avril, M.S.I.A., A.R.San.I.	San. Inspr. Examn. Joint Board.	Do.
Mr. E. J. Cromwell, M.S.I.A.	San. Inspr. Examn. Joint Board, Meat and Food Inspector Royal San. Inst.	Sanitary Inspr., Inspr. under Rag Flock Acts
Mr. H. Ault, M.S.I.A.	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
Mr. C. E. Jeffries	San. Inspr. Examn. Joint Board, Meat and Food Inspector Royal San. Inst.	Do.

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., Smoke Inspr. 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		Inspr. under Shops Acts
Miss H. Swift	S.R.N., C.M.B.	Supervising Nurse under Mental Deficiency Act.

Medical Officer of Health's Office Administrative Staff

Mr. 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.
resigned	Mr. J. P. Quinn
Mr. J. W. McCarthy	Investigator
Mr. F. Johnson	Asst. Sampler

TUBERCULOSIS DISPENSARY.

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

PLAISTOW HOSPITAL.

Matron.	Steward.	Clerk.
Miss I. Tulloch	Mr. W. Liddall	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.
	Clerk.
	Mr. C. Woodward

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.

Steward :
Mr. B. S. Lawrence.
Assistant Steward :
Mr. C. Samuel
Clerks :
Mr. R. F. Sizer.
Mr. J. Lis.
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 40.

CENTRAL HOME.

Matron :
Mrs. M. E. Lambert.

Master :
Mr. S. P. Lambert.
Asst. Master :
Mr. R. L. Rutherford
Clerks :
Mr. H. W. Latter.
Mr. H. W. Hagger.
Mr. H. W. Quicke.
Mr. E. C. Steggel.
Mr. J. Hollington.
Mr. E. Barnett.

215 Nursing Staff. 147 Domestic Staff.

FOREST GATE HOSPITAL.

Matron :
Mrs. E. M. Usherwood.

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

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. 1417.

Statistics and Social Conditions of the Area.

West Ham is classified as the eleventh largest of the 121 Great Towns of England and Wales. It is situated in the County of Essex, and 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.

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

The district is a typical industrial Borough, although at present there is a good deal of unemployment. Large factories abound on the river frontages, West and South. There are railway works in the North, employing a large number of regular hands. Casual labour at docks in the South is the staple support of this portion of the Borough.

By rail the Borough is only five miles from the City of London, and, as would be expected, a large number of the inhabitants work in London and district.

The new Dock Road in the Silvertown area, mentioned in my report of last year, has now been completed. This modern approach to the Docks was officially declared opened by the Minister of Transport on the 13th September, 1934, and was named "Silvertown Way."

Summary of General Statistics.

Area (in acres), 4,706.

Population—

Census 1931, 294,278.

Estimated population to middle of 1934, 276,150.

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

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

Average Rateable Value—

General Rate, £1,500,294.

Sum represented by a Penny Rate—

General District Rate, £6,251.

Vital Statistics.

		Total	Male	Female	
Live Births	Legitimate	4225	2187	2038	} Birth Rate 15.6
	Illegitimate	108	49	59	
Still Births, 140 Rate per 1,000 total (live and still) births, 31.2					
Deaths, 3,219					Death Rate, 11.6
Deaths from diseases and accidents of pregnancy and child birth		from Sepsis			4
		from other causes			5
		= Maternal Mortality Rate			2.01
Deaths from Measles (all ages)					94
Deaths from Whooping Cough (all ages)					15
Deaths from Diarrhoea, etc. (under 2 years of age)					31

Death Rate of Infants under one year of age—

All infants per 1,000 live births	65.5
Legitimate infants per 1,000 legitimate births	64.6
Illegitimate infants per 1,000 illegitimate births	101.8

In the case of the Great Towns the Birth Rate was 14.7, the Death Rate 11.8, and the Infant Mortality Rate 63, whereas the Maternal Mortality Rate for England and Wales was 4.41.

Vital Statistics of the Wards of the Borough, 1934.

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 1934
New Town ...	263	16.06	214	13.06	17	64	49	16,374
Forest Gate ...	243	13.81	210	11.94	14	57	33	17,585
High Street...	267	16.22	174	10.57	20	74	93	16,458
Broadway ...	215	16.04	171	12.76	13	60	44	13,398
Park ...	256	17.70	184	12.72	13	50	72	14,461
Upton ...	226	14.33	197	12.49	12	53	29	15,762
Plashet Road	241	17.85	160	11.85	10	41	81	13,499
West Ham ...	234	15.66	200	13.39	19	81	34	14,933
Plaistow ...	296	15.83	193	10.32	16	54	103	18,698
Bernersyde ...	181	14.62	131	10.58	11	60	50	12,372
Canning Town and Grange ...	350	13.57	282	10.93	28	80	68	25,778
Hudsons ...	313	16.23	231	11.97	22	70	82	18,283
Ordnance ...	261	14.45	192	10.63	20	76	69	18,057
Beckton Road	295	15.89	211	11.36	20	67	84	18,562
Tidal Basin	386	17.83	265	12.24	30	77	121	21,645
Custom House and Silvertown ...	306	15.85	204	10.57	19	63	102	19,285
County Borough ...	4,333	15.6	3,219	11.6	284	65.5	1,114	276,150

Measles.

In the early part of the year there was an epidemic of cases of Measles, a large number of which required hospital treatment.

It would have been possible under ordinary conditions to have admitted some of these urgent cases to the Plaistow Fever Hospital, but on account of Harold Wood still being utilised by the Public Assistance Committee, Plaistow Hospital was unavailable for these cases. A number of cases were treated at Whipps Cross Hospital.

Every case which came to the notice of the Medical Officer of Health was visited by a Health Visitor to investigate the home conditions. Advice was also given either in the actual nursing of the child or in arranging for its efficient isolation from other members of the family.

To cope with the number of cases in which hospital treatment was definitely needed, arrangements were made with the London Fever Hospital to admit cases from West Ham, and during the year 38 cases were so admitted.

The following poster was issued in February and again in April, pointing out the seriousness of the disease, and offering facilities for hospital treatment:—

MEASLES!

MEASLES is dangerous and very infectious: immediate treatment is most essential.

There is at present an unusual number of cases of this disease. Arrangements for removal of patients to hospital can be made in cases so recommended by a medical practitioner.

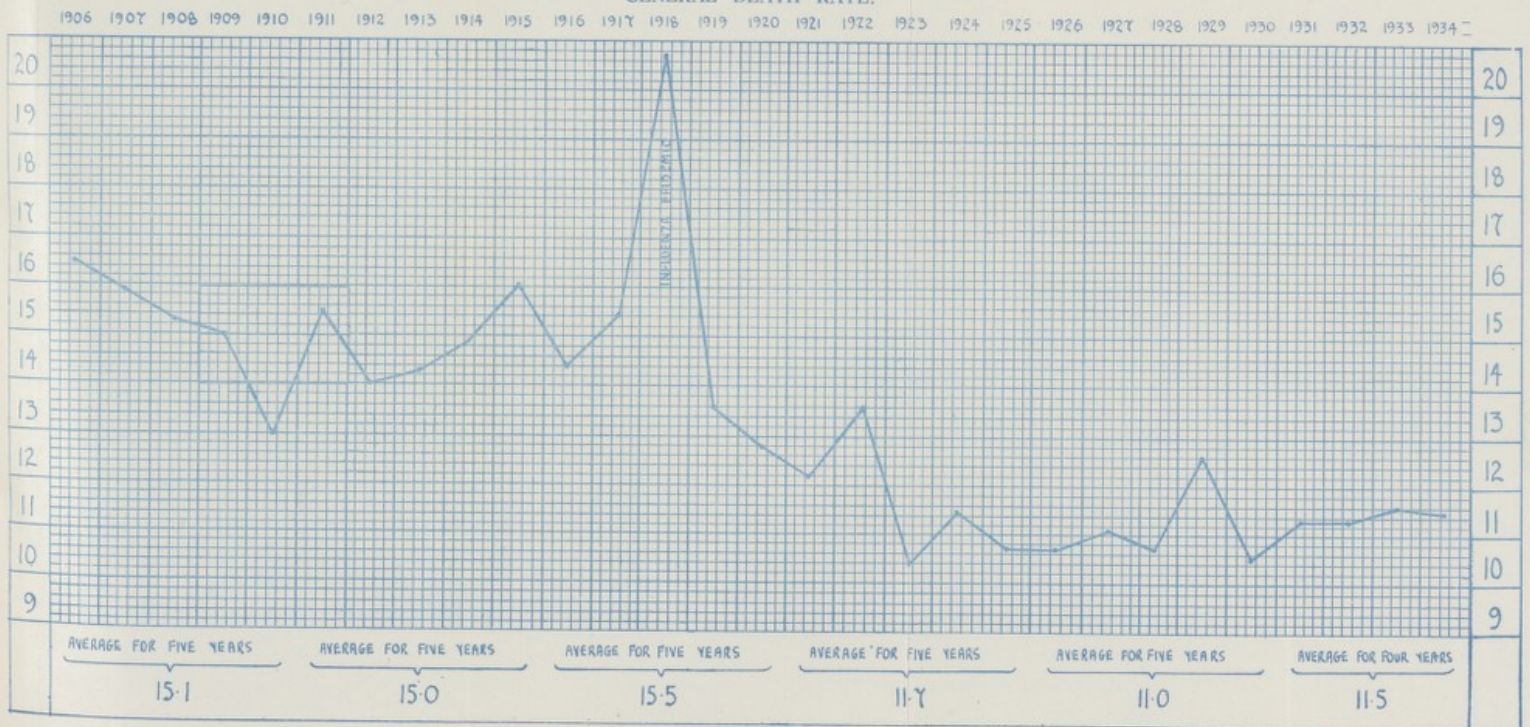
The first sign of Measles is a Feverish Cold, with sneezing and running from the eyes and nose. The Rash appears on the fourth day.

The DANGEROUS STAGE of Measles is DURING CONVALESCENCE. It is then that COMPLICATIONS develop which are liable to PROVE FATAL.

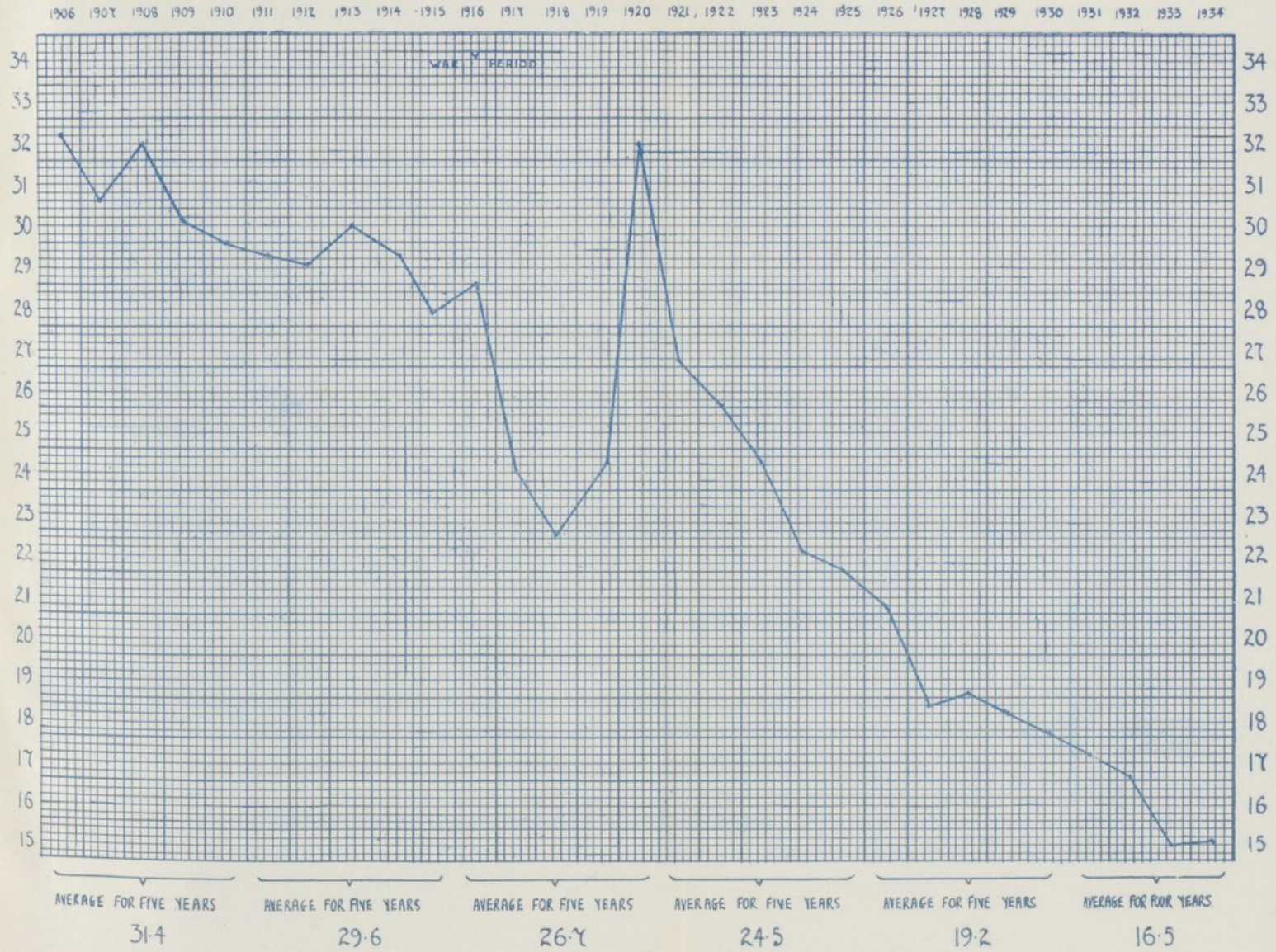
Take the UTMOST CARE DURING THE SECOND WEEK of illness, and do not allow the child out of doors until at least ten days from the onset of the RASH. **Don't forget,** the younger the child the greater the danger.

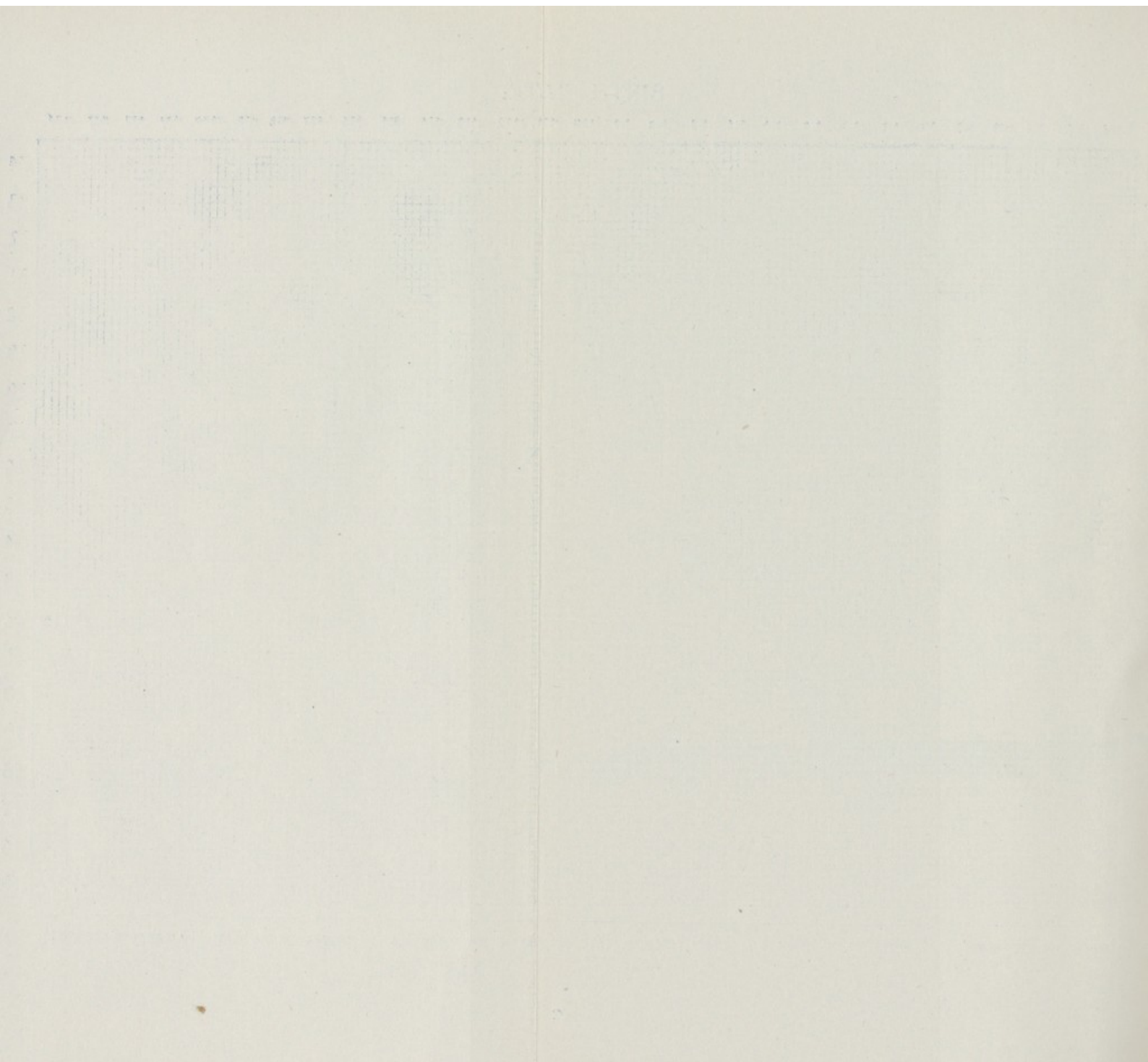
IMMEDIATELY MEASLES OCCURS IN YOUR FAMILY you should inform the Head Teacher of the School attended by your children, or the Health Visitor at the Infant Welfare Centre, and send word to the Medical Officer of Health.

GENERAL DEATH RATE.



BIRTH RATE.





Scarlet Fever.

There was a general increase in the number of cases of this disease, as compared with 1933. From about the end of August the cases gradually increased, until at the end of October the highest figure ever recorded for one week, namely 66, was reached.

Many of the 1,544 cases notified were unable to be nursed at home, on account of overcrowding conditions and for many other reasons, and it was impossible for Plaistow Hospital to cope with the demand for admission.

It was essential that some arrangements should be made for hospital treatment, and the Council were able to negotiate with the London Fever Hospital to admit cases from West Ham, and during the year 233 cases were admitted.

The deaths from Scarlet Fever were 16.

Diphtheria.

The number of cases of this disease notified during the year was well in excess of the figure for 1933. Facilities were available for immunization against Diphtheria, free of charge (see pages 111-112).

Births.

The number of births registered in the Borough during the year was 5,453 (2,812 males and 2,641 females) ; but of this total 1,429 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 309 West Ham women were confined outside the Borough. Suitable adjustment makes the net West Ham Birth 4,333 (2,236 males and 2,097 females) ; 108 of these (49 males and 59 females) were illegitimate.

Calculated on the Registrar General's estimate of the population of the Borough at the middle of 1934, viz. : 276,150, the Rate for the year was 15.6.

The Birth Rate for the Great Towns was 14.7.

Deaths.

The number of deaths registered in the Borough during the year was 1,949, but of these 203 occurred in persons not belonging to the Borough, while the deaths of 1,473 residents of West Ham occurred in various institutions and districts elsewhere, making the total net deaths attributable to the Borough number 3,219, of which 1,710 were males and 1,509 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 11.6 per 1,000 of the estimated population. The Death Rate for the Great Towns was 11.8.

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	44	548
Central Home	1	377
Harold Wood Hospital	—	29
Dagenham Sanatorium	—	61
West Ham Mental Hospital	—	52
Plaistow Fever Hospital	3	73
Forest Gate Hospital	24	71

Deaths in other Institutions.

	Under 1 year	1 year & upwards
Queen Mary's Hospital for the East End	44	134
St. Mary's Hospital, Plaistow	20	39
Plaistow Maternity Hospital	22	7
Royal Albert Dock Hospital	—	33
Children's Hospital, Balaam Street	11	2
Other places, e.g. Docks, etc.	—	4
Residents dying in outside Institutions	44	317
	213	1747
Non-residents dying in West Ham Institutions	50	153
	163	1594
Net West Ham Deaths occurring in Institutions	1757	

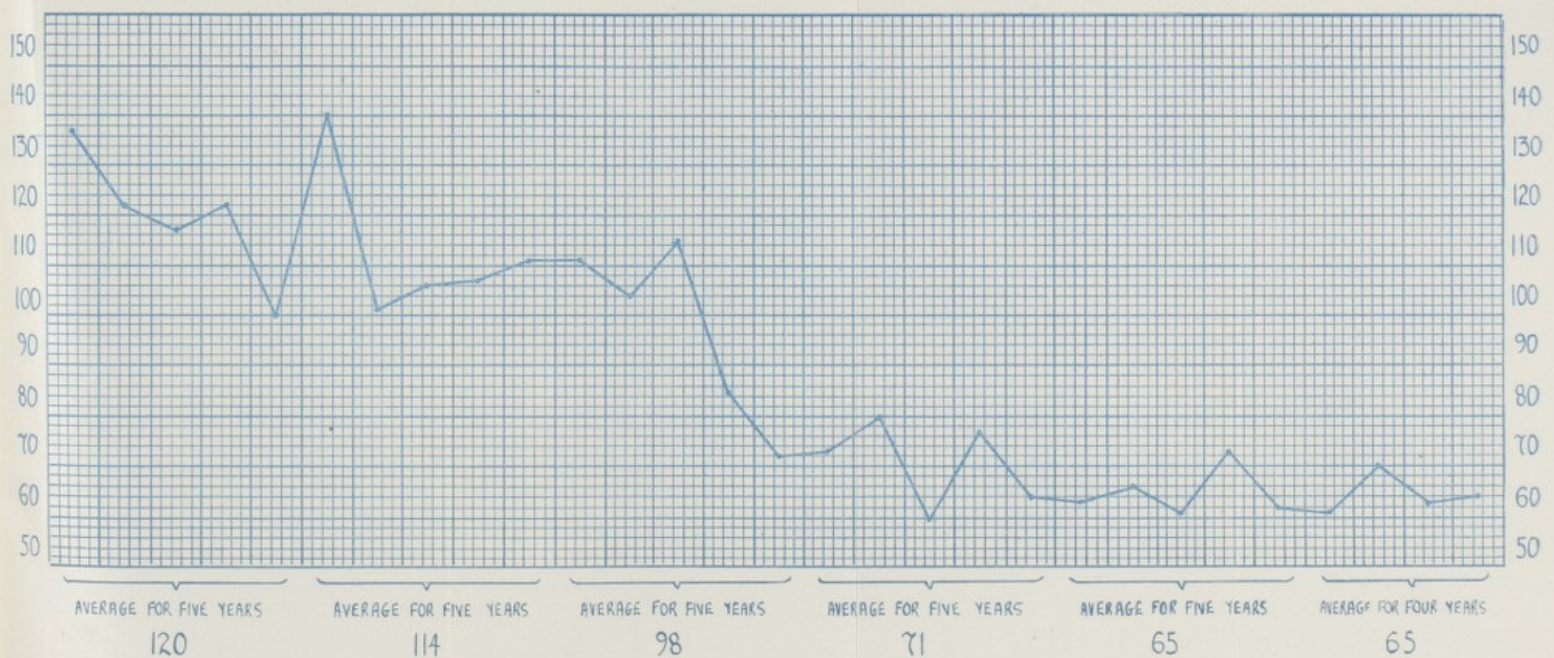
The above figures show that over 54.0 per cent. of the deaths occurring in West Ham took place in public institutions.

Causes of Death at Different Periods of Life in the
County Borough of West Ham (Civilians only) during
1934

Causes of Death.		Sex	All	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	...	M.	1710	172	69	45	57	84	66	86	207	259	385	280
		F.	1509	112	35	47	49	87	68	66	127	244	309	365
1. Typhoid and Paratyphoid Fevers	...	M.	—	—	—	—	—	—	—	—	—	—	—	—
		F.	1	—	—	—	—	1	—	—	—	—	—	—
2. Measles	...	M.	56	17	26	10	3	—	—	—	—	—	—	—
		F.	38	12	15	10	1	—	—	—	—	—	—	—
3. Scarlet Fever	...	M.	12	—	3	5	4	—	—	—	—	—	—	—
		F.	4	—	—	1	3	—	—	—	—	—	—	—
4. Whooping Cough	...	M.	7	—	4	2	1	—	—	—	—	—	—	—
		F.	8	4	1	2	1	—	—	—	—	—	—	—
5. Diphtheria	...	M.	24	2	1	13	8	—	—	—	—	—	—	—
		F.	25	1	2	11	10	—	—	—	—	1	—	—
6. Influenza	...	M.	13	1	—	—	—	2	1	3	1	2	—	3
		F.	11	1	—	1	—	1	—	1	—	4	2	1
7. Encephalitis Lethargica	...	M.	—	—	—	—	—	—	—	—	—	—	—	—
		F.	1	—	—	—	—	—	1	—	—	—	—	—
8. Cerebro-spinal Fever	...	M.	2	1	1	—	—	—	—	—	—	—	—	—
		F.	3	2	—	—	—	—	—	—	1	—	—	—
9. Tuberculosis of Respiratory System	...	M.	149	—	—	—	2	32	26	15	41	24	9	—
		F.	92	—	—	—	1	46	20	9	9	4	2	1
10. Other Tuberculous Diseases	...	M.	17	—	4	3	4	3	1	2	—	—	—	—
		F.	12	—	2	2	2	4	1	—	—	—	1	—
11. Syphilis	...	M.	3	—	1	—	—	—	—	—	2	—	—	—
		F.	3	1	—	—	—	—	—	1	—	1	—	—
12. General Paralysis of the Insane, Tabes Dorsalis	...	M.	6	—	—	—	—	—	1	3	1	1	—	—
		F.	3	—	—	—	—	—	—	1	1	1	—	—
13. Cancer, Malignant Disease	...	M.	198	—	—	—	—	2	1	9	36	41	81	28
		F.	194	—	—	—	—	—	3	12	33	57	61	28
14. Diabetes	...	M.	13	—	—	—	—	1	—	—	1	3	6	2
		F.	19	—	—	—	—	1	1	—	—	4	11	2
15. Cerebral Haemorrhage, etc.	...	M.	71	—	—	—	—	1	—	2	5	15	26	22
		F.	79	—	—	—	—	—	1	—	9	22	23	24
16. Heart Disease	...	M.	365	—	—	—	6	8	10	12	33	62	137	97
		F.	415	—	—	—	4	12	12	13	24	75	120	155
17. Aneurysm	...	M.	7	—	—	—	—	—	—	—	1	2	2	2
		F.	3	—	—	—	—	—	—	—	—	—	3	—
18. Other Circulatory Diseases	...	M.	50	—	—	—	—	—	—	1	1	10	22	16
		F.	45	—	—	—	—	—	—	1	3	3	12	26
19. Bronchitis	...	M.	77	3	1	1	—	—	1	3	6	19	17	26
		F.	61	2	—	1	—	—	1	—	2	8	16	31
20. Pneumonia (all forms)	...	M.	149	43	19	3	7	5	3	7	16	15	18	13
		F.	117	28	13	13	8	3	1	6	7	10	12	16
21. Other Respiratory Diseases	...	M.	16	1	—	—	—	1	1	—	8	4	1	—
		F.	15	—	—	—	—	—	1	2	—	2	5	5
22. Peptic Ulcer	...	M.	24	—	—	—	—	1	3	3	6	7	4	—
		F.	7	—	—	—	—	—	—	—	1	2	3	1
23. Diarrhoea, etc.	...	M.	26	18	3	1	1	—	1	—	—	1	1	—
		F.	15	9	1	—	—	1	2	1	—	—	—	1
24. Appendicitis	...	M.	10	—	—	—	1	1	1	1	—	5	1	—
		F.	11	—	—	1	2	2	1	1	—	3	—	1
25. Cirrhosis of Liver	...	M.	6	—	—	—	—	—	—	1	1	2	1	1
		F.	4	—	—	—	—	—	—	2	2	—	—	—
26. Other Diseases of Liver, etc.	...	M.	2	—	—	—	—	—	—	—	—	—	1	1
		F.	15	—	—	—	—	—	1	1	1	6	4	2
27. Other Digestive Diseases	...	M.	20	4	—	—	1	1	—	1	2	3	2	6
		F.	26	2	—	—	1	—	2	1	1	10	4	5
28. Acute and Chronic Nephritis	...	M.	46	1	—	—	1	1	1	3	6	10	10	13
		F.	38	—	—	—	—	1	2	1	8	8	12	6
29. Puerperal Sepsis	...	F.	4	—	—	—	—	1	3	—	—	—	—	—
30. Other Puerperal Causes	...	F.	5	—	—	—	—	—	4	1	—	—	—	—
31. Congenital Debility, Premature Birth, Malformations, etc.	...	M.	68	66	—	1	—	1	—	—	—	—	—	—
		F.	45	44	—	1	—	—	—	—	—	—	—	—
32. Senility	...	M.	32	—	—	—	—	—	—	—	—	—	8	24
		F.	43	—	—	—	—	—	—	—	—	—	2	41
33. Suicide	...	M.	24	—	—	—	—	—	1	5	10	5	3	—
		F.	13	—	—	—	—	—	5	2	3	2	—	1
34. Other Violence	...	M.	67	2	3	4	6	15	6	4	10	6	9	2
		F.	28	—	1	1	3	4	—	1	5	4	5	4
35. Other Defined Diseases	...	M.	149	13	3	2	12	9	8	11	20	21	26	24
		F.	106	6	—	3	13	10	6	9	17	17	11	14
36. Causes Ill-defined, or Unknown	...	M.	1	—	—	—	—	—	—	—	—	1	—	—
		F.	—	—	—	—	—	—	—	—	—	—	—	—

INFANTILE MORTALITY RATE.

1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934



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	2,848	18.0	905	131
1889	189,713	6,947	38.5	2,883	18.0	907	130
1890	197,308	7,063	38.5	3,977	21.7	1,142	161
1891	206,463	7,911	38.2	3,952	19.1	1,191	150
1892	212,703	8,013	36.9	4,019	18.6	1,225	158
1893	218,942	8,026	35.3	4,565	20.0	1,387	172
1894	225,184	8,089	33.9	4,026	18.2	1,123	139
1895	231,426	8,591	35.9	4,656	20.9	1,452	169
1896	237,665	8,519	35.4	4,395	18.9	1,395	163
1897	243,908	8,761	35.8	4,486	18.3	1,535	175
1898	250,145	8,750	34.9	4,594	18.3	1,525	174
1899	256,386	8,779	34.2	5,213	20.3	1,770	201
1900	262,627	8,885	33.8	5,156	19.6	1,671	188
1901	268,868	9,434	35.0	4,910	18.2	1,589	168
1902	270,076	9,553	35.3	4,858	17.9	1,382	144
1903	272,250	9,478	34.8	4,394	16.1	1,344	142
1904	274,424	9,276	33.3	4,836	17.6	1,467	158
1905	276,598	9,018	32.5	4,574	16.5	1,341	148
1906	278,772	9,193	32.9	4,610	16.5	1,270	138
1907	280,946	8,759	31.1	4,412	15.7	1,078	123
1908	283,121	9,214	32.5	4,364	15.4	1,089	118
1909	285,471	8,730	30.6	4,435	15.1	1,087	123
1910	287,471	8,646	30.0	3,773	13.1	866	100
1911	289,646	8,642	29.8	4,561	15.7	1,223	141
1912	291,900	8,642	29.6	4,146	14.2	889	102
1913	294,223	9,125	30.5	4,312	14.4	984	107
1914	296,570	8,848	29.8	4,425	14.9	957	108
1915	294,396	8,380	28.4	4,744	16.1	940	112
1916	287,969	8,377	29.1	4,233	14.7	828	112
1917	271,934	6,701	24.6	4,203	15.4	707	105
1918	262,858	6,021	22.9	5,492	20.8	700	116
1919	287,966	7,132	24.7	3,946	13.7	619	86
1920	299,440	9,723	32.4	3,888	12.9	716	73
1921	300,903	8,242	27.3	3,712	12.3	615	74
1922	304,738	7,959	26.1	4,124	13.5	641	80
1923	314,400	7,803	24.8	3,331	10.5	466	59
1924	317,400	7,202	22.6	3,652	11.5	564	78
1925	318,500	7,017	22.0	3,428	10.7	463	65
1926	315,900	6,710	21.2	3,405	10.7	418	62
1927	315,400	5,991	18.9	3,481	11.0	404	67
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	10.6	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
1934	276,150	4,333	15.6	3,219	11.6	284	65

General Provision of Health Services.

Co-ordination.

As time progresses, changes of various magnitude involving the health services of the old Board of Guardians, and the Public Health Services, are taking place for the betterment of the general health services. The citizens of this Borough are now able to receive more extended benefits in the way of hospital treatment, as well as in other respects.

The arrangements for the sending away of children to Margate Convalescent Home, which was previously carried out partly at Union Road, and partly at the Medical Officer of Health's Office, has been fully dealt with at the latter place, thus facilitating the dispatch of the children to and from the Home. During the year there were 359 admissions to the Home.

PROPAGANDA.

In 1933, the Ministry of Health drew the attention of local authorities to special poster frames which had been used in connection with the work of the Empire Marketing Board, but which were no longer required for the purpose of official national advertising. They also suggested the possible use of these boards for bringing to the notice of the general public matters of public health importance.

The Council decided to make use of the boards at the Maryland Point, Stratford Market, Plaistow and Wanstead Park Stations, and during the year very useful health hints were exhibited. These hints were supplied by the National Council for Maternity and Child Welfare, the Food Education Society, the British Social Hygiene Council, the British Red Cross Society, the National Milk Publicity Council, the Anti-Noise League, the Dental Board of the United Kingdom, the National Safety First Council, and the Health and Cleanliness Council.

All these posters were accompanied by appropriate drawings.

Psychological Clinic.

I am indebted to Dr. J. Harvey Cuthbert for the following report:—

During the year 1934, fifty-two new cases were referred to the Clinic for investigation and treatment. This number represents a substantial increase as compared with the figures for the previous year, and is evidence that the work of the Clinic is becoming more widely known and appreciated.

The service offered by the Clinic is both consultative and therapeutic for all forms of mind illness in adults and children.

Treatment by psychological methods has been carried out in the majority of cases, apart from those which were recom-

mended for admission to the mental hospital, and the results achieved on the whole have been both satisfactory and encouraging. No fewer than 215 therapeutic interviews were given during the year. In the case of neurotic patients, it was the objective to re-adjust the sufferer to a healthy outlook on life by simple psychological analysis, persuasion, suggestion and re-education. Deep mental exploration was not feasible having regard to the time available and the number of patients.

Most gratifying have been the results obtained in the treatment of children who have exhibited certain behaviour problems. In all, there were referred to the Clinic some sixteen children who exhibited such symptoms as temper tantrums, night-terrors, bed-wetting, stammering, stealing, "nerves" abnormal fears, and backwardness at school. These difficult children were a source of great anxiety to their parents and teachers. Unhappy and out of harmony with their environment, they were potential neurotics and delinquents. Considerable success has attended the treatment of these problem children, and in this respect, the Clinic has proved its worth in the promotion of mental hygiene. In a number of cases, the co-operation of the London Child Guidance Clinic was sought in obtaining estimations of intelligence and reports of social conditions, and to Dr. William Moodie, the Medical Director, an expression of thanks and appreciation is accorded. It is hoped and anticipated that this aspect of clinic activity will continue to develop. Prevention of mental ill-health in childhood is the best and most rational method of preventing mental disease in adult life.

Attention is directed to the interesting fact that twenty cases of the more serious forms of mental disease (the psychoses) were investigated at the Clinic. A number of these were in the comparative early stages of the disease and were possessed of sufficient insight to desire treatment. Actually, twelve were recommended and admitted as Voluntary Patients to the mental hospital and of these eight have been discharged recovered during the year. In this way, the Clinic has facilitated the operation of the Mental Treatment Act. Moreover, in so far as cases of grave mental disease are detected in their incipient and early stages, when the patients are co-operative, it may be reasonably anticipated that their period of treatment in the mental hospital will be materially diminished.

For their co-operation and help, grateful appreciation is due to the Medical Officer of Health's Staff, the general practitioners of West Ham who have utilized the clinic services, and the medical staff of the Invalid and Cripple Children's Hospital.

Total number of new cases examined in 1934 52.

Total number of Consultations—
therapeutic and diagnostic265.

Types of Mental Illness :—

Psychoses—

Schizophrenia	8	
Clyclothymia	9	
Delusional States	2	
Epilepsy	1	
	—	 20

Psycho Neurotic States—

Anxiety	5	
Depression and Exhaustion	3	
Trauma	1	
	—	 9

Congenital Mental Defect—

Behaviour Problem Children

52

RESULTS :—

	Recovered	Relieved	No improve- ment	Subsequent failure to attend	Still under treatment
Psychoses	—	—	2	4	6
Psycho Neuroses	2	4	1	—	2
Behaviour Problems	4	5	2	2	3

Admitted from Clinic to Mental Hospital :—

As Voluntary Patients

Recommended to be Certified

Recommended to Forest Gate Hospital

Since discharged "recovered" from Mental Hospital

Laboratory Work.

Bacteriological work is carried out at several of the municipal institutions.

The West Ham Insurance Committee have an arrangement with Queen Mary's Hospital, Stratford, E.15, whereby any practitioner on the panel may have a pathological report upon any case or material should he consider it necessary. This arrangement does not embrace the facilities for pathological examinations provided for by the public health services.

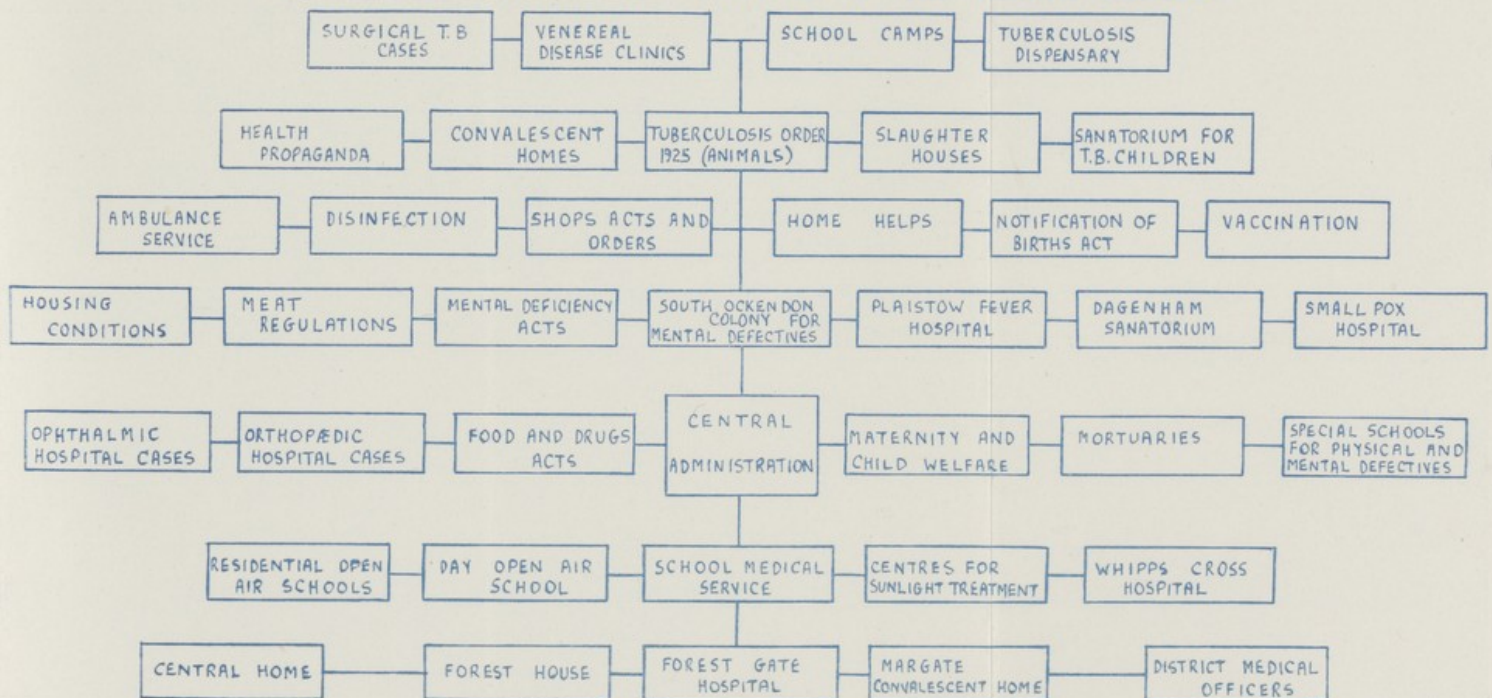
In addition to the routine bacteriological work at Plaistow Fever Hospital any medical practitioner may have a report upon any case of suspected diphtheria, typhoid, or cerebro-spinal fever.

The bacteriological examination of samples of graded milk, ordinary milk and other articles, is carried out at Queen Mary's Hospital, E.15.

At the Tuberculosis Dispensary, the Tuberculosis Officer examines all specimens of sputum submitted to him, as suspected to contain the tubercle bacillus.

The Council has a part-time analyst, who analyses samples of water, milk and food stuffs. He is also the analyst under the Fertilisers' and Feeding Stuffs' Act, 1926.

DIAGRAM ILLUSTRATING THE ACTIVITIES OF THE HEALTH SERVICES.



AMBULANCE SERVICE.

The Council has the following ambulances for use by the Burgesses, under certain qualifying conditions :—

Whipps Cross Hospital (Public Assistance Committee)	5
Plaistow Hospital (for infectious cases only)	2
Public Health Committee and Highways Committee	3

The two ambulances under the control of the Public Health Committee made 2,272 journeys during the year. The number of persons conveyed from one address to another in the district was 1,101, and 1,171 persons were taken from an address within the Borough to an address outside, or vice versa. These ambulances are only used for non-infectious and accident cases, or for cases requiring immediate removal to hospital for treatment or operation, and in the latter cases a medical certificate is required.

Information regarding the use of the ambulances is circulated by means of notices exhibited in fire stations, schools, and other public buildings; also the police have knowledge of the arrangements pertaining, and often themselves get into touch with the ambulance station.

Reciprocal arrangements are still in operation with the County Borough of East Ham and the Borough of Barking, for the use of their respective ambulances, on call, in cases of emergency, should the ambulance of one or other authority be unavailable. The journeys made under this arrangement are as under :—

In eight cases the East Ham Ambulance was used for the removal of West Ham cases, and in 23 instances the West Ham Ambulance was used to remove East Ham cases.

Towards the end of the year one of the ambulances which had been in commission for eight years was found to be beyond further use, and a new Talbot Ambulance is to be provided.

The Plaistow Fever Hospital has stationed there vehicles specially designed for dealing with removal of bedding, clothing, or any infected material, to the disinfecting station, which is attached to the hospital.

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 57).

For Maternal Mortality (see pages 63-64).

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
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Tuberculosis Dispensary.

Balaam Street, Plaistow (see pages 125-126).

Maternity and Child Welfare Clinics.

See page 53, Maternity and Child Welfare Section.

† See Ministry of Health Circular 1417.

HOSPITALS.

Infectious Diseases.

(1) Plaistow Fever Hospital, with accommodation for 210 beds was originally intended to house scarlet fever, diphtheria and enteric fever cases, with isolation beds for mixed or staff cases. Of recent years other cases of infectious disease have been admitted, such as severe measles or Whooping cough, pneumonia, tubercular peritonitis and encephalitis lethargica; also cases of puerperal pyrexia and puerperal fever, are treated at this hospital.

(2) The Children's Hospital, Harold Wood, accommodating 180 cases, was built to deal with diphtheria and scarlet fever convalescents, from Plaistow Fever Hospital. It is however, now being utilised by the Public Assistance Committee, for the treatment of chronic sick adult cases. Twenty beds, however, are still available for infectious cases.

Smallpox.

(3) Dagenham Smallpox Hospital consists of permanent and temporary buildings, and would accommodate 300 smallpox cases. For a number of years it has been used for adult cases of tuberculosis to the number of 128.

In the event of smallpox cases occurring, an arrangement has been agreed upon with the London County Council for such cases to be removed to one of their hospitals.

Tuberculosis.

Dagenham.

(4) As stated above this Sanatorium is still being used for the treatment of adult cases suffering from pulmonary tuberculosis. It has accommodation for 128 cases. The Ministry of Health agreed to this institution, which was built to receive smallpox cases, undertaking the treatment of T.B. cases (see pages 127-129).

Langdon Hills Sanatorium for Children.

(5) This institution accommodates 40 children suffering from pulmonary tuberculosis (see pages 129-130).

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

Whipps Cross Hospital.

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

Overcrowding is still existent at this institution, and the original accommodation is invariably much exceeded.

Some progress has been made with the scheme for 500 beds mentioned in my report of last year. At the moment the complete plans for submission for the formal approval of the Minister are in the course of preparation, and the Nurses' Home and Maids' Quarters have actually been commenced.

Forest House.

Forest House is in the same curtilage as Whipps Cross Hospital, with 396 beds for aged men and cases of epilepsy, and those certified under section 24 of the Lunacy Act 1890, 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 (40), 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

Margate Convalescent Home.

(9) This Home is situated in Northdown Road, Margate. It has accommodation for 108 patients, with necessary staff.

The Council took over the institution from the old Board of Guardians under the Local Government Act, 1929, and is responsible for all cases sent there.

The Home is far from being an ideal building for the treatment of children requiring periods of convalescence, and cases of infectious disease have frequently occurred during the year. Nevertheless, the children sent away do undoubtedly derive some

benefit from their stay at the Home. It is to be hoped that in the near future this building will be disposed of, so as to make way for an entirely new and up-to-date Convalescent Home, in some congenial surroundings.

Other Hospital Facilities.

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

Orthopaedic treatment is carried out at the Children's Hospital, Balaam Street, and at the Brookfield Hospital, Walthamstow (see page 56).

Cases of Ophthalmia Neonatorum are treated at the Royal London Ophthalmic Hospital, St. Margaret's Hospital, and at the London County Council Hospital, White Oak, Swanley, Kent. Surgical Tuberculosis is treated at Alton, etc.

Open-Air Schools.

(11) 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.

Vaccination Acts, 1867 to 1898.

The following is a summary of the work carried out under the above mentioned Acts during the year 1934 :—

No. of Cases in Birth Lists received during the year	...	5466
No. of Certificates of Vaccination received	... ..	1306
No. of Certificates of Postponement owing to—		
Health of Child	... ..	390
Condition of House	... ..	—
Prevalence of Infectious Disease	... ..	—
No. of Certificates under Section 2 of Vaccination Act, 1898, and No. of Statutory Declarations under Section 1 of the Vaccination Act, 1907	...	2889
No. of Certificates of Insusceptibility or of having had Smallpox	... ..	14
No of Cases—		
Parents removed out of District	... ..	944
Otherwise not found	... ..	262
No. of Entries in Lists sent to Public Vaccinator	...	1397

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 1934.

Class of Shop.	Visited.	No half-holiday form exhibited.	Warned verbally.	Warning Notice sent.	Refused to serve.	Summonses attended.
Bakers	333	7	33	3	41	..
Boot repairers,	46	...	3	...	4	...
Butchers	497	15	75	...	76	...
Caterers	77	2	5	...	...	...
Carpets and rugs	21	...	...	...	1	...
Chemists and druggists	165	9	13	2	25	...
China and glassware	88	1	12	4	9	...
Clothiers	150	1	11	1	5	...
Confectionery and tobacco	719	18	132	40	260	24
Corn merchants	36	1	3	...	3	...
Cycle Dealers	71	2	1	...	6	...
Drapers, Milliners and Mantle Dealers	556	14	117	27	111	6
Fishmongers	416	9	79	...	79	...
Fruiterers and Greengrocers	573	16	125	21	173	5
Furniture Dealers	82	1	4	...	8	...
Furriers	10	...	...	...	...	...
Grocers and General	757	21	205	40	309	43
Hairdressers and Barbers	308	5	27	...	36	...
Hosiery and Hatters	179	3	13	1	16	2
Ironmongers	31	...	...	...	1	...
Leather and Grindery	53	1	4	...	3	...
Mixed	678	27	122	53	235	1
Music	56	...	1	...	2	1
Picture Frames	41	...	1	...	3	...
Public Houses	57	2	...	...	...	...
Tailors	220	7	15	...	18	...
Toy and Fancy Goods	132	1	3	...	7	...
Watchmakers, Jewellers and Pawnbrokers	34	...	...	...	...	...
Wireless	152	2	17	...	24	...
Totals	6,538	165	1021	192	1,455	82

For results of Police Court Proceedings see pages 88-89.

SHOPS ACTS 1934.

This Act came into force on the 30th December, 1934. The most important provisions in this piece of legislation are in respect of the number of hours to be worked by persons under the age of eighteen years, and the arrangements for health and comfort of shop workers. It is hoped to be able to give an amplified report on the working of the above-mentioned Act next year (see pages 79-80).

Particulars of Bodies Received into the Mortuaries during 1934.

43

MONTHS.	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 Inquests
January ...	20	3	15	8	23	...	18	5	...	18	6	1	...	1	1	...	1	...	...	1	...
February ...	19	2	12	9	19	2	13	8	...	12	13	5	3	2	5	...	...	...	...	5	...
March ...	13	2	13	2	12	3	10	5	...	9	7	1	1	...	1	...	1	...	...	1	...
April ...	18	2	15	5	16	4	14	6	...	12	12	...	...	...	...	...	...	...	...	...	...
May ...	15	3	15	3	15	3	8	8	2	6	12	...	...	...	...	...	...	...	...	...	...
June ...	18	2	12	8	18	2	9	10	1	9	13	1	...	1	1	...	1	...	...	1	...
July ...	11	2	12	1	8	5	8	3	2	7	5	2	2	...	2	...	2	...	...	2	...
August ...	13	2	11	4	14	1	8	6	1	8	7	2	2	...	2	...	...	...	2	...	...
September...	6	3	7	2	8	1	5	4	...	4	6	1	...	1	...	1	1	...	...	1	...
October ...	4	2	1	5	6	...	3	2	1	3	2	1	...	1	1	...	1	...	...	1	...
November...	16	4	14	6	18	2	11	9	...	10	11	2	1	1	2	...	1	1	...	2	...
December ...	9	3	7	5	11	1	9	3	...	9	4	2	2	...	1	1	2	...	...	2	...
Total ...	162	30	134	58	168	24	116	69	7	107	98	18	11	7	16	2	15	1	2	16	...
Grand Total	192		192		192		192					18	18	18			18				

WORK CARRIED OUT UNDER PUBLIC ASSISTANCE.

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

District Medical Officers.

	Number of Men.	Number of Women.	Number of Children.
New cases seen	1574	3619	5534
Total No. of cases seen ...	5738	17869	12961
No. referred by Relief Sub-Committee	658	608	784
Attendances at Surgery ...	5824	17130	9723
Sent to Institutions:—			
Voluntary Hospitals ...	6	3	5
Whipps Cross Hospital ...	252	284	322
Mental	2	4	—
Otherwise	1	2	1
Central Home	86	136	2
Forest House	1	1	—
Forest Gate Hospital ...	2	10	2
Aldersbrook Homes ...	—	—	—
Plaistow Hospital	3	7	119
Discharged as no longer in need of treatment ...	1062	3613	3299
New cases seen at Domiciliary visit	369	1197	2713
New cases transferred from			
(a) Institutions	1	9	5
(b) General Practitioner	5	—	2
Total No. of Domiciliary visits paid	971	4457	6878
Visits paid by District Nurse	123	2966	4192
Deaths	10	40	15
Total No. on register as receiving treatment from D.M.O. on 29/12/34 ...	207	593	427
Prescriptions made up ...	6435	21785	10794
Total No. of vaccinations or re-vaccinations	83		484

FOREST GATE HOSPITAL.

	MEN			WOMEN			CHILDREN			Total
	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	
Admitted	1	17	23	757	28	24	592	22	3	1467
Discharged and Dead ..	—	25	19	766	31	19	598	15	5	1478
Refused admission ...	—	—	—	—	—	—	—	—	—	—
Admitted by means of :—	MEN			WOMEN			CHILDREN			
Relieving Officer and District Med. Officer ...		1			71			—		72
Gen. Practitioner and Relieving Officer ...		4			48			2		54
Relieving Officers		—			320			4		324
M.O.H. and Relieving Officers		—			65			3		68
Otherwise ...		6			22			9		37
Transferred from other Institutions ...		28			129			20		177
Med. Superintendent ...		3			156			16		175
No. of infectious cases ...		—			2			10		12
Transferred to other Institutions ...		34			63			34		131
Deaths ...		1			72			25		98
Total No. of sick cases receiving treatment on 29/12/34		143			460			112		715
Total No. of maternity patients in the Home ...		—			43			—		43
No. of vacant beds, if any, on 29/12/34		3			33			Cots and Cribs for Maternity Ward Infants		36 + cots

WHIPPS CROSS HOSPITAL.

	MEN			WOMEN			CHILDREN			Total
	Acute	Sub-acute	Chronic	Acute	Sub-acute	Chronic	Acute	Sub-acute	Chronic	
Admitted	3644	—	17	3652	—	55	2192	—	2	9562
Discharged	2955	—	90	3155	—	83	2008	—	—	8291
Seen as out-patients ...	447	—	180	168	—	—	135	—	—	930
Not admitted	416	—	8	137	—	12	145	—	2	720
Admitted by means of:—	MEN			WOMEN			CHILDREN			
Relieving Officer and District Med. Officer ...	210			287			355			852
Gen. Practitioner and Relieving Officer	2903			3004			1622			7529
M.O.H.	6			6			5			17
Otherwise	7			10			3			20
Transferred from other Institutions	177			194			106			477
Police (not accidents) ...	107			59			7			173
Accidents	164			89			63			316
Med. Superintendent ...	86			59			32			177
No. of infectious cases ...	291			178			187			656
Transferred to other Institutions	254			242			173			669
Deaths	642			482			215			1339
Total No. being treated in hospital on 29/12/34 ...	331			506			242			879
No. of vacant beds, if any	—			—			—			
No. of cases seen by Consultants	3981			125			187			
Ophthalmic	389			347			1969			
Aural	475			217			1371			
Light	1879			362			641			
	Gynaecologist (Orthopaedic) Surgeon Neurologist Dentist			Urologist			X-Ray:			
				No. of cases allocated to:			West Ham			1364
							Essex			1382
							East Ham			626

CENTRAL HOME.

	MEN			WOMEN			CHILDREN			Total
	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	
Admitted	850	4	3	971	4	9	1	1	—	1843
Discharged	838	2	3	939	4	7	1	1	—	1795
Refused admission ...	—	—	—	—	—	—	—	—	—	—
Admitted by means of :—	MEN			WOMEN			CHILDREN			
Relieving Officer and District Med. Officer ...		92			125			—		217
Gen. Practitioner and Relieving Officer		555			636			1		1192
Gen. Practitioner & D.M.O.		—			—			—		—
M.O.H.		—			—			—		—
Otherwise		32			22			—		54
Transferred from other Institutions		178			201			1		380
Med. Superintendent ...		—			—			—		—
No. of infectious cases ...		7			5			14		26
Transferred to other Institutions		101			236			2		339
Deaths		555			437			—		992
Total No. of sick cases in the Home on 29/12/34....		390			451			1		842
Total No. of able-bodied in the Home on 29/12/34....		371			304			—		675
No. of vacant beds, if any, on 29/12/34		131			58			—		189

FOREST HOUSE.

	MEN			WOMEN			CHILDREN			Total
	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	
Admitted	—	—	5	—	—	—	—	—	—	5
Discharged	—	1	3	—	—	—	—	—	—	4
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	22			—			—			22
Med. Superintendent ...	—			—			—			—
No. of infectious cases ...	—			—			—			—
Transferred to other Institutions	26			—			—			26
Deaths	—			—			—			—
Total No. of sick cases in the Home on 29/12/34....	65			—			—			65
No. of vacant beds, if any, on 29/12/34	5			—			—			5

MATERNITY AND CHILD WELFARE.

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

Notification of Births.

The birth rate for 1934 was 15.6, being an increase of .1 compared with the rate for 1933.

The total number of notified births was 5,783, of which number there were **5,576 live births** and **207 still births**.

Births notified by doctors and parents 1065

Births notified by midwives 4718

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

1930	1931	1932	1933	1934
5606	5266	4980	4406	4470

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 more often 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. They also 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.

	First Visits	Total Visits
(a) To expectant mothers	5261	19596
(b) To children under one year of age....	5674	38509
(c) To children 1-5 years of age	1327	60452
* (d) Infant Life Protection visits	34	429
* (e) Special visits (Home Helps, etc.)	—	12807
Total Visits		131793

* Visits under (a), (b) and (c) include all visits to the homes by Municipal Health Visitors and by those Nurses attached to the Plaistow Maternity Hospital and to the various voluntary Clinics in the Borough. Visits under (d) and (e) are made only by the Municipal Health Visitors.

Maternity and Child Welfare Clinics.

There are twelve Maternity and Child Welfare Clinics in the Borough, so situated that every district is within a reasonable distance of a Clinic. Of this number five are Municipal Clinics staffed entirely by the Council's medical and nursing staff; the remaining seven are attached to various voluntary organisations which are subsidised by the Council. Antenatal sessions are held weekly at each of the Municipal Clinics, and at four of the Voluntary Clinics; the majority of patients are referred by local midwives for antenatal examination and supervision. In the case of the Municipal Clinics a written report is sent by the Medical Officer of the Clinic to the midwife after each examination of the patient, so that there is close and satisfactory co-operation in antenatal work. In addition, the midwife is notified immediately to visit any patient who fails to keep her appointment for subsequent examination. The patients are willing to attend for antenatal care; it is becoming increasingly rare for a Midwife or Health Visitor to encounter opposition to this supervision. There is also a better understanding by the women themselves of the aims of frequent regular medical examination during pregnancy, with resultant better co-operation between patient and doctor or midwife. It may be that recent propaganda in the popular press regarding maternal mortality has helped to strengthen public interest, but the steady

plodding work of the past twenty years has produced a "clinic-minded" population who regard as its rightful due regular medical supervision of expectant mothers and young children.

Dental treatment has been provided at the Council's Maternity and Child Welfare Clinics for the last five years for expectant and nursing mothers and for the pre-school child. There is great improvement in this branch of the service in the increased willingness of mothers to avail themselves of this treatment; there is less prejudice against dental treatment for the pregnant women, and it is definitely easier now to persuade an expectant mother to attend the Dental Clinic than it was some years ago. The decision of the Council in February, 1935, to assist the women in the provision of dentures after extractions has already proved invaluable in enhancing the popularity of this very important service for the improvement of the health of the mothers. Many women previously refused multiple extraction where there was no prospect of subsequently being able to provide dentures.

Owing to the increased attendances at the Infant and Child Welfare Sessions at Maybury Road Clinic, it was found necessary to establish a third session in July, 1934. Attendances of mothers and children at all the Clinics have been maintained satisfactorily and regularly. It was found that 82.3% of the infants born in 1934 attended a Welfare Centre during the year. Through attendance at the Clinics the mother is put in touch with the many facilities for the benefit of herself or her child, such as convalescent treatment, sunlight, dental and orthopædic treatment, or admission to hospital. Treatment of a sick child is definitely debarred at the Council's Clinics, whose work is purely preventive and educative, but, in all cases where necessary, the means are available for a sick child to have treatment under the Maternity and Child Welfare Services of the Council.

Dental Treatment.

As stated previously, dental treatment is provided for expectant and nursing mothers and for the pre-school child through attendance at the various clinics in the Borough. The dental scheme for mothers has now been completed by the provision of dentures in cases selected by the Dental Surgeon. This scheme was urgently needed, and will do much to remove dislike of and prejudice against dental treatment amongst the mothers. A dental mechanic was appointed in May, 1935, to undertake the work in conjunction with and under the supervision of the Council's Dental Surgeon.

It is gratifying to note the great improvement in recent years of the teeth of the toddler; this may be accounted for partly by the better feeding of the infant and young child, and partly by the better understanding of the parent in regard to the need for care of the primary teeth. It is a rule at the Council's Dental Clinic that a child who is referred for this treatment shall be re-examined thereafter quarterly until he goes to school.

Attendances for Dental Treatment.

(1) Expectant and Nursing Mothers.	
Number of new cases treated	353
Total attendances	1299
Total attendances (a) for extraction	876
(b) for fillings	215
(c) for special treatment	348
(2) Children under School Age.	
Number of new cases treated	694
Total attendances	2732
Total attendances (a) for extraction	651
(b) for fillings	1406
(c) for special treatment, inspection, etc.	597

Home Helps.

There has been no alteration in the Home Help Scheme, which 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.

The total number of applications for Home Helps was 1,032, of this number 878 were eligible, 121 were ineligible (i.e., did not fall within the Council's scheme as regards income).

In 33 cases the applications were cancelled by the applicants.

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.	23.1	40	21.0	33.7	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.	15.1	38.3	15.0	28.5	{ Dr. Charlotte Forsyth Dr. Muriel Prout
*Grange Road Municipal Clinic	3	Wednesday, Friday, 2 p.m. Wednesday, 9.30 a.m.	10	29	10	26	{ Dr. Helen Campbell. Dr. Charlotte Forsyth
*Maybury Road Municipal Clinic	4	Monday, 9.30 a.m., 2 p.m. Friday, 9.30 a.m. Thursday, 2 p.m.	17.8	47	17.8	34.7	{ Dr. Charlotte Forsyth Dr. Angel Crawford
Silvertown Municipal Clinic	2	Wed., 10 a.m. and 2 p.m.	4.6	31.4	4.6	31	Dr. Charlotte Forsyth
*Chesterton House Centre	6	Wed., Thur., 11 a.m. & 2.30 p.m. Mon., Fri., 1.30 p.m.	124	96	74.2	21	{ Dr. Flora Hogg & Dr. Peter Kennedy.
Docks Centre, Hoy Street	5	Daily, 2 p.m.	46	85	18.5	24	
Martin Street Clinic ...	1	Thursday, 3.30 p.m.	27.4	32	10.3	7	
South West Ham Health Society Clinic, Lees Hall	3	Tues., Wed., and Thurs., 1.30 p.m. fortnightly	29	48	12.8 fortnightly	24.6	Dr. J. Lorimer Hawthorne.
Trinity Mission Centre, Oxford Road	2	Wed. and Thurs., 1.30 p.m.	—	51.4	—	30	Dr. Jean Smith.
Stratford Day Nursery Centre, Welfare Road...	2	Mon. & Friday, 1.30 p.m.	—	40.76	—	22.5	Dr. Dorothea Brooks
Given Wilson Institute, Pelly Bridge	1	Mondays, 2 p.m.	—	41.6	—	29.1	Dr. Eva Morton.

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

Supervision 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).

During 1934, 102 midwives notified their intention to practise midwifery; at the end of the year it was found that 64 midwives only were actually practising in the Borough. This apparent discrepancy is accounted for by the fact that a certain number of pupil midwives practise for a short period from their training schools in the Borough after passing the Central Midwives' Board examination. A large number of these midwives practise under the aegis of one of the several training schools or nursing associations in the neighbourhood. The standard of midwifery is high; there is no difficulty for any patient in obtaining the services of a qualified midwife, and there is no excuse for the employment by any medical practitioner in the Borough of an untrained handywoman to assist him at confinement cases.

The number of cases attended by midwives during the year was :—

(a) As midwives	2145
(b) As maternity nurses	205

Medical aid was summoned under Section 14 (1) of the Midwives' Act, 1918, in 503 cases.

The number of births notified by midwives (i.e. by midwives practising in local maternity hospitals and in the district) = **4,718**, which is equivalent to **81.6%** of the total notified births.

Stratford Day Nursery.

The Stratford Day Nursery is provided by a Voluntary Association, but receives a grant from the Council. It is the only institution of its kind in the Borough, and serves a useful purpose in helping the mothers who are obliged to leave their young children daily while they go out to work. There is accommodation at the Nursery for fifty children from early infancy to school age.

During 1934 there were 6,925 total attendances, making an average daily attendance of 32 children. The Association makes a daily charge of 8d. per child.

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 certain cases who attend regularly over a period of several weeks.

Attendances at the Sunlight Clinic.

(1) Municipal Clinic. (2 sessions per week)	
Total number of new cases	92
Total attendances for treatment	2773
(2) Day Nursery Clinic. (3 sessions per week)	
Total number of new cases	113
Total attendances for treatment	4225

Provision of facilities for Birth Control.

In December, 1934, an arrangement was made between the National Association for the Provision of Birth Control Clinics and the Council whereby patients recommended by any of the Clinic Medical Officers as suitable cases, could be referred to the East London Women's Welfare Centre, Burdett Road, E. (see pages 65-73). This agreement took effect on 1st January, 1935, and is proving satisfactory.

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

This important service has continued to function satisfactorily: the milk is distributed from five Centres in the Borough, viz.:

84 West Ham Lane, Stratford.

Public Hall, Barking Road, Canning Town.

*Maternity and Child Welfare Centre, Forest Gate.

Maternity and Child Welfare Centre, Westwood Road,
Silvertown.

Nurses' Home, Howards Road, Plaistow.

* (Opened in March, 1934, on one day per week)

The dried milk powder is obtained in bulk and packed in 1lb. packets at the Centre in West Ham Lane; it is distributed to the mothers in special cartons, each bearing directions for mixing and quantities for use in infant feeding. Samples from each consignment of milk have been submitted for bacteriological examination, with satisfactory results.

During 1934 approximately 105 tons have been distributed under the Council's Scheme.

Hospitals for Children under 5 years of age.

Children under 5 years of age requiring hospital treatment can be admitted to St. Mary's Hospital, Plaistow, and to the Invalid and Crippled Children's Hospital, Balaam Street, Plaistow. The beds at St. Mary's Hospital are occupied mainly by acute medical and surgical cases. At the Invalid and Crippled Children's 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. Such cases are usually recommended from the various Welfare Centres for treatment for marasmus, rickets, malnutrition, and diatetic disorders of infancy and early childhood.

In addition, at the Invalid and Crippled Children's Hospital, four beds are reserved for young children requiring in-patient orthopaedic treatment; there are complete facilities at the hospital for out-patient treatment of the common deformities of this age period, e.g. bowlegs and knock-knees, slight talipes, torticollis in infancy due to birth injury, etc. Most of these patients are referred to the Orthopaedic Surgeon from the Child Welfare Centres in the Borough.

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

Number of Children admitted to Hospitals.

	No. of Beds	No. of cases admitted
St. Mary's Hospital, E.13	10	250
Children's Hospital, Balaam Street:		
(a) Babies' Ward	16	181
(b) Orthopaedic Ward	4	25
		Total 456

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. The children are all examined prior to being sent away by one of the Council's Medical Officers.

A large number of these children are recommended from the various Infant Welfare Centres 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. These children are restored to normal health and benefit permanently by a period of regular, healthy routine with a well balanced suitable diet.

During 1934, 228 children were sent to Convalescent Homes for periods varying from one to three months.

Convalescence for Nursing Mothers and Infants.

During 1934 it was possible to send away under this scheme 44 mothers and 47 infants (under 3 months of age). One mother with her infant was sent each fortnight to "Child Haven," Brentwood, the Convalescent Home of the West Ham Central Mission. Similarly, one mother and infant was sent each fortnight to the London Mothers' Convalescent Home, Sunningdale. The mothers are recommended for convalescence to the Senior Assistant Medical Officer for Maternity and Child Welfare, who examines each patient prior to admission; recommendations come from the various Infant Welfare Centres in the Borough, and from the Health Visitors. Naturally, with the increased attendances at the Clinics, there is an increase in the numbers recommended for convalescence, and it was found impossible to accommodate all mothers, with resultant disappointment to many who urgently required this holiday. In February, 1935, the Council decided to augment this service by retaining 3 beds at "Child Haven," so that it is now possible to send 4 mothers and babies away every fortnight throughout the year.

This scheme has proved its worth repeatedly in the remarkable benefit, both physical and mental, in those mothers who have been fortunate enough to receive this help. For many it is the only holiday they have had for years; for most it is the only prospect they will have of a change of environment, and this help comes at a time when it is most required. It is a happy scheme to administer; the mothers return full of appreciation for all the kind attention and help they have received from the nursing staffs at both Homes. In addition, it is gratifying to note that the mothers are anxious to carry on the good training in mothercraft which they have learnt while on holiday, and which is an important feature at both these Convalescent Homes.

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, one receives 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 applications for exemption from registration. One of the Nursing Homes changed ownership in November, 1934, the Medical Officer of Health being notified of the change by the incoming Matron, whose qualifications were found to be satisfactory.

The nursing home for senile patients was removed in January, 1935, to larger and more suitable premises.

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 I 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 with the regulations of the Council, which include provision of a fire-guard, separate and 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 1934.

At the end of 1934 there were 56 foster-mothers on the Register, and 59 children registered as foster children.

One application to be registered as a foster-mother was refused by the Council owing to the home conditions being unsuitable for the reception of a child.

Registration was cancelled in one case because of the persistent refusal of the foster-mother to maintain the Council's requirements.

OPHTHALMIA NEONATORUM.

During 1934 there were 15 cases of Ophthalmia Neonatorum notified to the Medical Officer of Health. The Health Visitors investigate and report upon all such cases occurring in West Ham residents. Weekly or more frequent visits are paid until the case is completed in order to ensure that the mother carries out the treatment recommended.

The Council have an agreement with the London County Council whereby an infected infant and its mother can be admitted immediately to St. Margaret's Hospital, Kentish Town, for specialist treatment.

Analysis of Notified Cases.

Total cases = 15.

Total West Ham residents = 14.

Number of cases born at home = 11.

Number of cases born in hospital = 4.

Number of cases treated at home = 7.

(by private doctor or from out patient department of a hospital)

Number of cases treated in the hospital when born = 2.

Number of cases transferred to hospital for treatment :

(a) from Maternity Hospital 2

(b) from home 4

Total 6

Puerperal Fever and Puerperal Pyrexia.

Eight cases of Puerperal Fever and 47 cases of Puerperal Pyrexia notified to the Medical Officer of Health; this represents 1.38 per 1,000 notified births in regard to Puerperal Fever, and 8.1 cases of Pyrexia per 1,000 births.

Arrangements are in force whereby the mother and baby can be admitted immediately to hospital if such is considered necessary. Three Consultant Obstetric Surgeons have been appointed by the Council 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 several District Nursing Association in the Borough.

	Where Nursed		Result	
	Home	Hospital	Recovered	Died
Puerperal Fever	1	7	4	4
Puerperal Pyrexia	8	39	47	0

Infantile Mortality.

The infantile mortality rate for 1934 is 65.5 per 1,000 births, being an increase of .6 per 1,000 compared with 1933.

For the 118 Great Towns the rate is 63 per 1,000.

The total number of deaths under one year was 284, of which 172 were males and 112 were females; of this total number 11 were illegitimate.

Notified Causes of Deaths under One Year of Age.

Congenital debility, prematurity, malformation	110
Pneumonia and Bronchitis	77
Diarrhoea, Digestive Diseases, etc.	33
Syphilis	1
Measles	29
Whooping Cough	4
Diphtheria	3
Cerebro Spinal Meningitis	3
Deaths from violence	2
Other defined diseases	20
Total	284

During 1934 there was a severe epidemic of Measles which caused a remarkable increase in the deaths from Pneumonia, in addition to those deaths notified primarily as due to Measles.

Again an unduly large proportion of the deaths are due to prematurity and congenital defects, although the number is considerably less than that for 1933, viz. 110 out of 284 deaths in 1934, as compared with 128 out of 284 deaths in 1933.

An analysis was made of the age groups of the mothers of those children who have died under one year of age, and the results of this analysis are appended below:—

Age Group of Mothers.	Number of Infant Deaths
Under 20 years	22
21—25 years	81
26—30 years	76
31—35 years	50
36—40 years	35
41—45 years	18
46—50 years	2

Causes of Death amongst children from 1—5 years of age.

Total number of deaths from 1—5 years of age during 1934 was 196. The large increase over the number of deaths in 1933 for the corresponding age period was chiefly attributable to the epidemic of Measles mentioned previously; diphtheria continued prevalent throughout the year.

Table showing causes of death 1—5 years of age.

Infectious diseases.

(a) Measles	61
(of whom 41 died between 1—2 years)	
(b) Whooping Cough	9
(c) Diphtheria	27
(of whom 24 died between 2—5 years)	
(d) Scarlet Fever	9
(e) Influenza	1
(f) Cerebro Spinal Meningitis	1
Pneumonia and Bronchitis	51
Tuberculosis (all forms)	11
Diarrhoea, digestive disorders, etc.	6
Violence	9
Other defined diseases	11
Total	196

There has been a fairly satisfactory response at the Infant Welfare Centres to the propaganda for immunisation against Diphtheria, but there is still amongst the parents much apathy and lack of desire to understand the meaning and methods of this form of protective treatment. Unfortunately also, many applications are received only when the child has been recently exposed to the disease. Intensive propaganda at the Clinics and in the homes by the Health Visitors is gradually overcoming the existing prejudice.

Maternal Mortality.

During 1934 nine deaths occurred directly attributable to diseases of pregnancy or connected with childbirth, giving a maternal mortality rate of 2.01, the rate for England and Wales being 4.41.

Of these nine deaths, 4 were due to Sepsis, and 5 from other causes in consequence of pregnancy or childbirth.

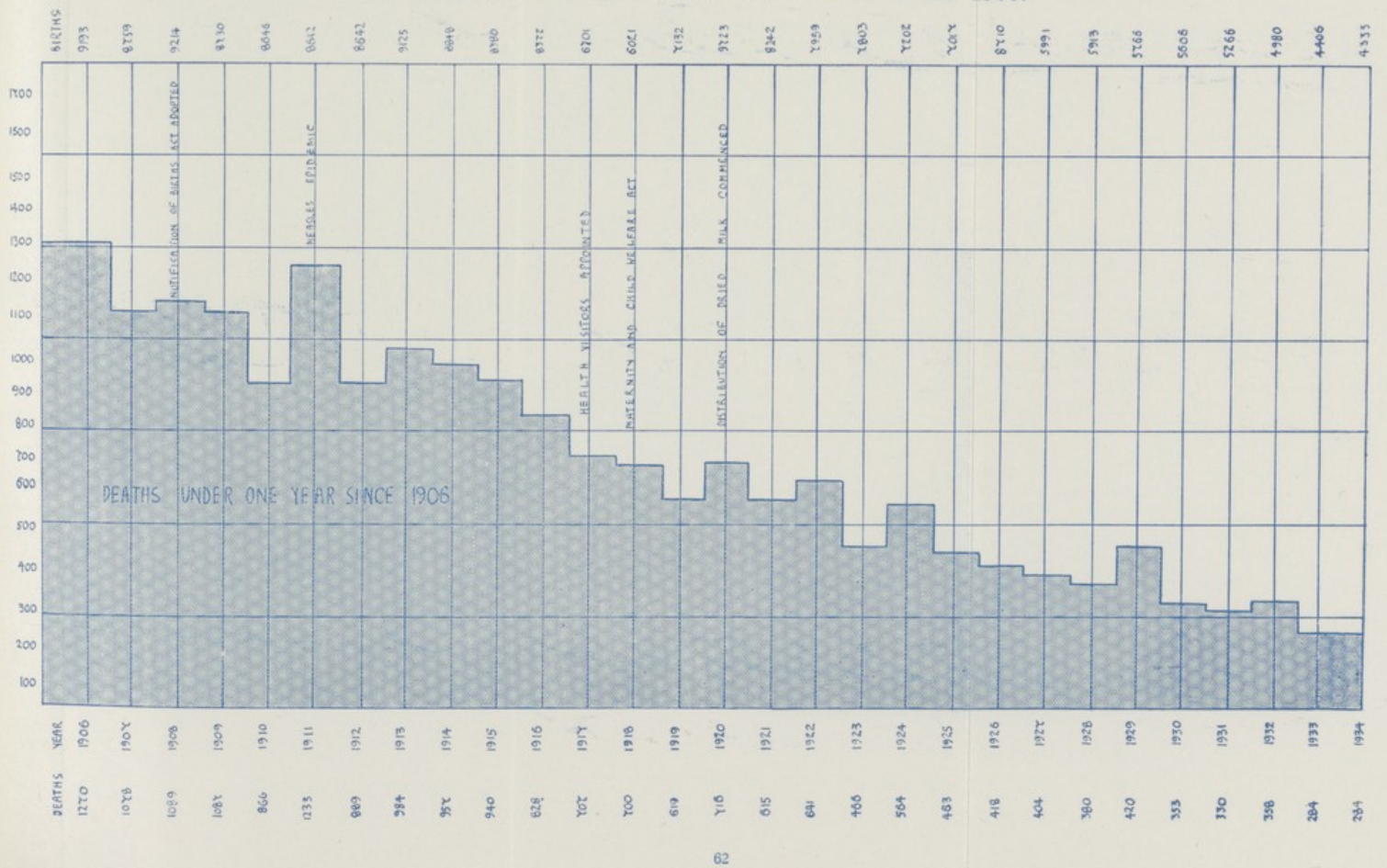
The average age of the mothers was 29.3 years.

Notified causes of death.

(a) **Puerperal Sepsis.**

- (1) Toxaemia
 Streptococcal Pneumonia
- (2) General Peritonitis
 Ruptured Uterus
 Instrumental delivery of Obstructed labour
- (3) Puerperal Septicaemia
- (4) Puerperal Septicaemia
 Miscarriage.

DEATHS OF INFANTS UNDER ONE YEAR SINCE 1906.



(b) **Other causes.**

- (1) Cerebral Haemorrhage.
Embolism (miscarriage 28 weeks)
Malignant Endocarditis
- (2) Bronchitis
Cardiac dilatation (5 days after
normal confinement)
- (3) Shock of post partum Haemorrhage
Obstructed labour
- (4) Pulmonary Oedema
Cardiac Failure
Pregnancy
- (5) Cerebral Haemorrhage.
Hyperpiesis
Toxaemia of Pregnancy.

Detailed investigation of the Maternal deaths reveals that of the four cases of puerperal sepsis, three had received ante-natal care; the other case was that of an early miscarriage. The cause of the miscarriage was probably due to the extra work done by the woman as a machinist; she did not send for medical help until two days after the onset of haemorrhage.

Ante-natal supervision in the other three cases was regular; two patients attended clinics and were referred during pregnancy for the advice of a gynaecological specialist; the third case was examined by a private doctor at frequent intervals. Difficult labour occurred with two of these patients, the third case, though a normal full-time delivery in hospital, yet developed all the signs of virulent puerperal infection 48 hours later; the cause of which was untraceable.

Of the five cases who died from causes other than sepsis, there is a history of previous ill-health in two, viz., bronchitis and chronic heart disease. Death in these cases was in no way attributable to any abnormality of pregnancy but to conditions which, though aggravated by pregnancy, might well have occurred otherwise.

There were two deaths due to difficult prolonged labour, requiring much operative interference—each had attended an ante-natal clinic; the third fatality was due to cerebral haemorrhage as a result of toxaemia of pregnancy which had been suitably treated.

Ante-natal care undoubtedly helps towards the reduction of the maternal death-rate, but it must be thorough. There is a great need for more ante-natal beds. The Maternity Hospitals tend to "over-book," practically all available accommodation being used for the lying-in women; it is extremely difficult, therefore, to obtain admission for cases of slight toxaemia or slight antepartum haemorrhage requiring observation, or for the necessary in-patient treatment to be accorded to pregnant women suffering from inter-current diseases such as, e.g., the two fatal cases mentioned above.

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

BIRTH CONTROL CLINICS.

In accordance with the directions of the Maternity and Child Welfare Committee I herewith present a report in respect of the proposed establishment of a Birth Control Clinic in West Ham.

Having regard to the fact that the question of contraceptive teaching at rate-aided clinics gives rise to such controversy and diversion of opinion, I have thought that it would be helpful if all members of the Committee had available for their consideration copies of all official circulars on this subject issued by the Ministry of Health (Memorandum 153/M.C.W., Circular 1208. Circular 1408 follows this Report).

I also attach a copy of the remarks of Sir George Newman, Chief Medical Officer to the Ministry of Health and Board of Education, taken from his Annual Report published last month. These remarks, based as they are upon the experience garnered from reports from all over the country, should be enlightening and useful.

Undoubtably birth control is practised by approved methods in all areas of the Borough and by most grades of people.

The present routine carried out at the Council's Maternity and Child Welfare clinics in regard to this matter is as follows:—

Patients needing advice (for medical reasons only) are referred by Assistant Medical Officers to the Birth Control Clinic at 6 Burdett Road, Mile End, E. This Clinic is run under the auspices of the Society for the Provision of Birth Control Clinics, and is in charge of a woman Medical Officer expert in this particular subject, assisted by a trained nursing staff. The methods used in regard to case taking, supply of appliances and subsequent following up of cases, are uniform and satisfactory.

When for economic reasons the Clinic Medical Officers are asked for advice on birth control, the practice has been simply to give the address of the Clinic.

This practice has worked well, but could with advantage and at small cost be extended so that in regard to those cases recommended by the Medical Officers, the Committee might arrange that no expenses be incurred by the patient.

Alternative methods suggested for the Committee's consideration are:—

- (1) The establishment of one or more sessions a week at the existing Maternity and Child Welfare Clinics (these sessions must be held at times apart from ordinary routine work).
- (2) To provide special premises as a Birth Control Clinic.

If the Committee should decide to adopt either of these methods, considerable additional expense to the existing services would be involved, in that a further part-time Medical Officer would be necessary as well as two trained nurses to attend at each session.

October 5th, 1934.

F. GARLAND COLLINS,
Medical Officer of Health.

Some Notes on Artificial Contraception.

1. In recent years Local Authorities have been urged by the advocates of artificial contraception to provide facilities for its practice, and it may be convenient again to offer some brief notes for their consideration.

2. It should not be forgotten that this claim is preferred at a time of a falling birth rate, and when the provision for maternity and the treatment of conditions incidental thereto is receiving more skilled attention than formerly, in institutions under Local Authorities, in private medical practice, and in voluntary hospitals. The birth rate which was 35.4 per thousand persons living in 1871-1880 has now fallen to 14.4 in 1933. On the other hand, unemployment has increased owing to widespread industrial depression, bringing increased poverty; and social habit and aspiration in regard to large families are undergoing profound changes. In some sections of the population there is, from one cause or another, a growing disinclination or economic inability to have children, and a rapidly progressive disposition to find medical relief for the disabilities of childbirth.

3. Yet it must not be assumed that "birth control" is a novel idea. Intentional and purposive contraception has existed from the earliest times in human history. Recently, however, its practice has become more conscious and concrete, more talked about, and more artificial in method. This change is not necessarily evil, nor does it necessarily raise new moral issues. It is the means which have changed, and which are advertised and publicly discussed. The fact that the means have brought to a large number of persons definite relief from immediate and practical difficulties and burdens, financial as well as physical, must not be overlooked. The rightness or wrongness of the use of those means, the expediency or inexpediency of their application, should always be estimated without prejudice and on the plane of their motive and occasion. The means to be adopted and their usage is, however, another question, and the advocacy of indiscriminate and unskilled artificial contraception has some substantial disadvantages which should be recognised:—

(a) Organised popular instruction in this subject is liable to become propagandist and pseudo-authoritative in presentation and impression; it leads also to a commercial

exploitation of the means, which may be both unsafeguarded as to expediency and exorbitant as to price, thus imposing risk or hardship upon the purchaser ;

(b) the effect of the practice of unsafeguarded artificial contraception may be not only local and physical, but general, psychological, and even anti-social ;

(c) the means may be deleterious in their social or physical results, and are in any case uncertain in action. Experience indicates that in a substantial percentage of cases artificial contraceptive methods if unskilled in application may fail to prevent conception ;

(d) there is no absolute guarantee of value—physical, social, moral or humane ; such methods can be used wisely and beneficially, but they can also be used for selfishness, debasement and the encouragement of undesirable habits ; the variableness and morality of the value is dependent upon human character and on many circumstances and conditions.

(e) artificial contraception cannot in any case be a substitute for social amelioration, self-control, restraint, mutual consideration, or decent and worthy conditions of life.

The question of a Local Authority engaging itself in the provision of facilities for artificial contraception has arisen in recent years, partly on account of an increased public interest in this subject, partly because of their extending sphere of duty, and incidentally because of a proposal to use the Maternity and Child Welfare Centres for this purpose. Public interest has been engendered by the establishment of voluntary "birth control clinics" (which being few may be largely attended), and by wider realisation of the ill-effects on the health and strength of the mother which may follow too frequent childbearing. The advocacy of birth-restriction has extended in view of the obvious social and economic difficulties which may accompany large families. Indeed, some claimants are desirous of limiting an increase of population, a question which lies near the origin of many of our national problems. Again, the existence of the Maternity and Child Welfare Centres (which now number 2,820) has seemed at first sight to furnish convenient places for instruction to be afforded in artificial contraception.

4. In the Report for 1925 (page 129) it was explained that the Maternity and Infant Welfare Centre only provides instruction and advice to the expectant or nursing mother in the care of her own health and that of her infant, and not to married or unmarried women contemplating the application of contraceptive methods. Nor is it the function of an ante-natal centre to give advice in regard to "birth control," which might obviously be contrary to its specific purpose. In exceptional cases, where avoidance of pregnancy seems desirable on medical grounds, the mother attending a maternity or ante-natal welfare centre should be referred for particular advice as to birth control to a private

practitioner attached to, or recommended by, the Centre, or to a suitable hospital or clinic where her condition can receive adequate treatment. The objects of the Centre are instruction, education and supervision of the mother in the nurture of her child; it is not a dispensary or a clinic for the treatment of disease for mother or child, and is not equipped for such duties.

5. On general grounds it is clear that organised instruction in contraceptive methods is alien to the purpose of a Maternity and Child Welfare Centre established by a Local Authority **for nursing and expectant mothers**, would militate against the objects of its establishment, and might well be distasteful to its clients. Such Centres are maintained out of rates and taxes paid by all sections of the community, and therefore they should not be used for any purpose to which certain sections of the community might reasonably object. Moreover, the staffing and furnishing of these Centres is not such as provides equipment or makes the necessary provision for the systematic teaching, demonstration and supervision of artificial contraceptive methods, still less for the regular practice of such methods or the consequent following-up of any untoward results. These are some of the reasons which have led the Ministry of Health to discourage any close association between organised artificial contraception and the Maternity and Ante-natal Centres established under the Maternity and Child Welfare Act of 1918.

6. There is no general statutory power enabling a Local Authority to establish birth-control clinics as such. Indeed, it is doubtful if there is, at present, a sufficient degree of unanimity in the medical profession or in public opinion as to contraceptive methods to justify a Local Authority in undertaking the responsibility of establishing out of the local rate a special centre for systematic instruction in artificial contraception and its application, as a definite part of their preventive duties. Experience shows, however, that a "birth control" clinic is naturally attended by many women who are in need of the medical or surgical treatment of disease or discomfort, and such treatment cannot always be provided either at a Maternity and Child Welfare Centre or at a "birth control" clinic as such. Possibly there is a place in a national health service for a different kind of institution which would serve as a **Mothers' Centre** or Outpatient Gynaecological Clinic, where mothers needing advice on physical and health matters, both of nature and nurture, might well be assisted. Such an institution under adequate and skilled medical supervision could receive minor gynaecological cases, deal with some forms of post-natal after-care, accept responsibility for counselling mothers of subnormal physique or mentality, give advice on the practice of contraceptive methods when medically needed, and act as a clearing house for appropriate treatment of one sort or another by hospital or medical practitioner.

7. In its Final Report (1932), page 130, the Departmental Committee on Maternal Mortality and Morbidity wrote as follows:—

“The Committee desire to call special attention to the importance of the avoidance of pregnancy by women suffering from organic disease such as tuberculosis, heart disease, diabetes, chronic nephritis, etc., in which child-bearing is likely seriously to endanger life. They consider that advice and instruction in contraceptive methods should be readily available for such women, and their husbands, from private practitioners, at hospitals or at gynaecological clinics set up by Local Authorities under the Public Health Acts in accordance with suggestions made by the Ministry of Health in Circular 1208 (1931).

“It should, however, be recognised that there are no entirely reliable appliances for the prevention of pregnancy, and that it is often impracticable for women in working-class homes to use approved methods in a satisfactory and effective way.”

The question of providing facilities for giving such advice within the limits laid down in the Ministry's Memorandum 153 (M. and C.W.) is a matter entirely within the discretion of the Local Authority. It may be added that centres or clinics for the purposes here described need not be elaborately or expensively equipped as the necessary apparatus, furnishing and outfit is of the simplest character. Its purpose is to aid and advise married women who are suffering from any physical or mental condition detrimental to pregnancy, to their health as mothers, or to the health of their prospective or existing children.

8. Medical knowledge and experience has not, as yet, given us any particular artificial method of contraception upon which absolute reliance may be placed. That is to say, there is no single artificial and non-operative means which has hitherto either received unanimous medical approval or ensures its users against failure or mishap. Various inquiries and researches are at present being pursued in this subject.

9. There is some evidence which appears to suggest that the recent increased practice of artificial contraception has been running parallel with an increase in the practice of abortion. Whilst the methods of artificial birth control are different from those of the abortionist, there is a psychological relation which, however erroneous in validity, makes them akin, and possibly in some instances the one habit might tend, habituate or incite to the other. Thus the unwise or indiscriminate use of artificial contraceptives might, directly or indirectly, lead to the practice of abortion.

10. A few words may be added in regard to the present official practice of the Ministry. So far as Maternity and Child Welfare Centres (including Ante-natal Centres) are concerned, these Centres can properly deal only with expectant mothers, nursing mothers, and young children, and it is not the designed

function of such Centres systematically to give advice and instruction in regard to the methods of artificial contraception or their application. The use of the Centres for such a purpose would be likely to damage their particular work. In certain cases in which there are **medical grounds** for giving individual advice on contraceptive methods to married women in attendance at the Centres, it may be secured (see 4 above), but such advice should be restricted to cases where further pregnancy would be detrimental to health, and should be offered under conditions such as will not disturb the normal and primary work of the centre.

(11) Whilst Local Authorities have no general statutory power to establish "birth control clinics" as such, the Public Health Acts confer upon Local Authorities the power to provide clinics for sick persons. On May 31st, 1934, the Ministry of Health issued a further Circular (1408) drawing attention to the recommendation of the Departmental Committee and explaining that such general clinics might properly deal with forms of sickness other than gynaecological conditions in the narrow sense of the term. Among such conditions directly or indirectly affecting pregnancy are tuberculosis, heart disease, diabetes, chronic nephritis, certain forms of anaemia, the toxæmias of pregnancy, epilepsy, mental deficiency or amentia, hyperthyroidism, hæmophilia, grave malnutrition, or morbid conditions arising from the incomplete recovery from pregnancy. A copy of the Circular is printed below as an addendum.

(12) It should be added that under this and the previous Circulars on birth control, arrangements have been made by some 75 or 80 Local Authorities for the provision of contraceptive advice to mothers for whom further pregnancies would be detrimental to health. Various voluntary societies, including the National Birth Control Association, the Society for the Provision of Birth Control Clinics and others have also established a number of clinics on a voluntary basis. Experience shows that women attend such Centres for various reasons. As in the ordinary clinics for the ailments of school children, tuberculosis, venereal disease, etc., many patients attend for the purpose of diagnosis, who may find as a result that they are in no need of medical advice or treatment; some, who may have borne many children, for advice as to stopping further child-birth on medical grounds; others for advice as to the "spacing" of their prospective children; and not a few for general or particular morbid conditions which they suspect, rightly or wrongly, are detrimental to their health as mothers. The purpose of such clinics, from first to last, should be the prevention of disease or impairment in the mother or her offspring, and the ensurement of the health of both. In these clinics, as in other clinics, what is, or is not, medically detrimental to health must be decided by the professional judgment of the registered medical practitioner in charge of the clinic.

[Copy from Annual Report of The Chief Medical Officer of the Ministry of Health for the year 1933.]

F. GARLAND COLLINS.

October, 1934.

BIRTH CONTROL.

1. The Minister of Health is authorised to state that the Government have had under consideration the question of the use of institutions which are controlled by Local Authorities for the purpose of giving advice to women on contraceptive methods.

2. So far as Maternity and Child Welfare Centres (including Ante-Natal Centres) are concerned, these Centres can properly deal only with expectant mothers, nursing mothers, and young children, and it is the view of the Government that it is not the function of the Centres to give advice in regard to birth control and that their use for such a purpose would be likely to damage the proper work of the Centres. At the same time the Government consider that, in cases where there are medical grounds for giving advice on contraceptive methods to married women in attendance at the Centres, it may be given, but that such advice should be limited to cases where further pregnancy would be detrimental to health, and should be given at a separate session and under conditions such as will not disturb the normal and primary work of the Centre. The Minister will accordingly be unable to sanction any proposal for the use of these Centres for giving birth control advice in other cases.

3. The Government are advised that Local Authorities have no general power to establish birth control clinics as such, but that under the Notification of Births (Extension) Act, 1915, which enables Local Authorities to exercise the powers of the Public Health Acts for the purpose of the care of expectant mothers and nursing mothers, it may properly be held that birth control clinics can be provided for these limited classes of women. Having regard to the acute division of public opinion on the subject of birth control, the Government have decided that no Departmental sanction which may be necessary to the establishment of such clinics for expectant and nursing mothers shall be given except on condition that contraceptive advice will be given only in cases where further pregnancy would be detrimental to health.

4. Under the Public Health Acts, Local Authorities have power to provide clinics at which medical advice and treatment would be available for women suffering from gynaecological conditions. But the enactments governing the provision of such clinics limit their availability to sick persons, and the Government have decided that any Departmental sanction which may be necessary to the establishment of such clinics shall be given only on the following conditions:—(1) that the clinics will be available only for women who are in need of medical advice and treatment for gynaecological conditions, and (2) that advice on contraceptive methods will be given only to married women who attend the clinics for such medical advice or treatment, and in whose cases pregnancy would be detrimental to health.

Ministry of Health.

March, 1931.

Sir,

BIRTH CONTROL.

I am directed by the Minister of Health to refer to Memorandum 153/M.C.W., which was issued in March last on the above subject. The Minister finds that certain misconceptions have arisen in regard to the views expressed in that Memorandum, and he desires to bring the following points to the notice of Local Authorities.

1. It is necessary to emphasize the statement in the Memorandum that the Government are advised that Local Authorities have no general power to establish birth control clinics as such. The Memorandum was issued solely for the purpose of explaining the views of the Government on the use of institutions controlled by Local Authorities for the purpose of giving advice to women on contraceptive methods, and it should be understood that the question of providing facilities for giving such advice within the limits laid down in the Memorandum is a matter entirely within the discretion of the Local Authority.

2. Under the Maternity and Child Welfare Act, 1918, the powers of Local Authorities are limited, so far as women are concerned, to making arrangements for attending to the health of expectant mothers and nursing mothers. If an Authority decides to provide facilities for giving birth control advice at a Maternity and Child Welfare Centre in accordance with paragraph 2 of the Memorandum, the use of these facilities must be strictly incidental to the purpose for which the Centre is established, and they can be made available only for married women who are either expectant or nursing mothers already in attendance at the Centre and in whose cases further pregnancy would be detrimental to health.

3. If action is taken under the Public Health Acts to establish a clinic at which medical advice and treatment would be available for women suffering from gynaecological conditions, the use of any facilities provided at the clinic for giving advice on contraceptive methods must be strictly incidental to the purpose for which the clinic is established, viz., the treatment of sick persons. Only women who need medical advice and treatment for gynaecological conditions can properly be admitted to the clinic, and contraceptive advice can properly be given only to married women in attendance at the clinic in whose cases pregnancy would be detrimental to health. It is obviously desirable for a Local Authority to obtain the services of a medical officer specially experienced in the clinical advice and treatment needed at a gynaecological centre of this sort.

4. The Minister does not consider it desirable that a gynaecological clinic should be established at a Maternity and Child Welfare Centre, and if an Authority is satisfied that there is need for such a clinic it should be provided in separate premises or at a hospital. Expectant mothers and nursing mothers in attendance at Maternity and Child Welfare Centres who are found to need medical advice and treatment for gynaecological conditions could then be referred to the clinic.

5. The Minister considers it important that no existing officer of a Local Authority should be prejudiced in any way by a

decision of the Authority to provide facilities for birth control advice within the limits laid down in the Memorandum. He is of opinion that this work should not be regarded as falling within the scope of the normal duties of the medical officers of a Local Authority, who should be free to undertake it or decline it.

Circular 1408. Ministry of Health, Whitehall, London, S.W.1.
Sir, **BIRTH CONTROL.** 31st May, 1934.

1. I am directed by the Minister of Health to refer to Memorandum 153/M.C.W. dated March, 1931, and Circular 1208 of the 14th July, 1931, and more particularly to paragraph 4 of the Memorandum and paragraph 3 of the Circular which deal with the provision under the Public Health Acts of clinics for women suffering from gynaecological conditions. It was stated in paragraph 4 of the Memorandum that the Government had decided that any Departmental sanction which might be necessary to the establishment of such clinics should be given only on condition:—

(1) that the clinics will be available only for women who are in need of medical advice and treatment for gynaecological conditions, and (2) that advice on contraceptive methods will be given only to married women who attend the clinics for such medical advice or treatment, and in whose cases pregnancy would be detrimental to health.

2. The Authority will be aware that the Departmental Committee on Maternal Mortality and Morbidity, in their Final Report published in 1932, called special attention to the importance of the avoidance of pregnancy by women suffering from organic disease such as tuberculosis, heart disease, diabetes, chronic nephritis, etc., in which childbearing is likely seriously to endanger life. The Committee considered that advice and instruction in contraceptive methods should be readily available for such women.

3. It was pointed out in the Memorandum and Circular of 1931 that the powers which the Public Health Acts confer upon Local Authorities for the provision of clinics limit their availability to sick persons, but the Minister is advised that there is nothing to prevent the Local Authority from rendering such a clinic available for women suffering from forms of sickness other than gynaecological conditions. After careful consideration of the recommendation made by the Departmental Committee, the Minister is of opinion that where a Local Authority has provided a clinic at which medical advice and treatment are available for married women suffering from gynaecological conditions, and at which contraceptive advice is afforded to married women so suffering in whose cases pregnancy would be detrimental to health, it would be proper also for married women who are suffering from other forms of sickness, physical or mental, such as those mentioned in the Report of the Departmental Committee, which are detrimental to them as mothers, to be afforded contraceptive advice at the clinic if it is found medically that pregnancy would be detrimental to health. What is, or is not, medically detrimental to health must be decided by the professional judgment of the registered medical practitioner in charge of the clinic.

EXISTING MATERNITY & CHILD WELFARE SERVICES.

1. Staff.

(a) Assistant Medical Officers.

- 2 Full-time }
2 Part-time } at Municipal Clinics.
6 part-time at Voluntary Clinics.

(b) Dental Surgeons.

- 1 full-time at Municipal Clinics.
1 part-time at Voluntary Clinics (Plaistow Maternity Hospital).

(c) Nursing Staff.

- 18 Health Visitors—Municipal.
1 Dental Nurse—Municipal.
34 Nurses from Plaistow Maternity Hospital (who undertake home visiting of certain cases by arrangement with the Medical Officer of Health).
4 Nurses allocated to voluntary clinics (who visit only special cases attending their own Clinics by request of Clinic Medical Officer).

2. Clinics.

5 Municipal Clinics, at each of which there is one ante-natal session per week.

7 Voluntary Clinics, at 4 of which ante-natal work is done, viz. :—

At three clinics attached to Plaistow Maternity Hospital.
At Lees Hall Clinic, Barking Road.

Remarks :

There is close co-operation at all Clinics between the Medical Officers, Health Visitors and District Midwives whose patients attend for ante-natal supervision.

The Clinics are "fed" by midwives, by Health Visitors, by District Medical Officers and by Relieving Officers, all of whom come into daily contact with cases requiring help from the Clinics.

In regard to the work at the five Municipal Clinics, each patient is seen on every visit by the Medical Officer; through the Clinic she is referred, when necessary, for Dental Treatment, and is also put in touch with other facilities provided for her benefit by the Council, viz., Home Help Scheme, Provision of Dried Milk.

Complete routine home visiting of expectant mothers is undertaken by the Health Visitors; by no means the least important visits being those paid to women who fail to attend for re-examination at the Clinics according to appointment.

By this re-visiting, a close and careful supervision is kept on all expectant mothers who have availed themselves of the Maternity and Child Welfare Scheme.

Post-natal cases are referred to these clinics for examination, suitable provision for treatment being made where required.

3. **Midwives.**

In 1934 102 midwives notified their intention to practise in the Borough; the large majority are allocated to, and practise from, the Maternity Hospitals in West Ham, or from Branch Homes of District Nursing Associations. There are comparatively few private midwives in regular practice.

Remarks: The Midwifery service in West Ham is adequate and of a high standard.

4. **Maternity Hospitals.** (providing beds for cases recommended as suitable either (1) because of abnormality of pregnancy or (2) anticipated difficult labour, or (3) because of unsuitable home conditions).

There are, for maternity cases, 45 beds at Queen Mary's Hospital, Stratford, and 56 beds at the Plaistow Maternity Hospital. Both these Institutions are subsidised by the Council.

Forest Gate Hospital has a large maternity block of 40 beds, and there is close co-operation regarding patients between the staff of this Hospital and the Maternity and Child Welfare staff. Through attendance at the Clinic arrangements are made with the Public Assistance Department for women who so desire it to book for subsequent admission for confinement to Forest Gate Hospital.

Abnormal ante-natal cases requiring observation and in-patient treatment are admitted readily to Forest Gate Hospital, or to the two voluntary maternity hospitals through the Resident Obstetric Officer.

5 **Puerperal Fever. Admission to Hospital.**

Such cases can be admitted at once to Whipps Cross Hospital or to Plaistow Hospital.

Home Nursing is undertaken by the nurses from the various District Nursing Associations.

Consultant Advice for a difficult maternity case can be obtained in the patient's home by any doctor upon application to the Medical Officer of Health. The Council retains the services of three Obstetric Consultants for this purpose.

Bacteriological Examination can be obtained by application to the Medical Officer of Health, and is carried out at Queen Mary's Hospital.

6 **Provision of Home Helps.**

The present scheme works satisfactorily and is of great value. (See duties of Home Help, page 76)

7. **Provision of Dried Milk.**

Dried milk is available for every expectant mother resident in the Borough at the cost price of 10d. per one pound packet, but is available free or at half-price for necessitous cases (according to the Council's scale), during the last three months of pregnancy.

8 **Complicated Midwifery.**

Under the Midwives' Act, 1918, payment of fees to doctors, summoned by midwives in respect of abnormalities of pregnancy, labour or of the lying-in period, is obligatory on the part of the Local Authority. The Scheme is satisfactory as carried out in West Ham.

Consultant Service for ante-natal Cases.

The present practice of both clinic Medical Officers and private practitioners is to refer abnormal ante-natal cases to the Consulting Obstetric Surgeons at the two local (Voluntary) Maternity Hospitals.

9. **Convalescent Treatment for Mothers.**

The Council retains two beds for convalescent nursing mothers with their infants (up to three months of age):—

one bed at "Child Haven," Brentwood, at £2 2s. per week.

one bed at "The London Mothers' Convalescent Home, Sunningdale, at £1 5s. per week.

Each mother is sent away for a period of two weeks, with considerable resultant benefit to her health, both physical and mental.

F. GARLAND COLLINS,

Medical Officer of Health.

7th January, 1935.

COUNTY BOROUGH OF WEST HAM.

MEDICAL OFFICER OF HEALTH'S DEPARTMENT.

Duties of Home Helps.

- 1—To act under the direct supervision of the Health Visitor for 14 days following the confinement.
- 2—To be at hand at the time of labour and confinement; to see that the patient's room is clean and everything in readiness for the arrival of the Doctor or Midwife. The Home Help is not responsible for the confinement itself, nor must she interfere in any way with the instructions of the Doctor or Midwife. Payment will not be granted to a Home Help if she undertakes, in any way, the duties of a Maternity Nurse.

- 3—After the confinement, to remove all soiled linen from the patient's room, and to care for her generally, especially as regards cleanliness and food.
- 4—To see that the infant is properly fed and cared for, and, if possible, put to sleep in a separate cot.
- 5—To wash and dry the labour clothes as soon as possible, and to keep the ordinary clothes washed in the usual way: to get meals and tidy the house as the patient would, were she not for the time laid aside.
- 6—To care for any other children there may be, and see that school children attend punctually and are clean and tidy.
- 7—Should the Home Help, either in actual attendance on the patient, or engaged to attend her at a later date, in any way come into contact with a case of infectious disease, either in her own home, the home of the patient, or elsewhere, she must at once report the matter to the Medical Officer of Health.
- 8—**On the day following the confinement**, the Home Help must notify the Medical Officer of Health, Municipal Health Offices (88 Romford Road, Stratford, E.15), that she has commenced her duties. She is also required to notify the Medical Officer of Health at once if she is unable to continue her duties, stating the reason for this inability.
- 9—Any conduct on the part of the Home Help which is contrary to the interests of the person she is helping, or any failure to comply with the above rules, may lead to her name being removed from the list of Home Helps, and render her liable to forfeit the payment due to her.

F. GARLAND COLLINS,
Medical Officer of Health.

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

To:

The Medical Officer of Health,
Municipal Health Offices,
88 Romford Road, Stratford, E.15.

In accordance with my agreement to act as Home Help to
Mrs. of
I hereby inform you that I began my duties on the
day of193.....

Signed.....

Home Help's Address.....

Detach this Slip and forward as directed above.

MATERNITY AND CHILD WELFARE SCHEME.

Facilities which could still be provided by the Local Authority in West Ham under Existing Regulations.

Facilities.

- 1—**Free Dinners** for necessitous expectant mothers from sixth month of pregnancy, and for nursing mothers.

Possible Methods of Provision of these Added Facilities.

- (a) Provision of **dinners at existing Maternity and Child Welfare Centres.**

Disadvantages:

- (1) Meals would require to be transported from a central kitchen, as most of the clinics have no facilities for cooking on such a scale.
- (2) Additional staff would be required to serve the meals and to supervise.
- (3) Insufficient suitable or accessible clinics to make the scheme easily available each day for expectant mothers.

- (b) Provision of **dinners at the existing School Dining Centres by arrangement with the Education Committee.**

Advantages:

- (1) The Centres are already used for the purpose of providing meals for children, the food being freshly cooked and prepared at each Centre.
- (2) The Centres are accessible to all areas of the Borough.
- (3) The existing staff would probably require little, if any, addition.
- (4) The menus would require only slight adjustment except in special abnormal cases.

Remarks:

- (1) Method (b) would be satisfactory and workable.
- (2) The basis adopted for eligibility for free dinners might be the Council's Home Help Scale.
- (3) All women would have to be recommended by one of the Medical Officers of the M. and C.W. Clinics through attendance at the Clinic.
- (4) This scheme is very necessary to augment the present scheme for the provision of Dried Milk, as it is found in many cases that the mother herself benefits very little from the milk, which is shared amongst the children.

Facilities.

2—Provision of Dentures.

Extension of present Dental Scheme for mothers to provide dentures where necessary.

Possible Methods for Provision of Facilities.

- (a) **Contract with a recognized firm of Dental Mechanics to undertake the work at a flat rate per denture.**

Advantages :

- (1) The entire responsibility for the dentures rests with the contracting firm or mechanic.
- (2) Very little additional equipment would be required by the Council's Dental Surgeon for this added work.
- (3) All work would be undertaken at the firm's specially appointed workshop.

This Scheme would assist and augment the present scheme of Dental treatment for mothers (expectant and up to 6 months after confinement) : many women refuse treatment or refuse to submit to complete and satisfactory treatment because they know they will be unable to provide dentures.

- (b) **Appointment of a Dental Mechanic as one of the Maternity and Child Welfare Staff.**

Disadvantages :

Expensive both in regard to the salary and having regard to the fact that a workshop and necessary equipment would have to be provided.

Facilities.

3—Subsidies to Midwives.

- (1) As compensation for the transfer of their patients to hospital for confinement as a result of abnormality detected at an ante-natal clinic.
- (2) Claims by midwives might be considered in respect of attendance in the home at confinement of cases in receipt of public assistance from whom the fee (either in part or in whole) is irrecoverable.
- (3) Subsidies might be granted in cases where the patient is advised at the clinic to engage a doctor for attendance at confinement owing to some abnormality, but where she is unable to pay the fee both for a doctor and trained midwife.

Possible Methods for Provision of Facilities.

Remarks :

In both these schemes (1) and (2) the midwife would be required to submit full details to the Medical Officer of Health of each case for which claim for payment was made.

In regard to (1) the usual fees adopted by the midwives would be paid, e.g., £1 10s. in the case of first pregnancy; £1 1s. in the case of multiple pregnancies.

In regard to (2) each case would have to be judged on its own merits, or a special scale might be adopted based on (a) average income for 13 weeks prior to confinement; (b) number of dependent children; (c) receipt of maternity benefit.

In regard to (3) this would help to abolish the **handy woman**, application and eligibility being based on a scale as in (2).

4—Assistance for Unmarried Mothers and their Children.

Remarks:

It would appear to be unnecessary to elaborate a special scheme for these cases, as practically all the facilities under the M. and C.W. Scheme are available equally for married and unmarried mothers, also the many social schemes in Greater London for the care of the unmarried mother and her child are utilised frequently by patients from this Borough.

Additional Recommendation for Amendment of the Council's Present Scheme in the Provision of Increased Facilities for Convalescence for Nursing Mothers up to three months after Confinement.

Present Facilities.

Number of beds rented — 2.

One at Child Haven, Brentwood, Essex.

One at The London Mothers' Convalescent Home, Sunningdale, Berks.

Each Home receives a nursing mother and her infant every fortnight for a period of two weeks.

Recommendation for increase of this Service.

It is suggested that the Council rent two additional beds at "Child Haven," retaining the two beds already provided. The enlargement of this scheme would be very advantageous, in that the mothers could be sent away as soon after confinement as possible, when additional rest and care is most urgently required. It would also prevent a long waiting list resulting in disappointment to many mothers.

F. GARLAND COLLINS,

Medical Officer of Health.

7th January, 1935.

SUMMARY OF PROVISIONS OF SHOPS ACT, 1934.

This Act, which is in force as from the 30th December, 1934, contains important provisions: (1) **regulating the employment of Young Persons under the age of 18** employed about the business

of a wholesale or retail shop, or in retail trade elsewhere, and (2) for securing improved arrangements for the health and comfort of all shop workers.

The Act applies to (a) **Retail Shops**, (b) **Wholesale Shops**, and (c) **Warehouses** occupied by retail traders or wholesale dealers for the purposes of their trade.

Employment of Young Persons under 18.

The **normal weekly hours of Young Persons** employed about the business of the shops or warehouses to which the Act applies are **not to exceed 52 hours a week** until the 27th December, 1936, and 48 hours a week from that date.

(Hitherto Section 2 of the Shops Act, 1912, permitted a 74 hour week. This provision has been repealed by the present Act.)

A limited amount of **overtime** is permitted at times of seasonal or exceptional pressure.

The Act also contains provisions in regard to the **Night Employment** of young persons and to the **Weekly half holiday** and **Meal intervals** to be allowed them.

These provisions also apply to young persons employed in retail trade elsewhere than in a shop.

Certain special provisions are made for (a) the **Catering Trade** and (b) the **Sale of Supplies or Accessories for Aircraft, Motor Vehicles or Cycles**.

Employers must keep, in the prescribed form, **records of the hours worked** by young persons to whom the Act applies.

The prescribed **Abstract of the Employment Provisions of the Act** must be **exhibited in every shop** or warehouse about the business of which young persons are employed.

Health and Comfort Provisions.

The Act requires the provision, in the shops and warehouses to which it applies, of suitable and sufficient **sanitary conveniences**, suitable and sufficient ventilation, means to maintain a **reasonable temperature**, suitable and sufficient means of **lighting**, and suitable and sufficient **washing facilities** and **facilities for taking meals**. It also strengthen the provisions of the existing law relating to the provision of seats for female shop assistants. (These provisions apply to adults and young persons alike.)

Administration of Act.

The responsibility for the administration of the Act rests with local authorities, and the Secretary of State desires to call the special attention of your authority to the importance of taking the necessary steps to secure its adequate enforcement.

I suggest that the Act should be administered through one or more Shops Inspectors acting in conjunction with your present staff of Sanitary Inspectors.

F. GARLAND COLLINS.

February, 1935.

MENTAL DEFICIENCY.

Ascertainment.

During the year eighty cases of alleged mental deficiency were brought to notice, of whom twenty-three were deemed to be not certifiable under the Acts. The Education Committee reported twenty-six of these, the remainder being brought to notice by Public Assistance Committee, Health Visitors, Local Police Courts and in a few instances the parents.

On the 31st December, 1934 there were 687 Mental Defectives on the register: 339 Males and 348 Females.

Number in Institution under Order—		
Males 117.	Females 101.	Total 218.
Number on Licence from Institutions—		
Males 8.	Females 2.	Total 10.
Number under Guardianship under Order—		
Males —.	Females 3.	Total 3.
Number on Licence from Guardianship—		
Males —.	Females 1.	Total 1.
Number under Supervision—		
Males 211.	Females 240.	Total 451.
Number in "Places of Safety"—		
Males 3.	Females 1.	Total 4.

Eighty new cases were dealt with during the year as follows:
Recommended Institutional Care—

Males 20.	Females 11.	Total 31.
Recommended Supervision at Home—		
Males 13.	Females 13.	Total 26.
Referred for Reconsideration—		
Males 15.	Females 8	Total 23.
Number of Cases notified by Local Education Authority under Sec. 2 (2)—		
Males 18.	Females 8.	Total 26.
Number of Cases admitted under Order to Institutions—		
Males 12.	Females 10.	Total 22.
During the year 85 Continuation Orders were received—		
For 5 yrs. Males 39.	Females 30.	Total 69.
For 1 yr. Males 8.	Females 8.	Total 16.

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

Removed to other Areas—		
Males 3.	Females 4.	Total 7.
Died—		
Males 2.	Females 4.	Total 6.
Dealt with under the Lunacy Acts—		
Males 3.	Females 2.	Total 5.

Supervision.

It will be seen from the above figures that by far the largest number of the mental defectives in West Ham are under Statutory Supervision. This arrangement obviously proves to be the most inexpensive kind of care, and providing the homes are suitable, is a very efficient method of caring for these patients. The Supervising Nurse visits all cases at varying intervals, according to the type of defect, and is able to give considerable assistance to the parents regarding home training methods. With the exception of a very small number of cases the visits of the nurse are received with welcome.

Guardianship.

There are four women under Guardianship under Order (2 in the care of parents and the others with persons obtained through the Guardianship Scheme of the Central Association for Mental Welfare). All of these defectives are quite happy and are giving no trouble.

In addition to these there are two patients on licence from Institutions in the care of Guardians, one male and one female. The male has been on licence since 21st September, 1934, and the female since 25th April, 1928. Both of these patients have been fortunate enough to obtain paid employment, the girl having kept her work since September, 1931. While they are not in receipt of very high wages, they are doing useful work, and the fact that they are able to keep a job improves their sense of responsibility and has a very considerable stabilising effect upon them.

Colony Accommodation.

The question of providing institutional treatment for all those defectives requiring this care is still an urgent one. Considerable discussion regarding the provision of 340 additional beds together with the necessary administrative and staff buildings at South Ockendon, has taken place during the year, and it is hoped that sanction to proceed with the scheme will be received in the near future. The scheme provides facilities for housing and training all grades of patients and will comprise:—

Adults' Accommodation—

Males 3 Villa Blocks for 60 patients each.

Females 1 Villa Block for 60 patients each.

Children's Accommodation—

Males 1 Villa Block for 50 patients each.

Females 1 Villa Block for 50 patients each.

Recreation Hall, Kitchen Block, Boiler House and Laundry, Male and Female Workshops, Nurses' Home, Medical Superintendent's House, 8 Staff Cottages, and a few Cottages of a smaller type, and a self-contained Administrative Block.

Licence.

Leave of absence on trial has been granted to eight patients during the year, and only two were recalled. One because he ran away from home, and the other because he quarrelled with his brothers and resented any supervision and control. His behaviour upset his mother so much that her health began to suffer. The rest have settled down very well and appear to be happy and well cared for.

South Ockendon Colony.

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

The number of patients on the books is 138, of which

55 are males over 16 years

34 are females over 16 years

30 are males under 16 years

19 are females under 16 years.

Rowans Block (Male, 44 beds) has a total of 55 patients, 2 of which are under 16. Four of this total are on licence and, owing to lack of space, 7 sleep in Limes at night.

These patients are classified into two groups, viz., 30 high grade, 25 low grade.

Limes Block (Boys, 40 beds) has a total of thirty patients, two of which are over sixteen. Three of this total are at present on licence.

Elms Block (Female, 50 beds) has a total of 53 patients, 34 over 16 and 19 under. Three of this total are on licence.

The patients in Limes and Elms are graded into three groups irrespective of age and size.

Movements. These were as follows:—Admissions: 10 males, 3 females. Discharges: 1 male to Brentwood Mental Hospital; 2 females to Cell Barnes Colony. Deaths: 1 male whilst on licence at Whipps Cross Hospital.

Leave. Licence was granted as follows:—Summer Holidays, 36; Christmas Holidays, 37; 48 Hours, 4; With Parents, 10.

Health. I have to report one case of Pneumonia in a lad over 16 who made a good recovery, and one case of Rubella. Also one case of acute Nephritis sent to Whipps Cross Hospital, where this patient died. Otherwise the health of the Colony has been excellent.

Employment. Great progress has been made in all branches of employment, notably in the Carpentry section for the boys, and the fancy needlework for the girls. We experience no trouble in disposing of the work produced.

Work for the male adults is allocated as follows:—

High Grade :—

Farm Work	10	
Gardening	4	
Assisting Handyman	3	
Boot Mending	3	
Carpentry and Cane Work	4	
Ward and Kitchen Work	2	 26

Low Grade :—

Clean all Boots and Shoes, Pare Potatoes, Clean Cutlery, etc.	12	
Garden	6	
Rug Making	5	
Mentally Unfit	2	 25

Total 51

In addition to the drill and games, an added interest this year has been the formation of troupes of Scouts and Guides. These are proving extremely popular and all members are showing remarkable keenness.

Amusements. The football and cricket teams for the boys, and the netball for the girls, continue to be much appreciated. A sandpit for the babies was formed in the summer. The higher grade boys and girls go to the Cinema at Grays occasionally.

Several concerts were given by visiting concert parties, and the patients themselves, together with the staff, gave a concert which was attended by members of the Committee.

The Staff gave a concert for the patients and their relatives on Boxing Day.

The annual Sports were held in June, the weather was glorious and the day a great success.

Country walks are taken regularly in the summer and, when weather permits, in the winter. In addition the Scouts and Guides go tracking.

Religion. An average of sixty patients attend the Village Church on Sundays. A Roman Catholic Priest from Grays visits the Catholic patients periodically and, as the Church is too far away for attendance, a service is held occasionally for them in one of the Day rooms.

Staff. I am pleased to state that the results of the Staff examination have been most gratifying,

- 2 Male Nurses passed the General Nursing Council
Final Examination
- 1 Male Nurse passed the R.M.P.A. Final
- 2 Male Nurses passed the R.M.P.A. Prelim.
- 2 Female Nurses passed the R.M.P.A. Prelim.

In conclusion I wish to express my appreciation of the splendid loyalty and help given me by the Staff.

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.

No complaints were received from private houses with regard to the water supply. However, in two cases the head teacher of a school was of opinion that the supply was not fit for drinking purposes. Samples were taken for analysis, and the water was proved 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 Engineer'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 is over 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.

Common Lodging Houses.

In this Borough there are nine Common Lodging Houses, three in the North and six in the South. Practically all of these were originally used as ordinary dwelling houses, but have been converted, so as to come into line with the Bye-Laws of the Council.

The aggregate number of beds is 525.

The Sanitary Inspectors make periodical visits to these houses, and fifteen such visits were made during the year. It was not found necessary, as the outcome of these visits, to serve any statutory notices, or communicate in any way with the various owners in regard to the conduct of these premises, and no complaints were received from the occupants, or general public, in this connection.

No application was received for registration of new premises or for any alteration to the existing buildings.

Houses Let in Lodgings.

The Bye-Laws mentioned in my annual report of last year are now nearing completion. They have been before the Ministry of Health, and it is hoped that before very long they will be in force in the district.

Rag Flock Acts 1911 and 1928.

Rag Flock is manufactured at three premises in this Borough. These places are visited regularly by the Sanitary Inspectors. In addition there are a number of premises where flock is used in the making of furniture and bedding.

Thirty-three samples were taken during the year for analysis, and of these, five did not conform to the standard, although there was only a small deficiency in each case. Letters of warning were sent to the offenders.

Offensive Trades.

There are 27 premises in the area where statutory offensive trades are being carried on. These trades are as follows:—

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

All these places are visited very frequently by the Sanitary Inspectors, and during the year 467 inspections were made.

No application was received for the establishment of an offensive trade, and no complaint was made by the public at large, as to the conduct of these businesses.

MOSQUITOES.

During the late summer, complaints began to arrive relative to serious infestation of houses by mosquitoes. These complaints increased rapidly in number until some considerable alarm became apparent. In an effort to trace the origin of the mosquitoes, the position of the house occupied by each complainant was marked on a map of the Borough, when it soon became apparent that the mosquitoes infested a belt about half a mile wide, extending from Manor Road to the East Ham boundary, and following the course of the L.C.C. Northern Outfall Sewer. Inspections were made at sunset, and it was then found that the mosquitoes were, in fact, emanating from the ventilator openings from the sewer at various points. One of the conduits of the sewer was at the time under repair and out of service, with the result that the channel contained a thin nearly stagnant deposit of liquid sewage, and this, in a dark, warm space, evidently provided an ideal breeding ground for the mosquitoes.

SMOKE ABATEMENT.

No very great difficulties have been experienced during the year in this connection.

Following complaints, investigations were made into a brake testing plant at a railway engineering works, and this, together with the smoke from a private electrical generating plant, was satisfactorily dealt with.

Further trouble was experienced from railway engines, but in each case representations to the loco running superintendent had the desired effect.

A chimney at a manufacturing confectioners caused some trouble to neighbouring occupiers, but the raising of the chimney effected a remedy.

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

Measles (including German Measles)	3863
Chicken Pox	865
Tonsillitis	491
Whooping Cough	437
Mumps	140
Other Diseases	602

PROSECUTIONS, 1934.

Nuisances (Public Health Act)—

785 Summonses. 445 Summonses withdrawn. 1 Summons was dismissed on payment of costs. 339 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—

139 Summonses. 64 Summonses withdrawn. In 75 cases penalties were imposed.

West Ham Corporation Acts, 1893 and 1898.

18 Summonses. 13 Summonses withdrawn.

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

31 Summonses. 15 Summonses dismissed on payment of costs.

Shops (Hours of Closing) Act, 1928—

34 Summonses. 20 Summonses dismissed on payment of costs.

West Ham Drapers', etc., Half-Holiday Order, 1919—

1 Summons. 1 Summons dismissed on payment of costs.

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

11 Summonses. 9 Summonses dismissed on payment of costs. 2 cautioned and discharged.

West Ham Bakers' Half-Holiday Order, 1913—

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

Shops Act, 1912 (Sec. 4)—

1 Summons. Fined.

Shops Acts, 1912/1928—
 1 Summons. Fined.
 Adulterated Milk—
 5 Summonses. 3 Summonses dismissed on payment of costs.
 1 withdrawn—warranty defence. 1 fined.
 Adulterated Pearl Barley—
 1 Summons. Dismissed—warranty defence.
 Trading as Dairyman without being Registered—
 1 Summons. Dismissed on payment of costs.
 Bottling Milk in Street—
 1 Summons. Fined.
 Public Health Act, 1875, and Public Health Acts
 Amendment Act, 1890—
 10 Summonses (unsound food seized and condemned). Fines
 totalling £50 imposed.

SUMMARY OF WORK OF SANITARY INSPECTORS.

For the period from January 1st to December 31st, 1934.

Houses Visited in connection with Infectious Diseases	3485
Houses, Factories, and any other premises visited in connection with Small-Pox	16
Visits to Factories	186
" Workshops	220
" Outworkers	83
" Bakehouses	166
" Dairies	224
" Common Lodging Houses	26
" Houses Let in Lodgings	120
" Cellar Dwellings, Underground Rooms, Etc.	69
" Slaughterhouses	—
" Fish Fryers	50
" Knackers' Yards	1
" Café and Restaurant Kitchens, Etc., P.H.A. 1925	193
" Ice Cream Makers or Dealers, W.H.C.A.	60
" Other Food Purveyors	5379
Visits re Burial Act, 1857, Section 25, Exhumation of Human Remains	1
" Private Houses to Investigate Complaints	6512
" Offensive Trades	1106
" Other Noxious Trades	37
" Canal Boats	—
" Imported Food (Labelling) Order, 1921	149
" Drainage Inspections	6133
" Rats and Mice Destruction Act	135
" Increase of Rent Restriction, Etc., Acts	10
" Bye-laws—Tents, Vans, Sheds	24
Houses Inspected under the Housing Act, 1930	1528
Other Houses Inspected	2866

Smoke Observations—half-hour	37
Visits to Factories re Smoke	27
" " " Steam Whistles Act, 1872	1
Visits to Places of Public Amusement, Theatres, Music Halls, Cinemas, Etc.	91
Other Visits	1766
Re-Inspections	38848
Total Visits	69712
Samples purchased under Rag Flock Acts	34
Samples of Domestic Water Supplies taken for Analysis or Bacteriological Examination (P.H. 7617)	1
Total Notices served	(H.A. 619) 8236
Warning Letters sent re matters not dealt with by Notice	46
Defective Houses dealt with	8342
Other Defective or Insanitary Conditions dealt with	3
Drain Tests carried out	335
Certificates granted under the Rent Restriction, Etc., Acts	15
No. of Notices complied with—(1) By Owner	7291
" " " " —(2) By Occupier	23
Summonses issued	942

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 1934:—

Ward	Inspections	Notices served in respect of
New Town	652	510
Forest Gate	603	505
High Street	533	468
Broadway	638	437
Park	323	179
Upton	343	165
West Ham	355	332
Plashet Road	268	247
Plaistow	804	660
Canning Town and Grange	653	594
Ordnance	530	491
Hudsons	552	352
Bemersyde	283	162
Tidal Basin	1021	952
Beckton Road	934	827
Custom House	719	559
	9211	7440

In this connection 942 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)	186	5	...
Workshops (Including Workshop Laundries)	115	7	...
Workplaces (Other than Outworkers' premises)	105	8	...
Total	406	20	...

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

Particulars. (1)	Number of Defects.			Number of offences in respect of which Prosecutions were instituted. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts* :—				
Want of cleanliness ...	11	7	...	...
Want of ventilation ...	...	...	...	...
Overcrowding ...	...	...	...	...
Want of drainage of floors ...	...	...	...	...
Other Nuisances ...	16	11	...	...
Sanitary Accommodation—				
Insufficient ...	...	...	...	...
Unsuitable or defective... ..	5	5	...	...
Not separate for sexes ...	1	1	...	...
Offences under the Factory and Workshop Acts :				
Illegal occupation of underground bakehouse (s. 101) ...	...	...	...	...
Other Offences ...	...	...	...	...
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.)				
Total	33	24	...	...

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

Schools.

The Public Elementary Schools consist of 49 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, and 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.

There are still some very obsolete school buildings, but the majority of the Schools are of fairly recent design. In this connection the following works have been carried out during the year at certain schools :—

Removal of galleries and reflooring.

Removal of and re-erection of partition and provision of additional glass partitions to provide a hall, and two classrooms in lieu of existing two large rooms.

Provision of new Dining Centre to accommodate 200 children.

Division of two large rooms by a folding screen in order to provide a hall.

Replacement of heating boiler.

Provision of dining room.

Re-modelling and modernising of Domestic Centres.

Re-decoration of schools.

Improvement in natural lighting in three Handicrafts Centres.

Extensive alterations and additions to one school.

In connection with the checking of the spread of epidemic disease, it has been the practice for a long time, for the Medical Officer of Health, on receiving information of the occurrence of infectious disease in the family of a scholar, to send a red coloured notice to the Head Teachers of the school attended (Day School and Sunday School) requesting the exclusion of children coming from the infected house. This notice is followed up by a white notice freeing the family from quarantine at the completion of the necessary isolation and the official disinfection of the premises. A supply of disinfectants for general or special use in schools is supplied by the Education Authority.

The necessity did not arise requiring the closing of any school or department either wholly or partially during 1934, on account of infectious diseases.

Only one complaint was received as to the unsatisfactory water supply at the Council's Public Elementary Schools or Non-

Provided Schools. In this case a sample of water was taken for analysis, and reported upon as being pure and wholesome. The Head Teacher of a High School in the district complained of the water supply being offensive. A sample was taken and submitted for analysis. The report upon this sample stated that "the only objectionable feature about the water was the presence of nitrates, indicating bacterial activity."

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)	8536
(b) Number of inspections made for the purpose	38848
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	619
(b) Number of inspections made for the purpose	2432
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	9
Parts of buildings let as separate tenements	24
(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	8236

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	619
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By Owners	753
(b) By Local Authority in default of Owners	—

- (b) Proceedings under Public Health Acts :—
- (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied *7617
 - (2) Number of dwelling-houses which were rendered fit after service of formal notices :
 - (a) By Owners *7314
 - (b) By Local Authority in default of Owners 157
- (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 1
 - (2) Number of dwelling-houses demolished in pursuance of Demolition Orders 1
- (d) Proceedings under Section 20 of the Housing Act, 1930 :—
- (1) Number of separate tenements or underground rooms in respect of which undertakings not to use for human habitation were accepted in lieu of Closing Orders 2
 - (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.

HOUSING ACT, 1930, PART I.

Mr. H. G. Clinch, Chief Sanitary Inspector reports as follows :—

The year 1934 has been one of great activity in this branch of work.

Following confirmation by the Ministry of Health of the West Ham (Old Canning Town) Clearance Order, a further attack upon West Ham's slums was made by the Representation of Seven Clearance Areas which were duly confirmed by the Ministry. These were as follows :—

	Houses	Persons to be displaced
Burke Street Area	17	78
Francis Street Area	4	26
Hallsville Road Area	9	84
Wouldham Street Area	5	28
Channelsea Court Area	8	19
Vicarage Gardens and Cottages Area	21	84
Park Place	8	49
	—	—
	72	368
	—	—

Later another ten Clearance Areas were Represented to the Council: Clearance Orders were duly made early in 1934, and at the year's end it was known that with minor alterations these would be confirmed by the Ministry. These areas were as follows:—

	Houses	Persons to be displaced
Major Road and Beddingfield Street Area	15	93
Major Road Area	11	66
Bidder Street Area	6	38
Quadrant Street (Swiss Terrace) Area	5	27
Forty Acre Lane, etc., Area	6	84
Quadrant Street Area	3	31
Star Lane Area	3	17
Smith Street, etc., Area	22	158
Swanscombe Street Area	7	33
Scott Street Area	3	30
	—	—
	81	577
	—	—

Immediately following the Ministry Enquiry in the foregoing cases in November, a survey of the areas adjoining the new Silvertown Way was commenced with a view to cleaning up the slum property bordering this new thoroughfare, and at the year's end preparations were in progress for adding to the existing five year programme by including somewhat extensive areas in Tidal Basin and Ordnance Wards in the vicinity of the new road.

HOUSING ACT, 1930.

Part II.

There have been several appeals in respect of Notices or Demolition Orders.

In the case of "Nicolls v. West Ham" appeals were made to the County Court in respect of Notices served under Section 17

affecting twelve houses. The appeals were dismissed, with costs, and the works have been carried out by the Council in default.

An appeal against a Demolition Order was made on grounds of reasonable cost and of procedure. The Demolition Order was quashed, the Court having held an expenditure of £311 in the case of a house producing a rent of 13s. weekly to be a reasonable cost.

In the case referred to in my Annual Report for 1933, the application for an injunction to restrain the Corporation from entering under Section 18 to execute works, failed. An action was then commenced in the High Court and was heard by Mr. Justice Maughan. ("Cohen v. West Ham.") This case has been reported in several law as well as medical papers.

By the year's end, 2,219 Notices under Section 17 had been fully complied with, and as the works involved an expenditure of about £88,000, it will be seen that a gradual comb out is being made of the specially selected worst properties.

In securing repairs to insanitary houses, the bugbear of reasonable cost assumes increasing importance, coupled with the fact that little land remains for re-housing if cases are dealt with under Section 19. In the absence of any practicable definition of the term "reasonable cost," an attempt is being made to confine action under Section 17 to houses which could be repaired, if done by the Corporation's contractors, at a cost not exceeding four years' nett rent

It should be noted that in the Ordnance Ward of West Ham a density of 177 persons per acre is reached, whilst some other Wards show densities of 100 per acre: Tidal Basin, 125.3; Beckton Road, 134.9; West Ham, 109. Only 39.6 per cent. of the families in West Ham are in undivided occupation of separate dwellings.

OVERCROWDING.

The 1931 Census provides interesting comparisons of the relative density of population in West Ham. This shows how impracticable it is to propound a satisfactory solution to the problem of overcrowding so far as this Borough is concerned, having regard to the fact that practically all available land is already earmarked.

	Population in families.	Separate dwellings.	Excess of families over dwellings
England and Wales	10233000	9123000	1110000
County of London	1190030	730628	459402
West Ham	72994	49280	23714
East Ham	37775	29264	8511
Leyton	34368	26306	8062

Density of families per occupied separate dwelling :—

England and Wales	1.12
County of London	1.63
County of Essex	1.17
West Ham	1.48
East Ham	1.29
Leyton	1.31
Barking	1.13
Ilford	1.13

	Persons per room	Acres	Persons per Acre
West Ham	1.14	4689	62.8*
East Ham	.93	3324	42.8
Leyton	.86	2594	49.5
Ilford	.75	8493	15.4
Barking	1.02	3809	13.5
County of Essex	.84	977764	1.8
(inclusive of above)			

* includes 123 acres of waterways

In considering working class property maintenance it must not be forgotten that in addition to the work already outlined, no less than 7,617 Notices were served under the Public Health Acts, many of them requiring the execution of extensive repair works. In connection with the enforcement of these, 942 summonses were issued and dealt with by the Court.

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 224 inspections of dairies and milk purveyors' premises made during the year. Eleven 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 9 dairies and 20 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 623 persons registered as purveyors of bottled milk only, their premises not being registered as dairies.

Examination of Milk.

Animal Inoculation (Guinea Pig Test).

Fifty-nine samples of milk were procured from producers and purveyors. This number includes seventeen third-pint bottles of milk supplied to children at the Council's Schools, all of which proved satisfactory. Thirteen samples were obtained on delivery at Council's Institutions, all of which proved satisfactory.

Of the remaining twenty-nine, seven samples taken from one delivery of the same producer, proved positive. This matter was reported immediately to the Medical Officer of Health of the producing area, and three cows were subsequently slaughtered. Two adverse reports were received concerning a local producer; the matter was investigated at once, and one animal was slaughtered. Two samples were taken from purveyors which proved positive, samples were then taken in course of delivery from the producers, and these also proved positive. The matter was reported immediately to the Medical Officer of Health of the producing area, and three animals were slaughtered.

Condensed Milk Regulations.

Thirty-six samples of condensed milk were taken as follows:—	
Condensed Machine-Skimmed Milk Sweetened	24
Seventeen of these were also tested for the purpose of the equivalent.	
Condensed Full Cream Milk Sweetened	6
Four of which were tested for the purpose of the equivalent.	
Condensed Full Cream Milk Unsweetened	6
Four of which were tested for the purpose of the equivalent.	

All the above samples proved satisfactory, including the equivalent test, and the labelling.

Microscopical and Bacteriological Examinations.

Sixty-eight samples of milk (third-pint bottles) were taken from producers and purveyors. Forty of these were obtained from Council's Schools for the purpose of bacteriological examination, four of which proved to contain excessive bacteria. Of these four, two samples relate to one purveyor, who was cautioned and has now ceased to supply milk to schools. In the case of the other two samples the purveyors were also cautioned; one of them discontinued his supply to the schools, and subsequent samples taken from the other purveyor have proved satisfactory.

Twenty-eight samples were obtained from producers and purveyors for microscopical examination. Of these ten proved satisfactory, and the remaining eighteen samples were reported adversely upon, owing to the presence of puss cells, streptococci, coliform bacillus and excessive bacteria respectively. Of the eighteen unsatisfactory samples, four were taken in course of delivery, and the Medical Officer of Health of the area affected was communicated with, whereas the other samples were from inside the Borough, and in each of these cases letters of caution were sent.

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

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

- Pearl Barley. Containing sulphur di-oxide. Official.
Letter of caution sent.
- Beer. Containing sulphur di-oxide. Official.
- Beer. Containing sulphur di-oxide. Official.
Letter of caution sent. Same retailer.
- Confectionery. Containing sulphur di-oxide. Unofficial.
Subsequent sample proved satisfactory.
- Beer. Containing sulphur di-oxide. Official.
Letter of caution sent.
- Meat. Containing sulphur di-oxide. Unofficial.
Three subsequent samples proved satisfactory.
- Sausages. Containing sulphur di-oxide. Official.
Letter of caution sent.
- Meat. Containing sulphur di-oxide. Unofficial.
Two subsequent samples proved satisfactory.
- Meat. Containing sulphur di-oxide. Unofficial.
Three subsequent samples proved satisfactory.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The following licences were granted by the Council during the year:—

Nine to sell, including 4 supplementary licences, and 1 to produce, bottle and sell Grade "A" milk; thirteen to sell, including 6 supplementary licences for the sale of Grade "A" (Tuberculin Tested) milk; one to pasteurize and sell, and 21 to sell, including 13 supplementary licences for the sale of Pasteurized milk; three to sell Certified milk; one supplementary licence to sell Grade "A" Pasteurized milk.

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

Pasteurized Milk—		
Satisfactory	75	
Unsatisfactory	Nil	
Grade "A" Milk—		
Satisfactory	30	
Unsatisfactory	1	(Count satisfactory, but Coli- form Bacillus present in 100th c.c.)
Certified Milk—		
Satisfactory	4	
Unsatisfactory	Nil	
Grade "A" (Tuberculin Tested) Milk—		
Satisfactory	7	
Unsatisfactory	1	(Count satisfactory, but Coli- form Bacillus present in 100th c.c.)

With regard to the two samples reported adversely upon, letters of caution were sent to the purveyor concerned.

Other Foods.

All factories dealing with foods of various kinds, also retail shops and other premises, are constantly inspected by the Sanitary Inspectors, who made 6,072 visits during the year.

Fertilisers and Feeding Stuffs' Act, 1926.

The Food and Drugs Inspector, Mr. E. F. Hughes, is also the Inspector and Official Sampler under the above-mentioned Act. During the year the following samples were taken :—

FEEDING STUFFS.

Sampled Officially— Article	No. of Samples taken	Analysis agrees	Analysis disagrees
Clover Cob Meal	1	1	—
Fish Meal	1	—	1
Meat and Bone Meal	4	3	1
Biscuit Meal	3	1	2
G— No. 2	1	1	—
Pure White Fish Feeding Meal	2	2	—
Feeding Fish Meal	2	1	1
Feeding Meat and Bone Meal	1	—	1
Green Bone Meal	1	1	—

Sampled Unofficially—

Biscuit Meal	3	1	2
Green Bone Meal	1	1	—
Laying Meal	1	—	1
Fish Meal	3	—	3
Feeding Fish Meal	1	—	1
Linseed Meal	1	—	1
Feeding Meat and Bone Meal	1	1	—
Middlings	1	1	—
Bran	1	1	—
Chicken Biscuit Meal....	1	—	1

FERTILISERS.**Sampled Officially—**

Article	No. of Samples taken	Analysis agrees	Analysis disagrees
Raw Guano	1	—	1
C—— Fertiliser	1	—	1
P—— do.	1	—	1
C—— do.	1	—	1
Universal do.	1	—	1
Sweet Pea do.	1	—	1
Aspidistra do.	1	—	1

Sampled Unofficially—

Blood Meal	1	1	—
Hoof and Horn	1	1	—
Hop Manure	2	1	1
Muriate of Potash	1	1	—
Kainit	1	1	—
Dried Blood Manure	1	1	—
Universal Fertiliser	1	—	1
Rose Fertiliser	1	—	1
Sulphate of Ammonia	1	1	—
Tomato Fertiliser	1	—	1
Sweet Pea Fertiliser	1	—	1

UN SOUND FOOD.

During November a seizure of unsound tinned foods was made from a stall holder in a street market. This consisted of eight tins of Pilchards and 37 tins of various fruits. Following condemnation by a Magistrate, proceedings were instituted for exposing these for sale and also for selling two cartons of biscuits also unfit for food. A total of £50 penalties was imposed by the Stipendiary Magistrate.

CONDEMNED FOOD, 1934.

9½ doz. Apple and Meat Pies	1 Bag Mussels
3 Tins Apricots	5 Ox Livers
5¾ lbs. Bacon	1 Tin Pears
2½ Boxes Biscuits	8 Tins Pilchards
11½ cwt. Blackberries	2 Boxes Plaice
220 Cauliflowers	1½ Tons Potatoes
7 doz. Rolls of Celery	34 Rabbits
12 Tins Cherries	2 Boxes and 6½ st. Skate
1 Box Conger Eels	2 Boxes and 5 st. Skate Wings
6 lbs. Corned Beef	49½ lbs. Tinned Gammon
3 st. Dog Fish	13½ lbs. Tinned Ham
96 Tins Evaporated Milk	360 lbs. Tinned Meat
20 Fowls	97 lbs. Tinned Plums
39 Tins Fruit	485 lbs. Tinned Tomatoes
2¾ cwt. Gooseberry Pulp	60 lbs. Tomatoes
40 lbs. and 31 Barrels Grapes	1100 Tins Tongue
32 Boxes Kippers	24 Turkeys
20 Lobsters	45 Bags and 66 Pockets Walnuts
34 Tins Loganberries	1 Bushel Wheelks
6 lbs. Luncheon Meat	1½ Bushels Winkles
4 lbs. Milk Gums	

Samples Analysed by Borough Analyst, 1934.

Articles	Analysed		Genuine		Adulterated	
	Official	Unofficial	Official	Unofficial	Official	Unofficial
Milk	477	14	467	14	10	—
Milk, Condensed	11	25	11	25	—	—
Milk, Dried	25	—	25	—	—	—
Butter	84	53	83	51	1	2
Margarine	12	1	12	1	—	—
Cream	10	6	10	6	—	—
Lard	13	5	13	5	—	—
Dripping	7	6	7	5	—	1
Cheese	3	1	3	1	—	—
Cocoa	7	1	7	1	—	—
Coffee	6	—	6	—	—	—
Coffee and Chicory....	1	—	1	—	—	—
Tea	9	—	9	—	—	—
Vinegar	34	—	32	—	2	—
Vinegar, Malt	1	—	—	—	1	—
Pepper	19	11	19	11	—	—
Ground Ginger	4	1	4	1	—	—
Lemon Curd	1	1	1	1	—	—
Jams	12	5	12	5	—	—
Golden Syrup	2	—	2	—	—	—
Mixed Peel	2	2	2	2	—	—

Continued at top of next page.

Samples Analysed by Borough Analyst, 1934.

Articles	Analysed		Genuine		Adulterated	
	Official	Unofficial	Official	Unofficial	Official	Unofficial
Dried Fruit	10	1	10	1	—	—
Peas	7	1	7	1	—	—
Cake	8	3	8	3	—	—
Confectionery	19	10	19	9	—	1
Pearl Barley	7	—	6	—	1	—
Flour and S.R. Flour	23	5	23	5	—	—
Rice	5	—	5	—	—	—
Meat	14	33	14	30	—	3
Cooked Meats	25	2	25	2	—	—
Fish paste	5	—	5	—	—	—
do. Canned	4	—	4	—	—	—
Olive Oil	1	—	1	—	—	—
Wine	2	—	2	—	—	—
Cider	1	—	1	—	—	—
Beer	6	2	3	2	3	—
Whisky	7	2	7	2	—	—
Baking Powder	2	—	2	—	—	—
Camphorated Oil	—	5	—	5	—	—
Ground Cinnamon	2	—	2	—	—	—
Shredded Suet	1	—	1	—	—	—
Sauce	2	2	2	2	—	—
Sausages	18	1	17	1	1	—
Bacon	3	—	3	—	—	—
Sardines	—	4	—	4	—	—
Cordials	7	2	7	2	—	—
Lemonade Powder	4	1	4	1	—	—
Orange Curd	1	—	1	—	—	—
Table Jelly	2	—	2	—	—	—
Sugar	6	—	6	—	—	—
Biscuits	—	2	—	2	—	—
Cake Mixture	—	1	—	1	—	—
Ground Almonds	6	—	6	—	—	—
Pickles	2	—	2	—	—	—
Stone Ginger Tablets	—	1	—	1	—	—
Tapioca	1	—	1	—	—	—
Cake Flour	1	—	1	—	—	—
Bread	3	—	3	—	—	—
Custard Powder	1	—	1	—	—	—
Seidlitz Powder	1	2	—	1	1	1
Preserved Ginger	1	—	1	—	—	—
Mace	1	—	1	—	—	—
Honey	—	1	—	1	—	—
Mincemeat	6	4	6	4	—	—
Tripe	—	1	—	1	—	—
Totals	955	218	935	210	20	8

During the year 1934, 1,173 samples were examined under the Food and Drugs (Adulteration) Act, 1928. Two of these samples were submitted by a neighbouring Authority, the remainder by the Inspector.

No sample under the Act was submitted by the Public.

Twenty-eight samples were found to be adulterated. In addition, twenty-nine samples were reported as of inferior quality or doubtful purity.

The adulteration was at the rate of 2.4 per cent. as compared with 2.68 per cent. for the whole of the London area, and 5.5 per cent. for the whole of England and Wales in 1933.

The adulteration in the Borough for the past five years was as follows:—

Year.	No. of Samples Examined.	% of Adulteration.
1934	1,173	2.4
1933	1,166	4.3
1932	1,153	3.8
1931	1,296	2.2
1930	1,226	4.8
Average	1,203	3.5

The number of samples examined was at the rate of 4.15 per 1,000 of the population as compared with 9.7 per 1,000 for the whole of the London area, and 3.46 per 1,000 for the whole of England and Wales in 1933.

Four hundred and ninety-one samples of milk were examined during the year, of which ten samples were found to be adulterated and seventeen were reported as of inferior quality.

The milk adulteration in the Borough for the past five years was as follows:—

Year.	No. of Samples Examined.	% of Adulteration
1934	491	2.0
1933	529	6.6
1932	463	3.9
1931	449	1.3
1930	357	3.9
Average	458	3.5

Condensed Milk.

Thirty-six samples of condensed milk were examined during the year, all of which were satisfactory.

Preservatives.

There were nine contraventions of the Preservatives' Regulations.

Other samples examined during the year were:—

3 samples of air.

2 waters.

33 rag flocks, 7 of which were unsatisfactory.

4 disinfectants.

All for the Public Health Department.

4 waters.

1 water deposit.

For the Borough Engineer's Department.

Fifty-one samples were examined under the Fertilisers' and Feeding Stuffs' Act.

The Public Health (Meat) Regulations, 1924.

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

Scope of Report.

In this report we review the work carried out under the Regulations during the year with the exception of that relating to Stalls, Shops, Stores, etc.

Ante-Mortem Examinations.

Ante-Mortem examinations involving 5,246 animals were made by the Veterinary Officer.

Post-Mortem Examinations.

Nineteen thousand one hundred and forty-five animals were inspected after slaughter, and of these 2,034, or 10.62 per cent., were diseased.

Bovines numbered 1,600, of which 533, or 33.31 per cent., were affected with tuberculosis, while 204, or 12.75 per cent., were otherwise diseased.

Porcines accounted for 3,549, and of this number 336, or 9.46 per cent., were tubercular and 230, or 6.48 per cent., were affected with other diseases.

Of the 13,996 Ovines which were examined, 731, or 5.22 per cent., were found to be 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 among bovines is the lowest observed since 1926. In the case of porcines the figure is higher than in any previous year, with the exception of 1933.

The presence of any degree of tuberculosis in an animal necessitated a special examination, in accordance with Memo 62 Foods, to determine the extent and character of the infection prior to releasing any part of even a slightly affected carcase, and such examinations occupied a considerable amount of time.

Disposal of Diseased Meat.

Diseased meat and offal was 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.

We are pleased to be able to record that we were again successful in effecting the voluntary surrender of all meat and offal found to be diseased.

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 and also had to be performed on Sundays and on Public Holidays.

Prosecutions.

It was not deemed necessary to report any cases for legal proceedings as the infringements of the regulations and bye-laws which were observed were remedied following verbal warnings or warning letters.

TABLE I.
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	1	...	...	1	100.00
Bullocks	636	44	6.91	70	11.00
Cows	819	478	58.36	127	15.50
Heifers	81	11	13.58	6	7.40
Calves	63	...	...	...	...
Porcines—					
Boars	13	1	7.69	1	7.69
Sows	50	5	10.00	10	20.00
Porkers	3486	330	9.46	219	6.28
Ovines—					
Sheep	8098	...	...	692	8.54
Lambs	5898	...	...	39	0.65
Caprines—					
Goats	...	...	...	...	...
Kids	...	...	...	...	...
TOTALS	19145	869	4.53	1,165	6.08

TABLE II.

BOVINES.

Entire Carcases and		Hands and Springs	2
Viscera	15	Spare Ribs and Blade	
Heads	126	Bones	2
Tongues	128	Bellies	1
Forequarters	9	Loins	1
Hindquarters	1	Legs	4
Crops	1	Hearts	37
Flanks	2	Lungs	215
Loins	2	Stomachs	4
Rumps	2	Mesenteries	304
Hearts	9	Intestines	3
Lungs	477	Livers	94
Diaphragms	5	Spleens	5
Stomachs	11	Kidneys	4
Omenta	10	Omenta	1
Mesenteries	117		
Livers	256		
Pancreas	25		
Spleens	9		
Kidneys	15		
Kidney Knobs	2		
Mammary Glands	214		
Intestines	9		

OVINES.

Entire Carcases and		Entire Carcases and	
Viscera	27	Viscera	27
Forequarters	1	Forequarters	1
Hindquarters	1	Hindquarters	1
Trunks	5	Trunks	5
Necks	1	Necks	1
Shoulders	1	Shoulders	1
Breasts	2	Breasts	2
Legs	$\frac{1}{2}$	Legs	$\frac{1}{2}$
Hearts	6	Hearts	6
Lungs	197	Lungs	197
Livers	505	Livers	505
Kidneys	8	Kidneys	8

PORCINES.

Entire Carcases and	
Viscera	2
Forequarters	2
Heads and Collars	85

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 dairy cattle and cowsheds, within the Borough boundaries, are inspected every month, and as other occasion may demand, under the provisions of the Acts and Orders relating to the milk supply; and at the same time the hygienic conditions governing the production of milk are supervised. Also, when as a result of the examination of a sample of milk which has been produced outside the Borough it is found that the supply is infected with *Mycobacteria tuberculosis*, a visit is made to the premises of the producer, in consultation with the veterinary staff of the appropriate Local Authority, with the object of tracing the source of infection.

The Milk and Dairies Order contains a schedule of certain conditions and diseases of milch cattle, in addition to Tuberculosis, which are liable to contaminate the milk supply, and power is given to prohibit, for a period the use for sale of milk from a cow suffering from any of these conditions. Action was taken under this provision on several occasions.

In addition, visits are made and examinations carried out by the veterinary officer, acting under the provisions of the Diseases of Animals Acts and Orders and, where necessary, samples of milk and other material are taken and examined microscopically. These measures resulted in the detection of three cows which came within the scope of the Tuberculosis Order and, as a consequence, these animals were slaughtered under the provisions of the Diseases of Animals Acts.

The diminished value of cow beef—which is now largely governed by the price obtained for imported meat—together with the operation of the Milk Marketing Scheme, is tending to make cow-keeping in cities less profitable than formerly, save in the case of those producers who are licensed to produce “Grade A” milk, and thus receive a special bonus under the Accredited Milk Scheme of the Milk Marketing Board in addition to the extra price charged for “Grade A” milk. The tendency, therefore, is for the ordinary producer to give up cow keeping in towns, but “Grade A” producers, on the other hand, are tending to increase the number of cows in their herds. This has already taken place in West Ham, and doubtless this tendency will take place, in due course, in rural areas.

The Slaughter of Animals Act, 1933.

The Slaughter-House Bye-Laws.

The Knackers'-Yard Bye-Laws.

This work is carried out by the Meat Inspector, Mr. T. R. Harris, who reports as follows:—

Slaughter of Animals Act, 1933.

Sections 1 and 2, as applied to West Ham, require that no animal (i.e. any horse, mare, gelding, pony, foal, colt, filly, stallion, ass, donkey, mule, bull, cow, bullock, heifer, calf, steer, ox, sheep, ewe, wether, ram, lamb, pig, boar, hog, sow, goat or kid) killed in a slaughter-house or knackers'-yard in the Borough shall be slaughtered or stunned except by means of a mechanically operated instrument. Infringements, which have been few, have been dealt with verbally or by warning letters. Generally, however, the requirements of the Act in this respect have been satisfactorily complied with.

Section 3 provides that “no animal shall be slaughtered or stunned in a slaughter-house or knacker's-yard by any person who is not the holder of a licence granted by a local authority and in force under this section.” The Council, in December, 1933, issued

licences under this section, to be in force for one year from the 1st January, 1934, to fifty-nine persons. A further twelve licences were granted during the year. It is pleasing to be able to report that it was not found necessary to recommend the suspension or revocation of any of these licences.

Slaughter-House Byelaws.

Ten applications for renewal of slaughter-house licences were received and granted by the Council in respect of the year 1934-35. There are also nine "Registered" slaughter-houses in the Borough. These premises have been kept in a reasonably clean condition, although on a number of occasions it was necessary to insist upon the more frequent removal of garbage material.

Knackers'-Yard Bye-Laws.

The Council received and granted, in respect of the year 1934-35, one application for the renewal of a knackers'-yard licence. The condition of this knackers'-yard has been satisfactory.

There are two "Registered" knackers'-yards in the Borough, one of which was not used, while the other was in use frequently and was kept in a cleanly state.

INFECTIOUS DISEASES.

NOTIFIABLE DISEASES (Other than Tuberculosis).

The following table shows the number of cases of notifiable diseases during the year 1934, together with the number removed to hospitals, and the total number of deaths from each disease.

Diseases.	Cases Notified.	Removed to Hospital	Total Deaths.
Smallpox	...	...	...
Diphtheria	804	788	49
Scarlet Fever	1544	996	16
Enteric Fever (including Paratyphoid) ...	10	3	1
Puerperal Fever	10	8	4
Pneumonia	453	125	266*
(Acute Primary and Acute Influenzal only notifiable)			
Cerebro Spinal Fever	8	3	5
Acute Polio Myelitis	3	2	...
Acute Polio Encephalitis	1	...	...
Encephalitis Lethargica	1	1	1
Erysipelas	174	55	8
Ophthalmia Neonatorum	16	9	...
Malaria	...	...	...
Continued Fever	...	...	...
Dysentery	...	...	...
Puerperal Pyrexia	46	29	...

* Includes all forms.

Table indicating deaths from Scarlet Fever, Whooping Cough and Measles during the past eight years:—

Year	Scarlet Fever	Whooping Cough	Measles
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
1934	16	15	94

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 996 admitted to Hospital, 52 or 5.2% were associated with recurrent infections in this way. (See also report of Medical Superintendent of Plaistow Fever Hospital, pages 112-124.)

IMMUNISATION AGAINST DIPHTHERIA.

Owing to the increasing prevalence of Diphtheria, and having regard to the severe form of the epidemic, in January, 1934, the Council agreed to the establishment of an Immunisation Clinic in the Borough. Widespread propaganda was carried out by means of posters exhibited on public hoardings, by instruction of parents by the medical nursing staffs at the various Clinics in the district, by talks in the homes, and distribution of leaflets by Health Visitors, School Nurses and Sanitary Inspectors.

Previously this treatment had been carried out on application to the Medical Officer of Health at the West Ham Lane Infant Welfare Centre, and it has been given for some years to Scarlet Fever convalescent children in the Plaistow Fever Hospital where consent is obtained from the parents.

In February, 1934, a definite weekly session was commenced at West Ham Lane Infant Welfare Centre, but owing to pressure of applications for this treatment it was found necessary to establish three sessions per week in September, 1934; at each session an average of 50—60 children were dealt with from September, 1934, to April, 1935. Written consent of the parents is obtained in every case prior to the treatment being given; each child receives three injections at weekly intervals, and is subsequently Schick-tested three months later. The preliminary Schick test is dispensed with, unless in exceptional cases.

Number of children who were immunised in 1934 against Diphtheria	665
Total number of children immunised from 2nd February, 1934, to 6th September, 1935	1635

Of the 665 children immunised in 1934, 512 have been Schick-tested after treatment, of whom 5 only were still found to give a positive reaction; each of these 5 children received a further dose of toxin-antitoxin mixture.

Age period at which this treatment was given.

10 months—1 year	17
1— 2 years	97
2— 3 years	98
3— 4 years	78
4— 5 years	111
5—10 years	193
10—14 years	66
Over 14 years	5
Total	665

PLAISTOW HOSPITAL.

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

The number of patients under treatment during 1934 was 2,098. This is an increase of 18 over the number treated in the previous year. The total deaths numbered 75, as compared with 105 in the previous year, and 128 in 1932.

An epidemic of scarlet fever occurred in the Borough during the summer of 1933, and the disease continued to be very prevalent throughout 1934. Owing to lack of accommodation, only a portion of the cases that were notified could be admitted to the Hospital. In the latter part of 1933 a ward of twenty beds was opened at the Harold Wood Hospital for the treatment of convalescent cases. The disease remained of the prevailing mild type.

Diphtheria was very prevalent throughout the year. The admissions showed an increase of 242 over the previous year, and was the largest number under treatment since 1928. Many of the cases were of the same virulent type as appeared in the Borough during the Spring of 1933. The ward at Harold Wood was turned over in the Autumn to the treatment of diphtheria cases in place of the scarlet fever convalescents.

Two cases were admitted as typhoid fever and proved to be suffering from para-typhoid B. Each had a moderately severe attack, but made a satisfactory recovery.

An epidemic of measles occurs in the Borough every two years with marked regularity. Most commonly it starts in November, December or January. This year the first cases appeared in December, but it was not until the end of February that the epidemic reached its height. Severe and complicated cases became numerous, and in March two of the scarlet fever wards were turned over for the treatment of measles. The epidemic subsided by the end of May.

Whooping Cough was not prevalent, and only 4 cases were under treatment.

Four cases of cerebro-spinal meningitis were under treatment, and one of them proved fatal. Seven other cases which had been admitted as meningitis were not suffering from the disease.

The lack of accommodation did not permit the regular admission of cases of erysipelas and pneumonia. A few such cases, however, were under treatment during the year, and are referred to below.

At the beginning of the year there were 234 patients in residence, and 1,864 were admitted during the year, making a total of 2,098 cases under treatment. Of these, 1,797 were discharged, 75 died, and 226 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	9 deaths
Diphtheria caused	37 „
Measles caused	8 „
Pneumonia caused	9 „
Meningitis (various forms)	4 „
Whooping Cough caused	1 „
Erysipelas caused	1 „
Other diseases caused	6 „

The fatality rate, calculated on all the cases admitted during the year, was 4.02 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.

During the year 835 patients, notified as suffering from scarlet fever, were admitted. The diagnosis was revised in 37 of these cases, or 4.43 per cent. of the admissions. Ninety-four patients were in residence at the beginning of the year, making a total of 892 under treatment. Of these, 817 were discharged, 9 died, and 66 remained under treatment at the end of the year.

During the year many of the patients were late in coming into hospital owing to the lack of accommodation. Even those recommended for admission had frequently to be kept at home for some days waiting for vacant beds. Only 29 per cent. of the admissions were brought into hospital during the first three days of illness. The average duration of illness of all the cases on admission was 5.64 days. Less than 50 per cent. of them had a rash on the day of admission. A feature of the present mild type of the disease is that desquamation is frequently imperceptible; it had not been detected in 24 per cent. of the cases discharged. A relapse occurred during the 3rd week of illness in 8 cases in which the diagnosis was confirmed by the presence of rash and desquamation. Seven cases in which the diagnosis was doubtful on admission contracted the disease in the wards.

Scarlet fever antitoxin was administered intramuscularly to 69 of the more severe cases which came under treatment during the first 3 days of illness. The dosage varied from 10 to 40 c.c.'s. Complications occurred in 21 per cent. of these cases.

Corrected diagnosis:—The 37 cases in which the diagnosis was revised after admission were found to be suffering from the following complaints:—Measles 6, rubella 9, tonsillitis 5, nephritis 1, chicken-pox 1, whooping cough 1, impetigo 1, toxic rash 1, erythema 2, constipation 1, dentition rash 1, debility 1, negative 7.

Eleven cases admitted as diphtheria proved to be scarlet fever.

Fatality rate:—Of the 798 cases admitted during the year, 9 proved fatal. Four of these were complicated by broncho-pneumonia on admission. Three were suffering from septic scarlet fever; one case had whooping cough and the other had nephritis. The fatality rate was 1.13 per cent. of the admissions.

In 24 cases the patient was found after admission to be suffering from a second infection as follows:—

Scarlet fever with faucial diphtheria	7 cases
„ „ „ nasal diphtheria	9 „
„ „ „ measles	3 „
„ „ „ chicken-pox	3 „
„ „ „ whooping cough	2 „

Of the 817 cases which were discharged, 273, or 33.41 per cent., suffered from complications as follows:—

Adenitis	69 cases or 8.45 per cent.
Albuminuria	57 „ „ 6.98 „ „
Arthritis	16 „ „ 1.96 „ „
Nephritis	17 „ „ 2.08 „ „
Otorrhoea	41 „ „ 5.02 „ „
Rhinitis	71 „ „ 8.69 „ „
Vaginitis	2 „ „ 0.24 „ „

The average duration of residence of all the cases was 37.04 days.

TABLE 1.

1934	ADMISSIONS.											DEATHS.										
	Scarlet Fever.	Diphtheria.	Para- typhoid.	Measles.	Pneumonia.	Erysipelas.	Chicken-pox.	Puerperal Pyrexia.	Whooping Cough.	Other Diseases.	Total.	Scarlet Fever.	Diphtheria.	Para- typhoid.	Measles.	Pneumonia.	Erysipelas.	Chicken-pox.	Puerperal Pyrexia.	Whooping Cough.	Other Diseases.	Total.
January ...	47	36	...	...	1	...	...	...	...	10	94	...	2	...	...	...	...	...	...	2	...	4
February ...	61	47	...	9	2	...	...	...	...	10	129	1	2	...	3	...	...	...	...	2	...	8
March ...	73	76	...	8	4	...	...	...	...	15	176	...	4	...	...	5	...	...	...	...	...	9
April ...	36	59	...	36	1	1	2	...	...	13	148	1	3	...	2	1	...	...	...	2	...	9
May ...	45	66	1	19	3	1	...	...	2	14	151	...	4	...	3	2	1	...	...	...	1	11
June ...	55	78	...	2	1	6	...	...	...	9	151	2	2	...	...	...	...	...	...	...	...	4
July ...	58	33	...	...	...	2	3	...	...	16	112	1	2	...	...	...	...	...	...	...	...	3
August ...	90	65	...	...	...	1	...	...	...	12	168	...	4	...	...	...	...	...	...	...	1	5
September ...	57	56	1	1	3	...	...	...	...	16	134	1	2	...	...	1	...	...	...	...	1	5
October ...	148	109	...	...	...	3	...	...	1	19	280	...	6	...	...	...	...	...	...	1	...	7
November ...	51	58	...	1	1	...	2	...	1	16	130	1	2	...	...	...	...	...	...	...	...	3
December ...	77	94	...	...	5	...	1	...	...	14	191	2	4	...	...	...	...	...	...	...	1	7
Totals ...	798	777	2	76	21	14	8	...	4	164	1,864	9	37	...	8	9	1	...	...	1	10	75

TABLE II.

Year.	Scarlet Fever.		Diphtheria.		Typhoid Fever.		Meas-les.		Pneu-monia.		Whoop-ing Cough.		Ery-sipelas.		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	...	...	...	...	...	...	...	...	...	...	986	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	14	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	207	19	1814	105
1934	798	9	777	37	...	...	76	8	21	9	4	1	14	1	174	10	1864	75

Diphtheria.

The number of cases, notified as diphtheria, which were admitted during the year was 902. The diagnosis was amended after admission in 125 of these cases, or 13.86 per cent. of the admissions. One hundred and thirty-one patients were in residence at the beginning of the year, and the total number under treatment was 908. Of these, 718 were discharged, 37 died, and 153 remained under treatment at the end of the year. The average duration of residence of all the cases was 52.67 days.

Corrected Diagnosis:—The 125 cases which proved to be wrongly diagnosed were found after admission to be suffering from the following complaints:—Measles 5, broncho-pneumonia 11, bronchitis 1, tonsillitis 67, laryngitis 4, meningitis 2, no disease 4, stomatitis 1, Vincent's angina 3, debility 1, septicaemia 2, convulsions 1, parotitis 1, quinsy 2, septic rash 1, alveolar abscess 1, gingivitis 1, rheumatism 2, rhinitis 2, pharyngitis 1, Ludwig's angina 1, scarlet fever 11.

The cases which were discharged or died are classified as follows:—

Type of Disease.	Number of Cases.	% of Total Cases.	Deaths.	Fatality Rate.
Faucial	540	71.52	32	5.92
Laryngeal	28	3.70	4	14.28
Nasal only	129	17.09	1	0.77
Bacteriological	58	7.69	—	—
Total	755	100.00	37	4.90

The faucial cases are again classified according to severity, as follows:—

Mild	186 or 34.45 per cent.
Moderate	218 or 40.37 „ „
Severe	136 or 25.18 „ „

Paralysis: Post diphtheritic occurred in 72 of the above cases. It was mild in 44 cases and severe in 28 cases.

Laryngeal diphtheria: 50 cases were admitted as laryngeal diphtheria, but 22 of these proved to be wrongly diagnosed. Of the 28 true cases, 18 required operative interference, 3 were relieved by aspiration, and 15 required tracheotomy; 4 of the latter proved fatal, one of them had severe faucial involvement, one was complicated by measles, and the other two developed broncho-pneumonia.

Treatment: The amount of antitoxin administered to the mild cases averaged 13,000 units, and the amount given to the moderate cases averaged 29,000 units. It was all given by intramuscular injection to both types of cases. To the severe cases the antitoxin was given partly by intravenous and partly by intramuscular injection. The dosage varied from 48,000 units to 312,000 units,

which was the largest amount given to one case; the average amount was 108,000 units. The amount given to the laryngeal cases averaged 24,000 units.

Fatal cases: All the fatal cases were children under 12 years; 4 died within a few hours of admission; 32 died at varying periods during the first three weeks, and 4 died from paralysis in the sixth and seventh weeks of illness. The average duration of illness on admission was 3.6 days, and the average amount of antitoxin they received was 111,000 units.

Typhoid Fever.

Of 7 cases which were admitted as typhoid fever, 2 proved to be suffering from para-typhoid B. Both were adults who had a moderately severe attack, but made a satisfactory recovery. The other 5 cases were found to be suffering from the following complaints:—Enteritis 2, perinephric abscess 1, ulcerative colitis 1, lobar pneumonia 1.

The case of ulcerative colitis proved fatal.

Measles.

During the year 77 cases were under treatment. Of these, 69 were discharged and 8 died; 6 cases had been admitted under a diagnosis of scarlet fever, and 5 as laryngeal diphtheria. Among the latter, 3 cases required tracheotomy; one of them was fatal; 21 cases were complicated by broncho-pneumonia, 7 had nasal and 4 had faucial diphtheria; 18 cases developed otorrhoea. With the exception of 3 nurses who are included in the total cases, the patients were all children whose ages varied from 6 months to 7 years, the majority being children under 3 years. Of the 8 fatal cases, 6 were complicated by broncho-pneumonia, and 2 suffered from diphtheria in addition to measles. The fatality rate was 10.38 per cent.

Whooping Cough.

Only 4 cases were admitted as whooping cough; one of these proved fatal. The disease was present, however, as a complication in 2 cases of scarlet fever, 4 cases of diphtheria, 2 cases of measles and 1 case of chickenpox. It was a contributory cause of death in one case of diphtheria and one case of measles.

Pneumonia.

The number under treatment was 20. Only 2 of these suffered from lobar pneumonia. The others were all children suffering from broncho pneumonia—10 of them had been admitted as laryngeal diphtheria; 10 cases were discharged, 9 died and one remained in residence at the end of the year. The fatal cases were all children under 5 years of age.

Erysipelas.

One case was in residence and 13 were admitted during the year, and 2 diphtheria patients were complicated by facial erysipelas. One case proved fatal, a man aged 50 years, who had a severe attack and died from general septicaemia within 24 hours of admission. The face and scalp were the parts affected in 11 cases, the arm in 2 cases, and the leg in one case. The ages of the patients varied from 5 months to 66 years.

Meningitis.

During the year 4 cases of cerebro spinal meningitis were under treatment, and one of them proved fatal. Two cases of tubercular meningitis and one case of staphylococcal meningitis were also under treatment and proved fatal. Six other cases which had been admitted as cerebrospinal meningitis proved to be suffering from the following complaints:—Influenza 2, meningism 2, gastro-enteritis 1, constipation 1.

Other Diseases.

In addition to the cases of revised diagnosis which have already been mentioned, the following are included under this group:—Puerperal pyrexia 1, rubella 4, chickenpox 8, influenza and pneumonia 1, pulmonary tuberculosis 1, observation 1, cerebral haemorrhage 1. Of these, the cases of cerebral haemorrhage and pulmonary tuberculosis proved fatal.

Cross Infection.

During the year, 5 cases of scarlet fever and 9 cases of diphtheria were admitted in the incubation stage of measles, and from these 7 cases of scarlet fever and 13 cases of diphtheria contracted the disease. Eleven cases of diphtheria contracted scarlet fever. Chickenpox infected 5 scarlet fever patients and 3 diphtheria patients. Two scarlet fever patients contracted rubella.

Active Immunisation Against Diphtheria and Scarlet Fever.

Schick Test.

Number of patients tested	487
Number which proved positive	277
Rate per cent. of positives	56.87
Number immunised	218
Number of cases in which permission for immunisation was not obtained	21
Rate per cent. of cases tested in which permission for immunisation was not obtained	4.31

Dick Test.

Number of patients tested	462
Number which proved positive	242
Rate per cent. of positives	52.38
Number immunised	167
Number of cases in which permission for immunisation was not obtained	9
Rate per cent. of cases in which permission for immunisation was not obtained	1.94

Cate Cases.

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

Number sent by medical practitioners	193	
Number of these admitted		73
(Diphtheria 63, Scarlet Fever 8, Other diseases 2)		
Number brought by relatives	299	
Number of these admitted		67
(Diphtheria 43, Scarlet Fever 5, Other diseases 19)		
Number sent from other hospitals	20	
Number of these admitted		7
(Diphtheria 4, Scarlet Fever 1, Other diseases 2)		
Total number of cases examined	512	
Total number of cases admitted :—		
Diphtheria	110	
Scarlet Fever	14	
Other diseases	23	
	147	

Bacteriological Work.

Swabs examined for diphtheria :—

Number sent by Medical Practitioners :—

		Positive results	Per cent. positive
Faucial	1511	123	8.0
Nasal	169	15	8.0
Aural	10	2	20.0
Total	1690	140	8.2

Numbers sent by other institutions :—

Faucial	33	8	24.0
Nasal	13	5	37.0
Total	46	13	28.0

Number of gate cases swabbed :—

Faucial	69	20	27.0
Nasal	34	6	16.0
Aural	2	2	100.0
Total	105	28	24.0

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

Faucial	142	14	9.0
Nasal	132	30	22.0
Total	274	44	16.0

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

Faucial	45	4	9.0
Nasal	40	4	10.0
Total	85	8	9.0

Total number of examinations	2200	233	10.0
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Staff Illness.

During the year, two nurses and one ward maid contracted scarlet fever. All made a satisfactory recovery. One of the nurses had given a negative Dick reaction some months previously; the other was "Dick positive," and had not completed her course of prophylactic injections. One nurse contracted mumps, one contracted measles and one contracted rubella. One nurse was operated on for appendicitis and one sustained a Collis's fracture.

Twenty-three nurses and maids were warded with tonsillitis and 12 with influenza; 41 others were off duty for short periods with minor ailments. All recovered.

Schick Test, 1934.

Number of nurses tested	58
Number which proved positive	28
Rate per cent. of positives	48
Number immunised	24

Dick Test, 1934.

Number of nurses tested	58
Number which proved positive	17
Rate per cent. of positives	29
Number immunised	13

Disinfecting Station, 1934.

Number of articles removed from infected homes for disinfection	18965
Number of hospital articles disinfected	27876
Total	46841

Tuberculosis.

The following table sets out the number of cases of Tuberculosis notified, 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-	...	...	3	2	5	5	...	...	6	3
5-	...	...	17	14	15	6	2	2	5	2
15-	...	...	49	67	12	9	37	49	4	2
25-	...	...	40	41	10	3	27	18	1	3
35-	...	...	29	20	3	2	14	8	1	2
45-	...	...	43	15	1	1	40	9	...	...
55-	...	...	25	2	1	1	20	3	...	...
65 and upwards	...	...	5	2	2		9	3	...	...
TOTALS	...	...	211	163	49	27	149	92	17	12

Included in the above new cases are 5 pulmonary males, 7 pulmonary females, and 3 non-pulmonary males, and 2 non-pulmonary females, which are unnotified, but were discovered from the returns of the Registrars of Births and Deaths, showing that 6.6 per cent. of the deaths registered as due to Tuberculosis had not been notified during life.

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

The total number of fresh cases of Tuberculosis coming to my knowledge was 450, of which 374 were pulmonary cases. The deaths from all forms of Tuberculosis numbered 270, giving a death rate of .97 per 1,000 of the population.

The death rate from respiratory Phthisis being .86, and from other forms .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 127-129.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action taken.

PUBLIC HEALTH ACT, 1925. SECTION 62.

(Compulsory Removal to hospital of infectious persons suffering
from pulmonary tuberculosis.)

No action taken.

Tuberculosis Dispensary.

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

Comparison with other years:—

Year	1929	1930	1931	1932	1933	1934
Request Cases	683	567	592	564	553	516
Notified Cases	142	176	130	128	98	104
Definite Cases	467	495	400	451	419	328
Contact Cases	532	561	448	585	507	351
Contact Cases	19	20	12	15	20	10
(Tuberculous)						
Percentage	3.7	3.7	2.6	2.5	3.9	2.8

Tuberculosis of Lungs.

Diagnosis.

The usual methods of diagnosis have been employed. One hundred and seven X-Ray examinations were carried out at the Whipps Cross Hospital.

Treatment.

Residential Treatment has been arranged at the usual Institutions, viz., the Borough Sanatorium at Dagenham and at the Grosvenor Sanatorium and King George Sanatorium.

Children.

The Sanatorium at Langdon Hill has been in full use.

Domiciliary Treatment.

At the end of the year 315 patients were receiving treatment from their Panel Doctors: 615 Domiciliary Reports have been received.

Dispensary Treatment.

At the end of the year 476 children and non-insured persons were receiving treatment.

Artificial Pneumothorax.

Nine cases have been under treatment and 46 refills have been given.

Non-Pulmonary Tuberculosis.

Adult cases have been sent to the Royal Sea-Bathing Hospital, Margate. Children have been sent chiefly to the Lord Mayor Treloar Cripples Hospital, Alton.

Tuberculosis of Skin.

Twenty-two cases have been under treatment at the Light Department of 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 is arranged.

Extra Nourishment.

Grants have been made and at the end of the year 259 persons were in receipt of these.

Results of Treatment.

Non-Pulmonary Tuberculosis.

During the five years 1927—1931, 36 adult cases were treated at the Royal Sea-Bathing Hospital, Margate. The site of the disease was as follows:—

Spine	10	Other Joints	8
Hip	9	Abdomen	6
Gland	1	Eye	2

At the end of the year 1934 the condition of these patients was reported:—

		Percentage
Well and Disease arrested	23	64
Lost sight of or left Area	5	
Under Treatment	2	
Died	6	16
	—	
	36	
	—	

Vacant beds at the Dagenham Sanatorium.

During the past few months there have been, week by week, a dozen or more vacant beds. This is partly due to the fact that some patients decline treatment at Dagenham and others, after admission, remain only for a few weeks.

This attitude of patients has always been present. A more important and entirely new fact is the decline in the total number of cases examined at the Dispensary during the year. The actual number of definite cases of all forms of Tuberculosis was 328; in other years this figure has never been less than 400; in 1925 there were 629 such cases.

DACENHAM SANATORIUM AND LANGDON HILL SANATORIUM FOR CHILDREN. Dagenham Sanatorium.

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

At the end of 1933 the number of patients remaining under treatment were:—

Males	72
Females	47—119

The total admissions during 1934 were:—

Males	147
Females	86—233

The total number of deaths was:—

Males	43
Females	18—61

Discharges during the year totalled:—

Males	117
Females	75—192

Leaving under treatment at the 31st December, 1934:—

Males	59
Females	40—99*

* Including 18 Non-Insured persons.

Insured persons admitted during the year totalled 188, the remaining 45 being Non-Insured.

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

The Death Rate (calculated on admissions) was 26.18%.

In the case of Males the percentage was 29.94, and in the case of Females 20.93.

The Average Duration of Residence (both sexes) was 190.03 days. The average for Males was 192.79 days, and for Females 185.73 days.

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

	T.B. Minus	T.B. plus Grade I.	T.B. plus Grade II.	T.B. plus Grade III.	Total
Males	23	11	53	23	110
Females	18	7	25	18	68

MALES.

Quiescent	18	9	27	1
Improved	4	2	25	12
No material improvement	1	0	1	10
	—	—	—	—
	23	11	53	23
	—	—	—	—

Seven cases were under treatment for less than 4 weeks and not classified.

FEMALES.

Quiescent	12	7	5	3
Improved	6	—	19	3
No material improvement	—	—	1	12
	—	—	—	—
	18	7	25	18
	—	—	—	—

One observation case was found to be not Tubercular. Six cases were under treatment for less than 4 weeks and not classified.

The results obtained are very similar to those of previous years. The early cases invariably do well, while with few exceptions the treatment of advanced cases is disheartening. Unfortunately it is the latter class that mostly reach the Institution. In the recent Annual Report of the Chief Medical Officer of the Ministry of Health, some startling figures are shown. In one Borough 10 per cent. of cases were never notified or not notified until after death, and 29 per cent. notified within three months of death. In another town where there were 79 deaths, 18 were notified within a week of death and 38 within three months.

With facts such as these the results of treatment cannot but be highly unsatisfactory. Until some ways or means can be found to end this state of affairs, one cannot look forward with confidence to obtaining the best results from Sanatorium treatment.

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.
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
1934	.97	.05	1.76	1.34	.44	1.14	1.03	1.79	.91	1.05	1.53	3.18

Entertainment.

As in previous years the usual Whist Drives and Billiard Handicaps were held. The monthly concerts were also enthusiastically received both by the patients and members of the Staff..

Nursing Staff.

Two Nurses passed the final examination for the Certificate of the Tuberculosis Association during the past twelve months, and 5 were successful in passing Part 1.

Staff.

Medical.	Medical Superintendent. Assistant Medical Officer.
Administration.	Steward. Steward's Clerk.
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 Engineer. 1 Handyman. 1 Stoker. 1 Gardener. 4 Porters. 1 Night Watchman.

WEST HAM SANATORIUM FOR CHILDREN, LANGDON HILL.

At the end of 1933 the number of patients remaining under treatment were :—

Males	21	
Females	19	40

The total admissions during 1934 were :—

Males	20	
Females	15	35

The number of deaths were :—

Males	Nil	
Females	Nil	Nil

Discharges during the year totalled:—

Males	16	
Females	19	35

Leaving under treatment at the 31st December, 1934:—

Males	25	
Females	15	40

The Average Duration of Residence (both sexes) was 432.91 days. The average for Males was 369.24 days, and for Females 487.05 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	15	—	—	1	16
Females	18	—	—	1	19
MALES.					
Quiescent	12	—	—	—	
Improved	3	—	—	1	
No material improvement	0	—	—	—	
	15	—	—	1	
FEMALES.					
Quiescent	15	—	—	—	
Improved	3	—	—	—	
No material improvement	—	—	—	1	
	18	—	—	1	

As in previous years the response to treatment by the children has been highly satisfactory.

The home conditions to which they have to return in many cases are deplorable. I can only refer to the remarks made in last year's report.

Staff.

Nursing. 1 Matron.
2 Sisters.
7 Probationers.

Domestic. 8

Male. 1 Head Gardener.
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 13 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 1934.

	London.	Middle- sex.	Essex.	Surrey.	Kent.	Herts.	Bucks	East Ham.	West Ham.	Croy- don.	Total.	Other Places.	Grand Total.
New Patients :—													
Syphilis ...	2,800	316	162	158	95	39	23	41	81	7	3,722	457	4,179
Soft Chancre... ..	91	4	10	5	2	2	...	1	8	...	123	42	165
Gonorrhoea ...	8,250	1,033	558	344	203	124	61	90	255	28	10,946	774	11,720
Not venereal... ..	8,476	1,248	533	520	277	123	65	93	185	68	11,593	466	12,059
TOTAL	19,617	2,601	1,263	1,027	577	288	149	230	529	103	26,384	1,739	28,123
Total attendances ...	879,167	88,899	64,162	25,374	11,182	8,353	4,215	12,674	29,883	2,222	1,126,131	16,156	1,142,287
No. of in-patient days ...	31,874	3,210	2,056	2,142	2,159	235	481	871	734	399	44,161	9,928	54,089
Salvarsan Subs. doses	42,132	6,170	3,488	2,493	1,130	852	481	822	1,224	89	58,881	3,167	62,048
PATHOLOGICAL EXAMINATIONS.													
For or at Centres :—													
Spirochaetes ...	1,979	103	74	55	21	14	15	4	16	3	2,284	146	2,430
Gonococci ...	105,316	10,514	10,096	4,963	1,984	1,131	999	1,945	4,157	571	141,676	2,485	144,161
Wassermann ...	41,468	3,849	2,151	2,088	990	662	365	410	761	286	53,030	1,731	54,761
Others ...	37,871	3,878	8,053	1,547	608	31	153	1,956	3,166	108	57,661	2,103	59,764
TOTAL	186,634	18,344	20,374	8,653	3,603	2,128	1,532	4,315	8,100	968	254,651	6,465	261,116
For Practitioners :—													
Spirochaetes ...	23	1	4	2	...	...	...	...	...	...	30	...	30
Gonococci ...	6,126	259	913	509	199	52	47	31	18	1,032	9,186	94	9,280
Wassermann ...	15,795	1,036	1,179	1,176	185	55	131	41	18	721	20,337	470	20,807
Others ...	5,525	178	747	235	39	20	10	32	13	124	6,923	246	7,169
TOTAL	27,469	1,474	2,843	1,922	423	127	188	104	49	1,877	36,476	810	37,286

Venereal Diseases.

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

Year.	New Cases.						Total Venereal Cases.		Total Non-Venereal Cases.		Total Attendances		In-patient days.		Pathological Examinations for	
	Syphilis.		Soft C hancr e.		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	40,626
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
1934	2,673	1,506	159	6	8,689	3,031	11,521	4,543	7,520	4,539	820,469	321,818	22,928	31,161	261,116	37,286

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

Return showing the extent to which the facilities have been utilised during the year ended 31st December, 1934.

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 ...	162	34	321	236	753	37	484	11,433	2,174	1,433	10	1	247	17	862	287	862	287	2,573
Gt. Ormond Street ...	39	...	21	495	555	17	514	3,359	2,097	990	...	...	978	45	1,043	369	954	123	3,512
Guy's ...	261	13	648	1,060	1,982	225	1,765	61,703	2,006	5,803	166	...	13,618	951	6,285	3,130	1,425	141	25,716
King's College ...	105	2	120	226	453	104	353	12,956	844	761	13	11	1,113	135	1,435	2,209	19	...	4,935
L.C.C. Clinic (Whitechapel) ...	554	37	1,919	1,375	3,885	1,332	1,788	322,904	2,754	10,199	408	...	40,611	1,239	6,223	2,619	33,512	3,705	88,317
Metropolitan ...	48	8	147	127	330	108	238	25,502	179	1,155	15	...	565	78	446	314	151	85	1,655
*Middlesex ...	52	3	121	21	197	46	67	10,270	188	262	7	1	1,185	36	245	323	14	77	1,888
Miller General ...	114	8	200	103	425	153	271	13,853	136	1,061	14	1	1,172	18	357	798	200	182	2,742
Royal Free ...	147	...	557	586	1,290	201	1,238	34,968	2,679	3,209	26	...	10,539	474	8,102	2,281	2,128	242	23,792
Royal Northern ...	183	6	527	344	1,060	326	583	58,254	530	2,651	60	...	2,319	105	1,049	1,485	683	93	5,794
St. George's ...	157	7	606	348	1,118	221	822	41,272	746	2,309	115	...	1,229	6	1,735	144	892	1	4,122
St. John's (Lewisham) ...	51	1	136	269	457	12	440	9,050	779	563	9	...	283	72	548	154	455	52	1,573
St. Mary's ...	316	...	897	584	1,797	212	586	70,247	1,627	5,367	191	...	11,620	411	3,212	1,731	1,620	55	18,840
St. Paul's ...	241	5	1,126	1,021	2,393	92	2,970	121,270	1,280	5,879	174	3	11,023	1,349	4,118	554	104	12	17,337
St. Thomas' ...	697	38	1,909	3,131	5,775	1,165	4,382	176,172	4,443	7,759	869	7	27,456	3,584	12,299	2,772	5,457	516	52,960
Seamen's ...	405	...	750	213	1,368	948	509	14,816	10,072	1,754	153	1	1,676	63	855	128	2,973	15	5,864
South London for Women ...	29	...	140	129	298	155	178	6,732	480	380	...	...	1,755	147	189	213	43	3	2,350
University College ...	155	2	381	113	651	258	469	33,557	705	2,672	34	...	1,776	339	1,051	17	390	...	3,607
West London ...	341	1	735	1,310	2,387	520	1,870	83,569	2,353	6,241	140	...	10,203	190	3,676	465	7,203	564	22,441
Westminster ...	103	...	234	45	382	87	288	23,516	263	1,557	20	5	1,409	21	552	814	662	1,016	4,499
S.A. Mothers' ...	13	...	154	322	489	68	350	6,884	6,121	43	6	...	3,383	...	474	...	17	...	3,885
Children's, Waddon ...	6	...	71	1	78	...	70	...	11,633	...	...	...	...	...	...	...	...	...	...
TOTALS ...	4,179	165	11,720	12,059	28,123	6,287	19,235	1,142,287	54,089	62,048	2,430	30	144,161	9,280	54,761	20,807	59,764	7,169	298,402

* Three months only.

Pathology—(a) For Centre, 261,116.

(b) For Practitioners, 37,286.

Venereal Diseases.

Utilisation of facilities at Hostels, 1934.

Particulars of the work done on behalf of the participating authorities by the hostels in the scheme for the year ended 31st December, 1934. 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	...	...	...	...	186	18,895	66.1
Middlesex	...	...	...	...	20	2,492	8.7
Essex	...	...	...	...	9	1,419	5.0
Surrey	...	...	...	...	22	2,071	7.3
Kent	...	...	...	...	13	1,524	5.3
Herts	...	...	...	...	13	1,468	5.1
Bucks	...	...	...	...	2	246	.9
East Ham	...	...	...	...	—	—	—
West Ham	...	...	...	...	4	467	1.6
Croydon	...	...	...	...	—	—	—
TOTALS	...	...	...	...	269	28,582	100.0

Collection of Insects at Woods, 1934

The purpose of the present study is to report on the collection of insects at Woods, N.Y., during the summer of 1934. The collection was made by the author and his wife, and the results are here reported.

Woods, N.Y., is located in the town of Woodbury, Orange County, N.Y.

The collection was made during the months of June, July, and August, 1934.

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The following table shows the distribution of the insects collected at Woods, N.Y., during the summer of 1934.

The following table shows the distribution of the insects collected at Woods, N.Y., during the summer of 1934.

Insect	Number		Total
	June	July	
1. <i>Chrysomelidae</i>	145	15	160
2. <i>Curculionidae</i>	10	5	15
3. <i>Chrysomelidae</i>	10	5	15
4. <i>Chrysomelidae</i>	10	5	15
5. <i>Chrysomelidae</i>	10	5	15
6. <i>Chrysomelidae</i>	10	5	15
7. <i>Chrysomelidae</i>	10	5	15
8. <i>Chrysomelidae</i>	10	5	15
9. <i>Chrysomelidae</i>	10	5	15
10. <i>Chrysomelidae</i>	10	5	15
11. <i>Chrysomelidae</i>	10	5	15
12. <i>Chrysomelidae</i>	10	5	15
13. <i>Chrysomelidae</i>	10	5	15
14. <i>Chrysomelidae</i>	10	5	15
15. <i>Chrysomelidae</i>	10	5	15
16. <i>Chrysomelidae</i>	10	5	15
17. <i>Chrysomelidae</i>	10	5	15
18. <i>Chrysomelidae</i>	10	5	15
19. <i>Chrysomelidae</i>	10	5	15
20. <i>Chrysomelidae</i>	10	5	15
21. <i>Chrysomelidae</i>	10	5	15
22. <i>Chrysomelidae</i>	10	5	15
23. <i>Chrysomelidae</i>	10	5	15
24. <i>Chrysomelidae</i>	10	5	15
25. <i>Chrysomelidae</i>	10	5	15
26. <i>Chrysomelidae</i>	10	5	15
27. <i>Chrysomelidae</i>	10	5	15
28. <i>Chrysomelidae</i>	10	5	15
29. <i>Chrysomelidae</i>	10	5	15
30. <i>Chrysomelidae</i>	10	5	15
31. <i>Chrysomelidae</i>	10	5	15
32. <i>Chrysomelidae</i>	10	5	15
33. <i>Chrysomelidae</i>	10	5	15
34. <i>Chrysomelidae</i>	10	5	15
35. <i>Chrysomelidae</i>	10	5	15
36. <i>Chrysomelidae</i>	10	5	15
37. <i>Chrysomelidae</i>	10	5	15
38. <i>Chrysomelidae</i>	10	5	15
39. <i>Chrysomelidae</i>	10	5	15
40. <i>Chrysomelidae</i>	10	5	15
41. <i>Chrysomelidae</i>	10	5	15
42. <i>Chrysomelidae</i>	10	5	15
43. <i>Chrysomelidae</i>	10	5	15
44. <i>Chrysomelidae</i>	10	5	15
45. <i>Chrysomelidae</i>	10	5	15
46. <i>Chrysomelidae</i>	10	5	15
47. <i>Chrysomelidae</i>	10	5	15
48. <i>Chrysomelidae</i>	10	5	15
49. <i>Chrysomelidae</i>	10	5	15
50. <i>Chrysomelidae</i>	10	5	15
51. <i>Chrysomelidae</i>	10	5	15
52. <i>Chrysomelidae</i>	10	5	15
53. <i>Chrysomelidae</i>	10	5	15
54. <i>Chrysomelidae</i>	10	5	15
55. <i>Chrysomelidae</i>	10	5	15
56. <i>Chrysomelidae</i>	10	5	15
57. <i>Chrysomelidae</i>	10	5	15
58. <i>Chrysomelidae</i>	10	5	15
59. <i>Chrysomelidae</i>	10	5	15
60. <i>Chrysomelidae</i>	10	5	15
61. <i>Chrysomelidae</i>	10	5	15
62. <i>Chrysomelidae</i>	10	5	15
63. <i>Chrysomelidae</i>	10	5	15
64. <i>Chrysomelidae</i>	10	5	15
65. <i>Chrysomelidae</i>	10	5	15
66. <i>Chrysomelidae</i>	10	5	15
67. <i>Chrysomelidae</i>	10	5	15
68. <i>Chrysomelidae</i>	10	5	15
69. <i>Chrysomelidae</i>	10	5	15
70. <i>Chrysomelidae</i>	10	5	15
71. <i>Chrysomelidae</i>	10	5	15
72. <i>Chrysomelidae</i>	10	5	15
73. <i>Chrysomelidae</i>	10	5	15
74. <i>Chrysomelidae</i>	10	5	15
75. <i>Chrysomelidae</i>	10	5	15
76. <i>Chrysomelidae</i>	10	5	15
77. <i>Chrysomelidae</i>	10	5	15
78. <i>Chrysomelidae</i>	10	5	15
79. <i>Chrysomelidae</i>	10	5	15
80. <i>Chrysomelidae</i>	10	5	15
81. <i>Chrysomelidae</i>	10	5	15
82. <i>Chrysomelidae</i>	10	5	15
83. <i>Chrysomelidae</i>	10	5	15
84. <i>Chrysomelidae</i>	10	5	15
85. <i>Chrysomelidae</i>	10	5	15
86. <i>Chrysomelidae</i>	10	5	15
87. <i>Chrysomelidae</i>	10	5	15
88. <i>Chrysomelidae</i>	10	5	15
89. <i>Chrysomelidae</i>	10	5	15
90. <i>Chrysomelidae</i>	10	5	15
91. <i>Chrysomelidae</i>	10	5	15
92. <i>Chrysomelidae</i>	10	5	15
93. <i>Chrysomelidae</i>	10	5	15
94. <i>Chrysomelidae</i>	10	5	15
95. <i>Chrysomelidae</i>	10	5	15
96. <i>Chrysomelidae</i>	10	5	15
97. <i>Chrysomelidae</i>	10	5	15
98. <i>Chrysomelidae</i>	10	5	15
99. <i>Chrysomelidae</i>	10	5	15
100. <i>Chrysomelidae</i>	10	5	15

ANNUAL REPORT
OF THE
SCHOOL
MEDICAL OFFICER
FOR THE YEAR
1934

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

ANNUAL REPORT

SCHOOL

MEDICAL OFFICER

FOR THE YEAR

1934

THE UNIVERSITY OF CHICAGO
MEDICAL SCHOOL

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(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.

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. (Resigned March, 1934).

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

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

Jessie Griffin, M.B., Ch.B., D.P.H. (since May, 1934).

Dental Officers (full time) .

L. K. Percy, L.D.S. (Eng.). (Resigned December, 1934.)

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.).

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) Miss E. W. Wood

Miss P. I. Geaussent Mr. T. P. Swatts

Miss G. A. Blackler Mr. R. Huxtable

Miss M. G. England Miss E. Laker

Messenger.

Mr. W. Phillips

School Nursing Staff.

Miss E. Alford (Retired July, 1934)	Miss C. H. Jones (Resigned February, 1934)
Miss D. S. Ayton	Miss E. Large
Miss H. Bredin	Miss A. K. McCormack
Miss A. Burrows	Mrs. M. Mace
Miss E. M. Bussell	Miss I. B. B. Mann
Miss A. J. Costain	Miss L. F. Manning
Miss M. A. Costain	Miss M. H. Rose
Miss M. M. Empson	Miss A. Sheehan
Mrs. E. G. Eyton	Miss E. R. Tanner
Miss L. C. Glover	Miss M. E. Tanner
Mrs. C. B. Halls	Miss E. Taylor
Miss E. D. Harris	Miss M. A. Van Ryssen
Miss C. E. Hutton	Miss D. Wright.
Miss E. K. Jack	

Miss E. Fraser (Knox Road & Mrs. S. Wilderspin (Grange
Crosby Road Special Schools) Road Special School)

Miss F. G. Hobbs (Special Enquiry Nurse)

Nursing Staff, Fyfield Residential Open-air School :

Miss W. M. Barnes, Matron.

Miss M. James, Nurse.

Miss D. M. Haynes, Matron's Help
(Resigned Dec., 1934).

(2) Co-ordination of Departments.

The arrangements for securing the close co-relation of the School Medical Service with that of other Health Services in West Ham are in complete accordance with the suggestions made by the Board of Education.

The advantages of the unification of the Services are manifest in the way of promoting economy and efficiency.

The School Medical Officer is also Medical Officer of Health, and directs and supervises the work of a large School Medical Staff.

The Bye-Laws Department daily notifies the Medical Officer of Health of absentees from school on medical grounds.

The Tuberculosis Officer is constantly in touch with the School Medical Department, reporting on children referred to him by the Assistant School Medical Officers who have been sent away for Institutional treatment.

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.).

At various schools, alterations or improvements were made as follows:—

The obsolete lavatory basins were removed from Salway Place, Denmark Street, Silvertown Girls', Upton Junior, Abbey, Ashburton Senior and Manor Road Schools, and lavatory troughs with spray taps installed.

At Grange Road Special School a classroom was extended and a new room provided for Medical Inspection. A new Staff Room was also provided at Odessa Road School.

The Domestic Centre at Manor Road School was remodelled and fitted with modern apparatus.

At Holbrook Road School a Science Room and a classroom were added to the Senior Boys' and Senior Girls' School and a classroom to the Infants' School. A Medical Inspection room, with Waiting Room, was also provided, and a domestic hot water supply added to the School. A Domestic Centre was also provided.

The cleansing of classrooms and cloakrooms and the drying of children's clothes, as required, continue on the lines set out previously.

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 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 Romford Road, Balaam Street, Plaistow Road, Silvertown and Fen Street.

The number of attendances of school children at the Corporation Washing Baths during the year, with the exception of Jupp Road Baths, which closed to the public on June 8th last, and Romford Road Baths where children commenced to attend on June 11th, was as follows:—

Boys	Girls	Total
19,652	14,395	34,047

With regard to the new Baths at Romford Road, 135 Slipper Baths have been provided for the use of the general public, and for school children who attend during school hours in charge of a teacher. The swimming bath water is continually filtered, aerated and sterilised, the Filtration Plant being capable of dealing with 120,000 gallons of water per hour.

Last summer the accommodation was taxed to its utmost capacity. A modern Ventilating Plant has been installed, capable of introducing 3,000,000 cubic feet of fresh air into the building per hour.

Facilities are afforded for swimming instruction in school hours at the following baths :—Romford Road, Balaam Street, 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 Borough is divided into five Sub-Areas, each served by a School Clinic, an Assistant School Medical Officer and Nurses. The Schools in each area are visited in rotation.

The Head Teachers send out notices to parents informing them of the times to attend the medical inspection, according to an arranged programme.

Arrangements are made whereby those children who were absent from the Inspection are examined at a later visit to the School by the Assistant School Medical Officer.

The "age groups" inspected throughout the Schools are as follows :—

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

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

(1) "Specials" selected by Head Teachers and examined at School at the time of the Doctor's visit.

(2) "Specials" sent by Head Teachers to the Clinics for treatment of minor ailments.

(3) A number of non-ailing children are examined as to fitness for (1) Sport (2) Employment (3) Camp life (4) Employment in entertainments. All these comprise "Other Routines."

(4) All other children referred in any way to the School Medical Officer for examination, advice or treatment.

(5) A census and medical examination of all exceptional children at the schools for the purpose of Table III. of the report.

The Board's schedule of inspection has been strictly adhered to.

I again append a list of Schools where, owing to exceptional circumstances, medical inspection is not held on the premises, but, with the Board's sanction, at the places indicated :—

Clarkson Street	}	The Public Hall, Canning Town.
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		

Rosetta Junr. The Bancroft Hall.

St. James'. Hanford Memorial Hall, Forest Lane.

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 following activities are included in the Scope of the School Medical Service :—

- (1) Medical Inspection in Elementary Schools (Routine and Specials).
- (2) Following up, by home visit, of children found to require treatment.
- (3) Following up of children Out-of-School on Medical grounds.
- (4) Cleanliness Surveys.
- (5) Treatment of Minor Ailments.
- (6) Dental Inspection and Treatment.
- (7) Treatment of Visual Defects (Provision of glasses at Contract prices).
- (8) Examination of children re Physical Fitness for participating in Sports.
- (9) Operative Treatment of Tonsils and Adenoids, by arrangement with three local Hospitals.
- (10) X-Ray Treatment of Ringworm.
- (11) Provision of Meals to necessitous children.
- (12) Provision of Surgical Instruments and Appliances for crippled children.

- (13) Orthopaedic Treatment. Remedial Clinic In-Patient and Out-Patient treatment at Orthopaedic Hospitals.
- (14) Examinations re Convalescent treatment for debilitated School children.
- (15) Examinations re Employment of School children.
- (16) Open-Air Education. (1) Residential Open-Air School for 80 Boys and 60 Girls at Fyfield. (2) Day Open-Air School, Crosby Road, for 90 children (Girls and Junior Boys). (3) Ten allocated beds for Girls at the Ogilvie School of Recovery, Clacton-on-Sea. (4) Two Holiday Camps (Boys and Girls) during the Summer Vacation at the seaside.
- (17) Medical Inspection of all children undertaking School Journeys.
- (18) Artificial Sunlight Treatment.
- (19) Class for Stammering children.
- (20) Routine Medical Examination and Treatment of children at the two schools for Mentally and Physically Defective children; also special examinations of children for admission to these schools as well as examinations in connection with children recommended for Residential Institutions.
- (21) Examination and Treatment of children attending the two Deaf Centres (including annual examination of all children by Specialist Aural Surgeon).
- (22) Medical Inspection of pupils at the two Central Schools.
- (23) Medical Inspection of pupils (including Bursars) at the two Secondary Schools.
- (24) Medical Inspection of Junior Technical and Art Classes at the Municipal College.
- (25) Medical Inspection of St. Angela's High School for Girls.
- (26) Medical Inspection of pupils at the West Ham High School for Girls.
- (27) Medical Examination and Treatment of pupils attending the two Day Continuation Schools.
- (28) Medical Examination of students referred from Junior Instruction Centre.
- (29) Examination and treatment of children attending Nursery Schools.
- (30) Work in conjunction with the N.S.P.C.C. as occasion arises.

(5) The Findings of Medical Inspection.

(a) MALNUTRITION.

During the course of Routine Medical Inspection at the Elementary Schools, 267 children were found to require treatment, and 81 cases were considered to be in need of observation. Among the "Specials" 343 cases required treatment and 15 to be kept under observation.

The respective figures in the case of Higher Educational Institutions were 17 Routines and one Special requiring treatment and 14 Routines and one Special in need of observation.

AVERAGE HEIGHT AND WEIGHT, 1933-1934.

HEIGHT.							
1933				1934.			
Age	Number Examined		Average Height in inches.		Number Examined		Average Height in inches.
Boys							
5	1140	...	42.2	....	800	....	41.8
8	1971	....	48.0	....	1765	....	47.4
12	2223	...	55.8	....	1910	....	55.8
Girls							
5	1008	...	42.4	....	797	....	41.6
8	1959	...	47.4	....	1862	....	48.3
12	2051	...	56.1	....	1918	....	56.5

WEIGHT.							
Age	Number Examined		Average Weight in lbs.		Number Examined		Average Weight in lbs.
Boys							
5	1140	...	40.6	....	800	....	40.2
8	1971	...	55.6	....	1765	....	57.4
12	2223	...	77.9	....	1910	....	78.1
Girls							
5	1008	....	40.0	....	797	....	39.2
8	1959	....	54.0	...	1862	....	53.2
12	2051	...	80.2	....	1918	....	82.1

(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
75865	6207	1232	45	68	494	269

The percentages for head and body vermin are respectively 1.71 and .14.

Number of Home Visits	3842
Number of Children visited at School	7963

(c) MINOR AILMENTS AND DISEASES OF THE SKIN.

Minor affections common in school children, such as minor ailments of the Skin, Eyes, Ears, etc., are included under the appropriate headings.

During the year there were 163 cases of Skin disease found among Routine examinations at the Elementary Schools, 138 being referred for Treatment; 3,505 "Specials" were also referred for treatment. Fourteen cases of Tinea Tonsurans and 116 Tinea Body, are included in the above cases referred for Treatment.

With regard to Higher Educational Institutions the figures were as follows:—Routines referred for Treatment, 21 (including one Tinea Body), "Specials" requiring Treatment, 9 (including one Tinea Body).

(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 97 cases referred for treatment at Routine Inspection (nine being in respect of Higher Education) and 1,175 among the "Specials" (two Higher Education).

With regard to Defective Vision, 757 Routine cases were referred for refraction, and 135 for Squint. In addition there were 807 specially referred for defective vision and 167 for Squint.

These figures apply to Elementary School children only. Following are the figures relating to Higher Education:—

Defective Vision requiring Treatment—255 (including 31 "Specials").

Squint requiring Treatment—4 (one "Special").

(e) NOSE AND THROAT DEFECTS.

At Routine inspection 694 cases (including 43 Higher Education) were found to require treatment of the nose and throat, and 684 (5 Higher Education) among the Specials. In addition there were 367 cases requiring to be kept under observation among the routines and 30 among the "Specials."

(f) EAR DISEASE AND DEFECTIVE HEARING.

The findings under this heading at Routine Medical Inspection (Elementary Schools) amounted to 142 requiring treatment. In addition 1,040 Special cases were referred for treatment. Nineteen students attending Higher Educational Institutions were found to be in need of 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.

(i) HEART DISEASE AND RHEUMATISM.

During the year, 23 Organic Heart Disease cases were found in the course of Routine Inspection at Elementary Schools and at the Secondary and other Schools of Higher Education; 22 cases were found among the "Specials," all of whom were Elementary School children. In addition there was a total of 202 requiring to be kept under observation for their heart condition.

(j) TUBERCULOSIS.

During the year one definite and 15 suspected cases of Pulmonary Tuberculosis, together with seven non-Pulmonary cases, were found in the course of Routine examination. There were five definite and six suspected Pulmonary, together with two non-Pulmonary complaints found in the "Specials." Fifty-six Pulmonary and 21 non-Pulmonary cases were required to be kept under observation.

Of the above figures the following relate to Higher Education :—

One definite Pulmonary Tuberculosis, two Non-Pulmonary Tuberculosis, and one suspected Tuberculosis (Non-Pulmonary) for observation.

(k) OTHER DEFECTS AND DISEASES.

Following are particulars of children found to require Treatment or Observation under this heading :—

Elementary Schools :

Routine Cases in need of Treatment	336
Routine Cases in need of Observation	184
"Specials" in need of Treatment	6462
"Specials" in need of Observation	68

Higher Education :

Cases requiring Treatment	39
Cases in need of Observation	19

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

The total number of Re-inspections by the School Doctors amounted to 6,638.

(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	10121
Total number of children visited at school	8255
Total number of hours spent by Nurses in visiting	3071

(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.

Voluntary Milk Schemes are now being operated in all Elementary Schools. Since the reduction in the price of milk from 1d. to $\frac{1}{2}$ d. per bottle the weekly consumption increased from 32,000 bottles in October, 1934, to 125,000 bottles at the time of writing this report, and whereas one child in every six in average attendance was taking milk, the ratio now has increased to two children in every three.

(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	19
Unclean Heads	1650
Unclean Bodies	8
Skin Diseases	21

No children were cleansed under Section 122 of the Children Act, but 297 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 come under 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	...	...	...	16556
Balaam Street Clinic (a)	...	...	...	6982
Balaam Street Clinic (b)	...	...	...	2794
Swanscombe St. Clinic	...	...	...	19698
Rosetta Road Clinic	...	...	...	16876
Total				62906

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 six cases of Ringworm of the Scalp treated at the London Hospital.

(d) VISUAL DEFECTS AND EXTERNAL EYE DISEASES.

Cases of Visual defects are examined by the Committee's Oculist. The Oculist devotes ten Sessions per week to these refractions, which are re-inspected by the respective

Assistant School Medical Officers 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:—

	Elementary Schools	Higher Education	Special Schools
Cases referred to Oculist	4136	648	63
Number attended	3444	556	54
Percentage attendance	83.3	85.8	85.7
Glasses ordered	2810	505	46

The total number of Clinic Sessions devoted to Refraction work was 386.

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, the Committee's Oculist:—

The Authority have made arrangements for visual defects to be dealt with at the Stratford Ophthalmic Clinic. It is clear that the needs of the children in all schools in the Borough 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 Area School Medical Officers at their Routine and Special Examinations in schools. Apart from this, the Head Teachers notify the School Medical Officer direct 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 and strabismus are referred to the Oculist.

The cases of myopic children are re-examined frequently according to the degree of myopia.

The co-operation of Head Teachers is of the greatest possible value in referring early backwardness and disability that indicates "Bad sight" to the School Medical Officer; they also see that the children with glasses wear them as ordered.

CARE OF THE MYOPIC CHILD.

Myopia is no mere error of refraction; it is a condition which needs special consideration.

Defective vision for distance is the commonest symptom, and if the short-sight be more than of a very moderate degree, it will

be found that the child holds print nearer than normal to the eye. Myopia is due to stretching of the globe, which may very often be detected by the prominence of the eyes, or the great extent of sclera exposed on looking sideways.

In high degrees of myopia there is nearly always bulging of the sclera at the posterior pole, i.e. just outside and around the optic disc. This bulging is accompanied by atrophy of the choroid covering it, and with the ophthalmoscope a whitish crescent, circle or large irregular patch will be seen; the crescent is usually to be seen at the outer side of the disc. The term "Posterior Staphyloma" is applied to the bulging. The choroid is generally thinned and its veins more obvious than usual, and in some cases patches of choroidal atrophy are present in the yellow-spot region.

It is possible that the increase of myopia may be determined by the pressure of the recto-muscles upon the globe during excessive convergence required by the short focus of these eyes; for that reason glasses to reduce convergence are a necessity. The increase as a rule does not occur after about 25 years.

Any severe illness, especially congestion of the eyes brought about by excessive strain in near vision, and stooping over books, etc., favours its progress.

In high myopia there is a tendency to several complications, all seriously damaging to the sight.

The rate of increase of myopia varies much amongst its subjects. Most commonly myopia commences in childhood and steadily increases; the eyes are frequently weak and irritable, and such complications as blepharitis and chronic conjunctivitis are not infrequent.

Perhaps the most frequent determining cause of an increase of myopia is excessive convergence. We may prevent this by giving glasses that correct the myopia, and therefore push the near point of vision further from the eyes. To-day most Ophthalmic Surgeons agree in prescribing glasses that provide a "Full Correction" of the myopia. This is a good rule with certain limitations.

The importance of the systematic examination of the eyes of myopic children cannot be over estimated.

Most of the myopic children are returned to the elementary schools, with correction satisfactory, as capable of receiving the regular education with certain restrictions.

Very high myopes are drafted to special schools for the Blind or Partially Blind, under the definition given in the list providing for these schools.

The Blind and Partially Blind School is a most serious matter for children of the working classes, the child leaves school with the stigma of the Blind School upon it; and in these days of the Employers' Liability Acts, that is no light matter when the child leaves school and applies for work, as it is the usual thing for the employer to ask what school and standard passed. The mention

of the Blind or Partially Blind School is sufficient to terminate the interview, for who will run the risks that the employment of the bad-sighted entails?

The total number of children suffering from External Eye disease who received treatment under the Authority's scheme amounted to 1,233; 34 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 635 children were operated on for these conditions under the Authority's scheme, and 41 received treatment by Private Practitioners, or otherwise; 223 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, 1,015 children with minor Ear Defects were treated at the Clinics. Sixty-seven cases received treatment privately. Nine of the above cases were children attending the Higher Educational Institutions.

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 four of the Dental Surgeons :—

Mr. Dick reports :—

A definite fall in numbers on the School rolls has been a consolation by reducing the number of extractions required, and thus allowing a little more time for conservative work.

The difference is felt in the daily work rather than shown to any great extent in the figures at present.

The attendance on routine inspection remains good, but an even better attendance is desirable, as this would tend to decrease the number of Special Cases sent up, thus causing less interference with the Routine work.

The Head Teachers and Class Teachers, I am convinced, have a powerful influence over parents and children, and are able to persuade many who are indifferent to attend the Clinic. Their continued co-operation and help is greatly valued, and in fact indispensable.

Miss Gubb reports :—

In reviewing the work of the year 1934, there is little difference of any note from the preceding years.

The Routine School Dental Inspections have been carried out in all the Schools and Dental Treatment at the Clinic.

A fresh effort has been made to bring pressure to bear on the "Persistent Refusals" each year, in the hope that it may eventually lessen the number of "Specials" who interfere with Routine work, and who do not attend for "Dental treatment," but merely use the clinics as an emergency measure for the relief of acute pain.

It is inevitable, of course, that there must be always a fairly large number of Specials due to unavoidable causes and epidemic maladies affecting the school children themselves at all seasons of the year.

I would like to express my thanks again to the Head Teachers for their very valuable help and co-operation during the School Inspections and for their helpful propaganda in dealing with the parents.

Mr. Heywood reports :—

The persistence, during 1934, of the large number of refusals has been the least encouraging feature of the work accomplished at Balaam Street Clinic. These cases are invariably serious ones, and they have materially offset other and more encouraging developments.

With the inclusion into the area of the Grange Road Special School, the question of anaesthesia has become acute. A very large number of cases have had to be referred for hospital treatment, and those children who were able to receive local anaesthesia have taken up such a proportion of working time that the figures for the clinic bear little relationship to the time which has

been spent. It is clear that the provision of general anaesthesia will increase largely the number of attendances at the clinic, and the amount of work which can be accomplished, while very urgent cases will not have to wait until the hospitals are able to accept them.

Miss Marsden reports :—

The Schools in this area were all inspected in the usual manner, and treatment given to those accepting it. On the whole, there does seem to be an improvement in the condition of the children's teeth. One does not see nearly so many really dirty and septic mouths as formerly.

The children, too, take a more intelligent interest, and feel some pride when told that their mouths are now in good condition. They are taught to take care of their teeth in their homes.

Conservative treatment is still a "bone of contention," but I think that here, too, there is a small improvement.

Head Teachers and Class Teachers have the greatest influence over the children, and I should like to thank all for using their influence and encouraging the children to accept treatment at the Clinics.

(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. (See Table IV., Group IV., of the Appendix.)

Any children found with minor Postural defects 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 100.

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 having Institutional treatment.

Langdon Hills Children's Sanatorium	40
Whipps Cross Hospital	1
Heritage Craft Schools, Chailey	4
Sir William Treloar's Home, Alton	2
Seven Oaks Hospital for Hip Diseases	2
St. Vincent's Cripple Home, Pinner	4
Hayling Island Convalescent Home	2
Hastings Home and Residential School	1
Black Notley Sanatorium, Braintree	1

In addition there were 14 out-of-school cases of Tuberculosis at the end of December, 1934.

(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.

(l) ARTIFICIAL SUNLIGHT TREATMENT.

This treatment is carried out at the Children's Hospital, Plaistow, under the administration of Dr. Eva Morton.

The Education Committee have made special arrangements with the Hospital whereby they accept responsibility for all children recommended this form of treatment.

Dr. Morton sends the following particulars, which relate to the West Ham children who have been treated there during the past year :—

During the year 1934, 110 children of school age attended the Artificial Sunlight Clinic, this number including a few children four years of age attending a nursery school. Among the conditions for which they were referred to the Department were the following :—

Malnutrition, 9 cases only.

Debility, 51 cases. About one-third of these were listed as cases of nervous debility—enuresis, stammering, tics, etc., the remainder being nearly always debility following measles or pneumonia.

Anaemia, 11 cases.

Cervical Adenitis, 9 cases, 5 of which were tuberculous.

Catarrh and Chronic Bronchitis, 18 cases.

Sub-acute Rheumatism, 10 cases.

The condition of all but 17 of these cases on discharge, as regards the condition for which they were referred, was "Improved" or "Greatly Improved." Of the 17 cases whose condition on discharge was unchanged, all but four attended for less than three weeks—several of these made only one to three attendances.

Of those attending for six weeks or more, practically all improved in weight to a satisfactory and sometimes to a spectacular degree; the same being true of the haemoglobin percentage.

With regard to this latter point, for five years the haemoglobin measurement has been ascertained on admission and on discharge, and this has practically without exception been found raised to normal at the end of the cure where it has been subnormal on admission. This particular investigation will in future be omitted, save in cases referred for anaemia, the action of the ultra-violet rays in this respect being regarded as amply confirmed.

(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)	3863	Whooping Cough	437
Tonsillitis	491	Chicken Pox	865
Mumps	140	Other Diseases	602

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 1934.

Impetigo	55	Heart	1
Scabies	138	Otorrhoea	2
Other Skin Diseases....	52	Verminous	3
Conjunctivitis	11	Tuberculosis	185
Blepharitis	9	Tinea Tonsurans :	
Keratitis	2	Treated by X-Rays	6
Mumps	5	Treated at Clinic	4
Chorea	7	Tinea Body	8
Enlarged Glands	20	Other Defects and	
Chicken Pox	3	Diseases	67
Tonsillitis	14		561
Diphtheria	2		
Scarlet Fever	2		
Anaemia and Debility	3	Total number of	
Bronchitis	12	children involved	523

(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 three of the most modern schools in the Borough, viz. Tollgate, Pretoria Road and the re-constructed South Hallsville School, special 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. Pannell reports—

“The Tenth Schools Camp organised by the Education Committee was held at South Shoebury Hall Farm from July 26th to August 23rd, this being the ninth camp pitched in the same field. Four hundred and seven boys spent a fortnight in the open-air, those from the Southern schools forming the first party and those from the Northern schools the second.

The usual advance party of enthusiastic teachers erected the canvas and other necessary buildings during the week-end commencing on the evening of Friday, July 20th.

It would need a lengthy report to describe in detail the many and varied activities of camp life. The day usually began for the boys with a shower-bath parade at 7.30. By the time some 200 of them had been through the hot, the warm and the cold showers, members of the Staff and boys on duty had breakfast ready in the large marquee. A general clean-up of tents followed this meal, and a free visit to the canteen for the neatest tent invariably ensured the duty being well done. The boys were now free to take part in the games provided—cricket, camp golf, baseball, football (under Rugby, Association and other Rules); parties going into Southend for the day were provided with lunch, and bathing organised according to the state of the tide. Inter-tent cricket and camp golf competitions were arranged and non-athletic sports held during each fortnight. During the last week arrangements were made for a party of some 90 boys to go to the County Cricket Match in Southend at a reduced charge. Each day in camp brought its own enjoyment as well as its own special difficulties, for monotony and boredom are strangers to this life. The half-hour between supper and bedtime was a fitting “wind-up” to the day's activities, for at this time a short story was read or a “sing-song” arranged on alternate evenings.

One outstanding feature of the 1934 Camp was the greater variety of the menu, and the boys who had attended camp in previous years were quick to notice and to appreciate this.

Miss Wise reports—

“The party numbered 207 girls, most of them assisted cases, though 59 paid the full cost, and 11 Staff.

The travelling arrangements made by the Committee were excellent. Six coaches carried the party and the luggage. We left Stock Street School about 11.30 a.m., and arrived at Dymchurch at 3.30 p.m., having had a very pleasant halt of twenty minutes at a village en route.

The journey over, old friends greeted, new ones made, we were soon busy settling in and making ourselves as happy and comfortable as possible for our fortnight's stay. Once more we found ourselves occupying three dormitories in our favourite Berkshire Block, and it surprises me more every year to find how quickly the girls, strangers mostly to us and to one another, adapt themselves to their new surroundings.

The general plan of the holiday is, of course, thought out in advance, but it has to be modified according to the desires of the girls and, where necessary, according to the weather. We realize that while for some children the sea and the beach are sufficient, others like to roam the country-side, and yet others like to feel that they have completed 12 to 14 miles of steady walking before they have had a really good day. Thanks, however, to the ready co-operation of the staff, we are always able to arrange for any kind of activity required.

The entertainment side of our Camp life again occupied all spare moments, and many and varied were the performances given when failing light forced us indoors. Though each year the staff try to escape, tradition demands their variety performance as the finishing frolic; and judging from the vociferous applause and merriment, the efforts of the pierrot troupe, clad in green and gold, were thoroughly appreciated by the audience.

I am pleased to report that we were entirely free from illness or accident throughout our stay. This is particularly pleasing, as the increased popularity of this part of the coast necessitates much greater supervision and vigilance on the part of those in charge of the children.

Our last evening at Dymchurch was a climax to a very good fortnight. The low tide, and the full moon rising over the sea gave the girls an opportunity for a new experience—a moonlight walk along the sands. This beautiful warm evening alone made the walk well worth while.

A further activity which should be mentioned under this heading is the work of the Children's Country Holiday Fund. All children sent away by the local branches of this Fund are examined

by the Nursing Staff as to their cleanliness and freedom from infectious or contagious conditions. The number of children so inspected during 1934 amounted to 1,718.

(10) Physical Training.

There is at present 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 218 boys were examined. Only three were found unfit.

(11) Provision of Meals.

The same scheme which has pertained for several years, and which I have on previous occasions set out in detail, still exists for the purpose of providing meals for children.

During the year the number of meals served at the various School Dining Centres was as follows:—

Breakfasts, 479,663. Dinners, 919,436.

The average number of children fed each week was 3,871.

(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 85.9, 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 1934 the number of children who were affected by this parental objection amounted to 72.

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 report cases requiring Convalescent treatment.

During the year, 574 school children were sent away for periods of convalescence. Assistance in the purchase or repair of Surgical Appliances was rendered to 27 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 various sources, viz., by Head Teachers, the School Attendance Department, Hospitals and Voluntary Associations.

These cases are dealt with 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, and should there be any changes in the condition which justify re-examination, arrangements are made accordingly.

There is also an annual return at the end of the year, submitted by Head Teachers, of all children who in their opinion are exceptional. These are examined by the medical staff, and cases considered unfit for attendance at an ordinary school are referred for further examination by the Chief Assistant School Medical Officer.

A number of children are placed in various Institutions, and the Local Authority is responsible for their maintenance.

(b) All mentally defective children not in school are followed up. These 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 :—

Knox Road	Grange Road
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 School 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 school children.

Age Distribution of Examinees.

M.D. and P.D. Children.

Age	Number Examined		
7	...	...	14
8	...	...	13
9	...	...	26
10	...	...	34
11	...	...	34
12	...	...	44
13	...	...	43
14	...	...	21
15	...	...	11
Total			240

Attendance of Parents, 65%

Chief defects referred for Treatment or Observation.

Treatment

Malnutrition	2	Defective Vision	16
Unclean Head	22	Squint	1
Unclean Body	9	Other Eye Conditions	1
Scabies	2	Otitis Media	3
Other Skin Diseases	5	Other Ear Diseases	3
Blepharitis	1	Teeth—Oral Sepsis	16
Conjunctivitis	1	Anaemia	2

Observation

Malnutrition	68	Teeth—Oral Sepsis	37
Corneal Opacities	1	Heart Disease—	
Defective Vision	23	Organic	10
Squint	16	Functional	1
Keratitis	1	Anaemia	5
Other Eye Conditions	2	Other Disease of Lungs	1
Defective Hearing	14	T.B. Spine	16
Otitis Media	3	T.B. Hip	11
Other Ear Disease	1	T.B. other Bones and	
Enlarged Tonsils only	23	Joints	5
Adenoids only	4	Other Conditions	
Enlarged Tonsils and		(Nerves)	31
Adenoids	8	Rickets	3
Other Conditions Nose		Spinal Curvature	9
and Throat	5	Other Forms	
Enlarged Cervical		Deformities	13
Glands	10	Other Defects and	
Defective Speech	24	Diseases	9

The following Table shows the number of defects treated at the Clinics during the year :—

Impetigo	2	Other Eye Conditions....	11
Other Skin Diseases ...	24	Otitis Media	36
Blepharitis	4	Other Defects and	
Examined by Oculist	45	Diseases	310

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
Transferred to Continuation School	—	1
Left at Age Limit	2	1
Left having obtained suitable employment	5	4
Excluded by Medical Officer	1	1
Removed from Area	5	8
Transferred to Residential Schools	5	2
Deceased	1	—

Of the children of 14+ who left during the year,

P.D.

- One has domestic work.
- One is working at dressmaking.
- One is working in a furrier's.
- One has clerical work.
- One is working as help to a salesman.

M.D.

- One has work as a machinist.
- One has work as an ironer.
- One has work as a van boy.
- One has work as a bag-maker.
- One is working in a sweet factory.
- One is working with Metal Stampers in Forest Lane.
- One is working with a cabinet maker.

All have obtained some sort of employment.

Grange Road Special School.

	P.D.	M.D.
Returned to Elementary Schools ...	2	—
Removed from District	—	2
Left at Age Limit	4	3
Left having obtained suitable employment	2	11
Transferred to Institutions	3	—
Excluded by Medical Officer	2	10
Deceased	—	1

The "After-Care" of old pupils is a voluntary one and is carried out by correspondence and interviews at school.

In the P.D. Department 26 girls and 28 boys, and in the M.D. Department 18 girls and 22 boys have been touched this year.

Some of these were leavers 20 years ago. One M.D. leaver has kept his work for 18 years, and an old P.D. scholar has run a confectionery business on his own for 14 years. Nine have had from 10 to 12 years' constant work.

Of the 54 P.D. children with whom we have kept in touch it is pleasing to note that only six are actually out of work, despite the labour depression. Of the M.D.'s 14 were unemployed.

The old pupils we have touched is only a very small proportion of the actual leavers, but it has taught us that approximately one-third of the M.D. and one-ninth of the P.D. children are always unemployed, and do not get placed in the world's market in some form or other.

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 the Specialist Aural Surgeon.

During 1934 the number of children examined at these schools in the course of Routine Medical Inspection was as follows:—

Frederick Road Deaf Centre, 32.

Water Lane Deaf Centre, 29.

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 reports have been received from the Head Teachers of the Deaf Centres regarding "Leavers":—

Frederick Road Deaf Centre.

One boy working with a Tailor.

One boy working in a Box-making Factory.

One boy working in a Confectioners' Shop.

One girl unemployed.

Water Lane Deaf Centre.

One boy working at Sign Writing after attending Day Continuation School.

One boy Unemployed.

One boy transferred to Rayners Penn M.D. Institution.

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 18 boys and 10 girls attended the first class, 6 boys and 5 girls took a second Course, and 3 boys and one girl a third Course. One boy was considered to be in need of a further Course.

Five classes were held during the year. Children from outside areas are accepted when vacancies are available.

The following Table sets out the general daily routine at the Stammering Class:—

9.30 to 10.30 a.m.	—Breathing, Voice and Articulation Exercises, followed by individual difficulties.
10.30 to 10.45 a.m.	—Break.
10.45 to 11.30 a.m.	—Reading, Poetry or Conversation.
11.30 to 12	—Arithmetic or written answers to questions upon English, Geography, History or General Knowledge.
2. 0 to 3. 0 p.m.	—Voice and Articulation Exercises, Reading, Poetry or Conversation.
3. 0 to 3.15 p.m.	—Break.
3.15 to 4. 0 p.m.	—Handwork, composed of Bookbinding, Paper Modelling or Drawing. Girls encouraged to bring Needlework or Knitting. Solving of Children's Cross-word Puzzles.

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 174 girls were admitted and 198 boys and 181 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 354 cases sent for re-inspection, 34 did not attend for various reasons. Out of the 320 examined 279 showed continued improvement, whereas 41 had had intercurrent ailments, and their then present condition was not considered so satisfactory.

The daily routine at this School commences at 7 a.m., when the children rise, clean their boots and shoes and wash. Breakfast is served at 8. This is followed by inspection and any necessary attention by the nursing staff. From 9.10 a.m. to 11.50 a.m. and from 2.40 p.m. to 4.35 p.m., classes are conducted by fully-qualified teachers in class-rooms specially constructed for open-air work. These rooms are open to the air on three sides and are fitted with a hot water heating system for use in cold weather. When conditions are suitable, classes may be carried on in a meadow or in the shade of some trees.

Dinner is served at 12 and then comes the "Rest" of 1½ hours. During this time the children lie in a large open-sided rest-room on chairs made for the purpose and under the supervision of one of the nurses.

At 4.45 the children have tea, and the remainder of the day is devoted to recreation. For this purpose there is a large playing field for football, cricket, netball, etc., and large rooms for indoor games. Evening entertainments are given and there is a children's library.

Bathing takes place twice each week, and careful attention is given to teeth and personal hygiene generally.

The dietary has proved quite satisfactory. A specimen week is given on the following page:—

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 MARK FOR SUMMER MONTHS

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	...	...	...	...	...	...	...
2	...	...	...	...	...	...	...
3	...	...	...	...	...	...	...
4	...	...	...	...	...	...	...
5	...	...	...	...	...	...	...
6	...	...	...	...	...	...	...
7	...	...	...	...	...	...	...
8	...	...	...	...	...	...	...
9	...	...	...	...	...	...	...
10	...	...	...	...	...	...	...
11	...	...	...	...	...	...	...
12	...	...	...	...	...	...	...
13	...	...	...	...	...	...	...
14	...	...	...	...	...	...	...
15	...	...	...	...	...	...	...
16	...	...	...	...	...	...	...
17	...	...	...	...	...	...	...
18	...	...	...	...	...	...	...
19	...	...	...	...	...	...	...
20	...	...	...	...	...	...	...
21	...	...	...	...	...	...	...
22	...	...	...	...	...	...	...
23	...	...	...	...	...	...	...
24	...	...	...	...	...	...	...
25	...	...	...	...	...	...	...
26	...	...	...	...	...	...	...
27	...	...	...	...	...	...	...
28	...	...	...	...	...	...	...
29	...	...	...	...	...	...	...
30	...	...	...	...	...	...	...
31	...	...	...	...	...	...	...

The above table is for the summer months only. It is not intended to be used for the winter months. The prices are given for the summer months only. The prices for the winter months are given in the winter table. The prices for the summer months are given in the summer table. The prices for the winter months are given in the winter table. The prices for the summer months are given in the summer table. The prices for the winter months are given in the winter table.

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 16 boys and 26 girls were admitted, and 20 boys and 34 girls discharged.

I am indebted to Miss Davies (the Head Mistress) for the following report on the School:—

Several improvements have been made during the year. The two shelters are now heated during the coldest days of winter, and the washing basins with the cold water taps have been enclosed. Additional lavatories have been supplied for the use of the girls.

Fifty-four children have left during the year, chiefly to return to ordinary school. Their physical improvement is apparent in their steady increase in weight, in their posture, and general bearing. With renewed health we see a marked gain in self-confidence and mental poise, together with the growth of the desire to learn, so that, if as is often the case, when they return to ordinary school, they are still backward in the ordinary school subjects (it must be remembered that most of the children admitted are several years retarded) their readiness to adjust themselves, and their increased powers of resistance to fatigue, help to bring them to the normal level.

This is our aim, and we obtain it by a carefully adjusted curriculum, by balanced periods of rest and exercise, and by judicious and regular meals.

The garden plays a large part in the school life of a Crosby Road Open-Air School child. Her own individual garden provides a means of self-expression and self-discipline, developing that confidence we seek to encourage. The surrounding garden provides a pleasant setting for school activities, and the new lawn which was laid down last Spring is invaluable during the warmer months for an open-air class, and for country dancing and games.

Additional time has been given to Physical Training, and the benefit is already to be seen in the quickened response and increased alertness of the children.

The parents were invited to visit the School in April, and the Old Girls' Reunion was held as usual in July. A very successful and enjoyable Flower and Vegetable Show was carried through by the children in September.

Encouraging reports have been received with regard to the suitable employment obtained and held by most of the girls who have left the School.

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 10 cases were admitted and 9 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 1934 :—

Swiss Cottage for the Blind	...	...	3 men,
Barclay School for the Blind, Brighton	...	...	1 woman
National Institute for the Blind	...	...	1 man
Royal School for the Blind, Leatherhead	...	...	2 men
Lingfield Epileptic Colony	...	...	1 woman
Heritage Craft School	...	...	1 man

In addition, 10 adult blind persons received 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 one man was 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 following reports have been received from the Assistant School Medical Officers and Dental Surgeons responsible for the inspection and treatment of the children attending these two Nursery Schools:—

Rebecca Cheetham Nursery School.

Dr. West reports:—

“During the year 1934 four quarterly routine inspections were made. The following particulars indicate the results of same:—

Examinations	Boys examined	Girls examined	Total	Parents present	Number Defective	Percentage of Defects
March	30	19	49	43	15	30.6
June	58	47	105	101	17	16.1
September	51	38	89	77	21	23.6
December	47	34	81	77	29	35.8

The very small attendance at the March examination was due to the measles epidemic prevailing in the district, and in consequence of same a proportionately high percentage of defects is apparent.

In June the general condition of most of the children was good; out-of-school cases were those convalescing from previous measles.

In September the condition of the children was satisfactory; nose, throat and chest complaints accounted for most of the defects. There was still a number of children away with their parents at the hopfields.

In December the lower attendance was chiefly due to seasonal colds, which in consequence of the unusually wet weather prevailing at the time prevented parents living at any distance from the School bringing the children. There were two cases of whooping cough, one of diphtheria, and some scarlet fever in-contacts as additional causes. The condition of the children examined was satisfactory; nose, throat and chest complaints were again responsible for most of the defects. During the year 29 children were given Cod Liver Oil or Malt and Oil, these being cases of sub-normal nutrition, slight rickets and bronchitis.

The Headmistress, Miss Bowen, affords every possible assistance both at the examinations and in seeing that those children requiring treatment at the Clinic attend at regular intervals.”

Miss Gubb reports on the Dental Examination and Treatment as follows:—

“The Rebecca Cheetham Nursery School was inspected during the year 1934, and all children found to require Dental Treatment were given the opportunity to attend the Dental Clinic for treatment and advice.

The parents of these little ones are keen enough to attend for extractions of any aching teeth, especially where the family rest is disturbed at night, but at present it is still difficult to persuade them of the importance of preserving the baby teeth by conservative measures, and also that the retention of deciduous dentition for its allotted time in a healthy condition has an important bearing on the eruption of the permanent dentition and all the manifold abnormalities which do occur as a result of the early loss of the temporary teeth.

I should like to express my thanks to Miss Bowen for her very kind help and co-operation with the children and parents."

I am indebted to Miss Bowen for an account on the daily routine of the above School.

"The children begin to arrive at 8.30 a.m., and are greeted at the door with a view to ensuring that no "unfit" child is admitted. Then attention is given to personal hygiene, the cleaning of teeth, etc.

The children attend to domestic duties, and prepare for morning milk, which is taken with rusks at 9.30. Certain children have in addition, cod liver oil, or cod liver oil and malt upon the recommendation of the School Medical Officer.

Morning songs of greeting, occupation with sense-training and creative materials, music, and free play in the spacious garden fill the morning until the children come in hungry and dirty to prepare for dinner.

Hands and faces are washed, hair combed and tables laid, and at 12 o'clock dinner is served.

Especial care and attention are given to the use of lavatories and blowing of noses before the children go to bed, so that their sleep may be deep and healthy.

At half-past two the children get up and go out into the garden. A story, or music, and the afternoon fruit bring the day to an end, and the mothers begin to come at 4.15 to take their children home."

The Edith Kerrison Nursery School.

Dr. Furniss reports:—

"The Edith Kerrison Nursery School has now completed its fourth year. During the year 1934 four quarterly medical inspections 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	41	58	99	84	20	20.2
June	48	68	116	96	13	11.2
September	45	60	105	76	14	13.3
December	50	59	109	93	24	22.0

At the March examination there were several children out of school with measles and a number with bronchitis. The condition of the children in school was quite good.

In June the condition of the children was very good. The number examined (116) was only one short of the record, while the percentage defective was the lowest recorded.

In September the condition of the children was very good. There were no cases of infectious disease. The absent children were either with their parents who were hop-picking or were away in convalescent homes.

At the December examination the School was particularly free from infectious disease, there being only two cases, one of diphtheria and one of scarlet fever. Nose, throat and chest diseases were, however, prevalent, and accounted for almost two-thirds of the total defects.

During the course of the year forty-two children were given Cod-Liver Oil at the School. These children were suffering from subnormal nutrition, debility and bronchitis.

There is complete co-ordination between the Headmistress, Miss J. E. Cass, and the Rosetta Road School Clinic Staff."

Miss Marsden, the Dental Surgeon, reports :—

"The School was inspected three times during the year and treatment given to all the children. The improvement in these children of 2—4 years is very great, and is one of the most encouraging signs I have come across. It seems to point to the fact that the parents are really taking a far greater interest in the condition of their children's teeth.

In this School—as in others—one of the chief factors conducive to this is the interest taken in the work by the teachers.

In the Nursery School Miss Cass, the Headmistress, is always most helpful and encouraging, and I should like to take this opportunity of thanking her."

I also have to thank Miss Cass for the following particulars relating to this School :—

"Between 8.30 and 9.30 pram-loads of children, boys and girls, twins and even triplets, are deposited by thankful mothers at the doors of The Edith Kerrison Nursery School.

Washing one's self is the first order of the day, and then gaily attired in flowered overalls everyone drinks milk and crunches rusks.

Play in the garden and a great deal of business with bricks and puzzles, dolls and many other things develops an enormous appetite, with great clamourings for second helps. Then a short sojourn in the bathroom and the removal of the remains of dinner from hands and faces, and everyone sleeps the sleep of the just.

The peace and quiet of sleep-time is but brief—or seems so. Everyone is very lively until the arrival of fruit, which keeps even the most energetic quietly occupied.

Then the arrival of mothers and fathers, and happy pram-loads are pushed homewards."

There are two Voluntary Day Nursery Schools in the Borough. No statutory medical examinations have taken place in the schools, but children under 5 years for whom operative treatment of Tonsils and Adenoids is required are referred for treatment by the Maternity and Child Welfare Department.

The following are the details of the Dockland Settlement Nursery School:—

This Nursery School has been in existence almost four years, and has accommodation for forty children, who spend from 8.30 a.m. until 4.30 p.m. in a delightful Nursery, specially designed for them, with a large play room, bathroom and kitchen, all to themselves. They attend from Monday until Friday, and spend their day in the usual Nursery School routine, playing in the Settlement garden and in the Nursery play-room, with their many toys, and learning the first little lessons and habits of life and mind training. At ten o'clock each child has a mug of Horlick's Malted Milk, and at 12.30 a well-cooked two-course mid-day dinner is served, after which the children rest on their beds for one and a half hours. Refreshed by this they wake up to more play till tea-time, and by this it is time to prepare for home.

Last Summer 32 of these children spent a happy week at the Dockland Holiday Home at Herne Bay, and much benefited by the lovely sea air. The general health in the Nursery is excellent, and it is amazing how well delicate children come on soon after admission. Once a term arrangements are made for a gathering of Nursery mothers, who meet together for a social evening and a helpful discussion with the Superintendent on the bringing up of their children. The homes of the children are visited by the Staff, this being invaluable in helping us to know the home conditions and environment from which each child comes.

We also keep in touch with each child as they pass on to the big school, and have an annual re-union for them.

(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 visions, 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 treatment of Tonsils and Adenoids, Defective Vision, and Tinea of the Scalp (X-Ray Treatment) are available if required.

Arrangements have been made for the female students to be examined by a lady Doctor.

Total number inspected	256
Total number of defects found	44

As on previous occasions, defective vision was responsible for the majority of the defects.

The students appeared to be healthy, well nourished, and of good physique.

Thanks are due to the Principal and Staff of the College for their kind co-operation and assistance during the 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 1934 and those requiring treatment were seen three months later in order to determine whether this had been satisfactorily obtained.

Total number Examined	644
Defects found	82

Faulty vision accounted for the greater portion of defects found to require treatment.

Our best thanks are due to the Principal, Dr. Churchill, and his staff for the valuable assistance rendered to the School Medical Department.

PLAISTOW SECONDARY SCHOOL.

All the pupils were medically examined during 1934 and those requiring treatment were seen three months later in order to determine whether this had been satisfactorily obtained.

Total Number Examined	550
Defects found	111

The greatest number of defects was due to faulty vision.

The Principal, Mr. J. W. Hand, takes much interest in the medical inspection of the pupils. He is always very 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.

All the West Ham children in attendance at this school, with the exception of those in the Preparatory Department, were examined during 1934.

A total of 198 pupils were examined during the year, of whom 29 were found with defects requiring treatment. In addition 25 girls required special exercises for slight deformities. These exercises were carried out by the Drill Mistress.

Thanks are due the Principal, Dr. Florence Barnett, and the staff, for their efficient co-operation during the Inspection.

ST. ANGELA'S HIGH SCHOOL FOR GIRLS.

An inspection of all West Ham pupils was made, excluding those in the Preparatory School, and a re-inspection of those children found defective was carried out later in the year.

There were 155 pupils examined, and only 16 were found to require treatment for minor ailments.

A list of 22 girls requiring remedial exercises for slight deformities, such as flat feet, etc., was left with the Drill Mistress.

The Principal continues her active interest and co-operation in the Medical examination, and in seeing that the recommendations for treatment are fully carried out.

Continuation Schools.

There are two Continuation Schools in the Borough, viz., the Shakespeare Institute and the Lister Institute.

Routine Medical Inspection of the pupils attending the Continuation Schools is now undertaken by the Authority.

Arrangements have been made for the examination of the Girl students by a Lady Doctor at each school.

Following are the particulars relating to the examinations:—

	Number Examined	Defects found
Shakespeare Institute	105	19
Lister Institute	131	40

The chief defects were those of defective vision and some orthopaedic conditions residual to previous infantile paralysis. In these cases advice was given and exercises taught which could be carried out by the pupils at home and during physical exercises at school.

The physical condition of the pupils at each school was satisfactory, and the personal hygiene was good. The parents of the students were very interested in the Medical Inspection, and a special interest was taken by both the Principals, who afforded every facility for the smooth conduct of the examination.

Arrangements were made for the following up of all cases where defects were found, and for the treatment of minor ailments at the School Clinics.

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 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 two Medical Inspections were carried out at the above school, and a total of 221 scholars was examined. The number of defects found amounted to 30.

The Principal, Mr. Madden, continues to take a great interest in the work of the School Medical Service, and his assistance is much appreciated.

The Russell Central School.

All leavers were examined in June, 1934, and the entrants in October.

Total Number Examined	228
Defects found	36

Mr. C. W. Truelove, the Principal, takes a special interest in Medical Inspection, with the result that about 80% of the parents attended the two inspections.

The standard of health and hygiene among the scholars at both the above schools was satisfactory, and in all cases where defects were found suitable treatment was arranged.

(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.

(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 1934, 225 children were examined; two certificates were 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 37 girls and five 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,

1934.

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1934.

ELEMENTARY SCHOOLS.

TABLE 1.

A.—Routine Medical Inspections.

Number of Inspections in the Prescribed Groups.

Entrants	4456
Second Age Group	4030
Third Age Group	4430
Total	<u>12916</u>

Number of other Routine Inspections 1642

B.—Other Inspections.

Number of Special Inspections	15776
Number of Re-Inspections	6638
Total	<u>22414</u>

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1934.

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	267	81	343	15
SKIN—				
Ringworm—Scalp	1	—	13	—
" Body	8	—	108	—
Scabies	6	—	216	—
Impetigo	22	—	794	—
Other Diseases (Non-Tuberculous)	101	25	2,374	3
EYE—				
Blepharitis	44	14	347	—
Conjunctivitis	31	2	554	—
Keratitis	—	—	21	—
Corneal Opacities	1	—	21	2
Defective Vision (Excluding Squint)	757	199	807	27
Squint	135	19	167	3
Other Conditions	12	6	230	3
EAR—				
Defective Hearing	23	9	57	7
Otitis Media	80	23	654	13
Other Ear Diseases	39	6	329	2
NOSE AND THROAT—				
Chronic Tonsillitis only	238	210	153	16
Adenoids only	40	32	33	2
Chronic Tonsillitis & Adenoids	278	77	301	10
Other Conditions	95	30	192	2
Enlarged Cervical Glands (Non-Tuberculous)	12	43	286	4
Defective Speech	4	21	44	3
HEART AND CIRCULATION—				
Heart Disease—Organic	23	111	22	22
" Functional	—	48	5	6
Anaemia	108	90	138	61
LUNGS—				
Bronchitis	182	136	101	20
Other Non-Tuberculous Diseases	11	39	18	2

TABLE II.—(Continued)

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)
TUBERCULOSIS—				
Pulmonary :				
Definite	—	20	5	24
Suspected	15	7	6	5
Non-Pulmonary :				
Glands	4	5	1	2
Bones and Joints	—	2	—	2
Skin	1	4	1	—
Other Forms	—	5	—	—
NERVOUS SYSTEM—				
Epilepsy	1	10	9	1
Chorea	15	8	54	2
Other Conditions	42	34	64	9
DEFORMITIES—				
Rickets	—	3	—	—
Spinal Curvature	13	12	4	6
Other Forms	50	48	44	4
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	336	184	6,462	68
Total	3001	1563	14978	346

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

Group	Number of Children	
	Inspected	Found to require treatment
(1)	(2)	(3)
PRESCRIBED GROUPS :—		
Entrants	4456	847
Second Age Group	4030	893
Third Age Group	4430	930
Total (Prescribed Groups)	12916	2670
Other Routine Inspections	1642	102
Grand Total ...	14558	2772

TABLE III.

Return of all Exceptional Children in the Area.**Children Suffering from Multiple Defects.**

Children suffering from any combination of the following types of defect:—

Blindness (excluding partially sighted children).
 Deafness (excluding partially deaf children).
 Mental Defect.
 Epilepsy.
 Active Tuberculosis.
 Crippling.
 Heart Disease.

Children suffering from any combination of the above defects

6

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total
1	—	—	—	1

Partially Sighted Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
—	15	1	—	1	17

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
29	—	—	—	29

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.
7	—	3	—	—	10

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.
182	13	—	12	207

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
(b) Imbeciles	3	2
(c) Others	11	3
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives	—	—
(b) Others	—	—
2 Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	6	1
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	—	—
Number of children notified ...	20	7

Epileptic Children.

Children Suffering from Severe Epilepsy.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
5	3	1	7	16

Physically Defective Children.

A. Tuberculous Children.

I.—Children Suffering from Pulmonary Tuberculosis. (including pleura and intra-thoracic glands)

At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
40	4	6	10	60

II.—Children Suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
54	5	2	4	65

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.
232	214	—	6	452

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.
57	13	2	11	83

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.
32	26	3	14	75

TABLE IV.

Return of Defects Treated during the Year ended 31st Dec., 1934.

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)
Skin—			
Ringworm-Scalp—			
(i) X-Ray Treatment	6	—	6
(ii) Other	5	2	7
Ringworm-Body	107	2	109
Scabies	219	2	221
Impetigo	801	1	802
Other skin disease	2414	81	2495
Minor Eye Defects	1231	28	1259
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	1008	65	1073
Miscellaneous	5863	514	6377
(e.g., minor injuries, bruises, sores, chilblains, etc.).			
Total	11654	695	12349

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

Defect or Disease. (1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (including squint).	3444	40	3484
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—
Total	3444	40	3484

TABLE IV.—Continued.

Number of Children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme	2810
(b) Otherwise	39

Number of Children who obtained spectacles:—

(a) Under the Authority's Scheme	2565
(b) Otherwise	39

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)		
164	24	440	16	7	2	27	1	171	26	467	17	190	871

(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)	
	2	14	54	—	1	13	

Group V.—Dental Defects.

(1) Number of Children who were :—

(i) Inspected by the Dentist :

		Aged :		
Routine Age Groups	{	4	....	406
		5	....	720
		6	....	4455
		7	....	4372
		8	....	3828
		9	....	821
		10	....	887
		11	....	728
		12	....	721
		13	....	656
		14	....	91
				Total 17685

Specials 3843

Grand Total 21528

(ii) Found to require treatment 12505

(iii) Actually treated 9875

(2) Half-days devoted to—

Inspection 198

Treatment 2024

Total 2222

(3) Attendances made by children for treatment... 17267

(4) Fillings—

Permanent teeth 1636

Temporary teeth 327

Total 1963

(5) Extractions—

Permanent teeth 1336

Temporary teeth 16451

Total 17787

(6) Administrations of general anæsthetics for
extractions Nil

(7) Other Operations—

Permanent teeth 1879

Temporary teeth 1097

Total 2976

Group VI.—Uncleanliness and Verminous Conditions.

(i)	Average number of visits per school made during the year by the School Nurses	...	...	11.02
(ii)	Total number of examinations of children in the Schools by School Nurses	...	...	75865
(iii)	Number of individual children found unclean	...		1345
(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

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1934.

SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Routine Inspections	2488
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B.—Other Inspections.

Number of Special Inspections	87
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Number of Re-Inspections	510
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Total ...	597
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TABLE II.

A. Return of Defects found by Medical Inspection in the
Year ended 31st December, 1934.

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	17	14	1	1
Skin—				
Ringworm				
Scalp	—	—	—	—
Body	1	—	1	—
Scabies	—	—	1	—
Impetigo	—	—	—	—
Other Diseases (Non-Tuberculous)	20	4	7	—
Eye—				
Blepharitis	3	1	—	1
Conjunctivitis	3	—	2	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Defective Vision (excluding Squint)	224	48	31	—
Squint	3	—	1	—
Other Conditions	3	2	—	—
Ear—				
Defective Hearing	5	1	—	—
Otitis Media	6	—	3	—
Other Ear Diseases	3	—	2	—
Nose and Throat—				
Chronic Tonsillitis only	22	6	2	—
Adenoids only	—	5	—	—
Chronic Tonsillitis & Adenoids	4	1	2	—
Other Conditions	17	6	1	—
Enlarged Cervical Glands (Non-Tuberculous)	3	—	2	—
Defective Speech	—	1	—	—
Heart and Circulation—				
Heart Disease :				
Organic	9	9	—	1
Functional	—	5	—	—
Anaemia	17	4	1	—
Lungs—				
Bronchitis	2	2	—	—
Other Non-Tuberculous Diseases	1	2	—	—

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)
Tuberculosis—				
Pulmonary :				
Definite	1	—	—	—
Suspected	—	—	—	—
Non-Pulmonary :				
Glands	1	—	—	—
Bones and Joints	—	—	—	1
Skin	—	—	—	—
Other Forms	1	—	—	—
Nervous System—				
Epilepsy	—	2	—	—
Chorea	—	1	—	—
Other Conditions	3	1	—	—
Deformities—				
Rickets	—	—	—	—
Spinal Curvature	6	—	—	—
Other Forms	11	5	—	3
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	24	17	15	2
Total	410	137	72	9

B. Number of Individual Children Found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Number of Children Inspected	2488
Number of Children found to require Treatment	312

TABLE IV.

Return of Defects Treated during the Year ended 31st Dec., 1934.

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)
Skin—			
Ringworm-Scalp—			
(i) X-Ray Treatment	—	—	—
(ii) Other ,,	—	—	—
Ringworm-Body	1	1	2
Scabies	—	1	1
Impetigo	—	—	—
Other skin disease	8	15	23
Minor Eye Defects	2	6	8
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	7	2	9
Miscellaneous	12	16	28
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Total	30	41	71

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

Defect or Disease. (1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
Errors of Refraction (including squint).	556	27	583
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—
Total	556	27	583

Number of Children for whom spectacles were prescribed :—

(i) Under the Authority's Scheme	505
(ii) Otherwise	25

Number of Children who obtained spectacles :—

(i) Under the Authority's Scheme	442
(ii) Otherwise	24

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)
3	—	4	—	1	—	3	—	4	—	7	—
								33	44		

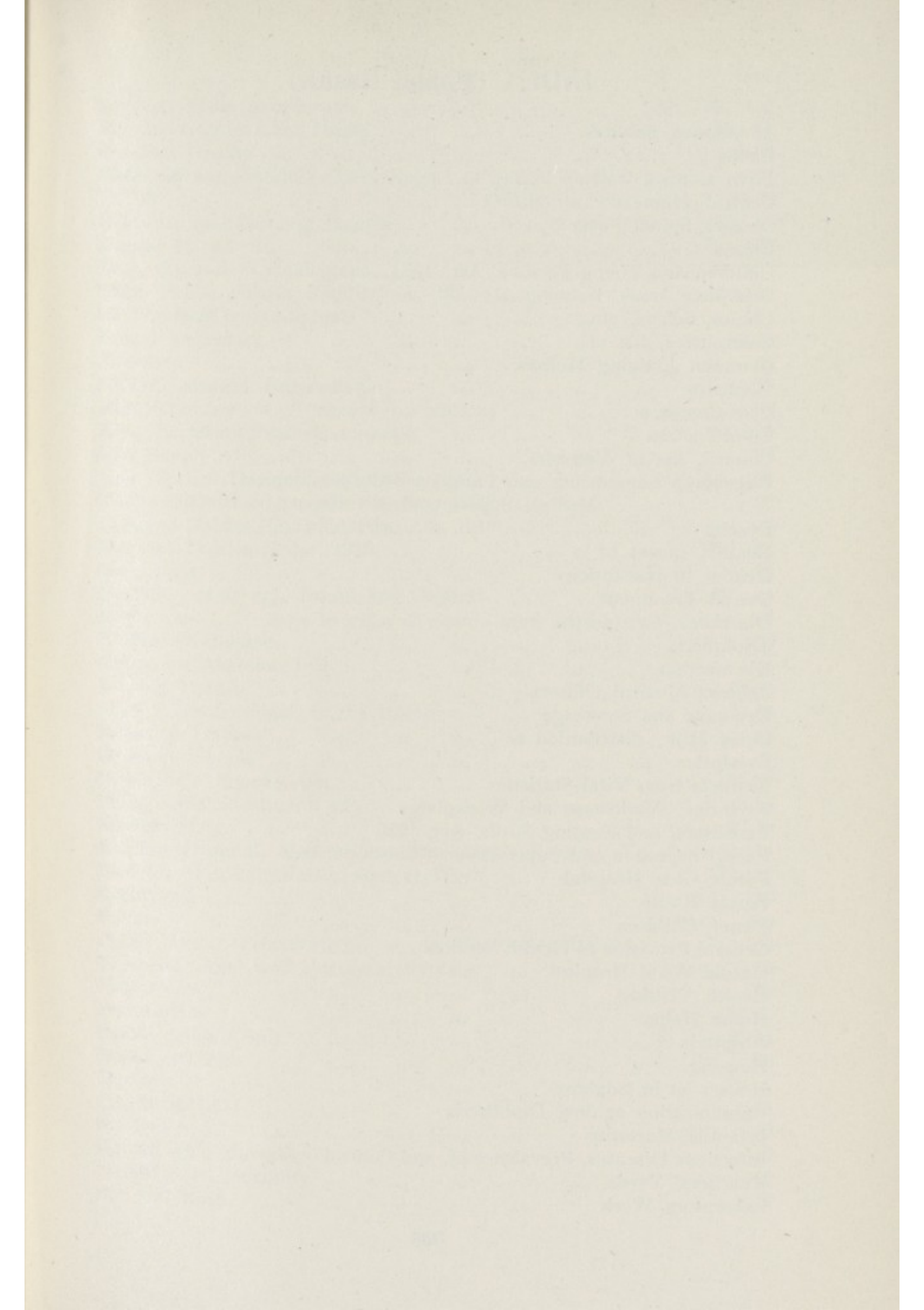
(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of children treated.	Under the Authority's Scheme			Otherwise.			Total number treated.
	(1)			(2)			
	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)	
—	—	1	—	—	4	5	

Group V.—Dental Defects.

(1) Number of Children who were :—		
(i) Inspected by the Dentist (Specials)	34	
(ii) Found to require treatment	33	
(iii) Actually treated	33	
(2) Attendances made by children for treatment	84	
(3) Fillings—		
Permanent teeth	38	
Temporary teeth	—	
	Total	38
(4) Extractions—		
Permanent teeth	8	
Temporary teeth	8	
	Total	16
(5) Administrations of general anaesthetics for extractions		nil
(6) Other operations—		
Permanent teeth	31	
Temporary teeth	13	
	Total	44



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