

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

Contributors

West Ham (London, England). County Borough.

Publication/Creation

[1936]

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County Borough of West Ham.

1935

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

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.

CONTENTS

	Page
Preface	5-6
Members of the Council and Committees	7-9
Members of Staff	10-17
Statistics and Social Conditions of the Area	18-30
General Provision of Health Services :	31-74
(a) Hospitals	39-41
(b) Maternity and Child Welfare	51-70
(c) Mental Deficiency	70-74
Sanitary Circumstances of the Area	74-82
Housing	83-89
Report of the Medical Officer of Health on	
Housing Act, 1935	86-89
Inspection and Supervision of Food	89-102
Infectious Diseases	102-115
Tuberculosis	115-123
Venereal Diseases	124-129
School Medical Officer's Report	131-208

To the Mayor, Aldermen and Councillors.

Mr. Mayor, Ladies and Gentlemen,

Legislation continues to place increased responsibilities upon yourselves and your officials. Notwithstanding the enormous strides made in the progress and extension of your Public Medical Services during the past decade, many further important phases have been instituted during the past year. The chief of these are :—

- (1) The inclusion in the Maternity and Child Welfare Scheme of the following : (a) The provision of dentures for nursing and expectant mothers ; (b) the provision of free meals for necessitous nursing and expectant mothers ; (c) the granting of a subsidy (under certain conditions) to midwives ; (d) the extension of the convalescent scheme for mothers and babies.
- (2) The extension of hospital accommodation at Whipps Cross Hospital by 500 beds, together with another operating theatre and new receiving wards, and the building of a new Nurses' Home and Maids' Home.
- (3) The confirmation of several further large Clearance Areas under the Housing Acts. The demolition of certain Clearance Areas, together with the re-housing of the displaced tenants. It is very unfortunate that owing to the lack of suitable sites the clearance of certain Clearance Areas is being delayed. Every reasonable effort should be made to bring this vital matter to a successful issue while still retaining sufficient open spaces. A large strip of land unsuitable for houses, but in every respect suitable for factories, will be available between the Silvertown Way and River Lee when Tidal Basin Nos. I to IV Clearance Areas are dealt with.
- (4) The negotiations for the extension of your Colony for Mental Defectives at South Ockendon to 500 beds, mentioned in so many of my previous reports, have now reached the final stage and work should be commenced during the ensuing year.
- (5) In order to comply with the provisions of the Housing Act, 1935 (see pages 86-89), extra temporary staff had to be appointed and, in addition, extra work has been thrown upon the permanent staff. A comprehensive report upon this matter will be issued by me as soon as practicable.

- (6) The Pharmacy and Poisons Act, 1933, also the Shops Act, 1935, have come into force this year. The provisions of the latter Act have been so extended that it became necessary to appoint an additional Shops Inspector (see page 42-43).

The Vital Statistics for the year are again very satisfactory. The most striking figure is that of the Infantile Mortality Rate, which has gone down to the figure of 45 in comparison with 62 for the other Great Towns, the lowest previous figure for West Ham being 59.

Nearly half the total deaths are accounted for by only three diseases. Over 25 per cent. of deaths are due to heart disease, while cancer claims 14.2 per cent. of deaths, the toll from respiratory diseases being 10 per cent.

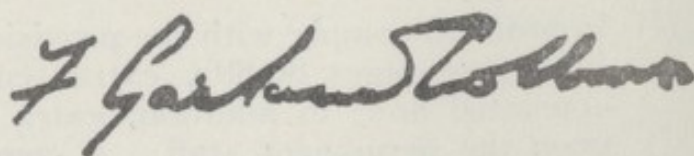
Owing to inherent difficulties connected chiefly with the unsuitable and quite inappropriate nature of the building, the Margate Convalescent Home was closed last August. This has not meant any loss of necessary convalescent treatment for children, who are at present sent to Homes elsewhere. The proposition as to whether or not to purchase a new convalescent home is receiving the consideration of the Council.

As is inevitable where a big staff is concerned, there have been a number of changes in the personnel during the year. The places of those leaving have been filled, but the only additional appointment made was that of another Shops Inspector.

As in previous years, propaganda on health matters has been carried on as routine work, special attention having been given to proper food values and diet (see pages 96-97). Towards the end of the year a booklet was printed containing a synopsis and information concerning all the health services of the Borough. This booklet was sent to all Medical Practitioners, Teachers and Clergy, as well as to the Public Libraries, various Voluntary Societies and others. The acknowledgements received from various sources proved the usefulness of the information given.

This is the Twelfth Annual Report I have had the privilege of submitting to you, and once again I wish to express my gratitude to you for the help afforded to me and my staff, and for the unflagging interest you take in all matters pertaining to the health of your constituents; help and interest reflected in the satisfactory statistics, and the progression of your Health Services.

Your obedient Servant,



May, 1936.

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 (Councillor Cuthbert St. Clair Collins, J.P.).

The Deputy Mayor (Alderman Mrs. Esther Bock).

Aldermen :—

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

Councillors :—

E. H. J. Adams; Mrs. A. A. Barnes; C. A. Bennett; E. F. Bradley; S. Bulling, J.P. (deceased); E. C. Cannon; Mrs. A. M. Clark; C. K. Collins; Mrs. E. C. Cook; A. E. Cresswell; G. Doherty; J. Doherty; S. M. Edwards; W. P. Foley; E. J. Fox; A. G. Gay, J.P.; A. C. Gentry; W. A. Gillman; Mrs. E. J. Gregory; D. W. Hall; Mrs. A. E. Harnwell; Mrs. F. Harris; P. Hearn; Mrs. J. A. Hollins; Dr. Sidney Lee; W. H. Luscombe; A. B. Macgregor; H. J. Marners; F. E. Mansford; A. C. Moorey; W. C. Ridgwell, J.P.; A. G. Schirn; D. H. Smith; G. J. Smith; G. J. Stokes; M. J. Sullivan; G. A. Taylor; D. Thorogood; Mrs. Ethel Venton; A. J. Walker; C. H. Ward, J.P.; F. A. Warner; A. W. Wells; E. W. White, J.P.; Mrs. F. A. Wood; E. W. Wordley, J.P.; Mrs. E. E. Wybrew.

List of Committees.

Dealing with Health Matters.

His Worship the Mayor
(Councillor Cuthbert St. Clair Collins, J.P.)
Ex-officio member of every Committee.

Public Health Committee.

Chairman : Councillor P. Hearn.

Vice-Chairman : Councillor Mrs. Barnes.

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

Councillors : Bradley, Cannon, Mrs. Clark, Fox, Gay, Gentry,
Mrs. Gregory, Lee, Schirn, and Mrs. Wybrew.

Maternity and Child Welfare Committee.

Chairman : Councillor Mrs. Barnes.

Vice-Chairman : Councillor Schirn.

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

Councillors : Bradley, Cannon, Mrs. Clark, Fox, Gay, Gentry,
Mrs. Gregory, Lee, Schirn, and Mrs. Wybrew.

Co-opted Members : 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.

Vice-Chairman : Councillor Bradley.

Aldermen : E. J. Reed and Rumsey.

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

Education Committee.

Chairman : Councillor Mrs. Gregory.

Vice-Chairman : Alderman Blaker.

The Mayor (Councillor Cuthbert St. Clair Collins).

The Deputy Mayor (Alderman Mrs. Bock).

Aldermen : Bell, Croot, Gardner, J. H. Hollins, Mrs. Parsons,
E. J. Reed, and W. J. Reed.

Councillors : Bennett, Bulling (deceased), G. Doherty, Edwards,
Foley, Gay, Mrs. Hollins, Luscombe, Moorey, Mrs. Venton,
Walker, Ward, and Warner.

Co-opted Members : 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.

W. Godbold and F. G. Reynolds, Esquires, and Dr. M. S.
Jevons.

Special Schools and Welfare Sub-Committee.

Chairman : Councillor Mrs. Hollins.

The Deputy Mayor (Alderman Mrs. Bock).

Aldermen : Croot, Mrs. Parsons, and E. J. Reed.

Councillors : Bennett, Bulling (deceased), Edwards, Luscombe,
and Mrs. Venton.

Co-opted Members : The Misses R. H. Cheetham and A. R.
Harbott, W. Godbold, Esquire.

The Hospitals Committee.

Chairman: The Deputy Mayor (Alderman Mrs. Bock).

Vice-Chairman: Alderman Croot.

Aldermen: Mrs. Parsons and Rumsey.

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

The Public Assistance Committee.

Chairman: Alderman Mrs. Parsons.

Vice-Chairman: Alderman Wooder.

The Deputy Mayor (Alderman Mrs. Bock).

Councillors: Mrs. Barnes, Bulling (deceased), Mrs. Cook, G. Doherty, Mrs. Harnwell, Mrs. Harris, Mrs. Hollins, Mansford, Mansford, Ridgwell, Mrs. Venton, and Mrs. Wybrew.

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.

The Deputy Mayor (Alderman Mrs. Bock).

Aldermen: Bell, Blaker, Croot, J. H. Hollins, Husband, Mrs. Parsons, and Scoulding.

Councillors: Bradley, Hall, Mrs. Hollins, 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.

Maintenance Sub-Committee.

Chairman: Councillor Mansford.

Plus Rota of Members of Public Assistance Committee.

Joint Committee re Hospital Accommodation.

The Deputy Mayor (Alderman Mrs. Bock).

Aldermen: Mrs. Parsons and Wooder.

Councillors: G. Doherty, Mrs. Gregory, Hearn, Mrs. Hollins, 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), 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.	Senior Resident Medical Officer Plaistow Fever Hospital
Dr. T. Standring	M.R.C.S., L.R.C.P., M.B., B.S.	Junior Assistant Resident Medical Officer, Plais- tow Hospital; annual appointment
Mr. O. R. M. Kelly	M.B., B.S. (London), F.R.C.S. (Eng.)	Med. Supt., Whipps Cross Hospital
Dr. D. G. Sharp	M.R.C.S. (Eng.), L.R.C.P. (Lond.)	Deputy Med. Supt. and First Assistant, Whipps Cross Hospital
Dr. W. E. Joseph	M.R.C.S. (Eng.), L.R.C.P. (Lond.)	Second Asst. Med. Officer Whipps Cross Hospital

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Dr. N. H. Skelton-Browne	M.R.C.S. (Eng.), L.R.C.P. (Lond.)	Asst. Med. Officer, Whipps Cross Hospital
Dr. Ian Mansfield	L.M.S.S.A. (London)	Do.
Dr. G. McKinnon	M.B., B.Ch. (Glasgow)	Do.
Dr. C. E. D. H. Goodhart	M.R.C.S. (Eng.), L.R.C.P. (Lond.)	Do.
Dr. W. J. O'Donovan	M.D., B.S., M.R.C.P. (Lond.), M.R.C.S.	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.B., B.S. (London)	Do.
Mr. Clifford Morson	F.R.C.S. (Eng.), L.R.C.P. (Lond.)	Do.
Mr. Archer-Ryland	F.R.C.S. (Eng.), L.R.C.P. (Lond.)	Do.
Dr. J. P. Martin	F.R.C.P. (Lond.), M.D., B.Ch. (Belfast)	Do.
Dr. Lewis Savin	F.R.C.S. (Eng.), L.R.C.P. (Lond.)	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. (Aberdeen)	Medical Supt. Forest Gate Hospital and Central Home, Union Road (Superannuated Decem- ber, 1935)
Dr. H. R. England	M.B., B.Ch. (N.U. Ire- land)	Medical Superintendent, Forest Gate Hospital
Dr. I. B. McCann	M.R.C.S. (Eng.), L.R.C.P. (Lond.)	Senior Resident Medical Officer, Central Home
Dr. R. Leader	M.R.C.S. (Eng.), L.R.C.P. (Lond.)	Resident 1st Assistant Medical Officer, Central Home
Dr. J. S. Coleman	M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)	Asst. Med. Officer, Forest Gate Hospital & Central Home (Left Council's service)
Dr. T. L. Dolan	L., L.M., R.C.P. Ireland; L., L.M., R.C.S. Ireland	District Med. Officer and Public Vaccinator
Dr. C. E. Conran	L.R.C.P. (Edin.), L.R.C.S. (Edin.)	Do. (Superannuated)
Dr. J. P. Robinson	M.B., B.Ch., B.A.O. (N.U. Ireland)	District Medical Officer
Dr. P. G. S. Kennedy	M.A., M.B., Ch.B. (Lond.)	District Med. Officer and Public Vaccinator (part- time temporary)
Dr. J. F. Begley	M.B., B.S. R.U. Ireland)	District Med. Officer (part time)
Dr. W. E. Willis	M.B., Ch.B. (Edin.)	Part time Medical Officer, Harold Wood Hospital

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. (N.U. Ireland)	Do. and Public Vaccinator
Dr. A. S. Paterson	F.R.C.P. (Edin.) M.B., Ch.B. (Edin.)	Medical Officer (part time) Margate Convalescent Home (Closed 31/8/35)
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
Mr. T. J. Maguire	M.R.C.V.S.	Veterinary Officer (part time)
Miss Evelyn Richardson	L.D.S., R.C.S.	Dental Surgeon Maternity and Child Welfare
Miss R. Alefs	General Nursing, S.C.M., Fever Nursing Certificate	Health Visitor
Miss M. H. Banks	General Nursing, S.C.M., Queen's Nurse, Health Visitors' Cert., Royal San. Inst.	Do.
Miss Phyllis Bennett	General Nursing, S.C.M., Queen's Nurse, Health Visitors' Cert., Royal San. Inst.	Do.
Miss B. H. Clipstone	General Nursing, S.C.M.,	Do.
Miss A. Connolly	General Nursing, Health Visitor's Certificate	Do.
Miss M. Cross	General Nursing, S.C.M.,	Do.
Miss B. de Rochfort	San. Insprs. Cert. Royal San. Inst., Health Visitor's Cert. Royal San. Inst., S.C.M., Apothecary Hall Dispensing Cert.	Do.
Miss E. A. Edwards	General Nursing, S.C.M., Queen's Nurse, Health Visitors' Cert., Royal San. Inst.	Do.
Mrs. N. C. Gibbins	General Nursing, S.C.M., 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, S.C.M., Children's Nursing Health Visitor's Cert. Royal San. Inst., San. Inspector's Examn. Board	Health Visitor
Miss R. Harrington	General Nursing, S.C.M., Health Visitors' Cert., Royal San. Inst.	Do.
Miss A. E. Lunn	General Nursing, S.C.M.,	Do.
Miss L. Martin	General Nursing, S.C.M., Board of Education Di- ploma, Mat. and Child Welfare Cert.	Do.
Miss M. McKenzie	General Nursing, S.C.M., Health Visitor's Cert. Royal San. Inst.	Do.
Miss E. Norrie	General Nursing Cert. and Children's Cert., S.C.M., Board of Edu- cation Diploma, Liver- pool University School of Hygiene Cert	Do.
Miss M. B. Wallace	General Nursing, S.C.M.,	Do.
Miss E. B. Welch	General Nursing, S.C.M., Board of Education Di- ploma	Do.
Miss D. M. White	General Nursing, S.C.M., 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. Insp. Cert. R. San. Inst. Meat and Food Insp. R. San. Inst. Smoke Insp. R. San. Inst. San. Insp. Joint San. Insprs. Exam. Board, Cert. of Exam. in ad- vanced knowledge of practical and adminis- trative duties of Insp. Ollett Silver Medallist in Housing Administration	Chief San. Insp., Insp. 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 Lon- don School of Economics (Lond. University) for Social Science and Ad- ministration; Honours- man and Gilchrist Med- allist (Lond. University Extension) for Public Administration.	Senior Sanitary Inspector, Insp. under Rag Flock Acts
Mr. E. G. Simmons M.S.I.A.	San. Insprs. Cert. Royal San. Inst.	Sanitary Inspector, Insp. 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 Insp. Royal San. Inst.	Sanitary Inspector
Mr. B. J. Driscoll M.S.I.A.	Cert. San. Inspectors' Ex- amn. Board London	Sanitary Inspector, Insp. under Rag Flock Acts
Mr. C. F. Riley	San. Insprs. Cert., Meat and Food Insp. Royal San. Inst.	Sanitary Inspector.
Mr. J. A. Dawson, M.S.I.A.	San. Insp. R.S.I., Meat and Food Insp. R.S.I.	Do.
Mr. H. G. Avril, M.S.I.A., A.R.San.I.	San. Insp. Examn. Joint Board.	Do.
Mr. E. J. Cromwell, M.S.I.A.	San. Insp. Examn. Joint Board, Meat and Food Inspector Royal San. Inst.	Sanitary Insp., Insp. un- der Rag Flock Acts
Mr. H. Ault, M.S.I.A.	San. Insp., Royal San. Inst. Meat Insp., Royal San. Inst. Smoke Insp., Royal San. Inst. Meat Insp., Liverpool Univ. School of Hygiene Port Sanitation Cert., Liverpool Univ. School of Hygiene	Sanitary Inspector.
Mr. C. E. Jeffries, M.S.I.A.	San. Insp. 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 (now resigned)
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
Mr. C. J. Genery		Inspector under Shops Acts
Miss H. Swift	S.R.N., S.C.M.	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.
	„ M. Doherty ... do.
	Mr. J. P. Quinn do.

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.	31 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 :	Steward :	Clerks :
Miss E. Downs.	Mr. B. S. Lawrence.	Mr. R. F. Sizer.
		Mr. J. Lis.
	Assistant Steward :	Mr. V. J. Stebbings.
	Mr. C. Samuel	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 :	Master :	Clerks :
Mrs. M. E. Lambert.	Mr. S. P. Lambert.	Mr. H. W. Latter.
	Asst. Master :	Mr. H. W. Hagger.
	Mr. R. L. Rutherford	Mr. H. W. Quicke.
		Mr. E. C. Steggel.
		Mr. J. Hollington.
		Mr. E. Barnett.

215 Nursing Staff. 147 Domestic Staff.

FOREST GATE HOSPITAL.

Matron :	Steward :	Clerks :
Mrs. E. M. Usherwood	Mr. E. J. Miles.	Mr. J. W. Burr.
	Assistant Steward :	Mr. A. W. Sawyer.
	Mr. A. J. Fillmore.	Mr. J. Cassidy.
		Mr. E. E. West

Medical Superintendent's Office.

Clerk : Mr. C. P. Chapman

143 Nursing Staff. 67 Domestic Staff.

MARGATE CONVALESCENT HOME.

Matron :	Clerk & Store Keeper :
Miss G. B. Oddy.	Mr. J. W. Rowe.

11 Nursing Staff. 15 Domestic Staff.

(Closed down 31/8/35)

DISINFECTORS.

Mr. B. Lyons.	Mr. C. Cornish.
„ H. J. Murty.	„ W. Hubbard.

MORTUARY KEEPERS.

Mr. E. Heisterman.	Mr. A. Kelly
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For Staff of School Medical Officer see page 135.

† A detailed list of the Staff is included in this Report by the request of the Minister of Health in Circular 1492.

Statistics and Social Conditions of the Area.

West Ham is the eleventh largest of the 121 Great Towns of England and Wales. It is situated geographically within the County of Essex, and comprises an area of seven and a half square miles. In elevation it is almost flat, varying from less than 5ft. to 45ft. above ordnance datum.

The Charter of Incorporation was granted to West Ham in 1886. (The Jubilee is being celebrated this year, 1936).

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

It is an industrial borough, but like similar boroughs, has a large number of unemployed inhabitants. The insurable population of the district is approximately 97,000 of which 12.6 were unemployed (Men 16.2, Women 5.7, Juveniles 4.7) at the end of December, 1935. The figure of 12.6 for West Ham is the second highest for the Metropolitan and extra-Metropolitan districts.

Factories abound on the river frontages, West and South. In the North there are extensive railway works, which give employment to a large number of regular hands.

The Borough is only a short distance from the City of London, and consequently a large proportion of the populace follow their daily toil in London and district.

This year there has been no outstanding illness or sickness calculated materially to affect the health of the people.

Summary of General Statistics.

Area (in acres), 4,706.

Population—

Census, 1931 — 294,278.

Estimated population to middle of 1935, 270,700.

Number of inhabited house, 49,588.

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

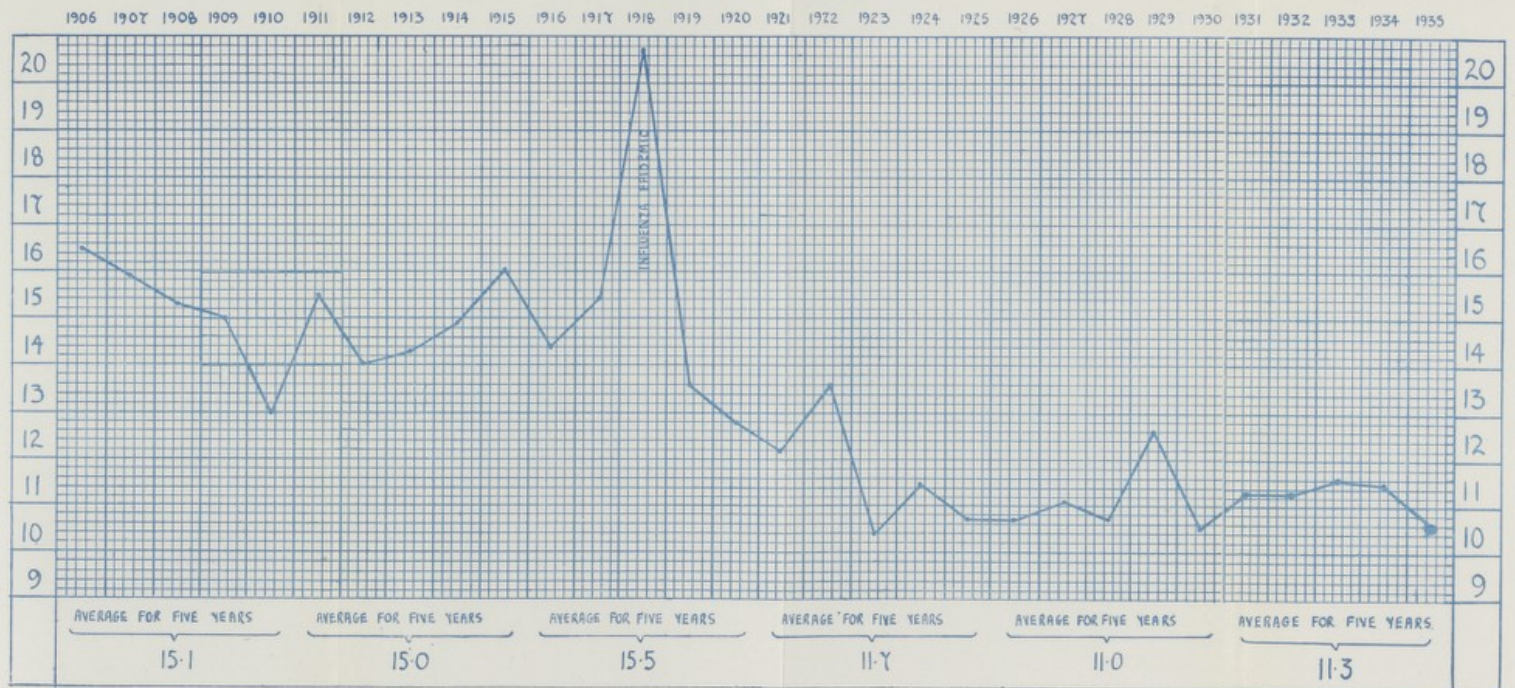
Average Rateable Value—

General Rate, £1,503,284.

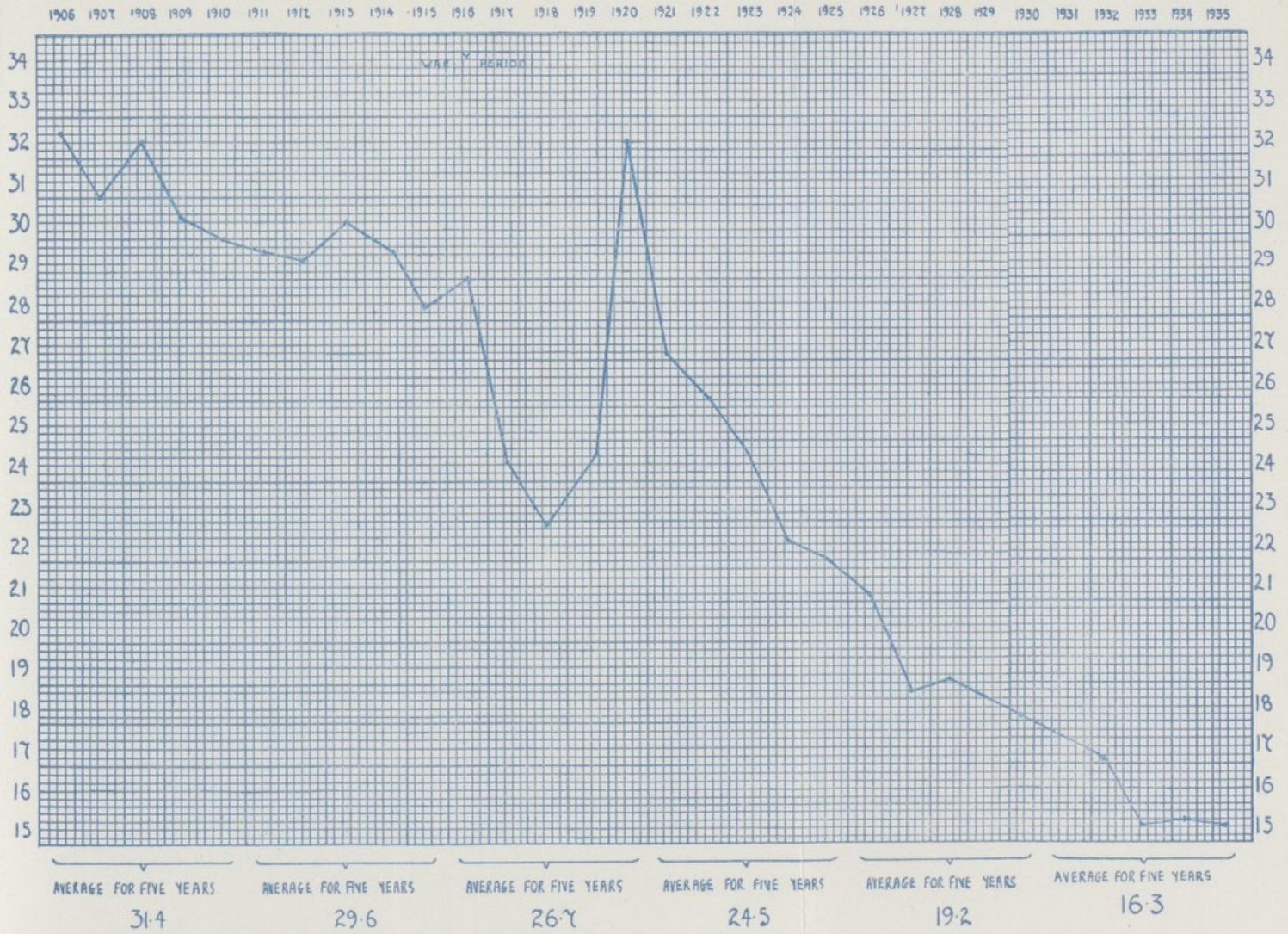
Sum represented by a Penny Rate—

General District Rate, £6,263.

GENERAL DEATH RATE.



BIRTH RATE.



Vital Statistics.

		Total	Male	Female	
Live Births	Legitimate	4088	2045	2043	} Birth Rate 15.5
	Illegitimate	112	51	61	
Still Births, 125 Rate per 1,000 total (live and still births),					28.9
Deaths, 2,914					Death Rate, 10.7
Deaths from diseases and accidents of pregnancy and child birth		from Sepsis			6
		from other causes			8
		= Maternal Mortality Rate			3.23
Deaths from Measles (all ages)					5
Deaths from Whooping Cough (all ages)					12
Deaths from Diarrhoea (under 2 years of age)					19

Death Rate of Infants under one year of age—

All infants per 1,000 births	45.4
Legitimate infants per 1,000 legitimate births	44.2
Illegitimate infants per 1,000 illegitimate births	89.2

In the case of the Great Towns the Birth Rate was 14.8, the Death Rate 11.8, and the Infant Mortality Rate 62, whereas the Maternal Mortality Rate for England and Wales was 3.93.

Vital Statistics of the Wards of the Borough, 1935.

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	289	18.04	165	10.30	16	55	124	16,015
Forest Gate	272	15.79	206	11.95	10	36	66	17,226
High Street	226	14.03	161	10.00	10	44	65	16,099
Broadway	186	14.20	154	11.75	9	48	32	13,098
Park	230	16.24	172	12.14	8	34	58	14,161
Upton	223	14.47	179	11.62	8	35	44	15,403
Plashet Road	243	18.40	156	11.81	13	53	87	13,199
West Ham	190	12.98	181	12.36	9	47	9	14,633
Plaistow	300	16.35	196	10.68	18	60	104	18,339
Bemersyde	164	13.58	155	12.83	9	54	9	12,072
Canning Town & Grange	369	14.51	229	9.00	19	51	140	25,418
Hudsons	293	15.48	230	12.15	8	27	63	18,924
Ordnance	263	14.86	155	8.75	8	30	108	17,689
Beckton Road .	286	15.71	164	9.00	15	52	122	18,203
Tidal Basin	353	16.58	214	10.05	16	45	139	21,286
Custom House & Silvertown	313	16.53	197	10.40	15	47	116	18,926
County Borough	4200	15.5	2914	10.7	191	45.4	1286	270,700

Scarlet Fever.

There was a considerable decrease in the number of cases of Scarlet Fever as compared with 1934, there being a drop of nearly 500 cases. In the earlier and latter part of the year the disease was more prevalent, but seemed to diminish somewhat about the middle of the year.

Of the 1,057 cases notified, it was not possible to provide hospital accommodation for all cases requiring hospital treatment at Plaistow Hospital. In view of this position it was considered expedient to make other arrangements, and as in 1934, the London Fever Hospital was able to admit cases from West Ham, thus relieving the pressure on the Council's Isolation Hospital. Ninety-six cases were admitted during the year.

The deaths from Scarlet Fever were six.

Diphtheria.

This disease shewed a very slight increase over the figures for the previous year. On account of the demand for accommodation at the Plaistow Hospital it was found necessary to send 27 cases of Diphtheria to the London Fever Hospital.

Nearly 300 posters offering facilities for immunization against this disease were posted on various public buildings, in hospitals, clinics, nursery schools, and other appropriate places. (See also pages 104 and 113).

Births.

The number of births registered in the Borough during the year was 5,400 (2,718 males and 2,682 females); but of this total 1,540 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 340 West Ham women were confined outside the Borough. Suitable adjustment makes the net West Ham Births 4,200 (2,096 males and 2,104 females); 112 of these (51 males and 61 females) were illegitimate.

Calculated on the Registrar General's estimate of the population of the Borough at the middle of 1935, viz.: 270,700, the rate for the year was 15.5.

The Birth Rate for the Great Towns was 14.8.

Deaths.

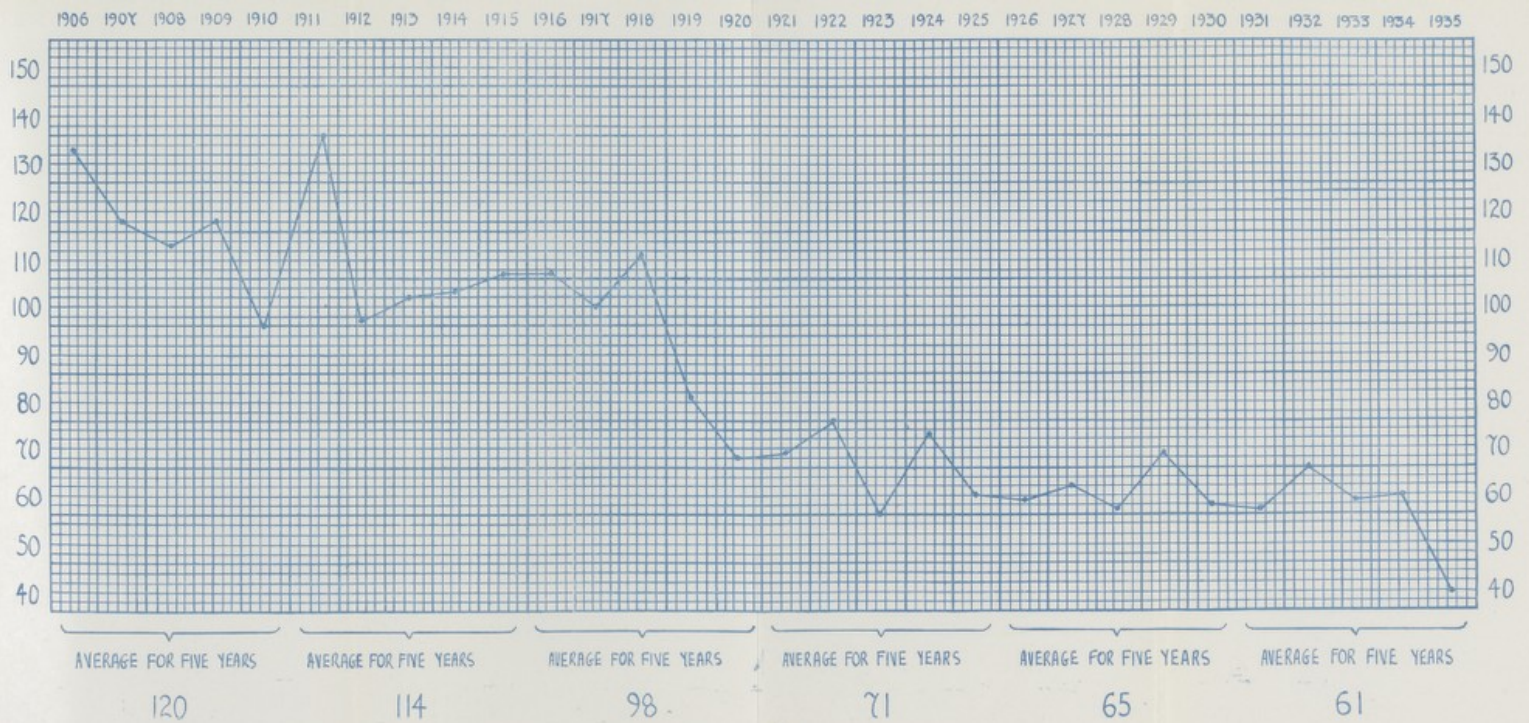
The number of deaths registered in the Borough during the year was 1,696, but of these 218 occurred in persons not belonging to the Borough, while the deaths of 1,436 residents of West Ham occurred in various institutions and districts elsewhere, making the total net deaths attributable to the Borough number 2,914, of which 1,551 were males and 1,363 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 10.7 per 1,000 of the estimated population. The Death Rate for the Great Towns was 11.8.

**Causes of Death at Different Periods of Life in the
County Borough of West Ham (Civilians only) during
1935**

Causes of Death.		Sex	All	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES		M.	1551	100	24	26	34	78	76	89	163	295	376	290
		F.	1363	91	22	25	34	58	77	76	123	195	282	380
1. Typhoid and Paratyphoid	...	M.	1	—	—	—	—	—	—	—	—	1	—	—
Fevers	...	F.	—	—	—	—	—	—	—	—	—	—	—	—
2. Measles	...	M.	2	—	1	—	1	—	—	—	—	—	—	—
	...	F.	3	—	1	2	—	—	—	—	—	—	—	—
3. Scarlet Fever	...	M.	4	—	—	1	3	—	—	—	—	—	—	—
	...	F.	2	—	1	1	—	—	—	—	—	—	—	—
4. Whooping Cough	...	M.	5	—	4	—	1	—	—	—	—	—	—	—
	...	F.	7	4	2	1	—	—	—	—	—	—	—	—
5. Diphtheria	...	M.	16	1	—	9	5	1	—	—	—	—	—	—
	...	F.	23	1	2	8	11	—	—	—	1	—	—	—
6. Influenza	...	M.	6	1	—	—	—	—	—	—	1	1	3	—
	...	F.	13	—	—	1	—	—	—	1	2	3	2	4
7. Encephalitis Lethargica	...	M.	3	—	—	—	—	—	1	1	1	—	—	—
	...	F.	1	—	—	—	—	1	—	—	—	—	—	—
8. Cerebro-spinal Fever	...	M.	4	—	1	—	1	1	—	1	—	—	—	—
	...	F.	2	—	1	—	1	—	—	—	—	—	—	—
9. Tuberculosis of	...	M.	128	—	—	—	1	21	25	22	24	27	8	—
Respiratory System	...	F.	96	—	1	—	3	26	32	13	7	9	4	1
10. Other Tuberculous	...	M.	21	1	1	4	1	4	4	1	2	3	—	—
Diseases	...	F.	5	—	1	—	1	3	—	—	—	—	—	—
11. Syphilis	...	M.	9	1	—	—	—	—	1	1	3	3	—	—
	...	F.	3	1	—	—	—	—	—	1	1	—	—	—
12. General Paralysis of the	...	M.	13	—	—	—	—	—	—	3	5	3	2	—
Insane, Tabes Dorsalis	...	F.	6	—	—	—	—	—	1	1	3	1	—	—
13. Cancer, Malignant Disease	...	M.	219	—	—	—	2	—	4	11	26	72	76	28
	...	F.	196	1	—	1	—	—	6	10	34	51	55	38
14. Diabetes	...	M.	14	—	—	1	—	—	—	—	1	6	5	1
	...	F.	27	—	—	—	—	—	—	—	2	6	17	2
15. Cerebral Haemorrhage, etc.	...	M.	93	—	—	—	—	—	2	—	8	17	41	25
	...	F.	84	—	—	—	—	—	—	—	4	22	22	36
16. Heart Disease	...	M.	374	—	—	—	2	7	5	13	28	65	119	135
	...	F.	378	—	—	—	1	8	10	14	27	45	103	170
17. Aneurysm	...	M.	11	—	—	—	—	—	—	1	3	5	1	1
	...	F.	1	—	—	—	—	—	—	1	—	—	—	—
18. Other Circulatory Diseases	...	M.	42	—	—	—	—	—	—	1	2	7	15	17
	...	F.	48	—	—	—	—	—	—	1	3	7	17	20
19. Bronchitis	...	M.	57	1	—	—	—	2	2	2	5	9	14	22
	...	F.	39	2	—	—	—	2	1	1	1	2	8	22
20. Pneumonia (all forms)	...	M.	90	21	8	2	1	3	—	3	10	16	15	11
	...	F.	82	16	9	4	1	—	4	4	8	8	12	16
21. Other Respiratory Diseases	...	M.	22	1	1	1	1	2	3	4	1	2	5	1
	...	F.	9	—	—	1	—	—	2	1	—	—	3	2
22. Peptic Ulcer	...	M.	31	—	—	—	—	1	4	4	7	11	4	—
	...	F.	7	—	—	—	—	—	—	2	2	2	1	—
23. Diarrhoea, etc.	...	M.	8	8	—	—	—	—	—	—	—	—	—	—
	...	F.	13	11	—	—	—	—	—	—	—	—	2	—
24. Appendicitis	...	M.	15	—	—	1	2	2	4	1	1	3	1	—
	...	F.	9	—	—	—	1	2	1	—	2	2	—	1
25. Cirrhosis of Liver	...	M.	6	—	—	—	—	—	—	—	—	1	5	—
	...	F.	3	—	—	—	—	—	—	—	—	2	—	1
26. Other Diseases of Liver, etc.	...	M.	2	—	—	—	—	—	—	—	1	—	1	—
	...	F.	8	—	—	—	—	—	—	1	3	2	—	2
27. Other Digestive Diseases	...	M.	28	1	2	1	1	2	3	3	3	2	7	3
	...	F.	24	2	1	1	2	2	1	2	3	2	4	4
28. Acute and Chronic Nephritis	...	M.	52	—	—	1	—	7	2	—	4	12	18	8
	...	F.	42	1	—	—	1	—	2	1	3	9	12	13
29. Puerperal Sepsis	...	F.	6	—	—	—	—	2	3	1	—	—	—	—
30. Other Puerperal Causes	...	F.	8	—	—	—	—	1	5	2	—	—	—	—
31. Congenital Debility, Prema- ture Birth, Malformations, etc.	...	M.	51	51	—	—	—	—	—	—	—	—	—	—
	...	F.	49	48	—	1	—	—	—	—	—	—	—	—
32. Senility	...	M.	13	—	—	—	—	—	—	—	—	—	2	11
	...	F.	32	—	—	—	—	—	—	—	—	—	3	29
33. Suicide	...	M.	23	—	—	—	—	—	2	4	8	5	3	1
	...	F.	8	—	—	—	—	—	1	5	1	1	—	—
34. Other Violence	...	M.	64	2	3	1	4	15	5	5	13	7	4	5
	...	F.	20	—	1	2	2	2	—	—	3	1	2	7
35. Other Defined Diseases	...	M.	122	11	3	4	8	9	9	8	6	16	27	21
	...	F.	108	4	1	2	10	9	8	14	13	20	15	12
36. Causes Ill-defined, or Unknown	...	M.	2	—	—	—	—	1	—	—	—	1	—	—
	...	F.	1	—	1	—	—	—	—	—	—	—	—	—

INFANTILE MORTALITY RATE.



Deaths in Public Institutions.

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

Deaths in Council's Institutions.

	Under 1 year	1 year & upwards
Whipps Cross Hospital	20	523
Central Home	—	386
Harold Wood Hospital	—	32
Dagenham Sanatorium and Hospital	—	58
West Ham Mental Hospital	—	63
Plaistow Fever Hospital	1	55
Forest Gate Hospital	12	25

Deaths in other Institutions.

	Under 1 year	1 year & upwards
Queen Mary's Hospital for the East End ...	15	82
St. Mary's Hospital, Plaistow	17	22
Plaistow Maternity Hospital	11	12
Royal Albert Dock Hospital	—	9
Children's Hospital, Balaam Street	16	5
Other places, e.g. Docks, etc.	—	4
Residents dying in outside Institutions	54	300
TOTAL ...	146	1576
Non-residents dying in West Ham Institutions	55	163
	91	1413
Net West Ham Deaths occurring in Institutions	1504	

The above figures show that over 51 per cent. of the deaths occurring in West Ham took place in public institutions.

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
1935	270,700	4,200	15.5	2,914	10.7	191	45

GENERAL PROVISION OF HEALTH SERVICES.

Convalescence.

Consequent upon the closing of Margate Home at the end of August, it was necessary to extend the arrangements in regard to cases needing convalescence already in force with the Invalid Children's Aid Association and the Invalid and Crippled Aid Society, to place all the children. I should like here to record my appreciation of the help given by these two voluntary bodies, over a long period of years.

Psychological Clinic.

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

The Nerve Clinic, which has now been in existence for three and a half years, continues to expand its activities in a satisfactory way. Since its inception, there has been a steady increase in the annual number of patients who have been referred for diagnosis and treatment. During the year 1935, some sixty-seven cases have been dealt with, an increase of 15 as compared with the previous year. Study of the statistics which follow, provide definite evidence that the Clinic is proving its worth in the prevention and treatment of nervous and mental disease.

Attention is again directed to the primary object of the Clinic. The organisation provides for the diagnosis, treatment and disposal of all forms of mental illness in adults, and in children. For general practitioners in West Ham, the Clinic also offers a consultant service. It is especially the purpose of the Clinic to make provision for the detection and investigation of EARLY cases of mental disorder. There are large numbers of men and women who suffer from "nerves," and who are relatively incapacitated socially and occupationally. This type of illness is amenable to psychological treatment in its early stages, but, if allowed to become chronic, is most resistant to all forms of therapy. For such "nerve" sufferers, the Clinic offers facilities for relief and cure by means of modern psycho-therapeutic methods. This aspect of the Clinic work has already achieved a considerable measure of success. It is to be noted that some 250 therapeutic interviews were given during the year.

An important feature of the Clinic activity has been the facilitating of the operation of the Mental Treatment Acts. One of the chief purposes of the Act was to empower Public Mental Hospitals to receive voluntary patients with the object of encouraging sufferers from mental disease to seek and obtain treatment in the early stages of their disease. Actually, twenty-two cases of serious mental disorder were investigated at the Clinic, and of these twelve were recommended and admitted to the Mental Hospital as Voluntary Patients. It is already apparent that this

practice is helping to break down popular prejudice against Mental Hospitals, which unfortunately still exists to some extent. When it is more generally appreciated that patients can go to the Mental Hospital of their own free will and leave when they so desire, and that they will receive treatment according to the best scientific methods of to-day, the Mental Hospital will come to be regarded as a Hospital in the true sense of the word, a place where patients are treated, healed, and cured.

As will be noticed from the statistics, a considerable proportion of the cases investigated at the Clinic were children. This is one of the most promising of the Clinic's activities, especially from the standpoint of mental hygiene. These problem and maladjusted children are the future neurotics, delinquents, and general social misfits, and their treatment and management constitute an urgent and vital need in any community. It was noticeable that the economic factor played an important part in the genesis of the nervous illnesses of many of the children examined at the Clinic. This was revealed in their malnutrition, and general debility. It requires little imagination to appreciate that bad or inadequate nutrition must inevitably adversely affect the mental constitution, and so foster those psychological difficulties which repercuss gravely in adult life. We have had the co-operation of the London Child Guidance Clinic in dealing with the treatment of stammering, the estimation of intelligence, and in treating cases which were beyond the resources of the Clinic.

Referrals to the Clinic as in past years have come chiefly from the general practitioners in West Ham, the Public Health Medical Staff, Court Probation Officers, Whipps Cross Hospital, and the Invalid and Crippled Children's Hospital. A certain number of patients discharged from the Mental Hospital have kept in contact with the medical staff through the Clinic, and this has constituted a valuable form of "after-care" treatment. To the various doctors in private practice and in the Public Health Service, who have co-operated with the Clinic, we offer our thanks and grateful appreciation.

Total number of new cases examined in 1935	67
Total number of consultations, therapeutic and diagnostic	302

Types of Mental Illness.

Psychoses—

Schizophrenia	6
Melancholia	12
Paraphrenia	2
Epilepsy	2
—	22

Psycho-Neurotic States—

Anxiety States	5
Neurasthenia	1
Depression	4
Acute Insomnia	1
—	11

Behaviour Problem and Maladjusted Children—

Anxiety ("Nerves," Morbid Fears, "Tantrums")	13
Enuresis (bed-wetting)	2
Stealing	2
Other behaviour Disorders (Abnormal conduct at home and school)	3
Hysteria	1
Educational Retardation	2
Stammering	2
Chorea	2
—	27

Congenital Mental Defect	7
--------------------------------	---

Results in Cases considered suitable for Treatment.

	Recovered	Relieved	Subsequent failure to attend	Still under treatment	No improvement
Psychoses	—	2	3	—	—
Psycho-neuroses	2	5	2	4	2
Behaviour Problems	2	8	3	3	1

Psychotic Patients admitted to Mental Hospital—

As voluntary patients	12
Recommended to be certified	1

Of these patients 9 have since been discharged "recovered" or "relieved."

Disposal of Children not considered suitable for prolonged Nerve Clinic Treatment—

Recommended to—

West End Hospital for Nervous Diseases	2
London Child Guidance Clinic	2
Residential School	1
Open-air School	3
School Clinic	1
Invalid and Crippled Children's Hospital	2
Special Mental Defective School	1

Insulin, Supply of.

A number of applications have been received from persons residing in the Borough, asking the Council on account of lack of means, to meet the cost of supplying the Insulin necessary for their treatment.

This matter has been carefully considered by the appropriate Committee, and it is now possible for certain necessitous cases approved by the Medical Officer of Health to obtain the necessary Insulin free of charge.

Laboratory Work.

The question of the establishment of a Pathological and Bacteriological Laboratory at Whipps Cross Hospital, as a part of the extension being carried out, is now receiving the attention of the Council.

At present there is no central Municipal Laboratory, though Bacteriological work is carried out at several of the Municipal Institutions.

At Plaistow Fever Hospital routine Bacteriological work is carried out, but in addition to this, medical practitioners may have a report upon any case of suspected diphtheria, typhoid, or cerebro-spinal fever.

Specimens of sputum submitted for examination as to the presence of the tubercle bacillus, are dealt with by the Tuberculosis Officer at the Tuberculosis Dispensary in Balaam Street.

Samples of graded milk, ordinary milk, and various other articles are sent for Bacteriological examination to Queen Mary's Hospital, Stratford, E.15.

A part-time Analyst is employed by the Council, and he carries out the analysis of samples of water, milk, and various foodstuffs. He is also the Analyst under the Fertilisers and Feeding Stuffs Act, 1926.

An arrangement is in force between the West Ham Insurance Committee and Queen Mary's Hospital, by which facilities are granted to any general practitioner on the Panel to have a pathological report upon any case, or material, if considered necessary.

AMBULANCE SERVICE.

Ambulances are available for use by the Burgesses, under certain qualifying conditions, viz. :—

Whipps Cross Hospital (Public Assistance Committee)	5
Plaistow Fever Hospital (Hospitals Committee)	2
Public Health Committee and Highways Committee	3
(For street and other accidents, maternity cases, etc.)	

The two ambulances under the control of the Public Health Committee made 2,171 journeys during the year. The number of persons conveyed from one address to another in the district was 1,223, and 948 persons were taken from one 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.

Notices giving particulars regarding the use of the ambulances are exhibited in Fire Stations, Schools, and other buildings; also, the police are fully conversant with the arrangements in force, and often themselves get in touch with ambulance stations.

There are reciprocal arrangements in force with the County Borough of East Ham, and with 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 in commission.

The journeys made under these arrangements are as under :—

In thirteen cases the East Ham Ambulance was used for the removal of West Ham cases, and in 32 instances the West Ham Ambulance was used to remove East Ham cases.

An inter-working arrangement is also in force between West Ham Council and the London County Council.

The present service seems to be quite sufficient to cope with the work. Of course, now and again both of the Council's Ambulances are out when a call is made, but this difficulty is easily overcome owing to the existence of reciprocal arrangements, as mentioned, being in operation.

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

There is an additional ambulance stationed at the Fire Station in the Silvertown area, which is available daily between the hours of 7 a.m. and 11 p.m. This ambulance is used mainly for cases occurring in factories in the Silvertown district, and a number of factory owners contribute funds towards the upkeep of this amenity. There were 127 journeys made by this vehicle during the year.

Professional Nursing in the Home.

The Council has no staff for carrying out professional nursing in the homes, except the two nurses who are wholly employed by the two whole-time District Medical Officers. From the voluntary associations an adequate supply of competent nurses is available at any time, and they consistently carry out a tremendous amount of good work in nursing necessitous cases. The fullest co-operation is maintained between these Societies and the Council, both as regards home nursing and health visiting. The Essex County Nursing Association, from their branch in Beechcroft Road, Leytonstone, supplies the Forest Gate section of the Borough with home-nurses, and the Silvertown area is similarly supplied through the Tate Nurses (Queen's Nurses) Nurses' Home, Saville Road, Silvertown. The greater part of nursing in the homes is conducted through the Plaistow Maternity Charity, which provides a training school for District Nurses and a maternity hospital.

There are no Municipal arrangements for the nursing of infectious diseases in the home. All cases requiring hospital treatment are if practicable removed to the Council's Isolation Hospital.

Maternity and Nursing Homes.

There are three registered homes in the Borough (see page 59).

School Clinics and Treatment Centres.

School Clinics.

Stratford Clinic, 84 West Ham Lane, Stratford, E.15.	2 Dental Clinics 1 Minor Ailment Clinic 1 Ophthalmic Clinic
Balaam Street Clinic, Plaistow, E.13.	1 Minor Ailment Clinic 1 Dental Clinic
Rosetta Road Clinic, Custom House, E.16.	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, E.13 (see pages 115-118).

Maternity and Child Welfare Clinics.

See page 55, Maternity and Child Welfare Section.

Hospitals.

Infectious Diseases.

(1) Plaistow Fever Hospital has available 210 beds for the treatment of cases of scarlet fever, diphtheria, enteric fever, severe cases of measles, or whooping cough, pneumonia, tubercular peritonitis and encephalitis lethargica; also cases of puerperal pyrexia and puerperal fever, are treated at this hospital. There are in addition isolation beds for mixed cases. The number of beds allocated to any particular complaint is varied from time to time in accordance with the demand owing to any specific epidemic.

(2) The Children's Hospital, Harold Wood, has accommodation for 200 cases. This accommodation is still being used by the Public Assistance Committee for the treatment of chronic sick adult cases, with the exception of 20 beds reserved for children convalescing from diphtheria.

Smallpox.

(3) Dagenham Smallpox Hospital, which was originally built for 300 cases of smallpox, is still being used for the treatment of 128 adult cases of pulmonary tuberculosis.

Arrangements are still in force with the London County Council for the removal, in the event of an outbreak, of all cases of smallpox occurring within this area.

Tuberculosis.

Dagenham Hospital and Sanatorium.

(4) This institution is being used for the treatment of 128 adult cases of pulmonary tuberculosis. (See also pages 119-121).

Langdon Hills Sanatorium for Children.

(5) This institution has accommodation for 40 children suffering from pulmonary tuberculosis. (See pages 122-123).

Surgical Tuberculosis.

Cases of 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 institution is the property of the West Ham Council, but is situated in Leyton.

The complete plans in connection with the scheme for the provision of an additional 500 beds have been finally approved by the Ministry of Health. The preparation of specifications and quantities is now being carried out, and it is hoped that tenders for the carrying out of the work will be considered about July next.

The scheme when completed will actually provide for 504 beds as follows:—

16 Wards with 24 beds each
32 Wards with 2 beds each
32 Wards with 1 bed each
Isolation Block with 24 beds.

There will also be a new Operating Theatre, new Receiving Block, additions to Kitchen, extension of Laundry, extension of Mortuary; also a new residence for five Medical Officers.

The building of a Nurses' Home and Maids' Quarters, mentioned in my report of 1934, is proceeding satisfactorily.

Forest House.

(7) Forest House is in the same ground as Whipps Cross Hospital, although in a separate curtilage. There are 396 beds for aged men and for cases of epilepsy and those certified under Section 24 of the Lunacy Act, 1890; in addition, Forest House Cottages, with 90 beds occupied by aged women, is an annexe to Forest House.

Forest Gate Hospital.

(8) This institution is owned by the West Ham Council, and is situated within the Borough. The Hospital provides for cases of chronic sick, and in addition has 40 maternity beds, and also has provision for 75 mental defectives classified as under.

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

The institution is approved by the Board of Control for the reception of mental defectives.

Central Home Institution.

(9) This home is situated within the Borough of Leyton, and is owned by the Council. It is registered for 1,807 people, composed of chronic sick patients and able-bodied adults.

Margate Convalescent Home.

(10) The above-mentioned home, which had been in use for a great number of years, and belonged to the old West Ham Board of Guardians, was closed on 31st August this year, owing to the premises having proved to be quite unsuitable for an up-to-date convalescent home.

Consequent upon this closure, arrangements were made to send cases of convalescence away through two voluntary associations in the Borough.

Other Hospital Facilities.

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

Orthopaedic treatment is carried out at the Children's Hospital, Balaam Street, and at the Brookfield Hospital, Walthamstow. (See pages 60-61).

Cases of Ophthalmia Neonatorum are treated at St. Margaret's Hospital, an Institution belonging to the London County Council. Surgical Tuberculosis is treated at various institutions in London and elsewhere.

Voluntary Hospitals.

Queen Mary's Hospital, West Ham Lane, E.15.

St. Mary's Hospital, London Road, E.13.

Albert Dock Hospital, Connaught Road, E.16.

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

Plaistow Maternity Hospital, Howards Road, E.13.

Open-Air Schools.

(12) There are two Open-Air Schools, one at Fyfield (Residential), near Ongar, to accommodate 80 boys and 60 girls; and one within the County Borough of West Ham, at Crosby Road (Day), for 60 children. (See pages 165-169.)

Vaccination Acts, 1867 to 1898.

The following is a summary of the work carried out under the above mentioned Acts during the year 1935:—

No. of Cases in Birth Lists received during the year	...	5401
No. of Certificates of Vaccination received	... ..	1272
No. of Certificates of Postponement owing to—		
Health of Child	... ..	329
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	...	2950
No. of Certificates of Insusceptibility or of having had Smallpox	... ..	12
No of Cases—		
Parents removed out of District	... ..	841
Otherwise not found	... ..	270
No. of Entries in Lists sent to Public Vaccinators	....	1320

Shops Acts, 1912-1934.

The Shops Act, 1934, which gives effect to certain of the recommendations made by the Select Committee on Shop Assistants constituted in November, 1930, came into operation on 30th December, 1934. A summary of the principle provisions of the Act was given in my Report for 1934.

It will be appreciated that the Act places new and heavy responsibilities on the Council. In carrying out their duties, the Shops Inspectors have found that a considerable number of shopkeepers need instruction and supervision in the keeping of the prescribed records. Theatres and other places of entertainment have to be visited to ensure that the Act is complied with as regards the employment of young persons in the retail trade. The enforcement of the provisions of the Act with regard to lighting and facilities for washing, which apply to all shops where assistants are employed, and in certain circumstances facilities for taking meals, are duties which add considerably to the work of inspection. In addition, there are a number of minor matters needing attention, which necessitate much time being spent in making the provisions of the Act known.

The total number of visits made by the Shops Inspectors during the year was 7,744, and 3,626 infringements were detected. The majority of these were minor irregularities, in respect of which 2,240 verbal cautions were given. In cases of a more persistent nature, 299 written warnings were issued, and in 38 cases it was found necessary to institute legal proceedings (see page 78).

SHOPS ACTS.

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

Summary of Shops Visited during the Year 1935.

Principle Trade.	No. of Visits.	INFRINGEMENTS.						Y.P.s working after hours.	WARNINGS.		Refused to serve after hours.	Summonses.
		Notices NOT exhibited.				Open after Hours.	Verbal.		Letters.			
		H-H	K	E or F	H or J							
Bakers.....	366	51	22	26	28	24	6	100	17	40	—	
Boots and Shoes.....	157	58	1	14	13	9	7	92	4	8	—	
Builders' Merchants.....	49	8	—	2	4	2	2	14	1	2	—	
Butchers.....	416	27	22	30	32	48	7	153	11	103	—	
Caterers.....	202	14	15	18	19	—	8	24	7	—	—	
Carpets, Rugs and Linos.....	24	1	2	4	4	4	—	7	—	2	—	
Chemists and Druggists.....	203	18	13	13	14	12	3	35	5	33	—	
China and Glass.....	83	5	1	3	4	2	—	10	4	11	—	
Clothiers.....	141	21	—	18	17	34	5	35	6	10	—	
Confectionery and Tobacco.....	873	28	18	30	32	152	29	242	49	259	23	
Corn Merchants.....	83	9	4	20	23	2	4	36	10	11	—	
Cycle Dealers.....	84	10	—	5	6	6	1	10	1	4	—	
Domestic Stores.....	151	19	8	10	10	29	5	39	2	17	—	
Drapers, Milliners, etc.	669	60	48	42	42	81	14	193	20	81	—	
Fishmongers.....	288	33	10	25	30	43	6	102	3	31	—	
Florists.....	62	9	9	7	10	4	—	15	2	3	—	
Fruiterers and Greengrocers....	621	65	4	24	30	111	2	140	23	68	—	
Furniture Dealers.....	132	30	7	22	24	21	4	53	5	11	—	
Furriers.....	13	1	2	—	—	—	—	2	—	—	—	
Grocers, General, etc.	903	90	40	85	92	196	37	335	66	308	9	
Hairdressers and Barbers.....	433	80	19	60	54	39	2	179	10	21	1	
Hosiers and Hatters.....	125	10	5	8	7	22	1	18	3	19	1	
Ironmongers.....	33	2	—	1	2	3	—	3	—	2	—	
Leather and Harness Makers.....	58	2	—	3	5	4	—	6	1	5	—	
Live Stock.....	24	2	—	—	—	1	—	2	—	—	—	
Mixed.....	525	41	39	18	21	95	7	91	19	275	1	
Music.....	50	4	2	4	4	6	2	9	1	5	—	
Newsagents and Stationers.....	105	10	5	7	7	18	1	22	3	10	—	
Opticians.....	33	4	2	6	5	1	—	12	1	—	—	
Photographers and Pictures.....	48	3	2	1	1	2	—	4	—	6	—	
Public Houses.....	162	19	18	—	—	—	—	19	5	—	—	
Tailors.....	233	21	—	31	27	30	8	65	9	25	—	
Toys and Fancy Goods.....	129	6	5	11	7	33	2	48	5	25	—	
Undertakers.....	20	—	—	—	—	—	—	—	—	—	—	
Watchmakers, Jewellers and Pawnbrokers.....	93	11	3	28	28	4	2	41	1	4	—	
Wireless and Electrical.....	153	16	8	36	34	44	9	84	5	45	3	
Totals :—	7744	788	334	612	636	1082	174	2240	299	1444	38	

H-H (Half-Holiday)

K (Seats for females)

E or F (Hours worked by Young Persons)

H or J (Abstract of Act 1934)

For results of Police Court Proceedings see pages 42, 78.

Particulars of Bodies Received into the Mortuaries during 1935.

MONTHS.	STRATFORD MORTUARY.											CANNING TOWN MORTUARY.									
	Number received.	No. of Inquests held on Bodies remaining in 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 ...	18	4	15	7	21	1	17	5	...	14	10	1	1	...	...	1	...	1	...	1	...
February ...	5	4	8	1	7	2	5	4	...	3	6	...	...	...	...	...	...	...	...	...	...
March ...	11	2	6	7	12	1	8	5	...	10	5	2	1	1	2	...	1	...	1	1	...
April ...	16	3	15	4	15	4	16	3	...	14	6	1	1	...	1	...	1	...	...	1	...
May ...	9	2	8	3	9	2	4	7	...	4	8	1	1	...	1	...	1	...	...	1	...
June ...	10	5	12	3	14	1	9	6	...	8	10	...	...	...	...	...	...	...	...	...	...
July ...	7	2	7	2	9	...	5	3	1	6	4	1	1	...	1	...	1	...	...	...	1
August ...	9	1	8	2	8	2	6	4	...	5	6	1	1	...	1	...	1	...	...	1	...
September...	14	3	14	3	15	2	15	2	...	9	10	...	...	...	...	...	...	...	...	...	...
October ...	11	1	6	6	12	...	11	1	...	8	4	4	4	...	3	1	3	1	...	4	...
November...	14	2	9	7	13	3	15	1	...	9	7	3	2	1	3	...	2	1	...	2	...
December ...	23	3	13	13	26	...	23	3	...	22	5	3	2	1	2	1	3	...	...	3	...
Total ...	147	32	121	58	161	18	134	44	1	112	81	17	14	3	14	3	13	3	1	14	1
Grand Total	179		179		179		179					17	17		17						

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	... ..	1395	....	3107	....	3626
Total No. of cases seen	...	6166	....	17595	....	9393
No. referred by Relief Sub-Committees	... ..	380	....	408	....	416
Attendances at Surgery	...	6402	....	17011	....	7318
Sent to Institutions:—						
Voluntary Hospitals	... ..	4	....	10	....	8
Whipps Cross Hospital	...	176	....	271	....	186
Mental	... ..	3	....	7	....	0
Otherwise	... ..	3	....	1	....	0
Central Home	... ..	76	....	93	....	4
Forest House	... ..	2	....	3	....	0
Forest Gate Hospital	...	2	....	6	....	2
Aldersbrook Homes	...	—	....	—	....	—
Plaistow Hospital	....	2	....	5	....	80
Discharged as no longer in need of treatment	...	781	....	1324	....	2045
New cases seen at Domiciliary visit	... ..	388	....	1027	....	1431
Fresh cases transferred from						
(a) Institutions	... ..	2	....	16	....	14
(b) General Practitioners	...	1	....	2	....	0
Total No. of Domiciliary visits	... ..	1357	....	4740	....	3691
Visits paid by District Nurse		201	....	3198	....	2052
Deaths	... ..	10	....	44	....	5
Total No. on register as receiving treatment from D.M.O. on 28/12/35		234	....	648	....	283
Prescriptions made up	...	7622	....	22908	....	7878

FOREST GATE HOSPITAL.

	MEN			WOMEN			CHILDREN			Total
	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	
Admitted	1	17	37	828	21	25	635	28	7	1599
Discharged	1	19	30	826	30	22	638	17	11	1594
Admitted by means of :—	MEN			WOMEN			CHILDREN			
Relieving Officer and District Med. Officer ...	3			46			1			50
Gen. Practitioner and Relieving Officer ...	3			39			7			49
Relieving Officers	—			328			7			335
M.O.H. and Relieving Officers	—			137			—			137
Otherwise ...	1			9			8			18
Transferred from other Institutions ...	43			147			30			220
Med. Superintendent ...	4			177			5			186
No. of infectious cases ...	—			—			—			—
Transferred to other Institutions ...	38			57			23			118
Deaths ...	—			73			20			93
Total No. of sick cases in the Home on 28/12/35	141			473			110			732
Total No. of maternity patients in the Home ...	—			42			28			70
No. of vacant beds on 28/12/35	1			28			Cots in Maternity Wards and Mothers' Nursery			29 + Cots

WHIPPS CROSS HOSPITAL.

	MEN			WOMEN			CHILDREN			Total
	Acute	Sub-acute	Chronic	Acute	Sub-acute	Chronic	Acute	Sub-acute	Chronic	
Admitted	3540	—	52	3759	—	54	1659	—	—	9064
Discharged	2941	—	61	3280	—	75	1572	—	—	7919
Seen as out-patients ...	469	—	215	117	—	2	151	—	—	954
Not admitted	418	—	28	148	—	14	142	—	—	750
Admitted by means of :—	MEN			WOMEN			CHILDREN			
Relieving Officer and District Med. Officer ...	265			360			273			898
Gen. Practitioner and Relieving Officer	2837			3060			1224			7121
M.O.H.	3			5			12			20
Otherwise	9			6			2			17
Transferred from other Institutions	170			203			98			471
Police (not accidents) ...	104			65			3			172
Accidents	100			58			50			208
Med. Superintendent ...	110			51			26			187
No. of infectious cases ...	299			213			110			622
Transferred to other Institutions	235			272			143			650
Deaths	616			450			118			1184
Total No. being treated in hospital on 28/12/35 ...	298			304			228			830
No. of vacant beds ...	—			—			—			
No. of cases seen by Consultants... 3784	Gynaecologist			114	No. of cases allocated to :—			X-Ray :		
Ophthalmic	Surgeon			269	West Ham			West Ham		
Aural	Neurologist			178	Essex			Essex		
Light	Dentist			288	East Ham			East Ham		
	Urologist			244	504			1459		
								1424		
								552		

CENTRAL HOME.

	MEN			WOMEN			CHILDREN			Total
	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	
Admitted	856	5	10	981	9	5	7	—	—	1873
Discharged	849	6	11	944	7	5	7	—	—	1829
Refused admission ...	—	—	—	—	—	—	—	—	—	—
Admitted by means of:—	MEN			WOMEN			CHILDREN			
Relieving Officer and District Med. Officer ...		75			123			1		199
Gen. Practitioner and Relieving Officer		549			603			1		1153
Gen. Practitioner & D.M.O		—			—			—		—
M.O.H.		—			1			—		1
Otherwise		36			24			2		62
49 Transferred from other Institutions		207			239			2		448
Med. Superintendent ...		—			—			—		—
No. of infectious cases ...		2			6			14		22
Transferred to other Institutions		146			244			5		395
Deaths		538			415			—		953
Total No. of sick cases in the Home on 28/12/35		389			453			—		842
Total No. of able-bodied in the Home on 28/12/35		360			319			—		679
No. of vacant beds on 28/12/35		134			46			—		180

FOREST HOUSE.

	MEN			WOMEN			CHILDREN			Total
	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	
Admitted	—	—	—	—	—	—	—	—	—	—
Discharged	—	5	2	—	—	—	—	—	—	7
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	28			—			—			28
Med. Superintendent ...	—			—			—			—
No. of infectious cases ...	—			—			—			—
Transferred to other Institutions	19			—			—			19
Deaths	—			—			—			—
Total No. of sick cases in the Home on 28/12/35	68			—			—			68
No. of vacant beds on 28/12/35	5			—			—			5

MATERNITY AND CHILD WELFARE.

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

Notification of Births.

The birth rate for 1935 was 15.5, being a decrease of .1 compared with the rate for 1934.

The total number of notified births was 5,314, of which number there were **5,158 live births** and **156 still births**.

Births notified by doctors and parents	1069
Births notified by midwives	4245

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

1931	1932	1933	1934	1935
5266	4980	4406	4470	4200

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-one 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, provision of free meals (since January, 1936), and hospital facilities for confinement in cases where such help is indicated.

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	5115	19610
(b) To children under one year of age....	5599	38067
(c) To children 1-5 years of age	1293	48277
* (d) Infant Life Protection visits	50	389
* (e) Special visits (Home Helps, etc.)	—	11108
Total Visits		117451

* 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, or are sent by the Health Visitors: a number also report on the advice of friends and other mothers who have attended the Clinic. 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.

Antenatal supervision is definitely regarded as the normal procedure by expectant mothers in this Borough, and it is rare for either Midwife or Health Visitor to encounter opposition to this supervision.

Dental treatment has been provided at the Council's Maternity and Child Welfare Clinics for the last six years for expectant and nursing mothers and for the pre-school child. The decision of the Council in February, 1935, to assist the women in the provision of dentures after extractions has proved invaluable in augmenting

Home Helps.

There has been no alteration in the Home Help Scheme, which is of great value to the 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 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 is of 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 975, of this number 761 were eligible, 149 were ineligible (i.e. did not fall within the Council's scheme as regards income).

In 65 cases the applications were cancelled by the applicants.

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 1935, 89 midwives notified their intention to practise midwifery; at the end of the year it was found that 57 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, nor for any doctor obtaining a trained maternity nurse to assist him in his midwifery cases.

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	5	Mon., Tues., Thurs., 2 p.m. Tuesday, 9.30 a.m. Friday, 9.30 a.m.	26.0	43.6	26.0	37.7	Dr. Helen Campbell
*Forest Gate Municipal Clinic, Forest Street ...	4	Tuesday, 9.30 a.m. Tues., Wed., Thurs., 2 p.m.	15.0	41.5	14.4	27.5	Dr. Charlotte Forsyth Dr. Muriel Prout
*Grange Road Municipal Clinic	3	Wednesday, Friday, 2 p.m. Wednesday, 9.30 a.m.	13.0	36.5	12.9	29.9	Dr. Helen Campbell. Dr. Charlotte Forsyth Dr. Muriel Prout
*Maybury Road Municipal Clinic	4	Monday, 9.30 a.m., 2 p.m. Friday, 9.30 a.m. Thursday, 2 p.m.	21.1	35.2	21.1	26.1	Dr. Charlotte Forsyth Dr. Angel Crawford
Silvertown Municipal Clinic	2	Wed., 10 a.m. and 2 p.m.	5.2	37.4	5.2	35.6	Dr. Charlotte Forsyth
*Chesterton House Centre	6	Wed., Thur., 11 a.m. & 2.30 p.m. Mon., Fri., 1.30 p.m.	132.0	85.7	79.7	16.3	Dr. Flora Hogg & Dr. Peter Kennedy.
Docks Centre, Hoy Street	5	Daily, 2 p.m.	49.0	78.3	18.2	20.2	
Martin Street Clinic ...	1	Thursday, 3.30 p.m.	26.4	40.9	9.0	10.5	
South West Ham Health Society Clinic, Lees Hall	3	Tues., Wed., and Thurs., 1.30 p.m. fortnightly	31.0	50.2	16.4	24.7	Dr. J. Lorimer Hawthorne.
Trinity Mission Centre, Oxford Road	2	Wed. and Thurs., 1.30 p.m.	—	51.5	—	27.1	Dr. Jean Edwards
Stratford Day Nursery Centre, Welfare Road...	2	Mon. & Friday, 1.30 p.m.	—	35.4	—	20.8	Dr. Dorothea Brooks
Given Wilson Institute, Pelly Bridge	1	Mondays, 2 p.m.	—	47.1	—	29.5	Dr. Eva Morton.

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

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

(a) As midwives	2012
(b) As maternity nurses	214

Medical aid was summoned under Section 14 (1) of the Midwives' Act, 1918, in 489 cases.

The number of births notified by midwives (i.e. by midwives practising in local maternity hospitals and in the district) = 4,245, which is equivalent to **79.8% of the total notified births.**

In September, 1935, the Council agreed to subsidise the district midwives in respect of patients attending the Antenatal Clinics, and who were transferred subsequently for confinement to hospital for medical reasons on the recommendation of the Medical Officer of the Clinic. This scheme was brought into operation in October, 1935; one claim was submitted during 1935.

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.

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 and chemical examination, with satisfactory results.

During 1935 approximately 108 tons have been distributed under the Council's Scheme.

Free Meals for Expectant and Nursing Mothers.

This additional scheme to provide help for necessitous mothers was approved by the Council in October, 1935, but actually came into operation in January, 1936.

The scheme provides for a free dinner daily (including Sundays and all public holidays) to necessitous expectant mothers from the commencement of the fifth month of pregnancy, and to all mothers who are breast-feeding their infants.

By agreement with the Education Committee, it has been possible to arrange for the mothers to attend the various School Dining Centres, of which there are eleven, so situated as to be accessible to all areas of the Borough. The mothers attend at a time separate from the school children. The menus are varied and well balanced. Special diet is arranged where such is indicated by the report of the Clinic Medical Officer.

Application for this help is made to the Medical Officer of Health, and must be accompanied by a medical certificate from the Clinic Medical Officer. A patient cannot receive this help unless she attends a Clinic in the Borough, and she is required to present herself to the Clinic Medical Officer at least once every four weeks in order that her circumstances may be reviewed before sanctioning a continuance of this help.

This scheme has already established itself as a popular and necessary adjunct to the Council's work for mothers; the benefits to the health of the mothers and their infants are indisputable, as, in the majority of homes where the income is small, it is the mother who deprives herself for the sake of the other members of her family.

Hospital Accommodation.

There are two large Voluntary Maternity Hospitals in the Borough which are subsidised by the Council for the provision of maternity beds for women resident in West Ham, viz.: Plaistow Maternity Hospital, Plaistow, E.13, and Queen Mary's Hospital, Stratford, E.15.

In addition there are 46 beds available in the Maternity Wards of Forest Gate Hospital, Forest Lane, E.7, an Institution administered by the Public Assistance Committee of the Council. There is a very close co-operation between the staff of this hospital and the staff of the Municipal Antenatal Clinics; the majority of patients who wish to enter Forest Gate Hospital for confinement now attend one or other of the Council's Clinics for antenatal care: indeed, arrangements for admission are usually made through attendance at a Clinic. A report of each patient is sent to the Medical Superintendent of Forest Gate Hospital before the patient enters for confinement, with details of her condition throughout pregnancy. Pupil midwives from Forest Gate Hospital attend weekly at two of the Municipal Antenatal Clinics.

Convalescence for Nursing Mothers and their Infants.

For several years this scheme has been in operation, but with the development of the Maternity Services in the Borough it was felt that the number of beds available, viz. two beds, was inadequate. Accordingly in February, 1935, the Council agreed to augment this scheme, whereby it is now possible to send away each fortnight throughout the year four mothers with their young

infants, three to "Child Haven," Brentwood, the convalescent home of the West Ham Central Mission, and one to the London Mothers' Convalescent Home, Sunningdale.

The mothers are recommended from the various Clinics in the Borough and by the Health Visitors; each mother is examined prior to being sent away by the Senior Assistant Medical Officer for Maternity and Child Welfare. A report is received from the Matron-in-charge of each home on the discharge of the patients, with details as to progress of mother and baby while away.

To the women who are fortunate enough to receive this help, the holiday comes in the early weeks after confinement at a time when it is most needed. The complete relaxation and opportunity for rest, the freedom from worry, good diet, and the change of surroundings, not only restore the physical health of the mothers, but awaken their interests to new ideas and ideals.

This scheme may appear small in comparison with other activities, but it is, nevertheless, a highly important service in promoting the welfare of the mothers; it is appreciated not only by the mothers themselves but equally by those who are engaged in work at the Clinics and in visiting the homes.

During 1935 it was possible to send away under the scheme 85 mothers with their infants, of whom 68 went to "Child Haven," and 17 to Sunningdale.

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. This agreement took effect on 1st January, 1935, and is proving satisfactory.

During 1935, 35 women were referred by Medical Officers of the various Clinics for advice regarding Birth Control.

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.

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.

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 1935 there were 7,146 total attendances, making an average daily attendance of 31 children. The Association makes a daily charge of 8d. per child, which includes three meals.

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, or for debility after an acute illness: 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	118
Total attendances for treatment	2190
(2) Day Nursery Clinic. (3 sessions per week)	
Total number of new cases	117
Total attendances for treatment	3793

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 dietetic 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	269
Children's Hospital, Balaam Street :		
(a) Babies' Ward	16	178
(b) Orthopaedic Ward	4	21

Convalescent Homes for Children under 5 years of age.

Young children referred for convalescence are sent to Homes through the aid of the Invalid Children's Aid Association and the Invalid and Crippled Children's Society. The children are all examined prior to convalescence by one of the Council's Medical Officers.

During 1935, 336 children were sent to various Homes for periods from one to three months: the number is an increase of 108 over that number for 1934. This service has grown tremendously in recent years with the establishment of more Infant Welfare Centres, whereby many more children now receive medical supervision and examination.

It is found that convalescence in the case of young children is more frequently required for such chronic ailments as malnutrition, anaemia, rickets, general debility, than for debility following an acute illness. The children are more often recommended from Infant Welfare Centres than from private doctors or Medical Officers of Hospitals.

In some cases the cause of malnutrition, failure to gain weight, anorexia may be definitely attributed to an acute infection, but in the large majority the history is simply that the child has not been well for some weeks, is fretful, and refusing food. The mother becomes worried, which in turn affects the child, hence a vicious circle is set up. The only remedy is to remove this child from the care of its mother for a period of several weeks, not to a hospital, but to a convalescent home with its regular,

orderly routine. The staff at the Homes for toddlers should be not only adequate in number but competent by training to deal with the child's needs, physically, mentally and psychologically. The regular life, discipline and companionship of other children of the same age exert a wonderful effect, so that there is a steady return to good health. Fresh air, a good, well-balanced diet, and long periods of rest play no small part in this improvement. In their own homes many of these small children do not have sufficient rest at night, and the daily rest is generally foregone after the first two years of life.

In the treatment of early Rickets with complicating deformities such as bowlegs, good surroundings and suitable diet with additional rest will cure the condition effectively. Money spent by any authority in sending a case of Rickets to a Convalescent Home for a prolonged period will be repaid in saving the cost of orthopaedic treatment later; in this way, too, the child leads a healthy, normal life, free from the physical and mental distress occasioned by the necessity perhaps for operative treatment or the wearing of unsightly surgical splints.

In a poor district with overcrowded home conditions and considerable unemployment, there will always be a need for convalescent treatment as an important adjunct in the Maternity and Child Welfare Services of the area. The resulting benefits are permanent in many cases, particularly where the mother is willing to co-operate and to continue as far as possible the regular ways developed in the child while at a Convalescent Home.

For the after-treatment in young children of pneumonia, acute bronchitis, bronchiectasis after whooping cough, or pulmonary congestion after measles, there is no remedy so effective in completely clearing up the pulmonary condition as prolonged convalescence, whereby the general resistance of the child to subsequent infection, such as tuberculosis, is also greatly increased.

Children and Young Persons' Act, 1932.

Foster Children.

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

Before the foster mother's application is approved, a detailed enquiry is made by the Infant Life Protection Visitor of the district, and in all those cases that are known to the Public Assistance

Officer a report is received in regard to home and economic conditions. The register of cases notified as suffering from Tuberculosis is consulted in order to eliminate any possibility of introducing a child into an infected family.

The foster mother must comply, if registered, with all rules under this Act and 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 Visitors at least once every two months.

In no case was legal proceedings taken in 1935.

At the end of 1935 there were 42 foster-mothers on the Register, and 42 children registered as foster children.

Registration was refused to two applicants on the grounds of unsatisfactory home conditions.

OPHTHALMIA NEONATORUM.

During 1935 there were 17 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 = 17.
Total West Ham residents = 15.
Number of cases treated at home = 11.
Number of cases treated in hospital = 6.
Vision unimpaired = 17.
Number of deaths = 1.
(Cause of death = Marasmus.
Age at death = 3 months.)

Pemphigus Neonatorum.

There was no case of this disease notified to the Medical Officer of Health during 1935.

Puerperal Fever and Puerperal Pyrexia.

Nine cases of Puerperal Fever and 49 cases of Puerperal Pyrexia were notified to the Medical Officer of Health; this represents 1.5 per 1,000 notified births in regard to Puerperal Fever, and 9.0 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 Associations in the Borough.

	Where Nursed		Result	
	Home	Hospital	West Ham Residents.	
			Recovered	Died
Puerperal Fever	0	9	7	2
Puerperal Pyrexia	19	30	29	4

Infantile Mortality.

The Infantile Mortality Rate for 1935 is 45.4 per 1,000 births, being a decrease of 20.1 per 1,000 compared with 1934.

This rate is the lowest on record in West Ham, and compares very favourably with the rate of 62.0 per 1,000 for the 121 Great Towns.

The total number of deaths under one year was 191 (100 males, 91 females), of which number ten deaths occurred in illegitimate infants.

Table shewing Notified Causes of Deaths under one year of age.

Congenital debility, prematurity, malformation, etc.	99
Pneumonia and Bronchitis	41
Diarrhoea, digestive disturbances	22
Syphilis	2
Malignant disease	1
Nephritis	1
Whooping Cough	4
Diphtheria	2
Influenza	1
Tuberculosis (non-pulmonary)	1
Violence	2
Other defined diseases	15
Total	191

There is a considerable reduction in the number of deaths from Pneumonia as compared with 1934, when there was a severe Measles epidemic with deaths from secondary Broncho-Pneumonia.

In the absence, however, of an epidemic of measles and whooping cough, the percentage of deaths in young infants from acute respiratory infections is unduly high, being 21.4%. Broncho Pneumonia always exacts a heavy toll in causing deaths of children below one year of age. At the ordinary infant welfare sessions it is very common to find infants suffering from bronchitis and bronchial catarrh, especially associated with the eruption of the first teeth. Probably more infants are referred to hospitals or to private doctors from the Centre for treatment for this condition than for any other disease. There is a tendency on the part of the mothers to accept this sub-acute or chronic bronchial infection as an inevitable accompaniment of dentition, and, indeed, of infancy. The condition is either not treated, or the infant is unwisely over-treated with many and varied remedies recommended by friends and neighbours, so that there results not only a chronically inflamed respiratory tract, but a general lowering of resistance of the patient to subsequent acute infections.

No fewer than 51.7% of the infantile deaths in 1935 were due to causes such as congenital debility, prematurity, marasmus, malformation; neonatal deaths remain high in spite of improved care of the mothers during pregnancy and labour, and of the infants in the early days and weeks after confinement.

Of the 191 deaths under one year of age, no fewer than 88, or 46.1 per cent., occurred in infants within the first four weeks of life.

The following Tables indicate clearly that there is much research required into the causes and prevention of premature labour, before it will become possible to reduce very considerably and permanently the infantile mortality rate. In the absence of epidemic diseases this rate would be very low were it not for the continued large number of deaths in the neo-natal period.

Age period at death.

Under one week	67
From 1 to 2 weeks	9
From 2 to 3 weeks	5
From 3 to 4 weeks	7
	—
	88
	—

Total deaths within 24 hours of birth 39

Causes of death within 24 hours of birth:—

Prematurity	27
Congenital defect or deformity	7
Fits	1
Injury at birth	4
	—
	39
	—

Deaths amongst children from 1—5 years of age.

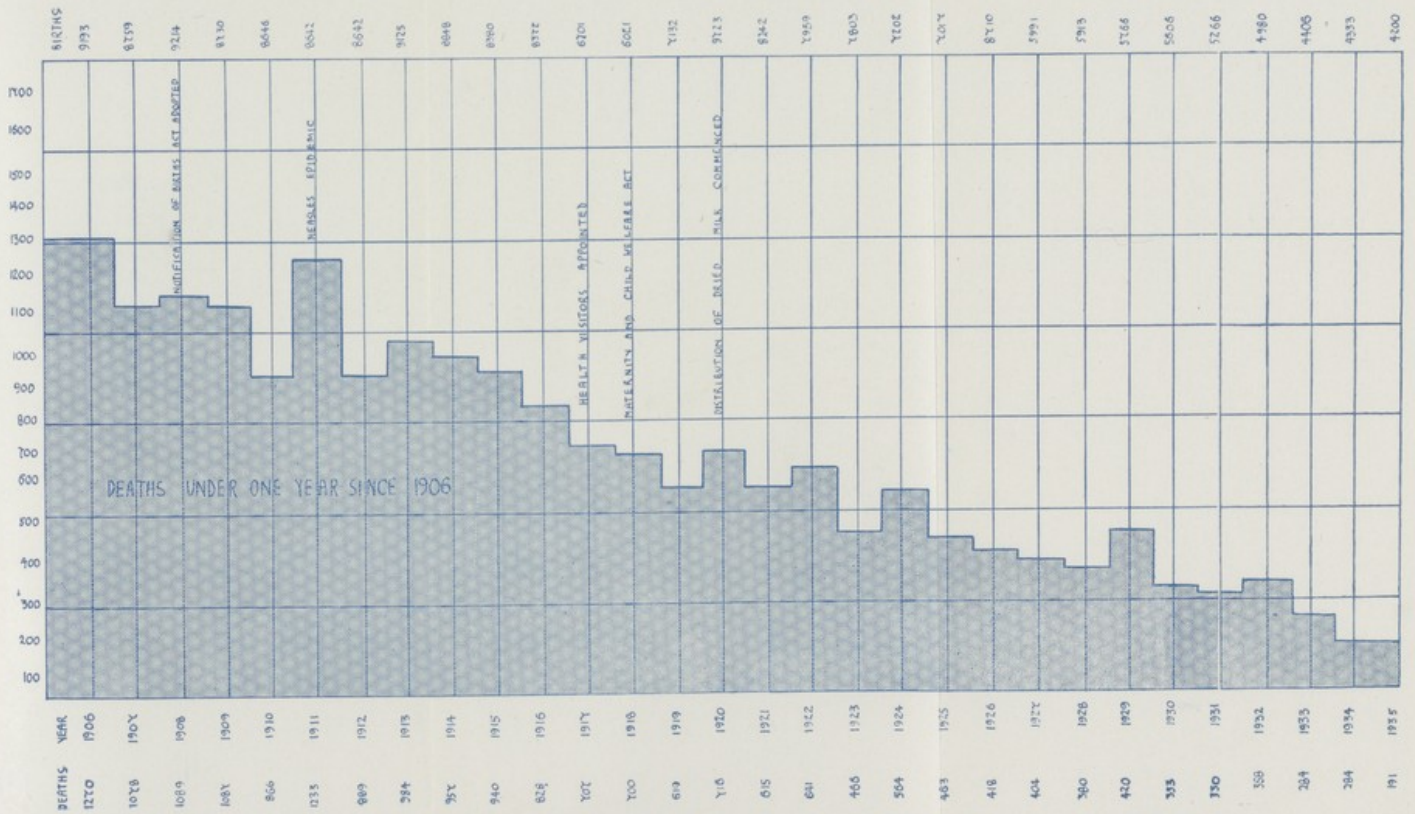
There were 97 deaths amongst children in the age period, 1—5 years, as compared with 196 for the corresponding ages in 1934; again the decrease must be mainly attributed to the comparatively few cases of Measles in 1935. Nineteen children died from Diphtheria, 17 between the ages of 2—5 years. Of the total deaths from Diphtheria in the Borough in 1935, viz. 39, it is thus shown that 48.6% occur in these young children who are known to be particularly susceptible to this infection. The demand for immunisation against Diphtheria is still unfortunately too small, in spite of propaganda at the various Infant Welfare Centres and in the homes by the Health Visitors.

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

Infectious diseases—

(a) Measles	4	
(b) Scarlet Fever	3	
(c) Whooping Cough	7	
(d) Diphtheria	19	
(e) Influenza	1	
(f) Cerebro Spinal Fever	2	
	—	36
Tuberculosis (all forms).		7
Pneumonia and Respiratory Diseases		26
Appendicitis, digestive disorders		6
Violence		7
Other diseases		15
		—
	Total	97
		—

DEATHS OF INFANTS UNDER ONE YEAR SINCE 1906.



Maternal Mortality.

There were fifteen deaths in 1935 due to pregnancy or associated with child-birth in this Borough. Of this number seven were due to sepsis, all of whom died in hospital, and eight to causes other than sepsis, of whom three died at home and five in hospital.

The Maternal Mortality rate for 1935 was 3.23 per 1,000. The average age of the mothers at death was 29.25 years. Eight of the fifteen deaths occurred among primiparae.

Of the seven cases where death was due to sepsis, three deaths occurred after abortion at varying periods from 8 to 20 weeks; in no case was there any suggestion of illegal interference: there had been no ante-natal care in these cases, but this is not surprising in view of the comparative early stage of pregnancy. The majority of patients still tend to wait until about the fifth month before presenting themselves for ante-natal examination, hence abortions may, and do, frequently occur before the patient has availed herself of help in any way. Many cases of complete abortion remain unknown to workers amongst the mothers, and medical treatment is frequently only obtained in those cases where the abortion is incomplete or accompanied by other symptoms.

It would appear evident, however, that there is a better knowledge and realisation of the dangers of abortion, and there is assuredly now less attempt at any serious interference with the course of pregnancy. This better state of affairs is partly a result of the constant teaching of health matters by Health Visitors, by Doctors at Maternity and Child Welfare Clinics and in practice, by popular lectures and by articles in the press. While this widespread advertisement of the dangers of pregnancy and childbirth has perhaps inculcated into the minds of women an abnormal fear of a normal process, yet it has served a useful purpose in helping to produce the right attitude to the dangerous practice of inducing abortion, once so universal throughout this country.

Maternal Deaths (as given by the Registrar General) from causes other than sepsis, number eight. In two cases, however, there was pre-existing cardiac disease undoubtedly aggravated by the strain of pregnancy and confinement. To include these cases as true maternal deaths—i.e. deaths attributable to conditions directly associated with pregnancy or childbirth—produces a higher mortality rate which is misleading: without the pre-existing heart lesion in both these cases it is doubtful if death would have occurred: excluding these two cases the Maternal Mortality rate for 1935 becomes 3.09 per 1,000.

Two other deaths might be classed as unavoidable—viz. Cerebral embolism during normal labour, and sudden rupture of an early tubal pregnancy. Such tragedies will unfortunately always occur, however well-organised is the Maternity Service.

In two cases it was noted when the deaths were investigated that the patients failed to avail themselves of advice given, or to co-operate in any way so as to assist those in attendance on them. This failure to co-operate is not common in this Borough: the Social Services for the mothers, both expectant and nursing, are extensive: nutrition is maintained by the provision of free meals and milk; there are readily available facilities for ante-natal supervision, for dental treatment, hospital treatment during pregnancy and for confinement, and later, convalescent treatment for nursing mothers. The mothers are kept under close supervision in their homes by the Health Visitors and midwives. These services are more and more appreciated by the mothers, and there can truly be said to exist a mutual spirit of friendly co-operation which is all to the good of the Maternity Services of the Borough.

MENTAL DEFICIENCY.

On the 31st December, 1935, there were 718 Mental Defectives on the register—Males 354, Females 364.

Number in Institution under Order		
	(excluding cases on licence)—	
Males 130.	Females 109.	Total 239.
Number on Licence from Institutions—		
Males 15.	Females 5.	Total 20.
Number under Guardianship under Order—		
Males —.	Females 3.	Total 3.
Number on Licence from Guardianship—		
Males —.	Females 1.	Total 1.
Number in "Places of Safety"—		
Males 2.	Females —.	Total 2.
Number under Statutory Supervision—		
Males 207.	Females 246.	Total 453.

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

Recommended Institutional Care—		
Males 16.	Females 17.	Total 33.
Recommended Supervision at Home—		
Males 13.	Females 9.	Total 22.
Referred for Reconsideration—		
Males 25.	Females 8.	Total 33.
Number of Cases notified by Local Education Authority under Sec. 2 (2)—		
Males 11.	Females 12.	Total 23.
Number of Cases admitted under Order to Institutions—		
Males 20.	Females 17.	Total 37.

During the year 69 Continuation Orders were received.

For 5 yrs. Males 27. Females 23. Total 50.

For 1 yr. Males 10. Females 9. Total 19.

Twenty-four cases were removed from the register for reasons as follows :—

Removed to other Areas—

Males 11. Females 5. Total 16.

Died—

Males 1. Females 4. Total 5.

Dealt with under the Lunacy Acts—

Males 1. Females 2. Total 3.

Number of cases who were granted Licence—

Males 8. Females 5. Total 13.

Ascertainment.

A Local Authority is, to a great extent, dependent upon various agencies in carrying out its duty of obtaining knowledge of the mental defectives living within its area, and it is only by close co-operation with the Officers of the Education, Public Assistance and Maternity and Child Welfare Committees, Local Police Courts and Voluntary Associations that complete information regarding them can be obtained. As will no doubt be realised, the Education and Public Assistance Committees are the chief sources of information. During the year 55 new cases were certified under the Acts, and of these 23 were reported by the Education Committee and 16 by the Public Assistance Committee.

Guardianship.

This type of care is found to be the most suitable for certain cases, and is obviously more economical than institutional care. There are three women under Guardianship under Order. Two of these are in the care of their parents. It was found that the parents in these cases were averse to parting with them, but were obliged to consider the question of applying for admission to an institution as their means were so small that they could not afford to keep them. Orders for Guardianship were accordingly obtained and a small weekly allowance made to the parents.

Institutional Accommodation.

Although 37 cases were admitted to institutions during the year, great difficulty is still experienced in obtaining vacancies in suitable homes, especially for the lower grade defectives.

The question of the provision of 340 additional beds at South Ockendon Colony has received much attention, and it is hoped that the buildings will be commenced in a few months. The extension scheme includes facilities for training and caring for the various grades of patients, and will comprise three Villa Blocks for 60 adult males each, one Villa Block for 60 adult females, two Villa Blocks for 50 children each, Recreation Hall, self-contained Administrative Block, Male and Female Workshops, Nurses' Home, Medical Superintendent's House and Staff Cottages. It is to be regretted, however, that there is to be no special accommodation for the lowest grade of patients.

Licence.

The system of granting leave of absence on trial from institutions provides a means of judging a defective's capability of living away from institutional routine and discipline. It is a fairly safe way of giving him an opportunity of showing whether he is able to fit in with the outside world.

There are 20 West Ham defectives on licence from institutions, some in the care of guardians and the others with their parents. Of these, five have obtained regular employment and are doing extremely well. One has been employed at a local hospital as a maid since September, 1931, and another regularly employed since October, 1934. The others, while not in regular work, are quite happy, giving no cause for anxiety. Of the 13 cases who were granted licence during the year only two (1 male and 1 female) had to be recalled; the male after five months and the female after four months. Both of them became unsettled at home, and it was deemed advisable for them to return to the institution.

South Ockendon Colony.

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

The number of patients on the books is 142, of which

59 are males over 16 years.

36 are females over 16 years.

30 are males under 16 years.

17 are females under 16 years.

Rowans (Male Block, 44 beds) has a total of 59 patients, all over 16 years. Seven of this total are on licence, and, owing to lack of space, eight sleep in Limes at night.

These patients are classified into two groups, viz. 31 high grade, 28 low grade.

Limes (Boys' Block, 50 beds) has a total of thirty patients, all under 16 years. Three of this total are on licence.

Elms (Girls' Block, 50 beds) has a total of 53 patients, 36 over 16 years and 17 under 16 years. Two of this total are on licence.

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

Movements. These were as follows:—

Admissions: 6 males 1 Female

Discharges: 1 Female

Deaths: 1 male at Whipps Cross Hospital

One male is at present on licence at the West Ham Sanatorium, Dagenham, suffering from pulmonary tuberculosis.

One male patient is on licence at Forest Gate Hospital owing to physical deterioration.

Leave was granted as follows:—

Summer holidays	31
Christmas holidays	39
Forty-eight hours	6

Health. The following were sent for treatment during the course of the year to Whipps Cross Hospital:—

2 girls over 16 years, with Rheumatism.

1 boy under 16 years with Broncho-Pneumonia.

1 boy under 16 years with acute Nephritis.

To Orsett Isolation Hospital:

1 girl over 16 years with Chicken Pox.

These patients all made good recovery, with the exception of the case of acute Nephritis, which proved fatal. There was an epidemic of Tonsillitis among the girls in February of this year, otherwise the health of the Colony has been very good.

Employment. The higher grade patients are now able to help, to a large extent, with the maintenance of the Institution. All boot mending is done by male patients, and the making and mending of clothes by female patients, with staff supervision. A great many articles, such as rugs, baskets, etc., in use in the Colony are of our own production. We receive constant orders for handicrafts, and articles to the value of £50 have been sold this year. The sewing room produced 2,122 new articles.

Twelve male patients work regularly at the Farm.

Scouts and Guides. These have now been in existence for a year. The Scouts number 20, including 4 Cubs. The Guides number 16. Officers are members of the Staff. I cannot speak too highly of the benefit which the Colony has obtained from these movements, as, apart from the constant pleasure and interest which the members derive from it, the improvement in the general conduct and deportment has been most marked.

The Scouts held a camp in the grounds of the Harold Wood Hospital last July. The Guides gave an Anniversary Party on the 26th of March, 1936, to which Guides from the surrounding district and County Officers were invited.

The Troops take part in all local functions, and receive numerous invitations to all gatherings in the district.

Amusements. The Football and Cricket teams for the boys continue to flourish, also the girls at Netball. Fixtures with visiting teams are much appreciated.

The Jubilee was celebrated with sports, a dance, and a visit to London in two motor coaches to view the decorations.

The Annual Sports were held in July in lovely weather, and we were honoured with the presence of many members of the Council.

Christmas was celebrated in the traditional manner, and the Staff gave a concert for the patients on Boxing Day.

Visits to Institution. Visits were paid by members of the Board of Control as follows: 3rd May, 1935; 25th October, 1935; 31st January, 1936.

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 have been received from private houses, or any other source, with regard to unsatisfactory water supply.

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 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 scheme for the improvement of the Back Rivers of the Borough under the provisions of the River Lee (Flood Relief, etc.) Act, 1930, mentioned in my report of last year, is now practically complete.

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 amount of refuse required to be collected in West Ham is over 260 tons daily, and is dealt with by the method of controlled tipping. Most of the refuse is collected by means of the Pagefield system of containers. The refuse is shot on controlled tipping dumps at Beckton Road and Temple Mills, and by arrangement at one of the East Ham Corporation's Tips.

Common Lodging Houses.

There are nine Common Lodging Houses in the Borough, 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 in 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 thirty-seven 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.

SMOKE ABATEMENT.

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

Excessive smoke emission from a biscuit wafer factory was found to be due to inefficient firing, and was remedied.

No trouble was experienced in connection with railway engines.

A chimney at a chocolate factory caused some trouble, and on investigation it was found that one section of the firm's power plant was totally inadequate to cope with a constantly increasing load. At the year end the firm were proposing to provide a high pressure boiler plant and to dispense with the section referred to.

In two cases firms of varnish makers, upon request, ceased to discharge into the atmosphere undesirable fumes.

Proceedings were instituted against a firm of refuse disposal contractors for permitting an offensive accumulation consisting of burning refuse in old worked-out gravel pits. The Court made an Order prohibiting the nuisance, and the firm now cover the refuse with earthy material instead of burning it.

Houses Let in Lodgings.

For various reasons the Bye-Laws mentioned in my last Annual Report have not yet been adopted, but the whole question is under consideration.

Rag Flock Acts, 1911 to 1928.

There are three premises in the Borough wherein Rag Flock is manufactured.

These are visited regularly by the Sanitary Inspectors. In addition to these, there are a number of premises where flock is used in the making of furniture and bedding.

Ten samples were taken during the year for analysis; of these one did not conform to the standard of permissible soluble chlorine content. A letter of warning was sent to the offender.

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
Fellmongers	1

All these places are visited very frequently by the Sanitary Inspectors, and during the year 498 inspections were made.

Proceedings were instituted for establishing the trade of fat melter against a pig-keeper who had installed a fat digester, steam actuated, and was found to be melting fat even though there were no pigs on the premises. He entered a plea that the oil extracted was sold to linoleum manufacturers, and the residue was used for the feeding of pigs at another piggery outside the Borough. The Court held that he had not established the trade of Fat Melter, and dismissed the case with Costs.

MOSQUITOES.

No complaints were received during the year of infestation by mosquitoes from the Northern Outfall Sewer, which was badly affected in 1934.

An urgent appeal for assistance was received from the Manager of a Telephone Exchange, when it was found that serious infestation was occurring due to semi-stagnant water near by. This and all surrounding vegetation was sprayed with a thin oil, which proved effective. No more trouble was experienced throughout the year.

PROSECUTIONS, 1935.

Nuisances (Public Health Acts)—

702 Summonses. 369 Summonses withdrawn: 1 Summons was dismissed, Costs incurred: 1 Summons was adjourned sine-die: 331 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—

85 Summonses. 41 Summonses withdrawn: In 44 cases penalties were imposed.

West Ham Corporation Acts, 1893 and 1898.

22 Summonses. 17 Summonses withdrawn: Penalties were imposed in 5 cases.

Shops (Hours of Closing) Act, 1928—

28 Summonses. 11 Summonses dismissed on payment of Costs. In 17 cases fines were imposed.

West Ham Grocers', General Shopkeepers' and Provision Dealers' Half-Holiday Order, 1912—

2 Summonses. 1 Summons dismissed on payment of Costs. 1 fined.

Hairdressers' and Barbers' Shops (Sunday Closing) Act, 1930—

1 Summons. 1 Summons dismissed on payment of Costs.

West Ham Grocers', General Shopkeepers' and Provision Dealers' Closing Order, 1919—

9 Summonses. 5 Summonses dismissed on payment of Costs: 1 Summons dismissed, Costs incurred. Fines were imposed in 3 cases.

Shops Act, 1912—

1 Summons. 1 Summons dismissed on payment of Costs.

Offensive Accumulation—

1 Summons. 1 Order made by Magistrate to abate nuisance.

Establishment of an Offensive Trade without Consent of Council—

1 Summons. 1 Summons dismissed, Costs incurred.

SUMMARY OF WORK OF SANITARY INSPECTORS.

Houses Visited in connection with Infectious Diseases	2353
Houses, Factories, and any other premises visited in connection with Small-Pox	35
Visits to Factories	176
" Workshops	90
" Outworkers	125
" Bakehouses	210
" Dairies	270
" Common Lodging Houses	37
" Houses Let in Lodgings	53
" Cellar Dwellings, Underground Rooms, Etc.	85
" Slaughterhouses	1
" Fish Fryers	107
" Knackers' Yards	—
" and Restaurant Kitchens, Etc., P.H.A. 1925 Café	138
" Ice Cream Makers or Dealers, W.H.C.A.	65
" Other Food Purveyors	4605
Visits re Burial Act, 1857, Section 25, Exhumation of Human Remains	4
" Private Houses to Investigate Complaints	6696
" Offensive Trades	498
" Other Noxious Trades	45
" Canal Boats	—
" Imported Food (Labelling) Order, 1921	5
" Drainage Inspections	6695
" Rats and Mice Destruction Act	95
" Increase of Rent Restriction, Etc., Acts	7
" Bye-laws—Tents, Vans, Sheds	19

Houses Inspected under the Housing Acts, 1930 and 1935	2054
Other Houses Inspected	2270
Visits to Places of Public Amusement, Music Halls, Cinemas, Etc.	99
Visits to Factories re Smoke	42
Other Visits	1128
Re-inspections to supervise works	32258
Samples purchased under Rag Flock Acts	10
Samples of Domestic Water Supplies taken for Analysis or Bacteriological Examination	Nil
Total Notices served	(P.H. 7531) (H.A. 265) 7796
Warning Letters sent re matters not dealt with by Notice	30
Defective Houses dealt with	8161
Other Defective or Insanitary Conditions dealt with	5
Drain Tests carried out	369
Certificates granted under the Rent, &c., Restrictions, Acts	14
No. of Notices complied with—(1) By Owner	7289
„ „ „ „ —(2) By Occupier	141
Summonses issued	809

Inspection of Dwelling Houses.

The following table shows the number of Inspections and Sanitary Notices served in respect of, in sixteen Wards of the Borough during the year 1935:—

Ward	Inspections	Notices served in respect of
New Town	818	640
Forest Gate	439	410
High Street	629	519
Broadway	562	422
Park	298	219
Upton	274	175
West Ham	515	493
Plashet Road	284	300
Plaistow	743	656
Canning Town and Grange	696	689
Ordnance	595	522
Hudsons	542	379
Bemersyde	258	173
Tidal Basin	905	807
Beckton Road	820	813
Custom House and Silvertown	680	579
	<hr/> 9058	<hr/> 7796

In this connection 809 summonses have been issued during the year.

1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers Prosecuted. (4)
Factories (Including Factory Laundries)	176	10	...
Workshops (Including Workshop Laundries)	90	7	...
Workplaces (Other than Outworkers' premises)	89	6	...
Total	355	23	...

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 ...	17	17	...	...
Want of ventilation ...	...	...	...	...
Overcrowding ... ..	...	...	...	...
Want of drainage of floors	2	2	...	...
Other Nuisances	11	9	1	...
Sanitary Accommodation—				
Insufficient	2	1	...	...
Unsuitable or defective...	1	1	...	...
Not separate for sexes ...	...	...	...	...
Offences under the Factory and Workshop Acts :				
Illegal occupation of underground bakehouse (s. 101) ... ..	...	...	...	...
Other Offences ... ..	...	...	...	...
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.)				
Total	33	29	1	...

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

Schools.

There are 49 Council Schools, and 12 Non-Provided Schools, comprising 166 Departments. The accommodation available is 58,352.

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.

During the year the following improvements were carried out :—

Provision of new Handicraft Room and Domestic Science Room.

Domestic Science Rooms modernised and two new Science Rooms provided.

Erection of a Domestic Centre, Practical Room and Handicraft Centre.

Provision of a new room for reading or marginal purposes, by conversion of a cloak-room.

Hot water supply to lavatory basins.

Remodelling of latrines at two schools, and provision of additional lavatory accommodation at two special schools.

Provision of shelters at two Dining Centres.

Nine Schools re-decorated externally ; eight Schools and a Clinic re-decorated internally.

Re-dressing and tar-paving of playgrounds of nineteen Schools.

Removal of galleries, and floor planing at several Schools.

At two non-provided Schools substantial alterations and improvements have been carried out.

With regard to the prevention of the spread of infectious disease, the Medical Officer of Health on receiving information of

a case of infection in a house, instructs the Sanitary Inspector to call and make full investigations as to the number of children in the house; also whether they are in attendance at any School, and any other relevant details. In addition he informs the parents that their children must not return to School until the house has been officially certified as free from infection. Upon receipt of the report of the Inspector, the Head Teacher of all Schools involved (Day and Sunday) are notified immediately by the issue of a red coloured notice, requesting exclusion of the children 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.

No School or Department was closed during the year on account of the prevalence of any infectious disease.

No complaints were received with regard to unsatisfactory water supply.

SWIMMING BATHS AND POOLS.

Mr. J. D. Sutton, Superintendent Engineer, reports as follows :—

In connection with the management of Swimming Pools under the control of the West Ham Council, every care is taken to ensure the water being continually in a safe and satisfactory condition.

During the periods when the Pools are available to the public the water in every establishment is continually Filtered, Aerated and Sterilised. The latter result is attained by means of Liquid Chlorine. Filtration is rendered more efficient by the use of Sulphate of Alumina as a means to effect a coagulation on the surface of the filtering media.

Daily tests are taken to ascertain the presence of free Chlorine, and every endeavour is made to allow only .3 parts per million of water. I am very particular about the results of these tests for two obvious reasons :—

- (a) To ensure the water being perfectly sterilised.
- (b) To endeavour to cause no discomfort to the bathers by excess of free Chlorine in the water.

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)	9058
(b) Number of inspections made for the purpose	40908
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	365
(b) Number of inspections made for the purpose	1827
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	47
Parts of buildings let as separate tenements found to be unfit for human habitation	23
(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	7726

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	265
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By Owners	378
(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	*7531
(2) Number of dwelling-houses which were rendered fit after service of formal notices :	
(a) By Owners	*7834
(b) By Local Authority in default of Owners	—

(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	28
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	8

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

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	22
(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.

Ten Clearance Orders were confirmed by the Ministry during the year. These 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
	—	—

At the year end, houses to accommodate the people from these and other outstanding Clearance Areas were approaching completion.

An Official Representation was submitted to the Council in May, 1935, respecting a Clearance Area, Tidal Basin No. 1. This comprised the following houses :—

	Houses	Persons to be displaced
Nelson Street Area	19	154
Fen Street Area	32	351
Huntingdon Street Area	20	189
Victoria Dock Road Area	1	6
Alice Street Area	28	249
Catherine Street Area	2	21
	<hr/> 102	<hr/> 970

It was proposed to deal with this by Compulsory Purchase Order, but difficulties in connection with sites for re-housing occupiers caused delay, and the Order had not been made by the end of the year.

A preliminary report was made in November respecting five more proposed Clearing Areas as follows:—

	Houses	Persons to be displaced
North Street Area	3	16
Castle Buildings Area	11	149
Abbey Road Area	12	43
Cam Road Area	30	122
White Hart Cottages Area	6	19
	<hr/> 62	<hr/> 349

Several further Clearance Areas under the five years' programme are scheduled and awaiting the necessary action.

Under Part 2 of the Housing Act, 1930, appeals were entered against Closing Orders in respect of three basement dwellings dealt with under Section 20 as "Parts of a building let separately for human habitation and which were unfit." The owner had submitted undertakings to execute works, but in view of the lack of light and ventilation inherent in the dwellings, the Committee declined to accept the undertakings. The Judge himself inspected the properties, by which time the owner had carried out considerable works in one of the dwellings. The Closing Orders were confirmed with Costs.

Appeals were entered against a block of eight Notices under Section 17 of the Housing Act, 1930, but in these cases it was found the owner was embarrassed financially and had appealed to gain time additional to the three months allowed by the Notices. In these circumstances he was promised that provided the works were completed within an additional three months no further action

would be taken. He withdrew his appeals and did, in fact, complete the works within the time agreed.

In addition to the foregoing, 9,058 houses were inspected under the Public Health Acts; 7,531 Statutory Notices were served and were followed by the issue of 702 summonses. Of these 369 were withdrawn on payment of Costs, the work having been completed before the date of hearing. In 331 cases Magistrate's Orders to execute works were made. Of these, 85 were not complied with, and summonses were issued in all these cases for failing to comply with Magistrate's Orders, 41 being withdrawn on payment of Costs where the works were completed before the date of hearing, and in 44 cases penalties were imposed by the Court.

Under the West Ham Corporation Acts, 1893 to 1898, 22 summonses were issued, mostly in connection with combined drains. Penalties were imposed by the Magistrate in 5 cases and 17 summonses were withdrawn, the works having been carried out before the date of hearing. It is usually difficult to induce the owners of a group of properties served by a combined drain to act in co-operation and instruct one common contractor, and it is not the practise of the Council to carry out such works in default, but it has been found that owners usually co-operate following the issue of summonses on all parties.

SPECIAL REPORT
ISSUED BY THE MEDICAL OFFICER OF HEALTH.
Housing Act, 1935.

Preliminary Memorandum by the Medical Officer of Health.

The above-named Act, which came into force on August 2nd, 1935, is one which must have far-reaching effects upon the mental and physical health of the populace, and may be considered one of the most important health measures since the great Public Health Act of 1875. It legislates, among other matters, to make further and better provision for the abatement and prevention of overcrowding, the re-development of Urban Areas in connection with the provision of housing accommodation therein, the reconditioning of buildings, and to amend the enactments relating to clearance areas and housing generally.

Several Circulars, Provisional Regulations and Memoranda have been issued by the Minister of Health (copies of these have been circulated to you by the Town Clerk) concerning the working of the Act and elucidating certain clauses and sections.

The object of this Memorandum is to set out as briefly as possible (a) the immediate duties which have to be carried out through my Department; (b) to put forward suggestions to the Housing Committee as to the manner in which these duties may be performed.

The Act (amongst a wealth of detail) states: Section 1. (1) It shall be the duty of every local authority before such dates as may be fixed by the Minister as respects their district, to cause an inspection thereof to be made with a view to ascertaining what dwelling-houses therein are overcrowded, and to prepare and submit to the Minister a report upon the result of the inspection and the number of new houses required in order to abate overcrowding in their district, and, unless they are satisfied that the required number of houses will be otherwise provided, to prepare and submit to the Minister proposals for the provision thereof.

(2) If at any time or times after effect has been given by a local authority to the provisions of the foregoing sub-section it appears to them that occasion has arisen therefor, or the Minister so directs, it shall be the duty of the authority to cause a further inspection to be made and to prepare and submit a report and proposals as aforesaid as respects their district or any part thereof, and, where the Minister gives a direction under this sub-section, he may, after consultation with the local authority, fix dates before which the performance of the said duties is to be completed.

Section 2 gives the definition of overcrowding.

Section 3 specifies the offences in relation to overcrowding.

Sections 4 and 5 deal with exceptions where the local authority may, under certain safeguards, permit temporary overcrowding.

Section 6 relates to entries in rent books, etc., regarding the permitted number of people who may inhabit a particular house.

Section 7 gives power to the local authority in regard to publication of information concerning overcrowding.

Section 8 imposes upon a landlord or his agent the duty to inform the local authority of any overcrowding that may occur after the appointed date.

Section 9 gives certain rights to landlords to obtain possession of an overcrowded house.

Section 10 deals with the enforcement of the foregoing provisions of the Act by the local authority.

Section 11 imposes upon Medical Officers of Health definite duties, including the furnishing annually to the Minister of Health particulars concerning overcrowding.

Section 12 defines " Dwelling-house," " Landlord," " Room," " Suitable alternative accommodation."

The sections mentioned above are those which need immediate attention. Other sections in the Act directly affecting my Department, particularly Section 13 and those following—dealing with re-development areas—and also Section 20, will be doubtless the subject of consideration at a later and more appropriate time.

The amendments relating to clearance areas (contained in Sections 62 to 67 of the Act) will come up for consideration automatically when any particular clearance area becomes the subject of an enquiry by the Minister of Health.

Properly to carry out the above-mentioned work additional staff is essential. At present the number of Sanitary Inspectors employed is sixteen, excluding the Chief Sanitary Inspector. These members of my staff are allocated to the different Wards of the Borough. Their time is fully occupied in dealing with the routine work of inspection and reporting upon defective and infected houses and in preparing schedules under the various Housing Acts. Some of the work entailed by the Housing Act, 1935, will dovetail into their daily routine, but much additional work is inevitable until the whole of the houses of the Borough (some 50,000) have been inspected. The inspection must reveal two main results:—

- (1) The number of people occupying every dwelling-house. ("Dwelling-house means any premises used as a separate dwelling by members of the working classes or of a type suitable for such use." Section 12.)
- (2) The description and sizes of rooms in each dwelling-house.

I append to this Memorandum a specimen form (Form B.), setting out the enquiries that are necessary to be made, and which indicates in no uncertain manner the amount of detail necessary to be obtained before any major action can be taken under this Act.

I suggest that:—

- (1) Enumerators be appointed to visit every house and to obtain all the information needed to fill Columns 1 to 8 of Form B. The number to be appointed will of course vary in relation to the length of time proposed to be spent on the survey. I am of opinion that if the survey is to be completed expeditiously, each Ward should have an enumerator working under the surveillance of the district inspector for that Ward. Those attached to the Wards where the survey would be completed quickly could be transferred on completion of the survey of that Ward to the more densely populated districts.

(2) The Sanitary Inspectors carry out the work connected with the description and sizes of the rooms as set out in Columns 9 and 10 on Form B. This would by no means entail a visit to each house, as in many streets all the houses are exactly similar in regard to the number and size of the rooms; the report of the enumerator would reveal those houses which did not conform to type.

(3) That Columns 11 to 16 on Form B. be filled in at my Office.

It is essential that the enumerators appointed be persons of integrity and sufficient experience.

Alternately to the above suggestions, but much more expensive to put into practice, additional Sanitary Inspectors could be appointed to survey all the dwellings. The sending of forms to the occupiers of dwelling-houses to be filled in and returned would, in my view, prove very unsatisfactory, and in any case measurements of the premises should only be carried out by trusted and responsible persons.

I need hardly stress the fact that this Memorandum only purports to outline the Act as it affects my Department at this juncture; considerable elasticity must be allowed for developments which will arise during the inauguration and working of such a big and far-reaching survey.

F. GARLAND COLLINS,
Medical Officer of Health.

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

November, 1935.

ADDENDUM.

Since compiling the above Memorandum, Circular 1507 has been issued from the Ministry of Health fixing the following dates in respect of Section 1 of the Housing Act, 1935.

- (1) For the completion of inspection—1st April, 1936.
- (2) For the submission of Report thereon—1st June, 1936.
- (3) For the submission of proposals therewith—1st August, 1936.

F.G.C.

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 270 inspections of dairies and milk purveyors' premises made by the sanitary inspectors during the year. Twenty persons were registered as purveyors of bottled milk only, and three as dairymen and their premises as dairies; also there were transfers in respect of three dairies and 36 purveyors of bottled milk.

There are now 110 premises registered as dairies and their occupiers as dairymen, and 643 persons registered as purveyors of bottled milk only.

The bulk of the milk sold in the Borough is Pasteurised, some is bottled and sold as sterilised, but there is a certain quantity of raw milk being bottled by retailers. In these cases steam sterilisers for the treatment of the bottles are insisted upon in compliance with Article 21 of the Milk and Dairies Order, 1926, which provides: (1) "Every such vessel, lid and appliance, shall be thoroughly washed as soon as may be after use, and shall be cleansed and scalded with boiling water or steam before it is used again."

As it is impracticable to scald glass bottles with boiling water, steam is the only alternative, though some retailers appear to have been informed by their Associations that it is sufficient merely to wash the bottles.

Having secured the installation of steam sterilisers, the difficulty remains in the case of the small retailers referred to of ensuring that they do in fact use them, whereas the large firms pasteurise their milk and cleanse and sterilise their bottles as a commercial proposition in order to ensure the good-keeping quality of their product.

Examination of Milk.

Animal Inoculation (Guinea Pig Test).

Sixty samples of milk were secured from producers and purveyors. This number included fourteen third-pint bottles of milk supplied to children at the Council's Schools, all of which proved satisfactory. Ten samples were obtained on delivery at Council's Institutions, and these also proved satisfactory.

Of the remaining thirty-six, one sample obtained on delivery from a producer revealed a positive tuberculous infection. The facts were immediately reported to the Medical Officer of Health of the area in which the milk was produced, who took appropriate action in the matter.

Condensed Milk Regulations.

Fifty-one samples of condensed milk obtained were examined as follows:—

Condensed Machine Skimmed Milk Sweetened	40
Of this number thirty-four were examined for the purpose of testing the equivalent, three of which proved to be lower than the declared amount. In one case a subsequent sample was obtained and proved satisfactory, but in the other case a subsequent sample giving a similar result, the matter was thoroughly investigated, the source of origin traced, and the full facts communicated to the Ministry of Health.	
Condensed Full Cream Milk Sweetened	8
Of this number three were examined for the purpose of testing the equivalent, all of which proved correct.	
Condensed Full Cream Milk Unsweetened	3
Of this number two were examined for the purpose of testing the equivalent, all of which proved correct.	

Microscopical and Bacteriological Examinations.

Ninety-three samples of milk were obtained from producers, purveyors and schools. Of this number, forty-nine were taken from Council's Schools (Pasteurised in $\frac{1}{2}$ rd pint bottles), two of which proved unsatisfactory on account of excessive bacteria; thirty-one from producers, sixteen of which were reported adversely upon, owing to the presence of pus cells, streptococci, coliform bacillus, and excessive bacteria respectively; thirteen were obtained from purveyors, eight of which proved unsatisfactory on account of the presence of coliform bacillus, pus cells and streptococci respectively.

With regard to the unsatisfactory samples, in every case appropriate action was taken.

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

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

No. 68. Malt Vinegar. Containing sulphur di-oxide. Official.
No. 110. Malt Vinegar. Containing sulphur di-oxide. Official.

Sample No. 110 taken in course of delivery in connection with No. 68 Official. Letter of caution sent in each instance, and explanation received.

No. 456. Strawberry Jam. Containing sulphur di-oxide. Official.

No. 541. Strawberry Jam. Containing sulphur di-oxide. Official.

Letter of caution sent, and explanation received.

No. 515. Meat. Containing sulphur di-oxide. Unofficial.

No. 566. Minced Meat. Containing sulphur di-oxide. Official.

No. 567. Meat. Containing sulphur di-oxide. Official.

Nos. 566 and 567, Proceedings instituted and fine of £2 2s. imposed.

No. 618. Beer. Containing sulphur di-oxide. Official.

Letter of caution sent, and explanation received.

No. 706. Junket Powder. Containing sulphur di-oxide. Unofficial.

- No. 707. Junket Powder. Containing sulphur di-oxide. Official.
 Proceedings instituted against previous seller and case
 dismissed on payment of £10 costs.
- No. 909 Sausages. Containing sulphur di-oxide. Official.
 Declaration obscured. Letter of caution sent.
- No. 921. Preserved Sausages. Containing sulphur di-oxide. Official.
 Proceedings against previous seller, who was fined £2.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

Licences were granted under the above Order during 1935,
 for the sale of Graded Milk, as under:—

One to pasteurise and sell, and 23 to sell including two
 supplementary licences for the sale of Pasteurised Milk; four to
 sell Certified Milk; thirteen to sell including two supplementary
 licenses for the sale of Grade "A" (Tuberculin Tested) Milk;
 three to sell, including one supplementary licence to sell Grade
 "A" Pasteurised Milk; nine to sell, including one to produce,
 bottle and sell Grade "A" Milk.

One hundred and five samples were submitted for bacterio-
 logical examination, the results being as follows:—

Pasteurised Milk—

Satisfactory	56
Unsatisfactory	1 (Excessive Bacteria)

Grade "A" Milk—

Satisfactory	21
Unsatisfactory	1 (Excessive Bacteria, and Coli- form Bacillus present in $\frac{1}{100}$ th c.c.)

Certified Milk—

Satisfactory	3
Unsatisfactory	1 (Excessive Bacteria)

Grade "A" (Tuberculin Tested)

Satisfactory	17
Unsatisfactory	4 (Coliform Bacillus was present in $\frac{1}{100}$ th c.c., and in addi- tion one contained exces- sive bacteria)

Grade "A" Pasteurised Milk—

Satisfactory	1
Unsatisfactory	Nil

With regard to the samples which failed to meet the require-
 ments of the above mentioned Order, letters of caution were sent
 pointing out that a thorough investigation into the matter must
 be made with a view to tracing the source of contamination and
 preventing a recurrence.

Other Foods.

All factories dealing with foods of various kinds, also retail
 shops and other premises, are frequently inspected by the Sanitary
 Inspectors, who made 5,394 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.

Of 25 samples, 13 official and 12 unofficial, obtained of various Feeding Stuffs, for the purpose of analysis under the above Act, five official and eight unofficial samples disagreed with the declared analysis.

With regard to the 27 samples, 18 official and nine unofficial, taken of various Fertilisers, for analysis, six official and five unofficial samples disagreed with the declared analysis.

UN SOUND FOOD CONDEMNED, 1935.

50lbs. Apples.	20lbs. Lambs' Livers.
4st. Catfish.	353lbs. Tinned Meat.
7 doz. rolls Celery.	1 box Megrims.
146 tins Cherries.	1 sack Mussels.
13 bags Chestnuts.	4 tins Peaches.
3 Chickens.	7 tins Pears.
23st. & 2 boxes Cod.	15 boxes & 46lb. Pears.
1 tin Cooked Ham.	17 tins Plums.
98lbs. Corned Beef.	30 baskets Plums.
13½ cases Dates.	1 Leg Pork.
20lbs. Eels.	60lbs. Rabbits.
2525 tins Fruit.	38 Molloy's Radishes.
22 barrels Grapes.	5st. Roker.
3st. Haddock.	20st. Skate Wings.
12lbs. Jellied Veal.	2000lbs. Tomatoes.
55 boxes Kippers.	27 Pockets Walnuts.

Samples Analysed by Borough Analyst, 1935.

Articles	Analysed		Genuine		Adulterated	
	Official	Unofficial	Official	Unofficial	Official	Unofficial
Milk	435	—	426	—	9	—
Milk, Condensed	11	40	11	40	—	—
Milk, Dried	28	—	28	—	—	—
Semolina	1	—	1	—	—	—
Preserved Ginger	1	1	1	1	—	—
Ground Ginger	2	2	2	2	—	—
Cinnamon	—	1	—	1	—	—
Cream	7	6	7	6	—	—
Butter	63	43	63	43	—	—
Margarine	12	—	12	—	—	—
Lard	18	7	18	7	—	—
Dripping	11	1	10	—	1	1
Cooking Fats	7	1	7	1	—	—
Pepper	29	8	29	8	—	—

—Continued at top of next page.

Samples Analysed by Borough Analyst, 1935.—Cont.

Articles	Analysed		Genuine		Adulterated	
	Official	Unofficial	Official	Unofficial	Official	Unofficial
Mustard	3	—	3	—	—	—
Vinegar	30	—	27	—	3	—
Vinegar, Malt	18	—	16	—	2	—
Pickles	7	1	7	1	—	—
Cocoa	10	—	10	—	—	—
Coffee	10	—	10	—	—	—
Tea	17	—	17	—	—	—
Bread	5	—	5	—	—	—
Cake	11	—	11	—	—	—
Flour & S.R. Flour	38	—	38	—	—	—
Pearl Barley	2	1	2	1	—	—
Tapioca	3	—	3	—	—	—
Rice	5	—	5	—	—	—
Peas	9	—	9	—	—	—
Arrowroot	1	1	1	1	—	—
Custard Powder	2	—	2	—	—	—
Tripe	1	—	1	—	—	—
Jam	8	3	5	1	3	2
Honey	2	—	2	—	—	—
Table Jelly	—	1	—	1	—	—
Sugar	9	—	9	—	—	—
Sweets	10	11	10	11	—	—
Meat	32	32	30	31	2	1
Cooked Meats	21	—	21	—	—	—
Curry Powder	1	—	1	—	—	—
Mixed Spices	1	—	1	—	—	—
Mixed Peel	2	—	2	—	—	—
Mincemeat	5	—	5	—	—	—
Marmalade	1	—	1	—	—	—
Pudding Mixture	—	1	—	1	—	—
Bacon	3	—	3	—	—	—
Sausages	24	—	22	—	2	—
Sausage Meat	1	—	1	—	—	—
Beef Cubes	3	4	—	3	3	1
Sardines	—	11	—	11	—	—
Whisky	1	7	1	6	—	1
Olive Oil	1	2	1	2	—	—
Boracic Ointment	—	1	—	1	—	—
Steak Pie	1	—	1	—	—	—
Compound Syrup of Figs	—	1	—	1	—	—
Epsom Salts	—	3	—	3	—	—
Aspirin Tablets	1	3	—	2	1	1
Cheese	3	1	3	1	—	—

—Continued at top of next page.

Samples Analysed by Borough Analyst, 1935.—*Cont.*

Articles	Analysed		Genuine		Adulterated	
	Official	Unofficial	Official	Unofficial	Official	Unofficial
Coffee & Chicory	1	—	1	—	—	—
Coffee & Milk	1	—	1	—	—	—
Tea Siftings	1	—	1	—	—	—
Baking Powder	—	1	—	1	—	—
Lemon Curd	2	—	2	—	—	—
Dried Fruit	12	—	12	—	—	—
Tinned Vegetables .	1	4	1	4	—	—
Meat & Fish Pastes	2	1	2	1	—	—
Lemon Barley Water	1	—	1	—	—	—
Lemonade Powder....	1	—	1	—	—	—
Camphorated Oil	—	2	—	2	—	—
Welsh Rarebit	—	1	—	1	—	—
Chillies	—	1	—	1	—	—
Junket Powder	1	3	—	2	1	1
Caraways	—	1	—	1	—	—
Ground Almonds	6	1	6	1	—	—
Dressed Lobster	—	1	—	1	—	—
Cordials	2	1	2	1	—	—
Lemonade Crystals .	1	—	1	—	—	—
Beer	4	—	3	—	1	—
Suet	1	1	1	1	—	—
Totals	964	212	936	204	28	8

During the year 1935, 1,176 samples were examined under the Food and Drugs (Adulteration) Act. Three of these samples were submitted by a neighbouring Authority, the remainder by the Inspector.

No sample under the Act was submitted by the Public.

Thirty-six samples were found to be adulterated, and forty-two samples were reported as of inferior quality or doubtful purity.

The adulteration was at the rate of 3.1 per cent. as compared with 3.19 per cent. for the whole of the London area and 5.3 per cent. for the whole of England and Wales in 1934.

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

Year.	No. of Samples Examined.	% of Adulteration.
1935	1,176	3.1
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	1,198	3.4

The number of samples examined was at the rate of 4.26 per 1,000 of the population as compared with 9.75 per 1,000 of the population for the whole of London and 3.52 per 1,000 for the whole of England and Wales in 1934.

Four hundred and thirty-five samples of milk were examined during the year, of which nine samples, or 2.1 per cent., were found to be adulterated, and twenty-four samples were reported as of inferior quality.

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

Year.	No. of Samples Examined.	% of Adulteration.
1935	435	2.1
1934	491	2.0
1933	529	6.6
1932	463	3.9
1931	449	1.3
1930	357	3.9
	<hr/> Average 456	<hr/> Average 3.3

Condensed Milks.

Fifty-one samples of condensed milk were examined during the year, four of which were unsatisfactory, all being low in the equivalent of fresh milk.

Preservatives.

There were 12 contraventions of the Preservatives' Regulations. These were:—

- 2 Jams containing excess of sulphur dioxide.
- 2 Sausages containing excess of sulphur dioxide.
- 1 Beer containing excess of sulphur dioxide.
- 3 Meats containing sulphur dioxide.
- 2 Junket Powders containing sulphur dioxide.
- 2 Malt Vinegars containing sulphur dioxide.

Other samples examined during the year were:—

- 11 Rag Flock, one of which was unsatisfactory.
- 1 Turpentine
- 4 Dried Milks

all for the Medical Officer of Health's Department.

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

Nutrition.

The definitions of nutrition and malnutrition are vague and many factors enter into the conditions resultant upon them; further, the opinions of different medical practitioners vary greatly

as to what constitutes malnutrition in a person. Lack of sufficient food is a potent and definite factor, but so too is lack of the right kind of food; further, inability to absorb food even of the correct kind is another factor bearing upon malnutrition, and the circumstances which might bring about this inability are numerous. In this Borough there is no evidence of any widespread lack of nutrition; amongst the many that come under the direct aegis of my Department I have reason to think that the persons who fall farthest below the normal as regards nutrition are the married women (usually with several children)—this does not so much apply to those receiving Public Assistance allowances as to the wives of men at work but receiving low wages, a large percentage of which is frequently taken up in rent and fares. It is hoped that the recently inaugurated scheme for the feeding of nursing and expectant mothers may help to some extent in this direction.

I have been privileged to collaborate to some small extent with Professors Marrack and Harris, who have been carrying out research work at the Nutritional Laboratory of the Cambridge University and the Hale Laboratory of the London Hospital in regard to the nutrition of certain young children as to the amount of Vitamins present in their systems. This paper (a highly technical one) was published in the "Lancet" of December 21st, 1935. Further work is being carried out along these lines.

Dried Milk Scheme, as part of Nutrition, see page 57.

Free Meals. See pages 158-159 of this Report, School Medical Service (weights, etc. of scholars—meals and milk).

The Public Health (Meat) Regulations, 1924.

(This work is carried out by the Veterinary Officer, Mr. H. E. Bywater, M.R.C.V.S., Assistant Veterinary Officer, Mr. T. J. Maquire, 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 4,871 animals were made by the Veterinary Officer.

Post-Mortem Examinations.

19,388 animals were inspected after slaughter, and of these 2,446, or 12.61 per cent., were diseased.

Bovines numbered 2,088, of which 663, or 31.75 per cent., were affected with tuberculosis, while 194, or 9.29 per cent., were otherwise diseased.

Porcines accounted for 5,673, and of this number 546, or 9.62 per cent., were tubercular, and 540, or 9.51 per cent., were affected with other diseases.

Of the 11,627 Ovines which were examined, 503, or 4.32 per cent., were found to be diseased.

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

Tuberculosis.

The percentage of tuberculosis amongst bovines is the lowest observed since 1926. In porcines the percentage is higher than in any previous year.

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 were 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 such infringements of the regulations as were observed were remedied following verbal or written warnings.

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.	
		Number	Percentage	Number	Percentage
Bovines :—					
Bulls	1	1	100.00	—	—
Bullocks	792	94	11.86	51	6.43
Cows	1,036	542	52.31	125	12.06
Heifers	187	25	13.36	18	9.62
Calves	72	1	1.38	—	—
Porcines :—					
Boars	19	2	10.52	1	5.26
Sows	65	14	21.53	2	3.07
Porkers	5,589	530	9.48	537	9.60
Ovines :—					
Sheep	5,002	—	—	442	8.83
Lambs	6,625	—	—	61	.92
Caprines :—					
Goats	—	—	—	—	—
Kids	—	—	—	—	—
Totals ...	19,388	1,209	6.23	1,237	6.38

TABLE II.
Showing Unsound Meat Condemned as a Result of
Post-Mortem Examination.

BOVINES.		Stomachs	9
Entire Carcases and		Omenta	6
Viscera	12	Intestines	9
Heads	171	Mesenteries	180
Tongues	172	Livers	291
Forequarters	11	Pancreas	28
Hindquarters	4	Spleens	9
Shins	2	Kidneys	27
Clods	2	Kidney Knobs	3
Stickings	2	Mammary Glands	228
Briskets	2½		
Flanks	3	PORCINES.	
Loins	2	Entire Carcases and	
Rumps	2	Viscera	14
Aitch Bones	2	Forequarters	1
Hearts	5	Heads and Collars	140
Lungs	575	Hands and Springs	1
Diaphragms	4	Spare Ribs and	
		Blade Bones ...	1

Bellies	1	OVINES.	
Legs	1	Entire Carcases & Viscera	18
Hearts	61	Forequarters	2
Lungs	454	Heads	2
Stomachs	15	Necks	4
Intestines	14	Breasts	5
Mesenteries	519	Loins	2
Livers	195	Legs	2
Spleens	22	Lungs	107
Kidneys	2	Livers	387
		Kidneys	3

Milk and Dairies (Consolidation) Act, 1915.

Milk and Dairies Order, 1926.

Milk (Special Designations) Order, 1923.

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 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 a sample of milk offered for sale within the Borough, but produced at premises outside the Borough is found, upon examination, to be infected with the germs of Tuberculosis, a visit is usually made to the producer's premises 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 diseases and conditions of milch cows, in addition to Tuberculosis, which are liable to contaminate the milk supply, and power is given to prohibit, by means of a notice, the sale of milk from any cow which may be found to be affected by any of these diseases. Action is frequently taken under this provision.

In addition, visits are made and examinations carried out by the veterinary staff, acting under the provisions of the Diseases of Animals Acts and Orders, and where it is considered necessary, samples of milk are taken and examined microscopically for *Mycobacterium tuberculosis*. These measures resulted in the detection of two cows affected with Tuberculosis of the udder, and as a result these animals were slaughtered under the provisions of the Tuberculosis Order made under the Diseases of Animals Acts.

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.

Sections 1 and 2, as they apply to West Ham, require that no animal 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 observed have been dealt with verbally or by warning letters. Generally, however, this requirement has been carried out satisfactorily.

Section 3 provides that "no animal shall be slaughtered or stunned in a slaughter-house or knackers'-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, 1934, renewed fifty-six licences under this section, to be in force for one year from the 1st January, 1935. A further two licences were renewed during the year, and seven new applicants were also granted licences in 1935. It was not found necessary to recommend the suspension or revocation of any of these licences.

Slaughter-House Byelaws.

Ten applications for the renewal of slaughter-house licences were received and granted by the Council in respect of the year 1935/36. There are also nine "Registered" slaughter-houses in the Borough. These premises have been kept in a reasonably clean condition, although on many 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 1935/36, 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.

PROSECUTIONS (Food & Drugs Acts).

Adulterated Milk—

2 Summonses. 2 Summonses dismissed, costs incurred.

Adulterated Meat—

3 Summonses. 1 Fined. 1 Summons dismissed, costs incurred. 1 Summons dismissed on payment of costs.

Adulterated Junket Powder—

1 Summons. 1 Summons dismissed on payment of costs.

Adulterated Sausages—

2 Summonses. 1 dismissed on conviction of Wholesaler.
1 Fined.

False Warranty—

1 Summons. 1 Summons dismissed, costs incurred.

Bottling Milk in Street—

2 Summonses. 1 Fined. 1 dismissed on payment of costs.

INFECTIOUS DISEASES.

NOTIFIABLE DISEASES (Other than Tuberculosis).

The following table shows the number of cases of notifiable diseases during the year 1935, 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	771	735	39
Scarlet Fever	1057	795	6
Enteric Fever (including Paratyphoid)	3	1	1
Puerperal Fever	8	8	6
Puerperal Pyrexia	48	27	—
Pneumonia (Acute Primary and Acute Influenzal only notifiable)	290	90	172*
Cerebro Spinal Fever	11	11	6
Acute Polio-Myelitis	12	8	—
Acute Polio-Encephalitis	—	—	—
Encephalitis Lethargica	4	3	4
Erysipelas	126	45	—
Ophthalmia Neonatorum	17	7	—

* Includes all forms.

The figures set out below show the number of deaths from Scarlet Fever, Diphtheria, Whooping Cough and Measles during the past nine years:—

Year	Scarlet Fever.	Diphtheria.	Whooping Cough.	Measles.
1927	7	40	73	6
1928	5	34	26	69
1929	6	39	114	22
1930	4	34	19	78
1931	5	11	35	3
1932	3	12	29	77
1933	6	54	47	1
1934	16	49	15	94
1935	6	39	12	5
Totals	58	312	370	355

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 796 admitted to hospital, 41 or 5.1 per cent. were associated with recurrent infections in this way. (See also report of Medical Superintendent of Plaistow Fever Hospital, pages 104-115).

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

Measles (including German Measles)	348
Chicken Pox	1199
Tonsillitis	476
Whooping Cough	994
Mumps	1089
Other Diseases	497

As compared with 1934, the above figures show an increase in the cases of Chicken Pox, Whooping Cough, Mumps and other diseases, whereas in the case of Measles there was a big drop in numbers. The number of cases of Tonsillitis showed little variation.

IMMUNISATION AGAINST DIPHTHERIA.

Immunisation against Diphtheria has been carried on regularly throughout the year at the various Infant Welfare Clinics in the Borough and at Plaistow Hospital. There is still much apathy in regard to this preventive treatment on the part of the general public, although it is noticed at the Clinics that more requests are made than formerly on the advice of friends whose children have themselves been treated.

Three months after the injections are completed, each child receives an appointment for the Schick Test to be done, and if satisfactory a certificate is given to the parents to this effect.

Number of Children immunised during 1935 at the Council's Clinics	1323
Number of Children who attended for the Schick Test	1030

PLAISTOW HOSPITAL.

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

The number of patients under treatment during 1935 was 1,946. This is 152 less than the figure for the previous year. The total deaths numbered 56, as compared with 75 in the previous year, and 105 in 1933.

Scarlet fever continued prevalent during the greater part of the year and, except during the summer months, all the cases notified could not be admitted owing to lack of accommodation. The total admissions were slightly less than in the previous year and probably this indicates that the epidemic wave, which had set in during the summer of 1933, has passed its peak. The cases were mostly of the prevalent mild type.

The prevalence of diphtheria showed no appreciable decrease. The admissions were 722 as compared with 777 in the previous year. The deaths numbered 35, as compared with 37 in 1934 and 49 in 1933. A feature of the year was a marked increase in the number of streptococcal throats admitted as diphtheria and also in cases of mixed infection. These resulted in cases of scarlet fever and septic throat cropping up at frequent intervals in the diphtheria wards. During the year 21 diphtheria patients contracted scarlet fever and 35 others developed secondary tonsillitis during convalescence. Among these 23 developed otorrhoea.

Every facility is afforded to the medical practitioners of the Borough for the examination of swabs from suspected cases of diphtheria, but though this procedure has been extensively practised by them during the post-war years it has not materially affected either the prevalence or the fatality of the disease.

Parents, however, are now taking an active interest in immunisation, and as the proportion of immunised children increases it is hoped the severity and prevalence of the disease will diminish.

One case only of paratyphoid fever was under treatment during the year.

During the latter half of the year sporadic cases of measles were admitted in increasing numbers. These probably herald the biennial epidemic which is due to appear in the early months of 1936. The disease was not of a severe type, and the requests for admission had not reached epidemic proportions by the end of the year.

Whooping Cough appeared to be fairly prevalent throughout the year, and severe cases were admitted as accommodation became available.

Four cases of cerebro-spinal meningitis and one of tubercular meningitis were under treatment during the year, and of these 2 proved fatal.

The number of erysipelas and pneumonia cases under treatment was small because, as in the previous year, many requests for admission had to be refused owing to lack of accommodation.

At the beginning of the year 226 patients were in residence and 1,720 were admitted during the year, making a total of 1,946 cases under treatment. Of these, 1,670 were discharged, 56 died, and 220 remained under treatment at the end of the year.

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

Scarlet Fever	4 deaths
Diphtheria	35 „
Measles	3 „
Whooping Cough	2 „
Pneumonia	2 „
Meningitis	2 „
Septic Pharyngitis	2 „
Other diseases	6 „

The fatality rate, calculated on all the cases admitted during the year, was 3.25 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.

TABLE 1.

1935	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 ...	43	58	...	...	...	...	1	...	1	6	109	...	5	...	...	...	...	...	...	...	1	6
February ...	66	81	...	...	...	1	...	...	1	11	160	1	6	...	...	2	...	...	...	...	...	9
March ...	53	97	1	...	3	1	...	...	1	16	172	1	4	...	...	...	...	...	...	...	1	6
April ...	48	70	...	...	1	...	1	...	1	14	135	...	6	...	...	...	...	...	...	...	1	7
May ...	55	75	...	3	...	3	1	...	...	17	154	...	...	...	1	...	...	...	...	...	1	2
June ...	50	36	...	8	...	...	1	...	2	11	108	...	1	...	...	...	...	...	...	1	...	2
July ...	49	28	...	5	...	1	...	...	7	27	117	...	...	...	...	...	...	...	...	...	2	2
August ...	58	58	...	7	...	...	...	...	5	26	154	...	2	...	...	...	...	...	...	...	1	3
September ...	56	30	...	2	...	1	2	...	5	20	116	...	4	...	1	...	...	...	...	...	1	6
October ...	103	81	...	3	...	2	1	...	1	27	218	1	2	...	1	...	...	...	...	...	...	4
November ...	52	43	...	3	...	1	...	...	3	11	113	1	3	...	...	...	...	...	...	1	1	6
December ...	69	65	...	3	1	...	...	...	3	23	164	...	2	...	...	...	...	...	...	...	1	3
Totals ...	702	722	1	34	5	10	7	...	30	209	1,720	4	35	...	3	2	...	...	...	2	10	56

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
1935	702	4	722	35	...	...	34	3	5	2	30	2	...	...	217	10	1720	56

Scarlet Fever.

The number of cases notified as scarlet fever, which were admitted during the year, was 738. In 36 of these, or 4.87 per cent., the diagnosis was changed after admission. In 13 other cases the diagnosis remained uncertain; they showed no definite signs of the disease on admission or afterwards, and suffered no complications. One of these developed scarlet fever in the wards. A relapse occurred during the 3rd and 4th weeks of illness in 9 cases in which the original diagnosis had been confirmed.

Sixty-six cases were in residence at the beginning of the year, making a total of 768 cases under treatment. Of these, 693 were discharged, 4 died, and 71 remained under treatment at the end of the year.

The day of illness on which the patients were admitted is shown in the following Table:—

Day of Illness	1st	2nd	3rd	4th	5th	6th	7th	Later
No. of cases ..	12	139	165	124	83	51	37	79
Per cent.								
of total	1.74	20.14	23.91	17.97	12.03	7.39	5.36	11.45

The average duration of illness on admission was 4.19 days.

In 50 per cent. of the cases a scarlatiniform rash was present on the day of admission, but 23 per cent. of these did not show any definite desquamation afterwards. In 10 per cent. of the admissions no rash or desquamation was detected.

Corrected diagnosis:—The 36 cases, in which the diagnosis was amended after admission, were found to be suffering from the following complaints:—Rubella 3, toxic rash 8, cervical adenitis 1, alveolar abscess 1, paratyphoid B. 1, chickenpox 2, measles 2, tonsillitis 10, gastro-enteritis 1, dentition rash 1, broncho pneumonia 1, impetigo 1, whooping cough 1, diphtheria 3.

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

Fatality rate:—Of the four cases which proved fatal, a boy aged five years suffered from toxic scarlet fever and did not respond to antitoxin treatment. A girl aged two years developed broncho pneumonia and empyema. A boy aged four years developed endocarditis and pericarditis. A boy aged 11 years died from acute nephritis and uraemia. The fatality rate was 0.57.

Mixed infections:—In 38 cases the disease was complicated by a second infection, as follows:—

Scarlet fever with faucial diphtheria	9 cases
“ “ “ nasal diphtheria	17 “
“ “ “ chicken-pox	7 “
“ “ “ whooping cough	3 “
“ “ “ measles	2 “

Of the 693 cases discharged, 287, or 41.4 per cent. suffered from one or more complications, as follows:—

Adenitis	48	cases or 6.93 per cent.
Albuminuria	44	„ „ 6.35 „ „
Nephritis	5	„ „ 0.72 „ „
Otorrhoea	57	„ „ 8.22 „ „
Arthritis	19	„ „ 2.74 „ „
Rhinitis	65	„ „ 9.38 „ „
Septic fingers	22	„ „ 3.17 „ „
Secondary tonsillitis	21	„ „ 3.03 „ „
Endocarditis	3	„ „ 0.43 „ „
Vaginitis	3	„ „ 0.43 „ „

The average durations of residence of all the cases was 35.01 days.

Diphtheria.

The number of cases admitted during the year, notified as diphtheria, was 856. The diagnosis was amended after admissions in 134 of these cases, or 15.65 per cent. of the admissions.

At the beginning of the year 153 patients were in residence and the total number under treatment was 875. Of these, 712 were discharged, 35 died, and 128 remained under treatment at the end of the year. The average duration of residence was 53.66 days.

Corrected diagnosis:—The 134 cases which proved to be wrongly diagnosed were found after admission to be suffering from the following complaints:—Tonsillitis 84, laryngitis 10, broncho-pneumonia 4, lobar pneumonia 1, Vincent's angina 12, ulcerative pharyngitis 3, retro-pharyngeal abscess 4, bronchitis 3, thrush 2, polio-myelitis 1, congenital stridor 2, measles 1, mumps 1, malnutrition 1, pulmonary tuberculosis 1, scarlet fever 4. Of these, the following proved fatal:—Ulcerative pharyngitis 2, polio-myelitis 1, pulmonary tuberculosis 1.

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

Type of Disease.	Number of Cases.	% of Total Cases.	Deaths.	Fatality Rate.
Faucial	592	79.25	30	5.07
Laryngeal	26	3.48	5	19.23
Nasal only	91	12.18	—	—
Aural	4	0.54	—	—
Bacteriological	34	4.55	—	—

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

Mild	198	cases, or 33.45 per cent.
Moderate	211	„ „ 35.64 „ „
Severe	183	„ „ 30.91 „ „

Paralysis :—Post diphtheritic paralysis occurred in 76 of the above cases. It was mild in 49 cases and severe in 27 cases.

Laryngeal diphtheria :—49 cases were admitted as laryngeal diphtheria, but 23 of these proved to be wrongly diagnosed. Of the 26 true cases, 12 required tracheotomy, and 5 of these died. Broncho-pneumonia was a complication in 3 of the fatal cases; the other 2 had extensive faucial involvement and died from toxæmia. The fatality rate was 41.6 per cent. of the cases operated on.

Fatal cases :—30 deaths occurred among the faucial cases; all were children under 11 years of age. The average duration of illness on admission was 4.3 days. Three cases were moribund on admission and died within 24 hours. Of the others, 22 died at varying periods during the first three weeks of illness and 5 died from paralysis between the fifth and eighth weeks. The amount of antitoxin administered to them averaged 163,000 units. The fatality rate among the faucial cases was 5.07 per cent.

Treatment :—The amount of antitoxin administered to the nasal and mild faucial cases averaged 14,000 units. The moderate faucial cases received an average of 34,000 units. To the severe faucial cases, the antitoxin was given partly by intravenous and partly by intramuscular injection, and averaged 133,000 units.

Typhoid Fever.

One case, a girl aged 5 years, who was admitted as scarlet fever, proved to be suffering from Paratyphoid B. She had a mild attack and made an uneventful recovery. Of two other cases which had been notified as scarlet fever, one suffered from acute rheumatism, and the other from gastro-enteritis.

Measles.

The number of cases under treatment was 34. Of these, 27 were discharged, 3 died, and 4 remained under treatment at the end of the year. The fatal cases were children under 2 years of age, and were complicated by broncho-pneumonia. Though moderately severe the majority of the cases escaped complications.

Whooping Cough.

During the year, 30 cases were admitted. Of these, 22 were discharged, 2 died, and 6 remained under treatment at the end of the year. The two fatal cases were children aged 13 months and 14 months respectively. The disease was also present as a complication in 5 cases of diphtheria, one case of scarlet fever, and 2 cases of measles.

Pneumonia and Bronchitis.

The number of cases under treatment was 13. Of these, 3 suffered from lobar pneumonia, 3 from broncho-pneumonia, and 7 from bronchitis. Two cases proved fatal; both were children under two years suffering from broncho-pneumonia.

Erysipelas.

This disease was not so prevalent as in previous years, and only 10 cases were under treatment. They were not so severe, and none proved fatal. The face was the part affected in 5 cases, the leg in 3 cases, and the arm in 2 cases. The ages of the patients ranged from 2 years to 72 years.

Cerebro-Spinal Meningitis.

Of 10 cases which had been notified as cerebro-spinal meningitis 4 proved to be suffering from the disease; 3 of these made a satisfactory recovery, and one died. In 3 of these cases the meningo-coccus was typed and proved to be of type I., type II., and type III. It was not typed in the fourth case. The patients were all children under 12 years. The amount of serum administered to them averaged 250 c.c.s per patient, and the cisterna, lumbar, intravenous, and intramuscular routes were employed for the injections. The fatal case was a boy aged 11 years, from whom type I. meningo-coccus was isolated; he died on the 18th day of illness.

Anterior Poliomyelitis.

Six cases of this disease were under treatment; all were children under 6 years of age. Two of them died within 24 hours of admission. The 4 which recovered were left with varying degrees of disablement. In 2 of these there was marked paralysis and wasting of both legs, and they were transferred to a general hospital for massage and electrical treatment. The other 2 were discharged, one with slight dragging of the right leg and the other with slight weakness of the right deltoid muscle.

Other Diseases.

Included in this group are the following:—Acute rheumatism 3, rubella 4, chickenpox 7, mumps 9, otorrhoea 3, diabetic coma 1, general pyaemia 1, tubercular meningitis 1, transient pyrexia 1, babies admitted with mothers 3, no disease 1, re-admitted 3. Of these, the cases of diabetic coma, general pyaemia and tubercular meningitis proved fatal.

Cross Infection.

During the year 21 diphtheria patients contracted scarlet fever during convalescence. Six patients were admitted in the incubation stage of chickenpox, and from these, 18 cases of diphtheria and 7 cases of scarlet fever contracted the disease. From 3 cases which were admitted incubating measles, 10 patients were infected. Six patients contracted whooping cough, and 4 contracted mumps.

Active Immunisation Against Diphtheria and Scarlet Fever.

Schick Test.

Number of patients tested	465
Number which proved positive	316
Rate per cent. of positives	67.95
Number immunised	298
Number of cases in which permission for immunisation was not obtained	34
Rate per cent. of cases tested in which per- mission for immunisation was not obtained	10.78

Dick Test.

Number of patients tested	378
Number which proved positive	176
Rate per cent. of positives	46.56
Number of cases in which permission for immunisation was not obtained	17
Rate per cent. of cases tested in which per- mission for immunisation was not obtained	9.65

Gate 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	176	
Number of these admitted		82
(Diphtheria 57, Scarlet Fever 14, Other diseases 11)		
Number brought by relatives	298	
Number of these admitted		68
(Diphtheria 45, Scarlet Fever 15, Other diseases 8)		
Number sent from other hospitals	28	
Number of these admitted		11
(Diphtheria 9, Scarlet Fever 2)		
Total number of cases examined	626	
Total number of cases admitted :—	161	
Diphtheria	111	
Scarlet Fever	31	
Other diseases	19	

Bacteriological Work.

Swabs examined for diphtheria :—

Number sent by Medical Practitioners :—

		Positive results	Per cent. positive
Faucial	2317	313	13.0
Nasal	332	71	21.0
Aural	12	5	42.0
Total	2661	389	15.0

Numbers sent by other institutions :—

Faucial	183	11	6.0
Nasal	137	5	4.0
Total	320	16	5.0

Number of gate cases swabbed :—

Faucial	166	28	17.0
Nasal	101	16	16.0
Aural	3	3	100.0
Total	270	47	17.0

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

Faucial	232	17	7.0
Nasal	230	12	5.0
Total	462	29	6.0

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

Faucial	62	3	5.0
Nasal	56	6	11.0
Total	118	9	8.0

Total number of examinations	3831	490	13.0
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Staff Illness.

One nurse who was Dick positive contracted scarlet fever before immunisation was commenced. Another nurse contracted mumps.

During the year 21 nurses and maids were warded with tonsillitis, and 9 with influenza; 35 others were off duty for short periods with minor ailments. All recovered.

Schick Test, 1935.

Number of nurses tested	52
Number which proved positive	27
Rate per cent. of positives	52
Number immunised	24

Dick Test.

Number of nurses tested	52
Number which proved positive	10
Rate per cent. of positives	19
Number immunised	7

Tuberculosis.

The reports of the Tuberculosis Officer and of the Medical Superintendent of Dagenham Sanatorium and Langdon Hills Sanatorium will be found on pages 115-123.

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 :—

The following figures show the number of cases examined in comparison with other years :—

Year	1930	1931	1932	1933	1934	1935
Request Cases	567	592	564	553	516	537
Notified Cases	176	130	128	98	104	74
Definite Cases	495	400	451	419	328	276
Contact Cases	561	448	585	507	351	401
Contact Cases	20	12	15	20	10	11
(Tuberculous)						
Percentage	3.7	2.6	2.5	3.9	2.8	2.7

Tuberculosis of Lungs.

Diagnosis.

The usual methods have been employed. One hundred and forty-one cases were examined by X-Ray at the Whipps Cross Hospital.

Treatment.

Residential Treatment has been arranged at our Hospital and Sanatorium at Dagenham. There is a marked decline in the number treated at outside Sanatoria, e.g., Grosvenor and King George Sanatoria. Certain cases have been sent to the Brompton Chest Hospital for Surgical Treatment. Five cases were admitted; in four the operation of Thoraco-plasty was performed, and one case simple collapse of the lung by Artificial Pneumothorax.

Children.

The Sanatorium at Langdon Hills has been in full use.

Domiciliary Treatment.

At the end of the year 282 patients were receiving treatment from their Panel Doctors who submitted 435 Domiciliary Reports.

Dispensary Treatment.

At the end of the year 433 children and non-insured persons were receiving this form of treatment.

Artificial Pneumothorax Treatment.

Every Friday afternoon a Session is held. Twelve patients have been under treatment, and 65 refills have been given. One patient has had Gold Treatment.

Non-Pulmonary Tuberculosis.

Adult cases have been treated at the Royal Sea-Bathing Hospital, Margate. At the end of the year nine cases were under treatment. Children have been sent chiefly to the Lord Mayor Treloar Cripples' Hospital, Alton. In all, 24 cases were under treatment at the end of the year.

Tuberculosis of Skin.

Fourteen cases have been under treatment at the London Hospital.

Extra Nourishment.

At the end of the year 242 cases were in receipt of grants.

Home Visiting.

Four thousand nine hundred visits were made by the Tuberculosis Nurses to the homes of the patients.

An analysis of Primary Notifications and Transfers into the West Ham Area of cases suffering from Tuberculosis of the Lungs has been made :—

	Men	Women	Children	Total
Total	170	134	28	332
Admitted to Dagenham or Langdon Hills	88	47	14	149
Admitted to other Institutions....	11	13	1	25
Declines Treatment at Dagenham or Langdon Hills	11	21	2	34
Dispensary Treatment recommended	2	6	3	11
Dispensary Supervision recommended	5	—	—	5
Domiciliary Treatment recommended	10	5	—	15
Diagnosis of T.B. not confirmed	5	3	3	11
Removed from Area	3	2	—	5
Not examined	35	37	5	77

The 77 cases who have not been examined have been further analysed :—

Notified Deaths	34
In Institutions	23
Declined to attend Dispensary	9
Left Area	3
Prevented from attending, by work, etc.	8
	—
	77
	—

Dispensary Treatment.

A small number of cases of Tuberculosis of the Lung have been treated at the Dispensary as they were unsuitable for Sanatorium Treatment for one reason or another.

Case No. 1 (03731) Housewife, aged 60 years, suffering from chronic Tuberculosis, sputum negative. Has attended regularly for three years and received a grant of Milk, Eggs, Butter, Green Salads and Green Vegetables.

7/ 2/33 weight	95 lbs.	25/10/33 weight	113 lbs.
3/ 3/33 „	101½lbs.	24/10/34 „	111 lbs.
12/ 4/33 „	106 lbs.	25/ 9/35 „	114½lbs.
5/ 7/33 „	108 lbs.	12/ 2/36 „	111½lbs.

It is seen that the patient has gained 18lbs. in the first eight months; for two years she maintained this gain, and she has been able to do light housework.

Case No. 2 (03632) Housewife, age 28 years. Notified in November, 1932, sputum positive. Has been under treatment for three and a half years. No grant of Nourishment. Sanatorium Treatment not recommended—nervous type.

31/10/32 weight 116 lbs.	5/ 2/34 weight 131 lbs.
6/ 2/33 „ 122½lbs.	reported *
14/ 8/33 „ 130 lbs.	19/12/34 „ 132 lbs.
4/12/33 „ 142 lbs.	26/ 6/35 „ 132 lbs.
	26/ 2/36 „ 120 lbs.

* Had given birth to a healthy boy and was feeding him.

During more than 2½ years this patient had gained 16lbs. in weight. On her last visit she had lost considerably—she had had great worry. Her Mother has Cancer, and the patient has been nursing her for a period of three months until she had to give up and allow her Mother to go to Hospital. Her younger boy has acute Rheumatism, and has been confined to bed.

Case No. 3. Housewife, aged 29 years. Notified in October, 1933, as a case of Tuberculosis of Lung. X-Ray evidence, sputum test negative, work—Street Trader. Sanatorium Treatment not advisable as the patient is of the nervous type.

10/10/33 weight 111 lbs.	/10/34 weight 122 lbs.
8/11/33 „ 107 lbs.	/ 3/35 „ 120 lbs.
6/12/33 „ 116 lbs.	/ 7/35 „ 115 lbs.
26/ 3/34 „ 122¾lbs.	

The patient has since been an absentee, but the Visiting Nurse reported in January, 1936, that she was keeping well and working.

Case No. 4 (13345) Female, aged 36 years, single. Notified in July, 1934, haemoptysis + 27/7/34 examined, physical signs right, Stage 2, weight 110lbs. Sanatorium Treatment not essential. Extra Nourishment granted.

/ 1/35 weight 119 lbs.	/ 1/36 weight 131 lbs.
/ 7/35 „ 126 lbs.	

This patient has gained 21lbs. in 18 months, and is now doing light work—one half-day per week, daily domestic.

DAGENHAM SANATORIUM AND LANGDON HILL SANATORIUM FOR CHILDREN.

Dagenham Sanatorium.

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

At the end of 1934 the number of patients remaining under treatment were :—

Males	59	
Females	40	— 99

The total admissions during 1935 were :—

Males	148	
Females	85	— 233

The total number of deaths was :—

Males	30	
Females	28	— 58

Discharges during the year totalled :—

Males	108	
Females	69	— 177

Leaving under treatment at the 31st December, 1935 :—

Males	69	
Females	28	— 97

Including 13 Non-Insured persons.

Insured persons admitted during the year totalled 186, the remaining 47 being Non-Insured.

Thirty-five ex-Service men were admitted to the Sanatorium during the same period.

The Death Rate (calculated on admissions) was 24.89%.

In the case of Males the percentage was 20.27%, and in the case of Females 32.94%.

The Average Duration of Residence (both sexes) was 158.80 days.

The Average for Males was 148.29 days, and for Females 173.66 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	19	16	46	18	99
Females	21	7	17	18	63

MALES.

Quiescent	11	13	18	1
Improved	7	3	26	9
No material improvement	1	0	2	8
	—	—	—	—
	19	16	46	18
	—	—	—	—

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

FEMALES.

Quiescent	13	4	6	—
Improved	8	3	11	12
No material improvement	—	—	—	6
	—	—	—	—
	21	7	17	18
	—	—	—	—

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

The average number of beds occupied during the year has been appreciably less than in previous years, as also was the period of residence.

After making allowances for the usual number of patients who take their discharge owing to home affairs, there are a large number of patients who arrive at the Institution with the erroneous idea that three months' treatment is quite sufficient; many of these are suffering from advanced disease. This is a regrettable factor, as had they remained on they would have received a great deal more benefit. This has been confirmed in many cases by their relapse and re-admission, often in a hopeless condition.

Improvements of enormous value have been carried out for the benefit and comfort of patients during the last year. Cubicles have been erected on the hospital side with individual lighting for each bed, which has proved to be an undoubted success and has been highly appreciated. The advent of an X-Ray plant will no doubt be a useful adjunct in diagnosis and treatment.

Considerable improvements have been carried out in the grounds, where pleasant surroundings play a helpful part in 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.
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
1935	.65	1.44	.33	2.20	1.07	1.81	.61	1.85	2.11	1.63	2.50	1.60

Entertainment.

The usual practice of having Whist Drives and Concerts during the year was continued. These events are looked forward to, and proved to be a striking success, both from the point of view of patients and Staff.

Nursing Staff.

Two Nurses passed the final examination for the Certificate of the Tuberculosis Association during the past twelve months, and one was 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 1934 the number of patients remaining under treatment were:—

Males	25	
Females	15	40

The total admissions during 1935 were:—

Males	12	
Females	12	24

The number of deaths were:—

Males	Nil	
Females	Nil	Nil

Discharges during the year totalled:—

Males	14	
Females	11	25

Leaving under treatment at the 31st December, 1935:—

Males	23	
Females	16	39

The Average Duration of Residence (both Sexes) was 390.80 days.

The average for Males was 338.43 days, and for Females 457.45 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	13	—	—	—	13
Females	8	—	—	3	11

One observation case was found to have no active disease.

MALES.

Quiescent	13	—	—	—	
Improved	—	—	—	—	
No material improvement	—	—	—	—	
	13	—	—	—	

FEMALES.

Quiescent	7	—	—	—	
Improved	1	—	—	—	
No material improvement	—	—	—	3	
	8	—	—	3	

The class of case admitted during the year has been similar to those in past years. Three advanced cases were discharged to Dagenham Sanatorium compared with two in the previous year.

The results of treatment as usual have been highly satisfactory. It has been pleasant to hear of many old patients now at work, some of whom were very ill at one time. It is, however, a matter of regret to find some who responded well to treatment, after keeping well for a time, have later come to Dagenham, and still more regrettable to feel that had it been possible to keep them under suitable surroundings they would have remained well.

With confidence, I can only again refer to my remarks in the report of 1933, where many suitable cases can be saved on economical lines from serious relapse.

Staff.

Nursing.

- 1 Matron.
- 2 Sisters.
- 7 Probationers.

Domestic.

8

Male.

- 1 Head Gardener.
- 1 Motor Driver.
- 1 Handyman and Porter.
- 2 Assistant Gardeners.
- 1 Night Watchman.

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 21 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; they also 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 1935.

	London.	Middle-sex.	Essex.	Surrey.	Kent.	Herts.	Bucks	East Ham.	West Ham.	Croydon.	Total.	Other Places.	Grand Total.
New Patients :—													
Syphilis ...	2,734	340	121	115	77	32	20	25	52	9	3,525	405	3,930
Soft Chancre...	235	7	16	7	4	...	...	2	9	...	280	70	350
Gonorrhoea ...	7,645	1,052	458	341	149	154	52	106	193	36	10,186	766	10,952
Not venereal...	9,213	1,341	616	588	279	155	67	96	199	87	12,641	530	13,171
TOTAL ...	19,827	2,740	1,211	1,051	509	341	139	229	453	132	26,632	1,771	28,403
Total attendances ...	863,948	94,266	64,635	28,320	12,155	9,206	3,008	15,231	29,498	2,006	1,122,273	16,219	1,138,492
No. of in-patient days ...	32,868	4,546	2,692	1,261	2,209	583	562	117	736	102	45,676	9,890	55,566
Salvarsan Subs. doses	42,567	6,725	2,904	2,420	1,186	706	290	605	1,266	93	58,762	2,051	60,813

PATHOLOGICAL EXAMINATIONS.

For or at Centres :—													
Spirochaetes ...	2,734	84	94	35	12	5	5	21	25	6	3,021	124	3,145
Gonococci ...	106,701	13,225	11,221	5,212	2,215	1,589	825	2,651	4,105	518	148,295	1,824	150,119
Wassermann ...	33,840	3,738	1,940	2,042	783	521	234	375	696	222	44,391	1,378	45,769
Others ...	39,986	4,030	4,174	2,233	909	484	246	841	1,548	253	54,704	1,666	56,370
TOTAL ...	183,261	21,077	17,429	9,522	3,919	2,599	1,310	3,891	6,374	1,029	250,411	4,992	255,403
For Practitioners :—													
Spirochaetes ...	8	3	1	6	...	...	...	...	...	...	18	...	18
Gonococci ...	5,072	195	888	333	52	65	74	4	6	853	7,541	104	7,645
Wassermann ...	14,793	1,006	1,393	1,291	197	65	96	38	19	569	19,467	594	20,061
Others ...	7,186	236	1,282	675	15	21	10	26	16	799	16,266	364	10,630
TOTAL ...	27,059	1,440	3,564	2,305	264	150	180	63	41	2,221	37,292	1,062	38,354

Venereal Diseases.

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

Year.	New Cases.						Total Venereal Cases.		Total Non-Venereal Cases.		Total Attendances		In-patient days.		Pathological Examinations for	
	Syphilis.		Soft Chancre.		Gonorrhoea.											
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Clinic.	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	4,360	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
1935	2,578	1,352	336	14	8,184	2,768	11,098	4,134	8,575	4,596	826,122	312,370	21,654	33,912	255,403	38,354

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

Return showing the extent to which the facilities have been utilised during the year ended 31st December, 1935.

Hospital	New cases					No. of persons Ceased to attend	Dis- charged	Total attendances	No. of in- patients days	A.B.C. doses given	Spiro		Pathological examinations				Others		Total
	Syp.	S.C.	Gon.	Not V.D.	Total						(a)	(b)	Gon.	(b)	(a)	(b)	(a)	(b)	
Albert Dock	123	35	319	244	721	41	423	11,759	2,382	1,425	12	1	284	30	713	285	713	285	2,323
Gt. Ormond Street ..	33	—	17	572	622	10	598	3,218	2,127	1,014	1	—	1,116	19	1,041	690	582	71	3,520
Guy's	288	72	570	1,033	1,963	384	1,548	55,223	2,667	4,391	301	—	14,468	866	3,392	2,665	4,935	1,149	27,776
King's College	132	2	107	269	510	145	312	13,075	892	1,203	12	2	666	91	1,438	2,379	340	55	4,986
L.C.C. Clinic (Whitechapel)	484	48	1,629	1,537	3,698	1,459	2,513	339,555	3,407	9,868	737	—	44,040	1,394	6,119	3,039	16,541	4,921	76,791
Metropolitan	55	15	136	107	313	122	185	26,824	246	914	28	—	606	54	477	240	490	253	2,148
Miller General	99	4	171	107	381	212	200	13,705	182	1,120	13	1	1,020	6	354	863	263	61	2,581
Royal Free	155	—	565	684	1,404	198	1,387	34,703	2,642	2,113	20	—	17,938	141	2,596	993	3,964	1,034	26,686
Royal Northern	147	4	524	346	1,021	332	694	54,197	369	2,180	47	—	3,274	46	1,099	1,229	130	22	5,847
St. George's	153	8	567	349	1,077	279	806	40,071	728	1,975	90	—	1,472	35	1,576	100	547	2	3,822
St. John's (Lewisham)	77	2	140	279	498	49	447	9,181	748	797	7	—	250	66	623	350	602	132	2,030
St. Mary's	362	1	1,072	644	2,079	418	976	85,674	2,196	6,209	201	—	12,735	288	3,284	1,510	2,461	26	20,505
St. Paul's	221	11	984	2,039	3,255	660	2,488	112,095	1,589	4,636	211	—	9,148	758	4,101	321	2,348	49	16,936
St. Thomas'	623	96	1,862	2,948	5,529	1,380	4,017	163,761	4,496	8,774	1,079	8	18,632	2,850	12,092	2,957	13,510	1,320	52,448
Seamen's	325	50	654	304	1,333	834	311	14,211	9,433	1,731	146	2	3,021	73	838	145	1,768	18	6,011
S. London for Women	39	1	131	179	350	87	216	9,802	622	158	3	—	3,765	379	478	314	454	9	5,402
University College	154	1	331	138	624	312	291	34,368	549	3,102	84	—	1,821	272	1,037	23	345	—	3,582
West London	340	—	771	1,136	2,309	593	1,546	86,748	2,134	6,445	111	4	12,052	255	3,680	441	5,414	425	22,382
Westminster	107	—	244	35	386	124	233	25,462	195	2,745	30	—	1,513	22	534	1,517	687	798	5,101
S.A. Mothers'	8	—	101	159	268	83	157	4,860	5,243	13	12	—	2,298	—	297	—	276	—	2,883
Children's, Waddon .	5	—	57	—	62	—	63	—	12,719	—	—	—	—	—	—	—	—	—	—
TOTALS	3,930	350	10,952	13,171	28,403	7,722	19,411	1,138,492	55,566	60,813	3,145	18	150,119	7,645	45,769	20,061	56,370	10,630	293,757

Pathology—(a) For centre 255,403 Pathology (b) For practitioners 38,354

Venereal Diseases.

Utilisation of Facilities at Hostels, 1935.

Particulars of the work done on behalf of the participating authorities by the hostels in the scheme for the year ended 31st December, 1935. 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.6.

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	192	19,774	68.84
Middlesex	15	1,779	6.2
Essex	13	1,466	5.1
Surrey	20	2,543	8.85
Kent	17	2,250	7.83
Herts.	6	555	1.93
Bucks.	—	—	—
East Ham	—	—	—
West Ham	2	236	.82
Croydon	1	124	.43
	266	28,727	100.0

* Closed 31st October, 1935.



BY THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

SCHOOL

MEDICAL OFFICER

FOR THE YEAR

1935

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

ANNUAL REPORT

OF THE

SCHOOL

MEDICAL OFFICER

FOR THE YEAR

1935

WILLIAM COLLINS

U.S. ARMY, MEDICAL DEPARTMENT

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE.

Madam Chairman, Ladies and Gentlemen,

I herewith present the Annual Report upon the School Medical Service for the year 1935.

During the year special consideration has been given to the Open Air Schools.

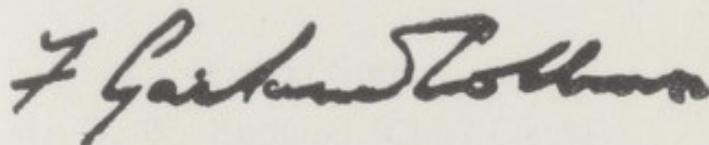
There has been some re-organization of the Day Open Air School at Crosby Road (see page 185) and it has been decided to extend the Residential Open Air School at Fyfield by 60 beds for the reception of 40 Girls and 20 Boys. The sanction of the Board of Education has recently been obtained to this project and building operations will be begun at a very early date. When completed this will bring the accommodation of Fyfield Open Air School up to 200 beds.

In regard to Circular 1444 issued by the Board of Education in January last, Appendix II. sets out a report concerning certain matters which is receiving special consideration.

As a whole the health of the children has remained good.

I am,

Your obedient Servant,



School Medical Officer.

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

June, 1936.

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE

My dear Sirs,

I have the honor to acknowledge the receipt of your letter of the 14th inst.

in relation to the proposed changes in the curriculum of the High School.

I have been most anxious to give consideration to the subject, and have been deeply interested in the suggestions which you have made. The committee of the Board of Education has been working on this subject for some time, and I am glad to hear that your suggestions are in line with the work of the committee. I am sure that the Board will be most anxious to consider the suggestions which you have made.

I am, Sir, very respectfully,
Yours very truly,
John M. Smith

John M. Smith, Chairman of the Board of Education

I am,

Very respectfully,
John M. Smith



John M. Smith, Chairman of the Board of Education

John M. Smith, Chairman of the Board of Education

John M. Smith, Chairman of the Board of Education

John M. Smith, Chairman of the Board of Education

(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.

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.

Dental Officers (full time) .

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

Hélene M. Gubb, L.D.S. (Eng.).

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

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

G. C. Baird, L.D.S. (Eng.) (appointed January, 1935).

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 (resigned

Miss E. Laker

April, 1935)

Mr. W. Phillips (appointed
June, 1935)

Messenger.

Mr. R. Denney (appointed June, 1935)

School Nursing Staff.

Miss D. S. Ayton	Miss C. E. Hutton
Miss H. Bredin	Miss E. K. Jack
Miss H. E. Bredin	Miss E. Large
(appointed Nov., 1935)	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
(Resigned Nov., 1935)	Miss M. E. Tanner
Miss L. C. Glover	Miss E. Taylor
Mrs. C. B. Halls	Miss M. A. Van Ryssen
Miss E. D. Harris	Miss D. Wright.

Miss E. Fraser (Knox Road & Crosby Road Special Schools) Mrs. S. Wilderspin (Grange 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 R. Aylott, Matron's Help

(appointed March, 1935)

(2) Co-ordination of Departments.

The arrangements for securing the close correlation 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.).

During the year 1935 the children's latrines at Colegrave Road, Gainsborough Road, and Grange Road Schools were remodelled and brought up-to-date, with separate flushing to each pan, etc.

The obsolete lavatory basins were removed from Canning Town, Beckton Road, and Bridge Road Schools, and lavatory troughs with spray taps were installed.

At Hermit Road School a low pressure hot water heating system was installed.

The Domestic Centre at Burke Senior Girls' School was remodelled and fitted with modern apparatus, and at New City Road School new Domestic Science and Handicraft rooms were erected.

At Carpenters Road School a new Hall was erected.

The obsolete electric light installation at West Ham Municipal Secondary School was removed and a new electric light installation provided, also at various Schools improvements to electric lighting have been effected.

A domestic hot water supply to the lavatory basins at three Schools was provided.

The hot water heating boilers at Shipman Road, Holborn Road, and Colegrave Road Schools were replaced.

The interiors of the two Nursery Schools were redecorated.

The interior of the Boys' School at Fyfield Residential Open Air School was also redecorated.

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 at 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 was as follows:—

Boys	Girls	Total
19,760	13,747	33,507

With regard to the 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.

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. 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 60 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 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 cases 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) NUTRITION.

The Board of Education, on the 31st December, 1934, issued fresh instructions (Administrative Memorandum No. 124) as to the classification of nutrition. The result of these findings will be seen in the Statistical Tables IIB for Elementary and Schools of Higher Education.

AVERAGE HEIGHT AND WEIGHT, 1934-1935.

HEIGHT.							
1934				1935			
Age	Number Examined		Average Height in inches.		Number Examined		Average Height in inches.
Boys							
5	800	....	41.8	....	935	....	41.8
8	1765	....	47.4	....	1815	....	48.7
12	1910	....	55.8	....	2146	....	56.0
Girls							
5	797	....	41.6	....	921	....	41.8
8	1862	....	48.3	....	1769	....	48.5
12	1918	....	56.5	....	2085	....	56.6

WEIGHT.							
Age	Number Examined		Average Weight in lbs.		Number Examined		Average Weight in lbs.
Boys							
5	800	....	40.2	....	935	....	40.4
8	1765	....	57.4	....	1815	....	57.6
12	1910	....	78.1	....	2146	....	79.8
Girls							
5	797	....	39.2	....	921	....	39.8
8	1862	....	53.2	....	1769	....	54.1
12	1918	....	82.1	....	2085	....	83.0

(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
89149	7377	1418	22	12	708	241

The percentages for head and body vermin are respectively 1.64 and .13.

Number of Home Visits 5225

Number of Children visited at School 8519

(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 192 cases of Skin diseases found among Routine examinations at the Elementary Schools, 144 being referred for Treatment; 4,411 "Specials" were also referred for treatment. Thirteen cases of Tinea Tonsurans and 148 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 26, "Specials" requiring Treatment, 13 (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 92 cases referred for treatment at Routine Inspection (17 being in respect of Higher Education) and 1,094 among the "Specials" (six Higher Education).

With regard to Defective Vision, 591 Routine cases were referred for refraction, and 123 for Squint. In addition there were 619 specially referred for defective vision and 162 for Squint.

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

Defective Vision requiring Treatment—276 (including 15 "Specials").

Squint requiring Treatment—3.

(e) NOSE AND THROAT DEFECTS.

At Routine inspection 678 cases (including 40 Higher Education) were found to require treatment of the nose and throat, and 699 (6 Higher Education) among the Specials. In addition there were 376 cases requiring to be kept under observation among the routines and 12 among the "Specials."

(f) EAR DISEASE AND DEFECTIVE HEARING.

The findings under this heading at Routine Medical Inspection (Elementary Schools) amounted to 185 requiring treatment. In addition, 920 Special cases were referred for treatment. Twenty-three 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, 33 Organic Heart Disease cases were found in the course of Routine Inspection at Elementary Schools and two at the Secondary and other Schools of Higher Education; 39 cases were found among the "Specials," all of whom were Elementary School children. In addition there was a total of 252 children requiring to be kept under observation for their heart condition.

(j) TUBERCULOSIS.

During the year one definite and 20 suspected cases of Pulmonary Tuberculosis, together with seven non-Pulmonary cases, were found in the course of Routine examination. There was one definite and five suspected Pulmonary, together with six non-Pulmonary complaints found in the "Specials." Fifty-four Pulmonary and 14 non-Pulmonary cases were required to be kept under observation.

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

Suspected Pulmonary Tuberculosis—4 (one requiring treatment).

Non-Pulmonary Cases for observation—2.

(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	464
Routine Cases in need of Observation	404
"Specials" in need of Treatment	6638
"Specials" in need of Observation	65

Higher Education:

Cases requiring Treatment	69
Cases in need of Observation	22

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 7,645.

(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	10237
Total number of children visited at school	5138
Total number of hours spent by Nurses in visiting	3446

(7) Arrangements for Treatment.

(a) NUTRITION.

Table IIB in the Appendix sets out the classification of the Nutrition of children inspected during the year in the routine age groups at elementary and schools of Higher Education.

Children suffering from malnutrition are dealt with in various ways, such as admission to a Day or Residential Open-air School, periods of Convalescence and the provision of free meals in necessitous cases. There is a Voluntary Milk Scheme in operation in the schools.

(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	39
Unclean Heads	2343
Unclean Bodies	2
Skin Diseases	9

No children were cleansed under Section 122 of the Children Act, but 109 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 (Stratford Clinic) being served by two Doctors:—

Stratford Clinic (a)	13589
Stratford Clinic (b)	6898
Balaam Street Clinic	11905
Swanscombe St. Clinic	16983
Rosetta Road Clinic	17171
Total	<hr/> 66546 <hr/>

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	4198	483	56
Number attended	3419	440	46
Percentage attendance	81.4	91.1	82.1
Glasses ordered	2635	403	38

The total number of Clinic Sessions devoted to Refraction work was 364.

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.

It is quite possible for a child to have defective vision in one or both eyes, and yet make no complaint either at school or at home. Children who have never experienced full clarity of detail cannot realise that they see objects indistinctly.

Parents should watch their children closely, and if they have any reason to think that a child's sight is less than perfect, expert medical advice should be obtained without delay.

Many children are accused unjustly of being dull at school when in fact they are handicapped by the inability to see properly, and by the consequent "nervous strain" which is thrown upon them in straining to overcome the defect. Many minor ailments may be traced to the want of proper correction with spectacles.

It is of the first importance that children's sight should be entrusted only to specially qualified medical officers. In many cases defective sight is due to "bodily ill-health." A doctor also has the medical knowledge and training necessary to detect and treat such conditions.

With the co-operation of the School Medical Service children can obtain expert medical eye examination, which is so necessary, and spectacles made accurately according to prescription, by the dispensing optician appointed by the local authority. Prescriptions for glasses are made up at contract prices, and every case 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 heterophoria or squint, are referred to the Oculist. All cases of myopia 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.

There is usually a waiting list, which is made up from the recommendations of the area School Medical Officers at their routine and special examinations in the schools.

Head Teachers can notify the School Medical Officer direct of children who appear to have any ocular defect.

The total number of children suffering from External Eye disease who received treatment under the Authority's scheme amounted to 1,109, 62 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 684 children were operated on for these conditions under the Authority's scheme, and 52 received treatment by Private Practitioners, or otherwise; 172 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, 986 children with minor Ear Defects were treated at the Clinics. Seventy-one cases received treatment privately. Nine of whom were scholars 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 once a year by an expert Aural Surgeon (Mr. Stoker, F.R.C.S.).

(g) DENTAL DEFECTS.

Reference to my previous Report will show the scheme of Dental treatment in this area. There has been no departure from these arrangements.

Particulars of the work done during the year will be found in Table IV, Group V.

I submit herewith remarks and comments from individual reports of the five Dental Surgeons:—

Mr. Dick reports:—

Treatment has been continued on the same lines as in previous years, but owing to a smaller number of children in the schools, a little more time has been available for conservative work. This condition is highly satisfactory, as much conservative work has in the past of necessity been impossible to do owing to the number of extractions required.

The number of special cases is still high and interferes with routine work. Many of these are not really urgent, and I would ask the Head Teachers to send up, as specials, only cases which obviously require immediate treatment.

I am pleased to note that several more teachers have introduced the "Ivory Castles' League" to their classes. This league does splendid propaganda work.

I am indebted to Head Teachers and Teachers for their help, and wish to thank them for their co-operation at all times.

Miss Gubb reports:—

The Routine School Inspections were carried out during the year 1935. All children found to require dental treatment were referred, and those accepting treatment in due course attended the Clinic, the appointments being all sent out as far as possible within two or three weeks of the School Inspection.

Persistent refusals are still a constant source of worry, as they almost always attend the Clinic at some future date as one of the many Specials. A large number of Specials is inevitable on account of the various epidemic illnesses and other unavoidable causes, and these children must of course be treated when they are able to attend.

The six-year old molar (1st Permanent Molar) is still a source of mystery to the Parents, a fact which leads to the early loss of many of these most valuable teeth. All Parents who show any signs of interest or a desire for knowledge on the subject are given a very brief account of the Permanent and Temporary Dentitions as it is impossible to do more in the limited amount of time available.

It is also pointed out to the Parents that though the deciduous dentition (1st Dentition) is only a temporary one, it has a very definite function to perform and a very important role to play in the Dental Scheme.

It is gratifying to see in many of the schools evidence of the interest taken by the Teachers by the presence of the paint books issued by the Ivory Castle League, and many of the children are wearing the Ivory Castle League badges which give them an added interest in themselves.

All children recommended for Fyfield Open-Air School are Dentally inspected and treated if necessary so that they are able to derive the maximum amount of benefit from their stay at the School.

The same applies to all children prior to their admission to the Langdon Hills' Sanatorium.

Each year a few children are referred to the various London Dental Hospitals for Orthodontic treatment with very satisfactory results. The parents perhaps at present only appreciate the aesthetic result in the improved personal appearance of the child. It is pointed out to them, however, that the benefit reaches far beyond the mere personal appearance of the child.

I would once again like to express my thanks to all the Head Teachers for their valuable help and co-operation.

Mr. Baird reports:—

During the year, all the Schools in the area of Swanscombe Street Clinic have been inspected, and the necessary treatment given to those accepting it.

Conservative treatment has been accepted by the parents in a fair percentage of cases, but until this figure increases, the number of special cases will remain large.

The number of Special Cases is also increased by reason of the Routine Inspections being confined to those children between the ages of six and eight, many requiring emergency treatment for the relief of pain from teeth in the deciduous dentition.

I might stress the fact that parents do not realise that the six-year old molars are permanent teeth, and require careful attention.

I wish to express my thanks to the Head Teachers for their valued help and co-operation in the attendance of children at the Clinic, and during the Routine Inspections.

Mr. Heywood reports:—

There have been few noteworthy features in connection with the work carried out at Balaam Street during 1935. The proportion of refusals shows, in general, little abatement, and it is unfortunately to be observed that nearly all these cases are equally unwilling to accept treatment or advice.

At Grange Road Special School, which was included in the area for the first time, the percentage found to require treatment was naturally large, but the proportion of acceptances was here encouragingly high and practically all serious cases, both physically and mentally defective, were dealt with, excepting those few children for whom, owing to the dangerous condition of their hearts, treatment could not be undertaken.

Miss Marsden reports:—

In 1935, Routine Dental Inspection followed by treatment—that is, to those who took advantage of the scheme for dental treatment—continued as in previous years.

The percentage of children requiring some dental treatment is still very large. There is undoubtedly though, an improvement in the condition of the children's teeth, not very many requiring really extensive treatment.

It is uphill work persuading the parents and children to accept treatment, especially conservative treatment, one mother stating that she did not believe in the children being forced to have treatment, while another stated that she knew what was best for the child's health (when it was pointed out that carious teeth had a bad effect on health). It is, of course, really the children who rule the home, and who decide whether they will have treatment or not.

So it is the Head Teachers and Class Teachers who have the greatest influence in persuading the children to accept treatment.

I should like to take the opportunity of thanking all the Head Teachers and Class Teachers for their very great help and courtesy.

(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 101.

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	39
Heritage Craft Schools, Chailey	3
Sir William Treloar's Home, Alton	13
Hastings Home and Residential School	1

In addition there were 3 out-of-school cases of Tuberculosis at the end of December, 1935.

(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 1935, the number of School children treated at the Sunlight Clinic was 163, as compared with 110 in the previous year. Of these, 65 were discharged "greatly improved," 40 "improved," 25 "unchanged," and 33 were still under treatment. Of the "unchanged" group, all but three made only seven attendances or less, several only coming once. The three remaining cases in this group, who attended 11, 12 and 14 times respectively, were referred, one for anaemia and debility, one for tuberculous adenitis (inguinal glands) and one for malnutrition and debility.

The great majority of the children who attended for the full three months' course, and who were regular in their attendance, an important point, gained weight and improved remarkably in other ways, such as sleep, appetite, temper and spirits.

Debility and catarrh were two of the commonest conditions for which the children were referred to the clinic. Nineteen cases of anaemia and 17 cases of enlarged glands, usually of the neck, were treated during the year, most of these, as is usual with such cases, doing well.

(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)	348	Whooping Cough	994
Tonsillitis	476	Chicken Pox	1199
Mumps	1089	Other Diseases	497

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.

Exclusions during 1935.

Impetigo	49	Verminous	2
Scabies	142	Tinea Tonsurans:	
Other Skin Diseases	18	Treated by X-Rays	6
Conjunctivitis	9	Treated at Clinic	5
Blepharitis	3	Tinea Body	6
Mumps	38	Other Defects and	
Chorea	3	Diseases	71
Enlarged Glands	8		<hr/>
Chicken Pox	8		397
Tonsillitis	5		<hr/>
Diphtheria	11	Total number of	
Anaemia and Debility	1	children involved	377
Bronchitis	8		<hr/>
Heart	4		

(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.

Some 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 Shoberyness and Isle of Wight 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 11th Boys' Holiday Camp was held at the South Shobery Hall Farm during the Summer Vacation, this being the 10th Camp in the same field, and it would be difficult to find another position possessing the same essential and desirable facilities. Here we have ample supplies of fresh water close at hand, sea bathing within easy reach, space in plenty for the playing of games, and a soil with good natural drainage.

The evening of Friday, July 19th, saw some two dozen enthusiastic teachers and other helpers erecting canvas in intermittent storms of wind and rain. By 11 p.m. they were sitting down to a well-earned supper by candle light in the small marquee. Sufficient canvas had, by this time, been put up to cover the weary sleepers and to put blankets and other stores under shelter. On Saturday morning a necessary but very unpopular reveille at 6 o'clock enabled an early start to be made on the large marquee, the erection of which in half a gale of wind needs considerable care. During the day, however, the weather improved, and the remainder of the work proceeded satisfactorily until the late afternoon, when a heavy downpour of rain and general weariness called a halt for the day. On the following morning another early start was necessary to complete the essential work of establishing the Camp. The early evening saw these willing helpers departing in various conveyances, the less fortunate ones proceeding to the local station and from there completing the journey in a crowded excursion train.

The first party of boys numbering 161, mostly from schools in the north of the Borough, entered the Camp on July 25th in glorious sunshine, and during the whole of their fortnight's holiday the same glorious weather prevailed. Great care had to be taken during the first few days to prevent the serious effect of a too sudden exposure of tender skins to the rays of the sun, but the precautions taken happily avoided any severe cases of sunburn.

The change over took place on August 8th, and the difference between the "brown-skins" who left the Camp in the morning and the "pale faces" who arrived in the afternoon was very noticeable. Unfortunately, the day of brilliant sunshine was followed by a night of torrential rain. This would be most unwelcome at any time, but coming on the first night of any party of boys is an experience the Staff has no wish to have repeated. However, these boys had only another evening of rain during their fortnight, and although the sun was not quite so consistent, the weather generally was almost as good as for the previous party.

During the whole month the health of the boys remained excellent, and the almost complete absence of tooth-ache does credit to the inspection by the Medical Department of the children before proceeding to Camp. The usual amount of home sickness was experienced—this being mostly among the junior boys.

The usual outdoor activities were indulged in and proved as popular as ever—cricket, camp golf, football and rounders—each game having its particular devotees. The increasing popularity of the last-named amongst boys of all ages is specially noticeable. Sea bathing and mud walks were organised according to the state of the tide, and the usual competitions arranged towards the close of each period, these being selected to give the athletic and non-athletic boys equal chances. In the hour between supper

and bed-time community singing alternated with story reading, and the change retained the popularity of both. Indoor games were noticeable during the whole month only by their absence.

Morning by morning throughout the month would see the keenest rivalry to prove which tent, in cleanliness and tidiness, should be the best of the day. Were any added incentive necessary, it was certainly provided by the special prizes given for the best tent in each period.

Every effort was made to introduce as much variety as possible in the menu, but in this matter very careful experiment is needed, for due consideration must be given on the one hand to the cooking facilities available and on the other to the tastes of the boys. Among other changes, both cooked and uncooked green food were introduced as opportunity offered.

One prominent feature of this year's Camp was the new bath-house, a great improvement both as regards beauty and utility on any previous structure.

Miss Wise reports—

It is with great pleasure that I present this Tenth Annual Report of the Girls' Camp, held this year at East Cowes, Isle of Wight.

The party consisted of 259 girls and 11 staff, and we travelled on Saturday, 10th August.

The journey was most enjoyable, and the facilities afforded us by the railway company made it very easy and pleasant. Although an early start from Plaistow had to be made, no one was late, and all were checked in and ready for the train at 6.23 a.m. To save the awkward journey from Plaistow to Waterloo, and the difficulty of dealing with a big crowd of children at such a terminus, the railway company arranged for the party to travel direct from Plaistow to Southfields, and to change there into a special non-stop train to Portsmouth. The children enjoyed the novelty of the boat trip from Portsmouth to Ryde, and the last train journey from Ryde to Whippingham, the nearest station for camp, was impatiently borne as the excitement of nearing East Cowes grew greater.

The East Cowes Camp is situated in a beautiful spot about a mile and a half from the sea; the River Medina is seen from the playing fields, which cover about sixteen acres.

The buildings consist of four well-built dormitories, with staff quarters, bathroom, etc., attached, and communicating with one another by a covered way. A large marquee served as dining room. There is also a house with staff dining room, kitchens, and additional accommodation.

As it is a much smaller camp than Dymchurch, we had the advantage of being the only party there, and had our numbers been fewer, one of the buildings would have been kept as a recreation room or dining room for wet weather.

Although the Camp is rather far from the sea, this proved no drawback to enjoyment; in fact, rather the reverse, as the children thoroughly enjoyed the beautiful, shady, tree-lined walk to the sea.

The liners, ships of all kinds, yachts, seaplanes, etc., added interest to the seashore, and the short trip to West Cowes by motor launch for a penny or by the floating bridge for a half-penny return, was a source of much pleasure.

The esplanade with its paddling pool, grassy slopes, playground and the trees shading it make it an ideal spot. The bathing is good and safe, and the sea is warmer than at Dymchurch.

The district abounds in so many places of interest and beauty that it was difficult to choose which to visit, and the fortnight proved all too short to do more than visit a very few. Excursions were arranged for every day. These included visits to Carisbrooke Castle and Osborne House, for which permits had been previously obtained by the Education Committee. These visits were thoroughly enjoyed by all; the donkeys and the well at Carisbrooke, and Swiss Cottage and the grounds at Osborne House were great attractions.

The coach trip to Alum Bay was very popular, as also was a trip to Shanklin and Sandown by train; while some of the most affluent managed a trip to view the liner "Majestic" in Southampton Dock.

Walks to such places as West Cowes, Gunard Bay, Newport, along the river bank, Woodside, Whippingham, were common to every day. It would be impossible in a short report like this to give an account of all the places seen by the children, but I really was amazed at the amount of walking cheerfully done and thoroughly enjoyed in order to see as much as possible of the island in the fortnight.

On account of the many facilities for enjoyment outside, the time actually spent in Camp was very little. In the evenings after the day's outings, games were organised and were as popular as ever—stoolball this year being first favourite—while the little swimming pool in the camp grounds was full at every opportunity. The usual dormitory frolics were indulged in—community singing, concerts, etc., finishing with the usual staff entertainment.

The food supplied at camp was good, well cooked, and adequate. Meals were well served and always punctual. Packed lunches or teas were provided to order, and hot meals provided on the return of those who had been out for the day.

The weather was excellent, glorious sunshine prevailing until the last day, when unfortunately we had a very wet journey home. The health of the girls was exceptionally good—no sickness of any kind needed attention.

In this report I should like to say that though I have enjoyed camp many times, I think this the most enjoyable one I have experienced, and from the visits I have had from parents and the

letters I have received since we returned, I know that the children too thoroughly enjoyed every minute of it.

In conclusion, I must thank all those who help to make the camp such a success, the Committee who grant the facilities to make the holiday possible, the staff at the offices who attend so well to the details of arrangement, and the Medical Staff who see that all start fit. I know that the members of the teaching staff enjoy this work and need no thanks; the knowledge that they have been able to help for a while to lighten the more or less drab lives of the children is sufficient. But at the same time, I appreciate their services to the full.

Children's Country Holiday Fund.

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 1935 amounted to 1,938.

(10) Physical Training.

An Inspector of Physical Training has now been appointed for the organization and supervision of physical training in all schools and other Educational Institutions under the Education Committee.

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 185 boys were examined. Only two 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.

The Education Committee, on behalf of the Maternity and Child Welfare Committee, now make provision for supplying meals to expectant and nursing mothers at the above Centres, at special times.

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

Breakfasts, 418,756. Dinners, 849,911.

The average number of children fed each week was 3,467.

(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 83.4, indicates the interest taken in the work of the School Medical Service.

The number of parents who refuse to have their children medical examined is extremely low. In 1935 the number of children who were affected by this parental objection amounted to 75.

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 a large number of school children were reported to the Medical Officer of Health, and sent away for periods of convalescence. Assistance in the purchase or repair of Surgical Appliances was rendered to 30 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 schools, many are recommended for admission to the Special Schools, whilst the remainder are considered 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			
6	5
7	17
8	18
9	26
10	32
11	41
12	38
13	45
14	22
15	11
Total				255

Attendance of Parents, 66.6%

Chief defects referred for Treatment or Observation.

Treatment			
Unclean Head	10	Other Eye Conditions	1
Unclean Body	4	Otitis Media	6
Scabies	1	Other Ear Diseases ...	1
Other Skin Diseases ...	5	Teeth—Oral Sepsis ...	7
Blepharitis	3	Anaemia	4
Defective Vision	14	Other Defects and	
Squint	2	Diseases	2

Observation

Other Skin Diseases	4	Heart Disease—	
Defective Vision	34	Organic	18
Squint	8	Functional	1
Other Eye Conditions	1	Anaemia	9
Defective Hearing	12	Other Disease of Lungs	1
Otitis Media	5	T.B. Spine	14
Enlarged Tonsils only	16	T.B. Hip	10
Adenoids only	3	T.B. other Bones and	
Enlarged Tonsils and		Joints	7
Adenoids	6	Other Conditions	
Other Conditions Nose		(Nerves)	22
and Throat	4	Rickets	1
Enlarged Cervical		Spinal Curvature	7
Glands	11	Deformities	
Defective Speech	19	(Other Forms)	32
Teeth—Oral Sepsis	46	Other Defects and	
		Diseases	7

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

Scabies	1	Minor Ear Defects	38
Impetigo	2	Other Defects and	
Minor Eye Defects	8	Diseases	303

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. CHILDREN.

During the year 1935 one boy and one girl left, having attained the age limit of sixteen years.

The girl is now employed on domestic work at Forest Gate Hospital.

Twelve children obtained permission to leave at the age of fourteen years, having obtained suitable work; of these

One boy obtained work in a Rubber Factory.

One boy obtained work in a Shop.

Two boys obtained work as Van Boys.

One boy obtained work as a Plumber's Mate.

One boy obtained work as apprentice to a Mirror Maker.

One boy obtained work as a Tin Maker.

One girl obtained work at Dressmaking.

One girl obtained work as an Ironer.

One girl obtained work at a Tape Factory.

One girl obtained work as a Machinist.

One girl obtained work at a Button Factory.

All these children are still in employment.
Of the remaining children who left during the year 1935,
three boys removed from the district and two children
are in a Convalescent Home.

P.D. CHILDREN.

No Physically Defective child remained at school until
the age limit of sixteen years was reached.

The leavers at the age of fourteen years included :

- One boy who obtained work in a Chemist's Shop.
- One boy who assists in the upkeep of a car.
- One boy who acts as lather boy to a Hairdresser.
- One boy who is apprenticed to a Dental Surgeon.
- One boy who obtained employment in a Shop.
- One girl who obtained work as a Box Maker.
- One girl who obtained work as a Cigarette Packer.
- One girl who is apprenticed to a Florist.

All these, too, are still in employment.

In addition :

Two children were transferred to other schools.

Two children removed from the district.

One boy was transferred to the M.D. School.

Grange Road Special School.

	P.D.	M.D.
Number on Roll December, 1934	63	98
Number on Roll December, 1935	64	86
Number admitted during 1935	24	12
Number left during 1935	23	24

There has been a considerable amount of change with
the children during the year, especially in the P.D. Depart-
ment; but there are less M.D. admittances this year.

Concerning the Leavers, the causes of leaving are varied.
The following table shows the numbers at a glance :—

	P.D.	M.D.
Age limit of 16 years	3	5
Permission granted by S.M.O. to take up work	8	10
Residential Homes, Hospitals and Institutions	5	2
Fit to return to Ordinary School	2	—
Excluded as either Physically or Mentally Unfit for any School	2	6
Removed from district	3	—

The numbers on the rolls of both Departments in December,
1935, are decidedly lower than they have been for many years now,
and certainly the Defect is diagnosed earlier with the P.D. child,
for out of the 24 admittances to this Department 16 of these were
children young enough to start in the "Infant" Stage Room. This
gives the P.D. child a fairer chance of education, and in the end

gives him a secured position in after life to grapple with and make the best of his few physical abilities.

Of the 18 children (both Departments together) given permission to take up suitable jobs found for them, 14 actually kept their work; the others have changed since; one M.D. only is not working regularly.

Of the eight of the "Age Limit" Class (both Departments), four have procured work and 4 are unplaced.

In all cases this year the jobs obtained are of the "Factory" type.

We still keep in touch with many of the old pupils. One 1922 badly crippled lad is earning on an average £2 weekly by travelling about in a wheeled chair with a confectionery counter in front. His sale sites are School and Park gates. It is rather wonderful, for he greets every customer, despite the sale is $\frac{1}{4}$ d. perhaps, with a cheerful word and smile. Another, a P.D. girl, who is unable to move about alone, keeps herself as "Needle-woman" for her neighbours, and her connection is now spreading farther afield.

We feel far more hopeful this year. Industry is improving, and of our 26 Leavers who are 14 years plus we have 18 in all at work, that is approximately 69.2%. We are nearing our erstwhile pre-war estimates of 75%. Therefore we are convinced that these Schools do benefit these Defective Children and give the "higher grade pupil" a chance of becoming self-supporting citizens.

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.

The Education Committee have decided to instal a Multitone Deaf Aid Wireless Apparatus at each of the Deaf Centres. By its aid deaf mute children with partial hearing can be taught and their speech should more rapidly improve.

During 1935 the number of children examined at these schools in the course of Routine Medical Inspection was as follows:—

Frederick Road Deaf Centre, 24.

Water Lane Deaf Centre, 38.

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 for a Builder.

One boy working in a Basket-making Factory.

One boy unemployed.

One girl unemployed.

Water Lane Deaf Centre.

Two boys working at a local Basket Works.

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 9 boys attended the first class, 8 boys and 3 girls took a second Course, and 3 boys and 4 girls a third Course. One boy and one girl were considered to be in need of a further Course.

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

A special examination was made by Dr. West of children who attended the Stammering Class during 1934; of these, 4 boys and 4 girls were recommended for a further Course.

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 approval of the Board of Education has now been obtained for additional accommodation of 20 boys and 40 girls.

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 174 boys and 139 girls were admitted and 175 boys and 134 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 322 cases sent for re-inspection, 23 did not attend for various reasons. Out of the 299 examined 266 showed continued improvement, whereas 33 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 are carried on in an enclosure where trees have been planted.

Dinner is served at 12 and then comes the "Rest" of $1\frac{1}{2}$ 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.

Crosby Road Open-Air School.

The Authority maintains a Day Open-air School at Crosby Road, Forest Gate, for 60 Girls and Junior Boys, from the age of 7 years upwards (see report by School Medical Officer, Appendix 1). 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 7 boys and 11 girls were admitted, and 12 boys and 20 girls discharged.

I am indebted to Miss Davies (the Head Mistress) for the following report on the School:—

The year 1935 opened with 75 children on the roll and ended with 67.

Of the 32 children who left during the year, 25 returned to ordinary school, six were allowed to leave at the age of 14 years to take up suitable employment, and one girl was transferred to Fyfield Open-air Residential School.

During the year, due attention has been paid to the usual school subjects, and additional time this year has been spent on physical training, to the decided benefit of the children mentally and physically, showing chiefly in an improvement in posture and in an increased readiness of response.

The great stress laid on hygiene and personal cleanliness is rewarded by the improvement in the general bearing and appearance of the children, and in a marked gain in self-confidence and poise.

The garden and the activities connected therewith are a great blessing to the School, and here again the benefits are moral, mental and physical. Great enthusiasm and really good material results were shown at the Vegetable and Flower Show held by the children in September.

We endeavour to keep in touch and to co-operate with the parents in every way, and a Parents' Day, held in April, was a great success. The old girls and boys of the School enjoyed a Reunion in the form of a Garden Party in July.

Ogilvie School of Recovery, Clacton-on-Sea.

The Authority also retains 10 beds for girls at the Ogilvie School of Recovery, Clacton-on-Sea. The selected cases are delicate children found at Routine and Special examinations.

The children selected for admission are further medically examined before going to Clacton, and the discharged cases are examined soon after their return home.

During the year 9 cases were admitted and 13 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 1935 :—

Swiss Cottage for the Blind	...	...	1 man
Royal School for the Blind, Leatherhead	...	...	2 men
Heritage Craft School	...	...	1 man

In addition three 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.

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 1935 four quarterly routine medical inspections were made. The following particulars indicate the results of same.

Examination	Boys examined	Girls examined	Total	Parents present	Number of Defects	Percentage of Defects
March	55	42	97	91	19	19.5
June	61	53	114	107	25	21.9
September	56	45	101	84	13	12.8
December	60	53	113	89	17	15.4

At the March examination a considerably larger number of children were in attendance than at the corresponding period in the previous year, and the percentage of defects was also much lower. The condition of the children was satisfactory.

In June the attendance was particularly good, and most of the children examined showed definite increase in weight. Nose and throat, chest and minor skin complaints accounted for the majority of the defects found.

In September a few of the children showed slight decrease in weight, due in part to previous illness, and perhaps in certain instances to some alteration in their diet and rest periods during the intervening holiday. There were no cases of infectious disease; absent children were either in convalescent homes or with their parents hopping.

In December the general condition of the children was satisfactory, and with one exception all had gained weight. There were only two cases of infectious disease amongst the absentees—one being diphtheria and the other chicken pox.

During the year 39 children were given Cod Liver Oil or Malt and Oil—these being cases of subnormal nutrition, bronchial catarrh and slight rickets.

The Headmistress, Miss Bowen, continues to give valuable assistance both at the examinations and in ensuring the attendance of children requiring treatment at the Clinic.

Miss Gubb reports on the Dental Examination and Treatment as follows:—

The Routine School Inspection of all children attending the Nursery School was carried out during the year 1935. The Inspection was followed up by the Routine Treatment of all children requiring treatment whose parents accepted the treatment for their children. The parents on the whole accept treatment better now, not only merely to relieve acute toothache but for conservative work, and are more appreciative of the treatment.

The children themselves benefit much from early treatment and from the good habits inculcated in them by regular and correct nose blowing, which I think is one of the important factors in preventing the chronic mouth breathing in a large number of school children of all ages.

I should like once more to tender my thanks to the Head Teacher for her kind co-operation and help and her great interest in the welfare of all her small charges.

I am indebted to Miss Bowen for an account on the daily routine of the above School:—

The Nursery School opens at 8.30 a.m. so that elder brothers and sisters may leave the little ones on their way to school. Children continue to arrive until 9.30, and the daily contact with parents at this time affords a means of co-operation between home and school.

If a child is found, upon arrival, to be suffering from some minor ailment, the parent is urged to seek advice at the School Treatment Clinic.

Meantime the children, after removing their outdoor clothing and putting on the coloured overalls provided for them, clean their teeth, and wash themselves if necessary.

While some play with dolls and toys, others busy themselves over household duties. Boys and girls alike don rubber aprons and scrub tables and chairs with a zest which never ceases to thrill their astonished parents.

Plants are watered, flowers arranged and the tables prepared for the morning milk and rusks. The children who have Cod Liver Oil at this time, upon the recommendation of the School Medical Officer, are regarded with envy by the rest.

Morning songs of greeting, occupation with sense-training and creative materials, music, stories, toys and liberty to wander in the garden fill the morning until the children come in to prepare for dinner.

Faces and hands are very grubby by this time, but washing is no hardship when even the youngest child is encouraged to take his own flannel from the hook (identified by its picture), turn on the tap, and wash himself. This above all things, the child likes to do unaided, and any offer of help is met by the injured assurance, "I can wash myself."

Dinner is awaited with eager impatience, but even hunger is forgotten in the desire to "serve." Great control is shown, not merely of appetite, but of eye and hand in carrying dishes on tiny trays made to fit the children's grasp.

After second and third helpings, dinner becomes less absorbing, and voices are raised again, until they are hushed once more as the children fall asleep upon their beds.

A romp in the garden, followed by a story or music, and the afternoon fruit, bring the day to a close, and parents are greeted with much excited chatter about the day's adventures.

The Edith Kerrison Nursery School.

Dr. Furniss reports :—

The Edith Kerrison Nursery School has now completed its fifth year. During the year 1935 four quarterly medical inspections were carried out. The following report relates to the findings at these inspections :—

Examination	Boys examined	Girls examined	Total	Parents present	Number Defective	Percentage of Defects
March	51	64	115	104	25	21.0
June	56	59	115	96	22	20.0
September	47	42	89	73	11	12.3
December	52	53	105	75	18	17.1

The following are extracts from the four quarterly reports.

March: "The condition of the children is very good. Four children are away with diphtheria."

June: "The general condition of the children remains good. There are, however, a number of children with bronchitis, due in great part to the inclement weather of the past few weeks. Five children were absent—one with scarlet fever, one with tonsillitis, one with a 'cold,' one away at a convalescent home, and one away for no apparent reason."

September: "The condition of the children examined remains good. Apart from two cases of scarlet fever and one of whooping-cough, the school is free from infection. The large number of absentees is due to the fact that the children are either with their parents hop-picking or are away at convalescent homes."

December: "The condition of the children is not so good as in the case of the three previous inspections. Many children were found to have bronchitis of rather a severe degree, whilst more were found with lesser degrees of bronchial catarrh. These conditions were caused in great part by the longer period of unusually wet and cold weather. The fifteen absent children are away in consequence of bronchitis or heavy colds. Details of defects and other information can be obtained from the quarterly reports."

During the course of the year fifty-three children were given doses of a standardised brand of cod liver oil. These children were suffering from subnormal nutrition, debility, bronchitis and slight rickets.

The Headmistress, Miss J. E. Cass, attends at every medical inspection. There is also complete co-ordination between Miss Cass and the School Medical Staff.

Miss Marsden, the Dental Surgeon, reports:—

The Edith Kerrison Nursery School was inspected twice during 1935, treatment following inspection.

Owing to the nearness of the School to the Clinic, the attendance for treatment was very good. Only a small percentage of children needed treatment, which is very encouraging.

This is very largely due to Miss Cass, the Headmistress, and I should like to thank her for her great helpfulness in encouraging the children to come to the Clinic.

I also have to thank Miss Cass for the following account on the daily routine of the School:—

Every morning at 8.30, sometimes before, the 2-to-5's begin arriving. Everyone begins by washing, a certain amount of grime having accumulated on the way to School. Teeth are then vigorously cleaned, mostly because it's such fun, although it has other merits.

At 10 o'clock a mug of milk and a rusk help to stave off the first pangs of hunger.

The shelters and garden offer almost unlimited possibilities—grass to roll on, bikes to ride, the jungle gym to climb, while the sand pit is even better than Southend. Very soon their mothers won't recognise these bonnie pink cheeked children.

Then there are times of quiet play, music, singing and dancing, with perhaps a story afterwards, while out of the cupboards come tea sets, dolls, puzzles, bricks, and all sorts of other jolly things.

By this time of course everyone is really starving, but fortunately something is being done about it.

By the time everyone has washed the sand off their hands, put their toys away, and settled themselves tidily at the table, the dinner wagons appear. Their arrival is joyfully proclaimed, and some of the 2-year-olds mount their chairs, unobserved, to get a better view of what is on the plates. Very soon these same plates are empty.

A certain amount of dinner has now to be removed from hands and faces, and teeth are given a last scrub. By this time beds are down, and soon everyone is wrapt in a blanket,

"To sleep—perchance to dream,"

but only of pleasant things.

After nearly two hours of peace, everyone feels lively again, ready for a little more play and some fruit before "Mums" and "Dads" arrive, and the Nursery School day is over.

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:—

Our aim in the Nursery School during the past year has been to give the children a deep feeling of security—a peaceful atmosphere—and the help, opportunity and materials necessary for their physical and mental development.

To do this we have tried to have no hurried times; to keep the school a united family while allowing each age of child to do things at their own rate; and also to have restful periods besides the sleeping time.

The children's day is 8.30 a.m.—4.30 p.m. During the day the children have a mid-morning drink of milk—a two course dinner and a tea. They have these together—also the afternoon sleep, indoors in winter, and in the garden in summer. They also play together in the playroom when they first come (after they have cleaned their teeth—combed their hair and put on their pinafores). At this time the room has in it flowers, growing plants in a movable box garden, fishes, newts, growing seeds and other seasonable nature objects. It has wheeled toys, big bricks, a slide, climbing ladder, dolls and doll's beds. The afternoon play, which is in the open air whenever possible, is similar to this. In the mid-morning they play in the Settlement garden, finding all sorts of interesting insects, birds, flowers and plants.

In the middle of the morning the two-year-olds have the bathroom to themselves for a long time, so that while most are playing with quiet toys a few at a time are learning to wash themselves and enjoying it. Meanwhile the big ones in the play-room have music, stories, and occupations involving sense-training materials and toys requiring careful manipulation, such as fretsaw puzzles, interlocking toys, hammering, etc.

The big ones have another quiet time at 10 o'clock in the morning; a time most useful for language training and for developing a true family feeling. They tell of interesting things which have happened at home or in the streets, are shown new objects in the school, or pictures illustrating what they have seen. A simple hymn is then sung.

The past year has been an exceedingly healthy and happy one for us. Our attendance has also been good.

(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	234
Total number of defects found	37

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.

Dr. West has submitted the following report on the examination of the boys at the above School:—

The customary Routine Medical Inspection of the pupils attending the above School was made during the year 1935, and those requiring treatment were seen three months later to ascertain if this had been obtained.

Total number examined	359
Found defective	14.7%

The principle defects noted were :—

Skin Disease	2
Defective Vision	34
Other Eye Conditions	1
Defective Hearing	1
Enlarged Tonsils and Adenoids	1
Other Throat Conditions	1
Catarrhal Chest Conditions	1
Other Conditions	15

Re-inspection.

Skin conditions—both improved under treatment.

Vision—Of the 34 cases referred for refraction, 27 were prescribed glasses and obtained them.

Other Eye conditions—Blepharitis much improved.

Defective Hearing—Some improvement noted; still receiving hospital treatment.

Enlarged Tonsils—Awaiting operation at later date.

Nasal obstruction—Improved following treatment by nasal douches.

Chest conditions—Improved.

Other conditions—Two cases of hernia had received surgical treatment and were cured; the other defects, mainly of a minor orthopaedic nature, had all improved as a result of remedial exercises.

Dr. Fitchet reports as follows regarding the girls :—

All the girls were examined during 1935, and those found to require treatment were re-examined later in the year.

Two hundred and sixty-two girls were examined, and of these 40 were found to require treatment.

The Drill Mistress undertook to carry out the necessary remedial exercises for slight deformities.

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.

I have received from Dr. Furniss the undermentioned report on the examination of the boys at this School :—

All the boys were examined during the year 1935, and those requiring treatment or observation were seen at the School two or three months later.

No. examined	346
No. defective	81
Percentage defective	23.4

The greatest number of defects (77%) was due to faulty vision.

The Nutritional state of the boys was very good, the analysis being as follows :—

Excellent	110	31.8%
Normal	234	67.7%
Slightly subnormal	2	.5%
	<hr/> 346	<hr/> 100.0%

Chief defects referred for Treatment and Observation :—

Defect	Treatment	Observation
Skin diseases	3	—
Blepharitis	2	—
Conjunctivitis	1	—
Defective vision	63	9
Other Eye conditions	—	1
Otitis media	1	—
Enlarged Tonsils	6	—
Other Throat condition	1	—
Defective speech	—	1
Oral Sepsis	2	—
Heart Disease	1	1
Lung Disease (not T.B.)	—	1
Spinal Curvature	2	—
Other deformities	1	1
Other defects	5	1

The two slightly subnormal nutrition cases were recommended suitable treatment.

Re-inspection.

Skin diseases—Two recovered, one much better.

Blepharitis—Both recovered.

Conjunctivitis—Recovered.

Defective vision—Fifty-six boys were prescribed glasses and all obtained them. There were also two East Ham cases, one of whom obtained the glasses, the other had not by the end of the year. Five boys were not prescribed glasses. Six of the nine observation cases were at re-inspection put through to see the Eye Specialist.

Otitis Media—Recovered as a result of Clinic treatment.

Enlarged Tonsils—All six cases showed some improvement as a result of medical treatment (gargles, etc.).

Other Throat condition (catarrh)—Recovered.

Oral Sepsis—Both had dental treatment.

Heart Disease—One boy improving, the other boy almost well.

Spinal Curvature—Both boys improving as a result of special exercises.

Other Deformity—Boy attending Orthopaedic Clinic.

Other Defects (five)—The three boys with boils, one with whitlow, and one debilitated, all recovered.

Dr. Fitchet also reports regarding the girls:—

All the girls were medically examined during 1935.

Total number examined	243
Defects found	57

Those girls found to require treatment were re-examined later in the year to determine if this had been satisfactorily obtained.

The Principal, Mr. J. W. Hand, takes a keen interest in the medical inspection of the pupils. He is ready at all times 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 pupils, excluding those in the Preparatory School, were examined during 1935.

The number examined was 199, and of these 27 were found to require treatment.

A list of 45 names of girls requiring remedial exercises for slight deformities was left with the Drill Mistress, who shows great enthusiasm in carrying out this treatment.

A re-inspection of those girls found defective took place later in the year.

Thanks are due to the Principal and her Staff for their efficient co-operation during the inspections.

ST. ANGELA'S HIGH SCHOOL FOR GIRLS.

An inspection of all West Ham pupils, excluding those in the Preparatory School, was made during 1935.

A total of 159 pupils were examined, of whom 20 were found to require treatment. A re-inspection of those found defective was carried out later.

In addition, 20 girls required remedial exercises for slight deformities, and this was willingly undertaken by the Drill Mistress.

The Principal continues her active interest and co-operation in the Medical Inspection.

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.

All the pupils attending the two Continuation Schools in the Borough were examined during the year 1935.

The following particulars relate to the examination of the boys :—

	No. examined	No. defective
Shakespeare Institute	46	8
Lister Institute	56	10

The principle defects noted were :—

Shakespeare Institute :

Defective Vision	7
Other Eye conditions	1
Nose and Throat conditions	1

Lister Institute :

Defective Vision	6
Adenoids	1
Other Throat and Nose conditions	2
Flat Foot	1

Arrangements were made for the following up of all cases where defects were found, and for the treatment of any minor ailments at the School Clinics if desired.

The results of the Inspection of the Girls in October, 1935, were as follows :—

	Examined	Defective
Lister Institute	83	19
Shakespeare Institute	59	5
Total	142	24

Parents present, 77 ; i.e. 54%.

The following were the defects found:—

Treatment.

Skin Disease	5
Defective Vision	16
Squint	1
Miscellaneous	6

Five cases were referred for observation.

Early dental treatment was advised in 20 cases.

There were a few cases of early flat feet and faulty posture. In these cases simple exercises were taught and special instructions given to teachers.

The physical condition was good, and classified as follows:—

Above average	25.3%
Average	66.2%
Below average	8.5%

The cleanliness was satisfactory.

Since the Routine Inspection those children requiring treatment have been “followed up” and in most cases treatment was obtained either at a Hospital or the School Clinic.

During the year 1935 all those children who were found to have defects at the Routine Medical Inspection in October, 1934, were “followed up” and in the majority of cases treatment was found to have been obtained through the School Medical Service or privately.

During the year the following “received attention” at the Minor Ailments Clinic:—

Special Cases	20
Re-inspections	10

The standard of health and physique of the majority of the pupils was satisfactory and personal hygiene good. Both the Principals take a keen interest in the examinations, and afford every facility for the smooth conduct of same.

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 Clinics and Hospital arrangements for the operative treatment of Tonsils and Adenoids are available for cases needing it.

The Grove Central School.

During the year Medical Inspection was carried out at the above School, and a total of 190 scholars was examined. The number of defects found amounted to 55.

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, 1935, and the entrants in October.

Total Number Examined	180
Defects found	28

All students found defective at the examinations were followed up and re-inspected. Improvement or cures were obtained in all cases.

As on previous occasions, defective vision was responsible for the majority of defects.

The Principal, Mr. C. W. Truelove, takes the greatest interest in the School Medical Inspection, with the result that a large percentage of the parents attend the examinations.

The standard of health and hygiene among the scholars at both the above schools was very satisfactory.

(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 1935, 244 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 52 girls.

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.

**REPORT BY THE SCHOOL MEDICAL OFFICER
UPON
CROSBY ROAD OPEN-AIR DAY SCHOOL.**

In accordance with the instructions of the Education Committee I beg to submit a report upon the above-named School. This School was opened on April 27th, 1925, and was named the Knox Road Open-air Day School.

It was erected on the same site as that of the Knox Road Special School, and consisted of temporary structures, comprising two class-rooms, each accommodating thirty children, a cloak-room, and a dining-room which was also used as a rest-room.

The children attending the School were girls who were, in the opinion of the School Medical Officer, too delicate properly to derive the full benefit from the ordinary Elementary School and who needed special attention.

The School was placed under a separate headship from that of the adjoining Special School for mentally defective and physically defective children.

In February, 1926, the name of the School was changed to Crosby Road Open-air Day School, in order to meet certain objections received in regard to its being possibly confused with the M.D. School.

In July, 1931, after due consideration of a report from your Chief Inspector at that time, the Education Committee decided to increase the accommodation of the School from sixty to ninety pupils. Only girls had been previously admitted; it was now agreed also that boys up to the age of eleven years be admitted to the two lower classes.

An additional class-room was provided by the rest-room being used as a class-room. Additional cloak-rooms, and a medical inspection room (since disused for this purpose) were installed, and certain minor improvements were also carried out.

The School is open on five ordinary school days each week, and the hours of attendance are from 9 a.m. to 5.30 p.m. during the Summer months, gradually shortening to 4 p.m. during the Winter months.

The scholars use the spray baths provided at the Knox Road Special School. Hot running water is provided for washing purposes.

Heating of the School in the Winter is by slow combustion stoves in two class-rooms, and by an electric radiator in the room used as a dining-hall and class-room.

The Staff consists of:—

- 1 Head Teacher (part time).
- 3 Assistant Teachers.
- 1 School Nurse (part time).
- 1 General Helper.

Kitchen staff are those employed at Knox Road Special School.

Tram tickets are provided for the children where necessary, free or at part cost, according to the parents' income.

Meals are provided as follows:—

Breakfast at 8.45 a.m. during the Summer, and 9 a.m. during the Winter months.

Dinner at 12 noon.

Full tea at 5 p.m. during the Summer months.

Milk and a biscuit at 4 p.m. during the Winter months.

Mid-morning milk at 10.45 a.m.

All the children have a rest period from 1.30 p.m. to about 3 p.m.

This School has in my opinion served a very valuable purpose in the interests of the weakly school children of the Borough (a review of the reports of the Headmistresses issued yearly in my report bears out this view). With the opening of the girls' section of the Fyfield Residential Open-air School the number of parents willing to send their children to the Day Open-air School fell off somewhat, as was perhaps only natural.

The School has from the first had to face a number of drawbacks, particularly in respect to the type and limitation of the structure provided (which was only temporary), and in regard to its being within the same curtilage as a school for mentally defective children. The site not being a central one is also detrimental. The fact also that there is one room used continually as a class-room, as a rest-room, and as a dining-room, appears to be a highly undesirable arrangement. Bearing this in mind, I suggest that the Committee consider returning to the original number of sixty pupils of both girls and junior boys, when the School should continue to be of the utmost value.

F. GARLAND COLLINS,
School Medical Officer.

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

October, 1935.

APPENDIX II.

A REPORT BY THE SCHOOL MEDICAL OFFICER UPON A PROPOSED NEW SCHOOL FOR CERTAIN SPECIAL DISABILITIES.

As far back as November, 1929, I issued a report proposing certain additional services for the betterment of the health of your school children, and setting out certain suggestions in regard to them. Since that date very little has been done in this matter.

Two months ago another report was issued on the same theme, including in addition to my original scheme new accommodation for deaf children, at present provided for in your two Deaf Centres, which have been established for many years.

It is, of course, common knowledge that there exist wide differences of opinion as to the advisability, or otherwise, of treating certain disabilities in special schools, and as to the wisdom of segregation or non-segregation of various types of scholars. These differences of opinion, however, should in no way be allowed to mask the fact that there are a very considerable number of children who should be dealt with, without further undue delay, in some way, either through the School Medical Service, educationally, or by the co-operation of the appropriate social services.

A school of the type such as I have already mooted in my last report to you would, in my opinion, be a valuable asset to the medical and educational services of the Borough. Whether this view be accepted or not, it is manifest that there are a very considerable number of children attending the elementary schools in West Ham who are a deterrent to other children, and who need some specialised or individualised form of treatment.

I am setting out in further detail and under the various headings the types mentioned in the report issued to you in February, 1936.

(1) Myopia (Partially Sighted Children).

The report of the Committee appointed by the Board of Education to inquire into this condition was issued in 1934, and deals exhaustively with the whole question.

In the return made to the Board of Education for the year 1935, there were sixteen children classified as partially sighted children, i.e., those who, "though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a special school for the partially sighted." Most of these are sent to a Myopic School under the London County Council, but it would be far more advantageous if this Authority had a school or class of its own, as it is open to parents to object to their children going to extraneous schools. The average number of such children is stated to be one in a thousand of the school population, which would give in this Borough at least forty cases.

(2) Speech Defects.

In 1930 classes for stammerers were established, one in the north and one in the south of the Borough, and were moved from school to school according to the convenience of the pupils and the availability of rooms in the schools. During the last two or three years it has been found that only one such class was practicable. There are, however, still many stammerers who remain uncured, and in addition, there are a number of children suffering from speech defects other than stammering.

My return for 1935 to the Board of Education gave sixty-nine such children requiring treatment for speech defect, and one hundred and five children requiring observation, some of whose defects are probably the result of enlarged tonsils and adenoids. I suggest that accommodation for at least twenty-five such children should be provided.

On page 127 of the report above referred to on "partially sighted children," it is stated that "speech training is an especially important subject for partially sighted children." Assuming this to be correct, the great advantage of a special class for speech defects in the same curtilage as a class for myopic children is obvious.

(3) Certain Rheumatic Conditions.

At present this Authority has no special facilities for dealing with cases of rheumatism. Some are sent to different clinics in London; some attend ordinary schools, and, in addition, there are those cases which have progressed to a state of definite and serious heart disease (i.e., are incapable by reason of such physical defect of receiving proper benefit from instruction in the ordinary public elementary schools); of these latter thirty-four are attending one or the other of your schools for physically defective children, and according to the return already mentioned for 1935, twenty-two such heart cases are attending public elementary schools.

There are, however, in addition to these definite cases, children who are predisposed to rheumatism and heart disabilities, and on the border-line of becoming permanently affected (cases definitely unsuitable for open-air schools or ordinary convalescence); these should be at school under special attention for a somewhat lengthy period. Such children obviously need specialised forms of physical exercises—so do partially sighted children; one more reason for collective co-operation of specialised procedure.

Accommodation for some fifty cases under heading (3) is desirable.

(4) Deaf Children (see previous report).

(5) Very Retarded Children.

In my report of February, 1936, I referred to the findings of the Joint Committee set up by the Board of Education and the Board of Control to investigate this complex problem. In order to get first-hand knowledge of the present position in West Ham Schools I solicited the ever-willing help and valuable co-operation of your Head Teachers in a letter couched as follows:—

Municipal Health Offices,
Romford Road,
Stratford, E.15.
31st March, 1936.

Dear Sir (or Madam),

Very Retarded Children.

I shall be very grateful if you will kindly send me names and addresses, together with any other relevant particulars of such children, if any, in your school, who in your judgment may be classed as "very retarded."

This term implies those children who are so mentally dull and retarded as to be incapable of keeping up with even an ordinary dull and backward pupil, or who are outstandingly a deterrent to the progress or comfort of other children, though not necessarily able to be classified as mental defectives.

Your co-operation in this involved matter will be deeply appreciated.

Yours faithfully,

F. GARLAND COLLINS.

School Medical Officer.

To the Head Teacher.

P.S.—For your convenience I enclose a form and stamped addressed envelope for reply.

Replies which I have received and tabulated reveal information of a disquieting nature. No fewer than six hundred names have been submitted as falling more or less into the category defined in my letter; only eight Head Teachers failed to send in a report. (a) 29 Head Teachers sent "nil" returns, (b) 8 Head Teachers sent returns of from 1 to 5 cases, (c) 33 sent returns of 6 to 10 cases, and (d) 7 sent returns of 11 cases or over.

(e) Age Groups.

Age		Boys	Girls	Total
4	....	1	0	1
5	....	14	10	24
6	....	38	24	62
7	....	50	29	79
8	....	49	39	88
9	....	38	36	74
10	....	42	45	87
11	....	32	42	74
12	....	30	42	72
13	....	22	17	39
14	....	0	0	0
Total		316	284	600

(f) Accompanying special defects are noted in these very retarded children, as follows:—

Epilepsy	1
Special Defects	27
Eye Defects	10
Asthma	2
Chorea	5
Weak Heart	4
Defect in Walking	1

In two cases it is specially noted that the child is due to go to a Senior School at an early date; moreover, the age group total shows that 84 boys and 101 girls are over eleven years of age and, therefore, presumably in Senior Schools.

I will quote a few of the remarks made by the Head Teachers on certain cases.

(a) Peggy B—, 11 years.

“Abnormally backward for her age; healthy, well kept and fed, and no abnormal illnesses. Can write and sew well, but has great difficulty with the simplest reading; bad memory; poor at numbers; is doing seven-year-old work, and goes to a Senior School in August.”

(b) Florence D—, 10 years.

“Very backward; finds it impossible to keep up with the rest of ‘C’ Division; very bad memory; no concentration; very difficult to make her improve herself at all.”

- (c) Gladys W—, 9½ years.

“Has impediment in her speech; seems very simple. Although 9 years of age, does not know two lettered words, and cannot put together simple numbers, e.g., $2+1$.”

- (d) Margaret C—, 9 years.

“Working in lowest class, but cannot keep up with even the slow ones. Is up to the level of a very medium 7 year old.”

- (e) Vera G—, 13 years.

“Mentally unstable. Has periods when she can do nothing at all.”

- (f) Three boys, aged 8 years.

“These boys are definitely very retarded, and are a serious drawback in a class of forty children. They are able to copy from a blackboard, but the work is obviously of a parrot-like nature, and they have little conception of its meaning. They can write their names, but cannot tell me the names of the letters comprising them. On the other hand, they are capable of assimilating knowledge, but the progress would be very slow and needing a lot of special individual teaching.”

- (g) Ivy M—, 12 years.

“Although we are able to classify the A, B, C and D classes, and though girls in the ‘D’ group are generally speaking, dull and backward, Ivy is unable to follow the work of the class, and has to be treated separately. She presents no behaviour problem, and is most persevering and patient.”

- (h) Leonard W—, 13 years.

“This boy was submitted as M.D. when 7 years of age, but was not regarded as suitable for admission to a M.D. School. During the last eighteen months, when he has been working in a ‘C’ group, he has made some slight progress. He is decidedly unable to keep up with the ordinary dull and backward pupils.”

After they have left the ordinary elementary schools many such cases as the above come to my notice as Medical Officer of Health, often through the Police Court, the illegitimate birth register, or because of abnormal behaviour of some sort. These cases reveal evidence of a sub-normal mind usually of prolonged standing, and of abnormal impulses which, in many instances, had they been dealt with in childhood, would have been subjugated.

There is no scientific way of gauging exactly the degree of intelligence or lack of intelligence in a person. The intelligence tests usually applied, are admittedly only a guide; moreover, the activity of a subnormal mind is prone to even greater degrees of changes of latitude than a normal mind.

It is thus evidently impossible at one examination of a pupil to gauge accurately his mental ratio.

I do not suggest that the whole of the six hundred children whose names have been submitted as being very retarded should be treated at a special school. I do submit, however, that the matter cannot any longer be disregarded, and that the disabilities should be individually and properly analysed and, if necessary, classified into different groups, in order that these unfortunate children may receive the proper attention to improve their condition and prospects, and so prevent them hindering their fellow pupils or becoming a perpetual menace to the law and order of domestic life and to the State, if not eventually a charge upon the public in institutions, or otherwise.

In my judgment no fewer than two hundred vacancies in the first instance should be allotted to cases of this character specially selected by Head Teachers and Doctors as suitable for training apart from the ordinary elementary school.

The objection to children with a subnormal mind being educated within the same curtilage as other types of physically subnormal children is not a serious one, and should be faced in the interest of the children themselves, the parents being made thoroughly to realise that this only means the same site being used and not actual contact of the different types with each other.

The dearth of available sites, in this area at least, renders a multiplicity of special schools impracticable, even if it were necessary.

Generally, it is nearly thirty years since the School Medical Service was inaugurated, over which period an enormous amount of statistical and clinical evidence has been accumulated. The time appears ripe to discard much of what has been proved to be of little, or no, comparative value, and to concentrate more upon those aspects of the Service which enhance the general well-being of the school population, and render the school child of to-day a healthy, useful and contented citizen of to-morrow.

The foregoing report purports to indicate the need of this. Further, the treatment of thousands of cases of trivial minor ailments at school clinics aids very little in the broader scheme; these clinics might function more as consultative centres.

Finally, arrangements should be made for the examination of more children otherwise than by routine age groups, and an extension of the dental scheme to include all ages is necessary.

F. GARLAND COLLINS,
School Medical Officer.

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

May, 1936.

APPENDIX III.

STATISTICAL TABLES, SCHOOL MEDICAL OFFICER'S ANNUAL REPORT,

1935.

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1935.

ELEMENTARY SCHOOLS.

TABLE 1.

A.—Routine Medical Inspections.

Number of Inspections in the Prescribed Groups.	
Entrants	4871
Second Age Group	3984
Third Age Group	4907
Total ...	<hr/> 13762
Number of other Routine Inspections	
	1678
Grand Total	<hr/> 15440

B.—Other Inspections.

Number of Special Inspections	15609
Number of Re-Inspections	7243
Total ...	<hr/> 22852

C.—Children found to require Treatment.

Number of Individual Children Found at Routine Medical
Inspection to Require Treatment (excluding
Uncleanliness and Dental Diseases).

Prescribed Groups :	
Entrants	884
Second Age Group	735
Third Age Group	927
Total (Prescribed Groups)	<hr/> 2546
Other Routine Inspections	117
Grand Total	<hr/> 2663

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1935.

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)
Skin—				
(1) Ringworm—Scalp	—	—	13	—
(2) Ringworm—Body	9	—	139	—
(3) Scabies	11	—	164	—
(4) Impetigo	8	5	672	—
(5) Other Diseases				
(Non-Tuberculous)	116	43	3423	1
TOTAL (Heads 1 to 5) ...	144	48	4411	1
Eye—				
(6) Blepharitis	47	10	312	1
(7) Conjunctivitis	16	2	507	2
(8) Keratitis	—	—	12	—
(9) Corneal Opacities	—	1	2	1
(10) Other Conditions (excluding Defective Vision & Squint)	12	13	255	6
TOTAL (Heads 6 to 10) ...	75	26	1088	10
(11) Defective Vision				
(excluding Squint) ...	591	126	619	4
(12) Squint	123	21	162	2
Ear—				
(13) Defective Hearing	45	14	38	2
(14) Otitis Media	83	28	544	4
(15) Other Ear Diseases	57	4	338	2
Nose and Throat—				
(16) Chronic Tonsillitis only	197	225	119	3
(17) Adenoids only	40	43	25	1
(18) Chronic Tonsillitis and Adenoids ...	287	64	357	6
(19) Other Conditions	114	36	192	2
(20) Enlarged Cervical Glands				
(Non-Tuberculous)	19	56	251	5
(21) Defective Speech	8	51	61	54
Heart and Circulation—				
Heart Disease :				
(22) Organic	33	156	39	37
(23) Functional	1	78	—	9
(24) Anaemia	186	123	156	18

TABLE II.—(Continued)

Defect or Disease. (1)	Routine Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
Lungs—				
(25) Bronchitis.....	124	179	113	13
(26) Other Non-Tuberculous Diseases ...	22	64	15	6
Tuberculosis—				
Pulmonary :				
(27) Definite.....	1	1	1	1
(28) Suspected.....	19	24	5	25
Non-Pulmonary :				
(29) Glands.....	7	6	6	2
(30) Bones and Joints.....	—	1	—	1
(31) Skin.....	—	2	—	—
(32) Other Forms.....	—	—	—	—
TOTAL (Heads 29 to 32) ...	7	9	6	3
Nervous System—				
(33) Epilepsy.....	3	12	9	11
(34) Chorea.....	21	21	27	16
(35) Other Conditions.....	27	40	56	25
Deformities—				
(36) Rickets.....	3	6	—	1
(37) Spinal Curvature.....	27	4	6	—
(38) Other Forms.....	53	61	51	6
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	464	404	6638	65
Total ...	2774	1924	15327	332

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		(Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	4871	666	13.67	3609	74.09	560	11.5	36	.74
Second Age-group	3984	523	13.12	2963	74.37	457	11.47	41	1.03
Third Age-group	4907	876	17.85	3525	71.84	464	9.45	42	.85
Other Routine Inspections..	1678	366	21.81	1186	70.68	114	6.79	12	.71
TOTAL ...	15440	2431	15.74	11282	73.08	1595	10.33	131	.84

TABLE III.

Return of all Exceptional Children in the Area.

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total
2	—	—	—	2

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.
—	12	3	—	1	16

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
27	—	—	—	27

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.
6	—	6	—	—	12

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.
170	20	2	18	210

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	2	2	6	15

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	—	—
(b) Imbeciles	2	—
(c) Others	4	9
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives	—	—
(b) Others	1	2
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	3	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 ...	10	12

Physically Defective Children.

A. Tuberculous Children.

1.—Children Suffering from Pulmonary Tuberculosis.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
39	3	2	3	47

II.—Children Suffering from Non-Pulmonary Tuberculosis.

Certified At Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
57	12	2	—	71

B. Delicate Children.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
221	263	—	10	494

C. Crippled Children.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
71	9	1	9	90

D. Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
34	22	—	10	66

Children Suffering from Multiple Defects.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Deaf and Dumb and Mental Defect.	1	—	—	—	1
Epilepsy and Crippling.....	1	—	—	—	1
Epilepsy and Mental Defect....	—	—	—	2	2
Mental Defect and Crippling	—	—	1	—	1
Mental Defect and Heart	1	—	—	—	1

TABLE IV.

Treatment Tables.

Group I.—Minor Ailments

(excluding Uncleanliness, for which see Table 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 „	7	—	7
Ringworm-Body	142	4	146
Scabies	165	3	168
Impetigo	674	5	679
Other skin disease	3387	89	3476
Minor Eye Defects	1101	52	1153
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	978	62	1040
Miscellaneous	5485	477	5962
(e.g., minor injuries, bruises, sores chilblains, etc.).			
Total	11945	692	12637

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

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint).	3419	64	3483
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)			
Total	3419	64	3483

TABLE IV.—Continued.

No. of Children for whom spectacles were	No. of Defects dealt with.		
	Under the Authority's Scheme	Otherwise	Total
(a) Prescribed	2635	58	2693
(b) Obtained	2502	58	2560

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

Number of Defects.											
Received Operative Treatment.											
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.			
(1)				(2)				(3)			
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)
122	32	522	5	7	3	32	3	129	35	554	8

Received other forms of Treatment.

Total number treated.

(4)

(5)

157

883

(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)	
	1	19	73	—	1	27	
							121

TABLE V.—Dental Inspection and Treatment.

(1) Number of Children who were Inspected by the Dentist:				
Aged:				
(a) Routine Age Groups	4	....	378	Total 16674
	5	....	688	
	6	....	4049	
	7	....	3899	
	8	....	3820	
	9	....	673	
	10	....	672	
	11	....	697	
	12	....	854	
	13	....	900	
	14	....	44	
(b) Specials	.....			3890
(c) Total (Routine and Specials	....			<u>20564</u>
(2) Number found to require treatment	...	...	...	13518
(3) Actually treated	...	...	...	10684
(4) Attendances made by children for treatment				16883
(5) Half-days devoted to—				
Inspection	...	...	...	191
Treatment	...	...	...	2001
	Total			2192
(6) Fillings—				
Permanent teeth	...	...	...	1825
Temporary teeth	...	...	...	538
	Total			2363
(7) Extractions—				
Permanent teeth	...	...	...	1566
Temporary teeth	...	...	...	16356
	Total			17922
(8) Administrations of general anæsthetics for				
extractions	...	...	...	Nil
(9) Other Operations—				
Permanent teeth	...	...	...	2125
Temporary teeth	...	...	...	585
	Total			2710

TABLE VI.—Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses	...	12.7
(ii) Total number of examinations of children in the Schools by School Nurses	...	89149
(iii) Number of individual children found unclean	...	1452
(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, 1935.

SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.

TABLE I.

A.—Routine Medical Inspections.

Number of Inspections	2608
-----------------------------	------

B.—Other Inspections.

Number of Special Inspections	81
-------------------------------------	----

Number of Re-Inspections	402
--------------------------------	-----

Total ...	483
-----------	-----

C.—Children Found to Require Treatment.

Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Disease)	438
---	-----

TABLE 11.
A. Return of Defects found by Medical Inspection in the
Year ended 31st December, 1935.

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)
Skin—				
(1) Ringworm — Scalp	—	—	—	—
(2) Ringworm — Body	—	—	1	—
(3) Scabies	—	—	—	—
(4) Impetigo	—	—	—	—
(5) Other Diseases				
(Non-Tuberculous)	26	2	12	—
TOTAL (Heads 1 to 5)	26	2	13	—
Eye—				
(6) Blepharitis	11	1	—	—
(7) Conjunctivitis	6	—	5	—
(8) Keratitis	—	—	—	—
(9) Corneal Opacities	—	—	—	—
(10) Other Conditions (excluding Defective Vision & Squint)	—	—	1	—
TOTAL (Heads 6 to 10)	17	1	6	—
(11) Defective Vision (excluding Squint)	261	39	15	—
(12) Squint	3	1	—	—
Ear—				
(13) Defective Hearing	3	—	—	—
(14) Otitis Media	11	—	3	—
(15) Other Ear Diseases	6	3	—	1
Nose and Throat—				
(16) Chronic Tonsillitis only	17	4	1	—
(17) Adenoids only	1	—	—	—
(18) Chronic Tonsillitis & Adenoids	1	1	3	—
(19) Other Conditions	21	3	2	—
(20) Enlarged Cervical Glands (Non-Tuberculous)	1	—	—	—
(21) Defective Speech	—	5	—	1
Heart and Circulation—				
Heart Disease :				
(22) Organic	2	13	—	1
(23) Functional	—	5	1	—
(24) Anaemia	20	8	—	1
Lungs—				
(25) Bronchitis	1	—	—	—
(26) Other Non-Tuberculous Diseases	—	3	—	—

TABLE II.—Cont.

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 :				
(27) Definite	—	—	—	—
(28) Suspected	1	3	—	—
Non-Pulmonary :				
(29) Glands	—	1	—	—
(30) Bones and Joints	—	1	—	—
(31) Skin	—	—	—	—
(32) Other Forms	—	—	—	—
TOTAL (Heads 29 to 32)	—	2	—	—
Nervous System—				
(33) Epilepsy	—	1	—	—
(34) Chorea	—	2	—	—
(35) Other Conditions	2	1	—	—
Deformities—				
(36) Rickets	—	—	—	—
(37) Spinal Curvature	9	1	—	—
(38) Other Forms	15	12	1	—
(39) Other Defects and Diseases excluding Uncleanliness and Dental Diseases)	43	22	26	—
Total	461	132	71	4

B. Classification of the Nutrition of Children Inspected
During the Year in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Routine Inspections....	2608	488	18.71	1999	76.65	121	4.64	—	—

TABLE IV.

Treatment Tables.

Group I.—Minor Ailments

(excluding Uncleanliness, for which see Table 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
Scabies	—	—	—
Impetigo	—	—	—
Other skin disease	13	15	28
Minor Eye Defects	8	10	18
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	8	9	17
Miscellaneous	10	27	37
(e.g., minor injuries, bruises, sores chilblains, etc.)			
Total	40	61	101

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

(1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
Errors of Refraction (including squint).	440	11	451
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—
Total	440	11	451

TABLE IV—cont.

	Under the Authority's Scheme	Otherwise.	Total.
No. of Children for whom spectacles were			
(a) Prescribed	403	11	414
(b) Obtained	365	11	376

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	—	5	—	—	—	10	—	3	—	15	—	15	33

(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)	
—	—	—	—	—	—	7	7

TABLE V.—Dental Inspection and Treatment.

(1) Number of Children Inspected by the Dentist	127
(2) Number Found to require treatment	98
(3) Number Actually treated	95
(4) Attendances made by children for treatment	207
(5) Half-days devoted to :—	
Inspection	—
Treatment	—
Total	—
(6) Fillings—	
Permanent teeth	90
Temporary teeth	—
Total	— 90
(7) Extractions—	
Permanent teeth	65
Temporary teeth	35
Total	— 100
(8) Administration of general anaesthetics for extractions	—
(9) Other operations—	
Permanent teeth	59
Temporary teeth	—
Total	— 59

INDEX (Public Health).

	PAGE
Ambulance Services	37-38
Births	24 51
Birth Control	59
Central Home	41 49
Cerebro Spinal Fever	112
Charts 19 21 27 35	67
Children and Young Persons' Act, 1933	62-63
Clearance Areas, Housing Act	84-85
Clinics, School, etc. 38-39	52-53 55
Committees, list of	7-9
Common Lodging Houses	75-76
Contents	4
Convalescence 31	58-59 61-62
Council, list of Members	7
Dagenham Hospital and Sanatorium and Langdon Hills Sanatorium, Medical Superintendent's Report, etc. 39	119-121
Deaths	24
Deaths, causes of	25 66
Deaths, in Institutions	29
Dental Treatment	53
Diarrhoea, etc. (deaths from—under 2 years of age) ...	23
Diphtheria 24 103	110-111
District Medical Officers	4
Drainage and Sewerage	74 75
Dried Milk, distribution of	57
Dwelling Houses, Inspection of	79
Erysipelas	112
Extracts from Vital Statistics	23
Factories, Workshops and Workplaces	80
Fertilisers' and Feeding Stuffs' Act, 1926	93
Food, Inspection and Supervision of Unsound, etc. ...	90-101
Forest Gate Hospital	40 47
Forest House	40 50
Foster Children	62-63
General Provision of Health Services	31-74
Harold Wood Hospital	39
Health Services, Activities of	35
Health Visiting	51-52
Home Helps	54
Hospitals 39-41	58 60-61
Hospitals, Voluntary	41
Housing	83-89
Houses let in lodgings	76
Immunization against Diphtheria	24 104
Infantile Mortality	64-66
Infectious Diseases, Prevalence of, and Control over, etc. ...	39 102
Insulin, Supply of	34
Knackers' Yards	101

	PAGE
Laboratory Work	34
Langdon Hills Sanatorium	39 122-123
Margate Convalescent Home	41
Maternal Deaths	69-70
Maternity and Child Welfare, Report of Senior Medical Officer for, etc.	51-70
Maternity and Nursing Homes	38 59
Meals, free, for Expectant and Nursing Mothers	57-58
Measles	103 111
Meat, disposal of condemned	98
Meat, Public Health Regulations, 1924	97-100
Meningitis (Cerebro-Spinal)	112
Mental Deficiency	70-73
Midwives	54 57
Milk, Condensed, Regulations	90 91 96
Milk, Examination of (animal inoculation)	90
Milk, Bacteriological examination	91 99-100
Milk Supply	100
Milk (Special Designations) Order, 1923	90 92
Milk and Dairies (Amendment) Act, 1922	90
Milk and Dairies (Consolidation) Act, 1915	90 100
Milk and Dairies Order, 1926	89-90 100
Mosquitoes	77
Mortality Rates, Maternal, Infant and General	23
Mortuaries	45
Notifiable Diseases	102
Nursing Homes	38 59
Nursing, Professional, in the Home	38
Nutrition	96-97
Offensive Trades	77
Open-Air Schools	41
Ophthalmia Neonatorum	63
Orthopaedic Treatment, etc	38 60-61
Plaistow Hospital, Medical Superintendent's Report	104-115
Plaistow Hospital, Bacteriological Work	114
Pneumonia	111
Preface	5-6
Public Health (Preservatives, etc., in Food) Regulations	91 92 96
Puerperal Fever and Puerperal Pyrexia	64
Prosecutions	77-78 101
Psychological Clinic	31-33
Rag Flock Acts	76
Rates—	
Birth	21 23
Death	19 23
Infantile Mortality	19 23 27 64
Maternal Mortality	23 69 70
Still Birth	23

	PAGE
Refuse Disposal	75
Report of Medical Officer of Health (Special)	86-89
Rivers and Streams	74
Samples taken, Food and Drugs Act, 1928	93-96
Sanitary Circumstances of Area	74-82
Scarlet Fever, Return Cases, etc.	24 103 109-110
Scavenging	75
Schick and Dick Test	113 115
Schools	81-82
Shops Acts	42-44 78
Sickness in Schools	103
Slaughter Houses	101
Slaughter of Animals Act, 1933	100 101
Smallpox	39
Smoke Abatement	76
Staff, List of	10-17
Statistics and Social Conditions of the Area	18-30
Statistics, Vital	23
South Ockendon Colony for Mental Defectives	72-73
Stratford Day Nursery	60
Summary of General Statistics	18
Do. Work of Sanitary Inspectors	78-79
Sunlight Clinic	60
Swimming Baths and Pools	82
Treatment Centres	38
Tuberculosis	39 116
Do. Report of Tuberculosis Officer	115 123
Tuberculosis Order, 1925	100
Typhoid Fever	111
Vaccination Acts, 1867-1898, summary of work	42
Venereal Diseases	124-129
Veterinary Officers' Report	100
Vital Statistics, Extracts from	23
Do. of Wards	23
Do. Chief since 1887	30
Water	74
Whipps Cross Hospital	40 48
Whooping Cough	103 111

INDEX (School Medical).

SUBJECT.	PAGE
Artificial Light	152
Baths	137
Blind Children	160
Blind, Deaf, Defective and Epileptic Children	160
" " " " " Students	170
Blind Persons' Act	170
Central Association for Mental Welfare	160
Central Schools	182
Children's Country Holiday Fund	158
Co-ordination	136
Continuation Schools	180
Convalescent Treatment	160
Crosby Road Open Air School	169, 185
Deaf Children	148, 160, 164
Defective Children	160
Dental Defects	142, 148
Ear Diseases	142, 148
Edith Kerrison Nursery School	172
Employment of Children and Young Persons	184
Epileptic Children	160
Exceptional Children	160
Exclusions	153
Eye Diseases (External)	142, 145
Findings of Medical Inspection	140
Following-up	144
Frederick Road Deaf Centre	164
Fyfield Open Air School	165
Grange Road Special School	161
Health Education	184
Hearing (Defective)	142, 148
Heart Disease	143, 151
Height (Comparative Tables)	141
Higher Education	175
Holiday Camps	154
Hygiene	137
Infectious Diseases	153
Invalid and Crippled Children's Society	159
Invalid Children's Aid Association	159
Knox Road Special School	161
Meals, Provision of	158
Medical Inspection	138
Menu (Fyfield)	167
Milk in Schools	144
Minor Ailments	141, 145
Municipal College	175

SUBJECT.	PAGE
Myopia	187
National Society for the Prevention of Cruelty to Children	160
Nose and Throat Defects	142, 147
Nursery Schools	170
Nutrition	140, 144
Ogilvie School of Recovery	169
Orthopædic and Postural Defects	143, 151
Open Air Education	154
„ Schools	133
Other Defects and Diseases	143, 152
Out-of-School Cases	160
Parents, Co-operation of	159
Parents' Payments	183
Pathological Work	184
Physical Training	158
Plaistow Secondary School	177
Playground Classes	154
Rebecca Cheetham Nursery School	170
Retarded Children	189
Rheumatism	143, 151
Ringworm	145, 188
St. Angela's High School	179
Scholarship Children	182
School Attendance Officers, Co-operation of	159
School Journeys	154
Scope of School Medical Service	139
Secondary Schools	175
Skin Diseases	141, 145
Special Schools	161, 187
Speech Defects	188
Spray Baths	137
Staff	135
Stammerers	165
Statistical Tables	193
Surgical Instruments	160
Teachers, Co-operation of	159
The Grove Central School	182
The Russell Central School	182
Treatment, Arrangements for	144
Tuberculosis	143, 151
Uncleanliness	141, 144
Visual Defects	142, 145
Voluntary Bodies, Co-operation of	160
Water Lane Deaf Centre	164
Weight (Comparative Tables)	141
West Ham High School for Girls	179
West Ham Secondary School	176