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

Contributors

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WHAM15

County Borough of West Ham.

1936

ANNUAL REPORT

OF THE

HEALTH SERVICES

T. W. HILL, M.D., D.P.H.
Deputy Medical Officer of Health.

R. J. REID, M.B., Ch.B., D.P.H.
Chief Assistant School Medical Officer.

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

To the Mayor, Aldermen and Councillors.

Madam Mayor, Ladies and Gentlemen,

Owing to the untimely death of Dr. F. Garland Collins, your late Medical Officer of Health, I have the honour to present to you the Annual Report upon the Health Services of the Borough, for the year 1936.

It is my privilege to acknowledge the support accorded to me by the Members of the Council, and the interest shown by the Chairmen and Members of the Committees concerned with the work of the Health Department. To the chief officials of the Corporation I am indebted for their much valued assistance, and it is with sincere thanks that I record my appreciation of the work and loyalty of the members of the staff of the Health Department.

Your obedient Servant,

T. W. HILL.

June, 1937.

List of Members of the Council.

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

The Worshipful the Mayor (Alderman Mrs. Daisy Parsons, J.P.).

The Deputy Mayor (Councillor Michael James Sullivan).

Aldermen:—

W. T. Bell; G. R. Blaker; Mrs. E. Bock; G. Croot, J.P.; B. J. 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.; 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:—

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

List of Committees.

Dealing with Health Matters.

The Worshipful the Mayor
(Alderman Mrs. DAISY PARSONS, J.P.)
Ex-officio member of every Committee.

Public Health Committee.

Chairman: Councillor Mrs. Barnes.
Vice-Chairman: Councillor Hearn.
Aldermen: Husband and E. J. Reed.
Councillors: Bradley, Mrs. Clark, C. St. C. Collins, Fox, Gentry, Mrs. Gregory, Head, Lee, Lennox, Schirn, and Mrs. Wybrew.

Maternity and Child Welfare Committee.

Chairman: Councillor Schirn.
Vice-Chairman: Councillor Mrs. Barnes.
Aldermen: Husband and E. J. Reed.
Councillors: Bradley, Mrs. Clark, C. St. C. Collins, Fox, Gentry, Mrs. Gregory, Head, Lee, Lennox, and Mrs. Wybrew.
Co-opted Members: Mrs. E. Lawrance, Mrs. F. E. Quinn, Mrs. D. E. Samuels, Miss A. Davies, Miss N. G. Baily, and Dr. P. I. Watkin.

Housing Committee.

Chairman: Councillor Bradley.
Vice-Chairman: Councillor Walker.
The Duputy Mayor (Councillor Sullivan).
Aldermen: E. J. Reed and Rumsey.
Councillors: Mrs. Clark, J. Doherty, Foley, Gentry, Gillman, Macgregor, Schirn, Smith, White, and Wordley.

Education Committee.

Chairman: Alderman Blaker.
Vice-Chairman: Councillor Mrs. Gregory.
The Mayor (Alderman Mrs. Parsons).
Aldermen: Bell, Mrs. Bock, Croot, Gardner, J. H. Hollins, E. J. Reed, and W. J. Reed.
Councillors: Bennett, C. St. C. Collins, G. Doherty, Edwards, Foley, Gay, Mrs. Hollins, Lennox, Luscombe, Moorey, Mrs. Venton, Walker, Ward, Warner.
Co-opted Members: Mrs. E. V. Parker, Miss R. H. Cheetham, Miss A. R. Harbott, and Miss M. S. Jevons.
The Revs. C. Carless, R. Rowntree Clifford, and A. W. W. Wallace.
F. G. Reynolds, Esquire.

Special Schools and Welfare Sub-Committee.

Chairman: Councillor Mrs. Gregory.
Alderman: Mrs. Bock, Croot, and E. J. Reed.
Councillors: Bennett, C. St. C. Collins, Edwards, Mrs. Hollins, Lennox, Luscombe, and Mrs. Venton.
Co-opted Members: The Misses R. H. Cheetham and A. R. Harbott.

Hospitals Committee.

Chairman: Councillor Mrs. Hollins.
Vice Chairman: Alderman Mrs. Bock.
Aldermen: Croot and Rumsey.
Councillors: Adams, Mrs. Barnes, Mrs. Cook, Hall, Mrs. Harris, Lee, Macgregor, Walker, Ward, Mrs. Wood, and Wordley.

Public Assistance Committee.

Chairman: Alderman Mrs. Bock.
Vice Chairman: Councillor G. Doherty.
The Deputy Mayor (Councillor Sullivan).
Alderman: Wooder.
Councillors: Mrs. Barnes, Mrs. Cook, Gay, Mrs. Harnwell, Mrs Harris, Mrs. Hollins, Manners, Mansford, Ridgwell, Mrs. Venton, and Mrs. Wybrew.

Committee for the Care of the Mentally Defective.

Chairman: The Mayor.
The whole Council, Mrs. F. Cornelius, and Mrs. E. Luscombe.

Executive Committee for the Care of the Mentally Defective.

Chairman: The Mayor.
Vice-Chairman: Alderman J. H. Hollins.
Aldermen: Bell, Mrs. Bock, Croot, Husband, and Scoulding.
Councillors: Bradley, Mrs. Gregory, Hall, Mrs. Hollins, Ridgwell, Ward, Warner, Mrs. Wood, and Wordley.
Mrs. Cornelius and Mrs. Luscombe.

Institutions Management Sub-Committee.

Chairman: Councillor Mrs. Cook.
Plus Rota of Members of Public Assistance Committee.

Maintenance Sub-Committee.

Chairman: Councillor Manners.
Plus Rota of Members of Public Assistance Committee.

Joint Committee re Hospital Accommodation.

Aldermen: Mrs. Bock and Wooder.
Councillors: Mrs. Barnes G. Doherty, Mrs. Gregory, Mrs. Hollins, Ridgwell, Walker, Wordley, and Mrs. Wood.

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 Tuberculosis Officer and School Medical Officer. (Died March, 1937.)
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. L. G. Blair	M.R.C.S., L.R.C.P., D.M.R.E. (Cambridge)	Specialist Radiologist, Dagenham Sanatorium part-time
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. (Dublin), 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 Sanatorium
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. P. J. Doody	M.B., B.Ch. (Ireland)	Junior Assistant Resident Medical Officer, Plaistow 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.

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Dr. W. E. Joseph	M.R.C.S. (Eng.), L.R.C.P. (Lond.)	Second Asst. Med. Officer Whipps Cross Hospital
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.
Mr. J. P. Martin	F.R.C.P. (Lond.), M.D., B.Ch. (Belfast)	Do.
Mr. 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. H. R. England	M.B., B.Ch. (N.U. Ireland)	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. M. Gray	M.D., B.Ch.	First Asst. Med. Officer, Forest Gate Hospital
Dr. W. F. Whelton	M.B., B.Ch., B.A.O. (Ireland), Primary F.R.C.S. (Ireland)	Second Asst. Med. Officer, Forest Gate Hospital
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. 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)

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
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
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. (Ireland)	Do. and Public Vaccinator
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.	Do (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 C. 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.

* For the purpose of the Public Health (Meat) Regulations, 1924

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Miss F. B. E. Grout-Tong	General Nursing, S.C.M., Children's Nursing Health Visitor's Cert. Royal San. Inst., San. Inspector's Examn. Joint 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 Diploma, 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 Education Diploma, Liverpool 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 Diploma	Do
Miss D. M. White	General Nursing, S.C.M., Health Visitor's Certificate Royal San. Inst.	Do.
Miss F. M. Davies	Gen. Nursing, R.M.P.A. Cert.	Dental Nurse
Mr. H. G. Clinch F.S.I.A., M.R.S.I.	San. Inspr. Cert. R. San. Inst. Meat and Food Inspr. R. San. Inst. Smoke Inspr. R. San. Inst. San. Inspr. Joint San. Insprs. Exam. Board, Cert. of Exam. in advanced knowledge of practical and administrative duties of Inspr. Ollett Silver Medallist in Housing Administration	Chief San. Inspr., Inspr. under Rag Flock Acts

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

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
Mr. R. Dicker, M.S.I.A.	San. Inspr. Royal San. Inst. Meat and Food Inspr. Royal San Inst.	Sanitary Inspector
Mr. J. B. H. Jones, M.S.I.A., A.R.San.I.	San. Inspr. Examn. Joint Board, Meat and Food Inspectors' Cert., Royal San. Inst., Smoke Inspr. Royal San. Inst.	Do.
Mr. H. G. Bartram, M.S.I.A., A.M.Inst.S.E.	San. Insp. Examn. Joint Board, Meat Cert. Royal San. Inst., Cert. of the San. Engineers' Examn. San. Science Cert. and 1st Class Building Construction Cert. Battersea Polytechnic	Do.
Mr. A. B. Holloway, M.S.I.A.	San. Inspr. Cert. Royal San. Inst. and San. Insp. Examn. Joint Board, Meat & Food Cert. Royal San. Inst., Smoke Cert. Royal San. Inst., Liverpool University School of Hygiene San. Inspr. Cert., Meat & Food Insprs. Cert., & Smoke Insps. Cert. Manchester College of Technology, Smoke Insprs. Cert. Senior Tech. Inst. Cert. in Building Construction.	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 A. Maughan, M.S.I.A.	San. Insprs. Cert. Royal San. Inst.	Do.

NAME	QUALIFICATIONS	OFFICES HELD (Wholetime appointments except where otherwise stated)
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 Polytechnic.	Sanitary Inspector & Meat Inspector
Mr. E. F. Hughes M.S.I.A., A.R.San.I.	Cert. San. Inspr. Royal San. Inst	Sanitary Inspector, Inspector under Food and Drugs Acts, and Official Sampler and Inspector under the Fertilisers and Feeding Stuffs Act, 1926, Official Sampler and Inspector under the Pharmacy & Poisons Act, 1933
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 Acts

Medical Officer of Health's Office Administrative Staff

Mr. F. W. Bromley ..... Chief Clerk
(Superannuated April, 1936)
,, H. R. Cole ..... Chief Clerk
,, F. H. Barker ..... Senior Clerk
,, J. Sabin ..... Clerk
,, A. Clarke ..... do.
,, S. A. Lemmon do.

Mr. D. Thompson ... Clerk
Miss A. E. Durand .. do.
Mr. C. R. Sandell do.

Miss H. O. Williams Clerk
,, M. Doherty ... do.
Mr. J. P. Qiunn do.

Mr. J. W. McCarthy ..... Investigator
Mr. F. Johnson ..... Asst. Sampler

DRIED MILK SECTION.

Mrs. E. Gunstone..... Clerk-in-Charge.
Miss N. Lavell ..... Asst. Clerk.
Miss D. E. Bentley ..... do.

TUBERCULOSIS DISPENSARY.

Nurses.
Mrs. E. Siggins, Sister-in-Charge.
Miss E. J. Egerton
Miss M. Schwer
Miss E. K. Pottinger

Clerks.
Mr. J. W. Rowe
Miss L. F. Bush
Miss G. Williams

PLAISTOW HOSPITAL.

Matron.
Miss I. Tulloch

Steward.
Mr. W. Liddall

Clerk.
Mr. C. Poyser

THE CHILDREN'S HOSPITAL, HAROLD WOOD.

Matron.
Miss L. M. Mackie

Steward.
Mr. W. Liddall

(Used during the year by Public Assistance Committee)

DAGENHAM SANATORIUM.

Matron.
Miss M. Duguid

Steward.
Mr. H. Bromley

Clerk.
Mr. C. Woodward

LANGDON HILL SANATORIUM.

Matron.
Miss F. M. Noble

Steward.
Mr. H. Bromley

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.
		Mr. F. Lane.

Medical Superintendent's Office.
Clerks.
Mr. H. R. Ramsey
Mr. R. Lee.
Miss B. M. Nicholson

Forest House—see page 38.

CENTRAL HOME.

Matron:	Master:	Clerks:
Mrs. M. E. Lambert.	Mr. S. P. Lambert.	Mr. H. W. Latter.
	Asst. Master:	Mr. H. W. Hagger.
	Mr. E. E. Ireson.	Mr. H. W. Quicke.
		Mr. E. C. Steggel.
		Mr. J. Hollington.
		Mr. E. Barnett.

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

DISINFECTORS.

Mr. B. Lyons.
,, H. J. Murty.
Mr. H. Howe.
,, W. Hubbard.

MORTUARY KEEPERS.

Mr. E. Heisterman.
Mr. A. Kelly

---

†A detailed list of the Staff is included in this Report by the request of the Minister of Health in Circular 1561.

Statistics and Social Conditions of the Area.

West Ham is the eleventh largest of the 122 Great Towns of England and Wales. It is situate on the extreme west of the County of Essex, and on the eastern side of the administrative County of London. Its area covers 4,706 acres.

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

The celebrations in connection with the Jubilee of the Incorporation of the Borough, which were carried out from 6th to 11th July, exceeded all expectations. Exhibitions showing many phases of municipal activities were held at the Town Hall and various other places. In addition to these Exhibitions, Gymnastic Displays and other forms of entertainment were given.

Judging by the number of citizens who visited these places of interest and, in addition, made numerous enquiries, the function can be truly said to have been very useful, in so far as it did definitely amaze the people when they saw and heard of the manifold branches of the work of the various departments of the Council.

West Ham being an industrial borough, it has a goodly number of persons who unfortunately cannot find employment. The insurable population of the district is approximately 97,000, of which 10.1 were unemployed (Men 12.9, Women 4.6, Juveniles 3.4). This is a decided drop from 1935, when the figure was 12.6, and reveals an improvement in all local industries. The figure of 10.1 is the third highest for the Metropolitan and extra-Metropolitan districts.

The River Lee Backwater Scheme is practically complete. This Scheme will no doubt contribute in some small way to solving the unemployment question in North West Ham, as I understand factories are already being built on sites which were previously unsuitable.

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. Until just recently these railway works were working a short week, but now happily the employees can look forward to a full week's work.

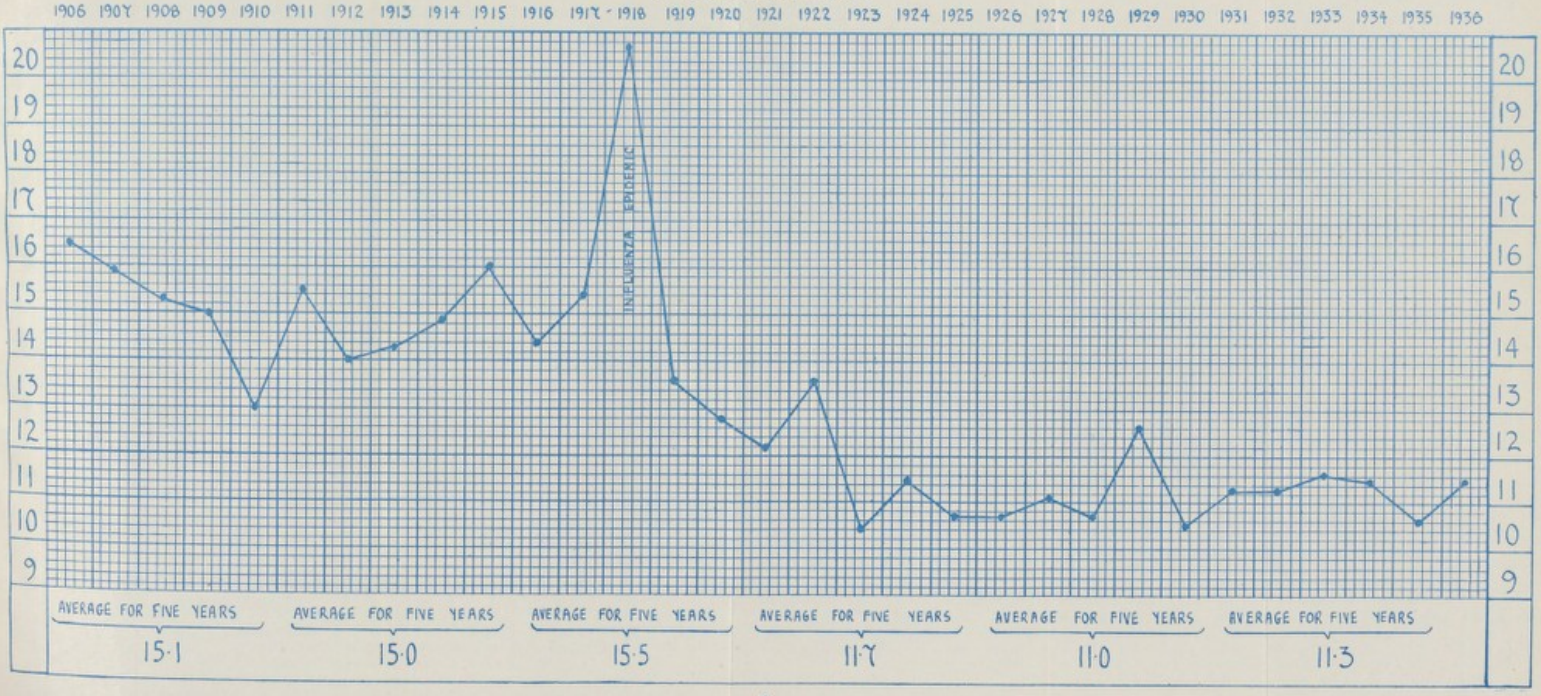
The Borough is only a short distance from the City of London, hence a large number of the people seek their daily occupation in London and district.

This year there has been no outstanding illness or sickness particularly affecting the health of the people.

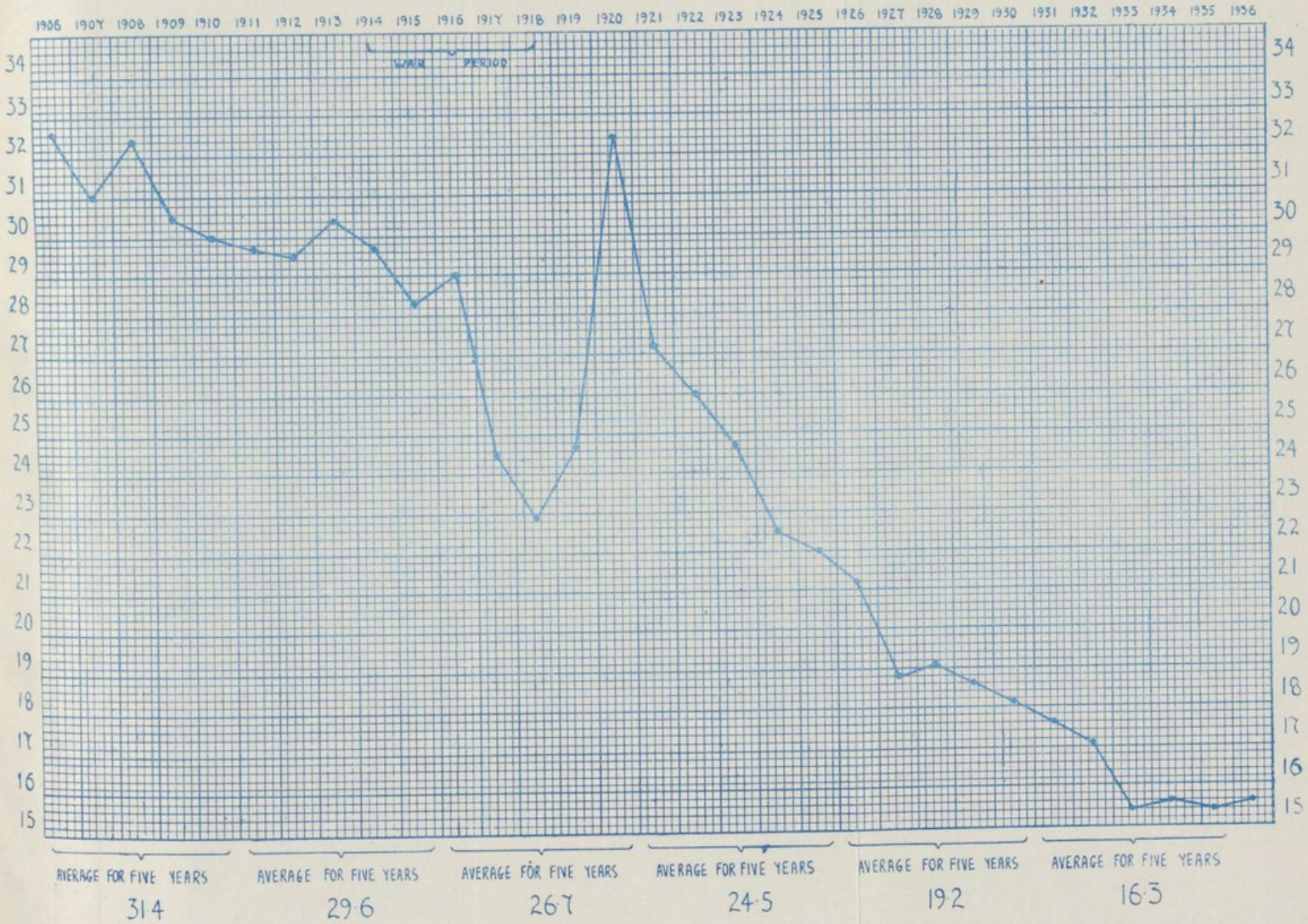
Summary of General Statistics.

Area (in acres), 4,706.
Population—Census, 1931 — 294,278.
Estimated population to middle of 1936, 265,800.
Number of inhabited houses, 50,163.
Number of families or separate occupiers (1931), 72,994.
Average Rateable Value—General Rate, £1,510,131.
Sum represented by a Penny Rate—General District Rate, £6,292.

GENERAL DEATH RATE.



BIRTH RATE.


1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936
WAR PERIOD
34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15
AVERAGE FOR FIVE YEARS 31·4
AVERAGE FOR FIVE YEARS 29·6
AVERAGE FOR FIVE YEARS 26·7
AVERAGE FOR FIVE YEARS 24·5
AVERAGE FOR FIVE YEARS 19·2
AVERAGE FOR FIVE YEARS 16·3

Vital Statistics.

		Total	Male	Female	
Live Births	Legitimate	4098	2098	2000	**Birth Rate 15.7**
	Illegitimate	85	51	34	

Still Births, 150 .... Rate per 1,000 total (live and still births), 34.6

Deaths, 3,086 ..... **Death Rate, 11.6**

Deaths from diseases and accidents of pregnancy and child birth	from Sepsis	3
	from other causes	5
	= **Maternal Mortality Rate**	**1.8**

Deaths from Measles (all ages)	50
Deaths from Whooping Cough (all ages)	18
Deaths from Diarrhoea (under 2 years of age)	73

Death Rate of Infants under one year of age—

All infants per 1,000 births	70.2
Legitimate infants per 1,000 legitimate births	66.4
Illegitimate infants per 1,000 illegitimate births	188.2

In the case of the Great Towns the Birth Rate was 14.9, the Death Rate 12.3, and the Infant Mortality Rate 63, whereas the Maternal Mortality Rate for England and Wales was 3.65.

Vital Statistics of the Wards of the Borough, 1936.

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 1936
New Town	245	15.58	194	12.34	16	65	51	15,721
Forest Gate	236	13.94	230	13.59	17	72	6	16,921
High Street	214	13.54	179	11.33	15	70	35	15,794
Broadway	168	13.13	134	10.47	12	71	34	12,792
Park	277	19.99	186	13.42	9	32	91	13,855
Upton	245	16.22	187	12.38	12	48	58	15,098
Plashet Road	232	17.99	173	13.42	18	77	59	12,891
West Ham	240	16.75	165	11.51	18	75	75	14,328
Plaistow	304	16.85	216	11.97	20	65	88	18,034
Pemersyde	174	14.78	135	11.46	11	63	39	11,766
Canning Town & Grange	349	13.89	244	9.71	32	91	105	25,109
Hudsons	268	14.39	223	11.97	22	82	45	18,615
Ordnance	253	14.55	182	10.47	20	79	71	17,383
Beckton Road .	290	16.20	216	12.06	21	72	74	17,898
Tidal Basin	369	17.58	241	11.49	36	97	128	20,978
Custom House & Silvertown	319	17.13	181	9.72	15	47	138	18,617
County Borough	4183	15.7	3086	11.6	294	70.2	1097	265,80(

Scarlet Fever.

There was a decided drop in the number of cases of Scarlet Fever notified during the year as compared with 1935, the figure for the year under review being 666, as against 1,057 for the previous year.

It was not possible to provide hospital treatment in all cases requiring the same, at the Council's Isolation Hospital, but by arrangement with the London Fever Hospital, fourteen cases were dealt with by them during the year, thus relieving the pressure on Plaistow Hospital.

The deaths from Scarlet Fever were 4.

Diphtheria.

The number of cases of this disease decreased by over 300, as compared with the previous year. All cases requiring hospital treatment were accommodated at the Council's Fever Hospital.

At the end of the year posters giving particulars of facilities offered by the Council for immunization against this disease, were exhibited on notice boards at various public buildings, hospitals, clinics, nursery schools. (See also pages 61, and 130, 131.

Measles.

In the early part of the year there was an epidemic of measles. Over 200 posters giving advice on the symptoms and treatment of this disease, also offering facilities for hospital treatment, were exhibited all over the Borough.

Two hundred and fifty-one cases were admitted to hospital, most of them to the Council's Isolation Hospital. A large number of these cases had some form of complication, mostly pneumonia.

There were 50 deaths from measles, 10 being children under 1 year of age.

Births.

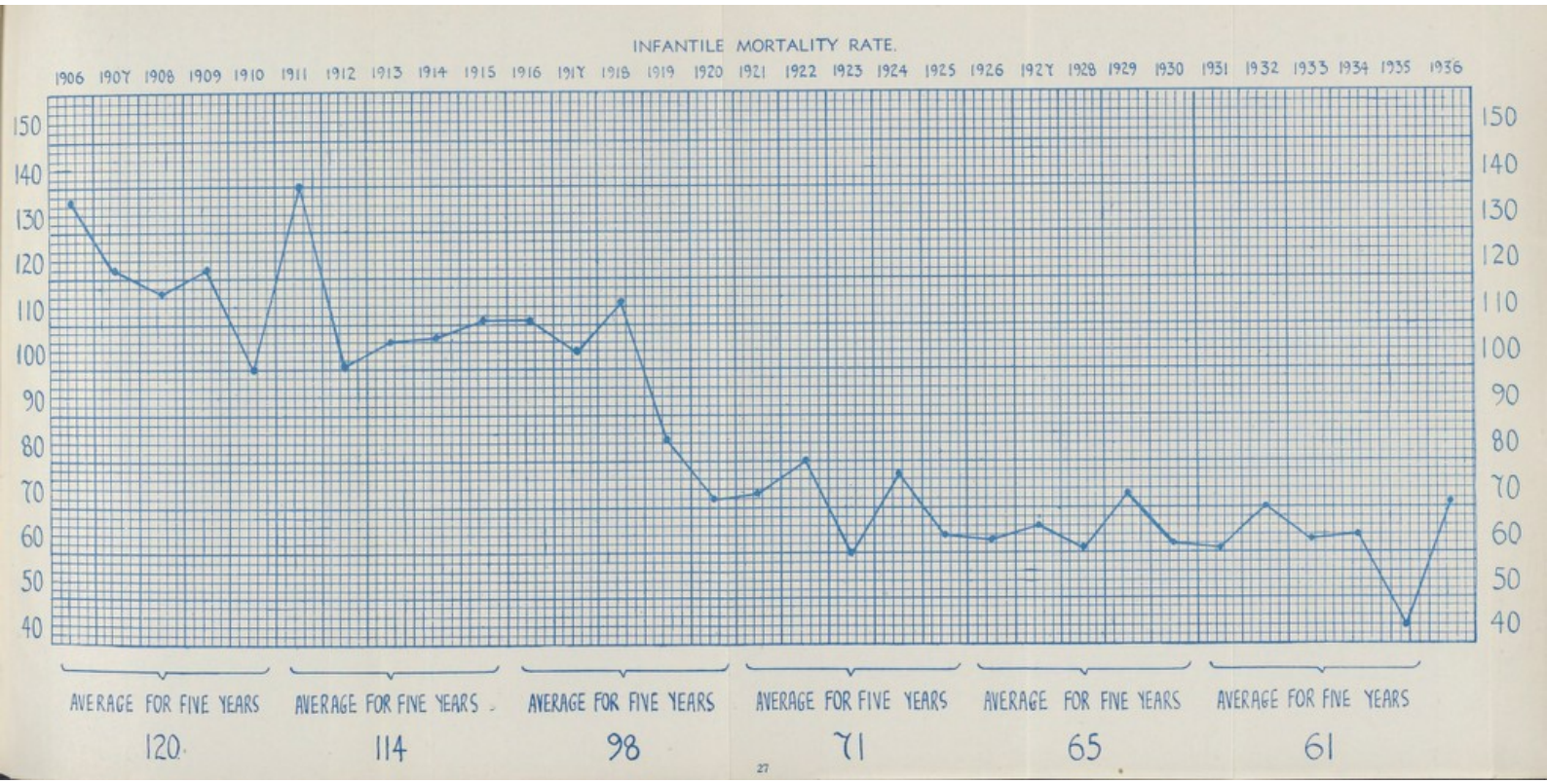
The number of Births registered in the Borough during the year was 5,483 (2,848 males and 2,635 females); but of this total, 1,633 were children of non-residents who came to be confined in one or other of the Maternity Hospitals, or were confined while visiting relatives or friends; while 333 West Ham women were confined outside the Borough. Suitable adjustment makes the net West Ham Births 4,183 (2,149 males and 2,034 females); 85 of these (51 males and 34 females) were illegitimate).

Calculated on the Registrar General's estimate of the population of the Borough at the middle of 1936, viz.: 265,800, the rate for the year was 15.7.

The Birth Rate for the Great Towns was 14.9.

Causes of Death at Different Periods of Life in the County Borough of West Ham (Civilians only) during 1936

Causes of Death.	Sex	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES ...	M.	1664	164	31	33	30	52	75	92	198	300	393	296
	F.	1422	130	28	21	32	64	60	69	110	195	316	397
1. Typhoid and Paratyphoid Fevers ...	M.	1	—	—	—	—	—	1	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
2. Measles ...	M.	27	5	11	11	—	—	—	—	—	—	—	—
	F.	23	5	10	7	1	—	—	—	—	—	—	—
3. Scarlet Fever ...	M.	1	—	—	—	1	—	—	—	—	—	—	—
	F.	3	—	—	1	1	1	—	—	—	—	—	—
4. Whooping Cough ...	M.	11	5	2	2	2	—	—	—	—	—	—	—
	F.	7	2	5	—	—	—	—	—	—	—	—	—
5. Diphtheria ...	M.	7	1	—	4	2	—	—	—	—	—	—	—
	F.	8	—	—	4	4	—	—	—	—	—	—	—
6. Influenza ...	M.	15	1	1	—	—	—	—	3	3	3	1	3
	F.	14	1	—	—	1	2	1	1	1	1	3	3
7. Encephalitis Lethargica ...	M.	1	—	—	—	—	—	—	—	1	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
8. Cerebro-spinal Fever ...	M.	4	2	1	—	1	—	—	—	—	—	—	—
	F.	3	1	—	—	1	—	1	—	—	—	—	—
9. Tuberculosis of Respiratory System ...	M.	118	1	—	—	—	18	26	22	22	20	8	1
	F.	88	2	2	—	1	37	17	6	6	14	1	2
10. Other Tuberculous Diseases ...	M.	20	2	1	2	5	1	3	4	1	1	—	—
	F.	10	1	—	3	2	—	2	—	1	—	—	1
11. Syphilis ...	M.	2	—	—	—	—	1	—	—	—	1	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
12. General Paralysis of the Insane, Tabes Dorsalis ...	M.	10	—	—	—	—	—	1	—	7	2	—	—
	F.	3	—	—	—	—	—	—	2	1	—	—	—
13. Cancer, Malignant Disease	M.	242	—	—	—	—	3	1	12	37	72	74	43
	F.	175	—	—	—	—	—	4	17	27	45	46	36
14. Diabetes ...	M.	13	—	—	—	—	—	—	—	4	2	5	2
	F.	31	—	—	—	—	—	—	—	1	4	17	9
15. Cerebral Haemorrhage, etc.	M.	89	—	—	—	—	—	—	1	5	13	41	29
	F.	91	—	—	—	—	—	—	3	7	12	33	36
16. Heart Disease ...	M.	404	—	—	1	3	6	5	9	48	78	138	116
	F.	418	—	—	—	4	5	15	11	29	51	114	189
17. Aneurysm ...	M.	7	—	—	—	—	—	—	1	3	3	—	—
	F.	4	—	—	—	—	—	—	—	—	2	2	—
18. Other Circulatory Diseases	M.	44	—	—	—	—	—	—	1	3	6	22	12
	F.	49	—	—	—	—	—	1	1	1	7	18	21
19. Bronchitis ...	M.	70	3	—	—	—	—	2	3	10	7	21	24
	F.	64	3	—	—	1	1	—	2	2	5	15	35
20. Pneumonia (all forms) ...	M.	107	25	5	5	—	3	5	5	11	21	18	9
	F.	96	27	6	2	1	5	4	3	7	11	16	14
21. Other Respiratory Diseases	M.	18	—	—	—	—	1	1	1	4	2	3	6
	F.	13	1	—	1	1	1	—	—	1	3	3	2
22. Peptic Ulcer ...	M.	24	—	—	—	—	—	1	2	5	9	6	1
	F.	9	—	—	—	—	—	—	1	—	4	3	1
23. Diarrhoea, etc. ...	M.	44	38	4	—	—	—	—	—	1	—	1	—
	F.	36	29	2	—	1	—	—	—	—	1	1	2
24. Appendicitis ...	M.	11	—	—	1	1	2	—	3	1	1	2	—
	F.	8	—	—	—	—	—	—	—	2	2	2	2
25. Cirrhosis of Liver ...	M.	4	—	—	—	—	—	—	—	1	2	1	—
	F.	1	—	—	—	—	—	—	—	1	—	—	—
26. Other Diseases of Liver, etc. ...	M.	4	—	—	—	—	—	1	—	—	—	1	2
	F.	4	—	—	—	—	—	—	1	—	2	—	1
27. Other Digestive Diseases ...	M.	26	3	1	—	3	1	—	—	5	3	6	4
	F.	25	5	1	—	—	—	2	1	3	8	5	—
28. Acute and Chronic Nephritis ...	M.	49	1	—	—	—	1	—	5	6	11	17	8
	F.	37	—	1	—	1	2	2	4	5	5	14	3
29. Puerperal Sepsis ...	F.	3	—	—	—	—	—	2	1	—	—	—	—
30. Other Puerperal Causes ...	F.	5	—	—	—	—	1	2	2	—	—	—	—
31. Congenital Debility, Premature Birth, Malformations, etc. ...	M.	68	67	—	—	1	—	—	—	—	—	—	—
	F.	46	46	—	—	—	—	—	—	—	—	—	—
32. Senility ...	M.	18	—	—	—	—	—	—	—	—	1	2	15
	F.	21	—	—	—	—	—	—	—	—	—	1	20
33. Suicide ...	M.	22	—	—	—	—	1	7	3	5	5	1	—
	F.	13	—	—	—	—	1	—	2	4	4	2	—
34. Other Violence ...	M.	63	2	2	5	6	6	10	4	7	10	4	7
	F.	36	3	1	1	3	2	2	1	1	2	7	13
35. Other Defined Diseases ...	M.	120	8	3	2	5	8	11	13	8	27	21	14
	F.	77	4	—	2	9	6	5	10	10	12	12	7
36. Causes Ill-defined, or Unknown ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	—	—	—	—	1	—


INFANTILE MORTALITY RATE.
1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936
150 140 130 120 110 100 90 80 70 60 50 40
AVERAGE FOR FIVE YEARS 120
AVERAGE FOR FIVE YEARS 114
AVERAGE FOR FIVE YEARS 98
AVERAGE FOR FIVE YEARS 71
AVERAGE FOR FIVE YEARS 65
AVERAGE FOR FIVE YEARS 61

Deaths.

The number of deaths registered in the Borough during the year was 1,779, but of these 195 occurred in persons not belonging to the Borough, while the deaths of 1,502 residents of West Ham occurred in various institutions and districts elsewhere, making the total net deaths attributable to the Borough number 3,086, of which 1,664 were males and 1,422 females.

The allocation of these deaths to their different causes will be found later in this Report, but the grand total from all causes gives an annual Death Rate of 11.6 per 1,000 of the estimated population. The Death Rate for the Great Towns was 12.3.

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	45	 562
Central Home	1	 426
Harold Wood Hospital	—	 30
Dagenham Sanatorium and Hospital	—	 49
West Ham Mental Hospital	—	 49
Plaistow Fever Hospital	9	 44
Forest Gate Hospital	10	 16

Deaths in other Institutions.

	Under 1 year	1 year & upwards
Queen Mary's Hospital for the East End ...	10	 64
St. Mary's Hospital, Plaistow	37	 16
Plaistow Maternity Hospital	29	.... —
Royal Albert Dock Hospital	—	 12
Children's Hospital, Balaam Street	17	 5
Other places, e.g. Docks, etc.	1	 16
Residents dying in outside Institutions	55	 285
TOTAL	214	 1574
Non-residents dying in West Ham Institutions	48	 147
	166	 1427
Net West Ham Deaths occurring in Institutions	1593	

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	Average for 10 yrs. 37.0	3,286	18·7	Average for 10 yrs. 19.2	723	105	Average for 10 yrs. 147.8
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	Average for 10 yrs. 34.2	4,486	18·3	Average for 10 yrs. 17.9	1,535	175	Average for 10 yrs. 163.6
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	Average for 10 yrs. 30.1	4,412	15·7	Average for 10 yrs. 14.9	1,078	123	Average for 10 yrs. 114.6
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	Average for 10 yrs. 24.8	4,203	15·4	Average for 10 yrs. 13.2	707	105	Average for 10 yrs. 79.8
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	Aver., 10 yrs. 17.2	3,481	11·0	Aver., 10 yrs. 11.3	404	67	Average for 10 yrs. 64.4
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	
1936	265,800	4,183	15·7		3,086	11·6		294	70	

GENERAL PROVISION OF HEALTH SERVICES.

Consequent upon the closing of the Council's Convalescent Home at Margate, it was necessary to find additional accommodation for cases of children requiring short periods of convalescence. In June of this year arrangements were made by the Council with the West Ham Central Mission for the reservation of 20 places for West Ham children at their Convalescent Home, Hutton, near Brentwood.

In addition, the Invalid Children's Aid Association and the Invalid and Crippled Children's Society, two voluntary organisations in the Borough, were able to place a very large number of children in various homes. May I again extend to these two voluntary agencies my thanks for the splendid work performed by them.

Psychological Clinics.

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

The Nerve Clinic, situated in West Ham, at the Invalid and Crippled Children's Hospital, is now in its fifth year, and continues to serve a useful purpose in promoting mental health and welfare.

During the past year some seventy-five cases have been dealt with, an increase of eight as compared with the previous year. It is interesting to note that there has been a steady annual increase in the numbers referred to the Clinic, which is evidence that the work undertaken is being more widely known and appreciated. The Clinic has two sessions per week of approximately one and a half hours on Wednesday and Saturday mornings.

In considering the cases investigated, it is again noteworthy that over fifty per cent. were children. It is thus apparent that the problem of the maladjusted child at home and at school is assuming a greater significance in the minds of parents and educators. This is the most promising field of mental hygiene, and it is to be hoped that the time will come when a fully organised Child Guidance Clinic run on the "team method" will be established. At present, our activities in this development are handicapped by not having a psychiatric social worker and an educational psychologist. It has thus been necessary in certain cases to refer them to the London Child Guidance Clinic, Canonbury, and to the West End Hospital for Nervous Diseases.

The facilitating of the operation of the Mental Treatment Act has again been one of the most important features of the Clinic's work. It will be noted that nineteen cases of mental disorder were recommended as suitable for voluntary treatment. Of that number, sixteen actually availed themselves of the opportunity to receive early treatment. It is interesting to record that the suggestion that the clinic patient should enter the Mental Hospital freely, and of his or her own accord, was received

remarkably well almost without exception. This is a great encouragement, and is definite evidence that the Mental Hospital for an increasing number of people is no longer merely a place of detention, but a hospital in the real sense of the word. It is to be hoped that more and more patients will be admitted DIRECTLY to the Mental Hospital instead of via the "Observation Ward."

The Nerve Clinic continues to establish new contacts within the Borough of West Ham, and the sources from which patients come are steadily increasing. Referrals have come from General Practitioners, Public Health Medical Staff, Court Probation Officers, Relieving Officers, from Whipps Cross Hospital, and the Invalid and Crippled Children's Hospital, and from Welfare Centres in West Ham. As in past years, a certain number of patients discharged from the Mental Hospital have kept in touch with the medical staff through the Clinic. This has been valuable in giving some sense of security to patients who are finding difficulty in readjusting themselves to normal life, and has been instrumental in preventing relapses.

To the various doctors in private practice, to the medical services in the Borough, and to the various Public Assistance officials who have co-operated in the work of the Clinic—our thanks are due, and we record our appreciation.

Total number of new cases examined in 1936	75
Total number of consultations, therapeutic and diagnostic	341

Types of Mental Illness.

Psychoses—		
Schizophrenia	9	
Cyclothymia	11	
Paranoia	1	
Cerebral Arteriopathy	3	
Epilepsy	2	
	—	26
Psychoneuroses—		
Anxiety States	4	
Compulsion	2	
Hysteria	1	
Hypochondriasis	1	
Sex Abnormality	1	
	—	9
Total		35

Behaviour Problem and Maladjusted Children.

Anxiety States—	
Including "Nerves," Morbid fears, "Tantrums," "Food Fads," Night Terrors, Enuresis	22
Stammering	1
Epilepsy	1
Chorea	3
Post Encephalitis	2
Habit Spasm	1
Neurological Cases—	
Little's Disease	2
Bell's Palsy	1
Congenital Mental Defect	7
	40

Results in Cases Considered Suitable for Treatment.

	Recovered	Relieved	Subsequent failure to attend	Still under treatment	No improvement
Psychoses	—	3	2	2	—
Psycho Neuroses	—	5	—	3	1
Behaviour Problems	4	11	2	3	—

Cases recommended to Mental Hospital as "Voluntary Patients"	19
Actually admitted	16

Of these, **ten** have been discharged during the year either "recovered" or "relieved."

Laboratory Work.

Bacteriological work is carried out at several of the Council's Institutions.

At Plaistow Fever Hospital, in addition to the routine Bacteriological work, facilities are available for medical practitioners to have a report on any case of suspected diphtheria, typhoid, or cerebro-spinal fever.

At the Tuberculosis Dispensary in Balaam Street, the Tuberculosis Officer deals with specimens submitted for examination as to the presence of tubercle bacillus.

Queen Mary's Hospital, Stratford, which is a voluntary institution, carries out the bacteriological examination of samples of graded milk, ordinary milk, and various other articles.

The Council employs a part-time Analyst to carry out the analysis of samples of water, milk, and various other foodstuffs. He is also the Official Analyst under the Fertilisers and Feeding Stuffs Act, 1926.

In addition to the above, any general practitioner on the panel, by an arrangement between the West Ham Insurance Committee and Queen Mary's Hospital, may have a pathological report upon any case, or material if considered necessary.

It is hoped that a pathological laboratory will be established at Whipps Cross Hospital in the near future

Supply of Insulin.

During the year six applications were received from West Ham residents for a supply of Insulin, and in each case, owing to lack of means, arrangements were made for this treatment to be given free of charge.

Vaccination Acts, 1867 to 1907.

The following is a summary of the work carried out under the above-mentioned Acts during the year 1936:—

No. of Cases in Birth Lists received during the year ...	5472
No. of Certificates of Vaccination received	1224
No. of Certificates of Postponement owing to—	
Health of Child	344
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 ...	2990
No. of Certificates of Insusceptibility or of having had Smallpox	9
No of Cases—	
Parents removed out of District	800
Otherwise not found	253
No. of Entries in Lists sent to Public Vaccinators	1418

AMBULANCE SERVICE.

The following ambulances are available for use by the general public, but with certain reservations:—

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 Public Health Committee of the Council has two ambulances which are housed, driven, supplied with petrol and oil, and maintained by a Contractor in the Borough. These vehicles made 2,430 journeys during the year, including six at the request of the East Ham Council. The number of persons conveyed from one address to another in the district was 1,307, whilst 1,117 persons were taken from an address in the Borough to an address outside, or vice versa. Of the total number of journeys made by the ambulances, no less than 840 were for accidents occurring either at home, at work, or in the street. These ambulances are only used for accidents and non-infectious cases requiring immediate removal to hospital for treatment or operation, and in the latter cases a medical certificate is required.

Information regarding the use of these ambulances is brought to the notice of the general public by means of notices which are placed in Council's Fire Stations, Schools, and other public buildings; in addition to this the Police are fully aware of the conditions in force, and on a number of occasions get into direct contact with the ambulance stations. The service has been in operation for some considerable time, and the citizens are fully cognisant of the rules and regulations governing the use of the Council's ambulances.

Reciprocal arrangements are 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. The journeys made under these arrangements during the year 1936 are as under :—

In twelve cases the ambulance of the East Ham Authority was requisitioned for the removal of West Ham cases, and on six occasions the West Ham ambulance was used for East Ham cases.

In addition to the Public Health Committee's two ambulances, the Highways Committee of the Council has an ambulance stationed at the Silvertown Fire Station in the Silvertown area, which is available daily between the hours of 7 a.m. and 11 p.m. This vehicle is used in the main for accidents occurring in factories in the Silvertown district, and certain factory owners contribute towards the cost of this service. There were 145 journeys made in this connection during the year.

There is also in force an inter-working arrangement between this Council and the London County Council.

The service as a whole has, during the year, worked very satisfactorily, and is quite adequate for the district. No complaints have been received of late arrival, or of any other matter in connection with the Council's Ambulance Service.

Professional Nursing in the Home.

No provision is made for carrying out professional nursing in the homes, except in the case of two nurses, who are fully employed by two whole-time District Medical Officers. The Voluntary Associations in the Borough, who have a large supply of competent nurses available for service at any time, perform a very considerable amount of work by attending 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) Home, Saville Road, Silvertown. The greater part of the nursing in the homes is carried out by the Plaistow Maternity Hospital, which provides a training school for District Nurses, and a maternity hospital.

With regard to infectious diseases, there are no municipal arrangements for nursing of this description in the home. All cases requiring hospital treatment are, whenever possible, removed to the Council's Isolation Hospital and, if this institution is full, to the London Fever Hospital.

Maternity and Nursing Homes.

There are three registered homes in the Borough (see page 53-54).

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

Tuberculosis Dispensary.

Balaam Street, Plaistow, E.13 (see pages 132-135).

Maternity and Child Welfare Clinics.

See pages 51 and 54, 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, influenza, erysipelas, 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. As mentioned in my last year's report, this accommodation is still being used by the Public Assistance Committee, with the exception of 20 beds, which are reserved for children convalescing from diphtheria.

Smallpox.

(3) Dagenham Smallpox Hospital was built in 1899 for the reception of 300 cases of smallpox, but in 1912 was taken over for the treatment of adult cases of pulmonary tuberculosis, and is still being used for this purpose. There is accommodation for 128 cases.

Any cases of smallpox occurring in this area are removed by arrangements with the London County Council to one of their hospitals.

Tuberculosis.

Dagenham Hospital and Sanatorium.

(4) This institution provides accommodation for 128 adult cases of pulmonary tuberculosis. (See also pages 135-137).

Langdon Hill Sanatorium for Children.

(5) At this institution provision is made for accommodating 40 children suffering from pulmonary tuberculosis. (See pages 137-138).

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

The scheme for the provision of an additional 500 beds to this institution, as mentioned in my previous reports, is nearing fruition, although the actual building has not yet begun. Tenders have been invited, and it is hoped that before very long a start will be made in the erection of this addition, which is so urgently needed, to abate the serious congestion in existence at present.

With regard to the Nurses' Home and Maids' Quarters, the buildings are nearing completion, and it is hoped that they will be occupied in the very near future.

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 belongs to the West Ham Council, and is situated within the Borough. It has provision for cases of chronic sick, and in addition has 40 maternity beds, and also accommodation 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.

Other Hospital Facilities.

(10) The Council have an arrangement with Queen Mary's Hospital and Plaistow Maternity Hospital for the institutional treatment of maternity cases. (See page 53).

Orthopaedic treatment is carried out at the Children's Hospital, Balaam Street, and at the Brookfield Hospital, Walthamstow. (See pages 54-55).

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.

(11) There are two Open-Air Schools, one at Fyfield (Residential), near Ongar, accommodating 80 boys and 60 girls. Buildings are being erected at Fyfield to bring the accommodation up to 100 boys and 100 girls. The other school is at Crosby Road, in the County Borough of West Ham, and has accommodation for 60 children.

Particulars of Bodies received into the Mortuaries during 1936

MONTH	STRATFORD MORTUARY.											CANNING TOWN MORTUARY.									
	No. of Inquests held on Bodies remaining in Queen Mary's Hospital	No. Received	Males	Females	Over 5 yrs	Under 5 yrs.	Sent in by Coroner	Sent in by Police	Sent in on Sanitary Grounds	No. of Post-Mortems	No. of Inquests	No. Received	Males	Females	Over 5 yrs	Under 5 yrs.	Sent in by Coroner	Sent in by Police	Sent in on Sanitary Grounds	No. of Post-Mortems	No. of Inquests
January	6	12	9	9	15	3	13	5	—	10	11	3	2	1	3	—	2	1	—	2	1
February	1	13	10	4	12	2	12	2	—	11	3	4	2	2	4	—	2	2	—	3	1
March	2	12	8	6	14	—	10	4	—	9	6	2	2	—	2	—	2	—	—	2	—
April	1	17	10	8	15	3	12	6	—	15	4	—	—	—	—	—	—	—	—	—	—
May	1	10	7	4	10	1	6	5	—	6	6	5	3	2	4	1	3	2	—	3	2
June	1	16	10	7	15	2	9	8	—	11	8	—	—	—	—	—	—	—	—	—	—
July	2	13	10	5	14	1	9	6	—	8	10	—	—	—	—	—	—	—	—	—	—
August	1	7	5	3	8	—	6	2	—	6	3	2	1	1	2	—	—	—	2	—	—
September	1	9	6	4	9	1	9	1	—	7	4	4	2	2	4	—	2	1	1	3	1
October	4	15	3	16	17	2	13	5	1	12	7	4	2	2	4	—	2	2	—	4	2
November	2	20	14	8	19	3	16	6	—	15	9	3	3	—	3	—	2	1	—	3	1
December	1	18	12	7	15	4	13	6	—	13	10	2	1	1	2	—	1	—	1	1	—
Total	23	162	104	81	163	22	128	56	1	123	81	29	18	11	28	1	16	9	4	21	8
Grand Total	185		185		185		185						29		29			29			

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	1387	3290	3816
Total No. of cases seen ...	5517	16062	9519
No. referred by Relief Sub-Committees	319	305	286
Attendances at Surgery ...	5857	15033	7779
Sent to Institutions:—			
Voluntary Hospitals ...	13	13	12
Whipps Cross Hospital ...	108	179	126
Mental	2	4	—
Otherwise	—	—	7
Central Home	62	97	9
Forest House	1	2	—
Forest Gate Hospital ...	1	3	1
Aldersbrook Homes ...	—	—	4
Plaistow Hospital	1	2	126
Discharged as no longer in need of treatment ...	641	1180	2053
New cases seen at Domiciliary visit	449	1375	2023
Fresh cases transferred from			
(a) Institutions ...	2	5	14
(b) General Practitioners	—	—	—
Total No. of Domiciliary visits	1508	5651	4583
Visits paid by District Nurse	225	4628	3557
Deaths	15	42	5
Total No. on register as receiving treatment from D.M. Officers on 2/1/37	2922	9200	5292
Prescriptions made up ...	8218	25229	9731

FOREST GATE HOSPITAL.

	MEN			WOMEN				CHILDREN				Total
	Chronic Sick	Mental	Epileptic	Maternity	Chronic Sick	Mental	Epileptic	Born	Mental	Eilleptic	Others	
Admitted	—	23	22	892	61	28	33	749	22	5	18	1853
Discharged	2	23	25	883	9	22	33	748	10	4	2	1761
Deaths	—	1	1	1	56	1	1	17	4	—	—	82
Admitted by means of :—		MEN			WOMEN				CHILDREN			
Relieving Officer and District Med. Officer ...		—			53				—			53
Gen. Practitioner and Relieving Officer		2			34				3			39
Relieving Officers		—			78				1			79
M.O.H. and Relieving Officers		—			491				—			491
Otherwise		6			7				8			21
Transferred from other Institutions		35			133				23			191
Med. Superintendent ...		5			220				8			233
No. of infectious cases ...		—			12				—			12
Transferred to other Institutions		34			62				30			126
Total No. of sick cases in the Home on 2/1/37		140			483				113			736
Total No. of Able-bodied men on 2/1/37		6			—				—			6
Total No. of maternity patients in the Home on 2/1/37		—			42			30 infants in maternity wards				72
No. of vacant beds on 2/1/37		4			27			Cots in Maternity Wards and Mothers' Nursery				31 & Cots

WHIPPS CROSS HOSPITAL.

	MEN			WOMEN			CHILDREN			Total
	Acute	Sub-acute	Chronic	Acute	Sub-acute	Chronic	Acute	Sub-acute	Chronic	
Admitted	4023	—	81	4144	—	78	2003	—	—	10329
Discharged	3191	—	75	3515	—	75	1810	—	—	8666
Seen as out-patients ...	490	—	274	116	—	5	144	—	—	1029
Not admitted	467	—	23	182	—	22	162	—	—	856

Admitted by means of :—	MEN	WOMEN	CHILDREN	
Relieving Officer and District Med. Officer ...	195	270	186	651
Gen. Practitioner and Relieving Officer	3378	3551	1552	8481
M.O.H.	2	2	11	15
Otherwise	2	5	4	11
Transferred from other Institutions	197	191	146	534
Police (not accidents) ...	101	67	8	176
Accidents	135	79	69	283
Med. Superintendent ...	94	55	29	178
No. of infectious cases ...	300	180	103	583
Transferred to other Institutions	269	247	171	687
Deaths	766	589	173	1528
Total No. in hospital on 2/1/37	370	344	249	963

No. of cases seen by Consultants 4927
Skin 422
Ophthalmic 595
Aural 390
Light 1933

Gynaecologist 77
Surgeon 353
Neurologist 177
Dentist 274
Urologist 249
Anaesthetist 457

No. of cases allocated to :—
West Ham 2526
Essex 1809
East Ham 592

X-Ray :
West Ham 1862
Essex 1649
East Ham 631

CENTRAL HOME.

	MEN			WOMEN			CHILDREN			Total
	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	
Admitted	905	4	9	966	3	14	3	8		1912
Discharged	340	4	10	493	3	14	3	8		875
Refused admission ...	—	—	—	—	—	—	—	—	—	—
Admitted by means of :—		MEN			WOMEN			CHILDREN		
Relieving Officer and District Med. Officer ...		92			109			1		202
Gen. Practitioner and Relieving Officer		580			640			3		1223
M.O.H.		—			2			1		3
Otherwise		26			22			—		48
Transferred from other Institutions		221			208			6		435
No. of infectious cases ...		6			4			29		39
Transferred to other Institutions		152			245			10		407
Deaths		493			447			—		940
Total No. of sick cases in the Home on 2/1/37		415			499			—		914
Total No. of able-bodied patients in the Home on 2/1/37		381			292			—		673
No. of vacant beds on 2/1/37		68			54			—		122

FOREST HOUSE.

	MEN			WOMEN			CHILDREN			Total
	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	Chronic Sick	Mental	Epileptic	
Admitted	1	13	34	—	—	—	—	—	—	48
Discharged	8	8	29	—	—	—	—	—	—	45
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		70			35			—		105
No. of infectious cases ...		—			—			—		—
Transferred to other Institutions		99			28			—		127
Deaths		—			—			—		—
Total No. of sick cases in the Home on 2/1/37		73			—			—		73
Total No. of Aged and Infirm on 2/1/37		129			66			—		195
No. of vacant beds on 2/1/37		3			—			—		3

MATERNITY AND CHILD WELFARE.

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

Notification of Births.

The birth rate for 1936 was 15.7, being an increase of 0.2 compared with the rate for 1935.

The total number of notified births was 5,903, of which number there were **5,689 live births** and **214 still births.**

Births notified by doctors and parents	1227
Births notified by midwives	4676

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

1932	1933	1934	1935	1936
4980	4406	4470	4200	4183

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 28 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, 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	5980	18841
(b) To children under one year of age....	5681	38677
(c) To children 1-5 years of age	1467	47941
*(d) Infant Life Protection visits	28	262
*(e) Special visits (Home Helps, etc.)	—	11139
Total Visits		116860

* 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 eleven Maternity and Child Welfare Clinics in the Borough, so situated that every district is within a reasonable distance of a Clinic. Up till October, 1936, there were twelve Maternity and Child Welfare Clinics, but owing to inadequate and unsatisfactory accommodation the Martin Street Branch Clinic of the Plaistow Maternity Hospital had to be closed as a Clinic, the mothers and babies being drafted to various centres in the neighbourhood. Of this number five are Municipal Clinics staffed entirely by the Council's medical and nursing staff; the remaining six 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. In the case of the Municipal Clinics a written report is sent by the Medical Officer of the Clinic to each midwife after examination of her patient, so that there is close and satisfactory co-operation in antenatal work. In addition, the midwife is notified immediately to visit any patient who fails to keep her appointment for subsequent examination. The mothers attend very regularly for antenatal supervision, and co-operate well with the Maternity and Child Welfare Staff in utilising the services made available for their benefit under the Council's scheme.

At the Antenatal Clinics stress is laid on the preventive aspect of the work, with especial reference to suitable diet for the expectant mother. The provision of free meals in addition to milk for necessitous mothers has enabled the women to carry out the advice given at the Clinics, the resultant benefit in general health of the mothers who have had this help being evident to the Medical Officers and Health Visitors who supervise these women.

The importance of dental treatment for mothers is also emphasised; and there is a greater willingness now for this treatment in pregnancy, especially amongst the younger mothers. It is deplorable, however, to see the high degree of dental caries present in these young women, necessitating multiple extractions and provision of dentures at an early age.

Postnatal examinations are undertaken at the Antenatal Sessions at the Council's Clinics, but it is hoped in the near future that separate post-natal sessions may be established, whereby much ill-health and unnecessary suffering following childbirth may be alleviated or prevented.

The attendances at the Infant Welfare sessions have been satisfactory at all Clinics; 82.3 per cent. of infants born in 1935 attended Clinics during the first year of life. Through attendance at the Clinics the mother is put in touch with the many facilities for the benefit of herself or her child, such as convalescent treatment, sunlight, dental and orthopaedic treatment, or admission to hospital. Treatment of a sick child is definitely debarred at the Council's Clinics, whose work is purely preventive and educative, but, in all cases where necessary, the means are available for a sick child to have treatment under the Maternity and Child Welfare Services of the Council.

Dental Treatment.

Dental treatment is provided for expectant and nursing mothers and for the pre-school child through attendance at the various clinics in the Borough. The dental scheme for mothers provides for dentures to be supplied in cases selected by the Dental Surgeon. Payment is claimed from the patient for dentures according to a scale approved by the Council.

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

Attendances for Dental Treatment.

(1) **Expectant and Nursing Mothers.**

Number of new cases treated	580
Total attendances	2739
Total attendances (a) for extraction	1645
(b) for fillings	120
(c) for special treatment	192
Number of dentures supplied	434

(2) **Children under School Age.**

Number of new cases treated	657
Total attendances	2351
Total attendances (a) for extraction	747
(b) for fillings	958

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.

During 1936 there were 843 applications for this help under the Council's Scheme; in 643 cases this help was granted.

The Home Help is supervised by the Health Visitor of the district, and subject to a satisfactory report of her work being received from the Health Visitor, payment is granted to the Home Help for the duties performed.

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.

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 1936, 88 midwives notified their intention to practise midwifery; at the end of the year it was found that 54 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. The majority of these midwives practise under the aegis of one of the several training schools or nursing associations in the neighbourhood.

The number of cases attended by midwives (excluding cases delivered in hospital by midwives) during the year was 2,210:—

(a) As midwives 2013
(b) As maternity nurses 197

Medical aid was summoned under Section 14 (1) of the Midwives' Act, 1918, in 494 cases.

The number of births notified by midwives (i.e. by midwives practising in local maternity hospitals and in the district) = **4,676** which is equivalent to 79.2 per cent. **of the total notified births.**

Subsidy to Midwives.

Under this Scheme the Council subsidises District Midwives in respect of patients referred by them to the Clinics for antenatal supervision, but who are subsequently found by the Clinic Medical Officer to be unsuitable for confinement at home. During 1936, subsidy was paid in respect of 16 patients.

Suspension from Practice of a Midwife.

As a result of the unsatisfactory work and methods of practice of a midwife in independent practice in the Borough, it was found necessary to suspend her from practice pending an investigation by the Central Midwives' Board. At the hearing of the case, the charges brought against her by the Council through the Medical Officer of Health in October, 1936, the action of the Local Supervising Authority, i.e. the Council, was fully endorsed by the Board, who cancelled forthwith the Certificate of the midwife, thus prohibiting her from further attendance as a midwife on any woman in childbirth.

Distribution 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 free or at a cheap rate 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 1936 approximately 128 tons have been distributed under the Council's Scheme.

Free Meals for Expectant and Nursing Mothers.

This Scheme came into operation in January, 1936. It 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 necessitous mothers who are breast-feeding their infants. Arrangements for this help can only be made through attendance at a Clinic, each application to the Medical Officer of Health having to be endorsed by the Clinic Medical Officer.

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 twelve, 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.

As previously stated in this report, the improved state of health in those women who have taken full advantage of this Scheme is very evident to the Medical Officers of the Clinics. The Scheme is of too recent origin to be able to compile statistics, but as a result of the improved nutrition of mothers there will undoubtedly ensue an improvement in the health of the young infant and the growing child.

During 1936, 15,971 free dinners were provided at the Dining Centres to mothers.

Convalescence for Nursing Mothers and their Infants.

Throughout 1936 the four beds rented by the Council have been constantly occupied; three mothers with their infants up to 3 months of age, are sent every fortnight to "Child Haven," Brentwood, the convalescent home of the West Ham Central Mission, and one mother every fortnight is admitted 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 of each Home on the discharge of the patients, with details of the progress of mother and baby while away.

At both Homes the treatment and care given to the mothers is of the very best. Every endeavour is made to enable the mothers to rest and relax; this freedom from work and worry, coupled with the good diet and happy, pleasant surroundings, restore these women mentally as well as physically, so that they return fit to carry on the many duties of their home life.

During 1936 it was possible to send away under the Scheme 96 mothers with their infants, of whom 76 went to "Child Haven" and 20 to Sunningdale.

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. Centre Attendances. Expectant Mothers	Centre Attendances. Children.	Medical Consultations. Expectant Mothers.	Medical Consultations. Children.	Arrangements for Medical Supervision.
West Ham Lane Municipal Clinic	5	Mon., Tues., Thurs., 2 p.m. Tuesday, 9.30 a.m. Friday, 9.30 a.m.	30.9	41.6	30.9	35.8	Dr. Helen Campbell.
*Forest Gate Municipal Clinic, Forest Street ...	4	Tuesday, 9.30 a.m. Tues., Wed., Thurs., 2 p.m.	18.1	41.1	17.8	26.4	Dr. Charlotte Forsyth Dr. Muriel Prout
*Grange Road Municipal Clinic	3	Wednesday, Friday, 2 p.m. Wednesday, 9.30 a.m.	14.4	40.3	14.0	33.5	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.	20.3	34.5	20.3	25.4	Dr. Charlotte Forsyth Dr. Angel Crawford
Silvertown Municipal Clinic	2	Wed., 10 a.m. and 2 p.m.	6.7	36.0	6.7	32.8	Dr. Charlotte Forsyth
*Chesterton House Centre	7	Wed., Thur., 11 a.m. & 2.30 p.m., Mon., Tues., Fri., 1.30 p.m.	112.0	69.8	42.7	15.2	Dr. Flora Hogg & Dr. Peter Kennedy.
Docks Centre, Hoy Street	5	Daily, 2 p.m.	108.6	31.9	42.8	22.0	
Martin Street Clinic ... (closed Oct., 1936)	1	Thursday, 3.30 p.m.	26.3	31.5	8.7	7.2	
South West Ham Health Society Clinic, Lees Hall	3	Tues., Wed., and Thurs., 1.30 p.m.	27.2 fortnightly	49.3	13.2 fortnightly	28.4	Dr. J. Lorimer Hawthorne.
Trinity Mission Centre, Oxford Road	2	Wed. and Thurs., 1.30 p.m.	—	48.5	—	26.0	Dr. Jean Edwards
Stratford Day Nursery Centre, Welfare Road...	2	Mon. & Friday, 1.30 p.m.	—	41.0	—	19.9	Dr. Dorothea Brooks
Given Wilson Institute, Pelly Bridge	1	Mondays, 2 p.m.	—	36.1	—	24.2	Dr. Eva Morton.

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

Provision of Facilities for Birth Control.

The arrangement made in December, 1934, between the Council and the National Association for the Provision of Birth Control Clinics continues to function satisfactorily. Under this agreement women (in whom further pregnancy is considered by the Clinic Medical Officer to be undesirable for health reasons) may be referred to the East London Women's Welfare Centre, Burdett Road, E., where they are examined and advised by an expert medical and nursing staff.

During 1936, 58 patients were referred by the Medical Officers of the various Clinics for advice regarding Birth Control.

Hospital Accommodation for Mothers.

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 and Queen Mary's Hospital for the East End.

In addition there are 45 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. The majority of West Ham patients who enter Forest Gate Hospital for confinement attended regularly during pregnancy at the Council's several Antenatal Clinics. Arrangements for admission are usually made through attendance at the Clinic. There is close co-operation between the Medical Superintendent of Forest Gate Hospital and the Clinic Medical Officers, which is definitely to the good of the patients. Pupil midwives from the hospital attend weekly at the medical consultations at the Council's Antenatal Clinics.

Institution.	No. of Maternity Beds (Exclusive of isolation and labour ward beds).	No. of Admission, 1936.	
		Total.	West Ham Residents.
Forest Gate Hospital	45	861	422
Plaistow Maternity Hospital	56	1275	908
Queen Mary's Hospital	45	1162	352

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 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 1936 there were 8,673 total attendances, making an average daily attendance of 37 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 through the Medical Officer of Health for tratment from any of the Welfare Centres in the Borough. 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.

The children are referred chiefly on account of anaemia and general debility, or for debility after an acute illness. It has been found of especial benefit in young children suffering from nervous debility, exhibiting itself as restlessness, fitful sleep, capricious appetite, excitability, etc.

Attendances at the Sunlight Clinic.

(1)	**Municipal Clinic.** (2 sessions per week)	
	Total number of new cases	88
	Total attendances for treatment	1663
(2)	**Day Nursery Clinic.** (3 sessions per week)	
	Total number of new cases	116
	Total attendances for treatment	4140

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 orthopædic 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 Orthopædic 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	327
Children's Hospital, Balaam Street:		
(a) Babies' Ward	16	247
(b) Orthopaedic Ward	4	30

Convalescent Homes for Children under 5 years of age.

Children under 5 years of age are referred for convalescence through the Medical Officer of Health to the Invalid Children's Aid Association and to the Invalid and Crippled Children's Society, by whom the children are admitted to recognized and approved convalescent homes. In June, 1936, the convalescence facilities were augmented by the arrangement made between the Council and the West Ham Central Mission, whereby the Council agreed to retain 20 beds at "Child Haven," Brentwood, to be used for the convalescent treatment especially of young children.

During 1936, 248 children under five years of age were sent away for periods varying from four to twelve weeks. The great majority of these children are recommended by the Medical Officers of the various Child Welfare Centres in the Borough, chiefly for chronic conditions such as persistent anaemia, malnutrition, recurrent bronchial catarrh, and rickets. The beneficial result of convalescence in such cases can be attributed to the several factors which enter into the methods of a convalescent home for children, viz., fresh air, a well-balanced diet, regular routine and daily rest, with early bed-time. The last named factor is too often neglected in the home-life of the young child, resulting in nervousness, irritability, and excitability.

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 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 1936.

At the end of 1936 there were 44 foster-mothers on the Register, and 44 children registered as foster-children

Ophthalmia Neonatorum.

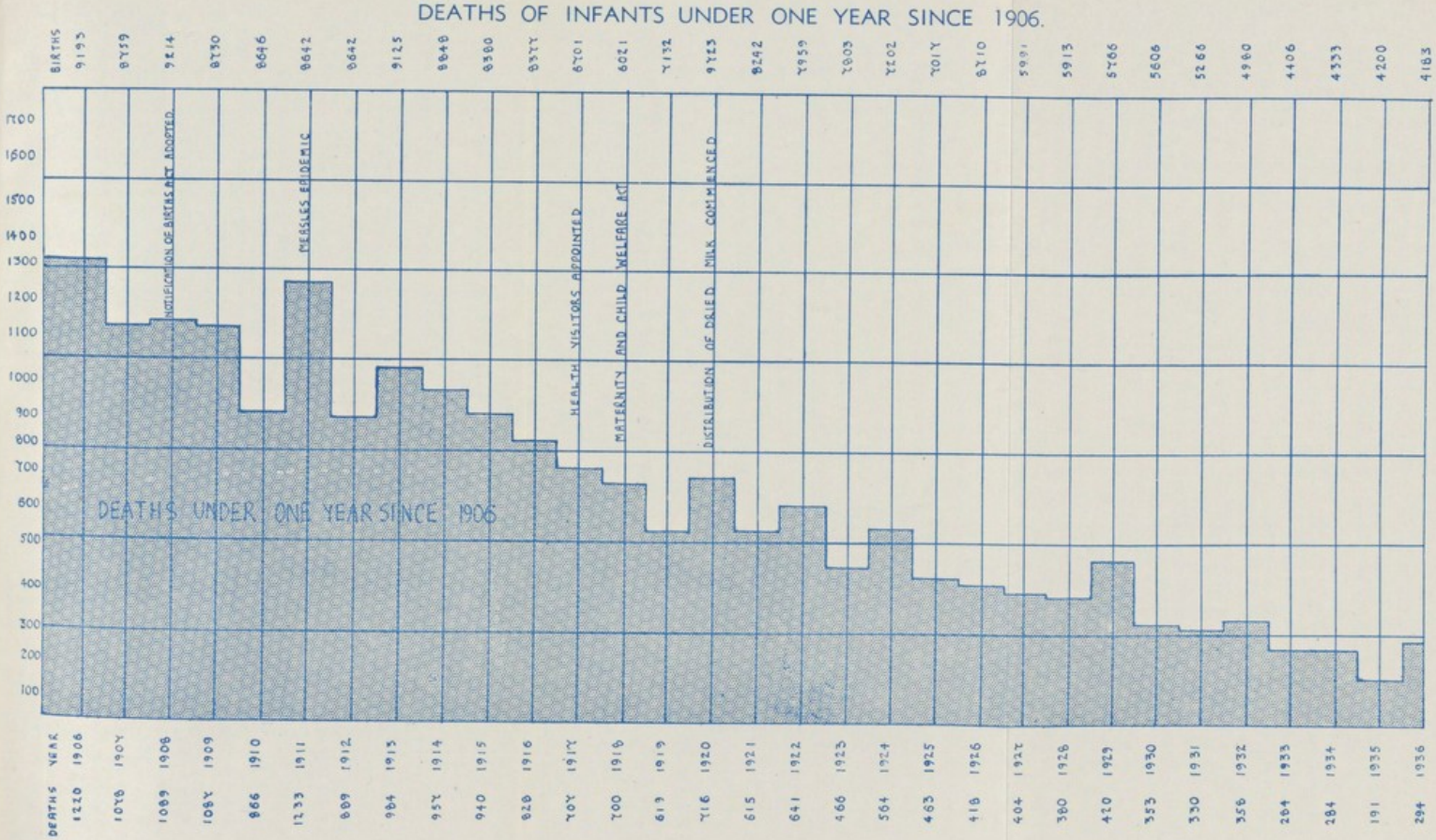
During 1936 there were 12 cases of Ophthalmia Neonatorum notified to the Medical Officer of Health. The Health Visitors investigate and report upon all such cases occurring in West Ham residents. Weekly or more frequent visits are paid until the case is completed in order to ensure that the mother carries out the treatment recommended.

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

Analysis of Notified Cases.

Total number notified	12
Total West Ham Residents	11
Number treated at home	8
Number treated in hospital	4
Vision unimpaired	12
Number of deaths	0

DEATHS OF INFANTS UNDER ONE YEAR SINCE 1906.



Pemphigus Neonatorum.

There was no case of this condition notified during 1936 to the Medical Officer of Health.

Puerperal Fever and Puerperal Pyrexia.

Seventeen cases of Puerperal Fever and 44 cases of Puerperal Pyrexia were notified to the Medical Officer of Health; this represents 2.8 per 1,000 notified births in regard to Puerperal Fever, and 7.5 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 West Ham Residents.	
	Home	Hospital	Recovered	Died
Puerperal Fever	1	16	12	2
Puerperal Pyrexia	9	35 ...	26	1

Infantile Mortality.

The Infantile Mortality Rate for 1936 is 70.2 per 1,000 births. The rate for the 123 Great Towns was 63 per 1,000.

The total number of deaths under one year was 294 (164 males, 130 females), of which number 16 deaths occurred in illegitimate infants.

Table Shewing Notified Causes of Death under One Year of Age.

Congenital Debility, Prematurity, Malformation, etc.	113
Pneumonia, Bronchitis, other Respiratory Diseases	59
Diarrhoea, Digestive Disturbances, etc.	75
Nephritis	1
Infectious Diseases	23
(a) Whooping Cough, 7.	
(b) Measles, 10.	
(c) Diphtheria, 1.	
(d) Influenza, 2.	
(e) Cerebro-Spinal Fever, 3.	
Tuberculosis (all forms)	6
Violence	5
Other defined Diseases	12
Total	294

While the greater number of deaths in this age period is still attributable to congenital causes, yet there was in 1936 an extraordinary large number of deaths due to gastro-intestinal disorders. These deaths were distributed fairly evenly throughout the whole of the year, with the exception of a small outbreak occurring in the wards of one of the local hospitals in January—February. This was investigated by the Medical Officer of Health in conjunction with the officials of the hospital concerned. It would appear from an analysis of the deaths notified as due to "Gastro-enteritis" that many of these cases were not a true infective gastro-enteritis, but rather a gastro-enteritis secondary to some other disorder or disease.

Deaths amongst Children from 1—5 years of age.

During 1936 there were 113 deaths in the age period 1—5 years, of which number 59 occurred between 1—2 years of age, and 54 from 3—5 years.

Table Shewing Causes of Death 1—5 years of age.

Pneumonia, Bronchitis, other Respiratory Diseases	19
Diarrhoea, Digestive Diseases, etc.	9
Nephritis	1
Heart Disease	1
Tuberculosis (all forms)	8
Infectious Diseases	59
(a) Measles, 39.	
(b) Scarlet Fever, 1.	
(c) Whooping Cough, 9.	
(d) Diphtheria, 8.	
(e) Influenza, 1.	
(f) Cerebro-spinal Fever, 1.	
Violence	9
Other defined Diseases	7
Total	113

There is an increase of 16 deaths in this age-period compared with the number for 1935, viz. 97. This may be attributed chiefly to the large number of deaths due to measles occurring in the

epidemic in the first half of the year. The few deaths due to Diphtheria is gratifying. In this respect it may be stated that the response to the propaganda carried on at the Welfare Centres in the Borough for Immunisation of the toddler against Diphtheria, is satisfactory on the whole, although there is still considerable prejudice and ignorance in regard to this question.

During 1936, 427 children were immunised against Diphtheria at the Council's Clinics, making a total of 2,637 children of all ages up to 14 years who have been thus treated since the Council inaugurated the Scheme in February, 1934. Each child received a subsequent appointment for the Schick Test three months after completion of the treatment.

Maternal Mortality.

There were eight deaths in 1936 amongst West Ham residents, which were directly attributable to diseases of pregnancy or to complications of childbirth, giving a maternal mortality rate of 1.8 as compared with the rate of 3.65 for the country as a whole. Of the total deaths, 3 were due to Sepsis and 5 resulted from other causes.

Notified Causes of Death.

		Where died
(a)	**Puerperal Sepsis.**	
	(1) Pelvic Abscess, Puerperal Sepsis	Hospital
	(2) Septicaemia due to Pelvic Abscess following Abortion (natural causes)	Hospital
	(3) Puerperal Sepsis	Hospital
(b)	**Other Causes.**	
	(1) Eclampsia	Hospital
	(2) Heart Failure, Post-partum Haemorrhage	At Home
	(3) Placenta Praevia	Hospital
	(4) Rupture of Uterus, Normal Pregnancy....	Hospital
	(5) Cardiac Failure, Miscarriage, Haemorrhage	At Home

During February, 1936, an exhaustive enquiry was made into the Maternity Services as a whole in West Ham by Medical Officers from the Ministry of Health. West Ham was selected by these Officers as one of the areas having an average low maternal mortality rate over a period of years. The results of this investigation have been published recently in the form of a report from the Ministry of Health—"Report on an Investigation into Maternal Mortality." The report of the investigation in so far as West Ham is concerned is quoted herewith :—

Extern and Intern Maternity Services conducted by Voluntary Agencies in close Co-ordination with the Municipal Activities.

The Maternity scheme of West Ham County Borough presents many satisfactory features, among which the more important are the large proportion of confinements conducted in the homes of the women by carefully supervised midwives provided by voluntary agencies, and the close co-operation maintained between the municipal and voluntary bodies.

The Plaistow Maternity Hospital and District Nurses' Home is a training centre of district-nurse-midwives for 38 Nursing Associations throughout England and Wales, and also provides an organised course of post-certificate training for midwives. The Association affords facilities, not only for domiciliary confinement of many of the women in the Borough, but also in its maternity hospital for the in-patient treatment of cases of doubt or difficulty met with in the district. Medical supervision and treatment are carried out by medical officers attached to the hospital, who conduct district antenatal clinic sessions, render assistance to the midwives in response to medical aid calls, and are in clinical charge of the maternity patients in the hospital. Thus complete continuity of medical supervision and treatment is secured.

The Borough is also indebted to Queen Mary's Hospital maternity unit, to which many of the complicated maternity cases detected at the municipal antenatal clinics are referred for the advice of specialists, or for admission at the time of confinement. This hospital has also an extern maternity district under the medical supervision of the obstetric staff of the hospital.

The municipal activities include not only many antenatal clinics conducted by full-time medical officers, but generous provision for the distribution of milk and additional nourishment to the expectant and nursing mothers resident in the Borough. Careful instruction of mothers by medical officers and health visitors in the dietary suited to pregnancy forms an important feature of the scheme.

Situated in a congested working-class district, the Borough has yet enjoyed a low average puerperal mortality rate over a long period of years. The efficiency of the services, the large proportion of confinements conducted by midwives under close and careful supervision, the important part played by the medical officers attached to the hospitals in securing continuity of medical supervision and treatment, and the attention paid to the dietetic needs of the women are the outstanding features of the maternity scheme. That these should be associated with a low average puerperal mortality rate may not be without significance.

MENTAL DEFICIENCY.

On the 31st December, 1936, there were 757 Mental Defectives on the register—377 males, 380 Females.

Number in Institutions under Order—

Males 134. Females 114. Total 248.

Number on Licence from Institutions—

Males 20. Females 7. Total 27.

Number under Guardianship under Order—

Males —. Females 5. Total 5.

Number in "Places of Safety"—

Males 2. Females 1. Total 3.

Number under Statutory Supervision—

Males 221. Females 253. Total 474.

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

Recommended Institutional Care—

Males 21. Females 11. Total 32.

Recommended for Guardianship—

Males —. Females 2. Total 2.

Recommended Supervision at Home—

Males 9. Females 8. Total 17.

Referred for Reconsideration—

Males 20. Females 16. Total 36.

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

Males 15. Females 6. Total 21.

Number of Cases admitted under Order to Institutions—

Males 15. Females 9. Total 24.

Number of Cases admitted to Guardianship—

Males —. Females 4. Total 4.

During the year 82 Continuation Orders were received:—

For 5 yrs. Males 25. Females 27. Total 52.

For 1 yr. Males 16. Females 15. Total 31.

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

Removed to other Areas—
Males 5. Females 3. Total 8.

Died—
Males 2. Females 1. Total 3.

Dealt with under the Lunacy Acts—
Males —. Females 1. Total 1.

Number of cases who were granted Licence—
Males 8. Females 3. Total 11.

Ascertainment.

The number of mental defectives dealt with for the first time during the year was 51.

Feeble-minded Persons.

Included in this class of defective were 16 males and 16 females, of whom 5 males and 3 females were admitted to institutions. The remainder were placed under supervision at home.

Regarding their physical condition, 1 male was also an epileptic and 1 had spinal curvature. Of the females, 2 were paralysed, 1 paralysed and epileptic, 1 epileptic, and 1 suffered from heart disease.

Imbeciles.

These numbered 18 in all—13 males and 5 females, of whom 2 males and 1 female were placed in institutions. The remainder were placed under supervision at home.

Physical examination revealed that 2 males were epileptics, 1 female paralysed, and 1 female partially blind and epileptic.

Moral Defectives.

Only 1 male moral defective was dealt with by being placed in an institution. He was in fairly good physical condition.

The chief sources of information in regard to new cases of mental defect were the Education, Public Assistance, and Maternity and Child Welfare Committees. Of the 51 new cases certified during the year, 32 were reported by the Officers of these Committees. In addition to those cases who were definitely certified, 36 persons were examined and found to be not mentally defective.

Institutional Accommodation.

Considerable difficulty is still being experienced in obtaining institutional accommodation for those defectives who require this kind of care, especially for the lower grade cases.

The extensions scheme at South Ockendon Colony has received the favourable consideration of the Board of Control and the Ministry of Health, and the larger portion of the original scheme has been approved. It is expected therefore that building will begin in the near future. The scheme as approved provides facilities for training and care of an additional 340 patients of various grades, and will comprise three Villa Blocks for 60 adult male patients, one Villa Block for 60 adult female patients, one Villa Block for 50 male children, and one for 50 female children, together with male and female workshops, staff workshops, laundry, central kitchen, recreation hall with offices, nurses' home, medical superintendent's house, and 12 staff cottages. This additional accommodation, with the existing three Villa Blocks, will provide accommodation for 520 patients in all. Unfortunately, no separate accommodation for the lowest grade patients, Hospital Block or Administration Block has yet been approved.

When these buildings are completed it is hoped that sufficient accommodation for all West Ham and East Ham cases requiring institutional care will be available.

Licence.

There are 27 West Ham mental defectives on licence from institutions, of whom 10—6 males and 4 females—are at work and doing quite well. The others, while not being in regular employment, are happy and give no cause for anxiety. Of the 11 cases who were granted licence during the year, only 1—a male—had to be recalled. This was due to his having developed heart trouble, and he was consequently returned for appropriate treatment.

Supervision.

There are 474 mental defectives under supervision at home in West Ham. All of these are visited at varying intervals by the Supervising Nurse, and all possible assistance and sympathetic advice regarding their management and training is given. Endeavours are made as far as possible to teach those cases capable of learning, various handicrafts such as knitting and rug-making. Unfortunately, however, the Supervising Nurse can give only a very limited amount of time to this part of her duty owing to the number of cases which she has to visit. Parents are also given hints as to cheap and easy ways of cooking special meals for certain of the children under supervision. It is found that the visits paid by the Nurse are very much welcomed and fully appreciated by most parents.

South Ockendon Colony.

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

On the 31st December, 1936, there were 145 patients on the Register, namely:—

62 males over 16 years.
42 females over 16 years.
28 males under 16 years.
13 females under 16 years.

The allocation of patients in the three Villa Blocks was as follows:—

Rowans: Certified for 44 male adult patients, accommodated 62 such patients during the day-time, 7 of whom were on licence. Owing to insufficient accommodation 11 patients slept in LIMES Block.

Limes: Certified for 40 boys, was occupied by 28 patients under 16 years. Three of these were on licence.

Elms: Certified for 50 females, was occupied by 55 patients, of whom 42 were over 16 years and 13 under 16. Four of these patients were on licence.

Movements during the year were as follows:—

Admissions: 4 males under 16 years.
2 females over 16 years.

Removal: 1 male over 16 years to Rampton State Institution.

Licence: 2 males over 16 years.
2 females over 16 years.
1 male under 16 years recalled from licence owing to death of mother.

Deaths: 2 males under 16 years (1 at Whipps Cross Hospital from status epilepticus, 1 at Plaistow Fever Hospital from broncho-pneumonia).

Health.

Generally speaking, the health of the Colony was very good. Towards the end of the year, however, there was a slight outbreak of scarlet fever, in which 5 males under 16 years were affected and removed to hospital; one of these patients developed broncho-pneumonia and died at Plaistow Hospital on Christmas Day. In addition, 1 female patient was treated for chicken-pox at Plaistow Hospital. Two patients were also treated at Whipps Cross Hospital, namely a boy suffering from broncho-pneumonia and a girl with acute rheumatism.

Employment.

All the patients continued to be usefully employed. The male adults made great progress, especially in Carpentry and Boot-repairing. New occupations were commenced this year, including the making of cocomats by the lower grade patients. The girls were mostly employed in domestic work and sewing. No less than 2,881 new articles were produced in the Sewing Room during the year. No difficulty was found in disposing of handicrafts, and the sale of articles during 1936 amounted to £58. A special advantage accrued from the erection of th new Scout and Guide hut which was opened in October. It was the means of providing a class room for the higher grade boys under 16, which could not previously be arranged.

Recreation.

The new hut already mentioned, opened in October, 1936, for the use of the Scout and Guide Troops stimulated interest in the Companies. There is now, in addition a Troop of Cubs. A summer camp at Clacton was arranged for 15 Scouts during a fortnight in August, and proved a great success. It is hoped that similar facilities will be extended to the Guides next year.

Outdoor games, such as football, cricket, netball, and tennis were all enjoyed by staff and patients, and matches with outside teams were occasionally arranged.

The Annual Sports Day was attended by excellent weather, and again we were honoured by the presence of His Worshipful the Mayor and many Aldermen and Councillors. The patients enjoyed a very happy and exciting day, and were presented with prizes at the close of the events. There can be no doubt that Sports Day is remembered by the patients with great satisfaction.

In recognition of the Jubilee of the Borough, all patients, with the exception of the very lowest grade, went by coach to Dovercourt, and enjoyed the day in fine weather.

Christmas Day was celebrated in the traditional manner. During the afternoon the patients were entertained by a visiting Concert Party.

Periodically the higher grade patients were given the special privilege of visiting the Cinema at Grays.

SANITARY CIRCUMSTANCES OF THE AREA.

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

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, but unsatisfactory storage cisterns in houses are frequently dealt with by Notice. Whenever possible supply service pipes are altered to supply one tap direct from the rising main instead of from a storage cistern.

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 complete.

DRAINAGE AND SEWERAGE.

The water carriage system of sewage removal is almost universal throughout the whole Borough. Houses are provided with properly flushed 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 Station 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.

STREET CLEANSING.

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, and two motor gully emptiers have been purchased so that the streets may be cleansed more efficiently.

REFUSE DISPOSAL.

The amount of refuse to be collected in West Ham is approximately 300 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 has been 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 conform to the Bye-Laws of the Council.

The aggregate number of beds is 525.

The Sanitary Inspectors make periodical visits to these houses, and fourteen such visits were made during the year. It was not found necessary, as the outcome of these visits, to take any action against 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.

The number of lodgers continues to fall year by year.

Houses Let in Lodgings.

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

Rag Flock Acts, 1911 to 1928.

There are four 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.

Sixteen samples were taken for analysis during the year. Of these, three did not conform to the standard of permissible soluble chlorine content. One, a comparatively slight infringement, was dealt with by interview. Attention is again drawn to the totally unsatisfactory standard of purity (the soluble chlorine content) provided by the Regulations. In the case of the infringement referred to, the flocks had been sterilized by steam under pressure so that they were satisfactory from the bacteriological point of view, yet the chlorine content was excessive, whereas in other cases the flocks, derived from rags from a most uncleanly source were merely steeped in water until the soluble chlorine content complied with the Regulations.

At the year end proceedings were pending against the partners of a firm of wholesale Rag Flock makers in respect of the sale to two different retailers in the Borough of consignments of Flock containing soluble chlorides in excess of the 30 parts per 100,000 permitted by the Rag Flock Regulations. Penalties of £8 were imposed by the Court. It will be noted that these proceedings were taken against the wholesalers in respect of their sale of the commodity to retailers.

Recently a great deal has been written about the material known as Rag Flock. Investigations into the manufacture and use of this material have been made and the findings point clearly to the necessity for reform. Rag flock is made from cast off clothing, etc., originating in some cases from such undesirable places as refuse dumps. At the present time the free chlorine test is the recognised method of determining the cleanliness of rag flock. In order to conform to the standard (30 parts per 100,000) it is customary to soak these old rags in water, no other attempt being made to sterilize them. An example of the unsatisfactory nature of this standard was the establishment of a flock mill by a certain firm who installed an autoclave sterilizing machine together with a vacuum exhaust to extract dust. In due course samples of flock were sent to a bacteriologist and an analytical chemist. The results were illuminating. Whereas the bacteriologist certified the material free from contamination the chemist reported that the free chlorine content was some 30 parts in excess of the permitted standard. In consequence of these conflicting results the firm was obliged to abandon their valuable apparatus and resort to the old method of soaking in water.

How can the present position be improved so that the public may be protected, and at the same time a really scientific standard adopted? The primary necessity is the registration or licensing

of such premises for the manufacture of rag flock, not only to supervise the materials which are used for the making of bedding, etc., but to ensure that suitable precautions are taken by makers to render their materials free from chemical and bacteriological impurities. While it is not suggested that the present chlorine standard should be abolished, other factors might be considered and a new standard of cleanliness formulated.

Offensive Trades.

There are 27 premises in the Borough were offensive trades or trades analogous thereto are carried on. The table below sets out the nature of these trades :—

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

All these places are visited very frequently by the Sanitary Inspectors, and during the year 399 inspections were made.

One application was received for permission to establish by transfer, the trade of fat melter and bone boiler. The premises proposed were situated within 400 feet of a new housing site and in the direction of the prevailing wind; in these circumstances, attempts were made by placing the applicant in touch with the Borough Engineer's Department, to induce him to acquire a site within the offensive trade zone. No new application had however been received by the end of the year.

In general, these trades are carried on with very little annoyance to the people living in the vicinity of the factories. It has not been necessary to institute legal proceedings in any particular case, letters of warning or personal interview having sufficed to remedy any default.

Scientific research has progressed considerably in the methods of preparing the raw material used on their premises. One firm has installed apparatus of the latest scientific design. The plant is of the vacuum type, and the results obtained have been very gratifying so far as the elimination of noxious odours are concerned. Certain chemical substances generated during the

process of fat melting, owing to their complex composition, are very difficult to eliminate. Though present in infinitesimal quantities, they are extremely potent and attempts are being made to neutralize them by various devices. When it is realised how animal waste is collected from various sources in a decomposing and sometimes maggoty condition, one is surprised that offensive odours are not more prevalent. In this connection it is hoped that the more widespread use of refrigerators among butchers will bring about an improvement.

Another matter that is receiving attention is the collection of raw material. Efforts have been made to speed up transport facilities so that the material shall arrive at the factory in a less decomposed state, and there is reason to believe that the time will come when the term "Offensive" will no longer be applied to these trades.

There are other trades carried on within the Borough which, though not scheduled as offensive trades, emit gases during their manufacturing processes which are highly offensive. Particular reference is made to the fish meal and varnish manufactures. The fumes in these trades offer similar difficulties to those in the fat melting and bone boiling trades, but experiments are now being carried out with an apparatus which has been successful in condensing high temperature gases. It is hoped that by such means the emission of noxious fumes will be to a large extent eliminated.

MOSQUITOES.

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

PROSECUTIONS, 1936.

Nuisances (Public Health Acts)—
666 Summonses. 331 Withdrawn; 1 Dismissed; 1 Adjourned sine-die; 295 Magistrate's Orders issued to do work, etc.; 38 Unsound Meat.

Failure to comply with Magistrate's Orders—
167 Summonses. 75 Withdrawn; 92 Penalties.

West Ham Corporation Acts—
16 Summonses. 11 Withdrawn; 5 Penalties.

Shops (Hours of Closing) Act, 1928—
7 Summonses. 1 Dismissed on payment of costs; 6 Fines imposed.

West Ham Grocers', General Shopkeepers' and Provision Dealers' Closing Order, 1919—
1 Summons. Fine imposed in this case.

Shops Acts, 1912-1934—

2 Summonses. 1 Dismissed on payment of costs; 1 Fine imposed.

Housing Act, 1925, Sec. 5—

2 Summonses. 2 Fines imposed.

A serious case of trading in diseased meat occurred during the year. Proceedings were instituted against the owner of a farm and slaughterhouse in Hampshire, including the slaughtermen, lorry driver and his mate. After a nocturnal watch had been kept by the Chief Sanitary Inspector and the Veterinary Officer, a lorry was eventually seen at 4 a.m., to approach a butcher's premises in Tidal Basin. This lorry contained in addition to ten carcases of beef consigned to Smithfield, sixteen quarters of cow beef and several kidneys and heads which were found to be affected with advanced tuberculous disease, although efforts had been made by stripping and the removal of the lymphatic glands to conceal this. The sixteen quarters, etc., were seized by the Chief Sanitary Inspector, and condemned by a Justice. The Court imposed penalties amounting to £100 with costs.

SUMMARY OF WORK OF SANITARY INSPECTORS.

Houses Visited in connection with Infectious Diseases	1563
Houses, Factories, and any other premises visited in connection with Small-Pox	1
Visits to Factories	92
,, Workshops	51
,, Outworkers	76
,, Bakehouses	147
,, Dairies	218
,, Common Lodging Houses	14
,, Houses Let in Lodgings	21
,, Cellar Dwellings, Underground Rooms, Etc.	61
,, Slaughterhouses	—
,, Fish Fryers	40
,, Knackers' Yards	4
,, Café and Restaurant Kitchens, Etc., P.H.A. 1925	79
,, Ice Cream Makers or Dealers, W.H.C.A.	45
,, Other Food Purveyors	3607
Visits re Burial Act, 1857, Section 25, Exhumation of Human Remains	3
,, Private Houses to Investigate Complaints	5222
,, Offensive Trades	399
,, Other Noxious Trades	20
,, Canal Boats	—
,, Drainage Inspections	5874
,, Rats and Mice Destruction Act	193
,, Increase of Rent Restriction, Etc., Acts	31
,, Bye-laws—Tents, Vans, Sheds	37
Houses Inspected under the Housing Act, 1935	6735
Other Houses Inspected	1764

Smoke Observations—half-hour	99
Visitors to Factories, re Smoke	22
Visits to re Steam Whistles Act, 1872	—
Visits to Places of Public Amusement, Theatres, Music Halls, Cinemas, Etc.	111
Other Visits	649
Re-Inspections	22913
Total Visits	50091
Samples purchased under Rag Flock Acts	16
Samples of Domestic Water Supplies taken for Analysis or Bacteriological Examination	—
Total Notices served	6036
Warning Letters sent re matters not dealt with by Notice	45
Defective Houses dealt with	6794
Other Defective or Insanitary Conditions dealt with	16
Drain Tests carried out	278
Certificates granted under the Rent Restriction, &c., Acts	19
No. of Notices complied with—(1) By Owner	6011
,, ,, ,, ,, —(2) By Occupier	9
Summonses issued	861

Inspection of Dwelling Houses.

The following table shows the number of Inspections and Sanitary Notices served in sixteen Wards of the Borough during the year 1936. (These figures do not include inspections for the purpose of testing drainage or supervising works incidental thereto.) :—

Ward	Inspections	Notices served
Beckton Road	493	482
Bemersyde	257	160
Broadway	689	458
Canning Town and Grange	707	659
Custom House and Silvertown	545	443
Forest Gate	348	285
High Street	495	473
Hudsons	411	290
New Town	539	476
Ordnance	430	366
Park	252	223
Plaistow	547	480
Plashet Road	216	202
Tidal Basin	642	545
Upton	188	174
West Ham	335	320
Total	7094	6036

In this connection 825 summonses have been issued during the year.

1.—Inspection of Factories, Workshops and Workplaces.

Inspections made by Sanitary Inspectors.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers Prosecuted. (4)
Factories ... ... (Including Factory Laundries)	92	6	...
Workshops ... ... (Including Workshop Laundries)	51	3	...
Workplaces ... ... (Other than Outworkers' premises)	97	10	...
Total	**240**	**19**	...

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 ...	25	19	2	...
Want of ventilation ...	...	...	...	...
Overcrowding	...	...	...	...
Want of drainage of floors	3	1	...	...
Other Nuisances	12	10	...	...
Sanitary Accommodation—				
Insufficient	2	1	...	...
Unsuitable or defective...	4	3	...	...
Not separate for sexes ...	1	1	...	...
Offences under the Factory and Workshop Acts :				
Illegal occupation of underground bakehouse (s. 101)				
Other Offences ... ... (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.)	...	...	...	...
Total	47	35	2	...

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

Shops Acts, 1912-1936.

It is the duty of every local authority to enforce within their district the provisions of the Shops Acts and of the Orders made thereunder, and for that purpose to institute and carry on such proceedings in respect of failures to comply with or contraventions of the Acts and Orders as may be necessary to secure the observance thereof, and to appoint inspectors.

An inspector so appointed is given for the purposes of his powers and duties in relation to shops all the powers conferred in relation to factories and workshops on inspectors by the Factory and Workshop Act, 1901, and an inspector may, if so authorised by the local authority, institute and carry on any proceedings under the Acts on behalf of the authority.

With the introduction of the Shops Act, 1934, a considerable amount of inspection work was necessary; in fact, it meant that every shop in the Borough had to be visited in order to see that the requirements of the Act were complied with, thus the clerical side of the work was greatly increased.

In pursuance of their duties, Inspectors have to satisfy themselves that assistants are given a weekly half-holiday, that shops are closing in accordance with the general closing order and the local closing order, that notices are properly displayed, that the statutory intervals allowed for rest and meals are carried out, that seats are provided for women assistants, that the prescribed number of hours of employment of those under 18 years of age are observed, that records are kept as to hours worked, meal intervals, rest periods, and particulars of all overtime in respect of young persons, and that the restrictions of night employment and early mornings are observed.

The total number of visits made by the Inspectors during the year was 6,981, and 1,775 infringements were detected. The majority of these were minor irregularities, in respect of which 1,342 verbal cautions were given. In cases of a more persistent nature, 289 written warnings were issued, and in 9 cases it was found necessary to institute legal proceedings (see page 72-73).

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 1936.

Principle Trade.	No. of Visits.	INFRINGEMENTS. Notices NOT exhibited. H-H	K	E or F	H or J	Open after Hours.	Y.P.s working after hours.	WARNINGS. Verbal.	Letters.	Refused to serve after hours.	Summonses.
Bakers	307	41	8	19	19	27	8	108	10	30	—
Boots and Shoes	85	9	2	14	14	25	11	98	9	7	—
Builders' Merchants	70	4	—	5	3	3	—	7	—	3	—
Butchers	424	60	2	13	15	43	3	127	19	60	—
Caterers	180	14	3	13	9	—	—	26	1	—	—
Carpets, Rugs and Lino	79	1	—	3	1	1	—	3	—	10	—
Chemists and Druggists	157	8	1	4	4	11	—	25	3	20	—
China and Glass	64	2	—	1	1	—	—	5	—	4	—
Clothiers	145	14	—	13	13	27	2	48	2	10	—
Confectionery and Tobacco	825	29	2	22	24	68	6	166	35	187	—
Corn Merchants	76	5	3	13	13	4	1	32	3	4	—
Cycle Dealers	103	3	—	4	4	3	5	6	2	3	—
Domestic Stores	122	2	1	5	6	11	3	26	1	8	—
Drapers, Milliners, and Mantle Dealers	638	17	10	23	25	74	37	146	34	51	—
Fishmongers	181	11	2	7	10	21	4	49	5	19	—
Florists	57	3	1	3	4	2	—	7	2	4	1
Fruiterers and Greengrocers	502	13	2	15	16	97	6	103	41	52	5
Furniture Dealers	137	6	2	7	9	9	3	19	—	7	—
Furriers	18	—	—	—	—	—	—	—	—	—	—
Grocers, General, etc.	894	19	10	20	23	80	7	99	57	172	1
Hairdressers and Barbers	334	10	5	12	9	19	2	31	10	17	2
Hosiers and Hatters	103	8	—	10	6	2	—	20	1	—	—
Ironmongers	40	1	1	3	3	3	3	2	5	1	—
Leather and Harness Makers	47	—	—	—	—	1	—	1	—	3	—
Live Stock	27	—	—	—	—	—	—	—	—	3	—
Mixed	507	19	7	20	23	110	6	104	26	129	—
Music	31	1	—	1	1	3	—	4	1	2	—
Newsagents and Stationers	105	2	1	4	4	14	2	15	4	10	—
Opticians	29	—	1	1	1	—	—	2	—	—	—
Photographers and Pictures	29	—	—	1	1	—	—	1	—	2	—
Public Houses	162	6	2	—	—	—	—	2	3	—	—
Tailors	135	7	—	5	6	18	3	10	3	28	—
Toys and Fancy Goods	92	—	—	5	4	10	2	16	3	9	—
Watchmakers, Jewellers and Pawnbrokers	132	2	2	3	1	3	—	4	2	7	—
Wireless and Electrical	144	10	2	8	8	15	3	30	7	22	—
Totals :—	6981	327	70	277	280	704	117	1342	289	904	9

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 ~~74~~ 72 and 73.

Schools.

There are 49 Council Schools, and 12 Non-Provided Schools, comprising 162 Departments. The accommodation available is 57,507.

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.

The School Medical Service is administered by the 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, 9 Clerks, and 1 Messenger.

The following improvements have taken place at various Schools:—

Modernising Domestic Centre.
Hall provided.
Central Heating installed.
Floor re-laid.
Latrines remodelled in three Schools.
Domestic Hot Water Supply provided at two Schools.
Provision of new Dining Room.
Old-fashioned galleries or steps in Classrooms are removed each year.
Floor planing, tarpaving, and re-dressing of playgrounds, re-covering and repairs to corrugated galvanised iron roofs, repairs to asphalte roofs, replacement of boilers at three Schools, and the redecoration of nine Schools externally and ten Schools internally.

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 Teachers 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.

SMOKE ABATEMENT.

Some beneficial results were obtained along the Silvertown Factory belt in connection with smoke abatement. Statutory proceedings were commenced against a firm consuming 450 tons of coal and evaporating about nine million pounds of water per day. All the discharge from this huge tonnage passed to the atmosphere via one large chimney, with the result that it became an obvious nuisance. Proceedings were eventually instituted, but an application was made for an adjournment of three months on an undertaking by the firm to take all practical steps to abate the nuisance. In these circumstances the Department raised no objection to the adjournment, as it was considered of vital importance that the goodwill and co-operation of the firm and their engineering staff should be retained. It is interesting to note that no offence has been observed since.

A vast improvement was achieved at a large engineering works by friendly co-operation with the Works Engineer. In this case about ten small steam raising plants were involved, in addition to various annealing and hardening furnaces. Excellent results were achieved, and in the case of the boilers no offence has recently been observed.

A grit nuisance occurred in the case of a Lancashire boiler-plant, but was found to be due to the use of excessive induced draught, and was remedied.

ERADICATION OF BED BUGS.

In all cases where tenants are removed from Clearance Areas or houses to be demolished under Demolition Orders, post cards are sent to the tenants offering disinfection of bedding, etc., by steam at the time of removal. During the year no advantage was taken of this offer.

SWIMMING BATHS AND POOLS.

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

Attention to the purity of swimming bath water now occupies a very important place in the duties of the Bath Superintendent, and in West Ham this study of water purification receives its due consideration.

The water in all the Pools in the Borough, under the control of the West Ham Council, is now continuously aerated, filtered and sterilised, care being exercised in drawing up the specification of the filter plant to ensure a minimum turn-over of four hours.

Particular attention is paid to the p:H. value in order to keep the water in an alkaline condition.

The daily tests also determine the amount of free chlorine available, which is maintained as near as possible between the maximum of 0.5 and the minimum of 0.2 parts of free chlorine per million, the standard accepted by the Ministry of Health.

There are no privately owned swimming baths or pools in the district.

PROPOSED EXTENSIONS OF LOCAL POWERS.

As the Council has decided to promote a Corporation Bill, opportunity has been taken to seek additional powers which experience has shown to be desirable. Briefly, powers are sought in the West Ham Corporation Bill, 1936:—

For the registration of Hairdressers, with power to make bye-laws for the purpose of securing the cleanliness of such premises and the instruments used therein.

For the prohibition of tents, vans, sheds, etc., upon any square, alley, etc., to which the public have access.

For the cutting off and sealing up of dis-used drains.

For the provision of an adequate sink and water supply in any part of a house occupied as a separate tenement.

For the removal of aged or infirm or physically incapacitated persons from insanitary premises.

For the registration of hawkers of meat, fish, fruit and vegetables and their premises.

For the registration of premises used in connection with the sale or manufacture of ice-cream and preserved foods, with power to refuse or to revoke registration.

For the provision of food storage accommodation in new houses and in existing houses let to two or more tenants.

For the making of bye-laws governing the transport of foods.

For prohibition of sale, etc., of articles to children at schools.

For the fencing of vacant land.

For power to search vehicles and to inspect and, if necessary, seize meat, etc., in transit.

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) 8028

   (b) Number of inspections made for this purpose 27063

   (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 572

   (b) Number of inspections made for this purpose 3023

   (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 31

   (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 6794

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 ... ... Nil

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 ..... Nil

   (2) Number of dwelling-houses which were rendered fit after service of formal notices :—

   (a) By Owners ..... Nil

   (b) By Local Authority in default of Owners ..... Nil

   (b) Proceedings under Public Health Acts :—

   (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 6036

   (2) Number of dwelling-houses which were rendered fit after service of formal notices :

   (a) By Owners 6011

   (b) By Local Authority in default of Owners Nil

(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 29

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders 19

(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 12

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

4. Housing Act, 1935:—Overcrowding.

(a) (1) Number of dwellings overcrowded at the end of the year 5764

(2) Number of families dwelling therein 5764

(3) Number of persons dwelling therein *323994½

(b) Number of new cases of overcrowding reported during the year ..... Nil

(c) (1) Number of cases of overcrowding relieved during the year ..... Nil

(2) Number of persons concerned in such cases.... Nil

(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding ..... Nil

(e) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report ..... Nil

* This figure is based on equivalent adults, i.e. persons over 10 years of age.

OVERCROWDING SURVEY.

Considerable interruption of the normal work of the Sanitary Inspectors was caused by the Overcrowding Survey under the Housing Act, 1935. The procedure adopted in respect of nearly 50,000 houses was for each house to be visited by a temporary assistant who obtained details as to occupants and their distribution, number of rooms, landlord, etc., and for the sanitary inspectors to measure the houses, calculate the permitted numbers and enter these on cards, there being one card per house.

The result of this survey is that there are nearly 50,000 cards in the file showing the measurements of every room in every working class house and the permitted number for each house or part of a house, if occupied separately. In the event of the rooms of a house being re-distributed in the future, the new permitted number for each part of the house can be calculated from the measurements for each room already available.

The Report was submitted to the Council and forwarded to the Ministry of Health in May. Certificates of permitted numbers are being sent to all landlords whether applied for or not. Where a house is occupied by more than one family, a permitted number is supplied for each tenancy, but not for the house as a whole.

The results showed that our of 68,693 families 5,764, or 8.39 per cent. were overcrowded, although 1911 families, or 33 per cent. were overcrowded to the extent of half a person only (i.e. a child under 10 years of age) in excess of the permitted number and no less than 58 per cent. of the overcrowded families were overcrowded to the extent of one person or less.

The percentage of families overcrowded in the various Wards in the Borough is as follows:—

Beckton Road	16.07	per cent.
Bemersyde	3.71	,,
Broadway	8.11	,,
Canning Town and Grange	12.69	,,
Custom House and Silvertown	10.33	,,
Forest Gate	3.10	,,
High Street	13.80	,,
Hudsons	5.35	,,
Ordnance	14.83	,,
New Town	5.72	,,
Park	2.82	,,
Plaistow	5.90	,,
Plashet Road	3.25	,,
Tidal Basin	22.2	,,
Upton	1.47	,,
West Ham	6.12	,,
Average	8.39	,,

Clearance Areas.

At the year end the inhabitants of the ten Clearance Areas referred to in the last Report had been re-housed and the properties, with few exceptions, demolished.

More delay was experienced in connection with the Tidal Basin No. 1 Compulsory Purchase Order. The Council duly made a Compulsory Purchase Order which was submitted to the Ministry for confirmation. Objections were then made on behalf of certain owners that the Forms of Notice stating what facts were alleged as the principal grounds for being satisfied that the buildings were unfit for human habitation were insufficient. An application on their behalf was made to the High Court early in September for a Rule prohibiting the Minister from holding the Inquiry, but the action had not been decided at the end of the year. The whole of the Council's slum clearance schemes have been held up in consequence.

Official Representations were submitted to the Council and Clearance Orders made on January 30th, 1936, in respect of the following areas:—

	Houses	Persons to be Displaced
Castle Buildings Area	11	149
Abbey Road Area	12	43
White Hart Cottages Area	6	19
Cam Road Area	30	122

In the case of the Cam Road Area the Council made a Compulsory Purchase Order and proposed to utilise the site, together with adjoining land already in the possession of the Council, for purposes of re-housing the occupants of the four areas.

The Minister postponed the Inquiry in respect of these areas pending the result of the action in the case of Tidal Basin No. 1.

SPECIAL REPORTS
ISSUED BY THE MEDICAL OFFICER OF HEALTH.

(1) Report on Ministry of Health Maternity and Child Welfare Scheme Suggested Improvements.

In accordance with instructions issued by the Maternity and Child Welfare Committee on the 11th June, I herewith submit a report upon the improvements suggested to the Maternity and Child Welfare Scheme by the Ministry of Health following the recent visit of their officers. I will take the letter from the Secretary of the Minister of Health and deal with his suggestions seriatim:—

I "The Plaistow Maternity Charity should be approached with a view to such arrangements being made as will reduce the pressure at ante-natal clinics, and to securing if possible better premises in place of those now in use at Martin Street."

I have conferred with the Secretary, the Matron, and the Medical Officer of Plaistow Maternity Hospital regarding the above matter. This Authority has agreed:—

(a) to so arrange the attendances at the ante-natal clinics and to establish extra sessions as to eliminate or reduce the overcrowding complained of;

(b) to give up the clinic at Martin Street: the small number of clinic cases dealt with there could adequately be dealt with at other existing clinics if proposal IV is put into force: the Maternity cases could be attached to the general district work conducted from the Howards Road Home. Pending new premises, only bookings for maternity work would be done at Martin Street.

II "The Council should consider the provision of a more adequate and up-to-date Maternity unit in connection with one of their institutions, including a suitable number of beds allocated and reserved for women suffering from illnesses of pregnancy."

At present the Council has an arrangement for the reception of maternity cases with Queen Mary's Hospital, Plaistow Maternity Hospital, and the Public Assistance Committee. In spite of the number of voluntary hospital beds available in the Borough, the demand for hospital accommodation for confinement continues to grow so that the beds at Forest Gate Hospital are always full. This Hospital is reasonably accessible to all areas; the buildings, however, are not up-to-date, there is no X-Ray plant, no operating theatre, no adequate rooms for isolation or for nurseries.

I suggest that the Council consider the establishment of a complete maternity unit capable of dealing with all conditions of pregnancy, confinement, and the puerperium, excluding cases of abortion and puerperal sepsis. There should be a separate block for dealing with diseases and abnormalities of pregnancy apart from the usual waiting ward which is for healthy women approaching their full-term. In this connection I do not deem it advisable for the cost of hospital ante-natal treatment to be reclaimed from the patient, as this factor would definitely preclude many women from consenting to enter hospital for treatment for conditions whose seriousness they do not understand and refuse to recognise. The additional cost to the Council of allowing patients to enter their hospital free for the treatment of abnormalities of pregnancy would not be heavy, but the benefit that would accrue to the mothers would be great.

III "As the present arrangements for the accommodation of lying-in women and patients suffering from puerperal sepsis at Whipps Cross Hospital are unsuitable, they should be modified pending the provision of an isolation block at the hospital."

Puerperal sepsis cases are now treated at Plaistow Hospital or at Whipps Cross Hospital. As such cases vary greatly in their nature, symptoms and complications, it is advisable that they should be admitted to a hospital which has every facility for diagnosis and treatment.

I suggest that, in the arrangements that will ensue consequent upon the building of more wards at Whipps Cross Hospital, there should be a separate gynaecological (i.e. diseases of women) unit consisting of a ward for ordinary cases which are not septic, and a ward for septic cases to include all patients suffering from puerperal pyrexia, puerperal fever, septic abortion, and mastitis after confinement. Small observation wards should be reserved in addition for cases of threatened abortion apart from the above-named "clean" or "septic" wards.

With the establishment of such a unit, all cases of puerperal sepsis should then be sent only to Whipps Cross Hospital which will be equipped to deal adequately with these cases, having full facilities for the modern means of diagnosis and treatment.

Until the new buildings at Whipps Cross Hospital are complete, it will be possible so to modify the existing arrangements for the reception and treatment of these cases at Whipps Cross hospital, as to conform as far as possible with the requirements outlined above.

IV "The Council should consider the development of their post-natal services, including the establishment of separate post-natal examination sessions and arrangements for the provision of any treatment which may be necessary to remedy defects discovered at these examinations."

Owing to the pressure of ante-natal cases it has not been possible to deal with a large number of post-natal cases at the clinics. With the establishment of separate post-natal sessions ti will be possible to encourage all women to report for a routine medical examination at a suitable time after confinement.

In order to do this it will be necessary to appoint an additional medical officer. At present there are two full-time Assistant Medical Officers, and two Part-time Medical Officers who attend at three sessions per week. I suggest that a third full-time Assistant Medical Officer be appointed, and that the services of the part-time Medical Officer now attending one session per week be dispensed with. In this connection, too, and in view of Circular 1550 dealing with the pre-school child which has just been issued by the Ministry of Health, it will be possible, should such

an appointment be considered, to establish additional sessions for the routine medical supervision of the young child between the age of 2 years and entry to school. Children over the age of 2 years are only rarely brought to the Maternity and Child Welfare Clinics so that many still enter school suffering from defects which should have been dealt with under your Maternity and Child Welfare Scheme.

As a result of the post-natal examination, it will become necessary to review the facilities available for the treatment of such defects as may be found. At present gynaecological cases are mainly referred by the clinic medical officers for diagnosis and treatment to the consultants at the local hospitals (Queen Mary's and St. Mary's Hospitals). A certain number of women are sent at their own request to other hospitals in London. When in-patient treatment is required, the above-mentioned gynaecological unit at Whipps Cross Hospital should be made available, the patients being referred through the consultative post-natal clinics (see section V (3)), or alternatively, the local Voluntary Hospitals might be approached as to their willingness to deal with these cases.

But many cases of minor defect will be found to require only out-patient treatment which could best be carried out at the local hospitals.

V "There is need for the extension of the consultant service to include :—

(a) the establishment of a separate consultative ante-natal clinic session to which all cases of doubt or difficulty discovered by medical practitioners or at any of the ante-natal clinics in the Borough may be referred;

(b) the appointment of an obstetric consultant to the staff of Forest Gate Public Assistance Institution for all purposes in connection with the maternity unit;

(c) the appointment of an obstetric consultant for service in connection with cases of complicated midwifery in the home."

In order to deal with the suggestions of the Ministry under (a) (b) and (c) above, I propose for your consideration that a Part-time Consultant Obstetric Surgeon be appointed to the Council's Medical Staff at a salary appropriate to the status of such a medical officer. The duties of the Consultant to be as follows :—

(1) Consultant Surgeon to the Council's Maternity Unit at present situated at Forest Gate Hospital (see Section II, page 2).

(2) Consultant Surgeon for services in connection with complicated midwifery in the homes, either before, during or after confinement. (At present the Council has a rota of three Surgeons who may be called to the homes for consultation in regard to cases of puerperal sepsis only).

(3) Consultant Surgeon to attend at the Consultative Antenatal and Post-natal Sessions which could be established at one or more of the Council's Maternity and Child Welfare Centres.

VI "With regard to the auxiliary maternity services, the Minister appreciates the extensive provision already made, but he suggests that the Council should consider the extension of the Home Help Service to women who are medically certified to need domestic assistance on account of illness during pregnancy, and to those whose condition, in the opinion of the medical attendant, renders such service desirable after the fourteenth day of the puerperium."

I am of opinion that this extension might easily be established with great benefit to the patient and to the scheme as a whole. Application for this extension of the services of the Home Help should be accompanied by the certificate of the doctor attending the mother, each such case to be considered on its merits before being granted.

Some of these suggestions have been previously considered by the Council, but for good reasons have had to be deferred. The passing of the Midwives Bill will, to a considerable degree, affect your present scheme. Nevertheless, I am of opinion that the above-mentioned extensions would add greatly to the value of your present services. If it is desirable that the steps outlined should be dealt with piecemeal, it only remains to decide to which section you will give priority. My view is that proposal V is paramount and could be established in conjunction with the Public Assistance Committee with comparatively little cost and immediately.

Proposal II is one which I put before the Council in a report issued to them in January, 1931 on "Hospital and Other Accommodation" in regard to the Local Government Act, 1929. This proposal, too, is of course one which is a matter primarily for the Public Assistance Committee; it is the most costly, and would probably take longest to inaugurate, but should, in my view, be fully considered in all its aspects while the other less expensive commitments are being dealt with.

To summarise the schemes outlined above, I submit for the consideration of the Committee the following amendments or additions to the present Maternity and Child Welfare Scheme:—

I **Plaistow Maternity Hospital.**

(a) Additional Ante-natal Sessions to be established.

(b) The Clinics held at Martin Street Centre to be discontinued.

II **Forest Gate Hospital.**

The erection of an up-to-date maternity unit.

III **Whipps Cross Hospital.**

The establishment of a complete gynaecological unit.

IV **The Establishment of Post-Natal Services to include:—**

(a) appointment of Full-time Assistant Medical Officer (Maternity and Child Welfare);

(b) separate post-natal sessions at the Council's Maternity and Child Welfare Clinics.

(c) facilities for the treatment of defects found on examination at the post-natal clinics.

If proposal IV (a) is sanctioned, separate sessions for the routine medical examination of the pre-school child can then be established at the Council's Maternity and Child Welfare Clinics.

V. **Appointment of a Part-time Consultant Obstetric Surgeon to the Council's Staff to attend:—**

(a) at Consultative Ante-natal and Post-natal Clinics as required;

(b) at the Forest Gate Hospital Maternity Wards;

(c) in the home in connection with cases of complicated midwifery.

VI **Extension of the Council's Home Help Scheme.**

In addition to the above matters there would arise certain administrative problems which could readily be solved in due course.

F. GARLAND COLLINS,
Medical Officer of Health.

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

July, 1936.

(2) MIDWIVES ACT, 1936.

The Midwives Act, 1936, requires that the Local Supervising Authority, which for West Ham is the Corporation, shall "secure the wholetime employment of a sufficient number of midwives for attendance on women in their own homes," either as midwives or as maternity nurses, and "may either themselves employ salaried midwives or secure their employment by Welfare Councils or Voluntary Organisations."

Voluntary Associations.

Having given full consideration to this question, and in view of the fact that for many years domicilary midwifery in West Ham has been undertaken to a very great extent by nurses working under the direct aegis of Voluntary Organisations, the Sub-Committee of the Maternity and Child Welfare Committee recommend that the Council shall enter into agreements with these Associations in order to secure an efficient domiciliary midwifery service in West Ham in accordance with the requirements of the Act. The Voluntary Associations providing domiciliary midwifery service in the Borough are:—

1. **Plaistow Maternity Hospital and District Nurses' Home, Howards Road, Plaistow, E.13.**
   Branch Homes: Victoria Docks Branch: Lansdowne Road, E.16.
   Stratford Branch: 66 Martin Street.
2. **Queen Mary's Hospital for the East End.**
   West Ham Lane, Stratford, E.15.
3. **Essex County Nursing Association.**
   Beachcroft Road, Leytonstone, E.11.
4. **Mothers' Hospital, Clapton (Salvation Army).**
   Branch Nurses' Home: 19 Chandler Avenue, E.16.
5. **Silvertown and North Woolwich District Nursing Association.**
   Saville Road, E.16.

Number of Midwives Required.

The Minister of Health in Circular 1569, dated 18th September, 1936, suggests that in populous districts each midwife should be capable of attendance on 100 cases per year, 70 as a midwife, 30 as a maternity nurse. The actual nursing as a maternity nurse does not differ from that required as a midwife; the midwife must also be in attendance at the labour, although she herself does not deliver the patient. Having regard to the fact that, by the employment of midwives from Associations recognised as training schools for pupil-midwives, the midwife receives help from the pupil in the later nursing of her cases, it is reasonable to expect that each midwife in this area will be able to undertake 100 cases per year. With the exception of the Silvertown and North Woolwich District Nursing Association, all the organisations above-mentioned are training schools.

Domiciliary Confinements in West Ham during 1935.

Number of cases attended by midwives	2018
Number of cases attended by medical practitioners	406
Total domiciliary confinements	2424

With these figures as a basis, and accepting the recommendation of the Ministry of Health, it will thus be necessary to secure the whole-time employment of twenty-four certified midwives to act either as midwives or maternity nurses in this Borough.

There are three private midwives practising in West Ham whose work is such that there is no necessity to require them to surrender their certificate under Section 5 of the Midwives Act, 1936. They may, therefore, continue to practise as independent midwives under the supervision of Dr. Helen Campbell, Inspector of Midwives for West Ham. During 1935, 159 women were attended in their homes by these three midwives.

Areas to be Served by these Voluntary Organisations.

The Borough has been sub-divided into five areas for the purpose of calculating the number of midwives required from each Association. This sub-division has been made after consideration of the situation of the district homes and of the areas in which their nurses already have an established practice.

The following table shows the number of domiciliary confinements which took place during 1935 in each of the mapped-out areas :—

Area (as shewn on map).	Proposed Voluntary organisation.	No. of births in that area during 1935.	No. of births in West Ham during 1935, attended by these midwives.
1. Uncoloured	Plaistow Maternity Hospital and District Nurses' Home.	1514	1409
2. Green area	Queen Mary's Hospital.	230	139
3. Blue area	Essex County Nursing Association.	120	79
4. Yellow area	Salvation Army.	469	145
5. Red area	Silvertown & North Woolwich District Nursing Association.	91	77

Contrasting the figures in Columns 3 and 4 above, it is obvious that several factors must be considered before finally assessing the number of whole-time midwives to be allotted to this service by each organisation in agreement with the Council's Scheme.

(1) A certain number of women will still continue to use the services of private midwives; this may be estimated as about 150 cases per year.

(2) Although definite districts will be allotted to each Organisation, there will be "free choice" of midwife by the mothers. Clinic Medical Officers, Health Visitors, and all whose work brings them in contact with expectant mothers, will be made conversant with the districts, and will endeavour to secure the utilisation of the services as arranged and approved by the Council. But, for some considerable time, there is bound to be overlapping of the work of one association into adjacent areas.

(3) In an area such as West Ham, the facilities provided for confinement in hospital will always prove popular, and the number of confinements in hospital may reasonably be expected to increase.

Bearing all these factors in mind, upon the adoption of the scheme it will be advisable to provide for a revision of this service at the expiry of a definite period (e.g. from 30th July, 1937, to 30th September, 1938) when necessary re-adjustments of the several agreements may be made in the light of further experience.

Table showing the number of whole-time midwives required by the Council from each Organisation for the initial fourteen months.

Voluntary Organisation	Number of midwives
Plaistow Maternity Hospital and District Nurses' Home	15
Queen Mary's Hospital	3
Essex County Nursing Association	2
Salvation Army Midwives	3
Silvertown and North Woolwich District Nursing Association	1
Total	24

According to Model Agreement B. paragraph 1, the Association must "undertake to provide for the temporary replacement of such of the midwives employed for the area in question as may from time to time be rendered unavailable for service." Hours of duty, holidays, etc., will continue to be arranged by the Associations in respect of their own nurses.

Qualifications and Status of Midwife.

(a) **Qualifications**—The qualifications of the nurses at present on the staffs of these Associations are not uniform; the majority of these midwives are State-registered nurses in addition to holding the certificate of the Central Midwives' Board, but there are several highly skilled midwives in practice who are not general-trained nurses. At the inauguration of the Service, this factor should be considered in deciding on the salaries to be paid to the midwives, and for this purpose I would suggest that a period of ten years' continuous and satisfactory service as a district midwife should qualify any midwife for a salary equivalent to that of the general trained midwife.

The appointment of midwives subsequent to this agreement coming into force should be subject to the approval of the Council through the Medical Officer of Health, and it will be desirable in future, that as far as possible a midwife with the General Nursing Certificate shall be appointed. According to Paragraph 6 of the Model Agreement B "the Association shall supply the Authority with a list of names and addresses of the midwives employed by them in pursuance of this Agreement and shall forthwith inform the Authority of any change in the list."

(b) **Status of Midwife**—The midwives employed by the Associations are of different status in their profession. They will be graded under the Agreements as Sisters or Staff-midwives, their salaries being adjusted accordingly.

Age of Midwife.

Following the usual practice in regard to employees of the Council, a midwife shall not be employed by any Association in pursuance of this Agreement after reaching the age of 65 years.

Records required to be kept by the Association in pursuance of this Agreement.

"The Association shall keep records of the cases attended by the midwives employed by them in pursuance of this Agreement, and of the number of their attendances in each case, distinguishing between attendances as midwives and attendances as maternity nurses." (Paragraph 7, Model Agreement B.)

A weekly list of bookings for domiciliary confinements shall be sent to the Medical Officer of Health by each Association on forms to be supplied by the Medical Officer of Health's Department.

A list of cases attended in the homes by each midwife of each Association in pursuance of this Agreement, showing the number of attendances per case, shall be sent to the Medical Officer of Health on the first day of each month in respect of the work of the preceding month; for this purpose special forms will be issued by the Medical Officer of Health's Department.

Voluntary Associations which are also Training Schools for Midwives.

In the case of the Associations which are training schools for pupil-midwives, the Local Authority will require the attendance daily of a certified midwife with the pupil, from the day of confinement to the seventh day (inclusive) of the lying-in period; thereafter, as a minimum, the midwife must visit the home of the patient on the ninth, twelfth and fourteenth days, in order to satisfy herself that the mother and infant are making normal progress and that the work of the pupil-midwife is efficient.

Representation of the Council on Committees of the Voluntary Organisations.

For the closer co-operation and more efficient working of this service it is advisable that representation of the Council on the Management Committee of each Association shall be secured.

Finance.

No mention has been made in this report of the financial aspect of this matter inasmuch as I understand that the Borough Treasurer is submitting a separate report thereon to the Maternity and Child Welfare Committee.

F. GARLAND COLLINS,
Medical Officer of Health.

Municipal Health Offices,
Romford Road,
Stratford, E.15.
12th January, 1937.

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 218 inspections of dairies and milk purveyors' premises made by the sanitary inspectors during the year. Six persons were registered as purveyors of bottled milk only; also there were transfers in respect of four dairies and nine purveyors of bottled milk.

There are now 109 premises registered as dairies and their occupiers as dairymen, and 649 persons registered as purveyors of bottled milk only.

The bulk of the milk sold in the Borough is Pasteurised and sold under license, some is heat treated, 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."

Examination of Milk.

Animal Inoculation (Guinea Pig Test).

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

Of the remaining twenty-nine, four obtained on delivery from producers 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.

Thirty-three samples of condensed milk obtained were examined as follows:—

Condensed Machine Skimmed Milk Sweetened 25

Of this number twenty-two were examined for the purpose of testing the equivalent, all of which proved correct.

Condensed Full Cream Milk Sweetened 5

These samples were examined for the purpose of testing the equivalent, one of which proved to be lower than the declared amount. The matter was thoroughly investigated, the source of origin traced, and the full facts communicated to the Ministry of Health.

Condensed Full Cream Milk Unsweetened 3

Of this number one was examined for the purpose of testing the equivalent and proved to be correct.

ICE CREAM.

During the year twelve samples of Ice Cream were obtained, all except one proved satisfactory. This sample, upon examination, showed the presence of Bacillus Welchii.

Microscopical and Bacteriological Examinations.

Seventy-three samples of milk were obtained from producers, purveyors and schools. Of this number, forty-nine were taken from Council's Schools (Pasteurised in ⅓rd pint bottles), three of which proved unsatisfactory on account of excessive bacteria; eighteen from purveyors, fifteen of which were reported adversely upon, owing to the presence of pus cells, streptococci, coliform bacillus, and excessive bacteria respectively; six were obtained from producers, four of which proved unsatisfactory on account of the presence of coliform bacillus, and pus cells respectively.

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

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

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

No. 589 Grape Fruit Squash. Containing sulphur di-oxide. Unofficial.

No. 824 Gruyere Cheese. Containing formaldehyde. Unofficial.

MILK (SPECIAL DESIGNATIONS) ORDERS, 1923 and 1936

Licences were granted under the above Orders during 1936 for the sale of Graded Milk as follows :—

Eighteen to sell, including two supplementary licences for the sale of Pasteurised Milk; three to sell Certified Milk; eleven to sell, including two supplementary licences for the sale of Grade "A" (Tuberculin Tested) Milk; eight to sell, including one to produce, bottle, and sell Grade "A" Milk; two to sell, including one supplementary licence to sell Grade "A" Pasteurised Milk.

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

Samples taken under the Milk (Special Designations) Order, 1923.

Pasteurised Milk—		
Satisfactory	20	
Unsatisfactory	Nil	
Grade "A" Milk—		
Satisfactory	10	
Unsatisfactory	Nil	
Certified Milk—		
Satisfactory	1	
Unsatisfactory	Nil	
Grade "A" (Tuberculin Tested)—		
Satisfactory	8	
Unsatisfactory	Nil	
Grade "A" Pasteurised—		
Satisfactory	Nil	
Unsatisfactory	1	(Excessive Bacteria and Coliform Bacillus)

MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

Pasteurised Milk—		
Satisfactory	35	
Unsatisfactory	7	(Excessive Bacteria)
Accredited—		
Satisfactory	9	
Unsatisfactory	3	(Excessive Bacteria and Coliform Bacillus present)
Tuberculin Tested—		
Satisfactory	5	
Unsatisfactory	1	(Coliform Bacillus present)
Tuberculin Tested (Certified)—		
Satisfactory	2	
Unsatisfactory	1	(Excessive Bacteria)
Tuberculin Tested (Pasteurised)—		
Satisfactory	2	
Unsatisfactory	Nil	

With regard to the samples which failed to meet the requirements of the above mentioned Orders, 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.

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 43 samples, 27 official and 16 unofficial, obtained of various Feeding Stuffs, for the purpose of analysis under the above Act, nine official and five unofficial samples disagreed with the declared analysis.

With regard to the 51 samples, 26 official and 25 unofficial, taken of various Fertilisers, for analysis, seven official and nine unofficial samples disagreed with the declared analysis.

PHARMACY AND POISONS ACT, 1933.

The Pharmacy and Poisons Act, 1933, became operative on 1st May, 1936. During the period 1st May to 31st December, 1936, 138 names were entered in the Local Authority's List of Persons entitled to sell poisons included in Part II. of the Poisons List.

UNSOUND FOOD CONDEMNED 1936.

11 Bags of Chestnuts
5 Bags of Winkles
12 Tins of Pork and Beans
95 Boats of Tomatoes
1 Leg of Mutton
1 cwt. of Potatoes
1 Case of Pears
6 Tins of Fruit
4 lbs. of Skate Wings
4 stone of Skate
8 Hind Quarters of Beef
8 Fore Quarters of Beef
2 Beast's Kidneys
2 Meat Pies
31 Bags of Sugar
1 Case of Haddocks
16 Tins of Cucumbers
¾ lb. of Pressed Beef
5 Tons of Apples
1 Bag of Mussels
5 Stone of Skate
16 lbs. of Biscuits
362 lbs. Tinned Meat

SAMPLES ANALYSED BY BOROUGH ANALYST, 1936.

Articles	Analysed		Genuine		Adulterated	
	Official	Unofficial	Official	Unofficial	Official	Unofficial
Milk	422	—	414	—	8	—
Milk, Condensed	5	28	5	28	—	—
Milk, Dried	33	—	33	—	—	—
Cream	4	4	4	4	—	—
Butter	86	34	86	34	—	—
Margarine	17	1	17	1	—	—
Dripping	9	4	9	4	—	—
Lard	21	4	21	4	—	—
Cooking Fats	15	—	15	—	—	—
Pepper	26	13	26	13	—	—
Vinegar	35	—	32	—	3	—
Vinegar, Malt	3	—	2	—	1	—
Pickles	4	—	4	—	—	—
Sauce	3	1	3	1	—	—

Samples Analysed by Borough Analyst, 1936.—Cont.

Articles	Analysed		Genuine		Adulterated	
	Official	Unofficial	Official	Unofficial	Official	Unofficial
Ground Ginger	5	1	5	1	—	—
Tea	19	1	19	1	—	—
Cocoa	16	1	16	1	—	—
Coffee	8	—	8	—	—	—
Flour	37	1	37	1	—	—
Scones and Cakes	11	—	11	—	—	—
Rice	8	—	8	—	—	—
Semolina	2	—	2	—	—	—
Cornflour	3	—	3	—	—	—
Lentils	1	—	1	—	—	—
Peas	7	—	7	—	—	—
Sugar	9	—	9	—	—	—
Jams	18	9	18	9	—	—
Table Jellies	2	1	2	1	—	—
Sweets	13	5	13	5	—	—
Meat	4	51	4	51	—	—
Cooked Meats	16	—	16	—	—	—
Meat & Fish Pastes	5	4	5	4	—	—
Sausages	22	—	22	—	—	—
Bacon	4	—	4	—	—	—
Fizz Foam Drink	1	—	1	—	—	—
Whisky	4	3	4	3	—	—
Camphorated Oil	—	7	—	7	—	—
Mercury Ointments	—	2	—	2	—	—
Powdered Rhubarb	1	2	1	1	—	1
Epsom Salts	—	3	—	3	—	—
Salad Cream	1	1	1	1	—	—
Lemon Curd	1	2	1	2	—	—
Honey	1	2	1	2	—	—
Tapioca	2	—	2	—	—	—
Pearl Barley	4	—	4	—	—	—
Baking Powder	3	1	3	1	—	—
Junket Powder	—	1	—	1	—	—
Prunes	1	—	1	—	—	—
Peeled Tomatoes	—	1	—	1	—	—
Gravy Maker	1	—	1	—	—	—
Peeled Shrimps	—	1	—	1	—	—
Cordials	13	3	13	2	—	1
Lemon Barley and Lemonade Crystals	5	2	5	2	—	—
Beer	6	—	6	—	—	—
Cheese	3	4	3	3	—	1
Coffee & Chicory	1	—	1	—	—	—
Lemon Fruit Syrup	—	1	—	1	—	—
Sardines	1	1	1	1	—	—

Samples Analysed by Borough Analyst, 1936.—*Cont.*

Articles	Analysed Official	Analysed Unofficial	Genuine Official	Genuine Unofficial	Adulterated Official	Adulterated Unofficial
Fruit Pectin Compound	—	1	—	1	—	—
Spices	2	—	2	—	—	—
Arrowroot	2	—	2	—	—	—
Bread	1	—	1	—	—	—
Mincemeat	6	—	6	—	—	—
Dried Fruit	9	—	9	—	—	—
Candied Peel	1	—	1	—	—	—
V———	1	—	1	—	—	—
Olive Oil	2	—	2	—	—	—
Health Salts	1	—	1	—	—	—
Boracic Ointment	—	2	—	2	—	—
Compound Syrup of Figs	—	1	—	1	—	—
Ground Almonds	4	—	4	—	—	—
Totals	971	204	959	201	12	3

PROSECUTIONS (Food & Drugs Acts).

Adulterated Vinegar– 1 Summons. Dismissed. Costs incurred.
Adulterated Milk— 1 Summons. Fined.

Public Analyst's Report.

Mr. Albert E. Parkes, F.I.C., F.C.S., who is part-time Public Analyst to the Council, reports as follows:—

During the year 1936, 1,175 samples were examined under the Food and Drugs (Adulteration) Act. These were submitted by the Inspector.

No sample under the Act was submitted by the Public.

Fifteen samples were found to be adulterated, and forty-two other samples were of inferior quality or doubtful purity.

The adulteration was at the rate of 1.28 per cent. as compared with 4.08 per cent. for the whole of London and 5.5 per cent. for the whole of England and Wales in 1935.

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

Year.	No. of Samples Examined.	% of Adulteration.
1936	1,175	1.3
1935	1,176	3.1
1934	1,175	2.4
1933	1,166	4.3
1932	1,153	3.8
1931	1,296	2.2
1930	1,226	4.8
	Average 1,195	Average 3.1

The number of samples examined was at the rate of 4.34 per 1,000 of the population as compared with 9.95 per 1,000 for the whole of London, and 3.60 per 1,000 for the whole of England and Wales in 1935.

Four hundred and twenty-two samples of milk were examined during the year, of which eight samples, or 1.9 per cent., were found to be adulterated, and twenty-three samples were of inferior quality and doubtful purity.

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

Year.	No. of Samples Examined.	% of Adulteration.
1936	422	1.9
1935	435	2.1
1934	491	2.0
1933	529	6.6
1932	463	3.9
1931	449	1.3
1930	357	3.9
	Average 449	Average 3.1

During 1935 the average milk adulteration over the whole of London was 3.66 per cent., and over the whole of England and Wales 7.4 per cent.

Condensed Milks.

Thirty-three samples of condensed milk were examined, one of which was unsatisfactory, being low in the equivalent of fresh milk.

Preservatives.

There were two contraventions of the Preservatives Regulations, these were:—

Grape Fruit Squash. Contained excess of sulphur dioxide.
Gruyere Cheese. Contained formaldehyde.

Other samples examined during the year were:—

For the Public Health Department:—

16 Rag Flocks, three of which were unsatisfactory.
1 Plaster.
1 Dried Herbs.
1 Medicine.
6 Samples under the Pharmacy and Poisons Act.
60 Samples under the Fertilisers and Feeding Stuffs Act.

For the Borough Engineer's Department:—

23 Samples of Sewage.

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 bulls, 266 bullocks, 513 cows, 31 heifers, 220 calves, 3 boars, 126 sows, 1,629 porkers, 2,014 sheep, and 993 lambs, a total of 5,799 animals, were made by the Veterinary Officers.

Post-Mortem Examinations.

The total number of animals killed was 23,492. They were all inspected after slaughter, and of these 3,205, or 13.64 per cent., were found to be diseased.

Bovines numbered 3,038, of which 677, or 22.28 per cent., were affected with tuberculosis, while 170, or 5.59 per cent., were otherwise diseased.

Porcines accounted for 7,881, and of this number 1,072, or 13.60 per cent., were tubercular, and 878, or 11.14 per cent., were affected with other diseases.

Of the 12,573 Ovines which were examined, 408, or 3.24 per cent., were diseased.

Detailed information is given in Table I as to the numbers and percentages of animals diseased. In Tables II, III, IV, V, and VI particulars of the meat found to be diseased and the diseases or conditions which rendered it unsound are shown.

Tuberculosis.

The percentage of tuberculosis amongst bovines is the lowest observed since records have been kept, i.e. 1925. In porcines the percentage is higher than in any previous year.

The reduction in the incidence of bovine tuberculosis is entirely accounted for by the tendency to kill both younger and better quality animals. An increasing percentage of bullocks and heifers is now being slaughtered in the Borough ; whereas formerly cows formed the majority of the bovine animals slaughtered.

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.

Tables VII and VIII give details of the deposition of tubercular lesions observed during post-mortem examinations.

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 sprinked 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.

Scheduled Diseases.

Several diseases which are notifiable under the Diseases of Animals Acts were noted during the routine inspections at Slaughter-houses, and were investigated by the Veterinary Officers.

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	9	2	22.22	—	—
Bullocks	1,082	180	16.63	61	5.63
Cows	931	471	50.59	89	9.55
Heifers	247	20	8.09	13	5.26
Calves	769	4	0.52	7	0.91
Porcines :—					
Boars	34	5	14.70	3	8.82
Sows	393	93	23.66	37	9.41
Porkers	7,454	974	13.06	838	11.24
Ovines :—					
Sheep	5,120	—	—	344	6.71
Lambs	7,453	—	—	64	0.85
Caprines :—					
Goats	—	—	—	—	—
Kids	—	—	—	—	—
Totals	23,492	1,749	7.44	1,456	6.19

TABLE II.

Showing Meat found to be Unfit for Human Food and the Disease or Condition which required its Surrender or Condemnation.

BOVINES.
(Bulls, Bullocks and Heifers).

Disease or Condition	Entire Carcases and Viscera	Heads	Tongues	Shins	Clods	Stickings	Briskets	Hearts	Lungs	Diaphragms	Stomachs	Omenta	Intestines	Mesenteries	Livers	Pancreas	Spleens	Kidneys	Kidney Knobs
Tuberculosis.....	2	45	45	2	3	3	3	2	135	2	2	2	1	106	45	8	3	4	1
Actinomycosis....	—	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Echinococcus Veterinorum Cysts.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Distomatosis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	47	—	—	—	—
Parasitic.....	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
Pleurisy.....	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—
Nephritis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	—
Splenitis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Abscesses.....	—	—	—	—	—	—	—	—	1	—	—	—	—	—	23	—	—	—	—
Cavernous Angioma.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Totals.....	2	48	49	2	3	3	3	2	139	2	2	2	1	108	117	8	4	16	1

TABLE III.

Showing Meat found to be Unfit for Human Food and the Disease or Condition which required its Surrender or Condemnation.

BOVINES.

(Cows).

Disease or Condition	Entire Carcases and Viscera	Heads	Tongues	Forequarters	Hindquarters.	Clods	Stickings	Briskets	Flanks	Loins	Rumps	Top Pieces	Hearts	Lungs	Diaphragms	Stomachs	Omenta	Intestines	Mesenteries	Livers	Pancreas	Spleens	Kidneys	Kidney Knobs	Mammary Glands
Tuberculosis.....	13	104	104	3	2	1	1	2	4	½	1	1	2	405	1	6	6	15	169	57	17	7	4	4	6
Actinomycosis....	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Echinococcus Veterinorum Cysts.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Distomatosis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	48	—	—	—	—	—
Pleurisy.....	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Hepatitis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—
Mastitis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	160
Nephritis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	—	—
Abscesses.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	10	—	1	—	—	—
Fatty Degeneration	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—
Cavernous Angioma.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18	—	—	—	—	—
Totals.....	13	105	104	3	2	1	1	2	4	½	1	1	2	407	1	7	6	15	169	140	17	8	18	4	166

TABLE IV.

Showing Meat found to be Unfit for Human Food and the Disease or Condition which required its Surrender or Condemnation.

BOVINES.
(Calves).

Disease or Condition	Entire Carcases and Viscera	Heads	Tongues	Lungs	Livers
Tuberculosis	1	1	1	2	2
Pyrexia	1	—	—	—	—
Pleurisy	—	—	—	1	—
Abscesses	—	1	1	—	3
Bruises and Fractures	2	—	—	—	—
Totals	4	2	2	3	5

TABLE VI.

Showing Meat found to be Unfit for Human Food and the Disease or Condition which required its Surrender or Condemnation.

OVINES.
(Sheep and Lambs).

Disease or Condition.	Entire Carcases and Viscera	Breasts	Loins	Hearts	Lungs	Livers	Kidneys
Distomatosis	—	—	—	—	—	174	—
Echinococcus Veterinorum Cysts	—	—	—	—	—	16	—
Cystic	—	—	—	—	—	1	—
Strongylosis	—	—	—	—	3	—	—
Parasitic	—	—	—	—	6	96	—
Pneumonia	—	—	—	—	26	—	—
Pleurisy	—	—	—	—	59	—	—
Pericarditis	—	—	—	5	—	—	—
Nephritis	—	—	—	—	—	—	5
Cirrhosis	—	—	—	—	—	5	—
Abscesses	—	—	—	—	1	—	—
Emaciation	19	4	4	—	—	—	—
Totals	19	4	4	5	95	292	5

TABLE V.

Showing Meat found to be Unfit for Human Food and the Disease or Condition which required its Surrender or Condemnation.

PORCINES
(Boars, Sows, and Porkers)

Disease or Condition	Entire Carcases and Viscera	Heads and Collars	Hands and Springs	Loins	Legs	Hearts	Lungs	Stomachs	Intestines	Mesenteries	Livers	Spleens	Kidneys
Tuberculosis.....	11	339	2	—	—	49	217	8	2	966	193	3	—
Oedema.....	1	—	—	—	—	—	—	—	—	—	—	—	—
Septicaemia.....	2	—	—	—	—	—	—	—	—	—	—	—	—
Pyrexia.....	1	—	—	—	—	—	—	—	—	—	—	—	—
Echinococcus Veterinorum Cysts.....	—	—	—	—	—	—	—	—	—	—	8	—	—
Cystic.....	—	—	—	—	—	—	—	—	—	—	—	—	3
Parasitic.....	—	—	—	—	—	—	—	—	—	—	5	—	—
Pneumonia.....	—	—	—	—	—	—	492	—	—	—	—	—	—
Pleurisy.....	—	—	—	—	—	—	121	—	—	—	—	—	—
Pericarditis.....	—	—	—	—	—	97	—	—	—	—	—	—	—
Peritonitis.....	1	—	—	—	—	—	—	11	10	10	11	11	—
Hepatitis.....	—	—	—	—	—	—	—	—	—	—	16	—	—
Splenitis.....	—	—	—	—	—	—	—	—	—	—	—	1	—
Nephritis.....	—	—	—	—	—	—	—	—	—	—	—	—	33
Cirrhosis.....	—	—	—	—	—	—	—	—	—	—	235	—	—
Necrosis.....	—	—	—	—	—	—	—	—	—	—	—	—	—
Bruises and Fractures.....	—	4	1	2	3	—	—	—	—	—	—	—	—
Totals.....	16	343	3	2	3	146	830	19	12	976	468	15	36

TABLE VII.

Showing Deposition of Tubercular Lesions found in the Lymphatic Systems of Bovines and Porcines.

Class of Animals	Number of Animals affected with T.B.	Sub-Maxillary	Retro-Pharyngeal	Parotid	Pre-Scapular	Pre-Pectoral	Pre-Sternal	Supra-Sternal	Sub-Dorsal	Renal	Lumbar	Iliacs	Pre-Crural	Supra-Mammary or Sup-Inguinal	Ischiatic	Popliteal	Xiphoid	Bronchial	Anterior Mediastinal	Posterior Mediastinal	Gastric	Splenic	Hepatic	Pancreatic	Mesenteric
BOVINES:—																									
Bulls	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	1	—	—	—	—	—
Bullocks	180	3	36	3	3	—	2	2	—	1	—	—	—	—	—	—	1	103	24	28	1	1	40	6	97
Cows	471	7	95	24	3	6	7	5	—	3	6	5	—	—	—	1	4	391	165	187	10	4	57	15	182
Heifers	20	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	5	5	—	—	5	3	11
Calves	4	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	—	—
PORCINES:—																									
Boars	5	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	1	—	—	3	—	2
Sows	93	56	—	1	—	1	—	—	—	1	1	—	1	2	—	—	1	32	4	3	8	—	13	—	79
Porkers	974	290	—	1	1	—	2	2	—	3	2	2	—	3	—	1	3	187	10	11	7	3	77	—	894

TABLE VIII.

Showing Deposition of Tubercular Lesions found in the Bones and Organs and on the Serous Membranes of Bovines and Porcines.

Class of Animals	Number of Animals affected with T.B.	Vertebrae	Adrenal Bodies	Kidneys (Substance)	Mammary Glands	Pleura	Peritoneum	Hearts				Lungs		Livers		Pancreas		Stomachs		Omenta	Spleens		Intestines		Mesenteries (Surface)	Uteri & Ovaries		Testicle and Penis
								Pericardium	Epicardium	Myocardium	Endocardium	Pleura	Parenchyma	Capsule	Substance	Capsule	Substance	Outer Surface	Inner Surface		Capsule	Substance	Outer Surface	Inner Surface		Capsule	Substance	
BOVINES :—																												
Bulls	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bullocks	180	—	—	3	—	6	3	2	—	—	—	4	6	1	1	1	—	2	—	2	2	—	—	—	—	—	—	—
Cows	471	—	—	10	5	19	17	10	—	—	—	16	105	12	17	10	1	14	—	14	11	1	8	—	10	5	—	—
Heifers	20	—	—	—	—	—	1	—	—	—	—	—	4	1	1	—	—	1	—	1	1	—	—	—	—	—	—	—
Calves	4	—	—	—	—	1	1	1	—	—	—	1	—	1	1	1	—	1	—	1	1	—	1	—	1	1	—	—
PORCINES :—																												
Boars	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sows	93	—	—	1	—	3	1	2	—	—	—	3	4	1	14	—	—	1	—	1	1	2	1	—	1	—	—	—
Porkers	974	1	—	2	—	4	—	8	—	—	—	5	36	—	110	—	—	—	—	—	—	7	—	—	—	—	—	—

Milk and Dairies (Consolidation) Act, 1915.
Milk and Dairies Order, 1926.
Milk (Special Designations) Order, 1936.

The dairy cattle and cowsheds, within the Borough boundaries, are inspected every month, and as other occasion demands, 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.

Cattle which are found, during routine inspection, to be suspected of suffering from any form of tuberculosis coming within the scope of the Tuberculosis Order are subjected to additional examinations by the Veterinary Department by virtue of the provisions of the Diseases of Animals Acts.

It is pleasing to record that these combined measures have resulted in a decline in the number of cases of disease, from all causes, noted amongst these animals and a marked reduction in the number of animals which it has been necessary to slaughter under the provisions of the Tuberculosis Order.

There has been a decline in the number of dairy cattle kept within the Borough during the last few years, mainly owing to the operations of the Milk Marketing Board, but even so the decrease in the percentage incidence of disease has been markedly progressive.

Slaughter of Animals Act, 1933.
Slaughter-House Bye-Laws.
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 appears to have been carried out satisfactorily.

An electric stunner was installed at my suggestion at one slaughter-house where large numbers of pigs are slaughtered. It has worked satisfactorily on pigs of all weights, including sows and boars, and I have not heard any complaints of " splashing," as was frequently the case when a captive bolt pistol was used.

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, 1935, renewed fifty-one licences under this section, to be in force for one year from the 1st January, 1936. A further six licences were renewed during the year, and three new applicants were also granted licences in 1936. 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 1936/37. There are also eight "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 1936/37, one application for the renewal of a knackers'-yard licence. The condition of this knackers'-yard has been satisfactory.

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

INFECTIOUS DISEASES.

NOTIFIABLE DISEASES (Other than Tuberculosis).

The following table shows the number of cases of notifiable diseases during the year 1936, 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	468	472	15
Scarlet Fever	666	494	4
Enteric Fever (including Para-typhoid)	5	5	1
Puerperal Fever	17	15	3
Puerperal Pyrexia	44	33	—
Pneumonia (Acute Primary and Acute Influenzal only notifiable)	320	117	203*
Cerebro Spinal Fever	7	6	7
Acute Polio-Myelitis	3	2	—
Acute Polio-Encephalitis	—	—	—
Encephalitis Lethargica	1	—	1
Malaria	1	1	—
Erysipelas	145	48	—
Dysentery	1	1	—
Ophthalmia Neonatorum	12	3	—

* Includes all forms.

The number of deaths during the year from Whooping Cough and Measles was as follows:—

Whooping Cough	Measles
18	50

CANCER.

The Council has no definite agreement with any other Authority, or any voluntary hospital, for the diagnosis and treatment of Cancer.

At Whipps Cross Hospital, Leytonstone, which is an Institution owned by the Council, there are facilities for surgical and superficial X-Ray treatment. For a few cases Radium or Radon is obtained by hire or purchase from outside sources; no Radium is kept at the Institution. In general, cases requiring Radium

or Radon are transferred to Chelsea Hospital for Women, Central London Ear, Nose and Throat Hospital, men and women, or Oldchurch Hospital, Romford, men only.

At Central Home, an Institution belonging to the Council, only advanced and inoperable cases are admitted; all other cases are sent direct to Whipps Cross Hospital.

The following Voluntary Hospitals in the district deal with the treatment of Cancer:—

Queen Mary's Hospital, Stratford, E.15.

This hospital provides treatment for all types of cases of Cancer, and they use Radium and Radon in this connection. There is always a small supply of Radium at the hospital, but should a large amount be required this is obtained from the Middlesex Hospital.

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

This hospital provides treatment for cases of Cancer in women. Radium is used in the treatment, and is procured from the Radium Institute.

No form of propaganda has been carried out drawing attention of the inhabitants to the great importance of the early treatment of this disease.

Propaganda.

In connection with the British Empire Campaign, I would mention that a lecture was given at the Forest Gate Y.M.C.A. on this subject by a local general practitioner on the 2nd December, 1936.

The undermentioned Table shows the deaths from Cancer at different age periods during the year 1936:—

Sex	All ages	15—24	25—34	35—44	45—54	55—64	65—74	75
M	242	3	1	12	37	72	74	43
F	175	—	4	17	27	45	46	36

Scarlet Fever (Return Cases).

Cases occurring within one month from the discharge from hospital to the same house were regarded as "Return Cases." Of 472 admitted to hospital, 15, or 3.1 per cent., were associated with recurrent infection in this way.

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

Measles (including German Measles)	2403
Chicken Pox	1593
Tonsillitis	291
Whooping Cough	679
Mumps	769
Other Diseases	482

A comparison of the above figures with those for the year 1935 reveals the fact of a large increase in the number of cases of measles, most of which occurred in the early part of the year. With regard to the other diseases, chicken pox shewed a substantial increase, whilst tonsillitis, whooping cough, and mumps were slightly lower than in 1935, other diseases remaining about the same.

PLAISTOW HOSPITAL.

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

The number of patients under treatment during 1936 was 1,687. This is 259 less than the figure for the previous year. The fall in numbers was due to a marked decline in the prevalence of both scarlet fever and diphtheria; the admissions from these two diseases remained low throughout the year. The total deaths numbered 54 as compared with 56 in the previous year, and 75 in 1934.

The scarlet fever admissions were 522 as compared with 702 in the previous year. The type of disease was generally mild, and the fatality rate was low, but the number of minor septic complications resulting from the infection remained fairly high.

The number of diphtheria cases admitted dropped to 469 from 722 in 1935 and 777 in 1934. The proportion of virulent cases was also less and the number of deaths fell to 14 from 35 in the previous year and 37 in 1934. As was reported last year, an increase was again noted in the number of streptococcal throats admitted as diphtheria, and also in cases with mixed infection. These were responsible for cases of secondary tonsillitis and of scarlet fever cropping up in the diphtheria wards. During the year 23 diphtheria patients contracted scarlet fever and 33 others developed secondary tonsillitis during convalescence. Among these, 7 developed otorrhoea.

During the year, 10 children who had been previously immunised against the disease were admitted as diphtheria. Five of these had mild faucial attacks and made a satisfactory recovery. One case proved fatal. This was a girl aged 3 years who had a severe infection of the fauces and did not come under treatment until the fourth day of illness. A year previously she had been injected with one c.c. of alum-precipitated toxoid, but a confirmatory Schick test had not been performed. Of the other 4 cases, one proved to be measles, one suffered from septic pharyngitis, and two were bacteriological cases only.

One case of typhoid fever and 2 cases of para-typhoid B. were under treatment. All were of a moderately severe type.

The biennial epidemic of measles appeared in the Borough during the Spring, and as many as possible of the more severe cases were admitted. This disease was responsible for more deaths than any of the other infections.

Whooping cough continued fairly prevalent throughout the year, and severe cases were admitted as accommodation became available.

No case of cerebro-spinal meningitis was under treatment. Of 5 cases which had been admitted under this diagnosis, 3 suffered from lobar pneumonia, 1 was a case of scarlet fever, and 1 proved to be suffering from anterior poliomyelitis. Two other cases of anterior poliomyelitis were under treatment.

Erysipelas and pneumonia were not very prevalent throughout the year, and there was no appreciable increase in the number of cases under treatment.

At the beginning of the year 220 patients were in residence and 1,467 were admitted during the year, making a total of 1,687 cases under treatment. Of these, 1,450 were discharged, 54 died, and 183 remained under treatment at the end of the year.

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

Scarlet Fever	3 deaths
Diphtheria	14 ,,
Measles	26 ,,
Whooping Cough	3 ,,
Pneumonia	3 ,,
Erysipelas	1 ,,
Poliomyelitis	1 ,,
Other diseases	3 ,,

The fatality rate, calculated on all the cases admitted during the year, was 3.61 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 I.

1936	Admissions.												Deaths.									
	Scarlet Fever.	Diphtheria.	Para-typhoid.	Typhoid.	Measles.	Pneumonia.	Erysipelas.	Chicken-pox.	Puerperal Fever.	Whooping Cough.	Other Diseases.	Total.	Scarlet Fever.	Diphtheria.	Measles.	Pneumonia.	Erysipelas.	Chicken-pox.	Puerperal Fever.	Whooping Cough.	Other Diseases.	Total.
January ...	42	44	...	...	5	3	1	1	...	1	6	103	2	4	...	1	...	...	...	...	...	7
February ...	39	58	...	...	10	2	...	...	1	3	8	121	...	...	2	1	...	...	...	...	...	3
March ...	33	52	...	...	33	3	...	2	...	2	4	129	...	2	4	...	...	...	...	...	...	6
April	31	34	...	...	64	3	...	5	...	1	14	152	...	1	5	...	...	...	...	1	...	7
May	30	29	1	...	32	2	1	...	1	5	9	110	...	2	4	1	...	...	...	...	...	7
June	34	22	...	...	50	1	2	2	...	5	7	123	...	...	8	...	...	...	...	1	1	10
July	52	39	1	...	26	1	...	3	...	2	18	142	...	2	3	...	...	...	...	1	...	6
August ...	41	18	...	...	2	...	2	1	...	2	8	74	...	1	...	...	...	...	...	...	...	1
September ...	37	28	...	1	1	...	3	2	...	...	11	83	...	...	...	...	...	...	...	...	1	1
October ...	55	66	...	...	...	2	6	2	...	1	22	154	...	1	...	...	...	...	...	...	...	1
November ...	42	38	...	...	...	...	1	3	...	1	14	99	...	1	...	...	...	...	...	...	...	1
December ...	86	41	...	...	...	8	3	...	...	1	38	177	1	...	...	...	1	...	...	...	2	4
Totals ...	522	469	2	1	223	25	19	21	2	24	159	1,467	3	14	26	3	1	...	...	3	4	54

Scarlet Fever.

The number of cases notified as scarlet fever which were admitted during the year was 546. In 24 of these, or 4.39 per cent., the diagnosis was changed after admission. A scarlatiniform rash was present in 78 per cent. of the cases on the day of admission. In 16 per cent. of these, however, no desquamation was detected afterwards. Nine per cent. of the cases showed no rash or desquamation during their period of residence, and among these 4 cases developed scarlet fever in the wards. A relapse occurred in 3 cases in which the diagnosis had been confirmed after admission.

Seventy-one patients were in residence at the beginning of the year, making a total of 593 cases under treatment. Of these, 516 were discharged, 3 died, and 74 remained under treatment at the end of the year.

The duration of illness on the day of admission of the cases which were discharged or died is shown in the following Table:—

Day of Illness	1st	2nd	3rd	4th	5th	6th	7th	Later
No. of cases	13	117	139	108	57	40	13	32
Per cent. of total	2.50	22.54	26.78	20.81	10.98	7.71	2.50	6.17

The average duration of illness on admission was 3.79 days.

Corrected diagnosis:—The 24 cases in which the diagnosis was amended after admission were found to be suffering from the following complaints:—Toxic rash, 7; transient erythema, 4; dentition rash, 1; gastro-enteritis, 1; septicaemia, 1; measles, 6; tonsillitis, 4.

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

Fatality rate: Of the 3 cases which proved fatal, a girl aged 15 years developed pericarditis, another girl aged 2 years, suffered from septic scarlet fever, and a boy aged 8 years died from broncho-pneumonia.

Scarlet fever antitoxin was administered intramuscularly to 68 of the more severe cases which were admitted within the first three days of illness. The dosage varied from 10 to 80 c.c.'s, the average being 20 c.c.'s.

Of the 516 cases discharged, 196, or 38 per cent., suffered from one or more complications, as follows:—

TABLE II.

	Scarlet Fever.		Diphtheria.		Typhoid Fever.		Measles.		Pneumonia.		Whooping Cough.		Erysipelas.		Other Diseases.		Total	
Year.	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
1936	522	3	469	14	3	...	223	26	25	3	24	3	19	1	182	4	1467	54

Adenitis	55	cases	or	10.66	per	cent.
Albuminuria	27	,,	,,	5.23	,,	,,
Arthritis	19	,,	,,	3.68	,,	,,
Nephritis	5	,,	,,	0.97	,,	,,
Otorrhoea	45	,,	,,	8.72	,,	,,
Rhinitis	43	,,	,,	8.33	,,	,,
Septic Sores	15	,,	,,	2.91	,,	,,
Tonsillitis	15	,,	,,	2.91	,,	,,
Vaginitis	5	,,	,,	0.97	,,	,,
Endocarditis	2	,,	,,	0.39	,,	,,

The average duration of residence of all the cases was 38.68 days.

Diphtheria.

The number of cases admitted during the year, notified as diphtheria, was 576. The diagnosis was amended after admission in 107 of these cases, or 18.58 per cent. of the admissions.

At the beginning of the year 128 patients were in residence, and the total number under treatment was 597. Of these, 501 were discharged, 14 died, and 82 remained under treatment at the end of the year. The average duration of residence was 60.5 days.

Corrected diagnosis:—The 107 cases which proved to be wrongly diagnosed were found after admission to be suffering from the following complaints:—Tonsillitis 63, laryngitis 12, measles 9, scarlet fever 4, stomatitis 3, Vincent's angina 3, quinsy 3, br. pneumonia 4, rhinitis 2, septic wound 1, no disease 3.

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

Type of Disease.	Number of Cases.	% of Total	Deaths.	Fatality Rate.
Faucial	402	78.06	13	3.23
Laryngeal	29	5.63	1	3.45
Nasal	62	12.04	—	—
Bacteriological	22	4.27	—	—

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

Mild	179	cases,	or	44.53	per	cent.
Moderate	126	,,	,,	31.34	,,	
Severe	97	,,	,,	24.13	,,	

Paralysis. Post-dipththeritic paralysis occurred in 43 of the above cases. It was mild in 27 cases and severe in 16 cases.

Laryngeal Diphtheria. Fifty-four cases were admitted as laryngeal diphtheria, but 25 of these proved to be wrongly diagnosed. Of the 29 true cases, 12 required tracheotomy, and one of these died. The fatal case was a child aged nine months who was complicated by broncho-pneumonia. The fatality rate was 8.3 per cent. of the cases operated on.

Fatal Cases. Thirteen deaths occurred among the faucial cases; all were children under 8 years of age. The average duration of illness on admission was 4 days. Eleven of the cases died from toxaemia during the first fortnight of disease. The other two died from paralysis in the sixth and eighth week of illness. The amount of antitoxin administered to them averaged 104,000 units. The fatality rate among the faucial cases was 3.23 per cent.

Treatment: The amount of antitoxin administered to the nasal and mild faucial cases averaged 15,000 units. The moderate faucial cases received an average of 36,000 units. To the severe faucial cases, the antitoxin was given partly by intravenous and partly by intramuscular injection and averaged 120,000 units.

Typhoid Fever. Eight cases, notified as typhoid fever, were under treatment. Five of these proved to be wrongly diagnosed; one suffered from septic endocarditis and the other 4 were cases of gastro-enteritis. Of the 3 true cases, one suffered from typhoid fever and the other two from para-typhoid B. All had moderate attacks and made a satisfactory recovery. The case of septic endocarditis proved fatal.

Measles. The number of cases under treatment was 227. Of these 200 were discharged, 26 died, and 1 remained under treatment at the end of the year. The cases were all severe, the majority being complicated by broncho-pneumonia. Eleven suffered from acute laryngitis on admission and 41 developed otorrhoea during the acute stage of infection. The fatal cases, which were all children under 3 years, were complicated by br. pneumonia, and 3 of them also suffered from whooping cough.

Whooping Cough. Sporadic cases of this infection continued to be admitted throughout the year. The number under treatment was 30. Of these, 26 were discharged, 3 died, and 1 remained under treatment at the end of the year. The ages of the fatal cases were 5 years, 10 months, and 2 months. The disease was also present as a complication in 3 cases of scarlet fever, 3 cases of diphtheria, and 5 cases of measles.

Erysipelas. The number under treatment was 20. Their ages ranged from 10 months to 63 years, and males and females were about equally affected. The disease was mild in 12 cases, and severe in 8 cases. One case proved fatal. This was a man

aged 59 years, who had a septic wound on his fingr 10 days previously, and the illness started with a painful area on his shoulder. There was an intense area of erysipelas spreading across his chest on admission, and the patient died within two days in spite of large doses of antistrepto-coccal serum. Among the other patients, the face was the part affected in 13 cases, the arm in 4 cases, and the leg in 3 cases.

Pneumonia. During the year 25 cases were admitted, most of them suffering from broncho-pneumonia. Of these 15 were discharged, 3 died, and 7 remained under treatment at the end of the year. The 3 fatal cases were children under one year, suffering from broncho-pneumonia.

Anterior Poliomyelitis. Three cases of this disease were under treatment. One proved fatal. This was a girl, aged 10 years, who was admitted in the 8th day of illness with paralysis of the intercostal muscles. Artificial respiration was carried on with a Bragg Paul's apparatus, but she succumbed five days later. In the other two cases the leg was the part involved, and both were discharged with only slight weakness in the affected limb.

Chickenpox. This disease was unusually prevalent during the year and gave rise to secondary cases in the scarlet fever and diphtheria wards from patients admitted in the incubation stage of the infection. The majority of the cases were mild, or of average severity. One case, however, was under treatment suffering from complications of the nervous system which on rare occasions follows an attack of chickenpox. This patient, a girl aged 8 years, was admitted with complete paralysis of both lower limbs which developed during convalescence from a mild attack of the disease. After admission the paralysis extended to the upper limbs and the left side of the head involving the left optic nerve. In the course of the following three months improvement slowly set in and she ultimately made a complete recovery.

Other Diseases. Included in this group are the following:—Acute rheumatism 1, puerperal pyrexia 2, mumps 4, asthma 2, anaphylaxis 1, dentition 1, otorrhoea 2, constipation 1, adenitis 1, intussusception 1, scabies 2, nephritis 1, impetigo 1, babies (admitted with mothers) 3, re-admitted 3. The case of intussusception was transferred to another institution; the others all recovered.

Cross Infection. During the year 23 diphtheria patients contracted scarlet fever and 33 others developed secondary tonsillitis during convalescence. Six scarlet fever patients and 21 diphtheria patients contracted chickenpox. Nasal diphtheria occurred in 10 scarlet fever patients. Measles infected 4 diphtheria patients. One scarlet fever patient contracted whooping cough and one diphtheria patient contracted mumps.

Staff Illness. One Schick positive nurse contracted a mild attack of faucial diphtheria before immunisation was completed. One nurse who had proved Dick negative contracted scarlet fever. Another Dick positive nurse contracted scarlet fever before immunisation had commenced. One nurse contracted facial erysipelas, and two others were warded with acute rheumatism.

During the year, 18 nurses and maids were warded with tonsillitis, and 8 with influenza; 27 others were off duty for short periods with minor ailments. All recovered.

Schick Test.

Number of nurses tested	48
Number which proved positive	26
Rate per cent. of positives	54
Number immunised	18

Dick Test.

Number of nurses tested	48
Number which proved positive	9
Rate per cent. of positives	19
Number immunised	5

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	143	
Number of these admitted (Diphtheria 27, Scarlet Fever 17, Other Diseases 12)		56
Number brought by relatives	268	
Number of these admitted (Diphtheria 20, Scarlet Fever 21, Other Diseases 16)		57
Number sent from other hospitals	44	
Number of these admitted Diphtheria 6, Scarlet Fever 1, Other Diseases 8)		15
Total number of cases examined	455	
Total number of cases admitted:— (Diphtheria 53, Scarlet Fever 39, Other Diseases 36)		128

Active Immunisation Against Diphtheria and Scarlet Fever.

Schick Test.

Number of patients tested	384
Number which proved positive	212
Rate per cent. of positives	55.20
Number immunised	203
Number of cases in which permission for immunisation was not obtained	15

Dick Test.

Number of patients tested	326
Number which proved positive	108
Rate per cent. of positives	33.12
Number immunised	80
Number of cases in which permission for immunisation was not obtained	6

Bacteriological Work.

Swabs examined for diphtheria :—

		Positive results	Per cent. positive
Number sent by Medical Practitioners :—			
Faucial	2201	223	10.13
Nasal	347	52	14.98
Aural	7	7	100.00
Total	2555	282	11.03
Numbers sent by other institutions :—			
Faucial	312	16	5.12
Nasal	268	26	9.70
Aural	2	1	50.00
Total	582	43	7.38
Number of gate cases swabbed :—			
Faucial	110	9	8.18
Nasal	87	18	20.69
Total	197	27	13.70
Number of swabs examined for the Invalid Children's Aid Association :—			
Faucial	346	14	4.04
Nasal	346	27	7.80
Total	692	41	5.92

Number of swabs examined for the Invalid and Crippled Children's Society :—			
Faucial	60	—	—
Nasal	58	5	8.62
Total	118	5	4.23
Total number of examinations	4144	398	9.60

Tuberculosis.

The reports of the Tuberculosis Officer and of the Medical Superintendent of Dagenham Sanatorium and Langdon Hills Sanatorium will be found on pages 132-138.

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 :—

In the following table the number of cases examined is compared with those of previous years.

Year	1931	1932	1933	1934	1935	1936
Notified Cases	130	128	98	104	74	69
Request	592	564	553	516	537	521
Definite	400	451	419	328	276	301
Contacts	448	585	507	351	401	464
Contacts found to be Tuberculous	12	15	20	10	11	8
Percentage	2.6	2.5	3.9	2.8	2.7	1.7

The usual methods of diagnosis have been employed, viz., clinical examination, sputum test and X-Rays. Two hundred and two X-Ray examinations have been made, 60 more than last year. The use of X-Rays has now come to be regarded as much a part of examination as the use of stethoscope or microscope. There are cases in which X-Ray examinations are inconclusive. There are others in which a definite lesion is found although no definite clinical signs have been found.

Treatment — Pulmonary — Adults.

All ordinary cases have been treated at the Dagenham Hospital and Sanatorium. No beds were taken in outside institutions for ordinary cases. Six cases were referred to the Brompton Hospital for surgical treatment; the operation of rib removal (thoraco-plasty) was performed in four cases.

At the opening of the year there were many vacant beds for both men and women at Dagenham.

Many reasons are given for refusal to accept treatment or to return for further treatment.

(1) Owing to a previous death of a relative.

(2) Dagenham is too near and not sufficient change of air.

(3) The fact that a patient has had treatment there labels them as tuberculous, and prejudices their future employment and social relations. Patients holding this view are more willing to enter a general chest hospital or the Whipps Cross Hospital.

(4) Men, in receipt of relief, fear that the family will suffer financially by withdrawal of assistance.

(5) The fact that the patient has, during a previous course of treatment, witnessed the death of one or more patients.

(6) That Dagenham is too cold.

The provision of cubicles and radiators should meet the last objection.

Domiciliary Treatment.

This form of treatment is recommended for insured persons, either on return from institution or as an initial form of treatment. Two hundred and twenty-four persons were under treatment, and 374 reports were received from medical attendants. Annual examinations are arranged for all of these patients and, if necessary, more frequent examinations are made.

Dispensary Treatment.

This is provided for non-insured persons, chiefly women and children. At the end of the year 506 cases were under treatment.

Special Treatment.

Artificial-pneumothorax treatment is given one afternoon every other week. Ten persons were under treatment, and 74 refills were given. One of the patients also received tuberculin treatment.

Children.

The Sanatorium at Laindon has been kept filled throughout the year. The cases are chiefly T.B. minus cases.

Non-Pulmonary.

Twenty-two adults have received treatment at the Royal Sea-Bathing Hospital, Margate. Twenty-five children were under treatment at the Lord Mayor Treloar Cripples' Hospital, Alton.

Treatment of Lupus.

Seventeen cases have been under treatment as out-patients of the Light Department of the London Hospital.

After-Care.

At the end of the year 233 cases were in receipt of grants of extra nourishment.

Surgical appliances have been supplied to many cases.

Four patients have been admitted either to Preston Hall, Papworth Hall, or Burrow Hill; at the end of the year 10 patients were in these institutions.

Staff Changes.

Mr. Pike retired on pension in March. I should like to acknowledge his work and place on record an appreciation of his devoted service to the dispensary. Mr. Rowe is welcomed in his stead.

An analysis of primary notifications and transfers into the West Ham Area of cases suffering from tuberculosis of the lungs is as follows:—

	Men	Women	Children	Total
Total	139	173	23	335
Admitted to Dagenham or Laindon	46	74	8	128
Declined Treatment at Dagenham or Laindon	17	14	—	31
Admitted to other Institutions	17	17	2	36
Dispensary Treatment	12	4	1	17
Dispensary Supervision	4	10	2	16
Removed from Area	5	4	—	9
Diagnosis not confirmed	4	2	1	7
Treatment under Private Practitioners	3	1	—	4
Domiciliary Treatment	7	15	—	22
Not examined	24	32	9	65

The 65 cases who have not been examined have been further analysed.

Notified Deaths	22
West Ham Mental Hospital	17
Other Institutions	13
Left Area	3
Declined to attend	6
Prevented from attending	3
Transfer but address not traced	1
	65

The number of deaths from all forms of tuberculosis was 185. Of this number, 22 had not been notified during the life of the patient; this amounts to 11.9 per cent. The figure last year was 34 or 18 per cent.

DAGENHAM SANATORIUM AND LANGDON HILL SANATORIUM FOR CHILDREN.

Dagenham Sanatorium.

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

At the end of 1935 the number of patients remaining under treatment were:—

Males	69	
Females	28	97

The total admissions during 1936 were:—

Males	142	
Females	83	225

The total number of deaths were:—

Males	30	
Females	19	49

Discharges during the year totalled:—

Males	106	
Females	48	154

Leaving under treatment at the 31st December, 1936:—

Males	75	
Females	44	119*

* including 23 non-insured persons.

Insured persons admitted during the year totalled 179, the remaining 46 being non-insured.

Twenty-three ex-Service men were admitted to the Sanatorium during the same period.

The Death Rate (calculated on admissions) was 21.78%.

In the case of males the percentage was 21.13, and in the case of females 22.89.

The average duration of residence (both sexes) was 167.02 days.

The average for males was 172.09 days and for females 155.81 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	28	3	50	18	99
Females	14	0	13	17	44

MALES.

Quiescent	18	3	19	0
Improved	9	0	30	14
No material improvement	1	0	1	4
	28	3	50	18

Seven cases were in residence for under 4 weeks and not classified.

FEMALES.

Quiescent	10	—	5	1
Improved	4	—	8	8
No material improvement	—	—	—	8
	14	0	13	17

Four cases were in residence for under 4 weeks and not classified.

As usual a large number of patients left the Institution during the year without availing themselves of an adequate period of treatment. In some cases this was unavoidable; in others, no better excuse was given than that "They could not settle down," or that "They were fed up." Unfortunately, with close observation over a number of years, it is found that, with few exceptions,

the patients who take this course go back to the most unsuitable conditions in every way, while the patients who enjoy good home conditions appreciate the advantages of the Institution.

It would appear that the time is ripe for some legislation other than that which exists, at present, to prevent the highly infectious case from going out, which is a danger to the community at large.

Many improvements have been carried out during the year. The opening of an X-Ray Department has been of incalculable value, not only as an aid to diagnosis in difficult cases, but also as a necessary control in modern treatment, such as Artificial Pneumo-Thorax.

Cubicles and radiators were installed in No. 5 Ward, and individual lighting for each bed in Wards 3 and 4.

The new greenhouse is proving a very useful addition in occupational therapy, while the nurses' new sitting room is greatly appreciated.

The number of beds occupied during the past twelve months shows an increase compared with that of last year.

Enormous improvements have been carried out in the grounds, which now leave little to be desired.

Entertainments.

As has been the custom for some years, concerts and whist drives have again been held during the past 12 months. They have made a welcome break for the patients, who look forward to them with much appreciation.

Nursing Staff.

Five nurses were successful in passing Part 1 of the Tuberculosis Association's examination, while 2 have passed and obtained the final certificate.

WEST HAM SANATORIUM FOR CHILDREN, LANGDON HILL.

At the end of 1935 the number of patients remaining under treatment were:—

Males	.....	23
Females	.....	16——39

The total admissions during 1936 were:—

Males	.....	14
Females	.....	11——25

The number of deaths were:—

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

Discharges during the year totalled:—

Males	17	
Females	10	27

Leaving under treatment at the 31st December, 1936:—

Males	20	
Females	17	37

The average duration of residence (both sexes) was 639.93 days.

The average for males was 666.53 days, and for females 594.80 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	14	—	—	2	16
Females	8	—	—	2	10

One case remained in residence for only 6 days and is not classified.

MALES.				
Quiescent	12	—	—	2
Improved	2	—	—	—
No material improvement	—	—	—	—
	14	—	—	2
FEMALES.				
Quiescent	8	—	—	1
Improved	—	—	—	—
No material improvement	—	—	—	1*
	8	—	—	2

* Died at Dagenham Sanatorium.

The average duration of residence in the past year has been extremely high. This is mostly accounted for by the discharge of 3 cases who had been in residence from 3 to 5 years. One case entered the institution in a moribund condition, but after 5 years' treatment was able to go to a colony to learn a trade. Two cases were transferred during the year.

The treatment of advanced cases at Langdon Hill has undoubtedly proved that hope should never be abandoned in children, and that even the most advanced cases can be restored to reasonable health, with prolonged treatment. On discharge the home conditions are the deciding factor, while discharge to a suitable colony is the ideal.

A number of old cases visited the institution during the year, and it was gratifying to find that many advanced cases were at work after an interval of some years.

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 1936.

	London.	Middlesex.	Essex.	Surrey.	Kent.	Herts.	Bucks	East Ham.	West Ham.	Croydon.	Total.	Other Places.	Grand Total.
New Patients :—													
Syphilis	2,070	275	106	84	55	33	21	20	41	12	2,717	204	2,921
Soft Chancre... ...	192	8	13	5	3	4	...	2	5	2	234	62	296
Gonorrhoea ...	6,761	1,091	416	293	164	150	56	97	191	29	9,248	795	10,043
Not venereal... ...	8,542	1,475	643	633	281	145	91	125	196	64	12,195	622	12,817
TOTAL	17,565	2,849	1,178	1,015	503	332	168	244	433	107	24,394	1,683	26,077
Total attendances ...	826,944	102,650	57,394	28,230	10,298	8,828	3,259	14,614	26,095	2,587	1,080,899	21,479	1,102,378
No. of in-patient days ...	34,115	3,737	3,092	1,796	2,688	647	681	245	290	51	47,342	10,000	57,342
A.B.C. doses ...	...	...	...	...	...	...	...	...	...	...	...	...	56,478
PATHOLOGICAL EXAMINATIONS.													
For or at Centres :—													
Spirochaetes ...	2,662	88	85	38	6	7	3	28	56	1	2,974	146	3,120
Gonococci	107,849	14,356	11,603	5,404	2,643	1,480	829	2,648	3,754	407	150,973	3,884	154,857
Wassermann ...	33,570	4,074	2,316	2,353	809	499	246	409	717	196	45,189	1,615	46,804
Others	40,359	4,539	4,118	2,701	897	555	274	801	1,445	206	55,895	2,374	58,269
TOTAL	184,440	23,057	18,122	10,496	4,355	2,541	1,352	3,886	5,972	810	255,031	8,019	263,050
For Practitioners :— ...													
Spirochaetes ...	6	...	...	...	...	...	...	...	...	...	6	...	6
Gonococci	3,217	198	185	93	185	30	24	41	5	920	4,898	9	4,907
Wassermann ...	16,204	861	1,316	816	227	77	125	32	10	668	20,336	524	20,860
Others	8,633	239	1,078	374	45	59	18	35	8	1,025	11,514	461	11,975
TOTAL	28,060	1,298	2,579	1,283	457	166	167	108	23	2,613	36,754	994	37,748

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

RETURN showing the extent to which the facilities have been utilised during the year ended 31st December, 1936.

Hospital	New cases					No. of persons		Total attendances	No. of in-patients days	A.B.C. doses given	Spiro		Pathological examinations						
													Gon.		Wass.		Others		
	Syp.	S.C.	Gon.	Not V.D.	Total	Ceased to attend	Dis-charged				(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	Total
Albert Dock	79	29	372	214	694	43	405	11,968	2,692	925	16	—	331	5	688	270	1,129	452	2,891
Gt. Ormond Street	27	—	20	640	687	5	668	3,065	2,058	696	1	—	1,289	33	1,033	657	629	391	4,033
Guy's	169	44	513	853	1,579	373	1,264	59,669	3,083	3,935	201	—	12,699	959	3,010	2,807	5,134	1,322	26,132
King's College	130	1	96	266	493	167	332	12,962	786	1,221	10	1	760	98	1,468	2,602	286	71	5,296
L.C.C. Clinic (Whitechapel)	360	62	1,319	1,689	3,430	1,536	2,602	298,086	5,074	9,362	956	2	39,001	1,613	6,442	3,359	14,564	5,043	70,980
Metropolitan	56	16	134	102	308	130	189	27,413	106	844	31	1	845	59	394	341	499	654	2,824
Miller General	78	4	170	74	326	222	162	13,229	308	1,088	15	—	1,092	—	348	995	165	205	2,820
Royal Free	90	—	423	833	1,346	186	1,435	30,134	1,923	1,838	30	2	21,653	135	2,973	1,015	4,430	1,027	31,265
Royal Northern	100	11	446	412	969	301	619	56,723	378	2,036	47	—	3,588	104	1,044	1,407	209	10	6,409
St. George's	85	6	536	389	1,016	241	804	40,277	621	1,932	75	—	1,419	27	1,853	66	1,484	12	4,936
St. John's (Lewisham)	37	3	134	242	416	44	447	8,913	809	560	10	—	286	48	542	226	495	53	1,660
St. Mary's	369	2	1,244	717	2,332	188	38	96,890	2,427	5,774	265	—	14,757	432	3,864	2,307	2,847	59	24,531
St. Paul's	175	18	840	1,243	2,276	362	1,264	96,127	421	3,396	183	—	8,047	42	3,435	308	3,061	34	15,110
St. Thomas'	495	53	1,682	2,904	5,134	1,241	3,559	165,551	4,269	8,824	826	—	21,393	588	12,488	2,304	14,564	983	53,146
Seamen's	168	39	568	417	1,192	844	431	14,440	9,947	1,785	159	—	4,794	66	973	119	1,442	16	7,569
S. London for Women	19	—	90	236	345	45	326	11,713	607	408	7	—	4,273	387	517	313	477	8	5,982
University College	141	6	348	136	631	369	328	33,135	656	2,590	163	—	1,874	28	994	20	385	—	3,464
West London	252	1	724	1,236	2,213	523	1,407	88,222	2,189	5,525	95	—	13,049	270	3,839	883	5,297	884	24,317
Westminster	82	1	179	38	300	162	240	27,134	168	3,724	21	—	1,298	13	572	861	820	751	4,336
S.A. Mothers'	7	—	149	176	332	55	161	6,727	5,852	15	9	—	2,409	—	327	—	352	—	3,097
Children's, Waddon	2	—	56	—	58	—	65	—	12,968	—	—	—	—	—	—	—	—	—	—
TOTALS	2,921	296	10,043	12,817	26,077	7,037	16,746	1,102,378	57,342	56,478	3,120	6	154,857	4,907	46,804	20,860	58,269	11,975	300,798

Pathology—(a) For centre ..... 263,050 Pathology (b) For practitioners 37,748

Venereal Diseases.

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

Year.	New Cases. Syphilis.		New Cases. Soft Chancre.		New Cases. Gonorrhoea.		Total Venereal Cases.		Total Non-Venereal Cases.		Total Attendances		In-patient days.		Pathological Examinations for	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Clinic.	Practitioners.
1917	4,427	3,351	199	11	3,830	1,207	8,456	4,569	1,192	1,168	120,659		63,923		13,988	3,649
1918	3,764	3,002	116	13	4,844	1,940	8,724	4,955	1,345	1,348	169,485		66,095		25,973	6,380
1919	6,394	3,391	463	18	10,441	2,440	17,298	5,849	3,418	1,700	201,626	106,096	24,025	49,186	51,554	10,464
1920	6,988	3,579	766	25	10,669	2,427	18,423	6,031	4,403	2,189	329,940	134,093	29,430	52,182	58,920	14,027
1921	5,088	3,100	458	13	8,573	2,136	14,119	5,249	3,696	2,354	357,503	138,706	30,272	49,420	66,134	18,472
1922	4,207	2,600	309	12	8,233	2,402	12,749	5,014	3,759	2,191	387,631	141,372	28,809	83,755	74,022	19,836
1923	4,497	2,631	311	4	9,043	2,520	13,851	5,155	4,167	2,477	412,915	142,594	29,661	77,001	69,784	24,403
1924	4,174	2,452	301	4	8,565	2,785	13,040	5,241	4,869	2,423	424,850	164,152	31,620	70,836	79,005	24,797
1925	3,556	2,346	268	11	8,464	2,857	12,288	5,214	5,726	2,954	459,011	187,120	29,313	73,141	106,064	26,346
1926	3,725	2,013	301	2	8,825	2,858	12,851	4,873	5,830	3,158	490,578	196,497	31,258	70,477	100,543	27,565
1927	3,886	2,209	203	7	9,637	2,859	13,726	5,075	6,799	3,365	554,171	213,107	21,268	91,145	107,512	27,046
1928	3,433	1,837	229	6	8,249	2,647	11,911	4,490	6,369	3,226	544,969	218,566	23,821	41,285	107,410	29,785
1929	3,303	1,628	276	4	8,271	2,503	11,850	4,135	5,656	3,145	557,747	211,125	23,121	28,399	114,840	32,605
1930	3,389	1,826	347	12	8,620	2,503	12,356	4,351	6,305	3,857	623,820	212,399	21,033	30,183	125,177	33,309
1931	3,009	1,521	326	12	7,713	2,260	11,048	3,793	6,853	4,253	699,752	230,596	23,408	33,133	161,092	35,498
1932	3,270	1,671	172	15	8,566	2,656	12,008	4,342	7,286	4,316	737,558	246,363	22,774	31,249	196,357	40,626
1933	3,072	1,638	185	10	8,791	3,313	12,048	4,961	7,325	4,380	804,042	293,172	23,504	29,077	219,852	39,649
1934	2,673	1,506	159	6	8,689	3,031	11,521	4 543	7,520	4,539	820,469	321,818	22,928	31,161	261,116	37,286
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
1936	1,866	1,055	275	21	7,724	2,319	9,865	3,395	8,076	4,741	807,397	294,981	23,214	34,128	263.050	37,748

Venereal Diseases.

Utilisation of Facilities at Hostels, 1936.

Particulars of the work done on behalf of the participating authorities by the hostels in the scheme for the year ended 31st December, 1936. 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.
Salvation Army—122-4 Lower Clapton Road, E.
Salvation Army—126-8 Lower Clapton Road, E.
West London Mission—35 Parkhurst Road, N.7.

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

Area	No. of patients	Aggregate No. of days in residence	Percentage (days)
London County	145	14,210	60.48
Middlesex	23	1,849	7.87
Essex	9	1,117	4.76
Surrey	21	2,424	10.3
Kent	13	1,679	7.15
Herts.	13	1,705	7.26
Bucks.	4	310	1.32
East Ham	1	202	.86
West Ham	—	—	—
Croydon	—	—	—
	229	23,496	100.0

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1936

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I herewith present the Annual Report upon the School Medical Service for the year 1936.

I am,

Your obedient Servant,

Robt. J. Reid.

Chief Asst. School Medical Officer.

School Medical Department,
88 Romford Road,
Stratford, E.15.

July, 1937.

(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).
(died March, 1937)

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. (retired Sept., 1936).
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.
D. L. Pugh, M.R.C.S. (Eng.), L.R.C.P. (Lond.)
(appointed Sept., 1936)

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.) (resigned May, 1936).
Dorothy Marsden, L.D.S. (Eng.).
G. C. Baird, L.D.S. (Eng.)
F. Soper, L.D.S. (Eng.) (appointed June, 1936).

School Oculist (full time).

W. J. Thomas, M.R.C.S., L.R.C.P., D.P.H. (retired July, 1936).
Agnes A. S. Russell, M.B., Ch.B., D.P.H.
(appointed Sept., 1936)

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 P. I. Geaussent
Miss G. A. Blackler
Miss E. W. Wood
Mr. T. P. Swatts
Mr. R. Huxtable
Miss E. Laker
Mr. W. Phillips

Messenger.

Mr. R. Denney.

School Nursing Staff.

Miss D. S. Ayton
Miss H. Bredin
Miss H. E. Bredin
Miss A. Burrows
Miss E. M. Bussell
Miss A. J. Costain
Miss M. A. Costain
Miss M. M. Empson
Miss L. C. Glover
Mrs. C. B. Halls
Miss E. D. Harris
Miss C. E. Hutton
Miss E. K. Jack
Miss E. Large
Miss A. K. McCormack
Mrs. M. Mace
Miss I. B. B. Mann
Miss L. F. Manning (Retired Nov., 1936)
Miss M. H. Rose
Miss A. Sheehan
Miss E. R. Tanner
Miss M. E. Tanner
Miss E. Taylor
Miss M. A. Van Ryssen
Miss D. Wright.

Miss E. Fraser (Knox Road & Crosby Road Special Schools) (Retired Dec., 1936)

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

(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 cases referred to him by the Assistant School Medical Officers of school children who have been sent away for Institutional treatment.

(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 1936 the children's latrines at Beckton Road, Holborn Road, and Shipman Road were remodelled and brought up to date with separate flushing to each pan.

The obsolete lavatory basins were removed from Colegrave Road, Hermit Road, Napier Road, Russell Road, The Deanery, Whitehall Place and Carpenters Road.

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

The Cookery and Laundry Rooms at Carpenters Road School were remodelled and fitted with modern apparatus.

At various Schools improvements to electric lighting have been effected.

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

The hot water heating boilers at Rosetta Road and Grange Road Special School were replaced.

A new medical inspection room was provided at Grange Road Special School, also new lavatory basins installed, also new medical inspection room at Knox Road Special School.

At Fyfield Residential Open Air School alterations and additions have been made for increased accommodation, bringing the totals up to 100 boys and 100 girls, and the exterior of the old buildings redecorated.

At Frederick Road School a new domestic science room, etc., was erected, and at Plaistow Municipal Secondary School a new Dining Room was added.

A new Trade School for Girls was erected in Water Lane, and the land at the rear of Nos. 11 and 13 Water Lane formed into a playground. A playground was also formed adjoining the Lister D.C. Institute.

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
20,171	14,127	34,298

During the same period, 78,586 Boys and 61,372 Girls attended the Swimming Baths.

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. At the Romford Road and Balaam Street Baths there is now in operation an efficient aeration and filtration plant, the water in the swimming pools being circulated at a minimum rate of four hours' turnover, which is generally considered adequate to maintain the water at a high standard of purity.

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 Nurse, 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 (5) School Journeys. 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 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 St. Margaret's Holy Trinity	The Public Hall, Canning Town.
St. Luke's.	The Boyd Institute.
St. Francis'.	The Wesleyan Hall, The Grove, Stratford.
St. Paul's Colegrave Road	The Mechanics' Institute (L.N.E.R.).
Rosetta Junr.	The Bancroft Hall.
St. James'.	Hanford Memorial Hall, Forest Lane.
St. Antony's.	St. Antony's Hall.

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 of the Scalp.

(11) Provision of Meals to necessitous children.
(12) Provision of Surgical Instruments and Appliances for crippled children.
(13) Orthopaedic Treatment. Remedial Exercises 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 West Ham Girls.
(26) Medical Inspection of pupils at the West Ham High School for West Ham Girls.
(27) Medical Examination and Treatment of pupils attending the Day Continuation Schools.
(28) Medical Examination and Treatment of Juveniles at the Junior Instruction Centre.
(29) Examination and treatment of children attending the two 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 result of these findings will be seen in the Statistical Tables IIB for Elementary Schools and Schools of Higher Education.

AVERAGE HEIGHT AND WEIGHT, 1935-1936.

HEIGHT.

Age	1935 Number Examined	1935 Average Height in inches.	1936 Number Examined	1936 Average Height in inches.
Boys				
5	935	41.8	767	42.0
8	1815	48.7	1634	48.6
12	2146	56.0	1637	[illegible].4
Girls				
5	921	41.8	784	41.0
8	1769	48.5	1341	48.8
12	2085	56.6	1582	57.1

WEIGHT.

Age	Number Examined	Average Weight in lbs.	Number Examined	Average Weight in lbs.
Boys				
5	935	40.4	767	41.0
8	1815	57.6	1634	56.0
12	2146	79.8	1637	80.3
Girls				
5	921	39.8	784	39.8
8	1769	54.1	1341	54.4
12	2085	83.0	1582	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
80237	6811	1230	19	63	452	200

The percentages for head and body vermin are respectively 1.61 and .102.

Number of Home Visits 7748

Number of Children visited at School 4813

(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 164 cases of Skin diseases found among Routine examinations at the Elementary Schools, 125 being referred for Treatment; 5,044 "Specials" were also referred for treatment. Twenty-three cases of Tinea Tonsurans and 149 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 31, "Specials" requiring Treatment, 3.

(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 79 cases referred for treatment at Routine Inspection (eight being in respect of Higher Education) and 1,103 among the "Specials" (seven Higher Education).

With regard to Defective Vision, 629 Routine cases were referred for refraction, including 93 for Squint. In addition there were 683 specially referred for refraction. These figures apply to Elementary School children only.

Following are the figures relating to Higher Education:—

Defective Vision requiring Treatment—258 (including 16 "Specials").
Squint requiring Treatment—3.

(e) NOSE AND THROAT DEFECTS.

At Routine inspection 722 cases (including 43 Higher Education) were found to require treatment of the nose and throat, and 541 (one Higher Education) among the Specials. In addition there were 330 cases requiring to be kept under observation among the routines and seven among the " Specials."

(f) EAR DISEASE AND DEFECTIVE HEARING.

The findings under this heading at Routine Medical Inspection (Elementary Schools) amounted to 170 requiring treatment. In addition, 945 Special cases were referred for treatment. Twenty-one 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 to require treatment at Routine and Special examinations.

(i) HEART DISEASE AND RHEUMATISM.

During the year, 34 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. Fifty-three cases were found among the "Specials." In addition there was a total of 244 children requiring to be kept under observation for their heart condition.

(j) TUBERCULOSIS.

During the year four cases of definite Pulmonary Tuberculosis and 25 suspected were referred for observation. Twelve suspected cases of Pulmonary Tuberculosis were referred for treatment. Ten non-pulmonary cases required treatment, and two were referred for observation.

No cases of Tuberculosis were found at the Higher Educational Institutions in the course of the Routine examination.

(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	404
Routine Cases in need of Observation	261
"Specials" in need of Treatment	6880
"Specials" in need of Observation	100

Higher Education:

Cases requiring Treatment	49
Cases in need of Observation	15

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

The total number of Re-inspections by the School Doctors amounted to 6,240.

(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, Private Practitioner's 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 spectacles 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	13644
Total number of children visited at school	9713
Total number of hours spent by Nurses in visiting	3796

(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	26
Unclean Heads	1724
Unclean Bodies	13
Skin Diseases	19

No children were cleansed under Section 122 of the Children Act, but 84 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)	15321
Stratford Clinic (b)	8579
Balaam Street Clinic	13194
Swanscombe St. Clinic	15141
Rosetta Road Clinic	15756
Total	67991

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 18 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	3380	467	38
Number attended	2807	416	36
Percentage attendance	83.0	89.1	94.7
Glasses ordered	2426	393	34

The total number of Clinic Sessions devoted to Refraction work was 342.

Those cases which did not keep the first appointment were followed up by the School Nurse, and in the majority of cases further appointments were made.

The following is a report by Dr. Agnes A. S. Russell, the Committee's Oculist:—

All children attending schools in the Borough and found by the Assistant School Medical Officers to have defective vision, strabismus, or complaining of eyestrain or headaches associated with close work, are referred to the Ophthalmic Clinic for examination.

The co-operation of Head Teachers and Parents in reporting defects in vision to the School Medical Officer is of great value in enabling treatment to be carried out as early as possible. Their assistance in referring all children with a squint for early examination is especially helpful, particularly among the young children.

After examination in the Ophthalmic Clinic, glasses are prescribed in all cases found to have a refractive error. The reason why glasses are required and the necessity of wearing them either continually or only for near work, according to the condition, is explained to the parents.

Many children with strabismus can be helped further than by merely prescribing glasses. The correct glasses must be worn continually, but by also covering up the good eye the child can be made to use the squinting eye, which in many cases is also a poor sighted eye; but the co-operation of the parent is necessary for this. Head Teachers can also help in carrying out this treatment, and I have had several cases where Teachers have done this in School with considerable benefit to the child.

All children with strabismus are re-inspected in three months' time at the Ophthalmic Clinic, and kept under regular supervision. All other cases are re-inspected, after the spectacles are obtained, by the Assistant School Medical Officers.

Cases of myopia are re-examined frequently according to the degree of myopia.

The total number of children suffering from External Eye disease who received treatment under the Authority's scheme amounted to 1,069, 53 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 646 children were operated on for these conditions under the Authority's scheme, and 50 received treatment by Private Practitioners, or otherwise; 172 cases received other forms of treatment.

(f) EAR DISEASE AND DEFECTIVE HEARING.

During the year, 926 children with minor Ear Defects were treated at the Clinics. Seventy-two cases received treatment privately, six 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 a Specialist 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 :—

I am pleased to report a gradual increase in the amount of conservative work now being done. This has only been possible on account of fewer children in the Schools. There is still, however, a great deal more that could be done in the way of preservation.

The number of special cases does not abate, and they continue to interfere with routine treatment.

The Head Teachers and their Staffs are at all times a great help. They can and do influence the parents and children to take advantage of the Dental Service. They have my very sincere thanks for their kind co-operation.

Miss Gubb reports:—

The Routine School Inspections were carried out as in previous years. All children requiring treatment were given the opportunity of receiving it, and if unable to attend at the appointed time the parents were given a further opportunity of attending at some other date in order that the children might not lose the benefit of Dental Treatment, and also in order to try and reduce the great number of those children who would otherwise attend as "Specials."

The persistent refusals add greatly to the number of children attending as "Specials," as they almost invariably present themselves at some future date, and very frequently with unsaveable permanent teeth or teeth in an advanced state of decay necessitating treatment of much longer duration than if they had attended when the treatment was first offered. The same excuse is given time after time, "No toothache then," or "No bad teeth then."

It is repeatedly pointed out that Dental Treatment is to avoid toothache rather than to wait for it before requesting treatment. Unfortunately still a large number of parents consider "Dental Treatment" to mean extractions only, and so many saveable teeth become unsaveable. This point is of special importance with reference to the first permanent molar, which the parents so often think belongs to the temporary dentition.

There is no outstanding feature to comment on in the year 1936.

All the children recommended for Fyfield Open-air School and Crosby Road Open-air School, were inspected and treated if necessary before admission to these two Schools. The same applies to children entering Langdon Hills Sanatorium. Children requiring Dental treatment prior to operation for Tonsils and Adenoids were drafted to the Clinic for any necessary treatment.

I am much indebted to the Head Teachers and Assistant Teachers for their help and co-ordination at all times, and I would like to take this opportunity of thanking them.

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 children accepting it.

Owing to the large number of children who never use a tooth brush, the proportion of extractions to conservative treatment is disappointingly large, as is also the number of "Specials." Conservative treatment is useless in a mouth into which a tooth brush never enters. In such cases, treatment is aimed at the establishment of a healthy mouth by the extraction of any tooth having a cavity which is not self-cleansing.

I wish to record my thanks to the Head Teachers for their help during the routine inspections.

Mr. Soper reports :—

During the year all Schools in the area served by the Balaam Street Dental Clinic have been inspected and treatment given to all those accepting it.

Conservative treatment is coming to be more readily accepted by the parents; so much so, in fact, that every afternoon session was devoted as exclusively as possible to that work. It was usually difficult to convince parents that it was necessary and very well worth while to conserve temporary teeth, and it would almost seem that more of these teeth the children lost the better the parents liked it.

The number of special cases was not great, and did not hinder routine work much. In this respect as in many others the Head Teachers helped greatly by sending special cases to the Clinic as early as possible.

The percentage of children requiring no treatment was small, and a number presented symptoms predisposing towards Pyorrhoea, due for the most part to mouth breathing, irregular teeth and, of course, insufficient cleaning. Fortunately, only a few of these cases were serious, and all responded satisfactorily to treatment, but as it was often practically impossible to remove the cause a number of these cases is bound to occur.

Miss Marsden reports :—

During the year all the Schools in the Custom House area have been inspected and treatment given to those children who took advantage of the scheme for dental treatment.

The number of refusals for treatment is still far larger than one could wish, owing in the main part to the children being allowed to decide for themselves whether they will accept treatment or not.

Unfortunately, children of school age do not always realise the necessity of dental treatment unless their parents also are insistent on it. This results in a large number of " Specials." Children wait until they have toothache and then use the Clinic as a convenience.

Children recommended for admission to the Fyfield Open-air School are always more amenable to treatment.

The Hygiene Classes in the Schools are producing better results—use being made of the Dental Board's pamphlets, etc.

Head Teachers and Assistant Teachers are always very willing to help, and I should like to thank all for their very great help and assistance.

(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 37.

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	41
Heritage Craft Schools, Chailey	1
Sir William Treloar's Home, Alton	8
Hastings Home and Residential School	1

In addition there was one out-of-school case of Tuberculosis at the end of December, 1936.

(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, 136 school children were treated, including a few under 5 years of age attending a Nursery School. The condition for which they were most frequently referred to the Clinic was debility, associated in nearly half the cases with anaemia. Of 61 children in this category who made more than six attendances, all but two (both of the same family with eight or nine treatments respectively) were discharged "greatly improved." Fifteen cases were referred for bronchial catarrh; all these improved, one child putting on 5lbs. after 24 treatments. Of 12 cases of malnutrition, all improved, the same being true of nine cases of cervical adenitis—tuberculous and non-tuberculous. Other conditions treated included psoriasis, alopecia, and rhumatism, and one case each of spastic paraplegia and scrofuladerma. Of the 22 patients discharged as not improved, 17 attended for less than six treatments, and none for more than nine, several of these being very irregular in their attendance.

(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)	2403	Whooping Cough	679
Tonsillitis	291	Chicken Pox	1593
Mumps	769	Other Diseases	482

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 1936.

Impetigo	84	Verminous	7
Scabies	174	Tinea Tonsurans:	
Other Skin Diseases	41	Treated by X-Rays	18
Conjunctivitis	4	Treated at Clinic	5
Blepharitis	2	Tinea Body	4
Mumps	12	Other Defects and Diseases	30
Chorea	4		
Enlarged Glands	7		443
Chicken Pox	14		
Tonsillitis	7		
Diphtheria	11	Total number of children involved	422
Anaemia and Debility	5		
Bronchitis	10		
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 Shoeburyness 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—

Twelve annual camps have now been organised by the Education Committee, and eleven of these have been held on the same site at Shoeburyness. It will indeed be difficult to find another field so well situated for camping, but the time has come when such efforts must be made. Building operations and road developments have rendered such a course necessary, and, furthermore, a change is desirable if only because the camp will benefit considerably by moving to new surroundings.

Attending these camps year by year one is apt to overlook the gradual changes taking place, and it is only by throwing back one's mind to some of our earlier ventures that one realises the vast improvements which have taken place. In this organisation the Committee have something to be proud of, and need not fear comparison with any boys' holiday camp in the country; but further progress can, and doubtless will, be made.

The camp equipment was taken to Shoeburyness on Friday, 17th July, all loading and unloading being carried out with the least possible delay. Some two dozen willing helpers arrived during the evening, and so well did the work proceed that the large marquee, two smaller ones, and about a dozen tents were erected by 9.0 p.m. On Saturday the wind was blowing with almost hurricane force, and this made the work of putting up even the small tents a very difficult matter. However, we were justified in congratulating ourselves on the progress of the previous evening, for the erection of the large marquee in such a wind would have been highly dangerous if not almost impossible. Despite such unfavourable conditions, the time taken to set up the camp was a record.

The preliminary work being complete, everything was ready for the reception of the first party of 190 boys from the southern schools on Thursday, 23rd July, and what a reception it was. A most unpromising morning changed to a doubtful afternoon, but luckily the rain held off until the boys were almost in camp. This, however, failed to damp the spirits of the boys, for inside the marquee was dry, and a good tea was awaiting their attention. Except for a slight delay, the evening's work of settling down received very little interference.

During the succeeding fortnight the weather was not by any means on its best behaviour, although only on two days during this time did it rain for more than a short time. On such days the usual custom of clearing the marquee for games was followed, more to the delight of the boys than the staff. Judging by the bronzed and healthy appearance of these lads when they left camp on 6th August, one would have thought that ample sunshine had been their portion.

The second party of 180 boys from the northern schools was taken to Shoeburyness on the afternoon of 6th August, and except for one night of very heavy rain, the clerk of the weather was very kind to them.

During the past four years, considerable improvements have been made in the camp menu, several new items being included this year—fried fish fillets for Friday lunch being the most popular. As some failures are almost certain when introducing such changes, it has been my aim to make them gradually, rather than make wholesale changes in any one year. In my opinion this policy has been amply justified by results, for general ideas as to what is good for boys and what they will eat do not always coincide.

The hot and cold shower baths are no longer considered a luxury, for they have become almost a necessary part of camp life. Every boy pays a daily visit to the baths, and the problem of personal cleanliness has almost ceased to exist. The plentiful supply of hot water has also reduced the drudgery of "washing up" to an absolute minimum. I would venture to suggest that in very few camps of this size would one find the necessary fatigues so light.

As for the various activities organised for the benefit of the boys in camp, little can be added to the reports of previous years. Cricket and football, rounders and camp golf, sea-bathing and mud-walks, have this year been supplemented by baseball. The loan of equipment from the Baseball Association was much appreciated, and the exhibitions of the game by players from the West Ham Stadium were thoroughly enjoyed by both parties of boys. After supper recreation was provided in the form of alternate story reading and a sing-song, and both were very popular. Towards the end of each fortnight competitions, serious and otherwise, were arranged; and the excellent prizes awarded to the winners were a tribute to the work of our Canteen Manager.

It would, perhaps, not be out of place to mention here our annual camp re-union, usually held during the week before Christmas. This consists of an entertainment and a sing-song, with a very much appreciated "tuck bag" to occupy the interval. For a brief two hours the holiday spirit of good humour and friendliness is recaptured. Arrangements have already been made to hold this year's re-union at Balaam Street School on Saturday, 19th December.

In conclusion, I would express just one regret—in a report it is impossible to reproduce the real spirit of camp life. It has to be experienced to be appreciated.

Miss Wise reports—

It is with great pleasure that I present this, my eleventh, annual report of the Girls' Camp held again at East Cowes, Isle of Wight.

This year there were so many girls wishing to go—due, no doubt, to the popularity of last year's camp—that the Committee felt it desirable to arrange for two parties. The first party, consisting of 174 girls chiefly from the south of the Borough, camped from 24th July to the 7th August, and the second party, 184, from the north, from 7th August to 21st August. Ten staff, including myself, accompanied each party.

The journey on each occasion was easy and pleasant. The girls met at Plaistow Station, and travelled in reserved coaches by District Railway to Southfields, and from there by a special corridor express to Portsmouth. The boat trip, always a thrill, added the last touch of enjoyment to a memorable day, especially to many girls who had never before been out of West Ham. The luggage difficulties were made easy by the railway officials, who collected all cases at Southfields, dealt with them at Portsmouth and Ryde, and conveyed them to Whippingham.

I have nothing but praise for the Southern Railway. The arrangements they make for us work excellently, and although we travel at an exceedingly busy season and with a very large party, everything goes with the utmost ease, and we arrive on the stroke of time.

The walk from Whippingham Station is rather long, and the smaller children were conveyed by coach, but most preferred to walk and enjoy this first glimpse of their new surroundings.

A busy time followed the arrival at Camp, but within an hour all were comfortably settled in the three large dormitories, and groups of friends, much to their delight, housed in the smaller rooms.

This year we were able to have the fourth dormitory converted into a dining hall, and hot dinner was served there as soon as we arrived.

I cannot here give a detailed account of our doings throughout the month, but I think it might be of interest to the Com-

mittee and of use to Head Teachers for next year, if I gave a list of some of the places visited.

It must be understood that excursions and outings are for the most part entirely optional, but they are always well patronised and, judging by the enthusiasm with which they are discussed, they are thoroughly enjoyed.

The girls mostly pay the expenses of these visits themselves, so perhaps it would be of use if I gave approximate fares.

Fishbourne. Walk by roads and fields. Walk or 'bus back (9 miles).

Carisbrooke Castle. Walk along the River Medina (3 miles) to Newport; 'bus 1d. to Carisbrooke. Admission free by permit obtained beforehand by Education Officer. Return, walk or 'bus (3d.).

Woodside Bay. Walk both ways. About 2 miles from Camp.

Shanklin and Sandown. Train, 10½d. return.

Alum Bay. Train to Freshwater, 11½d. return. Walk over the Downs to Alum Bay. Return to Freshwater, 'bus 3d.

West Cowes and Gurnard Bay. Walk each way. Fare across the river by Floating Bridge, ½d. return.

Osborne House. Almost opposite camp. Free entry, permit obtained as for Carisbrooke Castle.

Newport. Walk. Visit shops and the potteries.

Alternative arrangements were made for every day, so that smaller parties could be taken where convenient.

There is so much to interest at this time of the year at Cowes that the time spent on the front goes far too quickly.

Yachting week, of course, provides much that is of interest to children; they see many types of yachts, ships of all sizes, seaplanes and aeroplanes, while the big liners coming from and going to Southampton give endless delight. We were fortunate enough to see the Aquitania, the Normandie and the Queen Mary. The second party saw the Queen Mary set off on her record breaking trip.

Camp itself, with its many facilities for enjoyment, was again delightful, but I should take too much of this report if I wrote in detail of all that was done there. Suffice it to say that the playing fields were in constant use, as also was the little swimming pool. The dormitories lent themselves as always to frolics and entertainments of all kinds, country dancing finding many enthusiasts.

The weather, though not too warm during the first fortnight, was quite good, and only for two periods during the month were we kept in for rain. The first fortnight could with advantage have been warmer, but considering the indifferent weather experienced in most places we were very fortunate.

The health of the girls was excellent, and not a single accident of any kind occurred during the month.

The food supplied was exceptionally good, adequate, and well cooked. Picnic meals were always ready to order (this sometimes no light task—200 lunches were often required by 9 a.m.). Hot dinners were provided at any time on the return from excursions.

I and my staff very much appreciate all that was done for us by the camp staff. They served us well, and did everything possible for our comfort, and not only what they did but their cheerful and friendly manner contributed in no small way to our enjoyment.

Several parents and friends visited the girls, and all expressed themselves delighted with what they saw.

I cannot conclude without once again thanking all who contributed to the success of the camp; the Committee who each year grant the facilities which make the holiday possible; the office staff who see to every detail of arrangements; the Medical Staff who see that we start fit; and the Chief Librarian who supplies us with a good stock of discarded books. I know that I cannot adequately thank the members of the teaching staff for all they do, but I know that it is their cheerfulness, their resourcefulness, and their untiring efforts that make camp life the pleasure that it undoubtedly is, and give to those children fortunate enough to share it not only the passing joy of a fortnight spent in camp, but memories which remain.

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 1936 amounted to 3,342.

(10) Physical Training.

An Inspector of Physical Training has 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 240 boys were examined. Only four 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, make provision for supplying meals to expectant and nursing mothers at the Centres, at special times.

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

Breakfasts, 366,264. Dinners, 752,672.

The average number of children fed each week was 3,062.

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

The number of parents who refuse to have their children medically examined is extremely low. In 1936 the number of children who were affected by this parental objection amounted to 51.

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 44 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	7
7	11
8	21
9	20
10	21
11	33
12	40
13	31
14	20
15	12
Total	216

Chief defects referred for Treatment or Observation.

Treatment

Unclean Head	6	Defective Vision	21
Unclean Body	11	Squint	1
Impetigo	2	Otitis Media	8
Other Skin Diseases	5	Other Ear Diseases	4
Blepharitis	2	Anaemia	1

Observation

Other Skin Diseases	1	Heart Disease—	
Defective Vision	18	Organic	17
Squint	6	Functional	6
Defective Hearing	9	Anaemia	4
Otitis Media	3	T.B. Bones and Joints	8
Enlarged Tonsils only	17	Other Conditions (Nerves)	22
Adenoids only	2	Rickets	3
Enlarged Tonsils and Adenoids	9	Spinal Curvature	2
Other Conditions Nose and Throat	10	Deformities (Other Forms)	21
Enlarged Cervical Glands	8	Other Defects and Diseases	3
Defective Speech	19		

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

Skin Diseases (Non-T.B.)	23	Other Defects and Diseases	294
Minor Eye Defects	13	Blepharitis	10
		Minor Ear Defects	25

Miss Gubb reports on the Dental Inspection and Treatment of the children at the Special School as follows :—

All physical and mental defectives were inspected during the year. All children requiring treatment were drafted to the Clinic and treated or referred to the Dental Departments of various London Hospitals where they were already attending for general treatment—in some cases this being the most convenient way for the cripple children to receive dental treatment on account of their various disabilities.

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.

The year 1936 has seen many changes among the children in both P.D. and M.D. Schools. In the P.D. School 21 children, and in the M.D. School 25 children have left for various reasons. Of the P.D. children only 5 and of the M.D. children only one have remained at School until reaching the statutory age of 16 years. All those who, having reached the age of 14 years, have received permission to leave, have obtained and held suitable employment.

The causes of leaving are shown below :—

	P.D.	M.D.
Age limit	5	1
Permission granted by S.M.O.	3	13
Residential homes, hospitals and institutions	2	1
Excluded as unfit for any School	—	3
Fit to return to ordinary School	5	—
Removed from the District	6	6
Deceased	—	1

The occupations taken up by the children embrace factory work, work in shops, domestic and laundry work, shoemaking, and clerking.

The children who have left in previous years report from time to time, and most of them seem to be in satisfactory employment. A record of these children is kept in the School.

Grange Road Special School.

	P.D.	M.D.
Number on Roll, December, 1936	66	78
Number left during year 1936	14	17

The causes for leaving are seen in the following table :—

	P.D.	M.D.
Age limit 16 years	1	1
Permission granted by S.M.O. to take up work	3	12
Transferred to other Schools	1	2
Residential Homes and Hospitals	6	—
Removed from District	3	2

Eight of the fifteen children given permission to take up work have retained their jobs. The remaining seven have held jobs only for short periods ; they are now unemployed.

Type of Work :

2 Boys and 1 Girl working in Shirt Factory.
2 Boys working as Errand Boys.
1 Boy apprenticed to Tailoring.
1 Girl Dressmaking.
1 Girl working in Jam Factory.

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.

A number of children from outside areas are admitted to these schools by arrangement with the Local Education Authority, when vacant places permit.

Frederick Road Deaf Centre.

The annual routine medical inspection took place in September, 1936, when 30 pupils were examined.

No. examined	No. defective	Percentage defective
30	9	30

Parents present, 18 = 60%

The rather low attendance of parents is due to the fact that some of the children live at long distances from the school, also a number of children come from outside areas such as East Ham, Dagenham, and Barking.

Defects for Treatment:		Result of Re-inspection:
Defective vision	5	Five cases prescribed glasses —all obtained them.
Ear disease	1	Attended clinic; recovered.
Enlarged Tonsils and Adenoids	1	Operation not yet performed.
Heart disease	1	In statuo quo.
Spinal curvature	1	Attended Queen Mary's Hospital

Some of these defects occurred in the children from outside areas, and these Local Authorities were informed.

The nutritional state of the children was quite good.

Excellent	11	=	36.6%
Normal	19	=	63.4%

All the children gained weight satisfactorily.

There are 37 children on the roll, consequently there were seven children absent. The reasons for their absence were:—

Three children with their parents hop-picking.
Two were ill, and two absent for no apparent reason—one of these being a "speech" case.

It is interesting to note that there are three instances of "pairs" attending the school; quite recently one each of two other "pairs" left the school, whilst some time ago there was a case of three in a family being in attendance at the school.

Miss Mullen, the Headmistress, takes a great interest in all this work, and is in attendance throughout the inspection. Moreover, she is able to give valuable information about the pupils.

The following report has been received from the Head Teacher of the Deaf Centre regarding "Leavers":—

Three children left the School during the year.

1 girl, unfit for work both physically and mentally, is being kept at home.

1 girl is doing very well in service in a large private home in London.

1 boy not yet employed (left 23/12/36).

Water Lane Deaf Centre.

The pupils attending the above Special School were medically examined during the year 1936. The details mentioned below refer to the findings of same.

Number examined: Boys, 20; Girls, 16. Defects referred for treatment, 4; defects referred for observation, 8.

Defects	Treatment	Observation
Defective Vision	1	1
Throat and Nose Conditions	—	1
Chest conditions	1	2
Orthopaedic conditions	2	—
Other defects	—	4

Percentage defective, 11.1.

Cases requiring treatment were referred to their own Doctor or to the School Clinic, and since the routine inspection have been "followed up," and in all cases treatment was obtained either privately or through the School Clinic.

The physical condition was satisfactory and classified as follows:—

Above average	27.7%
Average	61.1%
Below average	11.1%

The Head Teacher takes a very keen interest in the medical inspection, and affords every facility for the smooth conduct of same.

The following report has been received from the acting Head Teacher of the Deaf Centre regarding "Leavers":—

	Date Leaving	Age on Leaving	Speech	Attainments	Nature of Employment
Boy	April	16 years	Poor	Below average	None
Girl	April	16 years	F. Good	F. Good	Sweetmaking
Girl	April	16 years	F. Good	F. Good	Remains at home to help mother
Boy	July	16 years	Poor	Average	Carpentering
Boy	Sept.	14 years	Improved	Fair	Upholstering
Boy	Sept.	15 yrs. 9 mths.	Fair	F. Good	Upholstering
Girl	Oct.	15 yrs. 10 mnths.	Weak	Good Pupil	Needlework. Embroiders Watch-straps.
Girl	Nov.	15 yrs. 8 mnths.	Fair	Fair Average Pupil	Hand-sewn Needlework.

Number of pupils left during year 8

Number of pupils in direct employment 6

Percentage of pupils in Employment: 75.

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 16 boys and 3 girls attended the first class, 10 boys and 2 girls took a second Course, and 7 boys a third Course. Six boys and 2 girls were considered to be in need of further Courses.

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

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

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

Mrs. Wardhaugh reports:—

There has been no actual alteration in the daily routine at the Stammering Class during the year.

Breathing, voice exercises, and individual difficulties were given particular attention. Speech training taken on conversational lines. Relaxation and rest encouraged. All spare time given to Class Lessons.

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 work of extending the buildings to provide for the additional accommodation of 20 boys and 40 girls is now well advanced.

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 146 boys and 111 girls were admitted and 146 boys and 118 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, 19 did not attend for various reasons. Out of the 303 examined 288 showed continued improvement, whereas 15 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 1½ hours. During this time the children lie in a large open-sided rest-room on chairs made for the purpose and under the supervision of one of the nurses.

At 4.45 the children have tea, and the remainder of the day is devoted to recreation. For this purpose there is a large playing field for football, cricket, netball, etc., and large rooms for indoor games. Evening entertainments are given and there is a children's library.

Bathing takes place twice each week, and careful attention is given to teeth and personal hygiene generally.

The dietary has proved quite satisfactory. A specimen week is given overleaf.

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. 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 31 children were admitted, and 40 discharged.

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

Of the 40 children who left during the year 1936, 24 returned to ordinary School, 15 left to take up suitable employment, and one child removed from the district.

At the beginning of January the teaching staff was reduced to two Assistant Teachers, and the accommodation of the School to 60 pupils. These are of ages varying from 6+ to 14+, the girls staying, if necessary, until they reach the age of fourteen, the boys returning to the ordinary School at eleven years of age.

Children are admitted at any time throughout the year, and their length of stay depends on their health and their reaction to the conditions of the Open-air School.

In the Winter they are called upon to accustom themselves to extremely severe weather conditions, but after a very short while they become inured. Warm jerseys, blankets, and good shoes are provided for use in School, and three well-balanced meals a day, and a daily period of rest, help to restore these children to normal health. Brightly coloured sun bathing suits are worn during the Summer, so that a maximum amount of skin surface is exposed to the beneficial rays of the sun. Every child in the School takes advantage of the privilege of having spray baths.

The Open-air School closes in Summer at 5.30 p.m. and in Winter at 4.15 p.m. The actual time given to lessons approximates to that of the ordinary school, and the curriculum is generally the same. Much attention is given to personal and practical hygiene, and gardening is the principal form of handwork. Importance is placed in physical training and country dancing.

The girls of 11 + years now attend lessons in domestic science on one half-day a week.

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.

The annual reunion of old pupils took place in July. The parents of children in the School visited the School on the same day that a very successful Flower and Vegetable Show was held by the children in September.

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 8 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 1936:—

The School for the Blind, Swiss Cottage	1 man
Royal School for the Blind, Leatherhead	2 men

In addition four 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 1936 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	41	21	62	51	11	17.7
June	50	44	94	72	22	23.4
September	60	52	112	81	18	16.07
December	52	47	99	67	17	17.1

At the March examination the small number of children present was due to the prevailing Measles epidemic. The condition of those children in attendance was good.

In June the majority of the children showed weight increase and their general condition remained satisfactory. A somewhat high percentage of defects was noted, due in part to several new admissions, and also to parents deciding to accept treatment for defects which had previously been noted as observation cases. There were 12 children suffering from Whooping Cough, three Chicken Pox, and three in-contacts of same amongst absentees. In September the attendance was particularly good, and the condition of most of the children satisfactory. A few had lost weight slightly, due probably to alteration in diet and rest periods during the previous holiday. Amongst the new admissions there were three cases of subnormal nutrition, and these were recommended for a course of Malt and Oil. There were no cases of infectious disease amongst the absentees; such children were either away with their parents hopping or in convalescent homes.

In December the general condition of the children remained satisfactory; all had gained weight with the exception of two, and these had recently recovered from febrile colds. A somewhat high proportion of catarrhal chest conditions was evident, which may be attributed to the inclement weather conditions during the latter part of the Autumn. There was one case of infectious disease, viz. Scarlet Fever, amongst the absentee children.

During the year 35 children received Malt and Oil or Cod Liver Oil, such being cases of subnormal nutrition, bronchial catarrh, and slight rickety conditions.

The Headmistress, Miss Bowen, continues to give invaluable assistance at the examinations, and also in arranging for the regular attendance at the Clinic of children requiring treatment for any minor ailment.

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

"The Routine School Dental Inspection was carried out in 1936.

All the Babies except the recent admissions take the Dental Inspection now as part of their daily routine, and no longer look upon it with fear and distrust and something to be avoided if possible.

The parents are still more in favour of extractions than conservative treatment for their children because, they say, "Its only the baby teeth," but they are more willing to listen to and take the advice given to them on the importance of saving the temporary dentition.

I wish once against to thank the Head Teacher and Assistant Teachers for their valuable help and co-operation at all times at the School, and in securing attendance at the Clinic."

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.

Edith Kerrison Nursery School.

Dr. Furniss reports :—

The Edith Kerrison Nursery School has now completed its sixth year. During the year 1936 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	56	54	110	96	22	20.0
June	40	38	78	53	15	19.2
September	52	49	101	76	16	15.8
December	59	51	110	95	17	15.4

The number in column 5 relates to individual children found to be defective and not to the number of defects discovered.

As in past years, extracts from the four quarterly medical reports will give a good idea as to the state of the children.

March: "The condition of the children is good. This is especially noteworthy inasmuch as this is usually the worst quarter of the year. There are only three cases of infectious disease amongst the ten absentees, viz. two of whooping-cough and one of scarlet fever."

June: "The number of children examined constitutes the lowest on record. This is due to the fact that measles has been prevalent, and at the moment there are twenty-two cases. There are also three measles contacts, two cases of diphtheria, two cases of whooping-cough, seven children have bronchitis, and four are away in Convalescent Homes. This is the first time since the School was opened that an adverse medical report has been recorded."

September: "The attendance at this inspection is very much better than at the corresponding examination last year. The children are in a satisfactory condition, very few of the defects being of a serious nature. The measles cases recovered without any untoward sequelae. A few of the children lost a little weight —probably due to alterations in their diet and rest periods during the summer holiday, and to the prevalence of measles two or three months previously. There is only one case of infectious disease—namely, diphtheria—the other absentees are either in the hop-country or on holiday with their parents."

December: "The results of this examination are most satisfactory. The percentage defective is the lowest recorded during the year. Of the ten absent children three are away in convalescent homes, the remainder have bronchitis. There are no cases

of infectious disease. The nutritional state of the children is good. During the last quarter of the year the average gain in weight has been two pounds."

General Report: The Headmistress, Miss J. E. Cass, attends at every medical inspection. There is complete co-ordination between Miss Cass and the School Medical Service. Cases requiring treatment for minor ailments are dealt with at the Rosetta Road Clinic, which is situated next to the Nursery School. It is because of this that all cases requiring treatment are promptly dealt with.

During the course of the year 48 children were given doses of a standardised brand of cod-liver oil. These children were suffering from very slight subnormal nutrition, debility, bronchitis, or slight rickets. It is now two years since cod-liver oil was allowed to be given to certain special cases, and it is found that about fifty children need the preparation every year—apart from the Summer months.

Using the Board's classification for malnutrition, the returns are as follows—comparison being made with the returns for the "Entrant" examinations in this area.

	Nursery School	Entrants to Elementary Schools
Excellent	26%	18.0%
Normal	70%	77.3%
Slightly Subnormal	4%	4.3%
Bad	—	.4%

Miss Marsden, the Dental Surgeon, reports:—

"The Nursery School was inspected three times during the year—the inspections following the Doctor's visits as nearly as possible. The percentage of children requiring treatment was quite a small one.

The children attended very well for treatment owing to the continued help and assistance of Miss Cass. I should like to take this opportunity of thanking the Headmistress very much for her help."

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

The Nursery School day begins at 8.30, but quite a number of the 2 to 5's arrive even earlier, and by 9.30 the pram shelter is overflowing.

The Nursery School day is a very busy and exciting one. In theory, washing, eating, playing and sleeping, sound dull and ordinary affairs, but, believe me, in practice they are simply devastating. From 8.30 to 9.30 there is the pleasant sound of running water, and a good splash in the wash basins gives everyone a very pleasant feeling. Then, when you have a tooth brush of your own it is quite jolly to use it. Overalls are donned, and

one wonders how long they will remain clean; not long on a healthy and energetic Nursery child—in fact, in about 10 minutes most overalls have lost their first bloom.

Milk and rusks is the first form of refreshment offered, and this is quickly finished, as there is so much else to do.

Out in the garden the sand pit is a hive of industry, and there is a wonderful view from the top of the Jungle Gym. The three and four-year-olds rush about in carts and on bikes, and the two-year-old, if not tenderly watched, is amazingly happy pulling off all the fattest tulip heads within reach.

A period for story and music gives the 3's and 4's a chance to settle down and get their breath, so to speak, and then there are all sorts of thrilling occupations to be extracted from the cupboards. Beads and puzzles, teddy bears and tea sets, clay to kneed, dolls' clothes to wash, water to play with. There are tea parties and brick-building parties in progress. There is also a great deal of noise, but it is purposeful, it all means something if you are only wise enough to understand.

Putting away is also part of the game, and everything has to be tidy ready for dinner. Everyone is very thankful when the dinner wagons do arrive. Just supposing Cook had forgotten! Fortunately she never has done yet. The Helper at each table sees that everyone is served, and there is a great scraping of plates; if no one is looking you lick your plate very vigorously—Cook won't need to wash them.

By the time dinner is over the beds are down, and after a wash everyone settles down under their blanket. "Ah, sleep it is a blessed thing." You really would not know the Nursery School, it's all so quiet and peaceful.

All good things come to an end, however, and sleep time over everyone is bursting with energy. Beds are put away and everyone finds something to play with until fruit comes along. By that time there is a large gathering of mothers, fathers, grannies, elder sisters and brothers outside the gate. Coats and scarves are put on, and the children go home.

We have not had time to go into the details of wet days and foggy days, of the delight of being given cod liver oil and malt, of the excitement of medical inspection, and of the utter dejection of one's first day. These and many more mysteries must be seen to be believed.

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.

I have to thank Miss Peet for the following details of the Dockland Settlement Nursery School:—

The year 1936 has been a very healthy and happy one for the children in the Nursery School.

The daily routine, although varied according to the season, is mainly the same from day to day. The child has two meals and morning milk, a rest of 1½ hours or more, exercise in various forms, a medical inspection, and medical care. The food we have tried to have yet more varied than formerly, and the children are interested in the new dishes and eat with exceedingly good appetite.

The rest of the day the child is an explorer, with "all the world his oyster," whether in the garden finding creatures and flowers, playing with leaves, water and wind, or inside, coming in contact with all sorts of pictures, stories, materials, shapes and sounds. We have tried to provide these in such quantity that the child is neither satiated or bewildered by too much or retarded by too little. The materials given are such as to lead him to use his own powers, not simply to amuse and occupy him.

And we try to have such a day that there is always leisure to talk to them when they ask for it, so as to help them with our experience, and to show them the affection and love without which they cannot grow to their best.

We try as much as possible to let the mothers see what we are doing, so that they are interested in what the children tell them, and also so that the children do not feel separated from their homes. For this reason we allow the mothers into the cloakroom until 10 o'clock in the morning and into the playroom when they fetch their children from 4—4.30 p.m. We feel this to be of more value than visiting, lectures, or mothers' parties (all of which we do have) in making the Nursery School a happy, homely place with a very close connection with the child's own home.

(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 year (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 girl students to be examined by a lady Doctor.

The following is a résumé of the examination of the boy students by Dr. A. Furniss:—

No. of Boys examined	No. of Boys defective	Percentage defective
154	23	15

The number of parents who attended the inspection was exactly one hundred. This gives a percentage attendance of sixty-five. This is somewhat low, and is explained by the fact that many of the pupils come from long distances—Barking, Dagenham, Gidea Park, Walthamstow, Ilford, Hornchurch, East Ham and Leyton. Considering this fact, the attendance figures are really very good.

Before reporting the defects in detail, it should be mentioned that defective vision was responsible for the majority—this condition accounting for 75% of the total.

Chief Defects referred for Treatment and Observation:—

Defect	Treatment	Observation
Defective vision	16	5
Squint	1	—
Defective hearing	—	1
Otitis Media	—	1
Enlarged tonsils	1	2
Enlarged tonsils and adenoids	1	—
Defective speech	—	2
Heart disease (organic)	1	2
Spinal curvature	1	—
Other deformity	—	1
Other defects	3	1

The nutritional condition of the boys was very good, as the following table shows :—

Excellent	72	=	46.8%
Normal	80	=	51.9%
Slightly subnormal	2	=	1.3%

The following is the report of the examination of the girl students by Dr. Jessie Fitchet :—

All the girls were examined, and those found to have defects requiring treatment were re-examined later in the year.

No. examined .... 156 No. found defective 30
Defective : 19%

No. of Mothers who attended, 146. Attendance : 91%

The following is the list of defects found to require treatment :—

Skin diseases	3	Other defects, (nose and throat)	7
Defective vision	11	Anaemia	8
Otitis Media	1	Other defects	1

At re-inspection the majority were found to have obtained treatment.

Skin Diseases : All obtained treatment, and were advised to continue.

Defective Vision : All obtained treatment through the Committee's Scheme.

Otitis Media : Treatment obtained; satisfactory.

Other defects, Nose and Throat : 4 satisfactory; 3 to continue treatment.

Anaemia : 7 obtained treatment ; all were improving.

Other Defects : One improved.

The nutrition was very satisfactory, as this record will show :

	Number	Percentage
Excellent	14	9
Normal	133	85
Slightly subnormal	9	6

Twenty-two girls were recommended to have remedial exercises, and these were undertaken by the Drill Mistress.

Thanks are due to Miss Trew for the special interest she takes in the examination.

Thanks are also due to the Principal and Staff of the College for their kind co-operation and assistance during the inspection.

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 boy students at the above School :—

The customary Routine Medical Inspection of the pupils attending this School was made during the year 1936, and those requiring treatment were seen three months later to ascertain if this had been obtained.

Total number examined	341
Found defective	57
Percentage defective	16.1%

The standard of health and physique of the majority of the pupils was satisfactory, and an analysis of the nutritional state shows :—

Above average	131	38.4 %
Average	191	56.01%
Below average	19	5.5 %

The principal defects noted were :—

Skin disease	3
Defective Vision	34
Other eye conditions	1
Enlarged Tonsils	1
Other throat and nose conditions	3
Minor orthopaedic conditions	13
Other conditions	8

Re-inspection.

Skin Conditions: All had improved under treatment.

Defective Vision: Of the 34 cases referred for refraction, 27 had been prescribed glasses and had obtained them. Two pupils in consequence of failure to keep earlier appointments made for them to attend for examination by the Committee's Oculist, have yet to obtain the glasses prescribed for them recently. Two observation cases were also referred for refraction after re-examination.

Other Eye Conditions: Conjunctivitis cured.

Enlarged Tonsils: On hospital waiting list for operation.

Other Throat and Nose Conditions: One case of deflected septum for operation later. The other two cases of simple Rhinitis had improved as a result of treatment.

Minor Orthopaedic Conditions: Improvements noted as a result of remedial exercises.

Other Conditions: Two cases of sub-acute rheumatism had been treated by own Doctor, and improved. The remaining minor surgical conditions had all improved as result of treatment.

Dr. Jessie Fitchet reports as follows regarding the girls:—

All the girls were medically examined, and those found defective were re-inspected later.

Number examined .... 259 Number found defective 39

Defective 15%

Number of mothers who attended .... 172 Attendance 66.5%

The nutrition is of a very high standard.

	Number	Percentage
Excellent	20	8
Normal	227	87
Slightly subnormal	12	5

Record of defects found:

	Treatment	Observation
Skin Diseases	2	—
Blepharitis	3	—
Defective Vision	20	—
Otitis Media	3	—
Chronic Tonsillitis	—	2
Other defects Nose and Throat	3	—
Anaemia	5	—
Other Defects	5	4

On re-inspection the majority had obtained treatment.

Skin Disease: 1 improved; 1 to continue treatment.

Blepharitis: 2 satisfactory.

Defective Vision: All obtained treatment; 2 privately; 18 under the Committee's Scheme.

Otitis Media: 2 improved.

Chronic Tonsillitis: 1 operation privately; satisfactory. 1 treatment not necessary.

Other Defects Nose and Throat: 1 improved; 2 to continue treatment.

Anaemia: 1 satisfactory; 3 to continue treatment.

Other Defects: 4 satisfactory.

There are no heart cases requiring supervision, but several girls were specially examined by request of the Drill Mistress as regards their fitness for physical training, and these were not permitted drill and games.

A list of girls requiring remedial exercises for slight deformities was left with the Drill Mistress, and at re-inspection one girl was found who was not improving, and she was advised to attend the Orthopaedic Department of a hospital.

Thanks are due to the Principal and Staff for their kind co-operation and assistance during the examinations.

PLAISTOW SECONDARY SCHOOL.

The following report has been submitted by Dr. Furniss in connection with the examination of the boys at this School:—

All the boys were examined during the year 1936, and those requiring treatment or observation were seen at the school two months later.

Number examined	345
Number defective	86
Percentage defective	25

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

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

Excellent	105	30.4%
Normal	236	68.4%
Slightly subnormal	4	1.2%

The nutritional state of the "Entrants" was not so good as usual, their figures being as follows:—

Number examined, 63.

Excellent	11.4%
Normal	85.4%
Slightly subnormal	3.2%

Chief defects referred for Treatment and Observation:—

Defect	Treatment	Observation
Skin diseases	6	—
Defective vision	66	12
Squint	1	—
Otitis media	1	—
Enlarged Tonsils	3	—
Other Throat conditions	1	1
Defective speech	—	2
Oral Sepsis	2	—
Heart Disease	1	2
Anaemia	1	1
Bronchitis	4	—
Other Disease (not T.B.)	1	—
Spinal Curvature	4	—
Other deformities	1	1
Other defects	5	4

Re-inspection.

Skin Diseases: Five much improved; one much the same.

Defective Vision: Sixty-six boys were examined by the Eye Specialist, and all were prescribed glasses; 65 obtained them.

Squint: The boy was prescribed glasses, and he obtained same.

Otitis Media: Case recovered.

Enlarged Tonsils: Two cases improving as a result of medical treatment. One case refuses operative treatment.

Other Throat Conditions: One case recovered. The other case —one of deflected nasal septum—has not yet had the operation performed.

Defective Speech: The two cases much the same.

Oral Sepsis: One case had treatment, the other had not.

Heart Disease: One boy now deceased (severe congenital defect), the other two cases now almost normal.

Anaemia: Boy now recommended for a stay at the Fyfield Open-air School.

Bronchitis: All four cases now practically clear.

Other Chest Diseases (not T.B.): Asthma. Boy leaving the district for Dagenham.

Spinal Curvature: All the boys improving as a result of special exercises.

Other Deformities: Both cases recovered.

Other Defects (9): i.e., Sprains, fracture, abscess, boils and rapid growth; six cases have quite recovered, three cases almost so.

Before concluding this report there are two points I should like to stress, viz., the nutritional state of the children and the incidence of heart disease.

The nutritional state of the pupils is very good, and is very similar to a year ago. The figures for 1935 and for the present year may be regarded as almost identical. They are as follows:—

	Year 1935		Year 1936	
Excellent	110	31.8%	105	30.4%
Normal	234	67.7%	236	68.4%
Slightly subnormal	2	.5%	4	1.2%

An interesting and happy feature is that the school is free of any cases of heart disease. There were three cases which were seen from time to time—one, a case of congenital heart disease, and two slight cases. The former boy died during the year; the latter two cases are now practically normal. It should be mentioned that the incidence of heart disease in the area served by the Rosetta Road Clinic (six per thousand) is about four times as great as for the country as a whole. The absence of heart disease in a school of 345 boys is, therefore, all the more gratifying.

Dr. Jessie Fitchet reports as follows regarding the girls:—

All the girls were examined. The entrants were examined before the commencement of the School Term.

Number of entrants examined	42
Number of entrants found defective	5

Defective 12%

Record of nutrition of entrants:—

	Number	Percentage
Excellent	7	17%
Normal	25	59%
Slightly Subnormal	10	24%

The percentage of girls with slightly subnormal nutrition was high, and a list of those who, it was considered, would benefit by milk at school was left with the Principal.

Number of pupils examined	193
Number found defective	56

Defective 29%

Record of nutrition:—

	Number	Percentage
Excellent	17	9
Normal	157	82
Slightly subnormal	19	9

List of defects found:—	Treatment	Observation
Skin Diseases	2	—
Blepharitis	2	—
Defective Vision	33	2
Otitis Media	3	—
Other Ear Diseases	2	—
Other Conditions, Nose and Throat	3	—
Heart Disease (organic)	—	3
Anaemia	12	—
Disease of Nervous System	2	—
Deformities	2 (requiring orthopaedic treatment)	

Two cases of organic heart disease were found among the entrants—one congenital heart disease and one valvular disease of heart consequent on rheumatic fever. A third case of heart disease was discovered among the older pupils. All three were exempted from drill and games.

Thirty-six girls were found to require remedial exercises for slight deformities, and these were willingly undertaken by the drill mistress.

The Principal, Mr. J. W. Hand, takes a keen interest in the medical inspection of the pupils, and is willing 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.

WEST HAM HIGH SCHOOL FOR GIRLS.

All the West Ham pupils in attendance were examined by Dr. Jessie Fitchet.

Number inspected .... 199. Number found defective .... 32.
Defective 16%

One hundred and sixty-six mothers attended, a percentage of 84, which shows great appreciation of this annual medical examination.

List of defects found :—

	Treatment	Observation
Skin Diseases	2	—
Defective Vision	14	2
Defective Hearing	1	—
Chronic Tonsillitis	1	1
Chronic Tonsillitis and Adenoids	1	—
Other Conditions, Nose and Throat	11	—
Heart Disease (organic)	—	3
Anaemia	3	—
Other Defects	1	—

At re-inspection later in the year it was found that treatment had been obtained where advised in the majority of cases, with the following results :—

Skin Diseases: Both improving.
Defective Vision: Eleven obtained glasses through Committee's Scheme; 3 obtained glasses privately; 2 cases under observation—treatment not necessary.
Defective Hearing: Attended hospital and still in attendance, but not improving.
Chronic Tonsillitis: Treatment not obtained and again advised.
Chronic Tonsillitis and Adenoids: Operation satisfactory.
Other Conditions Nose and Throat: Four attended Hospital—cured; 2 attended privately—cured; 4 followed advice given at inspection, and were improving.
Anaemia: All 3 cases had obtained treatment, and were satisfactory.
Other Defects: Treatment not obtained.

There are 3 cases of organic heart disease in the school; all are prohibited from taking part in gymnastics and games, but are capable of enjoying the full school curriculum otherwise.

The nutrition of the pupils is of a high standard, as will be seen from the following record :—

	Number	Percentage
Excellent	24	12
Normal	166	84
Slightly Subnormal	9	4

Several of those in the slightly subnormal group were advised to have milk at school, and no doubt the benefit of this will be seen at the next inspection.

A list of 18 girls with slight deformities, such as flat feet, etc., was left with the Drill Mistress, who undertakes the remedial exercises with very commendable results.

Thanks are due to the Principal, Dr. Florence Barnett, for her efficient co-operation during the inspection.

ST. ANGELA'S HIGH SCHOOL FOR GIRLS.

An inspection by Dr. Jessie Fitchet of all West Ham pupils was made, excluding those in the Preparatory School, and a re-inspection of those found defective was carried out later in the year.

Number examined, 151. Number found defective, 19.

Defective 12%

The number of mothers who attended was 124, which shows the great interest which is taken in the annual medical inspection.

The nutrition is of a high standard, as is shown by the following record:—

	Number	Percentage
Excellent	17	11
Normal	116	76.8
Slightly subnormal	18	12

Details of defects found:—

	Treatment	Observation
Skin Diseases	2	—
Blepharitis	1	—
Defective Vision	9	2
Otitis Media	2	—
Chronic Tonsillitis	—	2
Other Conditions of Nose and Throat	6	—
Heart Disease (organic)	—	2
Anaemia	2	—
Other defects	—	1

At re-inspection it was found that treatment had been obtained in every case where advised, with this result:—

Skin Disease: 1 improved; 1 to continue treatment.
Blepharitis: 1 cured.
Defective Vision: All had obtained glasses; 7 through the Committee's Scheme and 2 privately.
Two cases under observation; 1 obtained glasses privately; 1 glasses not considered necessary.
Otitis Media: 2 cases to continue treatment.
Chronic Tonsillitis: 1 operation privately—satisfactory; 1 to continue treatment.
Other Conditions of Nose and Throat: 4 cases cured; 2 to continue treatment.
Anaemia: Both improved.

Two girls suffering from organic heart disease following Rheumatic Fever are attending School, but are not permitted drill and games.

A list of 14 girls with minor degrees of deformities such as faulty posture and flat feet, was left with the Drill Mistress, who undertakes the remedial exercises. All were found on re-inspection to be improving, and were advised to continue.

Twenty-two girls were advised dental treatment, and it was very gratifying to find that this had been obtained in every case.

The principal continues her active interest and co-operation in the medical examinations, and in seeing that the recommendations for treatment are fully carried out.

Continuation Schools.

There are two Continuation Schools in the Borough, viz., the Shakespeare Institute and the Lister Institute.

Routine Medical Inspection of the pupils attending the Continuation Schools is now undertaken by the Authority.

Arrangements have been made for the examination of the Girl students by a Lady Doctor at each school.

SHAKESPEARE INSTITUTE.

All the pupils attending the Shakespeare Continuation School were medically examined during the year.

The following particulars relate to the examination by Dr. West of the boys :—

Number examined : 25.

Defects :
Defective Vision, 2.
Oral Sepsis, 1.

The standard of health and physique of the pupils was satisfactory, and personal hygiene good.

Arrangements were made for cases to be "followed up" where necessary, and opportunities given for treatment of minor ailments at the School Clinic where desired.

The results of the inspection of the girls by Dr. Griffin were as follows :—

No. examined, 40. Defective, 8. i.e. 20%
Parents present, 33 ; i.e. 82%.

Defects found (requiring treatment) :—

Defective Vision : 6 cases.
Infected Tonsils : 1 case.
Chorea : 1 case.
Deformity of Foot : 1 case.

Defects found (requiring observation and advice) :—

Heart Disease : 2 cases.
Chorea (incipient) : 1 case.
Old Congenital Dislocation of Hip : 1 case.
Round Shoulders : 1 case.
Dental treatment necessary in 6 cases.

Nutrition :—

Above average, 25%.
Average, 55%.
Below average, 20%.

Re-inspections of those found Defective at 1935 Inspection :—

2 Cases only remained at School.
Defective Vision : 1 case; glasses satisfactory.
Warts (forehead) : 1 case; treated at Clinic and cured

Other cases found defective were "followed up" by home visits. All had received attention.

All children inspected at the Day Continuation Schools were clean, but it was felt that the number of children whose nutrition was "below average" was too high. Postural defects and Flaccid Musculature was a prominent feature, and one cannot stress too strongly the necessity for increased physical training, including rhythmical exercises for girls of this age.

Many of them are undoubtedly suffering from lack of sleep, and complain that they are "too tired" during the day to take part in the physical exercise required.

The Principal takes a keen interest in the examinations, and affords every facility for the smooth conduct of same.

LISTER INSTITUTE.

The following particulars relate to the examination of the pupils at the Lister Day Continuation School by Dr. West.

All the boys attending this School were medically examined during the year 1936. Particulars relating to the examination are as follows :—

Number examined : 46.

Defects :

Defective Vision, 8.
Skin condition, 1.
Other defects, 2.

Arrangements were made for the cases to be followed up where necessary and opportunities given for treatment of the minor ailments at the School Clinic.

The standard of health and physique of the pupils was satisfactory and personal hygiene good.

The results of the Inspection of the girls by Dr. Griffin were as follows :—

No. examined : 93. Defective : 20. i.e. 21%
Parents present : 70. i.e. 75%

Defects found (requiring treatment) :—
Defective Vision, 14.
Skin Disease (acne), 5.
Talipes Equinus (old infantile paralysis), 1.
Round Shoulders, 2.

Defects found (requiring observation and advice) :—
Heart Cases (rheumatic), 3 cases.
Congenital Heart Disease, 1 case.
Alopecia, 1 case.
Neurosis, 1 case.
Early dental treatment was advised in 13 cases.

Nutrition :—
Above average, 19.3%. Average, 66.7%.
Below average, 14%.

Re-inspection of those found Defective at 1935 Inspection :—
Six cases only remained at School.
Defective Vision : 4 cases; glasses satisfactory.
Skin Disease : 1 case ; cured.
Acne : 2 cases ; cured.

Other cases found defective were "followed up" by home visits. All had received attention.

I have to thank the Principal for his interest in the examination and the facilities afforded 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.

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

During the year 1936 medical inspection was carried out at the above School; Leavers were examined in July and Entrants in September.

Total number of boys examined: 96. Total defects: 16.

The principal defects noted were those of defective vision, and such cases were subsequently followed up and re-inspected.

Dr. Jessie Griffin also reports regarding the girls:—

Examination of Entrants, September, 1936.

No. Examined, 51. No. Defective, 9. i.e. 17.6%.
Parents present, 46. i.e. 90%.

Defects found (requiring treatment):—

Defective Vision, 6 cases.
Sores (face), 1 case.
Malnutrition, 2 cases.
Round Shoulders, 1 case

Requiring Observation:—

Round Shoulders, 3 cases; (exercises taught).
Organic Heart Disease, 2 cases.
Dental treatment was necessary in 3 cases.

Nutrition :—

Above average, 11.8%. Average, 72.5%.
Below average, 15.7%.

Re-inspection of 1935 Entrants found to be Defective :—

No. re-inspected : 17.
Defective Vision : 11 cases; all received attention.
Tonsils and Adenoids : 1 case; refused treatment.
Cerumen : 1 case; cured
Verruca (foot) : 1 case; cured.
Flat Feet : 1 case; receiving treatment.
Rheumatic Heart : 2 cases; condition satisfactory.

Examination of Leavers, July, 1936 :—

No. Examined, 42. No. Defective, 4. i.e. 9.5%.
Parents present, 18; 43%

Defects found :—

Defective Vision, 4 cases.
Dental treatment necessary in 4 cases.

Nutrition :—

Above average, 26.2%. Average, 64.3%.
Below average, 9.5%.

During last 3 years :—

Average growth, 5½ inches.
Average weight, 31 lbs.
Average chest, 3.5 inches.
Average chest expansion, 2.6 inches.
All were clean and in good condition.

Holiday Camps Examined, 21st July, 1936 :—

Number examined, 12; all fit.

The Principal, Mr. Madden, continues to take considerable interest in the Examinations, and affords every facility for smooth conduct of same. This assistance is much appreciated.

The Russell Central School.

Dr. Furniss reports as follows on the examination of the boys at this School :—

The Leavers were examined in July 1936. The following are the chief points in connection with this examination :—

Number examined, 47. Number defective, 4.
Percentage defective, 8.5.
Parents present, 36; percentage, 76.

Defects for Treatment :—

Skin disease, 1.

Defective vision, 3.

The nutritional state of the boys was splendid, 46.7% being excellent, and 53.3% being normal.

The average gain in height, weight, and chest measurement of these boys during the intervals of the entrant and leaving inspections—a period of three years and seven months—was as follows :—Height, 9½ inches; Weight, 39½ lbs.; Chest measurement, 4¾ inches.

Re-inspection :—

Skin Disease : Cured.

Defective Vision : All three cases prescribed glasses; all obtained them.

The Entrants were examined in September, 1936. The following is a report of this examination :—

Number examined, 49. Number defective, 7.

Percentage defective, 14.3.

Parents present, 47 ; Percentage present, 96.

Defects for Treatment and Observation :—

Defect	Treatment	Observation
Defective Vision	5	2
Heart Defect	—	1
Other Defects	1	—
Skin Disease	1	—

The Nutritional Return is as follows :—

	Category	Percentage
Excellent	7	14.2
Normal	41	83.8
Slightly Subnormal	1	2.0

This return is about the average of the nutritional state of the Elementary scholars in this district. These figures should be compared with those of the Leavers.

Re-inspection :—

Skin Disease : Recovered.

Heart Defect : Now regarded as normal.

Defective Vision : Five boys were prescribed glasses and all obtained them.

Other Defect (septic gnat bites) : Recovered.

The two observation vision cases were, at this re-inspection, put through to see the eye specialist, as the defects had not improved.

Dr. Jessie Griffin reports as follows on the examination of the girls :—

Examination of Leavers, July, 1936 :—
No. examined, 35. Defective, 1. i.e. 2.8%.
Parents present, 30; i.e. 86%.

Defects found :—
Defective Vision : 1 case.

Observation and Advice :—
Acne of Face : 2 cases.
Dental treatment advised in 2 cases.

Nutrition :—
Above Average, 29%.
Average, 66%.
Below Average : 5%.

During last 3 years :—
Average Growth, 6.7 inches.
Average Weight, 31 lbs.
Average Chest, 3.4 inches.
Average Chest Expansion, 2.6 inches.
All were clean and in good condition :—

Holiday Camps Examined, 21st July, 1936 :—
2 cases; both fit.

Examination of Entrants, September, 1936 :—
No. Examined, 49. Defective, 6. i.e. 12.2%.
Parents present, 46; i.e. 94%.

Defects found (requiring treatment) :—
Defective Vision, 5 cases.
Flat Feet, 1 case.

Requiring Observation :—
Round Shoulders : 5 cases; exercises taught.
Defective Hearing : 1 case; under care of hospital.
Rheumatism : 1 case.
Organic Heart Disease : 1 case.
Dental treatment necessary in 3 cases.

Nutrition :—
Above average, 26.5%.
Average, 61.2%.
Below Average, 12.3%.

Re-inspections of those Entrants found to require Treatment in September, 1935:—

No. re-inspected: 11.
Malnutrition: 1 case; much improved.
Abscess of Breast: 1 case; cured.
Deafness: 2 cases; cured.
Defective Vision: 4 cases; received attention.
Tonsils and Adenoids: 1 case; refused operation.
Keloid Scar of Neck: 1 case; awaiting admission to hospital.
Epilepsy: 1 case; no recurrence of fits.

The Principal, Mr. C. W. Truelove, takes a good deal of interest in the medical inspection at the School, and his assistance is much appreciated.

(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 1936, 114 children were examined; three 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 49 girls and one boy.

Pathological Work.

The microscopical examination of sputum for the presence of the tubercle bacillus is undertaken by the Tuberculosis Officer.

Throat swabs are taken by the School Medical staff as required, and sent to the Superintendent of the Plaistow Fever Hospital for cultivation and report.

The microscopic diagnosis of ringworm of the head is undertaken by the School Medical staff in the Laboratory provided for that purpose.

APPENDIX

STATISTICAL TABLES,

SCHOOL MEDICAL OFFICER'S
ANNUAL REPORT,

1936.

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1936.

ELEMENTARY SCHOOLS.

TABLE I.

A.—Routine Medical Inspections.

Number of Inspections in the Prescribed Groups.

Entrants	4380
Second Age Group	3572
Third Age Group	4088
Total ...	12040
Number of other Routine Inspections	1685
Grand Total	13725

B.—Other Inspections.

Number of Special Inspections	16016
Number of Re-Inspections	5733
Total ...	21749

C.—Children found to require Treatment.

Number of Individual Children Found at Routine Medical Inspection to Require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table II A. (3)	Total. (4)
Entrants	14	730	734
Second Age Group	234	577	747
Third Age Group	269	510	727
Total (Prescribed Groups)	517	1817	2208
Other Routine Inspections	19	65	76
Grand Total	536	1882	2284

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1936.

Defect or Disease.	Routine Inspections. No. of Defects: Requiring treatment	Routine Inspections. No. of Defects: Requiring to be kept under observation, but not requiring treatment	Special Inspections No. of Defects: Requiring treatment	Special Inspections No. of Defects: Requiring to be kept under observation, but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Skin—				
(1) Ringworm—Scalp	—	—	23	—
(2) Ringworm—Body	3	1	146	—
(3) Scabies	14	—	203	—
(4) Impetigo	6	—	690	—
(5) Other Diseases (Non-Tuberculous)	102	38	3982	1
TOTAL (Heads 1 to 5)	125	39	5044	1
Eye—				
(6) Blepharitis	42	8	313	—
(7) Conjunctivitis	13	9	456	1
(8) Keratitis	1	—	12	—
(9) Corneal Opacities	3	—	6	—
(10) Other Conditions (excluding Defective Vision & Squint)	12	10	309	1
TOTAL (Heads 6 to 10)	71	27	1096	2
(11) Defective Vision (excluding Squint)	536	105	536	7
(12) Squint	93	18	147	1
Ear—				
(13) Defective Hearing	34	7	71	2
(14) Otitis Media	82	10	496	—
(15) Other Ear Diseases	54	3	378	—
Nose and Throat—				
(16) Chronic Tonsillitis only	191	187	68	3
(17) Adenoids only	22	24	18	4
(18) Chronic Tonsillitis and Adenoids	338	66	291	—
(19) Other Conditions	128	41	163	—
(20) Enlarged Cervical Glands (Non-Tuberculous)	17	45	158	1
(21) Defective Speech	6	29	33	30
Heart and Circulation—				
Heart Disease:				
(22) Organic	34	127	51	46
(23) Functional	1	43	2	2
(24) Anaemia	164	45	107	7

TABLE II.—(Continued)

Defect or Disease.	Routine Inspections — No. of Defects: Requiring treatment	Routine Inspections — No. of Defects: Requiring to be kept under observation, but not requiring treatment	Special Inspections — No. of Defects: Requiring Treatment	Special Inspections — No. of Defects: Requiring to be kept under observation, but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Lungs—				
(25) Bronchitis	135	100	90	12
(26) Other Non-Tuberculous Diseases	18	51	35	5
Tuberculosis—				
Pulmonary :				
(27) Definite	—	3	—	1
(28) Suspected	7	17	5	8
Non-Pulmonary :				
(29) Glands	2	2	6	—
(30) Bones and Joints	—	—	1	—
(31) Skin	—	—	—	—
(32) Other Forms	1	—	—	—
TOTAL (Heads 29 to 32)	3	2	7	—
Nervous System—				
(33) Epilepsy	3	4	12	1
(34) Chorea	13	16	54	16
(35) Other Conditions	38	31	63	7
Deformities—				
(36) Rickets	4	6	5	3
(37) Spinal Curvature	7	8	3	1
(38) Other Forms	72	33	50	7
(39) Other Defects and Diseases (excluding Defects of Nutrition Uncleanliness and Dental Diseases)	404	261	6880	100
Total number of Defects	2600	1348	15863	267

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent) No.	A %	B (Normal) No.	B %	C (Slightly subnormal) No.	C %	D (Bad) No.	D %
Entrants	4380	539	12.31	3315	75.68	504	11.5	22	.5
Second Age-group	3572	487	13.63	2562	71.72	507	14.19	16	.45
Third Age-group	4088	657	16.07	2940	71.92	486	11.89	5	.12
Other Routine Inspections	1685	379	22.49	1135	67.36	170	10.09	1	.06
TOTAL	13725	2062	15.02	9952	72.51	1667	12.15	44	.32

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
1	—	—	—	1

Partially Sighted Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
—	12	4	—	2	18

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
29	—	—	—	29

Partially Deaf Children.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
5	—	7	—	—	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.
153	21	—	15	189

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	1	5	13

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	5	1
(c) Others	8	4
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:		
(a) Moral defectives	—	—
(b) Others	2	—
2 Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	1	2
3. Feeble-minded children notified under Article 3, i.e., "special circumstances" cases	—	—
4. Children who in addition to being mentally defective were blind or deaf	—	—
Grand Total	16	7

Physically Defective Children.

A. Tuberculous Children.

I.—Children Suffering from Pulmonary Tuberculosis.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
40	1	—	1	42

II.—Children Suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
42	7	1	—	50

B. Delicate Children.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
200	256	—	7	463

C. Crippled Children.

At Certified Special Schools	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
65	16	2	12	95

D. Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
39	41	—	25	105

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
Crippling and Mental Defect.....	1	—	—	1	2
Heart and Mental Defect.....	1	—	—	—	1
Heart and Crippling..	—	—	—	1	1
Epilepsy and Mental Defect....	—	—	—	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	18	—	18
(ii) Other ,,	2	3	5
Ringworm-Body	144	5	149
Scabies	209	7	216
Impetigo	682	19	701
Other skin disease	3899	93	3992
Minor Eye Defects ..... (External and other, but excluding cases falling in Group II.)	1062	49	1111
Minor Ear Defects	922	66	988
Miscellaneous ..... (e.g., minor injuries, bruises, sores chilblains, etc.).	5306	410	5716
Total	12244	652	12896

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).	2807	46	2853
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—
Total	2807	46	2853

TABLE IV.—Continued.

	No. of Defects dealt with.		
	Under the Authority's Scheme	Otherwise	Total
No. of Children for whom spectacles were			
(a) Prescribed	2426 ...	46 ...	2472
(b) Obtained	2266 ...	46 ...	2312

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. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)						(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)				
108	36	496	4	6	5	32	7	114	41	528	11			150	844

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	8	13	82	—	—	27	130

TABLE V.—Dental Inspection and Treatment.

(1) Number of Children Inspected by the Dentist:

	Age			
(a) Routine Age Groups	4	....	459	Total 17634
	5	....	697	
	6	....	3743	
	7	....	3721	
	8	....	3835	
	9	....	1039	
	10	....	1099	
	11	....	1036	
	12	....	861	
	13	....	1087	
	14	....	57	
(b) Specials				4791
(c) Total (Routine and Specials)				22425

(2) Number found to require treatment	15046	
(3) Number Actually treated	10489	
(4) Attendances made by children for treatment	17346	
(5) Half-days devoted to—		
Inspection	194	
Treatment	2079	
Total		2273
(6) Fillings—		
Permanent teeth	2047	
Temporary teeth	282	
Total		2329
(7) Extractions—		
Permanent teeth	1497	
Temporary teeth	15539	
Total		17036
(8) Administrations of general anæsthetics for extractions		Nil
(9) Other Operations—		
Permanent teeth	1943	
Temporary teeth	576	
Total		2519

TABLE VI.—Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses	12.66
(ii) Total number of examinations of children in the Schools by School Nurses	80237
(iii) Number of individual children found unclean ...	1312
(iv) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921.	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, 1936.

SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.

TABLE I.

A.—Routine Medical Inspections.

Number of Routine Inspections	2624

B.—Other Inspections.

Number of Special Inspections	52
Number of Re-Inspections	507
Total	559

C.—Children Found to Require Treatment.

Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Disease).

Routine Inspection:	
For Defective Vision (excluding Squint)	242
For all other conditions recorded in Table II A.	199
Total (Cases)	438

TABLE II.

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1936.

DEFECT OR DISEASE. (1)	Routine Inspections. No. of Defects. Requiring Treatment (2)	Routine Inspections. No. of Defects. Requiring to be kept under observation, but not requiring Treatment. (3)	Special Inspections. No. of Defects. Requiring Treatment. (4)	Special Inspections. No. of Defects. Requiring to be kept under observation, but not requiring Treatment. (5)
Skin—				
(1) Ringworm — Scalp	—	—	—	—
(2) Ringworm — Body	—	—	—	—
(3) Scabies	—	—	—	—
(4) Impetigo	—	—	—	—
(5) Other Diseases (Non-Tuberculous)	31	1	3	—
TOTAL (Heads 1 to 5)	31	1	3	—
Eye—				
(6) Blepharitis	6	1	2	—
(7) Conjunctivitis	1	2	3	—
(8) Keratitis	—	—	—	—
(9) Corneal Opacities	—	—	—	—
(10) Other Conditions (excluding Defective Vision & Squint)	1	—	2	—
TOTAL (Heads 6 to 10)	8	3	7	—
(11) Defective Vision (excluding Squint)	242	29	16	—
(12) Squint	3	—	—	—
Ear—				
(13) Defective Hearing	1	2	—	—
(14) Otitis Media	10	2	1	—
(15) Other Ear Diseases	6	—	3	—
Nose and Throat—				
(16) Chronic Tonsillitis only	6	8	1	—
(17) Adenoids only	—	—	—	—
(18) Chronic Tonsillitis & Adenoids	3	1	—	—
(19) Other Conditions	34	3	—	—
(20) Enlarged Cervical Glands (Non-Tuberculous)	—	1	—	—
(21) Defective Speech	—	4	—	3
Heart and Circulation—				
Heart Disease:				
(22) Organic	2	22	2	—
(23) Functional	—	4	—	—
(24) Anaemia	31	4	—	—
Lungs—				
(25) Bronchitis	4	1	—	—
(26) Other Non-Tuberculous Diseases	1	2	—	—

TABLE II.—Cont.

DEFECT OR DISEASE. (1)	Routine Inspections. No. of Defects. Requiring Treatment (2)	Routine Inspections. No. of Defects. Requiring to be kept under observation, but not requiring Treatment. (3)	Special Inspections. No. of Defects. Requiring Treatment. (4)	Special Inspections. No. of Defects. Requiring to be kept under observation, but not requiring Treatment. (5)
Tuberculosis—				
Pulmonary :				
(27) Definite	—	—	—	—
(28) Suspected	—	—	—	—
Non-Pulmonary :				
(29) Glands	—	—	—	—
(30) Bones and Joints	—	—	—	—
(31) Skin	—	—	—	—
(32) Other Forms	—	—	—	—
TOTAL (Heads 29 to 32)	—	—	—	—
Nervous System—				
(33) Epilepsy	—	1	—	—
(34) Chorea	1	2	—	—
(35) Other Conditions	2	—	—	—
Deformities—				
(36) Rickets	—	—	—	—
(37) Spinal Curvature	6	1	—	—
(38) Other Forms	23	8	1	—
(39) Other Defects and Diseases excluding Defects of Nutrition, Uncleanliness and Dental Diseases	34	29	15	—
Total number of Defects	448	128	49	3

B. Classification of the Nutrition of Children Inspected During the Year in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent) No.	A (Excellent) %	B (Normal) No.	B (Normal) %	C (Slightly subnormal) No.	C (Slightly subnormal) %	D (Bad) No.	D (Bad) %
Routine Inspections.	2624	633	24.12	1819	69.32	172	6.55	—	—

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	—	—	—
Scabies	—	—	—
Impetigo	—	—	—
Other skin disease	3	6	9
Minor Eye Defects ..... (External and other, but excluding cases falling in Group II.)	7	4	11
Minor Ear Defects	4	6	10
Miscellaneous ..... (e.g., minor injuries, bruises, sores chilblains, etc.)	15	20	35
Total	29	36	65

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).	416	13	429
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—
Total	416	13	429

TABLE IV—cont.

	Under the Authority's Scheme	Otherwise.	Total.
No. of Children for whom spectacles were			
(*a*) Prescribed	393 ...	13 ...	406
(*b*) Obtained	351 ...	13 ...	364

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. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)								(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)						
1	—	1	—	—	—	—	—	1	—	1	—					22	24

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	—	—	4	—	—	4	8

TABLE V.—Dental Inspection and Treatment.

(1) Number of Children Inspected by the Dentist			83
(2) Number Found to require treatment			64
(3) Number Actually treated			56
(4) Attendances made by children for treatment			138
(5) Half-days devoted to:—			
Inspection		—	
Treatment		—	
(6) Fillings—			
Permanent teeth	83		
Temporary teeth	—		
Total		—	83
(7) Extractions—			
Permanent teeth	19		
Temporary teeth	10		
Total		—	29
(8) Administrations of general anaesthetics for extractions		—	
(9) Other operations—			
Permanent teeth	55		
Temporary teeth	—		
Total		—	55

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