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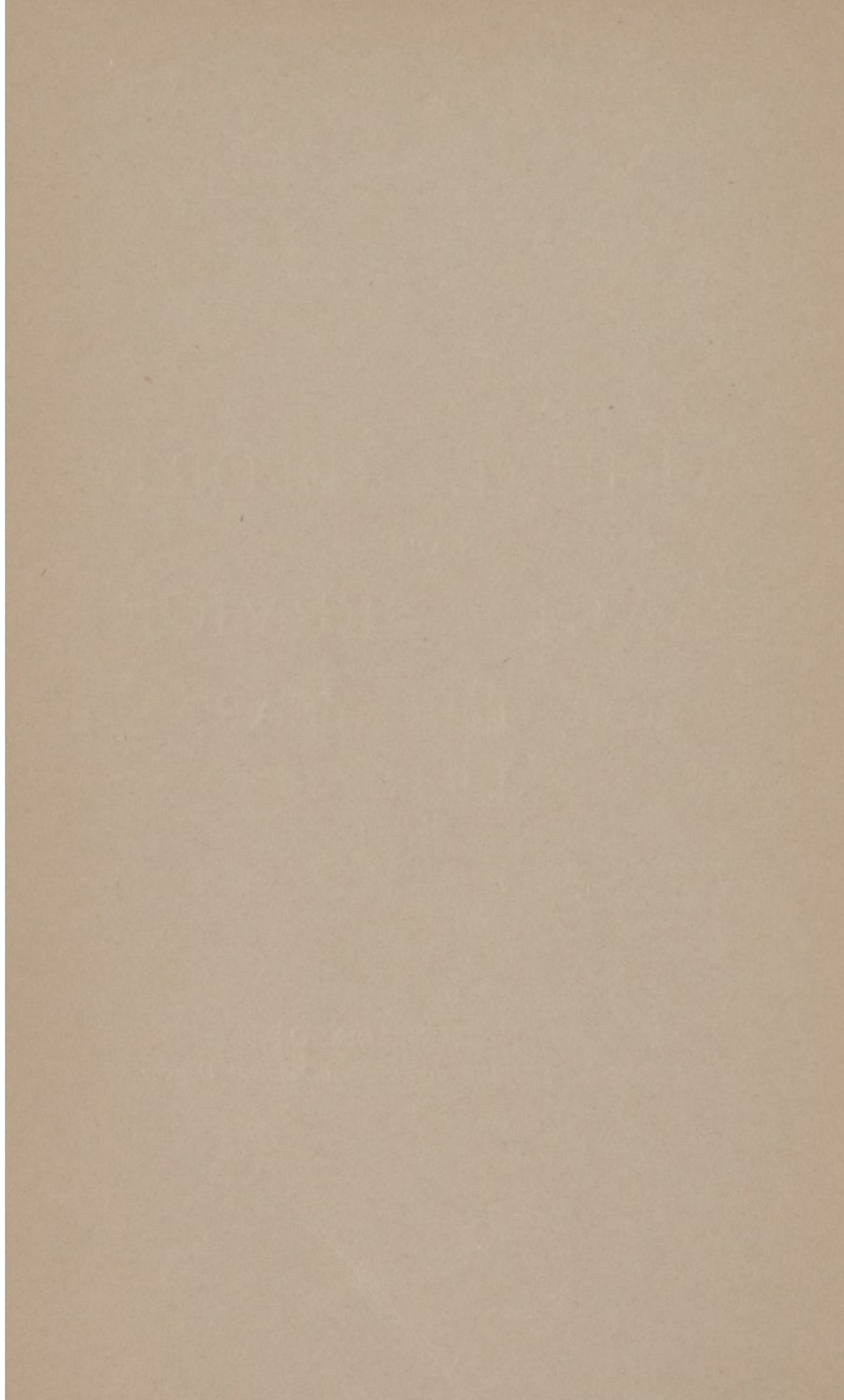
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County Borough of West Ham

ANNUAL REPORT
ON THE
HEALTH SERVICE
FOR THE YEAR
1946

BY

F. ROY DENNISON, M.D., D.P.H.

Medical Officer of Health and School Medical Officer



County Borough of West Ham

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F. ROY DENNISON, M.D., D.P.H.

Medical Officer of Health and School Medical Officer

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit this Annual Report on the Health Services of the Borough for the year 1946. The abridged form adopted during the war years is continued, but it has been possible to include rather more detail in some of the sections.

My personal responsibility for the service was limited to the period following 15th July, on which date I took up my appointment in West Ham. During the interval following the departure of my predecessor in December, 1945, the Health Department was in charge of Dr. MacIntyre as Acting Medical Officer of Health, while Dr. A. Furniss, the Chief Assistant School Medical Officer, was responsible for the School Health Service.

One other notable change of staff was the appointment of Dr. Norman Jones as Medical Superintendent of Whipps Cross Hospital, following the retirement of Mr. O. R. M. Kelly on account of ill-health.

The increase in the population, which became evident after the cessation of hostilities, continued during the year. By midsummer 1946 the Registrar-General estimated that it had reached 163,730, and it is thought to have approached 170,000 by the end of the year. The rate of increase, however, appeared to be slackening.

The year was remarkable for a great increase in the number of births, the rate rising steeply from 21.6 per 1,000 in 1945 to 26.8 per 1,000 in 1946. A similar occurrence was recorded after the first world war, but the peak figure for West Ham on that occasion was 32.2 per 1,000 in 1920: the decline was already well advanced when, in 1921, the rate fell to the same level as that now recorded for 1946. All the indications are that the peak of the present wave has now been reached and that a drop in the rate must be expected in future. It is interesting to note, however, that, through practically all its ups and downs, West Ham's birth rate has been higher than that for London or for England and Wales as a whole.

In actual numbers there were 1,501 more births (including stillbirths) in 1946 than in 1945, representing an increase of slightly more than 50 per cent. The result, in the face of a grave housing shortage, was to intensify the already serious pressure on hospital maternity accommodation. The Maternity Unit at Forest Gate Hospital, which, fully staffed, has a fair working capacity of some 1,500 admissions per year, admitted in 1946 the record number of 2,159 patients. There can be little doubt that this severe overburdening of the Unit, at a time of staff shortage, was an important factor in the outbreak of enteritis, which is reported on page 12. Measures aimed at reducing overcrowding within the Unit, and a careful overhaul of technique, all failed to control the infection; and it was not until the number of admissions was restricted, to conform with the proper capacity of the Unit, that the outbreak eventually subsided.

Despite the regrettable loss of infant lives in the outbreak just mentioned, the infant mortality rate dropped to a new low record of 32, a remarkable achievement in face of the many adverse conditions resulting from the war.

The general death rate was also low, at 11.7. The improvement which this represents was not wholly due to the elimination of deaths from enemy action, but was shared by many of the common causes of death.

There was a small drop in the maternal mortality, which has maintained a low level for a number of years.

There was little of importance to note in relation to infectious disease. The Borough had the unusual experience of a measles epidemic for the second year in succession, but that in 1946 was a comparatively small one with the cases generally quite mild. There was some increase in whooping cough and pneumonia, but a fall in scarlet fever and diphtheria.

Scabies, which became unpleasantly prominent during the war, shewed a very substantial decline, which leads to the hope that it may soon reach a more normal peace-time level.

On the whole the health record for 1946 may be regarded as a favourable one.

In other sections of the report, comment is made *inter alia* on the high proportion of their energies which the Sanitary Inspectors were having to devote to the correction of sanitary defects in houses—largely a legacy of the war; and a full account is given of the increase of work which has fallen to the School Health Service with the returning school population.

A reversion has been made to the pre-war practice of combining the reports on all the health services into a single volume, in recognition of the close relations which should prevail between them. The School Health Report, therefore, appears as a section, albeit the largest and most detailed, of the main report.

In conclusion, I wish to express my deep appreciation of the loyal and devoted services of all members of the staff throughout a year which was not without its difficulties; and to thank the Chairmen and Members of Committees for their kindly consideration during these early months of my office.

I am,.

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

F. ROY DENNISON,
Medical Officer of Health.

Municipal Health Offices,
223/5, Romford Road,
West Ham, E.7.

SUMMARY, 1946

Area of Borough	....	....	....	....	....	4,689 acres
Population (R.G.'s) mid-year estimate	....	....	....	....	....	163,730
Live births—legitimate	4,154	}	....	....	....	4,393
Live births—illegitimate	239		....	....	....
Birth rate (per 1,000 population)	....	....	....	....	....	26.8
Stillbirths—legitimate	102	}	....	....	....	105
Stillbirths—illegitimate	3		....	....	....
Stillbirth rate (per 1,000 total live and stillbirths)	....	....	....	....	....	23
Number of deaths	....	....	....	....	....	1,916
Death rate (per 1,000 population)	....	....	....	....	....	11.7
Deaths of infants under one year	....	....	....	....	....	143
Infantile mortality rate (deaths per 1,000 live births)	....	....	....	....	....	32
Maternal deaths:—						
Puerperal sepsis	....	4	}	....	....	7
Other causes	....	3		....	....
Maternal death rate (per 1,000 live births)	....	....	....	....	....	1.59
Maternal death rate (per 1,000 live and stillbirths)	....	....	....	....	....	1.56

VARIOUS DISEASES: Cases and deaths.

	Cases	Case rate per 1,000 pop.	Deaths	Death rate per 1,000 pop.
Smallpox	—	—	—	—
Scarlet fever	331	2.02	—	—
Diphtheria	98	0.60	1	0.006
Enteric fever	2	0.01	—	—
Measles	850	5.19	1	0.006
Whooping cough	271	1.65	3	0.018
Cerebro-spinal fever	8	0.049	2	0.012
Diarrhoea and enteritis under 2 years (*rate per 1,000 live births)	—	—	24	*5.46
Pneumonia:				
Acute primary and influenzal	249	1.52	79	0.48
All forms	—	—		
Bronchitis	—	—	171	1.04
Pulmonary tuberculosis	178	1.09	122	0.74
Other forms of tubercu- losis	23	0.14	10	0.06
Cancer	—	—	274	1.67

VITAL STATISTICS

POPULATION. The population of West Ham as enumerated at the last census in 1931 was 294,278 persons, of whom 143,714 were males and 150,564 females. The Registrar-General's estimate of the resident population at the middle of 1946 was 163,730.

BIRTHS. The actual number of live births allocated to the Borough during the year was 4,393—the highest number recorded since 1933—of which 2,215 were of male children and 2,178 of females. Compared with 1945 this represents an increase of 680 males and 788 females, a total increase of 1,468 live births. The birth rate for 1946 was 26.8 per 1,000 of the population, as compared with 21.6 for the previous year. The birth rate for 1946 is the highest recorded since 1921.

ILLEGITIMATE BIRTHS. Of the 4,393 live births, 239—119 males and 120 females—were illegitimate. This is equal to a percentage of 5.4 of the births allocated and is the highest number recorded since 1921.

STILLBIRTHS. The number of stillbirths during the year was 105, of which 57 were males and 48 females. Of these 2 males and 1 female were illegitimate. The stillbirth rate per 1,000 total (live and still) births for 1946 was 23 as compared with a rate of 24 for 1945.

DEATHS FROM ALL CAUSES. The nett number of deaths allocated to the Borough for the year 1946 was 1,916 which gives a death rate of 11.7 per 1,000 of the population as compared with a rate of 15.2 for the previous year. Of these deaths 1,025 were of males and 891 of females. The causes of death at all ages and at different periods of life are given in Table I, as supplied by the Registrar-General. The chief causes of death in order of importance were as follows: Heart diseases, 444; cancer, 274; cerebral haemorrhage, 185; bronchitis, 171; tuberculosis of the respiratory system, 122; pneumonia, 79.

INFANT MORTALITY. Deaths of infants under one year totalled 143, 78 males and 65 females, giving an infant mortality rate of 32 per 1,000 live births as compared with 38 for the previous year. The rate for 1946, it is pleasing to note, is the lowest on record.

Of the 143 deaths under one year no fewer than 82 or 57.3 per cent. were due to three causes. These three causes—diarrhoea, pneumonia and prematurity—are a potent cause of death at the beginning of life. Prematurity caused 36 deaths, diarrhoea 24, and pneumonia 22.

MATERNAL MORTALITY. The number of women who died in childbirth in 1946 was 7. Four of these deaths were

TABLE I
CAUSES OF DEATH IN AGE GROUPS—1946 (as supplied by Registrar-General)

Cause of Death	All Ages		Deaths at different periods of life of residents (civilians), whether occurring within or without the district											
			Under 1 Year		1-5 Years		5-15 Years		15-45 Years		45-65 Years		65 and Upwards	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Typhoid & para-typhoid fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Cerebro-spinal fever	2	—	—	—	2	—	—	—	—	—	—	—	—	—
3. Scarlet fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Whooping Cough	1	2	1	2	—	—	—	—	—	—	—	—	—	—
5. Diphtheria	1	—	—	—	—	—	1	—	—	—	—	—	—	—
6. Tuberculosis of respiratory system	76	46	—	—	1	—	1	2	25	36	39	6	10	2
7. Other forms of tuberculosis	5	5	—	1	1	—	1	—	2	4	1	—	—	—
8. Syphilitic diseases	12	4	1	—	—	—	—	—	1	1	5	1	5	2
9. Influenza	9	21	—	1	—	—	1	1	—	3	2	5	6	11
10. Measles	1	—	1	—	—	—	—	—	—	—	—	—	—	—
11. Acute polio-myelitis and polio-encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. Acute infective encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Cancer of buccal cavity & oesophagus (M) uterus (F)	7	12	—	—	—	—	—	—	—	1	2	7	5	4
14. Cancer of stomach and duodenum	32	29	—	—	—	—	—	—	1	3	14	7	17	19
15. Cancer of breast	1	23	—	—	—	—	—	—	—	4	—	14	1	5
16. Cancer of all other sites	99	71	—	—	—	—	1	—	3	7	42	25	54	38
17. Diabetes	4	11	—	—	—	—	—	—	—	—	2	2	2	9
18. Intracranial vascular lesions	81	104	1	—	—	—	—	—	1	3	16	22	63	79
19. Heart disease	227	217	—	—	—	—	1	—	9	10	59	46	158	161
20. Other diseases of circulatory system	37	32	6	1	—	—	—	—	3	1	9	12	25	19
21. Bronchitis	116	55	6	1	—	1	—	—	2	2	46	12	62	39
22. Pneumonia	46	33	16	6	—	—	—	—	4	2	12	5	14	20
23. Other respiratory diseases	11	7	—	—	—	—	—	—	—	—	6	3	5	4
24. Ulcer of stomach and duodenum	15	3	—	—	—	—	—	—	—	—	12	1	3	2
25. Diarrhoea under two years	15	9	15	9	—	—	—	—	—	—	—	—	—	—
26. Appendicitis	2	3	—	—	—	—	—	1	—	—	—	1	2	1
27. Other digestive diseases	15	15	1	2	—	—	—	—	4	3	2	2	8	8
28. Nephritis	9	19	—	—	—	—	—	—	2	4	4	4	3	11
29. Puerperal and post abortive sepsis	—	4	—	—	—	—	—	—	—	4	—	—	—	—
30. Other maternal causes	—	3	—	—	—	—	—	—	—	3	—	—	—	—
31. Premature birth	19	17	19	17	—	—	—	—	—	—	—	—	—	—
32. Congenital malformations, birth injury, infant diseases	14	18	13	17	1	1	—	—	—	—	—	—	—	—
33. Suicide	11	2	—	—	—	—	—	—	5	—	4	2	2	—
34. Road Traffic accidents	15	2	—	—	1	—	2	—	5	—	4	—	3	2
35. Other violent causes	33	18	2	5	—	—	1	—	12	—	6	2	12	11
36. All other causes	109	106	2	4	1	2	3	—	12	7	15	12	76	81
TOTAL ...	1025	891	78	65	7	4	11	5	91	98	302	191	536	528

due to sepsis, and three to other conditions associated with childbirth. The maternal mortality rate for all causes was 1.56 per 1,000 total births. The corresponding figure for the previous year was 2.00.

DEATHS FROM RESPIRATORY DISEASES. This group of diseases covers diseases of the nasal passages, diseases of the larynx, bronchitis, all forms of pneumonia, pleurisy (including empyema), asthma, congestion and emphysema of the lungs. During the year 1946 the number of deaths from this group of diseases was 268, of which 173 were of males and 95 of females. The rate per 1,000 of the population was 1.63. Bronchitis constituted the highest cause of deaths in this group, the number being 171 (116 males and 55 females). Pneumonia caused 79 deaths, of which 46 were of males and 33 of females.

DEATHS FROM CIRCULATORY DISEASES. The deaths from this group of diseases number 513, of which 264 were of males and 249 of females. The rate per 1,000 of the population was 3.13. Of the total 513 deaths, 444 (227 males and 217 females) were attributed to heart diseases.

DEATHS FROM CANCER. Deaths from cancer and other malignant tumours during the year numbered 274—males 139, females 135, giving a rate of 1.67 per 1,000 population as compared with 2.11 for 1945.

DEATHS FROM TUBERCULOSIS. During the year the number of deaths ascribed by the Registrar-General to all forms of tuberculosis was 132, of which 81 were males and 51 females. The number of deaths due to tuberculosis of the respiratory system—including pulmonary tuberculosis and tuberculosis of the larynx—was 122, of which 76 were deaths of males and 46 of females. The death rate for all forms of tuberculosis was 0.80, as compared with 0.90 for the year 1945.

INFECTIOUS DISEASES

TUBERCULOSIS. The number of new cases of tuberculosis notified during the year was 201, as compared with 212 for the previous year. Of these cases 178 (107 males and 71 females) suffered from the pulmonary form of the disease, and 23 (15 males and 8 females) from the non-pulmonary forms. The case rate for all forms of tuberculosis was 1.23 per 1,000 of the population, as compared with 1.57 for the year 1945.

Deaths from this disease numbered 132, of which 81 were males and 51 females.

SMALLPOX. No case of this disease was notified during the year.

SCARLET FEVER. During the year 331 cases of scarlet fever were notified (151 males and 180 females) giving a case rate of 2.02 per 1,000 of the population. The corresponding figure for 1945 was 382 with a case rate of 2.83 per 1,000 of the population. The number of patients removed to hospital was 229. There were no deaths from this disease.

DIPHTHERIA. (a) There were 98 cases of this disease during the year, of which 54 were males and 44 females. The case rate was 0.60 per 1,000 of the population. There was one death from this disease, giving a death rate of 0.006 per 1,000 of the population. All the notified cases were removed to hospital.

(b) *Diphtheria Prophylaxis.* The number of children immunised during the year was 2,090. Of this number, 1,847 were under 5 years, and 243 were between the ages of 5 and 15 years.

TYPHOID FEVER. Two cases occurred during the year, giving a case rate of 0.01 per 1,000 of the population. Both patients were removed to hospital, and recovered.

MEASLES. The number of cases of measles which were notified during the year was 850, as compared with 2,403 for the previous year. Of the 850 notified cases, 442 were males and 408 females. The case rate was 5.19 per 1,000 of the population. There was one death from this disease, giving a death rate of 0.006 per 1,000 of the population. The number of patients removed to hospital was 66.

WHOOPING COUGH. During 1946 the number of cases of whooping cough notified was 271. Of these, 126 were males and 145 females. The case rate was 1.65 per 1,000 of the population. There were 3 deaths from this disease in children under one year of age, giving a death rate of 0.018 per 1,000 of the population. The number of cases removed to hospital was 44.

CEREBRO-SPINAL FEVER. During the year 8 cases were notified, of which 5 were males and 3 females. The case rate was 0.049 per 1,000 of the population. There were 2 deaths giving a death rate of 0.012 per 1,000 of the population. All cases were removed to hospital.

ERYSIPELAS. The number of cases of erysipelas notified during the year was 47, of which 19 were males and 28 females. The case rate was 0.29 per 1,000 of the population. There were no deaths from this disease. The number of patients removed to hospital was 15.

DYSENTERY. There were 29 cases of this disease during the year, 26 males and 3 females. The case rate was 0.18 per 1,000 of the population. The number of patients removed to hospital was 22.

MALARIA. There were 14 cases of this disease notified during the year—all were males. All cases were believed to have been contracted abroad.

DIARRHOEA AND ENTERITIS. During 1946 the number of deaths of children under 2 years of age from diarrhoea and enteritis was 24. The corresponding figure for 1945 was 21. Of the 24 children who died, 15 were males and 9 females. The death rate per 1,000 of the population was 0.15.

A distressing outbreak of this disease occurred during the year in the maternity wards at Forest Gate Hospital. Starting on 19th January, it rapidly affected five babies in one ward. These cases were immediately isolated and the ward placed in quarantine. In the course of investigation it was found that one of the Orderlies employed on that ward was suffering from diarrhoea, and it soon became evident that other members of the nursing and domestic staffs employed on other wards had become infected, and despite the rigid precautions taken at the onset, the disease spread to all the other maternity wards. The admission, a little later, of some patients who were found to be suffering from diarrhoea doubtless added fresh infection.

In addition to the temporary quarantine of the ward first affected, various measures of control were adopted. The number of beds was reduced from 80 to 66, partly to relieve overcrowding and partly to relieve the depleted staff from some of their burden of overwork, while arrangements were made to transfer a proportion of the lying-in mothers in the later stages of the puerperium to other accommodation in order to maintain the flow of admissions unimpaired. The beds which were retained were more widely spaced so that each mother had at least the recognised minimum of 90 square feet of space and each baby at least 30 square feet. A careful overhaul of aseptic and nursing technique was undertaken on more than one occasion and the whole subject kept constantly under review: and many structural modifications were undertaken or initiated on the recommendation of the Ministry to assist this end. Yet

no noticeable impression was made on the progress of the outbreak, which continued unabated till the end of the year, and affected in that time 295 mothers, 394 babies and an unknown but certainly large proportion of the staff. Of the babies affected, 21 died in the hospital and at least two more are known to have developed the disease and died after leaving the hospital. At no time was complete closure of the Unit advised owing to the ineffectiveness of such action in other similar outbreaks and to the serious difficulty of arranging alternative accommodation.

As is usual in such outbreaks, bacteriological investigation was uniformly negative. In this instance, at least, breast-fed infants did not appear to have any greater degree of resistance than the bottle-fed. The large majority of infants in this Unit (including four of the first five cases) are, in fact, breast-fed, though many have supplements of lactose-water during the first few days after birth.

The story of the ultimate subsidence of the epidemic, which at the time of writing, appears to be complete, remains to be told in the next Annual Report. It is possible to anticipate, however, to the extent of mentioning that the decline was related in point of time to the operation of measures for the drastic restriction of admissions, thus reducing the rate of turnover of the Unit without affecting the total number of beds. Action to improve the ventilation of the wards may well have contributed, but in fact, preceded the decline by several weeks.

The infant mortality rate of the Borough was not affected by this outbreak to such an extent as might have been anticipated owing to the fact that many of the patients involved were extra-district cases admitted to the hospital under the User agreement.

PNEUMONIA. The number of notifications of pneumonia—primary and influenzal—received during the year was 249, as compared with 179 in 1945. Of the number notified, 142 were males and 107 females. The case rate was 1.52 per 1,000 of the population. The number of deaths from all forms of pneumonia was 79, giving a death rate of 0.48 per 1,000 of the population.

PUERPERAL PYREXIA. The number of cases during the year was 52, as compared with 29 in 1945. Of these, 43 cases were removed to hospital. The increase was largely accounted for by the greater number of births in 1946. The comparative rates per 1,000 live and stillbirths were: 1945, 0.97; 1946, 1.16.

OPHTHALMIA NEONATORUM. The number of cases during the year was 9—6 males and 3 females. Three of these cases were removed to hospital.

ACUTE POLIOMYELITIS. There were no cases of this disease during the year.

SCABIES. During the year under review, the incidence of this disease, which affected both children and adults, showed an appreciable decrease as compared with 1944 and 1945. The number of persons treated at the Council's Clinic during the year was 1,913, as against 2,970 in 1944, and 2,761 in 1945. Scabies is not notifiable in this Borough, but there is reason to believe that the majority of cases are referred to the Clinic, and that these figures therefore give some indication of the true incidence of this disease.

All the treatment was carried out at the Council's Balaam Street Baths Centre.

Although it is pleasing to report a drop in the number of cases treated, it is not to be expected that a complete eradication of the disease will take place while the civilian population of the area have to live under such overcrowded conditions as now prevail.

Cases of scabies discovered at school were sent for treatment by the School Medical Officers. Doctors practising in the area also sent their patients for treatment, and a number of cases were received from out-patient departments of various hospitals.

The treatment of cases remained as in former years, consisting mainly of thorough bathing, and painting with Benzyl Benzoate; this form of treatment was very successful.

The continued attendance of persons for treatment obviously shows that the general public appreciate and make use of the facilities provided by the Council.

Quite a number of persons suffering from skin diseases other than scabies, attended for treatment. These were examined by the Medical Superintendent of the Council's Infectious Diseases Hospital, who paid daily visits to the Centre, and cases requiring hospital treatment were admitted to Plaistow Hospital.

DISINFECTION AND DISINFESTATION. The number of dwellings disinfected after removal to hospital, recovery or death of a patient was 655, involving the disinfection of 859 rooms.

Disinfestation for vermin was carried out in 282 premises involving 562 rooms.

PLAISTOW FEVER HOSPITAL

REPORT BY DR. DONALD MACINTYRE, M.C., M.D., D.P.H.,
Medical Superintendent

The year 1946 proved to be a healthy one as judged by the prevalence of the common infectious diseases. There was no epidemic of any significance, and the infections that did occur were generally of a mild type.

The total number of admissions during the year was 773, as compared with 991 in 1945. The number of cases in the Hospital on 31st December, 1945, was 86, bringing the total

under treatment to 859. Of these, 772 were discharged recovered, 8 were transferred to other hospitals, 11 died, and 68 remained under treatment at the end of the year.

SCARLET FEVER. Little change occurred in the prevalence of this disease as compared with the previous two years, and the type of infection continued to be mild. The number of cases under treatment was 273. Of these, 245 were discharged, and 28 remained under treatment at the end of the year.

Complications occurred in 43 of the cases discharged (17.5 per cent.). These complications were: cervical adenitis, 17; otitis media, 8; nephritis, 4; albuminuria, 3; rhinitis, 7; nasal diphtheria, 4.

The diagnosis was changed in 17 cases notified as scarlet fever. The corrected diagnoses were: measles, 5; erythema, 3; tonsillitis, 4; urticaria, 2; no disease, 2; otitis media, 1.

DIPHTHERIA. The number of cases under treatment was 145, as compared with 140 in the previous year. Of these, 135 were discharged recovered, one died, and 9 remained under treatment at the end of the year. The fatal case was a boy, aged 5 years, who was in the third day of illness on admission and was suffering from a severe attack of faucial diphtheria. In 94 cases the disease was classified as mild, moderate in 35 cases, and severe in 15 cases. The fauces were involved in all cases, except 5 in which the infection was confined to the nose. In one severe case both fauces and larynx were affected. This patient required tracheotomy, but ultimately made a satisfactory recovery.

Paralysis occurred in 15 cases, being of a mild type in 12 cases, moderate in 2 cases, and severe in one case.

Thirty-five patients gave a history of having been previously immunised against diphtheria. The attack was mild in 28 of these cases, and moderately severe in 7 cases.

The diagnosis was revised in 91 of the cases notified as diphtheria. The corrected diagnoses were as follows: Tonsillitis, 61; laryngitis, 15; Vincent's angina, 8; broncho-pneumonia, 4; measles, 2; quinsy, 1.

MEASLES. Cases of this disease were unusually numerous during the summer months, but the type of infection was mild. The total number under treatment was 65. Of these, 61 were discharged, 2 died, and 2 remained in hospital at the end of the year. The fatal cases were both complicated by broncho-pneumonia.

WHOOPING COUGH. An increase occurred in the prevalence of this disease, as compared with the previous year, particularly among infants under one year of age. None of the cases gave a history of having been immunised against the disease. The total under treatment was 44. Of these, 40 were discharged recovered, 2 died, and 2 were in hospital at the end of the year.

MENINGITIS. This disease was not prevalent. Six cases of meningococcal meningitis were under treatment, and 2 of these proved fatal. Nine other cases, which had been notified as meningitis, proved to be suffering from the following complaints: sub-arachnoid haemorrhage, 2; tonsillitis, 2; meningism, 1; chorea, 1; gingivitis, 1; broncho-pneumonia, 1; no disease, 1.

RINGWORM OF SCALP. There was a marked increase in the prevalence of this disease during the year. An outbreak of it occurred in two of the Day Nurseries, and 23 children who proved to be suffering from the infection were admitted to the Hospital for isolation and treatment. Thallium acetate was administered for the purpose of epilation, and satisfactory results were obtained.

OTHER DISEASES. The main diseases in this group were as follows: Enteric fever, 2; chickenpox, 12; erysipelas, 15; enteritis, 39; dysentery, 7; pneumonia, 35; bronchitis, 8; scabies, 14; impetigo, 11; mumps, 13; dermatitis, 5; erythema, 4; urticaria, 4; pulmonary tuberculosis, 2; encephalitis, 1; epilepsy, 1; meningism, 1; jaundice, 1; pemphigus, 1; cerebellar tumour, 1; no disease, 24.

In this group the case suffering from tumour of the cerebellum proved fatal.

GATE CASES. The number of patients suspected to be suffering from an infectious disease who were brought to the Hospital for diagnosis was 876. Of these, 187 were referred by medical practitioners, and 689 were brought direct by relatives. The number of these admitted to the Hospital was 149.

A total of 1,926 swabs from nose and throat were examined for medical practitioners and other institutions for the presence of diphtheria bacilli. Of these, 125 were found to be positive.

RETURN OF ADMISSIONS, DISCHARGES AND DEATHS FOR 1946

DISEASE	In Hosp. 31.12.45	Admitted since	Discharged	Died	In Hosp. 31.12.46
Scarlet Fever	31	242	245	—	28
Diphtheria	40	105	135	1	9
Measles	3	62	61	2	2
Whooping Cough	2	42	40	2	2
Meningitis	—	6	4	2	—
Pneumonia	1	34	25	3	7
Gastro Enteritis	4	35	34	—	5
Erysipelas	1	14	14	—	1
Chicken Pox	2	10	12	—	—
Impetigo	—	11	9	—	2
Dysentery	—	7	7	—	—
Laryngitis	—	15	14	—	1
Mumps	—	13	12	—	1
Tonsillitis	1	61	59	—	3

Subarachnoid						
Haemorrhage	—	2	2	—	—	
Empyema	....	1	1	—	—	
Bronchitis	....	8	7	—	1	
Uraemia	....	1	1	—	—	
Influenza	....	1	1	—	—	
Dermatitis	....	5	5	—	—	
Mastoid Abscess	....	1	1	—	—	
Encephalitis	....	1	1	—	—	
Scabies	....	14	10	—	4	
Specific Ulcer	....	1	1	—	—	
Epilepsy	....	1	1	—	—	
Vincent's Angina	....	8	8	—	—	
Enteric Fever	....	2	2	—	—	
Tuberculosis	....	2	1	—	1	
Abscess on thigh	....	1	1	—	—	
Cerebellar Tumour	....	1	—	1	—	
Erythema	....	4	4	—	—	
Tinea	....	23	23	—	—	
Gingivitis	....	1	1	—	—	
Eczema	....	1	1	—	—	
Quinsy	....	1	1	—	—	
Meningismus	....	1	1	—	—	
Jaundice	....	1	1	—	—	
Pemphigus	....	1	1	—	—	
Insect Bites	....	1	1	—	—	
Parotid Abscess	....	1	1	—	—	
Retropharyngeal Abscess	....	1	1	—	—	
Sudoriferous Rash	....	1	1	—	—	
Urticaria	....	4	4	—	—	
Stomatitis	....	1	1	—	—	
Chorea	....	1	1	—	—	
No Disease	....	24	23	—	1	
TOTALS	....	86	773	780	11	68

VENEREAL DISEASES. The Council participates in a Joint Scheme with the London County Council and adjoining Counties and County Boroughs. The following particulars, supplied by the London County Council regarding West Ham cases attending the various treatment centres, have been abstracted:—

New Patients—					
Syphilis	....	....	....	....	52
Soft Chancre	....	....	....	....	2
Gonorrhoea	....	....	....	....	167
Not Venereal	....	....	....	....	373
Total	....				594

Total attendances of all patients	....	....	6,058
Total number of in-patient days	....	....	—
Pathological Examinations—			
For or at the Centres:—			
Spirochaetes	....	....	4
Gonococci	....	....	1,936
Wasserman	....	....	1,242
Others	....	....	2,954
Total			6,136
For Practitioners—			
Wasserman	....	....	4
Others	....	....	—
Total			8

QUEEN MARY'S HOSPITAL— SPECIAL TREATMENT CENTRE

REPORT BY DIRECTOR, DR. F. G. MACDONALD, FOR THE YEAR 1946

The centre was opened on September 18th, 1944, the staff consisting of the Director, a whole-time sister and a whole-time orderly. The Director attends for 12 hours each week. This is divided into six sessions of 2 hours each—3 male and 3 female. The centre is also open at certain times every day, except Sunday, for patients requiring intermediate treatment.

A comparison with the corresponding figures for 1945 shows a striking increase of new patients and total attendances.

	<i>New Patients</i>	<i>Total Attendances</i>
1945	411	4535
1946	706	6284

For the year under consideration, the diagnosis of new patients may conveniently be set out as follows:

Gonorrhea	....	....	103
Early Infective Syphilis	....	....	26
Late Syphilis	....	....	20
Congenital Syphilis	....	....	4
Soft Sore	....	....	2
Previously treated	....	....	135
Non-Venereal Condition	....	....	405
Return Cases	....	....	11
Total			706

Early Infective Syphilis comprises patients suffering from primary syphilis, secondary syphilis, or syphilis latent during the first year of infection. Later stages, irrespective of the clinical type, are described as *late syphilis*.

The term *Previously Treated* includes all patients who have been treated for venereal infections of any nature at other centres or in the Services.

Non-Venereal Conditions are those conditions, such as non-specific urethritis and prostatitis in men, and various forms of vaginitis, any of which it is customary to treat in venereal clinics. Under this heading is also a large number of patients who were found not to be in need of treatment.

A *Return Case* is one who has been removed from the records of current cases in a previous year.

The total number of patients treated during the year was 822. This includes 116 who were already under treatment on the 1st January. Of this total, 624 were discharged cured, or diagnosed as non-venereal during the year.

Defaulters of Venereal Patients

The total number of patients found to be infected with *Venereal Disease* was 372. This includes 86 under treatment or observation at the beginning of the year. Of this total, 101 have been written off as defaulters—approximately 38 per cent. It is hoped that too much significance will not be attached to this figure, because the number of patients who ceased attending before completing treatment was only 42, representing approximately 10 per cent. The total defaulter rate, as set out above, includes those who had completed treatment but not the period of tests of cure and observation. It must be pointed out that this period, in the case of syphilitics, covers at least two years. Therefore, although there is no justification for complacency, it is the patients who cease attending before completion of their treatment who give real grounds for concern.

Every effort is made to induce such patients to resume attending. Letters are sent, and when it is thought advisable, they are visited. In this connection, much valuable work has been done by two Health Visitors of the Public Health Department of West Ham, and I should like here to express my appreciation to the Medical Officer of Health for his great help in providing for this clinic the assistance of these two ladies.

No details are available as to the causes of defaulting. From general impression, women are more conscientious patients than men. Patients with syphilis appear to regard their infection more seriously than those with gonorrhea, as, of course, they should. There is reason to fear that some patients, in common with the public generally, have acquired, before contracting an infection, an exaggerated belief in the curative properties of penicillin. This is a probable cause of defaulting in some cases, and indirectly, it may be added, of acquiring their infection in the first place. When the occasion arises, the view held in this clinic is stated quite simply and clearly. It is,

that in our present state of knowledge, pencillin is a valuable aid to the treatment of gonorrhoea and syphilis, but should not be relied on to replace more standardized methods of treatment, which have stood the test of time.

Time and space do not allow for formal instruction at the centre. However, since the clinic was opened, Nurses from Lyle Ward in this Hospital, and from Plaistow Maternity Home, limited to 2 each time, attend female sessions. They have an opportunity of seeing how patients are examined, specimens collected for pathological examination and the carrying out of treatment.

This clinic being a department of a General Hospital, it is a great advantage being able to refer patients, on occasion, for further investigation and opinion, with the minimum of delay. In this connection I should like to take the opportunity of recording my appreciation of the unfailing co-operation from my colleagues in other departments, medical and lay.

Mention should also be made of my two Assistants, a Sister and an Orderly who, between them, do all the clerical work of this centre, in addition to their ordinary duties.

VENEREAL DISEASES—REGULATION 33b

Contacts notified to the Medical Officer of Health during the period January 1st, 1946, to December 31st, 1946:—

	M.	F.
(1) (a) <i>Total</i> number of contacts in respect of whom Form 1 was received	—	6
(b) Number in (a) transferred from other areas	—	1
(2) Number of cases in (1) in which attempts were made during the current period outside the scope of the Regulation to persuade the contact to be examined before the latter had been named on a second Form 1:		
Contacts found	—	5
Contacts examined or already under treatment	—	4
(3) (a) Number of those in (1) in respect of whom two or more Forms 1 were received	—	1
(b) Number included in (3) (a) in respect of whom the first Form 1 was previously reported under (1)	—	—
(c) Number included in (3) (a) transferred from other areas	—	1

(4) Number of those in (3) (a) who were:		
(a) found	—	1
(b) examined after persuasion or already under treatment	—	—
(c) served with Form 2	—	1
(d) examined after service of Form 2	—	1
(e) prosecuted for failure:		
(i) to attend for, and submit to, medical examination	—	—
(ii) to submit to and continue treatment	—	—
(f) transferred to other areas	—	—

GENERAL

AMBULANCE FACILITIES. Two of the three ambulances owned by the Health Committee, and provided for accidents, maternity patients and cases of serious illness, are housed, driven, and supplied with petrol and oil, by a Contractor in the Borough. These vehicles made 3,796 journeys during the year, including 30 journeys for the East Ham Council.

Reciprocal arrangements are in force between West Ham and East Ham for the use of their respective ambulances, on call, in cases of emergency. Arrangements also exist with the London County Council for West Ham ambulances to remove all emergency cases from the part of the Borough of Woolwich, north of the Thames; these arrangements are a continuance of a scheme which operated during the war period. During the year the East Ham Ambulance was requisitioned by West Ham on 34 occasions, and West Ham ambulance for East Ham cases on 30 occasions. Thirty calls were dealt with for cases from the North Woolwich area.

The present general ambulance service has been in operation for many years, and the citizens are now fully conversant with the rules and regulations of the Council's Scheme.

The Highways Committee of the Council has an ambulance stationed at Silvertown. This vehicle is used mainly for accidents occurring in factories in the Silvertown District, and certain factory owners contribute towards the cost of this service. During the year 143 journeys were made by this ambulance.

A car, which is stationed at the Council's Transport Department, is used for sitting cases, who, in the opinion of the doctor in attendance, do not require an ambulance. This service has proved very useful and has lightened to some extent the use of the two ambulances. The car made 167 journeys during the year.

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

HOSPITAL AMBULANCES. At Whipps Cross Hospital, which admits cases from West Ham, East Ham, and a portion of the County of Essex, there were seven ambulances in commission during the year. These vehicles made 6,061 journeys, including 2,276 in respect of West Ham cases. The two ambulances at Plaistow Fever Hospital made 685 journeys during the year.

MORTUARIES.

BODIES RECEIVED INTO THE MORTUARY DURING 1946 STRATFORD MORTUARY

Month	Bodies in Queen Mary's Hospital on which inquests were held	Number received	TOTAL	Males	Females	Under 5 years	Over 5 years	Sent in by Coroner	Sent in by Police	Sent in on sanitary grounds	Number of Post-Mortem Examinations	Number of Inquests
January ...	3	23	26	17	9	24	2	20	6	—	23	12
February ...	4	17	21	13	8	18	3	17	4	—	17	7
March ...	2	16	18	16	2	15	3	15	3	—	16	3
April ...	1	18	19	11	8	17	2	16	3	—	18	6
May ...	2	12	14	11	3	12	2	11	3	—	12	6
June ...	3	14	17	13	4	16	1	12	5	—	14	3
July ...	—	8	8	3	5	8	—	8	—	—	8	2
August ...	2	11	13	10	3	12	1	12	1	—	11	5
September ...	2	8	10	7	3	8	2	10	—	—	8	5
October ...	1	7	8	5	3	8	—	5	3	—	7	3
November ...	3	16	19	12	7	16	3	16	3	—	16	6
December ...	7	29	36	26	10	34	2	30	6	—	29	11
TOTAL ...	30	179	269	144	65	188	21	172	37	—	179	69

SHOPS ACTS, 1912-1936. The total number of visits made during the year in respect of the Shops Acts 1912, 1913 and 1934 was 5,480 and 775 infringements were detected. The majority of these were technical offences in respect of which 750 verbal cautions were given. In cases of more persistent nature 25 written warnings were issued.

Owing to the limited amount of goods for sale in shops, and the restrictions on lighting, the infringements of the Shops (Hours of Closing) Act 1928 were of a minor character, and it was not found necessary to take legal proceedings in any case.

SUPPLY OF INSULIN. During the year five new applications were received for a free supply of insulin. In addition, 14 other persons continued to receive assistance in this connection.

VACCINATION ACTS. The following is a summary of the work carried out during the year 1946:

Number of cases in birth lists received during 1946	....	5,798
Number of certificates of vaccination received	....	1,809

Number of certificates of postponement owing to:					
Health of child	....	....	....	....	251
Condition of house	....	....	....	....	3
Prevalence of infection disease	....	....	....	....	3
Number of certificates under section 2 of the Vaccination Act, 1898, and number of statutory declarations under section 1 of the Vaccination Act, 1907					
	....				1,948
Number of certificates of insusceptibility or of having had smallpox					
	....	....	....	....	5
Number of cases:					
Parents removed out of district	....	....	....	....	893
Otherwise not found	....	....	....	....	303
Number of entries in lists sent to public vaccinators					
	....				1,890

FOOD INSPECTION

MILK (SPECIAL DESIGNATIONS) ORDER, 1936

Particulars are given below regarding the various types of milk graded under this Order, which were sampled during the year and submitted to the appropriate tests.

The plate-count was rescinded as and from 1st March.

Grade	Number Sampled	Results of Examination			
		Number satisfactory	Failed Methylene blue test	Phosphatase test	Plate-count (Jan. & Feb.)
Pasteurised	92	89	3†	Satisfactory	Satisfactory
Pasteurised (taken from schools) ...	60	56	4†	Satisfactory	Satisfactory
Tuberculin Tested (Pasteurised)	50	47	3†	Satisfactory	Satisfactory
				<i>Failed Meth. blue test and contained coliform bacillus</i>	<i>Contained coliform bacillus</i>
Tuberculin Tested (Certified)	53	50	—	2	1
Accredited ...	24	22	1*	—	*1
TOTALS ...	279	264	11	2	2

* Letters of caution sent

† Owing to abnormal atmospheric conditions, it was not possible to carry out the methylene blue test on these ten samples, as the maximum recording thermometer exceeded 65 deg. F. during the night.

HEAT-TREATED MILK

In addition to designated milk, the following samples of heat-treated milk were submitted to the appropriate tests:—

Type	Number Sampled	Results of Examination		
		Number Satisfactory	Failed Methylene Blue Test	Phosphatase Test
Sterilised	120	114	6†	Satisfactory
Heat-Treated	138	133	5†	Satisfactory
Homogenised	17	14	2† 1*	Satisfactory
TOTALS ...	275	261	14	

* Letters of caution sent

† Owing to abnormal atmospheric conditions, it was not possible to carry out the methylene blue tests on these samples, as the maximum recording thermometer exceeded 65 deg. F. during the night.

EXAMINATION OF MILK FOR TUBERCULE (GUINEA PIG TEST)

During the year 42 samples of milk, as shewn below, were examined for the presence of tubercule bacillus. All samples proved negative.

BIOLOGICAL TESTS

Type of Milk	Number Examined	Result	
		Positive	Negative
<i>Tuberculin Tested (Certified)</i>			
(From Purveyors)	12	—	12
<i>Tuberculin Tested (Pasteurised)</i>			
(From Purveyor)	1	—	1
<i>Accredited (From Producer)</i>	2	—	2
<i>Pasteurised</i>			
On delivery at institution	3	—	3
From schools	5	—	5
From retailer	1	—	1
<i>Raw</i>			
Taken on delivery from various Producers at the premises of a Retailer	18	—	18
TOTALS ...	42	—	42

BACTERIOLOGICAL EXAMINATION OF ICE CREAM

Source of Sample	Number Sampled	Bacterial content per millilitre						Coliform bac. per millilitre			
		1	50,000	100,000	200,000	500,000	1 million & over	1	1/10th	1/100th	1/1000th
Shopkeeper ...	27	6	3	3	1	5	9	7	7	4	6
Itinerant Vendor ...	7	3	—	—	—	—	4	—	1	—	2
Manufacturers' Premises ...	10	4	—	1	—	1	4	3	—	1	2
TOTALS ...	44	13	3	4	1	6	17				

In all cases of unsatisfactory results, letters of warning were sent and the premises inspected generally, special attention being given to the utensils. In every case subsequent samples proved satisfactory.

CONDENSED MILK REGULATIONS. During the year four samples of condensed machine-skimmed sweetened, and four samples of condensed full-cream milk sweetened were submitted for analysis.

These were also examined for the purpose of testing the equivalent. All samples, including the labelling requirements, complied with the Regulations.

ACTION TAKEN ON ADULTERATED SAMPLES

The following five adulterated samples were all taken officially:—

Butter. 0.3% excessive water; subsequent samples proved genuine.

Margarine. 0.5% excessive water; letter of caution; subsequent samples proved genuine.

Non-brewed Vinegars. One deficient in acetic acid 12.5%; letter of caution sent; subsequent samples proved genuine. One deficient in acetic acid 47.5%. Prosecution—dismissed under Probation of Offenders' Act on payment of 5s. costs.

Glauber Salts. Contained excessive crystallised sodium sulphate; letter of caution.

REPORT OF THE PUBLIC ANALYST

By ALBERT E. PARKES, F.I.C., F.C.S.

During the year 1946, 1058 samples were examined under the Food and Drugs Act, 731 formal and 327 informal.

All samples were submitted by the Inspector.

No samples were submitted by the Public under the Act.

Six samples were found to be adulterated, five formal and one informal. This is at the rate of 0.6 per cent.

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

Year	No. of samples examined	Per cent. adulterated
1946	1,058	0.6
1945	1,056	1.5
1944	1,054	0.6
1943	1,055	1.7
1942	1,065	1.5
1941	1,125	2.3
1940	1,176	1.8
1939	1,177	1.5
1938	1,203	2.1
1937	1,176	2.5
Average per year	1,114	1.6

248 samples of milk were examined, 200 formal and 48 informal.

There was no adulteration.

The milk adulteration in the Borough for the past 10 years was as follows:—

Year	No. of samples examined	Per cent. adulterated
1946	248	—
1945	260	1.5
1944	269	—
1943	250	1.2
1942	190	0.05
1941	284	1.4
1940	399	3.8
1939	375	2.1
1938	376	3.1
1937	407	1.9
Average per year	306	1.5

CONDENSED MILKS. Eight informal samples of Condensed milk were examined. These all complied with the Condensed Milk Regulations.

DRUGS. 96 samples of drugs were examined, 14 formal and 82 informal.

There was no adulteration.

PRESERVATIVES. There was no contravention of the Preservatives Regulations. Other samples examined during the year were:—

UNDER THE FERTILISERS AND FEEDING STUFFS ACT.

21 Fertilisers, eight of which were unsatisfactory.

14 Feeding Stuffs, seven of which were unsatisfactory.

Two samples under the Pharmacy and Poisons Act, both of which were satisfactory.

Three samples under the Rag Flock Regulations, all of which were satisfactory.

FOR THE PUBLIC HEALTH DEPARTMENT. One dirty milk bottle. One sample of Jelly. Two Aluminium Cooking Utensils.

FOR THE ENGINEER'S DEPARTMENT. Three Sewer Deposits.

FOR THE WEST HAM SOCIAL SERVICES. Five Metal Polishes. Eleven Floor Polishes.

UNDER THE PETROLEUM ACTS. One Rubber Solution which was unsatisfactory.

PHARMACY AND POISONS ACT, 1933

The number of persons entitled to sell Part (ii) poisons entered in the local authority's list at the end of the year was 120. Two samples were examined during the year and proved satisfactory.

FERTILISERS AND FEEDING STUFFS ACT, 1926

Particulars are given below of 35 official and unofficial samples which were taken during the year.

Type of Sample	No. of Samples taken	Analysis agreed	Analysis disagreed
<i>Fertilisers</i>			
(a) Official	8	6	2
(b) Unofficial	13	8	5
<i>Feeding Stuffs</i>			
(a) Official	7	3	4
(b) Unofficial	7	4	3
TOTALS ...	35	21	14

Samples are taken at the premises of manufacturers, also at retail shops, for the purpose of testing warranties which the Act imposes upon sellers to give to purchasers. The warranty takes the form of a statement by the manufacturer of the composition of his product as determined by his own analysis. In the event of the Council's analysis being at variance with that of the manufacturer (beyond the limits allowable by law), an immediate investigation is carried out with a view to tracing the cause, and appropriate action is taken.

SANITARY CIRCUMSTANCES

WATER SUPPLY. There has been no change in the water supply to the Borough: the Metropolitan Water Board still maintain a satisfactory supply.

No samples were taken from dwelling houses during the year, but 46 samples of water from other sources were submitted for examination. Of these, 43 were examined bacteriologically and 3 were tested chemically, and details are set out below:—

Source of Sampling	Number of samples	
	Bacteriological	Chemical
Council's Wells	8	2
Taps of ward kitchens and other points at institutions	32	1
Squatters' Camp:		
Stand-pipe 1		
Taps in huts 2	3	—
Totals ...	43	3

On sample taken from a ward kitchen tap was reported as being clear and bright in appearance but containing excessive bacteria. An immediate investigation was carried out, and further samples taken from this source proved satisfactory.

With this exception, all samples were found to be satisfactory and were reported upon as being consistent with a pure and wholesome water suitable for drinking and domestic purposes.

WORK OF THE DISTRICT SANITARY INSPECTORS.

HOUSE-TO-HOUSE INSPECTION. During the latter part of the year, house-to-house inspections were made in the Silvertown and Canning Town Wards which resulted in the service of a considerable number of Notices. Although it was necessary to issue summonses in two cases, the results regarding defects remedied were satisfactory. The necessary pro-

cedure still prevailing, such as negotiations with the War Damage Commission, permits, and the shortage of materials creates delays in compliance with Notices.

During the year 90 Closing Orders were granted in respect of dwelling houses by the Magistrates Court under Section 94 of the Public Health Act, 1936, and three Orders for the closing of basements of dwelling houses, pursuant to Section 12 of the Housing Act, 1936, were granted to the Housing Committee. It is the practice of the Local Authority to offer alternative accommodation to the occupiers.

101 Certificates were issued under the Rent and Mortgage Interest Restriction Acts.

FOOD AND DRUGS ACT, 1938—DAIRIES. During the year there were 274 visits to dairies, and all were found to be in a satisfactory condition.

FACTORIES ACT, 1937. Upon receipt from H.M. Inspector of Factories notices are served in respect of inadequate or defective sanitary accommodation and insufficient ventilation.

Lists of outworkers resident in this area, and who carry out work for firms situated outside West Ham, are received from various Authorities. These persons are visited and appropriate records kept; also outworkers resident within this area, and working for West Ham firms, are similarly visited.

Other duties in connection with the Factories Act are carried out by the Factory Inspector.

The following is a tabular statement of the work carried out by the Sanitary Inspectors' Section.

Investigations of cases of Notifiable Infectious Disease	1,352
Houses inspected following infectious disease	—
Visits to factories (mechanically operated)	1,039
Visits to factories (without mechanical power)	212
Visits to workshops	16
Visits to workplaces	116
Visits to bakehouses	275
Visits to dairies	274
Visits to offices (as workplaces), P.H.A., 1936	60
Visits to outworkers	67
Visits to common lodging houses	—
Visits to houses let in lodgings	2
Visits to cellar dwellings, underground rooms, etc.	8
Visits to slaughter-houses	137
Visits to scheduled offensive trades	197
Visits to fish fryers	349
Visits to other noxious trades	191

Visits to knackers' yards	....	....	....	....	....	1
Visits to registered hairdressers and barbers, W.H.C.A., Section 49	....	....	....	....	....	480
Visits to registered premises wherein food is manu- tured, W.H.C.A., Section 67	....	....	....	....	....	476
Visits to registered premises occupied by vendors of food, W.H.C.A., Section 66	....	....	....	....	....	1,001
Visits to café and restaurant kitchens, etc., P.H.A., 1925	....	....	....	....	....	327
Visits to ice-cream makers or dealers, W.H.C.A., Sec. 66, and P.H.A.	....	....	....	....	....	356
Visits to other food purveyors	....	....	....	....	....	680
Burial Act, 1857, Sec. 25, Exhumation of human remains	....	....	....	....	....	3
Visits to shops (Shops Act, 1934)	....	....	....	....	....	602
Visits to canal boats	....	....	....	....	....	—
Visits re overcrowding provisions of Housing Acts	....	....	....	....	....	203
Drainage inspections	....	....	....	....	....	2,798
House-to-house inspections under Public Health or Housing Acts	....	....	....	....	....	1,121
Visits under Rats and Mice Destruction Act	....	....	....	....	....	1,182
Visits under Increase of Rent Restriction, etc., Acts.	....	....	....	....	....	122
Visits under Bye-laws—tents, vans, sheds	....	....	....	....	....	26
Visits to private houses to investigate complaints	....	....	....	....	....	9,891
Houses inspected under the Housing Act, 1936, re Closing and Demolition Orders or Reconstructions or re Schedules of Evidence	....	....	....	....	....	145
Smoke observations	....	....	....	....	....	88
Visits to factories re smoke	....	....	....	....	....	49
Visits to factories re Steam Whistles Act, 1872	....	....	....	....	....	—
Visits to places of public amusement, theatres, music halls, cinemas, etc. (Ministry of Health Circular 120 of 1920)	....	....	....	....	....	40
Visits to licensed premises	....	....	....	....	....	175
Other visits	....	....	....	....	....	692
Re-inspections	....	....	....	....	....	16,714
Total Visits						41,467
Samples taken under Rag Flock Act	....	....	....	....	....	3
Samples of domestic water supplies taken for analysis or bacteriological examination	....	....	....	....	....	—
No. of Notices served	....	....	....	....	....	7,533

Warning Letters sent re matters not dealt with by Notice	380
Defective houses dealt with	—
Other defective or insanitary conditions dealt with	213
Drain tests carried out	242
Certificates granted under Rent Restriction, etc., Acts and Landlord and Tenant (War Damage Acts)	101
No. of Notices complied with—(1) by owner	4,487
No. of Notices complied with—(2) by occupier	26
Summonses issued	217

By comparison with the previous year, when several of the Inspectors were engaged on duties in connection with war damage, the amount of work has considerably increased. This increase is mainly related to house inspections of one kind or another and consequent procedure. In view of the state in which so many houses in the Borough have been left as a result of enemy action—often inflicted on a fabric which was already unsound from age or dilapidation—it must be anticipated that the attention of the Sanitary Inspectors will be largely taken up with the amelioration of defective housing for many years to come.

TUBERCULOSIS

The total number of cases of tuberculosis on the Register at 31st December, 1946, was 1,025. The number of cases added to the Register during the year on account of fresh notifications and inward transfers was 268. As a result of death, removal from the area, or change of diagnosis, 204 cases were removed from the Register.

NOTIFICATIONS. During the year 178 cases of pulmonary and 23 cases of non-pulmonary tuberculosis were formally notified, making a total of 201 cases (122 males and 79 females).

DEATHS. The total deaths from tuberculosis of all types during the year was 132, of which 122 (76 males and 46 females) were of the pulmonary form of the disease, and 10 (5 males and 5 females) were of the non-pulmonary form.

WORK OF THE CHEST CLINIC

By Dr. P. A. Galpin, M.D., D.P.H.,
Chief Clinical Tuberculosis Officer

The following is a summary of the work carried out at the Chest Clinic:—

WEST HAM CHEST CLINIC

	1939	1940	1941	1942	1943	1944	1945	1946
266/T Scheme (Tuberculosis Allowances under Government Scheme)	—	—	—	—	69	64	67	51
266/A Scheme (Tuberculosis Allowances under Council's Scheme)	—	—	—	—	—	58	59	73
Examinations at Clinic	8055	4024	2517	4426	6145	5163	5735	6027
Domiciliary treatment	293	103	33	30	20	105	111	62
Patients on Clinic Register at 31st December ("Definite" and "Observation" cases)	532	502	397	458	538	454	410	277
Home Nourishment cases at 31st December	295	92	63	82	80	42	48	92
Sputum examinations	635	672	532	603	725	684	808	954
X-ray examinations	417	571	505	623	1012	709	969	1161
Definite cases on register at 31st December	1389	915	683	763	904	850	961	1025
Doubtful cases on register at 31st December	134	67	111	173	201	108	201	154
Number examined for the first time	832	661	497	680	872	879	969	1046
Number of contacts examined	272	183	124	207	298	151	280	174
Number of definite cases	223	210	146	194	211	176	158	143
Home Visits—by Tuberculosis Officer	238	116	205	284	322	171	70	93
Home Visits—by Tuberculosis Health Visitors	3179	3768	3266	3140	3971	6790	5154	3799
Medical Boards (Cases referred to Tuberculosis Officer by Medical Boards under Armed Forces' Act, 1938)	7	207	108	103	124	116	45	51

COMMENT ON STATISTICS

TUBERCULOSIS ALLOWANCES SCHEMES. The number under the Council's scheme shows considerable increase; this must be expected to continue for a certain period.

EXAMINATIONS AT CLINIC. This figure (6,027) is the highest recorded since 1939, when it was 8,055. The increase is due to the cessation of hostilities, accompanied by the return of the population—civilians from evacuation and from war work in the provinces, demobilization from H.M. Forces, discharges of prisoners of war, and the return of medical practitioners. New sources of cases are Mass Radiography, 9, and the routine examination of the Day Nursery staffs, 29.

DOMICILIARY CASES. The number is 62, and this shows a great decrease as compared with 1939, when it was 293, but it is higher than it was in 1943, when it was only 20. This decline throughout the war is due to the fact that domiciliary treatment was not formally recommended, and supervision at the Clinic was maintained, although the patients continued to attend their panel doctors for certificates and medicine.

TREATMENT AT CLINIC—277. The decrease is due to the fact that there has been no regular assistant owing to the frequent changes of the assistants at the West Ham Sanatorium, Dagenham. This also applies to the number of contacts examined (174), which is almost as low as in 1941 (124) and 1944 (151), years when aerial warfare was most active.

DEFINITE CASES—143. This figure is the lowest recorded, even less than in 1941 (146), and only two-thirds of the figure of 1939.

HOME NOURISHMENT—92. This is a very low figure as compared with 1939 (295) but is double the number in 1945. The great decrease throughout the war years is due to evacuation of patients and also to the lack of unemployment and unusual opportunities for work created by war. The decreases in 1944/45 are probably due to the allowances granted under the Government and Council Schemes. The present increase is attributable to the fact that a new scale of assessing need in Home Nourishment cases was instituted, making allowances for the increase in the cost of living.

SPUTUM EXAMINATIONS—954. This figure is the highest recorded, although there has been no regular assistant medical officer at the Chest Clinic. The increase in the number of examinations is probably due to the fact that since Government Schemes have been introduced, and the Disablement

Register certificates of freedom from infection have been required, it is necessary to provide three successive sputum tests.

X-RAY—1,161. This is the highest figure recorded, and indicates the growing recognition of value in diagnosis and treatment.

HOME VISITS—TUBERCULOSIS HEALTH VISITORS—3,799. This figure is much lower than in 1945, also in 1944, for two reasons. In these two years there were many incidents in the Borough due to aerial bombardment by V1 and V2 weapons, and the nurses, after each incident, visited as soon as possible the patients to render any help necessary and to discover the whereabouts of those injured or evacuated.

Further, in 1946 one Tuberculosis Health Visitor had considerable ill-health, resigned, and some time elapsed before a new one was appointed.

FOOD RATIONING. For many years grants of Home Nourishment have been made, such as:—

Milk	7 pts.	} per week
Eggs	Seven	
Butter	$\frac{1}{2}$ lb.	

These quantities of eggs and butter were no longer permissible, and to counterbalance a cut in butter, the milk allowance was increased to 14 pints per week. Despite the apprehension caused by these changes, the records show that patients have maintained their condition, and in some cases made remarkable gains in weight, on the revised allowances. Advice regarding the most advantageous use of other foods available is given as a routine, and cod-liver oil and malt supplied when needed.

REHABILITATION. This aspect of the work of a Tuberculosis Service has become more prominent during the war years.

It is well recognised that the arrest of the disease depends upon the occupation of the patient being sufficiently remunerative to maintain the economic condition of the family, and of such a character as to be within the capacity of the patient.

Two measures have helped in some degree, viz., the scheme introduced in 1941, for the training and re-settlement of the disabled (unfortunately, the chronic sputum-positive case is not eligible under this scheme), and the Disabled Persons (Employment) Act 1944. In June, 1944, an enquiry showed that 123 men and 68 women, a total of 191, were at work; but in 1946, with the switch-over to peace-time production, suitable work again became difficult to find, and the future outlook remains uncertain.

DAGENHAM AND LANGDON HILL SANATORIA.
The following report has been supplied by Dr. G. M. Mayberry,
B.A., L.A.H., L.R.C.P., the Medical Superintendent:—

DAGENHAM SANATORIUM. At the end of 1945 the
number of patients remaining under treatment was:—

Males	....	....	....	60
Females	....	....	....	43—103

The total admissions during 1946 were:—

Males	....	....	....	70
Females	....	....	....	59—129

The number of deaths was:—

Males	....	....	....	26
Females	....	....	....	23—49

Discharges during the year totalled:—

Males	....	....	....	69
Females	....	....	....	62—131

Remaining in on 31st December, 1946:—

Males	....	....	....	35
Females	....	....	....	17—52

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	17	6	29	13	65
Quiescent	11	4	15	0	
Improved	6	2	14	5	
No material improvement	0	0	0	8	

Four cases were in residence for less than four weeks and
not classified. One case was non-tuberculous.

FEMALES	9	6	26	16	57
Quiescent	5	2	6	2	
Improved	4	4	20	9	
No material improvement	0	0	0	5	

Three cases were in residence for under four weeks and not
classified. Two were non-tuberculous.

The following Extra-District cases were admitted during the
year:—

Essex	Males	4
	Females	1—5
Surrey	Males	0
	Females	1—1
East Ham	Males	1
	Females	0—1
Seamen's Society	Males	1
	Females	0—1

During the year it was with difficulty that the work of the Institution was carried on, owing to the shortage of both Nursing and Domestic Staff. At the beginning of the year 103 patients were in residence—at the end there were only 52.

With the appointment of 12 "Displaced Persons" in October, the position was easier as regards domestic staff. It was decided at the latter part of the year, for the first time, to appoint male nurses. Four were obtained, but, with the large number of vacancies, it made little impression on the numbers required.

A limited number of concerts and whist drives were arranged during the year, and were appreciated by the patients and staff.

757 X-ray films were taken, in addition to screenings.

Without accommodation available for minor surgery, the shortage of beds in outside institutions made the position very difficult as regards carrying out a more active line of treatment in suitable cases.

Fortunately, a few vacancies were obtained in the London Chest Hospital for thoracoplasty and adhesion-section. The long wait at times, however, proved rather trying for the patients, and a number took their discharge before treatment was completed.

A number of pneumothoraces were induced and other minor chest operations carried out. 487 re-fills were given.

Dr. Ruby Posner resigned her position as Assistant Medical Officer in June. Dr. G. Turner was appointed to fill the vacancy, and commenced duty on 25th September.

The Surgical Chest Specialist and Dental Surgeon attended at appropriate intervals.

LANGDON HILL SANATORIUM. At the end of 1945 the number of patients remaining under treatment was:—

Males	....	....	....	....	14
Females	....	....	....	....	17—31

The total admissions during 1946 were:—

Males	....	....	....	....	18
Females	....	....	....	....	16—34

Discharges during the year totalled:—

Males	....	....	....	....	18
Females	....	....	....	....	21—39

Remaining in on 31st December, 1946:—

Males	....	....	....	....	14
Females	....	....	....	....	12—26

The following Extra-District cases were admitted during 1946:—

East Ham	.....	Males	.....	4
		Females	.....	2—6
Surrey	.....	Males	.....	0
		Females	.....	2—2

Bedford	Males	1
	Females	0—1
Southend	Males	1
	Females	0—1

The results of treatment for those discharged were as follows:—

	T.B. Minus	T.B. plus Grade I.	T.B. plus Grade II.	T.B. plus Grade III.
MALES	16	0	0	1
FEMALES	20	0	0	0
<i>Males</i>				
Quiescent	16	0	0	1
Improved	0	0	0	0
No material improvement	0	0	0	0
<i>Females</i>				
Quiescent	20	0	0	0
Improved	0	0	0	0
No material improvement	0	0	0	0

One male was discharged in under four weeks and not classified and one girl with advanced disease was transferred to Dagenham shortly after admission. Two cases were complicated by abdominal tuberculosis and two with cervical glands.

Fortunately there were no cases of infectious disease during the year.

The work at the Institution was hampered, as at Dagenham, by the shortage of staff. The appointment of three "Displaced Persons" on the domestic staff and orderlies to assist the nucleus nursing staff alone made it possible to keep the Institution open for the reception of children.

MATERNITY AND CHILD WELFARE

REPORT BY DR. HELEN CAMPBELL, M.B., Ch.B., D.P.H.,
Senior Medical Officer for Maternity and Child Welfare

During 1946 the scheme as a whole suffered little alteration, and the work was carried on steadily both as regards home visiting and clinic work.

The birth-rate for 1946 was 26.8, as compared with 21.6 for 1945. Possibly the most difficult problem confronting the Maternity and Child Welfare officers was that of advising the expectant mothers regarding arrangements for confinement. The Borough is served by three large maternity hospitals, each of which admits not only West Ham residents but women from neighbouring areas. The practice until recently has been to admit the mothers in order of application, but this resulted in gross overcrowding of Forest Gate Hospital maternity wards in particular, so that towards the end of 1946 more stringent

measures were adopted to ensure that the most necessitous cases received priority. Selection is now based on recommendation for medical or obstetrical reasons, and on recommendation from a health visitor or midwife for unsuitable home conditions. This is expected to result in less overcrowding of the maternity wards, while placing a greater strain on the district midwives.

The following table shows the distribution of confinements during 1946, as compared with 1945:—

TABLE I

	Total notified births (adjusted)	Confined in hospital		Confined at home	
		Total	West Ham residents	Total	Attended by Council midwife
1945 ...	2490	3003	1550	976	280
1946 ...	4343	3912	2138	1991	313

MIDWIVES. Under the Midwives Act 1936, agreements remained in force with Plaistow Maternity Hospital, E.13, and Queen Mary's Hospital, E.15, to supply midwives for district work. In addition, the Council's four district midwives served different areas in the Borough, while the midwife from North Woolwich and Silvertown District Nurses' Home undertook domiciliary confinements in the Silvertown area. Domiciliary midwifery practice in West Ham has proved less difficult than hospital midwifery service from the point of view of staff supply, chiefly because Plaistow Maternity Hospital is a large training school for pupil midwives taking Part II of the C.M.B. Training and Certificate, and therefore the midwives from that hospital are greatly assisted by these senior nurses, who are expected to assume considerable responsibility in their work. Similar considerations apply in the northern part of the Borough in relation to the Beachcroft Training Home of the Essex County Nursing Association.

During 1946, 62 midwives notified their intention to practice, of whom 29 were in hospital, and 33 worked as district midwives. At the end of the year, 26 midwives were engaged in domiciliary work.

Medical aid was summoned by midwives under Section 14 (i) of the Midwives Act 1918, as follows:—

(1) Domiciliary cases	....	....	....	616
(2) Hospital cases	....	....	....	903
Total	....	....	....	1,519

The administration of analgesics during confinements has not been carried out in the Borough, although 35 of the above 62 midwives are qualified to administer analgesics. In only 16

domiciliary cases was this help given. It is hoped to extend this facility to many more mothers in the near future, and to arrange for the training of midwives at present not qualified in this respect.

INSTITUTIONAL CONFINEMENTS. The increase in the birth-rate has produced a corresponding call on the services of the three local maternity hospitals, as stated in the early part of this report. As a result of gross overcrowding of the maternity wards at Forest Gate Hospital, more selective measures for admission were instituted.

TABLE II

Showing the use of maternity beds in West Ham in 1946

Hospital	No. of Maternity beds	Total admissions	Total West Ham residents admitted	No. of Confinements	
				Total	West Ham residents
Forest Gate ...	66	2159	1299	1996	1203
Queen Mary's, E.15	36	822	280	736	254
Plaistow Maternity, E.13 ...	60	1180	681	1180	681

Accommodation for expectant mothers in need of hospital treatment was provided at each hospital to a total of 20-24 beds, in which 446 women were treated during 1946 for some abnormality or complication of pregnancy.

The Government Evacuation Scheme remained open in 1946 to mothers from the Greater London area. Such women were selected as requiring institutional care because of unsuitable home conditions, or for whom no provision could be made locally. The mothers were sent away each week by arrangement with the London County Council to certain emergency maternity homes within a reasonable distance from London. The women travelled in special parties, accompanied by midwives, usually about three weeks before the date of expected confinement. This scheme has been of great help in the difficult task of obtaining hospital accommodation for needy cases, so that 111 West Ham mothers were able to be sent away from unsuitable homes to the ante-natal hostels and later to the emergency maternity homes, where they received under excellent conditions the rest and care they required.

The majority of these women benefited greatly from this change and rest prior to confinement, and expressed themselves on their return as having enjoyed the period of evacuation.

CARE OF THE UNMARRIED MOTHER AND HER CHILD. The illegitimate birth-rate for 1946 was 1.45 per 1,000 population. Although the majority of unmarried mothers were

known during pregnancy to this department, it was only found necessary to take special action in four cases. Of these cases, two were sent to a hostel at "Ardmore," Buckhurst Hill, Essex, and two to a hostel at "Sunnedon," Coggeshall, Essex.

The Council has not appointed a Social Worker for this work, but there is close co-operation between this Department and the Superintendent of St. Agatha's Moral Welfare Home, Forest Gate, E.7, affiliated to Chelmsford Diocesan Moral Welfare Association. Where necessary, an unmarried expectant mother can be admitted to this Home or to the Diocesan Maternity Home, Coggeshall, Essex (where she can be confined and remain with her baby for 4-6 months after confinement). Further, an arrangement with Essex County Council ensures that the unmarried mother and her baby can receive care for three months at "Ardmore," Buckhurst Hill, Essex, a post-natal hostel.

In actual practice, in 1946 the bulk of unmarried mothers in West Ham remained under the care of their parents or other relatives, and so were helped through the usual channels. No request was refused to admit the child at a later date to a Day Nursery, in order that the mother might be able to support herself and her baby by going to daily work.

HEALTH VISITING. The year 1946 was not an easy year for health visitors in this area, so severely damaged by enemy air attack, and with so much re-housing and building of new houses needed. The birth-rate has risen from 21.6 in 1945 to 26.8 in 1946, and this has necessarily meant heavy work for the eighteen health visitors employed by the Council under the Maternity and Child Welfare Scheme. It has entailed more visits to expectant mothers and to children under five years of age. Post-war home visiting differs from that of the pre-war years: the women themselves face daily more problems, more difficulties, more restrictions than in those years of 1920-1939 when Maternity and Child Welfare Services for their benefit were being built up. The health visitors have always been accepted in West Ham as friends rather than as officials, and so their opinion and advice is sought in many and varied problems. The year 1946 was full of these problems for the health visitors, so that routine supervision of the children often had to be superseded by a series of special visits in association with particular needs or difficulties of the families concerned.

The clinic attendances have increased, and, in particular, ante-natal work has been very heavy, so that it has not been possible to establish, as was hoped, the separate sessions for toddlers and for post-natal routine examination.

Seven health visitors resigned during the year—one on superannuation, five to take up similar work elsewhere, and one to use her knowledge in other spheres of nursing service. It has become increasingly difficult to replace health visitors. This widespread difficulty, which must cause great concern to Authori-

ties, particularly affects areas such as West Ham, where the need is so great at present for supervision in the homes.

During 1946 the health visitors paid visits to the homes as follows:—

To expectant mothers	7,784
To children under one year	12,034
To children between 1-5 years ..	15,760
To foster children	162
Other special cases	12,843

The need for immunisation against diphtheria was stressed at every visit to a child under five years, and towards the latter part of 1946 the health visitors were urged to concentrate particularly on this preventive measure.

Premature babies received special attention. The health visitor visited twice at least in the first four weeks of life and thereafter monthly until she was satisfied that both mother and baby were well. Notification was made on the birth card of the infant's weight, so that every baby under 5½ lbs. (according to the Ministry of Health Circular 20/44) was considered premature. In 1946, 273 premature infants were born in West Ham of women normally resident in the Borough.

Premature births, 1946:—

Total number	400
(a) Born at home	20
(b) Born in hospital	380

Of those born at home:—

(a) Completely nursed at home	20
(b) Died in first 24 hours	3
(c) Alive at end of first month	17

Of those born in hospital:—

(a) Died in first 24 hours	16
(b) Alive at end of first month	364

An arrangement has been in force for many years whereby a midwife could send to hospital the premature infant and mother, if necessary. In 1946 this facility was not used by any district midwife; the midwives adopted, however, special measures at home for the welfare of the infant, with very considerable success.

A Premature Baby Unit will be established at Forest Gate Hospital when the new Maternity Unit is completed, so that every facility will then be available to protect these delicate babies.

CLINIC WORK. This aspect of the work continued steadily throughout 1946, with especially heavy ante-natal clinic attendances.

Ante-Natal Clinics. The knowledge that it was difficult to obtain admission to hospital for confinement brought mothers

to the clinics at a very early period of pregnancy. This "first come, first served" principle was abolished at the Municipal Clinics towards the end of 1946, as it resulted in the wards of Forest Gate Hospital being filled with mothers many of whom did not urgently require institutional confinement. But, fortunately, the tendency still remained for early booking arrangements to be made, and so the Department was in close touch with the majority of expectant mothers throughout pregnancy. The uptake of vitamin supplements was low amongst the priority classes in the Borough, so that considerable propaganda has been required to encourage mothers to apply for these preparations.

Child Welfare Clinics. The higher birth-rate obviously raised the attendances of infants at the Child Welfare Clinics, but there is still a lamentable tendency on the part of the mothers to cease to bring the toddlers for regular supervision. From experience over a number of years, I consider the mother of a toddler needs more help and guidance than does the mother of a baby under one year.

The Council's five Maternity and Child Welfare Clinics functioned fully during 1946, and, in addition, regular sessions for expectant mothers and children were held at Plaistow Maternity Hospital, E.13, Avenons Road Clinic, E.13, and ante-natal sessions only at the Plaistow Maternity Hospital Branch Homes at Romfort Road, E.15, and Eldon Road, E.16 (opened on 4th December, 1946).

Total number who attended in 1946:—

Children—

(a) Under one year	....	...	....	....	2,394
(b) One to five years	....	....	....	....	3,907

Mothers—

(c) Total number of expectant mothers who attended	....	....	....	....	7,508
(d) Total number of nursing mothers who attended for routine post-natal examination					791

The Municipal Clinics were attended by the Council's two full-time medical officers and by four part-time medical officers, attending from 1-6 sessions per week each. Dr. Jessica Mestel was granted leave of absence for 12 months from 30th June, 1946. Dr. Marguerite James was appointed temporary full-time assistant medical officer in her place.

DENTAL WORK. With the increase in attendance of mothers and children at the Maternity and Child Welfare Clinics, there has been a greater demand for dental treatment. Mrs. Rogers, L.D.S., attended weekly at the three permanent Maternity and Child Welfare Clinics, on a part-time basis of 6-7 sessions per week, but recently the increased number of applications for dental treatment has required her services for 8-9 weekly sessions.

The children continued to show reasonably good dental condition, but the expectant mothers almost always required treatment. Although the response to appointments made for them to attend the dental clinics has improved, there is, unfortunately, a very prevalent "fear of the dentist" rather than prejudice against dental treatment in pregnancy which was common several years ago. Much propaganda and encouragement is required in this matter, because only by personal experience can the mother realise that her fear is unfounded.

Wherever necessary, the mothers have been provided through the clinical service with dentures, generally to their entire satisfaction. Extractions were carried out under general and local anasthesia for mothers and under general anasthesia for children. Conservative treatment was always given to mothers and children whenever possible.

Dental Attendances for 1946:—

<i>Mothers.</i>	Total attendances	....	....	....	2,851
	Fillings	....	....	....	331
	Extractions	....	....	....	3,243
	Number supplied with dentures	....	....	....	225
<i>Children.</i>	Total attendances	....	....	....	992
	Fillings	....	....	....	327
	Extractions	....	....	....	649

DIPHTHERIA IMMUNISATION. Regular weekly sessions were held throughout 1946 at the Council's Maternity and Child Welfare Clinics. Since January, 1946, the work has been carried out by the medical officers from Plaistow Hospital. A "birthday" scheme was commenced in December, 1946, whereby a special card is sent to the parents of the child on his first birthday, urging them to have the child immunised, if not already protected. It is too recent to be able to give any results, but, in my opinion, the most effective propaganda work in this connection is done by the health visitors in the course of their routine visits to the homes and at the clinics, supplemented by "birthday" cards and supervision at Child Welfare Clinics.

The number of children in 1946 immunised against diphtheria at the Maternity and Child Welfare Clinics was 1,857. Where the child has not already had whooping-cough he is immunised also against this infection by a combined treatment. The infant receives his first injection at about 9-10 months of age, and in place of a routine post-Schick test carried out three months after the last injection, the mother is advised to apply for a further injection just before the child enters school, at about 4½-5 years of age.

SUNLIGHT AND ORTHOPAEDIC TREATMENT. By arrangement with the Children's Hospital, Balaam Street, Plaistow, E.13, 74 children under five years of age were referred to the hospital clinic from the various Child Welfare Clinics for Sunlight treatment.

Twelve children were referred to the Orthopaedic Surgeon, Children's Hospital, Balaam Street, Plaistow, for advice regarding various congenital deformities and acquired defects, e.g., talipes, bow legs, knock-knees. In the majority of cases the child was treated successfully as an out-patient. The hospital remained closed since the outbreak of war until October, 1946, so that up till that date any child requiring in-patient treatment and care was referred to another suitable institution by the Orthopaedic Surgeon.

CONVALESCENT TREATMENT FOR NURSING MOTHERS. For a number of years arrangements have been in force whereby two or three mothers, with their infants under three months of age, were sent to the Post-natal Home, Child Haven, Hutton, Essex, every fortnight. During 1946, 56 mothers and 58 babies were able to enjoy a period of two weeks' convalescence in that peaceful and charming Home. Unfortunately, the Committee of the West Ham Central Mission closed these premises for this purpose in October, 1946, and it was with regret that the Maternity and Child Welfare staff heard the news. "Child Haven" filled a great need in the Council's Maternity and Child Welfare service, and every mother returned from that Home full of praise for the care, consideration and help she had received.

But at Harold Wood Hospital, Essex, a post-natal ward of 12 beds was opened by the Council in May, 1946, being used at first to accommodate nursing mothers and their infants under a scheme similar to that in operation at "Child Haven." Later, this ward became a post-natal ward, admitting women direct from Forest Gate Hospital Maternity Unit during the first fourteen days after confinement, who required more than the usual nursing care and attention. The convalescent mothers perforce had to give way to the mothers newly confined. But it is hoped that further facilities for convalescence may be available in the not too distant future, for undoubtedly today the mothers of the Borough are in greater need of this additional rest than ever before.

CONVALESCENCE FOR CHILDREN UNDER FIVE YEARS. As for many years past, children were sent to various convalescent homes in the country and at the seaside, by arrangement with the Invalid Children's Aid Association, and, to a lesser extent, by the Invalid Crippled Children's Society. The children were referred to this Department by the medical officers of the Child Welfare Clinics, from various hospitals and by general practitioners. Convalescence was requested on account of conditions such as malnutrition, anaemia, general or nervous debility frequently following an acute illness, e.g., measles, pneumonia, etc. The period of convalescence varied from 4-12 weeks, and in certain cases this period was extended to 4-6 months on the recommendation of the medical officer

in charge of the convalescent home. In 1946, 101 children under five years of age received this treatment, with considerable and lasting benefit to the majority.

DAY NURSERIES. The Day Nurseries were fully used in 1946, and throughout the year there was always a very considerable waiting list, owing to continued employment of women in factories, canteens, hospitals and offices. Every effort was made to admit in the first place the children whose mothers were obliged to work, namely, children of widows or unmarried mothers, or where there was definite financial hardship at home. In January, 1946, the Howards Road Day Nursery had to vacate the premises rented from Plaistow Maternity Hospital, and from February to June the Nursery carried on at the Children's Hospital, Balaam Street, Plaistow. Later, the ward in which the Nursery was accommodated was required by the hospital authorities, so that this Nursery closed at the end of June, provision being made for necessitous cases in the two adjoining Nurseries, where it was possible also to absorb the staff. From July to December the five remaining Nurseries worked to full capacity, and, in view of this, it was agreed by the Education and Maternity and Child Welfare Committees, at a joint meeting in October, 1946, that these Nurseries should continue to function as Day Nurseries for a further period of twelve months at least. Ultimately the Liverpool Road, E.16, and Station Street, E.15, Nurseries will remain as Day Nurseries; the other three, viz., Litchfield Avenue, E.15, Osborne Road, E.7, and Plaistow Road, E.15, will become Nursery Schools.

The health of the children in the Nurseries gave rise to little anxiety, and there was no serious epidemic at any Nursery. The children attended more regularly and there was a more stable population than in the war years, when the district was subject to frequent air attack. This stability resulted in a better general supervision, so that the majority of children gained weight satisfactorily and improved both physically and mentally, as a result of good food, regular routine, fresh air and ample playing space both in and outside the Nursery.

All the Nurseries were affiliated to the National Society of Children's Nurseries, and arrangements were made to train the student nursery nurses for the diploma issued after examination by the Society. During 1946 one student nursery nurse gained the diploma and was appointed to a more senior position in one of the Council's Day Nurseries.

CHILD LIFE PROTECTION. The health visitors act as Child Life Protection Visitors to foster-children in their own districts. During 1946, 11 foster-mothers were registered and visited under Part xiii of the Public Health (London) Act 1936. Following registration, the home is visited and the child supervised at least once every two months by the visitor. No pro-

ceedings were necessary in the year to cause the child to be removed, and all children were healthy and well cared for.

Under Section 7 of the Adoption of Children (Regulation) Act 1939, four children were under supervision by the health visitors at the end of the year. These are children placed by their parents with foster-parents, who undertake the care and maintenance of the child without reward in money or kind, but for whom no action is taken in respect of legal adoption.

HOSPITALS

GENERAL STATEMENT

The Institutions owned and controlled by the County Borough Council are the following:—(1) Whipps Cross Hospital; (2) Forest Gate Hospital; (3) Harold Wood Hospital; (4) Isolation Hospital, Plaistow; (5) Dagenham Sanatorium; (6) Langdon Hill Sanatorium; (7) South Ockendon Colony; (8) Central Home; (9) Forest House. Of these, Central Home and Forest House are controlled by the Social Services Committee. Beds in all the Institutions, except the two Sanatoria, the Isolation Hospital and South Ockendon Colony, are allocated to the Essex County Council and the East Ham Borough Council under a User Agreement. The proportions are 34 per cent, for Essex and 16 per cent. for East Ham.

This section of the report deals with all these Institutions except the Isolation Hospital, the two Sanatoria and South Ockendon Colony, which are more completely dealt with in the sections devoted to infectious diseases, tuberculosis and mental deficiency.

WHIPPS CROSS HOSPITAL

REPORT BY DR. A. NORMAN JONES, F.R.C.S.,
Medical Superintendent

Whipps Cross Hospital is a general hospital, providing beds for medical and surgical cases, together with separate sections for children and chronic sick; there is no maternity department. The Hospital was appropriated for public health purposes in 1944, and, in addition to patients from West Ham, receives cases from East Ham and part of the County of Essex, by virtue of a "User Agreement" which has existed for some years.

Some figures of the year's work are included in a brief statistical appendix, and further details appear in other paragraphs. It should be emphasised that these figures do not convey an adequate idea of all the work which has been done, as they give no indication of the time devoted to preparing plans for the future development of the Hospital.

PATIENTS. The figures for 1946 are similar to those for the preceding year, except for a slight general increase. The number of out-patients, however, has more than doubled—and indeed this was only to be expected, as for some years it has been known that the facilities for out-patients in this district were inadequate. Throughout the year, of a total of 41 wards, 14 remained empty (representing approximately 400 beds). These wards still remain empty, owing to a lack of sufficient nursing and domestic staff, and, in this respect, “Whipps Cross” had to face similar difficulties to other hospitals throughout the country. Nevertheless, it will be seen from the figures that it was possible to deal with 390 more patients, and this was done without causing overcrowding in any of the wards. Even at the busiest time of the year, the extra beds which had to be put up did not exceed 10 per cent. over the normal total for any given ward. It is believed that this improvement was partly due to a change in the system of admissions.

ADMISSIONS. It became evident that for some time the sisters and nurses in the Receiving Ward had been burdened with an excess of clerical work; moreover, it was no longer possible for the Medical Superintendent to deal personally with all requests for admission. In view of this, sanction was given to the appointment of a casualty officer, departmental sister and two clerks, the latter dealing in the first instance with all requests for admission from outside doctors, relieving officers and others. At the same time, the wards were surveyed in order to ascertain the appropriate number of patients with which the ward could deal, and an upper limit fixed of 10 per cent. over the normal figure, which was not to be exceeded except in special circumstances. In this way it was hoped to preserve the classification, which previously had only been maintained with difficulty.

From time to time during the year it was impossible to admit certain cases, although they appeared suitable for admission. An examination of the figures shows that 85 per cent. of applications for admission were satisfied on the same day; of the remainder, some were clearly unsuitable owing to the nature of the disease or their place of residence, others were admitted at a later date after their names had been placed on the waiting-list. It is believed, generally speaking, that this method of dealing with requests for admission has given satisfactory results, although it is conceded that in certain classes of cases there has been delay in securing admission: this is particularly true of the chronic type of case. Nevertheless, 170 beds were set aside and occupied throughout the year by these long-stay patients, forming approximately 25 per cent. of the total accommodation in the Hospital.

VISITING HOURS. Since the opening of the Hospital, the visiting hours had been on Wednesdays and Sundays, from

2.30 p.m. to 4.30 p.m., and it was considered that a change might be made which would prove of benefit to the patients without in any way interfering with their treatment or causing inconvenience to the staff. It was decided to abandon visiting on Wednesday afternoon, and instead to substitute evening visiting on Mondays, Wednesdays and Fridays for one hour; the Sunday afternoon visit was preserved, though the hours were adjusted. It was not possible to introduce these changes during the year under review, but it was expected that they would operate from an early date in 1947.

MEDICAL STAFF. During the year the resources of the Hospital were surveyed, both in regard to staff and premises, in the light of modern developments. It had long been realised that the number of medical staff was inadequate to deal with the work, and, furthermore, that their status was not comparable with that of the medical staffs of other hospitals. It was proposed that all patients in the Hospital should come under the direction of one or more specialists, some of whom should be whole-time and some part-time. A comprehensive report on a proposed establishment was drawn up for submission to the Health Committee, and it was hoped that some additional appointments would be approved. An unexpected impetus was given to these proposals when the Minister of Health, having in mind the needs of ex-Service specialists, offered to pay the remuneration of eight specialists at Whipps Cross Hospital, until such time as it should be taken over under the new National Health Service. The appointments for which approval was given included two physicians, two surgeons, one ear, nose and throat surgeon, one paediatrician, one pathologist, and one orthopaedic surgeon. In some of these appointments it was expected that the specialist would also be available to assist in the health services of the Borough.

NURSING STAFF. A reference has already been made to the shortage of nurses. During the year the average total of nursing staff of all grades amounted to 320, made up as follows:—

Administrative.	7	Assistant Nurses .	44
Tutorial	3	Student Nurses	200
Departmental	2		—
Ward Sisters	34		244
Staff Nurses	30		
	—		
	76		

It can be seen from the above figures that approximately 75 per cent. of the total nurses are still in training, and that the number of staff nurses is only one-third of the figure considered necessary for effective nursing of the patients. From time to time recommendations have been made on the appropriate number of nurses required in hospitals of different types:

in general hospitals a recommendation was made suggesting that a total nursing staff of fifty nurses was required for one hundred patients, and *pro rata*. It is sometimes suggested that this figure is unduly high, and reference is made to work which was done by reduced staffs in previous years. There are a number of causes which have contributed to the need for an increase in the number of nurses in hospitals. For instance:—

1. The introduction of new and complicated techniques in diagnosis and treatment.
2. The various changes designed to improve the working conditions of the nursing staff, especially the reduction in the hours of duty.
3. The introduction of new concepts in the training of nurses, which require a higher standard of theoretical knowledge, and a consequent increase in the amount of time spent in the classroom.

Even though it was impossible to open more wards during the year, nevertheless, no ward was closed, and in this respect it is believed that "Whipps Cross" escaped the fate of many hospitals, where further beds were closed owing to shortage of nursing staff.

During the early part of the year it became evident that the existing Nurses' Home was only large enough to accommodate the present staff, and it was felt that until a new Home or Annexe could be provided it would be impossible to utilise all the beds in the Hospital. A further difficulty experienced was in connection with the Nurses' Dining Room, which proved to be far too small. This problem was relieved by a decision to use one of the empty wards as a Nurses' Dining Room.

DEVELOPMENT OF DEPARTMENTS. Reference was made in the last report to the inadequate Physiotherapy and Out-Patients' Departments. Apart from these, it was evident that other Departments required extension, namely, the Pathological Laboratory, X-Ray Department, and Dispensary. At the same time, it was felt that separate accommodation should be provided for the Preliminary Training School, and more suitable offices found for the Medical Superintendent, Matron and Almoner. In addition, a number of minor departments were inadequately housed. It was apparent that some of the wards would remain empty for some considerable time, owing to the lack of sufficient nursing staff, and, in view of this, it was decided to take over six of the empty wards to house some of the aforementioned departments, as follows:—

1. C.2 Ward to be adapted for use as a Nurses' Dining Room.
2. Part of A.2 Ward had already been set aside for use as a superficial X-ray therapy plant; the remainder of the ward to be reserved for use as an X-ray Department.

3. D.2 Ward to be set aside for the development of consultative clinics.
4. B.6 Ward to be taken over for use by the Preliminary Training School.

In drawing up plans for the utilisation of these wards, care was taken that no structural alteration should be made which would reduce the efficiency of the ward for the purpose of in-patients, and all the changes proposed could be dismantled in a brief time, should the need arise. At the same time, the accommodation vacated by the transfer of departments to new premises would provide relief in other directions, e.g., offices, rest rooms, etc. It was hoped that an early start might be made on these developments in order that they might be in use prior to April, 1948, the date anticipated for the beginning of the new National Health Service.

IN CONCLUSION, it is a pleasure to refer to the co-operation and help which has been willingly afforded by all members of the Hospital staff. It is sometimes forgotten that, no matter in what capacity a person serves, his or her work is essential in some degree to the wellbeing of the Hospital.

STATISTICS

1.	Available accommodation	....	....	....	....	787 beds
2.	Average number of patients in Hospital daily throughout 1946	....	....	....	....	737
3.	Admissions	West Ham	East Ham	Essex	Total	
	Public Health	2,271	1,528	4,108	7,907	
	E.M.S.				242	
					8,149	
	Average number of in-patient days (Public Health)				35	
	Average number of in-patient days (E.M.S.)				17	
4.	Discharges	West Ham	East Ham	Essex	Total	
	Public Health	1,942	1,325	3,482	6,749	
	E.M.S.				247	
					6,996	
5.	Number of Out-patients					8,055
6.	Patients seen by Consultants					4,015

7. Deaths (Public Health)	1,264
„ (E.M.S.)	15
	1,279
8. Number of Operations Performed	2,192
9. Number of X-Rays	6,729
10. Number of Fractures Treated	1,680
11. Number of Post-Mortem Examinations	
By H.M. Coroner's Pathologist	366
By own Medical Staff	95
	461
12. Number of Specimens dealt with in Pathological Laboratory	9,833

FOREST GATE HOSPITAL

Report of the Medical Superintendent,
DR. H. R. ENGLAND, M.B., B.Ch., M.A.O., M.M.S.A.

2,024 infants were born in Forest Gate Hospital in the year 1946. This is a record number.

The resources of the Hospital were constantly under strain, and no slack period was experienced throughout the year.

There were two maternal deaths in the Hospital, both of which occurred in January. This means that there was no maternal mortality in the next 1,900 births.

Gastro-enteritis affecting both mothers and infants has been endemic in the Maternity Unit since January. The infant mortality due to this has been 21. The outbreak has been investigated as fully as possible, with the advice of the Health Department.

Dr. R. M. Elliott and Dr. Manson, of the Ministry of Health, and Dr. Cruickshank (Director) and Drs. McCallum and Cockburn, of the Central Public Health Laboratory, conducted a thorough investigation, and I am indebted to them for the great care they took and the assistance freely given towards the solution of the problem. The causal organism of this outbreak has not been identified.

The Operating Theatre became available for use in November and the new Ante-Natal and Post-Natal Departments came into use in December.

The number of ante-natal cases needing admission on medical grounds to Hospital for varying periods in advance of confinement is always considerably in excess of the number of beds available for this purpose.

The work of the Post-Natal Clinic is developing and the attendance is most satisfactory.

During the year we were pleased to welcome back to their former duties at the Hospital the several members of the Staff who volunteered or were called up for service in H.M. Forces.

The following table shows the admissions and confinements at Forest Gate Hospital for a ten-year period—1937-1946. Except for one of the war years—1941—it will be seen that the work in the Maternity Unit has progressively increased. When one realises that this has been done with much of the same ward accommodation originally provided at Forest Gate Hospital for the reception and treatment of maternity cases in the early 1920's, the present-day difficulties experienced in the adequate treatment of the patients can be readily understood.

	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
Total number of Admissions	1007	1205	1177	1011	740	1754	1659	1521	1843	2159
Number of Confinements	907	1077	1051	917	647	1510	1500	1429	1659	1996

I submit the following details of the work at Forest Gate Hospital for the year 1946, as supplied to the Ministry of Health on Form M.C.W.96A:—

- (1) Total number of admissions (including live infants born in Hospital) 4,120
- (2) Number of women confined in the Hospital 1,996
- (3) Number of live births 1,961
- (4) Number of still births 63
- (5) Number of deaths of babies under four weeks born in the Hospital 59
- (6) Number of deaths of women confined in the Hospital 2
- (7) Average number of days' residence of women confined in the Hospital 10.04
- (8) Number of premature births (those weighing $5\frac{1}{2}$ lbs. at birth or less) 137
- (9) Number of Puerperal Pyrexia cases 10
- (10) Number of cases of Ophthalmia Neonatorum Nil

MATERNAL DEATHS. 2.

Case No. 1. Mrs. L. M., 36 years. "Intra-Peritoneal Haemorrhage" "Complete Rupture of Uterus" "Placenta Praevia."

Case No. 2. Mrs. F. W., 25 years. "Renal Failure after Childbirth" "Chronic Nephritis" "Toxaemia of Pregnancy."

The cause of death was confirmed in each case by post-mortem examination.

One of these cases was an emergency admission. The other, a booked case, had not been seen by the Medical Staff at Forest Gate prior to admission.

CONFINEMENTS.

Of the 1,996 confinements:—

971 were Primigravidae.

1,025 were Multigravidae.

TWIN BIRTHS.

There were 29 cases of twin birth.

INFANT FEEDING.

- (a) Number of infants wholly breast-fed on discharge from
Hospital 1,726
- (b) Number of infants receiving a supplementary or complementary feed on discharge 172

Tables are appended hereunder which illustrate some of the work of the Maternity Unit:—

1. Presentation	No. of Cases
Vertex	1,951
Breech	38
Shoulder	5
Face	2
Brow	Nil
2. Abnormal Labour	No. of Cases
Caesarean Section	7
Craniotomy, etc.	2
Ante-Partum Haemorrhage	22
Placenta Praevia	8
Post-Partum Haemorrhage	38
Manual Removal of Placenta	21
Forceps Deliveries	63
Prolapse of Cord	3

PATHOLOGICAL LABORATORY. Due acknowledgment must be made of the excellent work done by the Technician, when 2,089 examinations were carried out during the year.

There is still a delay in obtaining essential items of equipment for the full functioning of the Laboratory.

I have again to record my thanks to the Pathologist and his staff at Whipps Cross Hospital, who were most helpful with regard to special investigations required from time to time.

BLOOD TRANSFUSIONS. A number of blood transfusions have been given, as in previous years. The Hospital Blood Bank is kept stocked, and our grateful thanks are due to Dr. John Shone, Director of the North London Blood Supply Depot, for his help in this connection and in the provision of Rhesus Negative Blood when required.

A small number of infants suffering from Erythroblastosis Foetalis (Icterus Gravis and Congenital Haemolytic Anaemia types) have been transfused and saved.

X-RAY EXAMINATIONS. During 1946, 285 maternity patients were X-rayed at Whipps Cross Hospital. I would like to thank the Medical Superintendent and the Radiologist for their provision of these facilities.

The need for the installation of an X-ray apparatus at Forest Gate Hospital is great and urgent, and facilities should be available on the spot to enable patients to be X-rayed during labour where this essential aid to the modern practice of the science and art of Obstetrics is required.

NURSING STAFF. The shortage of nursing staff of all kinds still exists. This shortage is of the greatest moment in the Maternity Department.

The recognition of our expanded Maternity Department by the Central Midwives' Board as a training school for pupil midwives (Part 1 or Parts 1 and 2) appears to offer the most successful method whereby the desired increase in nursing staff could be achieved and maintained.

DOMESTIC STAFF. The shortage of domestic staff persisted during the year.

KITCHEN. The Main Kitchen should be modernised at as early a date as practicable, with appropriate staffing.

HOSPITAL LAUNDRY. The Laundry continues to be inadequate, and though the staff are to be commended for the excellent work they do, the complete requirements of the Hospital cannot be met, and the Laundry should be reconstructed and re-equipped.

THE FUTURE. The Hospital will have been taken over by the Regional Hospitals Board established under the provisions of the National Health Service Act 1946 before my report in respect of the year 1947 is in print, and so a few anticipatory observations will not be out of place.

The tendency which began to develop in 1935 for the Maternity Department to become the most important part of the work of the Hospital has been fully maintained, despite the impact of war.

The following abstract from a report submitted to the Management Committee of the Hospital over the date 23rd August, 1926, is not without interest:—

" We consider that the mental defectives opposite the Maternity Ward ' I ' are much too near, and must have a detrimental effect on expectant mothers and the unborn children, and we recommend that the mental defectives should be removed to another part of the Institution."

In my opinion the time has now come when separate provision should be made elsewhere for the mental defectives and epileptics, and the present undesirable admixture of maternity patients and mental defectives should no longer obtain.

The proposed expansion of the Maternity Unit and adaptation of Wards " M," " N," " O," " P " and the Male Decontamination Station for this purpose would go a long way to meeting an outstanding need.

In conclusion, I would like once again to thank all members of the staff at Forest Gate Hospital who, by their close co-operation and close working, have contributed to the wellbeing of the patients during the year 1946.

I have also to acknowledge the ready help and co-operation at all times of the staff of the Public Health Department, and the Chairman and members of the Health Committee, and the visiting Rota Committees for their kindness and consideration shown at all times when dealing with the management and wellbeing of the patients and staff at Forest Gate Hospital.

Further details regarding Mental Patients will be found on page 62.

CENTRAL HOME

This Institution, which is owned and controlled by the Social Services Committee, is used as administrative buildings and for housing chronic sick, mental and able-bodied persons.

The number of persons admitted to the chronic sick section during the year was 974 (males 545, females 429). There were 274 discharges (males 139, females 135), and 745 deaths (males 422, females 323).

FOREST HOUSE

Forest House is situated in the same grounds as Whipps Cross Hospital, but is controlled by the Social Services Committee. The accommodation provides mainly for aged men and women, epileptics and mental patients.

During the year there were 74 admissions (males 55, females 19) and 80 discharges (males 55, females 25). There were no deaths at this Institution.

HAROLD WOOD HOSPITAL

This Hospital, which is controlled by the Health Committee, is used chiefly for the accommodation of chronic sick cases, but during the year a ward was re-opened for children convalescing from infectious diseases, who were transferred from the Council's Isolation Hospital. In addition, a section of the Hospital was converted for the provision of wards for post-natal cases from Forest Gate Hospital. This latter scheme has proved of great value in reducing the very heavy demand on maternity beds at Forest Gate Hospital.

During the year there were 447 admissions (55 males, 222 females, and 170 children). The number of discharges was 357 (11 males, 185 females, and 161 children). Deaths numbered 50 (19 males and 31 females).

MENTAL DEFICIENCY

On the 31st December, 1946, the number of defectives on the register was 728 (351 males and 377 females). Of this number, 668 (332 males and 336 females) were ascertained as "subject to be dealt with," i.e., those in whose cases official action had been taken.

DISTRIBUTION OF DEFECTIVES. The manner in which the defectives who were on the register at the end of the year had been dealt with is shewn in the following table:—

DISTRIBUTION OF DEFECTIVES

	Males	Females	Total
A.—Mental defectives ascertained to be "subject to be dealt with":—			
Number in Institutions under Order	179	151	330
Number on licence from Institutions	18	13	31
Number under Guardianship Orders	3	5	8
Number in "places of safety"	7	46	*53
Number under Statutory Supervision	111	112	223
Number in which action not yet taken under any of the above headings	14	9	23
B.—Mental defectives not at present "subject to be dealt with" but for whom the Local Authority may subsequently become liable			
	19	41	60
Total	351	377	728

* The large number of "places of safety" cases is due chiefly to evacuation from Forest Gate Hospital owing to war-time emergencies.

ASCERTAINMENT. The number of mental defectives ascertained as "subject to be dealt with" during the year was 30 (18 males and 12 females). Included in this number are 19 cases (12 males and 7 females) notified by the local education authority. Of the new cases, 14 were recommended for institutional care; 10 of these (7 males and 3 females) were admitted to institutions; 2 were awaiting admission; and in 2 cases the parents refused to allow their children to go away. The remaining 16 cases were placed under statutory supervision.

In addition to the foregoing, 6 cases were investigated, 5 were not considered to be certifiable as mental defectives, and 1 case left the area before the investigation was completed.

INSTITUTIONAL ACCOMMODATION. The number of West Ham mental defectives detained in institutions under Order at the end of the year was 361 (197 males and 164 females), but of these patients, 31 (18 males and 13 females) were absent on licence. In addition, 53 patients, the majority of whom are considered to be mental defectives, are in South Ockendon Colony as in a "place of safety." Of these, 45 are patients who were evacuated from Forest Gate Hospital and 8 who were evacuated from their homes owing to war-time emergencies. These patients will be dealt with under the Mental Deficiency Acts when circumstances permit.

During the year 25 defectives (17 males and 8 females) were admitted to institutions, 24 under Order and 1 transferred from guardianship. One of the cases (a male) was dealt with under Section 8 of the Mental Deficiency Act 1913. In addition, one Order was obtained in respect of a patient who had been dealt with under Section 15.

DEATHS. Eleven defectives died during the year (6 males and 5 females); 10 died in certified institutions and 1 West Ham case died in Rampton State Institution.

SUPERVISION. At the end of the year there were 223 defectives (111 males and 112 females) under statutory supervision and 19 cases (12 males and 7 females) under friendly supervision. In addition, there were 39 patients (25 males and 14 females) on licence from institutions residing in the Borough. All these cases are visited by the Visitor specially appointed for this work at varying intervals, according to the circumstances of the individual case. The parents or guardians are advised as to the best methods of training and caring for the patient, and endeavours are made to assist him in every possible way. It is remarkable how well the majority respond to the assistance given and welcome the visits which are paid. A large number of the defectives at home are in fairly regular employment.

LICENCE. During the year 15 defectives (11 males and 4 females) were granted licence and 10 defectives (7 males and 3 females) who were on licence had to be recalled owing to

unsatisfactory conduct. Eight patients on licence were discharged from the Orders detaining them under the Mental Deficiency Acts.

At the end of the year 31 defectives (18 males and 13 females) remained on licence.

SOUTH OCKENDON COLONY

Report by Medical Superintendent—
DR. BERNARD MATHESON, M.B., Ch.B., D.P.M.

On the 1st January, 1946, there were 423 patients subject to the provisions of the Mental Deficiency Acts on the register, viz., 209 men, 158 women, 33 boys and 23 girls. During the year 38 patients were admitted—11 men, 7 women, 7 boys and 13 girls—while 6 men and 3 women died and 6 men and 5 women were discharged, leaving a total of 441—215 men, 163 women, 40 boys and 23 girls—remaining on 31st December, 1946.

In addition to these patients there were 126 evacuees—18 men and boys and 108 women—being cared for in the Colony. During the year no evacuee patient was admitted, while 3 boys died and 3 (1 boy, 2 women) were discharged, leaving a total of 120—7 men, 96 women, 7 boys, 10 girls—remaining on 31st December, 1946.

There was a total of 561 patients—269 men and boys and 292 women and girls—remaining in the Colony on 31st December, 1946.

ACCOMMODATION. The Colony has been overcrowded during the whole of the year, and the absence of school buildings still causes difficulty. The question of providing a hospital block, school and accommodation for the lowest grade of patients has received consideration, and a scheme which has been placed before the Ministry of Health has received sympathetic and favourable consideration. It is fervently hoped that sanction to proceed with the buildings will be secured in the near future, for the lack of these facilities is a definite handicap to the efficient and smooth running of the Colony.

The present accommodation consists of nine villas—three of 60 beds each, allocated to adult males, two of 50 beds each to children, and four to adult women, housing for practical purposes 60 patients each, although a certificate for that number has not yet been approved by the Board of Control, who are awaiting the completion of certain alterations in one or two of the villas. Patients are graded in the villas, as far as possible, according to the degree of defect present: thus the three villas for male defectives house low-grade, medium-grade and high-grade patients respectively. A similar system obtains in the section for women, except that two of the villas are filled chiefly by uncertified patients originally evacuated from Forest Gate Hospital or from home.

GENERAL HEALTH. There were 12 deaths amongst the patients during the year. Causes of death are set out below:—

Secondary Pneumonia following Influenza	....	....	....	4
Status Epilepticus	....	....	....	6
Broncho-Pneumonia following Post-Encephalitic Syndrome	..			1
Bronch-Pneumonia following Chronic Fibrosis of the Lungs	..			1

Of the 12 deceased patients, five were classified as idiots and five as imbeciles, and these 10 comprised all the patients dying as a sequel to Influenza or to Status Epilepticus.

Apart from the fairly severe Influenza epidemic, the general health remained satisfactory over the year.

CONDUCT AND BEHAVIOUR. This has again been satisfactory. Considering the ease with which patients can gain access to the main thoroughfare, and the lessened supervision due to staff shortage, the number of escapes has not been large. Over the year, 10 patients have absconded, of whom 7 have been returned.

I am pleased to report that it has been possible this year to revive our Scout Troop. The Scoutmaster is Mr. Cater, one of our Student Nurses, who has shewn great keenness and aptitude for this type of activity, and he has been ably assisted by Mr. Maddix (Nursing Assistant). It was possible to arrange a short period of camping in the grounds of a farm in the vicinity of South Ockendon, by the kind permission of Mr. Cudby (Baldwin's Farm, South Ockendon).

LICENCE. Twenty patients (14 men and 6 women) were granted licence during the year, of whom 7 (5 men and 2 girls) were returned. There were also 1 man and 5 women previously granted licence who returned during the year. These patients were returned for the following reasons:—

Unsatisfactory behaviour	....	....	....	8
Charged with criminal offence	....	....	....	2
Absconded on licence	....	....	....	1
Became pregnant	....	....	....	1
Insufficient supervision	....	....	....	1

EMPLOYMENT. Patients are employed in and around the Colony in the workshops, on the farm, as villa workers, as workers in the laundry and sewing rooms, as workers attached to Colony staff, e.g., gardeners, boiler-house men, porters, assistants to carpenters, painter, etc. The following list shows the average number so employed at each occupation:—

<i>Male</i>				<i>Female</i>			
Farm workers	....	....	21	Attending school	....		18
Laundry	....	....	4	Laundry workers	....		16
Kitchen	....	....	1	Kitchen workers	....		11
Shoemakers	....	....	8	Sewing room	....		47
Carpenters	....	....	7	Handicrafts	....		78
Mat and rug-making	....		4	Wardwork	....		36

Basket workers	4	Assisting with children ..	7
Engineer	9		
Painter	1		
Villa workers	51		
Lodge	1		
General Stores	2		
Nurses' Home	1		
Porters' help	2		
Boot and cutlery cleaning	22		
Handicrafts	20		
Lower grade	12		
Attending school	14		

RECREATION. Hours of employment for those in the workshops are from 9 to 12.15 in the morning and 2 to 4.30 in the afternoons. On Tuesday afternoons the patients attend the cinema—there are two “houses.” On Saturday afternoons there is, except in the hottest weather, a dance, but some of the patients prefer to play football, cricket or go for a walk. Games are also played in the evenings when weather and daylight permit. Indoor games enjoyed are table-tennis, draughts, cards and the usual simpler board games. A selection of the popular daily papers is provided for each villa, and some weekly magazines also, chiefly of the pictorial kind. One of the women's workrooms during the evening has become a library, where a fair selection of modern books is provided, including some of the more simple classics. The number of patients who can take advantage of this is of course limited, but those who do, make good use of the facility.

SPORTS DAY. A Victory and Annual Sports Day was held on 24th June, 1946. The weather fortunately kept fine, and the day was considered a successful one. The side-shows were crowded until the prizes had been won. A giant slide, built by the artisan staff, was in constant demand—as it is throughout the year, both within and without the Colony. The function was attended by the Mayors and Mayoresses of both West Ham and East Ham, as well as by members of the Committee and by many friends and well-wishers. The tug-of-war between the staff and guests was won by the guests, who included certain members of the West Ham and East Ham Councils.

The usual programme was arranged over the Christmas season, including the annual concert given by the patients themselves.

The programmes for Sports Day and Christmas time are set out below:—

SPORTS DAY, 24th JUNE, 1946.

1. 440 Yards Race (men).
2. 220 Yards Race (girls).
3. 100 Yards Race (men).
4. 50 Yards Race (senior children).

5. 50 Yards Race (junior children).
6. Boundary Race (men).
7. 100 Yards Race (girls).
8. Sack Race (school children).
9. Egg and Spoon Race (women).
10. Obstacle Race (men).
11. Skipping Race (women).
12. Musical Chairs (older women).
13. Boat Race (men).
14. Blindfolded Boxing Match (male staff).
15. Tilt the Bucket (staff).
16. Treacle Bun Race (mixed patients).
17. Two Clowns.

CHRISTMAS FESTIVITIES.

Christmas Day: a.m., Service—Choir. Christmas trees (Limes, Laurels and School); p.m., Concert.

Boxing Day: a.m., Treasure Hunt; p.m., Children's Concert.

27.12.46: Children's Tea Party.

28.12.46: p.m., Patient's Dance (Dance Band).

31.12.46: Staff Dance (Fancy Dress).

1.1.47: Cinema for Patients.

3.1.47: Naivette School of Dancing—Concert.

6.1.47: Resident Staff Dinner and Party.

8.2.47: Irina School of Dancing—Concert.

RELIGIOUS SERVICES. The patients attend religious services in the local churches in South Ockendon. On Sunday morning between 35-40 patients attend the Congregational Church, in the evening from 10-15 attend the Church of England service, while once a month a Roman Catholic service is held in the Colony, and advantage of this service is taken as well by Roman Catholic parishioners in the neighbourhood. A special service on Christmas morning was conducted and addressed by the Revd. Pace, of South Ockendon Congregational Church.

VISIT BY OFFICER OF BOARD OF CONTROL. On the 1st May, 1946, a visit was paid to the Colony by Mr. J. C. Rawlinson, Commissioner of the Board of Control. His report, which was considered a satisfactory one, has been duly submitted to the Council.

STAFF. The shortage of nursing staff has persisted throughout the year, although the position has improved on last year. This improvement is due partly to the recruitment of nurses from Eire, partly to the temporary staffing of the villa for little boys by men, and partly to the employment of part-time women staff. The recruitment of male nurses has necessitated the turning over of part of the Nurses' Home for the accommodation of men, and this fact stresses the urgent need for the enlargement of the Nurses' Home and for the pro-

vision of more staff villas. The staffing of the villa for male children by men instead of women, although not wholly desirable, has been successful, and the children have appeared happy and well cared for.

Again I would like to express my appreciation to all members of the staff for their loyal assistance, and to add a special word of thanks to the middle-aged and elderly staff, who, through disablement or age, are barred from the permanent staff, and are designated Temporary War Emergency Nurses.

FOREST GATE HOSPITAL

(Mental Patients)

Report by Medical Superintendent—

DR. H. R. ENGLAND, M.B., B.Ch., M.A.O., M.M.S.A.

The accommodation at Forest Gate Hospital for patients other than maternity remained the same during the year 1946.

On the 31st December, 1946, the number of patients in this section of the Hospital was 120 (56 adult males and 64 adult females).

ADMISSIONS. 6 (3 males, 3 females).

DISCHARGES. 7 (3 males, 4 females).

DEATHS. 3 (1 male, 2 females).

LUNACY ACTS 1890 (SECTION 24). Twenty-two patients (17 males, 5 females) were subject to the provisions of the above Acts.

One patient, an adult female, aged 72 years, detained under the above Acts, died during the year from Broncho-Pneumonia and Senility.

It is interesting to record that this woman had been a patient at Forest Gate Hospital and the Central Home for a period of 38 years.

MENTAL DEFICIENCY ACTS 1913-38. Forest Gate Hospital is approved by the Board of Control, under Section 37 of the Mental Deficiency Acts 1913-38, for the reception of 23 mental defectives, of whom not more than 10 shall be adult males and not more than 13 shall be adult females. The class of defectives authorised to be received are lowest grade, including cot and chair cases.

On the 31st December, 1946, the number of patients subject to the provisions of the above Acts on the books of the Hospital was 15 (9 adult males, 6 adult females). One adult male was on licence, in the care of his sister.

ADMISSIONS. One patient was admitted, placed "Under Order," and subsequently transferred to the South Ockendon Colony.

DEATHS. Two patients (1 male, 1 female) died during the year. The cause of death in these cases was:—

1. Acute Suppurative Broncho-Pneumonia.
2. Emphysema and Acute Cardiac Dilatation.

Both these deaths were reported to the Coroner, in accordance with the regulations of the Mental Deficiency Acts, and a post-mortem examination was held in each case, but the Coroner ruled an inquest to be unnecessary.

On the 21st January, 1946, a visit was paid to the Hospital by Dr. H. C. Devas, a Commissioner of the Board of Control.

EMPLOYMENT. All the ambulant patients who are physically able do various jobs and make themselves generally useful in and around the Hospital wards, departments, grounds, and the farm land, under supervision.

The Handicrafts Department for the female patients maintained its output of useful work during the year. The patients in this department are under the supervision of the Handicrafts Instructress.

A small number of the male patients are employed in the Brush-making and Boot-repairing Shops, under the supervision of the Handicrafts Instructor and the Boot-maker Instructor.

RECREATION. As much recreation is allowed the patients at Forest Gate Hospital as the limited facilities permit.

With the end of hostilities, it was possible to resume the pre-war road-walk exercise outside the precincts of the Hospital grounds, and the patients appreciate the resumption of this privilege.

Many of the patients are given periodical and seasonal leave at the request of the responsible relatives, and they undoubtedly benefit by this change.

The showing of talking pictures during the winter months November-April was much appreciated by the patients.

Readers are referred to the paragraph under the Maternity Unit Section of the Annual Report for 1946 relative to the undesirability of maintaining this section of the patients at Forest Gate Hospital.

WEST HAM NERVE CLINIC

REPORT BY DR. GEORGE SOMERVILLE, M.D., D.P.M.

The year 1946 saw both an increase in the volume of work and an extension of the field of activity of this Clinic. Progress has been made towards achieving that smoothness and continuity of treatment so necessary in out-patient psychiatry, and, as the following analysis of work shows, expansion and progress are likely to continue in this essential department of the psychiatric services of the Borough.

The Clinic was held on Mondays and Wednesdays of each week, at 2 p.m., and was in session until 4.30 or 5 p.m. Except in cases of urgency, patients were given appointment cards and seen by appointment. On the whole, patients were punctual and regular in their attendances, and neither Psychiatrist nor patient could complain of unnecessary delay. The Psychiatric Social Worker continued to give invaluable help by her attendance at each session. Furthermore, through her agency an effective liaison was maintained with the appropriate social and welfare services, and adequate contact was made with those aspects of the environment that were found to have a bearing on the production or relief of psychiatric disorder.

In all, 118 patients (63 female and 55 male) were in attendance at the Clinic during the year 1946. They made a total of 460 attendances. Thirty-two were patients who were continuing treatment from the previous year and 83 were fresh cases. Seven of the fresh cases were under 17.

The following table shows the source of the cases, with the numbers of patients referred from each source, and is an index of the field of activity of the Clinic:—

Doctors of West Ham	....	....	....	62
West Ham Hospital for Nervous and Mental Disorders	....	....	....	28
Medical Officer of Health	....	....	....	5
Psychiatric Social Worker	....	....	....	5
Whipps Cross Hospital	....	....	....	4
Other Hospitals	....	....	....	3
Ministry of Labour	....	....	....	2
Social Services Officers	....	....	....	4
Probation Officer	....	....	....	2
S.S.A.F.A.	....	....	....	1
Citizens' Advice Bureau	....	....	....	1
West Ham Education Committee	....	....	....	1
<hr/>				
Total	....	....	....	118

CAUSAL FACTORS. Examination of the factors that appeared to precipitate mental upset in the 1946 cases shows that two factors occurred with undue frequency. They were (1) post-war difficulties in domestic, marital and employment adjustment, and (2) stresses occasioned by overcrowding or lack of housing accommodation. Both are clearly topical stresses, and are a reflection of the general post-war social-economic flux. Of 13 ex-Service men treated at the Clinic during the year, six had been invalided from service on psychiatric grounds. In three of the remainder the breakdown was considered to have been directly related to stresses of Service life.

CLINICAL VARIETIES. The following table shows the incidence of the various varieties of mental disorder seen at the out-patient Clinic during the year:—

Psychoneurosis					
Anxiety States—Acute	....	....	....	....	9
Anxiety State—Chronic	....	....	....	....	21
With Psychosomatic Dysfunction					3
Hysteria	....	....	....	....	6
Obsessive Compulsive State					8
Behaviour Disorder	....	....	....	....	2
Psychopathic Personality	....	....	....	....	2
Psychosis					
Melancholia—Recent	....	....	....	....	17
Chronic	....	....	....	....	1
Recurrent	....	....	....	....	5
Involutional	....	....	....	....	5
Schizophrenia	....	....	....	....	17
Senile Dementia	....	....	....	....	3
Presenile Psychosis	....	....	....	....	2
Psychosis with Cerebral Ateriopathy					1
Confusional Insanity	....	....	....	....	1
Psychosis following Head Injury	....	....	....	....	1
General Paralysis of Insane	....	....	....	....	1
Psychosis with Epilepsy	....	....	....	....	4
Congenital Mental Deficiency	....	....	....	....	9
Total					118

TREATMENT AND DISPOSAL. Thirty-two cases sooner or later and for varying periods required in-patient treatment at Goodmayes. The majority of these were admitted as voluntary patients. Electric convulsive therapy was given to four cases and narcoanalysis to two cases as out-patients of Goodmayes. One case was referred to Whipps Cross Hospital for further investigation, and subsequently returned to the Clinic, where he eventually recovered. Another case was referred to the Child Guidance Clinic. The bulk of the treatment, i.e., of the remaining 86 cases, was carried out at the Clinic and took the form of individual psychotherapy, planned from a careful survey of each individual, of his environment and of his problems. By this, and by such manipulation of the employment and domestic environments as could be arranged through the agency of the Psychiatric Social Worker, even the most intractable chronic neurotics were helped towards mental ease and healthy adjustment in life. The Somerville Social Club provided a new and much-needed therapeutic adjunct to the resources of the Clinic. The help it gave towards promoting social growth in socially maladjusted individuals and the extent to which it fostered group expressions of emotion in inhibited cases during the later months of 1946 warrant its wider use in 1947.

SCHOOL HEALTH SERVICE

GENERAL. The year 1946 brought an increase in the school population parallel with the rise in the general population of the Borough. On 31st December, 1946, there were 24,655 children of all ages on the school rolls, as compared with 20,206 at the same period the previous year. This involved more work for the School Health Service, as shown in the table on page 94. In some respects—e.g., routine medical inspections—the increases recorded were not as great as might have been anticipated, largely owing to the absence of one of the medical officers, first on military service and later on study leave. At the end of the year some arrears of inspections remained to be picked up with a fuller staff the following year. Further data regarding medical inspection is given in Table I on page 95.

NUTRITION. Sound nutrition is the basis of health. This truth has received recognition in the extensive development of the School Meals Service. Its fundamental importance is acknowledged by the School Health Service in the periodical nutritional surveys carried out by the school nurses. It is aimed to inspect each child once a term, though other calls on the nurses' time often prevent complete fulfilment of this aim. The weight and height are measured and a critical scrutiny is made of the child's general condition; if the nurse is not satisfied in any of these respects, the child is referred to the area doctor, who will endeavour to find the cause of the poor progress and advise appropriate measures of treatment. It is a tribute both to the war-time rationing scheme and to the efficiency of the School Meals Service that the number of children referred from the surveys for further investigation is so few, and that the number whose condition is attributable to simple lack (or unsuitability) of food is fewer still.

During the year, 27,889 inspections were made at nutritional surveys and 121 children referred to the school doctors for investigation. Certain of these children were sent to the Fyfield Open-Air School and to convalescent homes.

At these surveys, 243 children were also found to be suffering from other unrelated conditions, and were referred to the doctors for treatment.

The following Table shows the conditions found:—

Scabies	....	....	....	....	....	30
Defective vision	....	....	....	....	....	17
Squint	....	....	....	....	....	4
Skin Diseases	....	....	....	....	....	58
Blepharitis	....	....	....	....	....	6
Conjunctivitis	....	....	....	....	....	2
Ear defects	....	....	....	....	....	5
Nose and Throat defects	....	....	....	....	....	2
Other defects and diseases	....	....	....	....	....	119

UNCLEANLINESS. Parallel with the nutritional surveys, and usually conducted at the same time, are surveys for cleanliness. The numbers found to be infested at these surveys are augmented by others found at routine or special medical inspections.

While the onus of cleansing is upon the parents—and children found to be infested are followed up until the school nurse is satisfied that they are clean—a certain number are treated at school clinics with a preparation containing D.D.T.

During the year, 36,161 inspections were made at these surveys, and 2,745 instances of infestation found, a percentage of 7.59. Many of these instances are recurrent infestations in the same children, and these persistent offenders provide the School Health Service with one of its most difficult problems.

RINGWORM. The number of cases of ringworm of the scalp treated during the year was 24. Sixteen of them were referred to the London Hospital for X-ray treatment under the Authority's standing arrangement.

MINOR AILMENTS. The treatment of minor ailments is undertaken at the school clinics. The total number of conditions treated at these clinics during the year was 7,753. Following is an analysis of this figure:—

External Eye Diseases	....	....	....	559
Minor Ear Defects	....	....	....	480
Skin Diseases	....	....	....	2,432
Miscellaneous Defects	....	....	....	4,282

The total number of conditions treated at the three individual clinics were as follows:—

<i>Clinic</i>	<i>Number of Conditions Treated</i>			
Stratford	2,147
Balaam Street	2,876
Rosetta Road	2,730

It is, of course, necessary for many of the patients to attend on more than one occasion, and some indication of the work carried out at these clinics will be obtained from the following Table:—

<i>Clinic</i>	<i>Number of Attendances for Treatment</i>			
Stratford	12,849
Balaam Street	16,958
Rosetta Road	11,939

EXTERNAL EYE DISEASES AND VISUAL DEFECTS. The number of cases of external eye disease which received treatment at the minor ailment clinics during the year 1946 was

559. The number dealt with at hospitals and by private practitioners was 16. The more severe cases, which do not respond at the minor ailment clinics, and many cases of accidents to the eyes, are dealt with by the school ophthalmic surgeon at the Stratford ophthalmic clinic. Further details are given on pages 95-6. Some cases of eye defect, notably phlyctenular conjunctivitis, do very well at the Fyfield Open-Air School, a prolonged stay usually being necessary.

Dr. Russell's report on the work of the Ophthalmic Clinic follows:—

REPORT ON THE WORK OF THE OPHTHALMIC CLINIC

By Dr. A. A. S. RUSSELL, M.B., Ch.B., D.P.H., D.O.M.S.

The majority of the children attending the Eye Clinic are those suffering from some refractive error and requiring glasses. The children are thoroughly examined and prescription given in all cases where glasses are found to be necessary. This examination is completed during one attendance at the clinic in most cases, although many do require more than one attendance.

The number of prescriptions given during 1946 was 1,132, but in addition to those receiving prescriptions, 98 children, having only slight refractive errors causing no symptoms, were not ordered glasses, and 82 were found at examination to have no defect.

Many children make additional attendances during the year for re-inspection and advice, the frequency of the visits varying with the condition. Children with squints are asked to attend every 3-4 months, and those on treatment by methods of occlusion may attend oftener, but I regret to state that many do not make the required re-attendances at the Eye Clinic; however, during this year 260 children made 565 visits for re-inspection.

The orthoptic instruments have unfortunately not been used very much, and only 3 children had a course of orthoptic exercises and 55 were examined on the synoptoscope, but the appointment of an Orthoptist will increase this branch of work and enable the necessary orthoptic training to be carried out.

The children with a high degree of myopia form another group who are seen at intervals of 4-6 months.

In addition to the children attending the clinic for refractive error or squint, others attend for treatment of eye diseases and injuries; 188 such cases were seen during the year, and made 589 attendances. The majority of these cases are mild inflammatory conditions, such as conjunctivitis and blepharitis, many acute, but some chronic. This number includes some more serious conditions, such as corneal ulcer, removal of embedded corneal foreign bodies, and eye injuries not necessitating in-patient hospital treatment. Also, several cases of meibomian

cysts were treated by incision, 4 under local anaesthesia and 1 under general anaesthesia by arrangement with the Senior Dental Surgeon, who administered gas to my patient for this minor operation.

Some cases were referred to hospital, namely, 13 cases of squint, for operation, 3 other conditions requiring operative treatment, and 3 with fundi lesions, for a second opinion. Owing to the long hospital waiting list, only 2 of these cases of squint had their operation performed during 1946.

The above report refers only to the work carried out for school children, although the work of the Eye Clinic includes the examination and treatment of children from the Maternity and Child Welfare Department.

DEFECTIVE COLOUR VISION. The test for this defect has only been carried out in the case of children attending grammar and other higher schools, and for those children who propose entering services where correct colour discrimination is necessary. Defective colour vision is of fairly frequent occurrence in males, reaching almost one in every twenty; among girls it occurs very much less frequently, below one in two hundred. A condition that occurs among boys so frequently as this, and that involves to such an extent incapacity for the performance of various kinds of work, is clearly of importance. At the examination held at the Grammar and High Schools the following results were obtained:—

	<i>Number examined</i>	<i>Number defective</i>	<i>Percentage defective</i>
Boys	907	44	4.85
Girls	1,197	1	0.08

NOSE AND THROAT DEFECTS. Arrangements are made with two local hospitals for the operative treatment of tonsil and adenoid defects. In each case the children are admitted as in-patients. After discharge from hospital, the children are followed up at home by the school nurse, and are later re-inspected by the school doctors. Any subsequent treatment which may be required is then arranged. During the year, 356 operations were performed for these conditions, and 19 children received treatment by private practitioners or in hospitals outside the Authority's scheme. In addition to these children who had operative treatment, 88 children were successfully treated by local applications and similar methods at the minor ailment clinics.

EAR DISEASES AND DEFECTIVE HEARING. During the year 480 children were treated at the school clinics for various conditions affecting the ears. Cases which received treatment privately or at hospitals numbered 28. There is at present no special clinic for diseases of the ear, nose and throat,

and the more severe cases, as well as those requiring ascertainment for deafness, are referred individually to the consulting otologist or to the appropriate department of a local hospital.

ORTHOPAEDIC AND POSTURAL DEFECTS. The Authority has an arrangement with the Children's Hospital, Balaam Street, Plaistow, for the treatment of children suffering from orthopaedic defects. The scheme normally covers both short-term in-patient and out-patient treatment, but with the in-patient section of the hospital still closed, it has only been possible to secure operative treatment for the most urgent cases. During the year 1946 the number of children treated as out-patients was 154, with a total attendance of 2,428. Some cases of orthopaedic and postural defects are treated at other hospitals not under the Authority's scheme, and the number so dealt with was 10. In addition, 12 children were under maintenance at orthopaedic hospital schools approved by the Ministry of Education.

Surgical appliances are provided where required, and a system of periodic inspection is arranged, to ascertain when repairs or renewals are required. Co-operation is maintained with the schools in the case of children needing special exercises or some modification of their physical training.

HEART DISEASE AND RHEUMATISM. During the year 1946 the number of children who were discovered by Assistant School Medical Officers to be suffering from organic lesions of the heart sufficiently severe to require treatment was 22. Of these, 10 were discovered at routine medical inspection and 12 at special inspections.

These cases were dealt with as follows:—

Admission to Heart Hospital Schools	3
Admission to Day Special Schools	4
Left school during the year (Form E.D. 211 D.P. completed)	2
Left for Australia	1
Under observation at school clinics by area doctors ..	12

During the year 1946 the number of children treated as in-patients in special heart schools was 13.

The following figures relate to work carried out in connection with children found suitable for residential Heart Hospital Schools:—

Number of admissions during the year	10
Number of discharges during the year	9
Number of cases ascertained during the year	14
Highest number under treatment during any one time (September)	7
Number of cases in Heart Hospital Schools at end of the year	4

TUBERCULOSIS IN CHILDHOOD. Manifest tuberculosis is comparatively rare in childhood, though tuberculous infection which does not go on to recognisable disease is rather more frequent. When it does occur it takes different forms from those which are common in adults. Even the pulmonary cases, in children, are more likely to occur as pleurisies or affection of the glands in the chest than as destructive lesions in the lungs themselves; and the chances of recovery, with careful treatment, are very much better. For this reason it is important to recognise such cases in their earliest stages, and to that end there is a close co-operation between the School Health Service and the Chest Clinic. Dr. Galpin has submitted the following summary of the work done at the clinic in relation to school children:—

Number of school children referred by School Medical Officer	....	....	....	....	....	41
Number of school children referred by General Medical Practitioners	....	....	....	....	....	22
Number of school children examined as contacts	....	....	....	....	....	89
Number of school children found to be suffering from tuberculosis	....	....	....	....	....	23

The classification and disposal of the definite cases is set out below:—

Pulmonary

Pleurisy	....	....	....	2
Mediastinal glands	....	....	....	8
Lung primary	....	....	....	5
—				
				15 (11 were admitted to institutions)

Non-Pulmonary

Peritoneum	....	....	....	2
Skin	....	....	....	1
Hip Joint	....	....	....	1
Knee	....	....	....	1
Spine	....	....	....	1
Meninges	....	....	....	1
Cervical glands	....	....	....	1
—				
				8 (6 were admitted to institutions)

SCABIES. The average number of cases of this disease treated before the war was around 250 a year. Throughout the war years the disease became very prevalent, and in consequence special clinics were opened at certain of the baths. Various treatments were tried, and eventually Benzyl Benzoate emulsion was found most effective. From the peak year in 1942 there has been a progressive decline, as the following figures indicate:—

<i>Year</i>						<i>Number of school children treated</i>
1936	....	....	....	....	....	216
1937	....	....	....	....	....	254
1938	....	....	....	....	....	359
1939	....	....	....	....	....	305
1942	....	....	....	....	....	2,750
1943	....	....	....	....	....	1,900
1944	....	....	....	....	....	1,215
1945	....	....	....	....	....	1,033
1946	....	....	....	....	....	766

Owing to war-time disturbances, figures for 1940 and 1941 are not available. Further information is given on page 14.

ARTIFICIAL LIGHT TREATMENT. This form of treatment, utilising the ultra-violet rays from mercury vapour lamps, is given at the Children's Hospital, Balaam Street. As might be expected, the numbers referred for treatment reach a maximum in the winter months. New cases referred during the year totalled 121, but, of these, 15 failed to achieve the regular attendances which are so essential for success. Dr. Eva Morton, the Physician in charge of the Light Clinic, gives the following report dealing with the progress of the remaining 106 children:—

REPORT ON THE ARTIFICIAL LIGHT DEPT., 1946

By Dr. EVA MORTON, M.R.C.S., L.R.C.P.

During the year 1946 there were 179 admissions, of whom 106 were 5 years of age and upwards. (The corresponding numbers for 1945 were 140 and 61). Of these children of school age, by far the larger number were referred to the department on account of debility; cases of bronchitis and/or catarrh coming second, especially during the winter months. Sub-acute rheumatism accounted for 9 cases; anaemia, 5; asthma, usually associated with bronchial catarrh, 4; alopecia, 4; conjunctivitis, 2; cervical adenitis, 2; chorea, otitis media and psoriasis, 1 each.

RESULTS. All the cases of rheumatism who attended for the full course were cured or greatly improved. Three of the four asthma cases were greatly improved; one improved but did not complete the course. Many of the children who were referred on account of bronchitis or recurrent bronchial catarrh have been advised to apply through the school M.O. for a new prophylactic course in the autumn. Of the four cases of alopecia, one was greatly improved after 48 attendances, two improved after 49 and 28 attendances, and one, with 28 attendances, was very irregular and refused general treatment. The only case of psoriasis treated during the year was apparently cured after

only 20 irradiations, but recurrences in this disease are so common that it is probable she will return for another course. One case of tuberculous abscess in a boy of 13 was healed after 31 irradiations; one of old tuberculous caries (30 irradiations) greatly improved. (This boy, 7 years of age, put on 4½ lbs. during the three-months course.)

The results in the very large majority of those *who attended regularly* have been excellent on the whole; the disappointments have almost invariably been connected with those making irregular attendances or leaving off prematurely. This, however, was much more marked in the case of the under-five group. The attendances of the school children have on the whole been good.

FOLLOWING-UP. This is a very important branch of the work of the school nurses, without which a good deal of the value of inspection and treatment would be lost. The homes of all children who fail to keep appointments for treatment, or who lapse before treatment is completed, are visited to find the reason, and if possible to secure that the necessary treatment is obtained. In other cases a child is followed up *after* treatment to ensure that progress is maintained. In all, the school nurses paid 6,351 home visits for this purpose during the year.

SCHOOL DENTAL SERVICE. The following report is submitted by Mr. J. S. Dick, L.D.S., Acting Senior School Dental Officer, Mr. J. Aitchison having left the service before the compilation of the Annual Report.

At the commencement of 1946 there were four whole-time Dental Officers and one senior Dental Officer engaged in the work of dental inspection and treatment of school children. After the summer vacation two more Dental Officers were appointed, making seven in all, but still two short of the minimum required.

All school children, including those attending the special schools, were inspected and offered treatment, where found to be necessary.

The acceptance rate for complete dental treatment continued to improve, but it is not yet high enough, as shown by the number of special (emergency) cases that attend for treatment without an appointment.

The waiting list for orthodontic treatment remains long, and will do so until more Dental Officers (two having recently left) are appointed, thus allowing those officers who specialise in this treatment to devote a larger number of sessions at the orthodontic clinic. During the year there were 1,860 visits for orthodontic treatment, 125 cases discharged, and treatment was begun on 149 new cases. In addition to orthodontic appliances, 38 dentures, 4 crowns and 2 inlays were made in the laboratory.

The long-awaited X-ray portable unit arrived during the latter half of the year, and one Dental Officer is responsible for its operation and for the guidance of other officers wishing to use it themselves. It is of inestimable value when required, and especially for orthodontic cases.

The thanks of the Dental Staff are due to all head teachers and their staffs for kindly help and co-operation at all times.

A tabular summary of the work of the service is set out in the Appendix, page 95.

SPEECH DEFECTS. This year saw the opening of the Speech Clinic, and the report of the Speech Therapist follows. It should be appreciated that the treatment of speech difficulties is a slow business and requires much patience to secure satisfactory results. This and the Child Guidance Clinic are the two special departments which can never hope to produce spectacular figures of the number of cases which have passed through their hands. Their success and justification lies in the relief of small numbers of children in more or less severe distress, and their substantial contributions to their patients' happiness and efficiency is an ample return for the effort expended. Judged on this basis, it may be considered that, despite the disappointingly large number of children who do not complete the course, the results obtained at the clinic are satisfactory.

REPORT ON THE WORK OF THE SPEECH CLINIC

By Miss R. CLARKE

The Speech Clinic was opened for the first time in January, 1946.

During the year 79 children made regular attendances to the clinic. Of these children, 55 have been discharged as relieved or improved. A further 3 children made no progress, two due to their educationally sub-normal condition and the third due to poor home environment.

A further 20 children have attended the clinic but have been unable to complete their treatment for various reasons. This is mainly due to escort and travel problems.

Of the cases who attended, there were 35 stammerers, 31 dyslalias, 7 lisps, 4 cleft palates and 2 mild organic deaf cases.

Some of the children are still receiving treatment or are otherwise under observation. Three of the stammerers were referred to the Child Guidance Clinic for psychological treatment.

A large number of cases were referred at the beginning of the year owing to the fact that there had been no facilities for Speech Therapy during the war. The more urgent cases have been given precedence.

It is interesting to note that the majority of the cases which have been referred are boys. Of the 35 stammerers who received treatment, only three were girls.

Attendances have not been altogether satisfactory. This is due to the fact that some of the children who live in the far ends of the Borough have to travel some distance to the clinic. Also, it has been difficult to arrange for escort for the younger children whose parents are unable to bring them.

Apart from the cases mentioned in the statistics, I have visited Grange Road Special School once a week to give treatment to certain physically handicapped children who are unable to travel to the clinic. Although the work here is slow, I feel it is necessary to give these children as much help as possible.

Visits have also been made to the homes and schools of the children. The results of treatment depend to a great extent on the co-operation of the parents and teachers. My thanks are due to all those who have shown an interest in the work and helped to make progress possible.

CHILD GUIDANCE. Child Guidance work is a comparatively recent development in the Service. It has as its aim the investigation and treatment of children with the following problems:—

- (1) Nervous disorders, comprising such conditions as fears, shyness, day-dreaming, depressions and emotional instability.
- (2) Habit disorders, comprising such conditions as speech, and food disorders, incontinence, restlessness.
- (3) Behaviour disorders, comprising such conditions as truancy, delinquency, aggression, temper and unmanageability.
- (4) Intellectual difficulties, other than those arising from mental deficiency, which is not a proper subject for this Service: they comprise such conditions as educational retardation, special disabilities and children needing educational guidance.

The work is closely woven with many other sections of the Authority's medical and educational service, and the ground which it covers has been given in some detail, as the work of the clinic is not sufficiently well known. A complete physical examination is made of the child by the school doctor; if necessary, the child is referred to the children's department of a local hospital for specialist opinion. A special report is obtained from the head teacher of the school in all cases. The problem may then be investigated by all members of the team at the clinic, which consists of a Psychiatrist, a Psychologist and a Psychiatric Social Worker. Diagnosis is made, treatment is guided or given, and progress assessed by the Psychiatrist. The Psychologist undertakes the testing of intellectual and educational abilities, assists with treatment and gives skilled coaching in cases of educational retardation and special disabilities. The Psychiatric Social Worker makes a study of the child's home environment and of the personal relationships which exist between the child and his parents. The following report has been received from Dr. G. Somerville, the Medical Director of the Clinic:—

REPORT OF THE MEDICAL DIRECTOR ON THE WORK OF THE WEST HAM CHILD GUIDANCE CLINIC

By GEO. SOMERVILLE, M.D., D.P.M.

GENERAL. The work of the clinic has been well sustained throughout the year. There is evidence that there is a growing interest in the clinic activities and that more and more of the schools are seeking our aid with their problem children. Generally, the clinic's contacts are widening. It is interesting to note that 10 cases have been referred from the Juvenile Court. In view of the prevalence of juvenile delinquency, this association of Child Guidance Clinic with the Juvenile Court is of great importance.

On the whole we have found the parents (particularly the mothers) to be most co-operative, especially when they have attended the clinic on a number of occasions. It will be noted again that over twice as many boys as girls were referred to the clinic.

The new clinic premises are fulfilling their function satisfactorily. We must record our thanks for the continuous supply of flowers, which are appreciated by all who attend the clinic.

As has been expressed in a previous report, it is difficult to assess with precision the immediate results of child guidance treatment. Child guidance is essentially preventive work, which is an insurance against mental ill-health in adult life. At the same time, our immediate results can be measured in terms of creating security within the family, in alleviating nervous symptoms in the child and in promoting child happiness. In this we believe we have achieved a fair measure of success.

STATISTICS—1st January, 1946, to 31st December, 1946

Cases carried over from previous years	29
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Disposal:

Diagnosis only	4
Closed, improved	9
Closed before end of treatment	14
(a) Moved out of area	....	....	4	
(b) No co-operation	....	....	10	
Under treatment	....	....	....	2
New cases referred to clinic	....	....	....	82

Disposal:

Never attended	....	....	....	5
Diagnosis and Advice only	....	....	....	16
Under treatment	....	....	....	16
Diagnosed and awaiting treatment	....	....	....	5
Closed—improved	....	....	....	7
Closed before end of treatment	....	....	....	6
Transferred to Tavistock Clinic	....	....	....	1
Awaiting diagnosis	....	....	....	26

Sources of Referral:

School Medical Department and Schools	42
Probation Officers	10
Hospitals	9
Parents and other relatives	8
Tuberculosis Officer	4
Maternity and Child Welfare Dept.	3
Speech Therapist	3
Education Department	2
Private Doctors ...	1

Sex:

Boys	58
Girls	24

Ages:

4 years & under	4	10 years & under	7
5 " " "	8	11 " " "	4
6 " " "	8	12 " " "	6
7 " " "	5	13 " " "	7
8 " " "	16	14 " " "	5
9 " " "	10	15 " " "	2

Intelligence:

Below average (I.Q. under 90)	16
Average (I.Q. between 90-110)	23
Above average (I.Q. above 110) ...	19

Reason for Referral:

Nervous Disorders:

(1) Fears	4
(2) Seclusiveness	1
(3) Depression	2
(4) Excitability	2
(5) Apathy	—
(6) Obsessions	2

Habit Disorders and Physical Symptoms:

(1) Speech disorders	6
(2) Sleep "	6
(3) Movement "	2
(4) Feeding "	—
(5) Excretory "	14
(6) Nervous Pains	1
(7) Fits	2
(8) Physical disorders	—

Behaviour Disorder:

(1) Unmanageable	11
(2) Temper	5
(3) Aggressiveness ...	5
(4) Jealous behaviour	—
(5) Demanding attention	—
(6) Stealing	16

(7) Lying	....	....	....	10
(8) Truancy	....	....	....	3
(9) Sex difficulty	....	....	....	3
<i>Psychotic Behaviour</i>	....	....	....	—
<i>Educational Difficulties:</i>				
(1) Backwardness	....	....	....	12
(2) Inability to concentrate	....	....	....	3

Note: The above figures include children presenting more than one symptom.

Cases under treatment at end of December, 1946:

Occasional Psychiatric interview	....	....	....	3
Fortnightly	„	„	....	3
Weekly	„	„	....	4
Weekly coaching	....	....	....	4
Weekly play group	....	....	....	4
10 children attend clinic, together with their mothers, who are seen by the Psychiatric Social Worker.				
8 children attend clinic alone.				

Interviews from January to December, 1946:

Psychiatrists' interviews	....	....	....	260
Psychologists' „	....	....	....	350
(Tests	....	....	....	77)
(Individual treatment	....	....	....	246)
(Remedial Coaching	....	....	....	15)
(Play Group	....	....	....	12)

Psychiatric Social Workers:

Interviews in Clinic	....	....	....	407
School Visits	....	....	....	54
Home Visits	....	....	....	44

HANDICAPPED CHILDREN

(a) ASCERTAINMENT. Children who are suffering from conditions which might constitute a handicap to their education are brought to notice from various sources; for example, from the school welfare department, from the maternity and child welfare department, from school doctors, from hospitals and other voluntary associations. Their examination and "ascertainment," with a view to providing suitable special educational treatment, is in the hands of specialists in certain conditions (e.g., blindness and deafness), and is made by the Chief Assistant School Medical Officer in most other cases.

(b) BLIND AND PARTIALLY-SIGHTED CHILDREN. A blind child is defined as one who has no sight, or whose sight is or is likely to become so defective that it requires education by methods not involving the use of sight. A partially-sighted child is one who, by reason of defective vision, cannot follow the

ordinary curriculum without detriment to its sight or to its educational development but can be educated by special methods involving the use of sight. The Authority has made no direct arrangement for the education of blind and partially-sighted children, but where possible, arrangements are made for these children to be admitted to residential or day special schools conducted under other auspices. The following figures relate to work carried out in connection with blind and partially-sighted children during the year:

BLIND

Number ascertained during the year	....	....	2
<i>Disposal of ascertained cases:</i>			
Admitted to Residential Special Schools	....	....	2
Number in Residential Special Schools at end of year	....	....	12

PARTIALLY-SIGHTED

Number known to the Authority	....	....	38
Number ascertained during the year	....	....	28
<i>Disposal of ascertained cases:</i>			
Admitted to day special schools	....	....	2
Admitted to residential special schools	....	....	1
To remain in ordinary schools, with suitable modification of the normal educational régime	....	....	25
<i>Position at the end of the year:</i>			
In day special schools	....	....	4
In residential special schools	....	....	7
Number in ordinary schools	....	....	27

(c) DEAF AND PARTIALLY-DEAF CHILDREN. A deaf child is defined as one who has no hearing or whose hearing is so defective that it requires education by methods used for deaf children without naturally acquired speech or language. A partially-deaf child is one whose hearing is so defective that it requires for its education special arrangements or facilities but not all the educational methods used for deaf children. It is interesting to note here that meningitis as a cause of deafness has become prominent of recent years, and 6 West Ham and 2 extra district children are in the day special school on this account. The following figures relate to work carried out in connection with deaf and partially-deaf children during the year:

Number ascertained during the year (deaf)	....	....	2
Number ascertained during the year (partially-deaf)	....	....	3
<i>Disposal of ascertained cases:</i>			
Admitted to day special schools (deaf)	....	....	2
In ordinary schools (partially-deaf)	....	....	3

Number known to the Authority at the end of the year :

In residential special schools (deaf)	2
In residential special schools (partially-deaf)	2
In day special schools (deaf)	13
In day special schools (partially-deaf)	4
In ordinary schools (partially-deaf)	5

(d) EDUCATIONALLY SUBNORMAL CHILDREN.

These children are defined as pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education, wholly or partly, in substitution for the education normally given in ordinary schools. The following figures relate to work carried out in connection with educationally subnormal children:

Number ascertained during the year 88

Disposal of ascertained cases:

In ordinary schools	34
Recommended day special schools	52
In residential special schools	2

Number of cases known to the Authority at end of year :

In ordinary schools	41
In day special schools	139
In residential special schools	10

Fresh admissions to special schools during the year :

In day special schools	50
In residential schools	3

(e) EPILEPTIC CHILDREN. The definition of an epileptic child for our purpose is one who, by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of himself or other pupils and requires education in a special school. This definition makes no distinction between major and minor epilepsy. A child who has infrequent or nocturnal major fits which do not interfere with his own or other children's education, and do not require frequent medical supervision, may continue to attend an ordinary school, and he is not to be classed as an epileptic child. On the other hand, a child with minor epilepsy should not, in his own interests, attend an ordinary school if he requires frequent medical attention that can best be given in a residential institution. He is accordingly classed as an epileptic child. Children ascertained as epileptic can only be properly educated in a boarding special school. The work relating to epilepsy during the year may be summarised as follows:

Number of ascertained cases known to the Authority	9
Number of cases in residential special schools	8
Number in day special schools	1
Number of fresh ascertainment during the year	3

Disposal of these cases:

In residential special schools	....	....	....	2
In ordinary school (awaiting admission to special school	....	....	....	1

(f) PHYSICALLY HANDICAPPED CHILDREN. The general definition of such a child is one who, by reason of disease or crippling defect cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to his health or educational development. According to the nature and severity of the defect, such children may require education either at day or boarding special schools. Certain well-defined groups of handicapped children are recognised, for which separate statistics are available. Thus, in the year 1946 the number of crippled children under the supervision of the Authority was 69. In 19 cases the crippling was of such a nature and severity that residential special schooling was necessary. Of the remaining 50 children, 48 were admitted to the day special school, and 2 were out of school. Children with severe heart disorders also come under the classification of physically handicapped children. In the year under review, 13 of these children were in special residential schools, and 15 in the day special schools. In addition to the above two groups of handicapped children, 51 were treated in the Langdon Hills Sanatorium because they were found or suspected to be suffering from a tubercular condition. The following figures set out the position with regard to physically handicapped children in the Borough in the year 1946

Total number known to the Authority:

(Includes all children on register at any time during the year.)

Heart cases	....	....	....	....	....	29
Cripples	....	....	....	....	....	58
Pulmonary Tuberculosis (various forms)	....	....	....	....	....	40
Non-pulmonary Tuberculosis	....	....	....	....	....	11
Miscellaneous	....	....	....	....	....	6
Total						144

Physically Handicapped Children in Residential Special Schools:

Heart cases	....	....	....	....	....	13
Cripples	....	....	....	....	....	8
Pulmonary Tuberculosis (various forms)	....	....	....	....	....	40
Non-pulmonary Tuberculosis	....	....	....	....	....	11
Total						72

Physically Handicapped Children in Day Special Schools:

Heart cases	....	....	....	....	....	15
Cripples	....	....	....	....	....	48
Miscellaneous	....	....	....	....	....	6
						—
Total	....	....				69
						—

Out of School cases:

Heart cases	....	....	....	....	....	1
Cripples	....	....	....	....	....	2
						—
Total	....	....				3
						—

Fresh Ascertainments during the year:

Heart cases	....	....	....	....	....	18
Cripples	....	....	....	....	....	20
Pulmonary Tuberculosis (various forms)	....	....				15
Non-pulmonary Tuberculosis	....	....	....	....		8
Miscellaneous	....	....	....	....	....	1
						—
Total	....	....				62
						—

Disposal

To Residential Special Schools:

Heart cases	....	....	....	....	....	10
Cripples	....	....	....	....	....	5
Pulmonary Tuberculosis (various forms)	....	....				15
Non-pulmonary Tuberculosis	....	....	....	....		8
						—
Total	....	....				38
						—

To Day Special Schools:

Heart cases	....	....	....	....	....	4
Cripples	....	....	....	....	....	13
Miscellaneous	....	....	....	....	....	1
						—
Total	....	....				18
						—

Awaiting admission to Residential Special Schools:

Heart cases	4
Cripples	1
						—
Total				5
						—

Out of School cases:

Cripples	1
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Thus the total number of handicapped children known to the Authority was 144; 72 were in residential special schools, 69 in the day special school, and 3 were out of school.

(g) **DELICATE CHILDREN.** These are children who, by reason of impaired physical condition cannot, without risk to their health, be educated under the normal régime of an ordinary school. This classification covers a wide variety of ailments which need more prolonged care but which with proper management, are not likely to develop into a permanent physical handicap. So far as possible these children are sent for treatment to the Fyfield Residential Open-air School, near Ongar: some are sent to Convalescent Homes, approved by the Ministry of Education, for long-term cases. Figures relating to the admissions to Fyfield and to Convalescent Homes will be found on pages 90 and 91.

The number of children ascertained as delicate during the year was 568 and their disposal was as follows:

Admitted to Fyfield	....	....	....	....	....	229
Admitted to Convalescent Homes*	....	....	....	....	....	218
Refused to go away	....	....	....	....	....	71
Went away through other sources	....	....	....	....	....	4
Left school	....	....	....	....	....	1
Removed from district	....	....	....	....	....	1
On waiting-list for Fyfield or convalescence at end of year	....	....	....	....	....	44

*These include children too young, or otherwise unsuitable, for Fyfield, and children whose parents withhold consent for admission to Fyfield.

(h) **MALADJUSTED CHILDREN.** These are children who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social, or educational re-adjustment. Such children are first investigated and the diagnosis established at the Child Guidance Clinic. The special educational treatment required is advised by the clinic and often wholly or partly carried out there. The number of children ascertained as maladjusted during the year was 61, and the number sent to special boarding schools was 4.

(i) **DIABETIC PUPILS.** These are pupils suffering from diabetes who cannot obtain the treatment they need while living at home and require residential care. Where regular and effective medical treatment and care can be given to a child living at home there is no need to disturb his education. If satisfactory care and treatment is impossible at home, the child may be admitted to a hostel where this can be given; even so, he will attend an ordinary school. There are 3 such children known to the School Health Service. One child who was admitted to the

London County Council Diabetic Unit at Hutton in 1945 was still in the hostel in 1946. The number of new cases ascertained during the year was 2. At the end of the year they were still awaiting admission to the Diabetic Unit.

(j) PUPILS SUFFERING FROM SPEECH DEFECTS. These are pupils who, on account of stammering, aphasia, or defect of voice or articulation not due to deafness, require special educational treatment. The number of new cases ascertained during the year was 212, and 55 were considered as no longer belonging to this category. The number on the records at the end of the year was 134. An account of the work of the speech clinic appears on page 75.

(k) CHILDREN SUFFERING FROM DUAL OR MULTIPLE DEFECTS. Children handicapped by more than one defect often present a serious problem in arranging suitable education, as there are so few schools which specialise in the education of children with dual disabilities. There is a real need for further provision, which can only be made on a national basis, as no authority is likely to have more than two or three children with any particular combination of disabilities. In the year 1946 the number of cases known to the Authority was 7. The particulars are as follows:

- 1 boy, aged 13 years, totally deaf and educationally sub-normal, in Rayners School, Penn, Bucks.
- 1 girl, aged 14 years, partially-deaf and partially-sighted, in Rayners School, Penn, Bucks.
- 3 girls and 2 boys, aged 10-14 years—educationally sub-normal and physically handicapped. One girl in Grange Road Special School; the others in Knox Road Special School. In each case the educational subnormality is considered to be the leading defect in determining their educational needs.

Of these 7 children, 2, both in the last group, were fresh ascertainment during the year.

SPECIAL SCHOOLS

The special schools for which the Authority is responsible are shown hereunder:

Name of School	Purpose for which used
Knox Road	Educationally subnormal and Physically Handicapped. (After the summer vacation, the physically handicapped and the junior educationally subnormal pupils were transferred to Grange Road Special School.)

Grange Road	Educationally subnormal and Physically Handicapped.
Tunmarsh Lane Deaf	Deaf and Partially-Deaf.
Fyfield Residential Open-Air School	Delicate children.

GRANGE ROAD & KNOX ROAD SPECIAL SCHOOLS

These two Schools are considered together because the separation of function which is proposed under the Development Plan whereby Grange Road becomes a School solely for physically defective children, and Knox Road caters entirely for educationally subnormal children has not yet been fully implemented, and some educationally subnormal children are still in attendance at the former. The combined capacity of the two schools is:

Educationally subnormal	180
Physically handicapped	80

The maximum numbers on the roll during the year were 172 and 77 respectively, including 33 and 8 extra district children.

Educationally Subnormal Children

During the year 50 West Ham children and 15 extra district children were admitted to the two schools by reason of educational retardation, and 5 West Ham children and 3 extra district children left. Of the 5 West Ham leavers, who all left on attaining the age of 16 years, 4 were notified to the Local Mental Deficiency Authority under Section 57(5) of the Education Act, 1944, and one had a disabled juvenile's certificate completed—E.D.211(D.P.). Of the 2 extra district children, one left school on attaining the age of 16 years, the other one was found unsuitable for further education. The following tables give an analysis of educationally subnormal children attending the special schools during the year:

<i>Range of I.Q.'s</i>				
			<i>West Ham</i>	<i>Extra District</i>
Number between	80-85	1	—	—
„ „	75-80	11	—	—
„ „	70-75	28	—	—
„ „	65-70	29	7	—
„ „	60-65	33	10	—
„ „	55-60	14	4	—
„ „	50-55	16	6	—
„ „	45-50	4	1	—
„ „	40-45	2	2	—
„ „	40	1	3	—
Number below	40	1	3	—
Totals			139	33

Age Distribution

	West Ham	Extra District
Age 5 years	1	1
" 6 "	7	—
" 7 "	8	6
" 8 "	8	3
" 9 "	9	—
" 10 "	22	3
" 11 "	15	5
" 12 "	24	3
" 13 "	14	3
" 14 "	18	4
" 15 "	9	5
" 16 "	4	—
Totals	139	33

These intelligence quotients obtained by standardised methods of testing, are regarded as a fairly reliable indication of a child's general intellectual ability; the higher the quotient, the greater the ability—100 represents the normal average for the age and they are found in practice to remain remarkably constant during the whole period of development. The children with the lowest I.Q.'s are in the special schools for a trial period, usually in consequence of an opinion expressed by the Medical Officer of the Mental Deficiency Authority, that they are not certifiable under the Mental Deficiency Acts. The children are given at least a full term's trial, at the end of which a report is submitted by the Head Teacher, the children are tested by the educational psychologist and a further examination is made by the medical officer. If the reports of the three officers agree that the children are ineducable, then appropriate action is taken under Section 57(3) of the Education Act, 1944. The children with the higher intelligence quotients are usually in the school because of some temperamental peculiarity which renders special educational treatment in ordinary schools unusually difficult; or because of a greater degree of educational retardation than their intelligence would warrant; or for some other special reason. With the appointment of a whole-time educational psychologist it may be possible to help the teachers to deal with some of these in ordinary schools.

Physically Handicapped Children

During the year 24 children were admitted to Grange Road Special School on account of a physical handicap, including 6 extra district children, and 8 West Ham and 1 extra district child left the school. The leavers were disposed of as follows:

<i>West Ham Cases</i>		<i>Extra District Case</i>	
Returned to ordinary school	2	Reported as ineducable	1
Admitted to the Lister Day Continuation Institute	2		
Admitted to Residential Special Schools	2		
Left school at 16 years and E.D.211 (D.P.) completed	1		
Left district	1		

An analysis of the causation of defect in 69 West Ham cases and 8 extra district cases is set out below:

<i>Defect</i>	<i>West Ham</i>	<i>Extra District</i>
Heart conditions	15	3
Paralysis	14	2
Quiescent T.B. bone and joint defects	9	1
Spastic conditions	8	2
Amputations	4	—
Muscular Dystrophy	1	—
Haemophilia	3	—
Spina bifida	2	—
Miscellaneous conditions	13	—
Totals	69	8

The miscellaneous conditions include such cases as myositis ossificans, severe congenital dorsal scoliosis, hydrocephalus with infantilism, coxa plana, cerebellar degeneration, and other defects.

TUNMARSH LANE SPECIAL SCHOOL FOR THE DEAF

The capacity of this school, which also takes children from East Ham and contiguous areas of Essex, is 60, and the maximum number of children on the roll during the year was 55, including 33 extra district cases. It is anticipated that the accommodation will be increased under the Development Plan. Of the 55 children on the roll, 18 West Ham cases and 24 extra district cases are regarded as deaf: and 4 West Ham cases and 9 extra district cases as partially-deaf and suited for instruction with hearing aids. The admissions to and discharges from the school during the year are set out below.

Admissions

			<i>West Ham</i>	<i>Extra District</i>
Totally deaf	....	....	1	1 East Ham 1 Barking
Partially-deaf	....	....	—	1 East Ham 1 Essex

Leavers

			<i>West Ham</i>	<i>Extra District</i>
Totally deaf:				
(Ministry of Education gave special permission for girl to leave at 14 years)	....	....	1	—
E.D.211 (D.P.)	....	....	1	1 Ilford 1 Barking 2 Essex
Partially-deaf:				
Transferred to Municipal College	....	....	—	1 Essex

The age distribution of children in attendance was as follows:

<i>Age</i>	<i>West Ham</i>	<i>Extra District</i>
4 years	1	2
5 "	1	1
6 "	1	4
7 "	2	3
8 "	—	5
9 "	4	2
10 "	4	1
11 "	—	2
12 "	1	—
13 "	1	3
14 "	3	2
15 "	4	7
16 "	—	1
Totals	22	33

It is of the utmost importance that children who are deaf should commence education at the special school as early as possible. The chief defects found at the annual medical examination were ear and throat conditions and defective vision. The nutritional percentages were:

Excellent	....	....	42.9%
Normal	....	....	53.0%
Slightly subnormal	....	....	4.1%

As mentioned in previous reports, the nutritional state of deaf children is usually very satisfactory.

FYFIELD RESIDENTIAL OPEN-AIR SCHOOL

During the year 1946, 136 boys and 133 girls were admitted, and 137 boys and 116 girls were discharged. The children are re-inspected a few months after they leave Fyfield to ascertain if their improvement has been maintained. Of these 279 children who were requested to attend for re-inspection, 30 did not attend for various reasons. Of the 249 who were examined, 221 showed continued improvement, but 28 children had not maintained their condition and were given the opportunity of having a further stay at the school. During the year the Chief Assistant School Medical Officer made monthly visits, with the exception of August. The number of re-inspections carried out at these visits during the year under review was 1,285, being 666 boys and 619 girls.

For some time past there has been a marked tendency for younger children to predominate among the new entrants, and the average age of the residents has been quite low—about nine years. This is partly due to the greater reluctance of parents to part with the older children, and partly because the numbers of older children needing this treatment are smaller. The young age of the children at Fyfield provides problems for the staff in relation to the more exacting care which is required.

NURSERY SCHOOLS AND CLASSES. The Authority has two nursery schools—the Rebecca Cheetham Nursery School in the north of the Borough, and the Edith Kerrison Nursery School in the south. During the year, four quarterly routine medical inspections were carried out at each school. The following particulars relate to the findings at these inspections:

Rebecca Cheetham Nursery School—Accommodation: 90

Examination	Boys	Girls	Total	Parents present	Number defective	Percentage defective
March	47	29	76	62	10	13.1
June	52	30	82	70	10	12.2
September	37	34	71	51	9	12.6
December	40	35	75	61	12	16.0

Edith Kerrison Nursery School—Accommodation: 90

March	47	43	90	75	14	15.5
June	38	33	71	54	9	12.6
September	40	28	68	57	8	11.7
December	45	39	84	51	13	15.4

Using the Ministry of Education classification of nutrition in force during the year, the figures for the two schools are as follows:

Rebecca Cheetham	Excellent	21.4%
	Normal	63.1%
	Slightly subnormal	15.5%
Edith Kerrison	Excellent	22.0%
	Normal	67.4%
	Slightly subnormal	10.6%

Children attend these schools between the ages of two and five—the years during which defects commonly make their appearance, and when, consequently, most can be done to prevent them. For this reason medical inspections are carried out more frequently at nursery schools than at any others, and the school nurse also visits oftener—so far as practicable once a week, in place of the termly visits aimed at in other schools.

In addition to the two nursery schools there are six nursery classes held at the following schools—New City Road, Pretoria, Gainsborough Road, Carpenters Road, Salway Place and Water Lane. Every endeavour is made to carry out medical inspections on the same basis as at the Nursery Schools. The following figures relate to the medical inspections undertaken at these classes:

<i>Number examined</i>	<i>Defects found</i>	<i>Percentage defective</i>
446	88	19.7

CONVALESCENT TREATMENT. This form of treatment for school children has always been a prominent feature of School Health work in West Ham. Children suffering from debilitating conditions which are likely to be of short duration, or for whom the bracing atmosphere of Fyfield Open-Air School is rather too severe, are those who benefit most from convalescent treatment. Arrangements are made through the Invalid and Crippled Children's Society and the Invalid Children's Aid Association who render very efficient service in placing the children, and in escorting them to and from the selected Homes. During the year 231 children were sent to convalescent homes for varying periods.

IMMUNISATION. During the year, as last year, this treatment has been carried out at the Balaam Street School Clinic. The numbers of children given their primary immunisation, and having their protection renewed by a "refresher" dose were as follows:

Completed course of
primary immunisation

116

Refresher doses

132

These numbers are very small, and steps were being taken towards the end of the year to augment the numbers considerably.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS. The greater part of the work undertaken by children in this Borough consists of newspaper and milk delivery, and other errand-rounds. During the year 1946 the number of children medically examined for fitness for employment was 180, a very substantial increase over the previous year: all were found fit to undertake employment. During the same period 9 certificates of fitness were granted for girls to participate in singing and dancing under the Entertainments Rules. One girl was found to be unfit and a certificate was, accordingly, not granted.

THE SCHOOL LEAVER AND EMPLOYMENT. Information regarding each child's fitness for employment, based on the results of the last routine medical inspection as modified by any subsequent special examinations, is passed on to the Juvenile Employment Office when the child leaves school. This scheme has now been in operation for 11 years and has worked smoothly and well. During the previous year the scheme was extended to include more detailed reports, with the parents' signed consent, on children suffering from a handicap of such a nature and severity as to bring them within the scope of the Disabled Persons (Employment) Act, 1944. These arrangements are more particularly of advantage to children in attendance at Special Schools, and a visit is made to each of these schools by the Chief Assistant School Medical Officer, towards the end of every term, for the purpose of compiling the necessary reports.

1946 was the first full year during which the extended scheme was in operation, and during that time 10 reports were submitted on Form E.D.211 (D.P.).

GRAMMAR SCHOOLS. Children in the higher schools are examined annually in this Borough. The scope of these examinations is wider than that of the routine inspections. Two interesting features which emerge are that the children are much better nourished than those attending the ordinary schools, and the percentage of defects found to require treatment is higher, chiefly on account of defective vision. The other defect commonly found at these schools is faulty posture, resulting from the physical, and in some cases, mental or emotional strain imposed by adolescence. Details follow:

Name of School	Chief defects found				
	Number examined	Defective vision	Postural defects	Nose & Throat defects	All other defects
West Ham Municipal College (including Trade School for Girls and School of Building) ...	140	19	5	4	8
Stratford Grammar ...	445	45	12	8	16
Plaistow Grammar ...	739	91	12	14	22
St. Angela's High ...	483	54	17	23	20
West Ham High ...	172	31	2	12	18
West Ham Grammar (St. Bonaventure's) ...	—	—	—	—	—
Lister Day Continuation Institute ...	125	14	9	4	4
	2104	254	57	65	88

STATISTICS

COMPARISON OF CERTAIN TYPES OF WORK CARRIED OUT IN THE YEARS 1945 & 1946

School population—1945: 20,206; 1946, 24,655.

TYPE OF WORK	Number of cases dealt with	
	1945	1946
Routine Medical Inspections	6,111	6,763
Special Inspections and Re-inspections	11,596	13,441
Inspections at Nursery Schools & Classes	966	1,063
Nutrition Surveys by School Nurses	24,170	27,889
Uncleanliness Inspections by School Nurses	26,466	36,161
Minor Ailments treated at the School Clinics	6,913	7,753
Attendances at Minor Ailment Clinics	36,113	41,746
Tonsil and Adenoid Operations performed	423	356
Orthopaedic Defects treated at Orthopaedic Clinic	73	154
Cases treated at the Light Clinic	71	121
Admissions to Fyfield Open-Air School	233	253
Re-inspections at Fyfield	1,236	1,285
Re-inspections of children on return from Fyfield	75	249
Children examined for Employment	10	180
Children examined for Entertainments	11	10
Children admitted to Convalescent Homes	244	231
Children ascertained for Speech Defects	—	212
Children referred for Child Guidance treat- ment	80	82
DENTAL WORK		
Children treated	4,220	5,086
Number of fillings:		
Permanent teeth	3,936	5,314
Temporary teeth	4,857	3,807
Number of extractions:		
Permanent teeth	640	782
Temporary teeth	5,734	8,445
Administrations of general anaesthetics	1,133	1,509
Other Operations:		
Permanent teeth	626	741
Temporary teeth	194	273
Number of Orthodontic cases treated	124	149

APPENDIX TO REPORT ON SCHOOL HEALTH SERVICE PRIMARY & SECONDARY SCHOOLS

TABLE I.

Return of Medical Inspection

A. Routine medical inspection:

Code Group	No. Examined
Entrants	2,914
Second age group	1,786
Third age group*	1,656
Total	6,356
Other routine inspections	407
Grand total	6,763

B. Other inspections:

Number of special inspections and re-inspections	13,441
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* Excluding Grammar Schools, which are shown in separate
Table on page 93.

TABLE II.

Classification of the Nutrition of Children Inspected during the
year in the Routine Age Groups

Number of children inspected	A. (Excellent)		B. (Normal)		C. (Slightly subnormal)		D. (Bad)	
	No.	%	No.	%	No.	%	No.	%
6,356	1510	23.76	3939	61.97	907	14.27	—	—

TABLE III.

Defects Treated under the Authority's Scheme

Group 1. Treatment of Minor Ailments (excluding uncleanliness):

Total number of defects treated, or under treatment
during the year under the Authority's Scheme 7,753

Group 2. Defective Vision and Squint (excluding minor eye defects):

Errors of refraction (including squint) 996

Other defect or disease of the eyes (excluding minor
eye defects) —

Total 996

Number of children for whom spectacles were:

(a) Prescribed	....	....	....	....	863
(b) Obtained	....	....	....	....	715
Group 3. Treatment of defects of Nose and Throat:					
Received Operative Treatment	....	....	....	....	356
Received Other Forms of Treatment	....	....	....	....	88
Total Number Treated					444

TABLE IV.

Dental Inspection and Treatment

(1) Number of children inspected by the Dentists:					
(a) Routine Age Group	....	....	....	....	10,717
(b) Specials	....	....	....	....	1,610
(c) Total (Routine and Specials)	....	....	....	....	12,327
(2) Number found to require treatment	....	....	....	....	8,259
(3) Number actually treated	....	....	....	....	5,086
(4) Attendances made by children for treatment	....	....	....	....	8,871
(5) Half-days devoted to:					
Inspection	....	....	....	....	74
Treatment	....	....	....	....	1,563
*Total half-days					1,637
(6) Fillings:					
Permanent teeth	....	....	....	....	5,314
Temporary teeth	....	....	....	....	3,807
Total fillings					9,121
(7) Extractions:					
Permanent teeth	....	....	....	....	752
Temporary teeth	....	....	....	....	8,445
Total extractions					9,197
(8) Administrations of general anaesthetics for extractions	....	....	....	....	1,509
(9) Other operations:					
Permanent teeth	....	....	....	....	741
Temporary teeth	....	....	....	....	273
Total of "other operations"					1,014

*In addition 513 sessions were devoted to Orthodontic treatment.

TABLE V.

Verminous Conditions

(1)	Average number of visits per school made during the year by the school nurses	10.2
(2)	Total number of examinations of children in the schools by the school nurses	36,161
(3)	Number of individual children found unclean	2,745

TABLE VI.

Higher Education Dental Inspection and Treatment

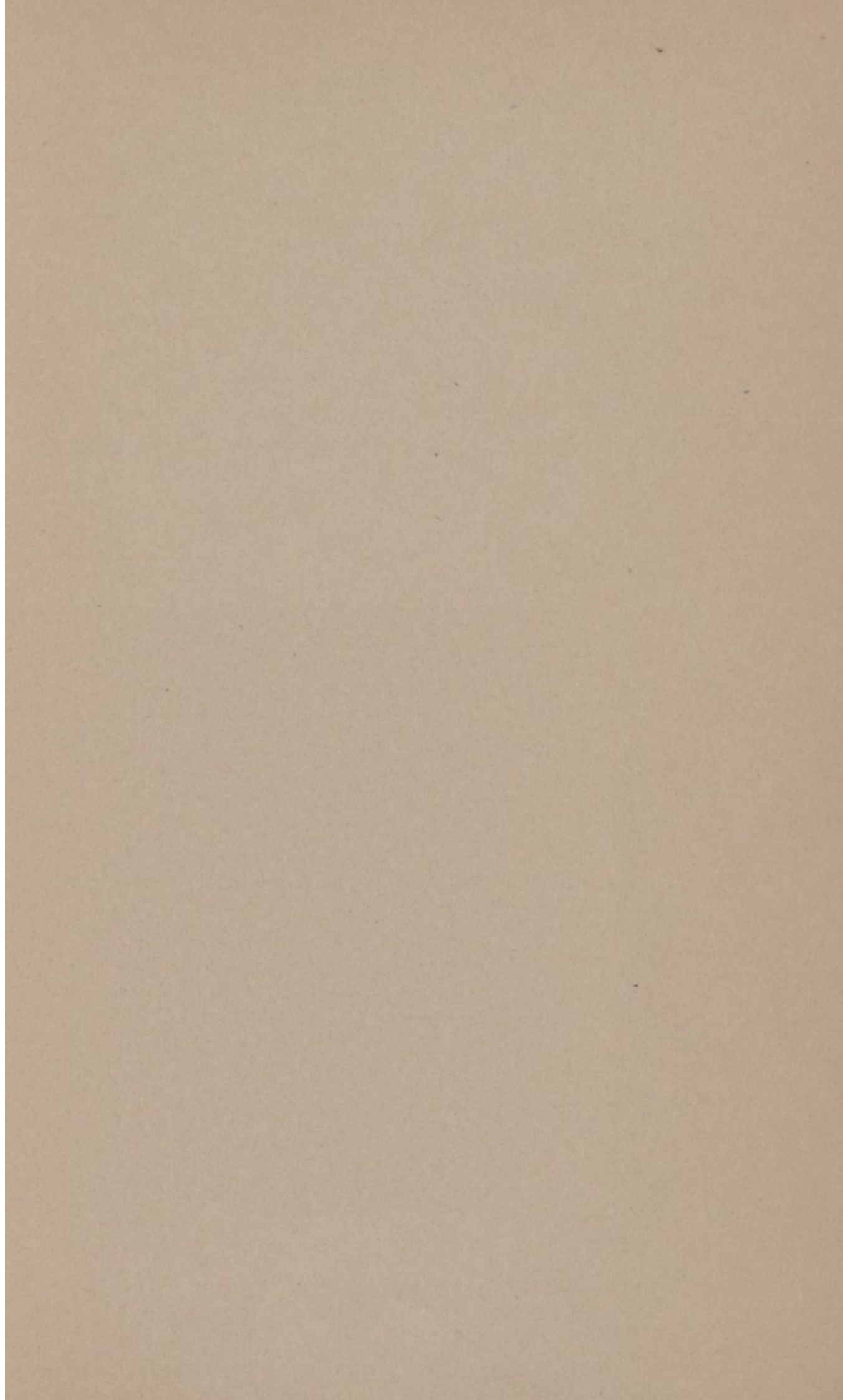
(1)	Number of children inspected by the Dentists	1,972
(2)	Number found to require treatment	1,409
(3)	Number actually treated	508
(4)	Fillings:	
	Permanent	1,613
	Temporary	2
	Total fillings	<hr/> 1,615 <hr/>
(5)	Extractions:	
	Permanent	257
	Temporary	87
	Total extractions	<hr/> 344 <hr/>
(6)	Administrations of general anaesthetics for extractions	142
(7)	Other operations:	
	Permanent	174
	Temporary	6
	Total of "other operations "	<hr/> 180 <hr/>

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