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County Borough of West Ham



ANNUAL REPORT
ON THE
HEALTH SERVICE
FOR THE YEAR
1947



BY

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

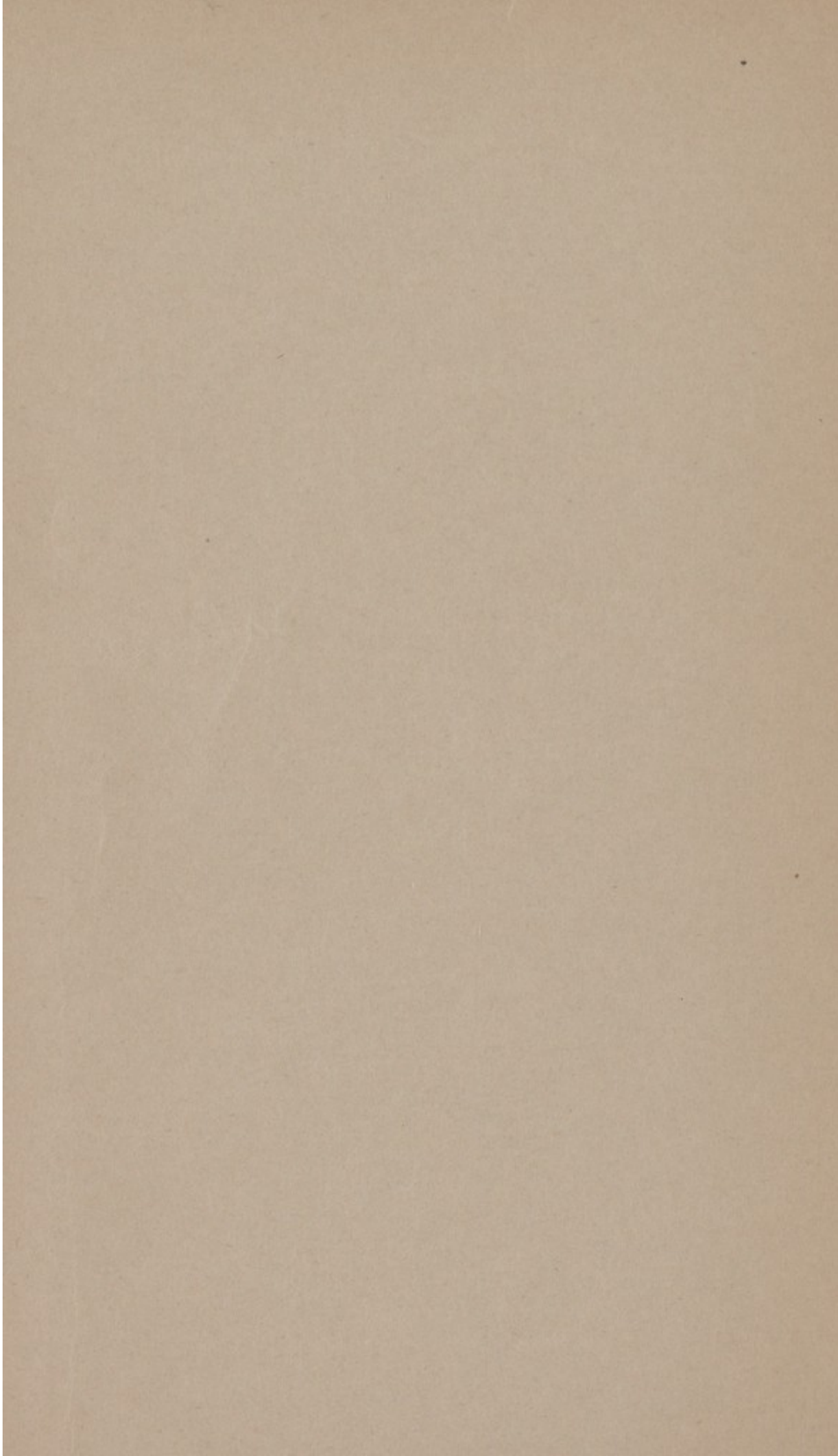
Medical Officer of Health and School Medical Officer



LONDON:

The Plaistow Press, 19 Plaistow, Road, Stratford, E.15

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F. R. J. DENNISON, M.D., D.P.H.

Medical Officer of Health and School Medical Officer

WEST HAM

The Borough of West Ham, London, E16

1947

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the Health Services of the Borough for the year 1947.

There was a further small increase in the population during the year, the Registrar-General's mid-year estimate being 171,870 as compared with 163,730 for mid-1946.

There was also a small increase in the number of live births—from 4,393 to 4,573—but owing to the increase in population the birth-rate remained nearly the same (26.6 per 1,000 as against 26.8 in 1946). This is not to be regarded as evidence that the birth rate is now stationary, but merely as an indication that the peak of the post-war rise has been prolonged over two years, in contrast to the very high peak concentrated on a single year which occurred after the first world war. Indeed the weekly returns were already shewing a substantial drop in the numbers of births before the end of the year.

The death rate remained low, at 11.9 per 1,000, but the infant mortality shewed a disappointing increase from 32 in 1946 to 41 this year. The main causes contributing to this increase were pneumonia, infantile diarrhoea and the group of conditions included under the heading of "congenital malformations birth injuries and infantile diseases." The prominence of the first two of these causes was probably an expression of the rather heavy incidence of respiratory and alimentary infections which characterised the earlier months of this year, and there is no indication so far of any permanently unfavourable trend in the rate. The maternal mortality rate also shewed a small increase.

The outstanding event of the year in relation to infectious disease was the epidemic of polio-myelitis. This was the most severe outbreak in the records of the Country, but West Ham was fortunate in escaping very lightly with 15 cases and no deaths; none of the cases was severe. There was also an epidemic of measles for the third year in succession, a very unusual event; and an unusually heavy prevalence of whooping cough. Apart from these, scarlet fever and pneumonia shewed small increases, tuberculosis a small decrease and diphtheria a further substantial decline.

There were thus a number of points on which the health record of 1947 was not quite so favourable as that

of 1946. Some of these could doubtless be explained by the rather severe extremes of weather which were experienced both in the winter and the summer of the year. None gave cause for any serious alarm.

The principal items of interest in the sanitary section were the institution of an intensive scheme for rodent control and the difficulties occasioned by the flooding of the Lea Valley Waterworks early in the year. For a time the service provided by this section was seriously embarrassed by numerous staff changes, principally among the Sanitary Inspectors. The position appeared to have become much more stable, however, towards the end of the year.

Turning now to the personal health services, it is possible to record some advances despite the preoccupation of preparing Proposals required by the National Health Service Act 1946 for submission to the Ministry of Health. A Home Help Organiser was appointed and a start made in building up the service on a basis of whole-time and regular part-time home helps. The Maternity and Child Welfare Clinics, which had been staffed partly by whole-time medical officers and partly by general practitioners, were re-organised to permit of the antenatal clinics being staffed by whole-time medical officers of appropriate seniority employed at the Council's Maternity Unit at Forest Gate Hospital, an additional appointment being made to cover this extra commitment. In this way the clinics came to be conducted by obstetricians of experience concurrently engaged in practical midwifery. Health Visitors continued to give assistance as before, and the Senior Assistant Medical Officer for Maternity and Child Welfare remained in administrative charge to ensure the preservation of their important public health functions. The clinical direction, however, became the responsibility of the Medical Superintendent, who is also the Senior Obstetrician, of the Hospital.

In the School Health Service, specialist clinics were opened for ear, nose and throat ailments and paediatrics, each under the charge of a whole-time specialist with beds at Whipps Cross Hospital into which he could admit children as necessary under his own care. Further details will be found on pages 64 and 71.

The year also saw the opening, in connection with Knox Road Special School, of the Romford Road Home for 18 educationally subnormal boys who were unable to remain at their own homes on account of behaviour or other difficulties. One other notable event was the visit of 41 West Ham children to Switzerland, which is described on page 65.

On the other hand, difficulties have to be recorded arising from the growing shortage of health visitors, and towards the end of the year the Council adopted a scheme for the assisted training of health visitors in return for a minimum length of service, and took the initiative in discussions which it is hoped will lead to the establishment of an additional training course to meet the needs of the South West Essex area. The School Dental Service also had its share of difficulties during the year owing to shortage of Dental Officers, and the planned development of this service perforce remained in abeyance.

By virtue of the National Health Service Act 1946, this is the last full year in which the hospitals will be administered by the Council. Though working continually in the shadow of the sentence passed by Parliament, the Health Committee did not allow themselves to be deterred from developing the hospital services where needed. Indeed, on page 46 will be found an account of the much needed increases in medical staff for Whipps Cross Hospital which had been seriously delayed by war time conditions: at the same time many valuable links were forged with the public health clinic services, as described in the body of the report, which it is hoped will retain a measure of the hospital's interest in the Borough after the separation has taken place. At the same hospital the catering service was re-organised and developed and plans were drawn up for accommodating extensions of the X-Ray Department and other ancillary services; while at Forest Gate Hospital extensive work was carried out on a new maternity unit. Moreover future alignments were anticipated by making empty wards at the Council's Plaistow Fever Hospital available for Queen Mary's Hospital, a marriage of the municipal and the voluntary, at one time considered incompatible, which worked harmoniously to the public good. At this same

hospital, also, the first steps were taken towards the establishment of a Mass Miniature Radiography Unit, by the adaptation of Sydenham ward block as the headquarters, and the appointment in September, of Dr. D. J. Lawless as its Director. Dr. Jones, the Medical Superintendent, has provided a brief historical note on the development of Whipps Cross Hospital which serves aptly as a form of valedictory.

The Council may therefore take pride in a year of solid achievement, despite the difficulties of post-war shortages; and it is to be hoped that this gives promise of still further far-sighted progress to come.

In conclusion I would like to express my sincere thanks for the help and support which I have received from the Chairman and Members of all the Committees whom it has been my privilege to serve; and my deep appreciation of the devotion of all members of the staff to this joint enterprise in which each plays his own essential part—the health services of West Ham.

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, 1947

Area of Borough	....	....	....	....	4,689 acres
Population (R.G.'s) mid-year estimate	...	....	....	....	171,870
Live births—legitimate	4,359	}	....	....	4,573
Live births—illegitimate	214		....	....	
Birth rate (per 1,000 population)	....	....	....	....	26.6
Stillbirths—legitimate	98	}	....	....	103
Stillbirths—illegitimate	5		....	....	
Stillbirth rate (per 1,000 total live and stillbirths)	...	....	....	....	22
Number of deaths	....	....	....	....	2,053
Death rate (per 1,000 population)	....	....	....	....	11.9
Deaths of infants under one year	....	....	....	....	190
Infantile mortality rate (deaths per 1,000 live births)	...	....	....	....	41
Maternal deaths:—					
Puerperal sepsis	....	6	}	....	10
Other causes	....	4		....	
Maternal death rate (per 1,000 live births)	....	..	....	....	2.18
Maternal death rate (per 1,000 live and stillbirths)	....	....	....	....	2.14

VARIOUS DISEASES: Cases and deaths.

	Cases	Case rate per 1,000 pop.	Deaths	Death rate per 1,000 pop.
Smallpox	—	—	—	—
Scarlet Fever	431	2.51	—	—
Diphtheria	33	0.19	2	0.01
Typhoid Fever	2	} 4 0.02	—	—
Para-typhoid	2			
Measles	1,510	8.79	3	0.02
Whooping Cough	595	3.46	12	0.07
Cerebro-spinal Fever	10	0.05	3	0.02
Diarrhoea and Enteritis under 2 years (*rate per 1,000 live births)	—	—	36	*7.87
Pneumonia:				
Acute primary and Influenzal	316	1.84	} 133	0.77
All forms	—	—		
Bronchitis	—	—	189	1.10
Tuberculosis:				
Pulmonary	167	0.97	109	0.63
Other forms	24	0.14	13	0.08
Cancer	—	—	305	1.77

VITAL STATISTICS, 1947

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 1947 was 171,870, an estimated increase of 8,140 over the previous year.

BIRTHS. The actual number of live births allocated to the Borough during the year was 4,573—the highest number recorded since 1933—of which 2,320 were of male children and 2,253 of females. Compared with 1946, this represents an increase of 105 males and 75 females, a total increase of 180 live births. The birth rate for 1947 was 26.6 per 1,000 of the population, a slight decrease compared with the rate of 26.8 for the previous year.

ILLEGITIMATE BIRTHS. Of the 4,573 live births, 214—99 males and 115 females—were illegitimate. This is equal to a percentage of 4.6 and is a decrease of 25 illegitimate births as compared with 1946.

STILLBIRTHS. The number of stillbirths during the year was 103 (60 males and 43 females). Of these, 3 males and 2 females were illegitimate. The stillbirth rate for 1,000 total (live and still) births for 1947 was 22, as compared with a rate of 23 for 1946.

DEATHS FROM ALL CAUSES. The nett number of deaths allocated to the Borough for the year was 2,053, giving a death rate of 11.9 per 1,000 of the population, as compared with a rate of 11.7 for 1946. Of these deaths, 1,130 were of males and 923 of females.

The causes of death at different periods of life as supplied by the Registrar-General are given in Table 1. The chief causes of death are as follows: Heart disease, 535; cancer, 305; bronchitis, 189; cerebral haemorrhage, 178; pneumonia, 133; tuberculosis of the respiratory system, 109.

INFANT MORTALITY. Deaths of infants under one year of age totalled 190—104 males and 86 females—giving an infantile mortality rate of 41 per 1,000 live births, as compared with a rate of 32 for the previous year.

Of the 190 deaths under one year, 155, or 81.5 per cent., were due to four causes—congenital malformation and birth injuries, etc., 48; pneumonia, 39; diarrhoea, 35; and prematurity, 33. It is to increases in the first three causes that the higher death rate is to be attributed. The cause of these increases is not quite clear, but it will be recalled that both winter and summer this year saw more than their fair share of extreme and unseasonable weather. There seems no reason to fear that this increase might prove permanent.

TABLE I

CAUSES OF DEATH IN AGE GROUPS—1947 (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 ...	1	2	1	—	—	—	—	1	—	1	—	—	—	—
3. Scarlet fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Whooping Cough ...	5	7	4	5	1	2	—	—	—	—	—	—	—	—
5. Diphtheria ...	2	—	—	—	—	—	2	—	—	—	—	—	—	—
6. Tuberculosis of respiratory system ...	65	44	2	—	1	1	—	—	28	32	31	6	3	5
7. Other forms of tuberculosis ...	7	6	1	1	2	2	3	—	1	3	—	—	—	—
8. Syphilitic diseases ...	7	3	—	—	—	—	—	—	1	1	3	1	3	1
9. Influenza ...	13	13	1	—	1	—	—	—	3	2	7	2	1	9
10. Measles ...	3	—	1	—	2	—	—	—	—	—	—	—	—	—
11. Acute polio-myelitis and polio-encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. Acute infective encephalitis ...	1	—	—	—	—	—	—	—	—	—	—	—	1	—
13. Cancer of buccal cavity & oesophagus (M) uterus (F) ...	10	16	—	—	—	—	—	—	1	5	4	5	11	—
14. Cancer of stomach and duodenum ...	28	33	—	—	—	—	—	—	3	—	13	7	12	26
15. Cancer of breast ...	—	25	—	—	—	—	—	—	2	—	10	—	—	13
16. Cancer of all other sites ...	130	63	—	—	—	—	1	—	12	8	53	22	64	33
17. Diabetes ...	5	9	—	—	—	—	—	—	1	1	—	—	4	8
18. Intracranial vascular lesions ...	71	107	—	—	—	—	—	—	2	1	18	20	51	86
19. Heart disease ...	295	240	—	—	—	—	—	—	16	14	64	34	215	192
20. Other diseases of circulatory system ...	39	21	—	—	—	—	—	—	1	—	9	2	29	19
21. Bronchitis ...	133	56	5	5	2	—	1	—	2	1	38	12	85	38
22. Pneumonia ...	66	67	20	19	1	3	—	—	3	2	11	10	31	33
23. Other respiratory diseases ...	9	6	—	1	—	—	—	—	—	1	6	2	3	2
24. Ulcer of stomach and duodenum ...	12	1	—	—	—	—	—	—	2	—	7	—	3	1
25. Diarrhoea under two years ...	22	14	21	14	1	—	—	—	—	—	—	—	—	—
26. Appendicitis ...	5	4	—	—	1	1	—	1	2	1	—	—	2	1
27. Other digestive diseases ...	19	24	1	—	—	—	—	—	1	2	5	10	12	12
28. Nephritis ...	17	17	—	—	—	—	—	1	1	3	7	5	9	8
29. Puerperal and post abortive sepsis ...	—	4	—	—	—	—	—	—	—	6	—	—	—	—
30. Other maternal causes ...	—	—	—	—	—	—	—	—	—	4	—	—	—	—
31. Premature birth ...	16	17	16	17	—	—	—	—	—	—	—	—	—	—
32. Congenital malformations, birth injury, infant diseases ...	33	27	28	20	—	2	—	—	1	3	2	2	2	—
33. Suicide ...	8	1	—	—	—	—	—	—	2	1	2	—	4	—
34. Road Traffic accidents ...	12	1	—	—	1	—	1	—	3	—	4	—	3	1
35. Other violent causes ...	36	12	2	2	1	—	3	—	12	—	7	2	11	8
36. All other causes ...	60	77	1	2	2	2	4	1	10	6	8	17	35	49
TOTAL ...	1130	923	104	86	16	13	15	4	106	96	301	168	588	556

MATERNAL MORTALITY. The number of mothers who died in childbirth during 1947 was 10. Six of these deaths were due to sepsis and four to other conditions associated with childbirth. The maternal mortality rate for the year was 2.14 per 1,000 total births, as compared with a rate of 1.56 for 1946.

DEATHS FROM RESPIRATORY DISEASES. This group covers diseases of the nasal passages and the larynx, bronchitis, all forms of pneumonia, pleurisy (including empyema), asthma, congestion and emphysema of the lungs. During the year the number of deaths from this group of diseases was 337, of which 208 were of males and 129 were of females. The rate per 1,000 of the population was 1.96. Bronchitis constituted the highest cause of death in this group, the number being 189 (133 males and 56 females). Pneumonia caused 133 deaths, of which 66 were of males and 67 of females.

DEATHS FROM CIRCULATORY DISEASES. The deaths from this group of diseases numbered 773, of which 405 were of males and 368 of females. The rate per 1,000 of the population was 4.49. Of the total 595 deaths, 535 (295 males and 240 females) were attributed to heart diseases.

DEATHS FROM CANCER. Deaths from cancer and other malignant tumours during the year numbered 305—males 168, females 137—giving a death rate of 1.77 per 1,000 of the population, as compared with 1.67 for 1946.

DEATHS FROM TUBERCULOSIS. During the year the number of deaths attributed to all forms of tuberculosis was 122, of which 72 were of males and 50 were of females. The number of deaths due to tuberculosis of the respiratory system—including pulmonary tuberculosis and tuberculosis of the larynx—was 109, of which 65 were of males 44 of females.

The death rate for all forms of tuberculosis was 0.71, as compared with 0.80 for the year 1946.

INFECTIOUS DISEASES

TUBERCULOSIS. The number of new cases of tuberculosis notified during the year was 191, as compared with 201 for the previous year. Of these cases, 167 (105 males and 62 females) suffered from the pulmonary form of the disease, and 24 (12 males and 12 females) from the non-pulmonary forms. The case rate for all forms of tuberculosis was 1.11 per 1,000 of the population, as compared with 1.23 for the year 1946.

Deaths from this disease numbered 122, of which 72 were males and 50 females.

Further information will be found on page 34.

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

SCARLET FEVER. During the year 431 cases of scarlet fever were notified (196 males and 235 females), giving a case rate of 2.51 per 1,000 of the population. The corresponding figure for 1946 was 331, with a case rate of 2.02 per 1,000 of the population. The number of patients removed to hospital was 303. There were no deaths from this disease.

DIPHTHERIA. (a) There were 33 cases of this disease during the year, of which 20 were males and 13 females. This is the lowest figure on record. The case rate was 0.19 per 1,000 of the population. The corresponding figure for last year was 98, with a case rate of 0.60 per 1,000 of the population. There were two deaths from this disease, giving a death rate of 0.01 per 1,000 of the population. All notified cases were removed to hospital.

(b) *Diphtheria Prophylaxis.* The number of children immunised during the year was 6,200. Of this number, 2,529 were under 5 years, and 3,671 were between the ages of 5 and 15 years.

TYPHOID AND PARA-TYPHOID FEVERS. Four cases occurred during the year, two of which were para-typhoid. The case rate was 0.02 per 1,000 of the population. All cases were removed to hospital, and recovered.

MEASLES. The number of cases of measles notified during the year was 1,510, as compared with 850 for the previous year. Of the 1,510 notified cases, 742 were males and 768 females. The case rate was 8.79 per 1,000 of the population. There were three deaths from this disease, giving a death rate of 0.02 per 1,000 of the population. The number of patients removed to hospital was 99.

WHOOPING COUGH. During 1947 the number of cases of whooping cough notified was 595. Of these, 294 were males and 301 females. The case rate was 3.46 per 1,000 of the population. There were 12 deaths, giving a death rate of 0.07 per 1,000 of the population. The number of cases removed to hospital was 74.

CEREBRO-SPINAL FEVER. During the year 10 cases were notified, of which 5 were males and 5 females. The case rate was 0.05 per 1,000 of the population. There were three deaths from this disease, giving a death rate of 0.02 per 1,000 of the population. All cases were removed to hospital.

ERYSIPELAS. The number of cases of this disease notified during the year was 34, of which 19 were males and 15 females. The case rate was 0.19 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 8 cases of this disease during the year, 6 males and 2 females. The case rate was 0.05 per 1,000 of the population. The number of patients removed to hospital was 5.

MALARIA. There was 1 case (male) of this disease notified during the year. The infection was contracted abroad.

DIARRHOEA AND ENTERITIS. During 1947 the number of deaths of children under 2 years of age from diarrhoea and enteritis was 36, as compared with 24 for 1946. Of the children who died, 22 were males and 14 females. The death rate per 1,000 live births was 7.87.

It is pleasing to be able to record that the epidemic of infantile enteritis which started in the maternity wards of Forest Gate Hospital early in 1946, and continued unabated throughout that year, began to subside rapidly in July, 1947, and was over by the end of August. No further cases have occurred up to the time of writing. The only relevant feature which distinguished the month of July was a significant fall in the number of patients admitted, consequent upon the severe restriction of bookings which had been imposed some months previously. It seems likely that the reduction in the rate of turnover of the Maternity Unit was the effective factor which terminated the outbreak after all other measures had failed.

PNEUMONIA. The number of notifications of pneumonia—primary and influenzal—received during the year was 316, as compared with 249 in 1946. Of the number notified, 173 were males and 143 females. The case rate was 1.84 per 1,000 of the population. The number of deaths from all forms of pneumonia was 133, giving a death rate of 0.77 per 1,000 of the population.

PUERPERAL PYREXIA. The number of cases during the year was 54, as compared with 52 in 1946. Of these, 42 cases were removed to hospital.

OPHTHALMIA NEONATORUM. The number of cases during the year was 4 (2 males and 2 females). One case was removed to hospital.

ACUTE POLIOMYELITIS. Despite the severe epidemic which swept the country during the year, West Ham came through comparatively lightly with 15 cases—11 males and 4 females.

Of these, two were already past the unrecognised febrile stage and under treatment as orthopaedic out-patients at the time of notification and 1 case was treated at home, the remaining 12 being admitted to hospital either as diagnosed cases or for investigation and diagnosed as in-patients. Five were abortive cases which shewed definite general symptoms but developed no paralysis at all, while 10 shewed a slight or moderate degree of paralysis. None was at all severe and none died. Other cases admitted on suspicion were not confirmed. The case rate was 0.08 per 1,000 of the population.

SCABIES. During the year the incidence of this disease, which affected both children and adults, continued the decrease which was recorded for the year 1946.

The number of persons treated at the Council's Centre, which is established at the Council's Balaam Street Baths, was 936, as against 1,913 in 1946. Since the Centres were established early in 1942, 19,309 cases have been referred for treatment.

The type of case dealt with was much milder than of recent years, and persons came for treatment at an earlier stage of the disease.

Scabies is not notifiable in this Borough, but it would appear that most cases are referred to the Centre and that, therefore, the above figures are a reasonably accurate estimation of the true incidence of the disease in this area.

Cases are referred to the Clinic by school medical officers, private doctors and hospitals. Many are found to be suffering from various skin diseases other than scabies. No change has been made in the very successful method of treatment by benzyl benzoate.

As in previous years, the Medical Superintendent of Plaistow Fever Hospital visited the Clinic daily, and beds were available at the hospital for cases requiring in-patient treatment.

DISINFECTION AND DISINFESTATION. The number of dwellings disinfected after removal to hospital, recovery or death of a patient was 661, involving the disinfection of 759 rooms.

Disinfestation for vermin was carried out in 410 premises, involving 836 rooms.

PLAISTOW FEVER HOSPITAL

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

All the common infectious diseases, with the exception of diphtheria, were more prevalent during 1947 than in the previous year. The mortality from them had also increased. This was due largely to the prevalence of gastro-enteritis among infants, which accounted for 26 of the deaths. These totalled 55, as compared with 11 in 1946.

The total number of cases under treatment during the year was 1,072, as compared with 859 in 1946. Of these, 926 were discharged, 11 were transferred to other hospitals, 55 died, and 80 remained under treatment at the end of the year.

SCARLET FEVER. This disease has continued to retain its mild character, and its prevalence also has remained low as compared with pre-war years. No case proved fatal, and the average duration of the patients' residence in the hospital was three weeks. The total number of cases under treatment was 339, which is a slight increase on the number treated in the previous year. Of these, 301 were discharged and 38 remained under treatment at the end of the year.

Complications occurred in 41 of the cases discharged (13.6 per cent.). These complications were: Boils and abscesses, 12; otorrhoea, 11; cervical adenitis, 9; arthritis, 3; nephritis, 1; appendicitis, 1; relapses, 4.

The diagnosis was amended in 22 cases notified as scarlet fever. The corrected diagnoses were: Measles, 3; rubella, 5; erythema, 7; tonsillitis, 5; mumps, 1; no disease, 1.

DIPHTHERIA. The number of cases under treatment was 45, as compared with 145 in the previous year. Of these, 29 were discharged, 2 died, and 14 remained under treatment at the end of the year. The two fatal cases were a boy and girl, aged 7 years, who had not been immunised. They were both suffering from a severe faucial attack and had been ill for 4 and 5 days respectively before admission. A large dose of penicillin was administered in addition to antitoxin, but it did not appear to have any influence on the course of the disease. The infection was classified as mild in 9 cases, moderate in 14 cases, and severe in 8 cases. In 8 cases there was a history that the patient had been immunised against diphtheria. The attack was mild in 3 of these cases, moderate in 4 cases, and severe in 1 case.

The diagnosis was revised in 79 cases notified as diphtheria. The corrected diagnoses were: Tonsillitis, 52; laryngitis, 15; bronchitis, 5; Vincent's angina, 4; quinsy, 1; stomatitis, 1; cervical adenitis, 1.

TYPHOID FEVER. Four cases of this disease were under treatment. They were all sporadic cases and were not connected with any local outbreak. The infection in 3 cases was by *B. Typhosus*, and in the fourth case by Para-typhoid B. They all had moderately severe attacks and all recovered.

MEASLES. An epidemic of this disease appeared during the early spring and continued until the autumn. The majority of the cases were children under school age, the youngest being only four months old. The type of infection was generally not severe, and the majority of the cases made a rapid and uncomplicated recovery. In one case a boy aged 4 years, the disease

was complicated by acute encephalitis. From this condition the patient made a very slow, but ultimately satisfactory, recovery.

The total number of cases under treatment was 102. Of these, 99 were discharged and 3 died. The fatal cases were all under the age of 18 months and were complicated by bronchopneumonia.

WHOOPING COUGH. Cases of this disease continued to occur throughout the year. None of them gave a history of having been immunised against the infection. The total number of cases under treatment was 74. Of these, 62 were discharged and 12 died. All the fatal cases were under one year of age, the youngest being an infant of 10 weeks.

MENINGITIS. Of 35 cases which had been admitted under a diagnosis of meningitis, 12 proved to be suffering from meningococcal meningitis, 2 had tuberculous meningitis, and 1 had pneumococcal meningitis. Nine of the cases of meningococcal meningitis recovered and 1 died; the 2 of tuberculous and the 1 of pneumococcal meningitis were fatal. The other notified cases proved to be suffering from the following complaints: Pneumonia, 5; meningism, 4; influenza, 4; convulsions, 1; tonsillitis, 3; epilepsy, 1; cardiac disease, 1; whooping cough, 1; rubella, 1; no disease, 1.

ACUTE ANTERIOR POLIOMYELITIS. The widespread epidemic of infantile paralysis which involved most parts of the country during the summer months did not fortunately affect this district to any serious extent. Twenty-four cases were admitted as suspected to be suffering from the infection and 10 of them were later confirmed as cases of the disease. In 6 of these cases the infection was the mild abortive type. After an initial stage of slight fever and meningeal irritation, they made a rapid recovery without suffering any paralysis. In 4 cases paralysis did occur; it involved the right arm in two cases, the left leg in 1 case, and the muscle of the back in 1 case. They were all children of school age and all made satisfactory recovery.

GASTRO-ENTERITIS. This disease was very prevalent among infants during the first half of the year, and many requests for admission had to be refused owing to shortage of nursing staff. The number under treatment was 112. Of these, 77 were discharged recovered, 26 died, and 9 remained for treatment at the end of the year. The fatal cases were all infants under 1 year, the average age being 5 months.

OTHER DISEASES. The main diseases classified in this group were as follows: Rubella, 24; chickenpox, 19; mumps, 8; scabies, 14; pneumonia, 42; bronchitis, 12; puerperal pyrexia, 4; ringworm of scalp, 3; impetigo, 8; dermatitis, 5; erythema, 7; pulmonary tuberculosis, 3; erysipelas, 14; influenza, 4.

Of these, the following cases proved fatal: Pneumonia, 3; pulmonary tuberculosis, 2; erysipelas, 1.

GATE CASES. The number of patients suspected to be suffering from an infectious disease who were brought to the hospital for diagnosis was 945. Of these, 229 were referred by medical practitioners and 716 were brought direct by relatives. The number of these admitted to the hospital was 125.

A total of 1,666 swabs from nose and throat were examined for medical practitioners and other institutions for the presence of diphtheria bacilli. Of these, 31 were found to be positive.

GENERAL MEDICAL CASES. As a result of the marked decline in the prevalence of the common infectious diseases, a number of wards in the hospital were unoccupied, and in this connection an arrangement was made between the West Ham Corporation and the Management Committee of Queen Mary's Hospital, Stratford, whereby four of the empty wards were made available for the accommodation of adult medical cases, admitted through Queen Mary's Hospital. The cases remained under the clinical care of the Medical Staff of Queen Mary's Hospital and the general administrative control was vested in the Medical Superintendent. The first two wards were opened on the 29th May, 1947, and on the opening of the other two wards later, accommodation was provided for 68 adult patients.

RETURN OF ADMISSIONS, DISCHARGES AND DEATHS FOR 1947

Disease	In Hosp. 31.12.46	Admitted since	Discharged	Died	In Hosp. 31.12.47
Scarlet Fever	28	311	301	—	38
Diphtheria	9	36	29	2	14
Measles ...	2	100	99	3	—
Whooping Cough	2	72	62	12	—
Pneumonia	7	42	43	3	3
Gastro-enteritis	5	107	77	26	9
Erysipelas	1	13	13	1	—
Typhoid Fever	—	4	4	—	—
Meningitis	—	15	11	4	—
Anterior Poliomyelitis	—	10	10	—	—
Mumps	1	8	8	—	1
Chicken Pox	—	19	16	—	3
Laryngitis	1	18	18	—	1
Bronchitis	1	12	13	—	—
Tonsillitis	3	98	97	—	4
Scabies	4	10	14	—	—
Herpes Zoster	—	1	1	—	—
Impetigo	2	6	8	—	—
Rubella	—	24	24	—	—
Influenza	—	4	4	—	—
Otitis Media	—	3	3	—	—
Toxic Rash	—	2	2	—	—
Puerperal Pyrexia	—	4	3	—	1
Tinea Capitis	—	3	2	—	1

Disease	In Hosp. 31.12.46	Admitted since	Discharged	Died	In Hosp. 31.12.47
Vincent's Angina	 —	6	5	—	1
Eczema	 —	1	1	—	—
Erythema	 —	7	7	—	—
Coryza	 —	1	1	—	—
Liniment Poisoning	 —	2	2	—	—
Urticaria	 —	2	2	—	—
Dermatitis	 —	5	5	—	—
Dysentery	 —	3	3	—	—
Meningism	 —	4	4	—	—
Cellulitis	 —	2	2	—	—
Asthma	 —	2	1	1	—
Pulmonary T.B.	 1	2	1	2	—
Cervical Adenitis	 —	5	5	—	—
Stomatitis	 —	4	4	—	—
Empyema	 —	1	1	—	—
Encephalitis	 —	1	1	—	—
Purpura	 —	1	1	—	—
Sprained wrist	 —	1	1	—	—
Cyclic vomiting	.... ....	1	1	—	—
Coronary thrombosis	 —	1	1	—	—
Osteomyelitis	 —	1	1	—	—
Cardiac Disease	 —	1	—	1	—
Appendicitis	 —	1	1	—	—
Acute rheumatism	 —	1	1	—	—
Quinsy	 —	1	1	—	—
Facial nerve paralysis	 —	1	1	—	—
Convulsions	 —	1	1	—	—
Nephritis	 —	1	—	—	1
Pyelitis	 —	1	—	—	1
Epilepsy	 —	1	—	—	1
No Disease	 1	20	20	—	1
TOTALS	68	1,004	937	55	80

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 ....	....	....	....	....	25
Soft Chancre ....	....	....	....	....	2
Gonorrhoea ....	....	....	....	....	107
Not Venereal ....	....	....	....	....	319
Total					453

Total attendances of all patients	....	4,202
Total number of in-patient days	....	30
Pathological Examinations—		
For or at the Centres:—		
Spirochaetes	....	7
Gonococci	....	1,323
Wasserman	....	1,149
Others	....	2,209
	Total ...	4,688
For Practitioners—		
Wasserman	....	1
Others	....	1
	Total ...	2

QUEEN MARY'S HOSPITAL— SPECIAL TREATMENT CENTRE

REPORT BY DIRECTOR, DR. F. G. MACDONALD, FOR THE YEAR 1947

There continues to be a substantial demand for the services provided at the Centre. The number of new patients seen was smaller than in 1946, but the total attendances were about the same.

New Patients	....	556
Total Attendances	....	6,278

The diagnosis of new patients was as follows:—

Gonorrhoea	....	*71
Early Infective Syphilis	....	33
Late Syphilis	....	12
Congenital Syphilis	....	0
Soft Chancre	....	4
Previously Treated Patients	....	64
Non-Venereal Conditions	....	349
Return Cases	....	23
	Total ...	556

*(Including 5 cases of Gonococcal sequelae)

The total number of patients on the books of the Centre during the year was 742. These figures include 186 who were under treatment or observation on the 1st January. Of this total, 475 were discharged as cured or were found not to be infected with venereal disease.

The total attendances by area were as follows:—

West Ham	....	....	....	3,691
East Ham	....	....	....	368
Essex	....	....	....	1,967
London	....	....	....	176
Other Areas	....	....	....	76

In addition to myself as Director, the staff consists of 1 Sister, 1 Assistant Nurse, and 1 Orderly. The Medical Officer of Health has very kindly provided the services of a Health Visitor to visit patients in their homes when advisable.

In conclusion, I should like to express my appreciation of the friendly co-operation of the various officers, medical and lay, of the Public Health Department of West Ham, and of my colleagues in other departments of Queen Mary's Hospital. My thanks are also due to the Sister and 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 to 31st December, 1947:—

	M.	F.
(1) (a) <i>Total</i> number of contacts in respect of whom Form 1 was received	1	1
(b) Number in (a) transferred from other areas	—	—
(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	—	1
Contacts examined or already under treatment	—	1
(3) (a) Number of these in (1) in respect of whom two or more Forms 1 were received	—	—
(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	—	—
(4) Number of these in (3) (a) who were:		
(a) found	—	—

	M.	F.
(b) examined after persuasion or already under treatment	—	—
(c) served with Form 2	—	—
(d) examined after service of Form 2	—	—
(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	—	—

AMBULANCE FACILITIES

ACCIDENT SERVICE. Two ambulances are provided for dealing with accidents, maternity patients, and cases of serious illness. These vehicles are housed, driven and supplied with petrol and oil by a contractor in the Borough, and during the year made 4,636 journeys, including 4,559 originating in West Ham, 51 for London County Council (North Woolwich area), 27 for East Ham Council, and 1 for Dagenham 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 the scheme which operated during the war period. During the year the East Ham ambulance was called upon by West Ham on 66 occasions.

An ambulance is also stationed at Silvertown, which operates from 7 a.m.-11.0 p.m. on each day of the week. Cases arising during the hours not covered by this vehicle are dealt with by the Council's ambulance contractor. This service is used mainly for accidents occurring in factories in the Silvertown area, and certain factory owners contribute towards its cost. During the year 178 journeys were made by this ambulance.

A car which is stationed at the Council's Transport Depot is used for sitting cases, who, in the opinion of the doctor, do not require an ambulance. This service has proved very useful, and has eased to some extent the work of the two ambulances. The car made 931 journeys during the year.

The service as a whole has, during the year under review, functioned very efficiently, 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 8,212 journeys, including 2,441 in respect of West Ham cases. The two ambulances at Plaistow Fever Hospital made 1,069 journeys during the year.

MORTUARIES.

BODIES RECEIVED INTO THE MORTUARY DURING 1947

STRATFORD MORTUARY

Month	Bodies in Queen Mary's Hospital on which inquests were held	Number received at public mortuary	Total	Males	Females	Under 5 years	Over 5 years	Sent in by Coroner	Sent in by Police	Sent in for sanitary reasons	Number of Post-Mortem Examinations	Number of Inquests
January ...	4	21	25	16	9	20	5	18	7	—	21	6
February ...	—	30	30	22	8	27	3	24	6	—	30	6
March ...	2	24	26	12	14	18	8	20	6	—	24	3
April ...	4	7	11	9	2	9	2	9	2	—	7	4
May ...	1	11	12	8	4	10	2	10	2	—	11	1
June ...	2	12	14	13	1	14	—	9	5	—	12	7
July ...	1	12	13	9	4	11	2	12	1	—	12	2
August ...	—	12	12	5	7	10	2	12	—	—	12	1
September ...	3	10	13	8	5	13	—	9	4	—	10	5
October ...	2	15	17	13	4	14	3	10	7	—	15	8
November ...	4	12	16	13	3	16	—	10	6	—	12	8
December ...	2	13	15	11	4	11	4	13	2	—	13	3
TOTAL ...	25	179	204	139	65	173	31	156	48	—	179	54

SHOPS ACT, 1912-1936. The total number of visits made during the year in respect of the Shops Act was 5,273, and 741 infringements were detected. The majority of these were of a technical nature, in respect of which 719 verbal cautions were given regarding the exhibition of forms and the keeping of required records. In cases of a more persistent nature, 22 written warnings were issued.

Owing to the restrictions on lighting being still in force, and the small quota of goods on sale in shops, 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 9 new applications were received for the free supply of insulin. In addition, 15 other persons continued to receive assistance in this connection.

VACCINATION ACTS. The following is a summary of the work carried out during the year 1947:—

Number of cases in birth lists received during 1947	....	5,490
Number of certificates of vaccination received	....	2,300
Number of certificates of postponement owing to:		
Health of child	....	326
Condition of house	....	2
Prevalence of infectious disease	....	2
Number of certificates under section 2 of the Vaccination Act, 1898, and number of statutory declarations under section 1 of the Vaccination Act, 1907	....	2,283
Number of certificates of insusceptibility or of having had smallpox	....	7
Number of cases:		
Parents removed out of district	....	869
Otherwise not found	....	316
Number of entries in lists sent to public vaccinators	....	2,338

FOOD INSPECTION

MILK (SPECIAL DESIGNATIONS) ORDER, 1936

Particulars are given below of samples of raw designated milks which were taken during the year and submitted to the appropriate tests:—

Type of Milk	Number Sampled	Results of Examination			
		Number satisfactory	Unsatisfactory		
			Failed Methylene blue test	Contained coliform bacillus	Failed Methylene blue test and contained coliform bacillus
Tuberculin Tested (Certified)	54	46	2*	4*	2*
Accredited ...	25	20	1*	3*	1*
TOTALS ...	79	66	3	7	3

* Letters of caution sent

HEAT-TREATED MILK

Particulars are given below regarding the various types of heat-treated milk which were sampled during the year and submitted to the appropriate tests:—

Type of Milk	Number Sampled	Results of Examination		
		Number Satisfactory	Unsatisfactory	
			Failed Methylene Blue Test	Failed Phosphatase Test
Pasteurised ...	78	76	2*	—
Pasteurised ... (From Schools)	46	46	—	—
Tuberculin Tested (Pasteurised)	64	61	2*	1*
Heat-Treated ...	142	142	—	—
Sterilised ...	118	118	—	—
TOTALS ...	448	443	4	1

* Letters of caution sent

EXAMINATION OF MILK FOR TUBERCULE (GUINEA PIG TEST)

During the year 46 samples of milk were taken from various sources, as shewn below, and were examined for the presence of the tubercle bacillus. One sample proved positive, and the infected animal was traced and slaughtered under the Tuberculosis Order of 1938.

BIOLOGICAL TESTS

Type of Milk	Number Examined	Result	
		Positive	Negative
<i>Tuberculin Tested (Certified)</i>			
(From Purveyors) ...	19	—	19
<i>Accredited (From Producer)</i> ...	2	—	2
<i>Pasteurised</i> ...	3	—	3
<i>Pasteurised (From Schools)</i> ...	6	—	6
<i>Raw Milk</i>			
(Taken on delivery from producers prior to treatment) ...	15	—	15
<i>Raw Milk (From producer)</i> ...	1	1	—
TOTALS ...	46	1	45

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
Shopkeeper ...	5	1	—	—	2	1	1	1	1	1
Itinerant Vendor ...	4	2	—	—	—	1	1	1	1	—
Manufacturers' Premises ...	2	—	—	—	2	—	—	—	—	—
TOTALS ...	11	3	—	—	4	2	2	—	—	—

METHYLENE BLUE TESTS PROVISIONAL GRADES

	Number Sampled	Grade 1	Grade 2	Grade 3	Grade 4
Shopkeeper ...	21	4	3	7	7
Itinerant Vendor ...	7	1	—	5	1
Manufacturers' premises ...	3	1	1	1	—
TOTALS ...	31	6	4	13	8

THE PUBLIC HEALTH (CONDENSED MILK) REGULATIONS. During the year eight samples of condensed milk were submitted for examination. Of this number, three samples were also examined for the purpose of testing the equivalent. This test determines whether the contents of the tin will, when converted, give the amount of milk which is declared on the label.

CONDENSED FULL-CREAM MILK, SWEETENED. *Five Samples.* Two of these were also tested for the equivalent.

CONDENSED MACHINE - SKIMMED MILK, SWEETENED. *Three Samples.* One of these was also tested for the equivalent.

In addition to the above, one tin of evaporated milk was examined and also tested for the equivalent.

All samples, including the labelling requirements, complied with the regulations.

STRAWS. Three samples of straws as used by school children for the drinking of milk were submitted to the pathological laboratory for examination, and proved to be satisfactory.

ACTION TAKEN ON ADULTERATED SAMPLES

Glaubers Salt (Informal). Consisted of sodium sulphite, subsequent official samples proved satisfactory.

Butter. 0.7% excessive water. Letter of caution, subsequent samples proved satisfactory.

Butter. 0.4% excessive water. Letter of caution, subsequent samples proved satisfactory.

Gin. 4.6% excessive water. Dismissed under the Probation or Offenders Act on payment of £5 5s. costs.

Pepper. Contained at least 80% of wheat flour. Dismissed under the Probation of Offenders Act, on payment of £3 3s. costs.

Non-brewed Vinegar. 7.5% excessive water. Letter of caution, subsequent samples proved satisfactory.

Non-brewed Vinegar. 5.0% excessive water. Letter of caution. Shopkeeper given up sale.

Milk. 3.5% excessive water. Letter of caution, subsequent samples proved satisfactory.

Glaubers Salt. Contained 207% of crystallised sodium sulphate which is 105% in excess of the limit permitted. Letter of caution. Shopkeeper given up sale.

Gin. 10.7% excessive water. Fined £10 and £3 3s. costs.

Saccharin Tablets (Informal). Deficient in saccharin 5.5%. Subsequent official sample proved satisfactory.

REPORT OF THE PUBLIC ANALYST FOR 1947

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

During the year 1947 1,055 samples were examined under the Food and Drugs Act, 655 formal and 400 informal.

All samples were submitted by the Inspector.

No samples under the Act were submitted by the public.

Ten samples were found to be adulterated, 9 formal and 1 informal. This is at the rate of 0.9 per cent.

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

Year	No. of samples examined	Per cent. of adulteration
1947	1,055	0.9
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
Average	1,102	1.4

One hundred and ninety-eight samples of milk were examined, 160 formal and 38 informal.

One formal sample was found to be adulterated.

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

Year	No. of samples examined	Per cent. of adulteration
1947	198	0.5
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
Average	285	1.4

CONDENSED MILKS. Nine samples of condensed milk were examined, 3 formal samples and 2 informal samples of full-cream. Two formal samples and 1 informal sample of machine-separated and 1 informal sample of evaporated.

These all complied with the Condensed Milk Regulations.

DRUGS. One hundred and twenty-nine samples of drugs were examined, 14 formal and 115 informal.

One formal and 1 informal sample were adulterated.

PRESERVATIVES. There was no contravention of the Preservatives Regulations.

Other samples examined during the year were:—

UNDER THE FERTILISERS AND FEEDING STUFFS ACT. Nineteen fertilisers, 4 of which were unsatisfactory. Fourteen feeding stuffs, 10 of which were unsatisfactory.

UNDER THE PHARMACY AND POISONS ACT. Eight samples, all of which were satisfactory.

UNDER THE RAG FLOCK REGULATIONS. Three samples, all of which were satisfactory.

FOR THE PUBLIC HEALTH DEPARTMENT. One dentifrice; 2 samples of Kola; 1 marmalade; 1 dried eggs; 1 chop sauce; 1 chocolate powder; 1 water.

FOR THE BOROUGH ENGINEER'S DEPARTMENT. Two soils.

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 184. Eight samples were examined during the year, and proved satisfactory.

FERTILISERS AND FEEDING STUFFS ACT, 1926

Particulars are given below of 13 official and 20 unofficial samples which were taken during the year:—

Type of Sample	No. of Samples taken	Analysis agreed	Analysis disagreed
<i>Fertilisers</i>			
(a) Official	6	4	2
(b) Unofficial	13	11	2
<i>Feeding Stuffs</i>			
(a) Official	7	3	4
(b) Unofficial	7	1	6
TOTALS ...	33	19	14

After allowances being made for the limit of variation in the various constituents permitted by the Act, 3 samples of fertilisers contained excesses and 1 sample showed a deficiency.

Six samples of feeding stuffs contained excesses, and 4 samples shewed a deficiency.

SANITARY CIRCUMSTANCES

WATER. Water is supplied to the whole of the area by the Metropolitan Water Board, who have their own highly efficient arrangements for controlling the quality of the water supply. No confirmatory analysis of the Metropolitan Water Board supply was made during the year. The supply was adequate in quantity, with the exception of a short period during the flooding of the Lea Valley Water Works.

The water supply is not liable to have plumbo solvent action, and therefore no precautions or analyses have been necessary in this connection. No evidence of any other form of contamination has been received.

Of a total of 43,000 dwelling houses, including 2,600 shops and dwellings, housing a population of 174,740, only 30 approximately are supplied by means of a stand-pipe, chiefly in the northern portion of the Borough. The remainder of the premises are supplied from public water mains direct to the houses.

The winter of 1947 was an exceptionally severe one, in which snow and ice lay almost continuously on the ground from early in January until nearly the middle of March. When at last the weather broke, the thaw was rapid, and waters released from the large accumulations of melting snow proved too much

for the waterways in this low-lying area. As a result, the Lea Valley Waterworks, on which West Ham and neighbouring areas depend for their water supply, became flooded.

Flood water from the river first gained access during the early hours of Saturday morning, the 15th March, and by 5.30 a.m. the works were swamped out of action. Steps were immediately taken by the Board to provide alternative supplies through inter-connecting mains from other districts, and though these supplies were insufficient for the whole of the area affected by the disaster, West Ham for once drew some advantage from its low-lying situation in that all houses except those in a small portion of the north-west of the Borough continued to receive water throughout. High-storage tanks of hospitals and other buildings were, however, above the level to which these auxiliary supplies could reach: consequently they and the few unfortunate houses to the north were supplied by means of mobile tanks, which the Board had organised in large numbers.

Unfortunately there remained a strong probability that polluted water had gained access to the mains. Appreciating beforehand that there was some risk of flooding, the Board had stepped-up the normal degree of chlorination of the water as a precautionary measure, but this was not considered to provide a sufficient margin of safety, and the public were advised to boil all water for domestic purposes in addition. Warnings by the B.B.C. were supplemented by warnings on the screens in cinemas, by handbills and posters, and by loud-speaker vans, which toured the Borough on the Saturday afternoon. On succeeding days more detailed advice was given, and the sanitary inspectors gave personal help to individual households in difficulty.

Several food factories, for which a safe water supply is essential, were at risk, and although the supply in the storage tanks was used for the boilers, arrangements were made with the Board for water used in the actual processing to be delivered to the factories affected in the mobile tanks.

It was not until the 29th March that the water supply was fully restored and the public reassured that boiling was no longer necessary. It is a tribute to the efficiency and promptitude of the precautions taken by the Board that no case of water-borne disease was reported as a result of the flooding.

It is a pleasure to record that the Board and its officers were most helpful and co-operative throughout. They took the Medical Officers of Health of all affected areas into their confidence at the beginning and kept them fully informed. This is the first disaster of its kind in the 95 years since the Water Works were built, and it is reassuring to know that extensive works have been undertaken to prevent any recurrence.

Particulars are given hereunder of 35 samples of water taken from the Council's private wells supplying its hospitals situated outside the Borough, which were submitted for examination during the year:—

Source of Sampling	Number of samples	
	Bacteriological	Chemical
Council's Wells	8	3
Taps of ward kitchens and other points at institutions	24	—
Totals ...	32	3

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.

DAIRIES (excluding milk shops). There are 19 dairies operating in the Borough, and there were 132 visits made during the year. As these were satisfactory in all cases, no action was necessary.

UNSOUND FOOD. During the year unsound foodstuffs in great quantities and varieties were surrendered, and appropriate action was taken to ensure that the condemned food was destroyed, so as to prevent it being used for human consumption. Legal proceedings were taken in the following instances:—

(i) An interesting case concerning the discovery of a tie-pin in a black pudding resulted into bringing into Court three different firms on the issue of a summons. In the first instance, the butcher who sold the black pudding was found not guilty; the supplier of the black pudding was also found not guilty. The third party, the manufacturer, was deemed to be the person responsible, and was fined £5 and 10 guineas costs.

(ii) Another summons was issued regarding a dirty milk-bottle, the defendants being fined £5. (iii) A jam tart contained a nail, was considered unfit for human consumption, and a prosecution resulted in a fine of £5 and 5 guineas costs.

(iv) and (v) Two summonses were issued during the year in respect of glass splinters being found in milk-bottles being supplied to schools. In each case a fine of £25 was imposed by the stipendiary magistrate.

FACTORIES ACT, 1937. Factories are dealt with by H.M. Inspector of Factories and by officers of the Borough Council. Defects in the sanitary accommodation of factories coming to the notice of H.M. Inspector of Factories are referred by him to the Public Health Department. During the year 944 visits were made, resulting in the service of 51 written notices. All of these were remedied without having to institute legal proceedings. Owing to the war years, when there were numerous changes in factories, and also to an ever-increasing number of new premises, a new factory register is being compiled, with the co-operation of H.M. Inspector of Factories.

The following is a table shewing the work carried out during the year under this Act:—

Premises (1)	M/c line No. (2)	Number on Register (3)	Number of		
			Inspections (4)	Written notices (5)	Occupiers prosecuted (6)
Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	1	743	944	51	—
TOTALS ...		743	944	51	—

Particulars	M/c line No.	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
		Found	Remedied	Referred		
(1)	(2)	(3)	(4)	To H.M. Inspector (5)	By H.M. Inspector (6)	(7)
Want of cleanliness (S.1)	4	33	33	—	—	—
Unreasonable temperature (S.3)	6	1	1	—	—	—
Ineffective drainage of floors (S.6)	8	11	11	—	—	—
Sanitary { (a) Insufficient	9	—	—	—	—	—
Conveniences { (b) Unsuitable or defective	10	6	6	—	—	—
(S.7) { (c) Not separate for sexes	11	—	—	—	—	—
TOTALS ...		51	51	—	—	—

Nature of Work (1)	M/c line No. (2)	Section 110			Section 111		
		No. of out-workers in August list required by Sect. 110 (1) (c) (3)	No. of cases of default in sending lists to the Council (4)	No. of prosecu- tions for failure to supply lists (5)	No. of instances of work in unwholesome premises (6)	Notices served (7)	Prosecutions (8)
Wearing apparel-making etc.	13	29	—	—	—	—	—
Curtains and furniture hangings	17	3	—	—	—	—	—
Furniture and upholstery ...	18	17	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	34	16	—	—	—	—	—
TOTALS ...		65	—	—	—	—	—

ICE - CREAM, HEAT - TREATMENT REGULATIONS, 1947. These Regulations came into force on 1st May, 1947. Prior to this, however, inspections of ice-cream premises were made and proprietors interviewed with a view to reconstruction of premises and the installation of additional machinery, in order to bring them into line in accordance with the new Regulations. In respect of new applications, the premises were visited personally by the Acting Chief Sanitary Inspector before a recommendation was placed before the Health Committee. There was a total of 534 visits made during the year in respect of ice-cream makers and dealers.

STAFF DIFFICULTIES. During the year there were 7 changes in the inspectorial staff and 1 in the clerical section. The constant changes in the inspectorial staff rendered the efficient organisation very difficult. It was not until the last three months of the year that new staff was obtained, and so normal district work was restored.

RODENT CONTROL. In May, 1946, the Ministry of Food (Infestation Division) issued Circular N.S. 12, detailing the Rat Campaign Scheme relating to private dwellings. In accordance with the provisions of the Circular, a Rodent Officer, four Investigators and eighteen operatives were appointed, in order to undertake an intensive campaign for the destruction of rats and mice in the Borough. This staff, under the control of the Acting Chief Sanitary Inspector, undertook the control of surface infestations, while the duty of eliminating sewer rats remained with the Borough Engineer, but the two schemes were operated in close co-ordination. A system of "block control" was instituted for private dwellings and neighbouring premises, and disinfestation of numerous factories in the Borough undertaken.

A frequent cause of rat infestation of surface premises is the easy access afforded from the main sewers by way of broken drains, of which there are very many, resulting from war damage. In consequence, a gang of men from the Sewer Section of the Borough Engineer's Department were loaned to this Section, under the supervision of a Sanitary Inspector, to investigate the many defects in the drainage systems discovered by the Rodent Control Staff in the course of their house-to-house visits. Many drainage systems were tested, and Abatement Notices served in respect of the defects found. For various reasons, the greater portion of this repair work or renewal of the drainage systems was carried out by the Borough Engineer's Sewer Section or Works Department, working in co-operation with this Section.

With a view to intensifying the rat campaign, many food premises were investigated and disinfestation undertaken, in agreement with the owners of these premises.

In addition, many visits were paid on complaint outside the area under "block control" at the particular time.

RENT AND MORTGAGE INTEREST RESTRICTION ACTS. There were 250 certificates issued under this Act, and it is clearly apparent that tenants are taking full measure of advantages offered by the Rent Restriction Acts.

PROSECUTIONS. The number of summonses issued during the year amounted to 463 in respect of non-compliance with Statutory Notices. The majority of these, however, were withdrawn on payment of costs, the necessary work being completed before the hearing in Court. The remaining Orders were made for the required work to be carried out in a specified time, and fines were imposed.

Ninety-four Orders prohibiting the use of dwelling houses for human habitation were granted by the magistrates, and particulars of the families were sent to the Housing Officer with a view to offering alternative accommodation.

The number of Notices served has increased month by month, partly due to war-damage repairs coming to an end, but to a large extent due to the war period itself, which caused a delay in the execution of work, which now has to be made up. It is interesting to note the number of summonses which have been issued, giving an indication that everything possible is done to ensure that Notices are complied with.

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

Investigations of cases of Notifiable Infectious Disease	716
Houses inspected following infectious disease	—
Visits to factories (mechanically operated)	764
Visits to factories (without mechanical power)	180
Visits to workshops	9
Visits to workplaces	46
Visits to bakehouses	212
Visits to dairies	132
Visits to offices (as workplaces), P.H.A., 1936	—
Visits to outworkers	72
Visits to common lodging houses	—
Visits to houses let in lodgings	1
Visits to cellar dwellings, underground rooms, etc.	13
Visits to slaughter-houses	93
Visits to scheduled offensive trades	203
Visits to fish fryers	220
Visits to other noxious trades	112
Visits to knackers' yards	2
Visits to registered hairdressers and barbers, W.H.C.A., Section 49	52

Visits to registered premises wherein food is manu- tured, W.H.C.A., Section 67	....	....	363
Visits to registered premises occupied by vendors of food, W.H.C.A., Section 66	....	....	614
Visits to ice-cream makers or dealers, W.H.C.A., Sec. 66, and P.H.A.			534
Visits to other food purveyors	....	....	701
Burial Act, 1857, Sec. 25, Exhumation of human remains	....	....	7
Visits to shops (Shops Act, 1934)	....	....	59
Visits to canal boats	....	....	—
Visits re overcrowding provisions of Housing Acts	....		292
Drainage inspections	....	....	1,931
House-to-house inspections under Public Health or Housing Acts	....	....	220
Visits under Rats and Mice Destruction Act	....	....	950
Visits under Increase of Rent Restriction, etc., Acts.	....		249
Visits under Bye-laws—tents, vans, sheds	....	....	15
Visits to private houses to investigate complaints	....		10,724
Houses inspected under the Housing Act, 1936, re Closing and Demolition Orders or Reconstructions or re Schedules of Evidence	....		143
Smoke observations	....	....	66
Visits to factories re smoke	....	....	18
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)	....	....	29
Visits to licensed premises	....	....	83
Other visits	....	....	446
Re-inspections	....	....	16,131
Total Visits			36,402
Samples taken under Rag Flock Act	....	....	3
Samples of domestic water supplies taken for analysis or bacteriological examination	....	....	—
No. of Notices served	....	....	7,554
Warning Letters sent re matters not dealt with by Notice			619
Drain tests carried out	....	....	239
Certificates granted under Rent Restriction, etc.	....		249
No. of Notices complied with—(1) by owner	....	....	5,229
No. of Notices complied with—(2) by occupier	....		15
Summonses	....	....	463

TUBERCULOSIS

The total number of cases of tuberculosis on the Register at 31st December, 1947, was 1,053. Of this number, 862 (461 males and 401 females) were suffering from pulmonary tuberculosis and 191 (98 males and 93 females) were of the non-pulmonary form of the disease. The number of cases added to the Register on account of fresh notifications and inward transfers was 242—pulmonary, 209; non-pulmonary, 33. As a result of death, removal from the area, change of diagnosis, etc., 214 cases were removed from the Register.

NOTIFICATIONS. During the year 191 new cases of tuberculosis (117 males and 74 females) were formally notified. Of these, 167 were of pulmonary tuberculosis and 24 non-pulmonary.

DEATHS. The total deaths from tuberculosis allocated to the Borough during the year was 122, of which 109 (65 males and 44 females) were of the pulmonary form of the disease and 13 (7 males and 6 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:—

(1)	Tuberculosis allowance	266/T	....	....	....	58
		266/A	....	....	....	69
(2)	Number of examinations at the Clinic	....	....	....	....	5,880
(3)	Number on domiciliary treatment	....	....	....	....	38
(4)	Number receiving Clinic treatment	....	....	....	....	283
(5)	Home nourishment	....	....	....	....	106
(6)	Other items of importance—					
	Number of patients attending for A.P. refills	....	....	....	....	29
	Number of refills	....	....	....	....	187
	Number of sputum tests	....	....	....	....	905
	Number of X-rays	....	....	....	....	1,224

The above figures call for no special comment.

TUBERCULOSIS AND PREGNANCY. There has been close co-operation between the Clinic and the maternity centres in the Borough, including municipal and voluntary. In this year an unusual number of patients became pregnant. It seems worth while recording details and results of this event.

Total No	Lung	T.B.+	State of Disease during pregnancy		Therapeutic abortion	Full Term.
			Quiescent	Active		
24	21	13	19	2	1	23

One mother, one of the sputum positive active cases, was transferred to Sanatorium from the Maternity Hospital. The other mothers continued attending the Chest Clinic: none of these have shown evidence of relapse.

In the 23 cases which went to full term, pregnancy has had no ill effect.

REHABILITATION. Regular contact is maintained with the District Rehabilitation Officers by certificates and occasionally by interview.

Three hundred and fifty-six cases registered at one period or another during their illness as sputum positive were reviewed at the end of the year.

Two hundred and five cases were at work, or able to work; only some five or six were unemployed.

One hundred and fifty-one were unfit for work.

MINIATURE RADIOGRAPHY UNIT. During the year the preliminary steps were taken towards the establishment of a Mass Miniature Radiography Unit, with headquarters in a disused ward at Plaistow Fever Hospital, but in close liaison with the Chest Clinic. The Director and certain members of the staff were appointed at various times, but the interval was fully occupied with the gathering together of equipment, adaptation of premises, building up of organisation, etc.; and for these reasons the Unit was still not quite ready to commence operations at the end of the year.

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 1946 the number of patients remaining under treatment was:—

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

The total admissions during 1947 were:—

Males	....	....	....	....	106
Females	....	....	....	....	74—180

Discharges during the year totalled:—

Males	....	....	....	....	60
Females	....	....	....	....	48—108

The number of deaths was:—

Males	....	....	....	....	28
Females	....	....	....	....	12— 40

Remaining in on 31st December, 1947:—

Males	....	....	....	....	53
Females	....	....	....	....	31— 84

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

MALES:

	A.	B.1	B.2	B.3	Total
Quiescent	14	3	6	—	23
Improved	9	—	13	3	25
No material improvement	1	—	—	6	7

Three cases were in residence for less than four weeks and not classified.

FEMALES:

	A.	B.1	B.2	B.3	Total
Quiescent	5	1	6	1	13
Improved	2	5	14	6	27
No material improvement	—	1	1	4	6

Three cases were in residence for less than four weeks and not classified.

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

Essex	Males	11
	Females	2—13
Surrey	Males	—
	Females	1—1
East Ham	Males	4
	Females	3—7
London County Council...	Males	1
	Females	—1

During the year the shortage of nursing staff was again keenly felt. The position as regards domestic staff was much easier.

X-RAY. Six hundred and seventy-eight adult films were taken during the year.

Eighteen successful pneumothoraces were induced.

Over 600 refills were given.

Six cases were admitted to the London Chest Hospital for Thoracoplasty; eight for Adhesion Section. Several cases took their discharge before a vacancy came for their admission.

Dr. G. Turner resigned during the year, and Dr. Ryan was appointed to fill the vacancy.

LANGDON HILL SANATORIUM. At the end of 1946 the number of children remaining under treatment was:—

Males	14
Females	12—26

The total admissions during 1947 were:—

Males	17
Females	14—31

There were no deaths.

Discharges during the year totalled:—

Males	....	....	....	....	16
Females	....	....	....	....	13—29

Remaining in on the 31st December, 1947:—

Males	....	....	....	....	15
Females	....	....	....	....	13—28

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

MALES:

		A.	B.1	B.2	B.3	Total
Quiescent			13	—	—	13
Improved			2	—	—	2
No material improvement	—	—	—	—	1	1

FEMALES:

		A.	B.1	B.2	B.3	Total
Quiescent			10	—	—	10
Improved			2	—	—	2
No material improvement	—	—	1	—	—	1

Owing to the extreme difficulty of obtaining nursing staff, the Institution remained open under trying conditions.

The position as regards domestic staff was much easier than in previous years.

MATERNITY AND CHILD WELFARE

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

The year 1947 brought little fresh development to the Maternity and Child-Welfare Service, but was marked by an increasing shortage of qualified Health Visitors, resulting in considerable difficulty in maintaining the service, especially in regard to home visiting. This shortage is national, brought about, amongst several factors, by the general shortage of nurses, and by the fact that during the war years many nurses who might otherwise have taken their further training for the Health Visitors' Certificate entered the nursing branches of the Services. In particular is the shortage evident in London, where lack of housing accommodation makes it necessary frequently for the staff to live at some distance from their place of work. The rush and bustle of travelling in crowded trains and buses adds to the physical and mental strain, and so the Health Visitors look elsewhere for work under less trying conditions.

During 1947, in West Ham, seven Health Visitors resigned, but it was only possible to appoint two to the vacancies thus caused. As a result, the Maternity and Child-Welfare Committee recommended, as a temporary measure, the appointment

of a number of State registered nurses to act as assistants to the qualified Health Visitors, so that the work might suffer as little as possible. Accordingly, between July and October, 1947, eight State registered nurses were appointed to the staff, their duties being to assist Health Visitors at Clinics and to undertake, under supervision of the Health Visitors, certain home supervisory visits. While this action is not ideal, it is considerably preferable to a gross curtailment of the services built up over the past 30 years, and of proved benefit to the people. Similar appointments have been made throughout the country: and indeed it may serve to show that the pre-war use of the time of a Health Visitor was frequently uneconomical, in that part of her work can henceforth be done by a person less well qualified, thus releasing her for the home educative work for which she has been specially trained, and relieving her of the routine Clinic work.

But every effort must be made to recruit student Health Visitors, and, with this object in view, towards the end of 1947, preliminary discussions took place between officers of the Education and Public Health Departments in regard to the possibility of establishing in West Ham a training school for Health Visitors.

The number of Health Visitors employed at the end of 1947 was 10, compared with a normal complement of 18. As stated before, eight State registered nurses were appointed to assist the Health Visitors, and in addition two Health Visitors were employed full-time by voluntary organisations subsidised by the Council, namely, Plaistow Maternity Hospital and South-West Ham Health Society. The number of home visits paid during the year by all Health Visitors working in the area was:—

	First visits	Total visits
To expectant mothers	2,741	6,576
To children under 1 year of age	6,019	12,200
To children between the ages of 1 and 5 ...	3,183	12,825

These numbers, though good having regard to the circumstances, reveal that the supervision of children, and in particular of children under 1 year, was sadly deficient. It is my considered opinion that it would be better to close certain Clinic sessions, if necessary, and thus release Health Visitors to superintend more closely the children in their own homes. The Maternity and Child-Welfare Services are based on supervision and education in the homes, and it is wrong policy to employ a Health Visitor too much in Clinic work, to the detriment of home visiting, and wherever possible in this present shortage of Health Visitors, they should be relieved of work which can be done equally well by less well qualified nurses.

CLINICS. The 5 Municipal Clinics continued to function, together with the Clinics of the two voluntary organisations, namely, Plaistow Maternity Hospital and South-West Ham Health Society. At all these Clinics ante-natal and child-welfare sessions were held regularly. Immunisation against diphtheria and whooping cough was carried out at the 5 Council and at South-West Ham Clinics. Owing to the lack of staff, it was unfortunately not possible to carry out the Council's agreed policy of holding separate post-natal sessions and toddlers' clinics.

Medical supervision at the Maternity and Child-Welfare Clinics was carried out by 2 full-time and 6 part-time medical officers. In November, 1947, arrangements were made to transfer the ante-natal clinic work of the 5 Municipal Clinics to practitioners actively engaged in obstetric work, thus linking up more closely the work of the Clinics with the up-to-date and progressively changing ideas of a modern maternity unit. The transfer was effected gradually, but by early 1948 Dr. England, Medical Superintendent of Forest Gate Hospital, assumed control of the clinical side of the ante-natal service, working in close association with the Senior Maternity and Child-Welfare Officer of the Council, and with the assistance of a Municipal Health Visitor at each session.

MEDICAL OFFICERS. Dr. Marguerite James, temporary Assistant Medical Officer, left the Council's service in June, 1947, when Dr. Jessica Mestel recommenced full-time duty.

DENTAL OFFICER. The dental service for expectant and nursing mothers and pre-school children remained in the capable hands of Mrs. E. Rogers, L.D.S., who attended 8 sessions per week.

MIDWIVES. Midwife Beere, Custom House, resigned in January, 1947, and was replaced by Midwife Cray, Canning Town, thus retaining the complement of 4 Municipal Midwives, who, with the District Midwives from Plaistow Maternity Hospital, undertook all domiciliary confinements, with the exception of a small area in Silvertown served by the Silvertown and North Woolwich District Nursing Association and an area in North-West Ham served by the midwives from Beechcroft Road, Leytonstone. Unfortunately, Queen Mary's Hospital, Stratford, was unable to provide a district midwife for the area immediately around the hospital, but it was possible for the other midwives to take over this small district.

NURSERY STAFF. Matron Pflanz, Liverpool Road Day Nursery, resigned in April, 1947, and was replaced by Mrs. Corri, who had been for several years in the Council's service, first as a domiciliary midwife and later as Matron of Howard's Road Day Nursery, until that nursery closed. There were no other changes amongst nursery matrons, though there were considerable changes amongst the senior members of the staff.

MIDWIFERY SERVICE. The number of births notified in West Ham as adjusted by transferred notifications was:—

Live births	....	....	....	....	4,331
Still births	....	....	....	....	91
Total	...	....	....	....	4,422

The number of maternity cases in West Ham attended by midwives was:—

(a) As midwives	....	....	....	4,774
(i) Domiciliary	....	....	....	2,063
(ii) In hospital	....	....	....	2,711
(b) As maternity nurses	....	....	....	675
(i) Domiciliary	....	....	....	113
(ii) In hospital	....	....	....	562

Medical aid was summoned by midwives (under Section 14 (1) of the Midwives Act, 1918) in 1,846 cases.

Analgesics were administered by midwives in domiciliary practice in only 42 cases, but steps will be taken as soon as practicable to train all practising midwives in this work, and to provide them with the necessary apparatus. The maintained high birth rate in 1947 greatly taxed the resources of the local Maternity Hospitals and gave rise to gross overcrowding of the ante-natal sessions, where 30 to 40 or more mothers attended per session, rendering impossible the educative side of the work, which is equally as important as the clinical.

The 3 Maternity Hospitals were used to capacity (viz., Forest Gate Hospital, Queen Mary's Hospital, and Plaistow Maternity Hospital), having admitted 3,460 mothers, of whom 2,130 were West Ham residents. Five hundred and ninety-two expectant mothers were admitted to the ante-natal wards for observation and treatment for conditions diagnosed at the ante-natal Clinics.

In addition, 113 West Ham mothers were sent to emergency maternity hospitals, maintained by the Ministry of Health as a continuation of the war-time evacuation scheme, to assist the London County Council and extra-Metropolitan London Boroughs in this urgent problem affecting the maternity services.

Six unmarried mothers were assisted by the Council's arrangements for the care of the unmarried mother and her child, 4 being sent to the Diocesan Maternity Home, Coggeshall, Essex, and 2 to the Essex County Council Post-Natal Hostel at Buckhurst Hill.

While the Council has not appointed a social worker for the care of the unmarried mother, there was close co-operation between the staff of the Public Health Department and the Diocesan Moral Welfare Worker in charge of St. Agatha's Hostel, Stratford. The problems of the unmarried mother and the illegitimate child were, happily, solved in the majority of cases, the girl being given shelter in her own home, to which she usually returned after confinement, with her baby;

and in due course she was able to place her baby in a Day Nursery when she resumed work.

PREMATURE INFANTS. All infants weighing $5\frac{1}{2}$ lbs. or under at birth are now considered premature, requiring special care in the 14 days' statutory attendance of the midwife and special supervision by the Health Visitor in the neo-natal period and for several months thereafter. Three hundred and sixty-three premature births in the Borough were notified in 1947, of which number 129 were born at home and 234 in maternity hospitals. Although the baby with its mother can be admitted for special care to a maternity hospital, it was not necessary to use this facility in respect of the 129 premature infants born at home, of whom 115 were alive and satisfactory four weeks after birth; of the remainder, 6 being so premature that they died within the first 24 hours and 8 died at varying periods during the first month. Fifteen infants of the 234 born in hospital died within 24 hours and 195 survived the first month.

MATERNAL DEATHS. Ten West Ham patients died in or in consequence of pregnancy during the year. Of these, 5 died within the Borough and 5 elsewhere. Four of the deaths were due to abortion, and, if these are excluded, the mortality for childbirth becomes 1.28 per 1,000 total births.

West Ham maternity hospitals take a number of cases from outside the Borough; in consequence there were 8 maternal deaths which took place in West Ham, some being of patients resident elsewhere. Two of these deaths took place at home and 6 in maternity hospitals. All maternal deaths were investigated, and notified causes of deaths were as follows:—

Eclampsia	....	....	....	....	....	3
Ante-partum haemorrhage	....	....	....	....	....	2
Breech presentation due to fibroid tissue, collapse after Caesarian Section operation						1
Air embolism due to abortion, self-induced						1
Pulmonary embolism	....	....	....	....	....	1

OPHTHALMIA NEONATORUM. Only 4 cases were notified during the year, of whom one was removed to hospital for special care. Vision was unimpaired in all cases as a result of treatment.

PUERPERAL PYREXIA. Fifty-four notifications were received in respect of this disease, of which number 16 were domiciliary and 38 institutional confinements. All patients recovered completely. There were no notifications of pemphigus neonatorum or of puerperal fever.

CHILD LIFE PROTECTION AND ADOPTION OF CHILDREN. The Health Visitors undertook all supervising visits in respect of foster children under Sections 206-220 of the Public Health Act, 1936. These children were visited at least every 2 months, but prior to the reception of a child a full

report on the foster mother and her home was made by the Health Visitor to determine the suitability of the applicant to assume this responsibility.

During 1947 11 children under 9 years of age were received into homes as foster children in the care of registered foster mothers. No deaths occurred among these children, and no legal proceedings were taken in accordance with the provisions of the above Act.

Under the Adoption of Children (Regulations) Act, 1939, 5 children under 9 years were supervised by the Health Visitors.

DAY NURSERIES. The 5 Day Nurseries were fully used throughout the year, there being always a very considerable waiting list for each, but particularly for the Liverpool Road Day Nursery. Another Day Nursery to replace the Ashburton Nursery, destroyed by enemy air action in June, 1944, was required in the docks area, but sanction of the Ministry of Health to erect a Nursery on the site chosen was not granted.

The day-to-day work at each Nursery proceeded smoothly, and there were no major epidemics to upset the routine.

Unfortunately, repeated burglaries took place from all the Nurseries. While the thieving was of a petty type, yet such disturbances caused considerable upheaval and disarray, thus adding to the work of the nursing staffs.

A course of lectures was begun in January, 1947, at the West Ham Technical College, to prepare the Nursery students for the examination of the Nursery Nurses' Examination Board, and to obviate the attendance of the West Ham girls at the South-West Essex Technical College, Walthamstow, which they had hitherto attended. The training extends over 18 months, and each student must be 18 years of age and have worked for 2 years in an approved Nursery before taking the examination.

HOME-HELP SERVICE. During the year 1947, 228 applicants received this help, of whom 67 were general sickness or infirmity and 161 maternity cases. The Home-Help Organiser was appointed, and commenced duty 28th April, 1947, and from that date to 31st December, 1947, the following work was carried out:—

- 436 visits were made to maternity applicants.
- 241 visits were made to maternity home helps.
- 289 office interviews regarding maternity home help.
- 308 visits were made to general sickness applicants.
- 86 visits were made to general sickness home helps.
- 461 office interviews regarding general sickness home helps.

The first permanent home helps were appointed in August, 1947; the rest of the help required was provided by part-time workers.

The general sickness scheme developed from 2 applicants in January to 13 in December.

Maternity applications dropped slightly towards the end of the year.

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 the chronic sick; there is no maternity department. Under the National Health Service Act, 1946, the Hospital will pass to the North-East Metropolitan Regional Hospital Board, and a new Hospital Management Committee will be set up. It is anticipated that these changes will have occurred before this report is published, and it is thought appropriate, therefore, to make reference to the development of the Hospital.

In 1895 the West Ham Board of Guardians purchased the Forest House Estate, comprising 44 acres of grounds, with the intention of erecting Poor Law Schools. Forest House itself was converted into a branch workhouse for 300 old men, to afford temporary relief to the Central Workhouse at Union Road, Leytonstone. Eventually the plan to build Poor Law Schools was abandoned in favour of a proposal to erect a modern hospital, and as a result Whipps Cross Hospital was built and opened on 25th March, 1903. The accommodation was for 674 patients, including mental cases. There was a stable for two horses, an ambulance shed, and the Nurses' Home was planned to accommodate 72 nurses, which at that time was thought to be sufficient. The original cost was £186,665. Under the West Ham Board of Guardians the institution progressed steadily, and was soon known as one of the leading infirmaries in the country.

It was not long before additional accommodation was necessary for certain purposes, and one of the first departments requiring enlargement was the Nurses' Home: indeed, the accommodation for resident nurses has never kept pace with the demands. Other developments included the provision of an operating theatre, which had not been provided in the original plan. The Board of Guardians was very active in developing the Hospital, and the provision of the Light Department can be quoted as a good example. I am indebted to Dr. W. J. O'Donovan, O.B.E., M.D., M.R.C.P., for a report on the work of his department, from which the following extracts are quoted:—

Twenty-five years ago, when Dr. Muir was the Medical Superintendent and Miss Clark the Matron, I was appointed by the West Ham Board of Guardians, Light Consultant to this Hospital. I was requested to design the department, choose its equipment, and when it was ready I took charge. Sister Christie was given to me as chief of the nursing side, and the work has gone on ever since.

Treatment has been given my means of powerful carbon-arc general light baths, mercury-vapour light baths of greater intensity; local light is administered by the Krohmayer lamp, a variant of the world-famous Finsen lamp, and penetrating infra-red rays are given by a large special installation in which electrical resistances are embedded in carborundum slabs that are arched over the parts treated.

At the beginning we were occupied largely with an accumulation of cases of lupus and crippling chronic arthritis that had no future. The lupus patients were discharged cured and their places taken by a small number arriving locally or lodged in the Hospital by special arrangements from distant local authorities who had no facilities.

The dreadful cases of arthritis who had to be man-handled for every purpose were discharged from the Hospital by enthusiastic medical officers as soon as they were able to do up their own buttons, but the arthritic problem, with less intensity, keeps the department very busy.

During this long period there have been no lamentable accidents to the patients nor to the apparatus, owing to the skill and care of the Sister in charge.

There have been, naturally, difficulties of many kinds, all of which have been overcome, and there are only two matters of moment that call for attention—one is the very real need of an assistant nurse in the department or assistant physiotherapist in training; and, secondly, the change of the electrical supply from direct to alternating current and the dismantling of the large dynamo which has served us so well for a quarter of a century.

In the future we may be moved from the basement, because as this Hospital develops, of necessity this special and valuable treatment must be put at the disposal of out-

patients, and it is not good to let out-patients wander into the dark basements of the Hospital. It is not good to have an important department hidden, with a real difficulty of approach, and the present crowded department cannot be expanded.

If any of the original members of the Board can be communicated with, I should be happy if they could be informed that their good wishes at its inception have fructified into 25 years' continuous and beneficial work for grave medical and surgical cases of illness.

In another direction the Guardians were equally active, as they were concerned with the number of nurses on the staff, and made several endeavours to persuade the Local Government Board to permit an increase in nursing staff sufficient to allow reasonable off-duty.

During the 1914-1918 war part of the Hospital was taken over by the War Office for military patients, and on Saturday, 17th November, 1917, the Hospital was visited by their Majesties King George and Queen Mary, who, first of all, visited the military patients and then proceeded to the Nurses' Recreation Room, where the Queen presented prizes and certificates to the nurses. It is noteworthy that one of the successful students that day recently retired from the Hospital, where she had been a member of the staff for 34 years.

By the Local Government Act of 1930, the Hospital passed to the control of the County Borough of West Ham, who entered into a user agreement with East Ham and Essex to make provision for patients from the former Borough and parts of the latter county. Consideration was given to a large-scale development of the Hospital and plans drawn up to add new ward blocks to provide accommodation for some further 500 patients. In addition, the Nurses' Home was doubled in size, a new maids' home added, and a new house built for the doctors. New receiving wards and an operating theatre were also to be provided. These various new departments were brought into use in 1939.

During the second world war the Hospital was actively engaged in dealing with air-raid casualties, wounded soldiers, etc., in addition to continuing its work for the civilian sick of the district. In all, the Hospital was involved in 22 incidents, the most serious of which occurred in 1945, when a rocket fell in a field north of Forest House Cottages, four of which were badly damaged. The Hospital itself suffered mainly superficial damage of blast to joinery, glazing, ceilings, etc. As soon as possible after the conclusion of hostilities the Hospital was restored to its normal activities, and at an early date plans for further development were considered. As has already been reported, it was apparent that the chief difficulty was accommodation for resident nurses.

Reference has been made in the Reports for 1945 and 1946 to the developments which are considered desirable, and it has

been explained how 6 empty wards were set aside (as a temporary measure) for the extension of certain departments. One of these plans was completed during the year, namely, the conversion of C.2 Ward into a nurses' dining room.

At this point it is convenient to refer to the plan for developing the catering services of the Hospital. This problem had for some time exercised the minds of the Committee, and after a visit and subsequent report from an Inspector of the Ministry of Health, it was eventually agreed that steps should be taken to reorganise the whole of the Hospital's catering services. The initial step was taken during the year when Mr. P. L. Arcus was appointed Catering Organiser. Soon after his arrival he produced a report which covered all the catering services, and this was eventually approved by the Health Committee. These recommendations could be divided into two parts—(a) as they affected the staff, and (b) concerning buildings, equipment, etc. The staff was augmented by the appointment of a kitchen superintendent and a trained dietitian, in addition to cooks and assistants. Plans for enlarging the kitchen were drawn up, and the opening of the new nurses' dining room made it possible to provide a trolley-room, bread-room and kitchen stores. In addition, the work of the kitchen was reorganised on lines similar to those in use in the leading commercial establishments. An increase in the number of non-resident nurses proved that the dining-room in C.2 Ward was not sufficient to accommodate all the nurses and, as a temporary measure, Ward C.1, which was empty, was put into use for "non-residents."

In the last report reference was made to certain specialists to be appointed under a scheme approved by the Ministry of Health. During the year 2 physicians, 2 surgeons, 1 E.N.T. surgeon and 1 paediatrician joined the staff of the Hospital, the 2 latter specialists also carrying out duties in connection with the health services in the County Borough of West Ham. As a consequence, the British Post-Graduate Medical Federation decided to recognise the Hospital as a suitable place for Class 1 appointments under the Government's rehabilitation scheme. The holders of these posts are young doctors recently demobilised from the Services and requiring further experience of hospital work before entering into practice.

During the summer of 1947 the Hospital was requested by the Ministry of Health to establish a special intensive course of training for ex-Service nursing orderlies, whose applications had been approved by the Minister. Under the scheme, those applicants who were judged to be suitable for training were allowed to complete in 1 year a course of training for which 3 years' experience is normally required. A total of 40 nurses was sent to the Hospital, 27 men and 13 women. The men were accommodated in lodgings in the neighbourhood; the women found room in the Nurses' Home of Goodmayes Mental Hospital, the Ministry providing a bus to take them backwards

and forwards each day. After 3 months these nurses entered for the State Preliminary Examination, with the gratifying result of all but 1 candidate being successful.

The results of all the Nursing Examinations held during the year were highly satisfactory.

Space does not permit any detailed reference to the work in the various departments of the Hospital. Some figures are included in a statistical appendix, showing that the work was on similar lines to previous years, except for a considerable increase in the number of out-patients. This was not unexpected in view of the establishment of Consultative Clinics in the last quarter of the year. An interesting development has been the use of the general wards in connection with certain psychiatric cases, and it is hoped to furnish a separate report on this subject at some later date.

In conclusion, I would like to refer to the willing co-operation and help which has been afforded by all members of the Hospital staff in providing a high standard of service in connection with the treatment of our patients.

STATISTICS

1. Total Admissions	7,685
2. Total Discharges	6,366
3. Number of Out-Patients	14,672
4. Total Deaths	1,255
5. Number of Operations Performed	2,465
6. Number of X-ray Examinations	7,983
7. Number of Fractures Treated	1,900
8. Number of Post-Mortem Examinations—	
By Coroner's Pathologist	528
By Own Medical Officers	106—634
9. Number of Specimens dealt with in Pathological Laboratory	11,883
10. Average Number of In-Patient Days	37
11. Average Number of Patients in Hospital Daily	750
12. Total Number of Patients in Hospital on 31st December, 1947	744

FOREST GATE HOSPITAL

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

For the year 1947 the resources at Forest Gate Hospital were in constant use, and no slack period was experienced during the year, despite the fact that the bookings to the Maternity Unit were considerably curtailed in an effort to

combat the nation-wide gastro-enteritis incidence which affected both mothers and infants so acutely during the year 1946.

This disease continued to cause some anxiety during the first part of the year, but finally subsided, and after early July no further cases occurred.

The infant mortality due to this disease for the year 1947 was 3 (an incidence of 1 per cent.), which occurred in the early part of the year.

ANTE-NATAL CLINICS. The ante-natal clinics were well attended during the year. The number of ante-natal cases needing admission on medical grounds continues to increase each year. The number of cases admitted for various conditions complicating pregnancy during the year 1947 was 352, or approximately 25 per cent. of the total number of admissions—1,432—admitted to the Maternity Unit, compared with 265 for 2,159 admissions for the year 1946.

As the ante-natal clinic attached to Forest Gate Hospital is of a consultative nature and a large amount of abnormal midwifery is dealt with, it is expected that these figures will increase year by year, and it is hoped that, with the opening of the extended Maternity Unit in the near future, the problem of bed accommodation for the proper treatment of these cases will not be so acute.

POST-NATAL CLINICS. During the year these clinics have been well attended, and the advice and treatment given by the medical staff is much appreciated by the patients. The attendance by mothers who are delivered in this Hospital and are instructed to return 6 weeks after the birth of their baby for a routine check-up is approximately 50 per cent. This attendance figure compares favourably with similar clinics at other hospitals.

It is hoped that this attendance figure will become larger as the mothers get to understand the importance and the need for this post-natal examination.

GYNAECOLOGICAL TREATMENT. The clinic for gynaecological cases dealt with a considerable number of cases during the year. This clinic is being developed, and it is hoped to establish a complete unit in the near future.

OPERATIONS. Thirty-five major operations were performed during the year.

CONFINEMENTS. Of the 1,362 confinements,

750 were Primigravidae

612 were Multigravidae

The following table shows the number of admissions and confinements at Forest Gate Hospital for a 10-year period—1938-1947:—

	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
Total number of Admissions	1203	1177	1011	740	1754	1659	1521	1843	2159	1432
Number of Confinements	1077	1051	917	647	1510	1500	1429	1659	1996	1362

I submit the following details of some of the work done at Forest Gate Hospital during the year 1947, as supplied to the Ministry of Health on Form M.C.W. 96A:—

(1) Total number of admissions (including infants born in the Hospital)	2,786
(2) Number of women confined in the Hospital	1,362
(3) Number of live births	1,354
(4) Number of still births	43
(5) Number of deaths of babies under four weeks born in the Hospital	40
(6) Number of deaths of women confined in the Hospital	2
(7) Average number of days' residence of women confined in the Hospital	11.54
Ante-Natal cases—number of days	8.28
(8) Number of premature births (those weighing 5½ lbs. at birth or less)	120
(9) Number of Puerperal Pyrexia cases	17
(10) Number of cases of Ophthalmia Neonatorum	Nil

TWIN BIRTHS.

There were 35 cases of twin birth.

Tables are appended hereunder, giving:—

1. Presentation	No. of Cases
Vertex	1,297
Breech	58
Face	4
Shoulder	2
Brow	1
2. Abnormal Labour	No. of Cases
Forceps Deliveries	77
Caesarean Section	25
Ante-Partum Haemorrhage	23
Manual Removal of Placenta	21
Post-Partum Haemorrhage	21
Prolapse of Cord	3
Placenta Praevia	3

MATERNAL DEATHS. There were two maternal deaths, as follows:—

Case No. 1: Mrs. J. I. B., 27 years. Cause of death: Heart failure; shock; ante-partum haemorrhage.

Case No. 2: Mrs. H. S., 35 years. Cause of death: Acute Eclampsia (post-partum); 36 weeks cyesis.

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

INFANT FEEDING.

- | | |
|--|-------|
| (a) Number of infants wholly breast-fed on discharge | |
| from Hospital | 1,130 |
| (b) Number of infants receiving a supplementary or | |
| complementary feed on discharge | 185 |

PATHOLOGICAL LABORATORY. A steady increase of work was done in the Pathological Laboratory during the year, and due acknowledgment must be made of the excellent and conscientious service given by Mr. S. J. Butt, technician.

Some further items of equipment were obtained during the year, but there is still some delay in obtaining other items to allow for the full functioning of the Laboratory.

I wish again to record my thanks to Dr. W. W. Walther, visiting pathologist, and his staff at Whipps Cross Hospital, who were most helpful with regard to advice and the carrying out of special investigations as required from time to time during the year.

X-RAY EXAMINATIONS. X-ray examination of patients and members of the staff was carried out at Whipps Cross Hospital, as in former years. These were all arranged with little hitch, and I have again to record my thanks to the Medical Superintendent (Dr. A. Norman Jones) and the radiographer (Mr. Morley) for their co-operation in providing these facilities.

I have again to state that the need for the installation of an X-ray apparatus at Forest Gate Hospital is great and urgent, as 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 indicated.

BLOOD TRANSFUSIONS. Several blood transfusions were carried out during the year, and the Hospital blood bank is kept stocked by the North London Blood Supply Depot. I would like to again record my thanks to Dr. John Shone, the Director, and to his staff for their ready help and advice in this connection.

MEDICAL STAFF — ANTE-NATAL CLINICS. The staffing of the Municipal Ante-Natal Clinics by medical officers from the staff at Forest Gate Hospital was initiated on the 24th November, 1947.

STAFF CANTEEN. During the year a canteen for the provision of a midday meal for all members of the non-resident staff was inaugurated by the Chairman of the Health Committee (Alderman Mrs. D. Parsons, J.P.). This facility for a meal "on the spot" is of considerable benefit to the staff concerned

and is much appreciated by them, and I desire to express on their behalf their many thanks to the Chairman for her help in getting the canteen established.

NURSING STAFF. The shortage of nursing staff persisted during the year. The shortage, as usual, was most apparent in the Maternity Unit. It is to be hoped that this will be overcome to some measure when the expanded Maternity Unit is recognised as a training school for pupil midwives by the Central Midwives' Board.

DOMESTIC STAFF. The shortage of domestic staff was not so acute during the year.

KITCHEN. The main kitchen is in need of modernisation, with appropriate staffing.

HOSPITAL LAUNDRY. The laundry is inadequate for the Hospital requirements. I have again to record the good work done by the staff in this department with the equipment at present available.

In conclusion, I would like once again to thank all members of the staff at Forest Gate Hospital for their co-operation and good work, which has contributed to the well-being of the patients during the year 1947. I must once again, in this connection, specially mention the nursing staff of the Maternity Unit, where again the major portion of the work fell.

I have also to acknowledge the ready help and co-operation at all times of the staff of the Public Health Department, the Chairman (Alderman Mrs. D. Parsons, J.P.), and members of the Health Committee, and the Visiting Rota Committee, for their help and consideration shown at all times when dealing with the matters and well-being of the patients and staff at Forest Gate Hospital.

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 937 (males 497, females 440). There were 162 discharges (males 78, females 84), and 699 deaths (males 368, females 331).

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 121 admissions (males 91, females 30) and 104 discharges (males 72, females 32). There were 2 deaths at this Institution.

HAROLD WOOD HOSPITAL

This Hospital is administered in two sections, one with separate accounting on behalf of the Emergency Medical Service, and the other is the direct responsibility of the Health Committee. The latter section is used chiefly for the accommodation of chronic sick cases, but, in addition, a ward is provided for children convalescing from infectious disease, and a second ward provides accommodation for post-natal cases from Forest Gate Hospital. There has been no change in these arrangements during the year.

During the year, on the municipal side of the Hospital, there were 451 admissions (13 males, 220 females, 218 children). The number of discharges was 413 (3 males, 197 females, 213 children). Deaths numbered 31 (9 males, 22 females).

MENTAL DEFICIENCY

On the 31st December, 1947, the number of defectives on the register was 744 (364 males and 380 females). Of this number, 681 (336 males and 345 females) were ascertained to be "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 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	186	171	357
Number on licence from Institutions	15	12	27
Number under Guardianship Orders	1	5	6
Number in "places of safety"	4	29	*33
Number under Statutory Supervision	116	119	235
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						
	....		28		35	63
Total						
.....	....	....	364		380	744

* 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 during the year was 30 (14 males and 16 females). Included in this number are 14 cases (9 males and 5 females) who were reported by the Local Education Authority. Of the new cases, 15 were recommended for institutional care; 11 of these (5 males and 6 females) were admitted to institutions and 4 cases were awaiting admission at the end of the year. The remaining 15 cases were placed under statutory supervision.

In addition to the foregoing, 12 cases were investigated, of which 5 were not considered to be certifiable as mental defectives, 3 were recommended for further re-examination, 3 were not dealt with under Mental Deficiency Acts, and 1 failed to attend for examination.

INSTITUTIONAL ACCOMMODATION. The number of West Ham mental defectives detained in institutions under Order at the end of the year was 383 (200 males and 183 females), but of these patients, 27 (15 males and 12 females) were absent on licence. In addition, 33 patients, a number of whom are regarded as mental defectives, are in South Ockendon Colony, as in a “ place of safety.” The majority of these patients were evacuated from Forest Gate Hospital owing to war-time emergencies, and it is proposed to take the necessary action under the Mental Deficiency Acts in respect of those found to be certifiable under the Acts as soon as circumstances permit. During the year, 9 defectives (6 males and 3 females) were admitted to institutions, 8 under Order and 1 transferred from guardianship. In addition, 27 Orders were obtained in respect of patients who were evacuees at South Ockendon Colony and who had been considered to be in “ places of safety.”

DEATHS. Ten defectives died during the year (4 males and 6 females); 9 died in institutions and 1 case died at home.

SUPERVISION. At the end of the year there were 235 defectives (116 males and 119 females) under statutory supervision, and 25 cases (15 male and 10 female) under friendly supervision. In addition, there were 24 patients (15 males and 9 females) on licence from institutions who were residing in the Borough.

All these cases are visited at varying intervals, according to the circumstances of the individual case, by the visitor

specially appointed for this work. The parents or guardians are advised as to the best methods of training and caring for the defective and efforts are made to assist in every possible way. In the majority of cases the visits and advice given are welcomed and appreciated.

A large number of the defective under supervision are in fairly regular employment and are self-supporting.

LICENCE. During the year 11 defectives (7 males and 4 females) were granted licence from institutions, and 9 patients (5 males and 4 females) who were on licence had to be recalled to institutions owing to unsatisfactory conduct and other reasons; in addition, one patient was dealt with under the Lunacy Acts. The Orders in respect of 7 patients (5 males and 2 females) on licence were discharged. At the end of the year 27 defectives (15 males and 12 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, 1947, there were 441 patients subject to the provisions of the Mental Deficiency Acts on the register—viz., 215 men, 163 women, 40 boys and 23 girls. During the year, 44 patients were admitted (8 men, 26 women, 7 boys, 3 girls), while 3 men and 2 women died and 7 men and 3 women were discharged, leaving a total of 470 (223 men, 187 women, 37 boys and 23 girls) remaining on 31st December, 1947.

In addition to these patients there were on 1st January, 1947, 120 uncertified patients (7 men, 7 boys, 96 women, 10 girls) being cared for in the Colony. During the year no uncertified patient was admitted, while 5 women and 2 girls died, and 4 men, 1 boy and 23 women were discharged, leaving a total of 85 (3 men, 6 boys, 67 women and 9 girls) remaining on 31st December, 1947.

There were a total of 555 patients—viz., 226 men, 43 boys, 254 women and 32 girls—remaining on the Colony register on 31st December, 1947.

ACCOMMODATION. Although the Board of Control's Certificate for this Colony is for 474 patients, the number of patients accommodated averages 515. The Colony therefore has not been quite so overcrowded as in the past two years. Despite this, we are constantly being pressed to admit patients, particularly of the lowest grade, and waiting lists for both West Ham and East Ham have developed. Appeals to accommodate patients from outside the two Boroughs are also being received regularly. These appeals reflect the shortage of beds for mental defectives which is general throughout the country, and further stress the need for the additional accommodation already emphasised in my reports for 1944, 1945 and 1946.

The grading of the patients has remained as before. As far as possible one endeavours to place new patients in a villa containing the same degree and type of mental defect. In one villa, "The Maples," one of the smaller day rooms is used as a sick bay and dormitory for patients whose physical condition makes it inadvisable for them to be moved upstairs. Another small dayroom in one of the villas for women is used as a sewing-room for the dressmaker. In two of the villas for males—viz., "The Rowans" and "The Oaks"—a small day room in each is used as additional dormitory space. These two villas are at present accommodating 70 patients each instead of their normal complement of 60.

GENERAL HEALTH. This has again been very satisfactory. Apart from the residue of influenzal cases that continued into the early part of January, 1947, there has not been any epidemic. I am grateful to the Medical Superintendent of Whipps Cross Hospital for permitting me to send patients there for whom specialised treatment was considered necessary. Four patients from this Colony were admitted there during the year, 1 for acute appendicitis, 1 for specified treatment to his eye, 1 for a large dental cyst, and 1 for a carcinoma of the breast. There were 12 deaths during the year: 5 were cases under Order and 7 were so-called "evacuees." Causes of death are set out below:—

<i>Male</i>	<i>Female</i>
1 Schilders' Disease	2 Status Epilepticus
1 Broncho-Pneumonia	5 Broncho-Pneumonia
1 Tuberculous Meningitis	1 Lobar Pneumonia
	1 Mitral Stenosis

Three of the cases due to Broncho-Pneumonia were idiots, and the Broncho-Pneumonia was secondary to Chronic Bronchitis, Cretinism and Infantilism with Cerebral Diplegia respectively.

One patient gave birth to an illegitimate child: she had become pregnant on licence, and was admitted to Forest Gate Hospital to have her baby.

Dental treatment is given by Mr. D. Hamilton Weir, of Brentwood, who attends approximately once a month for this purpose.

GENERAL BEHAVIOUR OF PATIENTS. This has remained consistently good. Eleven patients (8 men and 3 women) have been absent for periods exceeding 48 hours, 2 have absconded on two occasions this year, and 8 have absconded and attempted to escape on more than one occasion previously. Two of the patients have been sent to prison whilst absent without leave and then discharged by "operation of law." Acts of violence on other patients, staff and Hospital property are very few.

LICENCE. Sixteen patients (8 male and 8 female) proceeded on licence, of whom 7 returned and 1 was discharged;

but 12 patients (7 male and 5 female), formerly on licence, were returned during the year, chiefly because of unsatisfactory conduct.

Holiday leave for periods of more than 7 days was given on 70 occasions over the year.

EMPLOYMENT. Appended below is a table shewing the occupations and the number so employed throughout the year. In addition, 10 patients go out to daily work in the neighbourhood. The patients in the workshops are occupied for approximately three hours in the morning and two in the afternoon, except on Tuesday afternoons and, of course, week-ends.

	Males	Females	Total
Number on school register	17	21	38
Farm and garden	38	—	38
Laundry	3	24	27
Kitchen	1	12	13
Stores and lodge	3	—	3
Sewing room	—	43	43
Shoemakers	10	—	10
Carpenters and Woodworkers	15	—	15
Mat and Rug-making	10	86	96
Papier-Mâché, Perspex, Weaving ..	9	—	9
Engineers	7	—	7
Ward work only	51	26	77
Working in staff quarters	1	25	26
Boot and cutlery cleaning (very low grade)—Porters' help	20	—	20
Helping with children	—	6	6

RECREATION. As in other years, as full a programme of recreational activities has been maintained. This programme includes a weekly cinema entertainment, a weekly dance, football, cricket, netball, and a variety of indoor games.

Successful Sports Day and Christmas programmes were carried through: these two occasions provide the highlight of the patients' social activities and are thoroughly enjoyed. The programmes for these occasions have been got out in detail in former reports, and, as the general outline is similar, it is not considered necessary to set them down in this year's report.

The Scout Troop, revived last year, has continued its successful course. Twenty-four boys, in the charge of the Scoutmaster and his assistant, had two long week-end camps at Doddenhurst, near Brentwood, and at the Essex County Council Jamboree at Danbury Park respectively, and they also attended the annual Camp at Valley Farm, Clacton-on-Sea, from the 2nd July to the 18th.

We have not been able to revive the Girl Guides' Troop yet, but it is hoped to be able to do so in the coming year.

Religious services are attended locally in South Ockendon

on Sunday morning in the Congregational Church and in the evening at the Church of England. A Sunday evening service, conducted by the Christian community, is also held in the main hall between 6 and 7 p.m. Once a month a Roman Catholic service is held in one of the women's workshops, and this service is open to parishioners in the neighbourhood who may wish to attend.

Miss MacFarlane and Miss Milne-Redhead, Inspectors of the Board of Control, visited the Colony on Monday, 8th December. The report has been submitted to the Council.

STAFF. A shortage of full-time nursing staff persists, but the deficiency has been remedied by the employment of part-time nursing staff. Use has been made of this measure on an ever-increasing scale, so that one can almost foresee a time when 30 hours will replace 48 hours as a normal working week for nurses in these institutions. A disadvantage in the employment of part-time nursing staff is that those with children and husbands do not like to work over the week-ends. This period has to be covered by the full-time staff, on whom ever-increasing demands of this nature are being made. The question, too, of wages in favour of the part-time staff tends against the employment of full-time staff. For example, it had to be pointed out to a nursing assistant that, working for a 30-hour week, her wages would be only a shilling less than what she would earn doing a full 48 hours. This applicant actually wanted to work the 48-hour week. It is hoped that measures designed to overcome such and similar anomalies will be taken in the future.

As usual, I would like to record my sincere thanks to all officers and staff at this Colony for their help and co-operation throughout the year, and also to offer to the Chairman and Management Committee and its officers, on what may prove to be my last full report to the Council, my gratitude for their help, advice and supervision. To the staff of the Public Health Department I express my sincere thanks for their unfailing and courteous co-operation and help.

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 1947.

On the 31st December, 1947, the number of patients in this section of the Hospital was 115 (56 adult males and 59 adult females).

ADMISSIONS. Nil.

DISCHARGES. 1 (female).

DEATHS. 4 (females).

MENTAL DEFICIENCY ACTS. On the 31st December, 1947, the number of patients subject to the provisions of the above Act on the books of Forest Gate Hospital was 11 (9 adult males and 2 adult females). (One of the adult males was on licence in the care of a married sister).

ADMISSIONS AND DISCHARGES during the year
Nil.

DEATHS. 4 (all adult females) died during the year. The cause of death in these cases was:—

1. W. V. D., 28 years: Congenital Debility from Microcephaly and Acute Suppurative Broncho-Pneumonia.
2. V. F. J. E., 53 years: Acute Suppurative Broncho-Pneumonia.
3. E. McD., 46 years: Lobar Pneumonia, associated with Mitral Stenosis and Aortic incompetence (healed Rheumatic Endocarditis).
4. I. R., 32 years: Hypostatic Pneumonia, due to Chronic Congenital Hydrocephalus.

All these deaths were reported to the Coroner, in accordance with the regulations of the Mental Deficiency Acts, and a post-mortem was conducted in each case by Dr. Keith Simpson, pathologist, but the Coroner deemed an inquest to be unnecessary, as death in each case was due to natural causes.

VISIT OF COMMISSIONER OF BOARD OF CONTROL. On the 5th December, 1947, Miss M. Macfarlane paid a statutory visit to Forest Gate Hospital.

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

EMPLOYMENT. There was no change in the employment of patients during the year. All the ambulant patients who are physically able, do odd jobs and make themselves generally useful in the several departments, wards, grounds and farmlands, under supervision of the staff.

RECREATION AND ENTERTAINMENT. As much recreation is allowed the patients at Forest Gate Hospital as the limited facilities permit. Two or three times each week road walks and shopping expeditions are arranged, and the patients look forward to these outings.

Many of the patients are given periodical leave at the request of responsible relatives, and appear to appreciate this privilege.

The weekly picture show during the winter months was appreciated, as were other concerts and entertainments arranged for them during the year.

MENTAL HEALTH SOCIAL WORK

Report by Dr. GEORGE SOMERVILLE, M.D., D.P.M.
Medical Superintendent, West Ham Hospital for Mental and
Nervous Disorders

NEW PATIENTS. Patients admitted to Hospital have been seen, with a view to helping them to settle any outstanding practical problems, and by an exchange of messages with their relatives, tiding over the gap before they have their first visit.

Home visits have been made, to obtain a social history. This initial visit proves useful in giving advice concerning practical problems and also in alleviating emotional stress. Apart from natural distress following the patient's removal to hospital, there are often doubts and fears in the minds of the relatives, and perhaps feelings of guilt about the way they have handled the patient and his difficulties, which call for a good deal of reassurance. This visit, too, may be the first stage of preparation for the rehabilitation of the patient and his relatives, when future prospects of work, methods of handling, etc., can be lightly touched upon.

PATIENTS IN HOSPITAL. Various problems have been dealt with during the patients' stay in hospital. These include matters relating to finance, housing, pensions, and also problems arising out of unsatisfactory family relationships, failure to visit, etc., where it has been necessary to see relatives and gain their co-operation.

DISCHARGE AND REHABILITATION. Thirteen men and 4 women have been found employment through the Disablements' Rehabilitation Officer. Of these, 3 homeless men were found jobs where they could live in workmen's camps and another was found accommodation by his employer. One man was sent to a Government training centre on a plasterers' course; another went to the Egham Rehabilitation Centre for six weeks. On the advice of the doctor and request of 1 female and 6 male patients, former employers were contacted, difficulties explained, and requests for reinstatement on lighter work conceded. Three juveniles were helped through the Juvenile Employment Bureaux. Two girls were engaged as general maids with suitable families, following preliminary investigations and interviews at the Hospital. One female patient, without friends or relatives, unwilling to go into domestic service and not considered well enough to lead an entirely independent life, was sent to a Mental After-Care Association Home. Efforts were made to deal with the various needs for clothing, housing, etc. Home helps have been obtained for two patients about to be discharged.

The value of careful preparations before discharge is made more apparent by cases which arise from time to time,

where a patient leaves hurriedly at three days' notice, stating optimistically that everything will be all right, only to be faced with disillusionment and the possibility of a relapse when he finds perhaps a wife unprepared and not quite sure how to treat him, or unemployment and financial stress.

PATIENTS LEAVING HOSPITAL ON TRIAL.
Seventeen patients were sent out on trial during the year. Of these, 3 men went back to their old employers, but on lighter work; 1 returned to his former job with the L.N.E.R., after a month at their convalescent home; 1 man was found work by the D.R.O., with accommodation at a hostel. Four of five housewives were able to take up their household duties satisfactorily; the fifth returned to hospital, having been unable to adjust, but was able to be discharged at a later date. One woman was found work at a local hospital. Two women, having been given particulars of suitable jobs, successfully applied on their own initiative during their month's trial. One man and one woman have remained at home in the care of their families, not being considered well enough for work outside. The two remaining women will come up for discharge in the New Year. One appears to be making a satisfactory adjustment; the other has been placed under supervision of the Psychiatric Social Worker at Stone Mental Hospital, Bucks, who has sent in a favourable report.

AFTER-CARE.

Number of patients discharged before 1947 for whom				
after-care has been continued ....	....	....	....	134
Number of patients discharged during 1947				212

346

Follow-up not considered necessary		1
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To other agencies:—

Probation Officer				1
Whipps Cross Hospital				1
Central Homes				1
Mental After-Care Association	....	....	....	1
Mental Deficiency Visitor	....	....	....	4
Essex After-Care Service	....	....	....	2
National Association for Mental				
Health	....	....	....	1
Transferred to other Hospitals	....	....	....	2
Transferred to Private Nursing				
Homes	....	....	....	3
Escaped	....	....	....	3
Other Districts—no contact	....	....	....	19
Other Districts—contact by letter	....	....	....	4—42
Number Visited	....	....	....	303

346

Of 303 patients visited:—

Re-admissions at own request or through Clinic	24
Re-admissions through Social Services Department	24
Cases closed:	
Left district	6
To Central Homes	1
Deceased	5
Satisfactory adjustment	60— 72
Some deterioration evident	9
No deterioration evident, but close care considered necessary	50
Satisfactory adjustment, but some contact maintained through home visits, club or Clinic	124
	303
Discharged patients attending Clinic	29
Discharge patients attending Club	23

Of patients who had made a good recovery, 1 had been in hospital nine years, 1 seven years, 1 four years, 1 three years, and 6 over one year. Two patients have needed further help with employment since discharge. Home helps have been obtained for 2 women who were feeling the burden of household duties too much. Two women were sent to convalescent homes during the summer. One female patient has married and is settling down well. One man passed out of the Government Training Centre very successfully and is now well established in industry; another is doing very well as an assistant teacher in West Ham, while awaiting a vacancy for the Emergency Teachers' Training Course. One patient was helped to get back to her home in France. Several have needed help *re* housing, dockets, difficult landlords, etc. Housing shortage continues to be the main practical problem.

NERVE CLINIC. Preliminary interviews have been made and social histories have been taken at the Clinic and home visits made to arrange practical help, to gain the co-operation of relatives in treatment and in following up where necessary, after discharge from the Clinic. One patient was sent to a convalescent home in the summer. In two cases the W.V.S. have kindly offered help in visiting. Ten cases seen by Dr. Riordan at Whipps Cross Hospital have been followed up on discharge.

PSYCHIATRIC SOCIAL CLUB. This Club was designed primarily to maintain contact with patients after discharge from hospital, but also provides a stabilizing focus in the lives of other

psychiatric patients on occasion. Membership of the Club has fluctuated during the year, some members having dropped out as they have regained enough confidence to seek wider and more individual interests. This no doubt is to be welcomed as a sign of return to independence. The average attendance is now 20. Age-range is between 18 and 50. Membership consists of 12 male and 11 female ex-hospital patients, 2 female Clinic patients, 2 wives and 3 friends. The Members' Committee has met once a month to arrange programmes consisting of whist drives, beetle drives, quizzes, darts, table-tennis, informal games, dancing, first-aid instruction and discussion. This is a happy, stable group, in which a sympathetic appreciation of each other's difficulties has, to some extent, taken the place of too much concern about their own personal troubles. Friendships have been formed and many little kindnesses performed, leading to mutual satisfaction. For example, a lonely woman is arranging to act as sitter-in for a young married couple, who have never been able to get out together in the evening. Appreciation of the service is frequently expressed, and members sometimes remark that the Club seems to keep them going. On 23rd December a very successful Christmas Party was held, arranged entirely by the members. In the New Year it is hoped that this venture, which has been largely experimental in this first year, will be reviewed, with the idea of consolidating the work already done and of widening the scope still further. It is to be regretted that there are so few adult social clubs in West Ham to which members could proceed as they become less dependent upon the special provisions made for them here.

Contacts with other agencies have been maintained and mutual help appreciated. The weekly conferences with the medical staff have helped to maintain the continuity of treatment which is so important to the patients' successful rehabilitation. Far from the patient objecting to having his personal affairs discussed, usually he seems to feel more secure in the knowledge that there is someone outside who understands his problems and with whom he can discuss them if he feels the need to do so.

The following are the total figures for the year:—

Home Visits—

Social Histories	....	....	....	....	....	144
For Patients in Hospital	....	....	....	....	....	50
Pre-Discharge	....	....	....	....	....	51
On Trial	....	....	....	....	....	28
After-Care	....	....	....	....	....	475
Other Agencies	....	....	....	....	....	21
Clinic Cases	....	....	....	....	....	138
Whipps Cross Cases	....	....	....	....	....	17

Total 924

Interviews in the Hospital or at the Clinic—

Social Histories at Clinic ....	....	....	....	59
New Patients seen ....	....	....	....	178
Patients seen during Treatment ....	....	....	....	116
Patients seen <i>re</i> Discharge ....	....	....	....	127
Interviews with Relatives, etc. ....	....	....	....	19
Total				499

SCHOOL HEALTH SERVICE

GENERAL. There was a further small increase in the school population during the year. On 31st December, 1947, there were 25,673 children of all ages on the school rolls, as compared with 24,655 at the same period the previous year.

Early in the year Dr. D. Pugh resigned his appointment as Assistant School Medical Officer, and Dr. F. Barasi was appointed to fill the vacancy, taking up his duties in August.

This year saw the opening of the Ear, Nose and Throat and Paediatric Clinics. Fuller details of the former are given on page 71. The latter, which did not open until November, were in charge of Dr. E. Hinden, M.D., M.R.C.P., a whole-time paediatrician appointed by the Health Committee to Whipps Cross Hospital under the provisions of the Ministry of Health Circular 202/46 relating to the employment of ex-Service specialists. Two sessions are held each week, one at Stratford Clinic and one at Rosetta Road Clinic. Dr. Hinden also visits other hospitals, and acts as adviser to Grange Road Special School in respect of certain categories of physically handicapped children. The types of child principally seen at the Paediatric Clinics are—(i) rheumatic and heart cases, in which respect the Clinics provide a rheumatic supervisory service; (ii) cases of malnutrition where extensive investigation is required to elicit the cause; and (iii) difficult cases of any kind on which the assistant school medical officers want further advice. Any children requiring hospital treatment are admitted to Dr. Hinden's own beds at Whipps Cross Hospital.

At about the same time, Dr. Russell, the School Ophthalmic Surgeon, was appointed by the Health Committee to the staff of Whipps Cross Hospital in the capacity of Junior Ophthalmic Surgeon, mainly, but not exclusively, to undertake operative work on squints and other eye conditions in school children, and so preserve continuity of treatment in this field also between hospital and clinic. Dr. Russell devotes one regular session weekly to the hospital appointment and pays other visits as required.

Another event of great importance, at least to the children concerned, which took place during the year was the generous invitation of the Swiss Red Cross for 41 West Ham children to visit Switzerland for three months. The party left in March, under arrangements made through the Swiss Embassy, and each child went as the guest of a Swiss family. The children found themselves in such widely different places as Lucerne, Schaffhausen, St. Gallen, Rapperswil, Winterthur and Zurich.

It was a condition that the children should be selected from families who had suffered in some way during the war, and who for health reasons would benefit. Suitable children were nominated by head teachers in the first place, and from these the final selection was made on the medical assessment. They were examined before leaving and on return by the Chief Assistant

School Medical Officer, who presents the following report of his findings after the children had come back:—

REPORT ON CHILDREN FOLLOWING THEIR STAY IN SWITZERLAND

The 41 children who have had three months' stay in Switzerland were re-examined on their return, and the following report embodies the salient features:—

The party consisted of 41 children—21 boys and 20 girls. Included in these numbers were 8 boys and 6 girls who were in residence at the Fyfield Open-Air School.

(1) *General Appearance.* All the children looked well. They had a particularly bright appearance and were all bronzed, some markedly so.

(2) *General Condition.* The children were very fit. One boy had an abrasion of the ankle, due to a wheelbarrow running into him just before he left Switzerland; one girl had a type of nettlerash, due to some food upset. Apart from these minor conditions, the children were in splendid condition. They were very active and talked a great deal about their experiences, not least about the food they had had. Almost all had facilities for bathing, and it is interesting to note that quite a number learnt to swim for the first time. One boy was very pleased to tell me that before he went to Switzerland he could not swim, but now he can swim two lengths at the baths.

(3) *Growth.* Taking all the children together, the average gain in weight was 4 lbs.—boys 2.5 lbs. and girls 5.6 lbs. It should be mentioned that the average age of the children was $10\frac{1}{4}$ years, and at this period girls put on more weight than boys. The average gain in weight in a year from the age of 10 to 11 years is, in the case of a boy, $4\frac{1}{2}$ lbs., and in the case of a girl, 6 lbs., so it will be seen how well the children have done. At this stage it will be interesting to compare the growth of the Fyfield children with the growth of the remaining children. The following table shows at a glance the comparison:—

	Fyfield Children (14)		Remaining Children (27)	
	Boys	Girls	Boys	Girls
Average gain in weight	2 lbs.	2.2 lbs.	3 lbs.	7 lbs.
Average gain in height	.95 ins.	.8 ins.	.9 ins.	1.4 ins.
Greatest gain in weight	6.4 lbs.	7.2 lbs.	6 lbs.	12 lbs.

It will be seen that the children from Fyfield, from the point of view of putting on weight, have not done as well as the remaining children. The explanation here is that the Fyfield children had reached, or almost reached, the limit of improvement for the time being. They had been

at the Open-Air School some time, and all had made satisfactory growth.

There was little variation in the growth in height. The majority grew exactly an inch, whilst others gained $\frac{1}{4}$ inch to $1\frac{1}{2}$ inches. The average gain was an inch—the boys gaining slightly under 1 inch, the girls slightly over 1 inch. The average gain in height for a year of a boy from 10 to 11 years is $1\frac{3}{4}$ inches and for a girl in the same period 2 inches, so the gain of the children under consideration is satisfactory.

(4) *Intercurrent Illnesses.* A study of the returned medical reports show that in only five cases was medical treatment needed. One case of bronchitis with otitis media, another case of bronchitis, and one case of impetigo of the face were treated in the homes. Two cases of illness were treated in the Schaffhausen Kinderspital (Children's Hospital), the cases being a pulmonary condition and tonsillitis. There were cases of minor chills and "tummy" upsets, and two slight injuries—the boy who was run into by a wheel-barrow and a girl who was hit in the chest and received a slight bruise. Considering the many and varied activities of the children, this number is surprisingly small.

The children were all obviously happy, and were pleased to relate their experiences. They seemed to have a store of information, and many had the mannerisms of the "Continental": not a few spoke a little German. They have had an experience they will not forget, and the mothers (and one father) expressed their thanks for what had been done for the children. One father has written a particularly nice letter of appreciation to the School Medical Officer.

THE WORK OF THE SCHOOL NURSES

NUTRITION. Nutritional surveys were continued on the same basis as in previous years, and occupied a substantial proportion of the school nurses' time. Commitments in other directions restricted the inspections to approximately one per year for most of the children, but an endeavour was made to follow up more frequently those children who were not making satisfactory progress. The ideal is a six-monthly, or even terminal, inspection, but the general findings at these surveys are so good that a temporary increase in the interval between inspections can be viewed without undue alarm. It is aimed to return to the six-monthly inspections as soon as possible.

All children whose weight or height appears to be at a standstill, or whose general condition seems to require investigation, are referred to the Medical Officer. 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, 22,369 inspections were made at nutritional surveys and 44 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, 103 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	....	....	....	....	6
Defective Vision	....	....	....	....	2
Skin Diseases	....	....	....	....	32
Blepharitis	....	....	....	....	4
Conjunctivitis	....	....	....	....	1
Ear Defects	....	....	....	....	6
Nose and Throat Defects	....	....	....	....	1
Other Defects and Diseases	....	....	....	....	51

A note on the changes in the Ministry's nutritional classification is included in the paragraph dealing with medical inspection.

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 periodic 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, 32,728 inspections were made at these surveys, and 2,150 instances of infestation found, a percentage of 6.57. 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.

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 6,936 home visits for this purpose during the year.

MEDICAL INSPECTION. At the beginning of the year the Ministry of Education introduced a new form of record for school medical inspections. This combines detailed findings of the inspection with full notes on medical history, social and

educational circumstances, follow-up card and recommendations regarding employment, all in one document of convenient size, which can accompany the child throughout his school career. Among other things, it modifies and simplifies the classification of defects and replaces the previous nutritional assessment by a wider one covering the child's general condition. The reason for this is because so many other factors inevitably entered into the Medical Officers' judgment that it had long been recognised that the assessment could not be regarded as a measure of pure nutrition, and in that respect was misleading. As an indication of the child's general health, which may be influenced by many things, including nutrition, it forms a very useful guide to those children who require rather more careful observation to see them through. The new classification of general condition is divided into three categories, as against the previous four, and it is by no means clear that the new A, B and C groups can be accepted as corresponding very closely with the old A, B and C, even when it is borne in mind that the numbers placed in the old D group were too small to bias the distribution as a whole. The percentages allotted to the various groups during this first year of trial are therefore somewhat tentative and may be modified in future years in the light of experience.

A comparative table shewing the number of medical inspections and certain other types of work carried out in this and previous years will be found on page 99.

TREATMENT

RINGWORM. The number of cases of ringworm of the scalp treated during the year was 15. Nine of them were referred to the London Hospital for X-ray treatment under the Authority's standing arrangement. This represents a small reduction on the numbers found in 1945 and 1946, at which time it was feared that the disease might be on the increase.

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 7,936. Following is an analysis of this figure:—

External Eye Diseases	....	....	....	632
Minor Ear Defects	....	....	....	599
Skin Diseases	....	....	....	1,347
Miscellaneous Defects	....	....	....	5,358

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

<i>Clinic</i>	<i>Number of Conditions Treated</i>			
Stratford				3,121
Balaam Street				2,352
Rosetta Road				2,463

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

<i>Clinic</i>	<i>Number of Attendances for Treatment</i>				
Stratford					11,907
Balaam Street					15,770
Rosetta Road					10,766

In January arrangements were made, for a trial period, for one of the school nurses to attend at the Silvertown Maternity and Child Welfare Clinic for an hour each morning to treat minor ailments, in order to obviate the necessity of children from this comparatively inaccessible area having to make the rather circuitous journey to Rosetta Road Clinic. Attendances, however, did not prove as large as anticipated (averaging 1.2 per session), and in September the nurses' visits were reduced to two per week, on Monday and Thursday. The situation remained under observation at the end of the year.

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 1947 was 632. 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 100-101. 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 Eye Clinic is looked on as a place to attend for a prescription for glasses, and although 1,359 such prescriptions were given out to school children during the year 1947, much other work is also necessary for the proper care of the children's eyes.

One, and in some cases two, attendances are necessary for the carrying out of refractions, but further attendances are made throughout the year in nearly half the cases, including all those having squints and some of the short-sighted children.

Among the children receiving prescriptions for glasses, 379 had short sight; of these, 90 were re-inspected in six months, and those having a high degree of myopia were told to report to the clinic every three months. Another 9 children, found to have a very slight degree of myopia, and glasses not being prescribed at the first visit, were also kept under observation.

The number of children with squints receiving prescriptions for new glasses during the year was 408. Some of these had acquired straight eyes with glasses, and so did not require frequent re-attendances; others did not attend for re-inspection as requested; but the rest, along with others who had not had new prescriptions, did make further visits to the clinic. The number of children with squints re-inspected by me and given advice or occlusion treatment was 389, and these children made 830 attendances.

In May, 1947, an Orthoptist was appointed and occlusion cases were passed on to her. Although this relieved me of some treatments, it increased the number of re-inspections, as all cases treated by an orthoptist must also be seen by an ophthalmic Surgeon at the beginning and end, and occasionally during, a course of treatment.

Miss Goodland, the Orthoptist, saw 458 school children by the end of 1947, and these children made 1,813 attendances at her clinic. Some of the children made only one attendance for examination, as, in addition to treating cases as I referred them, she also commenced to work alphabetically through the squint cards, compiling lists of those needing treatment and/or operation, and discharging those who had acquired binocular vision (straight eyes) through the use of glasses.

In the summer of 1947 I also commenced admitting children with squints to Whipps Cross Hospital for operations, and by the end of the year 33 children had been operated on and 36 operations performed, as 3 children had such a large angle of squint to begin with that two operations were necessary to get the eyes straight.

Among the children operated on, many should have had operations much earlier, but, firstly, interruption in treatment caused by war and evacuation, and afterwards the long waiting lists at the various hospitals, prevented it, with the result that it was too late to train binocular vision or improve vision in the bad eye by occlusion, but a good cosmetic result was obtained from operation.

Binocular vision was obtained after operation in 5 cases, good cosmetic result without binocular vision in 26 cases, 1 divergent afterwards, but appearance much improved by operation, and parents and child (girl of 14 years) were well satisfied and did not wish further treatment. The remaining child requires a second operation, but, unfortunately, I have not received parents' consent for it to be done.

In addition, 4 children other than squint cases were seen at Whipps Cross Hospital, 2 being admitted, 1 for operation for detached retina and the other for complete investigation.

Children also attended the Eye Clinic for treatment of external eye diseases, but, unfortunately, figures for these cases are only available for those cases for the six months from July to December, and during this period 247 cases were seen and made 423 attendances.

The above report refers only to school children, but children from the Maternity and Child-Welfare Department were also seen and treated in the Eye Clinic. There were 53 new cases seen during the year, referred because of squint or complaint suggesting defective vision. These children, along with others already under the clinic, made 353 attendances. Sixty-two prescriptions were given for glasses. Also 5 children made 48 attendances for treatment of external eye diseases.

Some of the children from the Welfare Department were suitable for orthoptic treatment, and 43 children were seen, making 100 attendances, in the period from May to December, after the appointment of the Orthoptist.

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, but is much less frequent among girls. It is such a severe handicap in certain occupations that it is clearly in the child's own interests that it should be discovered before his career is decided. By so doing, much avoidable failure and frustration, not of the child's own making, can be prevented.

At the examination held at the Grammar and Technical Schools, the following results were obtained:—

		<i>Number examined</i>	<i>Number defective</i>	<i>Percentage defective</i>
Boys	....	836	52	6.22
Girls	....	1,604	1	0.06

EAR, NOSE AND THROAT DEFECTS: DEFECTIVE HEARING. The year under review saw the establishment of ear, nose and throat clinics. They were planned to secure that as far as possible patients needing admission to hospital should receive continuity of treatment and follow-up between hospital and clinic by the same surgeon. To this end the Health Committee, taking advantage of Circular 202/46, relating to the employment of specialists released from the Armed Forces, appointed Mr. C. J. Scott, M.B., Ch.B., D.L.O., as a whole-time ear, nose and throat surgeon to the staff of Whipps Cross Hospital, and arranged for his services to be made available to the Education Committee's clinics. He was also given the supervision of the children attending Tunmarsh Lane Deaf School, and, towards the end of the year, began regular consultative visits to the Council's Plaistow Fever Hospital. At the same time, steps were taken to terminate the agreements with local hospitals for tonsil and adenoid operations, with a view to concentrating this work on Mr. Scott's own beds at Whipps Cross. It was very unfortunate that the severe epidemic of poliomyelitis during the summer of 1947 put a prolonged stop to such operations, so that local hospitals were still working off the arrears on their waiting lists at the end of the year, while

Mr. Scott had developed a fresh and sizeable one of his own. To complete the scheme, pre-school children were also given appointments for Mr. Scott's clinics on reference by the Maternity and Child-Welfare Medical Officers.

These clinics were held on the same premises as the other school clinics in order to achieve the closest possible relations with the school health service. For the specialist to come into the school health service rather than to await the patients at a hospital clinic is not only a great convenience to parents, but also helps the specialist to understand the needs of the health services and the facilities they have to offer in the way of follow-up, reports from teachers and nurses, etc. It is not too much to say that a specialist sees his problems from quite a different point of view and develops a different outlook when working as part of a public health team, which is much to the advantage of his young patients. It may fairly be stated that these clinics form an admirable example of what can be done by co-operation between two Committees for the common good.

The establishment of these clinics provides the explanation for the increase in the number of deaf and partially deaf children ascertained during the year, while the epidemic of poliomyelitis already referred to largely explains the drop in the number of operations for tonsils and adenoids. At the same time, it should be observed that Mr. Scott is adopting a conservative attitude towards the tonsil and adenoid cases. The removal of tonsils and adenoids is an operation which is not altogether devoid of risk for the patient, and which on rare occasions ends fatally. Its alleged benefits will not always stand up to critical examination, though in carefully selected cases they may be very substantial; moreover, many enlarged tonsils will return to normal in time if left to themselves. There is no doubt that this operation has been performed too freely in the past, and Mr. Scott's caution in this respect is to be commended.

The total number of tonsil and adenoid operations performed during the year was 273 (as against 356 last year). In addition, 105 children (as against 88 last year) were treated non-operatively. Five hundred and ninety-nine children (480 last year) were treated for various conditions affecting the ears (some of these treatments were given at minor-ailment clinics). Details of the ascertainment of deaf children are given on page 85.

Mr. Scott's report on the work of the Ear, Nose and Throat Clinics follows:—

These clinics were established in July, 1947, to provide a comprehensive ear, nose and throat service for the child population of the Borough of West Ham.

SITUATION OF CLINICS. Two clinics were opened, one in the north of the Borough, at 84 West Ham Lane, and one in the south at Rosetta Road. This arrangement avoids the necessity of travelling long distances for the patients.

Existing accommodation at Minor-Ailment Clinics was

adapted to the particular requirements for Ear, Nose and Throat Departments.

Two clinics per week are held at West Ham Lane and one per week at Rosetta Road.

The clinics are held from 9.30 to 11.30 a.m., and usually finish at 12 o'clock.

PLAISTOW FEVER HOSPITAL. In addition, a weekly visit is made to this Hospital, and patients with ear, nose and throat complications are examined and treated. A few are seen as out-patients at the Hospital, to meet the patients' convenience.

TUNMARSH LANE DEAF SCHOOL. See special note under "Deafness."

EQUIPMENT. A full scale of equipment for diagnosis and minor treatments was provided, including a pure-tone audiometer.

STAFF. This comprises one Ear, Nose and Throat Surgeon (part-time) and two School Nurses (part-time).

SOURCE OF PATIENTS. Infants and school children of all age-groups are referred to the clinics.

The patients are referred from eight main groups:—

1. School Medical Inspections.
2. Minor-Ailment Clinics.
3. Maternity and Child-Welfare Centre.
4. Paediatric Department.
5. General Practitioners.
6. Ophthalmic Department.
7. School Dental Service.
8. School Teachers.

By far the largest numbers are from groups 1 and 3, in an approximate proportion of 70 per cent. group 1 to 30 per cent. group 3.

The children are seen by appointments, which are made by the administrative staff of the School Medical Officer. Return visits within a month are made at the clinics. For later return visits, the patients are notified by post from the School Health Service.

Emergency cases are seen without appointments.

At the onset, 20 cases per session were examined, but this proved to be too many, and the figure was reduced to 16.

The numbers vary between 12 and 20.

ATTENDANCES. These, on the whole, are excellent, and parents and children report regularly for examination and treatment. Very often they will report to the clinic for advice, independent of appointments, if they deem it necessary.

In the few who are careless, further reminders are sent, or the Clinic Nurse will visit the homes.

Children leaving school and still in need of treatment are transferred to my clinic at Whipps Cross Hospital.

TYPES OF CASES EXAMINED. These fall into the following broad categories:—

1. Tonsils and Adenoids.
2. Chronic Otitis Media.
3. Acute Otitis Media.
4. Deafness.
5. Rhinitis and Sinusitis.
6. Cervical Adenitis.
7. Chest Diseases.

The close integration of the various categories does not permit of an exact numerical analysis.

SPECIAL POINTS.

Tonsils and Adenoids. Unless the need for operation is most obvious, these cases are kept under observation for a prolonged period in a form of pre-tonsillectomy clinic, as suggested by the School Medical Officer.

Chronic Otitis Media. These cases are made to attend assiduously until resolution occurs, and particular attention is paid to the reserve of hearing. Others proceed to operation.

When necessary, the schools are asked to give front seats in the classrooms.

In addition, the school teachers provide excellent progress reports on their education.

Acute Otitis Media. The majority are admitted to Whipps Cross Hospital for treatment, with subsequent follow-up at the clinics.

DEAFNESS. The very deaf children attend Tunmarsh Lane Deaf School, and a periodic survey is carried out. It has not been possible to do this as often as one would like, but this is scheduled for future extension.

Suspected deaf infants and children are given repeated examinations at three to six months intervals. In this way the children begin to know the examiner, and further knowledge of their condition is gained.

Rhinitis and Sinusitis. The majority respond to simple treatment, and further extension of this has been arranged when the necessary equipment is available.

Resistant cases are admitted to hospital for operation.

Cervical Adenitis. These cases are carefully examined at intervals to exclude tubercular adenitis, which is fortunately not common in this Borough.

When necessary, the patch test is done.

Chest Diseases. Children with chronic chest ailments, other than tuberculosis, have any necessary ear, nose and throat treatment carried out, or in other cases are admitted to hospital for bronchoscopy, bronchoscopic aspiration and bronchograms.

Association with Paediatrician. A very close connection is maintained with the Paediatrician, and cases are freely exchanged and referred between the two departments.

Association with Other Departments. When other conditions are observed in the course of ear, nose and throat examination—e.g., dental, orthopaedic defects, squints, etc., aberrations of conduct or development—the cases are referred to the appropriate departments.

Operations. All operation cases are admitted under my care at Whipps Cross Hospital. —

Statistical Analysis—

Total cases examined in the period ....	....	448
Number of attendances .....	....	611
Referred for Ts. and As. operations .....	....	139
Referred for other operations .....	....	3
Number discharged ....	....	243

Tunmarsh Lane—

Congenital Nerve Deaf Cases	Boys	17
	Girls	24—41
Chronic Otitis Media	Boys	1
	Girls	2—3
Other Conditions	Boys	2—2

Progress. The clinics have made excellent progress, and the attendances and results have been most gratifying.

SUGGESTED ADDITIONS AND IMPROVEMENTS

1. *Consulting Rooms.* The consulting rooms are inadequate in size and lacking in comfort. The child is readily influenced by first impressions, and it is felt that a brighter and more comfortable atmosphere should be aimed at. Soft, bright pastel colours, pictures, toys, carpets and comfortable chairs should be provided.

As situated, the extraneous noise interferes with the accuracy of hearing tests, and, while a sound-proof room is not essential, a reasonably quiet room is necessary.

2. *Audiometric Surveys,* as planned by the Medical Officer of Health, are as essential as mass radiography. These would require the additional service of personnel to be trained in audiometry.

3. *Breathing Exercises and Speech Therapy.* These should be extended, and especially the former, which should be of value not only to the Ear, Nose and Throat Department, but also for asthmatics, poorly developed chests and spinal deformities.

4. *Operative Facilities.* It is felt that an Ear, Nose and Throat Ward might be opened at Plaistow Fever Hospital or other hospital, to minimise the delay in operating on tonsils and adenoids.

5. *Clerical Staff.* The part-time use of a clerk would be of value.

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 covers both short-term in-patient and out-patient treatment. During the year 1947 the number of children treated as out-patients was 154, with a total attendance of 2,110; and, in addition, 23 children were treated as in-patients. In view of the limited capacity of the Hospital and its very recent re-opening after the war-time closure, some cases of orthopaedic and postural defects were treated at other Hospitals not under the Authority's scheme, and the number so dealt with was 34. In addition, 15 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 necessary. 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. The change in the Ministry's classification whereby all conditions of the heart and circulation (including anaemia) are grouped together under one heading has made it a little difficult to separate the numbers of true organic heart disease from the bulk of less serious defects. The total recommended for treatment numbered 99 (63 at routine inspections and 36 at special inspections), which was a big increase over the figure of 22 recorded last year under the old classification of organic heart disease. Most of this year's cases were not organic heart disease, but at the same time there does appear to have been a small real increase in this condition.

These cases were dealt with as follows:—

Admission to Heart Hospital Schools	9
Admission to Day Special Schools	7
Under observation at School Clinics by area	
doctors	82
Died	1

During the year 1947 the number of children treated as in-patients in special heart schools was 19.

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	15
Number of discharges during the year	12
Number of cases ascertained during the year	11

Highest number under treatment during any one time (April, May and June)	9
Number of cases in Heart Hospital Schools at end of the year	7

TUBERCULOSIS IN CHILDHOOD. Manifest tuberculosis is less common in children than in adults, and usually takes a different form. Provided it is recognised early enough, it is more easily curable. Close co-operation was maintained during the year between the School Health Service and the Chest Clinic, to facilitate the early diagnosis and treatment of this disease. 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	38
Number of school children referred by General Medical Practitioners	29
Number of school children examined as contacts	82
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	4
Mediastinal glands	1
Lung primary	14
	19 (16 were admitted to institutions)

Non-Pulmonary—

Knee	1
Spine	1
Meninges	2
	4 (all were admitted to institutions)

SCABIES. The number of cases of this disease shewed a further sharp decline during the year, and almost reached pre-war figures. It will be interesting to observe whether future years produce any more improvement or whether there is a rock-bottom reservoir of infection which still prevails under normal conditions. It is to be hoped that the modern methods of treatment evolved to meet the emergency war-time situation will be able to improve on pre-war figures. A comparative table of the rise and fall of scabies is set out below:—

<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
1947	....	....	....	....	....	372

Owing to war-time disturbances, figures for 1940 and 1941 are not available. Further information is given on page 13.

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 123, but, of these, 13 failed to achieve the regular attendances which are so essential for success. Dr. Eva Morton, the physician in charge of the Light Clinic, left the staff of the Hospital before the preparation of this report, and her usually informative comments are therefore not available.

SCHOOL DENTAL SERVICE. Mr. J. Aitchison, the Senior School Dental Officer, left the Service in August to become Director of the Glasgow Dental School. Mr. J. S. Dick was appointed Acting Senior School Dental Officer pending the filling of the vacancy, and he also left the Council's service before this report was compiled. No contribution is available therefore from the Senior School Dental Officer.

One other loss was sustained by the Service in the resignation of Miss Bresin to take up an appointment with the London County Council. Repeated advertisements failed to secure a successor. The developments in the School Dental Service which had been approved by the Committee towards the end of the previous year did not therefore take place, and, indeed, an unfortunate regression became inevitable to some degree. A start was, however, made with the work of converting disused accommodation at Credon Road School into a clinic containing two dental surgeries and a dental laboratory, which will be available when an improvement in the shortage of dental manpower enables more dental officers to be appointed.

A tabular summary of the work of this service appears in the Appendix, page 101.

SPEECH DEFECTS. In September, 1947, it was arranged that the Chief Assistant School Medical Officer should make periodic visits to the Speech Clinic in order to assist the Speech Therapist in any difficulties which might arise. Twelve visits were made from September to the end of the year—three in September, five in October, three in November, and one in December. Several cases were referred to the Aural Specialist for nose and throat conditions and for the possibility of partial deafness. One child was recommended for a stay at the Fyfield Open-Air School.

Several subjects were discussed, such as irregular attendance, the non-co-operation of parents, speech therapy in spastic and athetoid cases and in cleft-palate cases. During the visits many children were tested, and it is notable the number found who have pronunciation difficulty, chiefly with the " S " sound.

REPORT ON THE WORK OF THE SPEECH CLINIC

By Miss R. CLARKE, L.C.S.T.

During the year 1947, 96 children made regular attendances to the Speech Clinic. Of these children, 56 have been discharged as relieved or improved. A further 24 children received treatment for a time, but for various reasons were unable to complete their treatment. Once again it has been difficult to maintain regular attendances from those who have to travel from the far ends of the Borough.

Now that the Speech Clinic has been in operation for two years, it has been possible to keep better pace with referrals, and the waiting list has been considerably reduced.

The majority of the cases were referred to the Clinic by the assistant school medical officers or head teachers. Two children were referred by the Maternity and Child-Welfare Clinic and two by hospitals.

Of the cases who attended regularly, there were 49 stammerers, 33 dyslalias, 5 mild deaf cases, 4 cleft palates, 4 lisps and 1 hyperrhinolalia. Sixty-nine of the children were boys. Only 5 of the stammerers were girls. Two of these children have also received treatment at the Child-Guidance Clinic.

Apart from the cases mentioned in the statistics, a visit was made each week to Grange Road Special School, where treatment is given to those children who are unable to travel to the Clinic. Both physically and mentally handicapped children are given speech therapy, if it is considered they are likely to improve and benefit by it.

My thanks are due to parents and teachers and all those who have co-operated with the work and made improvement possible.

CHILD GUIDANCE. The Child-Guidance Clinic was still working to some extent under staffing difficulties. Miss Roubicek was appointed whole-time psychiatric social worker in October, 1946, and did yeoman service throughout the year under review. No permanent appointment of an educational psychologist could be made, however, and the invaluable services of Miss Stevens, which were made available through the kind offices of the National Association for Mental Welfare, were limited to two and three sessions respectively in alternate weeks. Moreover, the responsibilities of the Medical Director in other directions limited the amount of time which he could devote personally to the diagnosis and treatment of the patients. Nevertheless, a very substantial year's work is recorded in

Dr. Somerville's report which follows, and steps were being taken towards the end of the year to overcome the staff difficulties.

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 Clinic, during the year 1947, has continued to increase its activities. The staff has been stable, and this has advantageously reflected itself upon the quantity and quality of the work. The case-load has increased, and it is noticeable that referrals from the School Medical Department and schools have risen from 42 in 1946 to 79 in 1947. Similarly, the cases referred from probation officers have risen from 10 to 15.

There is evidence that the schools are becoming more alive to the possibilities of child-guidance work. Visits by the educational psychologist and the psychiatric social worker to the schools have had a valuable effect in stimulating interest in the Clinic activities. It is hoped that, with the further development of the Clinic, this association of Clinic and school will become a real working partnership. The appointment of a full-time educational psychologist will greatly help to this end.

The Clinic was favoured by a visit from the Chairman of the Children's Court, and ways and means were discussed to effect a close co-operation with the court in the treatment of delinquent children. The staff of the Clinic were privileged to attend a session of the Children's Court. This proved a most interesting and instructive visit.

At the request of the Chief Education Officer the Medical Director gave a lecture on Child Psychiatry to a group of student teachers. To encourage enlightened interest in the psychiatric study of the maladjusted child in all those who are devoted to the care and training of children is an important aspect of the work of a Child-Guidance Clinic. Without their full co-operation the success of child guidance is imperilled. It is hoped, therefore, that in the near future it will be possible, by lecture and demonstration, to foster a true understanding of the activities of the Child-Guidance Clinic in the minds of all workers in the child-health field.

From the statistics it will be noted that there is a considerable waiting list. The present organisation of the Clinic makes this inevitable. It is anticipated that in 1948 this waiting list will be considerably reduced, but the need to reorganise the staffing is fairly urgent, especially in view of the fact that the National Health Act comes into operation in July. It is essential, if the work of the Clinic is to expand, that the Medical Director should be in a position to give the Clinic more than an average of three sessions per fortnight, as at present.

It seems likely that child-guidance clinics will *not* fall directly within the province of the Regional Hospital Boards. This seems desirable in that *child guidance* is much wider in implication than *child psychiatry*. To quote the "Lancet" (6th December, 1947): "Modern child guidance comprises work in maternity and child-welfare clinics; in schools, by selection and grading of pupils and by special teaching methods; in foster-homes, boarding homes and residential schools; in children's hospitals, notably orthopaedic and fever; and, finally, in diagnosis, disposal and treatment, at the clinic itself, in work in the home, and in the provision of special hostels for treatment. The authorities concerned in all this will include regional hospital boards, local health authorities, local education authorities, and the Home Office, and we should recognise that the first-named has no pre-eminence of interest: indeed, the highest common factor, as it were, is the local education authority, which of all public bodies now has far the most intimate concern for the mental and physical development of children between the ages of 2 and 18. It seems logical, therefore, for the great preventive mental-health service of childhood to remain an integral part of that system, and there seems to be no paramount administrative reason for changing the existing arrangements by which child guidance is administered by the School Medical Service, which is itself intermediate between the education and the health interests. Thus placed, the child-guidance services can be linked through the School Medical Service with hospitals and specialists, and particularly with paediatrics; and there is no reason why the psychiatrists employed in this work should not be carried on the establishments of regional hospital boards."

Results of treatment at the Clinic have been encouraging. It would be ill-advised to use the term "cures" in relation to child-guidance successes. It is our objective to help the child to adapt and adjust itself to its own problems and to any difficulties in the home and school environments. In the case of the older child, the approach may be direct—i.e., an effort is made to investigate the child's mind and, by discovering faulty mental attitudes, aid the child to a reconstruction of its mental life. In the case of young children, the approach is usually through observation of its play activities. At present two play groups are functioning under the direction of the psychologist. Coincident with the treatment of the child is the approach to the parents (usually the mother) by the psychiatric social worker. The nature of the problem or maladjustment of the child is explained to the mother, and she is given advice and help on how best to cope with the management of the child. Any specific educational difficulties are dealt with by the educational psychologist. In this way the child-guidance "team" works, and the considered judgment of the team is brought to bear on each particular problem child. In a number of cases the home situation has been found to be extremely difficult or irremediable. In such cases, recommendation has been made to "board-out"

the child. It would be a great help if a hostel for maladjusted children were available in the Borough. This would serve for purposes of short-term observation as well as for long-term residence.

In conclusion, it must be emphasised that "child guidance" can help materially in the development of a happy and healthy generation of children. It can contribute to the prevention of mental ill-health in adults as well as the prevention of delinquency and anti-social behaviour in children. Child guidance requires the co-operation of all who are concerned with young children—parents, teachers, doctors and magistrates. A great deal is yet to be learnt concerning child psychology, and sound scientific treatment can only be founded on careful observation and investigation. Child guidance as a technique is young. It is still "fluid," and there is no finality about its methods. We have made considerable progress, promising progress, in the field of child guidance in West Ham, and it is reasonably anticipated that such progress will be consolidated and extended in the near future.

STAFF: Psychiatrists: Dr. Somerville (Medical Director); Dr. Matheson; Dr. Riordan; Dr. Glancy (since July, 1947); Dr. Dodds (since September, 1947). Psychologist: Miss Stephen. Psychiatric Social Worker: Miss Roubicek.

STATISTICS.

Interviews at Clinic—

Psychiatric Interviews	....	....	....	....	465
Psychologist	....	....	....	....	421
Tests	....	....	....	....	95
Coaching	....	....	....	....	152
Play Group	....	....	....	....	174
Psychiatric Social Worker	....	....	....	....	448

Interviews outside the Clinic—

School Visits by Psychologist	....	....	18
School Visits by Psychiatric Social Worker			30
Home Visits by Psychiatric Social Worker			52

Cases carried over from previous years 43

Cases newly referred to Clinic 127

Total 170

Disposal:

Never attended	....	....	....	....	2
Attended for testing only (further appointments not kept)	....	....	....	....	3
Diagnosis and advice only (treatment found not to be necessary or not possible for various reasons)	....	....	....	....	16

Referred for testing only (report of educational psychologist requested by School Medical Officer)	....	....	....	....	21
Tested, awaiting diagnosis	....	....	....	....	5
Under treatment	....	....	....	....	33
Diagnosed, awaiting treatment	....	....	....	....	5
Awaiting diagnosis	....	....	....	....	51
Closed, improved	....	....	....	....	16
Closed before end of treatment (failure to attend and other reasons)	....	....	....	....	18

Special Recommendations—

Notification to M.D. Authority	....	....	....	....	18
E.S.N. School	....	....	....	....	4
Fyfield	....	....	....	....	3
Residential E.S.N. School	....	....	....	....	2
Boarding out	....	....	....	....	2
Boarding school for maladjusted pupils	....	....	....	....	2
Hostel for maladjusted children	....	....	....	....	1
Hospital observation	....	....	....	....	1
Colony for epileptics	....	....	....	....	1
Residential nursery	....	....	....	....	1
Deaf school	....	....	....	....	1

Sources of Referral of New Cases—

School Medical Department and Schools	....	79
Probation Officer	....	15
Hospitals	....	10
Education Department	....	9
Parents and other relations	....	6
Tuberculosis Officer	....	5
Maternity and Child Welfare	....	2
Speech Therapist	....	1

Sex:

Boys	....	....	....	....	....	88
Girls	....	....	....	....	....	39

Ages:

4 years & under	....	5	10 years & under	....	15
5 " " "	....	7	11 " " "	....	18
6 " " "	....	11	12 " " "	....	9
7 " " "	....	17	13 " " "	....	6
8 " " "	....	10	14 " " "	....	4
9 " " "	....	20	15 " " "	....	5

Intelligence of all children tested—

Below average (I.Q. under 90)	....	34*
Average (I.Q. between 90-110)	....	26
Above average (I.Q. above 110)	....	13

(*20 referred for testing only from Grange Road Special School)

Reason for Referral:

Nervous Disorders:

(1) Fears	....	....	3
(2) Seclusiveness	....	....	4
(3) Depression	....	....	3
(4) Excitability	....	....	1
(5) Apathy	....	....	1
(6) Obsessions	....	....	1—13

Habit Disorders and Physical Symptoms:

(1) Speech disorders	....	....	1
(2) Sleep	,,	....	7
(3) Movement	,,	....	3
(4) Feeding	,,	....	—
(5) Excretory	,,	....	12
(6) Nervous Pains	....	....	—
(7) Fits	....	....	1
(8) Physical disorders	....	....	2—26

Behaviour Disorders:

(1) Unmanageable	....	....	4
(2) Temper	....	....	9
(3) Aggressiveness	....	....	2
(4) Jealous behaviour	....	....	2
(5) Demanding attention	....	....	—
(6) Stealing	....	....	18
(7) Lying	....	....	10
(8) Truancy	....	....	7
(9) Sex difficulty	....	....	4—56

Psychotic Behaviour —

Educational Difficulties:

(1) Backwardness	....	....	27
(2) Inability to concentrate	....	....	5—32

HANDICAPPED CHILDREN

(a) ASCERTAINMENT. The work of ascertainment was greatly assisted by the establishment during the year of Ear, Nose and Throat and Paediatric Clinics in charge of appropriate specialists. The Ear, Nose and Throat Clinics have already been considered in some detail on page 71. The Paediatric Clinics did not commence until November, 1947, and consequently had little time to make their influence felt this year. Nevertheless, it is anticipated that considerable assistance will be afforded in the case of children handicapped by such conditions as heart disease, epilepsy, etc. The arrangements for ascertainment of other conditions remained as in previous years.

(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	....	....	1
<i>Disposal of ascertained cases:</i>			
Admitted to Residential Special Schools	....	....	1
Number in Residential Special Schools at end of year	....	....	9

PARTIALLY-SIGHTED

Number known to the Authority	....	....	47
Number ascertained during the year	....	....	9
<i>Disposal of ascertained cases:</i>			
Admitted to day special schools	....	....	2
To remain in ordinary schools, with suitable modification of the normal educational régime	....	....	4
Out of school (awaiting admission to Special Schools)	....	....	3
<i>Position at the end of the year:</i>			
In day special schools	....	....	6
In residential special schools	....	....	5
In ordinary schools	....	....	30
Left school	....	....	1
Left district	....	....	2
Out of school	....	....	3

(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. The following figures relate to work carried out in connection with deaf and partially deaf children during the year. The increase consequent upon the establishment of the Ear, Nose and Throat Clinics has been so marked that comparative figures for 1946 are added:—

	1946	1947
Number ascertained during the year (deaf)	2	9
Number ascertained during the year (partially-deaf)	3	24

Disposal of ascertained cases:

Admitted to day special schools (deaf)	....	....	7
Admitted to day special schools (partially deaf)	....	....	2
In ordinary schools (partially-deaf)	....	....	22
Awaiting admission to Deaf Centre	....	....	2

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

In residential special schools (deaf)	....	....	1
In day special schools (deaf)	....	....	24
In day special schools (partially-deaf)	....	....	4
In ordinary schools (partially-deaf)	....	....	24

(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	...			63
------------------------------------	-----	------	------	----

Disposal of ascertained cases:

In ordinary schools	....	....	....	20
Recommended day special schools	....	....	....	42
In residential special schools	....	..	....	1

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

In ordinary schools	....	....	....	....	68
In day special schools	....	....	....	....	140
In residential special schools	....	....	....	....	22

Fresh admissions to special schools during the year:

In day special schools	....	....	....	....	29
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. It is not every child with epilepsy who can be technically "ascertained" as an epileptic. The definition is a functional one, relating not to the medical classification of the disease but to the child's educational needs or to his influence on others, and these factors are the sole criteria which determine whether a child shall be ascertained. 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	12
Number of cases in residential special schools	9
Number in day special schools	1
Number out of school	2
Number of fresh ascertainments during the year	3

Disposal of these cases:

In residential special schools	1
Out of school (awaiting admission to special school)	2

(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. As may be seen from the table below, this includes a variety of conditions. A great proportion of the tuberculosis cases are under the supervision of the tuberculosis service, and most of those listed under hospital schools are in the Council's Sanatorium at Langdon Hills. The following figures set out the position regarding physically handicapped children in the Borough in the year 1947:—

Total number known to the Authority:

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

Heart cases	40
Cripples	64
Pulmonary Tuberculosis (various forms)	82
Non-pulmonary Tuberculosis	22
Miscellaneous	8
Total	216

Physically Handicapped Children in Residential Special Schools and Hospital Schools:

Heart cases	19
Cripples	17
Pulmonary Tuberculosis (various forms)	55
Non-pulmonary Tuberculosis	9
Total	100

Physically Handicapped Children in Day Special Schools:

Heart cases	20
Cripples (non-tubercular conditions)	43
Non-pulmonary Tuberculosis	13
Miscellaneous	6
Total	82

Out of School cases:

Heart cases	....	....	....	....	....	....	1
Cripples	....	....	....	....	....	....	4
Pulmonary Tuberculosis (various forms)	....	....	....	....	....	....	27
Miscellaneous	....	....	....	....	....	....	2
							—
Total	....	....	....	....	....	....	34
							—

Fresh Ascertainments during the year:

Heart cases	....	....	....	....	....	....	20
Cripples	....	....	....	....	....	....	15
Pulmonary Tuberculosis (various forms)	....	....	....	....	....	....	19
Non-pulmonary Tuberculosis	....	....	....	....	....	....	4
							—
Total	....	....	....	....	....	....	58
							—

Disposal

To Residential Special Schools:

Heart cases	....	....	....	....	....	....	10
Cripples	....	....	....	....	....	....	2
Pulmonary Tuberculosis (various forms)	....	....	....	....	....	....	16
Non-pulmonary Tuberculosis	....	....	....	....	....	....	4
							—
Total	....	....	....	....	....	....	32
							—

To Day Special Schools:

Heart cases	....	....	....	....	....	....	7
Cripples	....	....	....	....	....	....	10
							—
Total	....	....	....	....	....	....	17
							—

Awaiting admission to Residential Special Schools:

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

Awaiting admission to Day Special Schools:

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

Thus the total number of handicapped children known to the Authority was 216; 100 were in residential special schools, 82 in the day special schools, and 34 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. A few are suffering from some well-defined condition such as asthma, but the majority simply present a lowered stamina for various reasons, which can be built up with careful management and usually remains normal thereafter. 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 95 and 97.

The number of children ascertained as delicate during the year was 574, and their disposal was as follows:—

Admitted to Fyfield	....	....	....	....	....	170
Admitted to Convalescent Homes*	....	....	....	....	....	296
Refused to go away	....	....	....	....	....	43
Went away through other sources	....	....	....	....	....	4
Removed from district	....	....	....	....	....	2
On waiting list for Fyfield or convalescence at end of year	....	....	....	....	....	59

*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 shew evidence of emotional instability or psychological disturbance, and require special educational treatment in order to effect their personal, social or educational readjustment. 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 46, of whom 1 was sent to a special boarding school.

(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 4 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 1947. The number of new cases ascertained during the year was 3, all of whom were admitted to the above Unit. One of these has since been discharged.

(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 88, and 56 were considered as no longer belonging to this category. The number on the records at the end of the year was 136. An account of the work of the Speech Clinic appears on page 79.

(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 1947 the number of cases known to the Authority was 8. 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.
- 1 boy, physically handicapped and educationally sub-normal, and 1 girl educationally sub-normal and epileptic are in Grange Road Special School.
- 1 boy and 1 girl, educationally sub-normal and physically handicapped, and 1 girl, educationally sub-normal and partially deaf, are in Knox Road Special School.
- 1 boy who is partially sighted and epileptic attends an ordinary school.

The first-named subnormality is considered to be the leading defect, and determines the educational needs.

Of these 8 children, 2 were fresh ascertainments 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 sub-normal.
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 182 and 80 respectively, including 36 and 12 extra-district children.

Educationally Sub-normal Children

During the year 32 West Ham children and 10 extra-district children were admitted to the two schools by reason of educational retardation, and 26 West Ham children and 7 extra-district children left. Twenty of the West Ham leavers were dealt with as follows:—

One left at 16 years. No action.

Nineteen were notified to the Local Mental Deficiency Authority, 11 under Section 57 (5) and 8 under Section 57 (3) of the Education Act, 1944.

Three of the remaining 6 were admitted to residential special schools.

Two removed from the district.

One was allowed to return to an ordinary school.

Of the 7 extra-district children, 5 left school on attaining the age of 16 years, and the other 2 were found unsuitable for further education. The following table gives an analysis of educational sub-normal 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 85-90	1	—
" " 80-85	—	—
" " 75-80	8	—
" " 70-75	37	—
" " 65-70	40	10
" " 60-65	29	9
" " 55-60	21	7
" " 50-55	16	9
" " 45-50	7	2
" " 40-45	6	3
Number below 40	2	1
	—	—
Totals	167	41
	—	—

Age Distribution

	West Ham	Extra District
Age 5 years	—	—
„ 6 „	2	4
„ 7 „	9	2
„ 8 „	12	5
„ 9 „	10	4
„ 10 „	17	2
„ 11 „	17	4
„ 12 „	26	6
„ 13 „	31	3
„ 14 „	13	4
„ 15 „	22	5
„ 16 „	8	2
Totals	167	41

The intelligence quotient (I.Q.), if obtained by skill and interpreted with discretion, gives a reasonably accurate measure of intelligence (100=average for the age). The intelligence quotient, however, is not the only factor to be taken into consideration when assessing a child's suitability for admission to a special school; educational retardation arising from other causes must also be allowed due weight. Moreover, a few children with relatively high I.Q. are too unstable to profit by education, however carefully modified, in an ordinary school. But, by and large, educational retardation tends to be associated with a low I.Q., and in those cases where it is not, it can usually be rectified without admission to a special school. It will be noted that an appreciable proportion of West Ham children have an I.Q. higher than the figure of 70 which is usually taken as the upper limit normally considered suitable for such a school. This may be taken as a clear indication of a need for educational modification which is not being met in the ordinary school. Whether that need *should* be met in the ordinary school, by suitable organisation, or whether the special school is the best place even for these children of relatively higher intelligence is a problem for careful consideration, which will probably only be solved in the light of experience.

Physically Handicapped Children

During the year 24 children were admitted to Grange Road Special School on account of a physical handicap, including 4 extra-district children; 20 West Ham children left the school. The leavers were disposed of as follows:—

Returned to ordinary school	....	....	....	9
Notified T.B. lungs	....	....	....	1
Admitted to Residential Special Schools	....	....	....	1
Left school at 16 years and E.D.211 (D.P.) completed	...	....	....	5

Left at 16 years (unfit for any employment)	1
Left district	1
Unfit for any school	1
Died	1

An analysis of the causation of defect in 82 West Ham cases and 12 extra-district cases is set out below:—

<i>Defect</i>	<i>West Ham</i>	<i>Extra District</i>
Heart conditions	20	3
Paralysis	17	2
Quiescent T.B. bone and joint defects	13	2
Spastic conditions	8	2
Amputations	4	—
Muscular Dystrophy	1	—
Haemophilia	3	—
Spina bifida	1	1
Miscellaneous conditions	15	2
	—	—
Totals	82	12
	—	—

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

ROMFORD ROAD CHILDREN'S HOME

This Hostel, which is situated adjacent to Knox Road Special School, was opened in January for 18 educationally sub-normal boys with behaviour difficulties or other circumstances rendering it advisable for them to leave their own homes. From the beginning, periodic visits of inspection have been made by the Chief Assistant School Medical Officer, who reports very favourably both on the cleanliness of the premises and the well-kept condition of the children. The home is in charge of a married couple, who act as Superintendent and Matron respectively. They both devote very considerable time and energy to the welfare of the children, and achieve a considerable measure of success in their endeavours to provide a true family atmosphere, in which each boy is encouraged to develop his own individual interests. There can be no doubt that the boys have already received much benefit from their residence there.

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 59, including 33 extra-district cases. It is anticipated that the accommodation will be increased under the Development Plan.

Of the 59 children in attendance during the year, 25 West Ham cases and 25 extra-district cases were regarded as deaf; and 5 West Ham cases and 11 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	....	....	9	1 Ilford 4 Essex 2 Barking
Partially-deaf	....	...	2	1 East Ham

Leavers

			<i>West Ham</i>	<i>Extra District</i>
Totally deaf:				
E.D.211 (D.P.)	....		1	1 Essex
Partially deaf:				
E.D.211 (D.P.)	....		1	1 Ilford
E.D.211	....	....	—	1 Barking
Admission to Residential				
Special Schools	....		—	1 Ilford 1 East Ham

The age distribution of children in attendance was as follows:—

<i>Age</i>	<i>West Ham</i>	<i>Extra District</i>
2 years	2	—
3 „	—	—
4 „	1	2
5 „	1	2
6 „	1	3
7 „	3	4
8 „	3	4
9 „	4	6
10 „	3	2
11 „	5	4
12 „	1	1
13 „	1	2
14 „	2	2
15 „	3	2
16 „	—	2
Totals	30	36

It is of the utmost importance that children who are deaf should commence education at the special school at as early an age as possible.

FYFIELD RESIDENTIAL OPEN-AIR SCHOOL

During the year 1947, 110 boys and 91 girls were admitted, and 112 boys and 90 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, 195 children who were requested to attend for re-inspection, 32 did not attend for various reasons. Of the 163 who were examined, 142 showed continued improvement, but 21 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 reinspections carried out at these visits during the year under review was 1,091, being 572 boys and 519 girls.

EMPLOYMENT OF HANDICAPPED CHILDREN. It was thought to be of some interest to know what type of occupations were adopted by handicapped children on first placing after leaving school. The following is an epitome of the information kindly supplied by the head teachers of the schools concerned:—

Educationally Sub-normal (Knox Road). It is found from previous records that boys usually take up some form of manual labour in the factories in the neighbourhood—become “tea boys” with builders, or van boys. The girls take up routine work in sweet or toy factories and work in laundries. The majority find work of some description. During the year there were 16 leavers (10 boys and 6 girls), who obtained work as follows:—

	Boys	Girls
Factory	4	5
Van boy	1	—
Shop	1	—
Building	2	—
Flour mills	1	—
Unknown	1	1

In addition, 2 girls who were school leavers were unfit for employment, and 1 of them was admitted to an institution.

Physically Handicapped (Grange Road):

Nine children (4 boys and 5 girls) reached school-leaving age:—

	Boys	Girls
Shoe-repairing	3	—
Unfit for work	1	—
Working at home	—	2
Nursery-school helper	—	1
Needlework	—	2

Deaf and Partially Deaf (Tunmarsh Lane):

Five children (3 boys and 2 girls) left school at the age of 16 years:—

			Boys	Girls
Brass finisher	....	....	1	—
Shoe-repairing	....	....	1	—
Tailoring factory	....	....	1	—
Dress-making	....	....	—	2

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	39	35	74	63	14	18.9
June	37	29	66	58	7	10.6
September .	32	34	66	56	16	24.2
December .	41	40	81	63	8	9.9

Edith Kerrison Nursery School—Accommodation: 90

March	49	39	88	67	10	11.4
June	49	39	88	69	9	10.2
September .	38	36	74	62	7	9.5
December .	37	47	84	63	17	20.2

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

Rebecca Cheetham	Good	68%
	Fair	32%
	Poor	—
Edith Kerrison	Good	90%
	Fair	10%
	Poor	—

Children attend these schools between the ages of 2 and 5—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 more often—so far as practicable, once a week, in place of the termly visits aimed at in other schools. The kinds of defect most frequently found in children of this age are bronchitis and catarrhal conditions of the chest and upper respiratory passages, and enlarged tonsils and adenoids.

In addition to the two nursery schools, there are five nursery classes held at the following schools—New City Road, Gainsborough Road, Carpenters Road, Salway Place and Tollgate.

Every endeavour is made to carry out medical inspections on the same basis as at 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>
338	78	23%

CONVALESCENT TREATMENT. Children are sent away mainly through the Invalid and Crippled Children's Society and the Invalid Children's Aid Association. They usually require short-term treatment or a less bracing climate than that of the Fyfield Open-Air School. Three hundred and ten children were sent to convalescent homes during the year.

IMMUNISATION. During the year a start was made with immunisation in the schools on a large scale, as a complementary service to the more important immunisation of pre-school children. School children who had not been immunised previously were offered the full treatment, while those who had been done in infancy or more than two years previously were offered refresher doses. The numbers thus treated were as follows:—

Completed course of primary immunisation	Refresher doses
3,671	4,112

In addition, a small number were treated at the Balaam Street Clinic:—

Completed course of primary immunisation	Refresher doses
67	134

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 1947 the number of children medically examined for fitness for employment was 127: all were found fit to undertake employment. During the same period, 16 certificates of fitness were granted for girls to participate in singing and dancing under the Entertainments Rules.

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 12 years, and now includes more detailed reports, with the parent's 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 each term, for the purpose of compiling the necessary reports.

During the year, 11 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 rather wider than that of the periodic inspections in other schools. 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) ...	349	36	11	4	49
Stratford Grammar ...	335	51	4	16	16
Plaistow Grammar ...	731	64	8	21	34
St. Angela's High ...	584	38	11	19	41
West Ham High ...	215	32	8	14	15
St. Bonaventure's ...	—	—	—	—	—
Lister Day Continuation Institute ...	91	8	—	2	—
TOTALS ...	2,305	229	42	76	155

In addition, 135 grammar school children were examined regarding fitness for boxing, for camp and for entertainments, making a grand total of 2,440.

STATISTICS

COMPARISON OF CERTAIN TYPES OF WORK CARRIED OUT IN THE YEARS 1945, 1946 & 1947

School population—1945: 20,206; 1946: 24,655; 1947: 25,673

TYPE OF WORK	Number of cases dealt with		
	1945	1946	1947
Periodic Medical Inspections	6,111	6,763	6,834
Special Inspections and Re-inspections	11,596	13,441	14,295
Inspections at Nursery Schools and Classes ...	966	1,063	959
Nutrition Surveys by School Nurses	24,170	27,889	22,369
Uncleanliness Inspections by School Nurses ...	26,466	36,161	32,728
Minor Ailments treated at the School Clinics ...	6,913	7,753	7,936
Attendances at Minor Ailments Clinics	36,113	41,746	38,443
Tonsil and Adenoid Operations performed	423	356	273
Orthopaedic Defects treated at Orthopaedic Clinic	73	154	154
Cases treated at the Light Clinic	71	121	123
Admissions to Fyfield Open-Air School	233	253	201
Re-inspections at Fyfield	1,236	1,285	1,091
Re-inspections of children on return from Fyfield ...	75	249	163
Children examined for Employment	10	180	127
Children examined for Entertainments	11	10	16
Children admitted to Convalescent Homes	244	231	310
Children ascertained for Speech Defects	—	212	96
Children referred for Child Guidance treatment ...	80	82	127

DENTAL WORK

Children treated	4,220	5,086	5,043
Number of fillings:			
Permanent teeth	3,936	5,314	5,744
Temporary teeth	4,857	3,807	3,839
Number of extractions:			
Permanent teeth	640	782	895
Temporary teeth	5,734	8,445	8,698
Administrations of general anaesthetics	1,133	1,509	1,750
Other Operations:			
Permanent teeth	626	741	1,117
Temporary teeth	194	273	221
Number of Orthodontic cases treated	124	149	153

APPENDIX TO REPORT ON SCHOOL HEALTH SERVICE PRIMARY & SECONDARY SCHOOLS

TABLE I.

Return of Medical Inspection

A. Periodic medical inspection:

Code Group			No. Examined
Entrants	....	....	2,934
Second age group	....	....	1,927
*Third age group	....	....	683
Total			5,544
Other periodic inspections			1,290
Grand total			6,834

B. Other inspections:

Number of special inspections and re-inspections			14,295
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* *Excluding Grammar Schools, which are shown in separate
Table on page 98*

TABLE II.

Classification of the General Condition of Children Inspected during the year in the Periodic Age Groups

Number of children inspected	A. (Good)		B. (Fair)		C. (Poor)	
	No.	%	No.	%	No.	%
5,544	4,370	78.82	1,148	20.71	26	.47

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	7,571
---	-------

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

Errors of refraction (including squint)	....	....	1,507
Other defect or disease of the eyes (excluding minor eye defects)	....	....	—
Total			1,507

Number of children for whom spectacles were:						
(a) Prescribed	....	....	....	....	....	1,218
(b) Obtained	....	....	....	....	....	1,136
Group 3. Treatment of defects of Nose and Throat:						
Received Operative Treatment	....	....	....	....	....	265
Received Other Forms of Treatment	....	....	....	....	....	94
Total Number Treated						359

TABLE IV.

Dental Inspection and Treatment

(1) Number of children inspected by the Dentists:						
(a) Periodic Age Group	....	....	....	....	....	8,413
(b) Specials	....	....	....	....	....	1,965
(c) Total (Periodic and Specials)	....	....	....	....	....	10,378
(2) Number found to require treatment	....	....	....	....	....	6,674
(3) Number actually treated	....	....	....	....	....	5,043
(4) Attendances made by children for treatment	....	....	....	....	....	10,138
(5) Half-days devoted to:						
Inspection	....	....	....	....	....	62
Treatment	....	....	....	....	....	1,879
*Total half-days						1,941
(6) Fillings:						
Permanent teeth	....	....	....	....	....	5,744
Temporary teeth	....	....	....	....	....	3,839
Total fillings						9,583
(7) Extractions:						
Permanent teeth	....	....	....	....	....	895
Temporary teeth	....	....	....	....	....	8,698
Total extractions						9,593
(8) Administrations of general anaesthetics for extractions	....	....	....	....	....	1,750
(9) Other operations:						
Permanent teeth	....	....	....	....	....	1,117
Temporary teeth	....	....	....	....	....	321
Total of "other operations"						1,438

*In addition, 663 sessions were devoted to Orthodontic treatment.

Higher Education Dental Inspection and Treatment

(1)	Number of children inspected by the Dentists	...	560
(2)	Number found to require treatment	....	391
(3)	Number actually treated	....	367
(4)	Fillings:		
	Permanent	....	1,475
	Temporary	....	2
	Total fillings		1,477
(5)	Extractions:		
	Permanent	....	240
	Temporary	....	54
	Total extractions		294
(6)	Administrations of general anaesthetics for extractions	....	146
(7)	Other operations:		
	Permanent	....	265
	Temporary	....	1
	Total of "other operations"		266

TABLE V.

Verminous Conditions

(1)	Average number of visits per school made during the year by the school nurses	....	7.88
(2)	Total number of examinations of children in the schools by the school nurses		32,728
(3)	Number of individual children found unclean		2,150

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